2005 Urban NGO Service Delivery Program (NSDP) Evaluation Survey

Mitra and Associates
Dhaka, Bangladesh

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SUMMARY

The *2005 Urban NGO Service Delivery Program (NSDP) Evaluation Survey* assessed the urban component of the NSDP program in terms of delivering an Essential Service Package (ESP) of primary health care interventions to under-served urban populations of Bangladesh. Its main objective was to collect information about knowledge, awareness, and use of services related to family planning and maternal and child health provided through the NSDP project and its alternatives. Part of a continuing evaluation that began with a 1998 baseline survey and 2001 and 2003 mid-project impact evaluations, it was conducted by Mitra and Associates with technical assistance from the MEASURE Evaluation Project at the University of North Carolina at Chapel Hill. Data were collected from 5,923 women in urban areas served by the NSDP and from 4,343 in non-NSDP urban areas.

Main findings:

- NSDP facilities continued to provide a substantial portion of services, including clinical family planning methods, antenatal care, tetanus toxoid, childhood immunizations, and vitamin A.
- NSDP providers were not important to children's acute care. For instance, only 1.8% with diarrhea were treated by them. For preventive services (vaccinations, vitamin A) their share was much larger.
- Only 7.8% of women in NSDP areas reported using an NSDP satellite clinic in the past three months, though nearly one-fifth reported doing so at some point in the past. The figures for static clinics were 8.8% and 32.7%, respectively.
- The growth of NSDP market share continued, albeit slowly, for some services (family planning). In other cases the growth was more pronounced (e.g. antenatal care, vaccinations).

Contraceptive Use: 56.9% of currently married women used modern contraception in NSDP areas, a slight increase from 50.7% in 2001 and 53.1% in 2003; 56.8% did so in non-NSDP areas (another slight increase, from 55% in 2003). The figures for poor women were similar, though more so in NSDP than non-NSDP areas: 56.1% of poor women in the former used modern contraception while 51.8% in the latter did so. In NSDP areas, this ranged from 48.2% of poor women in Thana Municipalities to 58.7% in City Corporations. Pills continued to be the preferred method, used by 28.2% (a slight increase from 2003). Condom use also increased slightly, from 10.2% to 12.6%. Use of any traditional method essentially held steady at roughly 10%.

The share of NSDP facilities in the modern contraception market increased to 16.4% (from 13.9% in 2003 and 11.8% in 2001 (Figure S.1) and was almost evenly divided between static clinics and other NSDP providers (satellite clinics and depotholders combined). NSDP clinics provided approximately 59% of the injectables, 60% of implants and over 40% of all IUDs. They also supplied contraception to 5.6% in non-NSDP areas. The share of NSDP clinics in the market for modern contraception among the poor was 24.4% (NSDP clinics actually had 6% of the market for modern contraception among the poor in non-NSDP areas).

Market dynamics changed substantially over time (Figure S.2). The modest increase in overall modern contraception use masked a shift from public and other providers to pharmacies (though the market share for public providers actually leveled off between 2003 and 2005) and, to a lesser extent, NSDP providers.

Modern contraceptive use increased among married adolescents. In the case of 10-14 year olds, it increased dramatically to 48.2% (from 17.9% in 2001 to 32.0% in 2003) while for 15-19 year olds it rose to 51.3% from 43.0% in 2001 to 46.4% in 2003; 49.7% and 54.5% discontinued oral contraceptives and injectables, respectively, within the first year of use (compared with 46% and 50%, respectively, in 2003).

Antenatal Care: 82.2% in NSDP areas with a birth in the three years preceding the survey sought antenatal care, a modest increase over the 76.7% observed in 2003. ANC use also increased in non-NSDP areas (from 81.5% to 84.2%). 56.5% and 62.6% of poor women in NSDP and non-NSDP areas, respectively, with a birth in the preceding three years had at least one antenatal care visit, while the figures for visiting trained providers were 52.6% and 55.7%. The median number of antenatal care visits in NSDP areas increased by .2 visits, to 3.9 (identical to non-NSDP areas). It ranged from 2.4 visits in Thana municipalities to 4.4 visits in City Corporations. The share of NSDP clinics in the antenatal care market increased from 21.8 to 27.1% (Figure S.3). The increase in overall utilization was reflected mainly in an increase in the share of NSDP providers (Figure S.4). Iron supplementation for pregnant women decreased by 2.2 percentage points (to 68.9%) in NSDP areas but increased by 5.8 percentage points in non-NSDP areas (to 75%). The figures for poor women were 47.7% and 51.8%, respectively.

Figure S.1 Market Share of Contraception—Urban NSDP Areas—1998, 2001, 2003 and 2005.

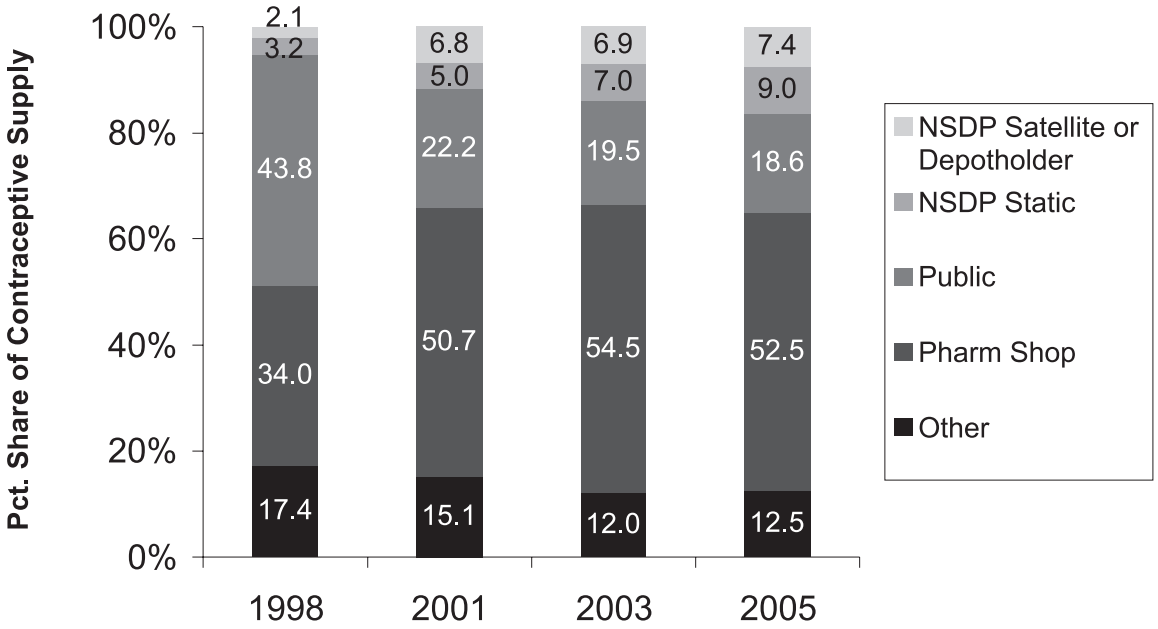


Figure S.2 Source of Modern Contraception—Urban NSDP Areas—1998, 2001, 2003 and 2005.

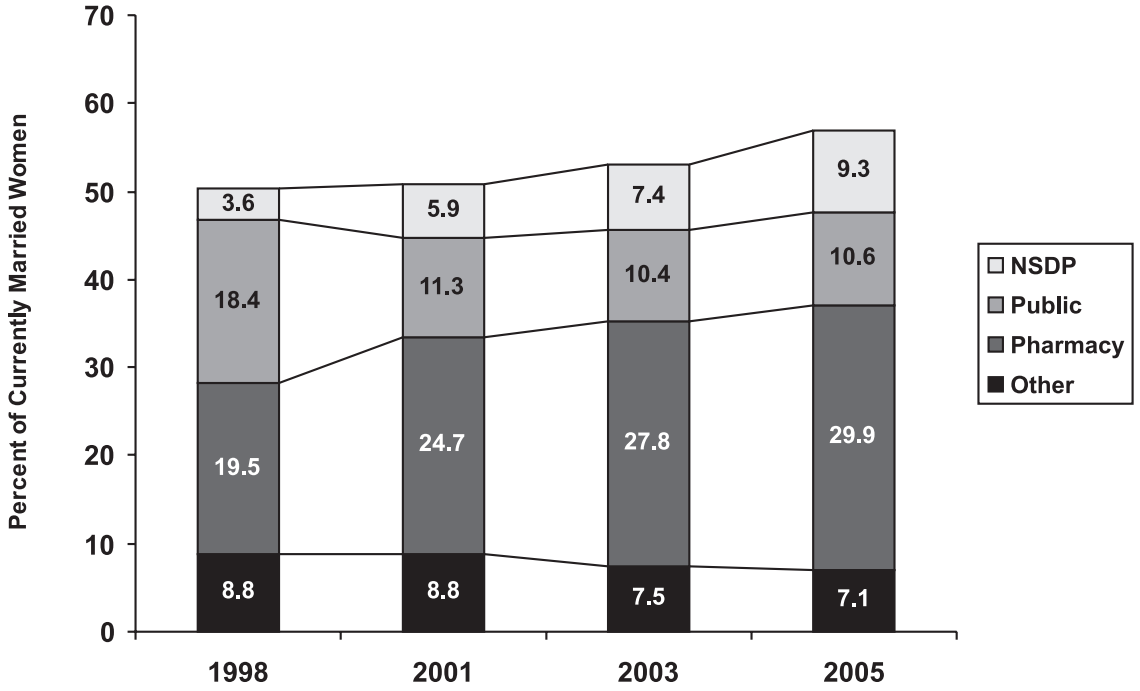


Figure S.3 Source of Antenatal Care, NSDP Areas—2001, 2003 and 2005.

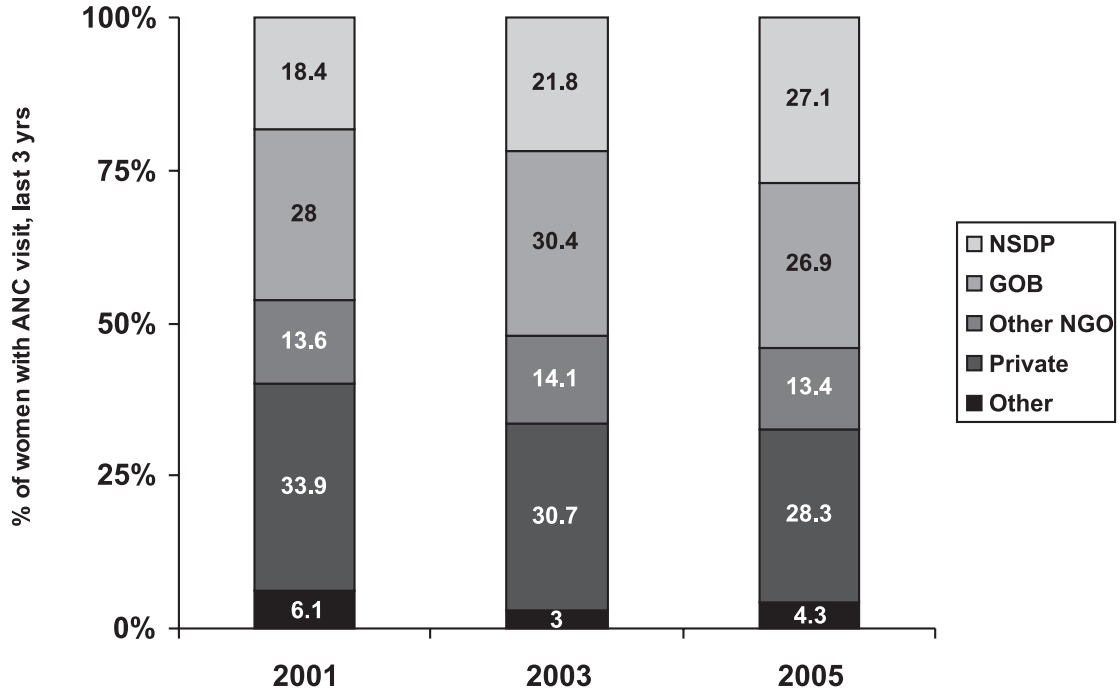
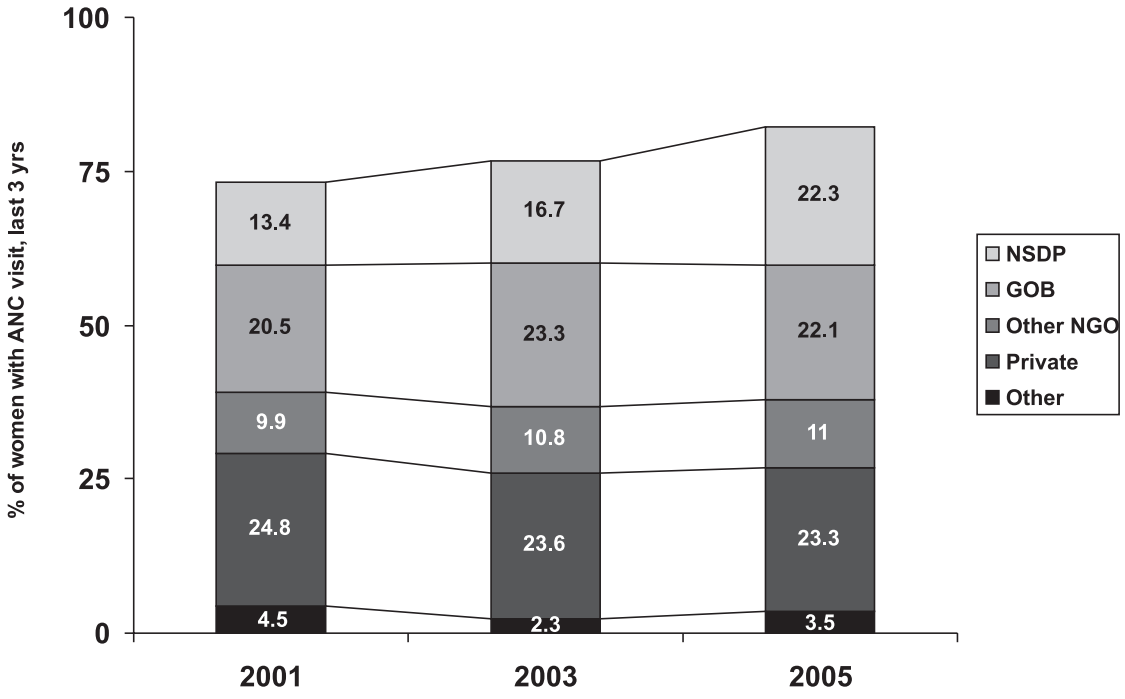


Figure S.4 Antenatal Visits and Source of Checkup, Urban NSDP Areas.



Childhood Vaccinations: Vaccination rates improved markedly in Urban NSDP project areas, (Table S.1) to 96.8% for BCG, 91% for DPT3, 90.8% for polio3 and 86.1% for measles (from 95.8%, 83.1%, 87.5% and 81.3%, respectively, in 2003). Overall, 83.8% were fully vaccinated (a substantial improvement over the 2003 figure of 69.1%). In NSDP communities, 73.7% of the poor were fully vaccinated. Behind this overall figure, vaccination rates for the poor were 90.9% (BCG), 80.4% (DPT3), 81.7% (polio 3) and 74.5% (measles).

Table S.1 Percent of children 12–23 months old vaccinated any time before the survey

Antigen	Urban NSDP Project Areas				Urban non-NSDP Areas			
	1998	2001	2003	2005	1998	2001	2003	2005
BCG	92.1	95.4	95.8	96.8	X	95.1	96.1	97.7
DPT3	78.3	75.1	83.1	91.0	X	77.0	85.8	91.0
Polio3	83.4	83.7	87.5	90.8	X	83.7	84.1	90.7
Measles	76.3	74.8	81.3	86.1	X	78.3	85.9	84.7
All Antigens	67.9	62.4	69.1	83.8	X	65.8	71.3	82.1

By 2005, project areas had generally achieved the vaccination rates observed in non-NSDP areas (or even slightly better). In NSDP areas, rates were generally higher in Thana Municipalities. Roughly 60-65% of mothers whose children were partially vaccinated knew when the next immunization was scheduled (down from approximately three-quarters in 2003). There were also increases in non-NSDP areas, though the level of knowledge remained lower there.

The share of NSDP clinics in provision of childhood immunizations increased markedly to approximately 40%, from roughly 30% in 2003 (Table S.2). Their share among the poor was slightly higher. It was also considerable in non-NSDP areas, at approximately 14-15% (though these figures represented declines from roughly 20% in 2003).

Child Health: Trends in child health were mixed. The proportion of children aged 9-59 months in NSDP areas receiving vitamin A supplementation was 62.9%, down sharply from 81.4% in 2003. The figures for non-NSDP areas were 56.3% and 83.1%, respectively.

The proportion of diarrhea stricken children treated with ORT (either packet ORS or *laban gur*) remained largely unchanged at 83% (the figure for poor children was slightly lower at 75.3%). The level was slightly lower in non-NSDP areas at 77.4% (down from 85.3% in 2003). NSDP clinics remained only a very minor source of diarrhea treatment.

Slightly fewer four to five month old infants were exclusively breastfed (19.7%) as in 2001. For infants under six months, 37.7% were exclusively breastfed, compared with 42.5% in 2003. Median breastfeeding duration was 32 months, while that of exclusive breastfeeding was 1.8 months. Most children six to 9 months of age (61.1%) received breast milk with complementary foods.

The proportion of children with symptoms of ARI fell from 12.6% in 2003 to 7.9% in 2005 (the figure for poor children in 2005 was higher, at 11.3%). The proportion of those with symptoms who were taken to a health facility increased slightly to 45.9%. The share of NSDP providers in ARI treatment remained small.

Table S.2 Percent of immunized children receiving vaccinations from urban NSDP facilities

Antigen	Urban NSDP Project Areas				Urban non-NSDP Areas			
	1998	2001	2003	2005	1998	2001	2003	2005
BCG	23.9	26.8	30.4	39.5	X	17.2	20.4	14.5
DPT3	21.0	29.7	29.1	40.8	X	19.8	20.6	15.6
Polio3	21.6	27.1	31.2	40.3	X	16.9	21.2	15.7
Measles	25.0	26.6	31.1	42.2	X	20.2	22.8	15.3

Awareness and Use of NSDP Services: Approximately 8% of women in NSDP areas had used a satellite clinic in the last three months. Satisfaction with NSDP satellite clinics remained high. Nearly 100% in NSDP areas could identify a hospital or clinic in their area offering health or family planning services. Of these, 63.1% identified NSDP static clinics; 32.7% had used NSDP static clinics, though only 8.8% had done so within the last three months. As with NSDP satellite clinics, satisfaction with static clinics was high.

Early Childhood Mortality: The infant mortality rate in NSDP areas in the five years preceding the survey was 40.8 deaths per 1,000 live births (down from 55 deaths in 2003). For the same period, the child mortality rate was 11.4 deaths per 1,000 live births, while the under 5 mortality rate was 51.7 (Table S.3). The infant mortality rates in different NSDP urban areas were 44.8 in City Corporations, 49.5 in District Municipalities, and 34.8 in Thana Municipalities. Mortality rates declined in all project areas.

Fertility: The total fertility rate in NSDP areas for the three years preceding the survey had a slight change to 2.2 births per woman.

Table S.3 Summary table of urban NSDP results framework indicators; 1998, 2001, 2003 and 2005, urban project and non-project areas

	Project Areas				Non-project Areas			
	UFHP Baseline Survey 1998	UFHP Survey 2001	Urban NSDP Survey 2003	Urban NSDP Survey 2005	UFHP Baseline Survey 1998	UFHP Survey 2001	Urban NSDP Survey 2003	Urban NSDP Survey 2005
SO: Fertility reduced; family health improved								
Total fertility rate 15-49 (3 year recall)	x	2.4	2.4	2.2	x	2.5	2.4	2.2
Infant Mortality Rate	x	53.0	55.4	40.8	x	65.8	43.0	49.2
Child Mortality Rate	x	20.4	13.8	11.4	x	14.3	9.7	11.0
Under 5 Mortality Rate	x	72.3	68.4	51.7	x	79.2	52.4	59.7
IR 1: Increased use of high-impact elements of an "Essential Service Package" among target populations, especially in low-performing areas.								
Contraceptive prevalence rate (modern methods) Among currently married women								
Any method	59.9	60.7	63.5	67.1	x	65.1	65.8	67.3
Any modern method	50.3	50.7	53.1	56.9	x	53.9	55.0	56.8
Pill	29.2	25.1	27.2	28.2	x	25.2	25.8	27.8
IUD	1.5	1.2	0.7	0.6	x	1.2	0.9	0.9
Injection	5.4	8.0	8.3	9.4	x	8.1	8.0	8.1
Condom	7.7	9.6	10.2	12.6	x	11.7	14.1	13.1
Female Sterilization	5.8	6.0	5.7	4.5	x	6.0	4.9	5.4
Male Sterilization	0.3	0.3	0.4	0.4	x	0.4	0.5	0.6
Norplant	0.4	0.6	0.6	1.2	x	0.0	0.8	1.0
Any traditional	9.6	10.0	10.0	9.8	x	11.2	10.7	10.0
Not Using Any method	40.1	39.3	36.5	32.9	x	34.9	34.2	32.7
Contraceptive prevalence rate (modern methods) Among currently married adolescents								
Age 10-14	26.3	17.9	32.0	48.2	x	--	50.6	54.2
Age 15-19	40.8	43.0	46.4	51.3	x	42.6	47.4	48.1

Table S.3 Continued

	Project Areas				Non-project Areas			
	UFHP Baseline Survey 1998	UFHP Survey 2001	Urban NSDP Survey 2003	Urban NSDP Survey 2005	UFHP Baseline Survey 1998	UFHP Survey 2001	Urban NSDP Survey 2003	Urban NSDP Survey 2005
Percent of children age 12-23 months who received specific vaccines at any time before the survey (source is either vaccination card or mother's report)								
BCG	92.1	95.4	96.3	96.8	x	95.1	96.1	97.7
DPT3	78.3	75.1	82.9	91.0	x	78.8	85.8	91.0
Polio3	83.4	83.7	87.7	90.8	x	83.7	84.1	90.7
Measles	76.3	74.8	82.1	86.1	x	78.3	85.9	84.7
All	67.9	62.4	69.1	83.8	x	65.8	71.3	82.1
Percent of children (9-59 months) receiving Vitamin-A capsules in the last six months	x	77.6	81.4	62.9	x	80.3	83.1	56.3
Percent of child diarrheal episodes treated with ORT in target populations								
Packet ORS	71.3	80.4	77.2	79.1	x	80.4	81.5	74.6
Laban gur saline (RHF)	17.7	17.0	11.4	12.5	x	23.5	14.6	15.2
Oral Rehydration Therapy (ORS or *laban gur*)	77.0	82.5	83.0	83.0	x	82.4	85.3	77.4
Percent of child ARI cases treated in target populations								
Health facility or provider	53.7	30.5	43.7	45.9	x	40.4	41.2	42.4
Percent of live births for which women in target populations made one or more ANC visits, by age								
Women with a live birth in last 1 year	65.2	79.2	76.1	83.7	x	81.8	84.4	84.9
Women with live birth in last 3 years	x	73.1	76.7	82.2	x	72.8	81.5	84.2
Percent of women receiving antenatal care from a medically trained provider, live births last 3 years	x	69.2	73.0	80.0	x	69.0	79.3	81.2
Percent of pregnant women taking iron supplementation (women with live birth last 1 year)	x	58.9	70.5	68.9	x	73.3	69.2	75.0

Table S.3 Continued

	Project Areas				Non-project Areas			
	UFHP Baseline Survey 1998	UFHP Survey 2001	Urban NSDP Survey 2003	Urban NSDP Survey 2005	UFHP Baseline Survey 1998	UFHP Survey 2001	Urban NSDP Survey 2003	Urban NSDP Survey 2005
IR 2: Increased knowledge and changed behaviors related to high-priority health problems, especially in low-performing areas.								
Percent of married women in catchment populations that can name available ESP services related to maternal health, reproductive health, child health								
Static Clinic								
Clinical FP Method	50.9	48.9	49.3	60.8	x	x	x	x
Non-clinical FP Method	69.2	45.3	50.5	49.2	x	x	x	x
Advice for side effects	6.7	3.0	6.5	1.6	x	x	x	x
ANC	63.4	55.4	78.5	77.9	x	x	x	x
PNC	18.0	19.9	44.0	19.9	x	x	x	x
EPI	64.3	64.3	73.2	79.3	x	x	x	x
Oral Saline	11.7	3.7	2.6	3.7	x	x	x	x
								x
Satellite Clinic								
Clinical FP Method	23.6	35.7	33.0	46.0	x	x	x	x
Non-clinical FP Method	48.2	38.0	38.8	42.3	x	x	x	x
Advice for side effects of family planning use	5.4	2.9	3.4	0.9	x	x	x	x
ANC	61.6	41.8	53.1	52.8	x	x	x	x
PNC	13.2	5.1	18.6	7.0	x	x	x	x
EPI	83.3	78.6	87.3	86.0	x	x	x	x
Oral Saline (ORS/diarrhea treatment)	6.9	2.1	1.6	0.9	x	x	x	x
Percent of mothers who know when their child's next Immunization is due; the importance of vitamin-A; how to respond to childhood diarrhea and ARI; danger signs of pregnancy								
When child's next immunization due								
DPT3	x	57.9	54.3	62.9	x	40.6	44.0	73.4
Polio3	x	56.4	56.7	64.2	x	43.2	43.5	72.8
Both	x	56.2	54.3	62.9	x	40.6	44.1	73.4

Table S.3 Continued

	Project Areas				Non-project Areas			
	UFHP Baseline Survey 1998	UFHP Survey 2001	Urban NSDP Survey 2003	Urban NSDP Survey 2005	UFHP Baseline Survey 1998	UFHP Survey 2001	Urban NSDP Survey 2003	Urban NSDP Survey 2005
Know danger signs for pregnancy and how to react								
Tetanus	x	54.1	54.6	66.8	x	52.8	64.0	65.5
Obstructed Labor	x	37.1	37.3	31.2	x	39.7	40.4	30.0
Convulsions/Eclampsia	x	31.6	38.7	43.9	x	28.9	39.2	45.8
Retained Placenta	x	25.7	38.0	34.3	x	29.1	46.8	26.3
Poor positioning of fetus	x	24.7	36.0	34.8	x	26.1	43.6	29.2
Excessive vaginal bleeding	x	22.7	31.9	33.8	x	23.2	33.7	29.4
Don't Know	x	6.4	3.0	2.7	x	7.1	2.8	4.4
Percent of married women who know the recommended number of TT vaccinations, women with live birth in last 1 year	x	20.2	36.0	56.4	x	10.9	39.0	51.9
Percent of women who exclusively breastfed children in 0-6 months age interval	x	25.6	42.5	37.7	x	25.0	35.7	26.5
Percent of women who exclusively breastfed by 2 month intervals								
0-1 month	x	44.9	61.5	62.2	x	25.0	62.0	59.9
2-3 months	x	27.6	50.7	36.1	x	37.5	39.8	22.1
4-5 months	x	11.7	21.8	19.7	x	10.0	16.4	13.8
6-7 months	x	1.9	9.7	0.9	x	0.0	0.8	0.0
8-9 months	x	2.3	0.9	0.0	x	0.0	0.0	0.0
10-11 months	x	0.4	0.0	0.0	x	0.0	0.0	0.0
IR 3: Improved quality of services at NSDP facilities								
Drop-out rates for EPI								
DPT3	17.0	19.3	13.9	5.5	x	16.7	9.2	5.8
Polio3	15.0	10.0	8.2	4.3	x	8.3	10.9	4.7
Contraceptive Method Discontinuation Rates								
Oral Contraceptives	x	51.8	45.5	49.7	x	57.1	44.4	46.8
IUDs	x	35.6	37.0	46.1	x	36.3	23.5	19.3
Injectables	x	54.8	49.5	54.5	x	56.7	40.4	47.6

CHAPTER 1. INTRODUCTION

1.1 Background on the Urban Service Delivery Partnership

The *2005 Urban NGO Service Delivery Program (NSDP) Evaluation Survey*, the fourth in a series,[1] is designed to provide data to monitor and evaluate the performance of the urban component of the NSDP, a U.S. Agency for International Development (USAID)-funded health program inaugurated in July 2002 to promote the delivery and use of an essential services package (ESP)[2] of family planning and family health services in underserved areas of Bangladesh. At that time, the rural and urban components of the National Integrated Population and Health Program (NIPHP)—the Rural Service Delivery Partnership (RSDP) and the Urban Family Health Partnership (UFHP)—were merged to form the NSDP. The NSDP's strategic objectives are similar to those of the NIPHP. To reduce fertility and improve family health, the NSDP, in collaboration with 17 nongovernmental organizations (NGOs), provides the full range of essential reproductive and family health services while promoting sustained family health services and an improved support system. This report presents the main results from the 2005 Urban NSDP Evaluation Survey.

1.2 Population

Table 1.1 shows the estimated project population. In 2005 the overall project population (i.e., the population residing in project catchment areas) was 7,728,552, of which 3,558,626 (46%) was located in city corporation areas, with 3,230,647 (41.8%) in district municipalities, and 939,279 (12.2%) in Thana municipalities.

Table 1.1 Distribution of project population and number of clusters by city type

Distribution of project population and number of selected clusters by city type, urban NSDP areas, 2005

	Estimated project population		Number of cluster selected
	Number	Percentage	
City corporation	3,558,626	46.0	57
District municipalities	3,230,647	41.8	63
Thana municipalities	939,279	12.2	34
Tota1	7,728,552	100.0	154

[1] A baseline survey was conducted in 1998, followed by mid-term Evaluation Surveys in 2001 and 2003.

[2] The package includes: reproductive health (family planning and maternal care), child health (EPI, ARI, CDD), communicable disease control (reproductive tract infection and sexually transmitted disease prevention and treatment, HIV/ AIDS), and limited curative care.

1.3 Organization of the 2005 Urban NSDP Survey

1.3.1 Survey Objectives

The main objective of the survey was to monitor changes since the 2003 mid-project evaluation in the USAID performance indicators involving health outcomes and intermediate behavioral and knowledge-related areas. The NSDP Result Framework Performance Indicators at the time of the survey provided the specific avenue for doing so. These indicators were designed to measure changes both in health outcomes—the strategic objective—and five intermediate behavioral and knowledge-related areas. The overall strategic objective of the project is to reduce fertility and improve family health. The intermediate goals include: increased use of an ESP; increased knowledge and changed behaviors; improved quality of services and management at NSDP facilities; and increased sustainability of NSDP service delivery organizations. Indicators were developed for the strategic objective and each intermediate result. To collect these, household and individual questionnaires contained instruments related to health behaviors, knowledge, and outcomes.

1.3.2 Implementation of the Survey

The 2005 Urban NSDP Evaluation Survey was implemented by Mitra and Associates, a research firm located in Dhaka. A team headed by S.N. Mitra was responsible for implementing the survey. Technical assistance was provided by MEASURE Evaluation, a USAID-funded project implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill.

1.3.3 Sample Design

For sampling purposes, urban project areas were classified into three strata: city corporations; district municipalities; Thana municipalities. Additionally, a sample of non-project areas formed a fourth stratum intended to serve as a comparison group for project samples.

Household samples were chosen from 154 clusters in project areas. A cluster was equivalent to a mahallah or part of a mahallah. Table 1.1 provides the number of selected clusters by strata. Of the 154 clusters from project areas, 57 were from city corporation areas, 63 were from district municipalities and 34 were from Thana municipalities. In non-project areas, household samples were drawn from 125 clusters.

Table 1.2 shows the distribution of project population by city type for 2001, 2003, and 2005. The composition of the project catchment population changed from 2003 to 2005. Approximately, 34.2% of the 2003 project population was no longer covered by it by 2005, while only 3.7% of the 2005 project population was in the areas not covered in 2003. The project population correspondingly decreased from 11.3 million in 2003 to 7.7 million in 2005. In city corporation areas, the project population decreased by 2.2 million, while in district and Thana Municipalities populations declined by 0.9 and 0.4 million, respectively. After 2003, the NGOs, ASKS, UTPS, PSKP, and MAMATA withdrew from the project. Their departure was the main reason for the large decrease in the project population.

Table 1.2 Project populations in 2001, 2003 and 2005 by city type

Distribution of project population by city type (population size in thousands, percentage distribution in parentheses), urban NSDP areas, 2001, 2003 and 2005			
	2001	2003	2005
City corporation	4,541(41.8)	5,794(51.1)	3,559(46.0)
District municipalities	5,170(47.6)	4,149(36.6)	3,231(41.8)
Thana municipalities	1,147(10.6)	1,338(12.2)	939(12.2)
Total	10,858(100.0)	11,331(100.0)	7,729(100.0)

1.3.4 Survey Instruments

Seven instruments were used for the urban component of the 2005 NSDP Evaluation Survey:

- Household listing schedule
- Household and women's questionnaire
- Village/Mahalla questionnaire
- Facility questionnaires
- Satellite clinic questionnaire
- Depotholder questionnaire
- Hospital questionnaire

These were initially developed by MEASURE Evaluation before being reviewed by USAID/ Dhaka and pre-tested by Mitra. The questionnaires were developed in English and then translated into Bangla. The household listing schedule was used to conduct the household listing operation in each cluster area in order to systematically select the required number of households from each. The household and women's questionnaire had two parts. The household part of the questionnaire was used to list all usual members and visitors in the selected households. Some basic information was collected on the characteristics of each person, including age, sex, marital status, education, and relationship to the head of the household. The main purpose of the household part of the household and women's questionnaires was to identify ever-married women age 10 to 49 years for individual interview. In addition, information was collected about the dwelling itself, such as the source of water, type of toilet facilities, materials used to construct the house, and ownership of various consumer goods.

The women's part of the questionnaire collected information from ever-married women age 10 to 49 years. The women were questioned about the following topics:

- Background characteristics (age, current marital status, education, religion, exposure to mass media, etc.)
- Reproductive history
- Knowledge and use of family planning methods
- Pregnancy, postnatal care, and breastfeeding practices

- Immunization and child health care
- Fertility preferences
- Knowledge of existing health services and providers
- Husband's background, respondent's work, and respondent's level of autonomy within the household

These instruments provided comprehensive information regarding the strategic objectives as well as most of the intermediate results.

The Village/Mahalla questionnaire had two principal purposes: (1) to collect information about important community characteristics of NSDP project and non-NSDP comparison areas and (2) to identify the NSDP and non-NSDP health facilities in the communities, including the Global Positioning System (GPS) location of the community.
The facility questionnaire aimed to collect information on the service supply environment confronting women in NSDP and non-NSDP areas. Different types of questionnaires were used for different types of facilities and providers. The health facility survey collected information on the following topics:

- Availability of basic health services, in particular the essential health service package
- Basic infrastructure characteristics
- Staffing and staff-level training
- Fees

The questionnaires thus collectively provide a comprehensive picture of the households and women in NSDP and non-NSDP comparison communities, as well as the health service supply environment and community setting within which they reside.

1.3.5 Training and Fieldwork

The questionnaires were pre-tested in May 2005 by two teams, each consisting of four female interviewers, one female supervisor and one male team leader. These teams were trained for one week beforehand at the Dhaka headquarters of Mitra and Associates. Following that, the teams conducted interviews at various locations in the field under the observation of senior staff from Mitra and Associates.

For every cluster (Mahalla), 250 to 350 households were listed by proceeding in a systematic fashion from the northwest corner of the Mahalla or similar well-defined locality. Household listing and the service availability survey were conducted simultaneously from May 20, 2005 to July 26, 2005. Eleven listing teams were deployed for this joint operation, with each consisting of one supervisor, two listers/mappers, two facility interviewers, and one field logistical assistant. In addition, four supervisors were deployed to check/verify the work of the listing teams. Training for the listers/facility interviewers was conducted at the office of Mitra and Associates over five days (from May 14, 2005 to May 18, 2005).

Fieldwork for the main survey of eligible respondents was conducted from June 1, 2005 through September 3, 2005. Eight interviewing teams were deployed to carry out the fieldwork. Each consisted of one male supervisor, one female editor, four female interviewers, and one logistical assistant.

Training for the teams was conducted at Mitra and Associates for 15 days from May 16-31, 2005. All of the key personnel on the survey team and other senior professionals from Mitra and Associates were engaged in conducting the training. Representatives from MEASURE Evaluation, University of North Carolina at Chapel Hill, also participated in the training. Training initially consisted of lectures on questionnaire completion, with mock interviews conducted between participants to gain experience asking questions. Toward the end, participants spent one-day conducting practice interviews in various places close to Dhaka. Trainees whose performance was considered superior were selected as quality supervisors.

Six quality control officers were employed to oversee the work of the interview teams. In addition to the quality control officers, senior professionals of Mitra and Associates visited the field continuously to monitor data collection.

1.3.6 Data Processing

All questionnaires were returned for processing at Mitra and Associates. Processing consisted of office editing, coding of open-ended questions, data entry, and editing inconsistencies found by the computer programs. The data were processed on six microcomputers working in double shifts. The NSDP data entry programs were written in CSPro (The Census and Survey Processing System). Data processing commenced in the first week of July 2005 and was completed by the end of September 2005.

1.4 Response Rates

Table 1.3 provides response rates for the survey. A total of 9,948 households were selected for interview—5,698 in project areas and 4250 in non-project areas. Of these, 9,809 households were occupied (5,629 in project areas and 4,180 in non-project areas). Among the occupied households, 9790 (99.8%) were interviewed; 5,623 (99.9%) in project areas and 4,167 (99.6%) in non-project areas.

A total of 10,657 eligible respondents were identified among the successfully contacted households (6,127 in project areas and 4,530 in non-project areas). Of the eligible women, 10,266 (96.3%) were interviewed; 5,923 (96.7%) in project areas and 4,343 (95.9%) in non-project areas. Response rates for the current survey were higher than those for the 2003 evaluation survey.

Table 1.3 Number of households, number of eligible women interviewed and response rates according to city type, urban NSDP and non-NSDP areas, 2005

Number of households, number of eligible women interviewed and response rates according to city type, urban NSDP and Non-NSDP areas, 2005

	Project areas				Non-project areas
	City corporation	District municipalities	Thana municipalities	Total	
Dwellings sampled	2,109	2,331	1,258	5,698	4,250
Household found	2,081	2,305	1,243	5,629	4,180
Household interviewed	2,077	2,304	1,242	5,623	4,167
Household response rates (%)	99.8	99.9	99.9	99.8	99.6
Eligible women found	2,268	2,524	1,335	6,127	4,530
Eligible women interviewed	2,206	2,439	1,278	5,923	4,343
Eligible women response rate (%)	97.2	96.6	95.7	96.7	95.9

CHAPTER 2. HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS

This chapter presents background information regarding households. Specifically, it presents information on the age structure and composition of households, their characteristics, and ownership of common assets. This information is useful in a number of respects, including for purposes of assessing how representative the survey was (or, rather, the sort of population it captures) and understanding the context from which findings relating to the strategic objective and intermediate results for the NSDP emerge.

For purposes of the 2005 Urban NSDP Evaluation Survey, a household was defined as a person or group of people who lived together in the same dwelling unit(s), had common cooking and eating arrangements, and acknowledged one adult member as a head of the household. A member of the household was any person who usually lives in the household, and/or a visitor who is not a usual member of the household but spent the night before the interview in the household. This survey collected information on the demographic and social characteristics of the household population.

2.1 Age and Sex Composition

The age structure of the de facto household population (those who spent the night before the interview in the household) is shown in Table 2.1. In project areas, approximately 32% of the population was under the age of 15 while 6% was age 60 or older (in non-project areas, the figures were 32% and 5%, respectively). The child dependency ratio (of children aged 0-14 years to adults aged 15-59) was approximately 52% in NSDP areas and 51% in non-NSDP areas. Males were slightly better represented in the 60 and above age group in both project and non-project areas.

Table 2.1 Household population by age, sex, and residence

Percent distribution of the defacto household population by five years age group, according to sex, and project and non-project areas, 2005.

	Project areas			Non-Project areas		
Age group	Male	Female	Total	Male	Female	Total
0-4	11.0	10.6	10.8	10.5	9.9	10.2
5-9	11.0	10.3	10.7	10.5	10.6	10.5
10-14	10.7	10.6	10.6	10.7	11.8	11.2
15-19	10.8	13.1	12.0	10.6	12.6	11.6
20-24	8.3	12.2	10.2	8.4	11.5	10.0
25-29	9.0	9.2	9.1	8.6	9.8	9.2
30-34	7.8	7.7	7.8	8.3	7.5	7.9
35-39	7.3	6.6	6.9	7.7	6.8	7.3
40-44	6.2	5.2	5.7	6.6	5.7	6.1
45-49	5.1	4.4	4.8	5.4	4.5	4.9
50-54	3.8	2.8	3.3	4.0	2.8	3.4
55-59	2.5	2.0	2.3	2.8	2.1	2.4
60-64	2.2	1.8	2.0	2.3	1.5	1.9
65-69	1.5	1.3	1.4	1.3	0.9	1.1
70-74	1.4	1.0	1.2	1.4	1.0	1.2
75-79	0.7	0.4	0.5	0.3	0.4	0.4
80+	0.7	0.8	0.7	0.6	0.7	0.6
DK/Missing	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	13,890	13,786	27,676	10,065	10,255	20,320

2.2 Household Composition

Table 2.2 presents information on the sex of household heads and the number of de jure household members. (A de jure household includes all members identified as living in the home, regardless of whether they were present at the time of interview.) In both project and non-project areas, around nine in 10 households were headed by males, and the mean household size (usual members) was 4.8. Within NSDP areas, the mean household size was slightly larger in Thana municipalities than in the other urban areas. Between 2003 and 2005, mean household size in project areas decreased slightly (from 5.0 in 2003).

Table 2.2 Household composition

Percent distribution of households by sex of the head of household, household size, according to project and non-project areas, 2005.

	Project areas				Non-Project areas
	City corporation	District municipalities	Thana municipalities	Total	
Sex of the household head					
Male	91.2	90.1	90.9	90.7	90.9
Female	8.8	9.9	9.1	9.3	9.1
Tota1	100.0	100.0	100.0	100.0	100.0
Number of usual members					
1	0.9	1.0	0.3	0.9	0.8
2	6.2	6.8	6.1	6.4	6.9
3	17.2	18.8	13.4	17.6	16.9
4	24.3	27.0	20.8	25.2	26.0
5	21.3	19.3	20.6	20.4	21.8
6	14.4	13.1	16.7	14.0	12.6
7	6.8	5.7	9.8	6.6	7.0
8	4.2	3.7	5.1	4.1	3.2
9+	4.8	4.5	7.2	4.9	4.9
Total	100.0	100.0	100.0	100.0	100.0
Mean Size	4.9	4.7	5.3	4.8	4.8

2.3 Marital Status

Table 2.3 shows the distribution of household population by five-year age groups, according to marital status. In the 15-19 year age group, essentially all men were never married, while for women the figures were 66% in project and 70% in non-project areas. The proportion never married dropped sharply with age for both sexes. Overall, about 43% of men were never married in both project and non-project areas. For women the figure was around 30%. There was little variation in these rates from 2003.

Table 2.3 Marital status

Percentage of household male and female population by five year age group, according to marital status, project and non-project areas, 2005.

	Male						Female					
	Project areas			Non-Project areas			Project areas			Non-Project areas		
Age Group	CM	FM	NM	CM	FM	NM	CM	FM	NM	CM	FM	NM
10-14	0.0	0.0	100.0	0.0	0.0	100.0	1.8	0.0	98.2	2.0	0.0	98.0
15-19	1.0	0.4	98.7	2.4	0.0	97.6	33.3	0.8	65.9	29.2	0.5	70.3
20-24	16.8	0.4	82.8	16.2	0.1	83.7	70.6	3.6	25.8	68.1	2.8	29.1
25-29	55.3	0.5	44.2	53.7	0.3	46.0	88.6	2.5	8.8	83.8	5.8	10.4
30-34	84.0	0.1	15.9	82.6	0.3	17.1	94.9	3.5	1.6	90.2	6.2	3.6
35-39	94.4	0.5	5.2	94.3	0.4	5.4	88.8	9.3	1.9	93.5	5.4	1.1
40-44	97.6	0.7	1.7	97.8	0.7	1.5	85.0	14.4	0.6	84.2	14.0	1.7
45-49	99.2	0.4	0.4	98.3	0.8	0.8	79.6	20.2	0.2	78.1	21.5	0.4
50-54	98.7	1.3	0.0	98.2	0.9	1.0	68.7	30.5	0.8	68.9	30.7	0.4
55-59	96.4	2.3	1.3	98.3	1.0	0.6	65.1	33.7	1.1	56.8	43.2	0.0
60-64	96.7	2.5	0.8	96.9	3.1	0.0	52.1	47.0	0.9	46.2	53.8	0.0
65-69	95.0	5.0	0.0	91.7	8.2	0.1	28.4	71.6	0.0	25.4	74.6	0.0
70-74	94.6	5.4	0.0	90.9	8.2	0.9	12.5	87.5	0.0	19.5	79.3	1.3
75-79	90.6	9.4	0.0	85.1	14.9	0.0	20.6	79.4	0.0	15.5	84.5	0.0
80+	72.5	27.5	0.0	73.7	26.3	0.0	7.2	92.8	0.0	2.1	97.9	0.0
DK/Missing	0.0	100.0	0.0	100.0	0.0	0.0	0.0	100.0	0.0	0.0	100.0	0.0
Total	55.8	1.0	43.2	56.3	0.9	42.8	59.8	10.6	29.6	57.7	10.5	31.8
Number	6,045	113	4,676	4,478	74	3,409	6,309	1,120	3,127	4,566	833	2,518

Note: Table is based on de jure members, i.e., usual residents. CM: currently married; FM: formerly married; NM: never married.

2.4 Housing Characteristics

Information regarding water supply and sanitation facilities is presented in Table 2.4. Tube wells were the major source of drinking water in both project and non-project areas. More than six in ten households in project areas and about five in ten in non-project areas obtained drinking water from tube wells. They were followed in importance by piped water inside the dwelling (31% in project areas and 46% in non project areas).

Hygienic toilets facilities were most common in project and non-project areas. About 81% percent of households in project areas and 74% in non-project areas had a hygienic toilet (septic tank/ modern toilet, water-sealed/slab latrine, and pit latrine). Just over 50% shared toilet facilities with others in project and non-project areas. There was little change from 2003 in terms of either source of drinking water or toilet facilities.

Table 2.4 Housing characteristics

Percentage distribution of household by housing characteristics, project and non-project areas, 2005.		
	Project areas	Non-Project areas
Source of drinking water		
Piped inside dwell.	30.5	45.9
Piped outside dwell.	5.6	5.5
Tubewell	63.5	47.8
Surface/other well	0.1	0.1
Pond/tank/lake	0.2	0.7
River/stream	0.1	0.0
Rainwater	0.0	0.0
Bottled water	0.0	0.0
Other	0.0	0.0
Total	100.0	100.0
Type of toilet facility		
Septic tank/toilet	41.5	48.0
Water sealed/slab latrine	25.8	16.8
Pit latrine	13.4	9.1
Open latrine	17.1	23.5
Hanging latrine	0.4	0.8
No facility, bush	1.8	1.8
Other	0.0	0.0
Total	100.0	100.0
Number	5,623	4,167
Share toilet facility with other households		
Yes	51.5	53.3
No	48.5	46.7
Total	100.0	100.0
Number	5,523	4,092

Note: sharing of toilet facility excludes no facility/bush/field.

2.5 Housing Characteristics and Possession of Durable Goods

Table 2.5 presents the distribution of roof, wall, and floor materials. Rudimentary (tin) roofs were most common in both project and non-project areas, but were more common in the former (66.8%) than the latter (54.9%). In non-project areas, 42% had finished roofs, compared to roughly 29% in project areas. Few houses were built with natural roofs (such as bamboo and thatch) in either project (4.4%) or non-project (2.8%) areas.

The majority of households in both project and non-project areas lived in dwellings with walls made of brick and cement. However, the figure was slightly higher in non-project (68.6%) than project (59.7%) areas. The most commonly used floor materials were cement/concrete in both project (64.1%) and non-project (71.0%) areas. However, a large percent still lived in houses with earth/bamboo floors (35.6% in project areas and 27.6% in non-project areas).

Table 2.5 Housing characteristics, structure, ownership, food supply

Percentage distribution of household by housing characteristics, project and non-project areas, 2005.		
	Project areas	Non-Project areas
Main material of the roof		
Natural roof	4.4	2.8
Rudimentary roof	66.8	54.9
Finished roof	28.6	41.8
Other	0.2	0.5
Main material of the walls		
Natural walls	22.4	19.8
Rudimentary walls	1.0	0.8
Brick/cement	59.7	68.6
Tin	16.8	10.5
Other	0.1	0.3
Main material of floor		
Earth/bamboo	35.6	27.6
Wood	0.3	1.3
Cement/concrete	64.1	71.0
Other	0.0	0.1
Household owns homestead		
Yes	85.3	84.1
No	14.7	15.9
Household owns any other land		
Yes	35.5	36.7
No	64.5	63.3
Amount of land owned		
No land	64.6	63.4
<50 decimals	10.0	11.2
50-99 decimals	5.1	5.1
1.00 acres -1.99 acres	5.3	4.8
2.00 acres -4.99 acres	6.0	4.8
5.00 + acres	3.4	2.7
DK/missing	5.5	8.0
Enough food for tomorrow		
Yes	85.6	86.9
No	14.4	13.1
Household has enough means to get enough food		
Yes	94.8	93.8
No	5.2	6.2
Number	5,623	4,167

Ownership of homestead land was common in both project (85.3%) and non-project (84.1%) areas. About 36% of households in project and non-project areas owned other land besides the homestead.

Respondents were asked whether their household had sufficient food for the following day, or the means to obtain enough to satisfy their needs. More than 85% in both project and non-project areas indicated that they had enough food or means to obtain sufficient food. There were no discernable or pronounced differences in terms of any of the household characteristics mentioned thus far between the 2003 and 2005 NSDP Evaluation Surveys.

Table 2.6 presents data on the possession of consumer durables. Nearly 90% of households in project and non-project areas had electricity. Almost every household in project areas had a cot or bed. The next most commonly possessed items were a watch or clock (84%), bench (73.1%), table or chair (71.2%), television (62.8%) and almirah (57.8%). Households in project areas were much less likely to have the other consumer durable goods considered: telephone (32.7%), radio (29.7%), bicycle (18.4%), sewing machine (14.7%), and motorcycle (4.8%). There was little or no variation in patterns of possession of durable goods between project and non-project areas. Further, there were no pronounced differences in household possession of durable goods between the 2003 and 2005 surveys, with the exception of radio and telephone. The rate of telephone possession increased (from 18% to 32.7% in project areas and from 20% to 35.9% in non-project areas), while that for radio decreased (from 39.2% to 29.7% in project areas and from 37.7% to 31.5% in non-project areas).

2.6 Socioeconomic Status

Households in the 2005 Urban NSDP Evaluation Survey were categorized by socioeconomic status (SES) using an index based on household durable goods and dwelling characteristics. The durable goods used were: beds, tables/chairs, radios, televisions, bicycles, almirahs, and watches/clocks. The dwelling characteristics were: having electricity; type of source of water; type of toilet; and material of floor, walls, and roof. Two indicators of land ownership were also included: whether the household owned its homestead and whether it owned any other land. The index was constructed using a version of the principal components method that accounts for the binary and ordinal nature of the measures of durable goods and dwelling characteristics. The method assigned each variable a factor score or weight. The index was then basically a weighted sum of the characteristics of the dwelling and the durable goods available in the household. Households in the 2005 survey were then categorized by quintiles using the index.

In the following chapters, we refer to the SES classification as the household asset quintiles. The classification procedure used in 2005 is similar to the one used in 2003. The classifications of the 2005 households used in this report were independent of any national socioeconomic distribution that may have been used in other surveys. The 2003 SES classification was specific to the populations of NSDP project and non-project comparison areas.

Table 2.6 Household assets and amenities

Percentage distribution of households by household assets, project and non-project areas, 2005.		
Characteristics	Project areas	Non-Project areas
Electricity		
Yes	88.0	89.1
No	12.0	10.9
Almirah		
Yes	57.8	61.7
No	42.2	38.3
Table or chair		
Yes	71.2	68.7
No	28.8	31.3
Bench		
Yes	73.1	71.4
No	26.9	28.6
Watch or clock		
Yes	84.0	85.1
No	16.0	14.9
Cot or bed		
Yes	94.9	95.0
No	5.1	5.0
Radio		
Yes	29.7	31.5
No	70.3	68.5
Television		
Yes	62.8	66.6
No	37.2	33.4
Bicycle		
Yes	18.4	16.0
No	81.6	84.0
Motorcycle		
Yes	4.8	3.6
No	95.2	96.4
Sewing machine		
Yes	14.7	15.3
No	85.3	84.7
Telephone		
Yes	32.7	35.9
No	67.3	64.1
Number	5,623	4,167

CHAPTER 3. WOMEN'S CHARACTERISTICS AND STATUS

This chapter describes the circumstances of reproductive aged women interviewed in the 2005 NSDP Evaluation Survey. The distributions of various characteristics, including age, education and literacy, wealth, exposure to media and NGO membership are discussed.

3.1 General Characteristics

Table 3.1 provides the distribution of respondents by general background characteristics, such as age, residence, household asset quintile, religion, education, and literacy. In project areas, 49% of ever-married women lived in city corporations, while 44% resided in district municipalities and 8% were from Thana municipalities. About nine of every 10 women interviewed were Muslim, with the majority of the rest being Hindu.

There were comparatively few respondents under age 20. This is because only ever-married women were interviewed, and many do not marry by age 20 in urban areas. Beginning with the age 30-34 cohort, the proportion of respondents in older age groups gradually fell in project and non-project areas. Thus, in NSDP project areas, 54% of those interviewed were 20 to 34 years old, while 35% were age 35 or older and 10% were younger than 20. These patterns are very similar to what was found in the 2003 survey.

More than 95% of currently married women resided with their husbands. Nearly all ever-married women had been married only once. However, women with multiple marriages may have been reluctant to reveal that to the interviewer.

Over 30% of ever-married women in NSDP project areas never attended school. About 23.5% had some primary education, while about 46% had some secondary or complete secondary and higher education. The proportion with some secondary or higher secondary education represented a slight increase from 2003 levels (of 42.8%). Just over half of respondents were able to read and write a letter easily.

There was little variation between project and non-project areas in terms of the distributions of age, education, religion, and literacy. However, relatively more non-project respondents were in the highest asset quintile (23.4%, against 19.5% in project areas).

Table 3.1 Background characteristics of respondents

Percent distribution of women by selected background characteristics, 2005.

	NSDP Project area			Non-Project area		
	Weighted Percent	Weighted Number	Unweighted Number	Weighted Percent	Weighted Number	Unweighted Number
Age Group						
10-14	0.4	27	24	0.5	21	20
15-19	9.8	580	595	8.5	367	418
20-24	19.4	1,151	1,160	17.3	752	774
25-29	18.0	1,065	1,034	19.2	833	818
30-34	16.9	1,002	1,019	16.5	717	732
35-39	14.6	862	844	15.3	663	630
40-44	11.5	683	681	12.8	555	514
45-49	9.3	553	566	10.0	435	437
Domain						
City corporation	48.5	2,872	2,206	--	--	--
District municipalities	44.0	2,608	2,439	--	--	--
Thana municipalities	7.5	443	1,278	--	--	--
Household asset quintile						
Poorest	19.4	1,150	1,285	18.2	788	1,007
2	20.4	1,208	1,288	18.5	804	988
3	20.6	1,218	1,194	19.1	830	824
4	20.1	1,190	1,162	20.8	905	758
Richest	19.5	1,158	994	23.4	1,016	766
Husband staying with her						
Yes	95.1	5,205	5,202	97.3	3,849	3,841
No	4.9	267	268	2.7	107	153
Married once/more						
Once	96.8	5,732	5,713	97.1	4,217	4,215
More than once	3.2	189	208	2.9	126	128
Highest educational level						
No education	30.4	1,803	1,854	28.4	1,232	1,384
Some primary	13.4	793	809	14.6	634	665
Primary complete	10.1	599	629	10.7	463	487
Secondary incomplete	24.3	1,441	1,441	23.9	1,038	1,007
Secondary complete or higher	21.7	1,288	1,190	22.5	976	800
Can read or write						
Easily	53.3	3,159	3,067	54.8	2,379	2,172
With difficulty	9.9	586	602	9.9	431	448
Not at all	36.7	2,176	2,253	35.3	1,532	1,721
Religion						
Islam	88.3	5,228	5,222	91.1	3,954	4,020
Hinduism	11.1	660	662	8.8	382	299
Buddhism	0.3	20	25	0.0	1	7
Christianity	0.3	15	14	0.1	5	15
Other	0.0	0	0	0.0	0	1
Total	100.0	5,923	5,923	100.0	4,343	4,343

3.2 Differentials in Education

The distribution of education is provided in Table 3.2. In NSDP project areas, there was an inverse relationship between age and education. While nearly 45.9% aged 40-49 years had never attended school, the proportion dropped with each successively younger age cohort (eventually reaching about 18% of 10-19 year olds). The proportion having some secondary or higher secondary education rose with each successively younger age cohort (from only 32.2% in the oldest (40-49 years) group to 51.8% in the youngest (10-19 years). A similar pattern was evident for primary education. As in the 2003 survey, median years of schooling peaked in the 25-29 age group, at 8.5. (However, these figures must be viewed with some degree of caution since the lower median for younger women partly reflected censoring.) Median years of schooling increased slightly from 2003 levels in every age group.

Unsurprisingly, education was inversely related to socioeconomic status. For instance, in project areas 63% in the lowest asset quintile had no formal education, compared with only 5.3% in the highest one. Approximately 85% of those in the highest asset quintile had some secondary or higher education, while less than 10% in the lowest one did. Women in non-project areas were, overall, slightly better educated: about 28% had no education, compared with 30% in project areas.

Table 3.2 Educational attainment by background characteristics

Percent distribution of women by highest level of schooling attained, and median number of years of schooling, according to selected background characteristics, project and non-project areas, 2005.

Background characteristics	Highest educational level							
	No education	Some primary	Primary complete	Secondary incomplete	Secondary complete or higher	Total	Number of women	Median year of schooling
Age Group								
10-14	24.7	11.3	19.8	44.1	0.0	100.0	27	5.7
15-19	17.3	18.1	12.4	40.7	11.5	100.0	580	6.9
20-24	19.9	14.9	11.8	29.6	23.8	100.0	1,151	7.9
25-29	23.1	13.2	9.6	23.0	31.1	100.0	1,065	8.5
30-34	32.8	11.4	9.7	22.2	23.9	100.0	1,002	8.3
35-39	37.7	12.2	7.8	20.1	22.2	100.0	862	8.1
40-44	43.0	12.2	7.8	18.9	18.1	100.0	683	7.8
45-49	49.4	12.8	11.7	15.0	11.2	100.0	553	6.0
Domain								
City corporation	29.1	14.2	9.7	24.0	23.0	100.0	2,872	7.8
District municipalities	29.3	12.2	10.7	25.5	22.3	100.0	2,608	8.1
Thana municipalities	45.6	15.2	9.3	19.6	10.3	100.0	443	6.1
Household asset quintile								
Poorest	63.0	18.2	9.3	9.1	0.4	100.0	1,150	4.4
2	41.7	20.4	13.2	22.2	2.5	100.0	1,208	5.2
3	28.6	15.1	10.8	30.7	14.8	100.0	1,218	7.0
4	13.8	8.8	11.6	33.8	32.0	100.0	1,190	8.7
Richest	5.3	4.3	5.4	25.3	59.8	100.0	1,158	10.1
Project-Non-project areas								
NSDP Project Areas	30.4	13.4	10.1	24.3	21.7	100.0	5,923	7.8
Non-project areas	28.4	14.6	10.7	23.9	22.5	100.0	4,343	7.7

3.3 Exposure to Mass Media

Respondents were asked whether they usually read a newspaper or magazine, listened to radio, or watched television. Those who responded affirmatively were then asked how often they did so. Table 3.3 presents the percentage of respondents exposed to each of these types of media.

In NSDP project areas, more than eight of 10 respondents usually watched television, with 65.2% doing so everyday and 16.4% doing so at least once a week. Just over 22% usually listened to radio (8.1% everyday and about 9% at least once a week). Newspapers/magazines were read by 30.2%, with 9.6% doing so everyday and 10.1% doing so at least once a week. The percentage exposed to television represented a slight increase from 2003, while that usually listening to radio declined (from 37.4% in 2003). There was little or no variation in exposure to mass media between project and non-project areas.

Table 3.3 Access to media

Percent distribution of women by whether they are exposed to mass media, according to project and non-project areas, 2005.

	NSDP Project area		Non-Project area	
Background characteristics	Percent	Number	Percent	Number
How often reads newspaper				
Does not/can not read	69.8	4,136	69.3	3,012
Every day	9.6	568	11.7	509
At least once a week	10.1	598	9.8	424
Less than once a week	10.5	621	9.2	398
How often listen radio				
Does not listen	77.4	4,585	79.6	3,458
Every day	8.1	477	7.4	320
At least once a week	9.3	549	8.1	351
Less than once a week	5.3	313	4.9	214
How often watch TV				
Does not watch	14.4	851	14.7	640
Every day	65.2	3,865	67.5	2,931
At least once a week	16.4	969	14.2	616
Less than once a week	4.0	239	3.6	157
Total	100.0	5,923	100.0	4,343

3.4 Membership in NGOs

Table 3.4 provides the percentage of respondents affiliated with an NGO, such as Grameen Bank, BRAC, BRDB, Mothers Club, Proshika, and ASHA. In NSDP project areas, 33.6% of respondents belonged to any NGO. As in previous surveys, ASHA and BRAC were the most popular in project areas, claiming 12.4% and 5.0% of respondents as members, respectively. The proportion of women claiming affiliation with any other particular NGO was never above 3%. The percentage of women affiliated with NGOs increased slightly from the 2003 figure (of 26.4%). There were interesting and pronounced differences in NGO affiliation patterns between project and non-project areas. Most importantly, a large portion of project area respondents were affiliated with an NGO (33.6% against 26.3% in non-project areas).

Table 3.4 Membership in NGOs

Percent distribution of women by membership of selected NGOs according to project and non-project areas, 2005.

	NSDP Project area		Non-Project area	
NGO	Percent	Number	Percent	Number
Belongs to Grameen bank				
Yes	3.1	185	2.2	97
No	96.9	5,738	97.8	4,246
Belongs to BRAC				
Yes	5.0	294	4.4	191
No	95.0	5,629	95.6	4,152
Belongs to BRDP				
Yes	0.9	55	0.8	36
No	99.1	5,868	99.2	4,307
Mother's club				
Yes	0.0	1	0.0	0
No	100.0	5,922	100.0	4,343
Proshika				
Yes	1.3	75	1.4	59
No	98.7	5,848	98.6	4,284
Asha				
Yes	12.4	734	8.9	385
No	87.6	5,189	91.1	3,958
Belongs to other organization				
Yes	17.6	1,042	13.9	604
No	82.4	4,881	86.1	3,739
Belongs to any NGO				
Yes	33.6	1,992	26.3	1,142
No	66.4	3,931	73.7	3,201
Total	100.0	5,923	100.0	4,343

CHAPTER 4. FERTILITY

One of the objectives of the 2005 Urban NSDP Evaluation Survey was to examine fertility levels, trends, and differentials in NSDP project and non-project areas. This chapter presents a description of current and past fertility, trends in total and age-specific fertility rates, and birth spacing.

As in the 2003 Urban NSDP and 2001 UFHP Evaluation Surveys, the 2005 Urban NSDP Evaluation Survey gathered reproductive histories from ever-married women ages 10-49 years. In addition to information on the number of sons and daughters that a woman had, they were asked about the year of each birth, sex of the child, and survival status. Most of the fertility measures are based on these birth histories. For instance, the following measures of current fertility can be derived from this data:

Total Fertility Rate (TFR) is defined as the total number of births a woman would have by the end of her childbearing period if she were to pass through those years bearing children at the currently observed rates of age-specific fertility. The TFR is obtained by summing the age-specific fertility rates and multiplying by five.

Age-Specific Fertility Rates[3] *(ASFR)* are expressed as the number of births per thousand women in the age group and represent a valuable measure for assessing the current age pattern of childbearing. They are defined in terms of the number of live births during a specific period to women in the particular age group divided by the number of woman-years lived in that age group during the specified period.

General Fertility Rate (GFR) is the number of live births occurring during a specified period per 1,000 women of reproductive age.

Crude Birth Rate (CBR) is the number of births per 1,000 population during a specified period.

Various measures of current fertility are calculated for the three years preceding the survey, which roughly corresponds to the years 2002-2004. A three-year period was chosen because it reflects the most recent situation, without unduly increasing sampling errors.

4.1 Current Fertility

Table 4.1 presents age-specific and cumulative fertility rates and crude birth rates for women aged 15 to 49 years for the three years preceding interview. The TFR in project areas was 2.21 births per woman (against 2.16 in non-project areas). For both NSDP and non-NSDP areas, fertility

[3] Numerators for age-specific fertility rates are calculated by summing the number of live births that occurred in the period 1-36 months preceding the survey (determined by the date of interview and the date of birth of the child) and classifying them by the age (in five-year groups) of the mother at the time of birth (determined by the mother's date of birth). The denominators for the rates are the number of woman-years lived in each of the specified five-year age groups during the period 1-36 months preceding the survey. Since only women who had ever married were interviewed in the BDHS, the number of women in the denominator of the rates was inflated by factors calculated from information in the Household Questionnaire on the proportions ever married to produce a count of all women. Never-married women are presumed not to have given birth.

Table 4.1 Current fertility

Age specific and cumulative fertility rates, general fertility rates, and crude birth rates for the three years preceding the survey (1-36 months) by project and non-project area, 2005.

Age group	NSDP Project	Non-Project
15-19	85	79
20-24	143	144
25-29	108	111
30-34	65	69
35-39	34	18
40-44	7	10
45-49		1
TFR 15-49	2.21	2.16
TFR 15-44	2.21	2.15
GFR	85	81
CBR	20.5	19.6

TFR: Total fertility rate for ages 15-49 expressed per women.
GFR: General fertility rate (births divided by the number of women ages 15-44) expressed per 1,000 women.
CBR: Crude birth rate expressed per 1,000 population.

was highest among those aged 20 to 24. There was little variation in age-specific fertility rates between NSDP and non-NSDP areas. The 2005 TFR in NSDP areas was 0.14 births lower than in 2003 (when the figure was 2.35), while the drop in non-NSDP areas was 0.24 births (from 2.40 in 2003).

As shown in table 4.2, the TFR in the NSDP areas was highest in Thana municipalities (2.92, against 3.36 in 2003), followed by district municipalities (2.15, down from 2.22), and city corporations (2.17, almost unchanged from 2.15 in 2003). Table 4.2 also provides the percentage currently pregnant in NSDP areas. This was highest in Thana municipalities (8.30%), followed by city corporations (5.71%) and district municipalities (5.48%).

Table 4.2 Fertility by domains

Total fertility rate for the three years preceding the survey and percentage of currently pregnant among currently married women by residence in project areas, 2005.

Background characteristics	Total fertility rate (TFR)*	Percentage currently pregnant
Residence		
City corporations	2.17	5.71
District municipalities	2.15	5.48
Thana municipalities	2.92	8.30
Urban NSDP	2.21	5.80

* Rate for women age 15-49 years.

4.2 Fertility Trends

Table 4.3 presents trends in total fertility rates over five-year intervals preceding the survey. In NSDP areas, the total fertility rate declined from 3.27 births per woman in the 10-14 year period preceding the survey to 2.64 births in the 5-9 year period preceding it, and finally to 2.35 births in the four years immediately beforehand. This represented an absolute reduction of 0.9 births per woman over a decade. In non-NSDP areas, a decline of about one birth per woman (from 3.28 to 2.30) occurred over the same era. The decrease in fertility from the 10-14 year period preceding survey to the most recent five-year period differed considerably across urban areas. The largest decrease was in Thana municipalities, where the TFR fell from 4.82 to 3.17 births per woman.

Table 4.4 shows that fertility declined for all age groups in the three different urban strata and non-NSDP areas over the 15 years preceding interview. Fertility was highest in Thana municipalities at the outset and remained so throughout this era, but declined more precipitously there. At the onset, fertility was higher in NSDP areas compared to non-NSDP areas, but by the time of the 2005 survey it was nearly the same in both areas. Similar findings emerged from the 2003 survey.

Table 4.3 Trends in total fertility rates

Total fertility rates for five-year periods preceding the survey by region, project and non-project areas, 2005.

	TFR, period before the survey			Changes in TFR			
	0-4 years (1-60 months)	5-9 years (61-120 months)	10-14 years (121-180 months)	1-60 months vs. 61-120 months		1-60 months vs. 121-180 months	
NSDP area group				%	Absolute	%	Absolute
Residence							
City corporations	2.28	2.89	3.27	21.11	0.61	30.28	0.99
District municipalities	2.28	2.80	3.04	18.57	0.52	25.00	0.76
Thana municipalities	3.17	4.02	4.82	21.14	0.85	34.23	1.65
Project non-project areas							
Project area	2.35	2.64	3.27	10.98	0.29	28.13	0.92
Non-project area	2.30	2.60	3.28	11.54	0.30	29.88	0.98

Table 4.4 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey by region, project and non-project areas, 2005.

	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
City corporations				
15-19	87	120	143	165
20-24	151	175	179	241
25-29	109	139	164	204
30-34	71	87	104	163
35-39	32	41	62	--
40-44	7	16	--	--
District municipalities				
15-19	99	120	148	184
20-24	140	174	182	236
25-29	109	135	128	209
30-34	70	65	91	124
35-39	29	49	58	--
40-44	9	17	--	--
Thana municipalities				
15-19	157	162	243	234
20-24	179	243	262	264
25-29	147	172	201	235
30-34	90	108	157	175
35-39	48	65	101	--
40-44	13	55	--	--
NSDP project area				
15-19	97	107	153	178
20-24	148	166	187	240
25-29	112	134	149	209
30-34	72	71	102	146
35-39	32	40	63	--
40-44	8	10	--	--
45-49	--	--	--	--
Non project area				
15-19	87	111	147	156
20-24	142	151	199	226
25-29	124	132	153	177
30-34	69	80	101	119
35-39	24	37	56	--
40-44	12	8	--	--
45-49	1	--	--	--

4.3 Birth Intervals

It is recommended that births be spaced at least 24 months apart. Nearly 9 out of 10 births in NSDP (88%) and non-NSDP (86%) areas came after this recommended interval (Table 4.5). There was little variation in the proportion of births occurring within two years of the previous birth among the various NSDP urban strata: the figures in city corporations, district municipalities and Thana municipalities were all around 12-13%. The proportion of births within two years of the previous one was higher for younger women and those whose previous birth resulted in a death.

The median birth interval was about the same in NSDP (48 months) and non-NSDP (48.7 months) areas. It was higher in district municipalities (49.8 months) and city corporations (48.4 months) than Thana municipalities (36.8 months). Median birth interval was similar for male and female births, increased with the age of the mother, and decreased with parity. The association between maternal education and proper birth spacing was not very pronounced. For instance, the median birth interval for women with no education (46.8 months) was slightly lower than for those with higher secondary education (53.5 months).

Median birth intervals increased in NSDP areas, from 45.2 months in 2003. However, there was no discernible change in median birth intervals in non-NSDP areas. In city corporations and Thana municipalities median birth intervals increased from 45.9 and 33.1 months, respectively, while remaining about unchanged from 50.2 months in district municipalities.

Table 4.5 Birth interval

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding births, according to background characteristics, project and non-project areas, 2005.

Characteristics	Months since previous birth					Total	Number of births	Median number of months
	7-17	18-23	24-35	36-47	48+			
Age								
15-19	19.0	27.1	30.7	17.8	5.3	100.0	54	24.6
20-29	5.1	9.2	24.4	19.1	42.1	100.0	1,033	41.9
30-39	2.9	3.7	11.3	13.8	68.4	100.0	634	63.5
40+	3.8	1.3	13.6	6.3	75.1	100.0	66	76.6
Birth order								
2-3	4.6	7.7	19.1	15.7	52.8	100.0	1,339	48.9
4-6	5.0	6.4	19.0	19.7	50.0	100.0	383	46.9
7+	3.8	9.3	32.2	20.3	34.4	100.0	65	36.4
Sex of prior birth								
Male	4.3	6.6	19.8	17.1	52.2	100.0	933	48.5
Female	5.1	8.5	19.3	16.3	50.8	100.0	854	47.0
Survival of prior birth								
Still living	4.0	6.6	18.9	16.4	54.2	100.0	1,638	49.6
Deceased	12.7	17.0	27.0	20.4	22.8	100.0	150	28.8
Domains								
City corporations	4.6	7.7	18.4	16.9	52.3	100.0	851	48.4
District municipalities	4.3	7.5	17.3	17.0	53.9	100.0	741	49.8
Thana municipalities	6.3	6.8	33.2	14.8	38.9	100.0	195	36.8
Education								
No education	3.6	6.6	21.1	19.5	49.2	100.0	606	46.8
Some primary	6.9	11.6	22.6	17.8	41.0	100.0	307	41.3
Primary complete	3.6	6.3	17.7	18.9	53.4	100.0	204	49.8
Secondary incomplete	5.8	9.1	19.4	10.8	55.0	100.0	372	51.2
Secondary complete or higher	3.9	4.0	14.8	15.7	61.7	100.0	298	53.5
Household asset quintile								
Poorest	5.1	6.9	24.7	22.1	41.2	100.0	521	41.5
2	4.3	11.5	21.6	14.1	48.4	100.0	396	44.7
3	4.1	6.5	19.2	15.7	54.5	100.0	331	50.4
4	5.7	7.6	12.8	12.5	61.4	100.0	286	56.3
Richest	4.1	3.7	13.9	15.8	62.4	100.0	253	52.7
Project Non-project area								
NSDP project area	4.7	7.5	19.6	16.7	51.5	100.0	1,787	48.0
Non-project area	7.0	7.1	17.9	15.6	52.4	100.0	1,295	48.7

CHAPTER 5. FAMILY PLANNING

This chapter presents findings concerning use of family planning methods, sources of family planning, and patterns of discontinuation. It also examines awareness of family planning by non-users, and considers patterns of family planning use by cohorts of particular interest, such as married adolescents.

5.1 Current Use of Contraception

Table 5.1A shows the distribution of current use of contraception. Current use was defined as the proportion of women who said they (or their husbands) were using a family planning method at the time of interview. Only those who were married were asked about current use of contraception.

In NSDP areas, 67.1% of currently married women were using a family planning method (56.9% reported use of a modern method and 9.8% a traditional one). In NSDP areas, the pill continued to be most popular (at 28.2%), accounting for 42% of all method use and just about half of modern method use. Rates for the other commonly used methods were: male condoms, 12.6%; injection, 9.4%; and female sterilization, 4.5%. Few women used IUD or implants, and few husbands used male sterilization.

Contraceptive prevalence in project areas was highest in city corporations (69.2%), followed by district municipalities (66%) and Thana (59.7%) municipalities. In the earlier surveys, contraceptive use was actually highest in district municipalities. There was also pronounced and interesting variation in the use of specific methods across urban areas. For instance, while male condoms were the second most used method (after the pill) in city corporations and district municipalities, in Thana municipalities injection was.

Contraceptive prevalence was about the same (67.3%) in non-project areas. Furthermore, there were no marked differences between the project and non-project samples in terms of the distribution of the popularity of the various individual methods.

Differentials in Current Use

As in the 2001 and 2003 surveys, age and number of living children were found to be strongly associated with contraceptive use in NSDP areas. Women were most likely to use contraception if they were in their 30s or had at least one surviving child. Nearly 75% of 30-39 year olds reported using a family planning method, compared to 56.2% of those aged 15-19. While only 36% of women with no children used a method, the proportion jumped to 71.3% for those with 1-2 children and 74.0% for those with 3-4 children.

Oral contraceptive pills, usually the most popular method, were actually the second most desired modern method among the oldest women (45-49). The popularity of male condoms also dropped with age, while permanent (such as female sterilization) and traditional methods became more common. Contraceptive use rates were lower among women with no education (63.1%) than those with a primary education (68.5%), though any further association with education beyond the primary level was not apparent. However, more educated women were more likely to use condoms. Use of condoms rose from only 3.4% of women with no education to 28.3% of those with secondary or higher education. Perhaps somewhat surprisingly, use of traditional methods also rose with education, but the differences were not as pronounced as for condoms. Use of the pill and injection fell with education.

Table 5.1A Current use of contraception by background characteristic

Percent distribution of currently married women by contraceptive method currently used according to selected background characteristics, project and non-project areas, 2005.

			Modern Methods								Traditional Methods					
	Using any method	Using any modern method	Pill	IUD	Injections	Male condom	Female sterilization	Male sterilization	Implants	Using any traditional method	Periodic abstinence	With-drawal	Using any folk method	Not using any method	Total	Number of women
Age																
10-14	64.6	48.2	20.3	0.0	0.0	27.9	0.0	0.0	0.0	16.4	6.8	9.6	0.0	35.4	100.0	26
15-19	56.2	51.3	29.9	0.2	8.3	12.4	0.0	0.0	0.4	4.6	2.5	2.1	0.3	43.8	100.0	562
20-24	68.2	63.0	32.7	0.6	14.0	13.7	0.2	0.2	1.5	5.1	1.9	3.2	0.1	31.8	100.0	1,092
25-29	69.6	63.6	35.4	0.4	10.7	13.1	2.2	0.2	1.6	5.8	3.3	2.5	0.2	30.4	100.0	1,038
30-34	74.8	63.8	32.7	0.5	10.0	15.3	3.8	0.2	1.3	10.8	6.5	4.4	0.2	25.2	100.0	955
35-39	73.8	57.6	24.0	1.2	8.4	14.6	6.0	1.3	2.0	15.5	10.4	5.1	0.8	26.2	100.0	775
40-44	67.9	47.6	19.2	1.3	5.4	8.3	12.3	0.5	0.7	18.6	15.2	3.4	1.7	32.1	100.0	577
45-49	43.2	29.7	7.5	0.0	2.2	4.3	15.1	0.5	0.0	13.0	9.9	3.1	0.5	56.8	100.0	447
Domains																
City corporations	69.2	59.3	28.9	0.8	8.8	14.2	4.6	0.3	1.6	9.6	6.4	3.1	0.4	30.8	100.0	2,651
District municipalities	66.0	55.3	27.7	0.5	9.3	12.1	4.4	0.5	0.8	10.1	6.2	3.8	0.6	34.0	100.0	2,420
Thana municipalities	59.7	50.0	25.7	0.5	13.3	4.7	4.4	0.5	1.0	9.3	5.8	3.4	0.4	40.3	100.0	401
Highest Education Level																
No education	63.1	54.1	27.7	0.2	12.4	3.4	7.3	1.0	2.1	8.3	7.0	1.3	0.7	36.9	100.0	1,552
Some Primary	68.3	59.4	30.7	0.4	16.1	5.3	4.6	0.2	2.0	8.2	6.0	2.2	0.7	31.7	100.0	711
Primary Complete	68.5	57.4	31.3	0.7	11.5	7.1	6.0	0.5	0.3	10.5	4.4	6.0	0.7	31.5	100.0	566
Secondary Incomplete	68.2	57.5	29.6	0.8	8.0	14.7	3.2	0.0	1.2	10.4	6.3	4.1	0.3	31.8	100.0	1,390
Secondary Complete or higher	69.5	58.0	24.3	1.0	2.3	28.3	1.7	0.1	0.2	11.4	6.5	4.9	0.1	30.5	100.0	1,253
Household asset quintile																
Poorest	64.3	56.1	31.7	0.5	14.1	2.2	4.5	0.8	2.4	7.2	5.7	1.5	0.6	35.7	100.0	1,016
2	69.7	59.9	32.9	0.5	14.2	5.5	4.6	0.6	1.6	9.2	6.1	3.1	0.5	30.3	100.0	1,123
3	66.6	57.5	30.7	0.5	10.2	10.8	3.4	0.2	1.7	8.7	6.2	2.5	0.2	33.4	100.0	1,148
4	66.8	53.5	26.1	0.5	6.4	16.1	4.3	0.0	0.1	13.3	7.8	5.5	0.0	33.2	100.0	1,097
Richest	67.8	57.1	19.4	1.2	2.0	28.1	5.8	0.3	0.3	10.3	5.7	4.7	0.2	32.2	100.0	1,088

Table 5.1A Current use of contraception by background characteristic (continued)

Percent distribution of currently married women by contraceptive method currently used according to selected background characteristics, project and non-project areas, 2005.

			Modern Methods								Traditional Methods					
	Using any method	Using any modern method	Pill	IUD	Injections	Male condom	Female sterilization	Male sterilization	Implants	Using any traditional method	Periodic abstinence	With-drawal	Using any folk method	Not using any method	Total	Number of women
Number of living children																
No living children	36.0	31.1	15.2	0.0	0.8	14.9	0.0	0.3	0.0	4.8	2.6	2.2	0.0	64.0	100.0	614
1-2	71.3	62.1	32.4	0.6	10.3	15.5	1.5	0.3	1.4	8.9	5.1	3.8	0.2	28.7	100.0	2,843
3-4	74.0	61.1	27.9	1.0	10.6	8.9	10.6	0.6	1.5	12.1	9.0	3.0	0.8	26.0	100.0	1,583
5+	58.7	43.3	19.7	0.3	10.7	3.3	8.2	0.2	0.9	14.0	9.9	4.2	1.3	41.3	100.0	431
Project areas	67.1	56.9	28.2	0.6	9.4	12.6	4.5	0.4	1.2	9.8	6.3	3.5	0.5	32.9	100.0	5,472
Non-project areas	67.3	56.8	27.8	0.9	8.1	13.1	5.4	0.6	1.0	10.0	6.5	3.5	0.5	32.7	100.0	3,957

Trends in Contraceptive Use

Contraceptive prevalence increased in NSDP areas by 3.6 percentage points between 2003 and 2005, which was higher than the increase (2.8 percentage points) observed between 2001 and 2003. This was driven primarily by increased use of modern methods (particularly, condoms). Use of modern methods rose from 53.1% to 56.9%, with condom use rising from 10.2% to 12.6%. Use of female sterilization continued to fall through 2005, reflecting its decreasing popularity. Use of traditional methods remained essentially unchanged at 10%. In non-project areas, contraceptive prevalence increased as well but by a more modest margin than in project areas (1.5 percentage points).

The increase in contraceptive prevalence in project areas was evident in both Thana municipalities and city corporations: in city corporations, it rose from 64.4% to 69.2% while in Thana municipalities it increased from less than 50% to almost 60%. For modern methods, the increase in city corporations was from 53.8% to 59.3% while in Thana municipalities it was from 40.4% to 50.0%. However, in district municipalities prevalence was actually slightly lower in 2005 (66.0%) than 2003 (67.3%).

5.2 Use of Contraception by Married Adolescents

Table 5.1B presents current use of contraception by currently married adolescents. Only those aged 15-19 are discussed.[4] In NSDP areas, 56.2% of adolescents aged 15-19 used family planning (51.3% used a modern method). Oral pill was the most popular method, accounting for 53.2% of users aged 15-19. Other popular methods were condom, injection and traditional methods. Adolescents aged 15-19 were far less likely to practice family planning in Thana municipalities. They were however about equally likely to practice family planning in both the city corporations and district municipalities. In non-project areas, their prevalence rates were slightly lower (53.6%).

Contraceptive Prevalence by Asset Quintile

As shown in Table 5.1C, in NSDP areas contraceptive prevalence varied by asset quintile, but with no clear pattern. This absence of a clearly discernible association between wealth and family planning use suggests that by 2005 the poor had come to enjoy the same level of access to family planning as the rich. However, in non-project areas, family planning use rates remained lower among the poor: 51.8% in the lowest quintile compared with 57% or more in the higher ones.

[4] Rates for those aged 10-14 were based on too few observations to draw confident conclusions.

Table 5.1B Current use of contraception by married adolescents

Percent distribution of currently married adolescent by contraceptive method currently used, according to the age of the respondent, project and non-project areas, 2005.

			Modern Methods						Traditional Methods					
	Using any method	Using any modern method	Pill	IUD	Injections	Male condom	Implants	Using any traditional method	Periodic abstinence	With-drawal	Using any folk method	Not using any method	Total	Number of women
City corporations														
Age														
10-14	68.7	35.9	17.3	0.0	0.0	18.6	0.0	32.7	14.2	18.6	0.0	31.3	100.0	13
15-19	57.6	55.6	30.6	0.0	8.4	15.7	0.9	2.0	1.1	0.9	0.0	42.4	100.0	260
District municipalities														
Age														
10-14	58.4	58.4	16.0	0.0	0.0	42.4	0.0	0.0	0.0	0.0	0.0	41.6	100.0	12
15-19	57.0	49.6	29.8	0.5	8.0	11.3	0.0	6.7	3.4	3.3	0.7	43.0	100.0	251
Thana municipalities														
Age														
10-14	76.6	66.6	66.6	0.0	0.0	0.0	0.0	9.9	0.0	9.9	0.0	23.4	100.0	2
15-19	45.4	37.9	27.3	0.4	8.5	1.8	0.0	7.3	5.3	2.0	0.3	54.6	100.0	51
Project areas														
Age														
10-14	64.6	48.2	20.3	0.0	0.0	27.9	0.0	16.4	6.8	9.6	0.0	35.4	100.0	26
15-19	56.2	51.3	29.9	0.2	8.3	12.4	0.4	4.6	2.5	2.1	0.3	43.8	100.0	562
Non-project areas														
Age														
10-14	66.4	54.2	29.9	0.0	0.0	24.3	0.0	12.2	2.8	9.5	0.0	33.6	100.0	21
15-19	53.6	48.1	27.4	0.0	7.6	11.9	1.2	5.3	1.4	3.9	0.2	46.4	100.0	355

Table 5.1C Current use of modern contraception, by asset quintile

Percentage distribution of currently married women who use modern contraceptive method, by asset quintile, project and non-project areas, 2005.

	Project Areas				Non-project Areas
	City corporations	District municipalities	Thana municipalities	Total	
Household asset quintile					
Poorest	58.7	56.6	48.2	56.1	51.8
2	64.5	56.4	53.9	59.9	59.0
3	58.1	57.1	56.3	57.5	57.7
4	55.3	52.5	44.6	53.5	57.9
Richest	59.6	54.0	42.1	57.1	57.0
Total	59.3	55.3	50.0	56.9	56.8
Number of Women	2,651	2,420	401	5,472	3,957

5.3 Sources of Supply of Family Planning Services

As in the 2001 and 2003 surveys, a major goal was to learn the relative importance of different sources of family planning services in NSDP areas. Data were collected by asking current users of modern methods where they had obtained them. As shown in Table 5.2A, in NSDP areas the predominant source was the private medical sector (specifically pharmacies). More than half (54.6%) of users of modern methods reported that they obtained it from the private medical sector, with most (52.5%) doing so from a pharmacy. The public sector was the next most important source, supplying about a fifth (18.6%) of modern method users. In the public sector, maternal and child welfare centers (MCWS) and hospitals/medical colleges, used by 5.6% and 4.9%, respectively, were the most popular.

NSDP clinics were the third most important source with 16.4% of the market, which was divided fairly evenly between static (9.0%) and satellite (7.1%) clinics. Nonetheless, NSDP providers increased their share of the market for modern contraception from 13.9% in 2003. The share of pharmacies remained essentially unchanged between 2003 and 2005. The public sector's share actually fell slightly from 19.5% in 2003.

There was variation in terms of the major suppliers across the various specific methods. The vast majority of pill (70%) and condom (80.9%) users relied on pharmacies. In contrast, female sterilization was mainly performed at public sector facilities (73.3%). NSDP and public facilities were the major providers of IUDs and injectables, with NSDP and public sector facilities serving 42.5% and 41.9%, respectively, of IUD users and 59.2% and 19.5%, respectively, of injectable users. NSDP providers had a substantial portion of the market for clinical methods, though public facilities were generally the main providers of these methods in NSDP areas.

Project vs. Non-Project Areas

There was little variation between project and non-project areas in terms of sources of family planning (Table 5.2B). In each, the private medical sector was the dominant player, followed by the public sector. Interestingly, NSDP clinics were actually an important source of family planning in non-project areas: 5.6% of modern method users in non-project areas used an NSDP clinic (against 16.4% in project areas). Relative market shares for the various methods were roughly equivalent across project and non-project areas. For instance, in each, pharmacies were the major suppliers of condoms and pills, while public facilities provided most female sterilization. However, in non-project areas, non-NSDP NGO clinics, as expected, had a larger share than NSDP clinics—14.5% against 5.6%.

Table 5.2A Source of supply, urban NSDP

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific method, NSDP project areas, 2005.

	Modern Methods							
Source of Method	Pill	IUD	Injections	Male condom	Female sterilization	Male sterilization	Implants	Total
Public sector	12.6	41.9	19.5	6.0	73.3	53.2	28.1	18.6
Hospital/Medical college	1.5	18.4	4.4	0.1	32.4	32.8	3.9	4.9
Family welfare center	0.2	7.1	3.3	0.4	1.1	0.0	0.0	0.9
Thana health complex	0.5	1.8	1.4	0.0	16.2	7.0	10.4	2.2
MCWC	3.0	14.6	6.3	1.7	23.6	13.4	13.8	5.6
Rural Dispensary/comm. Clinic	0.1	0.0	0.4	0.0	0.0	0.0	0.0	0.1
Satellite clinic/EPI outreach clinic	0.3	0.0	1.3	0.0	0.0	0.0	0.0	0.4
FWA	6.9	0.0	2.3	3.7	0.0	0.0	0.0	4.6
NSDP NGO	7.3	42.5	59.2	6.3	0.9	5.0	59.9	16.4
Static clinic	2.8	42.5	28.8	4.8	0.9	5.0	59.9	9.0
Satellite clinic	3.9	0.0	30.1	1.5	0.0	0.0	0.0	7.1
Depotholder	0.6	0.0	0.2	0.0	0.0	0.0	0.0	0.3
Other NGO	4.0	4.5	12.8	1.8	6.0	15.4	9.1	5.3
Hospital	0.0	4.5	1.7	0.0	4.1	0.0	0.0	0.7
NGO clinic	1.0	0.0	6.8	0.5	1.9	15.4	9.1	2.2
Satellite clinic	0.5	0.0	1.9	0.7	0.0	0.0	0.0	0.7
Fieldworker	2.1	0.0	2.1	0.6	0.0	0.0	0.0	1.5
Depotholder	0.4	0.0	0.3	0.0	0.0	0.0	0.0	0.2
Private medical sector	70.2	4.6	4.4	81.1	19.1	0.0	1.4	54.6
Private clinic/doctor	0.0	4.6	0.6	0.0	18.8	0.0	1.4	1.9
Traditional doctor	0.2	0.0	0.4	0.2	0.3	0.0	0.0	0.2
Pharmacy	70.0	0.0	3.4	80.9	0.0	0.0	0.0	52.5
Other private	3.2	0.0	0.0	3.2	0.0	0.0	0.0	2.3
Shop	2.9	0.0	0.0	3.2	0.0	0.0	0.0	2.1
Friends/relatives	0.3	0.0	0.0	0.1	0.0	0.0	0.0	0.1
Other	2.6	6.5	4.2	1.3	0.7	14.3	1.5	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Women	1,541	34	513	689	283	21	67	3,148

Table 5.2B Source of supply, urban non-NSDP

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific method, non- project areas, 2005.

	Modern Methods							
Source of Method	Pill	IUD	Injections	Male condom	Female sterilization	Male sterilization	Implants	Total
Public sector	12.8	62.7	17.1	4.0	67.2	50.0	28.3	18.5
Hospital/Medical college	1.9	28.4	2.4	1.3	38.6	27.1	16.4	6.6
Family welfare centre	1.3	8.8	7.3	0.0	1.6	0.0	0.0	2.0
Thana health complex	0.3	6.3	0.5	0.3	11.2	11.2	6.7	1.8
MCWC	0.8	19.2	4.1	1.2	15.5	11.7	5.3	3.4
Rural Dispensary/comm. clinic	0.0	0.0	0.1	0.0	0.3	0.0	0.0	0.0
Satellite clinic/EPI outreach clinic	0.5	0.0	1.5	0.1	0.0	0.0	0.0	0.5
FWA	8.0	0.0	1.4	1.1	0.0	0.0	0.0	4.3
NSDP NGO	3.0	0.5	21.0	1.2	2.3	5.9	35.6	5.6
Static clinic	1.8	0.5	14.2	0.7	2.3	5.9	35.6	3.9
Satellite clinic	0.7	0.0	6.7	0.5	0.0	0.0	0.0	1.4
Depotholder	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Other NGO	7.1	31.0	53.4	7.3	6.4	24.6	32.5	14.5
Hospital	0.5	1.0	8.4	0.0	3.0	0.0	0.2	1.7
NGO clinic	3.8	30.0	23.5	2.4	3.4	24.6	32.3	7.3
Satellite clinic	1.4	0.0	20.8	2.8	0.0	0.0	0.0	4.2
Fieldworker	1.4	0.0	0.6	2.0	0.0	0.0	0.0	1.2
Depotholder	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Private medical sector	72.8	5.7	6.4	83.4	22.2	0.0	3.6	57.6
Private clinic/doctor	0.2	5.7	2.8	1.0	22.2	0.0	3.6	3.2
Traditional doctor	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Pharmacy	72.7	0.0	3.5	82.4	0.0	0.0	0.0	54.4
Other private	2.7	0.0	0.0	2.7	0.0	0.0	0.0	1.9
Shop	1.7	0.0	0.0	2.6	0.0	0.0	0.0	1.4
Friends/relatives	1.0	0.0	0.0	0.2	0.0	0.0	0.0	0.5
Other	1.3	0.0	1.3	1.0	1.9	8.3	0.0	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,098	35	321	520	240	23	38	2,273

Source of Contraception by Asset Quintile

NSDP facilities met a substantial portion of the contraceptive needs of women in the lowest asset quintile (Tables 5.3A and 5.3B). Among modern method users, 24.4% in the lowest quintile relied on NSDP sources, against 7.1% in the highest one. Private medical sector facilities were the most common source for all women, though those in the highest quintile were far more likely to rely on them.

Table 5.3A Source of modern contraception by asset quintile, urban NSDP areas

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to asset quintile, NSDP project areas, 2005.

	Household Asset Quintile					
Source	Poorest	2	3	4	Richest	Total
Public sector	26.0	21.2	17.5	16.0	13.0	18.7
Hospital/medical college	3.8	6.3	4.2	5.3	4.7	4.9
Family welfare centre	1.6	1.1	0.6	0.9	0.5	1.0
Thana health complex	4.8	2.3	1.9	1.5	0.8	2.2
MCWC	7.8	6.5	5.2	4.4	4.0	5.6
Rural Dispensary/comm. clinic	0.0	0.4	0.2	0.0	0.0	0.1
Satellite clinic/EPI outreach clinic	0.5	0.6	0.4	0.4	0.0	0.4
FWA	7.4	4.0	5.1	3.5	2.9	4.6
NSDP NGO	24.4	21.1	18.7	12.9	7.1	16.9
Static clinic	11.3	8.5	10.7	8.7	5.7	9.0
Satellite clinic	12.8	11.9	7.4	4.2	1.4	7.6
Depotholder	0.3	0.7	0.5	0.0	0.0	0.3
Other NGO	7.2	7.7	6.9	3.6	2.5	5.6
Private medical sector	36.0	45.3	54.3	63.2	74.3	54.6
Private clinic/doctor	1.4	0.6	1.4	2.2	4.0	1.9
Traditional doctor	0.0	0.1	0.0	0.7	0.4	0.2
Pharmacy	34.6	44.7	52.9	60.3	70.0	52.5
Other private	3.1	2.5	2.0	2.7	1.2	2.3
Other	1.2	0.8	0.3	0.5	0.9	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	580	678	667	596	626	3,148

Table 5.3B Source of modern contraception by asset quintile, urban non-NSDP areas

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to asset quintile, non-project areas, 2005.

	Household Asset Quintile					
Source	Poorest	2	3	4	Richest	Total
Public sector	26.7	26.6	17.6	18.6	9.2	19.0
Hospital/Medical college	5.5	9.7	5.8	7.7	4.5	6.6
Family welfare centre	2.8	3.4	2.5	1.4	0.2	2.0
Thana health complex	3.3	3.6	1.1	1.9	0.4	1.9
MCWC	4.2	4.9	2.7	2.8	3.5	3.6
Rural Dispensary/comm. clinic	0.0	0.0	0.0	0.1	0.0	0.0
Satellite clinic/EPI outreach clinic	0.9	0.5	0.8	0.3	0.0	0.5
FWA	10.0	4.6	4.6	4.2	0.6	4.4
NSDP NGO	6.0	7.0	8.7	4.1	2.7	5.6
Static clinic	1.6	5.0	7.4	3.5	2.0	3.9
Satellite clinic	3.7	2.0	1.3	0.1	0.7	1.4
Depotholder	0.7	0.0	0.0	0.6	0.0	0.2
Other NGO	24.8	16.1	18.5	9.9	7.9	14.7
Private medical sector	38.4	46.2	49.8	65.7	79.1	57.6
Private clinic/doctor	0.9	1.4	2.6	3.7	6.2	3.2
Traditional doctor	0.0	0.1	0.0	0.0	0.0	0.0
Pharmacy	37.6	44.7	47.2	62.0	72.9	54.4
Other private	2.7	2.6	2.8	1.3	0.6	1.9
Other	1.2	0.7	0.6	0.0	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	358	436	458	482	539	2,273

5.4 Knowledge of Sources among Non-Users

Table 5.4 provides the distribution of knowledge of family planning sources among non-users. Only 7.8% and 9.1% of women not currently using family planning in project and non-project areas, respectively, did not know of any source of family planning. In NSDP areas, private medical sector facilities (known to 45.8% of non-users) were the most widely recognized sources, followed by NSDP (22.9%) and public sector (16.0%) sources. Awareness varied across urban project areas. NSDP sources were more widely recognized in city corporations than Thana or district municipalities, while the reverse was true of public sector providers. Unsurprisingly, NSDP sources were more well-known in project areas.

5.5 Contraceptive Discontinuation Rates

Contraceptive discontinuation rates are given in table 5.5A. These rates were based on information collected in a five-year, monthly calendar. All episodes of contraceptive use between May 2000 and the date of interview were recorded, along with the main reason for any discontinuation of use

Table 5.4 Knowledge of source for non-users

Percent distribution of women who do not currently use a contraceptive method by knowledge of source of supply, project and non-project areas, 2005.

Source of Method	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Public sector	6.1	24.6	23.2	16.0	13.1
Hospital/Medical college	2.6	5.3	1.0	3.7	4.4
Family welfare centre	0.6	0.1	3.7	0.6	1.7
Thana health complex	0.7	1.4	7.2	1.6	0.9
MCWC	0.7	13.3	2.9	6.6	3.1
Rural Dispensary/comm. clinic	0.0	0.7	0.0	0.3	0.0
Satellite clinic/EPI outreach clinic	0.1	0.2	2.4	0.3	0.6
FWA	1.5	3.7	5.9	2.9	2.4
NSDP NGO	30.9	15.4	19.8	22.9	8.3
Static clinic	22.4	10.7	11.8	16.2	6.2
Satellite clinic	8.4	3.9	5.6	6.1	2.0
Depotholder	0.1	0.9	2.3	0.6	0.2
Other NGO	6.1	3.0	2.9	4.4	15.4
Private medical sector	44.3	48.1	41.4	45.8	51.8
Other private	2.6	1.9	2.0	2.2	1.7
Other	0.6	0.8	2.5	0.9	0.6
DK	9.4	6.1	8.3	7.8	9.1
Total	100.0	100.0	100.0	100.0	100.0
Number of women	1,019	995	200	2,213	1,653

during this period. Discontinuation rates were based on events from May 2000 to the fourth month preceding interview. The month of interview and the two preceding it were ignored to avoid bias associated with unrecognized pregnancy.

Table 5.5A (which is based on episodes of contraceptive use that began 3-59 months before the survey) provides the proportion of users of a method who discontinued use within 12 months of initiation. The reasons for discontinuation were treated as competing risks[5] and classified into four main categories: method failure (pregnancy), desire to become pregnant, side effects/health concerns, and all other reasons. Switching to another method was included in side effects/health concerns.

[5] The reasons for discontinuation included the following: infrequent sex/husband away; method failure/became pregnant; wanted to become pregnant; husband disapproved; wanted a more effective method; health concerns; side effects; lack of access; cost; inconvenient to use; fatalistic; entered a period of amenorrhea; marital dissolution; and other.

Table 5.5A Contraceptive discontinuation rates

Proportion of contraceptive users who discontinued use of a method within 12 months after beginning to use, by reasons for discontinuation and specific method, NSDP project areas, 2005.

	Reasons for discontinuation				
Method	Method failure	Desire to become pregnant	Side effect/ health concerns	Other	All reasons
Pill	3.8	7.1	29.2	9.5	49.7
IUD	0.0	0.0	46.1	0.0	(46.1)
Injectables	0.3	4.1	45.3	4.8	54.5
Condom	6.1	11.0	11.1	40.2	68.5
Periodic abstinence	3.8	3.6	0.0	33.9	41.2
Withdrawal	10.0	4.5	0.8	32.6	47.9
Other	-	-	-	-	-
All reversible method	4.0	6.9	24.5	18.1	53.6

Note: Period of observation 3-60 months preceding the survey. Figures in parentheses are based on less than 50 use spells.

Among contraceptive users in NSDP areas, 53.6% discontinued within 12 months of initiating use: 4.0% due to method failure; 6.9% because of a desire to become pregnant; and 24.5% as a result of side effects or health concerns or switching to another method. About 18% discontinued use for other reasons, including infrequent sex, husband away, and lack of access to method.

In NSDP areas, condoms (68.5%) had the highest discontinuation rate among modern methods. Those for the pill and injectables (49.7% and 54.5%, respectively) were somewhat lower. Discontinuation rates were lowest for periodic abstinence (41.2%), which was the most popular traditional method.[6]

In NSDP areas, "side effects/health concerns" (including switching to other methods) was by far the most common reason for discontinuation of the pill, IUD and injectables, while "other reasons" was cited in the case of condoms, periodic abstinence and withdrawal. Method failure was more commonly cited for withdrawal and condoms than for the pill, periodic abstinence and injectables. "Desire to become pregnant" was more common for the pill and condoms than any other methods.

Table 5.5B presents first-year discontinuation rates by NSDP/non-NSDP areas. Rates for almost all methods were lower in non-NSDP areas. In NSDP areas, the discontinuation rate rose by 4.8 percentage points from its 2003 level (48.8%). Behind this figure were noticeable increases in rates for the various specific methods. Rates also rose by a large margin (5.4 percentage points, from 43.7% in 2003) in non-NSDP areas.

[6] Months of exposure were insufficient to calculate reliable figures for IUD and implants.

5.6 Reasons for Discontinuing Contraceptive Method

Table 5.6 provides reasons for discontinuation in NSDP areas for all episodes of discontinuation, regardless of whether they occurred during the first 12 months of use. Of all reasons cited, 33.4% were due to side effects. The next most common reason for discontinuation was desire to become pregnant (20.6%). Around 11% was due to method failure (becoming pregnant while using a method). Among specific methods, side effects were the main reason cited with IUD, injections, and implants (67% or more of the time). Side effects were also the most common reason cited for discontinuing the pill (38.2%).

Table 5.5B Contraceptive discontinuation rates by project and non-project areas

Proportion of contraceptive users who discontinued use of a method within 12 months after beginning to use, by specific method and urban NSDP project and non-project areas, 2005.

Contraceptive method	NSDP project areas	Non-project areas
Pill	49.7	46.8
IUD	(46.1)	(19.3)
Injectables	54.5	47.6
Condom	68.5	60.5
Periodic abstinence	41.2	41.8
Withdrawal	47.9	46.7
All reversible method	53.6	49.1

Note: Period of observation 3-60 months preceding the survey. Figures in parentheses are based on less than 50 use spells.

Table 5.6 Reasons for discontinuing contraceptive methods

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reasons for discontinuation, according to specific methods, NSDP project areas, 2005.

Reasons for discontinuation	Method discontinued									
	Pill	IUD	Injection	Condom	Male sterilization	Periodic Abstinence	Withdrawal	Implants	Others	Total
No sex	5.5	2.1	2.0	4.8	0.0	11.4	3.5	0.0	11.8	5.0
Method failure	12.1	2.5	0.7	11.4	100.0	18.3	22.7	0.0	80.2	10.8
Wanted pregnancy	23.4	10.3	13.5	23.0	0.0	12.2	17.3	11.4	0.0	20.6
Husband disapprove	0.5	1.3	0.4	28.5	0.0	14.9	23.3	0.0	0.0	8.6
Wanted efficient method	2.7	0.5	1.3	7.8	0.0	19.4	19.7	0.0	0.0	5.2
Health concern	8.8	6.1	4.0	7.0	0.0	0.3	1.1	9.4	0.0	6.8
Side effects	38.2	67.7	72.0	7.0	0.0	0.4	1.1	73.8	7.9	33.4
Unavailability	0.5	0.0	1.2	0.1	0.0	0.0	0.0	0.0	0.0	0.4
Cost	0.3	0.0	0.3	.1	0.0	0.0	0.0	0.0	0.0	0.2
Inconvenience	2.7	1.6	0.7	5.4	0.0	5.2	4.6	0.0	0.0	3.2
Fatalistic	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Difficult to get pregnant	1.2	5.4	0.8	0.5	0.0	8.5	1.3	0.0	0.0	1.4
Divorced	1.0	2.1	1.0	0.5	0.0	1.1	0.4	0.0	0.0	0.8
Other reasons	3.2	0.3	2.1	4.1	0.0	8.1	5.1	5.4	0.0	3.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	2,742	83	854	1,277	1	324	197	44	7	5,531

CHAPTER 6. INFANT AND CHILD MORTALITY

This chapter examines the mortality of children less than five years of age in urban project and non-project areas. The data were compiled from the birth histories provided by ever-married women. Ages at death were recorded in days if the child died in the first month of life or in months if the child died thereafter but before 24 months of age. Mortality rates were calculated in a straightforward fashion and defined as follows:

Neonatal mortality(NN):	The probability of dying in the first month of life.
Postneonatal mortality (PNN):	The probability of dying after the first month of life but before the first birthday.
Infant mortality($1q_0$):	The probability of dying before the first birthday.
Child mortality($4q_1$):	The probability of dying after the first birthday but before the fifth birthday.
Under-five mortality ($5q_0$):	The probability of dying before the fifth birthday.

All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to their first birthday (12 months of age). Mortality rates were calculated for project and non-project areas and the various strata of urban communities in project areas. Rates were also calculated for different socioeconomic sub-groups.

6.1 Assessment of Data Quality

During interviewer training, considerable emphasis was placed on minimizing errors that might lead to age heaping in mortality reports. Interviewers were instructed to probe for exact ages when dates corresponded to common heaping points. For example, if a child was reported to have died at age one year, interviewers would ask whether the child really died at exactly one year, or before or after one year. It was important to probe for more precise dates because such heaping can bias infant mortality estimates downwards.

6.2 Early Childhood Mortality Rates

In the five years preceding survey, the infant mortality rate was 40.8 deaths per 1,000 live births in NSDP areas (Table 6.1). In non-NSDP areas it was markedly higher at 49.2 deaths. However, in all areas, the infant mortality rate exhibited a pronounced downward trend over time. As one can observe, between the 5-9 and 0-4 years periods preceding the survey, the rate declined from 50.5 to 40.8 deaths in NSDP areas and from 66.3 to 49.2 deaths in non-NSDP areas.

Table 6.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality for five-year periods preceding the survey, urban NSDP project and non-project areas, 2005.

	Neonatal mortality (NN)	Postneonatal[1] mortality (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
			Project areas		
Years preceding the survey					
0-4	30.5	10.3	40.8	11.4	51.7
5-9	28.0	22.5	50.5	16.3	66.0
10-14	42.4	26.6	69.1	23.4	90.9
15-19	60.6	31.1	91.7	32.3	121.0
			Non-Project areas		
Years preceding the survey					
0-4	31.7	17.5	49.2	11.0	59.7
5-9	44.5	21.9	66.3	15.2	80.6
10-14	36.9	29.2	66.1	23.3	87.9
15-19	43.3	32.7	76.0	30.7	104.4

[1] Computed as the difference between the infant and neonatal mortality rates.

6.3 Early Childhood Mortality by Socioeconomic Characteristics

Infant mortality rates differed along a variety of regional and socioeconomic lines (Table 6.2). Using mortality rates for the 10-year period preceding the survey, infant mortality was highest in district municipalities (49.5 deaths per 1,000 live births) followed by city corporations (44.8 deaths) and Thana municipalities (34.8 deaths). There was little variation in under-five mortality rates between the various types of NSDP communities.

Children with uneducated mothers were more than five times as likely to die before their first birthday as those whose mothers had completed a secondary education or better. Only 7.4% of those with mothers with some secondary education died between their first and fifth birthdays while less than 2% of those whose mothers had complete secondary or higher education did. On the other hand, roughly 20% of those with uneducated mothers or mothers with only a primary (incomplete or complete) education did not survive from their first to their fifth birthdays. Early childhood mortality rates were also higher for children in poorer households. More than a quarter (26.6%) of children in the poorest quintile died between their first and fifth birth days, compared with only 6.2% in the wealthiest one. Infant mortality rates were more than 10 deaths per 1,000 live births higher in non-NSDP areas.

Table 6.2 Early childhood mortality rates by socio-economic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality for ten-year period preceding the survey by selected background characteristics, urban NSDP project and non-project areas, 2005.

Background characteristics	Neonatal mortality (NN)	Postnatal mortality (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Domains					
City corporation	27.3	17.4	44.8	13.4	57.6
District municipalities	32.5	17.0	49.5	11.1	60.0
Thana municipalities	26.2	8.6	34.8	25.8	59.7
Highest educational level					
No education	38.7	25.3	63.9	19.6	82.3
Primary incomplete	32.3	34.1	66.4	19.4	84.5
Primary complete	37.3	8.9	46.2	20.4	65.7
Secondary incomplete	28.0	7.6	35.5	7.4	42.7
Secondary complete or higher	9.4	2.6	11.9	1.8	13.7
Household asset quintiles					
Poorest	38.1	32.0	70.1	26.6	94.9
2	41.3	18.6	59.9	14.1	73.1
3	21.7	12.8	34.5	12.6	46.6
4	13.9	7.9	21.8	4.8	26.5
Richest	24.3	1.0	25.3	6.2	31.4
Project non-project areas					
NSDP project areas	29.4	16.2	45.6	13.9	58.8
Non-project areas	38.2	19.7	57.9	13.0	70.2

CHAPTER 7. REPRODUCTIVE AND CHILD HEALTH

This chapter reviews the use of various maternal and child health services and the prevalence of important childhood health challenges. Among other things, it examines use of antenatal and delivery care, pregnancy-related complications, tetanus toxoid (TT) vaccination coverage, child health care, and awareness of maternal and child health services.

7.1 Antenatal Care

Antenatal care (ANC) is an important component of the NSDP Essential Service Package. Antenatal care entails visits to medical care providers at periodic intervals to detect, monitor, and treat problems that arise in the course of pregnancy. Timely and appropriate antenatal care can serve the health of both mother and child.

Antenatal Care Providers

Ever married women with a live birth in the five years preceding the interview were asked whether they had had an antenatal care visit for their last live birth and to specify the type of caregiver that treated them. Table 7.1A provides the distribution of visits in terms of the type of caregiver visited for the last live births in the three years preceding interview. More than four-fifths in project (NSDP) areas received ANC (82.2%). The figure was about the same (84.2%) in non-project areas (Table 7.1B). Most of those who received any ANC were seen by a trained provider (around 80% in project and non-project areas). In NSDP areas, the oldest women (35-49 years) were less likely to receive any ANC than younger ones. However, women in the youngest age group (10-14 years) were about as likely as those in the oldest age group (35-49 years) to seek ANC from a medically trained provider. Those with more children were less likely to seek care and, when they did, less inclined to visit a qualified doctor. Visit likelihood was lower in Thana (65.8%) than district (80.0%) municipalities and highest in city corporations (87.3%). Residents of municipalities were also less likely to see a qualified doctor when they did have an ANC visit. There was a pronounced association between care-seeking behavior and education. Women who had no education were far less likely to seek ANC than those who had at least some, and when they did, to be seen by a qualified doctor. Generally speaking, similar patterns prevailed in non-project areas.

Table 7.1A Antenatal care from medically trained personnel, NSDP areas

Percent distribution of last births in three years preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, project areas, 2005.

Background Characteristics	Received any ANC	Medically Trained		Non-Medically Trained			Other	No one	Missing	Total	Number
		Qualified doctor	Nurse, midwife or paramedic	HA or FWA	Trained birth attendants	Unqualified doctor					
Mother's age at birth											
10-14	77.5	15.6	50.2	0.0	0.0	0.0	11.7	22.5	0.0	100.0	12
15-19	80.9	48.6	29.7	1.3	0.0	0.5	0.8	19.1	0.0	100.0	376
20-34	83.8	62.7	19.2	1.1	0.1	0.2	0.5	16.1	0.1	100.0	1,099
35-49	68.8	43.2	22.8	2.8	0.0	0.0	0.0	31.2	0.0	100.0	91
Birth order											
1	89.3	65.3	21.4	1.7	0.0	0.0	0.9	10.7	0.0	100.0	574
2-3	82.2	58.2	22.1	1.0	0.1	0.2	0.5	17.8	0.1	100.0	764
4-5	73.1	46.9	24.0	1.8	0.0	0.0	0.4	26.9	0.0	100.0	168
6+	47.9	22.2	23.2	0.0	0.0	2.4	0.0	52.1	0.0	100.0	73
Domains											
City corporations	87.3	63.2	22.4	1.1	0.1	0.5	0.1	12.6	0.1	100.0	772
District municipalities	80.0	56.8	21.0	0.8	0.0	0.0	1.3	20.0	0.0	100.0	656
Thana municipalities	65.8	35.3	25.5	4.4	0.0	0.0	0.6	34.2	0.0	100.0	150
Highest educational level											
No education	56.2	28.8	25.0	2.1	0.2	0.0	0.0	43.8	0.0	100.0	369
Some primary	73.5	37.6	31.4	1.1	0.0	1.5	1.9	26.5	0.0	100.0	231
Primary complete	82.3	44.7	34.5	0.8	0.0	0.0	2.3	17.3	0.3	100.0	173
Secondary incomplete	94.6	67.9	25.1	1.3	0.0	0.0	0.3	5.4	0.0	100.0	394
Secondary complete or higher	98.4	91.3	6.3	0.8	0.0	0.0	0.0	1.6	0.0	100.0	412
Household asset quintile											
Poorest	56.5	21.4	31.2	1.9	0.2	0.9	0.9	43.4	0.1	100.0	400
2	78.6	47.3	29.1	0.7	0.0	0.0	1.5	21.4	0.0	100.0	326
3	91.3	63.0	25.7	2.4	0.0	0.0	0.2	8.7	0.0	100.0	305
4	96.7	82.4	12.8	1.2	0.0	0.0	0.2	3.3	0.0	100.0	257
Richest	99.3	93.0	6.4	0.0	0.0	0.0	0.0	0.7	0.0	100.0	290
Total	82.2	57.9	22.1	1.3	0.1	0.2	0.6	17.8	0.0	100.0	1,579

Table 7.1B Antenatal care from medically trained personnel, non-NSDP areas

Percent distribution of last births in the tree years preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, non-project areas, 2005

Background Characteristics	Received any ANC	Medically Trained: Qualified doctor	Medically Trained: Nurse, midwife or paramedic	Medically Trained: MA or SACMO	Non-Medically Trained: HA or FWA	Non-Medically Trained: Trained birth attendants	Non-Medically Trained: Unqualified doctor	Other	No one	Missing	Total	Number
Mother's age at birth												
10-14	100.0	29.7	70.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	3
15-19	85.9	60.3	23.8	0.0	1.4	0.0	0.0	0.3	14.1	0.0	100.0	240
20-34	84.5	61.4	19.5	0.1	2.3	0.3	0.2	0.7	15.5	0.0	100.0	797
35-49	70.6	58.7	11.3	0.0	0.7	0.0	0.0	0.0	29.4	0.0	100.0	50
Birth order												
1	91.8	72.1	18.6	0.1	0.8	0.0	0.0	0.1	8.2	0.0	100.0	373
2-3	86.4	60.8	21.5	0.0	2.8	0.5	0.2	0.7	13.6	0.0	100.0	545
4-5	64.2	40.8	20.8	0.0	1.3	0.0	0.0	1.3	35.8	0.0	100.0	131
6+	51.0	28.2	17.5	0.0	5.3	0.0	0.0	0.0	49.0	0.0	100.0	43
Highest educational level												
No education	62.6	31.0	26.3	0.0	3.8	0.0	0.0	1.4	37.4	0.0	100.0	259
Some primary	82.0	43.3	32.9	0.0	3.5	1.5	0.6	0.1	18.0	0.0	100.0	157
Primary complete	88.7	55.2	28.0	0.0	3.8	0.0	0.0	1.7	11.3	0.0	100.0	123
Secondary incomplete	89.5	69.6	19.1	0.0	0.7	0.0	0.0	0.1	10.5	0.0	100.0	277
Secondary complete or higher	98.5	93.1	5.0	0.2	0.1	0.0	0.1	0.0	1.5	0.0	100.0	275
Household asset quintile												
Poorest	62.6	23.1	32.6	0.0	4.4	1.0	0.0	1.6	37.4	0.0	100.0	252
2	78.4	45.2	29.2	0.0	2.9	0.0	0.0	1.0	21.6	0.0	100.0	194
3	87.3	65.9	18.7	0.2	2.0	0.0	0.4	0.0	12.7	0.0	100.0	220
4	98.0	83.6	14.3	0.0	0.1	0.0	0.0	0.0	2.0	0.0	100.0	213
Richest	98.1	92.5	4.9	0.0	0.5	0.0	0.2	0.0	1.9	0.0	100.0	212
Total	84.2	61.0	20.2	0.0	2.0	0.2	0.1	0.6	15.8	0.0	100.0	1,091

Table 7.2A provides the distribution of ANC visit counts and the duration of pregnancy at first visit. There was little variation in the number of ANC visits made between project and non-project areas. The overall visit count median was exactly the same (3.9) in project areas and non-project areas. There was also essentially no difference in the median number of months pregnant at first visit at 3.2-3.3 months.

Table 7.2A Number of antenatal care visits and timing of first visit, birth in the last three years

Percent distribution of women who had a live birth in the three years preceding the survey by number of antenatal care (ANC) visits during the last pregnancy by the stage of pregnancy at the time of the first visit, project and non-project areas, 2005.

Number and timing of ANC visits	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Number of ANC visits					
None	12.6	20.0	34.2	17.8	15.8
1	6.9	7.4	14.8	7.8	9.4
2	12.3	12.2	11.6	12.2	9.5
3	9.8	13.2	14.8	11.7	12.5
4+	58.2	47.2	24.6	50.4	52.7
DK/missing	0.2	0.0	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0
Median number of visits (for those with ANC)	4.4	3.7	2.4	3.9	3.9
Number of months pregnant at the time of the first ANC visits					
No ANC	12.6	20.0	34.2	17.8	15.8
<4 months	45.7	35.4	25.2	39.5	42.0
4-5 months	27.2	27.9	19.9	26.8	27.7
6-7 months	12.7	12.3	15.4	12.8	11.8
8+ months	1.7	4.3	5.2	3.1	2.6
DK/missing	0.1	0.0	0.0	0.0	0.0
Tota1	100.0	100.0	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	3.1	3.6	4.0	3.3	3.2
Number	772	656	150	1,579	1,091

Table 7.2B provides the percentage of women who had at least one ANC visit by household asset quintile. In project areas, women were far more likely to have an ANC visit if they were from wealthier households and, when they did, to be seen by a qualified doctor. A similar relationship was evident in the various NSDP urban areas and non-project areas.

Source of Antenatal Care

Table 7.3 provides market share for antenatal care visits for the last pregnancy for those who had a live birth in the three years preceding interview and had at least one antenatal care visit during that pregnancy. In project areas, over a quarter (27.1%) with at least one ANC visit visited an NSDP provider. Those who used NSDP providers were most likely to visit static clinics (18.8%, against 8.3% for satellite clinics). Private and public sector providers were also significant providers of ANC, having 28.3% and 26.9% of the market share, respectively. Of the public sector facilities, MCWC (14.5%) and hospitals/medical colleges (9.0%) were most prominent while private clinics/ doctors (27.9%) were by far the most notable providers from the private sector.

In non-NSDP areas, the private medical sector and non-NSDP NGO clinics were the most important providers of ANC, with about 31% market share each. The public sector was also a major provider, with nearly a quarter of the market. Of public providers, hospitals/medical colleges (9.8%) and MCWCs (9.6%) were equally important. In project and non-project areas, Thana health complexes played a very minor role compared with rural areas. As in project areas, the share of the private medical sector was dominated by private doctors/clinics. Surprisingly, NSDP providers (including satellite clinics) actually enjoyed a non-negligible share of the market.

Table 7.4 provides market share by socioeconomic status. In project and non-project areas, NSDP providers were far more important to the poor than the wealthy. Particularly in project areas, NSDP providers were a relatively unimportant source of care for the wealthy who, unsurprisingly, were far more likely to rely on private doctors/clinics. Though there were differences in the use of public sector providers across socioeconomic strata, they were modest and uneven.

Table 7.2B Use of antenatal care, urban NSDP and urban non-NSDP, last three years

Percent distribution of women who had a live birth in the three years preceding the survey by whether they had at least one antenatal care (ANC) visit during the last pregnancy by household asset quintile, 2005.

Household asset quintile	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Poorest	65.2	51.9	45.3	56.5	62.6
2	82.8	75.0	80.4	78.6	78.4
3	93.1	89.2	90.4	91.3	87.3
4	97.4	96.5	93.1	96.7	98.0
Richest	99.5	98.9	100.0	99.3	98.1
Total	87.3	80.0	65.8	82.2	84.2
Number	772	656	150	1,579	1,091

Table 7.3 Source of antenatal care, last three years

Percent distribution of women with a live birth in the three years preceding the survey by whether they had at least one antenatal care (ANC) visit during the last pregnancy by source of care, project and non-project areas, 2005.

	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Received antenatal care					
Percentage received ANC	87.3	80.0	65.8	82.2	84.2
Women with at least one birth in the reference period	772	656	150	1,579	1,091
Place for antenatal checkup					
Home	0.9	1.8	11.8	2.1	1.7
Medical person at home	0.6	1.8	10.5	1.8	1.7
Non-medical person at home	0.3	0.0	1.3	0.2	0.0
Public sector	16.2	40.4	27.7	26.9	24.4
Hospital/Medical college	8.3	10.7	4.3	9.0	9.8
Family welfare centre	0.0	0.9	2.7	0.6	1.7
Thana health complex	0.7	1.5	12.8	1.9	1.4
MCWC	6.6	26.6	4.7	14.5	9.6
Rural Dispensary/comm. clinic	0.0	0.0	0.0	0.0	0.0
Satellite clinic/EPI outreach clinic	0.3	0.7	3.1	0.7	1.6
FWA	0.4	0.0	0.0	0.2	0.2
NSDP NGO	36.7	14.6	28.0	27.1	9.7
Static clinic	26.4	8.9	19.3	18.8	7.6
Satellite clinic	10.4	5.7	8.7	8.3	2.1
Other NGO	17.3	8.8	12.2	13.4	31.2
Hospital	9.0	2.5	6.6	6.2	10.4
NGO clinic	7.5	4.3	4.8	6.0	15.9
Satellite clinic	0.8	0.9	0.0	0.8	4.5
Fieldworker	0.0	1.1	0.8	0.5	0.5
Private medical sector	26.0	32.9	19.8	28.3	31.3
Private clinic/doctor	25.5	32.7	18.6	27.9	31.2
Traditional doctor	0.5	0.3	1.2	0.5	0.1
Pharmacy	0.0	0.0	0.0	0.0	0.0
Other	2.5	1.4	0.5	1.9	1.3
Total	100.0	100.0	100.0	100.0	100.0
Number	674	525	99	1,298	918

Table 7.4 Source of antenatal care by asset quintile, last three years

Percent distribution of source of antenatal care for women having a live birth in the three years preceding the survey by asset quintile, project and non-project areas, 2005.

	Project areas						Non-project areas					
	Household asset quintile						Household asset quintile					
Place for antenatal checkup	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Home	4.2	2.2	2.8	1.4	0.2	2.1	4.2	3.0	2.0	0.0	0.0	1.7
Medical person at home	3.9	1.4	2.8	1.4	0.2	1.8	4.2	3.0	2.0	0.0	0.0	1.7
Non-medical person at home	0.4	0.9	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Public sector	28.1	32.5	31.3	26.4	16.9	26.9	28.6	21.7	26.3	32.6	13.3	24.4
Hospital/Medical college	4.7	7.7	11.9	12.5	7.5	9.0	5.2	8.6	11.2	19.3	3.4	9.8
Family welfare center	0.8	1.2	0.4	0.7	0.0	0.6	4.6	2.3	0.6	1.7	0.1	1.7
Thana health complex	4.5	2.2	2.3	0.2	0.7	1.9	3.1	2.4	0.7	0.1	1.5	1.4
MCWC	15.7	20.4	16.2	12.3	8.7	14.5	12.1	6.4	10.9	11.4	7.1	9.6
Rural Dispensary/comm. clinic	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Satellite clinic/EPI outreach clinic	2.0	0.9	0.6	0.0	0.0	0.7	2.4	2.1	2.8	0.0	1.3	1.6
FWA	0.4	0.0	0.0	0.7	0.0	0.2	1.1	0.0	0.0	0.1	0.0	0.2
NSDP NGO	47.9	33.9	32.7	17.3	7.8	27.1	13.7	19.0	12.2	7.0	0.3	9.7
Static clinic	26.3	22.3	25.2	15.0	6.7	18.8	8.6	12.8	11.3	7.0	0.3	7.6
Satellite clinic	21.5	11.6	7.5	2.3	1.1	8.3	5.0	6.2	0.9	0.0	0.0	2.1
Other NGO	12.4	15.3	10.3	13.6	15.5	13.4	42.1	40.1	29.4	25.0	24.5	31.2
Hospital	1.3	3.9	6.8	10.4	7.7	6.2	7.8	6.6	10.2	14.2	11.4	10.4
NGO clinic	7.5	8.7	3.1	3.2	7.6	6.0	18.3	28.3	15.7	8.1	12.9	15.9
Satellite clinic	2.7	1.4	0.0	0.0	0.2	0.8	13.3	5.2	3.2	2.7	0.2	4.5
Fieldworker	0.9	1.4	0.4	0.0	0.0	0.5	2.7	0.1	0.2	0.0	0.0	0.5
Private medical sector	4.7	13.3	22.3	37.7	58.0	28.3	10.2	12.5	29.6	33.1	60.9	31.3
Private clinic/doctor	3.1	13.3	21.9	37.7	57.5	27.9	10.1	12.5	29.0	33.1	60.9	31.2
Traditional doctor	1.6	0.0	0.4	0.0	0.5	0.5	0.0	0.0	0.5	0.0	0.0	0.1
Pharmacy	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0
Other	2.7	2.6	0.6	2.9	1.0	1.9	1.2	3.7	0.0	2.3	0.0	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	226	256	279	249	288	1,298	158	152	193	208	208	918

7.2 Iron Supplementation

Table 7.5A provides the distribution of women who received iron tablets during pregnancy for births in the year preceding interview. In NSDP project areas, around 70% took iron tablets or syrup. Women were least likely to do so in Thana municipalities (62.5%), followed by district municipalities (66.6%) and city corporations (72.1%). Women in non-project areas were slightly more likely to receive supplements (75%, respectively).

Women younger than 15 years, as well as those older than 34 years, were less likely to receive iron supplements. Only 52.6% and 54.1%, respectively, of women aged 10-14 years and 35-49 years, received iron supplements, compared with more than 66% for those aged 15-34 years. Supplements were less likely in higher parity groups (55.3% for the highest parity against 75.5% for the lowest). Only 54% with no schooling received supplements, while over 78% with secondary education or better did.

Table 7.5A Iron supplementation, last one year

Percent distribution of women with a live birth in the last one year preceding the survey by intake of iron supplements during pregnancy for the most recent birth according to selected background characteristics, project and non-project areas, 2005.

	Took iron tablet/syrup during pregnancy				
Background characteristics	Yes	No	DK/missing	Total	Number
Mother's age at birth					
10-14	52.6	47.4	0.0	100.0	4
15-19	66.9	32.5	0.6	100.0	128
20-34	71.0	29.0	0.0	100.0	387
35-49	54.1	45.9	0.0	100.0	32
Birth order					
1	75.5	24.1	0.4	100.0	210
2-3	69.2	30.8	0.0	100.0	260
4-5	49.6	50.4	0.0	100.0	66
6+	55.3	44.7	0.0	100.0	15
Domains					
City corporations	72.1	27.9	0.0	100.0	265
District municipalities	66.6	33.1	0.3	100.0	238
Thana municipalities	62.5	37.5	0.0	100.0	48
Highest educational level					
No education	54.0	46.0	0.0	100.0	114
Some primary	57.2	42.8	0.0	100.0	95
Primary complete	55.5	44.5	0.0	100.0	71
Secondary incomplete	78.8	20.6	0.6	100.0	139
Secondary complete or higher	87.0	13.0	0.0	100.0	132
Project areas	68.9	31.0	0.1	100.0	552
Non-project areas	75.0	24.7	0.3	100.0	366

The distribution for births in the three years preceding the survey is shown in Table 7.5B. For both NSDP and non-NSDP areas, there was little or no variation in the distribution of iron supplementation between the one and three-year recall window.

Table 7.5B Iron supplementation, last three years

Percent distribution of women with a live birth in the last three years preceding the survey by intake of iron supplements during pregnancy for the most recent birth according to selected background characteristics, project and non-project areas, 2005.

	Took iron tablet/syrup during pregnancy				
Background characteristics	Yes	No	DK/missing	Total	Number
Mother's age at birth					
10-14	74.9	25.1	0.0	100.0	12
15-19	67.2	32.6	0.2	100.0	376
20-34	70.3	29.7	0.0	100.0	1099
35-49	60.7	39.3	0.0	100.0	91
Birth order					
1	76.8	23.1	0.1	100.0	574
2-3	69.3	30.7	0.0	100.0	764
4-5	53.8	46.2	0.0	100.0	168
6+	40.7	59.3	0.0	100.0	73
Domains					
City corporations	71.5	28.5	0.0	100.0	772
District municipalities	69.8	30.1	0.1	100.0	656
Thana municipalities	53.5	46.5	0.0	100.0	150
Highest educational level					
No education	47.2	52.8	0.0	100.0	369
Some primary	53.5	46.5	0.0	100.0	231
Primary complete	59.1	40.9	0.0	100.0	173
Secondary incomplete	80.6	19.2	0.2	100.0	394
Secondary complete or higher	90.5	9.5	0.0	100.0	412
Project areas	69.1	30.9	0.0	100.0	1,579
Non-project areas	73.1	26.4	0.6	100.0	1,091

The distribution of iron supplementation by asset quintiles during pregnancy for births in the one year and three years preceding the survey are shown in Tables 7.6A and 7.6B. In NSDP areas in the one year preceding survey, only 47.7% of women eligible to receive supplements in the poorest quintile did so compared to 83.2% in the richest one. Similar variation was apparent across all the various NSDP urban environments as well as in non-project areas.

The proportion receiving iron supplementation improved dramatically in Thana municipalities (from 47.9% in 2003 to 62.5% in 2005 for the one year recall period). However, supplementation rates fell in district municipalities (from 71.2% to 66.6%) and in city corporations (from 77.4% to 72.1%). As a result, the overall level of iron supplementation in project areas remained essentially unchanged at 68.9% in 2005 (compared with 70.5% in 2003). In non-project areas, there was a roughly six-percentage point increase in coverage, from 69.2% to 75.0%.

Table 7.6A Iron supplementation, last one year, by asset quintile

Percent distribution of women with a live birth in the last one year preceding the survey by intake of iron supplements during pregnancy for the most recent birth according to domain and household asset quintile, project and non-project areas, 2005.

Household asset quintile	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Poorest	50.1	45.6	45.5	47.7	51.8
2	73.1	52.4	75.9	61.4	68.6
3	79.9	76.6	71.0	78.0	76.7
4	79.8	92.1	90.4	86.2	95.1
Richest	85.4	77.4	100.0	83.2	96.3
Total	72.1	66.6	62.5	68.9	75.0
Number	265	238	48	552	366

Table 7.6B Iron supplementation, last three years, by asset quintile

Percent distribution of women with a live birth in the last three years preceding the survey by intake of iron supplements during pregnancy for the most recent birth according to domain and household asset quintile, project and non-project areas, 2005.

Household asset quintile	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Poorest	47.4	44.3	38.7	44.6	50.5
2	65.1	63.5	59.5	63.7	64.9
3	75.5	75.7	55.7	74.5	76.4
4	82.0	88.9	91.3	86.0	84.6
Richest	87.7	88.4	97.1	88.1	92.2
Total	71.5	69.8	53.5	69.1	73.1
Number	772	656	150	1579	1091

7.3 Tetanus Toxoid Vaccination

Tetanus toxoid (TT) injections protect women and their newborns from tetanus. It is recommended that pregnant women receive two doses during pregnancy. However, if a woman has already been vaccinated during a previous pregnancy, she may only require one booster dose. Five doses are widely believed to convey lifetime protection.

Table 7.7A provides the distribution of TT coverage for last live births in the one year preceding the survey. As in 2003, there was widespread coverage. In NSDP areas, only 12.2% did not receive an injection. Coverage was slightly lower in non-NSDP areas (with 15.9% not receiving an injection). However, the proportion receiving two or more injections was lower in 2003 than 2005 in both the NSDP areas (51.7%, down from 58.8% in 2003) and the non-NSDP areas (56.7%, down from 64.3% in 2003). Across NSDP urban areas, coverage was highest in city corporations (57.1% with two or more injections, down from 68.5% in 2003) and lowest in district municipalities (45.7%, down from 50.8% in 2003).

While 64.2% or more of women aged 15-19 had two or more injections, 33.3% of those age 35-49 did. This may partly reflect older women having already completed the five injection course during previous pregnancies. Women at lower parity had higher coverage. Only 42.1% with no education received two or more injections, compared with 65.1% for those with some secondary education. Surprisingly, coverage was lower among women with complete primary education than those with incomplete primary education, as it was among those with complete secondary education or higher than those with some secondary education.

Table 7.7A also provides the distribution of knowledge of the necessary doses for lifetime protection from tetanus among women having a live birth in the year preceding survey. Over half knew that five doses are required (56.4% in NSDP areas and 51.9% in non-NSDP areas). Within NSDP areas, knowledge was greater in district municipalities (64.5%) than city corporations (49.7%) or Thana municipalities (53.6%). It was also related to age, parity, and education: women were more likely to know the required number of doses if they were younger than 15, at lower parity, and better educated.

Table 7.7B presents coverage for last pregnancies resulting in a live birth in the three years preceding the interview. In NSDP areas, 60.7% who had a birth in the preceding three years received two or more injections, compared with 51.7% who had a birth in the previous one year. For non-NSDP areas, the figures were 64.8% and 56.7%, respectively.

Table 7.7B also provides the distribution of knowledge of the number of doses necessary for lifetime protection against tetanus for women with a birth in the three year recall window. Although differences from the one year recall window were small, they were indicative of slightly increasing awareness. The patterns of knowledge by background characteristics were similar for one- and three-year recall periods.

Table 7.7A Tetanus toxoid injections, last one year

Percent distribution of women with a live birth in the last one year preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth according to selected background characteristics, project and non-project areas, 2005.

Background characteristics	Number of tetanus toxoid injections					
	None	One injection	Two or more injections	Total	Know # of TT injections for lifetime projection	Number
Mother's age at birth						
10-14	0.0	22.4	77.6	100.0	62.3	4
15-19	11.6	24.2	64.2	100.0	56.4	128
20-34	11.1	40.2	48.7	100.0	58.7	387
35-49	28.9	37.8	33.3	100.0	27.7	32
Birth order						
1	10.4	26.7	62.9	100.0	63.3	210
2-3	10.3	39.1	50.6	100.0	56.5	260
4-5	22.0	50.7	27.3	100.0	39.2	66
6+	24.9	55.1	20.0	100.0	34.2	15
Domains						
City corporations	10.7	32.2	57.1	100.0	49.7	265
District municipalities	11.4	42.9	45.7	100.0	64.5	238
Thana municipalities	23.6	25.3	51.2	100.0	53.6	48
Highest educational level						
No education	21.1	36.8	42.1	100.0	34.8	114
Some primary	11.6	33.9	54.5	100.0	56.8	95
Primary complete	16.3	35.0	48.7	100.0	53.5	71
Secondary incomplete	7.6	27.3	65.1	100.0	57.1	139
Secondary complete or higher	7.3	47.3	45.4	100.0	75.8	132
Project areas	12.2	36.2	51.7	100.0	56.4	552
Non-project areas	15.9	27.4	56.7	100.0	51.9	366

Table 7.7B Tetanus toxoid injections, last three years

Percent distribution of women with a live birth in the last three years preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth according to selected background characteristics, project and non-project areas, 2005.

Background characteristics	Number of tetanus toxoid injections					Know # of TT injections for lifetime projection	Number
	None	One injection	Two or more injections	DK/missing	Total		
Mother's age at birth							
10-14	0.0	11.1	81.0	7.9	100.0	37.2	12
15-19	9.5	18.8	71.4	0.3	100.0	56.8	376
20-34	10.5	31.3	58.2	0.1	100.0	54.3	1099
35-49	22.6	33.4	44.0	0.0	100.0	32.4	91
Birth order							
1	7.7	15.9	76.1	0.3	100.0	62.0	574
2-3	8.9	35.4	55.6	0.1	100.0	51.1	764
4-5	19.0	35.1	45.9	0.0	100.0	44.0	168
6+	37.7	35.6	26.6	0.0	100.0	32.9	73
Domains							
City corporations	9.8	25.0	65.1	0.1	100.0	50.5	772
District municipalities	10.8	33.3	55.6	0.3	100.0	58.6	656
Thana municipalities	16.7	23.4	59.9	0.0	100.0	46.5	150
Highest educational level							
No education	22.7	27.2	49.9	0.2	100.0	32.6	369
Some primary	10.6	28.1	61.3	0.0	100.0	45.0	231
Primary complete	9.7	32.3	57.4	0.6	100.0	53.1	173
Secondary incomplete	5.8	26.3	67.6	0.2	100.0	59.4	394
Secondary complete or higher	5.7	29.6	64.7	0.0	100.0	71.4	412
Project areas	10.9	28.3	60.7	0.2	100.0	53.5	1,579
Non-project areas	12.2	23.0	64.8	0.0	100.0	51.2	1,091

TT coverage was positively related to socioeconomic status (Tables 7.8A and 7.8B). In NSDP areas, only 45.7% in the poorest quintile received two or more injections for their last birth in the year preceding interview, compared with 55.5% in the richest one. The relationship with wealth was more pronounced in non-NSDP areas (with the figures there varying from 39.5% in the poorest quintile to 69.5% in the richest one).

Table 7.8A Tetanus toxoid injections, last one year, by asset quintile

Percent distribution of women with a live birth in the last one year preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth according to household asset quintile, project and non-project areas, 2005.

	Project areas				Non-project areas			
Household asset quintile	None	One injection	Two or more injections	Total	None	One injection	Two or more injections	Total
Poorest	22.3	32.0	45.7	100.0	34.2	26.3	39.5	100.0
2	7.0	36.1	56.8	100.0	11.2	32.2	56.6	100.0
3	10.7	34.5	54.8	100.0	11.4	28.1	60.6	100.0
4	8.1	43.4	48.5	100.0	9.4	25.7	64.9	100.0
Richest	7.5	36.9	55.5	100.0	7.0	23.4	69.5	100.0
Total	12.2	36.2	51.7	100.0	15.9	27.4	56.7	100.0
Number	67	200	285	552	58	100	208	366

Table 7.8B Tetanus toxoid injections, last three years, by asset quintile

Percent distribution of women with a live birth in the last three years preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth according to household asset quintile, project and non-project areas, 2005.

	Project areas					Non-project areas			
Household asset quintile	None	One injection	Two or more injections	DK/ missing	Total	None	One injection	Two or more injections	Total
Poorest	22.3	24.3	53.2	0.2	100.0	26.6	23.3	50.0	100.0
2	7.7	29.0	63.3	0.0	100.0	13.4	24.7	62.0	100.0
3	9.8	30.9	58.9	0.3	100.0	7.3	20.9	71.8	100.0
4	5.5	34.5	59.7	0.4	100.0	4.7	28.5	66.9	100.0
Richest	4.6	24.7	70.7	0.0	100.0	6.7	17.6	75.8	100.0
Total	10.9	28.3	60.7	0.2	100.0	12.2	23.0	64.8	100.0
Number	171	447	958	3	1,579	133	250	707	1,091

Table 7.9A provides the distribution of sources of TT injection for women with a live birth in the year preceding interview. NSDP clinics, surpassing public sector facilities, became the most prominent source in NSDP areas, accounting for 37.7% of vaccinations against 33.6% for public facilities. Across NSDP areas, NSDP clinics had a much larger share in city corporations (53.7%) than district (23%) or Thana (19.1%) municipalities. The market share of NSDP clinics dramatically increased in NSDP areas from 29.4% in 2003.

Sources of TT injections for women with a live birth in the three years preceding survey are shown in Table 7.9B. There were no marked differences in the distribution of sources between the one- and three-year recall periods.

Table 7.9A Source of tetanus toxoid injections, last one year

Percent distribution of women with a live birth in the last one year preceding the survey who received a tetanus toxoid injection by source of most recent tetanus toxoid injection, project and non-project areas, 2005.

Source for most recent tetanus toxoid injection	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Home	0.0	0.2	0.0	0.1	0.5
Medical person at home	0.0	0.2	0.0	0.1	0.1
Non-medical person at home	0.0	0.0	0.0	0.0	0.5
Public sector	10.2	55.3	59.3	33.6	29.6
Hospital/Medical college	4.8	13.7	4.0	8.6	6.7
Family welfare centre	0.0	1.8	0.0	0.8	1.9
Thana health complex	0.0	1.6	7.0	1.2	1.1
MCWC	3.7	27.7	3.7	14.1	7.8
Rural Dispensary/comm. Clinic	0.0	2.6	0.0	1.1	0.9
Satellite clinic/EPI outreach clinic	1.8	7.9	41.1	7.5	10.1
FWA	0.0	0.0	3.4	0.3	1.1
NSDP NGO	53.7	23.0	19.1	37.7	15.7
Static clinic	36.5	14.0	11.7	24.8	11.3
Satellite clinic	17.2	9.1	7.4	12.9	4.4
Other NGO	17.2	6.9	8.7	12.1	35.2
Hospital	5.3	0.8	5.2	3.3	8.3
NGO clinic	9.6	4.4	3.3	6.9	17.1
Satellite clinic	2.2	1.7	0.2	1.8	9.8
Fieldworker	0.0	0.0	0.0	0.0	0.1
Private medical sector	14.8	6.2	3.7	10.2	14.7
Private clinic/doctor	11.4	5.4	3.7	8.2	14.5
Traditional doctor	0.0	0.4	0.0	0.2	0.0
Pharmacy	3.5	0.4	0.0	1.9	0.2
City Corporation/ Municipality/Pourashava	3.3	6.7	8.0	5.2	3.2
Other	0.3	1.6	1.2	0.9	1.0
Total	100.0	100.0	100.0	100.0	100.0
Number	237	211	37	485	308

Table 7.9B Source of tetanus toxoid injections, last three years

Percent distribution of women with a live birth in the last three years preceding the survey who received a tetanus toxoid injections by source of most recent tetanus toxoid injection, project and non-project areas, 2005.

Source for most recent tetanus toxoid injection	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Home	0.3	0.7	0.1	0.4	0.7
Medical person at home	0.3	0.7	0.1	0.4	0.5
Non-medical person at home	0.0	0.0	0.0	0.0	0.2
Public sector	15.3	55.1	56.0	35.5	30.8
Hospital/Medical college	5.5	16.4	1.7	9.7	9.0
Family welfare centre	0.6	1.8	2.9	1.3	1.5
Thana health complex	1.1	2.1	11.1	2.4	2.3
MCWC	4.9	26.8	4.3	14.0	7.3
Rural Dispensary/comm. clinic	0.2	1.2	0.0	0.6	0.4
Satellite clinic/EPI outreach clinic	2.7	6.6	33.8	7.1	9.4
FWA	0.3	0.2	2.1	0.4	0.9
NSDP NGO	48.9	22.3	18.5	35.1	11.9
Static clinic	32.1	13.3	12.1	22.5	8.7
Satellite clinic	16.7	9.0	6.4	12.6	3.2
Other NGO	16.2	8.7	8.5	12.4	35.5
Hospital	5.2	1.7	4.1	3.6	8.3
NGO clinic	8.2	5.2	3.7	6.6	18.4
Satellite clinic	2.6	1.6	0.2	2.0	8.8
Fieldworker	0.2	0.1	0.5	0.2	0.0
Private medical sector	15.8	5.6	1.7	10.3	15.3
Private clinic/doctor	13.8	5.3	1.6	9.2	14.8
Traditional doctor	0.4	0.2	0.0	0.3	0.0
Pharmacy	1.6	0.1	0.1	0.9	0.5
City Corporation/ Municipality/ Pourashava	3.0	6.5	10.6	5.1	5.0
Other	0.3	1.0	4.5	0.9	0.4
DK	0.0	0.1	0.0	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0
Number	696	586	125	1,407	958

7.4 Knowledge of Pregnancy Complications and Care

Table 7.10 shows the percentage of women who mentioned specific complications of pregnancy (including delivery and post-delivery related) that they believed to be life threatening. Tetanus was the most commonly known complication in NSDP areas (known to 66.8%), followed by convulsions/ eclampsia (43.9%), poor fetal positioning (34.8%), retained placenta (34.3%), excessive vaginal bleeding (33.8%) and obstructed labor (31.2%). Only a few had no knowledge of life threatening complications. Knowledge of complications was about as widespread in non-NSDP areas. There were no clear changes in patterns of knowledge between the 2003 and 2005 surveys.

Table 7.10 Knowledge of pregnancy complications and care

Percentage of women who know of complications threatening the life of a mother during pregnancy, delivery, or post delivery by city type, project and non-project areas, 2005.

Pregnancy complications	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Severe headache, blurry vision, high blood pressure	15.6	14.1	14.5	14.9	13.9
Edema,pre-eclampsia	9.6	9.0	7.3	9.2	9.8
Convulsions, eclampsia	46.1	43.4	32.9	43.9	45.8
Excessive vaginal bleeding	35.0	33.3	28.4	33.8	29.4
Foul smelling discharge with high fever	1.5	1.8	2.5	1.7	1.5
Jaundice	4.9	4.6	3.8	4.7	4.6
Tetanus	65.4	68.6	65.3	66.8	65.5
Baby hand or feet come first, baby in bad position	37.1	31.1	42.3	34.8	29.2
Prolonged labor	12.4	14.5	13.6	13.4	12.3
Obstructed labor	26.5	34.9	39.9	31.2	30.0
Retained placenta	34.2	33.9	36.9	34.3	26.3
Torn uterus	5.2	5.4	4.9	5.2	4.8
Other	3.7	2.4	4.4	3.2	3.2
DK, Missing	3.1	2.1	3.5	2.7	4.4
Total number of women	2,872	2,608	443	5,923	4,343

7.5 Delivery Care

Place of Delivery

Table 7.11 shows the distribution of places of delivery for women with a birth in the past five years. In NSDP areas, over one third (34.7%) gave birth at a formal health care facility while 64.1% did so at home. Most of the former gave birth at private hospitals/clinics (14.4%). Delivery at private hospitals/clinics was most common in district municipalities (16.4%), followed by city corporations (14.1%) and, more distantly, Thana municipalities (6.5%). The principal public sector sources were government hospitals (10.8%) followed by MCWCs (5.4%). Delivery at health facilities was more common in non-NSDP (38.8%) areas.

Younger women were less likely to deliver at a facility. When they did, they were more likely to use a public provider (older mothers were, by contrast, more likely to use a private provider). Women at higher parity were less likely to deliver at a facility. Few with no antenatal care visits delivered at a health facility, compared with 21.6% of those with 1-3 visits and over half (55.3%) with four or more.

Table 7.11 Place of delivery

Percent distribution of last born live birth in the five years preceding the survey by place of delivery, according to selected background characteristics, project and non-project areas, 2005.

Background characteristics	Public Sector				NGO Sector		Private Sector	Home	Other	Total	Number
	Govt. hospital	Thana Health Complex	MCWC	FWC	NSDP static clinic	NGO static clinic					
Mother's age at birth											
10-14	7.0	0.0	0.5	0.0	0.0	4.8	3.2	84.5	0.0	100.0	29
15-19	9.6	0.6	5.9	0.0	0.6	2.2	7.0	73.1	1.1	100.0	582
20-34	11.5	0.6	5.5	0.1	0.6	3.2	17.3	59.7	1.4	100.0	1,686
35-49	7.3	0.0	4.3	0.0	0.0	0.6	11.9	76.0	0.0	100.0	142
Birth order											
1	12.8	0.8	6.0	0.0	0.6	4.5	18.2	55.3	1.7	100.0	856
2-3	11.0	0.6	5.9	0.1	0.6	2.3	14.5	63.7	1.2	100.0	1,185
4-5	6.9	0.1	3.0	0.0	0.4	1.1	7.3	80.7	0.5	100.0	279
6+	2.7	0.0	1.6	0.0	0.0	0.0	2.7	93.0	0.0	100.0	119
Domains											
City corporations	12.0	0.6	3.9	0.1	0.8	4.2	14.1	62.1	2.1	100.0	1,199
District municipalities	10.7	0.3	8.0	0.0	0.4	1.6	16.4	62.4	0.1	100.0	1,018
Thana municipalities	4.0	1.3	1.7	0.0	0.1	1.4	6.5	83.0	1.8	100.0	221
Highest educational level											
No education	7.6	0.1	3.8	0.0	0.2	0.2	3.5	84.5	0.2	100.0	625
Some primary	6.8	0.3	3.5	0.0	1.0	0.9	6.8	80.3	0.3	100.0	370
Primary complete	7.9	0.5	3.3	0.0	0.4	0.9	7.0	79.8	0.3	100.0	271
Secondary incomplete	12.3	1.1	6.1	0.0	1.0	3.5	13.3	60.7	1.9	100.0	602
Secondary complete or higher	16.6	0.6	8.7	0.2	0.3	7.3	35.9	27.5	2.7	100.0	570
Household asset quintile											
Poorest	4.8	0.1	1.7	0.0	0.1	0.2	2.2	90.7	0.2	100.0	605
2	10.0	0.1	6.0	0.0	0.2	1.5	4.8	77.0	0.4	100.0	530
3	11.6	0.9	6.9	0.0	1.6	2.2	12.1	63.9	0.9	100.0	467
4	15.6	0.1	5.7	0.0	0.4	5.0	21.1	49.5	2.5	100.0	414
Richest	14.8	1.7	8.2	0.3	0.7	7.1	39.9	24.4	2.8	100.0	422
Number of antenatal care visits											
None	3.7	0.0	1.3	0.0	0.0	0.2	2.2	92.6	0.0	100.0	459
1-3 visits	9.2	0.3	4.6	0.0	0.7	1.4	5.5	78.1	0.3	100.0	843
4+ visits	14.9	1.0	7.7	0.1	0.8	5.0	25.9	42.2	2.5	100.0	1,134
DK/missing	0.0	0.0	0.0	0.0	0.0	0.0	33.2	66.8	0.0	100.0	3
Project areas	10.8	0.5	5.4	0.1	0.6	2.9	14.4	64.1	1.2	100.0	2,438
Non-project areas	10.6	0.3	4.5	0.3	0.5	6.2	16.3	60.1	1.1	100.0	1,713

Less than 10% in the poorest quintile delivered at a facility against over 70% in the richest. There were also striking differentials by education: only 15.3% with no education delivered at a facility compared with 19.4% of those with some primary education, 37.4% with some secondary education and 69.8% with complete secondary or higher education.

Use of health facilities for delivery increased in NSDP areas, from 32.5% in 2003. It remained essentially unchanged in non-NSDP areas.

Assistance during Delivery

Table 7.12 provides the distribution of assistance received during the last birth for mothers with a live birth in the five years preceding interview. In NSDP areas, 54.2% were assisted by traditional birth attendants (DAIs) (10% assisted by a trained DAI and 44.2% by an untrained DAI). Only 41.8% were attended to by medically trained personnel (32.2% by doctors and 9.6% by nurses, midwives or family welfare visitors).

Women were less likely to be assisted by medically trained personnel in Thana (25.1%) than district (44.2%) municipalities, or city corporations (42.8%). They were more likely to be assisted by trained medical personnel if they were aged 20 to 34, if theirs was a lower parity pregnancy, if they made antenatal care visits (and if they had made more of them), if they were educated, and if they were wealthier.

Among deliveries in non-project areas, 45.1% were assisted by medically trained personnel compared with 41.8% in project areas). There was little change in the likelihood of receiving assistance from medically trained personnel from 2003 levels.

Table 7.12 Assistance during delivery

Percent distribution of last born live birth in the five years preceding the survey by type of assistance during delivery, according to selected background characteristics, project and non-project areas, 2005.

Background Characteristics	Doctor	Nurse/ midwife	Family welfare visitor	MA/ SACMO	Trained TBA	Untrained TBA (DAI)	Untrained doctor	Relatives	Other	No one	Total	Number
Mother's age at birth												
10-14	7.7	9.3	0.0	0.0	2.5	80.4	0.0	0.0	0.0	0.0	100.0	29
15-19	24.2	9.8	0.0	0.1	13.8	48.1	0.9	3.0	0.1	0.0	100.0	582
20-34	36.1	9.5	0.2	0.0	9.1	41.4	0.1	2.8	0.3	0.5	100.0	1,686
35-49	23.1	8.7	0.0	0.0	6.1	53.0	0.0	6.3	0.0	2.7	100.0	142
Birth order												
1	41.9	8.2	0.2	0.0	10.0	36.8	0.6	1.9	0.0	0.3	100.0	856
2-3	31.4	10.9	0.1	0.0	9.7	43.5	0.0	3.6	0.4	0.3	100.0	1,185
4-5	14.5	10.6	0.1	0.0	10.4	58.3	0.2	4.8	0.4	0.6	100.0	279
6+	11.1	2.5	0.0	0.0	11.9	70.0	0.0	0.9	0.0	3.6	100.0	119
Domains												
City corporations	36.3	6.5	0.0	0.0	11.8	41.9	0.1	2.7	0.2	0.4	100.0	1,199
District municipalities	31.2	12.7	0.3	0.0	8.1	43.1	0.4	3.3	0.3	0.5	100.0	1,018
Thana municipalities	14.0	11.1	0.0	0.1	8.6	61.4	0.2	3.6	0.1	0.8	100.0	221
Highest educational level												
No education	12.7	4.5	0.0	0.0	11.0	65.4	0.8	4.1	0.3	1.1	100.0	625
Some primary	16.9	6.8	0.0	0.0	13.3	55.9	0.2	5.4	0.5	0.9	100.0	370
Primary complete	17.1	10.3	0.0	0.0	10.8	57.8	0.0	4.0	0.0	0.1	100.0	271
Secondary incomplete	33.2	14.2	0.3	0.1	9.7	39.5	0.1	2.7	0.0	0.3	100.0	602
Secondary complete or higher	69.5	11.4	0.3	0.0	6.4	11.8	0.0	0.1	0.3	0.0	100.0	570
Household asset quintile												
Poorest	7.3	4.0	0.0	0.0	10.6	71.2	0.3	5.5	0.3	0.9	100.0	605
2	17.9	10.4	0.2	0.0	11.8	55.5	0.4	2.8	0.1	0.9	100.0	530
3	30.3	12.8	0.0	0.1	13.9	38.8	0.5	3.4	0.1	0.1	100.0	467
4	48.4	10.5	0.3	0.0	8.5	30.3	0.0	1.4	0.4	0.1	100.0	414
Richest	72.0	11.7	0.2	0.0	3.7	10.7	0.0	0.9	0.3	0.4	100.0	422
Number of antenatal care visits												
None	5.2	4.5	0.0	0.0	9.2	72.9	0.7	6.2	0.3	1.0	100.0	459
1-3 visits	16.7	11.4	0.1	0.0	12.0	55.8	0.2	3.1	0.2	0.5	100.0	843
4+ visits	54.6	10.1	0.2	0.0	8.7	24.0	0.1	1.7	0.2	0.3	100.0	1,134
DK/missing	33.2	20.8	0.0	0.0	28.3	17.7	0.0	0.0	0.0	0.0	100.0	3
Project areas	32.2	9.5	0.1	0.0	10.0	44.2	0.3	3.0	0.2	0.5	100.0	2,438
Non-project areas	37.0	7.8	0.3	0.0	10.7	40.1	0.4	2.7	0.3	0.7	100.0	1,713

7.6 Childhood Vaccination

According to World Health Organization (WHO) guidelines, children should receive a Bacillus Calmette-Guerin (BCG) vaccination against tuberculosis, three doses of DPT vaccine (to prevent diphtheria, pertussis, and tetanus), three doses of polio vaccine, and a vaccination against measles. WHO recommends that these occur before the first birthday and that they be recorded on a health card given to parents.

Information on vaccinations was obtained for all surviving children born during the five years preceding interview. When a card was available, the interviewer copied vaccination information from it. When it was not, the mother was asked to recall her child's vaccination history.

Vaccination Coverage

Table 7.13 presents vaccination rates for children age 12 to 23 months. Three rates are provided: one computed from vaccination cards, another based on mother's recall, and the third from both. In NSDP areas, 54.5% were fully vaccinated according to vaccination cards while another 29.4% were vaccinated according to their mothers' recall, for an overall vaccination rate of 83.8%. However, the proportion receiving all recommended vaccines by their first birthday was lower (69.0%). Coverage was 96.8% for BCG, 96.3% for the first dose of DPT and 94.9% for the first dose of polio. The rate dropped to 91.0% for the third dose of DPT and 90.8% for the third dose of polio (and 86.1% for measles). Dropout rates between the first and the third doses of DPT and polio were only 5.5% and 4.3%, respectively (lower than the comparable figures of 13.9% and 8.2%, respectively, in 2003). With 82.1% of children fully vaccinated, non-project areas had a similar level of coverage. Full vaccination coverage rose markedly in both project and non-project areas from 2003 levels (from 69.1% in project areas and 71.3% in non-project areas).

Table 7.14A provides the distribution of coverage in urban NSDP areas by city type. It also provides information about the availability of health cards. Full vaccination was highest in Thana municipalities at 88.3%, followed by district municipalities (84.3%) and city corporations (82.6%). Full coverage improved dramatically in both Thana municipalities and city corporations from 2003 levels (up from 57.6% and 64.4%, respectively).

There was virtually no difference in full vaccination coverage between girls (84.3%) and boys (83.4%). However, children of higher birth order were less likely to be fully vaccinated: just over 70% of sixth or higher birth order were fully vaccinated, compared with 79.8% of fourth or fifth order, 83.8% of second or third and 86.9% of first born-children.

Children were less likely to be fully vaccinated if they were born to less educated mothers. Less than 80% with mothers with no education or a primary education were fully vaccinated. Among those with mothers with some secondary education, 85.1% were, while the figure was over 95% for children whose mothers had completed a secondary education or better. There were also large differences in vaccination by asset quintiles: only 73.7% in the poorest quintile were fully vaccinated, compared to 92.4% in the richest one. Differentials in childhood vaccination coverage in non-NSDP areas by various background characteristics are shown in Table 7.14B. They were roughly similar to those in NSDP areas.

Table 7.13 Vaccination by source of information

Percentage of children age 12-23 months who received specific vaccinations at any time before the survey, by source of information (health card or mother's report), and percentage vaccinated by 12 months of age, project and non-project arras, 2005.

Source of information	Percentage of children who received										Number of children
	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	No vaccinations	
					NSDP project areas						
Vaccinated at any time before survey											
Vaccination card	60.1	60.1	58.7	57.0	60.1	58.7	57.0	54.7	54.5	0.0	339
Mother's report	36.7	36.3	35.0	34.0	34.9	34.6	33.8	31.4	29.4	3.1	226
Either source	96.8	96.3	93.7	91.0	94.9	93.3	90.8	86.1	83.8	3.1	565
Vaccinated by 12 months of age	95.7	95.6	93.7	89.9	93.8	93.3	89.7	77.8	69.0	-	565
					Non-project areas						
Vaccinated at any time before survey											
Vaccination card	69.5	69.2	69.0	67.0	69.5	69.0	67.0	62.2	62.2	0.0	266
Mother's report	28.1	27.5	24.7	24.0	25.7	25.1	23.7	22.6	19.9	2.2	116
Either source	97.7	96.6	93.8	91.0	95.2	94.1	90.7	84.7	82.1	2.2	382
Vaccinated by 12 months of age	97.7	96.6	91.6	87.8	95.2	92.7	87.5	74.7	66.3	-	382

Note: For children whose information was based on mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccinations.

Table 7.14A Vaccination by background characteristics, project areas

Percentage of children age 12-23 months who received specific vaccinations at any time before the survey (according to health card or mother's report), and percentage with a health card, by background characteristics, project areas, 2005.

Background characteristics	Percentage of children who received										Percent with vaccination card	Number of children
	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	No vaccinations		
Sex												
Male	95.7	95.5	93.4	90.3	93.8	92.3	90.1	85.7	83.4	4.0	58.8	287
Female	97.9	97.2	94.0	91.7	96.1	94.4	91.6	86.4	84.3	2.1	61.4	278
Birth order												
1	98.0	98.0	95.1	92.3	96.4	94.9	93.7	89.1	86.9	2.0	62.3	210
2-3	98.3	97.7	94.9	91.7	95.8	94.2	90.6	86.4	83.8	1.7	60.8	269
4-5	95.2	93.8	93.6	93.4	93.3	91.9	91.8	81.9	79.8	4.8	52.8	49
6+	80.4	80.4	77.5	75.2	82.9	79.9	75.2	71.8	71.8	17.1	51.5	37
Domains												
City corporations	96.2	95.3	92.1	90.5	93.3	91.3	89.3	85.9	82.6	3.8	54.6	288
District municipalities	97.4	97.4	95.1	90.4	96.8	95.4	91.8	85.5	84.3	2.2	65.3	223
Thana municipalities	97.3	97.3	96.6	96.0	96.1	95.7	95.2	89.6	88.3	2.7	67.4	54
Education												
No education	93.5	92.1	86.4	82.8	93.2	91.0	85.4	76.8	75.9	5.9	53.5	137
Some primary	95.0	94.1	90.0	86.9	92.3	89.1	87.1	76.5	72.7	5.0	52.6	71
Primary complete	95.3	95.3	92.9	84.5	94.1	91.7	86.9	80.5	79.3	4.7	58.6	58
Secondary incomplete	98.4	98.4	96.7	95.5	95.1	93.4	92.2	88.5	85.1	1.6	65.2	149
Secondary complete or higher	99.5	99.5	99.5	98.5	97.9	97.9	97.6	98.7	96.8	0.5	65.0	150
Asset quintile												
Poorest	90.9	90.4	83.5	80.4	90.9	86.3	81.7	74.5	73.7	8.4	46.3	137
2	97.7	97.7	95.1	91.5	95.4	94.7	91.1	81.0	78.0	2.3	66.3	121
3	98.1	96.5	95.8	93.3	96.2	95.5	93.0	88.2	86.3	1.9	65.2	120
4	100.0	100.0	99.8	99.3	96.5	96.3	95.8	98.7	94.8	0.0	67.9	86
Richest	99.3	99.3	98.3	95.1	97.0	96.0	96.0	94.7	92.4	0.7	58.5	101
Total	96.8	96.3	93.7	91.0	94.9	93.3	90.8	86.1	83.8	3.1	60.1	565

Table 7.14B Vaccination by background characteristics, non-project areas

Percentage of children age 12-23 months who received specific vaccinations at any time before the survey (according to health card or mothers report), and percentage with a health card, by background characteristics, non-project areas, 2005.

Background characteristics	Percentage of children who received										Percent with vaccination card	Number of children
	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	No vaccinations		
Sex												
Male	98.5	96.9	95.6	93.2	95.7	93.9	92.3	84.6	81.3	1.3	69.2	195
Female	96.8	96.3	91.8	88.7	94.8	94.4	89.0	84.9	82.9	3.2	69.9	187
Birth order												
1	99.7	98.6	96.7	94.8	97.2	96.3	93.0	89.7	86.7	0.0	75.5	160
2-3	97.0	95.8	92.4	89.1	95.1	93.5	89.6	84.2	82.3	3.0	68.7	175
4-5	100.0	99.9	94.4	89.0	99.9	99.9	96.8	79.7	79.6	0.0	60.5	35
6+	73.1	73.1	73.1	73.1	57.2	57.2	57.2	40.8	24.9	26.9	28.6	12
Education												
No education	93.4	89.5	84.7	77.7	90.8	87.6	83.9	64.3	61.7	6.6	53.7	76
Some primary	94.6	94.4	89.0	84.6	90.8	90.8	81.2	78.0	72.6	4.6	65.0	55
Primary complete	97.5	97.5	96.1	95.8	95.8	94.4	94.4	89.6	87.9	2.5	72.0	39
Secondary incomplete	100.0	99.2	96.8	94.2	96.8	96.8	91.9	89.4	86.2	0.0	69.4	104
Secondary complete or higher	100.0	100.0	98.9	98.9	98.9	97.8	97.8	96.4	95.3	0.0	82.3	108
Asset quintile												
Poorest	94.0	91.5	84.2	80.6	90.1	89.0	83.8	68.2	64.3	6.0	53.9	84
2	99.4	97.9	92.6	81.9	99.9	97.0	84.1	75.7	75.0	0.0	73.8	69
3	96.1	96.1	96.1	96.1	93.3	93.3	93.3	89.5	86.7	3.9	71.0	65
4	98.8	98.8	97.2	97.1	94.3	92.8	92.8	93.7	89.3	1.2	70.4	79
Richest	100.0	99.0	99.0	99.0	98.8	98.8	98.8	96.4	95.2	0.0	79.6	85
Total	97.7	96.6	93.8	91.0	95.2	94.1	90.7	84.7	82.1	2.3	69.5	382

Source of Vaccination

NSDP clinics (including joint NSDP-Government EPI sessions) provided around 40% of vaccinations in NSDP areas (Table 7.15). Government clinics provided roughly 32%, while other NGOs supplied another 21%. NSDP clinics had a market share of around 15% in non-NSDP areas. The share of NSDP providers in vaccination coverage increased by large margins between 2003 and 2005: from between approximately 29.1% and 31.2% for various specific vaccines to between 39.2% and 42.2%.

Table 7.15 Source of vaccinations

Percentage of children age 12-23 months who received specific vaccinations by source of vaccinations, project and non-project areas, 2005.

	NSDP project area	Non-project area
Source of BCG vaccination		
NSDP static clinic	23.1	9.3
NSDP satellite clinic	16.1	5.0
Joint NSDP-Govt. EPI session	0.3	0.2
Govt. clinic/hospital	31.9	27.7
City corporation	3.4	1.2
Private	3.1	8.2
Other	22.1	48.4
Total	100.0	100.0
Number	547	373
Source of Polio-3 vaccination		
NSDP static clinic	24.3	9.9
NSDP satellite clinic	15.7	5.6
Joint NSDP-Govt. EPI session	0.3	0.2
Govt. clinic/hospital	32.5	26.0
City corporation	2.7	1.3
Private	3.0	8.9
Other	21.5	48.0
Total	100.0	100.0
Number	513	345
Source of DPT-3 vaccination		
NSDP static clinic	24.4	9.8
NSDP satellite clinic	16.1	5.6
Joint NSDP-Govt. EPI session	0.3	0.2
Govt. clinic/hospital	32.4	25.5
City corporation	2.7	1.3
Private	3.0	8.4
Other	21.0	49.1
Total	100.0	100.0
Number	512	347
Source of measles vaccination		
NSDP static clinic	24.4	9.3
NSDP satellite clinic	17.5	5.7
Joint NSDP-Govt. EPI session	0.3	0.3
Govt. clinic/hospital	31.7	24.8
City corporation	2.3	0.9
Private	3.2	8.6
Other	20.6	50.4
Total	100.0	100.0
Number	485	324

Table 7.16 presents the distribution of vaccination sources by asset quintile. In NSDP areas, NSDP satellite clinics were generally more popular among the poor. Approximately 22.9% of vaccinated children age 12-23 months in the poorest quintile received BCG vaccine from NSDP satellite clinics, compared with only 12% in the highest one. Interestingly, NSDP static clinics were least popular in the poorest quintile (18.8%) and most popular in the middle quintile (31.6%). Results were similar for DPT3, polio3, and measles.

Knowledge of Vaccination Schedule

One possible explanation for the failure of a large proportion of children to complete the DPT and polio sequences is that their mothers were not aware of either the required number of vaccinations or the appropriate schedule for administering them. To examine these possibilities, women whose children were less than one year of age and had begun but not completed the DPT and polio sequences were asked if they knew the date for the next vaccination. In order to determine whether answers corresponded with the recommended schedule, questions were asked only about children with a vaccination card. DPT vaccinations are recommended at 6, 10, and 14 weeks of age. Polio vaccinations are generally given concurrently. Answers regarding the dates for the next vaccination were considered correct if they were four to five weeks from the date of the preceding one.

As shown in Table 7.17, less than two-thirds of women in NSDP areas could report next DPT and polio vaccination dates, with roughly 83% of them doing so correctly. Better-educated and wealthier women were more likely to report a correct date.

Table 7.16 Source of vaccinations by asset quintiles

Percent distribution of source of vaccinations for children age 12-23 months who received specific vaccinations, by asset quintiles and project and non-project areas, 2005.

	Project areas						Non-project areas					
	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Source of BCG vaccination												
NSDP static clinic	18.8	22.7	31.6	17.9	23.3	23.1	8.9	11.3	8.2	5.0	12.6	9.3
NSDP satellite clinic	22.9	18.6	14.3	9.9	12.0	16.1	5.8	7.1	4.0	5.3	2.9	5.0
Joint NSDP-Govt. EPI session	0.6	0.6	0.0	0.0	0.0	0.3	0.0	1.2	0.0	0.0	0.0	0.2
Govt. clinic/hospital	31.6	31.3	29.8	42.4	26.6	31.9	26.6	28.7	31.0	30.9	22.7	27.7
City corporation	10.7	0.5	1.3	1.7	1.7	3.4	2.1	1.4	0.0	2.4	0.0	1.2
Private	1.0	0.1	2.0	6.1	8.0	3.1	0.0	0.0	4.0	9.7	24.1	8.2
Other	14.4	26.2	21.0	21.9	28.3	22.1	56.6	50.3	52.8	46.6	37.7	48.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	125	118	118	86	100	547	79	69	63	78	85	373
Source of Polio-3 vaccination												
NSDP static clinic	20.7	23.4	31.2	22.0	23.3	24.3	10.1	5.7	6.6	8.9	15.8	9.9
NSDP satellite clinic	22.3	20.9	13.2	6.7	12.5	15.7	6.6	8.5	5.5	5.7	2.9	5.6
Joint NSDP-Govt. EPI session	0.7	0.7	0.0	0.0	0.0	.3	0.0	1.5	0.0	0.0	0.0	0.2
Govt. clinic/hospital	34.6	30.7	26.6	42.1	31.2	32.5	28.6	33.3	29.6	26.4	16.1	26.0
City corporation	8.3	0.0	1.3	1.8	1.8	2.7	2.4	1.6	0.0	2.6	0.0	1.3
Private	1.2	0.0	1.7	5.1	8.3	3.0	0.0	0.0	4.1	10.4	24.3	8.9
Other	12.3	24.4	26.0	22.3	23.0	21.5	52.3	49.4	54.1	46.1	40.8	48.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	112	111	112	82	97	513	69	58	61	73	84	345

Table 7.16 Source of vaccinations by asset quintiles (continued)

Percent distribution of source of vaccinations for children age 12-23 months who received specific vaccinations, by asset quintiles and project and non-project areas, 2005.

	Project areas						Non-project areas					
	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Source of DPT-3 vaccination												
NSDP Static Clinic	19.1	22.1	32.8	21.3	26.0	24.4	10.3	5.8	6.5	8.5	15.8	9.8
NSDP Satellite Clinic	23.3	20.8	12.2	10.0	12.6	16.1	6.7	8.6	5.5	5.4	2.9	5.6
Joint NSDP-Govt. EPI session	0.7	0.7	0.2	0.0	0.0	0.3	0.0	1.5	0.0	0.0	0.0	0.2
Govt. Clinic/Hospital	35.8	31.6	27.5	40.6	28.2	32.4	24.9	32.3	29.6	26.5	17.7	25.5
City corporation	8.3	0.1	1.3	1.7	1.8	2.7	2.5	1.7	0.0	2.5	0.0	1.3
Private	1.2	0.0	1.7	4.9	8.3	3.0	0.0	0.0	4.1	9.8	22.9	8.4
Other	11.6	24.7	24.3	21.5	23.1	21.0	55.6	50.1	54.4	47.4	40.7	49.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	109	111	112	85	96	512	68	57	62	76	84	347
Source of measles vaccination												
NSDP Static Clinic	18.9	16.8	32.9	26.3	27.1	24.4	9.7	6.3	7.1	8.8	13.1	9.3
NSDP Satellite Clinic	26.0	21.5	16.3	9.8	12.6	17.5	8.0	9.3	4.3	5.6	3.0	5.7
Joint NSDP-Govt. EPI session	0.7	0.8	0.0	0.0	0.0	0.3	0.0	1.6	0.0	0.0	0.0	0.3
Govt. Clinic/Hospital	33.6	34.1	25.2	37.2	29.4	31.7	23.1	34.3	26.1	26.3	17.7	24.8
City corporation	7.2	0.1	0.5	1.7	1.8	2.3	0.0	1.8	0.0	2.6	0.0	0.9
Private	1.3	0.0	1.8	4.9	8.4	3.2	0.0	0.0	4.3	6.5	25.0	8.6
Other	12.3	26.7	23.3	20.0	20.6	20.6	59.2	46.7	58.2	50.2	41.2	50.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	101	98	106	85	96	485	57	52	58	74	82	324

Table 7.17 Knowledge of next shot by background characteristics

Percentage of mother of children less than one year of age with vaccination card and incomplete series of Polio and DPT immunizations who report date for next Polio and DPT immunizations and report a date within a recommended interval for the antigen, by background characteristics, project and non-project areas, 2005.

	DPT			Polio			Both DPT and Polio		
Background characteristics	Percentage reporting next immunization date	Date recorded is valid	Number of children	Percentage reporting next immunization date	Date recorded is valid	Number of children	Percentage reporting next immunization date	Date recorded is valid	Number of children
Sex of child									
Male	63.2	85.7	53	63.5	85.8	53	63.2	85.7	53
Female	62.6	81.3	70	64.8	83.0	70	62.6	81.3	70
Birth order									
1	79.0	75.6	35	79.0	75.6	35	79.0	75.6	35
2-3	57.4	83.4	60	60.2	85.6	60	57.4	83.4	60
4-5	64.0	100.0	23	64.0	100.0	23	64.0	100.0	23
6+	13.0	23.7	5	13.0	23.7	5	13.0	23.7	5
Domain									
City corporations	69.2	81.6	65	71.5	83.2	65	69.2	81.6	65
District municipalities	57.5	82.8	47	57.5	82.8	47	57.5	82.8	47
Thana municipalities	49.2	97.8	12	50.8	97.9	12	49.2	97.8	12
Highest educational level									
No education	56.6	87.3	28	56.6	87.3	28	56.6	87.3	28
Some primary	62.5	83.5	32	62.5	83.5	32	62.5	83.5	32
Primary complete	59.5	94.9	16	59.5	100.0	16	59.5	94.9	16
Secondary incomplete	67.3	76.9	35	67.9	77.1	35	67.3	76.9	35
Secondary complete or higher	70.2	79.0	12	82.9	82.2	12	70.2	79.0	12
Household asset quintile									
Poorest	53.8	81.8	61	52.8	83.3	62	53.8	81.8	61
2	54.2	78.1	38	54.6	78.3	38	54.2	78.1	38
3	74.7	84.8	41	74.7	84.8	41	74.7	84.8	41
4	89.0	73.5	31	89.0	82.8	31	89.0	73.5	31
Richest	76.6	91.0	32	81.8	88.5	33	76.6	91.0	32
Project - non project areas									
Project areas	62.9	83.2	124	64.2	84.2	124	62.9	83.2	124
Non-project areas	73.4	80.2	80	72.8	83.3	82	73.4	80.2	80

7.7 Prevalence and Treatment of Acute Respiratory Infections

Acute respiratory infection (ARI) is a major cause of child morbidity and mortality in Bangladesh. Common symptoms include cough, difficult or rapid breathing or chest in-drawing, and fever (though the latter could be indicative of any number of things). In the 2005 survey, as in the 2001 and 2003 surveys, ARI was defined as an illness with cough and rapid or difficult breathing or chest in-drawing. Prevalence among children under age five was assessed by asking women if any of their children under five years of age experienced any of these symptoms during the two weeks preceding interview. ARI prevalence rates are provided in Table 7.18. In NSDP areas, 37.4% had been ill with fever and 7.9% suffered an ARI episode in the two weeks preceding interview. Within NSDP areas, there was little variation in ARI prevalence across Thana municipalities (8.5%), district municipalities (8.1%), and city corporations (7.7%). Fever and ARI prevalence rates were lower in non-NSDP areas: 32.4% and 5.8%, respectively.

ARI prevalence was more common among children age 6-35 months (roughly 10.5%) than among the younger (6.1%) or older (roughly 5.0%) children. Prevalence was higher for girls (8.5%) than boys (7.4%).

The proportion suffering ARI was 9.8% among those with uneducated mothers, and only 6.5% (or even lower) for those whose mothers had at least completed a primary education. More than 9.0% in the lowest three quintiles suffered ARI, compared to only 3.5% in the highest one.

Table 7.18 Prevalence and treatment of symptoms of ARI or ARI plus fever

Percentage of children under five years who had a cough accompanied by short, rapid breathing (symptoms of acute respiratory infection or ARI) and/or fever during the two weeks preceding the survey, and percentage of children with ARI taken to a health facility or provider, by selected background characteristics, project and non-project areas, 2005.

	Percentage of children with ARI	Percentage of children with fever	Number of children	Treatment in a health facility or provider (ARI)	Number of children with ARI
Age of child					
<6 months	6.1	33.4	213	63.9	13
6-11 months	10.4	47.1	326	52.6	34
12-23 months	11.0	45.3	565	48.7	62
24-35 months	10.1	35.4	517	51.1	52
36-47 months	5.9	32.7	598	27.8	35
48-59 months	4.3	32.2	566	34.8	24
Sex of child					
Male	7.4	37.1	1,419	46.7	105
Female	8.5	37.7	1,365	45.2	115
Birth order					
1	7.5	33.4	1,041	44.1	78
2-3	8.3	39.3	1,307	50.4	108
4-5	7.6	43.4	304	40.4	23
6+	8.8	36.3	131	26.6	12
Domains					
City corporations	7.7	35.4	1,351	50.9	104
District municipalities	8.1	37.6	1,166	43.9	94
Thana municipalities	8.5	46.4	266	31.4	23
Highest educational level					
No education	9.8	40.5	721	26.5	71
Some primary	10.9	42.1	443	37.8	48
Primary complete	6.5	36.6	316	47.8	21
Secondary incomplete	7.6	34.9	670	65.5	51
Secondary complete or higher	4.8	33.6	634	69.5	31
Household asset quintile					
Poorest	11.3	42.7	724	32.0	82
2	9.4	35.0	602	40.4	57
3	9.0	43.5	536	69.5	48
4	3.9	31.7	467	33.8	18
Richest	3.5	30.9	456	78.3	16

Table 7.18 also presents the distribution of ARI sufferers taken to a health facility/provider for treatment. In NSDP areas, less than half with ARI (about 46%) were taken to one. The figure was lower in Thana (31.4%) than district (43.9%) municipalities or city corporations (50.9%). Slightly fewer were taken to a health facility/provider in non-NSDP areas (42.4%). The main sources of treatment in NSDP (57.0%) and non-NSDP (54.3%) areas were private medical sector facilities (Table 7.19). In non-NSDP areas, public sources were comparatively more important. NSDP providers provided care only to a very small proportion of ARI-stricken children (2.9% in project areas). In project areas, the poorer children were less likely to be taken to public hospitals/ clinics (Table 7.20A). Generally speaking, similar patterns were apparent in non-NSDP areas (Table 7.20B).

Table 7.19 Source of treatment for children with ARI

Percentage of children under five years who were ill with a cough accompanied by short, rapid breathing (acute respiratory infection or ARI) during the two weeks preceding the survey by source of treatment, project and non-project areas, 2005.

Characteristics	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Sought treatment					
Yes	89.6	77.8	65.0	82.0	78.8
No	10.4	22.2	35.0	18.0	21.2
Total	100.0	100.0	100.0	100.0	100.0
Number	104	94	23	221	111
Where did she seek advice/treatment for ARI					
Home	2.2	0.0	6.7	1.7	1.3
Public sector	6.7	11.5	12.8	9.1	12.5
Hospital/medical college	3.3	11.5	1.5	6.5	8.8
Thana health complex	0.0	0.0	11.3	0.9	1.6
MCWC	0.0	0.0	0.0	0.0	2.1
Rural dispensary/community clinic	0.0	0.0	0.0	0.0	0.1
Satellite clinic/EPI outreach clinic	3.3	0.0	0.0	1.7	0.0
NSDP NGO	6.9	0.0	0.0	3.5	0.0
Static clinic	6.9	0.0	0.0	3.5	0.0
Other NGO	0.9	1.4	0.0	1.0	7.1
PRIVATE MEDICAL SECTOR	65.1	73.5	76.6	69.4	69.2
Private clinic/doctor	40.2	43.5	28.8	40.6	33.1
Traditional doctor	4.5	6.7	1.1	5.1	6.2
Pharmacy	20.4	23.3	46.7	23.7	29.9
Homeo	15.7	13.6	3.9	13.9	6.4
Other	2.6	0.0	0.0	1.3	3.4
Total	100	100	100	100	100
Number	93	73	15	181	87

Table 7.20A Source of treatment for children with ARI by asset quintile, NSDP areas

Percentage of children under five years who were ill with a cough accompanied by short, rapid breathing (ARI) and/or fever during the two weeks preceding the survey by source of treatment according to household asset quintile, project areas, 2005.

Characteristics	Household asset quintile					Total
	Poorest	2	3	4	Richest	
Sought treatment						
Yes	78.6	77.0	90.3	74.7	100.0	82.0
No	21.4	23.0	9.7	25.3	0.0	18.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	82	57	48	18	16	221
Where did she seek advice/ treatment for ARI						
Home	4.7	0.0	0.0	0.0	0.0	1.7
Public sector	6.5	12.1	16.3	0.0	0.0	9.1
Hospital/Medical college	4.2	4.9	15.8	0.0	0.0	6.5
Thana health complex	2.3	0.0	0.4	0.0	0.0	1.0
Satellite clinic/EPI outreach clinic	0.0	7.1	0.0	0.0	0.0	1.7
NSDP NGO	5.2	5.3	1.6	0.0	0.0	3.5
Static clinic	5.2	5.3	1.6	0.0	0.0	3.5
Other NGO	1.3	0.0	0.0	7.4	0.0	1.0
Private medical sector	59.9	70.0	77.5	75.5	79.2	69.5
Private clinic/doctor	23.0	35.0	59.1	37.8	78.3	40.6
Traditional doctor	4.4	5.1	9.7	0.0	0.0	5.1
Pharmacy	32.6	29.9	8.7	37.7	0.9	23.7
Homeo	20.1	12.7	4.8	17.1	14.5	13.9
Other	2.2	0.0	0.0	0.0	0.0	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	64	44	43	13	16	181

Table 7.20B Source of treatment for children with ARI by asset quintile, non-NSDP areas

Percentage of children under five years who were ill with a cough accompanied by short, rapid breathing (ARI) and/or fever during the two weeks preceding the survey by source of treatment according to household asset quintile, non-project areas, 2005.

Characteristics	Household asset quintile					Total
	Poorest	2	3	4	Richest	
Sought treatment						
Yes	65.6	81.2	89.6	84.8	100	78.8
No	34.4	18.8	10.4	15.2	0.0	21.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	39	28	29	11	4	111
Where did she seek advice/ treatment for ARI						
Home	1.2	0.0	0.0	8.8	0.0	1.3
Public sector	7.0	8.7	27.6	0.0	0.0	12.6
Hospital/Medical college	7.0	2.7	20.2	0.0	0.0	8.8
Thana health complex	0.0	6.0	0.0	0.0	0.0	1.5
MCWC	0.0	0.0	7.0	0.0	0.0	2.0
Rural dispensary/community clinic	0.0	0.0	0.3	0.0	0.0	0.1
Other NGO	11.7	12.2	1.7	0.0	0.0	7.1
Private medical sector	66.9	68.2	60.4	91.2	90.3	68.9
Private clinic/doctor	22.7	30.5	27.0	60.6	90.3	32.9
Traditional doctor	3.4	13.6	5.4	1.1	0.0	6.2
Pharmacy	40.8	24.1	27.9	29.4	0.0	29.8
Homeo	9.9	10.2	2.8	0.0	0.0	6.3
Other	3.2	0.0	7.7	0.0	0.0	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	26	23	26	9	4	87

7.8 Vitamin A Supplementation

Vitamin A deficiency is the major cause of preventable childhood blindness and a major contributing factor for several other childhood sources of morbidity and mortality. It can be avoided by giving children capsule supplements, usually every six months. Bangladesh has initiated such a program of supplementation through its health care system. The policy is to begin vitamin A supplementation after the first nine months of life. Children 9-11 months of age are provided vitamin A supplementation at the time of measles vaccination, and those who are 12-59 months old receive the supplements once every six months during the National Immunization Day and vitamin A campaign.

As in the previous surveys, mothers were asked if their children under age five had taken a vitamin A capsule in the preceding six months. Table 7.21 provides rates of vitamin A supplementation for those aged 9-59 months. In NSDP project areas, 62.9% received vitamin A supplements. This figure was slightly lower in non-project areas (56.3%). The proportion who received a vitamin A capsule was lower in city corporations (51.5%) than district (73.4%) or Thana (76%) municipalities. Vitamin A supplementation was related to maternal education and socioeconomic status, though the patterns were not particularly pronounced or straightforward. A similar situation prevailed in non-project areas.

Table 7.21 Vitamin A

Percentage of children 9-59 months of age (most recent birth in last five years) receiving vitamin A in the last six months by domain and other background characteristics, project and non-project areas, 2005.

	Project areas					Non-project areas				
	Yes	No	DK/ Missing	Total	Number	Yes	No	DK/ Missing	Total	Number
Domains										
City corporations	51.5	48.0	0.5	100.0	975	--	--	--	--	--
District municipalities	73.4	26.4	0.3	100.0	839	--	--	--	--	--
Thana municipalities	76.0	23.9	0.1	100.0	182	--	--	--	--	--
Highest educational level										
No education	62.9	36.7	0.4	100.0	519	53.1	44.0	2.9	100.0	348
Some primary	56.4	43.4	0.2	100.0	295	56.0	44.0	0.0	100.0	198
Primary complete	67.6	32.4	0.0	100.0	213	63.9	36.1	0.0	100.0	151
Secondary incomplete	67.0	32.3	0.7	100.0	487	58.6	41.2	0.2	100.0	366
Secondary complete or higher	60.8	39.0	0.2	100.0	481	53.9	45.4	0.7	100.0	351
Household asset quintile										
Poorest	61.3	38.5	0.2	100.0	480	59.7	39.5	0.7	100.0	294
2	66.3	33.6	0.1	100.0	440	56.6	43.1	0.2	100.0	251
3	65.1	34.9	0.0	100.0	385	53.1	46.9	0.0	100.0	285
4	64.7	34.9	0.4	100.0	345	57.6	41.9	0.5	100.0	295
Richest	56.8	42.1	1.2	100.0	346	54.4	42.6	3.1	100.0	288
Total	62.9	36.7	0.4	100.0	1,996	56.3	42.8	0.9	100.0	1,414

Between 2003 and 2005 surveys, the likelihood of children age 9-59 months receiving vitamin A supplementation decreased substantially in both project and non-project areas (from 81.4% to 62.9% in project and 83.1% to 56.3% in non-project areas).

As presented in Table 7.22, in NSDP project areas, government clinics/hospitals were the most important source of vitamin A supplements (39%). Next most important was NSDP clinics (27.3%), followed by municipality/pourashava (21.8%). Among those receiving vitamin A supplements from an NSDP source, 18.8% did so from a satellite clinic, 7.1% from a static clinic, and 1.4% from a joint NSDP/EPI session. NSDP providers also supplied vitamin A supplements to 15.4% in non-project areas. In NSDP areas, about 30% of poor children received vitamin A from a NSDP source.

Table 7.22 Source of vitamin A

Source of vitamin A for children 9-59 months of age (most recent birth in last five years) who received vitamin A in the last six months by region and residence, project and non-project areas, 2005.

From where received vitamin A	Household asset quintile					
	Poorest	2	3	4	Richest	Total
Project areas						
NSDP static clinic	3.2	4.7	12.0	9.9	6.8	7.1
NSDP satellite clinic	24.8	22.0	16.2	13.6	14.1	18.8
Joint NSDP-EPI session	1.7	3.0	1.2	0.5	0.0	1.4
Govt. clinic/hospital	37.5	36.2	38.7	43.0	41.4	39.0
FWA	0.0	0.0	0.0	0.6	0.0	0.1
Other NGO	7.3	9.6	6.9	6.0	9.8	7.9
Private	0.8	0.0	1.3	1.1	1.1	0.8
Satellite clinic	2.1	1.3	2.1	0.3	0.4	1.3
City corporation/ Municipality/Pourashava	21.7	21.7	20.0	22.6	23.6	21.8
Other	0.8	1.5	1.5	2.5	2.8	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	294	292	251	223	196	1,256
Non-project areas						
NSDP static clinic	0.0	1.8	6.4	1.6	6.1	3.1
NSDP satellite clinic	19.6	9.1	0.0	11.1	12.4	10.7
Joint NSDP-EPI session	2.1	3.6	1.1	0.0	1.2	1.6
Govt. clinic/hospital	23.2	31.7	36.0	29.4	29.9	29.8
FWA	1.3	0.5	0.0	0.1	0.3	0.5
Other NGO	27.4	36.1	34.5	40.7	40.0	35.6
Private	0.1	0.1	0.6	0.0	1.3	0.4
Satellite clinic	1.7	1.2	3.0	2.5	2.6	2.2
City corporation/ municipality/Pourashava	21.3	14.0	12.0	12.6	4.8	13.1
Other	3.4	1.9	3.0	2.0	1.6	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	175	142	151	170	157	796

7.9 Childhood Diarrhea

Prevalence of Diarrhea

As in the earlier surveys, mothers of children less than five years of age were asked whether those children had experienced an episode of diarrhea in the two weeks preceding interview. The two week prevalence rates of diarrhea among under five children, thus assessed, are shown in Table 7.23. Since diarrhea is seasonal, these rates may not be comparable with those of other surveys conducted at other times of the year. Among children under five, 7.4% in NSDP project and 5.3% in non-project areas had diarrhea in the two weeks before the survey. Diarrhea was most common among children age six to 23 months. There was no variation in prevalence between boys and girls.

Table 7.23 Prevalence and treatment of symptoms of diarrhea

Percentage of children under five years of age with diarrhea during the two weeks preceding the survey, by selected background characteristics, project and non-project areas, 2005.

	Diarrhea in preceding two weeks	Number of Children
Age of child		
<6 months	3.1	213
6-11 months	10.1	326
12-23 months	10.3	565
24-35 months	7.5	517
36-47 months	7.1	598
48-59 months	4.8	566
Sex of child		
Male	7.4	1,419
Female	7.4	1,365
Highest educational level		
No education	10.4	721
Some primary	10.0	443
Primary complete	8.9	316
Secondary incomplete	5.3	670
Secondary complete or higher	3.7	634
Household asset quintile		
Poorest	11.2	724
2	9.2	602
3	3.5	536
4	5.7	467
Richest	5.3	456
Project areas	7.4	2,784
Non-project areas	5.3	1,919

The prevalence of diarrhea varied strongly with maternal education, with children of less educated mothers at more risk. There appeared to be an inverse relationship between diarrhea and socioeconomic status. Prevalence fell from approximately 11.2% in the lowest asset quintile to 5.3% in the highest one. In NSDP project areas, the prevalence rate was slightly lower in 2005 (7.4%) than 2003 (9.6%).

Table 7.24 provides the distribution of treatment of recent episodes of diarrhea. In project areas, 26.3% of children younger than five years of age reporting diarrhea were taken to a health facility for treatment or consultation. The rate was greater for children in non-NSDP areas (30.7%). In NSDP areas, sufferers were most likely to be taken to a health facility in city corporations (31.1%), followed by Thana (24.7%) and district (21.7%) municipalities. Children were most likely to be taken to a health facility if they were 12-23 months old, from wealthier households, and their mothers were more educated.

Table 7.24 Diarrhea treatment

Among children under five years of age who had diarrhea in the two weeks preceding the survey, the percentage taken for treatment to a health provider, the percentage who received ORT (solution prepared from ORS packets, recommended home fluids [RHF], or increased fluids), and the percentage given other treatments, by selected background characteristics, project and non-project areas, 2005.

		Oral rehydration therapy (ORT)					Other treatments					
	Percentage taken to a health facility	ORS packets	RHF at home	Either ORS or RHF	Water	Other liquids	Pill or syrup	Injection	Intravenous	Home remedy/ other	None	Number of children
Age of child												
<6 months	4.3	38.9	0.0	38.9	25.4	0.0	53.1	0.0	0.0	20.8	11.2	7
6-11 months	25.5	94.3	12.7	94.3	68.9	17.1	45.9	7.1	0.0	2.4	0.0	33
12-23 months	37.5	84.6	12.2	90.0	87.0	46.1	51.5	4.2	0.0	9.3	0.0	58
24-35 months	26.8	81.1	19.4	81.1	58.4	25.4	45.0	5.9	8.0	0.0	0.0	39
36-47 months	23.6	62.0	11.0	69.9	59.1	28.5	38.0	3.0	1.5	8.2	2.1	43
48-59 months	12.4	82.5	8.2	88.0	62.0	30.2	46.5	0.0	0.0	8.3	5.4	27
Sex of child												
Male	27.5	79.8	11.5	82.7	66.8	31.9	49.6	2.2	2.9	6.2	1.5	105
Female	25.1	78.3	13.5	83.2	68.6	28.9	42.2	6.0	0.7	6.7	1.4	102
Domains												
City corporations	31.1	90.5	11.7	92.4	68.3	40.8	51.2	5.6	1.4	7.1	1.5	94
District municipalities	21.7	67.4	13.0	74.6	66.2	22.1	37.8	0.6	2.8	6.6	1.0	88
Thana municipalities	24.7	76.9	13.5	76.9	70.8	20.3	55.1	10.2	0.0	3.5	3.0	25
Highest educational level												
No education	31.7	66.2	17.3	73.6	71.0	22.9	48.8	7.2	4.2	7.6	2.2	75
Some primary	16.1	85.9	12.4	87.5	64.0	11.6	40.0	0.0	0.0	3.9	3.3	44
Primary complete	25.0	92.0	1.5	92.0	57.2	43.4	39.5	8.3	0.0	10.5	0.0	28
Secondary incomplete	26.6	77.6	9.3	82.6	63.8	46.7	48.7	0.0	1.8	8.4	0.0	36
Secondary complete or higher	29.8	93.7	15.3	93.7	82.9	49.5	52.0	2.9	0.0	0.0	0.0	24
Household asset quintile												
Poorest	21.1	71.4	12.2	75.3	70.4	19.7	40.5	5.3	3.8	6.1	2.0	81
2	18.9	77.8	11.1	85.2	68.7	27.9	35.7	0.0	1.1	4.5	2.6	56
3	42.2	88.6	0.7	88.6	64.0	49.4	59.9	8.5	0.0	12.4	0.0	19
4	38.1	86.5	14.2	89.2	53.7	36.9	70.5	0.6	0.0	5.2	0.0	27
Richest	35.9	92.4	23.8	92.4	74.5	50.4	50.6	9.7	0.0	8.9	0.0	24
Project areas	26.3	79.1	12.5	83.0	67.7	30.4	46.0	4.1	1.8	6.5	1.5	206
Non-project areas	30.7	74.6	15.2	77.4	63.2	20.6	54.1	1.4	0.3	5.8	2.1	102

In NSDP areas, nearly eight in 10 with diarrhea (79.1%) were given a solution made from ORS packets and 12.5% were treated with a recommended home fluid (RHF, or *laban gur* solution). Overall, 83% percent were treated with either ORS or recommended home fluid solutions. Nearly seven in 10 were given water and about one-third were provided with other liquids, while 46% received some kind of pill or syrup.

Children had slightly lower rates of treatment with solutions made from ORS packets or recommended home solution in non-NSDP areas (at 77.4%). In NSDP project areas, treatment with ORS or recommended home solution packet was much more common in city corporations (92.4%) than Thana (76.9%) and district (74.6%) municipalities. Children were more likely to receive treatment if they were older than six months, if their mothers were better educated or if they were wealthier.

Children with diarrhea were more likely to receive water or other fluids in NSDP areas. Within project areas, they were most likely to do so in city corporations. They were also more likely to do so if their mothers were better educated, if they were 12-23 months of age or if they were wealthier.

In NSDP project areas, treatment with pills or syrups was more common in Thana municipalities and city corporations than district municipalities. Children were more likely to be given pills or syrups if they were younger, if their mothers were better educated, or if they were from wealthier families. Male children were more likely to be given pills when ill with diarrhea. Between NSDP and non-NSDP areas, children with diarrhea were more likely to receive pill or syrups in non-NSDP areas (54.1% versus 46%).

Table 7.25 provides prevalence and treatment rates by household asset quintile. In non-NSDP areas, as in NSDP areas, prevalence of diarrhea was inversely associated with economic status. In both areas, children were also more likely to receive treatment with ORS/RHF if they were from wealthier families.

Table 7.25 Prevalence of diarrhea and treatment with ORT by asset quintile

Percentage of children under five years of age who had diarrhea in the two weeks preceding the survey, and of those with diarrhea, the percentage who received oral rehydration therapy (ORT) (solution prepared from ORS packets, recommended home fluids (RHF), or increased fluids), by household asset quintile, project and non-project areas, 2005.

	Project areas				Non-project areas			
Household asset quintile	Diarrhea in preceding two weeks	ORS packets	RHF at home	Either ORS or RHF	Diarrhea in preceding two weeks	ORS packets	RHF at home	Either ORS or RHF
Poorest	11.2	71.4	12.2	75.3	6.4	56.1	19.5	56.1
2	9.2	77.8	11.1	85.2	8.3	71.5	20.1	81.0
3	3.5	88.6	.7	88.6	4.3	75.8	20.0	75.8
4	5.7	86.5	14.2	89.2	4.6	100.0	4.8	100.0
Richest	5.3	92.4	23.8	92.4	3.0	88.8	0.0	88.8
Total	7.4	79.1	12.5	83.0	5.3	74.6	15.2	77.4
Number	206	163	26	171	102	76	16	79

Sources of Diarrhea Treatment

NSDP providers treated approximately 2% of children with diarrhea (Table 7.26), a share almost identical to that found in the 2003 survey. In project areas, private medical sector facilities were the most common source of treatment (at about 34.3%). The most popular of these were private clinics/ doctors (16.3%) and pharmacies (13.7%), followed by traditional doctors (4.4%). Private clinics/ doctors were equally popular across the various types of urban areas. Private medical facilities were also the most common source of treatment in non-NSDP areas. Public sector facilities were utilized by 7.6% and 3.6% of children with diarrhea in project and non-project areas, respectively.

Feeding Practices during Diarrhea

To assess feeding practices during episodes of diarrhea, mothers of children with diarrhea in the two weeks preceding the survey were asked whether the child was given the normal amount of food and drink. As shown in Table 7.27, about 48.3% of children in NSDP areas received more than the usual amount of fluids, while 34.6% were given the usual amount. It is a dangerous practice to give a child reduced fluids during diarrhea episodes. Nevertheless, a substantial proportion (17.1%) received less than usual. There was little variation in feeding practices between children of different backgrounds. Children were less likely to receive reduced fluids in non-project areas (8.1%). The practice of giving reduced fluids was more common in 2005 than 2003 (17.1% versus 11.6%).

In NSDP project areas, a large proportion (24.7%) was provided less than the usual amount of food during their illness, compared to only 33.3% receiving an increased amount. Children with diarrhea were most likely to receive a reduced amount of foods during the illness in Thana municipalities (50.1%), followed by city corporations (25.4%) and district municipalities (16.8%). Children were more likely to receive reduced amounts of food if they were over three years of age, poorer, or their mothers were less educated.

Table 7.26 Source of diarrhea treatment

Percentage distribution of source of treatment of children under five years who had diarrhea in the two weeks preceding the survey, by project and non-project areas, 2005.

Place or provider taken for diarrhea treatment	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Home	1.4	0.0	0.0	0.7	0.0
Medical person at home	1.4	0.0	0.0	0.7	0.0
Public sector	8.9	6.5	6.1	7.6	3.6
Hospital/Medical college	8.9	3.3	0.0	5.5	3.5
Thana health complex	0.0	0.0	6.1	0.7	0.1
MCWC	0.0	3.3	0.0	1.4	0.0
NSDP NGO	3.8	0.0	0.0	1.8	1.3
Static clinic	2.5	0.0	0.0	1.1	1.3
Satellite clinic	1.4	0.0	0.0	0.6	0.0
Other NGO	0.0	0.0	0.8	0.1	7.4
Hospital	0.0	0.0	0.0	0.0	5.6
NGO clinic	0.0	0.0	0.0	0.0	1.8
Satellite clinic	0.0	0.0	0.8	0.1	0.0
Private medical sector	37.5	28.4	43.4	34.3	34.8
Private clinic/doctor	16.9	15.2	17.9	16.3	18.4
Traditional doctor	3.8	2.5	13.0	4.4	2.0
Pharmacy	16.8	10.7	12.5	13.7	14.5
Other	4.0	5.9	4.8	4.9	3.8
Not taken for treatment/provider	44.4	59.1	45.0	50.7	49.1
Total	100.0	100.0	100.0	100.0	100.0
Number	94	88	25	206	102

Table 7.27 Feeding practices during diarrhea

Percent distribution of children under five years of age who had diarrhea in the two weeks preceding the survey, by amount of liquid given and amount of food given compared with normal practice, by project and non-project areas, 2005.

	Amount of Liquid Given						Amount of Food Given					
	Same as usual	More	Somewhat less	DK/ missing	Total	Number	Same as usual	More	Somewhat less	DK/ missing	Total	Number
Age of child												
<6 months	70.2	0.0	29.8	0.0	100.0	7	69.6	15.0	15.5	0.0	100.0	7
6-11 months	33.2	49.6	17.2	0.0	100.0	33	37.0	43.4	19.6	0.0	100.0	33
12-23 months	29.1	53.6	17.3	0.0	100.0	58	43.1	31.4	25.5	0.0	100.0	58
24-35 months	31.4	50.4	18.3	0.0	100.0	39	45.0	34.4	20.6	0.0	100.0	39
36-47 months	40.2	46.5	13.3	0.0	100.0	43	44.1	33.0	22.9	0.0	100.0	43
48-59 months	35.3	46.7	18.0	0.0	100.0	27	31.6	28.2	40.2	0.0	100.0	27
Sex of child												
Male	33.2	48.5	18.3	0.0	100.0	105	41.8	33.7	24.6	0.0	100.0	105
Female	36.1	48.0	15.9	0.0	100.0	102	42.3	32.8	24.8	0.0	100.0	102
Domains												
City corporations	26.7	52.9	20.4	0.0	100.0	94	39.4	35.3	25.4	0.0	100.0	94
District municipalities	47.5	43.0	9.6	0.0	100.0	88	47.7	35.4	16.8	0.0	100.0	88
Thana municipalities	19.1	49.5	31.4	0.0	100.0	25	32.0	18.0	50.1	0.0	100.0	25
Highest educational level												
No education	32.1	46.3	21.6	0.0	100.0	75	35.0	36.3	28.7	0.0	100.0	75
Some primary	38.8	46.8	14.4	0.0	100.0	44	47.3	24.4	28.3	0.0	100.0	44
Primary complete	27.7	55.7	16.6	0.0	100.0	28	31.1	43.7	25.2	0.0	100.0	28
Secondary incomplete	42.3	44.0	13.7	0.0	100.0	36	60.5	28.5	11.0	0.0	100.0	36
Secondary complete or higher	31.4	54.8	13.8	0.0	100.0	24	39.3	35.1	25.5	0.0	100.0	24
Household asset quintile												
Poorest	37.2	38.7	24.1	.0	100.0	81	35.3	30.9	33.8	0.0	100.0	81
2	31.0	55.4	13.6	.0	100.0	56	46.0	31.3	22.7	0.0	100.0	56
3	41.3	55.3	3.4	.0	100.0	19	60.3	31.0	8.7	0.0	100.0	19
4	41.3	44.7	14.0	.0	100.0	27	42.4	35.3	22.4	0.0	100.0	27
Richest	21.5	62.5	16.0	.0	100.0	24	41.1	45.4	13.6	0.0	100.0	24
Project areas	34.6	48.3	17.1	0.0	100.0	206	42.0	33.3	24.7	0.0	100.0	206
Non-project areas	33.5	57.8	8.1	0.6	100.0	102	38.4	43.4	18.2	0.0	100.0	102

CHAPTER 8. INFANT FEEDING

This chapter discusses breastfeeding and the introduction of complementary weaning foods. Infant feeding is of particular importance because it affects child nutrition and postpartum infertility (and, hence, birth intervals and fertility).

8.1 Initiation of Breastfeeding

Table 8.1 provides, for those born in the five years preceding interview, the percentages ever breastfed and initiating breastfeeding within a specific time after birth. Following the general pattern in Bangladesh, children were almost universally (98.5%) breastfed in project areas. However, only 19.9% were breastfed within one hour of birth, though more than three-fourths (78.3%) were within the first day of life.

Across NSDP areas, the proportion initiating breastfeeding within one hour or one day of birth was lower in city corporations than Thana or district municipalities. Less educated mothers were more likely to breastfeed early. The timing of initiation also varied according to household wealth, place of birth and the birth attendant. Infants in the richest quintile were less likely to be breastfed soon after birth. Children born at home and those whose birth was assisted by traditional midwives were slightly more likely to receive breast milk early. There was little variation in the timing of initiation between NSDP and non-NSDP areas.

When contrasted with the 2003 survey, the proportion of infants receiving breast milk within one hour of birth in the 2005 survey was found to be surprisingly lower: 19.9% compared to 30.6% for NSDP areas, and 21.5% compared to 36.2 for non-NSDP areas.

Table 8.1 Initial breastfeeding

Percent distribution of last born children in the five years preceding the survey who were ever breastfed, who started breastfeeding within one hour and within one day of birth, by background characteristics, by project and non-project areas, 2005.

Background characteristics	Percentage ever breastfeeding	Percentage who started breastfeeding within one hour of birth	Percentage who started breastfeeding within one day of birth	Number of children
Sex of child				
Male	98.3	20.6	78.6	1,254
Female	98.8	19.2	78.0	1,184
Domain				
City corporations	98.6	16.9	75.6	1,199
District municipalities	98.5	22.8	80.2	1,018
Thana municipalities	98.3	23.3	84.8	221
Highest educational level				
No education	97.9	20.5	75.4	625
Some primary	99.2	19.6	79.6	370
Primary complete	99.4	22.5	82.0	271
Secondary incomplete	98.4	20.9	81.6	602
Secondary complete or higher	98.5	17.2	75.5	570
Household asset quintile				
Poorest	98.9	17.2	78.9	605
2	98.2	22.3	78.0	530
3	98.9	23.5	79.0	467
4	99.3	20.1	82.1	414
Richest	97.3	16.5	73.6	422
Assistance at delivery				
Medically trained	97.5	18.0	74.2	1,021
Traditional midwife	99.3	20.8	81.1	1,320
Other	100.0	30.1	88.0	85
No one	92.3	10.6	61.9	12
Place of delivery				
Health facility	97.6	17.1	72.9	845
At home	99.1	21.5	81.4	1,564
Other	97.1	16.7	71.2	30
Project areas	98.5	19.9	78.3	2,438
Non-project areas	98.4	21.5	78.7	1,713

8.2 Exclusive Breastfeeding and Timing of the Introduction of Supplementary Foods

Breast milk is uncontaminated and contains all of the nutrients needed in the first few months of life. Early supplementation can result in malnutrition and, if done in unhygienic circumstances, in infection with foreign organisms (resulting in, for instance, diarrhea) and lower immunity to disease. By influencing the intensity of breastfeeding, the timing of introduction of food supplements also has an impact on the length of the mother's postpartum amenorrhea. Mothers of children born in the five years preceding the survey were asked whether the youngest child was given plain water, other liquids, or solid or marshy (semisolid) foods at any time during the day or night before interview. The results are shown in Tables 8.2A and 8.2B.

Children are generally breastfed for a long period of time in Bangladesh. In NSDP project areas, 89.7% of children 12-15 months old were being breastfed. About 84.1% of those 20-23 months old were. Associated with this long duration was early supplementation of breast milk with other liquids and food. In NSDP project areas, 62.2% of newborns aged less than two months were exclusively breastfed. Exclusive breastfeeding dropped to 36.1% among children aged 2-3 months, and to 19.7% among those 4-5 months old. Overall, only 37.7% of children less than six months old were exclusively breastfed. Patterns of early supplementation of breast milk were more or less the same across NSDP and non-NSDP areas.

Beginning at six months of age, complementary food is critical to meeting the protein, energy, and micronutrient needs of children. Although some were given complementary food very early, among those aged 6-9 months (all of whom should be receiving complementary food), only 75% of those receiving breast milk were given complementary food (with 11.2% given only plain water and 8.2% only given other milk). Such complementary food consumption was less common (68.1%) among children in non-project areas.

Between the 2003 and 2005 surveys exclusive breastfeeding among children less than six months old in NSDP project areas decreased from 42.5% in 2003 to 37.7% in 2005. However, the proportion aged 6-9 months receiving complementary foods increased from 61.1% in 2003 to 75.2% in 2005.

Table 8.2A Breastfeeding status by age, urban NSDP

Percent distribution of youngest child under three years of age by breastfeeding status according to child's age in months, project areas, 2005.

Child's age in months	Not breast-feeding	Breastfeeding and:					Total	Number of children
		Exclusively breastfeed	Plain water only	Water based liquids, juice	Milk	Complementary foods		
Age								
<2	1.7	62.2	14.1	3.6	16.8	1.5	100.0	58
2-3	1.5	36.1	25.9	7.5	23.4	5.6	100.0	83
4-5	6.0	19.7	12.3	7.3	27.8	26.9	100.0	71
6-7	2.4	0.9	14.7	3.0	11.3	67.6	100.0	110
8-9	2.7	0.0	7.2	1.6	4.6	83.9	100.0	97
10-11	7.2	0.0	3.6	3.7	2.4	83.0	100.0	118
12-15	10.3	0.0	3.2	1.4	2.5	82.6	100.0	171
16-19	14.4	0.0	4.3	0.7	1.4	79.3	100.0	185
20-23	15.9	0.0	1.9	0.0	0.7	81.5	100.0	192
24-27	32.2	0.0	0.0	0.0	0.0	67.8	100.0	141
28-31	41.4	0.0	0.9	0.0	0.0	57.7	100.0	153
32-35	56.9	0.0	0.0	0.0	0.0	43.1	100.0	159
Age								
<6	3.1	37.7	18.1	6.4	23.1	11.7	100.0	211
6-9	2.6	0.5	11.2	2.3	8.2	75.2	100.0	207

Table 8.2B Breastfeeding status by age, urban non-NSDP areas

Percent distribution of youngest child under three years of age by breastfeeding status according to child's age in months, non-project areas, 2005.

	Breastfeeding and:							
Child's age in month	Not breast-feeding	Exclusively breastfeed	Plain water only	Water based liquids, juice	Milk	Complementary foods	Total	Number of children
Age								
<2	0.0	59.9	15.6	5.9	18.5	0.0	100.0	33
2-3	1.5	22.1	15.7	3.5	48.1	9.2	100.0	39
4-5	1.1	13.8	10.7	6.5	47.4	20.6	100.0	74
6-7	11.0	0.0	20.1	0.5	14.3	54.2	100.0	54
8-9	8.5	0.0	2.4	5.3	5.4	78.3	100.0	75
10-11	12.5	0.0	0.0	2.4	5.0	80.1	100.0	71
12-15	7.0	0.0	5.2	0.0	0.0	87.8	100.0	111
16-19	15.8	0.0	1.5	2.0	0.1	80.6	100.0	128
20-23	11.6	0.0	1.6	0.0	0.0	86.7	100.0	132
24-27	16.4	0.0	0.0	0.0	0.0	83.6	100.0	102
28-31	38.7	0.0	0.0	0.0	0.0	61.3	100.0	120
32-35	49.3	0.0	0.0	0.0	0.0	50.7	100.0	111
Age								
<6	0.9	26.5	13.1	5.5	41.0	12.9	100.0	146
6-9	9.6	0.0	9.9	3.3	9.2	68.1	100.0	129

8.3 Duration of Breastfeeding

Table 8.3 provides estimates of mean and median breastfeeding duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding in the five years preceding the survey among the youngest children who resided with their mother. The median length of any breastfeeding in NSDP project areas was 32 months. City corporations had a lower median (29 months) than Thana and district municipalities (34). There was little variation in breastfeeding duration between project and non-project areas..

The median duration of breastfeeding varied little by gender. However, somewhat surprisingly, it was generally higher for children of less educated mothers. There was no pronounced or remarkable fluctuation in breastfeeding duration between 2003 and 2005, either in NSDP or non-NSDP areas.

Table 8.3 Median duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among youngest children under five years living with the mother, by selected background characteristics, project and non-project areas, 2005.

Background characteristics	Any breastfeeding	Exclusive breastfeeding	Predominant breastfeeding	Number of children
		Project areas		
Sex				
Male	32	1.8	3.5	1,210
Female	33	2.2	3.2	1,149
Domains				
City corporations	29	1.9	3.5	1,160
District municipalities	34	1.9	3.3	986
Thana municipalities	34	2.5	2.9	214
Highest educational level				
No education	36	1.9	3.3	596
Some primary	33	2.3	3.3	359
Primary complete	33	3.0	4.1	261
Secondary incomplete	31	1.4	3.3	586
Secondary complete or higher	29	2.4	2.8	558
Household asset quintile				
Poorest	35	1.7	3.1	585
2	34	1.9	3.8	507
3	30	1.5	2.7	456
4	29	2.4	2.9	408
Richest	28	3.3	3.4	404
Project non-project areas				
Project areas	32	2.0	3.3	2,360
Non-project areas	33	1.7	4.1	1,640
Means				
Mean for project areas	32	2.1	5.2	2,360
Mean for non-project areas	33	2.1	5.1	1,640

CHAPTER 9. AWARENESS AND USE OF NSDP CLINICS

To understand better the efficacy of the NSDP service delivery system, it is important to gauge the level of awareness in program areas of NSDP service facilities/providers, the types of services available in those facilities, and use of them. For instance, respondents' awareness of the service providers/facilities sheds light on the effectiveness of the program's outreach strategies. This chapter assesses knowledge and awareness of ever-married women age 10-49 years of NSDP health services/providers, the location of clinics, and the availability of services provided through the network of an NSDP service system. It also examines utilization of these facilities/providers for ESP services and the quality of those services provided.

9.1 Awareness of Smiling Sun

Use of a health care facility depends to a significant extent on the level of awareness of the location of a facility and the types of services provided. The Smiling Sun logo is used by NSDP clinics to create awareness among local populations of NSDP facilities and services. The Smiling Sun logo has two objectives: (1) to inform people that NSDP facilities provide ESP services and (2) to create awareness that clinics/sites marked with a Smiling Sun logo provide ESP services with special care and a smile. Each respondent was asked if she recognized such a logo, and if so, where she had seen it. About 90% of ever-married women in project areas reported that they had seen or heard of it (Table 9.1). Women in city corporations (92.8%) and district municipalities (89.3%) were much more likely to have done so than those in Thana municipalities (78.6%).

Only 80.6% with no education had seen or heard of it, compared with 91.9% with a primary education and almost universal exposure among those with secondary or higher education. Those in poorer asset quintiles were less likely to have been exposed to the logo than were those in the richer ones. In project areas, awareness of Smiling Sun logo increased slightly from 87.3% in 2003 to 90.2% in 2005.

The most common sources of exposure were signs at health clinics and television advertisements (Table 9.2). In project areas, 74.9% had seen the logo on a sign at a health clinic while 43.9% had encountered it in a television advertisement. The next most common sources were television dramas (23%), posters (13.2%) and billboards (13.1%). Those in non-project areas were most likely to have seen it on a clinic sign (59.3%), followed by television advertisements (52.6%) and dramas (24.7%), posters (11.6%) and billboards (8.7%).

Between the 2003 and 2005 surveys, exposure through signs at health clinics increased considerably in project areas (from 58.4% to 74.9%). Over the same interval, exposure through television declined from 78.3% to 66.9%.

Table 9.1 Awareness of Smiling Sun Symbol

Percentage of women reporting having seen the Smiling Sun Logo according to background characteristics, urban NSDP and non-project areas, 2005.

	Project areas		Non-project areas	
	Yes	Number	Yes	Number
Domain				
City corporations	92.8	2,872	0.0	0
District municipalities	89.3	2,608	0.0	0
Thana municipalities	78.6	443	0.0	0
Highest educational level				
No education	80.6	1,803	68.0	1,232
Some primary	88.0	793	80.2	634
Primary complete	91.9	599	82.7	463
Secondary incomplete	95.8	1,441	92.1	1,038
Secondary complete or higher	97.9	1,288	96.0	976
Household asset quintile				
Poorest	79.4	1,150	67.5	788
2	88.8	1,208	75.9	804
3	91.9	1,218	86.4	830
4	94.7	1,190	89.9	905
Richest	95.9	1,158	93.4	1,016
Total	90.2	5,923	83.4	4,343

Table 9.2 Source of awareness of Smiling Sun Symbol

Percentage of women reporting having seen the Smiling Sun Logo by source, by project and non-project areas, 2005.

	Project areas	Non-project areas
On television in an advertisement	43.9	52.6
On television in a drama	23.0	24.7
On a poster	13.2	11.6
On a pamphlet or brochure	0.8	1.0
On a billboard sign	13.1	8.7
On a sign at a health clinic	74.9	59.3
Other	1.4	0.8
Number	5,341	3,622

9.2 Awareness of Temporary/Satellite Clinics

As in the 2003 and 2001 surveys, the 2005 survey asked ever-married women questions regarding awareness and use of NSDP health care facilities. Women were asked if they knew of any satellite clinics that served their area and whether they had used them in the preceding three months. In this vein, women could provide information on NSDP clinics, government clinics, or other NGO clinics. They were directed to different sets of questions based on their community (i.e., NSDP project or government comparison area).

Information on NSDP satellite clinics was obtained whenever possible from spontaneous reporting. If a woman did not spontaneously report awareness of an NSDP clinic, she was asked if she was aware of one. If she still was not, she was asked the same set of questions about awareness and use of services at the clinic type she had spontaneously mentioned. By so probing respondents, this method may tend to over-report awareness of NSDP services relative to other types of clinics.

To begin with, women were asked simply whether they knew of a temporary/satellite clinic in their area. If they did, they were asked if it was held during the preceding three months and, if so, about the type of clinic. In NSDP project areas, 66.4% were aware of satellite clinics in their area (Table 9.3). Among them, about 83% knew of a clinic held within the last three months. A majority of those aware of satellite clinics held in the last three months reported knowing of NSDP satellite clinics (59.1% compared to only 9.9% for government satellite clinics, 15.4% for city corporation/ municipality/pourashava satellite clinics, and 15.6% for all the other types taken together).

There were no remarkable differences in awareness of temporary clinics across age groups. Women were more likely to know of temporary clinics if they were uneducated or less educated. Differences in awareness across education levels for government satellite clinics were small, while city corporation/municipalities/pourashava satellite clinics were better known to women with more education. Women in the poorest asset quintile were more likely to be aware of temporary clinics than those in the richest one (74.5% against 56.6%).

In NSDP areas, awareness of temporary clinics was highest in Thana municipalities (81.2%) and lowest in city corporation areas (63.2%). However, knowledge of NSDP satellite clinics was higher in city corporations (69%) than district (54.1%) and Thana (42.6%) municipalities. Government satellite clinics were most well-known in Thana municipalities (41%) and least so in city corporations (0.8%). Awareness of city corporation/municipalities/pourashava satellite clinics was highest in district municipalities (20.4%), followed by the Thana municipalities (12.2%), and city corporations (10.6%). Overall awareness of temporary clinics was slightly higher in non-project areas (71% versus 66.4% in project areas).

In NSDP areas, overall awareness of temporary clinics slightly decreased from the 2003 figure of 68.9%. Knowledge of NSDP satellite clinics also slightly decreased, from 61.5% in 2003.

Table 9.3 Knowledge and awareness of temporary and satellite clinics

Percentage of women who are aware of a temporary or satellite clinic in their area, who know whether such a clinic was held in the last three months and type of temporary/satellite clinic held in the last three months, by background characteristics, project and non-project areas, 2005.

	Aware of temporary clinics	Number of women	Clinic held in last three months	Number of women knowing of temp. clinics	Type of temporary/Satellite clinic					Number of Women Reporting clinics in last three months
					NSDP satellite clinic	Govern-ment satellite clinic	City corporation/ municipality/ Pourashava satellite	Other	DK/ missing	
Age										
15-19	63.8	580	81.8	370	64.2	11.2	11.4	13.2	0.0	303
20-24	68.8	1,151	84.0	792	59.0	10.9	13.6	16.5	0.0	665
25-29	67.2	1,065	85.1	716	57.8	10.7	15.5	16.0	0.0	609
30-34	67.3	1,002	84.1	674	58.2	9.3	16.7	15.7	0.0	567
35-49	65.3	2,099	80.2	1,371	58.7	8.6	17.1	15.4	0.2	1,100
Highest educational level										
No education	70.7	1,803	86.4	1,275	61.0	10.6	12.6	15.7	0.0	1,102
Some primary	71.5	793	82.7	567	62.9	7.7	15.7	13.7	0.0	469
Primary complete	71.0	599	85.4	425	56.0	11.7	19.2	13.1	0.0	363
Secondary incomplete	66.6	1,441	81.4	959	65.4	9.6	12.0	12.9	0.2	781
Secondary complete or higher	55.1	1,288	76.3	710	45.0	9.3	23.5	22.3	0.0	542
Household asset quintile										
Poorest	74.5	1,150	88.4	857	63.0	14.1	10.7	12.2	0.0	757
2	71.9	1,208	83.6	869	65.3	8.9	12.4	13.4	0.0	727
3	68.2	1,218	81.2	831	57.9	9.7	16.1	16.2	0.1	675
4	60.8	1,190	81.0	723	59.1	8.4	18.9	13.4	0.2	586
Richest	56.6	1,158	78.1	656	46.0	6.8	22.0	25.2	0.0	512
Domain										
City corporations	63.2	2,872	75.1	1,814	69.0	0.8	10.6	19.6	0.0	1,362
District municipalities	67.6	2,608	87.9	1,762	54.1	10.9	20.4	14.5	0.1	1,549
Thana municipalities	81.2	443	96.0	360	42.6	41.0	12.2	4.2	0.0	346
Project areas	66.4	5,923	82.7	3,936	59.1	9.9	15.4	15.5	0.1	3,256
Non-project areas	71.0	4,343	82.5	3,083	21.6	16.8	11.7	49.2	0.6	2,543

9.3 Knowledge of Essential Services Package at Satellite Clinics

Knowledge of ESP services available at NSDP satellite clinics was ascertained by asking respondents to describe the services available at those clinics. This was asked only of those reporting awareness of a satellite clinic.

Table 9.4 shows the percentage aware of specific services available at NSDP and non-NSDP temporary/ satellite clinics. As in 2003, child health related services, more specifically EPI services, were the most well-known. More than 90% knew of child health-related services at NSDP satellite clinics, with approximately 86% mentioning EPI services (followed closely by vitamin A [33%]). Knowledge of other child health services was much less common. The next most widely recognized services at NSDP satellite clinics were maternal health related services (87.5%). Among these, toxoid injections (77.1%) and ANC (52.8%) were the most well-known. Few women mentioned postnatal care (PNC) services. Family planning services at NSDP satellite clinics were also widely known with more than half of respondents reporting that they were available at NSDP satellite clinics (46% knew that they provide clinical methods; slightly fewer were aware that they provide non-clinical methods). About 12% reported that they provide treatment for general child illness. Government satellite clinics or other satellite clinics were also widely known for providing child and maternal health related services. But for family planning services, awareness was far below levels seen with NSDP clinics (17.7% against 55.5%). Awareness of maternal health and family planning related services available at NSDP satellite clinics increased slightly from 2003.

9.4 Use of Temporary/Satellite Clinics

Women aware of a temporary/satellite clinic being conducted in their area in the preceding three months were asked if they had ever used the clinic; and if so, if they had done so in the past three months. This focus on the preceding three months was driven by a desire to reduce recall bias. Those who did not identify a clinic or did not report one being conducted in their area in the past three months were assumed not to have used one.

Table 9.5 shows the use of temporary clinics in project and non-project areas. Only 18% reported ever visiting an NSDP satellite clinic. In project areas, the proportion that had ever used one (18%) was more than four times than that for government satellite clinics (3.8%), city corporation/municipality/pourashava (4.4%) or other satellite clinics (4.2%). Only 7.8% used a temporary clinic in the last three months, but even fewer visited one from the other three provider strata.

About 6% in non-NSDP areas had ever used an NSDP clinic. As expected, other clinics (i.e., those other than NSDP or government clinics or city corporation/municipality/pourashava) were more common in non-NSDP areas (14.3%). The use of satellite clinics in the three months preceding interview in non-project areas was also low: only 2.7%, 2.8%, 1.8%, and 7.1% had used NSDP, government, city corporation/ municipality/pourashava, and other satellite clinics, respectively.

There were pronounced differences in use of NSDP satellite clinics by background characteristics. Women were more likely to have used one if they were 20-24 years of age, or in the two lowest asset quintiles. Less educated women were more likely to have used one. In NSDP areas, ever use was most common in Thana municipalities (19.2%), followed by city corporations (18.8%) and district municipalities (17%). Between the 2003 and 2005 surveys, ever use of NSDP clinics in the NSDP areas decreased slightly, from 21% in 2003.

Table 9.4 Knowledge of ESP services at temporary/satellite clinics

Percentage of women who identify specific services at temporary/satellite clinics, project areas, 2005.

Services	NSDP Satellite clinic	Government satellite clinic/Other
Family planning	55.5	17.7
Clinical methods	46.0	12.8
Non clinical methods	42.3	14.5
Advise for side effects	0.9	0.5
Maternal health	87.5	82.8
Antenatal care	52.8	18.9
Postnatal care	7.0	2.8
Tetanus	77.1	80.0
Child health	90.9	99.1
EPI	86.0	96.5
Diarrhea treatment	0.9	0.3
ARI treatment	0.5	0.6
Vitamin A	33.0	60.1
General illnesses	11.8	6.6
Other child care	2.3	2.0
Other reproductive health	0.0	0.1
Treatment of RTI/STD	0.0	0.1
General health	14.7	4.9
Other	1.7	0.7
DK/missing	0.4	0.0
Number	1,925	1,330

Note: Numerator is number of women knowing of a specific service; denominator is number of women knowing of a specific satellite clinic and having had a clinic in their areas in the last three months.

Table 9.5 Use of temporary/satellite clinics

Percentage of women who have ever used temporary/satellite clinics and who used the clinics in the last three months, by selected background characteristics, project and non-project areas, 2005.

	NDSP satellite clinic		Government satellite clinic		City corporation/ municipality/Pourashava satellite		Other		Number
	Ever used	Used in last three months	Ever used	Used in last three months	Ever used	Used in last three months	Ever used	Used in last three months	
Age									
15-19	19.6	10.8	4.1	2.8	3.0	1.7	3.8	2.6	580
20-24	22.5	11.2	5.0	3.1	5.9	3.0	5.8	2.3	1,151
25-29	21.5	10.6	5.3	3.3	4.9	2.2	4.6	1.4	1,065
30-34	19.5	7.2	3.7	1.6	5.3	2.6	4.1	1.6	1,002
35-49	12.8	3.8	2.4	0.9	3.5	1.3	3.5	1.4	2,099
Highest educational level									
No education	20.0	8.7	4.3	2.8	4.1	2.0	5.2	2.3	1,803
Some primary	24.7	11.7	3.5	1.6	5.6	3.2	3.7	2.1	793
Primary complete	21.7	10.0	5.7	2.3	6.4	2.0	4.0	1.0	599
Secondary incomplete	19.9	7.3	3.7	1.8	3.6	1.7	3.4	1.6	1,441
Secondary complete or higher	7.4	3.5	2.6	1.5	4.2	1.8	4.3	1.1	1,288
Household asset quintile									
Poorest	25.1	12.0	7.4	4.5	4.5	2.7	5.0	2.7	1,150
2	25.2	11.4	4.0	2.6	4.9	2.0	4.7	2.5	1,208
3	17.9	7.2	3.1	1.3	4.5	1.5	4.3	1.5	1,218
4	13.4	4.5	2.8	1.0	3.8	2.3	2.9	0.7	1,190
Richest	8.4	3.7	2.0	1.0	4.6	1.7	4.3	1.2	1,158
Domain									
City corporations	18.8	7.6	0.2	0.1	2.2	0.8	4.2	1.8	2,872
District municipalities	17.0	7.5	4.1	1.8	6.7	3.2	4.6	1.7	2,608
Thana municipalities	19.2	10.1	25.8	16.6	5.6	2.7	2.5	1.3	443
Project areas	18.0	7.8	3.8	2.1	4.4	2.0	4.2	1.7	5,923
Non-project areas	6.2	2.7	6.3	2.8	4.1	1.8	14.3	7.1	4,343

Note: Numerator is the number of women having ever used or used a temporary/satellite clinic in the past three months; denominator is all women.

9.5 Source of Information about Temporary/Satellite Clinics

Table 9.6 shows the percentage of women who were informed in advance about the temporary/satellite clinic by the source of that information. This was assessed by asking respondents if anybody informed them in advance about the temporary/satellite clinic and if so, who told them. In project areas, 31.6% of those who used NSDP temporary/satellite clinic were informed by an NSDP worker (mostly satellite clinic workers [28.2%], followed by neighbors [20.2%] and relatives [11.7%]). In contrast, 24.2% of those who used government or other satellite clinic users were informed by neighbors or relatives, followed by government satellite clinic workers (14.9%), city corporation/municipality/pourashava workers (14.8%). About one-fourth of those who used NSDP satellite clinics or government or other satellite clinics were not informed by anyone.

Table 9.6 Source of information about temporary/satellite clinics

Percentage of women who were informed in advance about temporary/satellite clinic by source of information and type of clinic, project areas, 2005.

	NSDP satellite clinic	Government satellite clinic/other
Health professional	1.3	2.6
Qualified doctor	0.3	0.1
Nurse/midwife	1.0	0.2
Family welfare visitor	0.0	0.0
FWA	0.1	2.3
NSDP	31.6	1.4
Static clinic worker	0.4	0.0
Satellite clinic worker	28.2	1.2
Community mobilizer	0.3	0.1
Depotholder	2.7	0.1
Other person	31.9	24.3
Unqualified doctor	0.0	0.2
Relative	11.7	6.9
Neighbor	20.2	17.3
Govt. satellite clinic worker	0.3	14.9
Announcement	2.6	4.3
Other NGO worker	0.7	7.8
City corporation/municipality/ Pourashava worker	0.2	14.8
Other	0.7	5.3
Was not informed	30.8	24.5
Total	100.0	100.0
Number	1,068	741

Note: Numerator is the number of women informed by a specific person of clinics in advance; denominator is the number of women identifying a specific clinic which occurred in the past three months and who have used that clinic.

9.6 Assessment of Quality of Care at Temporary/Satellite Clinics

Among women who used a temporary/satellite clinic in the last three months, a series of questions was asked to elicit perceptions of the quality of care received, payment services, travel time to get to the clinic, and waiting time once there. Table 9.7 presents this information for project and non-project areas.

Every user of NSDP satellite clinics in project areas reported that clinic staff spent enough time with them. About 92.4% felt that staff talked to them nicely, and 98.6% indicated that staff devoted sufficient attention to their needs.

In NSDP areas, mean travel time to NDSP satellite clinics was 8.5 minutes. Mean waiting time was 11.2 minutes. More than half (56%) reported that they paid a service charge, with over 50% paying the exact amount charged. There was little variation in perceptions of quality of treatment among users of NSDP, government satellite clinics, city corporation/municipality, and other satellite clinics. However, mean travel time to government satellite clinics (27.4 minutes) was higher than for NSDP satellite clinics (8.5 minutes) or other satellite clinics (8 minutes). Fewer users of government and other satellite clinics reported paying for services, compared to those of NSDP satellite clinics. Perceptions of quality also did not differ significantly between project and non-project areas. Between the 2003 and 2005 surveys, there was no discernable change regarding the quality of the care received among users of NSDP satellite clinics.

9.7 Awareness of Sources of Health and Family Planning Services

To gauge familiarity with health facilities providing services in their area, the survey asked respondents about clinics and hospitals at which they could receive health or family planning services. Another goal was to assess the success of NSDP health facilities at promoting public awareness of their services compared with other types of health facilities. As in 2003, women were directed to different sets of questions based on the areas in which they lived (project or non-project area). If a woman did not spontaneously report awareness of an NSDP clinic, she was asked directly if she knew about them. If she did, a series of questions then examined her experiences with NSDP services. If she did not, she was asked the same set of questions about the clinic type she had spontaneously mentioned. By probing respondents in this manner, this method may tend to over-report awareness of NSDP services. This type of probing was not employed in the 1998 or 2001 surveys.

Awareness of clinics and hospitals was almost universal in both project and non-project areas (Table 9.8). Unsurprisingly, there was little variation in awareness by background characteristics in either project or non-NSDP areas. However, in both project and non-project areas, women were more likely to identify a clinic or hospital in their area providing health or family planning services if they were older, more educated or wealthier. The proportion of women in project areas able to identify a clinic or hospital in their area providing health and family planning services rose slightly from 2003 (94.4%).

Table 9.7 Quality of temporary/satellite clinics

Women perceptions of quality of treatment in temporary/satellites during their most recent visit in the three months preceding the survey by type of clinic, project and non-project areas, 2005.

	Project areas				Non-project areas			
Quality indicator	NSDP satellite clinic	Government satellite clinic	City corporation/ municipality/ Pourashava satellite	Other	NSDP satellite clinic	Government satellite clinic	City corporation/ municipality/ Pourashava satellite	Other
Spend enough time								
Yes	99.9	96.2	98.8	96.9	98.2	97.9	100.0	99.0
No	0.1	3.8	1.2	3.1	1.8	2.1	0.0	1.0
Talked to her nicely								
Nicely	92.4	95.3	93.9	95.6	100.0	89.2	94.1	93.8
Somewhat	7.4	3.7	6.1	4.4	0.0	10.7	5.9	6.2
Not nicely	0.2	1.0	0.0	0.0	0.0	0.1	0.0	0.0
Give enough attention to her needs								
Yes	98.6	98.0	98.7	99.9	100.0	98.2	100.0	99.2
No	1.4	2.0	1.3	0.0	0.0	1.8	0.0	0.8
Mean travel time								
Mean (minutes)	8.5	27.4	7.7	8.0	16.5	7.1	6.9	6.1
Mean waiting time								
Mean (minutes)	11.2	6.9	5.6	8.4	7.8	5.8	4.6	13.4
Did pay for services								
Yes	56.0	4.2	0.8	30.3	42.4	5.0	0.0	36.8
No	44.0	95.8	99.2	69.7	57.6	95.0	100.0	63.2
Paid the exact amount								
Same	55.5	4.2	0.8	30.3	40.2	3.8	0.0	35.0
More	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.8
Less	0.4	0.0	0.0	0.0	2.2	0.7	0.0	0.2
Credit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7
Number	459	122	120	101	118	121	77	310

Note: Numerator is the number of women reporting indicators of quality at satellite clinics used in past three months; denominator is the number of women identifying a specific clinic and who have used that clinic in past three months.

Table 9.8 Awareness of clinics and hospitals in the area from which women can get health or family planning services

Percentage of women who know of a clinic or hospital in the area in which they live from which one can obtain health or family planning services, by selected background characteristics, project and non-project areas, 2005.

	Project areas		Non-project areas	
	Yes	Number	Yes	Number
Age				
15-19	95.6	580	95.2	367
20-24	97.9	1,151	96.3	752
25-29	99.1	1,065	99.0	833
30-34	98.1	1,002	98.0	717
35-49	98.6	2,099	97.9	1,653
Highest educational level				
No education	96.8	1,803	96.2	1,232
Some primary	97.4	793	97.4	634
Primary complete	99.6	599	97.8	463
Secondary incomplete	98.9	1,441	98.5	1,038
Secondary complete or higher	99.1	1,288	98.6	976
Household asset quintile				
Poorest	95.7	1,150	96.0	788
2	98.1	1,208	98.1	804
3	98.7	1,218	97.5	830
4	99.3	1,190	98.1	905
Richest	99.0	1,158	98.2	1,016
Domain				
City corporations	96.6	2,872	0.0	0
District municipalities	99.6	2,608	0.0	0
Thana municipalities	100.0	443	0.0	0
Total	98.2	5,923	97.6	4,343

9.8 Type of Clinics Identified as Providing Health or Family Planning Services

In NSDP areas, NSDP static clinics were the most widely known type of facility providing health and family planning services (63.1%) (Table 9.9), followed by public sector health facilities (45.6%), the private medical sector (8.5%), and other NGOs (7.6%). Between project and non-project areas, there were pronounced differences in awareness by type of facilities. In non-project areas, public health facilities were most widely recognized as a source of health and family planning services (55.8%), followed by other NGOs (21.3%), and the private medical sector (17.1%). Only 9.4% in non-project areas were aware of NSDP static clinics as a source for these services in their area. Within NSDP areas, NSDP clinics were most well known in city corporations (66.9%), followed by district (59.8%) and Thana (57.2%) municipalities, while public sector facilities were most widely recognized in district municipalities (64.2%), followed by Thana municipalities (49.2%) and city corporations (28.3%). In NSDP areas, considerably higher proportions were able to identify an NSDP static clinic as a source of health and family planning services than in 2003 (51.2%).

9.9 Knowledge of ESP Services at Hospitals/Clinics

Table 9.10 shows the percentage of women who knew of services available at specific types of hospitals/clinics. The most widely recognized services at NSDP static clinics were maternal and child health related services (at roughly 90%). Best known among maternal health services were ANC (77.9%) and tetanus toxoid injections (74.4%). Only 19.9% were aware of post-natal care services at NSDP clinics. Among child health related services, best known were EPI-services (79.3%), followed by general curative care for children (38.3%). Knowledge of other child health services was much less common.

Table 9.9 Knowledge of clinics providing health and family planning services

Percentage distribution of all women by type of clinics in the area in which they live from which one can obtain health and family planning services, project and non-project areas, 2005.

	NSDP project areas				Non-project areas
	City corporation	District municipalities	Thana municipalities	Total	
Public sector	28.3	64.2	49.2	45.6	55.8
NSDP Static clinic	66.9	59.8	57.2	63.1	9.4
Other NGO	10.3	2.9	17.1	7.6	21.3
Private medical sector	10.1	6.9	7.8	8.5	17.1
Other	0.3	0.1	0.0	0.2	0.1
DK clinic + DK type	3.5	0.5	0.1	1.9	2.6
Number	2,872	2,608	443	5,923	4,343

Note: Numerator is the number of women identifying specific facility types; denominator is all women. Respondent in project areas have two chances to identify NSDP clinics; and similarly, respondents in non-project areas have two chances to identify government clinics. Therefore, totals do not add up to 100%.

Family planning services at NSDP clinics were also widely known, though not quite to the same degree. Two-thirds knew that family planning services were available at NSDP clinics, with 60.8% aware that they provide clinical family planning methods and 49.2% aware that they provide non-clinical family planning methods. More than half (51.6%) reported that NSDP static clinics provide treatment for general curative care.

There were few obvious differences in the level of awareness of specific services by type of facility (e.g., NSDP clinics, government hospitals/clinics, private clinics, and other NGOs' clinics). Compared to NSDP clinics, government hospitals/clinics were better known for general curative care but less known for family planning services and other health related services. Between project and non-project areas, there were no substantial differences in the level of awareness of specific services, except general curative care (which was more widely known in non-project areas). There was virtually no difference in the awareness of specific services provided at NSDP clinics between the 2003 and 2005 surveys, except for general curative care related services (awareness of which increased from 2003).

Table 9.10 Knowledge of ESP at hospital/clinics

Percentage of women who identify specific services available at different types of hospital/clinics, project and non-project areas, 2005.

	NSDP project area				Non-project area			
	NSDP NGO	Public sector	Private	Other NGO	NSDP NGO	Public sector	Private	Other NGO
Family planning	65.4	52.3	38.3	51.4	48.6	49.8	25.3	55.3
Clinical methods	60.8	48.7	34.7	46.6	44.9	47.5	22.9	51.6
Non-clinical methods	49.2	36.4	26.4	33.3	28.5	30.8	10.3	35.7
Advice for side effects	1.6	.9	3.0	2.9	4.3	2.9	2.7	2.8
MR	1.3	1.6	.5	.5	3.0	1.1	.9	2.0
Maternal health	89.9	80.5	75.7	83.0	83.7	80.4	70.9	88.9
Antenatal care	77.9	65.0	59.7	70.8	69.6	66.4	61.7	77.5
Postnatal care	19.9	18.1	28.0	27.3	38.7	32.4	38.7	40.1
Tetanus toxoid	74.4	56.2	45.7	64.2	46.5	45.7	24.8	68.3
Delivery	4.5	16.0	17.7	10.8	22.7	26.3	23.3	19.6
Child health	89.2	83.7	76.4	84.4	88.4	83.4	69.8	88.7
EPI	79.3	58.9	49.8	65.7	44.2	46.9	23.6	75.2
Diarrhea treatment/ ORS	3.7	9.5	3.3	4.2	11.4	12.1	6.7	4.4
ARI treatment	2.9	5.2	4.8	2.1	3.9	7.3	6.0	2.5
Vitamin A	11.6	6.9	5.0	6.8	7.9	6.1	2.8	11.4
General illness	38.3	45.9	40.7	43.7	62.0	55.6	54.8	40.7
Other child care	5.1	6.0	8.7	9.7	8.4	9.9	16.4	11.2
RTI/STD treatment	1.7	1.9	3.5	1.1	6.2	4.4	3.4	1.3
General health	51.6	62.1	54.9	39.2	74.6	80.8	78.7	56.2
Other	6.8	20.2	21.6	13.8	30.9	31.5	29.9	22.5
DK/missing	1.8	1.6	3.1	3.7	.9	.6	.9	1.2
Number	3,735	2,703	505	448	409	2425	742	925

Note: Numerator is the number of women identifying specific services; denominator is the number of women identifying a specific type of clinic offering health and FP services in the area in which they live.

9.10 Use of Hospitals/Clinics

Table 9.11 provides the percentage of respondents who had ever gone to a hospital/clinic for a service and the percentage who had used a hospital/clinic in the three months preceding interview. As shown in Table 9.11, one-third (32.7%) in NSDP areas said that they had ever gone to an NSDP static clinic to obtain services, which was far higher than the proportion for any other hospital/clinic: government (16.8%), private (3.1%), or any other type (3.9%). In project areas, only 8.8% had used an NSDP static clinic in the three months preceding interview. The percentage was even lower for government (2.8%), private (0.6%), or other types of hospitals/clinics (1.1%).

There were slight differences in the use of NSDP clinics by background characteristics. In project areas, women were more likely to have visited one if they had some secondary education, were 25-29 years old, were in the medium asset quintiles or had two living children. In contrast, women were more likely to have visited a public sector clinic if they were less educated, 30-49 years old, in a lower asset quintile, or had three or more living children. Use of NSDP clinics was most common in city corporations (40.1%) and least so in district municipalities (25.2%), while use of public sector clinics was most common in district municipalities (24.7%) and least so in city corporations (9.2%). Only 1.6% of women in non-project areas had ever gone to an NSDP clinic. Government clinics were most widely utilized in non-project areas (39.9%). Between the 2003 and 2005 surveys, the use of NSDP clinics in project areas increased noticeably (from 22.9% in 2003).

9.11 Use of ESP at Hospitals/Clinics

Table 9.12 presents the percentage of women who used ESP services in the most recent visit to a hospital/static clinic in the three months preceding interview. In NSDP project areas, the most popular services at NSDP static clinics were related to child health (5.1%, including 2.3% for EPI and 1.6% for vitamin A) and family planning (5.0%, including 3.8% for clinical methods and 1.1% for non clinical methods). The next most popular services were maternal health services, at 2.5% (such as ANC, 1.5%, and TT vaccinations, 1.6%). Women also visited NSDP clinics more often for general curative care (2.4%). Government or private hospitals/clinics were also widely used for child health and general curative care related services. However, other hospitals/clinics were more frequently used for child health related services. There were no obvious differences between project and non-project areas in the pattern of relative use of various services from NSDP clinics. Between the 2003 and 2005 surveys, use of NSDP clinics in the project areas in the preceding three months increased slightly for family planning services (from 4.1% to 5.0%) but decreased marginally for child health related services (from 6.5% to 5.1%).

Table 9.11 Use of hospitals/clinics

Percentage of women who have ever used a hospital/clinic and who used a hospital/clinic in the last three months, by type of hospital/clinic used, project areas and non-project areas, 2005.

	NSDP NGO		Public sector		Private		Other		Number
	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	
Age									
15-19	31.4	14.3	14.7	2.8	1.8	0.7	5.0	1.7	580
20-24	37.4	11.8	15.3	3.3	3.1	0.5	4.3	1.5	1,151
25-29	42.2	11.7	13.6	2.6	2.6	0.7	3.6	1.5	1,065
30-34	32.5	7.9	18.1	3.2	4.1	1.0	4.2	0.9	1,002
35-49	26.0	4.7	19.3	2.4	3.3	0.4	3.5	0.7	2,099
Highest educational level									
No education	27.1	6.2	20.8	3.0	2.4	0.3	3.9	1.1	1,803
Some primary	34.0	9.9	19.6	3.0	2.1	0.5	3.2	0.6	793
Primary complete	35.6	8.1	16.8	2.9	2.6	0.6	4.2	1.5	599
Secondary incomplete	37.9	11.7	13.8	2.6	3.4	0.7	3.5	0.6	1,441
Secondary complete or higher	32.6	9.0	13.0	2.7	4.7	1.0	4.7	1.7	1,288
Household asset quintile									
Poorest	28.6	7.7	22.5	3.4	1.8	0.2	3.5	1.0	1,150
2	32.3	8.8	17.9	3.5	1.2	0.4	3.0	0.9	1,208
3	36.2	9.8	16.9	2.6	2.5	0.4	3.9	1.4	1,218
4	35.3	9.5	14.3	2.6	3.6	1.2	4.2	0.9	1,190
Richest	31.0	8.4	12.7	2.1	6.5	0.9	5.0	1.3	1,158
Number of living children									
0	24.5	8.5	10.1	2.0	3.8	1.0	3.2	1.5	679
1	35.4	11.2	15.3	2.7	2.8	0.9	3.8	1.1	1,393
2	37.1	10.0	15.7	2.8	2.9	0.3	3.9	0.7	1,645
3	32.8	7.8	19.1	2.9	3.4	0.8	4.2	1.6	1,104
4+	27.7	5.4	22.3	3.4	3.2	0.3	4.2	1.0	1,102
Domain									
City corporations	40.1	12.6	9.2	1.3	3.9	0.9	6.4	2.1	2,872
District municipalities	25.2	5.3	24.7	4.2	2.3	0.3	1.0	0.1	2,608
Thana municipalities	29.5	5.2	20.6	4.2	3.2	0.9	5.2	0.9	443
Project areas	32.7	8.8	16.8	2.8	3.1	0.6	3.9	1.1	5,923
Non-project areas	1.6	0.6	39.9	7.6	12.8	3.3	15.7	5.4	4,343

Table 9.12 ESP services used at hospitals/clinics in last three months

Percentage of all women who used a specific service at hospitals/clinics in the last three months according to service type, project and non-project areas, 2005.

	Project areas				Non-project areas			
	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other
Family planning	5.0	2.0	0.6	4.2	15.0	1.4	1.0	7.7
Clinical methods	3.8	1.2	0.2	2.5	9.3	1.0	1.0	6.2
Non-clinical methods	1.1	0.8	0.2	1.2	4.0	0.3	0.0	1.3
Advise for side effects	0.2	0.0	0.2	0.5	1.7	0.1	0.0	0.3
Maternal health	2.5	0.9	1.0	4.4	2.7	1.1	1.5	5.8
Antenatal care	1.5	0.8	1.0	2.4	1.0	0.6	1.4	4.2
Postnatal care	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.8
Tetanus	1.6	0.4	0.0	3.0	2.7	0.4	0.0	2.6
Child health	5.1	4.3	3.3	12.6	10.3	5.1	7.3	8.8
EPI	2.3	1.2	0.5	2.0	4.5	0.7	1.5	3.7
Diarrhea treatment	0.1	0.2	0.3	0.3	0.0	0.4	0.1	0.5
ARI treatment	0.1	0.4	0.0	0.0	0.0	0.3	0.1	0.9
Vitamin A	1.6	0.4	0.0	0.8	2.5	0.3	0.0	0.8
General illnesses	1.3	2.3	1.8	9.2	3.4	3.6	5.1	2.8
Other child care	0.1	0.1	0.8	0.4	0.0	0.2	0.7	0.8
Other reproductive health	0.2	0.2	0.8	0.0	0.0	0.3	0.4	0.5
Treatment of RTI/STD	0.2	0.2	0.8	0.0	0.0	0.3	0.4	0.5
General health	2.4	3.8	4.2	2.0	1.0	6.4	9.3	2.6
Other	0.4	1.2	3.6	0.3	0.0	0.4	1.7	1.9
Number	3,735	1,467	289	309	103	2,425	742	955

9.12 Assessment of Quality of Care at Hospitals/Clinics

Women who had used a hospital/clinic in the past three months were asked a series of questions regarding the quality of their care, payment for services and travel and waiting times. Table 9.13 presents this information for project and non-project areas. In the former, almost all users of NSDP clinics (98.2%) reported that staff spent enough time with them during their last visit, 92.7% felt that they talked to them nicely, and 97.8% reported that staff provided sufficient attention to their needs. Average travel time to an NDSP clinic was 17 minutes, while the average waiting time was 22 minutes. Around 78.3% reported that they paid for services obtained during their last visit, and in most cases, they paid the exact amount charged (76%). There was little variation in the perception of quality of treatment among users of NSDP clinics, government hospital/clinics, private clinics, and other clinics. Only a small percentage of users of government hospitals/clinics paid for services. Users of government hospitals/clinics had longer travel times. There was little difference in the perception of the quality of care between the NSDP project and the non-project areas. Mean travel time to NSDP clinics increased from 13.1 minutes in 2003.

Table 9.13 Quality of hospitals/clinics

Women perceptions of quality of treatment at hospitals/clinics during the most recent visit in the three months preceding the survey, project and non-project areas, Bangladesh 2005.

	Project areas				Non-project areas			
	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other
Spent enough time								
Yes	98.2	93.6	100.0	94.3	100.0	96.9	99.4	98.1
No	1.8	6.4	0.0	5.7	0.0	3.1	0.6	1.9
Talked to her nicely								
Nicely	92.7	84.1	95.2	92.1	100.0	85.7	97.1	96.1
Somewhat	6.4	14.4	4.8	7.9	0.0	12.8	2.9	2.9
Not nicely	0.9	1.4	0.0	0.0	0.0	1.5	0.0	1.1
Gave enough attention to her								
Yes	97.8	93.1	97.5	100.0	100.0	96.8	98.9	97.8
No	2.2	6.9	2.5	0.0	0.0	3.2	1.1	2.2
How long to get there - minutes								
Mean (minutes)	17.0	31.1	20.0	15.4	17.1	36.5	15.9	13.4
Waiting time - minutes								
Mean (minutes)	22.0	40.5	49.1	33.7	20.0	42.7	26.7	32.0
Paid for services								
Yes	78.3	52.2	87.8	86.7	75.7	59.0	92.0	79.9
No	21.7	47.8	12.2	13.3	24.3	41.0	8.0	20.1
Paid the full amount								
Same amount	76.0	50.9	76.4	83.2	75.7	57.8	87.5	78.9
More	0.8	0.5	0.0	0.0	0.0	0.1	0.0	0.0
Less	1.6	.8	11.4	3.5	.0	1.1	4.5	1.1
Number	523	167	37	66	26	330	145	236

9.13 Source of Health Information and Services in the Areas

Table 9.14 shows the percentage of women able to obtain health information and/or supplies of pills, condoms, ORS, or vitamin A from someone affiliated with an organization in their area. In project areas, only 19.7% were able to get such information and supplies (such as, pill, condoms, ORS or vitamin A capsule) from someone. Of those, 47.5% mentioned they could get these from government family planning or health workers. "Other category" workers (including mostly municipality/ pourashava workers) were the second most commonly mentioned sources of information/supply (20.5%), followed by BRAC/other NGO workers (17.6%). Only 10.9% mentioned an NSDP worker. This is not necessarily surprising, given that the NSDP does not have any fieldworkers in urban areas other than those working for satellite clinics and depotholders. There were noticeable differences in source of information and services by background characteristics. Women were more likely to receive health information and family planning supplies from a community worker if they were in the lowest three asset quintiles or lived in a Thana municipality.

In non-project areas, about 13.6% of respondents were able to receive health information and/or supplies from a local community worker. As in NSDP areas, the most frequently mentioned source was government family planning or health workers (50.3%). A small group (4.3%) mentioned NSDP workers as their source in non-project areas. In project areas, considerably fewer were able to get information and supplies (such as pill, condoms, ORS, or vitamin A capsule) from someone in 2005 (19.7%) than in 2003 (25.9%).

9.14 Health and Family Planning Information Received in the Past Three Months

Table 9.15 presents the distribution of those women receiving specific information about health or family planning services from a provider in the three months preceding interview. In project areas, the most common type of information conveyed by an NSDP depotholder was related to family planning (25.5%). Family planning related information was also the most commonly received information from other types of providers in project areas. Essentially the same pattern emerged in non-project areas.

Table 9.14 Source of health information and services

Percentage of all women who report being able to get health information or supplies of pills, condoms, ORS or vitamin A from someone affiliated with an organization in their area, by project areas and non-project areas, 2005.

	Anybody with information on health, pill supplies etc.		Organization						
	Could get information	Number	NSDP depotholder	Government family planning worker	Government health worker	BRAC/Other NGO Worker	Other	DK/ missing	Number
				Project areas					
Household asset quintile									
Poorest	23.2	1,150	16.0	41.8	2.8	13.4	23.0	3.9	267
2	22.2	1,208	11.4	38.3	4.3	14.8	26.2	6.7	269
3	23.4	1,218	10.8	39.3	3.8	25.7	17.4	3.0	285
4	17.9	1,190	6.3	48.1	2.8	19.0	22.0	2.3	213
Richest	11.4	1,158	6.8	64.8	3.0	12.4	8.3	5.4	131
Domain									
City corporations	11.8	2,872	7.7	58.7	1.3	11.2	17.1	4.5	337
District municipalities	25.7	2,608	9.4	38.6	4.2	20.5	23.4	4.7	671
Thana municipalities	35.4	443	23.7	36.5	4.4	19.4	15.4	1.7	157
Total	19.7	5,923	10.9	44.1	3.4	17.6	20.5	4.2	1,165
				Non-project areas					
Household asset quintile									
Poorest	16.0	788	3.5	57.0	4.8	25.2	11.2	0.6	126
2	18.5	804	3.1	52.1	3.6	26.5	12.7	2.0	149
3	18.1	830	4.8	44.9	5.8	29.7	12.0	3.2	151
4	12.5	905	7.1	33.0	8.6	33.1	18.7	0.2	113
Richest	5.1	1,016	2.4	20.5	3.5	38.8	26.5	8.4	52
Total	13.6	4,343	4.3	44.9	5.4	29.4	14.6	2.2	590

Table 9.15 Health and family planning information received in the past three months

Percentage of women who mentioned receiving specific information about health and family planning from a provider in the past three months by provider type, project and non-project areas, 2005.

Information received	Organization				DK/missing
	NSDP Depotholders	Government FP/health worker	NGO worker	Other	
		Project areas			
Family planning/side effect	25.5	18.3	21.2	8.2	9.4
Maternal health	2.6	0.8	0.6	3.4	0.0
Child health	1.4	0.9	0.2	0.5	0.0
Diarrhea treatment/ORS	0.7	0.5	0.2	0.0	0.0
ARI treatment	0.0	0.0	0.0	0.0	0.0
Vitamin A	0.4	0.3	0.2	0.0	0.0
Illness	1.4	0.2	0.2	0.0	0.0
Other child care	1.3	0.0	0.1	0.0	0.0
RTI/STD treatment	0.3	0.0	0.0	0.0	0.0
General health	4.8	1.1	0.3	0.8	0.0
Other	1.0	0.3	0.2	0.0	0.0
Number	243	602	249	31	49
		Non-project areas			
Family planning/side effect	22.2	25.7	17.6	25.4	44.1
Maternal health	2.9	1.3	1.9	4.9	0.7
Child health	2.9	0.8	0.7	0.0	0.0
Diarrhea treatment/ORS	0.4	0.0	0.2	0.0	0.0
ARI treatment	0.0	0.0	0.1	0.0	0.0
Vitamin A	0.0	0.6	0.1	0.0	0.0
Illness	0.0	0.0	0.2	0.0	19.5
Other child care	0.0	0.0	0.5	0.0	0.0
RTI/STD treatment	0.0	0.3	0.0	0.0	0.0
General health	6.6	1.6	1.4	0.0	0.0
Other	0.0	0.7	0.0	0.0	0.0
Number	48	316	204	13	13

Note: Numerator is the number of women who report receiving information on specific services; denominator is the number of women who report knowing of a specific provider who supplies health and family planning information.

9.15 Health and Family Planning Services Received in the Past Three Months

Table 9.16 presents the distribution of those women receiving health or family planning services and supplies in the past three months (by provider type). About 20.3% of respondents received services from an NSDP depotholder (against 19.4% for government family planning/health workers, 23.8% for NGO workers, and 20.1% for other workers). On the other hand, in non-project areas 24.8% received services from NSDP depotholders (against 25% for government family planning/health workers, 12.3% for NGO workers, and 11.1% for other workers). In project areas, family planning related supplies (specifically, oral contraceptive pills) were the most commonly received materials from any type of provider. This held true in non-project areas as well.

Table 9.16 Health and family planning services received in the past three months

Percentage of women who received specific health and family planning services in the past three months and type of service received, project and non-project areas, 2005.

	Organization				
Information received	NSDP Depotholder	Government FP/health worker	NGO worker	Other	DK/missing
		Project areas			
Received FP/health services last 3 months					
Yes	20.3	19.4	23.8	20.1	9.9
Number	243	602	249	31	49
What services were received					
Oral pill	45.2	63.6	70.2	66.8	48.7
Condom	4.0	26.2	4.6	2.4	51.3
Other family planning method	33.0	5.2	14.5	26.8	0.0
ORS	4.0	1.1	2.7	0.0	0.0
Vitamin A	0.5	2.3	0.2	0.0	0.0
Child health	0.0	0.0	1.8	0.0	0.0
Other	13.8	4.1	6.0	3.9	0.0
Number	49	117	59	6	5
		Non-project areas			
Received FP/health services last 3 months					
Yes	24.8	25.0	12.3	11.1	25.3
Number	48	316	204	13	13
What services were received					
Oral pill	75.5	83.1	55.2	0.0	80.1
Condom	0.0	13.4	23.7	0.0	19.9
Other family planning method	24.5	4.7	3.6	40.8	0.0
ORS	0.0	0.0	0.2	59.2	0.0
Vitamin A	0.0	0.7	0.7	0.0	0.0
Child health	0.0	0.0	0.7	59.2	.00
Other	0.0	1.4	16.3	0.0	0.0
Number	12	79	25	1	3

Note: **Received any supplies**: Numerator is the number of women who report receiving any family planning or health services from a specific provider; denominator is the number of women who report knowing of a specific provider who supplies health and family planning information.

Supplies received: Numerator is the number of women who report receiving a specific type of family planning or health services from a specific provider; denominator is the number of women who report receiving supplies from a specific provider.

9.16 Referral to Health and Family Planning Services in the Past Three Months

Tables 9.17A and 9.17B present the percentage of women referred to a satellite or static clinic for health or family planning services in the past three months (by provider type). In project areas, 8.1% were referred to a satellite or static clinic for health and family planning services by NSDP depotholders, 2.1% by government health and family planning workers, 2.8% by NGO workers, and 3.6% by other workers. NSDP depotholders referred more cases than any other type of workers in non-project areas as well.

In project areas, NSDP depotholders referred 39.9% for clinical family planning methods and 22.7% for general curative care related services in the three months preceding interview. Referrals for these services from non-NSDP providers were common as well. Referrals for antenatal care and tetanus toxoid were also common, but only from non-NSDP providers. Similar patterns were observed in non-project areas.

Table 9.17A Referral to health and family planning services in the past three months

Percentage of women who were referred for specific health and family planning services in the past three months by provider type, project and non-project areas, 2005.

	Organization				
	NSDP Depotholder	Government FP/health worker	NGO worker	Other	DK/ missing
	Project areas				
Referred to a satellite or static clinic					
Yes	8.1	2.1	2.8	3.6	4.7
Number	243	602	249	31	49
Referred for what services					
Clinical FP method	39.9	43.5	18.7	42.9	0.0
Non-clinical FP method	2.4	0.0	12.2	0.0	0.0
Treatment/advice for side-effect	5.5	0.0	0.0	35.7	0.0
Antenatal care	6.2	22.9	13.4	21.4	0.0
Postnatal care	0.0	0.0	0.9	0.0	0.0
Tetanus toxoid	3.4	20.4	8.8	21.4	0.0
EPI	9.8	0.7	0.0	0.0	0.0
Diarrhea treatment/ORS	0.0	16.0	0.0	0.0	0.0
ARI treatment	0.0	0.0	0.0	0.0	0.0
Vitamin A	6.7	3.2	8.7	0.0	0.0
Illness	0.0	2.5	7.6	0.0	0.0
Other child care	3.4	0.0	0.0	0.0	0.0
RTI/STD treatment	0.0	1.5	0.0	0.0	0.0
General health	22.7	13.0	27.8	21.4	100.0
Other	3.4	0.0	11.6	0.0	0.0
Number	20	13	7	1	2
Visited home in last 3 months					
Yes	26.7	15.9	21.1	5.8	9.4
Number	243	602	249	31	49

Numerator is the number of women who were referred to any static or satellite clinic for family planning or health services from a specific provider; denominator is the number of women who report knowing of a specific provider who supplies health and family planning information.

Table 9.17B Referral to health and family planning services in the past three months

Percentage of women who were referred for specific health and family planning services in the past three months by provider type, project and non-project areas, 2005.

	Organization				
	NSDP depotholder	Government FP/health worker	NGO worker	Other	DK/ missing
	Non-project areas				
Referred to a satellite or static clinic					
Yes	24.0	2.6	6.2	11.7	.0
Number	48	316	204	13	13
Referred for what services					
Clinical FP method	31.0	41.8	45.3	0.0	.
Non-clinical FP method	9.2	0.0	28.8	57.9	.
Treatment/advice for side-effect	0.0	0.0	0.0	0.0	.
Antenatal care	22.4	0.0	12.5	0.0	.
Postnatal care	0.0	0.0	0.0	0.0	.
Tetanus toxoid	11.5	1.1	5.2	42.1	.
EPI	0.0	12.8	0.5	0.0	.
Diarrhea treatment/ORS	0.0	0.0	0.5	0.0	.
ARI treatment	0.0	5.5	1.9	0.0	.
Vitamin A	0.0	5.1	1.4	0.0	.
Illness	0.0	0.0	0.5	0.0	.
Other child care	0.0	0.0	0.0	0.0	.
RTI/STD treatment	0.0	0.0	0.0	0.0	.
General health	25.9	33.8	5.9	0.0	.
Other	0.0	1.3	0.0	0.0	.
Number	12	8	13	2	
Visited home in last 3 months					
Yes	17.8	28.0	20.8	16.2	44.8
Number	48	316	204	13	13

Numerator is the number of women who were referred to any static or satellite clinic for family planning or health services from a specific provider; denominator is the number of women who report knowing of a specific provider who supplies health and family planning information.

In project areas, home visits in the last three months by NSDP depotholders had the widest reach (26.7%), followed by other NGO workers (21.1%), government health and family planning workers (15.9%), and others (5.8%). In non-project areas, government health and family workers had the widest reach (28%), followed by NGO workers (20.8%). Almost 17.8% in non-NSDP areas were visited by NSDP depotholders. The proportion of women visited at home for specific health and family planning related services by providers in the last three months preceding the survey decreased from 2003 levels in both NSDP project and non-project areas.

9.17 Attendance at Community Meetings

Table 9.18 shows the percentage of women who attended a meeting organized by a community mobilizer/service promoter. Only a small proportion of respondents (2.8%) in NSDP project areas reported attending a meeting organized by a community mobilizer/service promoter.

Table 9.18 Attendance at community meetings

Percentage of women who attended a meeting by a community mobilizer/service promoter by NSDP area, 2005.

	Project areas			
	City corporations	District municipalities	Thana municipalities	Total
Attended a meeting by a community mobilizer				
Yes	3.3	2.0	3.3	2.8
No	96.5	98.0	96.7	97.2
What was the meeting about				
Newlywed meeting	0.4	0.0	0.5	0.3
Pregnancy care	1.1	0.5	1.4	0.9
Family planning	1.6	1.2	0.8	1.4
Child health	1.7	1.2	2.1	1.5
HIV/AIDS/STD	0.4	0.2	0.4	0.3
Nutrition	1.0	0.6	0.2	0.7
Other	0.4	0.2	1.0	0.4
When was last meeting				
Months (mean)	6.8	12.8	10.7	9.1
Number	2,872	2,608	443	5,923

Note: Percentages for "What was the meeting about" are for all women, not just those who attended a meeting.

APPENDIX A. SAMPLING ERRORS

Table A.1 Sampling errors, urban NSDP areas, 2005

Variable	Value (R)	Standard Error (SE)	Number of cases		Design Effect (DEFT)	Relative Error (SE/R)	Confidence Limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Total fertility rate (TFR)	2.212	0.077	--	--	--	0.035	2.05	2.366
Mortality rates								
Neonatal	30.529	3.590	--	--	--	0.118	23.350	37.709
Infant	40.788	3.720	--	--	--	0.091	33.348	48.227
Child	11.407	2.181	--	--	--	0.191	7.046	15.769
Under 5	51.730	4.388	--	--	--	0.085	42.954	60.506
Post neonatal	10.259	2.169	--	--	--	0.211	5.920	14.597
Currently using method	0.671	0.010	5470	5472	1.569	0.015	0.651	0.691
Currently using modern method	0.569	0.010	5470	5472	1.466	0.017	0.549	0.588
Currently using pills	0.282	0.010	5470	5472	1.642	0.035	0.262	0.302
Currently using IUD	0.006	0.001	5470	5472	1.251	0.215	0.003	0.009
Currently using injections	0.094	0.006	5470	5472	1.607	0.068	0.081	0.106
Currently using condom	0.126	0.009	5470	5472	2.051	0.073	0.107	0.144
Currently using female sterilization	0.045	0.005	5470	5472	1.948	0.121	0.034	0.056
Currently using male sterilization	0.004	0.001	5470	5472	1.268	0.273	0.002	0.006
Currently using norplant	0.012	0.002	5470	5472	1.435	0.175	0.008	0.016
Currently using any traditional	0.098	0.005	5470	5472	1.355	0.056	0.087	0.109
Currently using not using	0.329	0.010	5470	5472	1.569	0.030	0.309	0.349
Currently using modern 10-14	0.482	0.123	23	26	1.193	0.254	0.237	0.727
Currently using modern 15-19	0.513	0.021	576	562	1.053	0.042	0.470	0.556
BCG 12-23 months	0.968	0.008	587	565	1.094	0.008	0.952	0.984
DPT3 12-23 months	0.910	0.016	587	565	1.364	0.018	0.878	0.942
Polio3 12-23 months	0.908	0.013	587	565	1.180	0.014	0.903	0.953
Measles 12-23 months	0.861	0.019	587	565	1.324	0.022	0.823	0.899
Full Vaccination	0.838	0.019	587	565	1.314	0.022	0.821	0.896
Vitamin A 9 -59 months	0.629	0.030	2061	1996	2.838	0.048	0.569	0.689
Children ORT for diarrhea	0.791	0.046	222	206	1.734	0.058	0.698	0.883
Children laban gur treatment	0.125	0.029	222	206	1.324	0.229	0.068	0.182
Children ARI treatment in facility	0.543	0.043	183	181	1.231	0.099	0.346	0.517
ANC received for birth last 12 months	0.837	0.023	566	552	1.497	0.028	0.790	0.883
ANC received for birth last 35 months	0.822	0.019	1644	1579	2.050	0.024	0.783	0.861
TT received for birth last 12 months	0.878	0.018	566	552	1.332	0.021	0.842	0.915
TT received for birth last 35 months	0.891	0.011	1644	1579	1.425	0.012	0.869	0.913
ANC medically trained last 35 months	0.801	0.019	1643	1578	1.976	0.024	0.762	0.840

Table A.1 Sampling errors, urban NSDP areas, 2005 (continued)

Variable	Value (R)	Standard Error (SE)	Number of cases		Design Effect (DEFT)	Relative Error (SE/R)	Confidence Limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Knowledge of static clinic services								
Knows clinical FP	0.608	0.016	3540	3735	2.056	0.027	0.575	0.641
Knows non-clinical FP	0.492	0.016	3540	3735	2.014	0.034	0.459	0.525
Knows advice for side effects	0.015	0.003	3540	3735	1.603	0.212	0.009	0.021
Knows ANC	0.779	0.014	3540	3735	1.992	0.017	0.752	0.806
Knows PNC	0.199	0.017	3540	3735	2.537	0.083	0.166	0.232
Knows EPI	0.793	0.013	3540	3735	1.984	0.017	0.767	0.820
Knows ORS	0.037	0.005	3540	3735	1.769	0.147	0.026	0.048
Knowledge of satellite clinic services								
Knows clinical FP	0.460	0.030	1899	1925	2.724	0.065	0.400	0.520
Knows non-clinical FP	0.423	0.029	1899	1925	2.655	0.068	0.366	0.481
Knows advice for side effects	0.009	0.003	1899	1925	1.264	0.288	0.004	0.015
Knows ANC	0.528	0.030	1899	1925	2.750	0.057	0.467	0.588
Knows PNC	0.070	0.015	1899	1925	2.656	0.213	0.040	0.099
Knows EPI	0.860	0.033	1899	1925	4.316	0.038	0.794	0.926
Knows ORS	0.009	0.003	1899	1925	1.413	0.318	0.003	0.015
Knows next DPT shot	0.629	0.065	131	124	1.565	0.103	0.500	0.758
Knows next Polio shot	0.642	0.065	131	124	1.587	0.101	0.512	0.773
Knows both next DPT and Polio	0.629	0.065	131	124	1.562	0.103	0.500	0.758
Knowledge of preg. complications								
Tetanus	0.668	0.016	5923	5923	2.549	0.023	0.637	0.699
Prolonged labor	0.134	0.007	5923	5923	1.638	0.054	0.120	0.149
Convulsions	0.439	0.015	5923	5923	2.339	0.034	0.409	0.469
Retained placenta	0.343	0.016	5923	5923	2.600	0.047	0.311	0.375
Fetus in poor position	0.348	0.013	5923	5923	2.043	0.036	0.323	0.374
Excessive vaginal bleeding	0.338	0.012	5923	5923	1.890	0.034	0.314	0.361
Don't know danger signs	0.027	0.003	5923	5923	1.483	0.113	0.022	0.035
Know recommended TT vaccinations	0.564	0.027	566	552	1.287	0.047	0.511	0.617
Exclusive breastfeeding								
0-1 months	0.622	0.082	66	58	1.341	0.130	0.468	0.798
2-3 months	0.361	0.057	80	83	1.119	0.156	0.252	0.481
4-5 months	0.197	0.060	78	71	1.255	0.286	0.089	0.329
6-7 months	0.009	0.009	115	110	1.045	1.003	-0.009	0.028
8-9 months	0.000	0.000	92	97	0.000	--	0.000	0.000
10-11 months	0.000	0.000	114	118	0.000	--	0.000	0.000
DPT dropout rate	0.055	0.014	568	544	1.442	0.250	0.028	0.083
Polio dropout rate	0.041	0.009	570	547	1.090	0.220	0.023	0.058

Table A.2 Sampling errors, urban non-NSDP areas, 2005

Variable	Value (R)	Standard Error (SE)	Number of cases		Design Effect (DEFT)	Relative Error (SE/R)	Confidence Limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Total fertility rate (TFR)	2.158	0.091	--	--	--	0.042	1.976	2.340
Mortality rates								
Neonatal	31.655	4.945	--	--	--	0.156	21.764	41.546
Infant	49.163	5.943	--	--	--	0.121	37.277	61.048
Child	11.031	2.533	--	--	--	0.230	5.966	16.096
Under 5	59.651	6.944	--	--	--	0.116	45.764	73.539
Post neonatal	17.508	3.889	--	--	--	0.222	9.731	25.286
Currently using method	0.673	0.010	3994	3957	1.340	0.015	0.653	0.693
Currently using modern method	0.568	0.010	3994	3957	1.255	0.017	0.548	0.588
Currently using pills	0.278	0.012	3994	3957	1.718	0.044	0.253	0.302
Currently using IUD	0.009	0.002	3994	3957	1.662	0.281	0.004	0.014
Currently using injections	0.081	0.008	3994	3957	1.730	0.093	0.066	0.096
Currently using condom	0.131	0.011	3994	3957	2.066	0.084	0.109	0.154
Currently using female sterilization	0.054	0.006	3994	3957	1.691	0.112	0.042	0.066
Currently using male sterilization	0.006	0.002	3994	3957	1.435	0.300	0.002	0.009
Currently using norplant	0.010	0.002	3994	3957	1.345	0.218	0.005	0.014
Currently using any traditional	0.100	0.006	3994	3957	1.306	0.062	0.088	0.113
Currently using not using	0.327	0.010	3994	3957	1.340	0.031	0.307	0.347
Currently using modern 10-14	0.542	0.129	20	21	1.129	0.239	0.283	0.801
Currently using modern 15-19	0.481	0.029	405	355	1.145	0.061	0.422	0.540
BCG 12-23 months	0.977	0.012	413	382	1.585	0.012	0.952	1.001
DPT3 12-23 months	0.910	0.020	413	382	1.361	0.021	0.871	0.949
Polio3 12-23 months	0.907	0.018	413	382	1.447	0.020	0.896	0.969
Measles 12-23 months	0.847	0.023	413	382	1.297	0.028	0.801	0.894
Full Vaccination	0.821	0.023	413	382	1.286	0.028	0.797	0.891
Vitamin A 9-59 months	0.563	0.037	1486	1414	2.825	0.065	0.490	0.636
Children ORT for diarrhea	0.746	0.060	127	102	1.486	0.081	0.626	0.866
Children laban gur treatment	0.152	0.043	127	102	1.300	0.285	0.065	0.239
Children ARI treatment in facility	0.527	0.080	124	87	1.732	0.189	0.265	0.586
ANC received for birth last 12 months	0.849	0.024	402	366	1.334	0.029	0.800	0.898
ANC received for birth last 35 months	0.842	0.020	1189	1091	1.839	0.024	0.802	0.882
TT received for birth last 12 months	0.841	0.026	402	366	1.385	0.031	0.789	0.893
TT received for birth last 35 months	0.878	0.016	1189	1091	1.680	0.019	0.845	0.911
ANC medically trained last 35 months	0.813	0.023	1188	1091	2.003	0.029	0.766	0.859
Knows next DPT shot	0.734	0.065	86	80	1.375	0.088	0.605	0.864
Knows next Polio shot	0.728	0.064	88	82	1.355	0.087	0.600	0.855
Knows both next DPT and Polio	0.734	0.065	86	80	1.373	0.088	0.605	0.864

Table A.2 Sampling errors, urban non-NSDP areas, 2005 (continued)

Variable	Value (R)	Standard Error (SE)	Number of cases		Design Effect (DEFT)	Relative Error (SE/R)	Confidence Limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Knowledge of preg. complications								
Tetanus	0.655	0.017	4343	4343	2.425	0.027	0.620	0.690
Prolonged labor	0.123	0.009	4343	4343	1.795	0.073	0.105	0.141
Convulsions	0.458	0.015	4343	4343	1.990	0.033	0.428	0.488
Retained placenta	0.263	0.014	4343	4343	2.121	0.054	0.235	0.292
Fetus in poor position	0.292	0.017	4343	4343	2.407	0.057	0.259	0.325
Excessive vaginal bleeding	0.294	0.011	4343	4343	1.655	0.039	0.271	0.317
Don't know danger signs	0.044	0.005	4343	4343	1.566	0.105	0.038	0.059
Know recommended TT vaccinations	0.519	0.037	402	366	1.428	0.070	0.446	0.592
Exclusive breastfeeding								
0-1 months	0.599	0.106	41	33	1.300	0.177	0.387	0.812
2-3 months	0.221	0.080	53	39	1.252	0.362	0.061	0.383
4-5 months	0.138	0.060	74	74	1.550	0.431	0.019	0.258
6-7 months	0.000	0.000	67	54	0.000	--	0.000	0.000
8-9 months	0.000	0.000	77	75	0.000	--	0.000	0.000
10-11 months	0.000	0.000	66	71	0.000	--	0.000	0.000
DPT dropout rate	0.058	0.016	402	369	1.378	0.282	0.025	0.091
Polio dropout rate	0.047	0.016	407	374	1.483	0.337	0.015	0.078

APPENDIX B. ANTENATAL CARE RESULTS FOR BIRTHS IN THE PAST YEAR

Table B.1A Antenatal care from medically trained personnel, NSDP areas (last one year)

Percent distribution of last births in the one year preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, NSDP project areas, 2005 .

Background characteristics	Received any ANC	Medically Trained		Non-Medically Trained			Other	No one	Missing	Total	Number
		Qualified doctor	Nurse, midwife or paramedic	HA or FWA	Trained birth attendants	Unqualified doctor					
Mother's age at birth											
10-14	52.6	0.0	52.6	0.0	0.0	0.0	0.0	47.4	0.0	100.0	4
15-19	79.3	48.7	28.0	1.9	0.0	0.0	0.8	20.7	0.0	100.0	128
20-34	87.3	65.9	20.3	0.4	0.2	0.0	0.4	12.6	0.2	100.0	387
35-49	61.4	32.9	23.8	4.8	0.0	0.0	0.0	38.6	0.0	100.0	32
Birth order											
1	88.1	65.7	21.3	0.7	0.0	0.0	0.5	11.9	0.0	100.0	210
2-3	83.7	62.1	19.6	1.1	0.3	0.0	0.6	16.0	0.2	100.0	260
4-5	73.5	36.8	34.8	1.8	0.0	0.0	0.0	26.5	0.0	100.0	66
6+	65.2	26.9	38.4	0.0	0.0	0.0	0.0	34.8	0.0	100.0	15
Domains											
City corporations	88.5	62.8	24.9	0.6	0.3	0.0	0.0	11.3	0.2	100.0	265
District municipalities	83.0	60.1	20.5	1.3	0.0	0.0	1.1	17.0	0.0	100.0	238
Thana municipalities	60.4	38.2	20.2	2.0	0.0	0.0	0.1	39.6	0.0	100.0	48
Highest educational level											
No education	63.4	30.9	29.1	2.7	0.7	0.0	0.0	36.6	0.0	100.0	114
Some primary	77.7	41.5	33.2	1.1	0.0	0.0	1.9	22.3	0.0	100.0	95
Primary complete	81.4	39.7	41.4	0.2	0.0	0.0	0.0	17.8	0.8	100.0	71
Secondary incomplete	91.7	73.8	16.5	1.0	0.0	0.0	0.5	8.3	0.0	100.0	139
Secondary complete or higher	98.2	92.7	5.5	0.0	0.0	0.0	0.0	1.8	0.0	100.0	132
Household asset quintile											
Poorest	61.8	24.7	34.1	1.9	0.6	0.0	0.5	37.8	0.4	100.0	150
2	82.8	48.4	32.4	0.3	0.0	0.0	1.6	17.2	0.0	100.0	108
3	91.8	64.6	24.8	2.4	0.0	0.0	0.0	8.2	0.0	100.0	102
4	95.3	87.2	8.1	0.0	0.0	0.0	0.0	4.7	0.0	100.0	104
Richest	98.9	93.8	5.2	0.0	0.0	0.0	0.0	1.1	0.0	100.0	88
Total	83.7	59.5	22.6	1.0	0.2	0.0	0.5	16.2	0.1	100.0	552

Table B.1B Antenatal care from medically trained personnel, non-NSDP areas (last one year)

Percent distribution of last births in the one year preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, Non-NSDP areas, 2005.

Background characteristics	Received any ANC	Medically Trained			Non-Medically Trained			Other	No one	Missing	Total	Number
		Qualified doctor	Nurse, midwife or paramedic	MA or SACMO	HA or FWA	Trained birth attendants	Unqualified doctor					
Mother's age at birth												
10-14	100.0	17.3	82.7	0.0	0.0	0.0	0.0	0.0	0.0	00	100.0	2
15-19	85.1	48.6	32.1	0.0	3.8	0.0	0.0	0.6	14.9	0.0	100.0	76
20-34	85.8	61.9	20.0	0.0	3.8	0.0	0.0	0.1	14.2	0.0	100.0	269
35-49	69.4	65.5	3.9	0.0	0.0	0.0	0.0	0.0	30.6	0.0	100.0	19
Birth order												
1	91.8	68.5	21.4	0.0	1.7	0.0	0.0	0.2	8.2	0.0	100.0	118
2-3	90.0	59.2	25.5	0.0	4.9	0.0	0.0	0.3	10.0	0.0	100.0	180
4-5	65.4	46.1	16.6	0.0	2.7	0.0	0.0	0.0	34.6	0.0	100.0	48
6+	46.0	33.6	7.1	0.0	5.3	0.0	0.0	0.0	54.0	0.0	100.0	20
Highest educational level												
No education	68.7	35.6	26.2	0.0	6.8	0.0	0.0	0.1	31.3	0.0	100.0	99
Some primary	84.5	42.7	38.4	0.0	3.4	0.0	0.0	0.0	15.5	0.0	100.0	47
Primary complete	84.6	45.0	29.2	0.0	9.6	0.0	0.0	0.8	15.4	0.0	100.0	45
Secondary incomplete	90.6	67.8	22.2	0.0	0.4	0.0	0.0	0.3	9.4	0.0	100.0	89
Secondary complete or higher	97.9	93.4	4.3	0.0	0.2	0.0	0.0	0.0	2.1	0.0	100.0	86
Household asset quintile												
Poorest	63.5	21.9	36.0	0.0	5.2	0.0	0.0	0.4	36.5	0.0	100.0	88
2	86.6	46.2	34.0	0.0	6.0	0.0	0.0	0.4	13.4	0.0	100.0	72
3	85.4	63.5	17.4	0.0	4.5	0.0	0.0	0.0	14.6	0.0	100.0	91
4	99.8	86.3	13.6	0.0	.0	0.0	0.0	0.0	0.2	0.0	100.0	63
Richest	100.0	99.6	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	100.0	51
Total	84.9	59.1	22.0	0.0	3.6	0.0	0.0	0.2	15.1	0.0	100.0	366

Table B.2A Number of antenatal care visits and stage of pregnancy, last one year

Percent distribution of women with live birth in the one year preceding the survey by number of antenatal care (ANC) visits during the last pregnancy by the stage of pregnancy at the time of the first visit, project and non-project areas, 2005.

Number and timing of ANC visits	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Number of ANC visits					
None	11.3	17.0	39.6	16.2	15.1
1	8.5	7.2	13.5	8.4	11.4
2	12.7	12.1	14.8	12.6	7.9
3	10.2	12.4	9.8	11.2	13.0
4+	57.1	51.2	22.4	51.5	52.6
DK/missing	02	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0
Median number of visits (for those with ANC)	4.4	3.7	2.3	3.9	3.8
Number of months pregnant at the time of the first ANC visits					
No ANC	11.3	17.0	39.6	16.2	15.1
<4 months	44.3	37.7	29.2	40.1	40.0
4-5 months	27.1	26.9	14.6	25.9	27.9
6-7 months	15.2	15.0	15.3	15.1	11.9
8+ months	1.7	3.4	1.4	2.4	5.1
DK/missing	0.2	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	3.2	3.6	3.5	3.4	3.4
Number	265	238	48	552	366

Table B.2B Use of antenatal care, urban NSDP and urban non-NSDP, last one year

Percent distribution of women with live birth in the one year preceding the survey by whether they had at least one antenatal care (ANC) visit during the last pregnancy by household asset quintile, project and non-project areas, 2005.

Household asset quintile	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Poorest	80.3	54.2	39.8	62.0	58.8
2	72.7	76.5	70.2	74.5	85.8
3	93.0	91.4	72.2	90.8	82.6
4	92.7	98.7	91.3	95.3	95.3
Richest	98.6	96.4	100.0	97.8	100.0
Total	88.5	83.0	60.4	83.7	84.9
Number	265	238	48	552	366

Table B.3 Source of antenatal care, last one year

Percent distribution of women with a live birth in the one year preceding the survey by whether they had at least one antenatal care (ANC) visit during the last pregnancy by source of care, project and non-project areas, 2005.

	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Total	
Received antenatal care					
Percentage received ANC	88.5	83.0	60.4	83.7	84.9
Women with at least one birth in the reference period	265	238	48	552	366
Place for antenatal checkup					
Home	2.3	1.8	12.4	2.7	1.0
Medical person at home	1.5	1.8	8.1	2.0	1.0
Non-medical person at home	0.8	0.0	4.3	0.7	0.0
Public sector	11.0	41.4	22.3	24.7	24.1
Hospital/medical college	5.5	10.4	8.3	7.8	10.0
Family welfare centre	0.0	1.1	1.5	0.6	1.4
Thana health complex	0.3	1.0	6.9	1.0	0.3
MCWC	4.1	27.6	3.5	14.1	10.2
Rural dispensary/comm. clinic	0.0	0.0	0.0	0.0	0.0
Satellite clinic/EPI outreach clinic	0.0	1.3	2.2	0.7	1.6
FWA	1.1	0.0	0.0	0.6	0.5
NSDP NGO	38.2	14.0	27.9	27.2	14.6
Static clinic	30.4	9.1	19.8	20.6	10.3
Satellite clinic	7.9	5.0	8.1	6.6	4.3
Other NGO	17.9	7.2	18.2	13.3	28.9
Hospital	9.1	1.1	9.6	5.7	8.7
NGO clinic	7.8	4.9	8.5	6.6	14.7
Satellite clinic	0.9	0.3	0.0	0.6	4.6
Fieldworker	0.0	0.9	0.0	0.4	0.8
Private medical sector	27.0	32.7	19.2	29.0	30.2
Private clinic/doctor	27.0	32.0	19.2	28.6	30.1
Traditional doctor	0.0	0.7	0.0	0.3	0.0
Pharmacy	0.0	0.0	0.0	0.0	0.1
Other	0.4	3.0	0.1	1.5	1.2
Total	100.0	100.0	100.0	100.0	100.0
Number	235	197	29	461	311

Table B.4 Source of antenatal care by asset quintile, last one year

Percent distribution of source of antenatal care for women having a live birth in the one year preceding the survey by asset quintile, project and non-project areas, 2005.

	Project areas						Non-project areas					
	Household asset quintile						Household asset quintile					
Place for antenatal checkup	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Home	4.5	5.0	2.9	1.0	0.0	2.7	0.7	0.4	3.3	0.0	0.0	1.0
Medical person at home	3.6	2.6	2.9	1.0	0.0	2.0	0.7	0.4	3.3	0.0	0.0	1.0
Non-medical person at home	0.9	2.5	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0
Public sector	25.1	37.5	29.0	21.2	10.5	24.7	28.0	25.0	25.4	26.9	13.3	24.1
Hospital/medical college	4.2	8.8	10.9	7.4	7.6	7.8	9.1	13.9	8.2	15.5	2.4	10.0
Family welfare center	1.3	0.8	0.7	0.0	0.0	0.6	3.8	0.5	1.2	1.3	0.4	1.4
Thana health complex	3.1	0.0	1.8	0.0	0.0	1.0	0.4	0.6	0.1	0.1	0.0	0.3
MCWC	14.2	27.5	13.8	12.0	2.9	14.1	7.7	9.6	12.5	9.9	10.5	10.2
Rural Dispensary/comm. clinic	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Satellite clinic/EPI outreach clinic	1.4	0.3	1.7	0.0	0.0	0.7	4.1	0.4	3.3	0.0	0.0	1.6
FWA	0.9	0.0	0.0	1.8	0.0	0.6	2.9	0.0	0.0	0.0	0.0	0.5
NSDP NGO	51.6	23.9	31.1	19.4	9.2	27.2	25.1	20.2	17.3	8.2	0.2	14.6
Static clinic	32.6	19.6	22.5	18.4	9.2	20.6	13.5	11.9	15.1	8.2	0.2	10.3
Satellite clinic	19.0	4.3	8.7	1.0	0.0	6.6	11.6	8.3	2.2	0.0	0.0	4.3
Other NGO	12.5	17.2	10.4	12.9	13.8	13.3	40.3	38.8	22.1	25.6	18.5	28.9
Hospital	2.0	3.8	5.5	11.1	5.9	5.7	1.0	13.5	11.3	10.4	5.4	8.7
NGO clinic	8.0	11.4	4.9	1.9	7.4	6.6	20.9	18.2	10.8	12.5	12.2	14.7
Satellite clinic	1.5	1.2	0.0	0.0	0.5	0.6	13.8	7.0	0.0	2.7	0.8	4.6
Fieldworker	1.1	0.8	0.0	0.0	0.0	0.4	4.6	0.1	0.0	0.0	0.0	0.8
Private medical sector	3.1	11.0	25.4	40.8	65.3	29.0	5.9	9.3	32.0	39.2	68.1	30.2
Private clinic/doctor	3.1	11.0	25.4	40.8	63.7	28.6	5.4	9.3	32.0	39.2	68.1	30.1
Traditional doctor	0.0	0.0	0.0	0.0	1.6	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Pharmacy	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.1
Other	1.8	4.6	1.1	0.0	0.0	1.5	0.7	5.2	0.0	0.0	0.0	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	93	89	94	99	87	461	56	62	78	63	51	311

APPENDIX C. DISTANCE TO HEALTH FACILITIES

Table C.1 Percentage of urban project population by distance to closest health facility

	< 1 km	1 - <2.5	2.5 - <5	5 - < 7.5	7.5 - < 10	>=10 Kms.	Total
Hospital	17.04	32.99	15.19	2.08	4.46	28.24	100.00
Thana Health Complex	7.84	29.61	19.39	8.83	5.62	28.71	100.00
Family Welfare Centre	4.30	15.06	24.66	15.04	6.33	34.61	100.00
Maternal and child welfare center	13.45	34.99	11.10	5.19	3.29	31.98	100.00
NSDP Static clinic	51.43	33.64	12.64	0.00	1.45	0.84	100.00
Private clinic	56.75	21.25	12.08	1.40	0.31	8.21	100.00
NGO clinic	42.28	23.63	11.36	1.99	3.57	17.17	100.00
Community clinic	0.31	2.03	1.62	0.00	0.00	96.04	100.00
Rural dispensary	4.59	12.83	12.48	2.42	5.37	62.31	100.00
Satellite Clinic	90.70	6.24	2.67	0.00	0.00	0.39	100.00
Depotholder	4.66	5.39	11.85	1.56	.56	75.98	100.00

Table C.2 Percentage of urban non-project population by distance to closest health facility

	< 1 km	1 - <2.5	2.5 - <5	5 - < 7.5	7.5 - < 10	>=10 Kms.	Total
Hospital	41.56	24.41	17.26	7.04	5.16	4.57	100.00
Thana Health Complex	6.78	12.91	25.97	30.22	7.98	16.14	100.00
Family Welfare Centre	4.18	7.40	12.57	14.47	17.77	43.61	100.00
Maternal and child welfare center	18.65	46.98	16.45	9.59	0.30	8.03	100.00
NSDP Static clinic	37.90	48.60	9.98	1.57	0.00	1.95	100.00
Private clinic	72.17	20.16	2.15	2.91	0.20	2.41	100.00
NGO clinic	69.01	18.72	6.59	1.27	0.27	4.14	100.00
Community clinic	1.17	1.24	1.20	0.00	2.55	93.84	100.00
Rural dispensary	5.14	22.73	22.60	8.55	8.15	32.83	100.00
Satellite Clinic	85.36	13.44	1.20	0.00	0.00	0.00	100.00
Depotholder	0.18	1.46	7.26	1.38	1.72	88.00	100.00

APPENDIX D. MITRA AND ASSOCIATES PERSONNEL WHO IMPLEMENTED THE 2005 EVALUATION OF THE NGO SERVICE DELIVERY PROGRAM (NSDP) SURVEY—URBAN COMPONENT

Project Director
S. N. Mitra

Deputy Project Directors
Shahidul Islam (Research)
S. Fuad Pasha (Operations)

Project Managers
A. B. Siddique Mozumder
N. C. Barman
Sayera Banu
Monir Hossain Bhuiyan
Nargis Akter

Field Staff for Household Listing/Mapping and Community Health Facility Survey

Quality Control Officers
Dilip Kumar Halder
Abu Md. Hossain Manik
Saiful Islam Mukul
Abdus Salam Mia

Supervisors
Hussain Imam
Alakesh Bepary
Amar Chandra Majumder
Delowar Hossain
Sk. Nasiruzzaman
Pingkon Ch. Das
Elius Kabir
Hayat Alam Munshi
Nibir Kanti Roy
Abdul Kadir Khan
Abdullah Buuiyan

Leisters/Investigators
Biswajit Somodder
Rezaul Islam
Tuhinoor Islam
Moniruzzaman
Ashraf Hoque
Prodip Chandra Roy
Habul Mia
N.M. Shakwat Hossain
Zulfikar Ali
Masudul Haque Bhuiyan
Bahadur Mia
Nazrul Islam
Sk. Mohd.Mahabub Alam
Ahmed Al Munzir (Rana)
Shafi Mohd. Ali Siddiki
Mustafizur Rahman
Ziaul Hasan
Zakir Hossain
Belal Faruk
Khairul Motin
Birendra Nath Baidya
Shamim Reza
Farooque Ahmed Khan
Alamgir Hossain
Rezaul Karim (Mamun)
A.N.M. Tariqul Islam Khan
Aminul Islam Bir
Ahansan Habib
Abul Kalam Azad
Naharul Islam
Riaz Uddin
Mohd. Rashed Imran
Samaresh Halder
Masud Rana
Sayeduzzaman
Nurul Islam
Shahjahan Kabir
Prodip Kumar Sutar
Shahidul Islam Milon
Saidur Rahman
Abdur Razzak
Lokman Hossain
Abdus Sabur Miah
James Ratan Kr. Barai
Rafiqul Islam
Dibyendu Kumar Dutta
Monsur Ali Sarker
Ashraful Haq

Logistical Assistants
Mithu
Zahidul Islam Zahid
Enamul Hoque
Obidul Hoque
Milon Kazi
Dulal Miah
Kazi Azad

Field Staff for Household Survey

Quality Control Officers
Najim Uddin
Sankar Chandra Banik
Sanjoy Bhowmik
Dulena Begum
Minara Mahbub
Yeasmin Begum

Supervisors
Nasir Ahmed
Abdul Aziz
Akram Hossain
Dewan Md. Hamidul Islam
Rezaul Karim
Mahadi Hasan
Majedur Rashid
Sontosh Kumer Mondol
Sirajum Monira
Aparna Rani Mandal
Ziaunnessa Begum
Tahera Khatun
Selina Akter
Salma Sultana
Lilima Akter Banu
Khairun Nahar

Interviewers
Salma Akter
Tripti Lata Mozumder
Rabeya Jesmin Chow.
Shakila Sultana (Moni)
Shahana Akter Rupa
Khadijatul Kobra (Lipi)
Selina Akter (Shelly)
Jesmin Sultana
Masoda Akter (Kona)
Majeda Begum
Morsheda Akter
Shalina Khanam
Asma Akter
Rowshon Ara
Sharmin Sultana
Momeza Khatun
Nilufa Akter
Sayeda Shilpee Sultana
Kabita Biswas
Fatema Khanam
Shanjina Ali
Shukla Rani Mistry
Afruza Sultana
Morjina Begum
Mahamuda Akter
Shamim Ara Khatun
Chayna Rani Roy
Nasima Akther Mozumder
Rabeya Khatun
Roksana Yeasmin
Jinnat Rehena
Salina Akhter
Afroza Jannat
Lucky Akter
Umme Kulsum
Nadira Khatun
Umma Habiba
Mahamuda Begum
Sima Akter

Logistical Assistants
Milton Biswas
Main Uddin
Sujon Ali
Sanowar Hossain
Rana Sheikh
Moksed Ali
Shajahan Mollah
Erfan Ali

Data Processing Staff
Shirshir Paul, Data Processing Supervisor
Haradhan Kr. Sen, Data Processing Supervisor
Sujan Sen, Data Processing Supervisor
Jahangir Khan, Registration Officer

Administrative Staff
Bimal Ch. Datta, Accounts Officer
Jaynal Abdin, Word Processor

APPENDIX E. HOUSEHOLD AND WOMAN'S QUESTIONNAIRES

EVALUATION OF
NGO SERVICE DELIVERY PROGRAM 2005
(URBAN COMPONENT)

HOUSEHOLD AND WOMAN'S QUESTIONNAIRE

MITRA AND ASSOCIATES
2/17 IQBAL ROAD, MOHAMMADPUR
DHAKA-1207
TELEPHONE: 9115503, 8118065, FAX: 9115503
E-MAIL: mitra@bangla.net

MEASURE *Evaluation*
USA

NGO SERVICE DELIVERY PROGRAM 2003
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

DIVISION .....
(BARISAL=1; CHITTAGONG=2; DHAKA=3; KHULNA=4; RAJSHAHI=5; SYLHET=6)

DISTRICT _____

THANA _____

UNION/WARD _____

VILLAGE/MOHALLA/BLOCK _____

CLUSTER NUMBER .....

TYPE OF CLUSTER 1= OLD CLUSTER
2 = NEW CLUSTER

HOUSEHOLD NUMBER .....

NAME OF THE HOUSEHOLD HEAD _____

TYPE OF AREA:
1 = NSDP'S RURAL AREA
2 = GoB COMPARISON AREA
4 = CITY AREA
5 = DISTRICT MUNICIPALITY AREA
6 = THANA MUNICIPALITY AREA

INTERVIEWER VISITS

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

*RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE

SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME _____		NAME _____			
DATE _____		DATE _____			

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is_____. We come from _____, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the health of women and children for the (NGO Service Delivery Program). The survey is paid for by the United States Agency for International Development. The data will be examined by firms in Bangladesh and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. We would very much appreciate your participation in this survey. I would like to ask you about your household. This information will help us to plan health services. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 8 and 12 minutes to complete. Whatever information you provide will be kept strictly confidential. It will be used for program evaluation purposes and will be seen only by staff and researchers at the organizations mentioned.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important. If you wish to know more about your rights as a participant in this study you may write the Institutional Review Board at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400 U.S.A., or call, collect if necessary, 001-919-966-9347. If you have further questions regarding the nature of this study you may contact (Mitra and Associates at 2/17 Iqbal Road, Mohammadpur, Dhaka-1207).

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____Date:_____

RESPONDENT AGREES TO BE INTERVIEWED 1
↓
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .....2 →END

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	WOMAN ELIGIBILITY
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) sleep here last night?	How old is (NAME)? (IF LESS THAN 1 YEAR, RECORD '00' YEAR	FOR ALL AGED 10 YEARS OR ABOVE What is the current marital status of (NAME)?**	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN, USUAL RESIDENTS (Q5=1) (Q7 = AGE 10-49) (Q8=1 OR 2)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01		☐☐	M 1 F 2	YES 1 NO 2	YES 1 NO 2	IN YEARS ☐☐	CM 1 FM 2 NM 3	01
02		☐☐	1 2	1 2	1 2	☐☐	1 2 3	02
03		☐☐	1 2	1 2	1 2	☐☐	1 2 3	03
04		☐☐	1 2	1 2	1 2	☐☐	1 2 3	04
05		☐☐	1 2	1 2	1 2	☐☐	1 2 3	05
06		☐☐	1 2	1 2	1 2	☐☐	1 2 3	06
07		☐☐	1 2	1 2	1 2	☐☐	1 2 3	07
08		☐☐	1 2	1 2	1 2	☐☐	1 2 3	08
09		☐☐	1 2	1 2	1 2	☐☐	1 2 3	09
10		☐☐	1 2	1 2	1 2	☐☐	1 2 3	10
11		☐☐	1 2	1 2	1 2	☐☐	1 2 3	10
12		☐☐	1 2	1 2	1 2	☐☐	1 2 3	02
13		☐☐	1 2	1 2	1 2	☐☐	1 2 3	03
14		☐☐	1 2	1 2	1 2	☐☐	1 2 3	04
15		☐☐	1 2	1 2	1 2	☐☐	1 2 3	05
16		☐☐	1 2	1 2	1 2	☐☐	1 2 3	06
17		☐☐	1 2	1 2	1 2	☐☐	1 2 3	07
18		☐☐	1 2	1 2	1 2	☐☐	1 2 3	08
19		☐☐	1 2	1 2	1 2	☐☐	1 2 3	09
20		☐☐	1 2	1 2	1 2	☐☐	1 2 3	10

TICK HERE IF CONTINUATION SHEET USED		☐	
Just to make sure that I have a complete listing:			
1)	Are there any other persons such as small children or infants that we have not listed?	YES ☐ ->	Go back to household schedule and enter new members in the household schedule.
2)	In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?	YES ☐ ->	Go back to household schedule and enter new members in the household schedule.
3)	Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES ☐ ->	Go back to household schedule and enter new members in the household schedule.
13. Total number of women circled in column (12)		☐	

* **CODES FOR Q.3**
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 =PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

** **CODE FOR Q.8**
MARITAL STATUS:
1 = CURRENTLY MARRIED
2 = FORMERLY MARRIED (DIVORCED/WIDOWED/SEPARATED/DESERTED)
3 = NEVER MARRIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
18	What is the main source of water your household uses for dishwashing?	PIPED WATER PIPED INSIDE DWELLING ..... 11 PIPED OUTSIDE DWELLING ..... 12 WELL WATER TUBEWELL/DEEP TUBEWELL ..... 21 SURFACE WELL/OTHER WELL ..... 22 SURFACE WATER POND/TANK/LAKE ..... 31 RIVER/STREAM ..... 32 RAINWATER ..... 41 OTHER _____ 96 (SPECIFY)	
19	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INSIDE DWELLING ..... 11 PIPED OUTSIDE DWELLING ..... 12 WELL WATER TUBEWELL/DEEP TUBEWELL ..... 21 SURFACE WELL/OTHER WELL ..... 22 SURFACE WATER POND/TANK/LAKE ..... 31 RIVER/STREAM ..... 32 RAINWATER ..... 41 BOTTLED WATER ..... 51 OTHER _____ 96 (SPECIFY)	
20	What kind of toilet facility does your household have?	SEPTIC TANK/MODERN TOILET ..... 11 PIT TOILET/LATRINE WATER SEALED/SLAB LATRINE ..... 21 PIT LATRINE ..... 22 OPEN LATRINE ..... 23 HANGING LATRINE ..... 24 NO FACILITY/BUSH/FIELD ..... 31 OTHER _____ 96 (SPECIFY)	→ 22
21	Do you share this facility with other households?	YES ..... 1 NO 2	
22	Does your household (or any member of your household) have: Electricity? Almirah (wardrobe)? A table? A bench or chair? A watch or clock? A cot or bed? A radio that is working? A television that is working? A bicycle? A Motorcycle? A Sewing machine? Telephone/Mobile phone?	YES NO ELECTRICITY ..... 1 2 ALMIRAH ..... 1 2 TABLE ..... 1 2 BENCH/CHAIR ..... 1 2 WATCH/CLOCK ..... 1 2 COT/BED ..... 1 2 RADIO ..... 1 2 TELEVISION ..... 1 2 BICYCLE ..... 1 2 MOTORCYCLE ..... 1 2 SEWING MACHINE ..... 1 2 TELEPHONE/MOBILE PHONE ... 1 2	
24	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOF KATCHA (BAMBOO/THATCH) ..... 11 RUDIMENTARY ROOF TIN ..... 21 FINISHED ROOF (PUKKA) CEMENT/CONCRETE/TILED ..... 31 OTHER _____ 96 (SPECIFY)	

25	MAIN MATERIAL OF THE WA LLS. RECORD OBSERVATION.	NATURAL WALLS JUTE/BAMBOO/MUD (KATCHA).....11 RUDIMENTARY WALLS WOOD .....21 FINISHED WALLS BRICK/CEMENT.....31 TIN .....32 OTHER _____ 96 (SPECIFY)	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
26	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/BAMBOO (KATCHA).....11 RUDIMENTARY FLOOR WOOD .....21 FINISHED FLOOR (PUKKA) CEMENT/CONCRETE .....31 OTHER _____ 96 (SPECIFY)	
27	Does your household own any homestead? IF 'NO', PROBE: Does your household own homestead in any other places?	YES .....1 NO.....2	
27A	Does your household own any land (other than the homestead land)?	YES .....1 NO.....2 →	27c
27B	How much land does your household own (other than the homestead land)? AMOUNT _____ SPECIFY UNIT_____	AMOUNT ☐☐ ☐☐ ACRES DECIMALS	
27C	Does your household have enough food for tomorrow?	YES .....1 → NO.....2	Woman's questionnaire
27D	Does your household have enough money or means to get enough food for tomorrow?	YES .....1 NO.....2	

NGO SERVICE DELIVERY PROGRAM 2003

WOMAN'S QUESTIONNAIRE

IDENTIFICATION	
DIVISION _____	
DISTRICT _____	
THANA _____	
UNION/WARD _____	
VILLAGE/MOHALLA/BLOCK _____	
CLUSTER NUMBER _____	
TYPE OF CLUSTER 1= OLD CLUSTER 2 = NEW CLUSTER	
HOUSEHOLD NUMBER _____	
NAME OF HOUSEHOLD HEAD _____	
NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____	
TYPE OF AREA 1 = NSDP'S RURAL AREA 2 = GoB COMPARISON AREA 4 = CITY AREA 5 = DISTRICT MUNICIPALITY AREA 6 = THANA MUNICIPALITY AREA	

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

**RESULT CODES :

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

*MONTH CODES

01	JANUARY	04	APRIL	07	JULY	10	OCTOBER
02	FEBRUARY	05	MAY	08	AUGUST	11	NOVEMBER
03	MARCH	06	JUNE	09	SEPTEMBER	12	DECEMBER

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. We come from _____, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the health of women and children for the (NGO Service Delivery Program). The survey is paid by the United States Agency for International Development. The data will be examined by firms in Bangladesh and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help us to plan health services. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 30 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential. It will be used for program evaluation purposes and will be seen only by staff and researchers at the organizations mentioned.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important. If you wish to know more about your rights as a participant in this study you may write the Institutional Review Board at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400 U.S.A., or call, collect if necessary, 001-919-966-3012. If you have further questions regarding the nature of this study you may contact (Mitra and Associates at 2/17 Iqbal Road, Mohammadpur, Dhaka - 1207 or phone 9115503 / A CPR 3/10, Block-A, Lalmatia, Dhaka-1207 or phone 817926)

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____Date:_____

RESPONDENT AGREES TO BE INTERVIEWED ..... 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ..... 2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
101	RECORD THE TIME STARTED	HOUR..... ☐☐ MINUTES..... ☐☐		
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? (IF LESS THAN 1 YEAR, RECORD '00' YEAR)	NUMBER OF YEARS ..... ☐☐ ALWAYS 98		104
103	Just before you moved here, where were you living?	LOCATION: CITY ..... 1 COUNTRYSIDE 2	DIVISION: BARISAL..... 1 CHITTAGONG ..... 2 DHAKA..... 3 KHULNA ..... 4 RAJSHAHI ..... 5 SYLHET..... 6 ABROAD..... 7	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
103A	Where were you living when you were age 10?	LOCATION: CITY .....1 COUNTRYSIDE .....2 DIVISION: BARISAL .....1 CHITTAGONG .....2 DHAKA.....3 KHULNA.....4 RAJSHAHI .....5 SYLHET .....6 ABROAD 7	
104	In what month and year were you born?	MONTH ..... ☐☐ DON'T KNOW MONTH.....98 YEAR..... ☐☐☐☐ DON'T KNOW YEAR 9998	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT	AGE IN COMPLETED YEARS ..... ☐☐	
106	Are you now married, widowed, or divorced?	CURRENTLY MARRIED ..... 1 SEPARATED ..... 2 DESERTED..... 3 DIVORCED ..... 4 WIDOWED ..... 5 NEVER MARRIED 6	107B END
107A	Is your husband staying with you now or is he staying elsewhere?	STAYING WITH HER .....1 STAYING ELSEWHERE 2	
107B	Were you married once or more than once?	MARRIED ONCE .....1 MARRIED MORE THAN ONCE 2	
107C	CHECK 107B: MARRIED ONCE: In what month and year did you start living with your husband? MARRIED MORE THAN ONCE: I would like to know about your first husband. In what month and year did you start living with your first husband?	MONTH ..... ☐☐ YEAR..... ☐☐☐☐	
107D	How old were you when you started living with your (first) husband?	AGE IN YEARS..... ☐☐	
108	DETERMINE MONTHS MARRIED SINCE MAY 2000 OR JAISTHA 1407. ENTER "X" IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE MAY 2000 OR JAISTHA 1407. FOR WOMEN WITH MORE THAN ONE MARRIAGE: PROBE FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS FOR WOMEN NOT CURRENTLY MARRIED: PROBE FOR DATE WHEN LAST MARRIAGE STARTED AND FOR TERMINATION DATA AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS MARRIAGES.		
109	Have you ever-attended school?	YES .....1 NO 2	111A
110	What is the highest class you completed? (IF NONE, RECORD '00')	CLASS..... ☐☐	
111	CHECK 110: PRIMARY (0-5) SECONDARY OR HIGHER		112
111A	Can you read and write a letter?	YES, EASILY .....1 YES, WITH DIFFICULTY .....2 NOT AT ALL 3	113
112	Do you usually read a newspaper or magazine?	YES .....1 NO 2	113
112A	How often do you read newspaper or magazine: every day, at least once a week, or less than once a week?	EVERY DAY .....1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK.....3	
113	Do you listen to the radio?	YES .....1 NO 2	114
113A	How often do you listen to the radio: every day, at least once a week, less than once a week?	EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	Do you watch television?	YES .....1 NO 2	115
114A	How often do you watch television: every day, at least once a week, less than once a week?	EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK 3	
115	What is your religion?	ISLAM ..... 1 HINDUISM ..... 2 BUDDHISM ..... 3 CHRISTIANITY ..... 4 OTHER_____ 6 (SPECIFY)	
116	Do you belong to any of the following organizations? Such as: Grameen Bank? BRAC? BRDB? Mother's Club? Proshika? ASHA? Any other organization (such as micro credit)?	YES NO GRAMEEN BANK ..... 1 2 BRAC ..... 1 2 BRDB ..... 1 2 MOTHER'S CLUB..... 1 2 PROSHIKA..... 1 2 ASHA..... 1 2 OTHER_____1 2 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES .....1 NO .....2 →	206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES .....1 NO .....2 →	204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD "00".	SONS AT HOME ..... ☐☐ DAUGHTERS AT HOME ..... ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES .....1 NO .....2 →	206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD "00".	SONS ELSEWHERE ..... ☐☐ DAUGHTERS ELSEWHERE..... ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES .....1 NO .....2 →	208
207	In all, how many boys have died? And how many girls have died? IF NONE, RECORD "00".	BOYS DEAD ..... ☐☐ GIRLS DEAD ..... ☐☐	
208	SUM ANSWERS TO 203, 205 AND 207, AND ENTER TOTAL. IF NONE, RECORD "00".	TOTAL ..... ☐☐	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ ↓ NO ☐ PROBE AND CORRECT 201-208 AS NECESSARY		
210	CHECK 208: ONE OR MORE BIRTHS ☐ ↓ NO BIRTHS ☐ →		224

Now I would like to ask you about all the children to whom you have given birth. I would also like to know about all the children who have died. Start with the child born first. LIST THE NAMES OF ALL THE CHILDREN IN Q. 211. IF THE CHILD WAS NOT NAMED OR DIED BEFORE BEING NAMED, THEN WRITE 'NO NAME'. IF THERE IS A MULTIPLE BIRTH, THEN USE DIFFERENT LINES FOR EACH BIRTH.

211 What name was given to your (first /next) baby? (NAME)	212 Were any of these births twins?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born?	215 Is (NAME) still alive?	216 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLE-TED YEARS.	217 IF ALIVE: Is (NAME) living with you?	218 IF DEAD: How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	219 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	YES ..... 1 NO..... 2	BOY .....1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐☐	YES .....1 NO .....2 → 218	AGE IN YEARS ☐☐	YES.....1 NO .....2 → NEXT CHILD	DAYS ..... 1 ☐☐ MONTHS..2 ☐☐ YEARS ..... 3 ☐☐	
02	YES ..... 1 NO..... 2	BOY .....1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐☐	YES .....1 NO .....2 → 218	AGE IN YEARS ☐☐	YES.....1 NO .....2 → 219	DAYS ..... 1 ☐☐ MONTHS..2 ☐☐ YEARS ..... 3 ☐☐	YES..... 1 NO..... 2
03	YES ..... 1 NO..... 2	BOY .....1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐☐	YES .....1 NO .....2 → 218	AGE IN YEARS ☐☐	YES.....1 NO .....2 → 219	DAYS ..... 1 ☐☐ MONTHS..2 ☐☐ YEARS ..... 3 ☐☐	YES..... 1 NO..... 2
04	YES ..... 1 NO..... 2	BOY .....1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐☐	YES .....1 NO .....2 → 218	AGE IN YEARS ☐☐	YES.....1 NO .....2 → 219	DAYS ..... 1 ☐☐ MONTHS..2 ☐☐ YEARS ..... 3 ☐☐	YES..... 1 NO..... 2
05	YES ..... 1 NO..... 2	BOY .....1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐☐	YES .....1 NO .....2 → 218	AGE IN YEARS ☐☐	YES.....1 NO .....2 → 219	DAYS ..... 1 ☐☐ MONTHS..2 ☐☐ YEARS ..... 3 ☐☐	YES..... 1 NO..... 2
06	YES ..... 1 NO..... 2	BOY .....1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐☐	YES .....1 NO .....2 → 218	AGE IN YEARS ☐☐	YES.....1 NO .....2 → 219	DAYS ..... 1 ☐☐ MONTHS..2 ☐☐ YEARS ..... 3 ☐☐	YES..... 1 NO..... 2
07	YES ..... 1 NO..... 2	BOY .....1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐☐	YES .....1 NO .....2 → 218	AGE IN YEARS ☐☐	YES.....1 NO .....2 → 219	DAYS ..... 1 ☐☐ MONTHS..2 ☐☐ YEARS ..... 3 ☐☐	YES..... 1 NO..... 2
08	YES ..... 1 NO..... 2	BOY .....1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐☐	YES .....1 NO .....2 → 218	AGE IN YEARS ☐☐	YES.....1 NO .....2 → 219	DAYS ..... 1 ☐☐ MONTHS..2 ☐☐ YEARS ..... 3 ☐☐	YES..... 1 NO..... 2
09	YES ..... 1 NO..... 2	BOY .....1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐☐	YES .....1 NO .....2 → 218	AGE IN YEARS ☐☐	YES.....1 NO .....2 → 219	DAYS ..... 1 ☐☐ MONTHS..2 ☐☐ YEARS ..... 3 ☐☐	YES..... 1 NO..... 2
10	YES ..... 1 NO..... 2	BOY .....1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐☐	YES .....1 NO .....2 → 218	AGE IN YEARS ☐☐	YES.....1 NO .....2 → 219	DAYS ..... 1 ☐☐ MONTHS..2 ☐☐ YEARS ..... 3 ☐☐	YES..... 1 NO..... 2

211	212	213	214	215	216 IF ALIVE:	217 IF ALIVE:	218 IF DEAD:	219
What name was given to your (first /next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLE-TED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
11	YES ..... 1 NO..... 2	BOY .....1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐☐	YES .....1 NO .....2 → 218	AGE IN YEARS ☐☐	YES.....1 NO .....2 → 219	DAYS .....1 ☐☐ MONTHS..2 ☐☐ YEARS .....3 ☐☐	YES.....1 NO.....2
12	YES ..... 1 NO..... 2	BOY .....1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐☐	YES .....1 NO .....2 → 218	AGE IN YEARS ☐☐	YES.....1 NO .....2 → 219	DAYS .....1 ☐☐ MONTHS..2 ☐☐ YEARS .....3 ☐☐	YES.....1 NO.....2

220	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES..... 1 NO..... 2
221	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐ ↓ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE 211 TO 220) CHECK: FOR EACH BIRTH (214): YEAR OF BIRTH IS RECORDED. ☐ FOR EACH LIVING CHILD (216): CURRENT AGE IS RECORDED. ☐ FOR EACH DEAD CHILD (218): AGE AT DEATH IS RECORDED. ☐ FOR AGE AT DEATH 12 MONTHS OR 1 YR. (218): PROBE TO DETERMINE EXACT NUMBER OF MONTHS ☐	
222	CHECK 214 AND ENTER THE NUMBER OF BIRTHS SINCE JUNE 1998 (ASHAR 1405). IF NONE, RECORD '0'.	☐
223	FOR EACH BIRTH SINCE MAY 2000 OR JAISTHA 1407 (214), ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. (IF THERE IS A MULTIPLE BIRTH, THEN THE WRITE NAME BORN FIRST)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
224	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE 8	227
225	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... ☐☐	
226	At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL 3	
227	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth or had a menstrual regulation?	YES ..... 1 NO ..... 2 →	234
228	When did the last such pregnancy end?	MONTH ..... ☐☐ YEAR ..... ☐☐☐☐	
229	CHECK 228 LAST PREGNANCY ENDED SINCE MAY 2000 (JAISTHA 1407) ☐ ↓ LAST PREGNANCY ENDED BEFORE MAY 2000 (JAISTHA 1407) ☐ →		234
230	Was that a stillbirth, a miscarriage, a menstrual regulation, or an abortion?	STILLBIRTH ..... 1 MISCARRIAGE/ABORTION ..... 2 MENSTRUAL REGULATION 3	
231	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS ..... ☐☐	
232	Have you ever had any other pregnancies which did not result in a live birth?	YES ..... 1 NO ..... 2 →	234
233	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO MAY 2000 (JAISTHA 1407). ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
234	IN THE BOXES AT THE BOTTOM OF THE CALENDAR, FILL IN THE MONTH AND YEAR OF TERMINATION OF THE LAST NON-LIVE BIRTH PREGNANCY PRIOR TO MAY 2000 (JAISTHA 1407).		

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 303 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 303, READING THE NAME OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS USED, AND CODE 3 IF NOT USED IN 303.

303	Have you ever used (METHOD)? **PROBE**	
01	PILL	YES.....1 NO 2
02	INJECTIONS	YES.....1 NO 2
03	CONDOM	YES.....1 NO 2
04	IUD	YES.....1 NO 2
05	IMPLANTS, NORPLANTS	YES.....1 NO 2
06	FEMALE STERILIZATION, LIGATION	Have you ever had an operation to avoid having any more children? YES.....1 NO 2
07	MALE STERILIZATION, VASECTOMY	Has your husband ever had an operation to avoid having any more children? YES.....1 NO 2
08	SAFE PERIOD, COUNTING DAYS, CALENDAR, RHYTHM METHOD	YES.....1 NO 2
09	WITHDRAWAL	YES.....1 NO 2
10	Have you used of any other ways or methods for avoiding pregnancy?	YES.....1 NO 2

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303AA	CHECK 301 OTHER METHOD: MR: MENTIONED ☐ NOT MENTIONED ☐ GO TO 303A		
303AB	Have you ever heard of MR (Menstrual Regulation) (MR means when a woman's menstrual period does not come on time, she can go to a health centre or to the FWV/to another provider and have a tube put in her for a short while to regularize her periods.)	YES.....1 NO.....2 →	303A
303AC	Have you ever used MR (Menstrual regulation)	YES.....1 NO.....2	
303A	CHECK 301 & 302 (EVER HEARD OF METHOD): AT LEAST ONE 'YES' ☐ NOT A SINGLE 'YES' (NEVER HEARD OF) ☐		—> 324
303D	CHECK 303: NOT A SINGLE 'YES' (NEVER USED) ☐ AT LEAST ONE 'YES' (EVER USED) ☐		—> 307
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 → NO.....2	306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH		324
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	CHECK 303 (01): WOMAN NOT STERILIZED ☐ WOMAN STERILIZED ☐		–> 310A
307A	CHECK 106 CURRENTLY MARRIED ☐ WIDOWED/ DIVORCED ☐		—> 317
308	CHECK 224: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		—> 317
309	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2 →	317
310 310A	Which method are you using? CIRCLE '01' FOR FEMALE STERILIZATION.	PILL.....01 INJECTIONS.....02 CONDOM.....03 IUD.....04 IMPLANTS.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER_____ 96 (SPECIFY)	→ 316

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	Where did you obtain (CURRENT METHOD) the last time? Where did the sterilization take place? (NAME OF PLACE/NAME OF WORKER) _____ (LOCATION) ☐☐☐☐☐☐☐ (FACILITY OR WORKER ID)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ..... 11 FAMILY WELFARE CENTRE ..... 12 THANA HEALTH COMPLEX ..... 13 MCWC ..... 14 RURAL DISPENSARY/ COMMUNITY CLINIC ..... 15 SATELLITE CLINIC/ EPI OUTREACH SITE ..... 16 FWA ..... 17 NSDP NGO STATIC CLINIC ..... 21 SATELLITE CLINIC ..... 22 DEPOTHOLDER ..... 23 OTHER NGO HOSPITAL ..... 31 CLINIC ..... 32 SATELLITE CLINIC ..... 33 FIELDWORKER ..... 34 DEPOTHOLDER ..... 35 PRIVATE MEDICAL SECTOR PRIVATE CLINIC/DOCTOR ..... 41 TRADITIONAL DOCTOR ..... 42 PHARMACY ..... 43 SHOP ..... 51 FRIENDS/RELATIVES ..... 52 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
313	CHECK 310: STERILIZED ☐	NOT STERILIZED ☐ →	316
314	In what month and year was the sterilization operation performed?	MONTH ..... ☐☐ YEAR ..... ☐☐☐☐	
315	CHECK 314: STERILIZED BEFORE MAY 2000 (JAISTHA 1407) ☐ ↓ ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JUNE 1998 (ASHAR 1405) THEN SKIP TO - - - - - - - - - - > 401	STERILIZED SINCE MAY 2000 (JAISTHA 1407) ☐ ↓ ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION. THEN SKIP TO - - - - - - - - - - > 317	
316	CHECK 310: IN CURRENT MONTH IN COLUMN 1 OF CALENDAR, ENTER CALENDAR METHOD CODE SHOWN TO THE LEFT OF THE CALENDAR FOR THE HIGHEST METHOD CIRCLED IN 310. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. ILLUSTRATIVE QUESTIONS: ?When did you start using this method continuously? ?How long have you been using this method continuously? ?When you started using this method, where did you obtain it?		
317	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO MAY 2000 (JAISTHA 1407). USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. **IN COLUMN 1**, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: COLUMN 1: " When was the last time you used a method? Which method was that? " When did you start using that method? How long after the birth of (NAME)? " How long did you use the method then?		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE. ILLUSTRATIVE QUESTIONS: COLUMN 2: " Where did you obtain the method when you started using it? " Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]? **IN COLUMN 3**, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1. ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT. ILLUSTRATIVE QUESTIONS: COLUMN 3: " Why did you stop using the (METHOD)? " Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: " How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		
318	CHECK 224: NOT PREGNANT: ☐	CURRENTLY PREGNANT ☐ →	324
321	CHECK 310: NOT USING ANY METHOD ☐	USING ANY METHOD ☐ →	401
324	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2 →	401
325	Where can you get the method? _____ (NAME OF PLACE/NAME OF WORKER) _____ (LOCATION) ☐☐☐☐☐☐☐ (FACILITY OR WORKER ID)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE .....11 FAMILY WELFARE CENTRE .....12 THANA HEALTH COMPLEX .....13 MCWC .....14 RURAL DISPENSARY/ COMMUNITY CLINIC .....15 SATELLITE CLINIC/ EPI OUTREACH SITE .....16 FWA.....17 NSDP NGO STATIC CLINIC .....21 SATELLITE CLINIC.....22 DEPOTHOLDER.....23 OTHER NGO HOSPITAL .....31 CLINIC.....32 SATELLITE CLINIC.....33 FIELDWORKER.....34 DEPOTHOLDER.....35 PRIVATE MEDICAL SECTOR PRIVATE CLINIC/DOCTOR .....41 TRADITIONAL DOCTOR.....42 PHARMACY .....43 SHOP.....51 FRIENDS/RELATIVES .....52 OTHER _____ (SPECIFY) 96 DON'T KNOW.....98	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Now we would like to talk about possible problems that a woman might face when she is going to have a child. What are the complications or problems during pregnancy that may threaten the life of the mother? What are the complications or problems during delivery that may threaten the life of the mother? What are the complications or problems during post-delivery that may threaten the life of the mother?	SEVERE HEADACHE/BLURRY VISION/ HIGH BLOOD PRESSURE ..... A EDEMA/PRE-ECLAMSIA ..... B CONVULSION/ECLAMSIA ..... C EXCESSIVE VAGINAL BLEEDING ..... D FOUL-SMELLING DISCHARGE WITH HIGH FEVER ..... E JAUNDICE ..... F TETANUS ..... G BABY'S HAND OR FEET COME/ BABY IN BAD POSITION ..... H PROLONGED LABOR ..... I OBSTRUCTED LABOR ..... J RETAINED PLACENTA ..... K TORN UTERUS ..... L OTHER _____ X (SPECIFY) DON'T KNOW ..... Y →	402A

402A	CHECK 222: ONE OR MORE BIRTHS SINCE MAY 2000 (JAISTHA 1407) ☐	NO BIRTHS SINCE MAY 2000 (JAISTHA 1407) ☐ → 501	
402B	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF THE LAST BIRTH SINCE MAY 2000 OR JAISTHA 1407. IF THE LAST BIRTH WAS A MULTIPLE BIRTH, ENTER THE YOUNGEST OF THE TWINS. Now I would like to ask you some questions about the health of the last child born in the last five years.		
403	LINE NUMBER FROM 211	LAST BIRTH LINE NUMBER ☐☐	
404	FROM 211 AND 215	NAME _____ ALIVE ☐ DEAD ☐	
405	When you were pregnant with (NAME), did you see anyone for antenatal care?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 406C)	
405A	Whom did you see? (MULTIPLE RESPONSE)	HEALTH PROFESSIONAL QUALIFIED DOCTOR ..... A NURSE/MIDWIFE/PARAMEDIC ..... B FAMILY WELFARE VISITOR ..... C MA/SACMO ..... D FWA ..... E OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) ..... F UNTRAINED TBA (DAI) ..... G UNQUALIFIED DOCTOR ..... H OTHER _____ X (SPECIFY)	
405C	How many months pregnant were you when you first received medical checkup i.e., antenatal care for this pregnancy?	MONTHS ☐☐ DON'T KNOW 98	
405D	How many times did you receive a medical checkup during this pregnancy?	NO. OF TIMES ☐☐ DON'T KNOW 98	
405E	Where did you get your (last) antenatal checkup? _____ (NAME OF PLACE) _____ (LOCATION) ☐☐☐☐☐☐☐ (FACILITY ID)	HOME MEDICAL PERSON AT HOME ..... 01 NON-MEDICAL PERSON AT HOME 02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ..... 11 FAMILY WELFARE CENTRE ..... 12 THANA HEALTH COMPLEX ..... 13 MCWC ..... 14 RURAL DISPENSARY/ COMMUNITY CLINIC ..... 15 SATELLITE CLINIC/ EPI OUTREACH SITE ..... 16 FWA ..... 17 NSDP NGO STATIC CLINIC ..... 21 SATELLITE CLINIC ..... 22 OTHER NGO HOSPITAL ..... 31 CLINIC ..... 32 SATELLITE CLINIC ..... 33 FIELDWORKER ..... 34 PRIVATE MEDICAL SECTOR PRIVATE CLINIC/DOCTOR ..... 41 TRADITIONAL DOCTOR ..... 42 PHARMACY ..... 43 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
406C	During the time you were pregnant with (NAME OF LAST CHILD) did you receive any TT injection?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 406J)	
406D	How many TT injections did you receive during this pregnancy?	NUMBER ☐☐ DON'T KNOW 98	

		LAST BIRTH LINE NUMBER ☐☐	
406E	From whom/where did you receive the *most recent TT* injection? _____ (NAME OF PLACE/NAME OF PERSON) _____ (LOCATION) ☐☐☐☐☐☐☐ (FACILITY ID)	HOME MEDICAL PERSON AT HOME ..... 01 NON-MEDICAL PERSON AT HOME 02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ..... 11 FAMILY WELFARE CENTRE ..... 12 THANA HEALTH COMPLEX ..... 13 MCWC ..... 14 RURAL DISPENSARY/ COMMUNITY CLINIC ..... 15 SATELLITE CLINIC/ EPI OUTREACH SITE ..... 16 FWA ..... 17 NSDP NGO STATIC CLINIC ..... 21 SATELLITE CLINIC ..... 22 OTHER NGO HOSPITAL ..... 31 CLINIC ..... 32 SATELLITE CLINIC ..... 33 FIELDWORKER ..... 34 PRIVATE MEDICAL SECTOR PRIVATE CLINIC/DOCTOR ..... 41 TRADITIONAL DOCTOR ..... 42 PHARMACY ..... 43 OTHER_____ 96 (SPECIFY) DON'T KNOW 98	
406J	Do you know the number of TT injections that a woman should receive to have lifetime protection against tetanus?	NUMBER ..... ☐☐ DOES NOT KNOW 98	
407	During this pregnancy, were any of the following tested or measured?	YES NO DK	
	A. Weight?	WEIGHT 1 2 8	
	B. Height?	HEIGHT 1 2 8	
	C. Blood pressure (put a cuff on your arm with air pumped into it)?	BLOOD PRESSURE 1 2 8	
	D. Urine?	URINE 1 2 8	
	E. Blood?	BLOOD 1 2 8	
	F. Eye for anemia?	EYE FOR ANEMIA 1 2 8	
413	When you were pregnant with (NAME) did anyone tell you about the signs of pregnancy complications?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 415)	
413A	Who told you? Anybody else?	HEALTH PROFESSIONAL QUALIFIED DOCTOR ..... A NURSE/MIDWIFE ..... B FAMILY WELFARE VISITOR ..... C MA/SACMO ..... D FWA ..... E NSDP STATIC CLINIC WORKER ..... F SATELL. CLINIC WORKER ..... G COMMUNITY MOBILIZER ..... H DEPOTHOLDER ..... I OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) ..... J UNTRAINED TBA (DAI) ..... K UNQUALIFIED DOCTOR ..... L RELATIVE ..... M NEIGHBOR ..... N OTHER_____ X (SPECIFY)	
414	Were you told where to go if you had these complications?	YES ..... 1 NO 2	

		LAST BIRTH LINE NUMBER ☐☐	
415	Did you take any iron tablet or iron syrup during this pregnancy? SHOW TABLET/SYRUP.	YES ..... 1 NO ..... 2 DON'T KNOW 8	
416	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL QUALIFIED DOCTOR ..... A NURSE/MIDWIFE ..... B FAMILY WELFARE VISITOR ..... C MA/SACMO ..... D OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) ..... E UNTRAINED TBA (DAI) ..... F UNQUALIFIED DOCTOR ..... G RELATIVES ..... H OTHER _____ X (SPECIFY) NO ONE ..... Y	
417	Where did you give birth to (NAME)? _____ (NAME OF PLACE) _____ (LOCATION) ☐☐☐☐☐☐ (FACILITY ID)	HOME ..... 11 PUBLIC SECTOR GOVT. HOSPITAL ..... 21 THANA HEALTH COMPLEX ..... 22 MATERNAL AND CHILD WELFARE CENTER (MCWC) ..... 23 FAMILY WELFARE CENTER ..... 24 NGO SECTOR NSDP STATIC CLINIC ..... 31 NGO STATIC CLINIC ..... 32 PRIVATE SECTOR PVT. HOSPITAL/CLINIC ..... 41 OTHER _____ 96 (SPECIFY)	
418	After (NAME) was born, did anybody check on you?	YES ..... 1 NO ..... 2 (SKIP TO 423) ←	
419	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY	DAYS AFTER DEL ..... 1 ☐☐ WEEKS AFTER DEL ..... 2 ☐☐ DON'T KNOW 998	
420	Who checked on your health at that time? Any others?	HEALTH PROFESSIONAL QUALIFIED DOCTOR ..... A NURSE/MIDWIFE/PARAMEDIC ..... B FAMILY WELFARE VISITOR ..... C MA/SACMO ..... D FWA ..... E OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) ..... F UNTRAINED TBA (DAI) ..... G UNQUALIFIED DOCTOR ..... H OTHER _____ X (SPECIFY)	

		LAST BIRTH LINE NUMBER ☐☐	
421	Where did this first check take place? _____ (NAME OF PLACE) _____ (LOCATION) ☐☐☐☐☐☐ (FACILITY ID)	HOME MEDICAL PERSON AT HOME ..... 01 NON-MEDICAL PERSON AT HOME 02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ..... 11 FAMILY WELFARE CENTRE ..... 12 THANA HEALTH COMPLEX ..... 13 MCWC ..... 14 RURAL DISPENSARY/ COMMUNITY CLINIC ..... 15 SATELLITE CLINIC/ EPI OUTREACH SITE ..... 16 NSDP NGO STATIC CLINIC ..... 21 SATELLITE CLINIC ..... 22 OTHER NGO HOSPITAL ..... 31 CLINIC ..... 32 SATELLITE CLINIC ..... 33 FIELDWORKER ..... 34 PRIVATE MEDICAL SECTOR PRIVATE CLINIC/DOCTOR ..... 41 TRADITIONAL DOCTOR ..... 42 PHARMACY ..... 43 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
422A	After (NAME) was born did any medical persons check on your baby's health?	YES ..... 1 NO ..... 2 (SKIP TO 423) ←	
422B	How many days or weeks after the delivery did the first check take place?	DAYS AFTER DELIVERY ..... 1 ☐☐ WEEKS AFTER DELIVERY .... 2 ☐☐ DON'T KNOW 998	
422C	Who checked on your baby's health at that time? Any others?	HEALTH PROFESSIONAL QUALIFIED DOCTOR ..... A NURSE/MIDWIFE/PARAMEDIC ..... B FAMILY WELFARE VISITOR ..... C MA/SACMO ..... D FWA ..... E OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) ..... F UNTRAINED TBA (DAI) ..... G UNQUALIFIED DOCTOR ..... H OTHER _____ X (SPECIFY)	
422D	Where did this first check take place?	HOME MEDICAL PERSON AT HOME ..... 01 NON-MEDICAL PERSON AT HOME 02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ..... 11 FAMILY WELFARE CENTRE ..... 12 THANA HEALTH COMPLEX ..... 13 MCWC ..... 14 RURAL DISPENSARY/ COMMUNITY CLINIC ..... 15 SATELLITE CLINIC/ EPI OUTREACH SITE ..... 16 NSDP NGO STATIC CLINIC ..... 21 SATELLITE CLINIC ..... 22 OTHER NGO HOSPITAL ..... 31 CLINIC ..... 32 SATELLITE CLINIC ..... 33 FIELDWORKER ..... 34 PRIVATE MEDICAL SECTOR PRIVATE CLINIC/DOCTOR ..... 41 TRADITIONAL DOCTOR ..... 42 PHARMACY ..... 43 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

423	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 428) ←	
424	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD "00" HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ..... 000 HOURS ..... 1 ☐☐ DAYS 2	
425	CHECK 404: CHILD ALIVE?	ALIVE ☐ DEAD ☐ (SKIP TO 427)	
426	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 431) ← NO 2	
427	For how many months did you breastfeed (NAME)?	MONTHS ..... ☐☐ CHILD DIED AFTER DELIVERY ..... 97 DON'T KNOW 98	
428	CHECK 404:	ALIVE ☐ DEAD ☐ (GO TO 451)	
431	At any time yesterday or last night was (NAME) given any of the following: Plain water? Sugar water/ honey/juice? Baby or infant formula? Cow's or goat's milk? Other liquids? Banana/papaya/mango? Green leafy vegetables? Rice, wheat, porridge? Meat/fish/eggs? Hotchpotch? Dal? Other _____? (SPECIFY)	YES NO PLAIN WATER ..... 1 2 SUGAR WATER, HONEY ..... 1 2 BABY FORMULA ..... 1 2 ANIMAL MILK ..... 1 2 OTHER LIQUID ..... 1 2 BANANA/MANGO/PAPAYA ..... 1 2 GREEN VEGETABLES ..... 1 2 RICE/WHEAT ..... 1 2 MEAT/FISH/EGGS ..... 1 2 HOTCHPOTCH ..... 1 2 DAL ..... 1 2 OTHER 1 2	
432	CHECK Q. 214 OR COLUMN 1 IN CALENDAR FOR AGE OF CHILD	CHILD 6 MONTHS OR YOUNGER ☐ CHILD OLDER THAN 6 MONTHS ☐ GOTO 451	
432A	CHECK 431:	NOT A SINGLE 'YES' ☐ AT LEAST ONE 'YES' ☐ GO TO 451	
433	Have you ever given (NAME) anything other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 451) ←	
		LAST BIRTH LINE NUMBER ..... ☐☐	
433A	Have you ever given (NAME) any of the following: Medication? ORS? Plain water? Sugar water/ honey/juice? Baby or infant formula? Cow's or goat's milk? Other liquids? Banana/papaya/mango? Green leafy vegetables? Rice, wheat, porridge? Meat/fish/eggs? Hotchpotch? Dal? Other _____? (SPECIFY)	YES NO MEDICATION ..... 1 2 ORS ..... 1 2 PLAIN WATER ..... 1 2 SUGAR WATER, HONEY ..... 1 2 BABY FORMULA ..... 1 2 ANIMAL MILK ..... 1 2 OTHER LIQUID ..... 1 2 BANANA/MANGO/PAPAYA ..... 1 2 GREEN VEGETABLES ..... 1 2 RICE/WHEAT ..... 1 2 MEAT/FISH/EGGS ..... 1 2 HOTCHPOTCH ..... 1 2 DAL ..... 1 2 OTHER 1 2	

SECTION 4B. IMMUNIZATION AND HEALTH

451	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STAT US OF EACH BIRTH SINCE MAY 2000 (JAISTHA 1407) IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES).		
452	LINE NUMBER FROM 211	LAST BIRTH LINE NUMBER ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER ☐☐
453	FROM 211 AND 215	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 487)	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 487)
455	Do you have a card where (NAME'S) vaccinations are written down? IF YES, May I see it please?	YES, SEEN ..... 1 (SKIP TO 457) YES, NOT SEEN ..... 2 (SKIP TO 459) NO CARD 3	YES, SEEN ..... 1 (SKIP TO 457) YES, NOT SEEN ..... 2 (SKIP TO 459) NO CARD 3
456	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 459) NO 2	YES ..... 1 (SKIP TO 459) NO 2
457	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE "44" IN "DAY" COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED	SOURCE CODES: 01=NSDP STATIC CLINIC; 02=NSDP SATELL. CLINIC; 03 = JOINT NSDP-EPI SESSION; 04=GOV'T CLINIC/HOSP.; 05=FWA; 06=OTHER NGO; 07=PRIVATE , 96=0THER	SOURCE CODES: 01=NSDP STATIC CLINIC; 02=NSDP SATELL. CLINIC; 03 = JOINT NSDP-EPI SESSION; 04=GOV'T CLINIC/HOSP.; 05=FWA; 06=OTHER NGO; 07=PRIVATE, 96=0THER
	BCG POLIO1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES	DAY MON YEAR SO.	DAY MON YEAR SO.
457A	Did your child (NAME) receive any polio vaccine from National Immunization Day (NID)? IF YES, How many times did you receive from NID campaign? RECORD '00' IF NOT RECEIVED	TIMES ..... ☐☐	TIMES ..... ☐☐
458	Has (NAME) received any vaccinations that were not recorded on this card? RECORD "YES" ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINE(S)	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING DAY COLUMN IN 457) NO ..... 2 DON'T KNOW 8	YES ..... 1 (PROBE FOR VACCINAT IONS AND WRITE "66" IN THE CORRESPONDING DAY COLUMN IN 457) NO ..... 2 DON'T KNOW 8
458B	CHECK Q457	Polio 2 or Polio 3 not completed ☐ Polio 3 completed ☐ → 458D	Polio 2 or Polio 3 not completed ☐ Polio 3 completed ☐ → 458D

		LAST BIRTH LINE NUMBER ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER ☐☐
458C	When is the next polio immunization due?	Day ☐☐ Month ☐☐ Year ☐☐	Day ☐☐ Month ☐☐ Year ☐☐
458D	CHECK Q457	DPT2 or DPT3 not completed ☐ ↓ DPT3 completed ☐ ↓ 460H	DPT2 or DPT3 not completed ☐ ↓ DPT3 completed ☐ ↓ 460H
458E	When is the next DPT immunization due?	Day ☐☐ Month ☐☐ Year ☐☐ (SKIP TO 460H)	Day ☐☐ Month ☐☐ Year ☐☐ (SKIP TO 460H)
459	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES .....1 NO .....2 (SKIP TO 460H) DON'T KNOW 8	YES .....1 NO .....2 (SKIP TO 460H) DON'T KNOW 8
460	Please tell me if (NAME) received any of the following vaccinations:		
460A	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	YES .....1 NO .....2 (SKIP TO 460B)	YES .....1 NO .....2 (SKIP TO 460B)
460AA	From where did (NAME) receive the BCG vaccination?	NSDP STATIC CLINIC .....01 NSDP SATELL. CLINIC .....02 JOINT NSDP-EPI SESSION .....03 GOV'T CLINIC/HOSPITAL .....04 FWA .....05 OTHER NGO .....06 PRIVATE .....07 OTHER _____ 96 (SPECIFY)	NSDP STATIC CLINIC .....01 NSDP SATELL. CLINIC .....02 JOINT NSDP-EPI SESSION .....03 GOV'T CLINIC/HOSPITAL .....04 FWA .....05 OTHER NGO .....06 PRIVATE .....07 OTHER _____ 96 (SPECIFY)
460B	Polio vaccine that is, drops in the mouth?	YES .....1 NO .....2 (SKIP TO 460E) DON'T KNOW 8	YES .....1 NO .....2 (SKIP TO 460E) DON'T KNOW 8
460C	How many times did (NAME) receive polio vaccine from a clinic?	NUMBER OF TIMES ..... ☐	NUMBER OF TIMES ..... ☐
460CA	From where did (NAME) receive the last polio vaccination?	NSDP STATIC CLINIC .....01 NSDP SATELL. CLINIC .....02 JOINT NSDP-EPI SESSION .....03 GOV'T CLINIC/HOSPITAL .....04 FWA .....05 OTHER NGO .....06 PRIVATE .....07 OTHER _____ 96 (SPECIFY)	NSDP STATIC CLINIC .....01 NSDP SATELL. CLINIC .....02 JOINT NSDP-EPI SESSION .....03 GOV'T CLINIC/HOSPITAL .....04 FWA .....05 OTHER NGO .....06 PRIVATE .....07 OTHER _____ 96 (SPECIFY)
460D	How many times did (NAME) receive polio vaccine from National Immunization Day?	NUMBER OF TIMES ..... ☐☐	NUMBER OF TIMES ..... ☐☐
460E	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES .....1 NO .....2 (SKIP TO 460G) DON'T KNOW 8	YES .....1 NO .....2 (SKIP TO 460G) DON'T KNOW 8
460F	How many times?	NUMBER OF TIMES ..... ☐	NUMBER OF TIMES ..... ☐
460FA	From where did (NAME) receive the last DPT vaccination?	NSDP STATIC CLINIC .....01 NSDP SATELL. CLINIC .....02 JOINT NSDP-EPI SESSION .....03 GOV'T CLINIC/HOSPITAL .....04 FWA .....05 OTHER NGO .....06 PRIVATE .....07 OTHER _____ 96 (SPECIFY)	NSDP STATIC CLINIC .....01 NSDP SATELL. CLINIC .....02 JOINT NSDP-EPI SESSION .....03 GOV'T CLINIC/HOSPITAL .....04 FWA .....05 OTHER NGO .....06 PRIVATE .....07 OTHER _____ 96 (SPECIFY)

		LAST BIRTH LINE NUMBER ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER ☐☐
460G	An injection to prevent measles?	YES .....1 NO .....2 DON'T KNOW .....8 (SKIP TO 460H)	YES .....1 NO .....2 DON'T KNOW .....8 (SKIP TO 460H)
460GA	From where did (NAME) receive the measles vaccination?	NSDP STATIC CLINIC .....01 NSDP SATELL. CLINIC .....02 JOINT NSDP-EPI SESSION .....03 GOV'T CLINIC/HOSPITAL .....04 FWA .....05 OTHER NGO .....06 PRIVATE .....07 OTHER _____ 96 (SPECIFY)	NSDP STATIC CLINIC .....01 NSDP SATELL. CLINIC .....02 JOINT NSDP-EPI SESSION .....03 GOV'T CLINIC/HOSPITAL .....04 FWA .....05 OTHER NGO .....06 PRIVATE .....07 OTHER _____ 96 (SPECIFY)
460H	In the last 6 months, has (NAME) received any Vitamin A?	YES .....1 NO .....2 DON'T KNOW .....8 (SKIP TO 461)	YES .....1 NO .....2 DON'T KNOW .....8 (SKIP TO 461)
460HA	From where did (NAME) receive vitamin A?	NSDP STATIC CLINIC .....01 NSDP SATELL. CLINIC .....02 JOINT NSDP-EPI SESSION .....03 GOV'T CLINIC/HOSPITAL .....04 FWA .....05 OTHER NGO .....06 PRIVATE .....07 OTHER _____ 96 (SPECIFY)	NSDP STATIC CLINIC .....01 NSDP SATELL. CLINIC .....02 JOINT NSDP-EPI SESSION .....03 GOV'T CLINIC/HOSPITAL .....04 FWA .....05 OTHER NGO .....06 PRIVATE .....07 OTHER _____ 96 (SPECIFY)
461	How many visits are necessary for a child to be fully vaccinated?	NUMBER OF TIMES ..... ☐☐	
465	In the last 2 weeks, has (NAME) had:	YES NO	YES NO
	Cough?	COUGH 1 2	COUGH 1 2
	Rapid breathing?	RAPID BREATHING 1 2	RAPID BREATHING 1 2
	Difficulty in breathing?	DIFFICULTY IN BREATHING 1 2	DIFFICULTY IN BREATHING 1 2
	Chest in drawing?	CHEST IN DRAWING 1 2	CHEST IN DRAWING 1 2
	Fever?	FEVER 1 2	FEVER 1 2
466	CHECK 465:	AT LEAST ONE 'YES' ☐ → 'NO' FOR ALL ☐ → 472	AT LEAST ONE 'YES' ☐ → 'NO' FOR ALL ☐ → 472
467	Did you seek advice or treatment for (NAME) for the illness?	YES .....1 NO .....2 (SKIP TO 472)	YES .....1 NO .....2 (SKIP TO 472)

		LAST BIRTH LINE NUMBER ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER ☐☐
468	Where did you seek advice or treatment most recently?	HOME MEDICAL PERSON AT H OME ..... 01 NON-MEDICAL PERSON AT HOME .. 02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ..... 11 FAMILY WELFARE CENTRE ..... 12 THANA HEALTH COMPLEX ..... 13 MCWC ..... 14 RURAL DISPENSARY/ COMMUNITY CLINIC..... 15 SATELLITE CLINIC/ EPI OUTREACH SITE ..... 16 NSDP NGO STATIC CLINIC ..... 21 SATELLITE CLINIC..... 22 DEPOTHOLDER ..... 23 OTHER NGO HOSPITAL ..... 31 CLINIC ..... 32 SATELLITE CLINIC ..... 33 FIELDWORKER ..... 34 DEPOTHOLDER ..... 35 PRIVATE MEDICAL SECTOR PRIVATE CLINIC/DOCTOR ..... 41 TRADITIONAL DOCTOR ..... 42 PHARMACY ..... 43 OTHER _____ 96 (SPECIFY)	HOME MEDICAL PERSON AT HOME ..... 01 NON-MEDICAL PERSON AT HOME .. 02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ..... 11 FAMILY WELFARE CENTRE ..... 12 THANA HEALTH COMPLEX ..... 13 MCWC ..... 14 RURAL DISPENSARY/ COMMUNITY CLINIC..... 15 SATELLITE CLINIC/ EPI OUTREACH SITE..... 16 NSDP NGO STATIC CLINIC ..... 21 SATELLITE CLINIC ..... 22 DEPOTHOLDER..... 23 OTHER NGO HOSPITAL ..... 31 CLINIC ..... 32 SATELLITE CLINIC ..... 33 FIELDWORKER..... 34 DEPOTHOLDER..... 35 PRIVATE MEDICAL SECTOR PRIVATE CLINIC/DOCTOR ..... 41 TRADITIONAL DOCTOR ..... 42 PHARMACY..... 43 OTHER _____ 96 (SPECIFY)
468A	Place most recent visit	_____ (NAME OF PLACE) _____ (LOCATION) ☐☐☐☐☐☐ (FACILITY ID)	_____ (NAME OF PLACE) _____ (LOCATION) ☐☐☐☐☐☐ (FACILITY ID)
472	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 480) ← DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 480) ← DON'T KNOW 8
473	When (NAME) had diarrhea, was he/she offered the same amount to drink, more than usual to drink, or less than usual to drink?	SAME ..... 1 MORE ..... 2 LESS ..... 3 DON'T KNOW 8	SAME ..... 1 MORE ..... 2 LESS ..... 3 DON'T KNOW 8
474	Was he/she offered the same amount to eat, more than usual to eat or less than usual to eat?	SAME ..... 1 MORE ..... 2 LESS ..... 3 DON'T KNOW 8	SAME ..... 1 MORE ..... 2 LESS ..... 3 DON'T KNOW 8
475	When (NAME) had diarrhea, was he/she given any of the following to drink: A fluid made from a special saline packet? Home-made sugar-salt-water solution (laban gur)? Water? Any other liquids?	YES NO DK FLUID FROM PACKET ..... 1 2 8 LABON GUR ..... 1 2 8 WATER ..... 1 2 8 OTHER LIQUID 1 2 8	YES NO DK FLUID FROM PACKET ..... 1 2 8 LABON GUR ..... 1 2 8 WATER ..... 1 2 8 OTHER LIQUID 1 2 8
476	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 478) ← DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 478) ← DON'T KNOW 8
477	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	PILL /CAPSULE OR SYRUP ..... A INJECTION ..... B (I.V.) INTRAVENOUS ..... C HOME REMEDIES/HERBAL MEDICINES ..... D OTHER _____ X (SPECIFY)	PILL /CAPSULE OR SYRUP ..... A INJECTION ..... B (I.V.) INTRAVENOUS ..... C HOME REMEDIES/HERBAL MEDICINES ..... D OTHER _____ X (SPECIFY)

		LAST BIRTH LINE NUMBER ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER ☐☐
478	Did you seek advice or treatment for the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 480) ←	YES ..... 1 NO ..... 2 (SKIP TO 480) ←
479	Where did you seek advice or treatment most recently?	HOME MEDICAL PERSON AT HOME ..... 01 NON-MEDICAL PERSON AT HOME .. 02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ..... 11 FAMILY WELFARE CENTRE ..... 12 THANA HEALTH COMPLEX ..... 13 MCWC ..... 14 RURAL DISPENSARY/ COMMUNITY CLINIC ..... 15 SATELLITE CLINIC/ EPI OUTREACH SITE ..... 16 NSDP NGO STATIC CLINIC ..... 21 SATELLITE CLINIC ..... 22 DEPOTHOLDER ..... 23 OTHER NGO HOSPITAL ..... 31 CLINIC ..... 32 SATELLITE CLINIC ..... 33 FIELDWORKER ..... 34 DEPOT HOLDER ..... 35 PRIVATE MEDICAL SECTOR PRIVATE CLINIC/DOCTOR ..... 41 TRADITIONAL DOCTOR ..... 42 PHARMACY ..... 43 OTHER _____ 96 (SPECIFY)	HOME MEDICAL PERSON AT HOME ..... 01 NON-MEDICAL PERSON AT HOME .. 02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ..... 11 FAMILY WELFARE CENTRE ..... 12 THANA HEALTH COMPLEX ..... 13 MCWC ..... 14 RURAL DISPENSARY/ COMMUNITY CLINIC ..... 15 SATELLITE CLINIC/ EPI OUTREACH SITE ..... 16 NSDP NGO STATIC CLINIC ..... 21 SATELLITE CLINIC ..... 22 DEPOTHOLDER ..... 23 OTHER NGO HOSPITAL ..... 31 CLINIC ..... 32 SATELLITE CLINIC ..... 33 FIELDWORKER ..... 34 DEPOT HOLDER ..... 35 PRIVATE MEDICAL SECTOR PRIVATE CLINIC/DOCTOR ..... 41 TRADITIONAL DOCTOR ..... 42 PHARMACY ..... 43 OTHER _____ 96 (SPECIFY)
479A	Place of most recent visit	_____ (NAME OF PLACE) _____ (LOCATION) ☐☐☐☐☐☐ (FACILITY ID)	_____ (NAME OF PLACE) _____ (LOCATION) ☐☐☐☐☐☐ (FACILITY ID)
480		GO BACK TO 453 IN THE NEXT COLUMN, OR IF NO OTHER BIRTHS, GO TO 501A.	GO BACK TO 453 IN THE NEXT COLUMN, OR IF NO OTHER BIRTHS, GO TO 501A.

SECTION 5: FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
501A	CHECK 106: CURRENTLY MARRIED ☐		NOT CURRENTLY MARRIED ☐	→ 601
501B	CHECK 310/310A: NEITHER STERILIZED ☐		HE OR SHE STERILIZED ☐	→ 601
502	CHECK 224: NOT PREGNANT/ UNSURE ☐ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	PREGNANT ☐ Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 → 504 SAYS SHE CAN'T GET PREGNANT ..... 3 → 509 UNDECIDED/DON'T KNOW ..... 8 → 509	
503	CHECK 224: NOT PREGNANT/ UNSURE ☐ How long would you like to wait from now before the birth of (a/another) child?	PREGNANT ☐ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS..... ☐☐☐ SOON/NOW..... 993 SAYS SHE CAN'T GET PREGNANT ... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW..... 998 → 509	
504	CHECK 224: NOT PREGNANT UNSURE ☐		PREGNANT ☐	→ 510
505	CHECK 309: USING A METHOD? NOT ASKED ☐	NOT CURRENTLY USING ☐	CURRENTLY USING ☐	→ 601
506	CHECK 503: NOT ASKED ☐	24 OR MORE MONTHS ☐	00-23 MONTHS ☐	→ 510

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
507	CHECK 502: WANTS A/ANOTHER CHILDREN ☐ You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why? RECORD ALL MENTIONED CHECK 502: WANTS NO MORE CHILDREN ☐ You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why? RECORD ALL MENTIONED	FERTILITY-RELATED REASONS NOT HAVING SEX ..... A INFREQUENT SEX ..... B MENOPAUSAL/HYSTERECTOMY .... C SUBFECUND/INFECUND ..... D POSTPARTUM AMENORRHEIC ..... E BREASTFEEDING ..... F FATALISTIC ..... G OPPOSITION TO USE RESPONDENT OPPOSED ..... H HUSBAND OPPOSED ..... I OTHERS OPPOSED ..... J RELIGIOUS PROHIBITION ..... K LACK OF KNOWLEDGE KNOWS NO METHOD ..... L KNOWS NO SOURCE ..... M METHOD-RELATED REASONS HEALTH CONCERNS ..... N FEAR OF SIDE EFFECTS ..... O LACK OF ACCESS/TOO FAR ..... P COST TOO MUCH ..... Q INCONVENIENT TO USE ..... R INTERFERES WITH BODY'S NORMAL PROCESSES ..... S OTHER _____ X (SPECIFY) DON'T KNOW ..... Y	
509	CHECK 309: USING A METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐ →		601
510	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 →	512
511	Which method would you prefer to use?	PILL ..... 01 INJECTIONS ..... 02 CONDOM ..... 03 IUD ..... 04 IMPLANTS ..... 05 FEMALE STERILIZATION ..... 06 MALE STERILIZATION ..... 07 PERIODIC ABSTINENCE ..... 08 WITHDRAWAL ..... 09 OTHER METHOD _____ 96 (SPECIFY) UNSURE ..... 98 →	601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
512	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASONS NOT HAVING SEX .....11 INFREQUENT SEX .....12 MENOPAUSAL/HYSTERECTOMY ...13 SUBFECUND/INFECUND .....14 FATALISTIC .....17 OPPOSITION TO USE RESPONDENT OPPOSED.....21 HUSBAND OPPOSED .....22 OTHERS OPPOSED.....23 RELIGIOUS PROHIBITION .....24 LACK OF KNOWLEDGE KNOWS NO METHOD.....31 KNOWS NO SOURCE .....32 METHOD-RELATED REASONS HEALTH CONCERNS.....41 FEAR OF SIDE EFFECTS.....42 LACK OF ACCESS/TOO FAR .....43 COST TOO MUCH.....45 INCONVENIENT TO USE .....46 INTERFERES WITH BODY'S NORMAL PROCESSES .....47 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	

SECTION 6: KNOWLEDGE ABOUT HEALTH SERVICES/PROVIDERS

Now I would like to talk about health services and health facilities available in your neighborhood.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you ever seen the following symbol before? (SHOW CARD WITH SMILING SUN SYMBOL)	YES ..... 1 NO ..... 2 DON'T KNOW/CAN'TREMEMBER..... 8	→ 603
602	Where have you seen this symbol? [MULTIPLE RESPONSE] Any others?	ON TELEVISION (IN AN ADVERTISEMENT)..... A ON TELEVISION (IN A DRAMA) ..... B ON A POSTER ..... C ON A PAMPHLET OR BROCHURE ..... D ON A BILLBOARD SIGN ..... E ON A SIGN AT A HEALTH CLINIC ..... F OTHER _____ X (SPECIFY)	
603	Now I would like to ask you some questions about temporary or satellite clinics. In some places, there is a temporary clinic set up for a day or part of a day in someone's house, a community building or in a school. Are you aware of any such clinics in this area?	YES ..... 1 NO ..... 2 DON'T KNOW/CAN'TREMEMBER..... 8	→ 620
603A	During the last three months, was there any such clinic in this area?	YES ..... 1 NO ..... 2 DON'T KNOW/CAN'T REMEMBER..... 8	→ 620
603B	CHECK: (TYPE OF AREA IN FACE SHEET) NSDP AREA ☐ ↓ GOB Comparison Area ☐ ↓ Skip to 604D		
604	Where was the temporary/satellite health clinic held? What type of temporary/satellite clinic was this? Name: _____ Location: _____ ID: ☐☐☐☐☐☐	NSDP SATELLITE CLINIC ..... 1 GOVERNMENT SATELLITE CLINIC..... 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 606 in Column 1
604B	Are you aware of any NSDP temporary or satellite clinic held in this area during the last 3 months? (SHOW SMILING SUN LOGO IF NECESSARY) Name: _____ Location: _____ ID: ☐☐☐☐☐☐	YES ..... 1 NO 2	→ 606 in Column 1 606 in Column 2
604D	Where was the temporary/satellite health clinic held? What type of temporary/satellite clinic was this? Name: _____ Location: _____ ID: ☐☐☐☐☐☐	NSDP SATELLITE CLINIC ..... 1 GOVERNMENT SATELLITE CLINIC..... 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 606 in Column 2 → 606 in Column 2 → 606 in Column 2
604E	Are you aware of any GOB satellite clinic held in this area during the last 3 months? Name: _____ Location: _____ ID: ☐☐☐☐☐☐	YES ..... 1 NO 2	→ 606 in column 2 606 in column 1

Column 1	Column 2
606. What services are available at this (NSDP) temporary/satellite health clinic? (MULTIPLE RESPONSE) Any others? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY) DOES NOT KNOW ..... Y	606. What services are available at this (Non-NSDP) temporary/satellite health clinic? (MULTIPLE RESPONSE) Any others? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY) DOES NOT KNOW ..... Y
607. Have you ever gone to this temporary satellite clinic for any reason? YES ..... 1 NO ..... 2 620 ←	607. Have you ever gone to this temporary satellite clinic for any reason? YES ..... 1 NO ..... 2 620 ←
607A. What service(s) have you ever used at this temporary/ satellite clinic? (MULTIPLE RESONSES) Any others? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY) 607B. Did anybody inform you in advance about the temporary/satellite clinic? YES ..... 1 NO ..... 2 608 ←	607A. What service(s) have you ever used at this temporary/ satellite clinic? (MULTIPLE RESONSES) Any others? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY) 607B. Did anybody inform you in advance about the temporary/satellite clinic? YES ..... 1 NO ..... 2 608 ←

Column 1	Column 2
607C. Who told you? NAME: _____ HEALTH PROFESSIONAL QUALIFIED DOCTOR ..... 01 NURSE/MIDWIFE ..... 02 FAMILY WELFARE VISITOR ..... 03 MA/SACMO ..... 04 FWA ..... 05 NSDP STATIC CLINIC WORKER ..... 06 SATELL. CLINIC WORKER ..... 07 COMMUNITY MOBILIZER ..... 08 DEPOTHOLDER ..... 09 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) ..... 10 UNTRAINED TBA (DAI) ..... 11 UNQUALIFIED DOCTOR ..... 12 RELATIVE ..... 13 NEIGHBOR ..... 14 GOVT. SATELLITE CLINIC WORKER ..... 64 OTHER _____ 96 (SPECIFY)	607C. Who told you? NAME: _____ HEALTH PROFESSIONAL QUALIFIED DOCTOR ..... 01 NURSE/MIDWIFE ..... 02 FAMILY WELFARE VISITOR ..... 03 MA/SACMO ..... 04 FWA ..... 05 NSDP STATIC CLINIC WORKER ..... 06 SATELL. CLINIC WORKER ..... 07 COMMUNITY MOBILIZER ..... 08 DEPOTHOLDER ..... 09 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) ..... 10 UNTRAINED TBA (DAI) ..... 11 UNQUALIFIED DOCTOR ..... 12 RELATIVE ..... 13 NEIGHBOR ..... 14 GOVT. SATELLITE CLINIC WORKER ..... 64 OTHER _____ 96 (SPECIFY)
608 Have you used the temporary/satellite clinic in the past 3 months? YES ..... 1 NO ..... 2 620 ←	608 Have you used the temporary/satellite clinic in the past 3 months? YES ..... 1 NO ..... 2 620 ←
609. What service(s) did you use in the most recent visit? (MULTIPLE RESONSES) Any others? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY)	609. What service(s) did you use in the most recent visit? (MULTIPLE RESONSES) Any others? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY)
609A. During this visit, did the service provider(s) spend enough time for you? YES ..... 1 NO 2	609A. During this visit, did the service provider(s) spend enough time for you? YES ..... 1 NO 2
609B. During this visit, did the service provider(s) talked to you nicely, somewhat nicely or not nicely? NICELY ..... 1 SOMEWHAT ..... 2 NOT NICELY 3	609B. During this visit, did the service provider(s) talked to you nicely, somewhat nicely or not nicely? NICELY ..... 1 SOMEWHAT ..... 2 NOT NICELY 3

Column 1	Column 2
609C. During this visit, did the provider give enough attention to your need? YES.....1 NO.....2	609C. During this visit, did the provider give enough attention to your need? YES..... 1 NO..... 2
609D. How long did it take for you to get to this temporary clinic? HOURS ☐☐ MINUTES ☐☐ NO TIME.....0000 DON'T KNOW/CAN'TREMEMBER.....9998	609D. How long did it take for you to get to this temporary clinic? HOURS ☐☐ MINUTES ☐☐ NO TIME..... 0000 DON'T KNOW/CAN'TREMEMBER..... 9998
609E. Once you arrived at the temporary/satellite clinic, how long did you have to wait until you were treated? HOURS ☐☐ MINUTES ☐☐ NO WAIT.....0000 DON'T KNOW/CAN'TREMEMBER.....9998	609E. Once you arrived at the temporary/satellite clinic, how long did you have to wait until you were treated? HOURS ☐☐ MINUTES ☐☐ NO WAIT..... 0000 DON'T KNOW/CAN'TREMEMBER..... 9998
611A. You said that you have received _____ (mentioned in 609) services during your most recent visit. Did you pay for this service? YES.....1 NO.....2 620 ←	611A. You said that you have received _____ (mentioned in 609) services during your most recent visit. Did you pay for this service? YES..... 1 NO..... 2 620 ←
611B. Did you pay the amount that you were asked to pay or did you pay more or less or on credit? Same amount.....1 More.....2 Less.....3 Credit.....4	611B. Did you pay the amount that you were asked to pay or did you pay more or less or on credit? Same amount..... 1 More..... 2 Less..... 3 Credit..... 4

620	Now I want to ask you some questions about your familiarity with clinics and hospitals in this area from where you can get health or family planning services. Do you know of any clinic/hospital in this area where you can get health or family planning services?	YES.....1 NO.....2 →	638
620A	CHECK: NSDP AREA ☐ ↓ GOB Comparison Area ☐ ↓ Skip to 622D		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
622	What type of clinic was this? (SHOW SMILING SUN LOGO IF NECESSARY) Name: _____ Location: _____ ID: ☐☐☐☐☐☐	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ..... 11 FAMILY WELFARE CENTRE ..... 12 THANA HEALTH COMPLEX ..... 13 MCWC ..... 14 RURAL DISPENSARY/ COMMUNITY CLINIC ..... 15 NSDP NGO STATIC CLINIC ..... 21 OTHER NGO HOSPITAL ..... 31 CLINIC ..... 32 PRIVATE MEDICAL SECTOR PRIVATE CLINIC/DOCTOR ..... 41 TRADITIONAL DOCTOR ..... 42 PHARMACY ..... 43 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 624 in Column 1
622B	Are you aware of any NSDP clinic? (SHOW SMILING SUN LOGO IF NECESSARY) Name: _____ Location: _____ ID: ☐☐☐☐☐☐	YES ..... 1 NO 2	→ 624 in Column 1 → 624 in Column 2
622D	What type of clinic was this? Name: _____ Location: _____ ID: ☐☐☐☐☐☐	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ..... 11 FAMILY WELFARE CENTRE ..... 12 THANA HEALTH COMPLEX ..... 13 MCWC ..... 14 RURAL DISPENSARY/ COMMUNITY CLINIC ..... 15 NSDP NGO STATIC CLINIC ..... 21 OTHER NGO HOSPITAL ..... 31 CLINIC ..... 32 PRIVATE MEDICAL SECTOR PRIVATE CLINIC/DOCTOR ..... 41 TRADITIONAL DOCTOR ..... 42 PHARMACY ..... 43 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 624 in Column 2 → 624 in Column 2
622E	Are you aware of any GOB clinic? Name: _____ Location: _____ ID: ☐☐☐☐☐☐	YES ..... 1 NO 2	→ 624 in Column 2 → 624 in Column 1

Column 1	Column 2
624 What services are available at this (NSDP hospital/clinic? (MULTIPLE RESPONSE) Any others? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY) DOES NOT KNOW ..... Y	624 What services are available at this (Non-NSDP/Non-BPHC) hospital/clinic? (MULTIPLE RESPONSE) Any others? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY) DOES NOT KNOW ..... Y
626. Have you ever gone to this hospital/clinic for any reason? YES ..... 1 NO ..... 2 638 ←	626. Have you ever gone to this hospital/clinic for any reason? YES ..... 1 NO ..... 2 638 ←
626A What services have you ever used at this hospital/clinic? (MULTIPLE RESPONSE) Any others? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY)	626A What services have you ever used at this hospital/clinic? (MULTIPLE RESPONSE) Any others? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY)
627. Have you gone to this hospital/clinic in the past 3 months? YES ..... 1 NO ..... 2 638 ←	627. Have you gone to this hospital/clinic in the past 3 months? YES ..... 1 NO ..... 2 638 ←

Column 1	Column 2
627A What service(s) did you use in the most recent visit? (MULTIPLE RESONSES) Any others? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY)	627A What service(s) did you use in the most recent visit? (MULTIPLE RESONSES) Any others? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY)
627B. During this visit, did the service provider(s) spend enough time for you? YES ..... 1 NO 2	627B. During this visit, did the service provider(s) spend enough time for you? YES ..... 1 NO 2
627C. During this visit, did the service provider(s) talked to you nicely, somewhat nicely or not nicely? NICELY ..... 1 SOMEWHAT ..... 2 NOT NICELY 3	627C. During this visit, did the service provider(s) talked to you nicely, somewhat nicely or not nicely? NICELY ..... 1 SOMEWHAT ..... 2 NOT NICELY 3
627D. During this visit, did the provider give enough attention to your need? YES ..... 1 NO 2	627D. During this visit, did the provider give enough attention to your need? YES ..... 1 NO 2
627E. How long did it take for you to get to this hospital/clinic? HOURS ☐☐ MINUTES ☐☐ NO TIME ..... 0000 DON'T KNOW/CAN'TREMEMBER 9998	627E. How long did it take for you to get to this hospital/clinic? HOURS ☐☐ MINUTES ☐☐ NO TIME ..... 0000 DON'T KNOW/CAN'TREMEMBER 9998
627F. Once you arrived at the hospital/clinic, how long did you have to wait until you were treated? HOURS ☐☐ ..... MINUTES ☐☐ NOTIME ..... 0000 DON'T KNOW/CAN'TREMEMBER 9998	627F. Once you arrived at the hospital/clinic, how long did you have to wait until you were treated? HOURS ☐☐ ..... MINUTES ☐☐ NOTIME ..... 0000 DON'T KNOW/CAN'TREMEMBER 9998
627G. You said that you have received _____ (mentioned in 627A) services during your most recent visit. Did you pay for this service? YES ..... 1 NO ..... 2 638 ←	627G. You said that you have received _____ (mentioned in 627A) services during your most recent visit. Did you pay for this service? YES ..... 1 NO ..... 2 638 ←
627H. Did you pay the amount that you were asked to pay or did you pay more or less or on credit? Same anount ..... 1 More ..... 2 Less ..... 3 Credit 4	627H. Did you pay the amount that you were asked to pay or did you pay more or less or on credit? Same anount ..... 1 More ..... 2 Less ..... 3 Credit 4

638	**Is there anybody in your area from whom you can get health information or supplies of pills, condoms, ORS or vitamin A?**	YES ..... 1 NO ..... 2 → 642G DON'T KNOW/CAN'T REMEMBER..... 8	
640	Who is she? Which organization does she belong to? Name: _____ Location: _____ Id: ☐☐☐☐☐☐ Anybody else? Name: _____ Location: _____ Id: ☐☐☐☐☐☐	NSDP DEPOTHOLDER ..... A BRAC SHASTHASHABIKA ..... B GOV'T F.P. WORKER ..... C GOV'T HEALTH WORKER ..... D OTHER NGO WORKER..... E OTHER _____ X (SPECIFY) DON'T KNOW..... Y	
640A	CHECK 640: IF THE RESPONDENT MENTIONED THE NAME OF ONLY ONE PROVIDER, THEN ASK QUESTIONS 641-642E IN COLUMN 1. IF THE RESPONDENT MENTIONED MORE THAN ONE PROVIDER'S NAME, THEN ASK THE QUESTIONS 641-642E IN COLUMN 1 FOR THE FIRST PROVIDER AND THEN ASK QUESTIONS 641 -642E IN COLUMN 2 FOR THE OTHER PROVIDER		

641. In the last three months, did you receive any information from her on health or family planning? YES ..... 1 NO ..... 2 →	642A	641. In the last three months, did you receive any information from her on health or family planning? YES ..... 1 NO ..... 2 →	642A
642. What information did you receive? FAMILY PLANNING ..... A ADVICE FOR SIDE EFFECTS OF TREATMENT ..... B MATERNAL HEALTH ..... C CHILD HEALTH ..... D DIARRHEA TREATMENT/ORS ..... E ARI TREATMENT ..... F VITAMIN A ..... G ILLNESSES (GENERAL)..... H OTHER CHILD CARE..... I OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... J GENERAL HEALTH ..... K OTHER _____ X (SPECIFY) DOES NOT KNOW ..... Y		642. What information did you receive? FAMILY PLANNING ..... A ADVICE FOR SIDE EFFECTS OF TREATMENT ..... B MATERNAL HEALTH ..... C CHILD HEALTH ..... D DIARRHEA TREATMENT/ORS ..... E ARI TREATMENT ..... F VITAMIN A ..... G ILLNESSES (GENERAL)..... H OTHER CHILD CARE..... I OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... J GENERAL HEALTH ..... K OTHER _____ X (SPECIFY) DOES NOT KNOW ..... Y	
642A. In the last three months, did you receive any family planning and health services from her? YES ..... 1 NO ..... 2 →	642C	642A. In the last three months, did you receive any family planning and health services from her? YES ..... 1 NO ..... 2 →	642C
642B. What services did you receive? ORAL PILL ..... A CONDOM..... B OTHER FP METHOD ..... C ORS ..... D VITAMIN A ..... E CHILD HEALTH ..... F OTHER _____ _____ X (SPECIFY)		642B. What services did you receive? ORAL PILL ..... A CONDOM..... B OTHER FP METHOD..... C ORS ..... D VITAMIN A ..... E CHILD HEALTH ..... F OTHER _____ _____ X (SPECIFY)	
642C. In the last three months, has she referred or told you to go to any satellite or static clinic for health and family planning services YES ..... 1 NO ..... 2 →	642E	642C. In the last three months, has she referred or told you to go to any satellite or static clinic for health and family planning services YES ..... 1 NO ..... 2 →	642E

642D. For what service did she referred? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY)		642D. For what service did she referred? FAMILY PLANNING CLINICAL METHOD ..... A NON-CLINICAL METHOD ..... B ADVICE FOR SIDE EFFECTS OF TREATMENT ..... C MATERNAL HEALTH ANC ..... D PNC ..... E TT ..... F CHILD HEALTH EPI ..... G DIARRHEA TREATMENT/ORS ..... H ARI TREATMENT ..... I VITAMIN A ..... J ILLNESSES (GENERAL) ..... K OTHER CHILD CARE ..... L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD ..... M GENERAL HEALTH ..... N OTHER _____ X (SPECIFY)	
642E. In the last three months, has she visited you in your house to talk to you about family planning and health services or given you any pill, condom, vitamin A or ORS? YES ..... 1 NO 2		642E. In the last three months, has she visited you in your house to talk to you about family planning and health services or given you any pill, condom, vitamin A or ORS? YES ..... 1 NO 2	
INTERVIEWER: GO BACK TO 641 IN NEXT COLUMN OR IF NO MORE PROVIDER GO TO 642G		GO TO 642G	

642G	CHECK FACE SHEET: NSDP areas ☐ Comparison areas ☐ (SKIP TO 701)		
643	Have you ever attended a meeting by a community mobilizer/service promoter (NAME OF COMMUNITY MOBILIZER/SERVICE PROMOTER)?	YES ..... 1 NO ..... 2 →	701
644	What was the meeting about?	NEWLYWED MEETING ..... A PREGNANCY CARE ..... B FAMILY PLANNING ..... C CHILD HEALTH ..... D HIV/AIDS/STDS ..... E NUTRITION ..... F OTHER _____ ..... X (SPECIFY)	
645	When was the last time that you attended a meeting? IF LESS THAN ONE MONTH AGO, WRITE '00'.	MONTHS AGO ..... ☐☐ DON'T KNOW/CAN'T REMEMBER 98	

SECTION 7: HUSBAND'S BACKGROUND, WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 106: CURRENTLY MARRIED ☐ ↓ WIDOWED/DIVORCED /SEPARATED ☐		→ 707
702	How old was your husband/partner on his last birthday?	AGE ☐☐	
703	Did your husband ever attend school?	YES ....1 NO ....2 DON'T KNOW 8	 → 706 → 706
705	What was the highest class he completed?	CLASS ☐☐ DON'T KNOW 98	
706	What kind of work does/did your husband mainly do?	_____ ☐☐ _____ _____	
706A	Does he get money (kind) in a daily basis from this work?	YES ....1 NO 2	 → 707
706B	On average how many days in a week does your husband work?	Days (in a week) ☐	
707	Now I would like to ask you some questions about your work. Aside from your own housework, are you currently working?	YES ....1 NO 2	→ 709
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES ....1 NO 2	 → 715
709	What is your occupation, that is, what kind of work do (did) you mainly do?	_____ ☐☐ _____ _____	
710	Do you usually work throughout the year, Or do you work seasonally, Or only once in a while?	THROUGHOUT THE YEAR ....1 SEASONALLY/PART OF THE YEAR ....2 ONCE IN A WHILE 3	
711	Are you paid in cash or kind for this work or are you not paid?	CASH ONLY ....1 KIND ONLY ....2 CASH AND KIND ....3 NOT PAID 4	
715	Can you go alone for shopping?	YES ....1 NO 2	
718	Can you go alone outside the village/mohalla?	YES ....1 NO 2	
719	Do you go to the hospital/clinic alone or with your children or with your husband or with relatives or not at all?	ALONE ....1 WITH CHILDREN ....2 WITH HUSBAND ....3 WITH OTHER RELATIVES ....4 DON'T GO TO HOSPITAL/CLINIC 5	→ 722 → 721
720	Can you go to the hospital/clinic alone or with your children or with your husband or with relatives or not at all?	ALONE ....1 WITH CHILDREN ....2 WITH HUSBAND ....3 WITH OTHR RELATIVES ....4 CANNOT GO TO HOSPITAL/CLINIC 5	 → 722
721	Can you go alone to the hospital/clinic?	YES ....1 NO 2	
722	How many rooms are there in your household?	☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722A	For each of the dwelling, indicate the length and breadth (in feet)? 1. SPACE : LENGTH ☐☐.☐ BREADTH ☐☐.☐ UNIT _____ 2. SPACE : LENGTH ☐☐.☐ BREADTH ☐☐.☐ UNIT _____ 3. SPACE : LENGTH ☐☐.☐ BREADTH ☐☐.☐ UNIT _____ 4. SPACE : LENGTH ☐☐.☐ BREADTH ☐☐.☐ UNIT _____	(IN FEET) LENGTH BREADTH 1. ☐☐.☐ ☐☐.☐ 2. ☐☐.☐ ☐☐.☐ 3. ☐☐.☐ ☐☐.☐ 4. ☐☐.☐ ☐☐.☐	
723	RECORD THE TIME.	HOUR..... ☐☐ MINUTES..... ☐☐	

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- H HYSTERECTOMY
- T TERMINATIONS
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERLIZATION
- 3 PILL
- 4 IUD
- 5 INJECTIONS
- 6 IMPLANTS
- 7 CONDOM
- A PERIODIC ABSTINENCE
- W WITHDRAWAL
- X OTHER _____ (SPECIFY)

COL 2: SOURCE OF CONTRACEPTION

- 1 HOSPITAL/MEDICAL COLLEGE
- 2 FAMILY WELFARE CENTRE
- 3 THANA HEALTH COMPLEX
- 4 MCWC
- 5 RURAL DISPENSARY/COMMUNITY CLINIC
- 6 SATELLITE CLINIC/EPI OUTREACH SITE
- 7 FWA
- NSDP STATIC CLINIC
- NSDP SATELLITE CLINIC
- NSDP DEPOTHOLDER
- OTHER NGO HOSPITAL
- OTHER NGO CLINIC
- OTHER NGO SATELLITE CLINIC
- OTHER NGO FIELDWORKER
- OTHER NGO DEPOTHOLDER
- PRIVATE CLINIC/DOCTOR
- TRADITIONAL DOCTOR
- PHARMACY
- SHOP
- FRIENDS/RELATIVES
- **X OTHER** _____ (SPECIFY)

COL.3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COST TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSE
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Y DON'T KNOW

COL.4: MARRIAGE

- X MARRIED
- 0 NOT MARRIED

TERMINATION OF LAST PREGNANCY PRIOR TO JUNE 1998

IF NO PREVIOUS PREGNANCY, RECORD '00' FOR MONTH AND '0000' FOR YEAR

MONTH..... ..... ☐☐

YEAR..... ..... ☐☐☐☐

			(1)	(2)	(3)	(4)			
	06 ASHWIN	01					01	09 SEP	
1	05 BADHRA	02					02	08 AUG	
4	04 SRABAN	03					03	07 JULY	
1	03 ASHAR	04					04	06 JUNE	
2	02 JAISTHA	05					05	05 MAY	2
	01 BAISHAK	06					06	04 APR	
									0
	12 CHOITRA	07					07	03 MAR	0
	11 FALGUN	08					08	02 FEB	5
	10 MAGH	09					09	01 JAN	
	09 POUSH	10					10	12 DEC	
	08 AGRAHAYAN	11					11	11 NOV	
1	07 KARTIK	12					12	10 OCT	2
4	06 ASHWIN	13					13	09 SEP	0
1	05 BADHRA	14					14	08 AUG	0
1	04 SRABAN	15					15	07 JUL	4
	03 ASHAR	16					16	06 JUN	
	02 JAISTHA	17					17	05 MAY	
	01 BAISHAK	18					18	04 APR	
	12 CHOITRA	19					19	03 MAR	
	11 FALGUN	20					20	02 FEB	
	10 MAGH	21					21	01 JAN	
	09 POUSH	22					22	12 DEC	
	08 AGRAHAYAN	23					23	11 NOV	
1	07 KARTIK	24					24	10 OCT	2
4	06 ASHWIN	25					25	09 SEP	0
1	05 BADHRA	26					26	08 AUG	0
0	04 SRABAN	27					27	07 JUL	3
	03 ASHAR	28					28	06 JUN	
	02 JAISTHA	29					29	05 MAY	
	01 BAISHAK	30					30	04 APR	
	12 CHOITRA	31					31	03 MAR	
	11 FALGUN	32					32	02 FEB	
	10 MAGH	33					33	01 JAN	
	09 POUSH	34					34	12 DEC	
	08 AGRAHAYAN	35					35	11 NOV	
1	07 KARTIK	36					36	10 OCT	2
4	06 ASHWIN	37					37	09 SEP	0
0	05 BADHRA	38					38	08 AUG	0
9	04 SRABAN	39					39	07 JUL	2
	03 ASHAR	40					40	06 JUN	
	02 JAISTHA	41					41	05 MAY	
	01 BAISHAK	42					42	04 APR	
	12 CHOITRA	43					43	03 MAR	
	11 FALGUN	44					44	02 FEB	
	10 MAGH	45					45	01 JAN	
	09 POUSH	46					46	12 DEC	
	08 AGRAHAYAN	47					47	11 NOV	
1	07 KARTIK	48					48	10 OCT	
4	06 ASHWIN	49					49	09 SEP	
0	05 BADHRA	50					50	08 AUG	
8	04 SRABAN	51					51	07 JUL	
	03 ASHAR	52					52	06 JUN	
	02 JAISTHA	53					53	05 MAY	2
	01 BAISHAK	54					54	04 APR	0
									0
	12 CHOITRA	55					55	03 MAR	1
	11 FALGUN	56					56	02 FEB	
	10 MAGH	57					57	01 JAN	
	09 POUSH	58					58	12 DEC	
	08 AGRAHAYAN	59					59	11 NOV	
	07 KARTIK	60					60	10 OCT	
	06 ASHWIN	61					61	09 SEP	
	05 BADHRA	62					62	08 AUG	
	04 SRABAN	63					63	07 JUL	
	03 ASHAR	64					64	06 JUN	
	02 JAISTHA						65	05 MAY	2
1									0
4									0
0									0
7									

INTERVIEWER'S OBSERVATIONS
(To be filled in after completing interview)

Comments about Respondent:

_____
_____
_____
_____
_____

Comments on Specific Questions:

_____
_____
_____
_____

Any Other Comments:

_____
_____

SUPERVISOR'S OBSERVATIONS

_____
_____
_____
_____

NAME OF SUPERVISOR:_____
DATE:_____

EDITOR'S OBSERVATIONS

_____
_____
_____
_____

NAME OF SUPERVISOR: _____

DATE:_____