
2008 BASELINE URBAN BANGLADESH SMILING SUN FRANCHISE PROGRAM (BSSFP) EVALUATION SURVEY



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SUMMARY

The *2008 Baseline Urban Bangladesh Smiling Sun Franchise Program (BSSFP) Evaluation Survey* is the first installment in a series of two surveys intended to assess the efficacy of the urban component of the BSSFP program in terms of its ability to deliver an essential services package (ESP) of family planning and maternal and child health services to under-served populations across Bangladesh. The baseline survey is designed to provide a picture of circumstances at the population level in BSSFP catchment areas and similar, nearby non-project areas where the BSSFP is not operating but the government is. Useful in its own right as a source of information as critical programmatic decisions are made in the early phase of the BSSFP project, the baseline survey also provides information regarding circumstances on the eve of conversion from the operational model of the National Service Delivery Program (NSDP, which the BSSFP succeeds) to that of the BSSFP. This is critical information which, when combined with that from a follow-up wave to be conducted three years hence, will allow for the tracking of the performance of the program over time.

The 2008 baseline survey collected information pertaining to the knowledge and use of family planning and maternal and child health services provided by the BSSFP program and competitor organizations. The BSSFP is a continuation of the NGO Service Delivery Program (NSDP), which had been in place in various forms since the late 1990's, and emphasized static and satellite clinics in lieu of home visits from service providers as the main delivery method for contraceptives and reproductive health services. The central change introduced with the BSSFP is an emphasis on cost-recovery and sustainability.

The baseline evaluation of the urban component of the BSSFP survey was conducted by Mitra and Associates, with technical assistance from MEASURE Evaluation at the University of North Carolina at Chapel Hill. Data were collected from 5,545 women in project areas served by the BSSFP, and from 1,392 women from households in non-project areas.

Main findings:

- Smiling Sun facilities continued to provide a wide variety of maternal and child health services, including family planning methods, childhood immunizations, antenatal care, and vitamin supplementation. Among users of Smiling Sun clinics, the facilities were generally associated with a high quality of care.
- While Smiling Sun clinics were not very important to children's acute care, they were much more influential in the markets for contraception and preventive care services.
- That said, there were some declines in market share, most notably in the potentially strategically important vaccine market.
- In general, Smiling Sun clinics experienced a decreased rate of recognition and awareness in urban areas between the 2005 and 2008 surveys.
- There was some degree of increase in both childhood mortality indicators and fertility.

Contraceptive Use: As observed in Figure S.1, current use of modern contraceptive methods increased slightly over the three-year interval separating the 2005 and 2008 surveys (from 56.9 to 58.8 in project areas and 56.8 to 59.8 percent in non-project areas). This pattern was evident across most population subgroups in project and non-project areas, with a few notable (and, due to small sample sizes, often possibly misleading) exceptions, such as the 10-14 age group in non-project areas, who experienced a surprisingly large decrease in use from 54.2 to 42.1 percent between the 2005 and 2008 surveys.

Oral contraceptive pills remained the dominant method of choice among current contraceptive users, with injection replacing male condoms as the second most popular alternative. The use of traditional methods decreased somewhat, from 9.8 percent to 8.7 percent in project areas, and from 10.0 percent to 8.9 percent in non-project areas.

The uneven pattern of modern contraceptive use across socioeconomic strata evident in the 2005 sample emerged again with the 2008 survey. (Direct comparison of contraceptive prevalence by household asset quintile between the two surveys is problematic because the quintiles in the two surveys were crafted separately, and not with the goal of establishing a common standard of socioeconomic status). Modern contraceptive use ranged from 54.6 in the wealthiest quintile to 59.2 in the second wealthiest and 61.4 percent in the third wealthiest quintile before eventually falling back to 57.6 percent for the poorest quintile. In general, however, the gradient between socioeconomic status and modern contraceptive use was fairly modest, as in 2005.

As can be seen in Figure S.2, Smiling Sun's market share for modern contraception in project areas rose, on balance, from 16.4 to 19.2 percent between the 2005 and 2008 (it fell marginally, from 5.5 to 4.4 percent, in non-project areas). Behind this overall growth in market share in project areas was a more mixed story. Static clinics actually witnessed a slight decline in market share from 9 to 8.3 percent, while the shares for satellite clinics and CPSs/depotholders actually rose, from 7.1 to 10.1 percent and from 0.3 to 0.8 percent, respectively. In non-project areas the shares of all three strata of Smiling Sun providers fell, if only slightly. Turning to Figure S.3, we can see that the overall increase in the modern contraceptive prevalence rate in project areas was not enough to offset the declining market share of static clinics, with the result that the percentage of women provided modern contraception by static clinics fell slightly, from 5.1 to 4.9 percent. On the other hand, the figure for satellite clinics actually rose some, from 4 to 5.9 percent.

The dynamics of the contraceptive market shifted somewhat over time. Private pharmacies decreased slightly in importance relative to other provider types in both project and non-project areas, though they remained by far the most important source of modern contraceptive supply for currently married women. This represents somewhat of a departure from pre-2005 trends, when much of the increase in overall contraceptive use in Bangladesh was attributed to the growth of private pharmacies.

Antenatal Care: 83.6 percent of women in BSSFP project areas sought some type of antenatal care, a slight increase over the 2005 NSDP estimate of 82.2 percent. In non-project areas, however, the percentage of women seeking ANC services decreased from 84.2 to 81.5 percent, a reversal of the trend from previous years. In any case the percentage seeking care from a medically trained provider actually declined very slightly, from 80 to 79.4 percent in project areas.

Respectively, 66.5 and 59.2 percent of women from the poorest households in project and non-project areas received some sort of antenatal care, with 61.5 and 51.3 percent, respectively, receiving this care from a medically trained provider. The median number of antenatal care visits decreased from 3.9 to 3.5 in both project and non-project areas between the 2005 and 2008 surveys, and the median number of months pregnant at the time of the first visit increased by 0.6 and 0.7 months in project and non-project areas, respectively.

The market share of the Smiling Sun project in project areas was virtually unchanged between 2005 and 2008 (see Figure S.4), while it actually increased somewhat (from 9.7 to 12.2 percent) in non-project areas. In general, the market for antenatal care in project areas was quite stable: a small increase in the public sector's share was absorbed by a slight decrease in the shares of the private sector and other NGOs.

This stagnation in market share in project areas is, admittedly, a bit disappointing. It is perhaps related to some of the factors hypothesized to have driven the declining Smiling Sun antenatal care market share in rural areas: staff turnover (though one might have expected that this would have manifested itself particularly in a decline for satellite clinics' share, which did not happen), and a lack of promotional activities and quality challenges (as the system for identifying performance challenges under the NSDP program broke down during the transition to the Smiling Sun Franchise Program).

Fortunately, remedies for each of these problems are being or have been put in place. An improved and carefully calibrated compensation package will hopefully reduce turnover. This should improve the quality of care, but also enhance the effectiveness of community outreach and mobilization efforts (as more experienced, committed, and enthusiastic staff are able to make a more credible showing at these kinds of activities). After a long hiatus, promotional activities are getting under way. The quality feedback system from the NSDP program is being revived and improved. Additionally, steps are being taken to improve the quality of antenatal care at Smiling Sun clinics, as in through the development of job aids such as flip charts, which should promote high and uniform standards of care. Finally, the Smiling Sun has developed various informational products for patients, such as (apparently popular) emergency obstetric cards, which offer clients quick references on birth plan, troubling symptoms, diet, etc.

Table S.1. Percent of children 12-23 months old vaccinated at any time before the survey, NSDP 2005 and BSSFP 2008

Antigen	Urban NSDP/BSSFP Project Areas		Urban NSDP/BSSFP Non-Project Areas	
	2005	2008	2005	2008
BCG	96.8	96.7	97.7	97.1
DPT3	91.0	91.6	91.0	94.1
Polio3	90.8	91.8	90.7	95.4
Measles	86.1	87.9	84.7	86.6
All Antigens	83.8	84.4	82.1	86.6

Childhood Vaccinations: Vaccination rates generally continued to improve marginally for all major inoculation types in both project and non-project areas (see Table S.1). The complete coverage rate (all antigens) rose from 83.8 to 84.4 percent in project areas. The increase was a little more substantial in non-project areas (from 82.1 to 86.6 percent). From casual inspection of Table S.1, it would seem that this increase was likely led by DPT3 and Polio3.

Vaccination rates were roughly the same in project and non-project areas, with the exception of the DPT3 and Polio3. The coverage for these was higher in non-project areas, reflecting a marked increase from 2005 to 2008. In project areas, measles displayed the largest increase in coverage (about 1.8 percentage points). In non-project areas, Polio3 coverage exhibited the greatest increase, by 4.7 percentage points.

Of children from the poorest households in project areas, 69.7 percent had received full vaccination coverage (compared with 91.7 percent of children from the wealthiest homes). Among the poor in project areas, coverage rates ranged from a high of 88.5 percent (BCG) to a low of 73.4 percent (measles).

Table S.2 provides market shares in 2005 and 2008 for the Smiling Sun for various vaccines. The share of Smiling Sun clinics in the provision of childhood immunizations decreased from 2005 to 2008 in project and non-project areas, a reversal of the previously increasing trend in market share for these facilities. The largest declines in market share in project areas involved Polio3 and DPT3 vaccination (an 8.4-8.8 percentage point decline, or over 20 percent of their 2005 levels).

Figure S.5 provides further illustration of the changes in market share using just one vaccine, the trends in which were fairly typical: DPT-3. Behind the overall decrease in Smiling Sun market share in project areas (from 40.8 to 32 percent), we can see that the market share of satellite clinics actually increased (from 16.1 to 19.8 percent) while that for static clinics fell by more than half (from 24.4 to 11.1 percent). The other really notable change was the increase in the government's market share for DPT-3, from 32.4 to 49.6 percentage points.

These declines may be of some strategic significance. The vaccination market may serve as an important gateway for drawing in clientele for other components of Smiling Sun's essential services package. Essentially, when women (or, more generally, parents) bring their children in for vaccines the Smiling Sun program uses the visit as an important opportunity to promote their other services (family planning, antenatal care, etc.). The loss of vaccine market share, therefore, may have had (or perhaps will have) negative consequences in other areas. This is perhaps one reason for the rather modest increase in Smiling Sun's modern contraceptive market share, and the stagnation in its antenatal care market share.

The reasons for this decline are a bit harder to pin down than in rural areas (where Smiling Sun's declining presence in the market for vaccines has been led by the loss of joint Smiling Sun-EPI sessions, suggesting an immediate, obvious explanation). Some have argued that this loss of market share has been driven partly by the arrival of new players in the contraceptive supply market, but this argument is undercut somewhat by the fact that it is the government that appears to have increased its' market share at the expense of other, established suppliers. This is a vexing question which will likely require further analysis.

Table S.2. Percent of immunized children receiving vaccinations from urban facilities, project and non-project areas, NSDP 2005 and BSSFP 2008

Antigen	Urban NSDP/BSSFP Project Areas		Urban NSDP/BSSFP Non-Project Areas	
	2005	2008	2005	2008
BCG	39.5	32.1	14.5	8.8
DPT3	40.8	32.0	15.6	10.3
Polio3	40.3	31.9	15.7	11.3
Measles	42.2	34.6	15.3	9.7

Other Elements of the Essential Services Package: Iron supplementation for pregnant women in the preceding three years decreased during the interval between the 2005 and 2008 surveys by 4.7 percentage points (to 64.4 percent) in project areas, and by 4.7 percentage points in non-project areas (to 68.4 percent). This downward trend emerged as well in the market for tetanus toxoid vaccinations, where the percentage of women receiving two or more injections during the most recent pregnancy decreased in project areas to 50.7 percent from the 2005 level of 60.7 percent (the figures for non-project areas were 56.6 and 64.8 percent, respectively).

Vitamin A supplementation increased substantially, from 62.9 to 80.3 percent in project areas and from 56.3 to 82.6 percent in non-project areas. This was a reversal of a previously downward trend, bringing supplementation back to the level observed in NSDP areas in 2003.

General Child Health: Trends in child health were generally positive over the three-year period in both project and non-project areas. Treatment for serious childhood illnesses improved, with the percentage of child acute respiratory infection (ARI) cases treated by a health facility or provider rising from 45.9 to 58.5, and the percentage of child diarrheal episodes treated with oral rehydration therapy (ORS or *laban gur*) rising from 83.0 to 89.8 percent in project areas. Similar trends were observed in non-project areas. Smiling Sun clinics remained only a minor source of treatment for either illness.

Early initiation of breastfeeding, an important indicator of child health, increased dramatically during this period, with the percentage of children breastfed within one hour of birth more than doubling in urban project areas (from 19.9 to 42.6 percent). Similar increases (from 21.5 to 40.5 percent) occurred in non-project areas. Increasing patterns were also observed for the percentage breastfed within one day of birth, which rose from 78.3 to 88.6 percent in project areas and from 78.7 to 91.6 percent in non-project areas.

Awareness and Use of Smiling Sun Services and Clinics: In general, the rate of recognition of Smiling Sun clinics and awareness of them fell between the 2005 and 2008 surveys. The percentage of women who reported seeing the Smiling Sun logo declined from 90.2 to 75.0 percent in project areas and from 83.4 to 67.0 percent in non-project areas. Only 84.0 percent of women in project areas were aware of a hospital or clinic in their area from which they could obtain health or family planning services, a decline from the 2005 figure of 98.2 percent. Similar trends were observed for the awareness of temporary or satellite clinics, which declined from 66.4 to 64.6 percent and

from 71.0 to 56.6 percent in project and non-project areas, respectively. On a positive note, among women who had reported seeing the Smiling Sun symbol in their communities, 81.5 and 79.5 percent in project and non-project areas reported a positive perception of the Smiling Sun Symbol, associating them with a high quality of service.

In general, however, these figures reflect one of the most significant challenges facing the project at the time that data collection commenced: the lack of sustained, broad based promotional efforts. As of the writing of this report, efforts were under way to remedy this.

Early Childhood Mortality: While the infant mortality rate in project areas for the four years preceding the survey increased from approximately 40 deaths per 1,000 live births in 2005 to 52 deaths per 1,000 live births in 2008, the child mortality rate (for children between the ages of one and four years) declined from roughly 11 to 9 deaths per 1,000 live births during this time. There was a general increase in mortality for children under five years from about 52 to 61 deaths per 1,000 births. A different trend was observed in non-project areas, where infant and under-5 mortality declined from 49 to 44 and 60 to 55 deaths per 1,000 live births, respectively.

Fertility: The total fertility rate increased only slightly from the previous survey in both project and non-project areas, from roughly 2.2 births per woman in 2005 to approximately 2.3 births per woman in 2008.

Figure S.1. Modern Contraceptive Prevalence, Urban Project and Non-Project Areas, NSDP 2005 and BSSFP 2008.

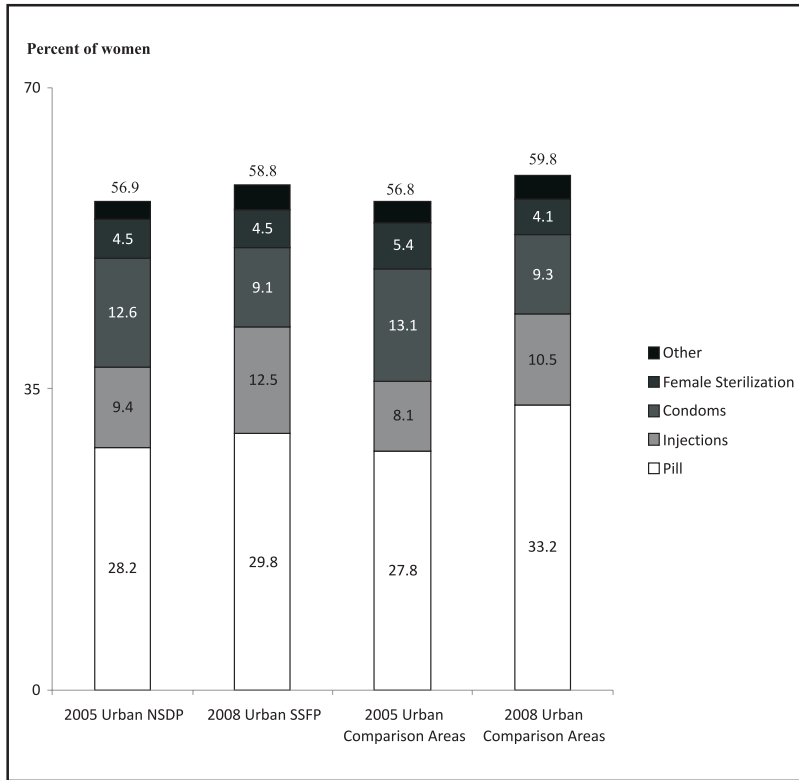


Figure S.2. Market Share for Modern Contraception, Urban Project and Non-Project Areas, NSDP 2005 and BSSFP 2008.

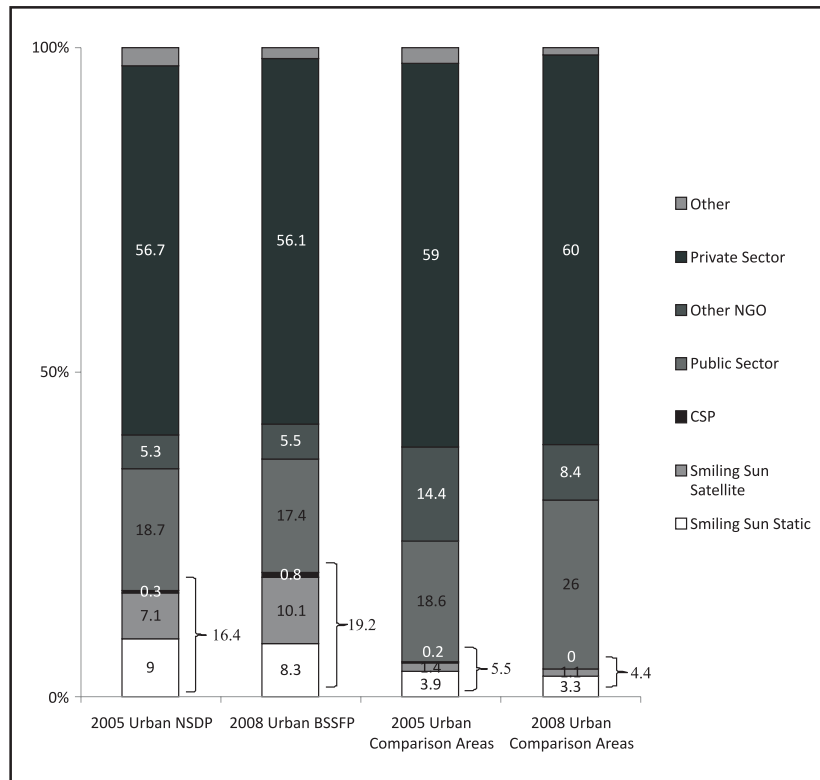


Figure S.3. Percentage of Women Seeking Contraception from Various Sources, Urban Project and Non-Project Areas, NSDP 2005 and BSSFP 2008.

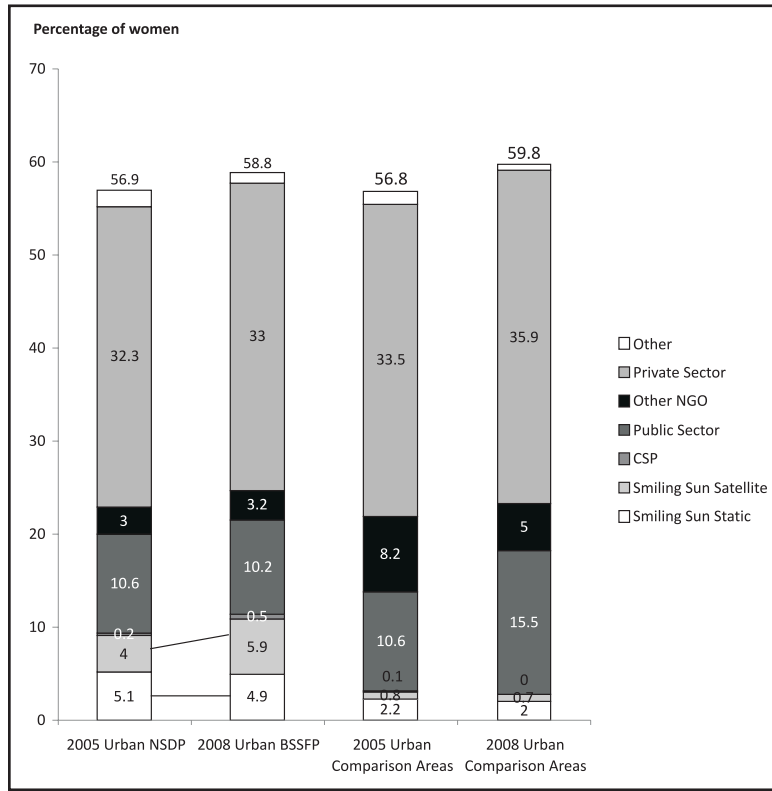


Figure S.4. Source of Antenatal Care among Women Who Obtained ANC in the last three years, Urban Project and Non-Project Areas, NSDP 2005 and BSSFP 2008.

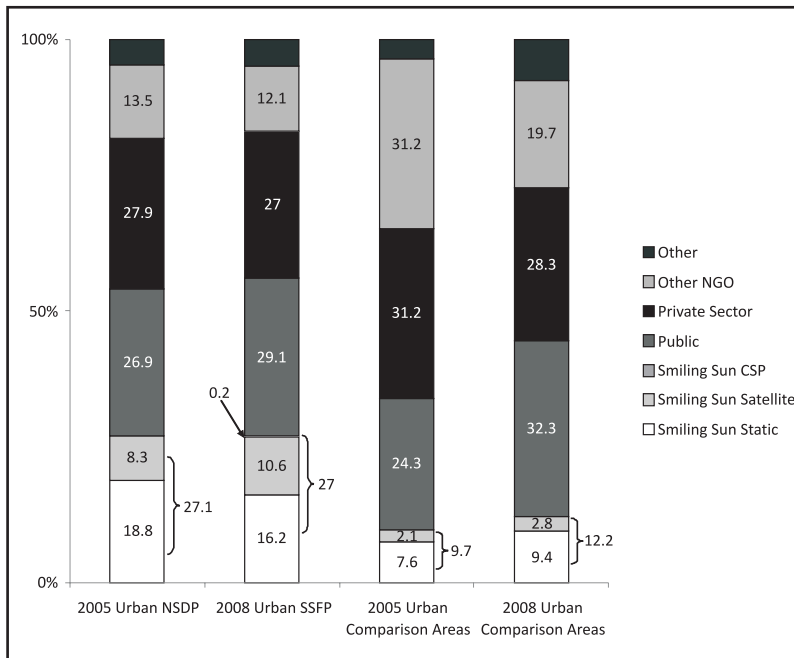


Figure S.5. Market Share for DPT-3 Vaccine, Urban Project and Non-Project Areas, NSDP 2005 and BSSFP 2008.

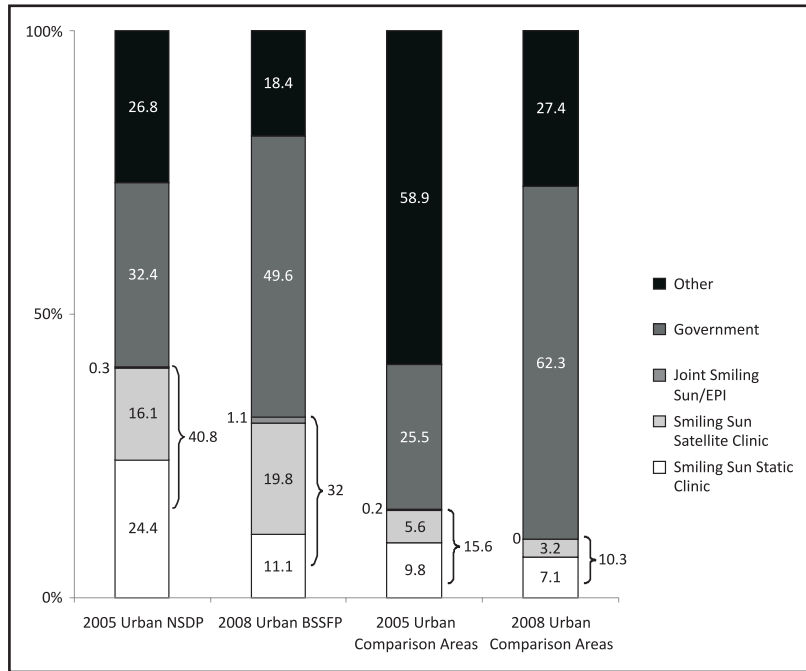


Table S.3. Summary table of urban BSSFP results for key indicators; 2008 urban project and non-project areas and 2005 urban NSDP and non-project areas

	Project Areas		Non-Project Areas	
	Urban NSDP Survey 2005	Urban BSSFP Survey 2008	Urban NSDP Survey 2005	Urban BSSFP Survey 2008
SO: Fertility reduced; family health improved				
Total Fertility Rate 15-49 (3 year recall)	2.2	2.3	2.2	2.3
Infant Mortality Rate	40.8	52.2	49.2	44.0
Child Mortality Rate	11.4	9.0	11.0	11.9
Under 5 Mortality Rate	51.7	60.7	59.7	55.3
IR1: Increased use of high-impact elements of an “Essential Services Package” among target populations, especially in low-performing areas.				
<i>Contraceptive prevalence rate (modern methods) among currently married women</i>				
Any method	67.1	67.6	67.3	68.7
Any modern method	56.9	58.8	56.8	59.8
Pill	28.2	29.8	27.8	33.2
IUD	0.6	0.6	0.9	0.5
Injection	9.4	12.5	8.1	10.5
Condom	12.6	9.1	13.1	9.3
Female Sterilization	4.5	4.5	5.4	4.1
Male Sterilization	0.4	0.9	0.6	1.1
Norplant	1.2	1.4	1.0	1.0
Any traditional	9.8	8.7	10.0	8.9
Not using any method	32.9	32.4	32.7	31.3
<i>Contraceptive prevalence rate (modern methods) among currently married adolescents</i>				
Age 10-14	48.2	51.6	54.2	42.1
Age 15-19	51.3	52.3	48.1	54.5
<i>Percent of children aged 12-23 months who received specific vaccines at any time before the survey (source is either vaccination card or mother’s report)</i>				
BCG	96.8	96.7	97.7	97.1
DPT3	91.0	91.6	91.0	94.1
Polio3	90.8	91.8	90.7	95.4
Measles	86.1	87.9	84.7	86.6
All	83.8	84.4	82.1	86.6
Percent of children (9-59 months) receiving vitamin-A capsules in the last six months	62.9	80.3	56.3	82.6
<i>Percent of child diarrheal episodes treated with ORT in target populations</i>				
Packet ORS	79.1	83.6	74.6	82.5
Laban gur saline (RHF)	12.5	9.1	15.2	15.3
Oral Rehydration Therapy (ORS or laban gur)	83.0	89.8	77.4	92.9
<i>Percent of child ARI cases treated in target populations</i>				
Health facility or provider	45.9	58.5	42.4	55.3

	Project Areas		Non-Project Areas	
	Urban NSDP Survey 2005	Urban BSSFP Survey 2008	Urban NSDP Survey 2005	Urban BSSFP Survey 2008
Percent of live births for which women in target populations made one or more ANC visits, by age				
Women with a live birth in the last year	83.7	x	84.9	x
Women with a live birth in the last 3 years	82.2	83.6	84.2	81.5
Percent of women receiving antenatal care from a medically trained provider, live births in the last 3 years	80.0	79.4	81.2	77.5
Percent of pregnant women taking iron supplementation				
Women with a live birth in the last year	68.9	x	75.0	x
Women with a live birth in the last 3 years	69.1	64.4	73.1	68.4
IR2: 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.				
<u>Static Clinic</u>				
Clinical FP method	60.8	67.0	x	65.8
Non-clinical FP method	49.2	63.6	x	60.0
Advice for side effects	1.6	5.6	x	6.7
ANC	77.9	79.7	x	83.6
PNC	19.9	35.4	x	43.2
EPI	79.3	65.9	x	63.7
Oral saline	3.7	2.0	x	1.4
<u>Satellite Clinic</u>				
Clinical FP method	46.0	57.6	x	x
Non-clinical FP method	42.3	58.6	x	x
Advice for side effects	0.9	4.0	x	x
ANC	52.8	64.5	x	x
PNC	7.0	20.7	x	x
EPI	86.0	75.5	x	x
Oral saline (ORS/diarrhea treatment)	0.9	1.2	x	x
Percent of mothers who know when their child's next immunization is due; danger signs of pregnancy				
<u>Know when child's next immunization is due</u>				
DPT3	62.9	x	73.4	x
Polio3	64.2	x	72.8	x
Both	62.9	x	73.4	x
<u>Know danger signs for pregnancy and how to react</u>				
Tetanus	66.8	48.4	65.5	49.0
Obstructed labor	31.2	34.8	30.0	30.3
Convulsions/Eclampsia	43.9	36.0	45.8	35.3
Retained placenta	34.3	38.6	26.3	39.8
Poor positioning of fetus	34.8	36.5	29.2	33.8
Excessive vaginal bleeding	33.8	36.3	29.4	35.8
Don't know	2.7	1.1	4.4	1.2

	Project Areas		Non-Project Areas	
	Urban NSDP Survey 2005	Urban BSSFP Survey 2008	Urban NSDP Survey 2005	Urban BSSFP Survey 2008
<i>Percent distribution of tetanus toxoid injections received during the last pregnancy, among mothers with a live birth in the 3 years preceding the survey</i>				
None	10.9	23.1	12.2	21.8
One	28.3	26.2	23.0	21.6
Two or more injections	60.7	50.7	64.8	56.6
Don't know/missing	0.2	0.0	0.0	0.0
<i>Percentage of last born children who were ever breastfed</i>				
Breastfeeding initiation for the last born child	98.5	97.1	98.4	99.2
<i>Percentage breastfed within one hour of birth</i>				
Percentage breastfed within one hour of birth	19.9	42.6	21.5	40.5
<i>Percentage breastfed within one day of birth</i>				
Percentage breastfed within one day of birth	78.3	88.6	78.7	91.6
IR3: Improved quality of services at NSDP/BSSFP facilities				
<i>Drop-out rates for EPI</i>				
DPT3	5.5	4.9	5.8	3.0
Polio3	4.3	3.0	4.7	1.7
<i>Awareness and utilization of Smiling Sun services and clinics</i>				
Percent of women reporting having seen the Smiling Sun logo	90.2	75.0	83.4	67.0
Percent of women who are aware of a temporary or satellite clinic in their area	66.4	64.6	71.0	56.6
Percent of women who are aware of a hospital/clinic in the area from which they can obtain health or family planning services	98.2	84.0	97.6	90.3

Note: An "x" indicates that the indicator was not available for the survey at that time.

CHAPTER 1. INTRODUCTION

1.1. Background on the Bangladesh Smiling Sun Franchise Program

The Bangladesh Smiling Sun Franchise Program (BSSFP) is a USAID-funded program that aims to deliver family planning and a broad package of maternal and child health-focused interventions through clinics administered by a network of NGOs. It is the most recent incarnation of an evolving series of interventions that began with separate urban and rural components (called, respectively, the Urban Family Health Partnership (UFHP) and Rural Service Delivery Partnership (RSDP) before being consolidated into the NGO Service Delivery Program (NSDP).

This family of programs was motivated by an apparent “plateau” of around 3.4 to the total fertility rate evident from the early 1990s. This plateau came after nearly two decades of steady declines in the total fertility rate under a family planning delivery model, the cornerstone of which is the door-to-door delivery of family planning services. However, the fertility plateau led to speculation that further progress lowering fertility might require addressing broader family health, which remained poor. USAID/Bangladesh thus conceived the UFHP and RSDP programs to deliver family planning and a broad package of maternal and child health services through a facility-based (as opposed to door-to-door) model. The programs offered, in essence, a “one-stop shopping” approach that sought to address fertility both directly (through provision of family planning services) and indirectly (by addressing broader family health). The successor program, the NSDP, offered some adjustments to these earlier efforts, but mainly served to consolidate the urban (UFHP) and rural (RSDP) components under one administrative umbrella.

The BSSFP program is the successor to the NSDP program. It retains much of the basic delivery model and set of interventions (i.e., the range of family planning and health services offered) of the NSDP. The most important new feature of the BSSFP is a shift toward a franchise model with a more explicit self-sustainability/cost-recovery mandate. Specifically, user fees for services will play a more central role in the financing of the BSSFP than had been the case with the NSDP. Furthermore, while the NSDP program involved branding efforts (with an emphasis on the program symbol, referred to as the “Smiling Sun”), the BSSFP will involve more intense health communications activities designed to establish the “Smiling Sun” brand as associated with clean, courteous, and reliable delivery of effective health care, thus rendering it a vehicle for a franchise model of health care delivery.

MEASURE Evaluation at the Carolina Population Center of the University of North Carolina at Chapel Hill has directed the monitoring of each of these earlier programs with monitoring surveys (2001, 2003, and 2005) on behalf of the United States Agency for International Development (USAID). MEASURE Evaluation now has the responsibility of monitoring the BSSFP program. To establish benchmarks for monitoring the progress of the program, a baseline survey was conducted in 2008. This report presents main results of the urban component of the 2008 BSSFP baseline survey.

1.2. Population

Table 1.1 shows the estimated project population by type of urban domain. In 2008, the overall project population (i.e., the population residing in project catchment areas) was 8,562,838, of which 1,798,598 (21 percent) was located in Dhaka City Corporation areas, with 1,340,385 (15.7 percent) in Chittagong City Corporation areas, 985,478 (11.5 percent) in the rest of the city corporations, and 4,438,377 (51.8 percent) in district and thana municipalities. The urban component of the BSSFP project is heavily concentrated in Dhaka and Chittagong among the City Corporation, while just over half of the urban project population is actually outside of the City Corporations.

Table 1.1. Distribution of the project population by city type

City Type	Population size	Percentage
Dhaka City Corporation	1,798,598	21.0
Chittagong City Corporation	1,340,385	15.7
Remaining city corporations	985,478	11.5
District and thana municipalities	4,438,377	51.8
Total	8,562,838	100.0

1.3. Organization of the 2008 Urban BSSFP Baseline Survey

1.3.1. Survey Objectives

The principal objective of the survey is to assess health and health behavior-related conditions at the population level in project areas and similar comparison areas where the project is not operating. This involves collecting data on representative samples in urban project intervention areas and in suitable comparison areas. These data will be used: (1) to monitor changes in the indicators specified in the USAID performance indicators between 2008 and 2011, and (2) to evaluate the contribution of the BSSFP project to any of these changes.

1.3.2. Implementation of the Survey

The 2008 Urban BSSFP Baseline 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 four strata: project areas in the Dhaka City Corporation, project areas in the Chittagong City Corporation, project areas in the remaining city corporations, and project areas in district and Upazila municipalities. Additionally, a sample of non-project areas formed a fifth stratum intended to serve as a comparison group for project samples. The comparison sample was drawn from areas adjacent to but outside of BSSFP catchment areas where the government was working.

Household samples were chosen from 156 clusters in project areas. A cluster was equivalent to a mahalla or part of a mahalla. Table 1.2 provides the number of selected clusters by strata. Of the 156 clusters from project areas, 30 were located in Dhaka City Corporation; 36 were located in Chittagong City Corporation; 25 were drawn from the rest of the city corporation areas; and 65 were from district and thana Municipalities. In non-project areas, household samples were drawn from 43 clusters.

A household listing operation was carried out in all selected clusters. The resulting lists of households were used as the sampling frame for the selection of households in the second stage of sampling. On average, 37 households were selected from each cluster in BSSFP project areas, and 34 households were selected from each cluster in comparison areas, using an equal probability systematic sampling technique.

A total of 25 out of 26 clusters were covered in the remaining city corporations (RCC) statistical domain. Data collection was not possible in one selected cluster in the RCC areas, as it turned out not to be covered by the project at the time. At the time the problem was identified 13 clusters remained to be interviewed in the RCC domain. The sample size was thus raised from 37 to 41 for each of these remaining 13 clusters.

Table 1.2. Sample sites for the Urban BSSFP Baseline Survey (PSUs)

Project Areas	Sample Sites
Dhaka City Corporation	30
Chittagong City Corporation	36
Remaining City Corporations	25
District and Thana Municipalities	65
Total Number of Project Areas	156
Non-Project Comparison Areas	43
Total Sample	199

1.3.4. Survey Instruments

Three instruments were used for the urban component of the 2008 BSSFP Baseline Survey:

Household Listing Schedule

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 cluster.

Household and Women's Questionnaire

The 2008 Urban BSSFP Baseline Survey used two questionnaires: a household and women's questionnaire, and a community questionnaire. These were initially developed by MEASURE Evaluation before being reviewed by USAID/Dhaka and pre-tested by Mitra and Associates. The questionnaires were developed in English and then translated into Bangla.

The household and women's questionnaire had two parts. The household component listed all usual members and visitors in selected households. Some basic information was collected on the characteristics of each person, including age, sex, marital status, and relationship to the head of the household. The main purpose of the household part of the household and women's questionnaire 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 individual women's component of the questionnaire collected information from ever-married women aged 10 to 49 years residing in selected households. 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;
- Knowledge of existing health services and providers; and
- Bidding game (willingness-to-pay technique).

These instruments provided comprehensive information regarding the strategic objectives of the BSSFP as well as most of the baseline results. The full household and women's questionnaires are available in the Questionnaires section at the back of this report.

Community Questionnaire

The community questionnaire was administered to a knowledgeable community-level informants in each selected cluster. The community questionnaire had two principal purposes: (1) to collect information about important community characteristics of BSSFP project and non-BSSFP areas, and (2) to identify the BSSFP and non-BSSFP health facilities in the communities. This information was also used to verify information gathered in the women's questionnaire on the type of facilities respondents accessed and the health service providers they utilized. The community survey collected information on the following topics:

- Availability of basic health services (schools, roads, communications, etc.);
- Identification of sources of basic health services, including non-clinic based sources;
- Identification and characteristics of health promotion activities in the community (IEC campaigns, community mobilizers); and
- Identification of other development activities in the community.

Collectively, the questionnaires provide a comprehensive picture of the households and women in BSSFP project and non-BSSFP communities, as well as the health services supply environment and community setting within which they reside.

1.3.5. Training and Fieldwork

The pretest interviews for the household and women's questionnaire were conducted from June 18-25, 2008. An interviewing team comprised of six members, including one male supervisor, one female supervisor, and four female interviewers, conducted the pre-testing. The team members were trained on the survey instruments and methodology for three days (June 15-17, 2008) at the Dhaka office of Mitra and Associates. Following that, the teams conducted interviews at various urban 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 work was completed over a period of three months in three phases. The work commenced on June 20, 2008, and was completed on September 10, 2008.

A total of eight listing teams were deployed for the listing operation, with each team consisting of two members. In addition, two supervisors were deployed to check/verify the work of the listing teams. Training for the listers and mappers was conducted at the Dhaka office of Mitra and Associates over the course of three days (from June 17-19, 2008).

Training for the interviewing teams was conducted at Mitra and Associates for 16 days, from June 29 to July 20, 2008. 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 in 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 supervisors.

Fieldwork for the main survey of eligible respondents was conducted from July 21 through September 30, 2008. Eight interviewing teams were deployed to carry out the fieldwork. Each team consisted of one male supervisor, one female editor, four female interviewers and one field logistical assistant. Four male interviewers were also employed for conducting the community interviews.

Four quality control officers were employed to oversee the work of the interviewing teams. In addition to the quality control officers, senior professionals of Mitra and Associates were sent to the field to monitor the data collection work.

1.3.6. Data Processing

All questionnaires were returned for processing at the Dhaka offices of Mitra and Associates. Processing consisted of office editing, coding of open-ended questions, data entry, and editing inconsistencies found by the computer programs. Six data entry operators were employed to enter data from the questionnaires into the computer. In addition to the data entry operators, one data entry supervisor was employed to oversee the work of the operators. The BSSFP data entry programs were written in CSPro (The Census and Survey Processing System). The data entry work started on August 31, 2008 and was completed by the end of October 2008.

1.4. Response Rates

Table 1.3 provides response rates for the survey. A total of 7,286 households were selected for interview—5,824 in project areas and 1462 in non-project areas. Of these, 7,274 households were occupied (5,812 in project areas and 1462 in non-project areas). Among the occupied households, 6991 (96.1 percent) were interviewed; 5,574 (95.9 percent) in project areas and 1,174 (96.9 percent) in non-project areas.

Table 1.3. Results of household and individual interviews

Number of households, number of interviews, and response rates according domain, BSSFP project and non-project areas, 2008.

	Project areas					Non-project areas
	Dhaka City corporation	Chittagong City corporation	Rest of the City corporations	District and Upazila Municipalities	Total project areas	
Households sampled	1110	1332	977	2405	5824	1462
Households found	1109	1331	967	2405	5812	1462
Households interviewed	1013	1295	939	2327	5574	1417
Household response rate (%)	91.3	97.3	97.1	96.8	95.9	96.9
Eligible women found	1082	1425	993	2468	5968	1515
Eligible women interviewed	983	1339	922	2301	5545	1392
Eligible women response rate (%)	90.9	94.0	92.8	93.2	92.9	91.9

A total of 7,483 eligible respondents, ever-married, aged 10 to 49 years, were identified among the successfully contacted households (5,968 in project areas and 1,515 in non-project areas). Of the eligible women, 6937 (92.7 percent) were interviewed; 5,545 (92.9 percent) in project areas and 1,392 (91.9 percent) in non-project areas. Response rates were nearly identical in BSSFP Project and non-BSSFP areas. The principal reason for non-response was the failure to find potential respondents at home at the time of interview.

CHAPTER 2. HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS

This chapter presents background information regarding households in the survey sample. Specifically, it presents information on the demographic and social characteristics of the household population. 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 program’s objectives emerge.

For purposes of the 2008 BSSFP Baseline Survey, a household was defined as a person or group of people who lived together in the same dwelling unit(s), with common cooking and eating arrangements, and one adult acknowledged as the head of the household. A member of the household was any person who usually lived in the household, and/or a visitor who was not a usual member of the household but spent the night before the interview in the household.

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 34 percent of the population was under the age of 15 while five percent was aged 60 or older (in non-project areas, the figures were 34 and six percent, respectively). The child dependency ratio (of children aged 0-14 years to adults aged 15-59) was similar in both the project and non-project areas (56 percent each). There was a slightly higher proportion of the male population compared to that of the female population in both the younger and older age groups in both the project and non-project areas.

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 usually living in the home, regardless of whether they were present at the time of interview. The proportion of female-headed households was slightly higher in non-project than in project areas (14 versus 12 percent, respectively). Within project areas, female-headed households were relatively more common in Chittagong City Corporation than in the other urban areas (14 percent, versus 12 percent in district municipalities, for example). The mean household size (usual members) was 4.6 in project areas and 4.5 in non-project areas. Within the project areas, the mean household size was slightly larger in Chittagong City Corporation areas (4.9) than in the other urban areas (4.6 each).

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 both in project and in non-project areas (98 percent each), while for women the figures were approximately 59 and 60 percent in project and in non-project areas, respectively. The proportion never married dropped sharply with increasing age for both sexes. Overall, about 40 percent of men were never married in both the project and non-project areas. Around 28 percent of women in both samples were never married.

Table 2.1. Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age group, according to sex, and project and non-project areas, 2008 BSSFP.

Age group	Project areas			Non-Project areas		
	Male	Female	Total	Male	Female	Total
0-4	11.3	10.8	11.0	11.0	10.9	10.9
5-9	12.2	11.6	11.9	12.3	11.1	11.7
10-14	10.7	11.0	10.9	11.3	11.1	11.2
15-19	9.8	12.3	11.1	9.2	12.2	10.8
20-24	8.2	12.3	10.3	8.3	11.4	9.9
25-29	9.4	9.4	9.4	8.8	10.2	9.5
30-34	7.4	7.7	7.5	7.2	7.2	7.2
35-39	8.1	6.5	7.3	8.1	6.9	7.5
40-44	5.5	4.8	5.2	6.0	4.4	5.2
45-49	5.3	3.7	4.5	5.6	3.6	4.5
50-54	3.4	2.7	3.0	3.7	2.9	3.3
55-59	2.7	2.4	2.5	2.1	2.6	2.3
60-64	2.0	1.8	1.9	2.2	1.9	2.1
65-69	1.4	1.0	1.2	1.4	.7	1.0
70-74	1.4	0.9	1.1	1.6	1.4	1.5
75-79	0.6	0.4	0.5	.5	.5	.5
80+	0.7	0.6	0.6	.8	.9	.8
DK/Missing	0.0	0.0	0.0		.0	.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	12829	13024	25854	3102	3284	6386

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, BSSFP 2008.

	Project areas					Non-Project areas
	Dhaka City corporation	Chittagong City corporation	Rest of the City corporations	District and Upazila Municipalities	Total project areas	
Sex of the household head						
Male	89.8	86.4	88.0	87.9	88.1	85.7
Female	10.2	13.6	12.0	12.1	11.9	14.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of usual members						
1	.8	.7	1.7	1.7	1.4	.9
2	9.2	10.0	9.9	9.4	9.5	8.3
3	17.8	16.1	19.0	18.3	17.9	20.9
4	26.9	21.3	24.7	25.5	25.1	25.7
5	22.1	19.6	17.7	20.2	20.2	20.3
6	11.1	13.1	12.5	11.6	11.8	12.0
7	6.0	8.0	6.4	6.2	6.5	5.6
8	2.4	5.2	3.6	3.6	3.6	3.0
9+	3.8	6.0	4.6	3.5	4.1	3.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Mean Size	4.6	4.9	4.6	4.6	4.6	4.5
Number	1171	873	641	2889	5574	1417

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, BSSFP 2008.

Age Group	Male						Female					
	Project areas			Non-Project areas			Project areas			Non-Project areas		
	CM	FM	NM	CM	FM	NM	CM	FM	NM	CM	FM	NM
10-14	0.1	0.0	99.8	0.2	0.0	99.8	1.8	.0	98.2	3.4	.0	96.6
15-19	2.3	0.2	97.5	2.0	0.0	98.0	38.9	1.8	59.3	39.6	.8	59.6
20-24	24.4	0.5	75.0	22.1	0.5	77.5	75.9	3.1	20.9	75.7	2.6	21.7
25-29	67.0	0.6	32.4	71.6	1.2	27.2	88.5	4.2	7.2	88.4	3.8	7.8
30-34	86.5	0.6	12.9	86.2	0.0	13.8	91.6	6.1	2.3	90.2	6.9	2.9
35-39	95.1	0.7	4.3	96.9	0.5	2.6	89.6	9.4	1.0	87.3	10.8	1.9
40-44	97.7	1.5	0.9	98.0	2.0	0.0	83.2	15.7	1.1	83.0	17.0	0.0
45-49	97.9	0.7	1.4	98.7	0.7	0.7	77.3	21.0	1.7	79.5	20.5	0.0
50-54	96.6	3.0	0.4	98.8	0.6	0.6	68.0	32.0	0.0	64.0	34.7	1.3
55-59	97.6	2.4	0.0	98.2	1.8	0.0	55.2	44.2	0.6	56.4	41.2	2.4
60-64	96.6	2.9	0.5	99.1	0.9	0.0	41.0	58.5	0.5	41.0	59.0	0.0
65-69	94.7	4.6	0.7	97.1	2.9	0.0	32.8	67.2	0.0	26.4	73.6	0.0
70-74	89.5	8.7	1.8	90.9	9.1	0.0	16.3	82.5	1.2	7.6	92.4	0.0
75-79	92.9	7.1	0.0	82.9	17.1	0.0	17.9	82.1	0.0	0.0	100.0	0.0
80+	83.6	14.9	1.5	66.2	33.8	0.0	6.9	90.6	2.5	0.0	100.0	0.0
Total	58.8	1.2	40.1	59.7	1.2	39.1	60.8	11.3	27.9	59.7	12.6	27.7
Number	5787	114	3946	1432	30	938	6056	1126	2780	1537	326	714

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 both the project and non-project areas obtained drinking water from tube wells. They were followed in importance by piped water inside the dwelling (33 percent in project areas against 29 percent in non-project areas), and piped water outside of the dwelling (five percent in project areas and four percent in non-project areas). In the case of water sources for household cooking and hand washing, similar patterns to those seen with source of drinking water were observed in both the project and non-project areas.

Hygienic toilet facilities (defined as a septic tank/modern toilet, or water-sealed/slab latrine) were most common in both project and non-project areas. About 70 percent of households in project areas and 66 percent in non-project areas had a hygienic toilet. The percentage of households without access to toilet facilities was very low in both the project and non-project areas (three percent or less in each). About six-in-ten households in both project and in non-project areas shared toilet facilities with members of other households.

Table 2.4. Household drinking water and sanitation facilities

Percent distribution of households by source of drinking water and sanitation facilities, according to project and non-project areas, BSSFP 2008.

Characteristics	Project areas	Non-Project areas
Source of drinking water		
Improved source		
Piped water into dwelling/yard/plot	32.8	28.7
Public tap/standpipe	4.9	4.2
Tube well or borehole	61.1	64.0
Protected dug well	0.2	0.1
Protected spring	0.0	0.0
Rainwater	0.5	1.7
Non-improved source		
Unprotected dug well	0.0	0.0
Unprotected spring	0.0	0.0
Tanker truck/cart with small tank	0.0	0.0
Surface water	0.3	1.3
Bottled water, improved source for cooking/washing	0.0	0.0
Other	0.2	0.1
Total	100.0	100.0
Source of cooking and hand-washing water		
Improved source		
Piped water into dwelling/yard/plot	32.8	28.7
Public tap/standpipe	4.9	4.2
Tube well or borehole	61.2	64.0
Protected dug well	0.2	0.1
Protected spring		
Rainwater	0.5	1.7
Non-improved source	0.0	0.0
Unprotected dug well	0.0	0.0
Unprotected spring	0.0	0.0
Tanker truck/cart with small tank	0.0	0.0
Surface water	0.3	1.3
Bottled water, improved source for cooking/washing	0.0	0.0
Other	0.2	0.1
Total	100.0	100.0
Type of toilet/latrine facility		
Septic tank/toilet	50.8	48.8
Water sealed/slab latrine	19.2	17.2
Pit latrine	23.9	25.0
Open latrine	0.1	0.0
Hanging latrine	5.0	5.7
No facility, bush	1.0	3.2
Other	0.0	0.0
Total	100.0	100.0
Number	5574	1417
Share toilet facility with other households		
Yes	58.3	57.2
No	41.7	42.8
Total	100.0	100.0
Number	5502	1371

2.5. Housing Characteristics and Possession of Durable Goods

Table 2.5 presents the distribution of roof, wall, and floor materials across sampled households. Rudimentary (tin) roofs were most common in both the project and non-project areas. In both areas about 75 percent of households lived in dwellings with tin roofs. There was little or no variation in the use of cement or ceramic tiles for roofing material between project and non-project areas (22 percent in project areas and 21 percent in non-project areas). In both the areas, few houses (three percent or less) were built with natural roofs (such as bamboo and thatch).

The majority of households in both the project and non-project areas lived in dwellings with walls made of brick and cement. The percentage of households living in brick and cement dwellings was similar in both project and non-project areas (around 52 percent each). The most commonly used floor materials were cement or concrete in both the project (57 percent) and non-project (55 percent) areas. However, a large percentage of respondents still lived in houses with earthen or sand floors (43 percent in project areas and 45 percent in non-project areas).

Ownership of homestead land was common in both the project (86 percent) and non-project (84 percent) areas. About 26 percent of households in project areas and 29 percent in non-project areas owned land other than the homestead.

Table 2.6 presents data on the possession of consumer durables. About 87 percent of households in project areas had electricity, compared with 84 percent in non-project areas. There were no pronounced differences in household possession of durable goods between project and non-project areas. The possession of a watch or clock was 71 percent in project areas and 68 percent in non-project areas. Ownership was very similar across groups for other consumer durables, such as chairs (66 percent each), tables (65 percent each), mobile telephones (60 versus 59 percent, respectively), televisions (59 versus 57 percent), almirahs (49 versus 47 percent), and refrigerators (22 versus 20 percent). Further, there was little or no variation in the patterns of possession of durable goods between project and non-project areas.

Table 2.5. Housing characteristics and land ownership

Percent distribution of households by housing characteristics and land ownership, according to project and non-project areas, BSSFP 2008.

	Project areas	Non-project areas
Main roof material		
No roof	0.1	0.1
Thatch/palm leaf/bamboo/wood plank/cardboard	3.1	2.9
Tin	74.6	74.8
Cement, ceramic tiles	21.5	20.9
Other	0.6	1.4
Missing		
Total	100.0	100.0
Main wall material		
No walls	0.0	0.1
Cane/palm/trunks, dirt, bamboo with mud	20.0	24.2
Tin	25.3	21.2
Cement, stone with lime/cement, bricks	52.4	51.9
Other	2.2	2.7
Missing	0.1	0.0
Total	100.0	100.0
Flooring material		
Earth/sand/palm/bamboo	42.7	45.1
Parquet or polished wood	0.0	0.0
Cement/ceramic tiles	57.2	54.7
Other	0.0	0.2
Missing	0.0	0.0
Total	100.0	100.0
Household owns any homestead		
Yes	86.1	83.6
No	13.9	16.4
Total	100.0	100.0
Household owns any other land		
Yes	26.0	29.3
No	74.0	70.7
Total	100.0	100.0
Amount of other land owned		
No land	74.0	70.8
<50 decimals	9.8	9.5
50-99 decimals	4.5	5.3
1.00 acres – 1.99 acres	4.3	5.9
2.00 acres – 4.99 acres	4.0	4.7
5.00+ acres	2.1	2.7
DK/missing	1.3	1.2
Total	100.0	100.0
Number	5574	1417

Table 2.6. Household assets and amenities

Percentage of households possessing various household effects, according to project and non-project areas, BSSFP 2008.

Ownership	Project areas	Non-project areas
Electricity		
Yes	86.7	84.1
No	13.3	15.9
Durable Goods		
Almirah	49.1	46.6
Table	64.9	64.6
Chair	65.9	66.0
Watch or clock	70.9	67.7
Radio	13.8	14.6
Television	58.9	56.8
Bicycle	17.6	18.2
Motorcycle/scooter	4.0	4.8
Mobile telephone	60.2	58.6
Non-mobile telephone	5.6	5.2
Refrigerator	21.7	20.4
Animal drawn cart	0.2	0.2
Car/truck	1.1	.6
Boat with a motor	0.2	0.2
Rickshaw/van	5.4	6.0
Sewing machine	11.9	11.0
Do not own any durable goods	0.0	0.0
Number	5574	1417

2.6. Socioeconomic Status

Households in the 2008 Urban BSSFP Baseline Survey were categorized by socioeconomic status (SES) using an index based on household durable goods and dwelling characteristics. The durable goods used in the creation of the index were: Beds, tables and chairs, radios, televisions, bicycles, almirahs, and watches or clocks. The dwelling characteristics measured included: Having electricity, the type of water source, the type of toilet, and the floor, wall, and roof materials used in the dwelling's construction. 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 calculated as a weighted sum of the characteristics of the dwelling and the durable goods available in the household. Households in the 2008 Urban BSSFP Baseline Survey were then categorized into quintiles using the index.

In the following chapters, we refer to the SES classification as the household asset quintiles. The classification procedure used in 2008 is similar to the one used in the 2005 Urban NGO Service Delivery Program Evaluation survey. The classifications of the 2008 households used in this report were independent of any national socioeconomic distribution that may have been used in other surveys. The 2008 SES classification was specific to the populations of BSSFP project and non-project comparison areas.

CHAPTER 3. WOMEN'S CHARACTERISTICS AND STATUS

This chapter describes the demographic and social characteristics of women of reproductive age interviewed in the 2008 Bangladesh Smiling Sun Franchise Program (BSSFP) Baseline Survey. The information is useful for understanding the context in which the survey findings were obtained as well as for interpretation of the findings.

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, 51.5 percent of ever-married women lived in district and Upazila municipalities, while 21 percent resided in the Dhaka City Corporation, 16.1 percent in Chittagong City Corporation, and 11.4 percent were from the remaining city corporations. About nine of every ten women interviewed were Muslim, with the majority of non-Muslims being Hindu.

There were comparatively few respondents under the age of 20. This is because only ever-married women were interviewed, and many do not marry by age 20 in urban areas. Beginning with those aged 30-34, the proportion of respondents in older age groups gradually fell in project and non-project areas. Thus, in BSSFP project areas, 56.4 percent of those interviewed were in the age range of 20-34 years, while 32.7 percent were age 35 or older and 10.9 percent were younger than 20. There was no variation in the age composition of respondents between project and non-project areas.

Thirty three percent of ever-married women in BSSFP project areas had never attended school. About 27.3 percent had some primary education, while about 39.7 percent had some secondary or complete secondary and higher education. Nearly half of respondents (48 percent) were able to read and write a letter easily.

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.

Overall, there was little variation between project and non-project areas in terms of the distributions of age, education, religion, and literacy. However, slightly more project than non-project respondents were in the fourth and highest asset quintile (42.5 percent, against 40.0 percent in non-project areas).

Table 3.1. Background characteristics of respondents

Percent distribution of women by selected background characteristics, BSSFP 2008.

	BSSFP Project area			Non-project area		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
10-14	0.4	22	23	0.8	12	10
15-19	10.5	584	584	10.0	139	137
20-24	20.7	1147	1146	19.5	271	276
25-29	18.9	1048	1055	20.5	286	283
30-34	16.8	932	924	15.7	219	217
35-39	14.3	793	800	15.4	214	212
40-44	10.5	582	580	9.9	138	140
45-49	7.9	437	433	8.1	113	117
Domain						
Dhaka city corporation	21.0	1165	983	-	-	-
Chittagong city corporation	16.1	894	1339	-	-	-
Rest of the city corporations	11.4	632	922	-	-	-
District and Upazila municipalities	51.5	2854	2301	-	-	-
Household asset quintile						
Lowest	17.0	943	951	21.9	305	306
Second	19.5	1084	1085	17.8	248	249
Middle	20.9	1161	1154	20.3	282	277
Fourth	22.0	1219	1228	19.6	273	269
Highest	20.5	1138	1127	20.4	284	291
Married once/more						
Once	96.2	5336	5327	96.1	1338	1334
More than once	3.8	209	218	3.9	54	58
Highest educational level						
No education	33.0	1832	1848	32.6	454	454
Primary incomplete	16.8	930	943	16.2	225	224
Primary complete	10.5	581	575	10.0	139	142
Secondary incomplete	24.5	1357	1354	25.2	350	345
Secondary complete or higher	15.2	845	825	16.0	223	227
Can read or write						
Easily	48.0	2664	2642	48.3	672	670
With difficulty	12.5	691	707	13.1	183	190
Not at all	39.5	2191	2196	38.6	537	532
Religion						
Islam	91.9	5098	5091	90.4	1258	1250
Hinduism	7.5	413	418	8.7	121	131
Buddhism	0.2	10	15	0.1	1	2
Christianity	0.3	17	15	0.7	10	8
Other/missing	0.1	6	6	0.1	1	1
Total	100.0	5539	5539	100.0	1391	1391

3.2. Exposure to Mass Media

Respondents were asked whether they usually read a newspaper or magazine, listened to the radio, or watched television. Those who responded affirmatively were then asked how often they did so. It is important to know which respondents were more or less likely to be reached by specific media in order to plan programs intended to spread information about possible access to health services. Table 3.2 presents the percentage of respondents exposed to each of these types of media.

In BSSF project areas, more than eight of every ten respondents usually watched television, with 57.9 percent doing so every day and 17.1 percent doing so at least once a week. Only 10 percent usually listened to the radio (3.7 percent every day and 4.3 percent at least once a week). Newspapers/magazines were read by 17.7 percent of women sampled, with 5.2 percent doing so every day and 7.7 percent doing so at least once a week. There was little or no variation in exposure to mass media between project and non-project areas.

Table 3.2. Exposure to mass media

Percent distribution of women by whether they are exposed to specific media, according to project and non-project areas, BSSF 2008.

Characteristics	Project areas	Non-Project areas
How often reads newspaper		
Everyday	5.2	4.3
At least once a week	7.7	8.7
Less than once a week	4.8	5.5
Does not/can not read	82.3	81.5
Total	100.0	100.0
How often listens to radio		
Everyday	3.7	3.7
At least once a week	4.3	4.8
Less than once a week	1.8	1.7
Does not listen	90.2	89.8
Total	100.0	100.0
Exposure to TV		
Everyday	57.9	58.4
At least once a week	17.1	16.2
Less than once a week	5.1	5.8
Does not watch	19.8	19.6
Total	100.0	100.0
Number	5545	1392

3.3. Membership in NGOs

Table 3.3 provides the percentage of respondents affiliated with an NGO, such as the Grameen Bank, BRAC, BRDB, Mothers Club, Proshika, ASHA, TTMS, and any other such organization. ASHA, BRAC, and the Grameen Bank were the most popular NGOs in project areas, claiming 15.9, 6.9 and 5.2 percent, respectively, of respondents as members. A large portion of project and non-project area respondents were affiliated with any other NGO (15.1 and 13.4 percent, respectively). There was little variation in NGO affiliation patterns between project and non-project areas.

Table 3.3. Membership in NGOs

Percentage of women by membership of selected NGOs, according to project and non-project areas, BSSFP 2008.

NGO	Project areas	Non-Project areas
Belongs to Grameen bank		
Yes	5.2	5.8
No	94.8	94.2
BRAC		
Yes	6.9	7.4
No	93.1	92.6
BRDB		
Yes	0.9	0.8
No	99.1	99.2
Mother's Club		
Yes	0.0	0.0
No	100.0	100.0
Proshika		
Yes	1.2	0.7
No	98.8	99.3
ASHA		
Yes	15.9	14.2
No	84.1	85.8
TMMS		
Yes	1.0	0.9
No	99.0	99.1
Other NGOs		
Yes	15.1	13.4
No	84.9	86.6
Number	5545	1392

CHAPTER 4. FERTILITY

One of the objectives of the 2008 Urban BSSFP Baseline Survey was to examine fertility levels and trends in Bangladesh Smiling Sun Franchise Program (BSSFP) 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.

The 2008 Urban BSSFP Baseline Survey gathered reproductive histories from ever-married women aged 10-49 years. In addition to information on the number of sons and daughters that a woman had, women were asked about each child's year of birth, sex, and survival status. Most fertility measures presented here are based on these birth histories. For instance, the following measures of current fertility can be derived from this collection of data:

- *Age-Specific Fertility Rates¹ (ASFR)* are expressed as the number of births per thousand women in a particular 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 a particular age group divided by the number of person-years lived by women in that age group during the same period.
- The *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 for each age interval multiplied by the number of years in that age interval (usually five).
- The *General Fertility Rate (GFR)* is defined as the number of live births occurring during a specified period per 1,000 women of reproductive age.
- The *Crude Birth Rate (CBR)* represents the number of births occurring per 1,000 population during a specified period.

Various measures of current fertility are calculated for the three years preceding the survey, which roughly correspond to the period 2005-2007. 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 for women aged 15 to 49 years for the three years preceding interview. The TFR was 2.32 births per woman in BSSFP areas and 2.26 births in non-project areas. In both project and non-project areas, fertility was highest among those aged 20 to 24. There was little variation in age-specific fertility rates between BSSFP and non-BSSFP areas.

¹ 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 survey, 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 the crude birth rate for the three years preceding the survey (1-36 months) by project and non-project areas, BSSFP 2008.

Age group	Project area	Non-Project area
15-19	106	101
20-24	136	152
25-29	115	94
30-34	68	62
35-39	28	27
40-44	10	10
45-49	1	5
TFR 15-49	2.32	2.26
TFR 15-44	2.32	2.23
GFR	90	88
CBR	21.59	21.56

TFR: Total fertility rate expressed per woman.

GFR: General fertility rate expressed per 1,000 women.

CBR: Crude birth rate, expressed per 1,000 population.

As shown in table 4.2, the TFR in the project areas was highest in Chittagong City Corporation at 2.40, followed by Dhaka City Corporation at 2.35, and the district and Upazila municipalities at 2.32. The TFR was lowest in the remaining city corporations, with a value of 2.24. Table 4.2 also provides the percentage of women who were currently pregnant at the time of interview in BSSFP areas. Overall, 6.3 percent of women in BSSFP areas were currently pregnant. The percentage was highest in Chittagong City Corporation (7.6 percent), followed by the remaining city corporations (6.5 percent), the district and Upazila municipalities (6.4 percent), and Dhaka City Corporation (5.1 percent).

Table 4.2. Fertility by domain

Total fertility rate for the three years preceding the survey and percentage currently pregnant among currently married women, by residence in project areas, BSSFP 2008.

Residence	Total fertility rate (TFR)*	Percentage currently pregnant
Dhaka city corporation	2.35	5.11
Chittagong city corporation	2.40	7.64
Rest of the city corporations	2.24	6.49
District and Upazila municipalities	2.32	6.41
Total	2.32	6.34

*Rate for women age 15-49 years.

4.2. Fertility Trends

Table 4.3 presents trends in total fertility rates occurring over five-year intervals preceding the survey. In project areas, the TFR declined from 3.41 births per woman in the 10-14 year period preceding the survey to 3.28 births in the 5-9 year period preceding the survey, and finally to 2.42 births in the four years immediately prior to interview. This represented an absolute reduction of 0.99 births per woman over a decade. In non-BSSFP areas, a decline was also observed (1.03 births per woman, from 3.40 to 2.37) over the same period. 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 occurred in Chittagong City Corporation, where the TFR fell from 3.90 to 2.54 births per woman, followed by the remaining city corporations (from 3.52 to 2.22), the district and Upazila municipalities (from 3.38 to 2.45), and Dhaka City Corporation (from 3.12 to 2.39).

Table 4.3. Trends in total fertility rates

Total fertility rates for five-year periods preceding the survey by domain, project and non-project areas, BSSFP 2008.

Characteristic	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	
	Absolute	Absolute	Absolute	%	Absolute	%	Absolute
Domain							
Dhaka city corporation	2.39	3.08	3.12	28.9	0.69	30.5	0.73
Chittagong city corporation	2.54	3.76	3.90	48.0	1.22	53.5	1.36
Rest of the city corporations	2.22	3.47	3.52	56.3	1.25	58.6	1.3
District and Upazila municipalities	2.45	3.18	3.38	29.8	0.73	38.0	0.93
Project and Non-project areas							
Project area	2.42	3.28	3.41	35.5	0.86	40.9	0.99
Non-project area	2.37	3.08	3.40	30.0	0.71	43.5	1.03

Table 4.4 shows that fertility declined for all age groups across all urban strata and in non-project areas over the 15 years preceding interview. Fertility declined more precipitously in Chittagong City Corporation, yet remained highest in that domain throughout the period. At the outset, fertility was slightly higher in project areas compared to non-project areas, but by the time of the survey it was nearly the same in both areas.

Table 4.4. Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey by region of residence, project and non-project areas, BSSFP 2008.

	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
Dhaka city corporation				
15-19	104	125	147	158
20-24	134	175	186	194
25-29	123	137	149	168
30-34	71	118	99	131
35-39	34	55	42	
40-44	12	5		
Chittagong city corporation				
15-19	95	136	158	186
20-24	153	205	219	251
25-29	122	179	168	285
30-34	84	121	144	215
35-39	34	84	90	
40-44	13	28		
45-49	7			
Rest of the city corporations				
15-19	121	162	157	177
20-24	136	200	195	201
25-29	109	149	156	193
30-34	48	105	98	174
35-39	27	49	97	
40-44	4	29		
District and Upazila municipalities				
15-19	125	155	179	210
20-24	146	178	198	217
25-29	111	140	148	173
30-34	68	86	106	144
35-39	29	43	44	
40-44	11	34		
Project area				
15-19	114	146	166	190
20-24	144	184	199	215
25-29	115	147	152	191
30-34	69	100	109	156
35-39	30	53	57	
40-44	11	27		
45-49	1			
Non-project area				
15-19	106	148	179	187
20-24	161	181	194	211
25-29	101	126	144	181
30-34	59	112	91	132
35-39	25	37	73	
40-44	14	13		
45-49	9			

4.3. Birth Intervals

A short interval between births is often associated with an increased risk of death for both mother and child. It is therefore recommended that births be spaced at least 24 months apart. Nearly 9 out of 10 births in project (85.8 percent) and non-project (88.3 percent) 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 project area urban strata. The figure was 15.2 percent in the district and Upazila municipalities, 14.1 percent in Chittagong City Corporation, 13.8 percent in rest of the city corporations, and 11.9 percent in the Dhaka City Corporation. The proportion of births within two years of the previous one was higher for younger women and for those whose previous birth resulted in a death.

The median birth interval was about the same in BSSFP (47.8 months) and non-BSSFP (48.0 months) areas. The median birth interval was slightly higher in Dhaka City Corporation (52.5 months) relative to the rest of the city corporations (47.2 months), the district and Upazila municipalities (46.6 months), and Chittagong City Corporation (45.4 months). The length of the birth interval was closely associated with the survival status of the previous sibling. The median birth interval was 17.3 months shorter when the previous sibling died than when the previous sibling was still alive (31.9 and 49.2 months, respectively). The median birth interval was similar for male and female births, increasing with the age of mother and decreasing with parity. The median birth interval for mothers aged 15-19 was only 25.2 months, as compared with 60.1 months for women aged 30-39 years. The association between maternal education and proper birth spacing was not very pronounced. For instance, the median birth interval for women with no education (45.9 months) was slightly lower than for those with higher secondary education (53.5 months). However, proper birth spacing was more closely associated with households' wealth status. The median number of months since the preceding birth increased with the household's asset quintile; from 41.7 months in the lowest asset quintile to 54.7 months for households in the highest asset quintile.

Table 4.5. Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth according to background characteristics, project and non project areas, BSSFP 2008.

Characteristics	Months since preceding birth						Number of births	Median number of months
	7-17	18-23	24-35	36-47	48+	Total		
Age								
15-19	16.3	25.1	30.2	20.7	7.6	100.0	52	25.2
20-29	6.6	9.5	21.9	17.4	44.6	100.0	1061	43.4
30-39	4.3	4.5	14.0	13.5	63.8	100.0	584	60.1
40+	5.0	6.7	8.4	17.7	62.2	100.0	75	54.4
Birth order								
2-3	4.9	7.4	18.6	16.3	52.9	100.0	1251	49.5
4-6	7.6	10.6	21.0	14.7	46.2	100.0	441	44.3
7+	14.9	7.7	14.3	24.5	38.6	100.0	80	40.1
Sex of prior birth								
Male	5.7	8.9	18.8	15.1	51.6	100.0	863	48.7
Female	6.3	7.5	19.2	17.3	49.6	100.0	909	46.9
Survival of prior birth								
Still Living	5.0	7.6	19.0	15.8	52.7	100.0	1641	49.2
Deceased	19.0	15.6	19.2	21.6	24.6	100.0	130	31.9
Domain								
Dhaka city corporation	5.3	6.6	15.0	15.6	57.5	100.0	357	52.5
Chittagong city corporation	6.8	7.3	22.8	15.1	47.9	100.0	322	45.4
Rest of the city corporations	6.9	6.9	20.7	15.7	49.8	100.0	179	47.2
District and Upazila municipalities	5.8	9.4	18.9	17.0	49.0	100.0	914	46.6
Highest educational level								
No education	6.2	9.1	19.8	17.2	47.7	100.0	658	45.9
Primary incomplete	6.1	7.5	19.1	15.7	51.6	100.0	354	48.3
Primary complete	5.8	6.7	23.0	14.8	49.6	100.0	186	45.8
Secondary incomplete	4.7	8.9	19.0	16.1	51.2	100.0	349	48.6
Secondary complete or higher	7.5	6.5	13.0	15.7	57.3	100.0	224	53.9
Household asset quintile								
Lowest	7.9	9.9	22.8	17.2	42.2	100.0	402	41.7
Second	4.7	7.8	20.5	19.6	47.5	100.0	384	45.7
Middle	6.8	8.0	17.4	16.3	51.5	100.0	381	48.5
Fourth	5.9	8.9	16.7	13.2	55.4	100.0	334	52.2
Highest	4.3	5.5	16.1	13.8	60.3	100.0	271	54.7
Project and Non-project areas								
Project area	6.0	8.2	19.0	16.2	50.6	100.0	1772	47.8
Non-project area	4.7	7.0	20.8	16.6	50.9	100.0	425	48.0

CHAPTER 5. FAMILY PLANNING

This chapter presents findings concerning the use of family planning methods, sources of family planning services and supplies, and patterns of family planning use by cohorts of particular interest, such as married adolescents. The information should be of practical use to policy and program staff in assessing the performance and achievements of the program and in planning future improvements.

5.1. Current Use of Contraception

Table 5.1 shows the distribution of the current method of contraception for women questioned in the survey. 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 currently married were asked about current use of contraception.

In project areas, 67.6 percent of currently married women were using some type of family planning method (58.8 percent reported use of a modern method, while 8.7 percent used a traditional one). In project areas, birth control pills continued to be the most popular (at 29.8 percent), accounting for 44 percent of all method use and just about half of modern method use. Rates for the other commonly used methods were: Injections, 12.5 percent; male condoms, 9.1 percent; and female sterilization, 4.5 percent. Few women used an IUD or implants/norplants, and few husbands chose male sterilization.

Contraceptive prevalence in the project sample varied little by domain. It was highest in the rest of the city corporations (at 68.2 percent), closely followed by the district and Upazila municipalities (67.9 percent), Dhaka City Corporation (67.8 percent), and Chittagong City Corporation (65.7 percent). The variations were relatively more pronounced with respect to the prevalence of modern methods. There were notable variations in the use of specific methods across urban areas. For instance, while injections were the second most used method (after the pill) in Chittagong City Corporation and the remaining city corporations and district and Upazila municipalities, the use of male condoms was second in prevalence in Dhaka City Corporation.

Contraceptive prevalence was slightly higher in non-project areas, where 68.7 percent reported using some type of family planning (59.8 percent for modern methods and 8.9 percent for traditional ones). There were, however, no marked variations between project and non-project areas in the use of the various individual methods with the exception of the pill (used by 29.8 percent of respondents in project areas and 33.2 percent in non-project areas).

Differentials in Current Use

Maternal age and number of living children were strongly associated with contraceptive use in project areas. Women were most likely to use contraception if they were in their 30s or had at least two surviving children. Nearly 77 percent of 30-39 year olds reported using a family planning method, compared to 56.5 percent of those aged 15-19. While only 34.6 percent of women with no children used a method, the proportion jumped to 72.3 percent for those with 1-2 children and 74.5 percent for those with 3-4 children.

Table 5.1. Current use of contraception by background characteristics: project and non-project

Percent distribution of currently married women by contraceptive method currently used according to selected background characteristics, project and non-project areas, BSSFP 2008.

Background characteristics	Using any method	Using any modern method	Modern Methods					Using any traditional method	Traditional Methods			Total	Number of women				
			Pill	IUD	Injections	Male condom	Female sterilization		Male sterilization	Implants	Periodic abstinence			Withdrawal	Using any folk method	Not using any method	
Age																	
10-14	57.2	51.6	37.7	0.0	0.0	13.8	0.0	0.0	0.0	0.0	5.6	0.0	5.6	0.0	42.8	100.0	22
15-19	56.5	52.3	31.0	0.3	11.3	8.5	0.0	1.0	1.0	4.2	2.6	1.7	2.6	0.0	43.5	100.0	560
20-24	65.0	61.5	34.9	0.3	14.4	9.2	0.4	2.0	1.6	3.5	1.7	1.8	1.7	0.1	35.0	100.0	1,100
25-29	73.6	66.6	33.5	1.1	15.8	11.4	2.3	4.4	1.9	7.0	2.2	4.7	2.2	0.1	26.4	100.0	1,005
30-34	78.1	68.0	35.1	0.7	14.2	10.3	4.4	1.9	1.0	10.1	2.6	7.1	2.6	0.3	21.9	100.0	875
35-39	75.9	61.8	30.3	0.6	11.7	8.8	8.6	.9	1.0	14.0	3.1	10.3	3.1	0.6	24.1	100.0	722
40-44	64.0	46.6	15.6	0.6	7.2	7.6	12.9	1.4	1.2	17.4	4.2	12.4	4.2	0.9	36.0	100.0	495
45-49	38.3	27.7	7.3	0.4	4.3	2.6	11.4	1.8	.0	10.6	1.8	8.6	1.8	0.2	61.7	100.0	353
Domains																	
Dhaka city corporation	67.8	57.2	28.7	0.4	9.7	12.9	3.5	0.7	1.3	10.6	2.7	7.5	2.7	0.3	32.2	100.0	1,089
Chittagong city corporation	65.7	60.0	34.2	0.7	13.3	6.4	3.5	0.7	1.1	5.7	2.5	2.8	2.5	0.3	34.3	100.0	813
Rest of the city corporations	68.2	55.5	24.6	0.6	13.0	9.0	5.3	1.1	2.0	12.8	3.8	8.3	3.8	0.7	31.8	100.0	580
District and Upazila municipalities	67.9	59.9	30.1	0.7	13.3	8.4	5.1	0.9	1.5	8.0	2.1	5.8	2.1	0.1	32.1	100.0	2,651
Highest educational level																	
No education	65.5	57.0	28.6	0.7	14.2	2.2	7.3	2.0	2.0	8.4	1.6	6.2	1.6	0.6	34.5	100.0	1,589
Some primary	69.1	62.3	30.9	0.7	16.9	5.5	4.9	0.7	2.7	6.8	2.1	4.3	2.1	0.4	30.9	100.0	866
Primary complete	68.2	60.3	32.1	0.6	14.8	8.0	3.5	0.6	0.7	7.9	1.5	6.4	1.5	0.0	31.8	100.0	557
Secondary incomplete	66.6	59.6	33.8	0.6	11.7	9.7	2.8	0.1	0.9	7.1	3.2	3.9	3.2	0.0	33.4	100.0	1,303
Secondary complete or higher	71.1	56.6	23.4	0.3	4.4	26.0	2.1	0.2	0.2	14.5	4.2	10.1	4.2	0.1	28.9	100.0	818

Background characteristics	Using any method	Using any modern method	Modern Methods						Using any traditional method	Traditional Methods			Total	Number of women		
			Pill	IUD	Injections	Male condom	Female sterilization	Male sterilization		Implants	Periodic abstinence	Withdrawal			Using any folk method	Not using any method
Household asset quintile																
Lowest	63.9	57.6	28.3	0.9	16.7	1.6	4.8	2.2	3.0	6.3	4.7	1.1	0.5	36.1	100.0	843
Second	68.1	61.3	33.4	0.5	16.8	3.8	4.1	1.3	1.5	6.8	4.2	2.4	0.3	31.9	100.0	994
Middle	68.8	61.4	34.0	1.0	14.8	4.9	4.2	0.6	1.9	7.4	4.8	2.1	0.5	31.2	100.0	1,083
Fourth	68.7	59.2	31.8	0.4	10.0	10.9	5.0	0.4	0.7	9.5	6.8	2.5	0.1	31.3	100.0	1,137
Highest	67.4	54.6	21.5	0.3	5.5	22.2	4.6	0.1	0.4	12.8	8.6	4.1	0.1	32.6	100.0	1,075
Number of living children																
0	34.6	29.4	18.5	0.0	0.3	9.7	0.4	0.3	0.2	5.2	2.4	2.8	0.0	65.4	100.0	607
1-2	72.3	64.4	33.4	0.7	14.0	12.0	1.9	0.7	1.7	7.9	5.3	2.5	0.1	27.7	100.0	2,636
3-4	74.5	63.8	30.7	0.8	14.4	5.3	9.9	1.1	1.6	10.7	7.7	2.7	0.3	25.5	100.0	1,484
5+	60.5	48.8	20.7	0.8	13.7	3.3	7.5	2.0	.8	11.7	8.9	1.3	1.5	39.5	100.0	406
Project and Non-project areas																
Project areas	67.6	58.8	29.8	0.6	12.5	9.1	4.5	0.9	1.4	8.7	5.9	2.5	0.3	32.4	100.0	5,133
Non-project areas	68.7	59.8	33.2	0.5	10.5	9.3	4.1	1.1	1.0	8.9	5.3	3.4	0.2	31.3	100.0	1,288

Oral contraceptive pills were found to be the most popular method among married women in all age groups, with one exception: women in the oldest age group (45-49) were most likely to use sterilization. Injections were the second most popular modern method after the pill for women aged 15-39. Male condoms were the second most popular modern method for women under 15 years of age. The popularity of traditional methods rose with age, making them the most popular means of contraception among women aged 40-44.

Contraceptive use rates were lower among women with no education (65.5 percent) than among those with at least some primary education (69.1 percent). Any further association with education beyond the level of an incomplete primary education was less apparent. The pill was the most widely used method among women in all educational categories, except those with a secondary or higher education, who appeared most likely to use male condoms. Use of male condoms rose with education from only 2.2 percent of women with no education to 26 percent of those with secondary or higher education. Injections were the second most widely used method among women who had a less than a complete secondary education. Perhaps somewhat surprisingly, use of traditional methods was also popular among women with a secondary or higher level of education. Contraceptive prevalence varied by asset quintile.

5.2. Use of Contraception by Married Adolescents

Table 5.2 presents the current use of contraception by currently married adolescents. Only those aged 15-19 are discussed. In project areas, 56.5 percent of adolescents aged 15-19 used family planning (52.3 percent used a modern method). Oral contraceptive pills were the most popular method, accounting for 54.9 percent of users aged 15-19. Other popular methods were injections, male condoms, and traditional methods. Adolescents aged 15-19 were most likely to practice family planning in district and Upazila municipalities (59.9 percent), followed by Chittagong City Corporation (54.3 percent), Dhaka City Corporation (52.2 percent), and the remaining city corporations (51.9 percent). They were, however, about equally likely to practice family planning in both the project and non-project areas (56.5 percent in project areas against 57.3 percent in non-project areas).

Table 5.2. Current use of contraception by married adolescents

Percent distribution of currently married adolescent by contraceptive method currently used by the age of the respondent, according to residence, project and non-project areas, 2008.

Residence and age	Using any method	Using any modern method	Modern Methods					Using any traditional method	Traditional Methods				Not using any method	Total	Number of women	
			Pill	IUD	Injections	Male condom	Implants		Periodic abstinence	Withdrawal	Using any folk method					
Dhaka city corporation																
<i>Age</i>																
10-14	50.0	50.0	0.0	0.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0.0	50.0	100.0	5	
15-19	52.2	45.7	30.4	0.0	8.7	6.5	0.0	0.0	2.2	4.3	47.8	100.0	109			
Chittagong city corporation																
<i>Age</i>																
10-14	50.0	50.0	50.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	5			
15-19	54.3	52.0	32.3	0.8	10.2	8.7	0.0	0.0	0.0	2.4	45.7	100.0	85			
Rest of the city corporations																
<i>Age</i>																
10-14	66.7	66.7	33.3	0.0	0.0	33.3	0.0	0.0	0.0	0.0	33.3	100.0	2			
15-19	51.9	47.2	26.4	0.0	11.3	8.5	0.0	0.9	2.8	1.9	48.1	100.0	73			
District and Upazila municipalities																
<i>Age</i>																
10-14	62.5	50.0	50.0	0.0	0.0	0.0	0.0	0.0	0.0	12.5	37.5	100.0	10			
15-19	59.9	56.1	32.1	0.4	12.7	9.3	0.0	1.7	1.7	2.1	40.1	100.0	294			
Project areas																
<i>Age</i>																
10-14	57.2	51.6	37.7	0.0	0.0	13.8	0.0	0.0	0.0	5.6	42.8	100.0	22			
15-19	56.5	52.3	31.0	0.3	11.3	8.5	0.0	1.0	1.7	2.6	43.5	100.0	560			
Non-project areas																
<i>Age</i>																
10-14	42.1	42.1	31.5	0.0	0.0	10.6	0.0	0.0	0.0	0.0	57.9	100.0	12			
15-19	57.3	54.5	33.2	0.0	6.9	13.5	1.0	0.0	0.9	1.9	42.7	100.0	136			

Contraceptive Prevalence by Asset Quintile

As shown in Table 5.3, in project areas modern contraceptive prevalence varied by asset quintile, but with no clear pattern. The absence of a clearly discernible association between wealth status and family planning use suggests that by 2008 the poor had come to enjoy the same level of access to family planning as wealthier individuals. The lack of a clear pattern of contraceptive use by asset quintile was evident in non-project areas and the various project areas within urban domains.

Table 5.3. Current use of modern contraception, by asset quintile

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

Household asset quintile	Project Areas					Non-project Areas
	Dhaka city corporation	Chittagong city corporation	Rest of the city corporations	District and Upazila municipalities	Total	
Lowest	55.9	55.4	44.4	60.8	57.6	60.1
Second	56.1	63.8	59.4	62.9	61.3	57.6
Middle	58.4	62.8	61.0	62.2	61.4	64.0
Fourth	62.4	60.6	62.4	56.7	59.2	63.4
Highest	54.2	56.1	48.1	56.3	54.6	53.6
Total	57.2	60.0	55.5	59.9	58.8	59.8
Number of Women	1,089	813	580	2,651	5,133	1,288

5.3. Sources of Supply of Family Planning Services

To ascertain the coverage of different sources of family planning methods in project areas, women who reported using a modern method of contraception at the time of the survey were asked where they obtained the method last time. As shown in Table 5.4A, in project areas the predominant source was the private medical sector (specifically pharmacies). More than half (51.9 percent) of users of modern methods reported that they obtained it from the private medical sector, with most (48.8 percent) doing so from a pharmacy. The Smiling Sun clinics were the next most important source, comprising 19.1 percent of the market, which was divided fairly evenly between satellite (10.1 percent) and static clinics (8.3 percent). The public sector was the third most important source of family planning methods, supplying 17.4 percent of modern method users. In the public sector, maternal and child welfare centers (MCWC) and hospitals/medical colleges, used by 5.9 and 5.5 percent, respectively, were the most popular.

There was variation in terms of the major suppliers across the various specific methods. The vast majority of pill (69.4 percent) and condom (82.6 percent) users relied on pharmacies. In contrast, female sterilization was mainly performed at public and private sector facilities (65.0 and 25.8 percent, respectively). Although 53.7 percent of IUD users relied on public sector sources, about a fifth (20.1 percent) received the device from the Smiling Sun clinics. Smiling Sun clinics (56.7 percent) and public sector (20.9 percent) facilities were the major providers of injections. Male sterilization was generally performed at a public sector facility (55.5 percent), followed by Smiling Sun clinics (13.1 percent). Smiling Sun clinics maintained a substantial portion of the market for clinical methods, though public facilities were generally the main providers of these methods in project areas.

Table 5.4A. Source of supply of modern contraceptive methods: project areas

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific method, BSSFP project areas, 2008.

Source of supply	Contraceptive methods							
	Pill	IUD	Injections	Male condom	Female sterilization	Male sterilization	Implants	Total
Public sector	10.0	53.7	20.9	2.2	65.0	55.5	38.3	17.4
Hospital/Medical college	1.5	17.8	4.4	0.1	38.6	23.1	5.9	5.5
Family welfare center	0.6	6.0	1.2	0.3	0.8	2.8	1.7	0.8
Upazila health complex	0.5	11.9	1.8	0.7	5.1	8.4	5.2	1.5
MCWC	3.0	17.8	7.7	0.3	20.5	21.1	23.8	5.9
Rural Dispensary/ community clinic	0.0	0.0	.4	0.0	0.0	0.0	0.0	0.1
Satellite clinic/EPI outreach site	1.3	0.0	3.2	0.0	0.0	0.0	1.7	1.4
Health assistant (HA)	0.6	0.0	.5	0.3	0.0	0.0	0.0	0.4
FWA	2.6	0.0	1.7	0.5	0.0	0.0	0.0	1.7
Smiling Sun	9.4	20.1	56.7	4.6	1.3	13.1	49.3	19.1
Static clinic	3.9	18.0	20.1	3.2	1.1	13.1	46.7	8.3
Satellite clinic	5.1	2.1	34.2	1.1	0.3	0.0	2.6	10.1
Community service provider (CSP)/Depotholder	0.4	0.0	2.5	0.3	0.0	0.0	0.0	0.8
Other NGO	3.3	12.5	12.4	2.5	3.9	10.0	7.9	5.5
MARIE STOPES clinic/ hospital	0.9	10.3	4.9	0.8	1.0	7.4	3.7	2.0
UPHCP	0.4	2.1	2.7	0.3	0.8	0.0	2.6	1.0
Hospital/clinic	0.4	0.0	3.3	0.4	2.0	2.7	1.6	1.2
Satellite clinic	0.3	0.0	1.5	0.0	0.0	0.0	0.0	0.5
Fieldworker	1.3	0.0	.0	1.1	0.0	0.0	0.0	0.8
Depotholder	0.1	0.0	.0	0.0	0.0	0.0	0.0	0.0
Private medical sector	69.7	13.8	7.5	82.9	25.8	7.1	1.7	51.9
Private hospital/clinic	0.2	7.7	2.1	0.0	25.8	7.1	1.7	2.9
Qualified doctor	0.0	2.2	.6	0.0	0.0	0.0	0.0	0.1
Pharmacist/pharmacy	69.4	3.9	4.8	82.6	0.0	0.0	0.0	48.8
Traditional healer/kabiraj	0.1	0.0	.0	0.3	0.0	0.0	0.0	0.1
Other Private	7.4	0.0	2.3	5.6	1.0	0.0	1.9	5.2
Shop	6.7	0.0	.0	5.6	0.0	0.0	0.0	4.2
Other	0.7	0.0	2.3	.0	1.0	0.0	1.9	1.0
DK/missing	0.2	0.0	.2	2.3	3.0	14.4	0.9	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,532	32	641	467	247	44	73	3,036

There was little variation between project and non-project areas in terms of sources of family planning (Table 5.4B). In each, the private medical sector was the predominant supplier (55.0 percent), followed by the public sector (26 percent). Interestingly, Smiling Sun clinics were also an important source of family planning in non-project areas: 4.4 percent of modern method users in non-project areas used a Smiling Sun clinic (against 19.1 percent 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 male condoms and pills, while public facilities provided most female and male sterilization. However, in non-project areas, non-BSSFP NGO clinics, as expected, had a larger share than Smiling Sun clinics — 8.4 percent against 5.5 percent.

Source of Contraception by Asset Quintile

As evidenced by the information in Tables 5.5A and 5.5B, Smiling Sun clinics met a substantial portion of the contraceptive needs of women in the lowest asset quintile. Among modern method users, 23.2 percent in the lowest quintile relied on Smiling Sun clinic sources, against 12.3 percent in the highest quintile. 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.

5.4. Knowledge of Sources among Non-Users

Table 5.6 provides the distribution of knowledge of family planning sources among non-users. Only 8.7 and 7.1 percent of women not currently using family planning in project and non-project areas, respectively, did not know of any source of family planning. In project areas, private medical sector facilities (known to 54.4 percent of non-users) were the most widely recognized sources, followed by Smiling Sun clinics (25.9 percent), and public sector (24.2 percent) sources. Awareness varied across urban project areas. Smiling Sun clinic sources were most widely recognized in the rest of the city corporations (44.9 percent), followed by Chittagong City Corporation (30.2 percent), district and thana municipalities (24 percent), and Dhaka City Corporation (16.6 percent), while the reverse was true in the case of pharmacies.

There was discernable variation in knowledge of sources among non-users between project and non-project areas. As expected, Smiling Sun clinics were more well known in project areas than in non-project areas (25.9 and 12.4 percent, respectively), while the reverse was true for public sector facilities (33.3 percent in non-project areas and 24.2 percent in project areas).

Table 5.4B. Source of supply of modern contraceptive methods: non-project areas

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific method, non-project areas, 2008.

Source of supply	Contraceptive methods							Total
	Pill	IUD	Injections	Male condom	Female sterilization	Male sterilization	Implants	
Public sector	19.2	55.4	43.0	4.3	60.2	77.6	56.5	26.0
Hospital/Medical college	1.4	9.6	3.8	0.6	23.2	63.8	9.2	4.6
Family welfare center	1.8	0.0	4.6	0.0	6.6	0.0	0.0	2.3
Upazila health complex	1.2	17.9	7.3	0.0	21.4	13.9	28.4	4.3
MCWC	3.6	27.9	16.4	1.0	9.0	0.0	18.9	6.3
Rural Dispensary/community clinic	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Satellite clinic/EPI outreach site	2.6	0.0	6.4	1.0	0.0	0.0	0.0	2.7
Health assistant (HA)	2.9	0.0	1.8	0.6	0.0	0.0	0.0	2.0
FWA	5.5	0.0	2.7	1.0	0.0	0.0	0.0	3.7
Smiling Sun	0.6	9.6	15.5	2.6	2.2	0.0	38.2	4.4
Static clinic	0.2	9.6	11.3	2.0	2.2	0.0	38.2	3.3
Satellite clinic	0.4	0.0	4.2	0.6	0.0	0.0	0.0	1.1
Community service provider (CSP)/Depotholder								
Other NGO	5.0	17.5	28.6	0.0	3.4	4.8	5.3	8.4
MARIE STOPES clinic/hospital	0.2	0.0	0.5	0.0	1.2	0.0	5.3	0.4
UPHCP	1.8	0.0	13.3	0.0	2.2	4.8	0.0	3.6
Hospital/clinic	0.6	17.5	7.1	0.0	0.0	0.0	0.0	1.7
Satellite clinic	0.4	0.0	7.7	0.0	0.0	0.0	0.0	1.6
Fieldworker	2.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1
Depotholder								
Private medical sector	67.4	17.5	11.0	84.5	32.9	8.9	0.0	55.0
Private hospital/clinic	0.0	17.5	2.8	1.0	30.7	8.9	0.0	3.1
Qualified doctor								
Pharmacist/pharmacy	67.3	0.0	8.2	83.5	2.2	0.0	0.0	51.8
Traditional healer/kabiraj	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Other Private	7.0	0.0	1.0	8.6	1.2	0.0	0.0	5.5
Shop	6.6	0.0	0.0	8.6	0.0	0.0	0.0	5.0
Other	0.5	0.0	1.0	0.0	1.2	0.0	0.0	0.5
DK/missing	0.7	0.0	0.9	0.0	0.0	8.7	0.0	0.7
Total	100.00	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	428	07	136	119	55	14	13	772

Table 5.5A. Source of supply of modern contraceptive methods by asset quintile: BSSFP project areas

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to asset quintile, project areas, BSSFP 2008.

Source of supply	Household asset quintile					Total
	Lowest	Second	Middle	Fourth	Highest	
Public sector	28.7	21.6	18.4	13.4	7.0	17.4
Hospital/Medical college	8.1	6.1	6.0	4.4	3.4	5.5
Family welfare center	1.2	1.3	0.3	1.0	0.2	0.8
Upazila health complex	3.0	1.2	1.9	1.0	0.9	1.5
MCWC	12.6	6.3	5.7	4.5	1.8	5.9
Rural Dispensary/community clinic	0.0	0.4	0.0	0.0	0.0	0.1
Satellite clinic/EPI outreach site	2.2	2.2	1.5	1.2	0.0	1.4
HA	0.2	0.5	0.7	0.2	0.6	0.4
FWA	1.3	3.4	2.5	1.1	0.2	1.7
Smiling Sun	23.2	23.8	22.3	14.7	12.3	19.1
Static clinic	8.4	7.2	10.1	6.9	8.9	8.3
Satellite clinic	14.5	15.2	11.0	7.1	3.5	10.1
Community service provider (CSP)/ Depotholder	0.3	1.4	1.2	0.7	0.0	0.8
Other NGO	4.9	6.2	7.3	5.1	3.5	5.5
MARIE STOPES clinic/hospital	2.6	2.1	2.3	1.4	1.7	2.0
UPHCP	0.8	0.4	1.7	1.2	0.5	1.0
Hospital/clinic	1.0	1.3	1.4	1.4	0.7	1.2
Satellite clinic	0.0	1.4	0.5	0.3	0.1	0.5
Fieldworker	0.5	1.0	1.5	0.5	0.4	0.8
Depotholder	0.0	0.0	0.0	0.2	0.0	0.0
Private medical sector	36.4	43.0	45.9	59.7	71.8	51.9
Private hospital/clinic	1.9	2.4	2.3	3.5	4.2	2.9
Qualified doctor	0.3	0.0	0.2	0.2	0.1	0.1
Pharmacist/pharmacy	34.2	40.6	43.5	55.8	67.3	48.8
Traditional healer/Kabiraj	0.0	0.0	0.0	0.2	0.2	0.1
Other Private	5.5	4.2	5.8	5.6	4.7	5.2
Shop	5.1	3.4	5.2	3.6	4.1	4.2
Other	0.4	0.8	0.7	2.1	0.6	1.0
DK/missing	1.3	1.2	0.2	1.5	0.6	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	490	599	676	690	581	3,036

Table 5.5B. Source of supply of modern contraceptive methods by asset quintile: non-project areas

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to asset quintile, non-project areas, BSSFP 2008.

Source of supply	Household asset quintile					Total
	Lowest	Second	Middle	Fourth	Highest	
Public sector	37.5	29.4	32.2	19.2	10.6	26.0
Hospital/Medical college	7.6	2.8	4.5	4.2	3.2	4.6
Family welfare center	2.0	4.7	3.3	0.7	0.9	2.3
Upazila health complex	7.5	4.2	5.8	2.2	1.7	4.3
MCWC	8.6	6.5	8.8	4.8	2.2	6.3
Rural Dispensary/community clinic	.8	0.0	0.0	0.0	0.0	0.2
Satellite clinic/EPI outreach site	4.7	4.7	2.9	1.5	0.0	2.7
HA	0.8	2.8	1.1	4.4	0.9	2.0
FWA	5.5	3.7	5.8	1.5	1.7	3.7
Smiling Sun	4.0	5.8	6.7	3.0	2.3	4.4
Static clinic	4.0	2.9	4.9	2.2	2.3	3.3
Satellite clinic	0.0	2.9	1.8	0.8	0.0	1.1
Community service provider (CSP)/ Depotholder						
Other NGO	8.7	15.3	11.9	5.5	1.0	8.4
MARIE STOPES clinic/hospital	0.4	0.5	0.0	0.4	0.5	0.4
UPHCP	6.3	5.5	3.9	2.2	0.0	3.6
Hospital/clinic	0.0	4.5	2.1	2.1	0.0	1.7
Satellite clinic	0.4	2.3	4.0	0.7	0.5	1.6
Fieldworker	1.5	2.4	1.8	0.0	0.0	1.1
Depotholder						
Private medical sector	44.3	46.7	41.0	63.8	81.1	55.0
Private hospital/clinic	0.8	3.7	1.1	5.5	4.9	3.1
Qualified doctor						
Pharmacist/pharmacy	43.5	43.0	39.5	58.2	76.3	51.8
Traditional healer/Kabiraj	0.0	0.0	0.4	0.0	0.0	0.1
Other Private	5.6	1.9	6.8	7.4	5.0	5.5
Shop	4.7	1.5	6.4	6.6	5.0	5.0
Other	0.9	0.5	0.4	0.7	0.0	0.5
DK/missing	0.0	0.9	1.5	1.1	0.0	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	161	138	166	150	158	772

Table 5.6. 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, BSSFP 2008.

Source of supply	Project areas					Non-project areas
	Dhaka city corporation	Chittagong city corporation	Rest of the city corporations	District and Upazila municipalities	Total	
Public sector	14.0	8.9	10.8	36.6	24.2	33.3
Hospital/Medical college	6.8	5.0	7.3	14.6	10.5	12.7
Family welfare center	1.3	0.6	1.0	2.6	1.8	2.3
Upazila health complex	1.0	0.6	0.3	5.2	3.0	6.5
MCWC	4.9	1.1	3.5	16.4	9.9	11.7
Rural Dispensary/community clinic	0.0	0.0	0.0	0.0	0.0	0.0
Satellite clinic/EPI outreach site	1.0	1.5	0.0	2.1	1.5	1.3
HA	0.3	0.0	0.7	0.4	0.4	0.9
FWA	0.6	0.6	0.7	1.9	1.3	2.3
Smiling Sun	16.6	30.2	44.9	24.0	25.9	12.4
Static clinic	13.3	13.6	34.5	15.2	16.7	11.3
Satellite clinic	3.6	17.7	11.5	8.5	9.4	1.0
Community service provider (CSP)/Depotholder	0.0	0.0	0.0	0.4	0.2	0.0
Other NGO	15.3	12.1	6.3	5.0	8.5	11.0
MARIE STOPES clinic/hospital	1.9	6.5	3.1	1.2	2.5	1.0
UPHCP	5.2	4.8	2.1	0.8	2.6	4.8
Hospital/clinic	6.5	0.0	0.0	0.6	1.6	2.4
Satellite clinic	1.0	0.9	0.3	0.8	0.8	2.4
Fieldworker	1.6	0.2	0.7	1.5	1.2	0.6
Depotholder	0.0	0.0	0.0	0.1	0.1	0.0
Private medical sector	68.5	50.8	39.7	53.2	54.4	56.2
Private hospital/clinic	7.1	1.1	1.0	3.0	3.3	3.5
Qualified doctor	1.3	0.6	0.3	0.4	0.6	0.2
Village doctor	0.0	0.0	0.3	0.4	0.2	0.0
Pharmacist/pharmacy	64.0	49.5	38.7	50.1	51.6	53.0
Traditional healer/Kabiraj	0.3	0.2	.0	1.9	1.1	0.3
Other private	7.1	7.1	9.4	9.0	8.3	8.1
Shop	6.2	2.6	8.7	8.7	7.1	7.2
Other	1.0	4.5	0.7	0.3	1.2	0.9
DK	9.7	12.7	10.8	6.3	8.7	7.1
Number of Women	365	309	197	901	1,771	434

Note: Percentages are based on multiple responses.

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 aged 15-49 years. 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 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($_{1q0}$): The probability of dying before the first birthday.

Child mortality($_{4q1}$): The probability of dying after the first birthday but before the fifth birthday.

Under-five mortality ($_{5q0}$): 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).

6.1. Assessment of Data Quality

During interviewer training, considerable emphasis was placed on minimizing errors that might lead to “age heaping”² 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 or upwards.

6.2. Early Childhood Mortality Rates

In the five years preceding the survey, the infant mortality rate was estimated to be 52 deaths per 1,000 live births in project areas (Table 6.1). In non-project areas it was lower (44 deaths). In both project and non-project areas, the infant mortality rate exhibited a pronounced downward trend over time. In project areas, declines were larger between the 10-14 and 5-9 year periods preceding the survey (from 85 to 55 deaths per 1,000 live births) than from the 5-9 to 0-4 year period preceding it (from 55 to 52 deaths). Non-project areas had lower rates for all types of mortality in the five years preceding survey, with the exception of child mortality rates.

² “Age heaping” refers to the case in which respondents are more likely to round estimates to the nearest whole number or interval during recall.

Table 6.1. Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, project and non-project areas, BSSFP 2008.

	Neonatal mortality (NN)	Postneonatal ¹ mortality (PNN)	Infant mortality (¹ q ₀)	Child mortality (⁴ q ₁)	Under-five mortality (⁵ q ₀)
Project areas					
Years preceding the survey					
0-4	37.6	14.6	52.2	9.0	60.7
5-9	39.7	15.5	55.2	17.7	71.9
10-14	56.3	29.1	85.4	24.7	108.0
15-19	65.8	33.0	98.8	31.9	127.5
Non-project areas					
Years preceding the survey					
0-4	31.5	12.5	44.0	11.9	55.3
5-9	39.4	24.9	64.3	22.7	85.5
10-14	44.0	34.1	78.1	10.6	87.9
15-19	58.0	33.2	91.2	31.4	119.8

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 the rest of the city corporations (64 deaths per 1,000 live births) followed by Dhaka City Corporation (57 deaths), Chittagong City Corporation (52 deaths), and the district and Upazila municipalities (51 deaths). Under five mortality rate was highest both in Chittagong City Corporation and the rest of the city corporations (74 deaths per 1,000 live births, each), followed by Dhaka City Corporation (66 deaths), and district and Upazila municipalities (62 deaths).

Reported mortality in the survey was strongly associated with maternal education. Children with uneducated mothers were almost three times as likely to die before their first birthday as those whose mothers had complete secondary education. Approximately 9 percent of those with mothers with some secondary education died between their first and fifth birthdays, while only one percent of those whose mothers had completed secondary education did. On the other hand, roughly 21 and 11 percent of those with uneducated mothers or mothers with only a primary (incomplete or complete) education, respectively, did not survive from their first to their fifth birthdays. Early childhood mortality rates were also higher for children in poorer households. About one in five (22 percent) children in the poorest quintile died between their first and fifth birthdays, compared to only one percent in the wealthiest quintile.

Table 6.2. Early childhood mortality rates by socioeconomic characteristics: project and non-project areas

Neonatal, postnatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristic, project and non-project areas, 2008.

Background characteristics	Neonatal mortality (NN)	Postnatal mortality (PNN)	Infant mortality (1q_0)	Child mortality (4q_1)	Under-five mortality (5q_0)
Domains					
Dhaka city corporation	43.05	13.61	56.66	10.43	66.50
Chittagong city corporation	29.19	23.28	52.47	23.00	74.26
Rest of the city corporations	41.79	22.32	64.11	10.88	74.29
District and Upazila municipalities	39.56	11.85	51.41	11.46	62.29
Highest educational level					
No education	50.5	21.6	72.1	21.3	91.9
Primary incomplete	39.3	15.3	54.6	11.4	65.4
Primary complete	29.4	18.6	48.0	10.0	57.6
Secondary incomplete	35.2	7.5	42.7	8.9	51.2
Secondary complete or higher	20.2	5.1	25.3	1.4	26.6
Household asset quintile					
Lowest	46.7	22.7	69.4	21.5	89.4
Second	49.1	20.8	69.9	16.8	85.6
Middle	44.6	16.3	60.9	19.2	78.9
Fourth	33.6	6.0	39.6	8.0	47.3
Highest	14.8	7.9	22.7	1.0	23.7
Project and Non-project areas					
Project areas	38.9	15.1	53.9	13.7	67.0
Non-project areas	35.7	20.5	56.2	18.8	74.0

CHAPTER 7. REPRODUCTIVE AND CHILD HEALTH

This chapter provides information on several aspects of maternal and newborn health, including antenatal care, delivery, postnatal care, newborn care, pregnancy-related complication, tetanus toxoid (TT) vaccination coverage, and child health care. The information is intended to assist policy makers in planning appropriate strategies for the BSSFP to improve reproductive and child health in the target populations.

7.1. Antenatal Care

Antenatal care (ANC) is recognized as a major component of comprehensive maternal health care. 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 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 birth in the three years preceding interview. More than four-fifths in project areas received ANC (83.6 percent). The figure was about the same (81.5 percent) in non-project areas (Table 7.1B). Most of those who received any ANC were seen by a medically trained provider (79.4 percent in project areas and 77.5 percent in non-project areas). In project areas, women were more likely to receive ANC from a medically trained provider if they were younger or if they had fewer children. The likelihood of receiving ANC was also associated with education and household asset quintiles. Essentially all women (97.2 percent) who completed secondary or higher education received ANC from a medically trained provider, compared with only six in ten (62.7 percent) of women with no education. The variations by asset quintiles were from 61.5 percent in the lowest quintile to 97.6 percent in the highest one. Generally speaking, similar patterns prevailed in non-project areas. Among the different strata in project areas, the coverage of ANC from a medically trained provider was highest in the rest of the city corporations (83.7 percent), followed by Dhaka City Corporation and Chittagong City Corporation (81.1–81.7 percent), and lowest in district and Upazila municipalities (76.6 percent).

Table 7.1A. Antenatal care, project areas

Percent distribution of women who had a live birth in the three years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, according to background characteristics, project areas, BSSFP 2008.

Background characteristic	Received any ANC	Medically trained provider			Non-medically trained provider				No one	Missing	Total	Number of women
		Qualified doctor	Nurse/midwife/paramedic/FWV	CSBA/MA/SACMO	HA/FWA	Traditional birth attendant	Village doctor/unqualified	Other				
Mother's age at birth												
10-14	90.7	46.0	33.5	0.0	11.2	0.0	0.0	0.0	9.3	0.0	100.0	33
15-19	87.6	45.5	37.6	0.0	3.3	0.0	0.0	0.4	12.4	0.0	100.0	439
20-34	82.9	51.2	27.6	0.1	2.6	0.0	0.0	0.4	17.0	0.0	100.0	1,020
35-49	65.6	39.9	21.4	0.0	2.7	0.0	0.0	1.7	34.4	0.0	100.0	71
Birth order												
1	91.7	55.7	31.7	0.0	3.0	0.0	0.0	0.6	8.3	0.0	100.0	552
2-3	83.7	48.5	30.3	0.2	3.5	0.0	0.0	0.3	16.2	0.0	100.0	734
4-5	69.5	40.4	26.5	0.0	1.2	0.0	0.0	0.6	30.5	0.0	100.0	220
6+	57.7	23.0	30.5	0.0	2.2	0.0	0.0	2.1	42.3	0.0	100.0	56
Domains												
Dhaka city corporation	84.3	59.4	21.7	0.4	1.8	0.0	0.0	0.4	15.7	0.0	100.0	333
Chittagong city corporation	84.8	43.5	38.2	0.0	1.0	0.0	0.0	0.5	15.2	0.0	100.0	264
Rest of the city corporations	86.6	50.8	32.9	0.0	2.4	0.0	0.0	0.0	13.0	0.0	100.0	169
District and Upazila municipalities	82.3	46.0	30.6	0.0	4.2	0.0	0.0	0.6	17.7	0.0	100.0	798
Highest educational level												
No education	67.6	27.6	35.1	0.0	3.2	0.0	0.0	0.9	32.4	0.0	100.0	422
Primary incomplete	78.4	36.7	34.6	0.0	6.0	0.0	0.0	0.0	21.6	0.0	100.0	283
Primary complete	87.1	46.9	34.7	0.0	4.2	0.0	0.0	0.8	12.5	0.0	100.0	163
Secondary incomplete	92.2	59.0	30.1	0.0	1.4	0.0	0.0	0.5	7.8	0.0	100.0	451
Secondary complete or higher	99.2	83.0	14.2	0.5	1.0	0.0	0.0	0.0	0.8	0.0	100.0	244

Background characteristic	Received any ANC	Medically trained provider				Non-medically trained provider					Total	Number of women	
		Qualified doctor	Nurse/midwife/paramedic/FWV	CSBA/MA/SACMO	HA/FWA	Traditional birth attendant	Village doctor/unqualified	Other	No one	Missing			
Household asset quintile													
Lowest	66.5	24.8	36.7	0.0	4.1	0.0	0.2	0.7	33.3	0.0	100.0	334	
Second	76.8	33.2	36.7	0.0	5.0	0.0	0.9	0.0	23.2	0.0	100.0	348	
Middle	87.7	50.5	32.4	0.0	3.8	0.0	0.4	0.2	12.3	0.0	100.0	317	
Fourth	92.9	60.8	29.0	0.4	0.6	0.0	0.8	0.7	7.1	0.0	100.0	299	
Highest	98.5	85.0	12.6	0.0	0.5	0.0	0.0	0.0	1.5	0.0	100.0	265	
Total	83.6	49.0	30.3	0.1	3.0	0.0	0.5	0.3	16.4	0.0	100.0	1,563	

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.
FWV = family welfare visitor; CSBA = community skilled birth attendant; MA = medical assistant; SACMO = sub-assistant community medical officer.

Table 7.1B. Antenatal care, non-project areas

Percent distribution of women who had a live birth in the three years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, according to background characteristics, non-project areas, 2008.

Background characteristic	Received any ANC	Medically trained provider			Non-medically trained provider			Missing	Total	Number of women
		Qualified doctor	Nurse/midwife/paramedic/FWV	CSBA/MA/SACMO	HA/FWA	Village doctor/unqualified	No one			
Mother's age at birth										
10-14	91.3	60.6	30.7	0.0	0.0	0.0	8.7	0.0	100.0	14
15-19	80.3	38.7	37.2	1.2	1.9	1.2	19.7	0.0	100.0	100
20-34	83.4	53.1	25.5	0.0	3.0	0.5	16.6	0.0	100.0	250
35-49	57.4	36.1	21.3	0.0	0.0	0.0	36.8	0.0	100.0	21
Birth order										
1	86.9	53.2	29.6	0.8	2.1	0.8	13.1	0.0	100.0	154
2-3	81.8	51.9	27.7	0.0	1.5	0.0	18.2	0.0	100.0	165
4-5	74.6	36.5	26.9	0.0	6.2	2.5	25.4	0.0	100.0	50
6+	48.2	12.5	31.7	0.0	4.0	0.0	44.4	0.0	100.0	16
Highest educational level										
No education	81.5	48.7	28.5	0.3	2.4	0.6	18.2	0.0	100.0	385
Primary incomplete	63.4	22.2	33.9	0.0	4.7	0.0	35.4	0.0	100.0	96
Primary complete	75.1	32.5	35.2	0.0	3.7	3.7	24.9	0.0	100.0	66
Secondary incomplete	80.7	52.9	27.8	0.0	0.0	0.0	19.3	0.0	100.0	41
Secondary complete or higher	91.1	54.3	33.0	1.1	2.2	0.0	8.9	0.0	100.0	113
	97.3	89.2	8.0	0.0	0.0	0.0	2.7	0.0	100.0	69
Household asset quintile										
Lowest	59.2	17.0	34.3	0.0	5.4	1.3	39.5	0.0	100.0	94
Second	81.6	40.1	36.7	1.6	0.0	1.6	18.4	0.0	100.0	76
Middle	80.0	35.4	40.1	0.0	4.5	0.0	20.0	0.0	100.0	70
Fourth	97.6	74.9	20.4	0.0	1.5	0.0	2.4	0.0	100.0	80
Highest	95.2	86.8	8.4	0.0	0.0	0.0	4.8	0.0	100.0	65
Total	81.5	48.7	28.5	0.3	2.4	0.6	18.2	0.0	100.0	385

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation. FWV = family welfare visitor; CSBA = community skilled birth attendant; MA = medical assistant; SACMO = sub-assistant community medical officer.

Table 7.2 provides the distribution of ANC visit counts and the duration of pregnancy at first visit. The World Health Organization (WHO) recommends that pregnant women make at least four ANC visits, beginning with the first trimester of pregnancy. Among those who sought ANC, the median number of visits was 3.5 in both project and non-project areas. The median number of months pregnant at first visit was also exactly the same in project and non-project areas (3.9 months each). The median number of visits was slightly higher in Dhaka City Corporation (4.4 months) and the rest of the city corporations (3.9 months) than in the Chittagong City Corporation and the district and Upazila municipalities (3.3 months each). There were also slight variations among them in the median number of months pregnant at first visit, ranging between 3.4 and 4.3 months.

Table 7.2. Number of antenatal care visits and stage of pregnancy, last 3 years

Percent distribution of women with 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, 2008.

Number and timing of ANC visits	Project areas					Non-project areas
	Dhaka city corporation	Chittagong city corporation	Rest of the city corporations	District and Upazila municipalities	Total	
Number of ANC visits						
None	15.7	15.2	13.0	17.7	16.4	18.2
1	9.6	12.2	10.6	12.6	11.7	10.3
2	11.7	18.5	15.0	16.3	15.6	11.8
3	10.3	16.2	13.0	16.6	14.8	16.0
4+	52.3	38.0	48.0	36.7	41.5	43.0
DK/Missing	0.4	0.0	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median number of visits (for those with ANC)	4.4	3.3	3.9	3.3	3.5	3.5
Number of months pregnant at time of first ANC visit						
No antenatal care	15.7	15.2	13.4	17.9	16.5	18.4
<4 months	47.7	39.5	39.8	32.3	37.6	37.0
4-5 months	24.6	30.1	32.1	30.8	29.5	28.5
6-7 months	9.6	11.1	11.0	14.9	12.7	12.2
8+ months	2.5	4.1	3.3	4.0	3.6	3.6
Don't know/missing						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	3.4	3.8	3.9	4.3	3.9	3.9
Number of women	333	264	169	798	1,563	385

Table 7.3 provides the percentage of women who had at least one ANC visit by household asset quintile. Women were far more likely to have an ANC visit if they were from wealthier households. In project areas, 98.5 percent of women in the highest asset quintile sought antenatal care, while only 66.5 percent of women in the lowest asset quintile did. A similar pattern was evident in the various project and non-project areas.

Table 7.3. Use of antenatal care by household asset quintile, project and non-project areas, last three years

Percentage 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, 2008.

Household asset quintile	BSSFP project areas					Non-project areas
	Dhaka city corporation	Chittagong city corporation	Rest of the city corporations	District and Upazila municipalities	Total	
Lowest	50.0	72.0	69.6	66.9	66.5	59.2
Second	69.7	79.5	95.3	76.0	76.8	81.6
Middle	82.1	89.2	86.2	90.1	87.7	80.0
Fourth	98.1	93.7	86.0	91.9	92.9	97.6
Highest	100.0	94.4	97.6	98.8	98.5	95.2
Total	84.3	84.8	86.6	82.3	83.6	81.5
Number	333	264	169	798	1,563	385

Source of Antenatal Care

Table 7.4 provides information on 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 (27.0 percent) of those with at least one ANC visit visited a Smiling Sun clinic. Those who used Smiling Sun clinics were most likely to visit static clinics (16.2 percent), rather than satellite clinics (10.6 percent). Public and private sector providers were also significant providers of ANC, having an estimated 29.1 percent and 27.4 percent, respectively, of the market share. Of the public sector facilities, maternal and child welfare centers (13.6 percent) and hospitals/medical colleges (8.9 percent) were most prominent, while private hospital/clinics (16.4 percent) and qualified doctors (10.4 percent) were by far the most notable providers from the private sector.

In non-project areas, the public sector was the most important provider of ANC by a slight margin (32.3 percent), against 29.1 percent for the private medical sector. Of the public sector providers, maternal and child welfare centers were the most important (16.6 percent), followed by hospitals/medical colleges (8.1 percent). As in project areas, the share of the private medical sector was dominated by private hospital/clinics in the non-project areas. The non-project NGO clinics were a major provider of ANC, with a share of the market of about 19.7 percent. Interestingly, Smiling Sun clinics were also an important source of ANC in non-project areas, having a 12.2 percent market share. In both the project and non-project areas, thana health complexes played a very minor role compared with rural areas. Tables 7.4 A and 7.4B provide sources of antenatal care by socioeconomic strata.

Table 7.4. Source of antenatal care, 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 source of care for project and non-project areas, 2008.

Place for antenatal checkup	Project areas					Non-project areas
	Dhaka city corporation	Chittagong city corporation	Rest of the city corporations	District and Upazila municipalities	Total	
Home	1.3	1.2	3.8	2.3	2.0	3.8
Medical person at home	0.8	0.9	3.8	2.3	1.9	3.4
Non-medical person at home	0.4	0.3	0.0	0.0	0.1	0.4
Public sector	17.3	14.0	19.7	41.4	29.1	32.3
Hospital/Medical college	7.6	6.0	10.8	10.0	8.9	8.1
Family welfare center	0.8	0.6	0.5	0.9	0.8	3.1
Upazila health complex	1.7	1.2	0.9	4.2	2.8	2.6
MCWC	5.9	3.9	6.6	21.7	13.6	16.6
Rural Dispensary/community clinic						
Satellite clinic/EPI outreach site	0.8	2.1	0.0	2.5	1.8	1.3
HA	0.0	0.0	0.9	0.8	0.5	0.4
FWA	0.4	0.3	0.0	1.3	0.8	0.2
Smiling Sun	14.8	40.3	44.1	23.8	27.0	12.2
Static clinic	9.3	20.0	30.0	14.7	16.2	9.4
Satellite clinic	5.1	20.3	14.1	8.9	10.6	2.8
Community service provider (CSP)/Depotholder	0.4	0.0	0.0	0.2	0.2	0.0
Other NGO	27.4	15.2	3.8	6.4	12.1	19.7
MARIE STOPES clinic/hospital	4.6	5.4	0.9	0.4	2.2	2.3
UPHCP	6.3	6.6	1.4	0.4	2.8	7.2
Hospital/clinic	13.9	3.0	0.5	4.9	6.0	7.2
Satellite clinic	2.1	0.3	0.5	0.6	0.8	2.8
Fieldworker	0.0	0.0	0.5	0.2	0.1	0.2
Depotholder	0.4	0.0	0.0	0.0	0.1	0.0
Private medical sector	38.0	23.3	28.2	24.2	27.4	29.1
Private hospital/clinic	30.4	9.0	14.6	13.4	16.4	19.7
Qualified doctor	6.8	13.1	13.6	10.4	10.4	8.6
Village doctor	0.4	0.3	0.0	0.2	0.2	0.8
Pharmacist/pharmacy	0.4	0.3	0.0	0.0	0.1	0.0
Traditional healer/kabiraj	0.0	0.6	0.0	0.2	0.2	0.0
Other private	1.3	5.7	0.0	1.7	2.1	2.7
DK/missing	0.0	0.3	0.4	0.2	0.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	281	224	146	656	1,307	314

Table 7.4A. Source of antenatal care by SES, Urban project areas

Percent distribution of women who had a live birth in the three years preceding the survey whether they had at least one antenatal care (ANC) visit during the last pregnancy, by SES for project areas, BSSFP 2008.

Place for antenatal checkup	Household asset quintile					Total
	Lowest	Second	Middle	Fourth	Highest	
Home	1.4	3.8	2.5	1.8	0.5	2.0
Medical person at home	1.4	3.8	2.1	1.6	0.5	1.9
Non-medical person at home	0.0	0.0	0.4	0.2	0.0	0.1
Public sector	37.1	32.3	29.8	23.3	24.4	29.1
Hospital/Medical college	9.9	9.8	8.1	7.6	9.3	8.9
Family welfare center	2.0	1.0	0.4	0.4	0.5	0.8
Upazila health complex	3.4	2.1	3.8	3.6	0.9	2.8
MCWC	14.3	14.0	15.2	11.3	13.2	13.6
Rural Dispensary/community clinic						
Satellite clinic/EPI outreach site	4.8	3.1	1.1	0.4	0.0	1.8
HA	1.1	0.9	0.5	0.0	0.0	0.5
FWA	1.7	1.4	0.7	0.0	0.5	0.8
Smiling Sun	37.3	33.6	28.6	24.5	12.3	27.0
Static clinic	18.4	17.1	17.7	17.2	10.7	16.2
Satellite clinic	18.9	16.5	10.9	6.9	1.2	10.6
Community service provider (CSP)/ Depotholder	0.0	0.0	0.0	0.4	0.5	0.2
Other NGO	10.3	14.2	10.4	15.9	9.4	12.1
MARIE STOPES clinic/hospital	1.8	3.5	1.8	2.4	1.4	2.2
UPHCP	1.2	2.8	2.3	4.3	3.3	2.8
Hospital/clinic	4.5	6.1	6.1	8.4	4.6	6.0
Satellite clinic	2.3	1.4	0.0	0.9	0.0	0.8
Fieldworker	.6	0.0	0.2	0.0	0.0	0.1
Depotholder	0.0	0.4	0.0	0.0	0.0	0.1
Private medical sector	12.7	13.4	27.8	30.5	50.7	27.4
Private hospital/clinic	4.5	6.1	20.2	18.1	31.4	16.4
Qualified doctor	6.8	6.7	7.3	11.8	19.3	10.4
Village doctor	0.9	0.4	0.0	0.0	0.0	0.2
Pharmacist/pharmacy	0.0	0.3	0.0	0.4	0.0	0.1
Traditional healer/kabiraj	0.6	0.0	0.2	0.2	0.0	0.2
Other private	0.8	1.9	0.7	3.9	2.7	2.0
DK/missing	0.3	0.7	0.2	0.0	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	222	267	278	278	261	1,307

Table 7.4B. Source of antenatal care by SES, Urban non-project areas

Percent distribution of women who had a live birth in the three years preceding the survey whether they had at least one antenatal care (ANC) visit during the last pregnancy, by SES for non-project areas, BSSF 2008.

Place for antenatal checkup	Household asset quintile					Total
	Lowest	Second	Middle	Fourth	Highest	
Home	4.4	3.1	9.0	3.1	0.0	3.8
Medical person at home	4.4	3.1	9.0	1.6	0.0	3.4
Non-medical person at home	0.0	0.0	0.0	1.6	0.0	0.4
Public sector	42.8	41.5	28.1	27.2	24.1	32.3
Hospital/Medical college	6.9	12.2	7.0	4.9	10.3	8.1
Family welfare center	6.7	6.0	2.2	1.6	0.0	3.1
Upazila health complex	2.2	0.0	2.2	2.4	5.9	2.6
MCWC	20.0	20.0	16.7	18.3	7.9	16.6
Rural Dispensary/community clinic						
Satellite clinic/EPI outreach site	3.6	3.2	0.0	0.0	0.0	1.3
HA	2.2	0.0	0.0	0.0	0.0	0.4
FWA	1.2	0.0	0.0	0.0	0.0	0.2
Smiling Sun	10.3	12.6	16.8	17.2	3.0	12.2
Static clinic	3.6	11.5	11.3	15.7	3.0	9.4
Satellite clinic	6.8	1.1	5.5	1.6	0.0	2.8
Community service provider (CSP)/ Depotholder						
Other NGO	27.0	26.7	18.1	16.9	11.0	19.7
MARIE STOPES clinic/hospital	2.5	6.1	2.4	0.9	0.0	2.3
UPHCP	13.1	8.6	4.9	6.6	3.2	7.2
Hospital/clinic	2.2	8.9	6.5	9.4	7.8	7.2
Satellite clinic	7.9	3.1	4.3	0.0	0.0	2.8
Fieldworker	1.2	0.0	0.0	0.0	0.0	0.2
Depotholder						
Private medical sector	15.5	14.1	25.5	29.5	58.7	29.1
Private hospital/clinic	7.7	11.0	20.0	18.3	40.5	19.7
Qualified doctor	5.6	1.1	5.5	11.2	18.2	8.6
Village doctor	2.2	2.0	0.0	0.0	0.0	0.8
Pharmacist/pharmacy						
Traditional healer/kabiraj						
Other private	0.0	2.1	2.4	6.0	2.1	2.7
DK/missing	0.0	0.0	0.0	0.0	1.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	56	62	56	78	62	314

7.2. Iron Supplementation

Table 7.5 provides the distribution of women who received iron tablets during their last pregnancy for births in the three years preceding the survey. In project areas, women were somewhat less likely to receive iron tablets or syrup (64.4 percent, against 68.4 percent in non-project areas). Among the various strata within project areas, women were less likely to receive iron supplements in district and Upazila municipalities (62.1 percent) and the remaining city corporations (60.6 percent) than in Dhaka City Corporation (68.0 percent) and Chittagong City Corporation (69.6 percent).

Women younger than 15 years, as well as those older than 34 years, were less likely to receive iron supplements than those in the 15-34 year age range. Only 52.4 and 55.3 percent of women aged 10-14 years and 35-49 years, respectively, received iron supplements, compared with about 65 percent for those aged 15-34 years. Supplementation was less likely in higher parity groups (47.5 percent for the highest parity against 75.1 percent for the lowest). The relationship between receipt of iron supplements and education was even more striking. Only 48.5 percent with no schooling received supplements, while over 88 percent with a secondary education or better did. The proportion receiving iron supplements was also strongly associated with household asset quintile, increasing from 45.2 percent among women in the lowest asset quintile to 87.2 percent among women in the top quintile.

7.3. Tetanus Toxoid Vaccination

Tetanus toxoid (TT) injections protect women and their newborns from tetanus. If a woman has received no previous TT injections, she needs two doses of TT during pregnancy for full protection. However, a woman may require only one or no TT injections during pregnancy if she has already been vaccinated before, depending on the number and timing of past injections. Five doses are considered to provide lifetime protection.

The 2008 urban BSSFP survey collected data on whether or not the women received any TT vaccinations during a pregnancy and whether or not the pregnancy was protected against neonatal tetanus. Table 7.6 presents the percentage of women having a live birth in the three years preceding the survey who were protected against neonatal tetanus for their last live birth.

Tetanus toxoid coverage of women during pregnancy was widespread. In project areas, over four out of five women (84.7 percent) with a birth in the three years preceding the survey were protected against neonatal tetanus during pregnancy with respect to their last live birth. About half (50.7 percent) of women received two or more tetanus injections during pregnancy for their last live birth. However, about 23.1 percent received none. The proportion protected against neonatal tetanus was slightly higher for women in the non-project areas than in the project areas (86.8 versus 84.7 percent).

Table 7.5. Iron supplementation, last three years

Percent distribution of women with a live birth in the three years preceding the survey by intake of iron supplements during pregnancy for the most recent birth by selected background characteristics, project and non-project areas, 2008.

Background Characteristics	Took iron tablet/syrup during pregnancy				Number of women
	Yes	No	DK/missing	Total	
Mother's age at birth					
10-14	52.4	47.6	0.0	100.0	33
15-19	69.2	30.6	0.3	100.0	439
20-34	63.4	36.5	0.1	100.0	1020
35-49	55.3	44.7	0.0	100.0	71
Birth order					
1	75.1	24.6	0.2	100.0	552
2-3	62.3	37.6	0.1	100.0	734
4-5	49.1	50.9	0.0	100.0	220
6+	47.5	52.5	0.0	100.0	56
Domains					
Dhaka city corporation	68.0	32.0	0.0	100.0	333
Chittagong city corporation	69.6	30.4	0.0	100.0	264
Rest of the city corporations	60.6	39.0	0.4	100.0	169
District and Upazila municipalities	62.1	37.8	0.2	100.0	798
Highest educational levels					
No education	48.5	51.5	0.0	100.0	422
Some primary	56.7	43.3	0.0	100.0	283
Primary complete	64.7	34.9	0.4	100.0	163
Secondary incomplete	70.9	28.8	0.3	100.0	451
Secondary complete or higher	88.6	11.4	0.0	100.0	244
Household asset quintile					
Lowest	45.2	54.6	0.2	100.0	334
Second	58.2	41.8	0.0	100.0	348
Middle	64.3	35.7	0.0	100.0	317
Fourth	73.0	26.6	0.4	100.0	299
Highest	87.2	12.8	0.0	100.0	265
Project and Non-project areas					
Project areas	64.4	35.4	0.1	100.0	1563
Non-project areas	68.4	31.6	0.0	100.0	385

Table 7.6. Tetanus toxoid injections

Among mothers with a live birth in the three years preceding the survey, the percentage receiving two or more tetanus toxoid injections (TTI) during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, project and non-project areas, BSSFP 2008.

Background characteristic	Number of tetanus toxoid injections					Percentage whose last birth was protected against neonatal tetanus ¹	Number of mothers
	None	One injection	Two or more injections	Don't know/missing	Total		
Mother's age at birth							
10-14	9.3	15.2	75.5	0.0	100.0	86.9	33
15-19	19.2	22.0	58.8	0.0	100.0	88.9	439
20-34	24.0	28.2	47.7	0.0	100.0	83.7	1020
35-49	41.1	26.8	32.1	0.0	100.0	71.3	71
Birth order							
1	16.8	19.2	64.0	0.0	100.0	90.9	552
2-3	22.8	31.6	45.6	0.0	100.0	82.5	734
4-5	32.3	29.5	38.3	0.0	100.0	81.3	220
6+	54.4	10.2	35.4	0.0	100.0	65.4	56
Domains							
Dhaka city corporation	21.4	22.8	55.9	0.0	100.0	82.6	333
Chittagong city corporation	17.5	20.5	62.0	0.0	100.0	85.8	264
Rest of the city corporations	28.0	22.0	50.0	0.0	100.0	86.6	169
District and Upazila municipalities	24.7	30.3	44.9	0.0	100.0	84.8	798
Highest educational level							
No education	28.0	24.3	47.7	0.0	100.0	77.0	422
Primary incomplete	25.7	26.1	48.2	0.0	100.0	78.9	283
Primary complete	18.9	25.6	55.5	0.0	100.0	87.7	163
Secondary incomplete	18.1	28.3	53.6	0.0	100.0	91.2	451
Secondary complete or higher	23.9	25.9	50.2	0.0	100.0	90.4	244
Household asset quintile							
Lowest	28.7	22.9	48.4	0.0	100.0	76.4	334
Second	22.8	24.1	53.1	0.0	100.0	80.9	348
Middle	22.9	25.4	51.7	0.0	100.0	89.5	317
Fourth	20.7	30.0	49.3	0.0	100.0	90.0	299
Highest	19.7	29.5	50.8	0.0	100.0	88.2	265
Project and Non-project areas							
Project areas	23.1	26.2	50.7	0.0	100.0	84.7	1563
Non-project areas	21.8	21.6	56.6	0.0	100.0	86.8	385

¹ Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within three years of the last live birth), or three or more injections (the last within five years of the last birth), or four or more injections (the last within ten years of the last live birth), or five or more injections prior to the last birth.

Women less than 20 years of age (59.9 percent) were more likely to receive two or more tetanus injections during their last pregnancy than women age 35-49 (32.1 percent). Coverage also varied by parity, being higher among women at lower parity. Across project areas, coverage was highest in Chittagong City Corporation (62 percent with two or more injections) and lowest in district and Upazila municipalities (44.9 percent with two or more). The relationship between education and coverage of two or more doses of tetanus toxoid was not strong. However, when prior vaccination was taken into account, in project areas, the proportion whose pregnancy was protected against TT, increased from 77 percent of women with no education to 90.4 percent of those who had completed secondary and higher education. Large variations in coverage were notable by asset quintiles. While 88.2 percent of women with a birth in the highest wealth quintile were protected against tetanus in project areas, the coverage was down to only 76.4 percent for those in the lowest quintile.

Table 7.7 provides the distribution of sources of TT injection for women with a live birth in the three years preceding the survey. Public sector facilities were the most prominent source in project areas, accounting for 40.6 percent of vaccinations. However, the Smiling Sun clinics were the second most popular source with 34.7 percent, divided evenly between static (17.3 percent) and satellite (17.2 percent) clinics. Across project areas, the Smiling Sun clinics had a much larger share in the rest of the city corporations (62.1 percent) than Chittagong City Corporation (47.2 percent), the district and Upazila municipalities (28.9 percent), or Dhaka City Corporation (24.9 percent). In non-project areas, the Smiling Sun clinics provided 12.5 percent of vaccinations.

7.4. Knowledge of Pregnancy Complications and Care

Table 7.8 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 project areas (known to 48.4 percent), followed by retained placenta (38.6 percent), poor fetal positioning (36.5 percent), excessive vaginal bleeding (36.3 percent), convulsions/eclampsia (36.0 percent), and obstructed labor (34.8 percent). Only a few had no knowledge of life threatening complications. There was little difference in knowledge of life-threatening complications of pregnancy between project and non-project areas.

Within project areas, poor fetal positioning, convulsions/eclampsia, obstructed/prolonged labor, and retained placenta were better known in Chittagong City Corporation, while tetanus and excessive vaginal bleeding were found to be most widely known in the remaining city corporations. Retained placenta was most widely known in district and Upazila municipalities and least widely known in the remaining city corporations.

Table 7.7. Source of tetanus toxoid injections

Percent distribution of women with a live birth in the last three years preceding the survey who received a tetanus toxoid injection by source of most recent tetanus toxoid injection, project and non-project areas, BSSFP 2008.

Source for most recent tetanus toxoid injection	Project areas					Non-project areas
	Dhaka city corporation	Chittagong city corporation	Rest of the city corporations	District and Upazila municipalities	Total	
Home	0.9	0.6	0.0	0.4	0.5	0.7
Medical person at home	0.9	0.6	0.0	0.4	0.5	0.4
Non-medical person at home	0.0	0.0	0.0	0.0	0.0	0.2
Public sector	26.7	15.3	21.5	59.7	40.6	53.3
Hospital/Medical college	5.0	3.7	7.3	14.7	9.8	9.4
Family welfare center	2.3	0.9	0.6	1.0	1.2	2.9
Upazila health complex	2.3	2.5	0.0	5.0	3.4	5.1
MCWC	6.3	2.1	2.8	16.3	10.2	14.9
Rural Dispensary/community clinic	0.9	0.0	0.0	0.4	0.4	1.1
Satellite clinic/EPI outreach site	8.6	5.2	7.9	19.8	13.5	19.1
HA	1.4	0.6	2.3	0.6	0.9	0.6
FWA	0.0	0.3	0.6	1.9	1.0	0.4
Smiling Sun	24.9	47.2	62.1	28.9	34.7	12.5
Static clinic	13.6	16.6	37.9	15.1	17.3	9.6
Satellite clinic	10.9	30.7	24.3	13.6	17.2	2.9
Community service provider (CSP)/Depotholder	0.5	0.0	0.0	0.2	0.2	0.0
Other NGO	20.8	12.9	10.2	4.8	10.3	17.2
MARIE STOPES clinic/hospital	3.2	2.1	1.7	0.4	1.5	1.7
UPHCP	5.9	6.4	6.2	.2	3.2	4.6
Hospital/clinic	10.0	0.9	0.6	2.7	3.7	4.1
Satellite clinic	1.8	3.4	1.1	1.2	1.7	6.4
Fieldworker	0.0	0.0	0.6	0.2	0.2	0.4
Depotholder						
Private medical sector	22.2	11.3	5.1	5.0	9.9	12.1
Private hospital/clinic	17.6	4.3	2.8	3.9	6.9	9.6
Qualified doctor	3.6	4.6	1.1	0.4	1.9	2.1
Village doctor	0.0	0.3	0.6	0.0	0.1	0.0
Pharmacist/pharmacy	0.9	2.1	0.6	0.6	1.0	0.4
Traditional healer/kabiraj						
Other private	2.3	9.2	0.6	0.4	2.4	3.7
DK/missing	2.2	3.5	0.5	0.8	1.6	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of Women	262	218	121	600	1,201	301

Table 7.8. 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, according to project and non-project areas, BSSFP 2008.

Pregnancy complications	Project areas					Non-project areas
	Dhaka city corporation	Chittagong city corporation	Rest of the city corporations	District and Upazila municipalities	Total	
Severe headache, blurry vision, high blood pressure	22.0	29.1	22.3	17.9	21.1	19.5
Edema, pre-eclampsia	15.6	12.0	15.2	17.2	15.8	15.0
Convulsions, eclampsia	38.4	39.4	39.0	33.2	36.0	35.3
Excessive vaginal bleeding	40.1	32.7	42.7	34.6	36.3	35.8
Foul smelling discharge with high fever	1.3	0.6	0.8	1.0	1.0	0.4
Jaundice	3.9	4.5	1.6	2.6	3.0	3.2
Tetanus	43.6	42.3	58.6	50.1	48.4	49.0
Baby hand or feet come first, baby in bad position	35.2	42.9	26.1	37.3	36.5	33.8
Prolonged labor	15.0	20.4	10.5	16.5	16.1	10.5
Obstructed labor	29.0	38.8	30.5	36.9	34.8	30.3
Retained placenta	35.3	35.3	30.0	42.9	38.6	39.8
Torn uterus	9.5	7.8	5.5	8.6	8.3	7.9
Other	2.3	1.8	2.5	2.0	2.1	1.5
DK, Missing	1.1	0.4	2.4	1.0	1.1	1.2
Number of women	1,165	894	632	2,854	5,545	1,392

7.5. Delivery Care

The Bangladesh Maternal Health Strategy encourages women to deliver under the care of medically trained birth attendants. It promotes safe motherhood through various activities, especially delivery by skilled birth attendants (SBAs). Proper medical attention and hygienic conditions during delivery would undoubtedly reduce the risk of complications and infections that may cause the death or serious illness of the mother and the baby. Regarding delivery care, two pieces of information were collected in the survey: One about the place of delivery, and the other about the type of assistance during delivery.

Place of Delivery

Table 7.9 shows the distribution of delivery locations for women with a birth in the past five years. In project areas, about one third (32.1 percent) gave birth at a formal health care facility, while 67.9 percent did so at home. Most of the former gave birth at a private hospital/clinic (14.0 percent) or a public health facility (13.6 percent). Few women mentioned giving birth at an NGO facility (2.9 percent). Smiling Sun clinics usually do not have facilities for deliveries.

Delivery at private hospitals/clinics was most common in Dhaka City Corporation (18.8%) followed by the district and Upazila municipalities (14.7 percent), the rest of the city corporations (12.8 percent) and, more distantly, Chittagong City Corporation (6.8 percent). Delivery at health facilities was equally common in project and non-project areas (32 percent each).

Younger women were less likely to deliver at a facility. When they did, they were more likely to use a public facility. Older mothers were, by contrast, relatively more likely to use a private facility. Women at higher parity were less likely to deliver at a facility. Only about 12 percent in the poorest quintile delivered at a facility against nearly 75 percent in the richest. There were also striking differentials by education: only 12 percent with no education delivered at a health facility compared with 23.8 percent of those with primary education, 40 percent with some secondary education and, finally, 75 percent with completed secondary or higher education.

Assistance during Delivery

Table 7.10 provides the distribution of assistance received during the last birth for mothers with a live birth in the five years preceding interview. In project areas, 63.9 percent were assisted by non-medically trained providers, with 54 percent assisted by an untrained Dai and 5.1 percent by a trained Dai. Another 3.4 percent were assisted by a friend or relative. Only 35.6 percent were attended by medically trained personnel (doctors, nurses, midwives or family welfare visitors, etc.).

Women were less likely to be assisted by medically trained personnel in Chittagong City Corporation (24.8 percent) than Dhaka City Corporation (42.6 percent), or district and Upazila municipalities (35.5 percent), or the rest of the city corporations (33.8 percent). They were more likely to be assisted by medically trained personnel if they were age 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. The proportion of deliveries assisted by medically trained providers was about the same in both project and non-project areas (36 percent each).

Table 7.9. 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, BSSFP 2008.

Background Characteristics	Place of delivery							Number of births
	Public health facility	Smiling Sun health facility	Other NGO healthy facility	Private health facility	Home	Other	Total	
Mother's age at birth								
10-14	13.1	1.3	2.3	8.3	72.6	0.0	100.0	52
15-19	15.2	0.7	2.7	10.0	70.9	0.5	100.0	659
20-34	13.2	0.9	2.9	15.8	66.4	0.8	100.0	1,541
35-49	9.7	0.0	4.3	15.9	68.0	2.1	100.0	116
Birth order								
1	19.3	0.8	3.4	17.1	58.4	0.9	100.0	828
2-3	10.6	1.1	3.0	15.6	68.8	0.8	100.0	1,090
4-5	11.5	0.0	2.0	5.2	80.9	0.4	100.0	341
6+	6.2	0.6	1.1	2.3	89.7	0.0	100.0	109
Domains								
Dhaka city corporation	13.2	0.7	7.4	18.8	59.5	0.5	100.0	512
Chittagong city corporation	9.3	.8	2.7	6.8	78.4	2.0	100.0	402
Rest of the city corporations	11.7	3.5	1.9	12.8	69.2	0.5	100.0	252
District and Upazila municipalities	15.6	0.3	1.2	14.7	67.6	0.5	100.0	1,202
Mother's education level								
No education	7.1	0.4	.9	3.2	88.0	0.2	100.0	656
Some Primary	10.6	0.4	1.5	5.6	81.8	0.0	100.0	429
Primary Complete	14.5	0.0	2.8	6.3	76.2	0.0	100.0	264
Secondary Incomplete	18.7	1.4	4.2	14.6	60.0	1.0	100.0	634
Secondary Complete or higher	19.0	1.5	5.6	46.2	25.0	2.7	100.0	384
Household asset quintile								
Lowest	6.7	0.8	0.1	3.8	88.1	0.0	100.0	469
Second	10.0	0.5	1.7	3.4	84.3	0.1	100.0	511
Middle	14.7	0.1	1.6	7.0	76.5	0.0	100.0	484
Fourth	19.7	1.0	4.3	14.5	59.2	1.4	100.0	479
Highest	17.4	1.8	7.2	45.6	25.5	2.5	100.0	424
Project and Non-project areas								
Project areas	13.6	0.8	2.9	14.0	67.9	0.8	100.0	2,367
Non-project areas	12.3	.06	3.5	14.5	68.0	1.1	100.0	589

Table 7.10. Assistance during delivery

Percent distribution of last born live births in the five years preceding the survey by person providing assistance during delivery, according to background characteristics, project and non-project areas, BSSFP 2008.

Background Characteristics	Medically trained providers		Non-medically trained providers						Total	Number of births
	Smiling Sun health professional (doctor/nurse/midwife/FWV)	Other private/Govt. health professional (doctor/nurse/midwife/FWV)	Trained birth attendant	Untrained birth attendant	Village doctor	Relatives and friends	Other	No one		
Mother's age at birth										
10-14	1.3	27.4	2.6	55.5	0.0	9.4	0.0	0.0	100.0	52
15-19	0.8	32.8	7.6	54.9	0.0	3.0	0.3	0.4	100.0	659
20-34	1.2	36.3	6.9	51.9	0.2	2.3	0.1	0.8	100.0	1,541
35-49	0.0	34.1	3.4	57.2	0.0	5.4	0.0	0.0	100.0	116
Birth order										
1	1.0	45.3	5.9	44.1	0.0	2.6	0.3	0.4	100.0	828
2-3	1.3	33.9	7.9	53.3	0.1	2.8	0.1	0.2	100.0	1,090
4-5	0.4	21.1	7.1	65.7	0.3	2.9	0.0	2.5	100.0	341
6+	0.6	11.4	2.4	80.5	0.6	4.6	0.0	0.0	100.0	109
Domains										
Dhaka city corporation	0.7	42.6	5.1	46.1	0.2	3.5	0.2	1.2	100.0	512
Chittagong city corporation	0.8	24.8	7.6	64.6	0.2	1.8	0.2	0.0	100.0	402
Rest of the city corporations	3.5	33.8	10.9	48.2	0.0	2.2	0.5	0.0	100.0	252
District and Upazila municipalities	0.7	35.5	6.4	53.3	0.1	3.0	0.0	0.7	100.0	1,202
Mother's education level										
No education	0.4	12.8	7.1	74.2	0.3	3.5	0.1	1.1	100.0	656
Some primary	1.0	21.3	6.1	67.0	0.0	3.8	0.2	0.6	100.0	429
Primary complete	0.5	25.5	7.4	61.3	0.0	4.0	0.0	0.9	100.0	264
Secondary incomplete	1.7	44.0	6.9	44.3	0.0	2.0	0.1	0.2	100.0	634
Secondary complete or higher	1.3	79.9	6.5	10.2	0.3	1.2	0.3	0.3	100.0	384

Background Characteristics	Medically trained providers		Non-medically trained providers					Total	Number of births	
	Smiling Sun health professional (doctor/nurse/midwife/FWV)	Other private/Govt. health professional (doctor/nurse/midwife/FWV)	Trained birth attendant	Untrained birth attendant	Village doctor	Relatives and friends	Other			No one
Household asset quintile										
Lowest	1.3	12.3	5.4	75.1	0.4	4.2	0.3	0.3	100.0	469
Second	1.0	16.7	7.3	70.1	0.0	3.7	0.2	0.7	100.0	511
Middle	0.3	27.8	8.3	59.5	0.0	2.7	0.0	1.5	100.0	484
Fourth	0.7	45.9	8.5	41.3	0.0	2.4	0.1	0.5	100.0	479
Highest	2.1	78.2	4.2	14.4	0.3	0.9	0.0	0.0	100.0	424
Number of ANC Visits										
None	0.0	8.1	5.8	78.5	0.0	6.1	0.0	1.1	100.0	431
1	0.4	14.7	5.0	74.9	0.0	4.0	0.2	0.4	100.0	281
2	0.2	27.0	5.7	64.5	0.5	1.6	0.2	0.4	100.0	354
3	1.1	26.6	11.6	55.8	0.4	2.8	0.2	1.1	100.0	351
DK/missing	2.0	59.4	6.5	30.0	0.0	1.4	0.1	0.4	100.0	949
	0.0	100.0	.0	.0	0.0	0.0	0.0	0.0	100.0	1
Project and Non-project areas										
Project areas	1.0	35.0	6.8	53.1	0.1	2.8	0.1	0.6	100.0	2,367
Non-project areas	0.8	34.8	5.1	54.0	0.3	3.4	0.4	0.5	100.0	589

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.

7.6. Postnatal Care

A large proportion of maternal and neonatal deaths occur during the 24 hours following delivery. In addition, the first two days following delivery are critical for monitoring complications arising from the delivery. A postnatal care visit is also an ideal time to educate a new mother on how to care for herself and her newborn. The 2008 BSSFP baseline survey assessed the extent of postnatal care utilization, asking women whether they had received a health check after delivery for the last birth in the three years preceding the survey. If they had received a health check, they were asked when they received the first check, and what type of health provider provided the care.

Coverage of postnatal care was assessed separately for mothers and children. As shown in Table 7.11, in project areas, about half of the women (47.7 percent) received postnatal care for themselves after the delivery of their last baby. More than four in ten women (41.5 percent) who received the care received it within 24 hours of delivery, and 44.7 percent within the first two days of delivery. Coverage of postnatal care was slightly higher for women in non-project (50.3 percent) than project (47.7 percent) areas. Across project areas, the proportion of women who received postnatal care within the first two days of delivery varied from 40.3 percent in Chittagong City Corporation to 43-50.8 percent in the other urban areas.

Differences by maternal age, child birth order, wealth quintile, and maternal education were pronounced. Women who were between 20-49 years old at the time of birth, women having their first child, highly educated women, and women in the highest wealth quintile were much more likely to receive postnatal care within the first two days after delivery than were other women.

In project areas, postnatal checkups were slightly more common for children than for mothers. However, about 44.1 percent of most recent live births in the three years preceding the survey that received postnatal care were reported to have received care within two days of delivery, a similar proportion to that of mothers receiving care within the same time limit. Differentials in the timing of postnatal care for children were comparable to those for mothers (Table 7.12). The coverage of postnatal care for children was also slightly higher in non-project (55.8 percent) than project (50.3 percent) areas.

Table 7.13 presents information on the type of postnatal care provider utilized, according to maternal background characteristics. In project areas, about four in ten women (42.6 percent) reported that they received postnatal care from a medically trained provider for themselves after the delivery of their baby; 31 percent received the care from a qualified doctor, 11.4 percent from a nurse, midwife, paramedic, or family welfare visitor, and 7.6 percent from non-medically trained providers like trained birth attendants, health assistants, and family welfare assistants. Mothers of first order births, mothers with some secondary or higher education, those from the wealthiest households, and those in Chittagong City Corporation were more likely to receive postnatal care from a medically trained provider. There was little or no variation between project and non-project areas in the proportion of the women who had received postnatal care from a medically trained provider.

Table 7.11. Timing of first postnatal checkup for women

Among women age 15-49 giving birth in the three years preceding the survey, the percent distribution of the mother's first postnatal check-up for the last live birth by time after delivery, according to background characteristics, project and non-project areas, 2008.

Background characteristic	Timing after delivery of mother's first postnatal checkup				No postnatal checkup ¹	Total	Within 2 days of delivery	Number of women
	< 4 hours	4-23 hours	Within 1-2 days of delivery	Within 3-41 days of delivery				
Mother's age at birth								
10-14	24.2	2.1	0.0	0.0	73.7	100.0	26.3	33
15-19	34.7	5.5	3.6	5.1	51.2	100.0	43.7	439
20-34	36.4	6.1	3.2	2.4	51.8	100.0	45.8	1020
35-49	38.9	3.6	1.9	1.0	54.7	100.0	44.3	71
Birth order								
1	43.1	7.4	2.7	4.0	42.9	100.0	53.2	552
2-3	35.0	5.3	3.8	2.8	53.2	100.0	44.0	734
4-5	25.6	2.6	2.1	1.8	68.0	100.0	30.3	220
6+	14.3	6.9	5.6	2.2	71.0	100.0	26.8	56
Domains								
Dhaka city corporation	40.6	7.5	2.8	2.5	46.6	100.0	50.9	333
Chittagong city corporation	28.1	7.1	5.1	6.1	53.7	100.0	40.3	264
Rest of the city corporations	40.7	2.8	3.7	4.1	48.8	100.0	47.2	169
District and Upazila municipalities	35.3	5.1	2.6	2.0	54.9	100.0	43.1	798
Highest education level								
No education	15.6	3.0	2.1	2.5	76.9	100.0	20.6	422
Primary incomplete	25.0	2.1	3.2	3.1	66.6	100.0	30.3	283
Primary complete	25.1	6.2	3.4	4.4	61.0	100.0	34.6	163
Secondary incomplete	45.3	8.8	3.3	3.6	39.0	100.0	57.4	451
Secondary complete or higher	72.9	8.6	4.9	1.8	11.8	100.0	86.4	244
Household asset quintile								
Lowest	15.1	2.7	2.5	1.9	77.8	100.0	20.2	334
Second	22.9	3.7	2.0	2.7	68.6	100.0	28.7	348
Middle	28.6	5.6	2.8	3.6	59.4	100.0	37.0	317
Fourth	45.6	10.4	4.7	4.7	34.6	100.0	60.7	299
Highest	76.3	7.0	4.5	2.1	10.1	100.0	87.7	265
Project and Non-project areas								
Project areas	35.8	5.7	3.2	3.0	52.3	100.0	44.7	1563
Non-project areas	38.8	4.9	3.3	3.3	49.7	100.0	47.0	385

¹ Includes women who received a checkup after 41 days.

Table 7.12. Timing of first postnatal checkup for children

Background characteristic	Timing after deliver of child's first postnatal checkup				No postnatal checkup	Total	Within 2 days of delivery	Number of children
	< 4 hours	4-23 hours	Within 1-2 days of delivery	Within 3-41 days of delivery				
Mother's age at birth								
10-14	32.0	0.0	0.0	8.2	59.8	100.0	32.0	33
15-19	36.5	4.3	2.7	8.3	48.1	100.0	43.5	439
20-34	36.3	5.6	3.2	5.0	49.7	99.9	45.2	1020
35-49	37.9	.9	.9	5.4	54.8	100.0	39.8	71
Birth order								
1	45.7	5.5	2.2	8.0	38.6	100.0	53.4	552
2-3	35.2	4.9	3.6	4.9	51.2	99.8	43.7	734
4-5	24.1	3.5	1.8	5.1	65.5	100.0	29.4	220
6+	7.8	4.6	5.6	4.4	77.7	100.0	17.9	56
Domains								
Dhaka city corporation	40.9	4.6	2.8	3.2	48.4	100.0	48.4	333
Chittagong city corporation	29.6	6.6	3.0	8.6	52.2	100.0	39.2	264
Rest of the city corporations	39.8	2.0	4.1	8.5	45.5	100.0	45.9	169
District and Upazila municipalities	35.9	5.1	2.6	5.8	50.4	99.8	43.7	798
Mother's education level								
No education	14.4	3.3	1.7	6.2	74.4	100.0	19.4	422
Primary incomplete	25.0	1.6	2.5	7.2	63.7	100.0	29.1	283
Primary complete	26.2	5.0	3.4	7.1	58.3	100.0	34.6	163
Secondary incomplete	47.2	7.2	3.2	7.2	34.9	99.7	57.6	451
Secondary complete or higher	74.1	7.4	4.6	1.3	12.6	100.0	86.1	244
Household asset quintile								
Lowest	16.3	2.5	2.1	5.1	74.0	100.0	20.8	334
Second	20.2	4.8	1.7	7.3	65.9	100.0	26.7	348
Middle	29.2	4.6	3.0	7.6	55.6	100.0	36.8	317
Fourth	48.0	8.2	4.4	7.5	31.5	99.6	60.6	299
Highest	78.1	4.9	3.8	1.7	11.5	100.0	86.8	265
Project and Non-project areas								
Project areas	36.3	4.9	2.9	6.0	49.7	99.9	44.2	1563
Non-project areas	39.1	3.6	3.9	9.1	44.2	100.0	46.7	385

¹ Includes children who received a checkup after 41 days.

Table 7.13. Type of provider of first postnatal checkup for women among women age 15-49 giving birth in the three years preceding the survey
 Percent distribution by type of provider of the mother's first postnatal health check for the last live birth, according to background characteristics, project and non-project areas, BSSFP 2008.

Background characteristic	Medically trained provider			Non-medically trained provider ¹	No postnatal checkup	Total	Percentage receiving postnatal care from a medically trained provider	Number of women
	Qualified doctor	Nurse/midwife/paramedic/FWV	CSBA/MA/SACMO					
Mother's age at birth								
10-14	11.1	11.5		3.7	73.7	100.0	22.5	33
15-19	27.2	13.7		10.9	48.2	100.0	40.9	439
20-34	33.9	10.1		6.5	49.6	100.0	44.0	1020
35-49	27.7	14.7		4.5	53.1	100.0	42.4	71
Birth order								
1	38.8	13.4		7.1	40.6	100.0	52.3	552
2-3	30.0	12.3		7.6	50.2	100.0	42.2	734
4-5	21.7	4.4		7.0	66.8	100.0	26.1	220
6+	10.2	6.6		13.4	69.8	100.0	16.8	56
Domains								
Dhaka city corporation	41.3	8.2		6.0	44.5	100.0	49.5	333
Chittagong city corporation	26.8	8.1		14.2	50.9	100.0	34.9	264
Rest of the city corporations	31.3	15.4		6.5	46.7	100.0	46.7	169
District and Upazila municipalities	28.5	12.9		6.2	52.4	100.0	41.4	798
Highest education level								
No education	11.9	5.2		8.1	74.8	100.0	17.1	422
Primary incomplete	16.5	8.9		8.7	65.9	100.0	25.4	283
Primary complete	21.6	9.7		12.0	56.7	100.0	31.3	163
Secondary incomplete	39.3	17.8		7.4	35.5	100.0	57.1	451
Secondary complete or higher	73.3	14.0		2.6	10.0	100.0	87.4	244

Background characteristic	Medically trained provider			Non-medically trained provider ¹	No postnatal checkup	Total	Percentage receiving postnatal care from a medically trained provider	Number of women
	Qualified doctor	Nurse/midwife/paramedic/FWV	CSBA/MA/SACMO					
Household asset quintile								
Lowest	10.2	6.3		7.4	76.1	100.0	16.5	334
Second	14.3	8.8		10.0	66.9	100.0	23.1	348
Middle	24.1	12.1		7.2	56.6	100.0	36.2	317
Fourth	44.4	16.9		8.8	29.8	100.0	61.3	299
Highest	73.5	14.0		3.5	8.9	100.0	87.5	265
Project and Non-project areas								
Project areas	31.2	11.4		7.6	49.9	100.0	42.6	1563
Non-project areas	30.4	13.5		7.1	49.0	100.0	43.9	385

FWV = family welfare visitor; MA = medical assistant; SACMO = sub-assistant community medical officer; HA = health assistant; FWA = family welfare assistant.
¹ Includes women who received a checkup after 41 days.

7.7. Newborn Care

Care of the Umbilical Cord

Women who gave birth in the past three years but did not deliver their last-born child in a health institution were asked about newborn care practices, including cord cutting and wiping, wrapping, and bathing of the newborn following birth. In project areas, a blade was the most common instrument used to cut the umbilical cord. Few of these blades were from a delivery bag (5.9 percent) and most (92.2 percent) were obtained from other sources (Table 7.14). For about nine out of ten (87.8 percent) non-institutional births, the instrument used to cut the cord was boiled before use. Within project areas, the use of boiled instruments to cut the umbilical cord was highest among women in district and Upazila municipalities (89.6 percent) and lowest in the remaining city corporations (83.8 percent). The use of boiled instruments was more common among more educated women and those in the higher wealth quintile. For example, instruments were boiled before the cord was cut for 96.3 percent of births to mothers who had completed secondary or higher education, compared with 85.7 percent of births to women with no education. There was no variation between project and non-project areas in the rate of use of boiled instruments to cut the umbilical cord.

Table 7.15 shows what material was applied to the cord immediately after cutting it, according to the mother's background characteristics. For project areas, in about 42.8 percent of cases, nothing was applied to the cord after it was cut. When something was applied to the cord, antibiotic (14.4 percent) was the most common material applied, followed by boric powder (8.7 percent) and antiseptics (5.6 percent).

Wiping, Wrapping, and Bathing the Newborn

Newborns should be wiped dry and wrapped within minutes of birth and should not be washed in the first 24 hours in order to reduce the risk of hypothermia. The 2008 BSSFP baseline survey asked when a newborn was first wiped and wrapped, and when it was first washed. In project areas, about 56.6 percent of newborns were not wiped immediately after birth (Table 7.16). Only 2.4 percent were wiped within the recommended five minutes after birth. Newborns in the remaining city corporations were more likely to be wiped within five minutes of birth (3.1 percent) than those in the other urban strata. There was little or no variation in early wiping of newborns by background characteristics. The rate of early wiping of newborns was about the same in project and non-project areas (two percent each).

The practice of keeping the newborn warm was not common in either project or non-project areas. In project areas, about 55.3 percent of newborns were not wrapped immediately after birth (Table 7.16). Only less than one percent of newborns were wrapped within the recommended five minutes after birth.

Table 7.14. Use of clean home delivery kits and other instruments to cut the umbilical cord

Percent distribution of most recent non-institutional live births in the three years preceding the survey, by type of instrument used to cut the umbilical cord, and the percentage of instruments boiled before the cord was cut, according to background characteristics, project and non-project areas, BSSFP 2008.

Background characteristic	Instrument used to cut the umbilical cord							Percentage of instruments boiled before the cord was cut	Number of births
	Blade from delivery bag	Blade from other source	Bamboo strips	Scissors	Cord was not cut	DK	Total		
Mother's age at birth									
10-14	2.6	94.8	0.0	2.6	0.0	0.0	100.0	74.3	26
15-19	7.0	90.2	0.9	0.6	0.0	1.2	100.0	86.2	303
20-34	5.9	92.5	0.8	0.1	.2	0.5	100.0	88.7	665
35-49		100.0	0.0	0.0	0.0	0.0	100.0	93.9	45
Birth order									
1	7.5	89.2	0.8	0.8	0.0	1.6	100.0	85.2	319
2-3	5.7	92.9	0.7	0.1	0.2	0.4	100.0	88.6	491
4-5	5.0	94.3	0.8	0.0	0.0	0.0	100.0	89.3	178
6+	1.3	97.3	1.3	0.0	0.0	0.0	100.0	92.1	51
Domains									
Dhaka city corporation	4.5	94.2	0.6	0.0	0.6	0.0	100.0	85.9	185
Chittagong city corporation	5.2	91.0	2.6	0.3	0.0	1.0	100.0	87.1	207
Rest of the city corporations	9.4	88.1	1.3	1.3	0.0	0.0	100.0	83.8	110
District and Upazila municipalities	6.0	92.8	0.0	0.2	0.0	.9	100.0	89.6	537
Mother's education level									
No education	2.6	96.0	0.9	0.0	0.0	0.5	100.0	85.7	371
Primary incomplete	4.8	94.3	0.6	0.0	0.0	.3	100.0	85.9	233
Primary complete	5.6	92.2	1.6	0.0	0.0	0.5	100.0	87.3	124
Secondary incomplete	8.5	87.8	0.5	1.3	0.5	1.4	100.0	91.2	260
Secondary complete or higher	22.4	77.6	0.0	0.0	0.0	0.0	100.0	96.3	51

Background characteristic	Instrument used to cut the umbilical cord								Percentage of instruments boiled before the cord was cut	Number of births
	Blade from delivery bag	Blade from other source	Bamboo strips	Scissors	Cord was not cut	DK	Total	Total		
Household asset quintile										
Lowest	3.6	94.5	1.3	0.0	0.0	0.6	100.0	82.3	296	
Second	2.4	96.0	1.1	0.0	0.0	0.4	100.0	88.4	292	
Middle	9.6	88.5	0.3	1.1	0.5	0.0	100.0	88.8	237	
Fourth	10.3	86.9	0.0	0.4	0.0	2.4	100.0	92.7	162	
Highest	8.6	91.4	0.0	0.0	0.0		100.0	96.3	52	
Project and Non-project areas										
Project areas	5.9	92.2	0.8	0.3	0.1	0.7	100.0	87.8	1039	
Non-project areas	5.6	92.1	1.0	1.1	0.0	0.3	100.0	88.7	249	

Table 7.15. Use of substance on stump after cutting umbilical cord

Percent distribution of non-institutional last live births in the three years preceding the survey, by material applied to the cord immediately after cutting and tying it, according to background characteristics, project areas, BSSFP 2008.

Background characteristic	Material applied to the cord								Number of births	
	Antibiotic	Antiseptic	Mustard oil with garlic	Boric powder	Other ¹	DK	Nothing applied to cord			
Mother's age at birth										
10-14	22.9	4.7	0.0	14.6	36.1	0.0	33.7			26
15-19	14.8	5.4	1.9	8.8	29.1	0.6	43.2			303
20-34	13.8	5.7	0.9	7.8	31.0	0.3	43.1			664
35-49	17.0	5.8		18.4	19.8	0.0	40.5			45
Birth order										
1	16.9	5.5	2.2	10.0	29.5	0.6	40.3			319
2-3	12.5	5.7	0.8	9.0	27.7	0.4	46.2			490
4-5	16.9	5.2	0.7	4.9	37.2	0.0	38.1			178
6+	9.8	6.4		11.2	33.0	0.0	41.9			51
Domains										
Dhaka city corporation	7.1	3.9	1.3	12.3	29.7	1.3	47.1			184
Chittagong city corporation	16.8	6.5	0.6	4.2	35.2	0.6	41.6			207
Rest of the city corporations	9.4	5.0	1.9	10.0	21.9	0.0	53.8			110
District and Upazila municipalities	17.1	6.0	1.2	9.0	30.0	0.0	39.5			537
Mother's education level										
No education	10.8	3.7	0.7	6.2	32.5	0.2	47.1			371
Primary incomplete	13.7	5.1	0.8	6.6	28.6	0.0	49.1			233
Primary complete ¹	15.8	6.0	2.0	13.1	29.7	1.0	36.1			124
Secondary incomplete	19.6	6.9	2.0	11.4	29.5	0.7	34.9			259
Secondary complete or higher	14.8	14.0		12.4	23.7	0.0	38.8			51

Background characteristic	Material applied to the cord										Number of births	
	Antibiotic	Antiseptic	Mustard oil with garlic	Boric powder	Other ¹	DK	Nothing applied to cord					
Household asset quintile												
Lowest	11.6	4.2	2.1	4.9	35.3	0.0	44.2					296
Second	14.3	4.1	0.9	10.1	31.4	0.0	42.9					292
Middle	14.4	4.3	0.3	11.6	26.7	1.1	44.8					236
Fourth	19.4	9.9	1.5	8.3	22.6	0.7	40.3					162
Highest	15.8	14.6		10.8	32.4	0.0	32.2					52
Project and Non-project areas												
Project areas	14.4	5.6	1.2	8.7	30.1	0.4	42.8					1037
Non-project areas	14.7	5.8	0.8	10.6	35.8	0.0	37.4					249

¹ Includes spirits/alcohol, chewed rice, tumeric juice/powder, ginger juice, shidur, gentian violet (blue ink), and talcom powder.

Table 7.16. Newborn care practices

Percentage of non-institutional last live births in the three years preceding the survey, by timing of wiping and wrapping, according to background characteristics, project and non-project areas, 2008.

Background characteristic	Timing of wiping						Timing of wrapping						Number of births		
	0-4 minutes	5-9 minutes	10+ minutes	Baby died before wiping	Baby not wiped after birth	DK/missing	Total	0-4 minutes	5-9 minutes	10+ minutes	Baby died before wrapping	Baby not wrapped after birth		DK/missing	Total
Mother's age at birth															
10-14	2.5	24.0	17.0	0.0	49.4	7.1	100.0	0.0	7.2	38.2	0.0	47.5	7.1	100.0	26
15-19	2.6	18.1	20.2	0.0	55.4	3.7	100.0	0.2	12.3	29.0	0.0	55.2	3.3	100.0	303
20-34	2.4	14.9	21.9	0.7	57.4	2.7	100.0	0.6	9.2	31.3	0.9	55.6	2.3	100.0	665
35-49	0.0	13.1	24.2	0.0	57.3	5.4	100.0	0.0	4.2	33.1	1.5	55.8	5.4	100.0	45
Birth order															
1	2.8	18.3	22.1	0.0	52.1	4.6	100.0	0.2	11.2	32.6	0.2	51.6	4.2	100.0	319
2-3	3.2	16.1	21.5	0.3	56.4	2.6	100.0	0.5	10.3	31.8	0.5	54.8	2.1	100.0	491
4-5	0.0	12.4	21.2	1.8	61.3	3.4	100.0	1.0	7.4	26.5	1.8	59.9	3.4	100.0	178
6+	0.0	13.5	16.3	0.0	70.1	0.0	100.0	0.0	6.0	26.2	1.3	66.5	0.0	100.0	51
Domains															
Dhaka city corporation	1.3	12.8	12.8	0.0	65.4	7.7	100.0	1.3	7.1	22.4	0.6	61.5	7.1	100.0	185
Chittagong city corporation	1.9	10.6	18.7	0.0	66.8	1.9	100.0	0.6	8.1	23.2	0.6	65.5	1.9	100.0	207
Rest of the city corporations	3.1	23.8	18.8	0.6	48.8	5.0	100.0	0.0	13.1	31.9	0.6	49.4	5.0	100.0	110
District and Upazila municipalities	2.8	17.6	25.9	0.7	51.3	1.8	100.0	0.2	10.9	36.5	0.7	50.3	1.4	100.0	537
Mother's education level															
No education	1.0	14.7	21.5	0.3	60.7	1.8	100.0	0.5	7.4	30.6	0.3	59.4	1.8	100.0	371
Primary incomplete	4.1	10.8	21.5	0.5	59.4	3.7	100.0	0.8	8.2	30.0	0.8	57.5	2.6	100.0	233
Primary complete	0.6	11.8	17.8	0.0	65.4	4.5	100.0	0.0	7.2	25.4	0.0	63.3	4.0	100.0	124
Secondary incomplete	3.2	22.4	19.0	0.7	50.8	3.9	100.0	0.0	15.6	29.4	1.5	49.8	3.6	100.0	260
Secondary complete or higher	4.8	26.3	40.8	0.0	22.7	5.4	100.0	2.4	12.6	56.8	0.0	22.7	5.4	100.0	51

Background characteristic	Timing of wiping						Timing of wrapping						Number of births		
	0-4 min-utes	5-9 min-utes	10+ min-utes	Baby died before wiping	Baby not wiped after birth	DK/missing	Total	0-4 min-utes	5-9 min-utes	10+ min-utes	Baby died before wrapping	Baby not wrapped after birth		DK/missing	Total
Household asset quintile															
Lowest	1.3	12.4	22.1	0.0	62.9	1.5	100.0	0.0	5.5	31.7	0.0	61.4	1.5	100.0	296
Second	3.1	13.9	13.8	0.8	64.9	3.3	100.0	0.9	9.1	23.2	1.1	62.8	2.9	100.0	292
Middle	2.7	19.0	25.6	0.0	47.7	5.0	100.0	1.0	12.1	36.2	0.5	46.2	4.0	100.0	237
Fourth	3.4	20.0	23.6	0.8	49.0	3.2	100.0	0.0	13.8	32.8	1.2	49.0	3.2	100.0	162
Highest	0.0	21.6	33.8	1.3	38.6	4.7	100.0	0.0	16.7	38.8	1.3	38.6	4.7	100.0	52
Project and Non-project areas															
Project areas	2.4	16.0	21.4	0.4	56.6	3.2	100.0	0.5	9.9	30.9	0.7	55.3	2.9	100.0	1039
Non-project areas	2.1	12.3	20.4	0.0	59.2	6.0	100.0	0.5	6.1	28.2	0.0	59.2	6.0	100.0	249

The 2008 BSSFP baseline survey also assessed the timing of a newborn's first bath. In project areas, about seven in ten newborns were given a bath within 24 hours of delivery (56.5 percent in the first hour). Only 6.8 percent of newborns were given the first bath after 72 hours or more following birth, which is the recommended practice in Bangladesh. Frequency of giving the first bath to newborns 72 hours or more after birth was slightly lower in non-project (4.6 percent) than project (6.8 percent) areas. Bathing the newborn at least 72 hours after birth occurred most often in district municipalities (9.9 percent) and least often in Dhaka City Corporation (2.6 percent). Bathing 72 hours or more after birth was relatively more common among more educated women and among women in the higher wealth quintiles. Only 4.5 percent of newborns of mothers with no education were given a bath at least 72 hours after birth, compared with 19.5 percent of those among women who had completed secondary or higher education (Table 7.17).

7.8. Initiation of Breastfeeding

UNICEF and WHO recommend that children be exclusively breastfed during the first six months of life, and that those children be given solid or semisolid complementary food in addition to continued breastfeeding after six months. Early initiation of breastfeeding is encouraged for a number of reasons. Mothers benefit from early suckling because it stimulates breast milk production and facilitates the release of the hormone oxytocin, which helps the contraction of the uterus and reduces postpartum blood loss. The first breast milk contains colostrum, which is highly nutritious and has antibodies that protect newborns from disease. Early initiation of breastfeeding also encourages bonding between a mother and her newborn.

Table 7.17A provides, for the last child born in the three years preceding interview, the percentage ever breastfed and initiating breastfeeding within a specific time after birth. Following the general pattern in Bangladesh, children were almost universally (97.1 percent) breastfed in project areas. However, 42.6 percent were breastfed within one hour of birth, and 88.6 percent were breastfed within the first day of life.

Across project areas, the proportion initiating breastfeeding within one hour of birth was slightly higher in district and Upazila municipalities than other urban areas. More educated mothers were less likely to breastfeed early. The timing of initiation also varied according to household wealth, place of birth, and the type of birth attendant utilized. Infants in the richest quintile were less likely to be breastfed soon after birth. Perhaps somewhat surprisingly, children born at a health facility, those whose birth was assisted by medically trained providers, and children in the richest quintile were somewhat less likely to receive breast milk within one hour of birth. There was little variation in the timing of initiation between project and non-project areas.

In project areas, 93.8 percent of last-born children in the three years preceding the survey received first milk or colostrum. Children were more likely to be given colostrum if their mothers were more educated or if they were from wealthier families. The children in non-project areas were more likely to receive colostrum compared with the children in project areas (96.3 versus 93.8 percent).

Table 7.17. Newborn care practices, timing of first bath

Percentage of non-institutional last live births in the three years preceding the survey, by timing of first bath, according to background characteristics, project and non-project areas, 2008.

Background characteristic	Timing of first bath					Baby died before bath	DK/missing	Total	Number of births
	0-5 hours	6-11 hours	12-23 hours	24-71 hours	72+ hours				
Mother's age at birth									
10-14	40.2	12.2	11.7	31.1	4.7	0.0	0.0	100.0	26
15-19	52.5	8.3	3.3	28.7	6.5	0.4	0.2	100.0	303
20-34	58.0	6.5	3.1	22.2	7.5	1.0	1.7	100.0	665
35-49	71.1	5.6	5.8	17.5	0.0	0.0	0.0	100.0	45
Birth order									
1	50.0	9.3	3.8	30.0	6.0	0.4	0.6	100.0	319
2-3	55.2	6.7	3.2	23.6	8.8	0.5	2.0	100.0	491
4-5	65.5	4.6	3.9	19.7	4.2	2.2	0.0	100.0	178
6+	79.8	6.2	3.8	7.8	2.4	0.0	0.0	100.0	51
Domains									
Dhaka city corporation	67.9	7.1	1.3	19.9	2.6	0.0	1.3	100.0	185
Chittagong city corporation	71.0	5.5	2.3	16.8	4.2	0.3	0.0	100.0	207
Rest of the city corporations	50.6	6.9	3.1	33.1	3.8	1.9	0.6	100.0	110
District and Upazila municipalities	48.3	7.9	4.8	26.6	9.9	0.9	1.6	100.0	537
Mother's education level									
No education	64.2	6.6	3.9	19.1	4.5	1.0	0.7	100.0	371
Primary incomplete	59.2	7.9	3.2	22.4	6.2	0.5	0.5	100.0	233
Primary complete	67.3	3.5	4.0	20.5	3.1	0.0	1.6	100.0	124
Secondary incomplete	45.2	7.7	3.4	31.3	10.0	1.0	1.4	100.0	260
Secondary complete or higher	20.3	13.6	1.4	40.4	19.5	0.0	4.9	100.0	51
Household asset quintile									
Lowest	60.5	5.7	4.9	21.8	5.5	0.4	1.3	100.0	296
Second	63.1	7.0	1.7	21.5	5.0	0.8	0.8	100.0	292
Middle	49.3	8.2	5.5	28.0	7.0	0.8	1.0	100.0	237
Fourth	54.8	8.7	2.4	20.6	11.6	0.8	1.2	100.0	162
Highest	36.0	6.0	0.0	44.9	9.3	1.3	2.4	100.0	52
Project and Non-project areas									
Project areas	56.5	7.1	3.5	24.1	6.8	0.7	1.1	100.0	1039
Non-project areas	58.9	6.4	2.0	27.8	4.6	0.0	0.3	100.0	249

Table 7.17A. Initial breastfeeding

Percentage of last born children the three years preceding the survey who were ever breastfed, and the percentage who started breastfeeding within one hour and within one day of birth and the percentage who received a prelacteal feed and the percentage who received colostrums, by background characteristics, project and non-project areas, 2008.

Background characteristic	Percentage ever breastfed	Percentage who started breastfeeding within one hour of birth	Percentage who started breastfeeding within one day of birth ¹	Percentage who received a prelacteal feed ²	Percentage who received colostrums	Number of children
Sex						
Male	96.6	44.5	87.7	61.4	94.1	785
Female	97.5	40.6	89.4	58.2	93.4	778
Domains						
Dhaka city corporation	96.4	39.9	86.8	68.3	91.8	333
Chittagong city corporation	99.0	40.3	91.6	68.9	93.7	264
Rest of the city corporations	96.7	41.9	89.0	52.8	93.9	169
District and Upazila municipalities	96.7	44.6	88.2	54.7	94.6	798
Mother's education level						
No education	95.9	43.0	87.2	67.6	89.6	422
Primary incomplete	98.4	42.9	91.2	60.7	95.6	283
Primary complete	97.3	43.7	91.3	63.1	94.2	163
Secondary incomplete	96.4	43.9	88.6	57.0	94.5	451
Secondary complete or higher	98.5	38.4	86.0	48.4	97.2	244
Assistance at delivery						
Medically trained ³	96.3	39.2	84.3	51.4	94.9	584
Traditional midwife	97.4	45.0	91.1	64.7	92.9	919
Other	100.0	36.2	96.2	65.1	96.3	51
No one	100.0	57.2	71.7	85.5	100.0	9
Missing						1

Background characteristic	Percentage ever breastfed	Percentage who started breastfeeding within one hour of birth	Percentage who started breastfeeding within one day of birth ¹	Percentage who received a prelacteal feed ²	Percentage who received colostrums	Number of children
Place of delivery						
Health facility	96.1	37.5	84.0	50.2	94.6	515
At home	97.6	45.3	90.9	64.8	93.3	1039
Other	100.0	22.6	85.0	38.0	100.0	8
Missing	0.0	0.0	0.0	0.0	0.0	1
Household asset quintile						
Lowest	97.2	43.5	87.9	64.8	91.1	334
Second	95.9	40.5	90.3	60.6	91.3	348
Middle	96.3	44.8	87.0	61.2	94.7	317
Fourth	98.6	44.1	89.8	62.2	97.3	299
Highest	97.6	39.7	87.6	48.3	95.2	265
Project and Non-project areas						
Project areas	97.1	42.6	88.6	59.8	93.8	1563
Non-project areas	99.2	40.5	91.6	59.8	96.3	385

Note: Table is based on most recent births in the last three years whether the children are living or dead at the time of interview.

¹ Includes children who started breastfeeding within one hour of birth.

² Children given something other than breast milk during the first three days of life.

Exclusive Breastfeeding and Prelacteal Feeding

Table 7.17B shows the exclusive breastfeeding status and the various kinds of prelacteal liquids given to last born children in the three years preceding the survey. The information on exclusive breastfeeding was obtained by asking the mother having a child in the three years preceding the survey, “In the first three days of delivery, was (name) given anything to drink other than breast milk? If yes, What was (name) given to drink?”.

Prelacteal feeding is the practice of giving other liquids to a child during the first three days of life. Table 7.17A shows that about six in ten children (59.8 percent) received a prelacteal feed. The most common were non-milk liquids/juice (such as sugar/glucose water, fruit juice, etc.) (24.9 percent), and milk other than breast milk or baby formula (17.5 percent) (Table 7.17B). Across project areas, prelacteal feeds were more common in Dhaka City Corporation and Chittagong City Corporation than in the other urban areas. Children of uneducated or less educated mothers and less wealthy mothers were more likely to receive prelacteal feeds. Children born at home and those whose birth was assisted by a traditional midwife were slightly more likely to receive prelacteal feeds. Levels of prelacteal feeding given to children were similar in both the project and non-project areas.

7.9. Childhood Vaccination

According to 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. For each child, mothers were asked whether they had the vaccination card and, if so, to show the card to the interviewer. 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.

Table 7.17B. Initial breastfeeding

Percentage of last born children the three years preceding the survey by breastfeeding status during first three days after birth, by background characteristics, project and non-project areas, 2008.

Background characteristic	Percentage never ever breastfed	Breastfeeding and:					Number of children
		Exclusively breastfed	Plain water only	Water based liquid/juice	Milk/baby formula	Other	
Sex							
Male	3.39	35.22	4.47	23.89	17.48	26.37	785
Female	2.50	39.12	3.86	25.97	17.58	24.63	778
Domains							
Dhaka city corporation	3.56	27.76	3.56	35.59	19.22	30.25	333
Chittagong city corporation	1.01	30.13	1.77	20.25	7.34	53.67	264
Rest of the city corporations	3.25	43.90	5.28	26.83	13.01	15.45	169
District and Upazila municipalities	3.27	41.99	4.98	21.62	21.15	16.33	798
Mother's education level							
No education	4.12	28.27	2.81	33.48	14.92	31.04	422
Primary incomplete	1.56	37.37	3.55	26.56	15.18	29.42	283
Primary complete	2.67	34.19	3.85	33.27	13.30	27.95	163
Secondary incomplete	3.59	39.43	5.14	20.81	18.69	23.92	451
Secondary complete or higher	1.53	50.10	5.64	10.26	25.44	12.66	244
Assistance at delivery							
Medically trained	3.75	44.86	6.29	14.36	23.91	15.16	584
Traditional midwife	2.55	32.63	2.82	31.73	13.53	31.72	919
Other	0.0	34.92	2.45	25.62	12.42	32.03	51
No one	0.0	14.47	14.47	13.82	43.41	27.65	9
Place of delivery							
Health facility	3.88	45.89	6.77	12.80	24.78	13.91	515
At home	2.44	32.66	2.91	31.16	13.96	31.29	1039
Other	0.0	61.97	0.0	0.0	14.98	23.05	8
Household asset quintile							
Lowest	2.83	32.42	4.46	31.72	13.84	26.47	334
Second	4.11	35.00	1.45	33.50	13.65	28.32	348
Middle	3.70	35.09	5.59	25.44	15.65	28.13	317
Fourth	1.45	36.39	4.37	17.41	21.57	28.67	299
Highest	2.37	49.32	5.43	12.99	24.95	13.89	265
Project and Non-project areas							
Project areas	2.95	37.16	4.17	24.93	17.53	25.50	1563
Non-project areas	.81	39.43	4.19	24.34	21.80	24.06	385

Note: Table is based on most recent births in the last three years whether the children are living or dead at the time of interview.

Vaccination Coverage

Table 7.18 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. For 67 percent of children in project areas, mothers were able to show vaccination cards. For the remaining 33 percent, the information was obtained from the mother's recall. In project areas, 61.5 percent of children aged 12-23 were fully vaccinated according to vaccination cards, while another 23 percent were vaccinated according to their mother's recall, for an overall vaccination rate of 84.4 percent. However, the proportion receiving all recommended vaccines by their first birthday was lower (at 68.7 percent). Coverage was 96.7 percent for BCG, 96.5 percent for the first dose of DPT and 94.8 percent for the first dose of polio. The rate dropped to 91.6 percent for the third dose of DPT, 91.8 percent for the third dose of polio, and 87.9 percent for measles. Dropout rates between the first and the third doses of DPT and polio were only 4.9 and 3.0 percent, respectively. Hepatitis B vaccine coverage varied from 94.2 percent for the first dose to 89.3 percent for the third dose. Only 3.1 percent of children aged 12-23 months did not receive any childhood vaccinations. The non-project areas had relatively greater coverage of childhood vaccination than the project areas (86.6 versus 84.4 percent). The variation was relatively more pronounced in the coverage of all recommended vaccines before the first birth day (73.7 percent in non-project areas and 68.7 percent in project areas).

Table 7.19A provides the distribution of coverage by select background characteristics. It also provides information about the availability of health cards. Within project areas, full vaccination coverage was highest in the rest of the city corporations at 85.9 percent, closely followed by the district and Upazila municipalities (85.7 percent), Dhaka City Corporation (83.3 percent) and Chittagong City Corporation (81.3 percent). Male children were slightly more likely to be fully vaccinated than female children (86.8 versus 82.2 percent). Children of higher birth order were less likely to be fully vaccinated: Just over half of children (59.3 percent) of sixth or higher birth order were fully vaccinated, compared with 72.4 percent of fourth or fifth order, 90.2 percent of second or third, and 85 percent of first born-children. Children were less likely to be fully vaccinated if they were born to less educated mothers. Less than 80 percent of children with mothers with no education or some primary education were fully vaccinated. Among those with mothers with some secondary education, 90.5 percent were fully vaccinated, while the figure was 91.6 percent for children whose mothers had completed a secondary education or higher. There were also large differences in vaccination coverage rates by asset quintiles: Only 69.7 percent in the poorest asset quintile were fully vaccinated, compared to 91.7 percent in the richest quintile. Differentials in childhood vaccination coverage in non-project areas by various background characteristics are shown in Table 7.19B. They were roughly similar to those in project areas.

Table 7.18. Vaccinations by source of information

Percentage of children age 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, BSSFP project areas and non-project areas, 2008.

Source of information	Percentage of children who received:												Number of children		
	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Hepatitis 1	Hepatitis 2	Hepatitis 3	Measles	All 2		No vaccinations	
Project areas															
Vaccinated at any time before survey															
Vaccination card	67.0	67.0	65.9	64.5	67.0	65.9	64.5	66.4	65.5	63.8	61.7	61.5	0.0	333	
Mother's report	29.7	29.5	28.1	27.1	27.8	27.8	27.3	27.9	26.5	25.5	26.2	23.0	3.1	164	
Either source	96.7	96.5	93.9	91.6	94.8	93.7	91.8	94.2	91.9	89.3	87.9	84.4	3.1	498	
Vaccinated by 12 months of age	95.8	95.4	93.8	91.2	93.7	93.5	90.7	92.0	91.6	88.5	77.7	68.7	0.0		
Non-project areas															
Vaccinated at any time before survey															
Vaccination card	65.1	65.1	64.5	63.3	65.1	64.5	63.3	65.1	64.5	62.7	62.7	62.7	0.0	71	
Mother's report	32.1	32.1	30.8	30.8	32.1	32.1	32.1	31.5	30.2	30.2	23.9	23.9	2.9	38	
Either source	97.1	97.1	95.3	94.1	97.1	96.5	95.4	96.5	94.7	92.9	86.6	86.6	2.9	108	
Vaccinated by 12 months of age	97.1	97.1	93.0	92.4	97.1	94.8	93.6	96.6	94.7	88.5	83.8	73.7	0.0		

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 for children with a written record of vaccinations.

Background characteristic	Percentage of children who received:													Percentage with a vaccination card seen	Number of children			
	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Hepatitis 1	Hepatitis 2	Hepatitis 3	Measles	All basic vaccinations	No vaccinations					
Household asset quintile																		
Lowest	88.5	87.9	84.1	79.4	87.4	86.2	84.4	82.3	81.7	76.9	73.4	69.7	11.5	55.5	105			
Second	97.0	96.4	93.4	91.2	95.3	94.0	91.7	94.7	92.3	89.4	84.3	82.5	3.0	62.0	108			
Middle	98.8	100.0	95.1	91.4	99.3	96.3	92.1	98.7	92.6	89.5	90.1	85.9	0.0	70.9	102			
Fourth	100.0	100.0	99.3	99.3	99.3	99.3	99.3	98.7	96.7	95.4	95.3	94.6	0.0	76.6	95			
Highest	100.0	99.2	99.2	98.5	93.2	93.2	92.5	97.9	97.9	97.1	99.2	91.7	0.0	72.0	88			
Total	96.7	96.5	93.9	91.6	94.8	93.7	91.8	94.2	91.9	89.3	87.9	84.4	3.1	67.0	498			

Table 7.19B. Vaccinations by background characteristics, non-project areas

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, non-project areas, BSSFP 2008.

Background characteristic	Percentage of children who received:												Percentage with a vaccination card seen	Number of children				
	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Hepatitis 1	Hepatitis 2	Hepatitis 3	Measles	All basic vaccinations			No vaccinations			
Sex																		
Male	100.0	100.0	98.7	98.7	100.0	100.0	100.0	98.8	97.5	96.3	91.8	91.8	0.0	68.3	54			
Female	94.3	94.3	91.9	89.6	94.3	93.1	90.8	94.3	91.9	89.6	81.4	81.4	5.7	61.9	54			
Birth order																		
1	97.5	97.5	96.1	96.1	97.5	97.5	97.5	96.2	94.7	94.7	88.4	88.4	2.5	62.4	49			
2-3	96.2	96.2	94.8	92.3	96.2	94.8	92.3	96.2	94.8	91.0	84.7	84.7	3.8	69.4	50			
4-5	100.0	100.0	92.6	92.6	100.0	100.0	100.0	100.0	92.6	92.6	85.2	85.2	0.0	57.9	9			
6+	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	49.0	1			
Mother's education level																		
No education	89.8	89.8	82.5	82.5	89.8	89.8	89.8	89.8	82.5	78.9	82.5	82.5	10.2	75.2	19			
Primary incomplete	100.0	100.0	100.0	95.0	100.0	100.0	95.0	97.3	97.3	92.3	77.0	77.0	0.0	61.8	25			
Primary complete	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	89.5	89.5	0.0	67.2	11			
Secondary incomplete	96.4	96.4	94.4	94.4	96.4	94.4	94.4	96.4	94.4	94.4	88.7	88.7	3.6	54.9	33			
Secondary complete or higher	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	96.7	96.7	0.0	75.4	20			
Household asset quintile																		
Lowest	95.1	95.1	92.3	87.4	95.1	95.1	90.1	95.1	92.3	84.7	74.4	74.4	4.9	74.0	25			
Second	96.8	96.8	96.8	96.8	96.8	96.8	96.8	93.6	93.6	93.6	78.6	78.6	3.2	48.4	21			
Middle	94.4	94.4	88.3	88.3	94.4	91.4	91.4	94.4	88.3	88.3	82.7	82.7	5.6	56.4	22			
Fourth	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	74.4	27			
Highest	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	69.1	14			
Total	97.1	97.1	95.3	94.1	97.1	96.5	95.4	96.5	94.7	92.9	86.6	86.6	2.9	65.1	108			

Source of Vaccination

The Smiling Sun clinics (including joint Smiling Sun clinic-Government EPI sessions) provided around 32 percent of vaccinations in project areas (Table 7.20). Government clinics provided roughly 50 percent of vaccines, while other NGOs supplied another 10 percent. The Smiling Sun clinics also had a market share of around 9 percent in non-project areas.

Table 7.21 presents the distribution of vaccination sources by asset quintile. In project areas, the Smiling Sun satellite clinics were generally more popular among the poor, while the reverse was true for the Smiling Sun static clinics. Approximately 20.8 percent of vaccinated children aged 12-23 months in the poorest quintile received BCG vaccines from the Smiling Sun satellite clinics, compared with only 15 percent in the highest quintile. In contrast, 19.3 percent in the highest quintile received BCG vaccines from the Smiling Sun static clinics, compared to 5.8 percent in the lowest. Results were similar for the third round of DPT and polio vaccines, as well as for measles and Hepatitis B.

7.10. Prevalence and Treatment of Acute Respiratory Infections

Acute respiratory infection (ARI) is one of the leading causes of morbidity and mortality among children in Bangladesh. In the survey, ARI was defined as illness with cough and short, rapid or difficult breathing. Prevalence among children under the age of 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 7.22. In project areas, about 6.3 percent of children under five had an episode of ARI in the two weeks preceding the survey.

Within project areas, there was little variation in ARI prevalence across district and Upazila municipalities (7.7 percent), Dhaka City Corporation (7.2 percent), the rest of the city corporations (6.4 percent), and Chittagong City Corporation (5.4 percent). ARI prevalence rate was slightly lower in non-project areas (4.4 percent).

ARI prevalence was more common among children aged 0-11 months (8.7 percent) than among older children aged 48-59 months (4.3 percent). Prevalence was higher for boys (7.1 percent) than girls (5.5 percent). Higher birth order children were also more likely to experience ARI. Almost 7.2 percent of six or higher birth order children suffered an ARI episode, compared with 4.4 percent of first-born children. The proportion suffering from ARI was 6.6 percent among those with uneducated mothers, and only 3.6 percent for those whose mothers had secondary or higher education. Surprisingly, the proportion suffering ARI was higher among women who had completed primary education or some secondary education than those with no education or an incomplete primary education. Approximately, 8.4 percent in the lowest two asset quintiles suffered from ARI, compared to only 3.2 percent in the highest one.

Table 7.20. Source of vaccinations

Percentage distribution of source of vaccinations for children age 12-23 months who received specific vaccinations, project and non-project areas, 2008.

	Project areas	Non-project areas
Source of BCG vaccination		
Govt. Clinic/Hospital	22.0	29.4
Govt. SC	27.5	37.7
HA/FWA	1.4	1.2
Smiling Sun static clinic	12.2	6.9
Smiling Sun satellite clinic	18.1	1.9
Joint Smiling Sun-Govt. EPI session	1.8	0.0
Other NGO clinic/hospital	10.0	15.4
Private clinic/hospital	3.0	1.8
Private doctor	.8	0.0
Other	3.2	5.8
Total	100.0	100.0
Number	478	104
Source of Polio-3 vaccination		
Govt. Clinic/Hospital	21.9	28.1
Govt. SC	28.6	33.5
HA/FWA	1.3	1.2
Smiling Sun static clinic	11.5	5.8
Smiling Sun satellite clinic	19.3	5.5
Joint Smiling Sun-Govt. EPI session	1.1	0.0
Other NGO clinic/hospital	9.9	17.4
Private clinic/hospital	2.6	2.5
Private doctor	.8	0.0
Other	3.1	5.9
Total	100.0	100.0
Number	456	102
Source of DPT-3 vaccination		
Govt. Clinic/Hospital	20.8	28.4
Govt. SC	28.8	33.9
HA/FWA	1.3	1.2
Smiling Sun static clinic	11.1	7.1
Smiling Sun satellite clinic	19.8	3.2
Joint Smiling Sun-Govt. EPI session	1.1	0.0
Other NGO clinic/hospital	10.2	17.6
Private clinic/hospital	2.9	2.5
Private doctor	.8	0.0
Other	3.2	6.0
Total	100.0	100.0
Number	455	101

	Project areas	Non-project areas
Source of measles vaccination		
Govt. Clinic/Hospital	20.6	29.9
Govt. SC	26.9	33.0
HA/FWA	1.3	1.3
Smiling Sun static clinic	12.5	6.3
Smiling Sun satellite clinic	20.4	3.4
Joint Smiling Sun-Govt. EPI session	1.7	
Other NGO clinic/hospital	9.9	17.6
Private clinic/hospital	2.8	2.0
Private doctor	.6	0.0
Other	3.2	6.4
Total	100.0	100.0
Number	435	94
Source of Hepatitis B-3 vaccination		
Govt. Clinic/Hospital	20.8	27.8
Govt. SC	28.7	35.2
HA/FWA	1.3	1.2
Smiling Sun static clinic	11.5	7.1
Smiling Sun satellite clinic	20.0	3.2
Joint Smiling Sun-Govt. EPI session	1.4	0.0
Other NGO clinic/hospital	9.8	17.6
Private clinic/hospital	2.5	2.5
Private doctor	.8	0.0
Other	3.2	5.3
Total	100.0	100.0
Number	444	101

Table 7.21. Source of vaccinations by wealth quintile

Percentage of source of vaccinations for children age 12-23 months who received specific vaccinations by wealth quintiles, according to project and non-project areas, BSSFP 2008.

	Project areas						Non-project areas					
	Lowest	Second	Middle	Fourth	Highest	Total	Lowest	Second	Middle	Fourth	Highest	Total
Source of BCG vaccination												
Govt. Clinic/Hospital	23.8	16.6	21.8	19.1	30.0	22.0	18.4	21.8	19.3	43.7	45.1	29.4
Govt. SC	34.8	41.1	28.8	17.6	12.8	27.5	61.8	47.4	49.1	16.0	8.6	37.7
HA/FWA	0.0	1.3	1.9	2.7	.8	1.4				4.6		1.2
Smiling Sun static clinic	5.8	5.6	16.6	14.6	19.3	12.2	2.8	6.2	10.5	9.5	4.9	6.9
Smiling Sun satellite clinic	20.8	20.4	16.0	18.2	15.0	18.1	0.0	3.3	0.0	2.4	4.7	1.9
Joint Smiling Sun-Govt. EPI session	1.4	2.4	2.4	2.6	0.0	1.8	0.0	0.0	0.0	0.0	0.0	0.0
Other NGO clinic/hospital	9.2	8.3	8.8	13.8	10.2	10.0	8.6	18.0	14.2	16.3	23.0	15.4
Private clinic/hospital	2.2	1.1	2.4	2.0	7.6	3.0	0.0	0.0	0.0	2.5	8.6	1.8
Private doctor	0.0	0.0	1.2	0.0	2.8	0.8	0.0	0.0	0.0	0.0	0.0	0.0
Other	2.0	3.2		9.4	1.5	3.2	8.6	3.3	6.9	4.9	4.9	5.8
Total	100	100	100	100	100	100	100	100	100	100	100	100
Number	92	104	100	95	87	478	24	20	19	27	14	104
Source of Polio-3 vaccination												
Govt. Clinic/Hospital	18.0	13.8	19.8	14.8	24.0	17.9	2.9	3.7	3.4	9.7	5.5	5.1
Govt. SC	30.5	33.4	23.9	16.3	12.2	23.4	13.1	8.1	6.9	2.6	0.0	6.1
HA/FWA	0.0	0.6	1.7	2.1	.7	1.0	0.0	0.0	0.0	1.0	0.0	.2
Smiling Sun static clinic	1.9	5.4	13.4	9.7	17.1	9.4	0.6	0.0	1.8	2.1	0.7	1.1
Smiling Sun satellite clinic	19.0	18.0	14.4	13.6	14.0	15.8	0.0	1.6	2.2	.5	0.6	1.0
Joint Smiling Sun-Govt. EPI session	0.0	2.1	1.1	1.0	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0
Other NGO clinic/hospital	7.2	6.3	7.3	12.3	6.9	8.1	1.9	3.1	1.9	4.6	4.4	3.2
Private clinic/hospital	1.9	1.0	1.1	.6	6.5	2.1	0.0	0.0	0.6	0.6	1.2	.5
Private doctor	0.0	0.0	0.0	0.0	3.6	.6	0.0	0.0	0.0	0.0	0.0	0.0
Other	1.1	2.3		7.3	1.3	2.5	1.9	0.6	0.6	1.1	1.3	1.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
Number	85	97	91	95	88	456	22	20	19	27	14	102
Source of DPT-3 vaccination												
Govt. Clinic/Hospital	17.2	16.5	23.6	19.2	28.2	20.8	14.3	21.8	20.8	43.7	40.4	28.4
Govt. SC	39.5	40.0	28.6	20.4	15.1	28.8	64.1	47.4	42.3	11.6	0.0	33.9
HA/ FWA	0.0	0.7	2.0	2.7	0.8	1.3	0.0	0.0	0.0	4.6	0.0	1.2
Smiling Sun static clinic	2.4	6.5	15.9	12.6	17.9	11.1	3.0	6.2	11.2	9.5	4.9	7.1

	Project areas						Non-project areas					
	Lowest	Second	Middle	Fourth	Highest	Total	Lowest	Second	Middle	Fourth	Highest	Total
Source of DPT-3 vaccination (cont.)												
Smiling Sun satellite clinic	26.4	20.4	18.5	17.7	16.5	19.8	0.0	3.3	6.8	2.4	4.7	3.2
Joint Smiling Sun-Govt. EPI session	1.5	2.5	0.0	1.3	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0
Other NGO clinic/hospital	9.2	8.8	8.8	15.9	8.1	10.2	9.3	18.0	11.6	20.8	31.7	17.6
Private clinic/hospital	2.4	1.2	2.6	.7	7.7	2.9	0.0	0.0	3.7	2.5	8.6	2.5
Private doctor	0.0	0.0	0.0	0.0	4.2	0.8	0.0	0.0	0.0	0.0	0.0	0.0
Other	1.4	3.4		9.5	1.5	3.2	9.3	3.3	3.7	4.9	9.7	6.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
Number	84	98	92	94	87	455	22	20	18	27	14	101
Source of measles vaccination												
Govt. Clinic/Hospital	19.6	15.2	20.1	18.7	29.2	20.6	16.8	22.8	20.8	43.7	40.4	29.9
Govt. SC	36.5	41.4	29.4	15.7	12.7	26.9	61.5	54.3	46.0	9.1	0.0	33.0
HA/FWA	0.0	0.8	2.1	2.8	0.8	1.3	0.0	0.0	0.0	4.6	0.0	1.3
Smiling Sun static clinic	2.6	7.1	16.4	15.1	19.8	12.5	3.5	0.0	11.2	9.5	4.9	6.3
Smiling Sun satellite clinic	28.8	21.5	16.3	20.3	16.3	20.4	0.0	4.1	6.8	2.4	4.7	3.4
Joint Smiling Sun-Govt. EPI session	1.6	2.8	2.7	1.4	0.0	1.7	0.0	0.0	0.0	0.0	0.0	0.0
Other NGO clinic/hospital	7.6	8.3	10.3	13.9	9.3	9.9	7.2	14.8	11.6	23.2	31.7	17.6
Private clinic/hospital	1.8	0.0	2.7	2.1	7.6	2.8	0.0	0.0	0.0	2.5	8.6	2.0
Private doctor	0.0	0.0	0.0	0.0	2.8	.6	0.0	0.0	0.0	0.0	0.0	0.0
Other	1.5	3.0	0.0	9.9	1.5	3.2	10.9	4.1	3.7	4.9	9.7	6.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
Number	77	90	90	90	88	435	19	16	18	27	14	94
Source of Hepatitis B-3 vaccination												
Govt. Clinic/Hospital	17.9	16.8	24.1	17.3	28.4	20.8	14.8	19.1	19.5	43.7	40.4	27.8
Govt. SC	39.5	40.7	27.0	21.2	14.4	28.7	66.1	49.0	46.0	11.6	0.0	35.2
HA/FWA	0.0	0.7	2.1	2.8	0.8	1.3	0.0	0.0	0.0	4.6	0.0	1.2
Smiling Sun static clinic	1.7	6.6	16.3	13.1	19.5	11.5	3.1	6.4	10.5	9.5	4.9	7.1
Smiling Sun satellite clinic	27.5	20.8	17.5	18.4	16.6	20.0	0.0	3.4	6.3	2.4	4.7	3.2
Joint Smiling Sun-Govt. EPI session	1.5	2.6	1.4	1.4	0.0	1.4	0.0	0.0	0.0	0.0	0.0	0.0
Other NGO clinic/hospital	8.8	7.7	8.9	15.2	8.2	9.8	9.6	18.7	10.8	20.8	31.7	17.6
Private clinic/hospital	1.7	1.2	2.7	.8	6.4	2.5	0.0	0.0	3.5	2.5	8.6	2.5
Private doctor	0.0	0.0	0.0	0.0	4.2	0.8	0.0	0.0	0.0	0.0	0.0	0.0
Other	1.5	2.8		9.9	1.6	3.2	6.5	3.4	3.5	4.9	9.7	5.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
Number	81	96	91	90	86	444	21	19	19	27	14	101

Table 7.22. Prevalence and treatment of symptoms of ARI, project area

Among children under age five, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey and among children with symptoms of ARI, the percentage for whom advice or treatment was sought from a health facility or provider, according to background characteristics, project area, BSSFP 2008.

Background characteristic	Children under age five		Children under age five with symptoms of ARI					Children under age of five with symptoms of ARI
	Percent-age with symptoms of ARI ¹	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider ²	Pharmacy	Village doctor	Other	No one	
Age of child								
< 6 months	7.2	211	83.0	4.4	0.0	12.6	0.0	15
6-11 months	9.8	288	70.6	18.3	4.4	6.8	0.0	28
12-23 months	8.0	546	69.5	25.1	0.0	0.0	5.4	44
24-35 months	6.6	519	43.9	25.5	3.6	16.3	10.6	34
36-47 months	4.2	549	46.8	39.4	8.3	0.0	5.4	23
48-59 months	4.3	546	40.4	40.8	8.3	0.0	10.5	23
Sex								
Male	7.1	1,348	54.8	27.1	3.3	8.5	6.3	96
Female	5.5	1,309	63.6	25.2	4.4	1.7	5.1	71
Domains								
Dhaka city corporation	7.2	975	58.9	27.0	2.7	4.5	6.9	70
Chittagong city corporation	5.4	1,201	60.9	26.6	4.8	3.9	3.7	65
Rest of the city corporations	6.4	364	67.5	22.0	0.0	5.3	5.1	23
District and Upazila municipalities	7.7	118	15.0	30.0	13.7	27.5	13.7	9
Birth Order								
1	4.4	564	61.9	19.0	0.0	0.0	19.0	25
2-3	5.8	465	42.5	47.5	2.5	7.5	0.0	27
4-5	6.5	273	65.4	30.8	3.8	0.0	0.0	18
6+	7.2	1,356	60.8	21.5	5.1	7.6	5.1	98
Mother's education level								
No education	6.6	742	30.5	41.7	6.4	11.5	10.0	49
Primary incomplete	5.7	492	53.8	30.1	6.8	4.8	4.4	28
Primary complete	8.0	296	79.1	15.7	0.0	5.2	0.0	24
Secondary incomplete	7.3	700	70.7	19.8	2.4	2.4	4.6	51
Secondary complete or higher	3.6	427	84.3	8.0	0.0	0.0	7.7	15
Household asset quintile								
Lowest	6.6	556	49.9	24.6	3.4	8.6	13.4	37
Second	10.2	552	49.0	35.2	6.8	6.8	2.2	56
Middle	6.3	547	66.9	25.8	3.6	3.6	0.0	34
Fourth	4.8	533	70.3	20.2	0.0	4.9	4.6	26
Highest	3.2	470	75.9	8.0	0.0	0.0	16.0	15
Project and Non-project areas								
Project areas	6.3	2,657	58.5	26.3	3.8	5.6	5.8	167
Non-project areas	4.4	654	55.3	27.2	0.0	0.0	17.6	29

¹ Symptoms of ARI (cough accompanied by short, rapid breathing which was chest-related) is considered a proxy for pneumonia.

² Includes public & NGO health facilities, private clinic/hospital, qualified doctor.

Table 7.22 also presents the distribution of ARI sufferers taken to a health facility/provider for treatment. In project areas, more than half with ARI (58.5 percent) were taken to a health facility/medically trained provider. Girls were more likely to be taken to a health facility or medically trained provider than were boys. Mothers with secondary or higher education, and those from the wealthiest households, were more likely to receive treatment for a child sick with ARI at a health facility or from a medically trained provider than were the other mothers. Between project and non-project areas, slightly fewer were taken to a health facility/provider in non-project areas (55.3 percent in non-project areas against 58.5 percent in project areas).

Table 7.23 shows that the percentage of children with ARI receiving any treatment was also higher in project than non-project areas (94.9 percent, against 82.4 percent in non-project areas). The main sources of treatment in project areas were private doctors/clinics and pharmacies. In non-BSSFP areas, public sources were comparatively more important. The Smiling Sun clinics provided care only to a very small proportion of ARI-stricken children (1.3 percent in project areas). In project areas, poorer children were less likely to be taken to public hospitals/clinics (Table 7.24A). Generally speaking, similar patterns were apparent in non-BSSFP areas (Table 7.24B).

7.11. Vitamin A Supplementation

Vitamin A is an essential micronutrient for the immune system. Severe vitamin A deficiency (VAD) can result in childhood blindness. VAD can also increase the severity of infections such as measles and diarrheal diseases in children and can slow recovery from illness. An important strategy in overcoming vitamin A deficiency in Bangladesh has been the distribution of vitamin A capsules to children aged 9-59 months. Children under 9 months are not covered primarily because most children in this age group are breastfed and receive vitamin A through breast milk. Children who are 9-11 months old are provided vitamin A supplementation at the time of the measles vaccination, and those who are 12-59 months old receive supplementation once every six months during National Immunization Days and vitamin A campaigns.

In the survey, mothers were asked if their children under five years of age had taken a vitamin A capsule in the six months prior to the survey. Table 7.25 provides rates of vitamin A supplementation for those aged 9-59 months. In project areas, 80.3 percent of children aged 9-59 months had received vitamin A supplementation in the six months preceding the survey. This figure was slightly higher in non-project areas (82.6 percent). Within project areas, the proportion who received a vitamin A capsule was lower in the district and Upazila municipalities (77.9 percent) than Chittagong City Corporation (79.9 percent), Dhaka City Corporation (83.2 percent), or the rest of the city corporations (86.6 percent). 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 7.23. Source of treatment of ARI

Among children with symptoms of ARI, the percentage for whom advice or treatment was sought from a health facility by source of treatment, project and non-project areas, BSSFP 2008.

	Project areas					Non-project areas
	Dhaka city corporation	Chittagong city corporation	Rest of the city corporations	District and Upazila municipalities	Total	
Sought treatment						
Yes	85.7	100.0	100.0	94.9	94.9	82.4
No	14.3	0.0	0.0	5.1	5.1	17.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	25	27	18	98	167	29
Source of treatment						
Home	0.0	0.0	0.0	0.0	0.0	5.2
Medical person at home	0.0	0.0	0.0	0.0	0.0	5.2
Non-medical person at home	0.0	0.0	0.0	0.0	0.0	0.0
Public sector	16.7	7.5	11.5	24.0	18.8	34.4
Hospital/Medical college	16.7	5.0	11.5	16.0	13.7	21.2
Family welfare center	0.0	0.0	0.0	0.0	0.0	0.0
Upazila health complex	0.0	0.0	0.0	5.3	3.1	10.3
MCWC	0.0	2.5	0.0	2.7	2.0	2.9
Rural Dispensary community clinic	0.0	0.0	0.0	0.0	0.0	0.0
Satellite clinic/EPI outreach site	0.0	0.0	0.0	0.0	0.0	0.0
HA	0.0	0.0	0.0	0.0	0.0	0.0
FWA	0.0	0.0	0.0	0.0	0.0	0.0
Smiling Sun	.0	2.5	7.7	0.0	1.3	.0
Static clinic	.0	2.5	7.7	0.0	1.3	.0
Satellite clinic	0.0	0.0	0.0	0.0	0.0	0.0
Community service provider (CSP)/Depotholder	0.0	0.0	0.0	0.0	0.0	0.0
Other NGO	0.0	0.0	0.0	1.3	0.8	2.9
MARIE STOPES clinic/hospital	0.0	0.0	0.0	0.0	0.0	2.9
UPHCP	0.0	0.0	0.0	0.0	0.0	0.0
Hospital/clinic	0.0	0.0	0.0	1.3	0.8	.0
Satellite clinic	0.0	0.0	0.0	0.0	0.0	0.0
Fieldworker	0.0	0.0	0.0	0.0	0.0	0.0
Depotholder	0.0	0.0	0.0	0.0	0.0	0.0
Private medical sector	77.8	90.0	80.8	74.7	78.3	57.5
Private hospital/clinic	16.7	2.5	11.5	8.0	8.6	8.4
Qualified doctor	38.9	30.0	34.6	30.7	32.1	16.2
Village doctor	.0	2.5	3.8	5.3	4.0	0.0
Pharmacist/pharmacy	22.2	47.5	30.8	22.7	27.7	33.0
Homeopath	0.0	5.0	0.0	4.0	3.2	0.0
Traditional doctor/kabiraj	0.0	2.5	0.0	4.0	2.8	0.0
DK/missing	5.5	0.0	0.0	0.0	0.8	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of children	21	27	18	93	159	24

Table 7.24A. Source of treatment of ARI by wealth quintile, project area

Among children with symptoms of ARI, the percentage for whom advice or treatment was sought by source of treatment according to wealth quintile, project areas, BSSFP 2008.

	Wealth quintile					Total
	Lowest	Second	Middle	Fourth	Highest	
Sought treatment						
Yes	86.6	97.8	100.0	95.4	92.0	94.9
No	13.4	2.2	.0	4.6	8.0	5.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	37	56	34	26	15	167
Source of treatment						
Public sector	31.6	17.0	14.7	22.9	0.0	18.8
Hospital/Medical college	27.6	10.3	14.7	10.0	0.0	13.7
Family welfare center	0.0	0.0	0.0	0.0	0.0	0.0
Upazila health complex	3.9	6.8	0.0	0.0	0.0	3.1
MCWC	0.0	0.0	0.0	12.9	0.0	2.0
Smiling Sun	0.0	0.0	2.0	2.8	5.0	1.3
Static clinic	0.0	0.0	2.0	2.8	5.0	1.3
Satellite clinic	0.0	0.0	0.0	0.0	0.0	0.0
Other NGO	0.0	0.0	0.0	5.1	0.0	0.8
MARIE STOPES clinic/hospital	0.0	0.0	0.0	0.0	0.0	0.0
UPHCP	0.0	0.0	0.0	0.0	0.0	0.0
Hospital/clinic	0.0	0.0	0.0	5.1	0.0	0.8
Private medical sector	68.4	83.0	83.4	69.2	86.2	78.3
Private hospital/clinic	3.9	4.7	11.2	4.9	35.7	8.6
Qualified doctor	22.2	28.4	39.1	38.1	41.8	32.1
Village doctor	3.9	7.0	3.6	0.0	0.0	4.0
Pharmacist/pharmacy	28.5	36.0	25.8	21.2	8.7	27.7
Homeopath	6.0	1.2	3.6	5.1	0.0	3.2
Traditional doctor/kabiraj	3.9	5.7	0.0	0.0	0.0	2.8
Other private	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 of children	32	55	34	24	14	159

Table 7.24B. Source of treatment of ARI by wealth quintile, non-project area

Among children with symptoms of ARI, the percentage for whom advice or treatment was sought by source of treatment according to wealth quintile, non project areas, BSSFP 2008.

	Household asset quintile					Total
	Lowest	Second	Middle	Fourth	Highest	
Sought treatment						
Yes	83.5	50.6	83.6	100.0	100.0	82.4
No	16.5	49.4	16.4	0.0	0.0	17.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	12	5	4	4	4	29
Source of treatment						
Home	0.0	0.0	0.0	0.0	32.4	5.2
Medical person at home	0.0	0.0	0.0	0.0	32.4	5.2
Non-medical person at home	0.0	0.0	0.0	0.0	0.0	0.0
Public sector	38.1	47.8	20.5	43.2	18.0	34.4
Hospital/Medical college	12.7	47.8	0.0	43.2	18.0	21.2
Family welfare center	0.0	0.0	0.0	0.0	0.0	0.0
Upazila health complex	25.4	0.0	0.0	0.0	0.0	10.3
MCWC	0.0	0.0	20.5	0.0	0.0	2.9
Other NGO	7.1	0.0	0.0	0.0	0.0	2.9
MARIE STOPES clinic/hospital	7.1	0.0	0.0	0.0	0.0	2.9
UPHCP						
Private medical sector	54.8	52.2	79.5	56.8	49.6	57.5
Private hospital/clinic	0.0	0.0	40.2	14.8	00.0	8.4
Qualified doctor	13.6	0.0	0.0	14.8	49.6	16.2
Village doctor	0.0	0.0	0.0	0.0	0.0	0.0
Pharmacist/pharmacy	41.3	52.2	39.3	27.1	0.0	33.0
Other private	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 of children	10	3	3	4	4	24

Table 7.25. Vitamin A

Percentage of children 9-59 months of age receiving vitamin A in the last six months by background characteristics, project and non-project areas, BSSFP 2008.

	Project areas					Non-project areas				
	Yes	No	DK/ missing	Total	Number	Yes	No	DK/ missing	Total	Number
Domains										
Dhaka city corporation	83.2	15.3	1.4	100.0	417	-	-	-	-	-
Chittagong city corporation	79.9	19.9	0.2	100.0	329	-	-	-	-	-
Rest of the city corporations	86.6	11.8	1.6	100.0	210	-	-	-	-	-
District and Upazila municipalities	77.9	20.9	1.1	100.0	977	-	-	-	-	-
Mother's education										
No education	76.8	22.4	0.8	100.0	520	82.1	17.9	0.0	100.0	127
Primary incomplete	80.9	17.4	1.7	100.0	351	81.1	16.9	2.0	100.0	91
Primary complete	78.1	21.0	0.9	100.0	215	84.7	15.3	0.0	100.0	50
Secondary incomplete	82.9	16.0	1.1	100.0	522	80.7	18.8	0.5	100.0	136
Secondary complete or higher	82.8	16.2	1.0	100.0	325	86.8	11.8	1.4	100.0	87
Household asset quintile										
Lowest	70.9	28.5	0.7	100.0	370	77.5	21.5	1.0	100.0	120
Second	81.5	16.2	2.4	100.0	410	84.2	15.1	0.7	100.0	91
Middle	80.5	19.0	0.5	100.0	399	83.7	16.3	0.0	100.0	92
Fourth	85.0	13.7	1.3	100.0	392	84.2	15.2	0.6	100.0	104
Highest	83.6	15.9	0.6	100.0	362	85.1	13.4	1.5	100.0	84
Total	80.3	18.6	1.1	100.0	1,933	82.6	16.6	.8	100.0	490

As presented in Table 7.26, in project areas government SCs were the most important source of vitamin A supplements (52.1 percent). Next most important were the Smiling Sun clinics (31.4 percent). Among those receiving vitamin A supplements from the Smiling Sun clinic, 21 percent did so from a satellite clinic, 8.9 percent from a static clinic, and 1.5 percent from a joint Smiling Sun clinic/EPI session. The Smiling Sun clinic providers also supplied vitamin A supplements to 7.1 percent in non-project areas. In project areas, more children in poorer asset quintiles received their vitamin A capsule from a Smiling Sun clinic, though Smiling Sun static clinics were actually more popular with the wealthy.

Table 7.26. Source of vitamin-A by asset quintile

Source of vitamin A for children 9-59 months of age (most recent birth in the last five years) who received vitamin A in the last six months by asset quintiles, project and non-project areas, 2008.

Source of vitamin-A	Household asset quintile					Total
	Lowest	Second	Middle	Fourth	Highest	
Project areas						
Govt. Clinic/Hospital	5.2	8.0	7.4	9.6	7.9	7.7
Govt. SC	52.6	54.8	54.4	51.7	46.3	52.1
HA/FWA	1.3	1.2	1.9	1.7	1.4	1.5
Smiling Sun static clinic	6.9	2.9	10.3	9.1	15.7	8.9
Smiling Sun satellite clinic	25.9	24.6	19.2	19.3	16.5	21.0
Joint Smiling Sun-Govt. EPI session	2.4	2.3	1.4	0.4	0.8	1.5
Other NGO clinic/hospital	5.5	6.2	4.7	6.8	6.3	5.9
Private clinic/hospital	0.0	0.0	0.8	1.4	4.3	1.3
Private doctor	0.0	0.0	0.0	0.0	0.9	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	262	334	322	333	303	1554
Non-project areas						
Govt. Clinic/Hospital	9.1	3.4	8.9	11.0	13.5	9.1
Govt. SC	72.8	68.0	70.5	75.3	61.4	70.2
HA/FWA	2.2	2.6	4.4	2.3	2.0	2.7
Smiling Sun static clinic	2.2	2.6	2.9	2.4	7.4	3.3
Smiling Sun satellite clinic	4.9	7.0	1.7	3.0	2.2	3.8
Joint Smiling Sun-Govt. EPI session	0.0	0.0	0.0	0.0	0.0	0.0
Other NGO clinic/hospital	7.4	16.4	10.6	3.0	10.4	9.2
Private clinic/hospital	1.4	0.0	0.9	3.0	1.1	1.3
Private doctor	0.0	0.0	0.0	0.0	2.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	93	77	77	87	72	405

7.12. Childhood Diarrhea

Prevalence of Diarrhea

Diarrhea remains a leading cause of childhood morbidity and mortality in developing countries. Dehydration caused by severe diarrhea is a major cause of illness among young children, although the condition can be easily treated with oral rehydration therapy (ORT).

In the survey, 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 children under five are shown in Table 7.27. 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, 6.0 percent in project and 5.5 percent in non-project areas had diarrhea in the two weeks before the survey. Diarrhea was most common among children aged six to 23 months. The prevalence of diarrhea was slightly higher among boys, children living in Dhaka City Corporation and Chittagong City Corporation, children whose source of drinking water was not improved, and children living in households with non-improved or shared toilet facilities than among the other children. The relationship of diarrheal incidence to education and wealth status is not linear, but prevalence was lowest among children of mothers who had completed secondary or higher education and children living in the wealthiest households.

Table 7.28 provides the distribution of treatment of recent episodes of diarrhea. In project areas, 32.4 percent of children who had diarrhea in the two weeks preceding the survey were reported to have been taken to a health facility/provider for treatment. The rate of treatment was slightly greater for children in non-project areas (34.7 percent). In project areas, sufferers were most likely to be taken to a health facility in Dhaka City Corporation (39.5 percent), followed by Chittagong City Corporation (32.7 percent), the rest of the city corporations (29.2 percent), and the district and Upazila municipalities (28.3 percent). Children were most likely to be taken to a health facility if they were 6-11 months old, from wealthier households, and if their mothers were more educated.

In project areas, nearly nine in ten children (89.8 percent) with diarrhea were given ORT (either oral rehydration salts [ORS] or a recommended home fluids solution). More than eight in ten children (83.6 percent) with diarrhea were treated with ORS and 9.1 percent were treated with a recommended home fluid (RHF, or a laban gur solution). Nearly four in ten children (38.8 percent) were given increased liquids, while eight percent received some kind of pill or syrup.

Children had slightly higher rates of treatment with solutions made from ORT (ORS packets or recommended home fluids) in non-project areas (92.9 percent). In project areas, treatment with ORT was much more common in the rest of the city corporations (95.8 percent) than in Dhaka City Corporation (92.1 percent), Chittagong City Corporation (89.8 percent), and the district and Upazila municipalities (86.8 percent). Children were more likely to receive treatment with ORT if they were older than six months, if their mothers were more highly educated, if they were boys, or if they were wealthier.

Table 7.27. Prevalence of diarrhea

Percentage of children under age five who had diarrhea in the two weeks preceding the survey, by background characteristics, project areas and non-project areas, BSSFP 2008.

Background characteristic	Percentage with diarrhea in the two weeks preceding the survey	Number of children
Age of child		
<6 months	1.7	211
6-11 months	8.2	288
12-23 months	8.4	546
24-35 months	7.2	519
36-47 months	5.8	549
48-59 months	3.3	546
Sex of Child		
Male	6.2	1,348
Female	5.8	1,309
Source of drinking water		
Improved	6.0	2,650
Not improved	17.7	8
Toilet facility		
Improved, not shared	4.3	780
Non-improved or shared	6.8	1,877
Domains		
Dhaka city corporation	8.0	564
Chittagong city corporation	7.0	465
Rest of the city corporations	6.0	273
District and Upazila municipalities	4.8	1,356
Mother's education level		
No education	5.7	742
Primary incomplete	8.1	492
Primary complete	4.9	296
Secondary incomplete	6.6	700
Secondary complete or higher	4.0	427
Household asset quintile		
Lowest	5.9	556
Second	6.8	552
Middle	7.2	547
Fourth	5.6	533
Highest	4.4	470
Project and Non-project areas		
Project areas	6.0	2,657
Non-project areas	5.5	654

Table 7.28. Diarrhea treatment

Among children under age five who had diarrhea in the two weeks preceding the survey, the percentage for whom advice or treatment was sought from a health facility or provider, the percentage given oral rehydration therapy (ORT), the percentage given increased fluids, the percentage given ORT or increased fluids, the percentage given ORT and Zinc, and the percentage who were given other treatments, by background characteristics, project areas and non-project areas, BSSFP 2008.

Background characteristic	Percentage of children with diarrhea for whom advice or treatment was sought from a health facility or provider	Oral rehydration therapy (ORT) and Zinc						Other treatments				Number of children		
		ORS packets or pre-packaged liquid	Recommended home fluids (RHF)	Increased fluids	Received ORS, RHF, or increased fluids	Zinc syrup or tablets	ORS/RHF and zinc	Anti-bi-otic pill/syrup/injection	Other/Unknown pill or syrup	Home remedy	No treatment			
Age of child														
<6 months	32.3	33.8	.0	.0	33.8	32.3	.0	33.8	.0	33.8	.0	.0	33.8	4
6-11 months	50.3	84.7	13.1	28.9	95.0	36.9	36.9	.0	21.8	.0	5.0	.0	5.0	24
12-23 months	33.9	87.2	5.7	46.2	92.9	46.7	39.6	9.2	8.4	1.5	.0	.0	.0	46
24-35 months	32.3	84.8	3.6	52.9	93.3	60.5	55.3	6.8	23.1	.0	3.3	.0	3.3	37
36-47 months	13.8	84.3	20.0	33.4	86.4	12.3	12.3	7.6	7.8	.0	9.7	.0	9.7	32
48-59 months	38.6	78.9	6.7	21.0	85.5	35.7	32.0	13.6	14.2	7.0	10.7	.0	10.7	18
Sex														
Male	36.8	88.6	7.6	35.4	91.6	48.8	44.9	8.8	15.7	1.5	4.5	.0	4.5	84
Female	27.6	78.0	10.8	42.5	87.8	30.3	25.3	7.2	12.3	.9	6.5	.0	6.5	76
Domains														
Dhaka city corporation	39.5	86.8	7.9	50.0	92.1	47.4	44.7	15.8	15.8	.0	5.3	.0	5.3	45
Chittagong city corporation	32.7	85.7	12.2	38.8	89.8	53.1	49.0	4.1	14.3	2.0	4.1	.0	4.1	33
Rest of the city corporations	29.2	87.5	12.5	50.0	95.8	33.3	20.8	4.2	12.5	.0	.0	.0	.0	16
District and Upazila municipalities	28.3	79.2	7.5	28.3	86.8	30.2	26.4	5.7	13.2	1.9	7.5	.0	7.5	66
Mother's education level														
No education	24.0	84.7	3.2	37.3	90.9	29.7	23.5	11.7	10.3	1.6	4.5	.0	4.5	42
Primary incomplete	28.4	76.7	9.4	35.2	85.9	52.6	47.8	.0	9.8	.0	6.2	.0	6.2	40
Primary complete	37.7	87.3	13.2	43.2	87.3	38.4	38.4	8.5	12.7	8.5	8.1	.0	8.1	15
Secondary incomplete	40.1	81.2	13.3	42.4	89.4	41.6	36.1	5.2	21.2	.0	6.7	.0	6.7	46
Secondary complete or higher	37.2	100.0	8.0	37.0	100.0	33.2	33.2	25.3	15.1	.0	.0	.0	.0	17

Background characteristic	Percentage of children with diarrhea for whom advice or treatment was sought from a health facility or provider	Oral rehydration therapy (ORT) and Zinc						Other treatments				Number of children		
		ORS packets or pre-packaged liquid	Recommended home fluids (RHF)	Increased fluids	Received ORS, RHF, or increased fluids	Zinc syrup or tablets	ORS/RHF and zinc	Anti-bi-otic pill/injection	Other/Unknown pill or syrup	Home remedy	No treatment			
Household asset quintile														
Lowest	19.9	80.4	6.2	37.0	90.4	29.5	23.3	2.1	13.7	2.0	7.6	33		
Second	24.3	75.3	6.5	48.4	81.9	45.0	35.2	8.1	11.4	.0	3.2	37		
Middle	39.6	85.4	13.2	36.8	90.3	34.6	34.6	9.3	12.7	.0	9.7	39		
Fourth	31.3	87.6	10.3	31.1	91.5	50.6	46.1	.0	20.7	.0	4.0	30		
Highest	55.3	94.2	9.1	39.4	100.0	42.9	42.9	26.7	12.4	6.1	.0	20		
Project and Non-project areas														
Project areas	32.4	83.6	9.1	38.8	89.8	40.0	35.6	8.0	14.1	1.2	5.4	160		
Non-project areas	34.7	82.5	15.3	49.2	92.9	51.2	47.5	6.7	8.9	1.9	10.4	36		

Note: ORT includes solution prepared from oral rehydration salt (ORS), pre-packaged ORS packet, and recommended home fluids (RHF).

Among other diarrheal treatments, zinc is available in the market in the form of tablets and syrup. Zinc is not a substitute for ORT, but when taken in addition to ORT, it reduces the severity and duration of diarrhea. Table 7.28 also shows diarrhea treatment by zinc tablet or syrup, and both ORT and zinc. Four in ten children (40 percent) with diarrhea were treated with a zinc tablet or syrup only and 35.6 percent were treated with both ORT and zinc.

In project areas, treatment with both ORT and zinc was more common in Chittagong City Corporation and Dhaka City Corporation than in other urban areas. Children were more likely to receive both ORT and zinc if they were aged 24-45 months, if their mothers had some primary education, and if they were in the highest wealth quintile. Male children were more likely to be given both ORT and zinc tablets. Comparing project and non-project areas, children with diarrhea were more likely to receive both ORT and zinc in non-project areas (47.5 versus 35.6 percent).

Sources of Diarrhea Treatment

The Smiling Sun providers treated approximately one percent of children with diarrhea (Table 7.29). In project areas, private medical sector facilities were the most common source of treatment (90.3 percent). The most popular of these were pharmacies (47.8 percent) and private clinics/doctors (35.4 percent), followed by traditional doctors (3.2 percent). Private clinics/doctors were more popular in Dhaka City Corporation while pharmacies were heavily utilized. Pharmacies were about as popular in district and Upazila municipalities and the remaining city corporations. Private medical facilities were also the most common source of treatment in non-project areas. Public sector facilities were utilized by 6.5 and 5.2 percent of children with diarrhea in the 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 7.30, about 38.8 percent of children in project areas received more than the usual amount of fluids, while 39.7 percent were given the usual amount. It is a dangerous practice to give a child reduced fluids during diarrhea episodes. Nevertheless, a substantial proportion (21.1%) received less than usual. There were few variations in feeding practices among children of different backgrounds, but some are worth mentioning. Providing reduced amounts of fluids was more common among less educated mothers, as well as in the second and middle asset quintiles. Children with diarrhea were most likely to receive a reduced amount of fluids during illness in Chittagong City Corporation (22.4 percent), followed by district and Upazila municipalities (22.7 percent), Dhaka City Corporation (21 percent), and the rest of city corporations (12.5 percent). Children were less likely to receive reduced fluids in non-project areas (7.1 percent).

Table 7.29. 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, BSSFP 2008.

Place or provider taken for diarrhea treatment	Project areas					Non-project areas
	Dhaka City Corporation	Chittagong City Corporation	Rest of the City Corporations	District and Upazila Municipalities	Total	
Home	0.0	0.0	0.0	2.5	1.1	0.0
Medical person at home	0.0	0.0	0.0	2.5	1.1	0.0
Non-medical person at home	0.0	0.0	0.0	0.0	0.0	0.0
Public sector	0.0	5.7	11.8	10.0	6.5	5.2
Hospital/Medical college	0.0	5.7	5.9	10.0	5.9	2.6
Family welfare center	0.0	0.0	0.0	0.0	0.0	0.0
Upazila health complex	0.0	0.0	5.9	0.0	0.6	0.0
MCWC	0.0	0.0	0.0	0.0	0.0	2.7
Smiling Sun	0.0	0.0	0.0	2.5	1.1	2.6
Static clinic	0.0	0.0	0.0	2.5	1.1	2.6
Satellite clinic	0.0	0.0	0.0	0.0	0.0	0.0
Other NGO	0.0	0.0	0.0	0.0	0.0	4.7
MARIE STOPES clinic/hospital	0.0	0.0	0.0	0.0	0.0	0.0
UPHCP	0.0	0.0	0.0	0.0	0.0	4.7
Private medical sector	100.0	88.6	88.2	85.0	90.3	87.5
Private hospital/clinic	7.1	5.7	17.6	2.5	5.9	2.6
Qualified doctor	46.4	34.3	11.8	20.0	29.5	33.4
Village doctor	0.0	8.6	0.0	0.0	1.7	2.7
Pharmacist/pharmacy	42.9	37.1	52.9	55.0	47.8	39.4
Homeopath	0.0	0.0	0.0	5.0	2.1	4.8
Traditional doctor/kabiraj	3.6	2.9	5.9	2.5	3.2	4.7
Other private	0.0	5.7	0.0	0.0	1.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of children	33	23	12	50	118	26

Table 7.30. Feeding practices during diarrhea

Percent distribution of children under age five who had diarrhea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhea episode, and the percentage of children who continued feeding and were given ORT and/or increased fluids during the episode of diarrhea, by background characteristics, project and non-project areas, 2008.

Background characteristic	Amount of liquids offered					Amount of food offered					Percentage who continued feeding and were given ORT and/or increased fluids	Number of children with diarrhea		
	More	Same as usual	Somewhat less	Much less	Don't know/missing	Total	More	Same as usual	Somewhat less	Much less			Total	
Age of child														
<6 months	.0	66.2	33.8	.0	0.0	100.0	0.0	66.2	33.8	0.0	100.0	.0	33.8	4
6-11 months	28.9	40.3	30.9	.0	0.0	100.0	31.1	29.6	34.0	5.3	100.0	28.9	89.7	24
12-23 months	46.2	38.6	12.3	2.9	0.0	100.0	27.4	35.6	28.5	8.4	100.0	43.3	85.9	46
24-35 months	52.9	25.0	18.5	3.6	0.0	100.0	25.2	38.6	25.6	10.6	100.0	51.1	82.7	37
36-47 months	33.4	51.3	11.5	3.9	0.0	100.0	12.0	55.0	21.3	11.7	100.0	33.4	74.8	32
48-59 months	21.0	46.1	25.3	3.8	3.8	100.0	20.9	29.2	24.9	21.2	96.2	10.5	64.3	18
Sex														
Male	35.4	40.6	18.5	4.7	0.8	100.0	24.0	37.1	25.9	12.2	99.2	33.0	80.2	84
Female	42.5	38.6	17.9	0.9	0.0	100.0	22.0	41.7	28.1	8.2	100.0	40.1	79.6	76
Domains														
Dhaka city corporation	50.0	28.9	21.1	0.0	0.0	100.0	36.8	34.2	23.7	5.3	100.0	47.4	86.8	45
Chittagong city corporation	38.8	36.7	12.2	10.2	2.0	100.0	26.5	34.7	22.4	14.3	98.0	36.7	77.6	33
Rest of the city corporations	50.0	37.5	12.5	0.0	0.0	100.0	25.0	45.8	16.7	12.5	100.0	37.5	83.3	16
District and Upazila municipalities	28.3	49.1	20.8	1.9	0.0	100.0	11.3	43.4	34.0	11.3	100.0	28.3	75.5	66
Mother's education level														
No education	37.3	47.9	11.8	3.0	0.0	100.0	25.4	38.8	16.7	19.1	100.0	32.9	71.8	42
Primary incomplete	35.2	47.2	12.6	5.0	0.0	100.0	20.0	40.0	26.8	13.2	100.0	33.5	74.4	40
Primary complete	43.2	38.5	13.7	4.6	0.0	100.0	22.2	43.3	34.5	.0	100.0	43.2	87.3	15
Secondary incomplete	42.4	28.2	26.5	1.4	1.4	100.0	22.6	34.6	35.8	5.5	98.6	41.0	83.8	46
Secondary complete or higher	37.0	34.0	29.0	0.0	0.0	100.0	26.3	48.0	21.7	4.0	100.0	32.9	96.0	17

Background characteristic	Amount of liquids offered				Amount of food offered				Percentage who continued feeding and were given ORT and/or increased fluids	Number of children with diarrhea				
	More	Same as usual	Somewhat less	Much less	Don't know/missing	Total	More	Same as usual			Somewhat less	Much less	Total	
Household asset quintile														
Lowest	37.0	31.5	23.6	7.8	0.0	100.0	25.4	25.7	27.5	21.4	100.0	31.3	71.1	33
Second	48.4	41.7	8.2	1.8	0.0	100.0	16.4	48.0	28.6	7.0	100.0	44.7	74.9	37
Middle	36.8	44.3	15.5	1.7	1.7	100.0	19.1	47.7	20.5	11.0	98.3	36.8	79.3	39
Fourth	31.1	41.7	24.9	2.2	0.0	100.0	22.2	38.1	31.1	8.6	100.0	28.8	82.9	30
Highest	39.4	37.2	23.4	0.0	0.0	100.0	40.2	30.6	29.2	0.0	100.0	39.4	100.0	20
Project and Non-project areas														
Project areas	38.8	39.7	18.2	2.9	0.4	100.0	23.0	39.3	26.9	10.3	99.6	36.3	79.9	160
Non-project areas	49.2	43.7	7.1	0.0	0.0	100.0	19.0	37.0	44.0	0.0	100.0	49.2	92.9	36

In BSSFP project areas, a large proportion (37.2 percent) was provided less than the usual amount of food during their illness, compared to only 23 percent receiving an increased amount. Children with diarrhea were most likely to receive a reduced amount of foods during the illness in district and Upazila municipalities (45.3 percent), followed by Chittagong City Corporation (36.7 percent), the rest of the city corporations (29.2 percent), and Dhaka City Corporation (29 percent). Children were more likely to receive reduced amounts of food if they were over four years of age, poorer, or if their mothers were less educated. Children were more likely to receive a reduced amount of food in non-project areas (44 percent).

CHAPTER 8. AWARENESS AND USE OF BSSFP CLINICS

To understand better the efficacy of the BSSFP service delivery system, it is important to gauge the level of awareness in program areas of BSSFP service facilities/providers (as well as those of their competitors), the types of services available in those facilities, and the use of such services. 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 the Smiling Sun logo, awareness/perception about Smiling Sun clinics, the types of services available, and the frequency of use of those clinics and their services, specifically in BSSFP project areas. The intent was to find out how successful the BSSFP has been disseminating information about Smiling Sun clinics and, thereby, in popularizing the use of their services.

8.1. Awareness of the Smiling Sun Logo

Respondents were shown logos of different organizations (including that of the Smiling Sun, Green Umbrella, Emergency Obstetrics Care, and Marie Stopes) and asked if they had ever seen any of them. If they had seen a logo, they were then asked where they had seen it and if they could recognize it. The Smiling Sun logo is used by BSSFP clinics to create awareness among local populations of BSSFP facilities and services. The main objective of the Smiling Sun logo is to create awareness that clinics/sites marked with a Smiling Sun logo provide ESP services with clean, courteous, and reliable delivery of effective health care. Emergency Obstetrics Care (EOC) and the Green Umbrella logo are used by government health services. "Green Umbrella" is the logo which marks the places where health and family planning services are provided.

Table 8.1 provides the distribution of identification of these logos. In project areas, about 75 percent of ever-married women reported that they had seen the Smiling Sun logo (with 61.6 percent correctly identifying it and 13.4 percent incorrectly identifying), compared to 54.7 percent for the Green Umbrella logo (with 31.2 percent correctly identifying and 23.5 percent incorrectly identifying), 40 percent for the Emergency Obstetrics Care logo (with 13.3 percent correctly identifying and 26.7 percent incorrectly identifying), and 38.9 percent for the Marie Stopes logo (with 18.5 percent correctly identifying and 20.4 percent incorrectly identifying). A logo was considered to be correctly identified if a respondent could name the organization the logo represents. In the non-project areas, a substantial proportion of women, 67 percent, also reported having seen the Smiling Sun logo (with 51.7 percent correctly identifying it as the logo of the BSSFP providers).

There was variation in exposure to Smiling Sun logo. As shown in Table 8.2, in project areas, ever-married women were much more likely to correctly identify the Smiling Sun Logo in the rest of the city corporations (82 percent) and Dhaka City Corporation (63.4 percent), than in Chittagong City Corporation (56.1 percent) and the district and Upazila municipalities (53.7 percent). Only 40.4 percent of women with no education could correctly identify the Smiling Sun logo, as compared to 59.4 and 83.1 percent of those with a primary education and a completed secondary or higher education, respectively. Those in poorer asset quintiles were less likely to have been exposed to the Smiling Sun logo.

Table 8.1. Awareness of specific NGO symbols

Percent distribution of women reporting having seen the Smiling Sun and other NGO logo according to background characteristics, in project and non-project areas, BSSFP 2008.

Operating NGO	Seen and correctly identified the NGO	Seen but identify as other NGO/ Tells nothing	Not seen	Total	Number of women
Project areas					
Green umbrella	31.2	23.5	45.3	100	5545
Emergency obstetrics care (EOC)	13.3	26.7	60.0	100	5545
Smiling Sun	61.6	13.4	25.0	100	5545
Marie Stopes	18.5	20.4	61.1	100	5545
Non-project areas					
Green umbrella	29.2	22.1	48.6	100	1392
Emergency obstetrics care (EOC)	13.5	23.6	62.9	100	1392
Smiling Sun	51.7	15.3	33.0	100	1392
Marie Stopes	13.2	21.7	65.1	100	1392

Table 8.2. Awareness of Smiling Sun symbol

Percent distribution of women reporting having seen the Smiling Sun Logo according to background characteristics, project and non-project areas, BSSFP 2008.

	Percentage reporting					Number of women
	Seen and correctly identified as Smiling Sun clinic	Seen and correctly identified as Smiling Sun clinic operating NGO	Seen but identify as other NGO/Tells nothing	Not seen	Total	
Domains						
Dhaka city corporation	63.4	1.0	13.7	21.9	100	1165
Chittagong city corporation	56.1	7.0	15.2	21.7	100	894
Rest of the city corporations	82.0	0.2	4.6	13.2	100	632
District and Upazila municipalities	53.7	1.7	14.7	29.9	100	2853
Highest education level						
No education	40.4	2.2	18.0	39.3	100	1832
Primary incomplete	59.4	2.3	14.0	24.3	100	930
Primary complete	60.2	1.2	13.3	25.3	100	580
Secondary incomplete	69.7	2.1	10.8	17.4	100	1357
Secondary complete or higher	83.1	3.0	7.2	6.7	100	845
Household asset quintile						
Lowest	43.0	1.3	15.6	40.1	100	943
Second	51.7	2.2	14.9	31.1	100	1084
Middle	55.8	2.8	15.2	26.3	100	1161
Fourth	66.2	2.1	12.7	18.9	100	1218
Highest	76.4	2.5	9.2	11.8	100	1138
Project and Non-project areas						
Project areas	59.3	2.2	13.4	25.0	100	5545
Non-project areas	49.9	1.8	15.3	33.0	100	1392

Table 8.3 shows the various locations in which the respondents reported seeing the Smiling Sun logo. The most common sources of exposure to the Smiling Sun logo were signs at health clinics and television advertisements. In project areas, 83.6 percent had seen the logo on a sign at a health clinic while 34.2 percent had encountered it in a television advertisement. The next most common sources were television dramas (29.2 percent), billboards (10.2 percent), and posters (6.3 percent). Those in non-project areas were most likely to have seen it on a clinic sign (77.9 percent), followed by television advertisements (39.2 percent), dramas (37.9 percent), billboards (9.1 percent), and posters (4.1 percent).

Table 8.3. Source of awareness of Smiling Sun symbol

Percentage of women who reported to have seen the Smiling Sun Logo by source, BSSF project and non-project areas, BSSF 2008.

	Project areas	Non-project areas
On television (in an advertisement)	34.2	39.2
On television (in a drama)	29.2	37.9
On a poster	6.3	4.1
On a pamphlet or brochure	1.5	1.4
On a billboard sign	10.2	9.1
On a sign at a health clinic	83.6	77.9
Other	1.1	0.9
Number of women	3413	720

Table 8.4 shows the percentage of women aged 10-49 years who mentioned a specific clinic/hospital that first came to their mind when they needed health services according to select background characteristics. Government hospitals were the most preferred health facilities, with about half of women (48.4 percent) mentioning that the names of those facilities came to their mind first when they need health services. The next most preferred health facilities were private doctors (17.8 percent), private clinics (11.3 percent), and pharmacies (8.9 percent). Only 8.7 percent of women suggested that Smiling Sun clinics came to mind first when they were in need of health services. Among the different urban strata in project areas, Smiling Sun clinics were the most widely preferred facility in the rest of the city corporation areas (23.3 percent), followed by Chittagong City Corporation (11.1 percent), Dhaka City Corporation (7.5 percent), and the district and Upazila municipalities (5.3 percent). Better educated women were more likely to prefer a Smiling Sun clinic than less educated women.

Table 8.5 shows the women's perceptions regarding the Smiling Sun logo. In project areas, the majority of women (81.5 percent) believed that the Smiling Sun logo is a symbol of good, quality health services. A substantial fraction of women (41.6 percent) also mentioned that the Smiling Sun logo indicates that all types of health services were available in that clinic. Few women had a negative perception of the Smiling Sun logo. Between project and non-project areas, there was little or no variation in the perceptions regarding the Smiling Sun logo.

Table 8.4. Preferred health facility that comes to mind first when in need of health services

Percent distribution of women age 10-49 who mentioned different health facility/provider that comes to their mind first when they need health services by background characteristics, BSSF project areas and non-project areas, 2008.

	Health facility/provider that comes to mind first when need health services										Total	Number	
	Govt. hospital	Green Umbrella clinic	Smiling Sun clinic	MARIE STOPES clinic	UPHCP	Private clinic	Private doctor chamber	Pharmacy	Others	Don't know			
Project areas													
Domains													
Dhaka city corporation	36.1	0.6	7.5	1.6	2.5	19.9	21.4	8.0	2.2	0.0	100	1165	
Chittagong city corporation	41.6	0.5	11.1	1.7	2.8	5.9	24.0	9.6	2.5	0.1	100	894	
Rest of the city corporations	38.0	2.0	23.2	0.9	2.3	13.9	11.2	7.7	0.7	0.3	100	632	
District and Upazila municipalities	57.9	0.2	5.3	0.2	0.3	9.0	15.9	9.4	2.0	0.0	100	2854	
Highest education level													
No education	54.3	0.4	7.7	0.5	1.3	5.9	14.6	13.5	1.8	0.1	100	1832	
Primary incomplete	49.3	0.4	8.9	1.1	0.8	9.3	17.7	10.2	2.3	0.1	100	930	
Primary complete	52.0	1.1	9.1	0.9	1.3	11.6	14.1	7.6	2.4	0.0	100	581	
Secondary incomplete	45.6	0.8	9.3	1.0	1.5	13.8	19.8	6.3	1.7	0.1	100	1357	
Secondary complete or higher	36.8	0.2	9.6	0.9	2.2	21.0	24.2	2.9	2.3	0.1	100	845	
Household asset quintile													
Lowest	57.8	0.8	8.6	0.3	0.7	3.5	11.4	14.9	2.0	0.0	100	943	
Second	51.8	0.4	7.8	0.8	0.9	6.4	17.1	12.3	2.4	0.2	100	1084	
Middle	50.7	0.7	9.3	0.7	1.6	9.4	15.9	9.7	2.1	0.0	100	1161	
Fourth	47.2	0.4	8.7	0.9	1.7	12.9	20.0	6.1	2.0	0.1	100	1219	
Highest	36.3	0.4	9.2	1.2	2.0	22.9	23.4	3.0	1.5	0.1	100	1138	
Total	48.4	0.5	8.7	0.8	1.4	11.3	17.8	8.9	2.0	0.1	100	5545	

	Health facility/provider that comes to mind first when need health services										Total	Number
	Govt. hospital	Green Umbrella clinic	Smiling Sun clinic	MARIE STOPES clinic	UPHCP	Private clinic	Private doctor chamber	Pharmacy	Others	Don't know		
Non-project areas												
Highest education level												
No education	56.7	0.5	2.7	0.2	3.8	7.7	11.6	14.4	2.6	0.0	100	454
Primary incomplete	53.6	0.0	5.0	0.3	2.5	13.7	11.7	11.5	1.6	0.0	100	225
Primary complete	51.9	0.0	5.9	1.4	6.0	7.1	12.5	14.3	0.9	0.0	100	139
Secondary incomplete	43.1	0.2	4.4	0.4	3.1	16.4	19.1	9.1	4.2	0.0	100	350
Secondary complete or higher	44.9	0.5	3.4	0.6	0.3	22.8	25.1	2.3	0.0	0.0	100	223
Household asset quintile												
Lowest	62.4	0.8	1.7	1.1	2.8	4.5	10.7	15.3	0.8	0.0	100	305
Second	46.1	0.0	4.1	0.0	5.7	8.8	15.5	17.6	2.2	0.0	100	248
Middle	53.0	0.0	4.4	0.0	2.0	13.0	12.6	12.2	2.8	0.0	100	282
Fourth	47.1	0.4	5.6	0.5	4.4	15.0	16.8	5.2	5.0	0.0	100	273
Highest	42.0	0.2	4.1	0.5	0.7	25.0	23.6	3.3	0.7	0.0	100	284
Total	50.4	0.3	3.9	0.4	3.1	13.2	15.8	10.6	2.3	0.0	100	1392

Table 8.5. Perception about Smiling Sun symbol

Percentage of women who have seen Smiling Sun symbol by perception about Smiling Sun clinic when they see/think of Smiling Sun, project areas and non-project areas, BSSFP 2008.

Perception about Smiling Sun	Project areas	Non-project areas
Positive perception		
Good quality related	81.5	79.5
Reasonable price/value	15.8	14.4
Liking	7.8	7.9
Good behavior	24.3	18.8
Cleanliness	7.6	8.1
Promotional activities	5.3	2.9
All types of health services are available	41.6	41.8
Negative perception		
Bad quality	2.7	1.9
High price/value	3.0	2.1
Disliking	0.8	0.6
Unpleasant behaviour	2.1	0.7
Uncleanliness	0.3	0.0
All health services are not available	1.0	0.6
Other	0.2	0.2
Number of women	3413	720

Women were asked whether they had received a green health benefit card (HBC) from a Smiling Sun clinic and, if so, they were asked to show the card. Tables 8.6A and 8.6B show the percentage of women who had seen the Smiling Sun symbol by whether they possessed and used the green health benefit card, respectively, according to background characteristics. In project areas, the majority of women (93.6 percent) reported that they had not received the green health benefit card from a Smiling Sun clinic. Only 5.9 percent of women reported having received the card, with 3.1 percent being able to show the card (Table 8.6A). Among the women having the HBC, more than nine in ten (92.9 percent) mentioned that they carried the card to the Smiling Sun clinic while visiting it for services (Table 8.6B). Possession of the health benefit card was slightly less common in non-project areas. There was little or no variation by background characteristics.

Table 8.6A. Possession of health benefit card (HBC)

Percentage of women who have seen Smiling Sun symbol by whether they received health benefit card (HBC), by background characteristics, project areas and non-project areas, BSSFP 2008.

Background characteristics	Yes seen	Yes not seen	Didn't receive card	DK/missing	Total	Number of women
	Project areas					
Domains						
Dhaka city corporation	1.1	2.5	95.4	0.9	100	750
Chittagong city corporation	2.6	1.7	95.5	0.2	100	564
Rest of the city corporations	5.9	5.0	88.5	0.5	100	519
District and Upazila municipalities	3.3	2.7	93.6	0.4	100	1579
Household asset quintile						
Lowest	6.8	6.3	86.1	0.8	100	418
Second	4.2	2.9	92.4	0.5	100	585
Middle	3.1	2.1	94.6	0.2	100	680
Fourth	1.8	2.1	95.9	0.2	100	832
Highest	2.0	2.4	94.7	0.9	100	898
Total	3.1	2.8	93.6	0.5	100	3413
	Non-project areas					
Household asset quintile						
Lowest	5.8	1.4	92.8	0.0	100	87
Second	1.3	1.3	96.1	1.3	100	99
Middle	2.5	2.4	95.1	0.0	100	130
Fourth	1.4	2.5	94.7	1.4	100	180
Highest	1.5	0.6	97.1	0.8	100	225
Total	2.1	1.6	95.5	0.8	100	720

Table 8.6B. Use of health benefit card (HBC)

Percentage of women who have HBC card by whether they carry HBC to Smiling Sun clinic by background characteristics, project areas and non-project areas, BSSFP 2008.

Background characteristics	Carried HBC to Smiling Sun clinic	Did not carry HBC to Smiling Sun clinic	Never visited Smiling Sun clinic	Total	Number of women who have HBC
Project areas					
Domains					
Dhaka city corporation	87.0	8.7	4.3	100	27
Chittagong city corporation	88.6	8.6	2.9	100	23
Rest of the city corporations	91.6	6.0	2.4	100	57
District and Upazila municipalities	85.3	8.0	6.7	100	93
Household asset quintile					
Lowest	90.7	7.0	2.3	100	55
Second	83.1	9.3	7.6	100	41
Middle	87.6	6.9	5.5	100	35
Fourth	91.6	8.4	0.0	100	31
Highest	85.3	6.6	8.1	100	39
Total	87.7	7.6	4.7	100	201
Non-project areas					
Household asset quintile					
Lowest	100.0	0.0	0.0	100	6
Second	100.0	0.0	0.0	100	3
Middle	100.0	0.0	0.0	100	6
Fourth	82.4	17.6	0.0	100	7
Highest	85.3	14.7	0.0	100	5
Total	92.9	7.1	0.0	100	27

8.2. Awareness of Temporary/Satellite Clinics

The survey asked ever-married women questions regarding awareness and use of Smiling Sun satellite clinics. Initially, women were asked simply whether they knew of a temporary/satellite clinic held in their area. If they did, they were then asked if it was held during the preceding three months and, if so, about the type of clinic.

Information pertaining to the Smiling Sun clinics was obtained whenever possible from spontaneous reports. If a woman did not spontaneously report awareness of a Smiling Sun clinic, she was asked if she was aware of one. If she still was not, the interviewer was asked to probe her awareness by showing the Smiling Sun logo.

Overall, awareness of temporary clinics was slightly higher in project (64.6 percent) than non-project (56.6 percent) areas (Table 8.7). In project areas, 83.5 percent 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 knowledge of Smiling Sun satellite clinics (67 percent), compared to only 26.3 percent for government satellite clinics, and 5.5 percent for all other clinic types combined.

There were no remarkable differences in awareness of satellite/temporary clinics across age groups. Women were more likely to know of temporary clinics if they were uneducated or less educated, though for Smiling Sun clinics, variation across educational levels was small. Women in the poorest asset quintile were more likely to be aware of satellite/temporary clinics than those in the richest one (73.2 against 45.5 percent).

In BSSFP urban areas, awareness of satellite/temporary clinics was highest in the rest of the city corporations (71.5 percent), followed by the district and Upazila municipalities (70.2 percent), Chittagong City Corporation (63.1 percent), and Dhaka City Corporation (48 percent). Knowledge of the Smiling Sun brand of satellite clinics was highest in the rest of the city corporations (81.8 percent), followed by Dhaka City Corporation and Chittagong City Corporation (79.8 and 79.3 percent, respectively), and the district and Upazila municipalities (57.1 percent). Government satellite clinics were most well-known in district and Upazila municipalities (38.5 percent) and least so in Chittagong City Corporation (5.2 percent).

8.3. Knowledge of Essential Services Package at Satellite Clinics

Knowledge of essential services packages (ESP) available at Smiling Sun 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 Smiling Sun satellite clinic.

Table 8.8 shows the percentage of respondents who were aware of specific services available at Smiling Sun temporary/satellite clinics. Maternal health-related services, more specifically antenatal care (ANC) services, were the most well-known. About 84.1 percent of respondents knew of maternal-related services at Smiling Sun satellite clinics, with 64.5 percent mentioning ANC services, followed closely by Tetanus toxoid (TT) injections (56.5 percent), and postnatal care (PNC) (20.7 percent). The next most widely recognized services at Smiling Sun satellite clinics were child health-related services (83.6 percent). Among these, Expanded Programme on Immunization (EPI) services (75.5 percent) were the most well known. Knowledge of other child health services was much less widespread.

Family planning services at Smiling Sun satellite clinics were also widely known, with 72.3 percent of respondents reporting that they were available at these facilities (58.6 percent knew that they provide non-clinical methods; slightly fewer (57.6 percent) were aware that they provide clinical methods). Only 4.8 percent of respondents reported that they provide treatment for general health services.

Table 8.7. Knowledge and awareness of temporary and satellite clinics

Percentage of women who are aware of a temporary/satellite clinic in their area, who know whether such a clinic was held in the last three months, and among those who reported temporary/satellite clinic held in the last three months, percent distribution by type of clinic, by background characteristics, project and non-project areas, BSSFP 2008.

Background characteristics	Aware of temporary clinics	Number of Women	Clinic held in last three months	Number of women knowing of temp. clinic	Type of temporary/satellite clinic					Number of women reporting clinics in last 3 months	
					Smiling Sun Satellite clinic	Govt. Satellite clinic	Other	DK/missing	Total		
Age											
>20	63.5	606	86.8	385	70.5	22.1	5.9	1.5	100.0	332	
20-24	64.1	1147	84.3	735	69.0	25.7	4.6	0.7	100.0	619	
25-29	65.7	1048	88.2	689	69.7	23.7	5.3	1.3	100.0	606	
30-34	65.9	932	80.7	614	66.6	26.9	5.5	1.0	100.0	492	
35-49	63.9	1811	80.6	1157	62.8	29.6	6.0	1.6	100.0	931	
Domains											
Dhaka city corporation	48.0	1165	72.5	559	79.8	11.1	6.1	2.9	100.0	405	
Chittagong city corporation	63.1	894	84.7	564	79.3	5.2	15.0	0.6	100.0	478	
Rest of the city corporations	71.5	632	86.0	452	81.8	14.7	2.1	1.4	100.0	387	
District and Upazila municipalities	70.2	2854	85.6	2004	57.1	38.5	3.4	1.0	100.0	1709	
Highest education level											
No education	69.0	1832	83.3	1264	67.0	24.5	6.8	1.8	100.0	1049	
Primary incomplete	72.6	930	86.4	675	69.2	23.8	5.2	1.8	100.0	582	
Primary complete	69.4	581	81.6	403	68.5	26.7	4.1	0.8	100.0	329	
Secondary incomplete	62.2	1357	85.0	844	65.5	29.2	5.0	0.3	100.0	715	
Secondary complete or higher	46.5	845	77.6	393	64.5	30.5	4.0	1.1	100.0	304	
Household asset quintile											
Lowest	73.2	943	87.1	690	71.0	23.9	3.9	1.2	100.0	598	
Second	71.6	1084	85.8	776	71.2	21.5	6.0	1.4	100.0	664	
Middle	71.0	1161	84.3	825	66.9	25.9	6.6	0.6	100.0	694	
Fourth	63.2	1219	84.1	771	59.2	32.7	6.0	2.1	100.0	647	
Highest	45.5	1138	73.1	518	66.4	28.5	4.1	1.0	100.0	377	
Project and Non-project areas											
Project areas	64.6	5545	83.5	3580	67.0	26.3	5.5	1.3	100.0	2979	
Non-project areas	56.6	1392	81.2	788	12.5	59.9	26.1	1.6	100.0	636	

Table 8.8. Knowledge of ESP services at Smiling Sun temporary/satellite clinics project areas

Among women who are aware of a temporary/satellite clinic in their area in last three months, percentage who identify specific services at temporary/satellite clinics, project areas, BSSFP 2005.

Types of Services	Percentage
Family planning	72.3
Clinical methods	57.6
Non-clinical methods	58.6
Advice for side effects	4.0
Maternal health	84.1
Antenatal care	64.5
Postnatal care	20.7
Tetanus	56.5
Child health	83.6
EPI	75.5
Diarrhea treatment	1.2
ARI treatment	0.3
Vitamin A	12.7
General illnesses	14.2
Other child care	4.1
Treatment of RTI/STD	0.2
General health	4.8
Other	0.3
DK/missing	0.2
Number	1995

8.4. Use of Temporary/Satellite Clinics

Women aware of a Smiling Sun temporary/satellite clinic conducted in their area in the preceding three months were asked if they had ever used the clinic in the three months preceding the survey. 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 8.9 shows the use of Smiling Sun clinics in the past three months preceding the survey in project and non-project areas. Only 22.7 percent reported ever visiting a Smiling Sun satellite clinic in the specified time period. Quite surprisingly, the use of Smiling Sun clinic in the past three months was about the same in non-project areas (20.6 percent).

There were pronounced differences in use of Smiling Sun satellite clinics by background characteristics. Women were more likely to have used a clinic if they were 20-29 years of age, or in the three lowest asset quintiles. Less educated women were also more likely to have used one. Comparing responses across the various strata in project areas, women were more likely to report use in district and Upazila municipalities (24.3 percent) and Chittagong City Corporation (23.3 percent) than in the rest of the city corporations (21.0 percent) and Dhaka City Corporation (19.0 percent).

8.5. Source of Information about Temporary/Satellite Clinics

Table 8.10 shows the percentage of women who were informed in advance about the Smiling Sun temporary/satellite clinic by the source of that information. This was assessed by asking respondents if anybody informed them in advance about the Smiling Sun temporary/satellite clinic and if so, who told them. In project areas, 18.9 percent of those who used a Smiling Sun temporary/satellite clinic were informed by neighbors or a relative, followed by a Smiling Sun clinic worker (4.1 percent). About 70.9 percent of those who used Smiling Sun satellite clinics were not informed by anyone.

8.6. Assessment of Quality of Care at Temporary/Satellite Clinics

Among women who used a Smiling Sun temporary/satellite clinic in the last three months, a series of questions was asked to elicit perceptions regarding the payment services, travel time to get to the clinic, and waiting time upon arrival. Table 8.11 presents this information for project and non-project areas.

In project areas, mean travel time to Smiling Sun satellite clinics was 27.9 minutes, while mean waiting time upon arrival was 30.6 minutes. More than three fourths (78.7 percent) of women reported that they paid some type of service charge. Among them, more than nine in ten (93.6 percent) women reported that they paid the exact amount charged. Perceptions of quality also did not differ significantly between project and non-project areas, except with respect to the mean waiting time: mean waiting time was higher in project than non-project areas.

Table 8.9. Use of temporary/satellite clinics

Percentage of women who have ever used Smiling Sun temporary/satellite clinics in the last three months, by selected background characteristics, project and non-project areas, BSSFP 2008.

Background characteristics	Used services in last three months	Number of women knowing of temporary clinic
Age		
>20	26.4	234
20-24	28.9	427
25-29	28.5	422
30-34	24.2	328
35-49	11.7	584
Domains		
Dhaka city corporation	19.0	323
Chittagong city corporation	23.3	379
Rest of the city corporations	21.0	317
District and Upazila municipalities	24.3	976
Highest education level		
No education	18.6	703
Primary incomplete	30.3	403
Primary complete	26.7	225
Secondary incomplete	23.7	468
Secondary complete or higher	15.1	196
Household asset quintile		
Lowest	23.4	425
Second	25.4	472
Middle	24.8	464
Fourth	19.9	383
Highest	16.9	250
Project and Non-project areas		
Project areas	22.7	1995
Non-project areas	20.6	79

Table 8.10. Source of information about Smiling Sun temporary/satellite clinics, project areas

Among women who are aware of a temporary/satellite clinic in their area in last three months percentage who are informed in advance about Smiling Sun temporary clinics by source of information, project areas, BSSFP 2008.

Source of information	Percentage
Health professional	0.9
Qualified doctor	0.0
Nurse/midwife	0.6
FWV/MA/SACMO	0.1
FWA	0.1
Govt. Satellite Clinic Worker	0.1
Health Assistant	0.1
Smiling Sun	8.8
Static clinic worker	0.3
Satellite clinic worker	3.8
Community service promoter (CSP)/Depotholder	2.2
Community mobilizer/Service promoter	2.6
Other Person	19.2
Unqualified doctor/village doctor	0.1
TTBA/UTBA	0.0
Neighbor/Relative	18.9
Other	0.2
Was not informed	70.9
Total	100.0
Number	1,995

Table 8.11. Quality of services from Smiling Sun temporary/satellite clinics

Among women who used service from Smiling Sun satellite clinic in the three months preceding the survey, percentage by perceptions of quality of treatment during last visit, project and non-project areas, BSSFP 2008.

Quality Indicator	Project areas	Non-project areas
Mean travel time (minutes)	27.94	33.72
Mean waiting time (minutes)	30.61	19.40
Number	453	16
Did pay for services		
Yes	78.7	88.4
No	21.3	11.6
Number	453	16
Paid amount		
Same amount asked for	93.6	100.0
More	1.2	0.0
Less	4.6	0.0
Credit	0.6	0.0
Number	357	14

8.7. 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 BSSFP health facilities at promoting public awareness of their services. Information on awareness of a Smiling Sun clinic/hospital was obtained whenever possible from spontaneous reporting. If a woman did not spontaneously report awareness of a Smiling Sun clinic, she was asked if she was aware of one. If she still was not, the interviewer probed awareness by showing the Smiling Sun logo. About 41.9 percent of women in project areas and 33.8 percent in non-project areas were able to identify a Smiling Sun static clinic in their area as providing health or family planning services (see Table 8.12). Across project areas, the proportion able to identify a Smiling Sun clinic was highest in the remaining city corporations (63.8 percent).

8.8. Type of Clinics Identified as Providing Health or Family Planning Services

In project areas, public health facilities were the most widely recognized source of health and family planning services (by 38.1 percent, including 24.7 percent for public hospitals and 8.5 percent for maternal and child welfare centers) (see Table 8.13), followed by Smiling Sun static clinics (21.7 percent), the private medical sector (13.6 percent), and other NGOs (8.7 percent). Between project and non-project areas, there were pronounced differences in awareness by facility type. In non-project areas, public health facilities were also most widely recognized as a source of health and family planning services (44.3 percent), followed by other NGOs (17.1 percent), and the private medical sector (17.4 percent). Only 9.0 percent in non-project areas were aware of Smiling Sun static clinics as a source for these services in their area. Within project areas, Smiling Sun static clinics were most well known in the rest of the city corporations (44.4 percent), followed by Chittagong City Corporation (24.5 percent), Dhaka City Corporation (24 percent), and the district and Upazila municipalities (14.8 percent), while public sector facilities were most widely recognized in the district and Upazila municipalities (60.8 percent), followed by the rest of the city corporations (25.7 percent), Dhaka City Corporation (12.5 percent), and Chittagong City Corporation (7.8 percent).

8.9. Knowledge of ESP Services at Hospitals/Clinics

Table 8.13A shows the percentage of women who knew of services available at specific types of hospitals/clinics. The most widely recognized services at Smiling Sun static clinics were maternal and child health related services (90.5 percent). Best known among maternal health services were ANC (79.7%), TT injections (55.8 percent), and PNC (35.4 percent). The next most widely recognized services at Smiling Sun satellite clinics were child health-related services (82.5 percent). Among these, best known were EPI services (65.9 percent), followed by general curative care for children (30.6 percent). Knowledge of other child health services was much less common. Family planning services at Smiling Sun clinics were also widely known, though not quite to the same degree. Family planning services at Smiling Sun static clinics were widely known, with 76.1 percent of respondents reporting that they were available at Smiling Sun clinics (67 percent knew that they provide clinical methods; slightly fewer [63.6 percent] were aware that they provide non-clinical methods). There were no discernable variations in the level of awareness of specific services between project and non-project areas.

Table 8.12. Awareness of Smiling Sun static clinics

Percentage of women who are aware of a Smiling Sun static clinic in their area from which one can obtain health or family planning services, by background characteristics, project areas and non-project areas, BSSFP 2008.

	Project areas		Non-project areas	
	Yes	Number	Yes	Number
Age				
>20	34.2	606	28.1	150
20-24	45.5	1147	39.6	271
25-29	48.3	1048	38.9	286
30-34	42.2	932	32.1	219
35-49	38.3	1811	30.0	466
Domains				
Dhaka city corporation	41.7	1165	-	-
Chittagong city corporation	37.5	894	-	-
Rest of the city corporations	63.8	632	-	-
District and Upazila municipalities	38.5	2854	-	-
Highest education level				
No education	30.3	1832	20.4	454
Primary incomplete	43.6	930	30.7	225
Primary complete	43.1	581	32.7	139
Secondary incomplete	45.9	1357	42.5	350
Secondary complete or higher	57.8	845	51.4	223
Household asset quintile				
Lowest	30.0	943	18.0	305
Second	36.0	1084	27.4	248
Middle	40.5	1161	33.3	282
Fourth	48.9	1219	39.1	273
Highest	51.3	1138	51.9	284
Total	41.9	5545	33.8	1392

Note: Response includes probing for Smiling Sun static clinic.

Table 8.13. Knowledge of hospital/clinic providing health and family planning services

Percent distribution of women by type of hospital/static clinic in their area from which one can obtain health or family planning services, project areas and non-project areas, BSSFP 2008.

Type of hospital/static clinic	Project areas					Non-project areas
	Dhaka City Corporation	Chittagong City Corporation	Rest of the City Corporations	District and Upazila Municipalities	Total	
Public sector	12.5	7.8	25.7	60.8	38.1	44.3
Hospital clinic	8.2	6.8	21.7	37.8	24.7	21.9
FWC	0.8	0.1	0.4	1.3	0.9	4.0
UHC	0.0	0.1	0.0	7.3	3.8	6.3
MCWC	3.4	0.7	3.6	14.1	8.5	12.1
Community clinic/ Rural dispensary	0.1	0.0	0.0	0.3	0.2	0.0
Smiling Sun static clinic	24.0	24.5	44.4	14.8	21.7	9.0
NGO sector	17.1	16.7	6.0	3.4	8.7	17.1
Marie Stopes	3.4	6.3	1.4	0.7	2.2	1.7
UPHCP	4.9	9.7	4.4	0.6	3.4	9.0
Other NGO clinic	8.9	0.6	0.1	2.2	3.1	6.3
Private hospital/clinic	28.0	5.2	11.7	10.8	13.6	17.4
Other	0.7	9.6	0.3	0.3	1.9	2.5
Not aware of clinic/Don't know	17.7	36.3	11.9	9.8	16.0	9.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,165	894	632	2,854	5,545	1,392

Table 8.13A. Knowledge of ESP services at Smiling Sun static clinics

Percentage of women who know a specific services at Smiling Sun static clinics, according to service type, project areas, BSSFP 2008.

Type services	Project areas	Non-project areas
Family planning	76.1	72.8
Clinical method	67.0	65.8
Non-clinical method	63.6	60.0
Advice for side effects	5.6	6.7
Maternal health	90.5	89.6
Antenatal care	79.7	83.6
Postnatal care	35.4	43.2
Tetanus	55.8	47.7
Child health	82.5	76.8
EPI	65.9	63.7
Diarrhea treatment/ORS	2.0	1.4
ARI treatment	1.6	1.2
Vitamin A	8.7	6.8
General illness	30.6	28.4
Other child care	7.8	6.8
Reproductive health (RTI/STD)	1.1	0.1
General health	9.4	12.9
Other	1.3	0.5
DK/missing	0.4	0.9
Number	2323	471

Note: Multiple responses possible.

8.10. Use of Smiling Sun Static Clinics

Table 8.14 provides the percentage of respondents who had ever gone to a hospital/clinic for a service and the percentage that had used a Smiling Sun clinic in the three months preceding the interview. As shown in Table 8.14, two-thirds (66.3 percent) in project areas said that they had ever gone to a Smiling Sun static clinic to obtain services. Only 16.9 percent had used a Smiling Sun static clinic in the three months preceding interview.

There were slight differences in the use of Smiling Sun clinics by background characteristics. Women were more likely to have visited a Smiling Sun clinic if they were less educated, 20-29 years old, in the low to medium asset quintiles, or had one or more living children. Use of Smiling Sun clinics was more common in the remaining city corporations (76 percent), as compared to the other urban areas (which ranged from 62.7 to 65.2 percent). The ever use of Smiling Sun clinic was slightly lower in non-project areas (56.3 percent).

Table 8.14. Use of Smiling Sun static clinics

Percentage of women who have ever visited Smiling Sun static clinics, and who visited a Smiling Sun static clinic in last three months, by selected background characteristics, project and non-project areas, BSSFP 2008.

Background characteristics	Ever visited Smiling Sun static clinic	Visited Smiling Sun static clinic in last 3 months	Number of women
Age			
>20	63.3	21.9	207
20-24	69.4	21.4	522
25-29	69.1	18.7	506
30-34	66.2	16.5	393
35-49	62.9	10.8	694
Domains			
Dhaka city corporation	63.2	10.7	486
Chittagong city corporation	62.7	16.9	335
Rest city corporation	76.0	20.1	403
District and Upazila municipalities	65.2	18.4	1099
Highest education level			
No education	67.2	13.9	555
Primary incomplete	73.9	19.1	406
Primary complete	63.7	16.6	250
Secondary incomplete	68.1	18.4	624
Secondary complete or higher	58.1	16.6	488
Number of Living Children			
0	45.5	11.7	240
1	66.2	18.7	609
2	69.5	18.5	698
3	68.5	18.6	421
4+	71.7	12.0	356
Household asset quintile			
Lowest	70.0	16.7	283
Second	69.7	15.1	390
Middle	69.3	18.8	470
Fourth	63.1	16.2	597
Highest	63.2	17.3	583
Project and Non-project areas			
Project areas	66.3	16.9	2323
Non-project areas	56.3	10.0	471

8.11. Use of ESP at Smiling Sun Clinics

Table 8.15 presents the percentage of women who used ESP services in the most recent visit to a Smiling Sun static clinic in the three months preceding interview. In project areas, the most popular services at Smiling Sun static clinics were related to child health (41.5 percent, including 20.5 percent for EPI and 17.8 percent for general curative care of children) and family planning (36.4 percent, including 28.1 percent for clinical methods and 6.9 percent for non-clinical methods). The next most popular services were maternal health services, at 20.3 percent (including ANC at 14.6 percent, and tetanus toxoid vaccinations at 8.9 percent). Women also visited Smiling Sun clinics more often for general curative care (7.1 percent). Treatment of reproductive health (RTI/STDs) was almost never mentioned as a service that had been used in the past three months. There were no obvious differences between project and non-project areas in the pattern of relative use of various services from the Smiling Sun clinics

Table 8.15. ESP services used at Smiling Sun static clinics

Percentage of women who used specific services at Smiling Sun static clinics in last three months according to service type, BSSFP project areas and project areas, BSSFP 2008.

Type services	Project areas	Non-project areas
Family planning	36.4	31.3
Clinical method	28.1	23.2
Non-clinical method	6.9	6.6
Advice for side effects	1.9	1.4
Maternal health	20.3	30.8
Antenatal care	14.6	23.7
Postnatal care	1.6	2.9
Tetanus	8.9	8.3
Child health	41.5	35.5
EPI	20.5	20.3
Diarrhea treatment/ORS	0.9	1.4
ARI treatment	0.5	0.0
Vitamin A	2.7	0.0
General illness	17.8	12.4
Other child care	2.3	2.8
Reproductive health (RTI/STD)	1.6	0.0
General health	7.1	11.9
Other	2.2	2.6
Number	392	47

Note: Multiple responses possible.

8.12. Assessment of Quality of Care at Smiling Clinics

Women who had used a Smiling Sun 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 8.16 presents this information for project and non-project areas. In the project areas, average travel time to a Smiling Sun clinic was 30.8 minutes, while the average waiting time on arrival was 35.3 minutes. For services obtained during their last visit, 85.1 percent of women reported that they paid. Among those who paid, 93.5 percent mentioned that they paid the exact amount charged. There were no discernable variations in the perception of the quality of care between project and non-project areas, except with respect to mean travel time, which was higher in project areas.

Table 8.16. Quality of services from Smiling Sun clinic

Women’s perceptions of quality of treatment at Smiling Sun clinics during most recent visit in three months preceding the survey, BSSFP project areas and non-project areas, BSSFP 2008.

Quality Indicator	Project areas	Non-project areas
Mean travel time (minutes)	30.75	16.56
Mean waiting time (minutes)	35.32	34.44
Number	392	47
Did pay for services		
Yes	85.1	82.1
No	14.9	17.9
Number	391	47
Paid amount		
Same amount asked for	93.5	96.8
More	1.1	0.0
Less	5.2	3.2
Credit	0.2	0.0
Number	332	39

8.13. Perception and Attitude Towards Smiling Sun clinic

Women in the urban 2008 baseline survey were asked the following three questions for assessing their perceptions and attitudes towards the Smiling Sun clinic:

- What are the benefits you perceive when you seek services from the Smiling Sun clinic?
- What are the favorable points that come to your mind when you think of the Smiling Sun hospital/clinic?
- In general (mostly) which economic groups come to Smiling Sun hospitals/clinics for health care services?

Table 8.17 shows the distribution of perceptions of benefits when seeking services from the Smiling Sun static/satellite clinic. In project areas, about 46.8 percent said that they thought they would receive high quality services from a Smiling Sun clinic. About 40.2 percent believed that they would get essential care from the Smiling Sun clinic, 37.5 percent perceived that the price was reasonable, and 20.8 percent that the facility was nearby.

Table 8.17. Perception and attitude towards Smiling Sun clinic

Among women who used service from Smiling Sun satellite clinic or static clinic in the three months preceding the survey, percentage by perceptions of benefits when seeking services from the Smiling Sun static or satellite, percentage by favorable points come to their mind when seeking services from the Smiling Sun static or satellite clinic, and percent distribution by economic groups coming to the Smiling Sun static or satellite clinic by selected background characteristics, project and non-project areas, BSSFP 2008.

Background Characteristics	Perceived benefits when seek services from Smiling Sun clinic*					Favorable points about Smiling Sun clinic*				Economic groups coming to the Smiling Sun static or satellite clinic					Number of women	
	Trained provider	High quality services	Nearest facility	Essential care	Reasonable price	Safety net exist	Social service	Build health awareness	Contribute to ensure good health for all	Upper class	Middle class	Lower class	Poor or pop class	All class		
Age																
>20	3.3	48.1	12.4	37.1	40.9	54.5	10.2	21.1	21.0	0.7	7.6	3.0	11.8	77.0	174	
20-24	7.3	44.9	22.3	38.7	37.1	61.7	15.9	19.5	16.2	1.2	8.9	6.0	10.8	73.2	435	
25-29	7.9	45.5	23.1	39.7	39.4	59.9	15.9	23.0	16.5	0.3	11.6	6.7	14.9	66.5	433	
30-34	5.7	45.4	24.1	37.6	40.0	59.4	16.0	20.8	19.2	1.1	11.1	7.0	13.9	66.9	307	
35-49	5.8	50.0	18.3	44.9	33.3	61.8	16.5	18.6	18.6	0.0	8.9	7.9	11.8	71.4	479	
Domains																
Dhaka city corporation	4.0	47.2	15.7	36.8	42.1	58.5	16.1	18.7	16.1	0.3	11.7	6.7	14.0	67.2	354	
Chittagong city corporation	6.6	31.1	21.0	53.3	38.9	49.6	17.4	25.9	23.2	0.5	5.9	4.9	9.0	79.7	273	
Rest of the city corporations	3.1	56.8	11.3	37.1	38.7	63.5	14.8	21.1	8.6	0.6	5.9	6.8	14.5	72.1	334	
District and Upazila municipalities	8.6	47.7	26.5	38.7	34.7	63.0	15.0	19.2	20.5	0.7	11.7	6.9	12.5	68.2	866	
Highest education level																
No education	3.5	38.7	18.6	39.6	42.3	59.3	13.2	18.6	15.1	0.7	4.3	5.7	15.1	74.2	466	
Primary incomplete	5.2	40.6	24.8	39.2	40.3	60.7	14.0	21.0	18.7	0.7	9.4	4.4	16.5	69.0	374	
Primary complete	4.6	43.6	23.7	43.3	39.7	65.0	11.1	19.6	20.1	0.0	6.4	4.4	11.4	77.8	195	
Secondary incomplete	8.0	49.8	21.7	39.4	35.2	58.1	17.9	21.9	18.5	0.4	12.1	6.2	10.4	70.9	493	
Secondary complete or higher	11.1	64.2	15.9	41.6	28.9	61.6	20.0	20.8	18.5	1.0	17.3	12.3	8.5	60.8	300	

Background Characteristics	Perceived benefits when seek services from Smiling Sun clinic*						Favorable points about Smiling Sun clinic*				Economic groups coming to the Smiling Sun static or satellite clinic					Number of women
	Trained provider	High quality services	Nearest facility	Essential care	Reasonable price	Safety net exist	Social service	Build health awareness	Contribute to ensure good health for all	Upper class	Middle class	Lower class	Poor or pop	All class		
Household asset quintile																
Lowest	3.1	40.4	17.9	38.9	47.2	58.2	15.0	22.7	17.0	0.7	3.8	5.1	23.1	67.2	262	
Second	3.5	38.9	20.4	38.8	44.2	62.9	13.5	17.2	16.2	0.9	5.6	4.1	13.9	75.6	361	
Middle	5.2	43.2	23.6	36.6	40.6	61.5	11.0	21.2	19.8	0.5	11.0	7.0	11.1	70.4	396	
Fourth	7.7	51.9	21.0	45.1	30.8	59.7	18.6	22.6	16.2	0.8	10.2	4.9	11.8	72.3	417	
Highest	11.0	56.4	20.1	40.8	28.8	58.5	19.1	18.9	19.8	0.2	16.0	11.0	6.9	65.9	392	
Project and Non-project areas																
Project areas	6.4	46.8	20.8	40.2	37.5	60.2	15.5	20.5	17.9	0.6	9.8	6.5	12.6	70.4	1828	
Non-project areas	3.9	48.2	20.5	40.6	36.9	60.7	13.6	15.1	23.7	1.9	8.8	5.5	11.6	72.3	275	

Note: Multiple responses possible.

Table 8.17 also shows the favorable points that come to the mind about the Smiling Sun clinic. The most prominent favorable response was a perception that the ‘safety net or service assurance’ exists at the Smiling Sun clinic, cited by 60.2 percent of women. Next most frequently cited points were ‘Smiling Sun clinic promote health awareness’ (20.5 percent), followed by ‘contributes to ensure good health’ (17.9 percent).

Table 8.17 also shows the distribution of perceptions of what economic groups utilize the Smiling Sun clinic for health services. About 70.4 percent of women perceived that people from all income categories come to the Smiling Sun clinic for health care services. Only 12.6 percent of women believed that extremely poor people come to the Smiling Sun clinic for health care services. There were no marked variations between project and non-project areas concerning perceptions and attitudes towards the Smiling Sun clinic.

More educated women and those in the highest asset quintile believed that they would get high quality services from the Smiling Sun clinics. Otherwise, there were no clear patterns between the women’s perceptions towards the Smiling Sun clinic and background characteristics.

8.14. Source of Health Information and Services in the Area

Table 8.18 shows the percentage of women able to obtain health information and/or supplies of pills, condoms, oral rehydration salts (ORS), or vitamin A from someone affiliated with an organization in their area. In project areas, only 9.8 percent were able to get such information and supplies (such as, pill, condoms, ORS, or vitamin A capsule) from such a person. Of those, 44.2 percent mentioned they could get these from government family planning or health workers. The Smiling Sun CSP/depotholders were the second most commonly mentioned sources of information/supply (31.2 percent), followed by BRAC or other NGO workers (23.1 percent).

There were noticeable differences in the sources 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 asset quintiles or lived in the district and Upazila municipalities.

In non-project areas, about 16.6 percent of respondents were able to receive health information and/or supplies from a local community worker. The most frequently mentioned sources were government family planning/health workers (73.1 percent), followed by BRAC/other NGO workers (17.9 percent). A small group (6.1 percent) mentioned Smiling Sun CSP/depotholders as their source in non-project areas.

Table 8.18. Source of health and family planning 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 background characteristics, project areas and non-project areas, BSSFP 2008.

	Anybody with information on health and pill supplies etc.		Among those who knew anybody with health information or supplies, percentage by organization of the provider						Number of women
	Could get information	Number of women	Smiling Sun CSP/ depository	Government family planning/ health worker	BRAC/ Other NGO Worker	Other	DK/Missing		
Project areas									
Domains									
Dhaka city corporation	5.0	1165	24.5	18.4	49.0	4.1	4.1	58	
Chittagong city corporation	4.9	894	21.2	13.6	54.5	12.1	0.0	44	
Rest of the city corporations	7.9	632	54.8	24.7	11.0	5.5	4.1	50	
District and Upazila municipalities	13.6	2854	30.3	51.3	17.2	2.9	0.6	389	
Household asset quintile									
Lowest	10.5	943	27.9	53.4	21.7	2.6	0.0	99	
Second	10.1	1084	34.2	36.9	26.7	2.9	0.0	110	
Middle	13.8	1161	22.5	41.4	27.0	6.3	2.4	160	
Fourth	9.2	1219	36.5	46.0	14.5	3.5	0.6	112	
Highest	5.4	1138	44.1	28.9	24.1	3.1	3.9	61	
Total	9.8	5545	31.2	42.2	23.1	4.0	1.3	542	
Non-project areas									
Household asset quintile									
Lowest	25.4	305	3.2	70.5	25.2	5.1	0.9	77	
Second	17.6	248	5.9	66.8	22.9	7.6	2.8	44	
Middle	17.1	282	2.7	82.8	9.1	5.2	2.7	48	
Fourth	15.8	273	9.2	82.1	5.9	0.0	2.9	43	
Highest	6.6	284	20.3	52.9	26.9	0.0	0.0	19	
Total	16.6	1392	6.1	73.1	17.9	4.2	1.9	231	

8.15. Health and Family Planning Information Received in the Past Three Months

Table 8.19 presents the distribution of women who received specific information about health or family planning services from a provider in the three months preceding interview. In project areas, 35.9 percent of respondents received health and family planning information from the Smiling Sun CSP/depotholders in the three months preceding interview (against 36.8 percent for government family planning/health workers, 20.5 percent for BRAC/other NGO workers, and 41.4 percent for other workers). In non-project areas, 26.9 percent received health and family information from the Smiling Sun CSP/depotholders (against 39.7 percent for government family planning/health workers, 40.2 percent for BRAC/other NGO workers, and 6.6 percent for other workers).

In project areas, the most common type of information conveyed by Smiling Sun CSP/depotholders was related to family planning (72.2 percent). The next most common type of information was related to general health (8.2 percent), followed by information pertaining to vitamin A capsules (6.3 percent), and maternal health (6.2 percent). 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.

8.16. Health and Family Planning Services Received in the Past Three Months

Table 8.20 presents the distribution of those women receiving health or family planning services and supplies in the past three months (by provider type).³ About 24.3 percent of respondents received services from the Smiling Sun CSP/depotholders (against 26.3 percent for government family planning/health workers, and 15.5 percent for BRAC/other NGO workers). On the other hand, in non-project areas 13.4 percent received services from the Smiling Sun CSP/depotholders (against 30.7 percent for government family planning/health workers, and 21.8 percent for BRAC/other NGO workers). In project areas, family planning-related supplies (including injections, oral contraceptive pills, etc.) were the most commonly received materials from any type of provider. This held true in non-project areas as well.

³ The figure should be taken with caution as the sample size was very small.

Table 8.19. 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, BSSFP 2008.

	Organization			Other	Total
	Smiling Sun CSP/ depholder	Government family planning/ health worker	BRAC/Other NGO Worker		
Project areas					
Received FP/health information in last 3 months					
Yes	35.9	36.8	20.5	41.4	33.0
Number	168	229	125	26	547
Information received					
Family planning/Side effect	72.2	80.8	73.4	88.5	77.4
Maternal health	6.2	2.9	7.2	0.0	4.5
Child health	1.1	11.8	4.8	11.5	7.2
Diarrhea treatment/ORS	2.1	1.5	4.8	0.0	2.1
ARI treatment	2.1	0.0	0.0	0.0	0.7
Vitamin A	6.3	5.9	4.8	0.0	5.5
Illness	2.1	1.5	2.6	6.2	2.1
Other child care	4.1	6.7	2.6	11.5	5.6
RTI/STD treatment	2.0	1.4	0.0	0.0	1.3
General health	8.2	13.3	19.1	0.0	11.6
Other	0.0	0.0	4.8	0.0	0.7
Number	60	84	26	11	181
Non-project areas					
Received FP/health information in last 3 months					
Yes	26.9	39.7	40.2	6.6	37.6
Number	14	170	40	10	235
Information received					
Family planning/Side effect	82.6	90.8	65.3	100.0	85.9
Maternal health	17.4	5.5	7.7	0.0	6.4
Child health	32.6	5.5	7.7	0.0	7.0
Diarrhea treatment/ORS	0.0	3.7	0.0	0.0	2.8
ARI treatment	0.0	1.8	7.7	0.0	2.8
Vitamin A	0.0	0.0	0.0	0.0	0.0
Illness	0.0	0.0	0.0	0.0	0.0
Other child care	0.0	0.0	7.7	0.0	1.4
RTI/STD treatment	0.0	0.0	0.0	0.0	0.0
General health	0.0	7.3	11.7	0.0	7.8
Other	0.0	1.8	0.0	0.0	1.4
Number	4	68	16	1	88

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

Table 8.20. 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, BSSFP 2008.

	Organization			Other	Total
	Smiling Sun CSP/ depholder	Government family planning/ health worker	BRAC/Other NGO Worker		
BSSFP project areas					
Received any supplies in last 3 months					
Yes	24.3	26.3	15.5	27.3	23.3
Number	168	229	125	26	547
Supplies received					
Oral pill	21.9	59.5	80.8	90.3	52.4
Condom	7.6	9.4	6.4	9.4	8.4
Other family planning method	50.5	19.7	6.4	0.0	26.4
ORS	0.0	0.0	6.4	0.0	1.0
Vitamin A	9.1	6.2	6.4	0.0	6.8
Child health	3.0	7.3	6.4	9.7	5.9
Other	10.8	7.3	0.0	0.0	6.9
Number	41	60	19	7	127
Non-project areas					
Received any supplies in last 3 months					
Yes	13.4	30.7	21.8	0.0	26.7
Number	14	170	40	10	235
Supplies received					
Oral pill	0.0	66.5	27.6	0.0	59.1
Condom	34.8	2.6	14.2	0.0	5.2
Other family planning method	65.2	26.1	7.9	0.0	24.8
ORS	0.0	0.0	0.0	0.0	0.0
Vitamin A	0.0	0.0	0.0	0.0	0.0
Child health	0.0	0.0	28.3	0.0	3.9
Other	0.0	2.4	22.0	0.0	5.0
Number	2	52	9	0.0	63

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.

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

Tables 8.21A and 8.21B present the percentage of women referred to a satellite or static clinic for health or family planning services in the past three months according to provider type. In project areas, 10.5 percent were referred to a satellite or static clinic for health and family planning services by the Smiling Sun CSP/depotholders, 4.6 percent by government health and family planning workers, and 5.6 percent by NGO workers. In the non-project areas, the Smiling Sun CSP/depotholders referred more cases than any other type of workers.

In project areas,⁴ home visits in the last three months by the Smiling Sun CSP/depotholders had the widest reach (22.1 percent), closely followed by government family planning/health workers (21.6 percent), and BRAC/other NGO workers (20.8 percent).

Table 8.21A. Referral to health and family planning services and home visitation, project areas

Percentage of women who were referred for specific health and family planning services in the past three months and percentage of women reporting home visitation in the past three months by provider type, BSSFP project areas, BSSFP 2008.

	Organization			Other	Total
	Smiling Sun CSP/ depotholder	Government family planning/ health worker	BRAC/Other NGO Worker		
Referred to a satellite or static clinic in last 3 months					
Yes	10.5	4.6	5.6	0.0	6.4
Number	168	229	125	26	547
Referred services					
Clinical FP method	43.2	53.5	35.5	0.0	44.8
Non-clinical FP method	35.1	0.0	19.4	0.0	21.5
Treatment/advice for side-effect	7.7	0.0	0.0	0.0	3.8
Antenatal care	28.1	11.8	9.6	0.0	19.5
Postnatal care	14.0	11.8	0.0	0.0	10.6
Tetanus toxoid	6.7	11.8	0.0	0.0	6.9
EPI	10.9	11.8	0.0	0.0	9.0
Diarrhea treatment/ORS	0.0	23.0	17.8	0.0	10.4
ARI treatment	0.0	0.0	0.0	0.0	0.0
Vitamin A	6.7	23.0	0.0	0.0	10.3
Illness	3.9	23.0	35.5	0.0	15.9
Other child care	0.0	0.0	9.6	0.0	1.9
RTI/STD treatment	0.0	0.0	0.0	0.0	0.0
General health	0.0	11.8	0.0	0.0	3.5
Other	0.0	.0	0.0	0.0	.0
Number	18	11	7	0.0	35
Any one visited home in last 3 months to supply oral pill, condom, Vitamin-A or ORS					
Yes	22.1	21.6	20.8	14.6	21.2
Number	168	229	125	26	547

⁴ The figure should be taken with caution as the sample size was very small.

Table 8.21B. Referral to health and family planning services and home visitation, non-project areas

Percentage of women who were referred for specific health and family planning services in the past three months and percentage of women reporting home visitation in the past three months by provider type, non-project areas, BSSFP 2008.

	Organization			Other	Total
	Smiling Sun CSP/ depholder	Government family planning/ health worker	BRAC/Other NGO Worker		
Referred to a satellite or static clinic in last 3 months					
Yes	13.4	9.5	9.4	0.0	9.3
Number	14	170	40	10	235
Referred services					
Clinical FP method	0.0	61.0	35.6	0.0	51.3
Non-clinical FP method	65.2	7.6	31.8	0.0	16.8
Treatment/advice for side-effect	0.0	0.0	0.0	0.0	0.0
Antenatal care	34.8	11.9	32.6	0.0	17.4
Postnatal care	0.0	0.0	0.0	0.0	0.0
Tetanus toxoid	0.0	0.0	0.0	0.0	0.0
EPI	0.0	0.0	0.0	0.0	0.0
Diarrhea treatment/ORS	0.0	0.0	0.0	0.0	0.0
ARI treatment	0.0	7.6	0.0	0.0	5.6
Vitamin A	0.0	0.0	0.0	0.0	.0
Illness	0.0	15.3	31.8	0.0	16.8
Other child care	0.0	0.0	31.8	0.0	5.5
RTI/STD treatment	0.0	0.0	0.0	0.0	0.0
General health	0.0	0.0	0.0	0.0	0.0
Other	0.0	4.2	0.0	0.0	3.1
Number	2	16	4	0.0	22
Any one visited home in last 3 months to supply oral pill, condom, Vitamin-A or ORS					
Yes	13.4	26.0	22.9	6.6	23.8
Number	14	170	40	10	235

8.18. Attendance at Community Meetings

Table 8.22 shows the percentage of women who attended a meeting organized by a community mobilizer/service promoter. Only a small proportion of respondents (less than two percent) in BSSFP project areas reported attending a meeting organized by a community mobilizer/service promoter.

Table 8.22. Attendance at community meetings, project areas

Percentage of women who attended a meeting by a community mobilizer/service promoter, project areas, BSSFP 2008.

	Dhaka city corporation	Chittagong city corporation	Rest of the city corporations	District and Upazila municipalities	Total
Attended a meeting by a community mobilizer					
Yes	.71	.82	3.80	2.13	1.81
Number	1165	894	632	2854	5545
Issues discussed in the meeting					
Newlywed meeting	14.29	18.18	5.71	14.29	12.52
Pregnancy care	57.14	54.55	71.43	51.02	56.66
Postnatal care	28.57	72.73	17.14	24.49	26.60
Breastfeeding	42.86	9.09	2.86	12.24	12.30
Family Planning	42.86	81.82	51.43	55.10	55.17
Child health	57.14	45.45	48.57	36.73	41.89
STD/RTI	14.29	0.0	2.86	2.04	3.10
Nutrition	28.57	18.18	2.86	22.45	17.96
Other	14.29	9.09	2.86	8.16	7.47
Number	8	7	24	61	100
Mean months since last meeting					
Months (mean)*	22.57	12.80	5.61	13.72	12.37
Number	8	7	23	48	86

* Excludes DK and missing observations.

MITRA AND ASSOCIATES PERSONNEL WHO IMPLEMENTED THE 2008 BANGLADESH SMILING SUN FRANCHISE PROGRAM (BSSFP) BASELINE SURVEY – URBAN COMPONENT

Project Director

S. N. Mitra

Deputy Project Director

Shahidul Islam

Survey Manager

S. Fuad Pasha

Research Officers

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N. C. Barman

Syera Banu

Monir Hossain Bhuiyan

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Listing Supervisors

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Najim Uddin

Saiful Islam Mukul

Abdul Latif

Listers/Mappers

Nurul Islam Khandoker

Shaheen Uddin

Shafi Md. Ali Siddique

Mahmudur Rahman

Moniruzzaman

Abul Kalam Azad

Selim Uddin

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Bahadur Mia

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Quality Control Officers

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Monir Ahmed

Shahana Akter

Abdur Razzak

Sonjoy Kumar Biswas

Mukta Rani Shome

Rani Begum

Roksana Banu

Marjina Khanam

Ashrafi Sultana

Sabina Yesmin

Salma Akter

Shafi Md. Ali Siddiki

Interviewers

Mahafuja Akter (Ratna)

Swapna Barman

Rubina Yesmin

Amena Akther

Sheikh Novera Rahman

Kanan Bala Das

Shahnaz Parvin Moni

Nazma Khanum

Chandana Biswas

Rupali Khatan
Momenunnahar Ruma
Fatema Akter
Johura Khatun
Asma Akter
Kaniz Fatima
Shanaz Sultana
Sonia Afroz e(Babuny)
Helena Akter
Shamima Akter (Nator)
Lipika Rani Bhattacharya
Nargish Islam
Banani Kirtania
Mafruza Shammi
Kohinoor Akter
Afroza Jannat
Nasima Khatun
Mabia Khanom (Lipy)
Tanzia Jamal
Shimima Akter (Nao)
Sabina Akter
Mondira Biswas
Marzia Begum
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Logistical Assistants

Gyanendra Sarker
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Iman Ali
Salauddin
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Data Processing Staff

Shirshir Paul, Data Processing Supervisor
Haradhan Kr. Sen, Data Processing Supervisor
Ashfaqur Rahman, Data Processing Supervisor
Jahangir Khan, Registration Officer

Administrative Staff

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

SAMPLING ERROR TABLES: URBAN

Table A.1. Sampling errors, Urban BSSF areas, 2008

Variables	Value (R)	Standard error (SE)	Number of cases		Design effect (Deff)	Relative error (SE/R)	Confidence limits	
			Unweight- ed (N)	Weighted (WN)			R-2SE	R+2SE
Total fertility rate (TFR)	2.324	0.070				0.030	2.184	2.464
Mortality rates								
Neonatal	37.921	3.613				0.095	30.695	45.147
Postnatal	14.967	2.211				0.148	10.546	19.388
Infant	52.889	4.190				0.079	44.510	61.268
Child	9.841	2.102				0.214	5.636	14.046
Under 5	62.210	4.885				0.079	52.439	71.981
Family planning								
Currently using method	0.676	0.009	5120	5133	1.366	0.013	0.658	0.693
Currently using modern method	0.588	0.009	5120	5133	1.342	0.016	0.570	0.607
Pill	0.298	0.009	5120	5133	1.354	0.029	0.281	0.316
IUD	0.006	0.001	5120	5133	1.141	0.203	0.004	0.009
Injection	0.125	0.006	5120	5133	1.364	0.050	0.112	0.138
Condom	0.091	0.007	5120	5133	1.624	0.072	0.078	0.104
Female sterilization	0.045	0.003	5120	5133	1.155	0.074	0.038	0.052
Male sterilization	0.009	0.002	5120	5133	1.245	0.187	0.005	0.012
Norplant	0.014	0.002	5120	5133	1.137	0.132	0.010	0.018
Any traditional	0.084	0.004	5120	5133	1.144	0.053	0.075	0.093
Not using any method	0.324	0.009	5120	5133	1.366	0.028	0.307	0.342
Using modern among 10-14	0.516	0.104	23	22	0.976	0.202	0.308	0.724
Using modern among 15-19	0.522	0.023	562	560	1.090	0.044	0.476	0.568
Vaccination among 12-23 months								
BCG	0.967	0.009	505	498	1.105	0.009	0.949	0.985
DPT3	0.916	0.013	505	498	1.080	0.015	0.889	0.943
Polio3	0.918	0.013	505	498	1.090	0.015	0.891	0.945
Measles	0.879	0.018	505	498	1.207	0.020	0.844	0.914
Full vaccination	0.844	0.019	505	498	1.192	0.023	0.806	0.883
Vitamin A among 9-59 months								
Children received ORT for diarrhea	0.836	0.034	164	160	1.161	0.041	0.768	0.904
Children received laban gur treatment	0.091	0.025	164	160	1.100	0.275	0.041	0.141
Children ARI treatment in facility	0.585	0.056	166	167	1.469	0.096	0.473	0.697
ANC received for birth last 35 months	0.836	0.013	1565	1563	1.388	0.016	0.810	0.862
ANC from medically trained last 35 months	0.793	0.015	1565	1563	1.464	0.019	0.763	0.823
TT received for births last 35 months	0.769	0.012	1565	1563	1.126	0.016	0.745	0.793

Variables	Value (R)	Standard error (SE)	Number of cases		Design effect (Deff)	Relative error (SE/R)	Confidence limits	
			Unweight- ed (N)	Weighted (WN)			R-2SE	R+2SE
Knowledge of SS static clinic services								
Knows clinical FP	0.670	0.019	2386	2323	1.986	0.029	0.631	0.709
Knows non-clinical FP	0.636	0.018	2386	2323	1.830	0.029	0.600	0.673
Knows advice for side effects	0.056	0.008	2386	2323	1.666	0.141	0.040	0.072
Knows ANC	0.797	0.012	2386	2323	1.381	0.014	0.774	0.820
Knows PNC	0.354	0.019	2386	2323	1.962	0.055	0.315	0.393
Knows EPI	0.659	0.018	2386	2323	1.817	0.027	0.623	0.695
Knows diarrhea treatment/ORS	0.020	0.004	2386	2323	1.487	0.215	0.012	0.029
Knowledge of SS satellite clinic services								
Knows clinical FP	0.576	0.022	2089	1995	1.994	0.038	0.532	0.620
Knows non-clinical FP	0.586	0.020	2089	1995	1.793	0.034	0.547	0.626
Knows advice for side effects	0.040	0.008	2089	1995	1.860	0.203	0.024	0.057
Knows ANC	0.645	0.020	2089	1995	1.899	0.032	0.604	0.685
Knows PNC	0.207	0.021	2089	1995	2.347	0.103	0.165	0.250
Knows EPI	0.755	0.021	2089	1995	2.134	0.027	0.714	0.796
Knows diarrhea treatment/ORS	0.012	0.003	2089	1995	1.191	0.242	0.006	0.018
Knowledge of pregnancy complications								
Tetanus	0.484	0.011	5545	5545	1.661	0.023	0.462	0.507
Prolonged labour	0.161	0.008	5545	5545	1.651	0.051	0.145	0.177
Convulsions	0.360	0.012	5545	5545	1.801	0.032	0.336	0.383
Retained placenta	0.386	0.013	5545	5545	2.033	0.034	0.359	0.413
Fetus in poor position	0.365	0.009	5545	5545	1.448	0.026	0.346	0.384
Excessive vaginal bleeding	0.363	0.011	5545	5545	1.737	0.031	0.341	0.386
Don't know danger signs	0.011	0.002	5545	5545	1.159	0.150	0.008	0.014

Table A.2. Sampling errors, Urban non-BSSF areas, 2008

Variables	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)	2.256	0.129				0.057	1.998	2.514
Mortality rates								
Neonatal	31.746	5.973				0.188	19.801	43.691
Postnatal	12.859	2.989				0.232	6.881	18.837
Infant	44.605	7.662				0.172	29.282	59.929
Child	13.070	5.341				0.409	2.388	23.753
Under 5	57.093	8.806				0.154	39.481	74.704
Family planning								
Currently using method	0.687	0.017	1288	1287	1.306	0.025	0.653	0.721
Currently using modern method	0.598	0.018	1288	1287	1.307	0.030	0.562	0.634
Pill	0.332	0.015	1288	1287	1.136	0.045	0.302	0.362
IUD	0.005	0.002	1288	1287	0.964	0.366	0.001	0.009
Injection	0.105	0.014	1288	1287	1.647	0.134	0.077	0.134
Condom	0.093	0.011	1288	1287	1.320	0.115	0.071	0.114
Female sterilization	0.041	0.007	1288	1287	1.308	0.176	0.027	0.056
Male sterilization	0.011	0.004	1288	1287	1.247	0.333	0.004	0.018
Norplant	0.010	0.003	1288	1287	1.230	0.338	0.003	0.017
Any traditional	0.087	0.009	1288	1287	1.130	0.102	0.069	0.105
Not using any method	0.313	0.017	1288	1287	1.306	0.054	0.279	0.347
Using modern among 10-14	0.421	0.149	10	12	1.045	0.354	0.123	0.719
Using modern among 15-19	0.545	0.051	134	136	1.194	0.094	0.443	0.647
Vaccination among 12-23 months								
BCG	0.971	0.016	114	108	0.997	0.016	0.939	1.003
DPT3	0.941	0.021	114	108	0.934	0.022	0.899	0.984
Polio3	0.954	0.020	114	108	1.009	0.021	0.913	0.995
Measles	0.866	0.027	114	108	0.824	0.031	0.812	0.920
Full vaccination	0.866	0.027	114	108	0.824	0.031	0.812	0.920
Vitamin A among 9-59 months	0.826	0.022	494	490	1.285	0.027	0.782	0.870
Children received ORT for diarrhea	0.825	0.069	40	36	1.090	0.084	0.687	0.963
Children received laban gur treatment	0.153	0.077	40	36	1.283	0.503	-0.001	0.307
Children ARI treatment in facility	0.552	0.092	35	29	0.996	0.167	0.368	0.736
ANC received for birth last 35 months	0.814	0.030	394	385	1.513	0.037	0.754	0.874
ANC from medically trained last 35 months	0.776	0.036	394	385	1.694	0.046	0.704	0.848
TT received for births last 35 months	0.782	0.027	394	385	1.283	0.035	0.728	0.836

Variables	Value (R)	Standard error (SE)	Number of cases		Design effect (Def)	Relative error (SE/R)	Confidence limits	
			Unweight- ed (N)	Weighted (WN)			R-2SE	R+2SE
Knowledge of pregnancy complications								
Tetanus	0.490	0.024	1392	1392	1.769	0.048	0.443	0.538
Prolonged labour	0.105	0.010	1392	1392	1.251	0.098	0.084	0.126
Convulsions	0.353	0.022	1392	1392	1.689	0.061	0.310	0.396
Retained placenta	0.398	0.031	1392	1392	2.332	0.077	0.337	0.460
Fetus in poor position	0.338	0.021	1392	1392	1.648	0.062	0.296	0.380
Excessive vaginal bleeding	0.358	0.022	1392	1392	1.746	0.063	0.313	0.403
Don't know danger signs	0.012	0.004	1392	1392	1.227	0.300	0.005	0.019

QUESTIONNAIRES

**BANGLADESH SMILING SUN FRANCHISE
PROGRAM (BSSFP) BASELINE SURVEY 2008
(Urban Component)**

HOUSEHOLD AND WOMAN'S QUESTIONNAIRE

MITRA AND ASSOCIATES
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Dhaka-1207.
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E-mail: mitra@citech.net
And
MEASURE Evaluation
Carolina Population Center
University of North Carolina at Chapel Hill
USA

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. We come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the health of women and children for the (Bangladesh Smiling Sun Franchise 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, CB # 7097, Medical Building 52, 105 Mason Farm Road, Chapel Hill, NC 27599-7097 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 or phone 9115503.

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

Signature of interviewee: _____ Date: _____

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1
↓

RESPONDENT DOES NOT AGREE TO BE
INTERVIEWED2 →END

HOUSEHOLD QUESTIONNAIRE

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
			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)?**			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)				(9)
			M F	YES NO	YES NO	IN YEARS	CM FM NM				
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				10
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				10
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				02
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				03
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				04
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				05
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				06
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				07
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				08
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				09
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3				10

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

10) 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.

11) 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.

12) 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 (9)

* 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/DESERTE D)
 3 = NEVER MARRIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
14.	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING11 PIPED TO YARD/PLOT12 PUBLIC TAP/STAND PIPE13 TUBEWELL OR BOREHOLE21 DUG WELL PROTECTED WELL31 UNPROTECTED WELL32 WATER FROM SPRING PROTECTED SPRING41 UNPROTECTED SPRING42 RAINWATER51 TANKER TRUCK61 CART WITH SMALL TANK71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL)81 BOTTLED WATER91 OTHER96 (SPECIFY)	 → 15 → 15
14a.	What is the main source of water used by your household for other purposes such as cooking and hand washing?	PIPED WATER PIPED INTO DWELLING11 PIPED TO YARD/PLOT12 PUBLIC TAP/STAND PIPE13 TUBEWELL OR BOREHOLE21 DUG WELL PROTECTED WELL31 UNPROTECTED WELL32 WATER FROM SPRING PROTECTED SPRING41 UNPROTECTED SPRING42 RAINWATER51 TANKER TRUCK61 CART WITH SMALL TANK71 SURFACE WATER (RIVER/DAM/LAKE/POND/ STREAM/ CANAL/IRRIGATION CHANNEL)81 OTHER96 (SPECIFY)	
15.	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM11 FLUSH TO SEPTIC TANK12 FLUSH TO PIT LATRINE13 FLUSH TO SOMEWHERE ELSE14 FLUSH DON'T KNOW WHERE15 PIT LATRINE PIT LATRINE WITH SLAB22 PIT LATRINE WITHOUT SLAB/OPEN PIT23 BUCKET TOILET31 HANGING TOILET/HANGING LATRINE41 NO FACILITY/BUSH/FIELD51 OTHER96 (SPECIFY)	→ 7
16.	Do you share this toilet with other households?	YES 1 NO 2	
17.	Does your household have?		YES NO
	Electricity?	ELECTRICITY 1	2
	A working radio?	WORKING RADIO 1	2
	A working television?	WORKING TELEVISION 1	2
	A mobile telephone?	MOBILE TELEPHONE 1	2
	A non mobile telephone?	NON MOBILE TELEPHONE 1	2
	A refrigerator?	REFRIGERATOR 1	2
	An almirah or wardrobe?	ALMIRAH OR WARDROBE 1	2
	A table?	TABLE 1	2
	A chair?	CHAIR 1	2
	A watch?	WATCH 1	2
	A bicycle?	BICYCLE 1	2
	A motorcycle or motor scooter or tempo?	MOTORCYCLE 1	2
	An animal-drawn cart?	ANIMAL-DRAWN 1	2
	A car or truck?	CAR OR TRUCK 1	2
	A boat with a motor?	BOAT WITH A MOTOR 1	2
	A rickshaw/Van?	RICKSHAW/VAN 1	2
	A Sewing Machine	SEWING MACHINE 1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
18.	Main material of the floor RECORD OBSERVATION	NATURAL FLOOR EARTH/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CERAMIC TILES 32 CEMENT 33 CARPET 34 OTHER 96 (SPECIFY)	
18A.	Main material of the roof RECORD OBSERVATION	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING BAMBOO 21 WOOD PLANKS 22 CARDBOARD 23 FINISHED ROOFING TIN 31 WOOD 32 CERAMIC TILES 33 CEMENT 34 ROOFING SHINGLES 35 OTHER 96 (SPECIFY)	
18B.	Main material of the exterior walls RECORD OBSERVATION	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 PLYWOOD 23 CARDBOARD 24 FINISHED WALLS TIN 31 CEMENT 32 STONE WITH LIME/CEMENT 33 BRICKS 34 WOOD PLANKS/SHINGLES 35 OTHER 96 (SPECIFY)	
19.	Does your household own any homestead? IF 'NO', PROBE: Does your household own homestead in any other places?	YES 1 NO 2	
19A	Does your household own any land (other than the homestead land)?	YES 1 NO 2	Wo-men ques.
19B	How much land does your household own (other than the homestead land)? Amount _____ Specify unit _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ACRES DECIMALS	

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ . We come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the health of women and children for the (Bangladesh Smiling Sun Franchise 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 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 50 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, CB # 7097, Medical Building 52, 105 Mason Farm Road, Chapel Hill, NC 27599-7097 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 or phone 9115503.

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

Signature of interviewee: _____ Date: _____

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1
↓

RESPONDENT DOES NOT AGREE TO BE
INTERVIEWED2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTED	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> ALWAYS95	
103	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103A	How old were you at your last birthday? COMPARE AND CORRECT 103 AND /OR 103A IF INCONSISTENT	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Are you now married, separated, deserted, widowed, divorced or have you never been married?	CURRENTLY MARRIED 1 SEPARATED 2 DESERTED 3 DIVORCED 4 WIDOWED 5 NEVER MARRIED 6 → END	
105	Were you married once or more than once?	MARRIED ONCE 1 MARRIED MORE THAN ONCE 2	
105A	How old were you when you started living with your (first) husband?	AGE IN YEARS <input type="text"/> <input type="text"/>	
106	Have you ever attended school/madrasha?	YES, SCHOOL 1 YES, MADRASHA 2 → 106B YES, BOTH 3 NO 4 → 106D	
106A	What type of school have you last attended?	SCHOOL 1 MADRASHA 2	
106B.	What is the highest class you completed? IF NO CLASS WRITE 00	CLASS <input type="text"/> <input type="text"/>	
106C	Interviewer: CHECK 106B and circle in appropriate code:	PRIMARY(00-05) 1 SECONDARY OR HIGHER 2 → 107	
106D	Can you read and write a letter?	YES, EASILY 1 YES, WITH DIFFICULTY 2 NOT AT ALL 3 → 108	
107	Do you usually read a newspaper or magazine?	YES 1 NO 2 → 108	
107A	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	
108	Do you usually listen to the radio?	YES 1 NO 2 → 109	
108A	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	
109	Do you usually watch television?	YES 1 NO 2 → 110	
109A	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	
110	What is your religion?	ISLAM 1 HINDUISM 2 BUDDHISM 3 CHRISTIANITY 4 OTHER 6 (SPECIFY)	
111	Do you belong to any of the following organizations? Such as: Grameen Bank? BRAC? BRDB? Mother's Club? Proshika? ASHA? TMSS? 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 TMSS 1 2 OTHER 1 2 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	<p>Now I would like to ask you some questions about your work. 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.</p> <p>Are you currently doing any of these things or any other work?</p>	<p>YES 1 NO 2</p>	<p>→ 201</p>
112A	<p>What is your occupation, that is, what kind of work do (did) you mainly do?</p> <p>Verbatim: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>	
112B	<p>Are you paid in cash or kind for this work or are you not paid?</p>	<p>CASH ONLY 1 KIND ONLY 2 CASH AND KIND 3 NOT PAID 4</p>	

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?	YES1 NO2	→204
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES1 NO2	→203
202A	How many sons live with you? And how many daughters live with you? IF NONE, RECORD "00".	SONS AT HOME <input type="checkbox"/> <input type="checkbox"/> DAUGHTERS AT HOME..... <input type="checkbox"/> <input type="checkbox"/>	
203	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES1 NO2	→204
203A	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD "00".	SONS ELSEWHERE <input type="checkbox"/> <input type="checkbox"/> DAUGHTERS ELSEWHERE <input type="checkbox"/> <input type="checkbox"/>	
204	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?	YES1 NO2	→205
204A	In all, how many boys have died? And how many girls have died? IF NONE, RECORD "00".	BOYS DEAD..... <input type="checkbox"/> <input type="checkbox"/> GIRLS DEAD <input type="checkbox"/> <input type="checkbox"/>	
205	INTERVIEWER: SUM ANSWERS TO 202A, 203A, and 204A, AND ENTER TOTAL. IF NONE, RECORD "00".	TOTAL <input type="checkbox"/> <input type="checkbox"/>	
205A	INTERVIEWER:CHECK Q.205: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-205 AS NECESSARY		
206	Interviewer: Check Q.205 and circle in appropriate code	ONE OR MORE BIRTHS1 NO BIRTHS2	→219

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. 207. 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.

207	208	209	210	211	212 IF ALIVE:	213 IF ALIVE:	214 IF DEAD:	215
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? (Probe) What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED 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)?
01	YES1 NO..... 2	BOY1 GIRL2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 214	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ NEXT CHILD	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS..... 3 <input type="text"/> <input type="text"/>	
02	YES1 NO..... 2	BOY1 GIRL2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 214	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 215	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS..... 3 <input type="text"/> <input type="text"/>	YES1 ADD BIRTH ← NO2 NEXT BIRTH
03	YES1 NO..... 2	BOY1 GIRL2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 214	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 215	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS..... 3 <input type="text"/> <input type="text"/>	YES1 ADD BIRTH ← NO2 NEXT BIRTH
04	YES1 NO..... 2	BOY1 GIRL2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 214	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 215	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS..... 3 <input type="text"/> <input type="text"/>	YES1 ADD BIRTH ← NO2 NEXT BIRTH
05	YES1 NO..... 2	BOY1 GIRL2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 214	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 215	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS..... 3 <input type="text"/> <input type="text"/>	YES1 ADD BIRTH ← NO2 NEXT BIRTH
06	YES1 NO..... 2	BOY1 GIRL2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 214	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 215	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS..... 3 <input type="text"/> <input type="text"/>	YES1 ADD BIRTH ← NO2 NEXT BIRTH
07	YES1 NO..... 2	BOY1 GIRL2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 214	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 215	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS..... 3 <input type="text"/> <input type="text"/>	YES1 ADD BIRTH ← NO2 NEXT BIRTH
08	YES1 NO..... 2	BOY1 GIRL2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 214	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 215	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS..... 3 <input type="text"/> <input type="text"/>	YES1 ADD BIRTH ← NO2 NEXT BIRTH
09	YES1 NO..... 2	BOY1 GIRL2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 214	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 215	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS..... 3 <input type="text"/> <input type="text"/>	YES1 ADD BIRTH ← NO2 NEXT BIRTH
10	YES1 NO..... 2	BOY1 GIRL2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 214	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 215	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS..... 3 <input type="text"/> <input type="text"/>	YES1 ADD BIRTH ← NO2 NEXT BIRTH
11	YES1 NO..... 2	BOY1 GIRL2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 214	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 215	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS..... 3 <input type="text"/> <input type="text"/>	YES1 ADD BIRTH ← NO2 NEXT BIRTH

12	YES1 NO..... 2	BOY1 GIRL2	MONTH <input type="text"/> YEAR <input type="text"/>	YES..... 1 NO.....2 214	AGE IN YEARS <input type="text"/>	YES.....1 NO2 215	DAYS..... 1 MONTHS . 2 YEARS..... 3	<input type="text"/> <input type="text"/> <input type="text"/>	YES1 ADD BIRTH← NO.....2 NEXT BIRTH
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
216.	Have you had any live births since the birth of (Name of last birth)? IF YES, RECORD BIRTH(S) IN TABLE	YES 1 NO 2	
217.	Interviewer: Compare 205 with number of births in history above and mark: Numbers are same <input type="checkbox"/> Numbers are different <input type="checkbox"/> (Probe and reconcile 207 to 215) Check: For each birth (210):Year of birth is recorded <input type="checkbox"/> For each living child (212): Current age is recorded <input type="checkbox"/> For each dead child (214): Age at death is recorded <input type="checkbox"/> For age at death 12 months or 1 yr. (214): Probe to determine exact number of months <input type="checkbox"/>		
218	Interviewer: Check 210 and enter the number of births since June 2003 (Ashar 1410) <input type="checkbox"/> IF NONE, RECORD '0'		
219	Interviewer: Check Q. 104 and circle in appropriate code.	CURRENTLY MARRIED 1 SEPARATED 2 DESERTED 3 DIVORCED 4 WIDOWED 5	→ 301
220	Are you pregnant now?	YES1 NO2 UNSURE7	→ 301
220A	How many months pregnant are you? (IN COMPLETED MONTHS).	MONTHS..... <input type="text"/>	

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.			
	METHOD	301. HAVE YOU HEARD ABOUT (METHOD) ? (READ OUT)	301A. HAVE YOU EVER USED (METHOD)?
01	FEMALE STERILIZATION, LIGATION	YES 1 NO 2 ↓	HAVE YOU EVER HAD AN OPERATION TO AVOID HAVING ANY MORE CHILDREN? YES 1 NO 2
02	MALE STERILIZATION, VASECTOMY	YES 1 NO 2 ↓	HAS YOUR HUSBAND EVER HAD AN OPERATION TO AVOID HAVING ANY MORE CHILDREN? YES 1 NO 2
03	PILL	YES 1 NO 2 ↓	YES 1 NO 2
04	IUD	YES 1 NO 2 ↓	YES 1 NO 2
05	INJECTIONS	YES 1 NO 2 ↓	YES 1 NO 2
06	IMPLANTS/ NORPLANTS	YES 1 NO 2 ↓	YES 1 NO 2
07	CONDOM	YES 1 NO 2 ↓	YES 1 NO 2
08	SAFE PERIOD, COUNTING DAYS, CALENDAR, RHYTHM METHOD	YES 1 NO 2 ↓	YES 1 NO 2
09	WITHDRAWAL	YES 1 NO 2 ↓	YES 1 NO 2
10	HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS FOR AVOIDING PREGNANCY? (SPECIFY)	YES 1 NO 2 ↓	YES 1 NO 2
302	Interviewer: Check Q.301A and circle in appropriate code.	Not a single yes (Never used)..... 1 At least one Yes (Ever used)..... 2 →	305
303	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... 1 NO..... 2 →	310
304	What have you used or done? Interviewer: correct Q. 301 & Q. 301 A	NAME OF METHOD: _____	
305	Interviewer: Check Q.301A (01) and circle in appropriate code.	WOMEN STERILIZED 1 → WOMEN NOT STERILIZED 2	308B
306	Interviewer: Check Q.104 and circle in appropriate code.	WIDOWED/DIVORCED 1 → CURRENTLY MARRIED 2	401
307	Interviewer: Check Q.220 and circle in appropriate code.	PREGNANT 1 → NOT PREGNANT OR UNSURE..... 2	310
308	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO..... 2 →	310

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308A 308B	Which method are you using? CIRCLE '01' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION01 MALE STERILIZATION02 PILL03 IUD/C-T04 INJECTIONS05 IMPLANTS/NORPLANT06 CONDOM07 SAFE PERIOD08 WITHDRAWAL09 OTHER96 (SPECIFY)	401
309	Where did you obtain (CURRENT METHOD) the last time? Where did the sterilization take place? (NAME OF PLACE/NAME OF WORKER) _____ (LOCATION)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE11 FAMILY WELFARE CENTRE12 UPAZILA HEALTH COMPLEX13 MCWC14 RURAL DISPENSARY/ COMMUNITY CLINIC15 SATELLITE CLINIC/ EPI OUTREACH SITE16 HA17 FWA18 SMILING SUN STATIC (VITAL / ULTRA) CLINIC21 SATELLITE (MINI) CLINIC22 COMMUNITY SERVICE PROVIDER (csp) DEPOHOLGER23 OTHER NGO MARIE STOPES clinic/hospital30 UPHCP31 HOSPITAL/ CLINIC32 SATELLITE CLINIC33 FIELDWORKER34 DEPOTHOLDER35 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC41 QUALIFIED DOCTOR42 VILLAGE DOCTOR43 PHARMACIST/PHARMACY44 TRADITIONAL HEALER/ KABIRAJ45 SHOP51 OTHER96 (SPECIFY) DON'T KNOW98	401
310	Do you know of a place where you can obtain a method of family planning?	YES1 NO2	401
310A	Where can you get the method? (NAME OF PLACE/NAME OF WORKER) _____ (LOCATION) (NAME OF PLACE/NAME OF WORKER) _____ (LOCATION)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE A FAMILY WELFARE CENTRE B UPAZILA HEALTH COMPLEX C MCWC D RURAL DISPENSARY/ COMMUNITY CLINIC E SATELLITE CLINIC/ EPI OUTREACH SITE F HA G FWA H SMILING SUN STATIC (VITAL / ULTRA) CLINIC I SATELLITE (MINI) CLINIC J COMMUNITY SERVICE PROVIDER(CSP) DEPOHOLDER K OTHER NGO MARIE STOPES clinic/hospital L UPHCP M HOSPITAL/ CLINIC N SATELLITE CLINIC O FIELDWORKER P DEPOTHOLDER Q PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC R QUALIFIED DOCTOR S VILLAGE DOCTOR T PHARMACIST/PHARMACY U TRADITIONAL HEALER/ KABIRAJ V SHOP W OTHER X (SPECIFY) DON'T KNOW Y	

SECTION 4. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>Now we would like to talk about possible problems that a woman might face when she is going to have a child.</p> <p>What are the complications or problems during pregnancy that may threaten the life of the mother?</p> <p>What are the complications or problems during delivery that may threaten the life of the mother?</p> <p>What are the complications or problems during post-delivery that may threaten the life of the mother?</p>	SEVERE HEADACHE/BLURRY VISION/ HIGH BLOOD PRESSURE A EDEMA/PRE-ECLAMPSIA B CONVULSION/ECLAMPSIA 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	
402.	Interviewer: Check Q. 218 and circle in appropriate code.	One or more births in June, 2003 or later .. 1 No births in June, 2003 or later 2	→ 601
403.	<p>Interviewer: Check Q210 and enter in the table the line number, name and survival status of your youngest child who born after June, 2003 (Ashar, 1410) or later. If twin write the name and line no. of youngest one.</p> <p>Now I would like to ask you some questions about the health of your youngest child who born in the last five years.</p>		
404	LINE NUMBER FROM 207	LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>	
405	FROM 207 AND 211	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	
406	When you were pregnant with (NAME), did you see anyone for a medical checkup?	YES 1 NO 2 DON'T KNOW 8	→ 406E
406A	<p>Whom did you see?</p> <p>Any one else?</p> <p>(MULTIPLE RESPONSE)</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	HEALTH PROFESSIONAL QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D MA/SACMO E HEALTH ASSISTANT (HA) F FAMILY WELFARE ASSISTANT (FWA) G OTHER PERSON TRAINED TBA H UNTRAINED TBA I UNQUALIFIED DOCTOR J HOMEOPATH K TRADITIONAL HEALER/ KABIRAJ L OTHER X (SPECIFY)	
406B	How many months pregnant were you when you first received medical checkup i.e., antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
406C	How many times did you receive a medical checkup during this pregnancy?	NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
406D	Where did you get your (last) antenatal checkup? _____ (NAME OF PLACE) _____ (LOCATION)	HOME MEDICAL PERSON AT HOME 01 NON-MEDICAL PERSON AT HOME 02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE 11 FAMILY WELFARE CENTRE 12 UPAZILA HEALTH COMPLEX 13 MCWC 14 RURAL DISPENSARY/ COMMUNITY CLINIC 15 SATELLITE CLINIC/ EPI OUTREACH SITE 16 HA 17 FWA 18 SMILING SUN STATIC (VITAL / ULTRA) CLINIC 21 SATELLITE (MINI) CLINIC 22 COMMUNITY SERVICE PROVIDER (CSP) DEPOHOLDER 23 OTHER NGO MARIE STOPES CLINIC/HOSPITAL 30 UPHCP 31 HOSPITAL/CLINIC 32 SATELLITE CLINIC 33 FIELDWORKER 34 DEPOTHOLDER 35 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 41 QUALIFIED DOCTOR 42 VILLAGE DOCTOR 43 PHARMACIST/PHARMACY 44 HOMEOPATH 45 TRADITIONAL HEALER/ KABIRAJ 46 TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) 47 UNTRAINED TRADITIONAL BIRTH ATTENDANT (UTBA) 48 OTHER 96 (SPECIFY) DON'T KNOW 98																													
406E	During this pregnancy, were any of the following tested or measured? Such as: A. Weight? B. Height? C. Blood pressure (put a cuff on your arm with air pumped into it)? D. Urine? E. Blood? F. Eye for anemia?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>WEIGHT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HEIGHT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BLOOD PRESSURE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>URINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BLOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EYE FOR ANEMIA</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	WEIGHT	1	2	8	HEIGHT	1	2	8	BLOOD PRESSURE	1	2	8	URINE	1	2	8	BLOOD	1	2	8	EYE FOR ANEMIA	1	2	8	
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BLOOD	1	2	8																												
EYE FOR ANEMIA	1	2	8																												
407	During the time you were pregnant with (NAME OF LAST CHILD) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 DON'T KNOW 8	→ 407D																												
407A	How many TT injections did you receive during this pregnancy?	NUMBER <input type="text"/> DON'T KNOW 8																													
407B	From whom/where did you receive the most recent TT injection ?	HOME MEDICAL PERSON AT HOME 01 NON-MEDICAL PERSON AT HOME 02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE 11 FAMILY WELFARE CENTRE 12 UPAZILA HEALTH COMPLEX 13 MCWC 14 RURAL DISPENSARY/ COMMUNITY CLINIC 15 SATELLITE CLINIC/EPI OUTREACH SITE 16 HA 17 FWA 18 SMILING SUN																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		STATIC (VITAL / ULTRA) CLINIC..... 21 SATELLITE (MINI) CLINIC 22 COMMUNITY SERVICE PROVIDER (CSP) DEPOHOLDER 23 OTHER NGO MARIE STOPES CLINIC/HOSPITAL..... 30 UPHCP 31 HOSPITAL/ CLINIC..... 32 SATELLITE CLINIC 33 FIELDWORKER..... 34 DEPOHOLDER..... 35 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 41 QUALIFIED DOCTOR..... 42 VILLAGE DOCTOR..... 43 PHARMACIST/PHARMACY 44 TRADITIONAL HEALER/ KABIRAJ 46 OTHER..... 96 Q(SPECIFY) DON'T KNOW 98	
407C	INTERVIEWER: CHECK 407A AND TICK IN APPROPRIATE BOX	2 OR MORE TIMES OTHER <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 409)	
407D	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES 1 NO 2 DON'T KNOW 8	→409
407E	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'	TIMES..... <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 8	
407F	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH <input type="checkbox"/> <input type="checkbox"/> DK MONTH 98 YEAR..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK YEAR..... 9998	→409
407G	How many years ago did you receive that tetanus injection?	YEARS AGO <input type="checkbox"/> <input type="checkbox"/>	
409	Did you take any iron tablet or iron syrup during this pregnancy? SHOW TABLET/SYRUP.	YES 1 NO 2 DON'T KNOW 8	
410	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/PARAMEDIC.....B FAMILY WELFARE VISITORC COMMUNITY SKILLED BIRTH ATTENDANTS (CSBA).....D MA/SACMO.....E HAF FWAG OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA).....H UNTRAINED TBA (DAI).....I VILLAGE DOCTOR.....J HOMEOPATHK TRADITIONAL HEALER/ KABIRAJL RELATIVESM NEIGHBOUR /FRIENDS.....N OTHER.....X (SPECIFY) NO ONEZ	→411
410a	Was any of these smiling sun providers?	YES 1	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		NO 2	→ 411
410b	Which one was smiling sun providers? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	QUALIFIED DOCTORA NURSE/MIDWIFE/PARAMEDICB FAMILY WELFARE VISITOR (FWV)C OTHERX (SPECIFY)	
411	Where did you give birth to (NAME)? _____ (NAME OF PLACE) _____ (LOCATION)	HOME 11 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE 21 UPAZILA HEALTH COMPLEX 22 MATERNAL AND CHILD WELFARE CENTER (MCWC) 23 FAMILY WELFARE CENTER 24 NGO SECTOR SMILING SUN STATIC (VITAL / ULTRA) CLINIC ... 31 MARIE STOPES CLINIC/HOSPITAL 32 UPHCP 33 OTHER NGO HOSPITAL/ CLINIC 34 PRIVATE SECTOR PVT. HOSPITAL/CLINIC 41 OTHER 96 (SPECIFY)	→ 413
	Now I would like to ask you some specific questions about what was done with _____ immediately following birth. <p style="text-align: right;">(Name)</p>		
412.	What was used to cut the cord?	BLADE FROM DELIVERY BAG 1 BLADE FROM OTHER SOURCE 2 BAMBOO STRIPS 3 SCISSOR 4 CORD WAS NOT CUT 5 OTHER 6 (SPECIFY) DON'T KNOW 8	→ 412D
412A.	Was the _____ sterilized or boiled (instrument) before the cord was cut?	YES 1 NO 2 DON'T KNOW 8	
412B	Was anything applied to the cord immediately after cutting and tying it?	YES 1 NO 2 DON'T KNOW 8	→ 412D
412C	What was applied to the cord after it was cut and tied? Anything else?	ANTIBIOTICS (POWDER/OINTM)A ANTISEPTIC (DETOL/SAVLON/HEXISOL)B SPIRIT/ALCOHOLC MUSTARD OIL WITH GARLICD CHEWED RICEE TUMERIC JUICE/POWDERF GINGER JUICEG SHIDURH BORIC POWDERI GENTIAN VIOLET (BLUE INK)J TALCOM POWDERK MUSTARD OILL OTHERX (SPECIFY) DON'T KNOWY	
412D.	How long after (name) was born was the body wiped (dried)?	MINUTES <input type="text"/> <input type="text"/> NOT WIPIED 95 DIED BEFORE WIPIED 96 DON'T KNOW 98	
412E.	How long after (name) was born was the body wrapped?	MINUTES <input type="text"/> <input type="text"/> NOT WRAPPED 95 DIED BEFORE WRAPED 96 DON'T KNOW 98	
412F	How long after delivery was (name) bathed for the first time? If less than one day, record in hours If less than one week record in days otherwise record in weeks.	IMMEDIATLEY0 00 HOURS 1 DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 DIED BEFORE BATH 995 DON'T KNOW 998	
413	After (name) was born, did any medical persons check on	YES 1	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	your health?	NO 2	→ 414
413A	<p>How long after the delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY RECORD HOURS</p> <p>IF LESS THAN ONE WEEK RECORD DAYS, OTHERWISE RECORD IN WEEKS.</p>	<p>HOURS..... 1</p> <p>DAYS..... 2 <input type="checkbox"/> <input type="checkbox"/></p> <p>WEEKS..... 3</p> <p>DON'T KNOW 998</p>	
413B	<p>Who checked on your health at that time?</p> <p>PROBE TO IDENTIFY APPROPRIATE PROVIDER and CIRCLE THE CODE</p>	<p>HEALTH PROFESSIONAL</p> <p>QUALIFIED DOCTOR..... 01</p> <p>NURSE/MIDWIFE/PARAMEDIC..... 02</p> <p>FAMILY WELFARE VISITOR 03</p> <p>COMMUNITY SKILLED BIRTH ATTENDANTS (CSBA) 04</p> <p>MA/SACMO..... 05</p> <p>HEALTH ASSISTANT (HA)..... 06</p> <p>FAMILY WELFARE ASSISTANT (FWA) 07</p> <p>OTHER PERSON</p> <p>TRAINED TBA..... 08</p> <p>UNTRAINED TBA 09</p> <p>VILLAGE DOCTOR..... 10</p> <p>HOMEOPATH 11</p> <p>TRADITIONAL HEALER/ KABIRAJ 12</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
413C	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>_____</p> <p>(LOCATION)</p>	<p>HOME</p> <p>MEDICAL PERSON AT HOME 01</p> <p>NON-MEDICAL PERSON AT HOME..... 02</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL/MEDICAL COLLEGE 11</p> <p>FAMILY WELFARE CENTRE 12</p> <p>UPAZILA HEALTH COMPLEX 13</p> <p>MATERNAL AND CHILD WELFARE CENTER (MCWC) 14</p> <p>RURAL DISPENSARY/ COMMUNITY CLINIC 15</p> <p>SATELLITE CLINIC/ EPI OUTREACH SITE 16</p> <p>HEALTH ASSISTANT (HA)..... 17</p> <p>FAMILY WELFARE ASSISTANT (FWA) 18</p> <p>SMILING SUN</p> <p>STATIC (VITAL / ULTRA) CLINIC..... 21</p> <p>SATELLITE (MINI) CLINIC 22</p> <p>COMMUNITY SERVICE PROVIDER (CSP) DEPOHOLDER 23</p> <p>OTHER NGO</p> <p>MARIE STOPES CLINIC/HOSPITAL..... 30</p> <p>UPHCP..... 31</p> <p>HOSPITAL/CLINIC..... 32</p> <p>SATELLITE CLINIC 33</p> <p>FIELDWORKER 34</p> <p>DEPOTHOLDER 35</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 41</p> <p>QUALIFIED DOCTOR..... 42</p> <p>VILLAGE DOCTOR..... 43</p> <p>PHARMACIST/PHARMACY 44</p> <p>HOMEOPATH 45</p> <p>TRADITIONAL HEALER/ KABIRAJ 46</p> <p>TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) 47</p> <p>UNTRAINED TRADITIONAL BIRTH ATTENDAN (UTBA) 48</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
414	AFTER (NAME) WAS BORN DID ANY MEDICAL PERSONS CHECK ON YOUR BABY'S HEALTH?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 415</p> <p>→ 415</p>
414A	<p>How many days or weeks after the delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY RECORD HOURS</p> <p>IF LESS THAN ONE WEEK RECORD DAYS</p> <p>Otherwise record in weeks.</p>	<p>HOURS..... 1</p> <p>DAYS..... 2 <input type="checkbox"/> <input type="checkbox"/></p> <p>WEEKS..... 3 <input type="checkbox"/> <input type="checkbox"/></p> <p>DON'T KNOW 998</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414B	<p>Who checked on your baby's health at that time?</p> <p>PROBE TO IDENTIFY APPROPRIATE PROVIDER and CIRCLE THE CODE</p>	<p>HEALTH PROFESSIONAL</p> <p>QUALIFIED DOCTOR..... 01</p> <p>NURSE/MIDWIFE/PARAMEDIC..... 02</p> <p>FAMILY WELFARE VISITOR..... 03</p> <p>COMMUNITY SKILLED BIRTH ATTENDANTS (CSBA)..... 04</p> <p>MA/SACMO..... 05</p> <p>HEALTH ASSISTANT (HA)..... 06</p> <p>FAMILY WELFARE ASSISTANT (FWA)..... 07</p> <p>OTHER PERSON</p> <p>TRAINED TBA..... 08</p> <p>UNTRAINED TBA..... 09</p> <p>VILLAGE DOCTOR..... 10</p> <p>HOMEOPATH..... 11</p> <p>TRADITIONAL HEALER/ KABIRAJ..... 12</p> <p>OTHER _____..... 96</p> <p>(SPECIFY)</p>	
414C	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(Name of place)</p> <p>_____</p> <p>(Location)</p>	<p>HOME</p> <p>MEDICAL PERSON AT HOME..... 01</p> <p>NON-MEDICAL PERSON AT HOME..... 02</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL/MEDICAL COLLEGE..... 11</p> <p>FAMILY WELFARE CENTRE..... 12</p> <p>UPAZILA HEALTH COMPLEX..... 13</p> <p>MATERNAL AND CHILD WELFARE CENTER (MCWC)..... 14</p> <p>RURAL DISPENSARY/ COMMUNITY CLINIC..... 15</p> <p>SATELLITE CLINIC/ EPI OUTREACH SITE..... 16</p> <p>HEALTH ASSISTANT (HA)..... 17</p> <p>FAMILY WELFARE ASSISTANT (FWA)..... 18</p> <p>SMILING SUN</p> <p>STATIC (VITAL / ULTRA) CLINIC..... 21</p> <p>SATELLITE (MINI) CLINIC..... 22</p> <p>COMMUNITY SERVICE PROVIDER (CSP) DEPOHOLDER..... 23</p> <p>OTHER NGO</p> <p>MARIE STOPES CLINIC/HOSPITAL..... 30</p> <p>UPHCP..... 31</p> <p>HOSPITAL/CLINIC..... 32</p> <p>SATELLITE CLINIC..... 33</p> <p>FIELDWORKER..... 34</p> <p>DEPOTHOLDER..... 35</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC..... 41</p> <p>QUALIFIED DOCTOR..... 42</p> <p>VILLAGE DOCTOR..... 43</p> <p>PHARMACIST/PHARMACY..... 44</p> <p>HOMEOPATH..... 45</p> <p>TRADITIONAL HEALER/ KABIRAJ..... 46</p> <p>TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA)..... 47</p> <p>UNTRAINED TRADITIONAL BIRTH ATTENDAN (UTBA)..... 48</p> <p>OTHER..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>	
415	Did you ever breastfeed (NAME)?	<p>YES..... 1</p> <p>NO..... 2</p>	→ 501
415A.	<p>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.</p>	<p>IMMEDIATELY..... 000</p> <p>HOURS..... 1 <input type="text"/> <input type="text"/></p> <p>DAYS..... 2 <input type="text"/> <input type="text"/></p>	
415B.	Was _____ given colostrum immediate after (name) his/her birth?	<p>YES..... 1</p> <p>NO..... 2</p>	
415c.	In the first three days after delivery, was _____ (name) given anything to drink other than breast milk?	<p>YES..... 1</p> <p>NO..... 2</p>	→ 415E
415D.	<p>What was _____ given to drink? (name)</p> <p>Anything else?</p>	<p>MILK (OTHER THAN BREAST MILK)..... A</p> <p>PLAIN WATER..... B</p> <p>SUGAR/GLUCOSE WATER..... C</p> <p>GRIPE WATER..... D</p> <p>SUGAR-SALT-WATER SOLUTION..... E</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		FRUIT JUICE.....F INFANT FORMULA.....G TEA/INFUSIONS.....H HONEY.....I OTHER.....X (SPECIFY)	
415E.	Interviewer: check Q. 405 and circled in appropriate code.	LIVING.....1 DIED.....2	415G
415F.	Are you still breastfeeding (NAME)?	YES.....1 NO.....2	501
415G	For how many months did you breastfeed (NAME)? IF LESS THAN 1 MONTH, RECORD "00" .	MONTHS..... <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW.....98	

SECTION 5. IMMUNIZATION AND HEALTH

501	<p>ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE June 2003 (ASHAR 1410) IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).</p>																																																																																																																																				
502	LINE NUMBER FROM 207	<p align="center">LAST BIRTH</p> <p>LINE NUMBER..... <input type="text"/> <input type="text"/></p>	<p align="center">NEXT-TO-LAST BIRTH</p> <p>LINE NUMBER..... <input type="text"/> <input type="text"/></p>																																																																																																																																		
503	FROM 207 AND 211	<p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p align="center">(GO TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)</p>	<p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p align="center">(GO TO 503 IN NEXT TO LAST COLUMN; OF NEW QUESTION OR, IF NO MORE BIRTHS, GO TO 601)</p>																																																																																																																																		
504	<p>Do you have a card where (NAME'S) vaccinations are written down?</p> <p>IF YES, May I see it please?</p>	<p>YES, SEEN.....1 (SKIP TO 506) ←</p> <p>YES, NOT SEEN2 (SKIP TO 508) ←</p> <p>NO CARD3</p>	<p>YES, SEEN.....1 (SKIP TO 506) ←</p> <p>YES, NOT SEEN2 (SKIP TO 508) ←</p> <p>NO CARD3</p>																																																																																																																																		
505	Did you ever have a vaccination card for (NAME)?	<p>YES.....1 (SKIP TO 508) ←</p> <p>NO2</p>	<p>YES1 (SKIP TO 508) ←</p> <p>NO2</p>																																																																																																																																		
506	<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.</p> <p>(2) WRITE "44" IN "DAY" COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED</p>	<p>GOV'T CLINIC/HOSPITAL=01, FWA=02, HA=03, SMILING SUN STATIC (VITAL / ULTRA) CLINIC=04, SMILING SUN SATELL. (MINI) CLINIC=05,JOINT SMILING SUN -EPI SESSION=06, MARIE STOPES CLINIC/HOSPITAL=07, UPHCP = 08, OTHER NGO HOSPITAL/CLINIC=09</p> <p>PRIVATE HOSPITAL/CLINIC =10, PRIVATE DOCTOR=11, GOVT. SATELLITE CLINIC=12, OTHER =96;</p> <table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MON</th> <th>YEAR</th> <th>SO.</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO0 (POLIO given at birth)</td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO1</td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO 2</td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO 3</td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 2</td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td></td></tr> <tr><td>Hepatitis B1</td><td></td><td></td><td></td><td></td></tr> <tr><td>Hepatitis B2</td><td></td><td></td><td></td><td></td></tr> <tr><td>Hepatitis B3</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MON	YEAR	SO.	BCG					POLIO0 (POLIO given at birth)					POLIO1					POLIO 2					POLIO 3					DPT 1					DPT 2					DPT 3					MEASLES					Hepatitis B1					Hepatitis B2					Hepatitis B3					<p>GOV'T CLINIC/HOSPITAL=01, FWA=02, HA=03, SMILING SUN STATIC (VITAL / ULTRA) CLINIC=04, SMILING SUN SATELL.(MINI) CLINIC=05,JOINT SMILING SUN -EPI SESSION=06, MARIE STOPES CLINIC/HOSPITAL=07, UPHCP = 08, OTHER NGO HOSPITAL/CLINIC=09,PRIVATE HOSPITAL/CLINIC=09,PRIVATE HOSPITAL/CLINIC =10, PRIVATE DOCTOR=11, GOVT. SATELLITE CLINIC=12, OTHER =96;</p> <table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MON</th> <th>YEAR</th> <th>SO.</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO0 (POLIO given at birth)</td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO1</td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO 2</td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO 3</td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 2</td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td></td></tr> <tr><td>Hepatitis B1</td><td></td><td></td><td></td><td></td></tr> <tr><td>Hepatitis B2</td><td></td><td></td><td></td><td></td></tr> <tr><td>Hepatitis B3</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MON	YEAR	SO.	BCG					POLIO0 (POLIO given at birth)					POLIO1					POLIO 2					POLIO 3					DPT 1					DPT 2					DPT 3					MEASLES					Hepatitis B1					Hepatitis B2					Hepatitis B3				
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506A	<p>Did your child (NAME) receive any polio vaccine from National Immunization Day (NID)?</p> <p>IF YES, How many times did you receive from NID campaign?</p> <p>RECORD '00' IF NOT RECEIVED</p>	TIMES..... <input type="text"/> <input type="text"/>	TIMES..... <input type="text"/> <input type="text"/>																																																																																																																																		

507	Has (NAME) received any vaccinations that were not recorded on this card? RECORD "YES" ONLY IF RESPONDENT MENTIONS BCG, POLIO-3, DPT 1-3, HEP-B1-B3 AND/OR MEASLES VACCINE(S)	YES.....1 (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING DAY COLUMN IN 506 AND SKIP TO 514) NO2 (SKIP TO 514) ← DON'T KNOW.....8	YES1 (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING DAY COLUMN IN 506 AND SKIP TO 514) NO2 (SKIP TO 514) ← DON'T KNOW8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO2 (SKIP TO 514) ← DON'T KNOW.....8	YES1 NO2 (SKIP TO 514) ← DON'T KNOW8
509	Please tell me if (NAME) received any of the following vaccinations:		
509A	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	YES.....1 NO2 (SKIP TO 510) ←	YES1 NO2 (SKIP TO 510) ←
509B	From where did (NAME) receive the BCG vaccination?	GOV'T CLINIC/HOSPITAL01 FWA.....02 HA.....03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC.....04 SMILING SUN SATELL.(MINI) CLINIC 05 JOINT SMILING SUN -EPI SESSION.....06 MARIE STOPES CLINIC/HOSPITAL07 UPHCP08 OTHER NGO HOSPITAL/CLINIC09 PRIVATE HOSPITAL/CLINIC.....10 PRIVATE DOCTOR.....11 GOVT. SATELLITE CLINIC.....12 OTHER96 (SPECIFY)	GOV'T CLINIC/HOSPITAL01 FWA.....02 HA.....03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC.....04 SMILING SUN SATELL.(MINI) CLINIC 05 JOINT SMILING SUN -EPI SESSION.....06 MARIE STOPES CLINIC/HOSPITAL07 UPHCP08 OTHER NGO HOSPITAL/CLINIC09 PRIVATE HOSPITAL/CLINIC.....10 PRIVATE DOCTOR.....11 GOVT. SATELLITE CLINIC.....12 OTHER96 (SPECIFY)
510	Polio vaccine that is, drops in the mouth?	YES.....1 NO2 (SKIP TO 510C) ← DON'T KNOW.....8	YES1 NO2 (SKIP TO 511) ← DON'T KNOW8
510A	How many times did (NAME) receive polio vaccine from a clinic?	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>
510B	From where did (NAME) receive the last polio vaccination?	GOV'T CLINIC/HOSPITAL01 FWA.....02 HA.....03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC.....04 SMILING SUN SATELL.(MINI) CLINIC05 JOINT SMILING SUN -EPI SESSION.....06 MARIE STOPES CLINIC/HOSPITAL07 UPHCP08 OTHER NGO HOSPITAL/CLINIC09 PRIVATE HOSPITAL/CLINIC.....10 PRIVATE DOCTOR.....11 GOVT. SATELLITE CLINIC.....12 OTHER96 (SPECIFY)	GOV'T CLINIC/HOSPITAL01 FWA.....02 HA.....03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC.....04 SMILING SUN SATELL.(MINI) CLINIC .05 JOINT SMILING SUN -EPI SESSION.....06 MARIE STOPES CLINIC/HOSPITAL07 UPHCP08 OTHER NGO HOSPITAL/CLINIC09 PRIVATE HOSPITAL/CLINIC.....10 PRIVATE DOCTOR.....11 GOVT. SATELLITE CLINIC.....12 OTHER96 (SPECIFY)
510C	How many times did (NAME) receive polio vaccine from National Immunization Day? (WRITE 00 IF DIDN'T RECEIVE ANY POLIO FROM NID)	NUMBER OF TIMES <input type="checkbox"/> <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/> <input type="checkbox"/>
511	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES.....1 NO2 (SKIP TO 512) ← DON'T KNOW.....8	YES1 NO2 (SKIP TO 512) ← DON'T KNOW8
511A	How many times?	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>

511B	From where did (NAME) receive the last DPT vaccination?	GOV'T CLINIC/HOSPITAL01 FWA.....02 HA.....03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC.....04 SMILING SUN SATELL(MINI) CLINIC 05 JOINT SMILING SUN -EPI SESSION...06 MARIE STOPES CLINIC/HOSPITAL07 UPHCP08 OTHER NGO HOSPITAL/CLINIC09 PRIVATE HOSPITAL/CLINIC..... 10 PRIVATE DOCTOR..... 11 GOVT. SATELLITE CLINIC..... 12 OTHER 96 (SPECIFY)	GOV'T CLINIC/HOSPITAL01 FWA.....02 HA.....03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC.....04 SMILING SUN SATELL(MINI) CLINIC 05 JOINT SMILING SUN -EPI SESSION...06 MARIE STOPES CLINIC/HOSPITAL07 UPHCP08 OTHER NGO HOSPITAL/CLINIC09 PRIVATE HOSPITAL/CLINIC..... 10 PRIVATE DOCTOR..... 11 GOVT. SATELLITE CLINIC..... 12 OTHER 96 (SPECIFY)
512	An injection to prevent measles?	YES.....1 NO2 (SKIP TO 513) ← DON'T KNOW.....8	YES1 NO2 (SKIP TO 513) ← DON'T KNOW8
512A	From where did (NAME) receive the measles vaccination?	GOV'T CLINIC/HOSPITAL01 FWA.....02 HA.....03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC.....04 SMILING SUN SATELL(MINI) CLINIC 05 JOINT SMILING SUN -EPI SESSION...06 MARIE STOPES CLINIC/HOSPITAL07 UPHCP08 OTHER NGO HOSPITAL/CLINIC09 PRIVATE HOSPITAL/CLINIC..... 10 PRIVATE DOCTOR..... 11 GOVT. SATELLITE CLINIC..... 12 OTHER 96 (SPECIFY)	GOV'T CLINIC/HOSPITAL01 FWA.....02 HA.....03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC.....04 SMILING SUN SATELL(MINI) CLINIC 05 JOINT SMILING SUN -EPI SESSION...06 MARIE STOPES CLINIC/HOSPITAL07 UPHCP08 OTHER NGO HOSPITAL/CLINIC09 PRIVATE HOSPITAL/CLINIC..... 10 PRIVATE DOCTOR..... 11 GOVT. SATELLITE CLINIC..... 12 OTHER 96 (SPECIFY)
513.	A HEP.B vaccination that is an injection given in the right thigh, sometimes given at the same time as DPT?	YES.....1 NO2 (SKIP TO 514) ← DON'T KNOW.....8	YES1 NO2 (SKIP TO 514) ← DON'T KNOW8
513A.	How many times was a HEP B vaccination received?	NO .OF TIMES <input type="checkbox"/> DON'T KNOW.....8	NO .OF TIMES <input type="checkbox"/> DON'T KNOW8
513B	From where did (name) receive the Hepatitis B vaccination?	GOV'T CLINIC/HOSPITAL01 FWA.....02 HA.....03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC.....04 SMILING SUN SATELL.(MINI) CLINIC 05 JOINT SMILING SUN -EPI SESSION.....06 MARIE STOPES CLINIC/HOSPITAL07 UPHCP08 OTHER NGO HOSPITAL/CLINIC09 PRIVATE HOSPITAL/CLINIC..... 10 PRIVATE DOCTOR..... 11 GOVT. SATELLITE CLINIC..... 12 OTHER 96 (SPECIFY)	GOV'T CLINIC/HOSPITAL01 FWA.....02 HA.....03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC.....04 SMILING SUN SATELL(MINI) CLINIC 05 JOINT SMILING SUN -EPI SESSION.....06 MARIE STOPES CLINIC/HOSPITAL07 UPHCP08 OTHER NGO HOSPITAL/CLINIC09 PRIVATE HOSPITAL/CLINIC..... 10 PRIVATE DOCTOR..... 11 GOVT. SATELLITE CLINIC..... 12 OTHER 96 (SPECIFY)
514	In the last 6 months, has (NAME) received any Vitamin A?	YES.....1 NO2 (SKIP TO 515) ← DON'T KNOW.....8	YES1 NO2 (SKIP TO 515) ← DON'T KNOW8

514A	From where did (NAME) receive vitamin A?	GOV'T CLINIC/HOSPITAL01 FWA.....02 HA.....03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC.....04 SMILING SUN SATELL. (MINI) CLINIC 05 JOINT SMILING SUN -EPI SESSION.....06 MARIE STOPES CLINIC/HOSPITAL07 UPHCP08 OTHER NGO HOSPITAL/CLINIC09 PRIVATE HOSPITAL/CLINIC..... 10 PRIVATE DOCTOR.....11 GOVT. SATELLITE CLINIC.....12 OTHER96 (SPECIFY)	GOV'T CLINIC/HOSPITAL01 FWA.....02 HA.....03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC.....04 SMILING SUN SATELL. (MINI) CLINIC05 JOINT SMILING SUN -EPI SESSION.....06 MARIE STOPES CLINIC/HOSPITAL07 UPHCP08 OTHER NGO HOSPITAL/CLINIC09 PRIVATE HOSPITAL/CLINIC..... 10 PRIVATE DOCTOR.....11 GOVT. SATELLITE CLINIC.....12 OTHER96 (SPECIFY)
515.	Has _____ had diarrhea (name) in the last 2 weeks?	YES.....1 NO2 (SKIP TO 516) ← DON'T KNOW.....8	YES1 NO2 (SKIP TO 516) ← DON'T KNOW8
515A.	Now I would like to know how much _____ (name) was given to drink during the diarrhea (including breastmilk) Was he/she given less than usual to drink. about the same amount, or more than usual to drink? If less, probe : was he/she given much less than usual to drink or somewhat less?	MUCH LESS1 SOMEWHAT LESS2 ABOUT THE SAME3 MORE4 NOTHING TO DRINK.....5 DON'T KNOW.....8	MUCH LESS1 SOMEWHAT LESS2 ABOUT THE SAME3 MORE4 NOTHING TO DRINK.....5 DON'T KNOW8
515B.	When _____ had diarrhea, (name) was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? If less, probe was he/she given much less than usual to eat or somewhat less?	MUCH LESS1 SOMEWHAT LESS2 ABOUT THE SAME3 MORE4 STOPPED FOOD5 DIDN'T START SOLID/ SEMI-SOLID FOOD6 DON'T KNOW.....8	MUCH LESS1 SOMEWHAT LESS2 ABOUT THE SAME3 MORE4 STOPPED FOOD5 DIDN'T START SOLID/ SEMI-SOLID FOOD6 DON'T KNOW8
515C.	Did you seek advice or treatment for the diarrhea from any source?	YES.....1 NO2 (SKIP TO 515E) ←	YES1 NO2 (SKIP TO 515E) ←

515D.	<p>Where/whom did you seek advice or treatment most recently?</p> <p>Probe to identify each type of source and circle the appropriate codes</p> <p>If unable to determine if a hospital health center or clinics is public or private medical write the name of the place</p> <p>_____</p> <p>(Name of Places)</p>	<p>HOME MEDICAL PERSON AT HOME..... 01 NON-MEDICAL PERSON AT HOME. .02</p> <p>PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE..... 11 FAMILY WELFARE CENTRE 12 UPAZILA HEALTH COMPLEX..... 13 MCWC 14 RURAL DISPENSARY/ COMMUNITY CLINIC..... 15 SATELLITE CLINIC/ EPI OUTREACH SITE..... 16 HA..... 17 FWA..... 18</p> <p>SMILING SUN STATIC (VITAL / ULTRA) CLINIC 21 SATELLITE (MINI) CLINIC..... 22 COMMUNITY SERVICE PROVIDER(CSP)..... DEPOHOLDER 23</p> <p>OTHER NGO MARIE STOPES CLINIC/HOSPITAL.. 30 UPHCP 31 HOSPITAL/ CLINIC..... 32 SATELLITE CLINIC..... 33 FIELDWORKER 34 DEPOTHOLDER 35</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... 41 QUALIFIED DOCTOR 42 VILLAGE DOCTOR..... 43 PHARMACIST/PHARMACY..... 44 HOMEOPATH 45 TRADITIONAL HEALER/ KABIRAJ 46 SHOP 51 FRIENDS/RELATIVES 52 OTHER 96 (SPECIFY)</p> <p>DON'T KNOW..... 98</p>	<p>HOME MEDICAL PERSON AT HOME..... 01 NON-MEDICAL PERSON AT HOME. .02</p> <p>PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE..... 11 FAMILY WELFARE CENTRE 12 UPAZILA HEALTH COMPLEX..... 13 MCWC 14 RURAL DISPENSARY/ COMMUNITY CLINIC 15 SATELLITE CLINIC/ EPI OUTREACH SITE 16 HA 17 FWA 18</p> <p>SMILING SUN STATIC (VITAL / ULTRA) CLINIC 21 SATELLITE (MINI) CLINIC..... 22 COMMUNITY SERVICE PROVIDER(CSP)/DEPOHOLDER..... 23</p> <p>OTHER NGO MARIE STOPES CLINIC/HOSPITAL.. 30 UPHCP 31 HOSPITAL/ CLINIC..... 32 SATELLITE CLINIC..... 33 FIELDWORKER 34 DEPOTHOLDER 35</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 41 QUALIFIED DOCTOR 42 VILLAGE DOCTOR..... 43 PHARMACIST/PHARMACY 44 HOMEOPATH 45 TRADITIONAL HEALER/ KABIRAJ 46 SHOP 51 FRIENDS/RELATIVES 52 OTHER 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>																																								
515E.	Does _____ still (Name) have diarrhea ?	YES..... 1 NO 2 DON'T KNOW..... 8	YES 1 NO 2 DON'T KNOW 8																																								
515F.	Was he/she given any of the following to drink at any time since he/she started having the diarrhea? Such as: a. A fluid made from a special saline packet b. Homeomade sugar-salt-water solution(laban gur)? c. Zinc syrup? d. Zinc tablets?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>A FLUID MADE FROM A SPECIAL SALINE PACKET</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HOMEOMADE SUGAR-SALT-WATER SOLUTION (LABAN GUR)?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ZINC SYRUP?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ZINC TABLETS?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	A FLUID MADE FROM A SPECIAL SALINE PACKET	1	2	8	HOMEOMADE SUGAR-SALT-WATER SOLUTION (LABAN GUR)?	1	2	8	ZINC SYRUP?	1	2	8	ZINC TABLETS?	1	2	8	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>A FLUID MADE FROM A SPECIAL SALINE PACKET</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HOMEOMADE SUGAR-SALT-WATER SOLUTION (LABAN GUR)?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ZINC SYRUP?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ZINC TABLETS?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	A FLUID MADE FROM A SPECIAL SALINE PACKET	1	2	8	HOMEOMADE SUGAR-SALT-WATER SOLUTION (LABAN GUR)?	1	2	8	ZINC SYRUP?	1	2	8	ZINC TABLETS?	1	2	8
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515G.	Was anything (else) given to treat the diarrhea?	YES.....1 NO2 (SKIP TO 516) ← DON'T KNOW.....8	YES1 NO2 (SKIP TO 516) ← DON'T KNOW8																																								
515H.	What (else) was given to treat the diarrhea? Anything else? Record all treatments given.	<p>PILL/CAPSUL/SYRUP ANTIBIOTIC.....A ANTIMOTILITYB OTHER(NOT ANTIBIOTIC, ANTIMOTILITY OR ZINC)..... C UNKNOWN PILL OR SYRUP..... D</p> <p>INJECTION ANTIBIOTIC.....E NON ANTIBIOTIC..... F UNKNOWN INJECTION.....G (IV) INTRAVENOUS H HOME REMEDY/HERBAL MEDICINE...I OTHERX (SPECIFY)</p>	<p>PILL/CAPSUL/SYRUP ANTIBIOTICA ANTIMOTILITYB OTHER(NOT ANTIBIOTIC, ANTIMOTILITY OR ZINC).....C UNKNOWN PILL OR SYRUPD</p> <p>INJECTION ANTIBIOTICE NON ANTIBIOTICF UNKNOWN INJECTION.....G (IV) INTRAVENOUSH HOME REMEDY/HERBAL MEDICINE ...I OTHERX (SPECIFY)</p>																																								

516.	Has _____ had an illness with a (name) cough at any time in the last 2 weeks?	YES.....1 NO2 (SKIP TO 517) ← DON'T KNOW.....8	YES1 NO2 (SKIP TO 517) ← DON'T KNOW8
516A.	When _____ had an illness (name) with a cough, did he/she breath faster than usual with short, rapid breaths or have difficulty breathing?	YES.....1 NO2 (SKIP TO 517) ← DON'T KNOW.....8	YES1 NO2 (SKIP TO 517) ← DON'T KNOW8
516B	Was the fast or difficulty breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY..... 1 NOSE ONLY..... 2 BOTH..... 3 OTHER..... 6 (SPECIFY) DON'T KNOW..... 8	CHEST ONLY..... 1 NOSE ONLY..... 2 BOTH..... 3 OTHER..... 6 (SPECIFY) DON'T KNOW 8
516C.	Did you seek advice or treatment for the illness from any source?	YES.....1 NO2 (SKIP TO 517) ←	YES1 NO2 (SKIP TO 517) ←
516D	Where/whom did you seek advice or treatment most recently? Probe to identify each type of source and circle the appropriate codes If unable to determine if a hospital health center or clinics is public or private medical write the name of the place _____ (Name of Places)	HOME MEDICAL PERSON AT HOME..... 01 NON-MEDICAL PERSON AT HOME. .02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE..... 11 FAMILY WELFARE CENTRE 12 UPAZILA HEALTH COMPLEX..... 13 MCWC..... 14 RURAL DISPENSARY/ COMMUNITY CLINIC..... 15 SATELLITE CLINIC/ EPI OUTREACH SITE..... 16 HA..... 17 FWA..... 18 SMILING SUN STATIC (VITAL / ULTRA) CLINIC..... 21 SATELLITE (MINI) CLINIC..... 22 COMMUNITY SERVICE PROVIDER(CSP)/ DEPOHOLDER..... 23 OTHER NGO MARIE STOPES CLINIC/HOSPITAL.. 30 UPHCP..... 31 HOSPITAL/ CLINIC..... 32 SATELLITE CLINIC..... 33 FIELDWORKER 34 DEPOTHOLDER 35 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... 41 QUALIFIED DOCTOR..... 42 VILLAGE DOCTOR..... 43 PHARMACIST/PHARMACY..... 44 HOMEOPATH 45 TRADITIONAL HEALER/ KABIRAJ 46 SHOP..... 51 FRIENDS/RELATIVES 52 OTHER 96 (SPECIFY) DON'T KNOW..... 98	HOME MEDICAL PERSON AT HOME..... 01 NON-MEDICAL PERSON AT HOME. .02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE 11 FAMILY WELFARE CENTRE 12 UPAZILA HEALTH COMPLEX 13 MCWC..... 14 RURAL DISPENSARY/ COMMUNITY CLINIC 15 SATELLITE CLINIC/ EPI OUTREACH SITE 16 HA 17 FWA 18 SMILING SUN STATIC (VITAL / ULTRA) CLINIC..... 21 SATELLITE (MINI) CLINIC 22 COMMUNITY SERVICE PROVIDER(CSP)/ DEPOHOLDER 23 OTHER NGO MARIE STOPES CLINIC/HOSPITAL.. 30 UPHCP..... 31 HOSPITAL/ CLINIC..... 32 SATELLITE CLINIC 33 FIELDWORKER 34 DEPOTHOLDER 35 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 41 QUALIFIED DOCTOR..... 42 VILLAGE DOCTOR..... 43 PHARMACIST/PHARMACY 44 HOMEOPATH 45 TRADITIONAL HEALER/ KABIRAJ 46 SHOP 51 FRIENDS/RELATIVES 52 OTHER 96 (SPECIFY) DON'T KNOW 98
516E.	Is _____ still sick with (name) A cough?	YES.....1 NO2	YES1 NO2
517		GO BACK TO 503 IN THE NEXT COLUMN, OR IF NO OTHER BIRTHS, GO TO 601.	GO BACK TO 503 IN THE NEXT COLUMN, OR IF NO OTHER BIRTHS, GO TO 601.

SECTION 6: KNOWLEDGE ABOUT HEALTH SERVICES/PROVIDERS

Now I would like to talk about health services and health facilities available in your neighbourhood.												
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP						
601	<p>If you need health services what is the first name of the clinic/hospital that comes to your mind? The second name ? The third name ? (Ask for first 3 names. Please probe but not prompt. Use codes from the list below)</p> <p>GOVT. HOSPITAL.....01 GREEN UMBRELLA CLINIC02 SMILING SUN CLINIC03 MARIE STOPS CLINIC/HOSPITAL.04 UPHCP05 PRIVATE CLINIC06 PRIVATE DOCTOR CHAMBER07 PHARMACY08 OTHER96 (SPECIFY) Don't Know.....98</p>	<p>FIRST NAME</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> <p>SECOND NAME</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> <p>THIRD NAME</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>										
601A	<p>Have you ever seen the following symbol before? Please tell me which provider it stands for?</p> <p>(SHOW CARD WITH GREEN UMBRELLA, EmOC, SMILING SUN AND MARIE STOPS. logo)</p>		<p>Seen and correctly identified provider</p>	<p>Seen and correctly identified as Smiling Sun clinic /hospital operating NGO</p>	<p>Seen but identify as other NGO/ Tells nothing</p>	<p>Not seen</p>						
		A. GREEN AMBRELLA	1		3	4						
		B. EmOC	1		3	4						
		C. SMILING SUN	1	2	3	4						
		D. MARIE STOPS	1		3	4						
601B.	<p>Interviewer: Check Q. 601A (C) and circle in appropriate code.</p>	<p>Code 1 or 2 of Smiling sun (C) is circled 1 Code 1 or 2 of smiling sun (C) is not circled..... 2 → 603</p>										
602	<p>Where have you seen this SMILING SUN symbol?</p> <p>Any others?</p>	<p>ON TELEVISION (IN AN ADVERTISEMENT).....A ON TELEVISION (IN A DRAMA)B ON A POSTER.....C ON A PAMPHLET OR BROCHURED ON A BILLBOARD SIGNE ON A SIGN AT A HEALTH CLINIC.....F OTHERX (SPECIFY)</p>										
602A	<p>What comes to your mind when you think or see of the Smiling Sun?</p>	<p>GOOD QUALITY RELATEDA BAD QUALITY RELATEDB REASONABLE PRICE/VALUE RELATEDC HIGH PRICE/VALUE RELATEDD LIKINGRELATED.....E DISLIKING RELATEDF GOOD BEHAVIOURG UNPLEASANT BEHAVIOURH CLEANLINESSI UNCLEANLINESSJ PROMOTIONAL ACTIVITIES RELATEDK ALL TYPES OF HEALTH SERVICES ARE AVAILABLEL ALL HEALTH SERVICES ARE NOTAVAILABLEM OTHERX (SPECIFY)</p>										
602B.	<p>Have you received any health benefit card (HBC) from Smiling Sun clinic? IF YES. May I see it please?</p>	<p>YES, SEEN, GREENCARD 1 YES, NOT SEEN.....2 NO CARD RECEIVED3 DON'T KNOW8</p>				→ 603						
602C.	<p>While visiting smiling sun clinic for health services do you carry that health card?</p>	<p>YES 1 NO2 NEVER VISITS SMILING SUN CLINIC3</p>										
603	<p>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?</p>	<p>YES 1 NO2 DON'T KNOW/CAN'T REMEMBER.....8</p>				→ 611						

603A	During the last 3 months, was there any such clinic in this area?	YES1 NO2 DON'T KNOW/CAN'T REMEMBER8	→ 611
604	Where was the temporary/satellite health clinic held? What type of temporary/satellite clinic was this? Name: _____ Location: _____	SMILING SUN SATELLITE (MINI) CLINIC1 GOVERNMENT SATELLITE CLINIC2 OTHER6 (SPECIFY) DON'T KNOW8	→ 605
604A	Are you aware of any SMILING SUN temporary or satellite clinic held in this area during the last 3 months? (SHOW SMILING SUN LOGO IF NECESSARY) Name: _____ Location: _____	YES1 NO2	→ 611
605.	What services are available at this SMILING SUN temporary/satellite health clinic? Any others?	FAMILY PLANNING CLINICAL METHODA NON-CLINICAL METHODB TREATMENT/ADVICE FOR SIDE EFFECTSC MATERNAL HEALTH ANCD PNCE TTF CHILD HEALTH EPIG DIARRHEA TREATMENT/ORSH ARI TREATMENTI VITAMIN AJ ILLNESSES (GENERAL)K OTHER CHILD CAREL OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STDM GENERAL HEALTHN OTHERX (SPECIFY) DOES NOT KNOWY	
606.	Did anybody inform you in advance about the SMILING SUN temporary/satellite clinic?	YES1 NO2	→ 607
606A.	Who mainly told you? NAME: _____	HEALTH PROFESSIONAL QUALIFIED DOCTOR01 NURSE/MIDWIFE/PARAMEDIC02 FAMILY WELFARE VISITOR03 MA/SACMO04 HA05 FWA06 GOVT. SATELLITE CLINIC WORKER07 SMILING SUN STATIC (VITAL / ULTRA) CLINIC WORKER ...08 SATELLITE (MINI) CLINIC WORKER09 COMMUNITY SERVICE PROVIDER(CSP)/ DEPOHOLDER10 COMMUNITY MOBILIZER/ SERVICE PROMOTER11 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA)12 UNTRAINED TBA (DAI)13 VILLAGE DOCTOR14 RELATIVE15 NEIGHBOR16 OTHER96 (SPECIFY)	
607.	Have you gone to this smiling sun temporary satellite clinic in the last 3 months?	YES1 NO2	→ 611

607A.	<p>What service(s) have you used at this SMILING SUN temporary/satellite clinic last time during last 3 months?</p> <p>Any others?</p>	<p>FAMILY PLANNING CLINICAL METHOD A NON-CLINICAL METHOD B TREATMENT/ADVICE FOR SIDE EFFECTS ... C</p> <p>MATERNAL HEALTH ANC..... D PNC..... E TT..... F</p> <p>CHILD HEALTH EPI G DIARRHEA TREATMENT/ORS..... H ARI TREATMENT I VITAMIN A J ILLNESSES (GENERAL) K OTHER CHILD CARE L</p> <p>OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD M GENERAL HEALTH..... N OTHER..... X (SPECIFY)</p>	
608.	How long did it take for you to get to this SMILING SUN temporary clinic?	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> NO TIME 0000 DON'T KNOW/CAN'T REMEMBER 9998	
609.	Once you arrived at the SMILING SUN temporary/satellite clinic, how long did you have to wait until you were treated?	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> NO WAIT 0000 DON'T KNOW/CAN'T REMEMBER 9998	
610.	You said that you have received _____ (mentioned 607A) services during your most recent visit to the SMILING SUN temporary/satellite clinic. Did you pay for this service?	YES 1 NO 2 → 611	
610A.	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	
611	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 → 618	
612	What type of hospital/ clinic was this? (SHOW SMILING SUN LOGO IF NECESSARY) Name: _____ Location: _____	<p>PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE 11 FAMILY WELFARE CENTRE 12 UPAZILA HEALTH COMPLEX 13 MCWC 14 RURAL DISPENSARY/COMMUNITY CLINIC 15</p> <p>SMILING SUN STATIC (VITAL / ULTRA) CLINIC 21 → 613</p> <p>OTHER NGO MARIE STOPS..... 31 UPHCP 32 OTHER HOSPITAL/CLINIC..... 33</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL /CLINIC 41 OTHER..... 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
612A	Are you aware of any SMILING SUN clinic/ hospital? (SHOW SMILING SUN LOGO IF NECESSARY) Name: _____ Location: _____	YES 1 NO 2 → 618	

613.	What services are available at this SMILING SUN hospital/clinic? Any others?	FAMILY PLANNING CLINICAL METHOD A NON-CLINICAL METHOD B TREATMENT/ADVICE FOR SIDE EFFECTS ... 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	
614.	Have you ever gone to this SMILING SUN hospital/clinic ?	YES 1 NO 2	
614A.	Have you gone to this smiling sun hospital/clinic in the last 3 months?	YES 1 NO 2	→ 618
614B.	What services have you used at this smiling sun hospital/clinic last time during last 3 months? Any others?	FAMILY PLANNING CLINICAL METHOD A NON-CLINICAL METHOD B TREATMENT/ADVICE FOR SIDE EFFECTS 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)	
615.	How long did it take for you to get to this hospital/clinic?	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> NO TIME 0000 DON'T KNOW/CAN'TREMEMBER..... 9998	
616.	Once you arrived at the hospital/clinic, how long did you have to wait until you were treated?	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> NO WAIT 0000 DON'T KNOW/CAN'TREMEMBER..... 9998	
617.	You said that you have received _____ (mentioned in 614B) services during your most recent visit. Did you pay for this service?	YES 1 NO 2	→ 618
617A.	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	
618.	Interviewer: Check Q. 607 and Q.614 and circle in appropriate code.	CODE 1 OF Q.607 AND Q.614 IS CIRCLED 1 CODE 1 OF Q.607 OR 614 IS CIRCLED 2 CODE 1 OF Q.607 AND Q.614 IS NOT CIRCLED .. 3	→ 620
619	What are the benefits you perceive when you seek services from the Smiling Sun Hospital/ clinic and/or Smiling Sun satellite clinic?	TRAINED PROVIDER..... A HIGH QUALITY SERVICES..... B NEAREST FACILITY..... C ESSENTIAL CARE..... D REASONABLE PRICE..... E OTHER X (SPECIFY)	
619A	What are the favourable points that come to your mind when you think of the Smiling Sun Hospital/clinic?	SAFETY NET EXIST..... A SOCIAL SERVICE..... B. BUILD HEALTH AWARENESS..... C CONTRIBUTE TO ENSURE GOOD HEALTH FOR ALL..... D	

		OTHER.....X (SPECIFY)	
619B	In general (mostly) which economic group come to smiling sun Hospital/clinic for health care services?	UPPER CLASS.....1 MIDDLE CLASS.....2 LOWER CLASS.....3 POOR OR POP.....4 ALL CLASS.....5	
620.	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 DON'T KNOW/CAN'T REMEMBER.....8	626
620A.	Who is she? Which organization does she belong to? Name: _____ Location: _____ Anybody else? Name: _____ Location: _____	SMILING SUN CSP/DEPOHOLDER.....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	
621.	CHECK 620A: IF THE RESPONDENT MENTIONED THE NAME OF ONLY ONE PROVIDER, THEN ASK QUESTIONS 622-625 IN COLUMN 1. IF THE RESPONDENT MENTIONED MORE THAN ONE PROVIDER'S NAME, THEN ASK THE QUESTIONS 622-625 IN COLUMN 1 FOR THE FIRST PROVIDER AND THEN ASK 622-625 IN COLUMN 2 FOR THE OTHER PROVIDER		
622. In the last three months, did you receive any information from her on health or family planning?	YES.....1 NO.....2	623	622. In the last three months, did you receive any information from her on health or family planning? YES.....1 NO.....2
622A. What information did you receive?	FAMILY PLANNING.....A TREATMENT/ADVICE FOR SIDE EFFECTS.....B MATERNAL HEALTH.....C CHILD HEALTH.....D DIARRHEA TREATMENT/ORS.....E ARI TREATMENT.....F VITAMIN A.....G ILLNESSES (GENERAL).....H OTHER CHILD CARE.....I TREATMENT OF RTI/STD.....J GENERAL HEALTH.....K OTHER.....X (SPECIFY) DOES NOT KNOW.....Y	623	622A. What information did you receive? FAMILY PLANNING.....A TREATMENT/ADVICE FOR SIDE EFFECTS.....B MATERNAL HEALTH.....C CHILD HEALTH.....D DIARRHEA TREATMENT/ORS.....E ARI TREATMENT.....F VITAMIN A.....G ILLNESSES (GENERAL).....H OTHER CHILD CARE.....I TREATMENT OF RTI/STD.....J GENERAL HEALTH.....K OTHER.....X (SPECIFY) DOES NOT KNOW.....Y
623. In the last three months, did you receive any family planning and health services from her?	YES.....1 NO.....2	624	623. In the last three months, did you receive any family planning and health services from her? YES.....1 NO.....2
623A. 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)	624	623A. 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)
624. 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	625	624. 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

624A. For what service did she referred?		624A. For what service did she referred?	
FAMILY PLANNING CLINICAL METHODA NON-CLINICAL METHOD.....B TREATMENT/ADVICE FOR SIDE EFFECTS.....C MATERNAL HEALTH ANCD PNCE TTF CHILD HEALTH EPIG DIARRHEA TREATMENT/ORSH ARI TREATMENTI VITAMIN AJ ILLNESSES (GENERAL).....K OTHER CHILD CAREL OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD.....M GENERAL HEALTHN OTHERX (SPECIFY)		FAMILY PLANNING CLINICAL METHODA NON-CLINICAL METHODB TREATMENT/ADVICE FOR SIDE EFFECTSC MATERNAL HEALTH ANC.....D PNC.....E TT.....F CHILD HEALTH EPIG DIARRHEA TREATMENT/ORSH ARI TREATMENTI VITAMIN AJ ILLNESSES (GENERAL)K OTHER CHILD CAREL OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STDM GENERAL HEALTHN OTHERX (SPECIFY)	
625. 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 NO2		625. 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? YES1 NO.....2	
INTERVIEWER: GO BACK TO 622 IN NEXT COLUMN OR IF NO MORE PROVIDER GO TO 626		GO TO 626	
626	CHECK FACE SHEET: Smiling sun areas (Domain Code: <input type="checkbox"/> Comparison areas (Domain code: 5 & 10) <input type="checkbox"/> 01-04 or 06-09) <input type="checkbox"/> (SKIP TO 701A)		
627	Have you ever attended a meeting organized by _____? (NAME OF SERVICE PROMOTER) INTERVIEWER: COLLECT NAME OF SERVICE PROMOTER FROM THE SMILING SUN CLINIC BEFORE ASKING THE QUESTION	YES.....1 NO.....2 → 701A	
627A	What was the meeting about?	NEWLYWED MEETINGA PREGNANCY CAREB PNCC BREASTFEEDING.....D FAMILY PLANNING.....E CHILD HEALTH.....F STDS/RTI.....G NUTRITIONH OTHERX (SPECIFY)	
627B	When was the last time that you attended a meeting? IF LESS THAN ONE MONTH AGO, WRITE '00'.	MONTHS AGO <input type="text"/> <input type="text"/> DON'T KNOW/CAN'T REMEMBER98	

SECTION 7: BIDDING GAME

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701A	<p>The following services are available in Smiling Sun Clinic where MBBS doctors are providing IMCI, ANC, PNC, STI/RTI AND LCC GENERAL HEALTH,- FEVER, SKIN INFECTION, ABSCESS, CONJUNCTIVITIS, ARTHRITIS, HYPER- ACIDITY/GASTRITIS, SORE THROAT, JAUNDICE, LOW BACK PAIN, WEAKNESS, ANAEMIA, PAIN (HEADACHE) SERVICES].</p> <p>Would your household pay Tk. 75 to receive such services?</p>	YES 1 NO 2 → 701D	
701B	Would your household be willing to pay Tk. [85 ...]?	YES 1 NO 2 → 701G	
701C	Would your household be willing to pay Tk. [...95]?	YES 1 NO 2 → 701G	
701D	Would your household be willing to pay Tk.[...65]?	YES 1 → 701G NO 2	
701E	Would your household be willing to pay Tk.[...55]?	YES 1 → 701G NO 2	
701F	Would you be willing to pay anything? If yes, how much?	NOT WILLING TO PAY ANYTHING00 TAKA <input type="text"/> <input type="text"/> <i>[WRITE THE AMOUNT THE RESPONDENT WILLING TO PAY]</i>	
701G	INTERVIEWER: CHECK QUESTIONS 701A TO 701C AND WRITE THE AMOUNT THE RESPONDENT WILLING TO PAY	TAKA <input type="text"/> <input type="text"/>	
702A	<p>THE FOLLOWING SERVICES ARE AVAILABLE IN SMILING SUN CLINIC WHERE PARAMEDICS ARE PROVIDING IMCI, ANC, PNC, STI/RTI AND LCC [LIMITED CURATIVE CARE- FEVER, SKIN INFECTION, ABSCESS, CONJUNCTIVITIS, ARTHRITIS, ANOREXIA, HYPER- ACIDITY/GASTRITIS, TONSILLITIS, SORE THROAT, HELMINTHIASIS, FOOD POISONING, JAUNDICE, LOW BACK PAIN, WEAKNESS, ANAEMIA, PAIN (HEADACHE/BODYACHE) SERVICES].</p> <p>Would your household pay Tk. 40 to receive such services?</p>	YES 1 NO 2 → 702D DON'T WANT SERVICE FROM PARAMEDIC 3 → 703	
702B	Would your household be willing to pay Tk. [45 ...]?	YES 1 NO 2 → 702G	
702C	Would your household be willing to pay Tk. [55 ...]?	YES 1 NO 2 → 702G	
702D	Would your household be willing to pay Tk.[35 ...]?	YES 1 → 702G NO 2	
702E	Would your household be willing to pay Tk.[25 ...]?	YES 1 → 702G NO 2	
702F	Would you be willing to pay anything? If yes, how much?	NOT WILLING TO PAY ANYTHING00 TAKA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>[WRITE THE AMOUNT THE RESPONDENT WILLING TO PAY]</i>	
702G	INTERVIEWER: CHECK QUESTIONS 702A TO 702F AND WRITE THE AMOUNT THE RESPONDENT WILLING TO PAY	TAKA	
703	INTERVIEWER: CHECK Q.220 AND CIRCLED IN APPROPRIATE CODE.	YES 1 → 705 NO 2 UNSURE 3 NO CODE IS CIRCLED 4 → 710	
704	Do you plan to have another child in the next 3 years?	YES 1	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		NO 2	710
	INTERVIEWER: ENCOURAGE WOMAN'S HUSBAND TO HELP IN ANSWERING REMAINING QUESTIONS		
705	Would you be willing to receive normal delivery service from a trained Nurse/Paramedic from the Smiling Sun clinic at home? (INTERVIEWER: PLEASE TELL THE RESPONDENT CLEARLY THAT SERVICE TO BE RECEIVED AT THE CLINIC/HOSPITAL FROM A TRAINED DOCTOR IS SIGNIFICANTLY HIGHER QUALITY THAN THAT RECEIVED IN THE HOME)	YES 1 NO 2	707A
706A	Suppose that you could receive normal delivery service from a paramedic from the Smiling Sun clinic at home. Would your household pay Tk. 750 to receive Smiling Sun delivery services in the home?	YES 1 NO 2	706D
706B	Would your household be willing to pay Tk. 850	YES 1 NO 2	706G
706C	Would your household be willing to pay Tk. 950 ?	YES 1 NO 2	706G
706D	Would your household be willing to pay Tk. 650	YES 1 NO 2	706G
706E	Would your household be willing to pay Tk 550 ?	YES 1 NO 2	706G
706F	Would you be willing to pay anything? If yes , how much?	NOT WILLING TO PAY ANYTHING00 TAKA [WRITE THE AMOUNT THE RESPONDENT WILLING TO PAY]	
706G	INTERVIEWER: CHECK QUESTIONS 706A to 706F AND WRITE THE AMOUNT THE RESPONDENT WILLING TO PAY	TAKA..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
707A	Suppose that you could receive normal delivery service from a doctor at the Smiling Sun clinic. Would your household pay Tk. 1500 for delivery service from a doctor at the Smiling Sun clinic?	YES 1 NO 2 DON'T WANT NORMAL DELIVERY AT CLINIC..... 3	707D 707A
707B	Would your household be willing to pay Tk. [1700...]?	YES 1 NO 2	707G
707C	Would your household be willing to pay Tk. [1900...]?	YES 1 NO 2	707G
707D	Would your household be willing to pay Tk.[1300]?	YES 1 NO 2	707G
707E	Would your household be willing to pay Tk 1100 ?	YES 1 NO 2	707G
707F	Would you be willing to pay anything?	NOT WILLING TO PAY ANYTHING00 TAKA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [WRITE THE AMOUNT THE RESPONDENT WILLING TO PAY]	
707G	INTERVIEWER: CHECK QUESTIONS 707A TO 707F AND WRITE THE AMOUNT THE RESPONDENT WILLING TO PAY	TAKA..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
708A	Suppose that in an emergency you could receive a Caesarean section at the Smiling Sun clinic. Would your household pay Tk. 7500 for a Caesarean section at the Smiling Sun clinic?	YES 1 NO 2	708D
708B	Would your household be willing to pay Tk. [8500...]?	YES 1 NO 2	708G
708C	Would your household be willing to pay Tk. [...9500]?	YES 1 NO 2	708G
708D	Would your household be willing to pay Tk.[6500 ...]?	YES 1	708G

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		NO 2	
708E	Would your household be willing to pay Tk.[5500 ...]?	YES 1 NO 2	708G
708F	Would you be willing to pay anything?	NOT WILLING TO PAY ANYTHING00 TAKA..... [WRITE THE AMOUNT THE RESPONDENT WILLING TO PAY]	
708G	INTERVIEWER: CHECK QUESTIONS 708A TO 708F AND WRITE THE AMOUNT THE RESPONDENT WILLING TO PAY	TAKA..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
709	Did the woman's husband help answer questions 705-708F?	YES 1 NO 2	
710	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

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: _____

**BANGLADESH SMILING SUN FRANCHISE
PROGRAM (BSSFP) BASELINE SURVEY 2008
(Urban Component)**

COMMUNITY QUESTIONNAIRE

MITRA AND ASSOCIATES
2/17 Iqbal Road, Mohammadpur
Dhaka-1207.
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E-mail: mitra@citech.net
And
MEASURE Evaluation
Carolina Population Center
University of North Carolina at Chapel Hill
USA

INFORMED CONSENT

AFTER ASSEMBLING THE INFORMANTS, READ THE FOLLOWING GREETING:

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 carrying out a survey of health facilities and communities to get a picture of services available to the communities and to understand when and why people use health services. We would like to ask you some questions about your community and about sources of health care in it and around it as a way of better understanding how to serve the population. Please be assured that this discussion is strictly confidential, the information gathered will never be linked back to you and you may choose to stop the interview at any time. The survey usually takes between 20 and 35 minutes to complete. Whatever information you provide 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, CB # 7097, Medical Building 52, 105 Mason Farm Road, Chapel Hill, NC 27599-7097 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 or phone 9115503 / ACPR 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 interviewee: _____ Date: _____

Signature of interviewer: _____ Date: _____

1. Community information

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
100	PERMISSION RECEIVED TO CONTINUE?	YES 1 NO 2	Stop
100A	CHECK RURAL AREA <input type="checkbox"/>	URBAN AREA <input type="checkbox"/>	→ 107
101	How far is the Upazila Headquarters? IF LESS THAN ONE MILE/KILOMETER, RECORD "00". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE 1 <input type="text"/> <input type="text"/> KILOMETER....2 <input type="text"/> <input type="text"/> Dont know.....998	
102	Which is the most common type of transportation i.e, most of the people use to go to the Upazila Headquarters?	CAR/BUS/TEMPO..... 01 MOTORCYCLE 02 MOTOR LAUNCH 03 BICYCLE 04 ANIMAL CART 05 BOAT 06 PATH..... 07 RICKSHAW/RICKSHAW VAN 08 TRAIN..... 09 BABY TAXI..... 10 OTHER..... 96 (SPECIFY)	
103	How long does it take to go to the Upazila Headquarters using the transportation (MENTIONED IN Q 102)?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
104	How far is the District Headquarters? IF LESS THAN ONE MILE/KILOMETER, RECORD "00". RECORD "997" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE 1 <input type="text"/> <input type="text"/> KILOMETER....2 <input type="text"/> <input type="text"/> Dont know.....998	
105	Which is the most common type of transportation i.e, most of the people use to go to the District Headquarters?	CAR/BUS/TEMPO..... 01 MOTORCYCLE 02 MOTOR LAUNCH 03 BICYCLE 04 ANIMAL CART 05 BOAT 06 PATH..... 07 RICKSHAW/RICKSHAW VAN 08 TRAIN..... 09 BABY TAXI..... 10 OTHER..... 96 (SPECIFY)	
106	How long does it take to go to the District Headquarters using the transportation (MENTIONED IN Q 105)?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
107	What is the main access route to this village/mohalla ?	ALL WEATHER ROAD/ PACCA ROAD/MOTORABLE...1 SEASONAL ROAD/EARTHEN...2 WATERWAY.....3 PATH4 OTHER.....6 (SPECIFY)	
108	What are the main economic activities in this area/village? (CIRCLE ALL MENTIONED)	AGRICULTURE A LIVESTOCK B FISHING C COMMERCE D MANUFACTURING E DAY LABOR F SERVICE G OTHER.....X (SPECIFY)	
109	How far is the nearest (daily) market from this village? IF LESS THAN ONE MILE/KILOMETER, RECORD "00". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE..... 1 <input type="text"/> <input type="text"/> KILOMETER...2 <input type="text"/> <input type="text"/> Dont know.....998	
109A	CHECK RURAL AREA <input type="checkbox"/>	URBAN AREA <input type="checkbox"/>	→ 111A
110	How far is the nearest weekly market from this village? IF LESS THAN ONE MILE/KILOMETER, RECORD "000". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS. RECORD "98" IF DON'T KNOW.	MILE..... 1 <input type="text"/> <input type="text"/> KILOMETER...2 <input type="text"/> <input type="text"/> Dont know.....998	
111A	Is there any telephone/ mobile phone service in this village?	YES..... 1 NO2	→ 112
111B	How far is the nearest telephone service (government or private) from this village? IF LESS THAN ONE KILOMETER/ MILE, RECORD "000". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/ KILOMETERS..	MILE..... 1 <input type="text"/> <input type="text"/> KILOMETER...2 <input type="text"/> <input type="text"/> Dont know.....998	
112	Is electricity available here?	YES.....1 NO2	
113	What is the primary source of water for the majority of people in this village?	PIPED01 PUBLIC TAP02 WELL03 TUBE WELL.....04 RIVER/STREAM/LAKE.....05 RAINWATER06 OTHER.....96	
114	In this village/mohalla, are there any of the following : MOTHER'S CLUB OR LADIES ASSOCIATIONS? GRAMEEN BANK ? VOLUNTARY ORGANIZATION ? BRAC INCOME GENERATING ACTIVITIES PROSHIKA ASHA COTTAGE INDUSTRIES OF BSIC COOPERATIVE SOCIETY TMSS(Thengamara Mahila Samaj Kalayn Samity) OTHER NGO INCOME GENERATING ACTIVITIES	YES NO MOTHERS CLUB1 2 GRAMEEN BANK1 2 V0 MEMBER.....1 2 BRAC1 2 PROSHIKA1 2 ASHA1 2 BSIC.....1 2 COOPERATIVE SOCIETY ..1 2 TMSS 1 2 NGOS1 2	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
115	Please tell me if the following things are in this village/mohalla. IF NOT IN VILLAGE/MOHALLA ASK HOW FAR IS IT?		
	A. How far is the madrasha from this village/mohalla?	MILE..... 1 <input type="text"/> <input type="text"/> KILOMETER ... 2 <input type="text"/> <input type="text"/> Within village/ mahalla.....000 Dont know.....998	
	B. How far is the primary school?	MILE..... 1 <input type="text"/> <input type="text"/> KILOMETER ... 2 <input type="text"/> <input type="text"/> Within village/ mahalla.....000 Dont know.....998	
	C. How far is the boy's high school from this viillage/mohalla?	Dont know.....998 MILE..... 1 <input type="text"/> <input type="text"/> KILOMETER ... 2 <input type="text"/> <input type="text"/>	
	D. How far is the girl's high school from this village/mohalla?	Dont know.....998 MILE..... 1 <input type="text"/> <input type="text"/> KILOMETER ... 2 <input type="text"/> <input type="text"/>	
	E. How far is the high school (co-education)?	Dont know.....998 MILE..... 1 <input type="text"/> <input type="text"/> KILOMETER ... 2 <input type="text"/> <input type="text"/>	
	F. How far is the post office from this village/mohalla?	Dont know.....998 MILE..... 1 <input type="text"/> <input type="text"/> KILOMETER ... 2 <input type="text"/> <input type="text"/>	
	G. How far is the cinema hall from this village/mohalla?	Dont know.....998 MILE..... 1 <input type="text"/> <input type="text"/> KILOMETER ... 2 <input type="text"/> <input type="text"/> Dont know.....998	
117	Is there any shop in this village/mohalla, which sells family planning methods?	YES1 NO2 DON'T KNOW8	
118	How far is it from here to the nearest place that provides : (IF NEAREST PLACE IS IN VILLAGE/MOHALLA, RECORD '000'. IF DON'T KNOW DISTANCE, RECORD '998'.		
	EPI	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
	ORS PACKET	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
	CONDOMS	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
	PILL	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
	INJECTABLES	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
	IUD	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
	VASECTOMY	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
	TUBECTOMY	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
	NORPLANT	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
	ANC	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
	Delivery	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
	PNC	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
	ARI	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	
	OTHER HEALTH SERVICES (LCC)	MILE 1 <input type="text"/> <input type="text"/> KILOMETER <input type="text"/> <input type="text"/>	

2. Identification of Health Facilities

Now we would like to ask you some questions about health facilities from which people in this village/mohalla can obtain services if they want. We would like for you to tell us about all of the facilities known by the general population of this village/mohalla that are of specific types. Please start with the ones that are closest to this village/mohalla.

201. HEALTH FACILITY	202. Where is the HEALTH FACILITY located?	203. What is HEALTH FACILITY's operating authority?	204. How far in miles/kilometers is the FACILITY located from the center of the village? IF LOCATED IN THE VILLAGE/ MOHALLA, RECORD '000'	206. When did FACILITY first open?	206A. For how long has HEALTH FACILITY been open?	207. Is HEALTH FACILITY in this Upazila?
01.A. HOSPITAL (nearest) NAME: _____ DONT KNOW NONE.....	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 OTHER 96 DONT KNOW 98	MILE KILOMETER...z DK.....998	YEAR [][] ↑ 207 DK.....9998 ↑ 206A	YEARS [][] DK.....98	YES..... 1 → 02A NO..... 2 → 01B
01.B. HOSPITAL (in this Upazila) NAME: _____ DONT KNOW NONE	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 OTHER 96 DONT KNOW 98	MILE KILOMETER...z DK.....998	YEAR [][] ↑ 207 DK.....9998 ↑ 206A	YEARS [][] DK.....98	
02.A. UPAZILA HEALTH COMPLEX (nearest) NAME: _____ DONT KNOW NONE	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 OTHER 96 DONT KNOW 98	MILE KILOMETER...z DK.....998	YEAR [][] ↑ 207 DK.....9998 ↑ 206A	YEARS [][] DK.....98	YES..... 1 → 03A NO..... 2 → 02B
02.B. UPAZILA HEALTH COMPLEX (in this Upazila) NAME: _____ DONT KNOW NONE	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT 01	MILE KILOMETER...z DK.....998	YEAR [][] ↑ 207 DK.....9998 ↑ 206A	YEARS [][] DK.....98	

03.A. FAMILY WELFARE CENTER (nearest) NAME: _____ DONT KNOW	DISTRICT: UPAZILA: _____ LOCATION: _____	GOVERNMENT 01	MILE KILOMETER...z DK.....998	YEAR ↑ 207 DK.....9998 ↑ 206A	YEARS .. DK.....98	YES..... 1 → 04A NO..... 2 → 03B
03.B. FAMILY WELFARE CENTER (in this Upazila) NAME: _____ DONT KNOW	DISTRICT: UPAZILA: _____ LOCATION: _____	GOVERNMENT 01	MILE KILOMETER...z DK.....998	YEAR ↑ 207 DK.....9998 ↑ 206A	YEARS .. DK.....98	
04.A. MATERNAL AND CHILD WELFARE CENTER (nearest) NAME: _____ DONT KNOW	DISTRICT: UPAZILA: _____ LOCATION: _____	GOVERNMENT 01	MILE KILOMETER...z DK.....998	YEAR ↑ 207 DK.....9998 ↑ 206A	YEARS .. DK.....98	YES..... 1 → 05A NO..... 2 → 04B
04.B. MATERNAL AND CHILD WELFARE CENTER (in this Upazila) NAME: _____ DONT KNOW	DISTRICT: UPAZILA: _____ LOCATION: _____	GOVERNMENT 01	MILE KILOMETER...z DK.....998	YEAR ↑ 207 DK.....9998 ↑ 206A	YEARS .. DK.....98	
05.A. SMILING SUN STATIC CLINIC (nearest) NAME: _____ DONT KNOW	DISTRICT: UPAZILA: _____ LOCATION: _____	SMILING SUN 05	MILE KILOMETER...z DK.....998	YEAR ↑ 207 DK.....9998 ↑ 206A	YEARS .. DK.....98	YES..... 1 → 06A NO..... 2 → 05B
05.B. SMILING SUN STATIC CLINIC (in this Upazila) NAME: _____ DONT KNOW	DISTRICT: UPAZILA: _____ LOCATION: _____	SMILING SUN 05	MILE KILOMETER...z DK.....998	YEAR ↑ 207 DK.....9998 ↑ 206A	YEARS .. DK.....98	

List all of the PRIVATE CLINICS that are available for people in this village/mohalla to use.

201. HEALTH FACILITY	202. Where is the HEALTH FACILITY located?	203. What is HEALTH FACILITY's operating authority?	204. How far in miles/kilometers is the FACILITY located from the center of the village? IF LOCATED IN THE VILLAGE/ MOHALLA, RECORD '000'	206. When did this facility first open?	206A. For how long has HEALTH FACILITY been open?	207. Any others ?
06. A. PRIVATE CLINIC (nearest)	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	PRIVATE 03 RELIGIOUS 04 OTHER 96 DON'T KNOW 98	MILE KILOMETER DK998	YEAR [][] ↑ 207 DK 9998 ↑ 206A	YEARS [][] DK 98	YES 1 → 06B NO 2 → 07A
06. B. PRIVATE CLINIC	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	PRIVATE 03 RELIGIOUS 04 OTHER 96 DON'T KNOW 98	MILE KILOMETER DK998	YEAR [][] ↑ 207 DK 9998 ↑ 206A	YEARS [][] DK 98	YES 1 → 06C NO 2 → 07A
06. C. PRIVATE CLINIC	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	PRIVATE 03 RELIGIOUS 04 OTHER 96 DON'T KNOW 98	MILE KILOMETER DK998	YEAR [][] ↑ 207 DK 9998 ↑ 206A	YEARS [][] DK 98	YES 1 → 06D NO 2 → 07A
06. D. PRIVATE CLINIC	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	PRIVATE 03 RELIGIOUS 04 OTHER 96 DON'T KNOW 98	MILE KILOMETER DK998	YEAR [][] ↑ 207 DK 9998 ↑ 206A	YEARS [][] DK 98	

List all of the OTHER NGO CLINICS (NON- SMILING SUN) that are available for people in this village/mohalla to use.

201. HEALTH FACILITY	202. Where is the HEALTH FACILITY located?	203. What is HEALTH FACILITY's operating authority?	204. How far in miles/kilometers is the FACILITY located from the center of the village? IF LOCATED IN THE VILLAGE/ MOHALLA, RECORD '000'	206. When did this facility first open?	206A. For how long has HEALTH FACILITY been open?	207. Any others ?
07.A. NGO CLINIC (nearest) NAME: _____ DONT KNOW	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	NGO02	MILE1 KILOMETER ...2 DK998	YEAR ... ↑ 207 DK9998 ↑ 206A	YEARS DK98	YES 1 → 07B NO 2 → 08A
07.B. NGO CLINIC NAME: _____ DONT KNOW	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	NGO02	MILE1 KILOMETER ...2 DK998	YEAR ... ↑ 207 DK9998 ↑ 206A	YEARS DK98	YES 1 → 07C NO 2 → 08A
07.C. NGO CLINIC NAME: _____ DONT KNOW	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	NGO02	MILE1 KILOMETER ...2 DK998	YEAR ... ↑ 207 DK9998 ↑ 206A	YEARS DK98	YES 1 → 07D NO 2 → 08A
07.D. NGO CLINIC NAME: _____ DONT KNOW	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	NGO02	MILE1 KILOMETER ...2 DK998	YEAR ... ↑ 207 DK9998 ↑ 206A	YEARS DK98	

List all of the COMMUNITY CLINICS that are available for people in this village/mohalla to use.

201. HEALTH FACILITY	202. Where is the HEALTH FACILITY located?	203. What is HEALTH FACILITY's operating authority?	204. How far in miles/kilometers is the FACILITY located from the center of the village? IF LOCATED IN THE VILLAGE/ MOHALLA, RECORD '000'	206. When did this facility first open?	206A. For how long has HEALTH FACILITY been open?	207. Any others ?
08.A. COMMUNITY CLINIC (nearest) NAME: _____ DON'T KNOW	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT 01	MILE 1 KILOMETER ... 2 DK 998	YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> ↑ 207 DK 9998 ↑ 206A	YEARS ... <input type="text"/> <input type="text"/> DK 98	YES 1 → 08B NO 2 → 09A
08.B. COMMUNITY CLINIC NAME: _____ DON'T KNOW	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT 01	MILE 1 KILOMETER ... 2 DK 998	YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> ↑ 207 DK 9998 ↑ 206A	YEARS ... <input type="text"/> <input type="text"/> DK 98	YES 1 → 08C NO 2 → 09A
08.C. COMMUNITY CLINIC NAME: _____ DON'T KNOW	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT 01	MILE 1 KILOMETER ... 2 DK 998	YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> ↑ 207 DK 9998 ↑ 206A	YEARS ... <input type="text"/> <input type="text"/> DK 98	YES 1 → 08D NO 2 → 09A
08.D. COMMUNITY CLINIC NAME: _____ DON'T KNOW	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT 01	MILE 1 KILOMETER ... 2 DK 998	YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> ↑ 207 DK 9998 ↑ 206A	YEARS ... <input type="text"/> <input type="text"/> DK 98	

List all of the RURAL DISPENSARIES / UNION SUB-CENTER that are **available** for people in this village/mohalla to use.

201. HEALTH FACILITY	202. Where is the HEALTH FACILITY located?	203. What is HEALTH FACILITY's operating authority?	204. How far in miles/kilometers is the FACILITY located from the center of the village? IF LOCATED IN THE VILLAGE/ MOHALLA, RECORD '000'	206. When did this facility first open?	206A. For how long has HEALTH FACILITY been open?	207. Any others ?
09.A. RURAL DISPENSARY / UNION SUB-CENTER (nearest) NAME: _____	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT 01	MILE 1 KILOMETER ... 2 DK 998	YEAR ... [][] [][] [][] ↑ 207 DK 9998 ↑ 206A	YEARS [][] [][] DK 98	YES 1 → 09B NO 2 → 10A
DON'T KNOW 09.B. RURAL DISPENSARY/ UNION SUB-CENTER NAME: _____	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT 01	MILE 1 KILOMETER ... 2 DK 998	YEAR ... [][] [][] [][] ↑ 207 DK 9998 ↑ 206A	YEARS [][] [][] DK 98	YES 1 → 09C NO 2 → 10A
DON'T KNOW 09.C. RURAL DISPENSARY/ UNION SUB-CENTER NAME: _____	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT 01	MILE 1 KILOMETER ... 2 DK 998	YEAR ... [][] [][] [][] ↑ 207 DK 9998 ↑ 206A	YEARS [][] [][] DK 98	YES 1 → 09D NO 2 → 10A
DON'T KNOW 09.D. RURAL DISPENSARY/ UNION SUB-CENTER NAME: _____ DON'T KNOW	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT 01	MILE 1 KILOMETER ... 2 DK 998	YEAR ... [][] [][] [][] ↑ 207 DK 9998 ↑ 206A	YEARS [][] [][] DK 98	

List all of the SATELLITE CLINICS that provide services to individuals in this village/mohalla.

201. HEALTH FACILITY	202. Where is the HEALTH FACILITY located?	203. What is HEALTH FACILITY's operating authority?	204. How far in miles/kilometers is the FACILITY located from the center of the village? IF LOCATED IN THE VILLAGE/ MOHALLA, RECORD '000'	206. When did this facility first open?	206A. For how long has HEALTH FACILITY been open?	207. Any others ?
10. A. SATELLITE CLINIC (nearest) NAME: _____ DON'T KNOW	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT...01 NGO02 PRIVATE03 RELIGIOUS04 SMILING SUN05 OTHER96 DON'T KNOW98	MILE1 KILOMETER ...2 DK998	YEAR ... ↑ 207 DK9998 ↑ 206A	YEARS DK98	YES 1 → 10B NO 2 → 300
10.B. SATELLITE CLINIC NAME: _____ DON'T KNOW	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT...01 NGO02 PRIVATE03 RELIGIOUS04 SMILING SUN05 OTHER96 DON'T KNOW98	MILE1 KILOMETER ...2 DK998	YEAR ... ↑ 207 DK9998 ↑ 206A	YEARS DK98	YES 1 → 10C NO 2 → 300
10.C. SATELLITE CLINIC NAME: _____ DON'T KNOW	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT...01 NGO02 PRIVATE03 RELIGIOUS04 SMILING SUN05 OTHER96 DON'T KNOW98	MILE1 KILOMETER ...2 DK998	YEAR ... ↑ 207 DK9998 ↑ 206A	YEARS DK98	YES 1 → 10D NO 2 → 300
10.D. SATELLITE CLINIC NAME: _____ DON'T KNOW	DISTRICT: _____ UPAZILA: _____ LOCATION: _____	GOVERNMENT...01 NGO02 PRIVATE03 RELIGIOUS04 SMILING SUN05 OTHER96 DON'T KNOW98	MILE1 KILOMETER ...2 DK998	YEAR ... ↑ 207 DK9998 ↑ 206A	YEARS DK98	

3: List of the Health and Family Planning Workers. Please provide us the name of all health and family planning fieldworkers working in this cluster/village/mohalla

300. Name of the fieldworker	301. What is the title/position of this fieldworker?	302. Under what authority does this fieldworker work ?	303. Does he/she live in this locality?	304. Where does he/she live?	305. What services does he/she provide?
01. NAME: _____	FWA1 HEALTH ASSISTANT2 COMMUNITY MOBILIZER/ Service Promoter3 OTHER6 DON'T KNOW8	GOVERNMENT ...01 NGO02 PRIVATE03 RELIGIOUS04 SMILING SUN05 OTHER96 DON'T KNOW98	YES1 (GO TO 305) ← NO2	DISTRICT: UPAZILA: UNION: VILLAGE:	HEALTH1 FAMILY PLANNING ..2 BOTH3 DON'T KNOW8
02. NAME: _____	FWA1 HEALTH ASSISTANT2 COMMUNITY MOBILIZER/ Service Promoter3 OTHER6 DON'T KNOW8	GOVERNMENT ...01 NGO02 PRIVATE03 RELIGIOUS04 SMILING SUN05 OTHER96 DON'T KNOW98	YES1 (GO TO 305) ← NO2	DISTRICT: UPAZILA: UNION: VILLAGE:	HEALTH1 FAMILY PLANNING ..2 BOTH3 DON'T KNOW8
03. NAME: _____	FWA1 HEALTH ASSISTANT2 COMMUNITY MOBILIZER/ Service Promoter3 OTHER6 DON'T KNOW8	GOVERNMENT ...01 NGO02 PRIVATE03 RELIGIOUS04 SMILING SUN05 OTHER96 DON'T KNOW98	YES1 (GO TO 305) ← NO2	DISTRICT: UPAZILA: UNION: VILLAGE:	HEALTH1 FAMILY PLANNING ..2 BOTH3 DON'T KNOW8
04. NAME: _____	FWA1 HEALTH ASSISTANT2 COMMUNITY MOBILIZER/ Service Promoter3 OTHER6 DON'T KNOW8	GOVERNMENT ...01 NGO02 PRIVATE03 RELIGIOUS04 SMILING SUN05 OTHER96 DON'T KNOW98	YES1 (GO TO 305) ← NO2	DISTRICT: UPAZILA: UNION: VILLAGE:	HEALTH1 FAMILY PLANNING ..2 BOTH3 DON'T KNOW8
05. NAME: _____	FWA1 HEALTH ASSISTANT2 COMMUNITY MOBILIZER/ Service Promoter3 OTHER6 DON'T KNOW8	GOVERNMENT ...01 NGO02 PRIVATE03 RELIGIOUS04 SMILING SUN05 OTHER96 DON'T KNOW98	YES1 (GO TO 305) ← NO2	DISTRICT: UPAZILA: UNION: VILLAGE:	HEALTH1 FAMILY PLANNING ..2 BOTH3 DON'T KNOW8

4: List Depotholders/ community service provider(CSP)

Please tell us about any depotholders who may work in this village, that is, a person who sells family planning or ORS from his or her house.

400. Name of the depotholder	401. Under what authority does this depotholder work ?	402: Does he/she live in this locality?	403. Where does he/she live?	404. What services does he/she provide?
01. NAME: _____	GOVERNMENT ... 01 NGO 02 PRIVATE 03 RELIGIOUS 04 SMILING SUN ... 05 OTHER 96 DON'T KNOW 98	YES.....1 (GO TO 404) ← NO2	DISTRICT: UPAZILA: UNION: VILLAGE:	HEALTH 1 FAMILY PLANNING 2 BOTH.....3 DON'T KNOW8
02. NAME: _____	GOVERNMENT ... 01 NGO 02 PRIVATE 03 RELIGIOUS 04 SMILING SUN ... 05 OTHER 96 DON'T KNOW 98	YES.....1 (GO TO 404) ← NO2	DISTRICT: UPAZILA: UNION: VILLAGE:	HEALTH 1 FAMILY PLANNING 2 BOTH.....3 DON'T KNOW8
03. NAME: _____	GOVERNMENT ... 01 NGO 02 PRIVATE 03 RELIGIOUS 04 SMILING SUN ... 05 OTHER 96 DON'T KNOW 98	YES.....1 (GO TO 404) ← NO2	DISTRICT: UPAZILA: UNION: VILLAGE:	HEALTH 1 FAMILY PLANNING 2 BOTH.....3 DON'T KNOW8

5: Availability of Doctors (allopathic, homeopathic) and Pharmacies

Please tell us about the doctors and pharmacies working in this village/mohalla.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Are there any allopathic/MBBS doctors in this village/mohalla?	YES 1 NO 2	→ 503
502	How many allopathic/MBBS doctors are in this village/mohalla?	ONE 1 2-5 2 MORE THAN 5 3 DON'T KNOW 8	
503	How far away is the nearest allopathic/MBBS doctor?	MILE 1 KILOMETER 2 DK 98 ENTER 'OO' IF IN THIS VILLAGE/ MOHALLA	
504	Are there any Village doctor in this village/mohalla?	YES 1 NO 2	→ 506
505	How many Village doctors are in this village/mohalla?	ONE 1 2-5 2 MORE THAN 5 3 DON'T KNOW 8	
506	How far away is the nearest Village doctor?	MILE 1 KILOMETER 2 DK 98 ENTER 'OO' IF IN THIS VILLAGE/ MOHALLA	
507	Are there any homeopathic doctors in this village/mohalla?	YES 1 NO 2	→ 509
508	How many homeopathic doctors are in this village/mohalla?	ONE 1 2-5 2 MORE THAN 5 3 DON'T KNOW 8	
509	How far away is the nearest homeopathic doctor?	MILE 1 KILOMETER 2 DK 98 ENTER 'OO' IF IN THIS VILLAGE/ MOHALLA	
510	Are there any ayurvedic/unani doctors in this village/mohalla?	YES 1 NO 2	→ 512
511	How many ayurvedic/unani doctors are in this village/mohalla?	ONE 1 2-5 2 MORE THAN 5 3 DON'T KNOW 8	
512	How far away is the nearest ayurvedic/unani doctor?	MILE 1 KILOMETER 2 DK 98 ENTER 'OO' IF IN THIS VILLAGE/ MOHALLA	
513	Are there any pharmacies in this village/mohalla?	YES 1 NO 2	→ 515
514	How many pharmacies are in this village/mohalla?	ONE 1 2-5 2 MORE THAN 5 3 DON'T KNOW 8	
515	How far away is the nearest pharmacy?	MILE 1 KILOMETER 2 DK 98 ENTER 'OO' IF IN THIS VILLAGE/ MOHALLA	

6: Other Programmes Provided by NGOs:

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	Other than ESP, do the _____ have any other programs in the area? (NAME OF SMILING SUN CLINIC OPERATING NGO)	YES NO.....	→ 602
601a.	In what area those programs with? (Tick the appropriate box and ask questions 601B & 601C)	601b. Who is funding?	601C. Since which year?
1. Health	Yes....1 No.....2	Govt.1 Others2 (Specify)	YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Nutrition	Yes....1 No.....2	Govt.1 Others2 (Specify)	YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Sanitation	Yes....1 No.....2	Govt.1 Others2 (Specify)	YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Microcredit	Yes....1 No.....2	Govt.1 Others2 (Specify)	YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Others (Specify).....	Yes....1 No.....2	Govt.1 Others2 (Specify)	YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
602	Is any other organization other than _____ (NAME OF SMILING SUN CLINIC OPERATING NGO) working in the area?	YES NO.....	→ 603a
602B.	What type of programs do they implement? (Tick the appropriate box and ask questions 602A & 603)	602A. What type of organizations is this?	603. Since which year?
1. Health	Yes....1 No.....2	Govt.1 Other NGOs.....2	YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Nutrition	Yes....1 No.....2	Govt.1 Other NGOs.....2	YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Sanitation	Yes....1 No.....2	Govt.1 Other NGOs.....2	YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Microcredit	Yes....1 No.....2	Govt.1 Other NGOs.....2	YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Others _____ (Specify)	Yes....1 No.....2	Govt.1 Other NGOs.....2	YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
603a. ENDING TIME		HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	