Impact Evaluation of the Marketing Innovation for Health Project in Bangladesh

September 2017

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MEASURE Evaluation

EVALUATION

Impact Evaluation of the Marketing Innovation for Health Project in Bangladesh

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Cover photo: A mother and child in Chittagong, Bangladesh.

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CONTENTS

Figures and Tables

ABBREVIATIONS

ANC4+	antenatal care, four or more visits
ANC	antenatal care
BCC	behavior change communication
BDHS	Bangladesh Demographic and Health Survey
BRAC	organization formerly known as the Bangladesh Rural Advancement Committee
CBD	community-based distribution
CMWRA	currently married women of reproductive age
CPS	collectively refers to the MIH intervention areas of CWFD, PSTC, and Shimantik
CM	community mobilizer
CSA	community sales agent
CWFD	Concerned Women for Family Development
DID	difference-in-differences
ECP	emergency contraceptive pill
FP	family planning
HTSP	healthy timing and spacing of pregnancies
IEC	information education communication
LARC	long-acting and reversible contraception
MCH	maternal and child health
MIH	Marketing Innovation for Health
MNP	micronutrient powder
MWRA	married women of reproductive age
NGO	nongovernmental organization
ORS	oral rehydration solution
PM	permanent method
PSTC	Population Services and Training Center
PSU	primary sampling unit
RH	reproductive health
SK	*Swasthya Kormi*
SMC	Social Marketing Company
SS	*Swasthya Sebika*
TBA	traditional birth attendant
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Evaluation Purpose

Marketing Innovation for Health (MIH) is an integrated social marketing project funded by the United States Agency for International Development (USAID)/Bangladesh that is designed to provide comprehensive health and family planning education, products, and services in 19 priority districts of rural Bangladesh. The purpose of this evaluation was to monitor project outcomes and conduct an impact evaluation. Outcome monitoring activities tracked changes in key knowledge and health indicators between the baseline and end line surveys, and the impact evaluation assessed the effect of the MIH intervention on health knowledge and behavior in intervention areas in relation to what was observed in comparison areas. The findings of this evaluation will serve three purposes: (1) to establish the impact of MIH interventions in rural, low-performing areas of the country, (2) to help USAID/Bangladesh design the next phase of the MIH program, and (3) to enhance learning and showcase for other donor-funded health projects what has worked in the MIH interventions. It will also add to the evidence base for integrated social marketing successes of health and family planning in low- and middle-income countries.

Project Background

USAID/Bangladesh awarded the MIH project to Social Marketing Company (SMC), Bangladesh in July 2012 for a duration of four years. The project was implemented by SMC in close collaboration with four partner nongovernmental organizations (NGOs)—BRAC, Concerned Women for Family Development (CWFD), Population Services and Training Centre (PSTC), and Shimantik; we use the CPS abbreviation to collectively refer to the CWFD, PSTC, and Shimantik NGOs as these NGOs had similar intervention strategies that differed from those of BRAC.

The goal of the project was to contribute to sustained improvements in the health status of women and children by increasing access to and demand for essential health products and services through a private-sector approach. The rationale for this approach was that increased awareness coupled with increased access to services at the doorstep would improve healthcare utilization. *Demand creation* or awareness-raising was done through behavior change communication (BCC) by deploying newly created and project-paid community mobilizers and through other media. *Increased access to health products and services* was done through deploying newly recruited non-salaried and entrepreneur community sales agents (CSAs) who sell their products for profit and conduct house-to-house visits. It is expected that the MIH interventions will make a significant improvement in levels of knowledge and use of health indicators among the 40 million people estimated to be covered by MIH interventions.

Evaluation Questions

The specific evaluation questions to be answered were:

- What changes occurred in the key knowledge and health behavior indicators in the MIH intervention areas between the baseline and end line surveys?
- Are the changes observed in key indicators between the baseline and end line surveys in MIH intervention areas significantly different from the changes observed in comparison areas?
- What has been the impact of the MIH interventions on key knowledge and health behavior indicators?

These questions were addressed for the overall MIH project and also disaggregated by BRAC and CPS.

Methods

The MIH evaluation was based on a prospective, quasi-experimental difference-in-differences design and data from representative household surveys conducted in BRAC and CPS intervention areas in 2013/2014 (baseline) and 2015/2016 (end line) in a panel of clusters. The unit of interest was married women of reproductive age (15–49) and the overall response rate among eligible women was 92 percent at baseline and 94 percent at end line. The comparison group was obtained from adjacent areas to maintain similarity in individual, household, and community conditions. MEASURE Evaluation conducted both the outcome and impact evaluations in collaboration with Mitra and Associates and Bangladeshi researchers. It should be underscored that the evaluation design permits for the examination of changes and estimation of program impact separately for BRAC and CPS areas, meaning that the impacts of these two groups of implementing partners can be measured distinctly.

Results

Table ES.1 presents sample population means (percent) and impact estimates (percentage point) for the key MIH outcomes of interest at baseline and end line in intervention and comparison areas. We find that all of the knowledge indicators increased over time in MIH intervention areas and that the MIH program had strong and significant impacts on these outcomes. Health product and service utilization also increased in MIH intervention areas over time and we find significant program impacts on use of micronutrient powder (MNP) among young children, use of sanitary napkins, receipt of four or more antenatal care (ANC) visits, and use of safe delivery kits during home births. No overall MIH impact was found for facility delivery or modern contraceptive prevalence. We also conducted a disaggregated analysis of program results by BRAC and CPS areas. Key findings from this sub-group analysis included that while there was a significant program impact on increased use of modern contraceptive methods in CPS areas, this was not the case in BRAC areas. We also found that the significant impact of the MIH on receipt of four or more ANC visits was driven by significant impacts of BRAC on use of ANC, as no significant program impact on ANC was detected in CPS areas.

Conclusions

Evaluation of the MIH program showed that contact with community health workers increased substantially in MIH intervention areas over the life of the project, which in turn contributed to an increase in knowledge and use of health products and services as intended by the program. While the focus of this evaluation was on the MIH project as a whole, we also considered BRAC and CPS as separate MIH domains. There were differences in the performance of BRAC and CPS in some of the indicators considered, which is possibly due to organizational, policy, and fieldworker differences between the implementing NGOs. For example, our findings of significant positive impacts of CPS on current use of modern contraceptives and of BRAC on receiving four or more ANC visits can be partially explained by these differences; CPS NGOs have historically focused on family planning whereas BRAC has focused on health, and CPS community mobilizers (CM) only provide health information dissemination, whereas in BRAC areas these workers provide both dissemination and ANC services to pregnant women.

Limitations

Two important limitations of this evaluation are the use of a cluster panel rather than a household panel and a non-randomized comparison group. Comparison areas for BRAC were selected from adjacent villages whereas those for CPS were from adjacent Upazillas in non-program areas; this lack of randomization could mean that intervention areas are systematically different from comparison areas. We address these limitations through our study design, which employs a difference-in-differences approach with control variables and cluster-level fixed-effects to control for time-invariant differences between the treatment and comparison areas.

Table ES.1: Key outcome monitoring and impact results in MIH areas

	MIH Intervention		MIH Comparison		
	B	E	B	E	Impact
MIH Result 2: Knowledge and awareness of safe reproductive health and improved child health					
% MWRA who could accurately report:					
Two specific risks/complications associated with pregnancies before age 20	44.0	66.1	39.5	38.2	22.8***
Two specific risks/complications associated with pregnancies after age 35	37.6	42.4	34.8	19.3	20.7***
Two specific risks/complications related to pregnancies that occur less than 2 years after the last birth	66.5	68.2	60.9	48.9	13.7***
Three potential danger signs of pregnancy	22.6	37.8	20.0	15.2	19.6***
The need for four health checkups during pregnancy	29.8	47.3	31.0	31.1	19.4***
Four useful initiatives related to birth preparedness to ensure safe delivery	17.6	25.2	15.7	15.0	9.6***
At least two specific benefits of using safe delivery kits	7.5	26.7	5.6	9.3	15.7***
Use of emergency contraceptive pills as an effective way of preventing possible unintended conception	1.8	27.4	2.1	3.7	24.2***
Use of zinc with ORS to treat diarrhea among MWRA with children under five	55.7	80.0	50.9	59.2	16.2***
Two benefits of MNP among MWRA with children under five	8.5	42.2	6.5	11.4	29.3***
MIH Result 2: Healthy behaviors and care-seeking practices					
% of children ages 6–59 months who were given MNP in last six months	3.3	18.9	2.2	5.3	12.4***
% of MWRA who had used sanitary napkins during current or last menstruation	8.9	25.4	8.3	14.9	9.7***
% of MWRAs' unmarried daughters ages 10–25 who had used sanitary napkins during current or last menstruation	13.4	42.0	15.5	22.1	19.6***
% of MWRA who had received 4+ ANC checkups for the most recent birth	19.7	30.9	17.5	25.7	7.5**
% of MWRA with a birth during the 18 months preceding survey who had delivered at a health facility	26.2	34.7	25.9	35.0	-0.4
% of MWRA who had live birth(s) in last three years that were delivered at home using a safe delivery kit	12.4	36.3	8.9	15.2	17.9***
% of CMWRA who are currently using any method of contraception	56.6	57.0	55.8	57.2	-0.8
% of CMWRA who are currently using any modern method of contraception	46.9	49.7	46.9	49.1	0.7
% of CMWRA who are currently using any traditional method of contraception	9.7	7.3	9.0	8.1	-

Note: "B" stands for the 2013–2014 baseline survey and "E" stands for the 2015–2016 end line survey. "MWRA" stands for married women of reproductive age and "CMWRA" stands for currently married women of reproductive age. "ORS" stands for oral rehydration solution. "MNP" stands for micronutrient powder. "ANC" stands for antenatal care. Refer to Table 5.5 for definitions of health knowledge and awareness indicators. Sample means are presented as percentages for baseline and end line; impact estimates are presented as percentage points. Refer to Table 5.8 for more detailed notes on impact estimates.

Recommendations

Table ES.2: Evidence and recommendations from the MIH project evaluation

Evidence	Recommendations
Women's knowledge on healthy timing and spacing of pregnancies (HTSP) and on reproductive, maternal, and child healthcare substantially and significantly improved following the MIH interventions.	The MIH-style BCC campaign implemented by Community Mobilizers (CMs) and *Swasthya Karmis* (SKs) should be continued in later phases of the project.
There was a significant increase in the use of micronutrient powder for children, sanitary napkins, and safe delivery kits following the sales of these products by project-unpaid entrepreneur CSAs and SKs at the doorstep.	CSAs or SSs should continue or be expanded in the project areas or beyond. As they are private-sector providers they do not require significant investment from the government or NGOs, although some technical assistance (e.g., training and mentoring of the CSAs and SSs) may be required.
CSAs serve much larger catchment populations and earn substantially more than SSs, and thus are more viable as a profession than SSs.	SSs may be allowed to serve larger catchment populations than the current ones.
In addition to the availability of ANC services from the usual sources, SKs provided ANC at the doorsteps in BRAC area. The use of ANC 4+ significantly increased there. The prevalence of ANC 4+ is still low in rural Bangladesh, including BRAC and CPS areas.	Introduction of community-level ANC providers in CPS intervention area or other low-performing areas can increase prevalence of ANC. To increase ANC 4+, the government and development partners may consider introducing health worker like SKs in rural areas. However, the content and quality of the ANC services provided by SKs should be assessed.
There was a significant increase in contraceptive use in CPS area but not in BRAC area. The dissemination of information on HTSP seems to have been more effective in CPS than BRAC, probably because CMs were fully involved in dissemination activities in CPS area while SKs split their time in dissemination and ANC service provision.	SKs in BRAC area should intensify their dissemination of HTSP effort. For example, during their ANC sessions SKs can help pregnant women plan adoption of effective and appropriate contraceptive methods to effectively meet their specific HTSP needs. This approach, piloted by government providers, has been found to be promising by the USAID-funded TRAction project.
There was a significant increase in the use of safe delivery kits sold by CSAs and SSKs. However, it should be noted that sales promotion of safe delivery kits conflicts with the promotion of facility delivery.	Promotion of safe delivery kits needs to be more targeted if the program expects to simultaneously have an impact on facility deliveries.

1. INTRODUCTION

1.1. Country Context

Bangladesh is a resource-poor country in South Asia with one of the highest population densities in the world. The economy is largely agrarian-based, with about one-third of the total population of 157 million in urban areas. Following a series of political and economic crises during the 1970s, the country has made rapid improvements in health and social development. Bangladesh succeeded in meeting a number of the United Nations' Millennium Development Goals, including narrowing the gender gap in school enrollment and reducing the headcount ratio and under-five mortality rate. The maternal mortality ratio declined by 40 percent during the last decade. One of the main contributors to the country's progress has been a strong family planning program—the total fertility rate currently stands at 2.2 children per woman, compared with 2.6 in Nepal and 3.8 in Pakistan.

1.2. The Development Problem

Despite these positive strides, many challenges remain. Given the momentum of the high rate of population growth in the past, family planning and maternal and child health services need to be strengthened further to meet the demands of the increasing numbers of men and women entering their reproductive years. The contraceptive prevalence rate needs to increase from 62 to 72 percent if the country is to achieve the national fertility goal of 1.8 children per woman. The contraceptive method mix is currently heavily reliant on short-acting methods, even though the average woman achieves her desired fertility by her late twenties. The level of unmet need is 12 percent. In addition, use of maternal healthcare services continues to be low, with only 31 percent of pregnant women receiving the recommended four or more antenatal checkups and less than half of all births (42 percent) being assisted by skilled birth attendants according to the 2014 Bangladesh Demographic and Health Survey (National Institute of Population Research and Training [NIPORT], Mitra and Associates, and ICF International, 2016) (BDHS). This national report further shows that chronic and acute malnutrition are rampant, 41 percent of children under age five are stunted, and 16 percent are wasted, with 36 percent of children overall being undernourished. Large rural-urban disparities persist in use of maternal and child healthcare.

Low levels of knowledge or awareness is one of the main deterrents to healthcare use. Access is another problem, particularly in rural areas where the public sector is the primary provider and service delivery points are more dispersed than in urban areas. Although the country has done well in health and family planning over the last three decades, certain geographical regions of the country continue to lag behind. For example, the contraceptive prevalence rate is around 48 percent in Sylhet, 55 percent in Chittagong, and 70 percent in Rangpur, compared with the national average of 62 percent (NIPORT, et al., 2016).

1.3. Overview of the Health Service Environment

The private sector plays a vital role in health service delivery and is usually the first point of contact for primary curative care, including among the poor. For preventive care, the private sector works in parallel with the public sector. For example, half of the users of modern contraception in the country procure their family planning supplies from the private sector, with a small percentage relying on NGOs. Reproductive and child health products are available through the private sector, and Social Marketing Corporation (SMC), Bangladesh supplies most of the contraceptive commodities (in particular oral contraceptive pills and injectables).

2. USAID'S RESPONSE TO THE DEVELOPMENT PROBLEM: THE MARKETING INNOVATION FOR HEALTH PROJECT

2.1. MIH Project Overview

USAID/Bangladesh implemented the Marketing Innovation for Health (MIH) project in response to persistent low utilization of maternal healthcare services and high levels of chronic and acute child malnutrition. The MIH is a four-year USAID-funded (15 million USD) social marketing project designed to increase knowledge and use of health and family planning products and services in rural Bangladesh. USAID/Bangladesh awarded the MIH project to SMC for four years, running from July 2012 to July 2016, through a Cooperative Agreement (Ref: AID-388-A-12-00003). Under this agreement, SMC, along with local NGO partners BRAC, CWFD, Population Services and Training Center (PSTC), and Shimantik, implemented a targeted program to provide information and a set of health and family planning products and services to rural populations in 19 districts of the country where the contraceptive prevalence rate is lower and the under-five mortality rate is higher than the national average. The intervention districts would benefit from special MIH interventions alongside the preexisting SMC and BRAC programs being implemented nationwide.

The goal of the MIH project was to contribute to sustained improvements in the health status of women and children by increasing access to and demand for essential health products and services. The program results[1] as stated in the results framework are as follows:

Result 1: Increase availability and reach through expanded commodity sales and distribution through private sector networks including NGOs at an affordable price to support family planning and other healthy practices; especially focused on low-income populations.

Sub-result 1: Increased distribution and sales of reproductive health (RH) products and a secured supply of contraceptive commodities.

Sub-result 2: Increased distribution and sale of oral rehydration solution (ORS) and zinc to treat diarrhea and dehydration, safe delivery kits, and other maternal and child health (MCH) products for use in related services.

Sub-result 3: Increased distribution and sale of products for improving the nutritional status of children.

Sub-result 4: Increased distribution and sale of new and innovative products using social marketing techniques.

Result 2: Improve knowledge and healthy behaviors, reduce harmful practices, and increase care-seeking practices while reaching out to new audiences (youth) through creative behavior change communication (BCC).

Sub-result 5: Improved health communication activities to reach new user populations.

The program aimed to reach its objectives through community mobilization and BCC campaigns. Under the community mobilization activities, several BCC and information, education, and communication (IEC) materials were developed to improve knowledge and promote healthy behavior in the community. These materials were used by the community mobilization teams through interpersonal contact and group sessions like courtyard meetings. The *Notun Din* program of SMC was an innovative approach to create a cadre of women entrepreneurs called community sales agents (CSAs) who would disseminate health messages, create demand,

[1] The third program result focuses on service delivery and referrals. Result 3 was assessed by SMC through other means so is not addressed in this evaluation report. Details for Result 3 can be found in the scope of work documentation provided in Appendix VI.

and sell SMC's priority health products at the community level.[2] These workers were MIH's non-salaried sales agents who were not paid directly by the project, but rather received commission from sales of SMC products. Health messages developed by SMC were disseminated in the form of a booklet used during community mobilization activities and through an audio drama called *Notun Diner Golpo*. The messages covered issues on maternal, child, and adolescent health, and prevention of TB.

BRAC, as part of their wider nationwide program, has two types of health workers for community mobilization: the *Swasthya Kormi* (SK), who received six months of training, conducted courtyard meetings (*Uthan Boito*), and made home visits for provision of antenatal care (ANC), and the *Swasthya Sebikas* (SS), who received three months of training and sold health products such as ORS, zinc therapy for diarrhea, micronutrient products for children, oral contraceptives and condoms, sanitary napkins, safe delivery kits, and other such products, promoting sales through home visits in their catchment areas of 250 households. Both cadres discussed health issues covered in *Notun Diner Golpo* during their home visits.

The NGOs of the three MIH implementing partners (CWFD, PSTC, and Shimantik, henceforth collectively termed CPS) also had two types of workers: community mobilizers (CMs), equivalent to BRAC SK, and CSAs, equivalent to BRAC SS in terms of skills, roles, and responsibilities. Key differences exist: the CMs do not provide ANC services at clients' homes, while BRAC SKs do. The BRAC SKs also made more frequent home visits than the CPS CMs. The catchment area of a CSA could be as large as 1,000 households (three to four times larger than BRAC SS), giving the CSA a relatively larger market than a BRAC SS and thus greater potential for sales of health products.

2.2. Target Population and Geographic Areas

The MIH program targeted selected districts in three low performing divisions of the country: Barisal, Sylhet, and Chittagong. Appendix VI provides a detailed listing of the districts and Upazillas covered by the MIH project. MIH focus populations include low- and middle-income women of reproductive age (ages 12–49) and men, and mothers of newborns and under-five children. According to the 2011 Population Census (Bangladesh Bureau of Statistics [BBS], December 2012), the population covered by MIH was over 40 million people residing in 8.23 million households. The estimated number of women of reproductive age is more than 9 million and that of children under-five is about 4.5 million.

Districts covered by BRAC, CWFD, PSTC, and Shimantik had lower use of contraception than the national average. For example, modern contraceptive use was 46 percent in BRAC districts and 42 percent in districts covered by CPS compared to the national rate of 54 percent in 2010 (National Institute of Population Research and Training [NIPORT], MEASURE Evaluation, and icddr,b, 2012). The MIH-covered districts were also disadvantaged in terms of child mortality, child nutrition, and other health indicators.

2.3. Conceptual Framework Linking MIH Interventions to Outcomes

Community workers of the MIH implementation partners (BRAC and CPS) repeatedly reached women of reproductive age, their spouses, family members, and other community influencers with targeted messages on family planning, reproductive, maternal, and child health, nutrition, and TB, through both nationwide mass media and community mobilization activities in the 19 intervention districts. Families in the intervention areas were motivated to adopt healthy behaviors and had better access to contraceptives, safe delivery kits, sanitary napkins, ORS, zinc, and micronutrients for children like *Pustikona* and *MoniMix* through community workers (SS and CSAs) carrying the product, or through retail outlets within close proximity. It

[2] A secondary objective of the MIH project was to create a sustainable cadre of female social entrepreneurs who would continue beyond the life of the project. Results of an independent cross-sectional survey of service providers conducted by MEASURE Evaluation during the end line MIH evaluation survey can be found in Appendix IV.

was expected that repeated reinforcement of messages and easy access to products would allow for maximum health impact in the low-performing intervention districts.

An illustrative framework is presented in Appendix I and depicts how various MIH strategies, approaches, and inputs were expected to influence accessibility, enhance knowledge, and improve health behavior and care-seeking practices. Strategic pricing of products was developed to maximize affordability of the low- and middle-income clients. Emphasis was given to BCC through community mobilization and mass media. The expected outcomes of these efforts were to increase health awareness and knowledge, and increase utilization of nutrition, health, and family planning products and services.

3. PURPOSE OF THE EVALUATION

This document is the end line report for the evaluation of the MIH project. The MIH project was designed to provide a comprehensive set of health and family planning services and products with the objective of improving health knowledge and use of health services among people living in 19 priority districts. The overall purpose of the MIH evaluation was to assess how well the project was achieving these objectives. To this end, the evaluation included an outcome evaluation which tracked changes in 17 key indicators for knowledge and healthcare utilization in the MIH areas between baseline and end line surveys. The evaluation also included an impact evaluation to assess the impact of the MIH interventions on health knowledge and behaviors in project areas.

The findings of this evaluation will serve three purposes: (1) to establish the impact of MIH interventions in rural, low performing areas of the country, (2) to help USAID/Bangladesh design the next phase of the MIH program, and (3) to enhance learning for other donor- or government-funded health projects in terms of what has worked in MIH-type interventions. It will also add to the evidence base for integrated social marketing projects of health in low- and middle-income countries.

3.1. Evaluation Questions

The main objective of this evaluation was to examine changes in key outcomes at the population level and to estimate the impact of the MIH program. The specific questions to be answered were:

- What changes occurred in the key knowledge and health behavior indicators in the MIH intervention areas between the baseline and end line surveys?
- Are the changes observed in key indicators between the baseline and end line surveys in MIH intervention areas significantly different from the changes observed in comparison areas?
- What has been the impact of the MIH interventions on key knowledge and health behavior indicators?

The evaluation questions were further disaggregated by BRAC and CPS, the MIH implementing agencies working in distinct geographical areas.

4. EVALUATION METHOD

The MIH evaluation consists of an outcome evaluation which tracked changes in key outcome indicators in the project target population area over time and an impact evaluation which measured whether changes in key outcomes could be attributed to the MIH project. The evaluation was based on a prospective, quasi-experimental difference-in-differences (DID) design and used data from representative household surveys conducted in 2013/2014 (baseline) and 2015/2016 (end line). MEASURE Evaluation conducted both the outcome and impact evaluations in collaboration with Mitra and Associates and Bangladeshi researchers.

4.1. Outcome Monitoring Study Design

Outcome monitoring activities were intended to answer the first two evaluation questions concerning changes over time and differentials in intervention and comparison areas. Changes in key indicators related to health knowledge, behavior, and use of health products were examined at the population level between 2013 and 2015.

Two basic models are employed in the outcome evaluation. Equation (1) presents the model used to answer the first evaluation question regarding whether significant changes in key indicators occurred between baseline and end line in project areas.

$$Y_{ijt} = \alpha_0 + \alpha_1 T_t + \varepsilon_{1ijt} \quad (1)$$

Equation (2) is a simple DID model and is used to answer the second evaluation question of whether changes over time in the MIH intervention areas were significantly different from changes over time in similar comparison areas.

$$Y_{ijt} = \beta_0 + \beta_1 P_j + \beta_2 T_t + \beta_3 P_j * T_t + \varepsilon_{2ijt} \quad (2)$$

In equations (1) and (2), Y_{ijt} represents the outcome of interest for individual i who lives in community j at time t. T_t is a binary variable equal to one if the observation is from the end line survey and zero if it is from the baseline. P_j is a binary variable equal to one if community j is in the intervention area and to zero if it is in the comparison area. $P_j{*}T_t$ is the interaction of the time and intervention variables and $\boldsymbol{\varepsilon}_{ijt}$ is the error term.

Equation (1) was estimated separately for each study group to test whether the changes in the outcome over time was statistically significant (i.e., MIH intervention areas, MIH comparison areas, BRAC intervention areas, BRAC comparison areas, CPS intervention areas, and CPS comparison areas). The estimated coefficient $\widehat{\alpha_1}$ gives the difference (end line – baseline) in the indicator for the study group of interest, and a statistically significant estimate of $\widehat{\alpha_1}$ indicates that a significant change occurred in the indicator between baseline and end line. Equation (2) used pooled baseline and end line data and was estimated separately for three groups: all observations in MIH intervention and comparison areas, observations in BRAC intervention and comparison areas, and observations in CPS intervention and comparison areas. The estimated coefficient $\widehat{\beta_3}$ is the estimate of the simple DID model for [Intervention (End line – Baseline)] – [Comparison (End line – Baseline)]. A statistically significant estimate of $\widehat{\beta_3}$ indicates that the change over time in intervention areas was significantly different from the change over time in comparison areas. Equations (1) and (2) were estimated with regression analysis (linear probability models for binary outcomes) using the sample of households from the panel of clusters. Regression models apply sample weights and standard error estimates are corrected for clustering at the cluster level.

4.2. Impact Evaluation Design

Assessing program impact requires us to estimate what would have happened if the MIH project had not been implemented. This necessitates having a comparison group with characteristics as similar as possible to the MIH areas but where the MIH was not implemented. Since program priority areas were selected before the evaluation began it was not feasible to implement a randomized control design. As an alternative, our evaluation was based on a prospective, quasi-experimental, DID design. This design estimates the program impact by comparing changes in outcomes in the MIH areas between baseline and end line to changes in comparison areas over the same period.

The validity of the DID impact estimates is dependent upon the validity of the "parallel trends" assumption, which essentially means assuming that the change observed in the comparison group is a good approximation to the change that would have been observed in the MIH areas if the program had not been implemented. In other words, we assume that both the MIH and comparison areas would have experienced similar changes over time in the absence of the program.

Due to the quasi-experimental nature of the study design it is important to control for differences between the intervention and comparison groups. We attempt to control for observable differences by including variables for individual and household characteristics that were not expected to be affected by the program as control variables in the impact estimation models. Additionally, we use cluster-level fixed-effects to control for unobserved time-invariant differences. The evaluation surveys were designed to be longitudinal at the cluster level in order to facilitate implementation of the fixed-effects impact estimation models.

4.2.1. Estimation Strategy: Overall Impact of the MIH Project

The following DID model estimates the overall impact of the MIH project:

$$Y_{ijt} = \gamma_0 + \gamma_1 P_j + \gamma_2 T_t + \gamma_3 P_j * T_t + \gamma_4 X_{ijt} + \lambda_j + \varepsilon_{3ijt} \quad (3)$$

As in the outcome evaluation specifications above, Y_{ijt} represents the outcome of interest for individual i, T_t is a binary variable equal to one if the observation is from the end line survey and zero if it is from the baseline, P_j is a binary variable equal to one if community j is in the intervention area and to zero if it is in the comparison area, and $P_j{*}T_t$ is the interaction of the time and intervention variables. X_{ijt} is a vector of individual and household characteristics that were not expected to be affected by the MIH intervention. The fixed-effects specification of the DID model used in the impact evaluation also includes λ_j, which represents a full set of community (cluster) dummies to control for unobserved differences between the groups that do not change over time; ε_{ijt} is the standard error term.

The coefficient of interest is $\widehat{\gamma_3}$, which is the DID MIH program impact estimate. It is interpreted as the change in the outcome as a result of the community being exposed to the MIH interventions; in other words, if $\widehat{\gamma_3}$ is significant then we can conclude that the improvements in the outcomes were due to the program. This model is estimated with regression analysis methods using the sample of households from the panel of clusters and includes all observations in MIH (BRAC and CPS) intervention and comparison areas.

4.2.2. Estimation Strategy: Impact of BRAC and CPS Project Components

We also estimate the impact of BRAC and CPS project components using the following modified DID model:

$$Y_{ijt} = \delta_0 + \delta_1 Brac_j + \delta_2 CPS_j + \delta_3 BracComp_j + \delta_4 T_t + \delta_5 Brac_j * T_t + \delta_6 CPS_j * T_t + \delta_7 BracComp_j * T_t + \delta_8 X_{ijt} + \lambda_j + \varepsilon_{4ijt} \quad (4)$$

In this speciation, $Brac_j$ is a binary indicator equal to one if community j is in the BRAC intervention area, CPS_j is a binary indicator equal to one if community j is in the CPS intervention area, and $BracComp_j$ is a binary variable equal to one if community j is in the BRAC comparison area; note that the CPS comparison area is the reference group and is not included in the model. The other terms are defined as before. The impact of BRAC was estimated by $(\widehat{\delta_5} - \widehat{\delta_7})$, which is interpreted as the change in the outcome as a result of the community being exposed to the BRAC. The impact of CPS is estimated by $\widehat{\delta_6}$ and its value is likewise interpreted as the change in the outcome as a result of the community being exposed to the CPS intervention. This model was estimated with regression analysis methods that apply sample weights and control for clustering at the cluster-level using the sample of households in the panel of clusters.

4.3. Data

The evaluation design required collecting baseline and end line data in MIH program and intervention areas and similar comparison areas. Data were obtained from a representative sample of households in MIH intervention and comparison areas; the comparison group was obtained from adjacent areas to maintain similarity in ethnic, socioeconomic, and environmental conditions. Per the impact evaluation estimation strategy, data were longitudinal at the cluster level.

4.3.1. Sampling

The sampling design and selection of treatment and comparison households followed the particular features of the deployment of the MIH intervention. The MIH project has different partner NGOs operating in different regions of the country. BRAC operated in Chittagong Division, where it had been active long before the MIH project came into existence, and operated at the village level by defining a catchment area for the *Swasthya Sebika* (*SS*). The CPS group of NGOs operated at the Upazilla level and began their interventions in Barisal and Sylhet Divisions following the award of MIH to SMC in 2012. In light of these differences, the evaluation sampling strategy treated BRAC areas and CPS areas as two separate MIH domains, each with its own comparison group and sampling strategy. While outcome monitoring and impact analysis were conducted for BRAC and CPS areas, the main focus of this evaluation is the overall MIH project, which considers BRAC and CPS intervention and non-intervention areas as aggregate MIH treatment and MIH comparison areas.

Because the MIH intervention areas were already selected when the evaluation began, it was not feasible to randomize the selection of the comparison group. As an alternative, the evaluation team selected areas adjacent to the MIH project areas. Since BRAC operated in selected villages and Mouzas (i.e., administrative districts) of targeted Upazillas, the comparison areas for BRAC were taken from neighboring villages/Mouzas of the BRAC Upazillas where BRAC was not in operation. Within the 12 CPS districts, however, CPS NGOs covered all of the villages/Mouzas in the 22 CPS Upazillas, so the CPS comparison areas were selected from adjacent Upazillas within the same CPS district but where there was no CPS coverage.

The sampling frame for the MIH baseline survey was the list of Mouzas in the intervention and comparison areas according to the 2011 Bangladesh population census. Selection of the baseline household sample was undertaken in two stages. In the first stage, 120 clusters from BRAC intervention domains, 120 clusters from BRAC comparison domains, 112 clusters from CPS intervention domains, and 117 clusters from CPS comparison domains were randomly selected. Then, a household listing operation was conducted in each of the randomly selected clusters to produce an updated list of households. In the second stage, 30 households were randomly selected from each of the selected clusters from all four study domains. Further details on the baseline sampling design and results are available in the *MIH Baseline Survey 2013–2014* report (MEASURE Evaluation, 2015). As the impact evaluation was designed to be longitudinal at the cluster level, the MIH end line survey was conducted in the baseline clusters with an updated household listing.

4.3.2. Data Collection

The main data for the outcome monitoring and impact evaluation activities came from ever-married women of reproductive age (MWRA, ages 15–49) interviewed through population-based household surveys. The MWRA provided information on their own knowledge, behavior, and use of products and services as well as information on pregnancy and delivery care and the health and nutrition of children under age five. The surveys also collected information on individual, household, and neighborhood characteristics associated with these outcomes.

At baseline, the main data collection tool was the women's questionnaire, which collected information on the respondent's background, reproductive history, knowledge and use of maternal health services, childcare, and reproductive hygiene. A household questionnaire was also administered to collect data on household characteristics. The end line survey used the same questionnaires as the baseline survey, but with updated reference dates. The baseline questionnaire is available in Appendix IV of the baseline survey report (MEASURE Evaluation, 2015), and the end line questionnaire is available at the end of this report in Appendix VII. End line data collection also included an independent cross-sectional survey of 214 MIH service providers to assess differences between BRAC and CPS community workers; selected results of this survey are presented in Appendix IV.

Baseline survey fieldwork was conducted from September 2013 to February 2014. A total of 6,960 households were surveyed in the MIH intervention areas (3,470 in BRAC and 3,192 in CPS intervention areas) and 6,791 households in the MIH comparison areas (3,478 BRAC and 3,313 CPS comparison areas). The baseline household response rate was around 95 percent, while the women's response rate was around 92 percent; the response rates were very similar among the different areas (MEASURE Evaluation, 2015).

End line survey fieldwork was undertaken two years after the baseline survey, with fieldwork occurring from November 2015 to February 2016. A total of 6,705 households were surveyed in the MIH intervention areas (3,456 in BRAC intervention areas and 3,249 in CPS intervention areas) and 6,811 in the MIH comparison areas (3,420 in BRAC comparison areas and 3,391 in CPS comparison areas). The midline household response rate was approximately 96 percent and the women's response rate was around 94 percent; Appendix III presents the response rates and sample sizes for the MIH end line survey by study domain. As was the case at baseline, the response rates were very similar among the different areas.

4.3.3. Balance between Treatment and Comparison Areas at Baseline

After baseline data were processed and available for analysis, we compared 64 indicators for healthcare knowledge, practices, and background characteristics between project and comparison areas and performed statistical tests of the mean difference in each indicator between intervention and comparison areas. These "balancing tests" helped assess the similarity between the intervention and comparison populations at baseline.

We found that 78 percent of the indicators tested were not significantly different between intervention and comparison areas at baseline. The number of indicators that significantly differed (at the 5% level or lower) between intervention and comparison areas at baseline by indicator group were: 1/11 (9%) indicators of household characteristics, 2/21 (10%) characteristics of women, 8/41 (57%) knowledge on reproductive and child health/nutrition, and 3/18 (17%) practice of reproductive and child health/nutrition. Complete details of the balance tests are available in the baseline report (MEASURE Evaluation, 2015). These results indicate the existence of pre-program differences between the project and comparison groups and the need to control for the differences in the impact estimation models. They reaffirm our decision to include control variables and fixed-effects in the DID models used for estimating program impacts.

4.3.4. Attrition between Baseline and End Line

Of the 469 clusters surveyed at baseline, 450 (96%) were revisited at end line; attrition in the evaluation cluster panel was very low at four percent. The 19 clusters not revisited at end line included one cluster from BRAC comparison areas and 18 clusters from BRAC intervention areas. At baseline, there were SS working in these 18 BRAC intervention clusters, but BRAC dropped the SS workers from these clusters early in the project and was unable to reassign new workers. As one of the major components of the MIH intervention was the sale of health products by the SS workers, these 18 clusters were excluded from the study at end line.

4.4. Ethical Considerations

Prior to baseline and end line data collection, ethical clearance for the study protocol and data collection instruments was obtained from the Bangladesh Medical Research Council and the University of North Carolina at Chapel Hill Institutional Review Board. Data were collected through face-to-face interviews to ensure confidentiality. Informed consent was obtained from participants prior to the interview, including an assent form for respondents ages 13 to 17, to ensure confidentiality.

5. FINDINGS

This chapter presents the main results of outcome monitoring and impact evaluation analyses for women's contact with service providers and exposure to BCC activities, knowledge and awareness of safe reproductive health and improved child healthcare, healthy behavior and care-seeking practices, and contraceptive use among currently-married women. Within each topical section we first describe the results indicators and how they relate to the MIH project conceptual framework. We then address the first two evaluation questions on outcome monitoring to understand what changes occurred in MIH areas between baseline and end line and whether the changes in intervention areas were significantly different from changes observed in comparison areas. Last, we present results from the MIH project impact evaluation and provide estimates of program impact taking into account any potential differences at individual, household, and cluster levels between the intervention and comparison groups. The impact estimates are presented as average marginal effects.

5.1. Women's Contact with Service Providers and Exposure to BCC Activities

One innovative feature of the MIH project was to use community agents to disseminate health messages and also to act as depots for maternal, reproductive, and child health products. The idea was that increased knowledge and awareness would lead to increased healthcare utilization. The *Notun Din* program aimed to create a cadre of women entrepreneurs who would communicate health messages, create demand, and sell priority health products of SMC at the community level. Health messages developed by MIH were disseminated in the form of a booklet which was used during community mobilization activities, and through an audio drama called *Notun Diner Golpo*. The messages covered pregnancy-related topics, health hygiene, reproductive, newborn, and child health, and prevention of TB. The community sales agents (CSAs) and community mobilizers (CMs) in CPS areas and *Swasthya Kormis* (SKs) and *Swasthya Sebikas* (SS) in BRAC areas are the service providers referred to in this chapter.

SMC conducted an independent qualitative evaluation of CSAs to assess the strengths and weaknesses of the model (Social Marketing Company, 2016). In addition, MEASURE Evaluation conducted a cross-sectional survey with service providers at the time of the end line evaluation survey, the results of which are included in Appendix IV. This chapter presents information on women's interactions with MIH service providers and their participation in MIH events using data from the MIH evaluation surveys administered to MWRA.

5.1.1. Program Coverage: Contact with MIH Service Providers

Respondents in BRAC and CPS intervention and comparison areas were asked if they had any recent contact with MIH community workers, who would usually include SSs/SKs in BRAC areas and CSAs/CMs in CPS areas. Table 5.1 shows the percentage of MWRA in each study area who had contact with MIH service providers in the three months preceding the survey; results for BRAC and CPS areas are presented separately.

By the end line, program coverage appeared to be high in BRAC areas, with just under three-fourths of women reporting contact with SKs and two-thirds reporting contact with SSs in the previous three months (Table 5.1). Contact with SKs significantly increased over time, from 5.6 percent at baseline to 73.9 percent at end line in BRAC intervention areas, compared to a corresponding small increase from 0.0 percent to 2.2 percent in BRAC comparison areas. Similarly, contact with SS increased from 5.0 percent to 65.8 percent over time in BRAC intervention areas (*p<0.01)*, compared with 0.0 percent to 1.7 percent in BRAC comparison areas (*p<0.01*). SKs are the community mobilizers and supervisors of SSs in BRAC areas and their main contact with women is during *Uthan Boithak* (courtyard meetings). The small but statistically significant increases in contact with MIH service providers in BRAC comparison areas is possibly due to "spillovers" in which some of the BRAC comparison population was exposed to MIH interventions.

There was also a considerable increase in contacts with MIH service providers between baseline and end line in CPS intervention areas (Table 5.1). At baseline only 3.5 percent of the population in CPS intervention areas had contact with a CM and 2.8 percent with a CSA, compared to 64.1 percent and 56.1 percent, respectively, at end line. While 0.0 percent of the CPS comparison population reported contact with a CM or CSA at baseline, 0.1 percent reported contact at end line; again, this could be due to possible contamination, but the levels are very small.

The increase in contacts with MIH service providers and the coverage of providers at end line were relatively greater in BRAC than in CPS areas. This may be explained by the fact that BRAC had ongoing community mobilization activities in BRAC intervention areas when the MIH project was awarded, and by the relatively smaller catchment area of the BRAC SS compared to CPS CSA.

Table 5.1: Percentage of MWRA who had contact with MIH service providers in the three months preceding the survey, 2014 baseline (B) and 2016 end line (E) surveys

	BRAC Intervention Area			BRAC Comparison Area		
Type of provider	**B**	**E**	**Diff (E–B)**	**B**	**E**	**Diff (E–B)**
Swasthya Karmi (community mobilizer)	5.6	73.9	68.3***	0.0	2.2	2.2***
Swasthya Sebika (community sales agent)	5.0	65.8	60.8***	0.0	1.7	1.7***
Number of women	3,493	3,614		3,513	3,584	
	CPS Intervention Area			**CPS Comparison Area**		
Community mobilizer	3.5	64.1	60.6***	0.0	0.1	0.1*
Community sales agent	2.8	56.1	53.3***	0.0	0.1	0.1*
Number of women	3,108	3,318		3,154	3,396	

Note: "B" stands for the 2013–2014 baseline survey, "E" stands for the 2015–2016 end line survey, and "Diff(E–B)" stands for the difference between the end line and baseline values of the indicator. Significance tests of the difference (end line minus baseline) were conducted with the significance levels of the difference indicated as: *10% significance, **5% significance, and ***1% significance.

5.1.2. Contact with MIH Service Providers: Swasthya Karmi or Community Mobilizers

Table 5.2 presents information on the place of contact between MWRA and SKs or CMs. As previously discussed, the primary responsibility of the SK/CM is to disseminate health messages and moderate courtyard meetings and group sessions.

Of the 196 MRWA who reported contact with SKs in BRAC intervention areas at baseline (where activities may have been underway prior to MIH), the majority (58.7%) reported contact to have occurred at home, followed by at *Uthan Boithak* (39.8%), and at the provider's place/other (1.5%). There seems to have been a shift in the place of dissemination by SKs from home to courtyard, as 60.7 percent of women reported contact with SKs at *Uthan Boithak* at end line compared to 39.0 percent at home. The decrease in the percentage of women in BRAC intervention areas who met SKs at home was statistically significant, as was the increase in the percentage of women who met SKs at courtyard meetings.

Most women who had contact with CMs in CPS intervention areas met the CMs at *Uthan Boithak* at both baseline (77.6%) and end line (76.7%). The second most common contact location changed from the provider's office/other (11.8% baseline, 0.2% end line) to home (10.7% baseline, 23.1% end line). While the increase in the percentage of woman in CPS intervention areas who met CMs at home was significant, the changes over time in meeting CMs at *Uthan Boithak* and at the provider's place/other were not significant.

The most significant finding from Table 5.2 is that contact with SKs and CMs typically occurred at the *Uthan Boithak* in BRAC and CPS intervention areas at end line.

Table 5.2: Percentage distribution of place of contact between MWRA and SK, 2014 baseline (B) and 2016 end line (E) surveys

	BRAC Intervention Area			CPS Intervention Area		
Place of contact	**B**	**E**	**Diff (E–B)**	**B**	**E**	**Diff (E–B)**
At home individually	58.7	39.0	-19.7***	10.7	23.1	12.4***
At *Uthan Boithak*	39.8	60.7	20.9***	77.6	76.7	-0.9
At provider's place/other	1.5	0.3	-1.2	11.8	0.2	-11.6
Total	100.0	100.0		100.0	100.0	
Number of MWRA who had contact with SK/CM	196	2,670		110	2,128	

Note: Refer to Table 5.1 notes.

5.1.3. Contact with MIH Service Providers: Swasthya Sebika or Community Sales Agents

The main role of SS and CSAs was to promote sales of MIH-endorsed reproductive and child health products through home visits. The patterns observed for the location of contact with SS/CSAs in Table 5.3 are very similar to those with SKs/CMs (Table 5.2). Specifically, there were two major shifts in the locations for SS/CSA meetings. In BRAC intervention areas, SS tended to meet women at their homes at baseline (63.5%), but at midline only 41.1 percent of women reported visits at home and 58.7 percent reported visits at *Uthan Boithak.* In the CPS intervention, most women met CSAs at *Uthan Boithak* in both survey rounds (74.6% baseline, 70.9% end line); contact at the provider's place/other decreased from 14.9 percent to 0.2 percent over time, with more women meeting CSAs at home individually (10.5% baseline, 28.8% end line). The decrease over

time in the percentage of women who met SS/CSA workers at home was significant in the BRAC intervention area, as was the increase in women meeting SS/CSA workers at home in the CPS intervention area.

Table 5.3: Percentage distribution of places of contact between MWRA and SS/CSAs, 2014 baseline (B) and 2016 end line (E) surveys

	BRAC Intervention Area			CPS Intervention Area		
Place of contact	B	E	Diff (E–B)	B	E	Diff (E–B)
At home individually	63.5	41.1	-22.4***	10.5	28.8	18.3***
At *Uthan Boithak*	34.8	58.7	23.9***	74.6	70.9	-3.7
At provider's place/other	1.7	0.2	-1.5	14.9	0.2	-14.7*
Total	100.0	100.0		100.0	100.0	
Number of MWRA who had contact with SS/CSAs	175	2,307		87	1,861	

Note: Refer to Table 5.1 notes.

5.1.4. Participation in MIH Information Dissemination and Related Events

Table 5.4 presents the types of MIH events MWRA participated in at baseline and end line for both BRAC and CPS intervention areas. Exposure to MIH messages and participation in MIH events increased in both BRAC and CPS areas. The largest increase was in attendance of *Uthan Boithak* where health messages were discussed. In BRAC intervention areas attendance of a courtyard meeting during the past three months significantly increased by 53.5 percentage points over time and significantly increased 50.4 percentage points over time in CPS intervention areas. At the time of the end line survey, over half of women reported that they attended a courtyard meeting that discussed *Natun Diner Golpo* topics in both BRAC (56.6%) and CPS (53.7%) intervention areas. This coverage of MIH information dissemination at the courtyard level seems to be relatively high, and appears to be slightly higher in BRAC areas than CPS areas.

The percentage of MWRA who reported ever attending an MIH event and who reported attending an MIH event in the past three months increased over time in both the BRAC and CPS intervention areas, but the increase in CPS areas was double that in BRAC areas. The percent of women who ever attended increased by 11.7 percentage points ($p<0.01$) to an end line coverage rate of 12.5 percent in BRAC intervention areas, and the percent who attended in the past three months increased 9.7 percentage points ($p<0.01$) to 10.4 percent at end line in BRAC intervention areas. In CPS intervention areas, the percentage of women who ever attended increased 25.0 percentage points ($p<0.01$) to 27.6 percent at end line and the percentage who attended in the past three months increased 19.5 percentage points ($p<0.01$) to 21.4 percent.

Last, MWRA was asked if they knew about SMC's Blue Star Pharmacy. The Blue Star MIH project is a network of over 6,000 skilled community-level health providers and pharmacies offering a wide variety of public health products, services, and referrals. Knowledge of the Blue Star Pharmacy continued to be rather low in MIH areas (12.7% in BRAC intervention areas and 9.7% in CPS intervention areas), even though it increased significantly between baseline and end line.

Table 5.4: Indicators associated with MWRA's (a) contact with MIH providers, (b) participation in MIH events, and (c) knowledge about SMC's Blue Star Pharmacy, by area, 2014 baseline (B) and 2016 end line (E) surveys

	BRAC Intervention Area			BRAC Comparison Area		
Percent of MWRA who:	**B**	**E**	**Diff (E–B)**	**B**	**E**	**Diff (E–B)**
Attended any *Uthan Boithak* including discussion of *Natun Diner Golpo* topics in last three months	3.1	56.6	53.5***	0.0	0.7	0.7**
Ever attended an event such as health film show, *Notun Diner Golpo*, or health mela	0.8	12.5	11.7***	0.0	0.6	0.6***
Attended an event such as health film show, *Notun Diner Golpo*, or health *mela* in last three months	0.7	10.4	9.7***	0.0	0.1	0.1*
Had heard of Blue Star Pharmacy	3.0	12.7	9.7***	1.6	5.6	4.0***
Number of MWRA	3,493	3,614		3,513	3,584	
Percent of MWRA who:	**CPS Intervention Area**			**CPS Comparison Area**		
Attended any *Uthan Boithak* including discussion of *Natun Diner Golpo* topics in last three months	3.3	53.7	50.4***	0.0	0.1	0.1
Ever attended an event such as health film show, *Notun Diner Golpo*, or health *mela*	2.6	27.6	25.0***	0.5	0.0	-0.5
Attended an event such as health film show, *Notun Diner Golpo*, or health *mela* in last three months	1.9	21.4	19.5***	0.1	0.0	-0.1
Had heard of Blue Star Pharmacy	4.1	9.7	5.6***	3.3	4.9	1.6**
Number of MWRA	3,108	3,318		3,154	3,396	

Note: Refer to Table 5.1 notes.

5.2. Knowledge and Awareness of Safe Reproductive Health and Improved Child Healthcare

Low levels of knowledge and awareness are among the primary contributors to underutilization of healthcare in low- and middle-income countries. The MIH program intended to fill this gap in the 19 low performing intervention districts by creating awareness and increasing knowledge through BCC activities at the community level. The main agents for disseminating the MIH-developed information, education, and communications (IEC) materials and messages were community workers—CMs in CPS areas and SKs in BRAC areas. Messages were shared at the community level through both interpersonal communication and at group sessions. CSAs in CPS areas and SS in BRAC areas also provided to women the same information as that given by CMs and SKs when selling their products in the community.

This section presents results on selected indicators on levels of knowledge and awareness of reproductive, maternal, and child health topics. The data for this analysis are from the women's questionnaire administered to married women ages 15 to 49. Respondents were asked to provide specific information associated with each of the indicators. The responses were not probed by the interviewer. The correct responses are specified in the notes section at the end of Table 5.5.

5.2.1. Outcome Monitoring

Table 5.5 addresses the first two evaluation questions on outcome monitoring. At baseline, 44 percent of women in MIH intervention areas were aware of two specific risks/complications associated with pregnancies before age 20. After the program was rolled out, the level of knowledge for this indicator increased to over 66 percent. This increase over time of 22 percentage points in the MIH intervention areas was statistically significant at the one percent level. Knowledge in comparison areas was comparable to that in intervention areas at the baseline (39.5%) and did not significantly change over time (38.2% end line). The change over time in the percentage of women who were aware of two specific risks/complications associated with pregnancies before age 20 was significantly higher in the MIH intervention group compared to the change in the MIH comparison group ($p = 0.000$).

The next indicator we considered was knowledge of two specific risks/complications associated with pregnancy after age 35. The percentage of MWRA who knew at least two factors was similar at baseline in the MIH intervention and comparison groups (37.6% and 34.8%, respectively). Following the MIH interventions, the level significantly increased by nearly five percentage points to 42.4 percent at end line in project areas. There was actually a significant 15.5 percentage point decrease in this indicator among MWRA in comparison areas. The difference in the change in intervention areas compared to the change in comparison areas is statistically significant ($p=0.000$).

Women's knowledge of the dangers of closely spaced births was already at 66.5 percent in MIH intervention areas and 60.9 percent in MIH comparison areas at baseline. While the percentage of women with knowledge of risks/complications of short birth intervals did not increase appreciably by end line in intervention areas, it decreased significantly to 48.9 percent ($p<0.01$) in comparison areas. The difference in changes over time between intervention and comparison areas was significant ($p = 0.000$) due to the significant decrease in comparison areas.

For the knowledge indicators regarding three potential danger signs of pregnancy, the need for at least four ANC visits, and elements of birth preparedness, knowledge levels increased significantly over time in the MIH intervention areas and the changes in intervention areas were significantly different from changes in comparison areas ($p = 0.000$). The awareness levels of the benefits of safe delivery kits and use of emergency contraceptive pills were rather low in MIH areas at baseline. While knowledge significantly increased for both indicators in MIH intervention and comparison areas, the change in intervention areas was significantly different from the change in comparison areas ($p=0.000$), and at end line 26.7 percent of women in intervention areas knew about the benefits of safe delivery kits and 27.4 percent about emergency contraceptive pills (compared to 9.3% and 3.7% in comparison areas, respectively).

The levels of awareness on the two indicators related to the health and nutritional care of children under five increased substantially in MIH intervention areas (Table 5.5). The percent of MWRA who knew about using zinc with ORS to treat diarrhea in young children was over 50 percent in both MIH study areas at baseline. At the end line survey, knowledge of zinc with ORS as diarrheal treatment significantly increased by 24.3 percentage points ($p<0.01$) in MIH intervention areas compared to an increase of 8.3 percentage points over time ($p<0.01$) in MIH comparison areas. On the other hand, awareness of the benefits of micronutrient powder (MNP) was low in both areas (under 10%) at baseline. Awareness increased dramatically to 42.2 percent in MIH intervention areas ($p<0.01$), while comparison areas experienced a modest level of increase (4.9 percentage points, $p<0.01$). The changes over time for both indicators in MIH intervention areas were significantly different from the changes in comparison areas ($p = 0.000$).

Table 5.5: Knowledge and awareness indicators, MIH intervention and comparison areas, 2014 baseline (B) and 2016 end line (E) surveys

	MIH Intervention Area			MIH Comparison Area			*P-value*
	B	E	Diff (E–B)	B	E	Diff (E–B)	
% of MWRA who could accurately report at least:							
Two specific risks/complications[a] associated with pregnancies before age 20	44.0	66.1	22.1***	39.5	38.2	-1.3	*0.000*
Two specific risks/complications[b] associated with pregnancies after age 35	37.6	42.4	4.8***	34.8	19.3	-15.5***	*0.000*
Two specific risks/complications[c] related to pregnancies that occur less than 2 years after the last birth	66.5	68.2	1.7	60.9	48.9	-12.0***	*0.000*
Three potential danger signs[d] of pregnancy	22.6	37.8	15.2***	20.0	15.2	-4.8***	*0.000*
The need for four health checkups during pregnancy	29.8	47.3	17.5***	31.0	31.1	0.1	*0.000*
Four useful initiatives related to birth preparedness[e] to ensure safe delivery	17.6	25.2	7.6***	15.7	15.0	-0.7	*0.000*
At least two specific benefits of using safe delivery kits[f]	7.5	26.7	19.2***	5.6	9.3	3.7***	*0.000*
Use of emergency contraceptive pills as an effective way of preventing possible unintended conception	1.8	27.4	25.6***	2.1	3.7	1.6***	*0.000*
Number of women	**6,601**	**6,933**		**6,667**	**6,980**		
Use of zinc with ORS to treat diarrhea among MWRA with children ages under 0–59 months	55.7	80.0	24.3***	50.9	59.2	8.3***	*0.000*
Two benefits of micronutrient powder (MNP)[g] among MWRA with children ages 0–59 months	8.5	42.2	33.7***	6.5	11.4	4.9***	*0.000*
Number of women	**2,841**	**3,000**		**2,992**	**3,115**		

Note: "B" stands for the 2013–2014 baseline survey, "E" stands for the 2015–2016 end line survey, and "Diff (E–B)" stands for the difference between the end line and baseline values of the indicator. Significance tests of the difference (end line minus baseline) were conducted with the significance levels as: * 10% significance, ** 5% significance, and ***1% significance. The "*P-value*" column gives the statistical significance of the intervention (E–B) difference minus the comparison (E–B) difference. These 10 outcome indicators disaggregated by respondents' age, parity, education, wealth quintile, and television watching may be found in Appendix V Tables A.5.1–A.5.10.

[a] Risks/complications refer to delayed/prolonged labor, convulsions/eclampsia, excessive vaginal bleeding, preterm birth, or low birth weight.

[b] Risks/complications refer to spontaneous abortion/stillbirth, hypertension/convulsions/eclampsia, excessive vaginal bleeding, disabled child birth, or diabetes during pregnancy.

[c] Risk/complications refer to spontaneous abortion, low birth weight, preterm birth, maternal anemia, or the mother has not yet recuperated from the previous pregnancy.

[d] Danger signs refer to severe headache and blurred vision, excessive vaginal bleeding, high fever, delayed/prolonged labor, or convulsions/fits.

[e] Birth preparedness refers: to (i) selecting appropriate place for delivery, (ii) selecting specific provider/person who will assist in delivery, (iii) selecting required transportation, (iv) selecting blood donor, (v) saving money for the cost of delivery, or (vi) selecting a person who will accompany the pregnant woman to the facility.

[f] Potential benefits of delivery kit are that they can prevent postpartum infections and neonatal sepsis.

[g] Benefits of MNP include reducing risk of anemia, and improving physical and mental development.

Table 5.6 presents outcome monitoring results for key knowledge indicators separately for BRAC intervention and comparison areas. The patterns in change in knowledge are similar to those for the overall MIH domains in Table 5.5. In the intervention areas, levels of knowledge increased significantly over time for all indicators except two. Awareness of risks/complications associated with pregnancies after age 35 increased only marginally, while knowledge on risks of closely spaced births remained unchanged. However, BRAC comparison areas experienced a significant decline in levels of knowledge and awareness for five out of the 10 indicators and changes in intervention areas were significantly different from changes in comparison areas for all 10 indicators.

Table 5.6: Knowledge and awareness indicators, BRAC intervention and comparison areas, 2014 baseline (B) and 2016 end line (E) surveys

	BRAC Intervention Area			BRAC Comparison Area			*P-value*
	B	E	Diff (E–B)	B	E	Diff (E–B)	
% of MWRA who could accurately report at least:							
Two specific risks/complications[a] associated with pregnancies before age 20	46.2	66.0	19.8***	43.8	37.6	-6.2***	*0.000*
Two specific risks/complications[b] associated with pregnancies after age 35	41.8	43.0	1.2	39.4	18.9	-20.5***	*0.000*
Two specific risks/complications[c] related to pregnancies that occur less than 2 years after the last childbirth	68.0	67.9	-0.1	65.5	46.8	-18.7***	*0.000*
Three potential danger signs[d] of pregnancy	22.7	38.0	15.3***	20.8	14.6	-6.2***	*0.000*
The need for four health checkup visits during pregnancy	26.8	48.4	21.6***	23.9	28.1	4.2***	*0.000*
Four useful initiatives related to birth preparedness[e] to ensure safe delivery	19.4	28.2	8.8***	16.4	14.9	-1.5	*0.000*
At least two specific benefits of using safe delivery kits[f]	7.6	27.5	19.9***	5.4	8.1	2.7***	*0.000*
Use of emergency contraceptive pills as an effective way of preventing possible unintended conception	1.7	29.2	27.5***	1.2	4.1	2.9***	*0.000*
Number of women	**3,493**	**3,614**		**3,513**	**3,584**		
Use of zinc with ORS to treat diarrhea among children <5	64.4	85.1	20.7***	57.6	61.7	4.1	*0.000*
Two benefits of micronutrient powder (MNP)[g]	9.2	44.7	35.5***	7.5	10.7	3.2**	*0.000*
Number of women	**1,538**	**1,606**		**1,578**	**1,683**		

Note: Refer to Table 5.5 notes.

[a–g] See Table 5.5 for description of the risks, complications, danger signs, and other definitions.

Table 5.7 presents the knowledge and awareness outcome monitoring results for CPS intervention and comparison areas. Unlike in BRAC intervention areas, the knowledge and awareness levels increased in all 10 indicators in CPS intervention areas (nine were significantly at the 1% level). The CPS comparison areas did relatively better than the BRAC comparison areas, and the changes over time for all 10 indicators were significantly different between intervention and comparison areas.

Disaggregation of the indicators by respondents' age, parity, education, socioeconomic status, and exposure to television may be found in Appendix V, broken down by three domains—overall MIH, BRAC/MIH, and CPS/MIH (Tables A.5.1–A.5.10). In general, the relationships between increased respondent education and health knowledge indicators were stronger than relationships between socioeconomic status and health knowledge. As expected, the knowledge levels were usually greater among women who watched television than among those who did not.

In addition to these indicators, the surveys also assessed knowledge on symptoms of TB, which is another topic covered in the BCC activities of the project. The baseline prevalence of knowledge of at least two accurate symptoms of TB was already around 80 percent in MIH intervention areas (data not shown), thus leaving little room for further increase at end line. As such, this indicator was not included in the evaluation.

Table 5.7: Knowledge and awareness indicators, CPS intervention and comparison areas, 2014 baseline (B) and 2016 end line (E) surveys

	CPS Intervention Area			CPS Comparison Area			
	B	E	Diff (E–B)	B	E	Diff (E–B)	*P-value*
% of MWRA who could accurately report at least:							
Two specific risks/complications[a] associated with pregnancies before age 20	41.4	66.3	24.9***	34.8	38.8	4.0	*0.000*
Two specific risks/complications[b] associated with pregnancies after age 35	32.9	41.8	8.9***	29.6	19.7	-9.9***	*0.000*
Two specific risks/complications[c] related to pregnancies that occur less than 2 years after the last childbirth	64.7	68.6	3.9	55.7	51.2	-4.5	*0.040*
Three potential danger signs[d] of pregnancy	22.4	37.6	15.2***	19.1	16.0	-3.1*	*0.000*
The need of four visits for health checkup during pregnancy	33.2	46.1	12.9***	38.9	34.2	-4.7***	*0.000*
Four useful initiatives related to birth preparedness[e] to ensure safe delivery	15.6	22.0	10.6***	14.9	15.0	0.1	*0.013*
At least two specific benefits of using safe delivery kits[f]	7.3	25.7	18.4***	5.8	10.4	4.6***	*0.000*
About emergency contraceptive pills as an effective way of preventing possible unintended conception	1.9	25.3	23.4***	3.0	3.2	0.2	*0.000*
Number of women	**3,108**	**3,318**		**3,154**	**3,396**		
Use of zinc with ORS to treat diarrhea among children <5	45.6	74.2	28.9***	43.4	56.3	13.0***	*0.000*
Benefits of micronutrient powder (MNP)[g]	7.6	39.2	31.6***	5.3	12.2	6.9***	*0.000*
Number of women	**1,303**	**1,394**		**1,414**	**1,432**		

Note: Refer to Table 5.5 notes.

[a–g] See Table 5.5 for description of the risks, complications, danger signs, and other definitions.

5.2.2. Impact Evaluation

Table 5.8 presents the actual impact of the program. For the first indicator presented in Table 5.8—knowledge of risks associated with pregnancies before age 20—the estimated MIH impact of 0.228 means that exposure to the MIH interventions resulted in a significant increase of 22.8 percentage points in the percent of MWRA who had that knowledge. The impact on knowledge of complications associated with pregnancies before age 20 was relatively larger in BRAC (26.1 percentage points) than CPS (19.9 percentage points) areas. Similarly, the MIH intervention led to a significant increase of 20.7 percentage points in the percent of MWRA who knew at least two complications associated with pregnancies after age 35, and the magnitude of the impact was slightly larger in BRAC (23.5 percentage points) than CPS (18.2 percentage points) areas. The magnitude of program impact is largest on awareness of emergency contraceptive pills as an effective means of preventing unintended contraception (24.2 percentage points, $p<0.01$), and is lowest on knowledge of birth preparedness (9.6 percentage points, $p<0.01$).

Although we do not test whether program impacts in BRAC areas differ significantly from corresponding impacts in CPS areas, two differences in impact magnitudes are worth noting. The program impact was over twice as large in BRAC areas relative to CPS areas for awareness of complications associated with birth spacing of less than two years (20.2 percentage points in BRAC areas compared to 7.6 percentage points in CPS areas) and knowledge of birth preparedness initiatives (13.4 percentage points in BRAC areas compared to 5.8 percentage points in CPS areas).

Regarding the two indicators for knowledge of child health and nutrition, the program impact appears to be greater on increased awareness of benefits of MNP (29.3 percentage points, $p<0.01$) than on use of zinc with ORS for treatment of diarrhea (16.2 percentage points, $p<0.01$). The impact on knowledge of MNP was 10 percentage points larger in BRAC areas (34.3 percentage points) than in CPS areas (24.0 percentage points).

Table 5.8: Program impact on knowledge and awareness indicators

	MIH	BRAC	CPS
% of MWRA who were aware of:			
At least two specific risks/complications[a] associated with pregnancies before age 20 (N=27,188)	0.228*** (0.024)	0.261*** (0.030)	0.199*** (0.037)
At least two specific risks/complications[b] associated with pregnancies after age 35 (N=27,188)	0.207*** (0.025)	0.235*** (0.034)	0.182*** (0.034)
At least two specific risks/complications[c] related to pregnancies that occur less than two years after the last childbirth (N=27,188)	0.137*** (0.026)	0.202*** (0.029)	0.076* (0.041)
At least three potential danger signs[d] of pregnancy (N=27,188)	0.196*** (0.019)	0.219*** (0.026)	0.173*** (0.028)
The need for four health checkup visits during pregnancy (N=27,188)	0.194*** (0.018)	0.218*** (0.024)	0.167*** (0.025)
At least four useful initiatives related to birth preparedness[e] to ensure safe delivery (N=27,188)	0.096*** (0.018)	0.134*** (0.025)	0.058** (0.025)
Two specific benefits of using safe delivery kits[f] (N=27,188)	0.157*** (0.015)	0.180*** (0.019)	0.134*** (0.023)
The use of emergency contraceptive pills as an effective way of preventing possible unintended conception (N=27,188)	0.242*** (0.015)	0.255*** (0.022)	0.228*** (0.021)
The use of zinc with ORS to treat diarrhea among children <5 (N=11,995)	0.162*** (0.024)	0.189*** (0.033)	0.134*** (0.032)
Two benefits of micronutrient powder (MNP)[g] (N=11,995)	0.293* (0.021)	0.343*** (0.282)	0.240*** (0.031)

Notes: Program impact estimates obtained using difference-in-differences models among all observations in the panel of clusters. All estimations control for individual woman's characteristics (age, education, religion, exposure to television), household's socioeconomic status in asset quintiles, and fixed effects at the cluster level. Robust standard errors were obtained by clustering at the cluster level and are shown in parentheses.

* 10% significance, ** 5% significance, *** 1% significance.

[a–g] See Table 5.5 for description of the risks, complications, danger signs, and other definitions.

5.3. Healthy Behavior and Care-Seeking Practices

This section examines five indicators for healthy behavior in terms of use of the health products and services promoted and sold by CSAs/SSs in intervention areas. The community agents promoted sales of health products including MNP, oral contraceptive pills, condoms, safe delivery kits, sanitary napkins, and other health products. The MIH project's goal was to increase demand for and subsequent use of maternal and child health services and products in low performing intervention districts through increasing knowledge and awareness. The results presented are based on survey data obtained from married women ages 15 to 49. Eligible women with a child under five years old at the time of the survey were asked if they had given the child any MNP as a dietary supplement during the previous six months. Names of various brands of MNP were probed as respondents may not have been familiar with the concept of dietary supplements for children.

5.3.1. Outcome Monitoring

Table 5.9 presents outcome monitoring results for MNP use among MWRA with children ages 6–59 months during the past six months for the entire MIH project, as well as results separated by BRAC and CPS project areas. MNP use was very low in all areas at baseline (around three percent or lower) and in the comparison

areas at end line, indicating that women hardly used this product prior to the intervention and in comparison areas at end line. In MIH project areas, use of MNP increased to almost 19 percent at end line, and this increase was statistically significant at the one percent level. While the change over time in the use level of MNP in comparison areas was also significant, MNP use continued to be low in MIH, BRAC/MIH, and CPS/MIH comparison areas at end line (5.3 percent). Considering BRAC and CPS domains separately, the increase in MNP use in BRAC intervention areas was slightly greater than the increase in CPS intervention areas (16.8 percentage point increase in BRAC intervention areas, compared to 14.2 percentage points in CPS intervention areas). The change in MNP use over time in intervention areas was significantly different from the change over time in comparison areas for the overall project, as well as for the BRAC and CPS subgroups (*p=0.000*).

Table 5.9: Use of micronutrient powder (MNP) among MWRA with children ages 6–59 months who were given the supplement during the six months preceding the survey, 2014 baseline (B) and 2016 end line (E) surveys

	MIH Intervention Area			MIH Comparison Area			
	B	E	Diff (E–B)	B	E	Diff (E–B)	*P-value*
% of children ages 6–59 months who were given MNP in last six months	3.3	18.9	15.6***	2.2	5.3	3.1***	*0.000*
Number of children	**3,100**	**3,249**		**3,328**	**3,346**		
	BRAC Intervention Area			**BRAC Comparison Area**			
% of children ages 6–59 months who were given MNP in last six months	3.6	20.4	16.8***	2.0	5.3	3.3***	*0.000*
Number of children	**1,629**	**1,715**		**1,737**	**1,755**		
	CPS Intervention Area			**CPS Comparison Area**			
% of children ages 6–59 months who were given MNP in last six months	3.1	17.3	14.2***	2.3	5.3	3.0***	*0.000*
Number of children	**1,471**	**1,534**		**1591**	**1,591**		

Note: Refer to Table 5.5 notes.

Use of MNP disaggregated by respondents' background characteristics can be found in Appendix V, Table A.5.12.

The community sales agents (CSAs/SSs) also promoted sales of sanitary napkins. MWRA were asked about their use of sanitary napkins during their current or last menstruation, as well as use of sanitary napkins by their unmarried daughters ages 10 to 25 years. Use among MWRA was low, under 10 percent, in both MIH intervention and comparison areas at baseline (Table 5.10). The use of sanitary napkins by MWRA increased by 16.5 percentage points (*p<0.01*) in MIH intervention areas between baseline and end line surveys, compared to a less pronounced increase of 6.6 percentage points (*p<0.01*) in MIH comparison areas. Compared to MWRA, the level of use of sanitary napkins was higher among unmarried daughters in all study areas at baseline and end line, but was relatively low (around 14%) in MIH areas at baseline. Use of sanitary napkins increased by 28.6 percentage points (*p<0.01*) in MIH intervention areas to 42.0 percent at end line, compared to only a 6.6 percentage point increase over time (*p<0.01*) in MIH comparison areas. Similar patterns were observed in BRAC and CPS areas, with use of sanitary napkins higher among unmarried daughters than among MWRA. The increase in use among MWRA was slightly greater in BRAC intervention areas than CPS intervention areas, while the increase in use among unmarried daughters was larger in CPS intervention areas. Changes in use rates over time in intervention areas were significantly different from changes over time in comparison areas for all study groups.

The BCC activities of the MIH project included the promotion of use of maternal healthcare services, including the need for at least four ANC sessions during pregnancy, the importance of health facility deliveries, and the use of safe delivery kits for home births. Outcome monitoring results are presented separately for each of these three indicators in Tables 5.11, 5.12, and 5.13.

Table 5.10: Use of sanitary napkin by MWRA and their unmarried daughters ages 10–25 years, 2014 baseline (B) and 2016 end line (E) surveys

	MIH Intervention Area			MIH Comparison Area			
	B	E	Diff (E–B)	B	E	Diff (E–B)	*P-value*
% of MWRA who had used sanitary napkins during current or last menstruation	8.9	25.4	16.5***	8.3	14.9	6.6***	*0.000*
Number of women	**6,601**	**6,933**		**6,667**	**6,980**		
% of MWRAs' unmarried daughters ages 10–25 who had used sanitary napkins during current or last menstruation	13.4	42.0	28.6***	15.5	22.1	6.6***	*0.000*
Number of daughters	**1,802**	**1,776**		**1,803**	**1,915**		
	BRAC Intervention Area			**BRAC Comparison Area**			
% of MWRA who had used sanitary napkin during current or last menstruation	9.9	28.4	18.5***	8.6	17.6	9.0***	*0.000*
Number of women	**3,493**	**3,614**		**3,513**	**3,584**		
% of MWRAs' unmarried daughters ages 10–25 who had used sanitary napkins during current or last menstruation	15.9	40.2	24.3***	14.9	25.2	10.3***	*0.000*
Number of daughters	**881**	**889**		**859**	**920**		
	CPS Intervention Area			**CPS Comparison Area**			
% of MWRA who had used sanitary napkins during current or last menstruation	7.9	22.2	14.3***	7.9	12.0	4.1***	*0.000*
Number of women	**3,108**	**3,318**		**3,154**	**3,396**		
% of MWRAs' unmarried daughters ages 10–25 who had used sanitary napkins during current or last menstruation	11.0	43.9	32.9***	16.1	19.2	3.1	*0.000*
Number of daughters	**921**	**888**		**944**	**995**		

Note: Refer to Table 5.5 notes.

Use of sanitary napkins disaggregated by respondents' background characteristics can be found in Appendix V, Tables A.5.14 and A.5.15.

Table 5.11 shows the percentage of MWRA that received four or more ANC sessions for their most recent birth in the 18 months preceding the survey. Around one-fifth of MWRA with a birth in the past 18 months had received at least four ANC visits, and baseline use of ANC was about two percentage points higher in MIH intervention areas relative to comparison areas at baseline. The percentage of MWRA who had used four or more ANC visits for their last birth increased significantly from 19.7 percent to 30.9 percent in

MIH intervention areas, compared to an 8.2 percentage point increase in MIH comparison areas over time. The baseline use level was higher in CPS intervention and comparison areas than in BRAC areas; however, the increase in use was relatively greater in BRAC intervention areas (13.5 percentage points) and BRAC comparison areas (11.5 percentage points) than CPS areas. While the change over time was significant for all program areas, changes in intervention areas were not significantly different from changes in comparison areas between baseline and end line.

Table 5.11: Use of the recommended four or more ANC sessions for the most recent birth in the 18 months preceding survey, 2014 baseline (B) and 2016 end line (E) surveys

	MIH Intervention Area			MIH Comparison Area			
	B	E	Diff (E–B)	B	E	Diff (E–B)	*P-value*
% of MWRA who had received 4+ ANC checkups for the most recent birth	19.7	30.9	11.2***	17.5	25.7	8.2***	*0.142*
Number of women	**1,028**	**1,061**		**1,043**	**1,083**		
	BRAC Intervention Area			**BRAC Comparison Area**			
% of MWRA who had received 4+ ANC checkups for the most recent birth	17.6	31.1	13.5***	11.7	23.2	11.5***	*0.394*
Number of women	**566**	**569**		**547**	**573**		
	CPS Intervention Area			**CPS Comparison Area**			
% of MWRA who had received 4+ ANC checkups for the most recent birth	22.3	30.7	8.4***	23.8	28.6	4.8*	*0.343*
Number of women	**462**	**492**		**496**	**510**		

Note: Refer to Table 5.5 notes.
Use of ANC disaggregated by respondents' background characteristics can be found in Appendix V, Table A.5.17.

This evaluation also examined institutional births (including at public, private, or NGO facilities) of MWRA during the 18 months preceding the survey (Table 5.12). The percentage of MWRA who had delivered at a health facility for their most recent birth in the past 18 months was approximately 26 percent in both MIH intervention and comparison areas at baseline, and both study areas experienced similar increases in the rate of facility deliveries between baseline and end line (8.5 percentage point increase in MIH intervention areas, and 9.1 percentage point increase in MIH comparison areas). While the change over time was significant in both MIH study areas, the difference in the change in intervention areas was not significantly different from the change in comparison areas ($p=0.879$). Similar patterns were observed in BRAC and CPS subdomains.

Table 5.12: Use of facility deliveries among MWRA for the most recent birth in the 18 months preceding the survey, 2014 baseline (B) and 2016 end line (E) surveys

	MIH Intervention Area			MIH Comparison Area			
	B	E	Diff (E–B)	B	E	Diff (E–B)	*P-value*
% of MWRA with a birth during the 18 months preceding survey who had delivered at a health facility	26.2	34.7	8.5***	25.9	35.0	9.1***	*0.879*
Number of women	**1,028**	**1,061**		**1,043**	**1,083**		
	BRAC Intervention Area			**BRAC Comparison Area**			
% of MWRA with a birth during the 18 months preceding survey who had delivered at a health facility	27.3	36.5	9.2***	26.1	33.7	7.6**	*0.657*
Number of women	**566**	**569**		**547**	**573**		
	CPS Intervention Area			**CPS Comparison Area**			
% of MWRA with a birth during the 18 months preceding survey who had delivered at a health facility	24.9	32.7	7.8**	25.6	36.5	10.9***	*0.462*
Number of women	**462**	**492**		**496**	**510**		

Note: Refer to Table 5.5 notes.
Use of facility deliveries disaggregated by background characteristics can be found in Appendix V, Table A.5.18.

Products sold by community sales agents included safe delivery kits consisting of six essential items for a safe delivery at home: soap, a plastic sheet, cotton, thread, a clip to tie the umbilical cord, and a cord cutting blade. Table 5.13 presents information on the percentage of MWRA with a live home birth in the past three years who used a safe delivery kit at baseline and end line in MIH areas as well as BRAC and CPS subdomains. At baseline, in MIH intervention areas, 12.4 percent used a safe delivery kit. This percentage tripled to 36.3 percent in MIH intervention areas at end line, compared to a 6.3 percentage point increase in MIH comparison areas (from 8.9 percent to 15.2 percent). The levels and changes over time for safe delivery kit use were similar in BRAC and CPS areas, and the changes in use rates over time in intervention areas were significantly different from corresponding changes over time in comparison areas (*p=0.000*).

Table 5.13: Use of safe delivery kit by women who had a live birth in last three years that was delivered at home, 2014 baseline (B) and 2016 end line (E) surveys

Use of safe delivery kit indicator	MIH Intervention Area			MIH Comparison Area			*P-value*
	B	E	Diff (E–B)	B	E	Diff (E–B)	
% of MWRA who had live birth(s) in last three years that were delivered at home using a safe delivery kit	12.4	36.3	23.9***	8.9	15.2	6.3***	*0.000*
Number of women	**1,402**	**1,321**		**1,530**	**1,404**		
	BRAC Intervention Area			**BRAC Comparison Area**			
% of MWRA who had live birth(s) in last three years that were delivered at home using a safe delivery kit	10.6	33.6	23.0***	7.4	14.7	7.3***	*0.000*
Number of women	**743**	**702**		**792**	**769**		
	CPS Intervention Area			**CPS Comparison Area**			
% of MWRA who had live birth(s) in last three years that were delivered at home using a safe delivery kit	14.5	39.4	24.9***	10.6	15.9	5.3**	*0.000*
Number of women	**658**	**618**		**739**	**635**		

Note: Refer to Table 5.5. notes.

Use of safe delivery kits disaggregated by respondents' background characteristics can be found in Appendix V, Table A.5.9.

5.3.2. Impact Evaluation

Table 5.14 presents program impact estimates on health behavior and care-seeking indicators. Results from the impact evaluation indicate that the MIH program increased the level of use of all products sold by the CSAs/SSs, namely MNP, sanitary napkins, and safe delivery kits.

The MIH program significantly increased (by 12.4 percentage points) the percentage of children ages 6–59 months who received MNP in the past six months, and this impact was slightly larger in BRAC areas than CPS areas (13.8 percentage points compared to 10.9 percentage points, respectively). MWRA in MIH intervention areas were 9.7 percentage points more likely, and their daughters were 19.6 percentage points more likely to have used a sanitary napkin during their most recent menstruation than MWRA and unmarried daughters in MIH comparison areas. While the program impact on sanitary napkin use among MWRA was very similar in BRAC (10.2 percentage points) and CPS (9.0 percentage points), the impact among unmarried daughters ages 10–25 years was twice as large in CPS areas (25.2 percentage points) than BRAC areas (12.8 percentage points).

Although the difference over time in the percentage of MWRA who received at least four ANC sessions did not differ significantly between intervention and comparison groups (Table 5.11), a significant impact of 7.5 percentage points was detected in the overall MIH area after controlling for differences in individual, household, and community characteristics, and cluster-level fixed-effects (Table 5.14). This overall significant impact appears to be driven by program effects in BRAC areas, where the program impact was 10.5 percentage points; no significant impact was detected in CPS areas. The MIH program, including both BRAC and CPS subdomains, did not have a significant impact on institutional delivery, but it did have a strong impact of 17.9 percentage points in the overall MIH area on use of safe delivery kits among women having home births.

Table 5.14: Program impact on uptake of healthy behavior indicators

	MIH	BRAC	CPS
% of children ages 6–59 months who were given MNP in last six months (N=13,097)	0.124*** (0.012)	0.138*** (0.016)	0.109*** (0.017)
% MWRA who had used sanitary napkin during their current or last menstruation (N=27,188)	0.097*** (0.011)	0.102** (0.016)	0.090*** (0.014)
% of unmarried daughters ages 10–25 years who had used sanitary napkin during current or last menstruation (N=7,295)	0.196*** (0.028)	0.128*** (0.045)	0.252*** (0.034)
% MWRA who had used a safe delivery kit for live birth(s) in last three years preceding survey while delivering at home (N=5,661)	0.179*** (0.025)	0.182*** (0.032)	0.177*** (0.039)
% MWRA who had received at least four ANC sessions for the most recent birth in last 18 months (N=4,246)	0.075** (0.030)	0.105** (0.045)	0.040 (0.039)
% MWRA who had delivered the last child born in the 18 months preceding survey at a health facility (N=4,246)	-0.004 (0.033)	-0.014 (0.050)	0.020 (0.043)

Notes: Refer to Table 5.8 notes.

5.4. Contraceptive Use among Currently Married Women

This final results section examines changes in contraceptive use rates among married women of reproductive age in MIH intervention and comparison areas. The MIH program theory of change posited that the intervention's repetition of messages on healthy timing and spacing of pregnancies, its increased access to affordable family planning supplies through distribution by community agents (CSAs/SSs), as well as increased availability at local retail outlets, would lead to an increase in the modern contraceptive prevalence rate. While the SSs were already working in BRAC areas prior to the MIH project award, the CSAs were newly introduced in CPS areas. The community agents sold SMC brands of oral contraceptive pills, condoms, and emergency contraceptive pills in intervention areas and made referrals for long-acting and permanent methods.

5.4.1. Outcome Monitoring

As shown in Table 5.15, the percentage of currently married women of reproductive age (CMWRA) using any contraceptive method was similar in MIH intervention and comparison areas at baseline (approximately 56%) and at end line (approximately 57%). While there were no significant changes over time in the contraceptive use rate in the overall MIH and CPS/MIH intervention or comparison areas, there was a significant 4.2 percentage point increase in the BRAC/MIH comparison area between baseline and end line, and the change over time in BRAC intervention areas was significantly different from the change over time in BRAC comparison areas.

The absence of a significant change in total contraceptive method use in MIH intervention areas masks a significant decrease in the use of traditional methods (-2.4 percentage points) and simultaneous increase in use of modern methods (2.8 percentage points) in MIH intervention areas. While MIH comparison areas also experienced a significant increase in use of modern methods (2.2 percentage points), there was no corresponding decline in use of traditional methods. The change over time in modern method use in MIH intervention areas was not significantly different from the change in MIH comparison areas ($p=0.672$).

The modern contraceptive prevalence rate was similar in BRAC and CPS intervention areas at baseline (46.3 %in BRAC intervention areas, and 47.6% in CPS intervention areas), but was nearly seven percentage points higher in CPS comparison areas than BRAC comparison areas at baseline (43.6% in BRAC comparison areas compared to 50.5% in CPS comparison areas). The significant increase over time in modern method use for

the overall MIH intervention area appears to be driven by the significant increase of 3.9 percentage points in CPS intervention areas, as there was no appreciable change over time in BRAC intervention areas. On the other hand, the significant increase in modern method use in the overall MIH comparison area seems to be driven by the 4.4 percentage point increase in BRAC comparison areas. These patterns explain why there is no significant difference in the modern contraceptive prevalence rate change over time between MIH intervention and MIH comparison groups or between BRAC intervention and BRAC comparison groups, while there is a significant difference in the change in modern use rate between CPS intervention and CPS comparison groups (*p=0.031*).

Table 5.15: Use of contraception among currently married women ages 15–49, 2014 baseline (B) and 2016 end line (E) surveys

	MIH Intervention Area			MIH Comparison Area			*P-value*
% of CMWRA who are currently using:	**B**	**E**	**Diff (E–B)**	**B**	**E**	**Diff (E–B)**	
Any modern method of contraception	46.9	49.7	2.8***	46.9	49.1	2.2**	*0.672*
Any traditional method of contraception	9.7	7.3	-2.4***	9.0	8.1	-0.9	-
Any method of contraception	56.6	57.0	0.4	55.8	57.2	1.4	*0.506*
Number of CMWRA	**6,157**	**6,506**		**6,290**	**6,558**		
% of CMWRA who are currently using:	**BRAC Intervention Area**			**BRAC Comparison Area**			
Any modern method of contraception	46.3	48.0	1.7	43.6	48.0	4.4***	*0.144*
Any traditional method of contraception	8.6	6.6	-2.0**	9.1	8.9	-0.2	-
Any method of contraception	54.9	54.6	-0.3	52.8	57.0	4.2***	*0.015*
Number of CMWRA	**3,279**	**3,414**		**3,340**	**3,391**		
% of CMWRA who are currently using:	**CPS Intervention area**			**CPS Comparison area**			
Any modern method of contraception	47.6	51.5	3.9***	50.5	50.2	-0.3	*0.031*
Any traditional method of contraception	10.9	8.1	-2.8***	8.8	7.3	-1.5*	-
Any method of contraception	58.5	59.6	1.1	59.3	57.5	-1.8	*0.118*
Number of CMWRA	**2,877**	**3,092**		**2,950**	**3,167**		

Note: Refer to Table 5.5. notes.

Use of contraception by respondents' age, parity, education, wealth quintile, television watching, and husband's presence appears in Appendix V, Table A.5.16.

5.4.2. Impact Evaluation

Table 5.16 addresses the third performance evaluation question of whether the MIH program had an impact on the modern contraceptive prevalence rate. The MIH program as a whole did not have a significant impact on use of a modern method or use of any method among CMWRA. There was a significant impact of 4.3 percentage points (*p<0.05*) on the modern contraceptive prevalence rate in CPS areas but no impact in BRAC areas. There was also an impact of 3.2 percentage points (*p<0.10*) on any method use in CPS areas, and a negative impact of -4.8 percentage points (*p<0.05*) on any method use in BRAC areas. Possible explanations for the differential impact of the program in different MIH domains may lie in organizational differences between BRAC and the CPS NGOs; this issue will be discussed in more depth in Chapter 7.

Although the SSs and CSAs promoted the sale of oral contraceptive pills and condoms (among other SMC products), pharmacies and shops continued to be the primary source of these modern contraceptive methods in MIH intervention areas at end line (data not shown). The market share of oral contraceptive pills increased from 1.8 to 7.2 percent for BRAC SSs, and increased from under one percent to just over six percent for CPS CSAs, but only two percent of condom users in BRAC and CPS domains had obtained their supplies from MIH community workers.

Table 5.16: Program impact on use of contraception (N=25,510)

	MIH	BRAC	CPS
Use of any modern method of contraception by CMWRA	0.007 (0.014)	-0.028 (0.02)	0.043** (0.019)
Use of any method of contraception by CMWRA	-0.008 (0.014)	-0.048** (0.019)	0.032* (0.018)

Note: Refer to Table 5.8 notes.

Lastly, our analysis considered CMWRA's intentions to use long-acting and reversible contraception (LARC) and permanent methods (PMs), as the MIH maternal health messages could encourage women to consider adopting LARC/PMs. A table showing women's intentions to use LARC/PMs is given in Appendix V, Table A.5.11 and is disaggregated by respondents' background characteristics. Less than one percent of women intended to use LARC/PMs in the MIH intervention and comparison areas at baseline and only about two percent intended to use these methods at end line. Given the low levels of intention, the LARC/PM indicator was excluded from the impact analysis.

6. LESSONS LEARNED

A lesson learned from the evaluation of the MIH project relates to the evaluation design. Because BRAC and CPS were distinctive interventions within the MIH project and the intervention areas were so different (i.e., geographical and cultural diversity, specialty of the implementing partners, differences in program inputs, etc.), it was important to draw treatment and comparison samples from both sub-project domains and to present monitoring and impact results for both sub-areas in addition to the those for the overall MIH project. Our disaggregated presentation of program results by BRAC and CPS areas revealed that while there was a significant increase in contraceptive use in CPS areas this was not the case in BRAC areas. Similarly, the significant increase in the percentage of women receiving at least four ANC visits in BRAC areas did not occur in CPS areas.

In our discussion, we have attempted to identify probable reasons for differential impact in these two important outcomes between the BRAC and CPS areas. We believe that contraceptive use would have increased in BRAC areas if the program areas were similar to those in CPS areas, and we also believe that we would have found a significant increase in ANC 4+ visits in CPS areas had these areas received the same type and intensity of relevant inputs as BRAC areas. Unfortunately, we are unable to conclude in the present evaluation that such targeted improvements in sub-project inputs would have made an impact on contraceptive use and ANC.

The impact of the interventions on knowledge improvement, increased use of health products, and improved behavior is likely due to program BCC activities, community workers' selling products, and/or provision of selected services in combination with the provision of health information. However, we cannot distinguish the effect of BCC alone versus that of service provision by CSAs, SSs, and SKs alone. Evidence on the separate effects of BCC and community sales/service provision intervention components would be useful for scaling-up interventions and program planning purposes.

Another important lesson was learned during fieldwork when we observed the potential for conflicts of interest to arise for health workers. The CSAs and SSs earn their livelihoods through commodity sales and so may not be enthusiastic to counsel women on the importance of facility deliveries, because when these women deliver in facilities the safe delivery kits will not be sold. Similarly, CSAs and SSs profit from the sale of short-acting contraceptive methods like pills and condoms, which MWRA must repeatedly purchase, and this may be a deterrent to referring clients for LARC/PM.

Lastly, we note that there was a shift in the source of pills and condoms from the government sector (primarily from family welfare assistants, [FWAs]) to CSAs during the project period. Some women may have switched from FWAs to CSAs to purchase pills and condoms once the MIH project began; as FWAs may have already been providing these services before the MIH project began, we likely observed a smaller increase in the use of pills and condoms in MIH intervention areas than we would have if the FWAs had not already been selling these products.

7. PROGRAMMATIC IMPLICATIONS AND POLICY RECOMMENDATIONS

7.1. Project Review

The MIH project, supported by USAID, is a private-sector approach to increasing knowledge and awareness of (a) healthy timing and spacing pregnancy, pregnancy and delivery care, and child healthcare; (b) reducing harmful practices; and (c) increasing care-seeking practices through creative BCC. The project enhances the availability and reach of services through affordable pricing to support family planning and other practices, especially among low-income populations. The project-paid community workers (*Community Mobilizer* [CM] and *Swasthya Karmi* [SK]) disseminate information at the courtyard level on the above subjects aided by periodic dissemination through electronic and other media. Unpaid and entrepreneur community sales agents (CSA) and *Swasthya Sebikas* (SS) sell health products aided by health information dissemination. The products include pills, condoms, emergency contraceptive pills, safe delivery kits, micronutrient powder (MNP), zinc, ORS, sanitary napkins, and some other basic and over-the-counter drugs for common minor illnesses (e.g., anti-analgesic). The project implementation partners were BRAC in Chittagong Division, CWFD in Barisal Division, PSTC in Dhaka Division, and Shimantik in Sylhet Divisions. (We term other NGOs together as "CPS".) The partners selected 19 low-performing districts in the above-mentioned divisions in the years of 2012–2015.

7.2. Key Findings

We find that there was a substantial and statistically significant improvement in almost all knowledge indicators in the program areas after the DID analysis—i.e., allowing for the effect of the changes in the comparison areas and of differences of background variables between the program and comparison areas. As mentioned previously, the evaluation design permits estimation of impacts of BRAC and CPS interventions separately. A significant knowledge improvement took place in both BRAC and CPS areas. There was an improvement in utilization of services with varying degrees of impact for services and differentially in BRAC and CPS areas. For example, use of MNP, sanitary napkins, and safe delivery kits increased remarkably and significantly in the program areas served both by BRAC and CPS. However, the increase in contraceptive use was significant in CPS areas only and that in ANC 4+ was significant in BRAC areas only.

7.3. Implications

The program has been able to (a) improve knowledge on key health indicators, (b) increase use of certain health products, and (c) improve health behaviors differentially in BRAC and CPS areas. The impact of the interventions on knowledge improvement, increased use of health products, and improved behavior is likely due to program BCC activities and community workers (CSAs and SSs) selling products or provision of selected services (e.g., ANC services provided by SKs in BRAC areas) in combination with their provision of health information. We cannot distinguish the effect of BCC alone or CSAs', SSs', and SKs' service provision alone at the community level.

The findings indicate that the addition of community sales agents (CSA and SS) was associated with increased use of sanitary napkins, safe delivery kits, and MNP for children. This implies that sales of basic and essential health products at the community level (through a private-sector approach) are feasible and can reduce harmful practices and improve health. While these products are available at market shops or pharmacies in comparison areas, we find only a small increase in their use over time. But in both BRAC and CPS areas, use of these products has increased substantially, which is associated with the availability through the sales agents. One important feature is that these sales agents also promote healthy behavior through dissemination of health information.

The increased knowledge on healthy timing and spacing of pregnancies (which has increased substantially in both BRAC and CPS areas) should lead to increased contraceptive use, which happened in CPS areas. One feature of CPS is that the NGOs have been historically working in family planning, whereas BRAC's focus is more on health. The CMs who disseminate health information in CPS areas do dissemination only. In contrast, the equivalent dissemination workers (SKs) in BRAC areas do dissemination and provide ANC to pregnant women as well as PNC services. They are probably known in the communities more as ANC providers than information providers. Moreover, their focus is more likely to be on pregnant women and their related problems. The SK's dissemination efforts on messages other than pregnancy-related ones are likely to be diluted thus leading to reduced effectiveness of the dissemination activities. Our findings actually support the idea that SKs are more concerned with pregnancy-related issues as women in BRAC areas acquired significantly higher knowledge on pregnancy-related issues than women in CPS areas. Therefore, information dissemination of healthy timing and spacing of pregnancies was not as effective as in CPS areas and thus we find no improvement in contraceptive use in BRAC areas.

The significant increase of ANC in BRAC areas seems to be associated with the ANC-providing services of their SKs, who provide health information as well as ANC services. Since ANC 4+ did not increase significantly in CPS areas, it seems that dissemination of information alone does not help increase ANC. Market share data indicate that the increased ANC 4+ in BRAC areas was almost entirely due to the contribution of the SKs. Therefore, for increasing ANC 4+ (which was low—between 23% and 31% at the end line survey), a community-level provider may be useful.

7.4. Limitations of the Evaluation

There are several unavoidable limitations of this evaluation. First, the baseline and end line surveys were conducted in the same clusters but not necessarily the same households. The program implementers knew which clusters had been selected for the evaluation, and so it is plausible that greater program emphasis was given in the clusters that were covered in the surveys. That said, greater programmatic input could possibly affect knowledge more than use levels over the two to three-year period between baseline and end line surveys.

Second, the selection of comparison areas for the evaluation was not randomized. For BRAC, comparison areas were selected from adjacent villages while those for CPS were from adjacent Upazillas in non-program areas. This was because BRAC program placement was in selected villages where SSs were located, and in contrast

CPS covered the entire program Upazilla. However, the difference-in-differences approach with cluster-level fixed-effects produces valid program impact estimates unless there are time-varying unobserved factors or characteristics that influence the outcomes and systematically vary between treatment and comparison areas.

Third, contamination is always a potential problem in such evaluations, particularly as comparison areas were drawn from neighboring geographic areas. Some of the BCC messages and sales of products could have spilled over to comparison areas. Although the evaluation assumed there were no similar interventions in comparison areas, in reality this is likely not the case.

Finally, there is usually a time lag between knowledge translating into practice, so a longer gap between the baseline and end line surveys may have plausibly picked up greater impact of the program on health behavior and service use outcomes.

7.5. Recommendations

Table 7.1: Evidence and recommendations from the MIH project evaluation

Evidence	Recommendations
Women's knowledge on healthy timing and spacing of pregnancies (HTSP) and on reproductive, maternal, and child healthcare substantially and significantly improved following the MIH interventions. However, knowledge on the risks associated with closely spaced pregnancies or pregnancies at age 35 or later did not increase.	The MIH-style BCC campaign implemented by Community Mobilizers (CMs) and *Swasthya Karmis* (SKs) should be continued in later phases of the project. Messages on the risks associated with closely spaced pregnancies or pregnancies at age 35 or later should be improved.
There was a significant increase in the use of micronutrient powder for children, sanitary napkins, and safe delivery kits following the sales of these products by project-unpaid entrepreneur CSAs and SKs at the doorstep.	CSAs or SSs should continue or be expanded in the project areas or beyond. As they are private-sector providers, they do not require significant investment from the government or NGOs, although some technical assistance (e.g., training and mentoring of the CSAs and SSs) may be required.
CSAs serve much larger catchment populations and earn substantially more than SSs, and thus are more viable as a profession than SSs.	SSs may be allowed to serve larger catchment populations than the current ones.
In addition to the availability of ANC services from the usual sources, SKs provided ANC at the doorsteps in BRAC areas. The use of ANC 4+ significantly increased there. The prevalence of ANC 4+ is still low in rural Bangladesh, including BRAC and CPS areas.	Introduction of community-level ANC providers in CPS intervention areas or other low-performing areas can increase prevalence of ANC. To increase ANC 4+, the government and development partners should consider introducing health workers like *Swasthya Karmi* in rural areas. However, the content and quality of the ANC services provided by SKs should be assessed.
There was a significant increase in contraceptive use in CPS areas but not in BRAC areas. The dissemination of information on HTSP seems to have been more effective in CPS than BRAC, probably because CMs were fully involved in dissemination activities in CPS areas while SKs split their time between dissemination and ANC service provision.	SKs in BRAC areas should intensify their dissemination of HTSP effort. For example, during their ANC sessions SKs can help pregnant women plan adoption of effective and appropriate contraceptive methods to effectively meet their specific HTSP needs. This approach, piloted by government providers, has been found to be promising by the USAID-funded TRAction project.
There was a significant increase in the use of safe delivery kits sold by CSAs and SSKs. However, it should be noted that sales promotion of safe delivery kits conflict with the promotion of facility delivery.	Promotion of safe delivery kits needs to be more targeted if the program expects to simultaneously have an impact on facility deliveries.

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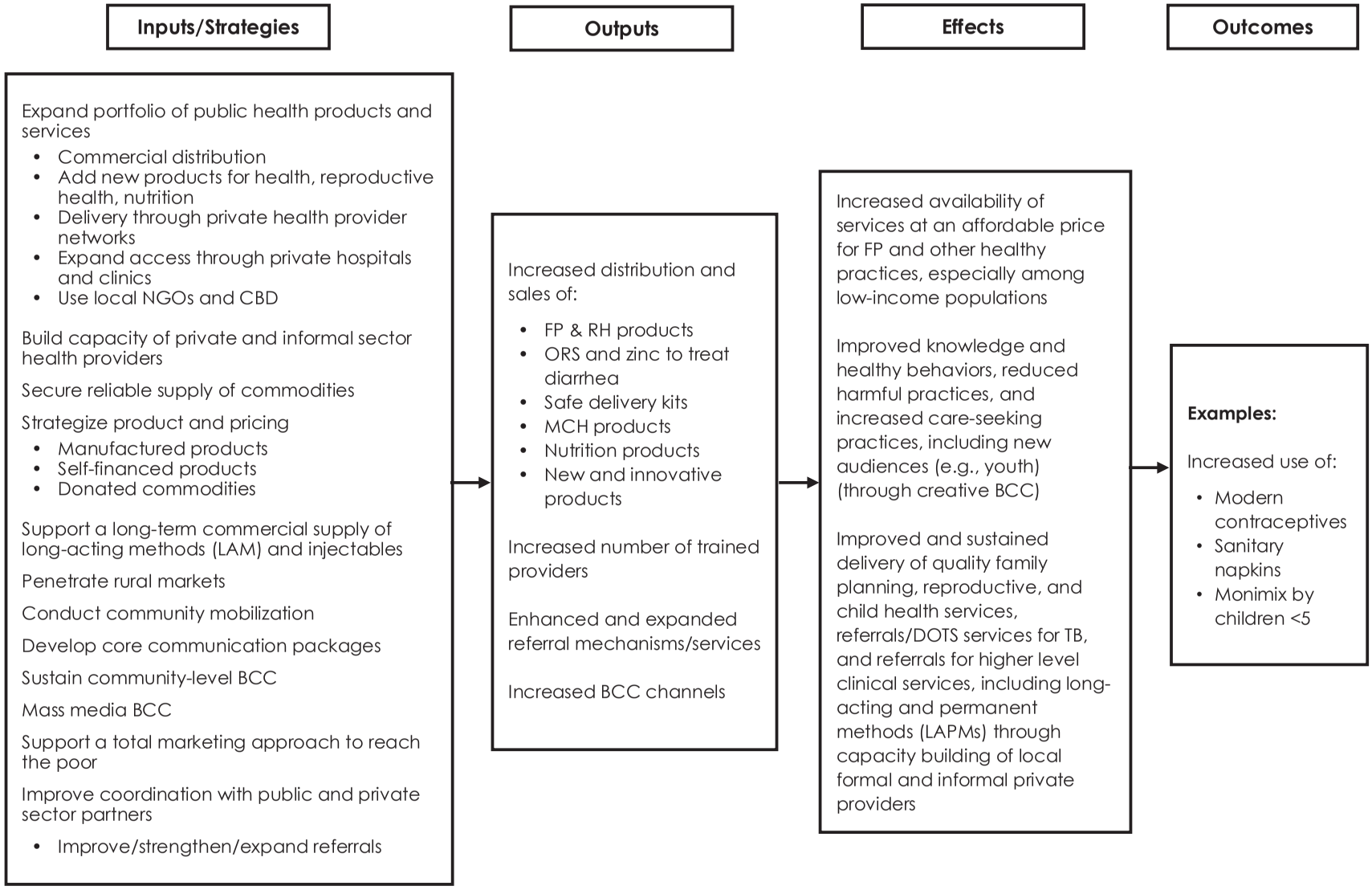
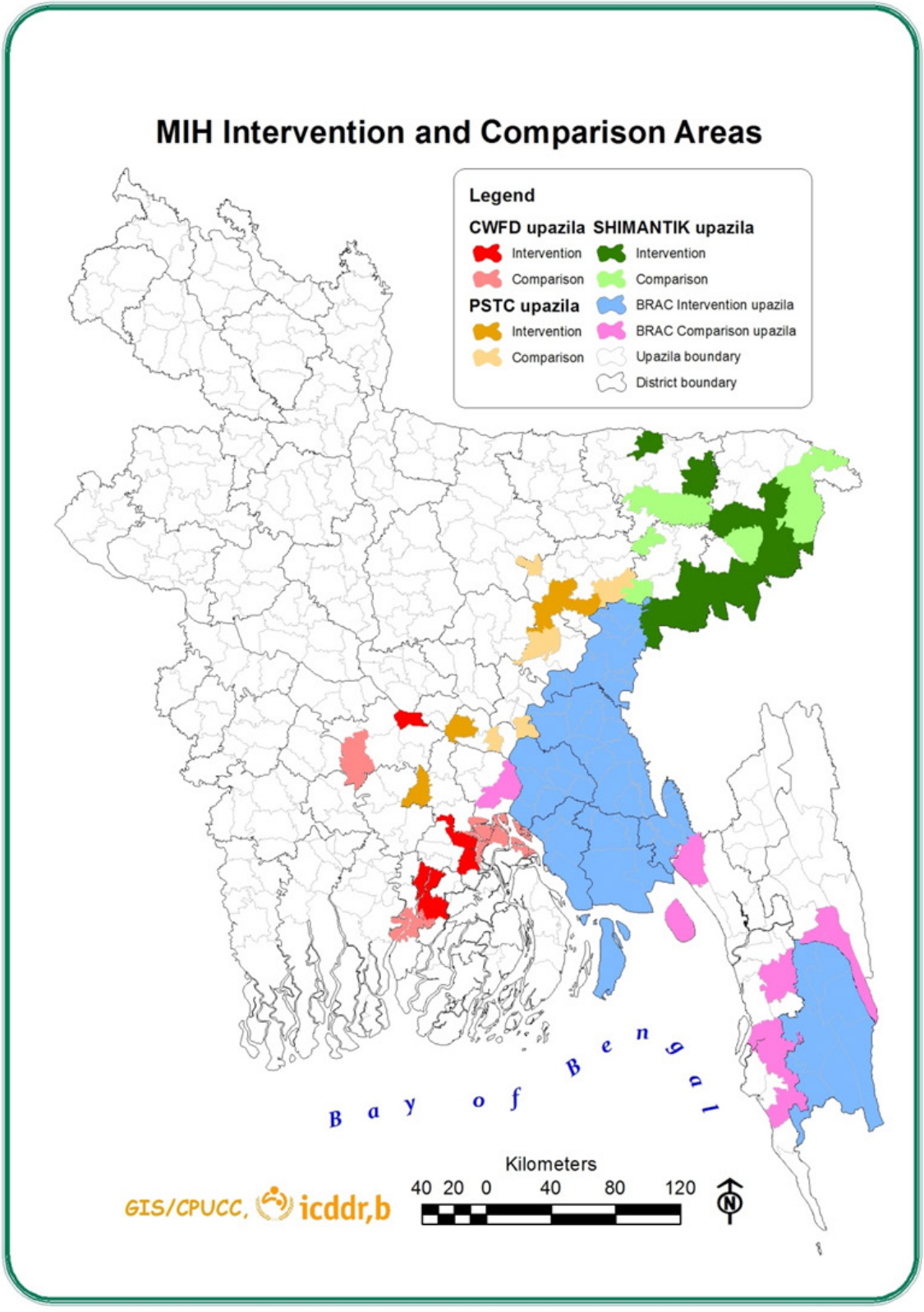
APPENDIX I. EVALUATION FRAMEWORK OF THE MIH PROJECT



APPENDIX II. MAP OF MIH INTERVENTION AND COMPARISON AREAS



APPENDIX III. MIH END LINE SURVEY SAMPLE SIZE AND RESPONSE RATES

A.3.1: Sample size and response rates by area, MIH end line survey, 2015–2016

	Intervention Areas			Comparison Areas		
	BRAC	CPS	MIH	BRAC	CPS	MIH
Household interview:						
Number of households interviewed	3,456	3,249	6,705	3,420	3,391	6,811
Household response rate (%)	96.4	96.7	96.5	95.0	96.6	95.8
Interview of ever-married women ages 13–49*:						
Number of women interviewed (ages 13–49)*	3,269	3,332	6,601	3,605	3,404	7,009
Eligible woman response rate (%)	93.4	95.0	94.2	94.0	95.6	94.8

Notes: *Women under 15 years were excluded from the analysis.

APPENDIX IV. A DESCRIPTIVE STUDY OF THE COMMUNITY SALES AGENTS AND SWASTHYA SEBIKAS OF THE MARKETING INNOVATION FOR HEALTH PROJECT

Background

The main objectives of the Marketing Innovation for Health (MIH) project are to improve knowledge of reproductive, maternal, and child health and increase the distribution and use of health products and contraceptive commodities. The *Community Sales Agents* (CSA) employed by the three partner NGOs of the MIH project—CWFD, PSTC, and Shimantik (CPS in abbreviated form)—of the MIH project are expected to play a vital role in achieving the objectives. The other implementing partner of MIH is BRAC, which deploys the *Swasthya Sebikas* (SS) as community workers. There are over 100,000 SSs in rural Bangladesh organized by BRAC. The characteristics and activities of CSAs and SSs are similar but the former are organized through a "private-sector" approach while the latter are NGO workers. All CSAs/SSs are females.

CSAs are local women with some education and three months of training on the basics of reproductive, maternal, and child health. These women sell health products such as ORS, zinc therapy for diarrhea, micronutrients products, oral pills and condoms, paracetamol, sanitary napkins, safe delivery kits, and some form of basic toiletries, and promote sales through home visits. CSAs also discusses some basic health issues covered in *Notun Diner Golpo* during her home visits. *Notun Diner Golpo* is a kind of job aid for community workers who raise health awareness. The CSA is not a salaried worker but instead earns a living from the profit of selling products. MIH recruits a CSA for a community and encourages her to cover households as much as she can. There are 834 CSAs in the 22 Upazillas covered by CFWD, PSTC, and Shimantik. The role of CSAs and SSs are similar in the MIH project.

Objective of the Study

The CSAs/SSs are the principal community workers that deliver health messages and products to households. They move house to house to discuss reproductive, maternal, and child health issues and sell related products. The MIH program theory of change suggests that a large part of the impact the MIH project can have on health awareness and increased use of services will be through the work of CSAs/SSs.

As mentioned above, the BRAC program has an abundance of SS workers, whereas continuation, replication, and scale-up of the CPS component of the MIH project will require recruitment of more CSAs. It is therefore important to understand the characteristics of CSAs, including their backgrounds, skills and training, capital investment, and earning potentials and to compare this information to BRAC SS workers. This will allow for a more focused scale-up of the CSA program, particularly with regards to understanding whether the CSA career path can be viable without continued MIH support in the future.

MIH believes that there is a strong potential for a CSA to build a viable career in rural Bangladesh, and that these workers will help generate demand for and use of reproductive, maternal, and child health services and products in rural populations. MIH has requested this small-scale descriptive study of the CSA workforce to inform program planning and management.

Methods

This small-scale descriptive provider study that uses data collected from CSAs and SSs in CPS/MIH and BRAC/MIH intervention areas during the MIH performance evaluation's end line survey. Considering the practicality of the fieldwork, the target sample included one CSA in each of the 112 CPS/MIH intervention clusters and one SS from each of the 120 BRAC/MIH intervention clusters. Interviews were successfully completed for 110 CSAs and 104 SSs.

Data were collected from the CSA/SS workers using the Questionnaire for Community Sales Agent/*Swasthya Sebika* (the CSA/SS questionnaire is available in Appendix VII). The survey instrument collected the following information:

Characteristics of the CSA/SS

- Age, marital status, number of children
- Education, prior occupation
- Husband's education, husband's occupation, household type (nuclear vs. extended)

Training of CSA/SS

- Length of training
- Training topics
    - BCC
    - Product management and promotion
    - Accounting

Activities of CSA/SS

- Consciousness raising
- Sale of products
- Geographical coverage
- Client coverage
- How many days of work a week, how many hours a day

Investment

- Amount of capital of a CSA/SS, source

Assistance from SMC/BRAC

- Market promotion
- Product management and promotion
- Account management
- Finance

Maintenance of account of procurements and sales

- Sales of products last month
- Inventory of products (current)

Perceived benefits of being a CSA/SS as profession

Intention for continuing the CSA/SS-ship in the future, even if SMC/BRAC does not provide assistance

Challenges of this profession

Consequences on family life (if any)

Key Findings

- Over 95% of CSAs/SSs were ever married; the majority of them were 25–39 years old and just half of them with three or more children ever born (Table A.4.1). Over 85% of the CSAs/SSs had less than SSC (10 years of schooling), and relatively speaking CSAs tended to be more educated than SSs.
- Almost all CSAs joined MIH in 2011 or later, but 66% of SSs began working before 2011; two-thirds of CSAs had some previous experience compared to only one-third of SSs with previous experience (Table A.4.2). Usually, they worked for NGOs before joining MIH.
- Most common training the CSAs/SSs received was product promotion and product procurement followed by BCC training (Table A.4.3). They also received refresher training on the above-mentioned topics.
- Catchment areas covered by CSAs were greater than by SSs; the former cover on an average four villages, compared to one village covered by an SS (Table A.4.5). Thus, the number of households covered by a CSA is several times greater than that by an SS (Table A.4.6). Accordingly, the number of clients served per month was over three times greater for a CSA than an SS (Table A.4.7).
- Most common products sold by a CSA/SS were contraceptive pills and condoms, ORS, MNP, safe delivery kit, and sanitary napkins (Table A.4.8). They also sold ECP and other products. Relatively speaking, SSs' sales were more on other products compared to CSAs' sales on reproductive health products (Tables A.4.8 and Table A.4.9).
- Sales volume was, in most cases, higher for CSAs than for SSs, especially for reproductive health products (Tables A.4.9–A.4.15), but sales volume of SSs was higher for other products than those for CSAs (Table A.4.16).
- About three-quarters of CSAs/SSs reported that capital investment was required for the job, and the requirement was greater for CSAs than for SSs (Tables A.4.17–A.4.18).
- Most CSAs (92%) could handle their business (e.g., inventory management) by themselves (Table A.4.19). In contrast, only 68% of SSs could perform it by themselves.
- Table A.4.20 shows that about 40% of CSAs/SSs reported that their position in the family has been enhanced since joining their job. This feeling was higher among CSAs than SSs.
- Over 80% of CSAs/SSs felt that there was no negative effect of their work on their family (Table A.4.21).
- About half of CSAs/SSs felt that they significantly contributed to health awareness raising in their community (Table A.4.22). Around 90% of CSAs/SSs felt that their position in the community had been enhanced (Table A.4.23).
- Over 20% of CSAs/SSs felt insufficient capital was a challenge (Table A.4.24). About 30% of SSs and 20% of CSAs reported that insufficient income was a challenge.
- About 37% of CSAs/SSs reported to have stock-out of their products, which was higher among SSs than CSAs (Table A.4.25).
- About 80% of CSAs/SSs reported that their job was a viable profession (Table A.4.27). However, about 60% of them reported that they could continue their profession without assistance from MIH (Table A.4.28). Such self-confidence of managing the job without much assistance from MIH was greater among CSAs (70%) than SSs (49%).
- Just 45% of CSAs/SSs reported that the amount of sales was greater than 5,000 takas, which was substantially higher among CSAs than SSs (Table A.4.29). About 68% of CSAs had a sale of over 5,000 takas versus 23% for SSs.

Tables from the Community Sales Agent (CSA) and Swasthya Sebika (SS) Survey Data

Section 1. Background Characteristics

A.4.1: Respondents' background characteristics

Percent distribution of SSs/CSAs, by background characteristics, by area, MIH end line survey 2016.

Background characteristics	Intervention area		
	BRAC–SS	CPS–CSA	MIH
Age of women			
15–24	11.8	3.9	7.9
25–29	13.6	15.4	14.5
30–34	11.8	18.3	15.0
35–39	20.0	26.9	23.4
40–44	10.0	14.4	12.2
45–49	15.5	11.5	13.6
50+	17.3	9.6	13.6
Number of children ever born			
0*	7.3	7.7	7.5
1–2	36.4	48.1	42.1
3+	56.4	44.2	50.5
Education of women			
Primary or below	55.5	26.0	41.1
Below SSC	38.2	53.9	45.8
SSC or above	6.4	20.2	13.1
Family type			
Nuclear	68.2	82.7	75.2
Extended	31.8	17.3	24.8
Marital status			
Currently married	72.7	85.6	79.0
Separated/widowed	23.6	11.5	17.8
Never married	3.6	2.9	3.3
Total	100.0	100.0	100.0
Number	110	104	214

* 3 CSAs and 4 SSs were unmarried.

A.4.2: Work experience

Percent distribution of SSs/CSAs, by their previous working status, MIH end line survey 2016.

	Intervention area		
Working status	**BRAC–SS**	**CPS–CSA**	**MIH**
Time of joining as SS/CSA			
Before the year 2011	34.6	1.0	18.2
Since 2011	65.5	99.0	81.8
Previous working experience			
Yes	35.5	67.3	50.9
No	64.6	32.7	49.1
Type of previous work			
CHW	0.9	10.6	5.6
Depot-holder	1.8	2.9	2.3
NGO worker	22.7	33.7	28.0
Other	11.8	26.0	18.7
Number	110	104	214

Section 2. In-Service Training

A.4.3: Percent of SSs/CSAs ever received any training/refresher training, MIH end line survey 2016

	Intervention area		
Ever received training on:	**BRAC–SS**	**CPS–CSA**	**MIH**
Behavior Change Components (BCC)	62.7	67.3	65.0
Refresher on BCC	46.4	43.3	44.9
Product promotion	84.6	92.3	88.3
Refresher training on product promotion	70.9	68.3	69.6
Product procurement	77.3	81.7	79.4
Refresher training on product procurement	69.1	61.5	65.4
Number	110	104	214

A.4.4: Percent of SSs/CSAs who have recently received training in BCC, product promotion, and product procurement since 2012, by year, MIH end line survey 2016

Year of last training received	BCC			Product promotion			Product procurement		
	SS	CSA	MIH	SS	CSA	MIH	SS	CSA	MIH
2012	13.0	1.4	7.2	3.2	0.0	1.6	4.7	1.2	2.9
2013	17.4	4.3	10.8	26.9	12.5	19.6	12.9	2.4	7.7
2014	27.5	15.7	21.6	16.1	9.4	12.7	10.6	5.9	8.2
2015	42.0	65.7	54.0	47.3	68.8	58.2	56.5	83.5	70.0
2016	0.0	12.9	6.5	6.5	9.4	7.9	15.3	7.1	11.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	**69**	**70**	**139**	**93**	**96**	**189**	**85**	**85**	**170**

Section 3. SS/CSA Activities, Geographical and Client Coverage, and Intensity of Work

A.4.5: Percent distribution of SS/CSA, by number of villages covered in last one month, MIH end line survey 2016

Village coverage	Intervention area		
	SS	CSA	MIH
1 village	82.7	5.8	45.3
2 villages	11.8	16.4	14.0
3 villages	5.5	20.2	12.6
4–6 villages	0.0	37.5	18.2
7–9 villages	0.0	20.2	9.8
Total	100.0	100.0	100.0
Mean number of villages	1.2	4.5	2.8
Median number of villages	1	4	2
Total number of observations	110	104	214

A.4.6: Percent of SS/CSA, by the number of households in their catchment villages, MIH end line survey 2016

Know the number of household coverage	Intervention area		
	SS	CSA	MIH
Minimum – 199	1.9	12.7	7.5
200–299	1.9	60.9	32.2
300–399	3.9	12.7	8.4
400–999	22.1	5.5	13.6
1,000 – Max	58.7	2.7	29.9
Don't know	11.5	5.5	8.4
Total	100.0	100.0	100.0
Mean number of households	279	2,320	1,237
Median number of households	245	1,225	340
Number of observations	110	104	214

A.4.7: Percent distribution of SS/CSA, by number of clients in last one month, MIH end line survey 2016

Number of clients who bought products in last one month	Intervention area		
	SS	CSA	MIH
<25	46.4	6.7	27.1
25–49	19.1	12.5	15.9
50–99	16.4	26.9	21.5
100–149	7.3	18.3	12.6
150–249	9.1	19.2	14.0
250+	1.8	16.4	8.9
Total	100.0	100.0	100.0
Mean number of clients	61	188	123
Median number of clients	28	100	60
Total number of observations	110	104	214

A.4.8: Percentage of SS/CSA who sold specific product in last one month, MIH end line survey 2016

Types of products	Intervention area		
	SS	CSA	MIH
Contraceptive pill	84.6	97.1	90.7
Emergency contraceptive pill (ECP)	38.2	76.0	56.5
Condom	71.8	95.2	83.2
Oral saline	94.6	99.0	96.7
Micronutrient powder (MNP)	89.1	96.2	92.5
Safe delivery kit	91.8	92.3	92.1
Sanitary napkins	92.7	99.0	95.8
Iodized salt	59.1	8.7	34.6
Soap	69.1	5.8	38.3
Medicine	93.6	23.1	59.4
Total number of providers	110	104	214

A.4.9: Number of products sold by CSA/SS in last one month, MIH end line survey 2016

Type of products	Average number of products sold per worker			Total products sold
	SS	CSA	MIH	
Contraceptive pill	9	122	64	13,720
Emergency contraceptive Pill (ECP)	3	6	5	597
Condom	21	110	64	13,701
Oral saline	56	239	145	31,070
Micronutrient powder	128	315	219	46,798
Safety kit	5	5	5	1,116
Sanitary napkins	8	36	22	4,710
Iodized salt	8	12	9	643
Soap	6	1	3	735
Medicine	290	151	222	47,579
Total number of observations	**110**	**104**	**214**	**214**

A.4.10: Number of contraceptive pills sold in last one month according to product brand, MIH end line survey 2016

Pill brand	Average number of pills sold per worker			Total pills sold
	SS	CSA	MIH	
Minicon	2.1	25.0	13.2	2,833.0
Femicon	4.9	52.9	28.2	6,034.0
Nordetter-28	0.4	5.7	3.0	632.0
Femipil	1.6	28.3	14.5	3,113.0
Noret-28	0.4	10.2	5.2	1,108.0
Average # of pills sold (any brand)	9.3	122.1	64.1	13,720.0
Emergency contraceptive pill (ECP)				
Norix	1.1	4.6	2.8	597
Total number of service providers	110	104	214	

A.4.11: Sales of oral rehydration saline (ORsaline) according to product brand, MIH end line survey 2016

ORS brand	Average number of ORS sold per worker			Number
	SS	CSA	MIH	
ORSaline N	54.0	231.4	140.2	30,004
ORSaline Fruity (M)	2.4	1.8	2.1	447
ORSaline Fruity (O)	0.0	5.9	142.3	30,451
Any ORS	56.4	239.0	145.2	31,070
SMC Zinc	45.9	136.5	89.9	19,244
Total number of service providers	110	104	214	

A.4.12: Sales of contraceptive condoms according to product brand, MIH end line survey 2016

Condom brand	Average number of condoms sold per worker			Total ORS sold
	SS	CSA	MIH	
Sensation super dotted	1.8	6.8	4.2	905
Sensation super ribbed	0.1	2.1	1.1	228
Sensation classic	0.2	3.7	1.9	408
Hero	4.3	15.2	9.6	2050
Hero 3s	0.1	3.5	1.8	377
Panther plain	1.1	6.2	3.6	764
Panther dotted	4.7	12.7	8.6	1836
Raja	8.0	41.7	24.4	5215
U&ME anatomic	0.4	4.2	2.2	481
U&ME long love	-	9.6	4.7	999
U&ME color	0.1	0.4	0.2	49
Condom with no logo	-	0.1	0.1	13
Xtreme 3-in-1	-	2.1	1.0	218
Xtreme ultra thin	0.3	1.2	0.7	158
Average condoms sold in last one month	21.0	109.5	64.0	13,701
Number of service providers	110	104	214	

A.4.13: Sales of micronutrient powder (MNP) according to product brand, MIH end line survey 2016

MNP brand	Average number of MNP sold per worker			Total sold products
	SS	CSA	MIH	
Monimix	16.2	307.1	157.5	33,712
Pustikona	111.3	8.1	61.1	13,086
Total (number)	127.5	315.1	218.7	46,798
Total number of service providers	110	104	214	

A.4.14: Sales of sanitary napkins according to product brand received, MIH end line survey 2016

Brand of sanitary napkin	Average number of sanitary napkins sold per worker			Total products
	SS	CSA	MIH	
Joya	6.0	35.6	20.4	4,362
Nirapad	2.3	0.9	1.6	348
Total number of service providers	110	104	214	4,710

A.4.15: Sales of safe delivery kit according to product brand received, MIH end line survey 2016

Brand of safe delivery kit	Average number of safe delivery kit sold per worker			Total products
	SS	CSA	MIH	
Safety kit	2.8	5.3	4.0	862
Kallani	2.1	0.2	1.2	254
Number of service providers	110	104	214	1,116

A.4.16: Sales of strip, i-salt, soap and medicines in last one month, MIH end line survey 2016

Product	Average number of products sold per worker			Total products
	SS	CSA	MIH	
SCG strip	2.0	0.1	1.1	226
Urine test strip	5.0	1.8	3.4	728
Iodized salt	4.9	1.0	3.0	643
Soap1	5.2	0.6	3.0	633
Soap2	0.8	0.1	0.5	102
Medicine1	114.2	60.4	88.0	18,842
Medicine2	93.7	41.1	68.1	14,578
Medicine3	51.2	21.5	36.8	7,868
Medicine4	30.4	28.3	29.4	6,291
Number of service providers	110	104	214	

Section 4: Capital, Business Management, and Technical Assistance Received

A.4.17: Percent of SS/CSA who had invested to begin this job and their source of investment, MIH end line survey 2016

	Intervention area		
Invested capital to begin this job	**SS**	**CSA**	**MIH**
No	40.0	15.4	28.0
Yes	60.0	84.6	72.0
Total number of providers	110	104	214
Source of capital—those who invested			
Own capital	33.6	64.4	48.6
Lend/gift from friend/relatives	1.8	25.0	13.8
Loan from SMC/BRAC	30.9	1.0	16.4
Number of service providers who have invested to begin this job	66	88	154

A.4.18: Percent distribution of SS/CSA by amount of investment to begin the job, MIH end line survey 2016

	Intervention area		
Amount invested	**SS**	**CSA**	**MIH**
100–1,000	93.94	47.73	67.53
1,001–5,000	6.06	47.73	29.87
5,001–10,000	0.00	4.55	2.60
Total	100.0	100.0	100.0
Number of providers who invested to begin this job	66	88	154
Mean	612	1,906	1,351.7
Median	500	1,200	950

A.4.19: Management of inventory, percent of SS/CSA, MIH end line survey 2016

	Intervention area		
Manage inventory by	**SS**	**CSA**	**MIH**
Herself	68.2	92.3	79.9
With the help of husband/family	18.2	22.1	20.1
With the help from SMC/BRAC	45.5	14.4	30.4
Number	110	104	214

A.4.20: Percent of SS/CSA reported about their position in the family and contribution to family income, and MIH end line survey 2016

	Contributing to family income			Income earning increasing over time			Position in the family enhanced		
	SS	SS	SS	SS	CSA	MIH	SS	CSA	MIH
Significantly				31.8	53.9	42.5	30.0	47.1	38.3
To some extent				51.8	39.4	45.8	56.4	44.2	50.5
Not much				10.9	4.8	7.9	8.2	7.7	7.9
Not significantly				3.6	1.9	2.8	3.6	1.0	2.3
Don't know				1.8	0.0	0.9	1.8	0.0	0.9
Total				100.0	100.0	100.0	100.0	100.0	100.0
Number				110	104	214	110	104	214

A.4.21: Percent of SS/CSA who consider that there has been a negative effect on family due to this work, MIH end line survey 2016

Family negatively affected due to this work	SS	CSA	MIH
Lack of time for rearing children	7.3	11.5	9.4
Husband unhappy	4.6	1.0	2.8
Parents-in-law unhappy	0.9	1.0	0.9
No significant effect	81.8	80.8	81.3
Don't know	5.5	5.8	5.6
Total	100.0	100.0	100.0
Number	110	104	214

A.4.22: Opinion about contribution to community: Percent of SS/CSA giving opinion, MIH end line survey 2016

	Contributing to community in raising health awareness			Does community value your work		
	SS	CSA	MIH	SS	CSA	MIH
Significantly	43.6	53.9	48.6	47.3	53.9	50.5
To some extent	47.3	42.3	44.9	46.4	46.2	46.3
Not much	6.4	3.9	5.1	5.5	0.0	2.8
Don't know	1.8	0.0	0.9	0.9	0.0	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	110	104	214	110	104	214

A.4.23: Percent of SS/CSA who expressed their opinion on their position in community due to this profession, MIH end line survey 2016

Do you feel that your position in community changed due to work?	Intervention area		
	SS	CSA	MIH
Positively changed	89.1	91.4	90.2
No change	2.7	1.9	2.3
Negatively changed	5.5	4.8	5.1
Don't know	2.7	1.9	2.3
Total	100.0	100.0	100.0
Number	110	104	214

A.4.24: Percent of SS/CSA who informed about the challenges they felt/faced in this profession, MIH end line survey 2016

Challenges	Intervention area		
	SS	CSA	MIH
Insufficient capital	19.1	23.1	21.0
Insufficient income	29.1	21.2	25.2
Accounts management	4.6	2.9	3.7
Social/religious barrier to move in the society	4.6	6.7	5.6
Don't know	4.6	1.9	3.3
Total number of providers	110	104	214

A.4.25: Percent of SS/CSA who had stock-out of products in last three months, MIH end line survey 2016

Stock-out in last three months	Intervention area		
	SS	CSA	MIH
No stock-out in last three months	56.4	70.2	63.1
Stock-out in last three months	43.6	29.8	36.9
Total	100.0	100.0	100.0
Total number of providers	110	104	214
Time of stock-out by calendar month			
In August 2015	0.9	1.9	1.4
In September 2015	7.3	2.9	5.1
In October 2015	19.1	6.7	13.1
In November 2015	23.6	18.3	21.0
In December 2015	20.9	10.6	15.9
Number of providers experienced stock-out in last three months	48	31	79

A.4.26: Percent of SS/CSA who faced stock-out in last three months, MIH end line survey 2016

	Intervention area		
Products that stock-out before last three months	**SS**	**CSA**	**MIH**
No stock-out in August 2015 or before	73.6	78.9	76.2
Stock-out in August 2015 or before	26.4	21.2	23.8
Frequency of stock-out in August 2015 or before			
1–5 times	75.9	95.5	84.3
6–10 times	6.9	0.0	3.9
More than 10 times	17.2	4.6	11.8
Total	100.0	100.0	100.0
Number	110	104	214

A.4.27: About the future of their profession: Percent of SS/CSA who believe that CSA/SS-ship is a viable profession, MIH end line survey 2016

	Intervention area		
Is CSA/SS a viable profession?	**SS**	**CSA**	**MIH**
Definitely	74.6	81.7	78.0
May be	20.0	16.4	18.2
No	1.8	1.0	1.4
Have no option	3.64	0.96	2.34
Total	100.0	100.0	100.0
Number	110	104	214

A.4.28: About the future of their profession: Percent of SS/CSA who think that they can continue without assistance from SMC/BRAC, MIH end line survey 2016

	Intervention area		
Can continue CSA/SS without SMC/BRAC help?	**SS**	**CSA**	**MIH**
Yes	49.1	70.2	59.4
Not sure	12.7	8.7	10.8
No	38.2	21.2	29.9
Total	100.0	100.0	100.0
Number	110	104	214

A.4.29: Percent of SS/CSA by amount of sales in last one month, MIH end line survey 2016

	Intervention area		
Amount of sales in Taka in last month	**SS**	**CSA**	**MIH**
0–5,000	77.3	31.7	55.1
5,001–10,000	19.1	32.7	25.7
10,001–15,000	2.7	11.5	7.0
15,001–20,000	0.9	8.7	4.7
20,001–30,000	0.0	9.6	4.7
30,001–50,000	0.0	5.8	2.8
Total	100.0	100.0	100.0
Number	110	104	214

APPENDIX V. OUTCOME MONITORING RESULTS DISAGGREGATED BY RESPONDENT CHARACTERISTICS

A.5.1: Risks of pregnancy before age 20 (see Appendix V, Table A.5A for corresponding sample sizes)

Percentage of MWRA who could report at least two specific risks/complications[a] associated with pregnancies before age 20, by area, by background characteristics, MIH surveys.

Background characteristics	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
	B	E	E–B	B	E	E–B	B	E	E–B	B	E	E–B	B	E	E–B	B	E	E–B
Age of women																		
15–19	40.2	64.7	*24.5*	35.0	33.0	*-2*	43.0	65.7	*22.7*	41.6	35.2	*-6.4*	36.8	63.3	*26.5*	27.2	30.1	*2.9*
20–24	45.4	68.5	*23.1*	41.7	41.6	*-0.1*	47.1	68.9	*21.8*	45.9	41.2	*-4.7*	43.2	68.0	*24.8*	36.3	42.1	*5.8*
25–29	47.2	68.8	*21.6*	43.8	38.1	*-5.7*	48.3	66.7	*18.4*	48.4	37.5	*-10.9*	46.0	70.9	*24.9*	38.5	38.8	*0.3*
30–34	46.1	66.5	*20.4*	40.7	41.5	*0.8*	49.4	65.4	*16.0*	44.2	43.7	*-0.5*	42.6	67.7	*25.1*	37.3	38.9	*1.6*
35–39	41.5	64.2	*22.7*	39.5	38.4	*-1.1*	44.2	66.7	*22.5*	44.0	35.3	*-8.7*	38.5	61.3	*22.8*	34.3	41.7	*7.4*
40–44	43.2	64.3	*21.1*	36.7	34.8	*-1.9*	44.7	63.5	*18.8*	42.1	31.0	*-11.1*	41.6	65	*23.4*	31.1	38.1	*7.0*
45–49	40.1	62.6	*22.5*	33.4	35.7	*2.3*	43.7	62.8	*19.1*	34.2	33.1	*-1.1*	36.1	62.4	*26.3*	32.6	38.1	*5.5*
Number of children ever born																		
0	38.7	59.1	*20.4*	38.2	33.4	*-4.8*	43.0	61.1	*18.1*	41.9	32.5	*-9.4*	33.9	57.1	*23.2*	33.3	34.2	*0.9*
1–2	46.3	68.3	*22.0*	44.1	40.5	*-3.6*	48.2	68.1	*19.9*	48.4	40.2	*-8.2*	44.3	68.4	*24.1*	39.6	40.7	*1.1*
3+	43.2	65.6	*22.4*	36.7	37.2	*0.5*	45.4	65.2	*19.8*	41.1	36.3	*-4.8*	40.7	66.1	*25.4*	31.7	38.2	*6.5*
Education of women																		
No education	33.8	60.2	*26.4*	30.4	29.5	*-0.9*	35.5	61.2	*25.7*	32.4	27.2	*-5.2*	32.3	59.3	*27.0*	28.5	31.5	*3.0*
Primary incomplete	40.7	64.6	*23.9*	35.1	32.9	*-2.2*	41.2	65.6	*24.4*	38.4	32.3	*-6.1*	40.2	63.6	*23.4*	31.7	33.6	*1.9*
Primary complete	42.1	68.1	*26.0*	38.9	35.5	*-3.4*	39.9	63.2	*23.3*	43.1	33.0	*-10.1*	44.9	71.8	*26.9*	33.7	37.7	*4.0*
Secondary incomplete	50.3	68.1	*17.8*	44.9	44.6	*-0.3*	52.9	68.1	*15.2*	50.3	44.2	*-6.1*	46.2	68.1	*21.9*	38.2	45.0	*6.8*
Secondary complete & higher	63.1	72.2	*9.1*	59.6	49.3	*-10.3*	64.9	71.2	*6.3*	64.9	49.0	*-15.9*	60.5	73.6	*13.1*	53.3	49.7	*-3.6*
Asset quintile																		
Lowest	35.4	61.1	*25.7*	27.7	27.9	*0.2*	34.3	64.7	*30.4*	28.5	27.8	*-0.7*	36.2	58.7	*22.5*	27.0	27.9	*0.9*
Second	37.4	64.5	*27.1*	35.1	32.8	*-2.3*	35.0	62.9	*27.9*	38.7	33.0	*-5.7*	39.3	65.8	*26.5*	30.8	32.6	*1.8*
Middle	43.7	68.2	*24.5*	39.3	39.8	*0.5*	44.2	68.0	*23.8*	46.2	37.1	*-9.1*	43.1	68.5	*25.4*	32.1	42.4	*10.3*
Fourth	47.8	67.3	*19.5*	42.6	42.3	*-0.3*	49.9	64.9	*15.0*	47.0	40.9	*-6.1*	44.4	70.8	*26.4*	37.7	44.0	*6.3*
Highest	52.0	67.9	*15.9*	51.2	48.1	*-3.1*	57.4	68.0	*10.6*	55.4	47.0	*-8.4*	44.4	67.7	*23.3*	46.1	49.6	*3.5*
Watching television																		
Don't watch	38.6	63.4	*24.8*	34.9	33.0	*-1.9*	38.3	62.9	*24.6*	38.3	32.6	*-5.7*	38.9	63.8	*24.9*	31.5	33.4	*1.9*
Watch but not everyday	44.5	64.1	*19.6*	42.8	38.8	*-4.0*	48.4	64.6	*16.2*	47.7	40.9	*-6.8*	40.0	63.4	*23.4*	36.4	36.0	*-0.4*
Watch almost everyday	51.0	70.3	*19.3*	46.7	47.5	*0.8*	54.1	69.9	*15.8*	51.1	44.7	*-6.4*	46.5	70.9	*24.4*	41.1	50.8	*9.7*
Total	44.0	66.1	*22.1*	39.5	38.2	*-1.3*	46.2	66.0	*19.8*	43.8	37.6	*-6.2*	41.4	66.3	*24.9*	34.8	38.8	*4.0*

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

[a] Risks/complications associated with pregnancies before age 20: Delayed/prolonged labor, convulsions/eclampsia, excessive vaginal bleeding, preterm birth, or low birth weight.

A.5.2: Risks of pregnancy after age 35 (see Appendix V, Table A.5A for corresponding sample sizes)

Percentage of MWRA who could report at least two specific risks/complications[a] associated with pregnancies after age 35, by area, by background characteristics, by MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	33.1	42.8	9.7	30.5	16.6	-13.9	36.4	45.2	8.8	37.8	15.7	-22.1	29.1	39.5	10.4	21.8	17.7	-4.1
20–24	39.3	44.0	4.7	35.9	20.8	-15.1	41.9	43.3	1.4	40.9	20.5	-20.4	36.0	44.9	8.9	29.7	21.1	-8.6
25–29	45.2	45.1	-0.1	37.7	20.2	-17.5	48.4	43.1	-5.3	42.9	20.1	-22.8	41.7	47.2	5.5	31.5	20.3	-11.2
30–34	36.3	45.7	9.4	37.6	22.1	-15.5	40.2	44.8	4.6	41.4	22.3	-19.1	32.0	46.6	14.6	33.9	22.0	-11.9
35–39	37.1	40.9	3.8	35.3	18.1	-17.2	41.4	43.6	2.2	37.4	16.9	-20.5	32.3	37.7	5.4	32.8	19.4	-13.4
40–44	35.7	36.1	0.4	31.9	17.8	-14.1	44.2	39.2	-5.0	36.4	17.8	-18.6	26.9	32.9	6.0	27.2	17.9	-9.3
45–49	30.7	38.3	7.6	29.9	16.3	-13.6	35.7	40.1	4.4	34.7	15.3	-19.4	25.3	36.6	11.3	24.6	17.2	-7.4
Number of children ever born																		
0	35.2	38.4	3.2	36.8	17.2	-19.6	39.4	40.4	1.0	38.7	16.0	-22.7	30.4	36.3	5.9	34.2	18.3	-15.9
1–2	39.9	44.8	4.9	36.7	21.0	-15.7	44.1	44.9	0.8	43.4	20.2	-23.2	35.2	44.6	9.4	29.6	21.9	-7.7
3+	36.4	41.2	4.8	33.3	18.3	-15.0	40.6	41.8	1.2	37.0	18.3	-18.7	31.6	40.5	8.9	29.0	18.3	-10.7
Education of women																		
No education	28.4	35.7	7.3	26.9	13.9	-13.0	33.2	36.0	2.8	29.5	13.3	-16.2	24.4	35.4	11.0	24.4	14.5	-9.9
Primary incomplete	33.7	39.4	5.7	32.1	16.8	-15.3	35.2	41.4	6.2	36.6	16.3	-20.3	32.5	37.2	4.7	27.3	17.2	-10.1
Primary complete	39.3	46.2	6.9	32.7	19.5	-13.2	45.1	45.6	0.5	34.4	15.4	-19.0	32.2	46.7	14.5	30.5	23.2	-7.3
Secondary incomplete	42.1	45.2	3.1	39.8	22.1	-17.7	44.6	44.5	-0.1	46.6	22.1	-24.5	38.4	46.0	7.6	31.4	22.1	-9.3
Secondary complete & higher	55.9	48.2	-7.7	50.9	25.9	-25.0	58.6	49.6	-9.0	55.5	26.3	-29.2	51.6	46.1	-5.5	45.6	25.2	-20.4
Asset quintile																		
Lowest	28.5	37.5	9.0	25.2	13.7	-11.5	30.6	40.9	10.3	28.4	11.8	-16.6	26.9	35.2	8.3	22.1	15.5	-6.6
Second	33.7	40.8	7.1	32.2	17.5	-14.7	35.4	39.0	3.6	34.8	15.6	-19.2	32.4	42.3	9.9	29.1	19.3	-9.8
Middle	36.5	43.7	7.2	34.5	21.0	-13.5	40.1	44.9	4.8	38.4	21.3	-17.1	32.1	42.1	10.0	30.5	20.8	-9.7
Fourth	41.0	44.1	3.1	37.2	20.7	-16.5	44.8	41.9	-2.9	44.3	20.8	-23.5	35.0	47.3	12.3	29.2	20.6	-8.6
Highest	44.9	44.2	-0.7	43.7	23.6	-20.1	50.0	45.7	-4.3	48.7	24.0	-24.7	37.8	42.2	4.4	37.5	23.1	-14.4
Watching television																		
Don't watch	33.6	39.4	5.8	31.4	16.2	-15.2	37.2	39.9	2.7	34.8	15.6	-19.2	30.3	39.0	8.7	28.0	16.8	-11.2
Watch but not everyday	35.8	40.6	4.8	32.9	20.8	-12.1	41.4	41.0	-0.4	37.6	19.4	-18.2	29.2	40.1	10.9	26.7	22.6	-4.1
Watch almost everyday	43.9	46.9	3.0	42.2	24.3	-17.9	47.1	47.0	-0.1	48.2	24.2	-24.0	39.2	46.7	7.5	34.5	24.5	-10.0
Total	37.6	42.4	4.8	34.8	19.3	-15.5	41.8	43.0	1.2	39.4	18.9	-20.5	32.9	41.8	8.9	29.6	19.7	-9.9

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

[a] Risks/complications associated with pregnancies after age 35: Spontaneous abortion/stillbirth, hypertension/convulsions/eclampsia, excessive vaginal bleeding, disabled child birth, or diabetes during pregnancy.

A.5.3: Risks associated with short pregnancy interval (see Appendix V, Table A.5A for corresponding sample sizes)

Percentage of MWRA who could report at least two specific risks/complications[a] associated with pregnancies that occur less than 2 years after the last childbirth, by area, by background characteristics, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	61.3	61.5	0.2	51.8	41.0	-10.8	63.5	62.0	-1.5	52.8	38.7	-14.1	58.6	60.8	2.2	50.5	44.2	-6.3
20–24	66.8	69.7	2.9	63.5	49.7	-13.8	67.3	69.8	2.5	68.6	47.3	-21.3	66.2	69.6	3.4	57.3	52.4	-4.9
25–29	70.4	72.5	2.1	64.4	52.4	-12.0	70.9	70.4	-0.5	69.8	49.7	-20.1	69.8	74.7	4.9	58.1	55.1	-3.0
30–34	69.0	71.4	2.4	63.2	51.7	-11.5	71.1	70.0	-1.1	66.6	51.3	-15.3	66.8	72.9	6.1	59.9	52.2	-7.7
35–39	67.5	67.0	-0.5	58.5	50.8	-7.7	69.7	69.3	-0.4	62.9	49.2	-13.7	65.1	64.4	-0.7	53.4	52.4	-1.0
40–44	65.1	64.4	-0.7	60.1	47.1	-13.0	68.2	64.9	-3.3	66.0	44.9	-21.1	62.0	63.8	1.8	54.0	49.0	-5.0
45–49	60.4	65.2	4.8	57.5	44.6	-12.9	62.3	64.2	1.9	63.2	40.9	-22.3	58.4	66.2	7.8	51.3	48.0	-3.3
Number of children ever born																		
0	61.7	56.4	-5.3	53.2	41.5	-11.7	62.6	55.4	-7.2	53.5	41.2	-12.3	60.7	57.5	-3.2	52.7	41.8	-10.9
1–2	68.0	71.2	3.2	64.9	50.0	-14.9	69.8	70.3	0.5	71.2	46.6	-24.6	65.9	72.2	6.3	58.2	53.9	-4.3
3+	66.2	67.7	1.5	59.4	49.2	-10.2	67.7	67.9	0.2	63.8	47.7	-16.1	64.5	67.5	3.0	54.4	50.7	-3.7
Education of women																		
No education	58.3	60.0	1.7	53.7	39.9	-13.8	61.9	62.0	0.1	59.7	34.7	-25.0	55.3	58.1	2.8	47.7	44.5	-3.2
Primary incomplete	65.2	67.1	1.9	54.5	42.5	-12.0	65.0	64.7	-0.3	59.7	42.7	-17.0	65.3	69.6	4.3	49.1	42.3	-6.8
Primary complete	67.2	68.7	1.5	62.4	48.9	-13.5	68.0	66.9	-1.1	64.9	46.3	-18.6	66.2	70.0	3.8	59.3	51.2	-8.1
Secondary incomplete	69.8	71.6	1.8	66.4	54.2	-12.2	69.7	70.9	1.2	71.0	51.4	-19.6	69.8	72.6	2.8	60.8	57.2	-3.6
Secondary complete & higher	81.7	75.7	-6.0	75.8	62.5	-13.3	81.4	74.3	-7.1	75.4	59.7	-15.7	82.0	77.7	-4.3	76.3	66.6	-9.7
Asset quintile																		
Lowest	60.7	63.8	3.1	51.7	39.9	-11.8	63.2	65.7	2.5	57.1	39.0	-18.1	58.8	62.5	3.7	46.4	40.8	-5.6
Second	63.4	64.4	1.0	58.9	42.6	-16.3	64.0	60.8	-3.2	61.5	40.1	-21.4	62.9	67.4	4.5	55.7	45.0	-10.7
Middle	65.1	69.5	4.4	59.3	49.8	-9.5	67.5	69.0	1.5	65.1	45.9	-19.2	62.1	70.2	8.1	53.3	53.4	0.1
Fourth	69.1	70.2	1.1	62.3	55.2	-7.1	68.9	70.1	1.2	67.5	52.7	-14.8	69.4	70.5	1.1	56.6	58.4	1.8
Highest	71.7	70.9	-0.8	71.0	56.9	-14.1	72.6	70.0	-2.6	74.2	53.7	-20.5	70.5	72.0	1.5	67.0	60.9	-6.1
Watching television																		
Don't watch	62.8	65.2	2.4	58.5	43.4	-15.1	64.4	64.4	0.0	61.5	40.9	-20.6	61.3	65.9	4.6	55.4	45.8	-9.6
Watch but not everyday	64.7	67.2	2.5	58.6	50.6	-8.0	64.0	67.8	3.8	63.9	49.6	-14.3	65.5	66.4	0.9	51.8	51.9	0.1
Watch almost everyday	72.3	72.3	0.0	66.5	58.3	-8.2	73.8	71.5	-2.3	72.9	55.3	-17.6	70.1	73.3	3.2	58.3	61.9	3.6
Total	66.5	68.2	1.7	60.9	48.9	-12.0	68.0	67.9	-0.1	65.5	46.8	-18.7	64.7	68.6	3.9	55.7	51.2	-4.5

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

[a] Risk/complications associated with pregnancies that occur less than 2 years after the last childbirth: Spontaneous abortion, low birth weight, preterm birth, maternal anemia, or the mother has not recuperated yet from the previous pregnancy.

A.5.4: Potential danger signs of pregnancy (see Appendix V, Table A.5A for corresponding sample sizes)

Percentage of MWRA who could report at least three potential danger signs[a] of pregnancy, by area, by background characteristics, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	21.1	36.0	*14.9*	14.4	11.8	*-2.6*	20.1	33.6	*13.5*	15.5	12.7	*-2.8*	22.3	39.5	*17.2*	13.0	10.6	*-2.4*
20–24	22.8	41.8	*19.0*	21.3	17.0	*-4.3*	22.1	42.6	*20.5*	22.9	16.2	*-6.7*	23.8	41.0	*17.2*	19.3	17.9	*-1.4*
25–29	25.2	42.9	*17.7*	22.1	17.7	*-4.4*	25.8	43.2	*17.4*	21.7	16.0	*-5.7*	24.6	42.7	*18.1*	22.5	19.5	*-3.0*
30–34	26.9	42.0	*15.1*	21.8	17.1	*-4.7*	26.3	41.6	*15.3*	21.2	16.8	*-4.4*	27.6	42.3	*14.7*	22.4	17.5	*-4.9*
35–39	21.3	35.8	*14.5*	19.6	16.1	*-3.5*	22.0	37.4	*15.4*	19.3	15.6	*-3.7*	20.5	34.0	*13.5*	20.0	16.7	*-3.3*
40–44	20.3	30.0	*9.7*	18.5	12.0	*-6.5*	20.7	31.4	*10.7*	21.1	9.6	*-11.5*	19.9	28.4	*8.5*	15.9	14.2	*-1.7*
45–49	16.9	28.0	*11.1*	17.7	10.5	*-7.2*	18.7	27.5	*8.8*	20.4	11.1	*-9.3*	14.9	28.6	*13.7*	14.7	9.9	*-4.8*
Number of children ever born																		
0	17.9	32.2	*14.3*	18.4	13.3	*-5.1*	19.5	31.8	*12.3*	19.6	13.8	*-5.8*	16.2	32.6	*16.4*	16.9	12.8	*-4.1*
1–2	25.1	41.3	*16.2*	22.5	18.4	*-4.1*	24.6	40.8	*16.2*	24	17.5	*-6.5*	25.7	41.9	*16.2*	21.0	19.3	*-1.7*
3+	21.6	35.9	*14.3*	18.5	13.2	*-5.3*	21.9	36.9	*15.0*	19	12.3	*-6.7*	21.2	34.9	*13.7*	18.0	14.0	*-4.0*
Education of women																		
No education	16.2	27.1	*10.9*	12.7	7.4	*-5.3*	16.4	29.5	*13.1*	12.5	5.9	*-6.6*	16.0	24.8	*8.8*	12.8	8.6	*-4.2*
Primary incomplete	17.1	34.0	*16.9*	16.4	10.3	*-6.1*	15.5	34.2	*18.7*	16.9	9.1	*-7.8*	18.6	33.7	*15.1*	15.9	11.6	*-4.3*
Primary complete	23.4	41.4	*18.0*	21.6	11.7	*-9.9*	22.3	40.0	*17.7*	22.5	9.3	*-13.2*	24.7	42.4	*17.7*	20.5	13.9	*-6.6*
Secondary incomplete	26.8	41.9	*15.1*	24	20.0	*-4.0*	26	40.6	*14.6*	25	19.9	*-5.1*	28.0	43.5	*15.5*	22.8	20.2	*-2.6*
Secondary complete & higher	38.4	49.4	*11.0*	33.9	29.0	*-4.9*	38.4	48.4	*10.0*	34.8	26.9	*-7.9*	38.3	50.9	*12.6*	32.9	32.2	*-0.7*
Asset quintile																		
Lowest	17.3	31.6	*14.3*	12.1	7.9	*-4.2*	17.0	35.4	*18.4*	11.5	7.6	*-3.9*	17.5	29.0	*11.5*	12.7	8.2	*-4.5*
Second	18.9	35.9	*17.0*	15.6	11.8	*-3.8*	16.7	35.4	*18.7*	14.2	10.5	*-3.7*	20.6	36.2	*15.6*	17.2	13.1	*-4.1*
Middle	21.6	38.5	*16.9*	18.6	14.4	*-4.2*	21.9	38.5	*16.6*	19.8	12.3	*-7.5*	21.3	38.6	*17.3*	17.4	16.5	*-0.9*
Fourth	23.7	41.2	*17.5*	23.3	18.1	*-5.2*	22.4	37.4	*15.0*	25.7	16.0	*-9.7*	25.6	46.8	*21.2*	20.6	20.8	*0.2*
Highest	28.9	39.7	*10.8*	29.0	23.6	*-5.4*	30.1	41.2	*11.1*	30.4	24.1	*-6.3*	27.3	37.7	*10.4*	27.3	23.0	*-4.3*
Watching television																		
Don't watch	18.6	35.0	*16.4*	15.7	11.5	*-4.2*	17.9	34.7	*16.8*	15.4	10.6	*-4.8*	19.3	35.3	*16.0*	16.1	12.3	*-3.8*
Watch but not everyday	24.8	37.2	*12.4*	22.1	16.3	*-5.8*	27.1	37.0	9.9	24.1	16.5	*-7.6*	22.2	37.5	*15.3*	19.7	16.0	*-3.7*
Watch almost everyday	26.8	41.5	*14.7*	26.9	21.7	*-5.2*	26.1	41.9	*15.8*	28.3	20.3	*-8.0*	27.9	41.0	*13.1*	25.2	23.3	*-1.9*
Total	22.6	37.8	*15.2*	20.0	15.2	*-4.8*	22.7	38.0	*15.3*	20.8	14.6	*-6.2*	22.4	37.6	*15.2*	19.1	16.0	*-3.1*

Note: 1. CPS – CWFD, PSTC and Shimantik; 2. DID – Difference-in-difference.

[a] Risk/complications refer to severe headache and blurred vision, excessive vaginal bleeding, high fever, delayed/prolonged labour, or convulsions/fits.

A.5.5: Awareness about the need for 4+ ANC visits during pregnancy (see Appendix V, Table A.5A for corresponding sample sizes)

Percentage of MWRA who were aware of the need of at least four visits for health check-up during pregnancy, by area, by background characteristics, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	30.2	52.1	*21.9*	31.4	30.7	*-0.7*	29.4	54.3	*24.9*	22.7	28.3	*5.6*	31.3	49.1	*17.8*	41.7	33.8	*-7.9*
20–24	34.5	54.7	*20.2*	37.4	37.6	*0.2*	31.1	54.8	*23.7*	29.6	33.8	*4.2*	38.8	54.7	*15.9*	47.2	41.7	*-5.5*
25–29	33.4	54.7	*21.3*	35.7	35.4	*-0.3*	27.8	57.0	*29.2*	28.0	32.8	*4.8*	39.6	52.3	*12.7*	44.6	37.9	*-6.7*
30–34	30.4	47.9	*17.5*	31.4	31.2	*-0.2*	26.0	46.1	*20.1*	24.2	28.5	*4.3*	35.2	49.9	*14.7*	38.3	34.4	*-3.9*
35–39	27.8	43.3	*15.5*	28.3	26.4	*-1.9*	26.1	45.8	*19.7*	20.8	23.1	*2.3*	29.7	40.4	*10.7*	36.8	29.9	*-6.9*
40–44	23.5	34.3	*10.8*	25.1	27.5	*2.4*	20.8	36.8	*16.0*	20.0	23.3	*3.3*	26.3	31.7	*5.4*	30.4	31.2	*0.8*
45–49	24.8	34.6	*9.8*	20.1	21.7	*1.6*	24.6	33.8	*9.2*	14.2	19.4	*5.2*	25.1	35.5	*10.4*	26.7	23.8	*-2.9*
Number of children ever born																		
0	29.5	50.7	*21.2*	33.3	29.4	*-3.9*	29.9	56.0	*26.1*	25.8	26.0	*0.2*	29.1	45.4	*16.3*	43.5	32.5	*-11.0*
1–2	35.1	53.3	*18.2*	36.7	36.5	*-0.2*	30.8	53.4	*22.6*	29.3	34.1	*4.8*	39.8	53.2	*13.4*	44.5	39.1	*-5.4*
3+	26.2	41.9	*15.7*	26.8	27.3	*0.5*	23.5	43.3	*19.8*	20.1	23.8	*3.7*	29.1	40.4	*11.3*	34.4	30.9	*-3.5*
Education of women																		
No education	22.8	34.8	*12.0*	21.3	17.1	*-4.2*	19.8	37.4	*17.6*	15.5	13.7	*-1.8*	25.3	32.4	*7.1*	26.9	20.1	*-6.8*
Primary incomplete	25.4	43.9	*18.5*	25.3	24.5	*-0.8*	22.9	44.3	*21.4*	17.4	20.2	*2.8*	27.5	43.5	*16.0*	33.7	29.0	*-4.7*
Primary complete	27.2	47.8	*20.6*	28.9	28.5	*-0.4*	20.5	48.2	*27.7*	23.5	22.8	*-0.7*	35.3	47.4	*12.1*	35.7	33.6	*-2.1*
Secondary incomplete	34.8	52.1	*17.3*	38.7	39.5	*0.8*	30.5	51.8	*21.3*	30.6	36.3	*5.7*	41.4	52.4	*11.0*	48.6	43.1	*-5.5*
Secondary complete & higher	47.8	63.2	*15.4*	49.5	48.4	*-1.1*	45.3	62.6	*17.3*	37.9	45.7	*7.8*	51.7	64.1	*12.4*	63.2	52.3	*-10.9*
Asset quintile																		
Lowest	22.6	39.8	*17.2*	22.4	20.9	*-1.5*	18.1	44.7	*26.6*	16.6	18.6	*2.0*	26.0	36.4	*10.4*	28.0	23.0	*-5.0*
Second	26.3	44.7	*18.4*	27.7	26.0	*-1.7*	23.4	44.6	*21.2*	20.3	22.3	*2.0*	28.6	44.8	*16.2*	36.4	29.5	*-6.9*
Middle	27.5	46.0	*18.5*	28.6	28.9	*0.3*	24.6	46.0	*21.4*	21.3	24.4	*3.1*	31.0	45.9	*14.9*	36.2	33.2	*-3.0*
Fourth	29.3	50.8	*21.5*	31.5	34.2	*2.7*	25.9	50.7	*24.8*	23.1	31.4	*8.3*	34.7	51.0	*16.3*	41.0	37.8	*-3.2*
Highest	39.9	52.2	*12.3*	43.4	45.0	*1.6*	35.9	52.2	*16.3*	35.7	40.9	*5.2*	45.3	52.3	*7.0*	52.9	50.1	*-2.8*
Watching television																		
Don't watch	23.8	42.4	*18.6*	25.9	25.7	*-0.2*	20.9	42.6	*21.7*	18.6	22.2	*3.6*	26.5	42.2	*15.7*	33.1	29.0	*-4.1*
Watch but not everyday	32.8	46.6	*13.8*	29.6	35.0	*5.4*	28.5	49.8	*21.3*	24.1	32.4	*8.3*	37.9	41.8	*3.9*	36.7	38.3	*1.6*
Watch almost everyday	36.5	53.7	*17.2*	41.2	39.5	*-1.7*	32.6	53.8	*21.2*	32.5	36.2	*3.7*	42.2	53.6	*11.4*	52.1	43.4	*-8.7*
Total	29.8	47.3	*17.5*	31.0	31.1	*0.1*	26.8	48.4	*21.6*	23.9	28.1	*4.2*	33.2	46.1	*12.9*	38.9	34.2	*-4.7*

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5.6: Birth preparedness (see Appendix V, Table A.5A for corresponding sample sizes)

Percentage of MRWA who could report at least four useful initiatives related to birth preparedness to ensure safe delivery, by area, by background characteristics, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	16.9	23.2	6.3	13.2	11.6	-1.6	20.2	22.9	2.7	15.3	12.4	-2.9	12.9	23.5	10.6	10.7	10.7	0.0
20–24	19.4	26.5	7.1	18.8	16.9	-1.9	20.9	31.1	10.2	18.5	16.3	-2.2	17.4	21.5	4.1	19.2	17.6	-1.6
25–29	19.9	28.9	9.0	18.6	16.7	-1.9	22.4	32.9	10.5	19.8	15.0	-4.8	17.2	24.7	7.5	17.2	18.4	1.2
30–34	18.7	28.7	10.0	16.2	15.9	-0.3	19.2	32.1	12.9	16.3	16.7	0.4	18.3	25.1	6.8	16.1	15.1	-1.0
35–39	16.5	24.8	8.3	12.3	16.3	4.0	17.6	27.0	9.4	12.5	16.3	3.8	15.2	22.3	7.1	12.1	16.3	4.2
40–44	16.2	20.5	4.3	13.0	13.2	0.2	17.9	22.9	5.0	14.9	14.4	-0.5	14.4	18.1	3.7	11.1	12.1	1.0
45–49	13.0	18.7	5.7	13.2	10.5	-2.7	15.1	21.6	6.5	13.6	10.7	-2.9	10.6	16.0	5.4	12.7	10.2	-2.5
Number of children ever born																		
0	16.6	24.1	7.5	14.3	12.9	-1.4	19.0	23.1	4.1	13.1	13.8	0.7	13.9	25.0	11.1	16.0	12.1	-3.9
1–2	20.6	27.9	7.3	20.0	18.1	-1.9	22.6	31.6	9.0	21.2	17.9	-3.3	18.4	24.0	5.6	18.7	18.4	-0.3
3+	15.6	23.3	7.7	13.1	12.9	-0.2	17.2	26.4	9.2	13.9	12.8	-1.1	13.9	19.8	5.9	12.1	13.0	0.9
Education of women																		
No education	9.8	16.6	6.8	8.9	7.2	-1.7	9.6	19.3	9.7	9.5	6.3	-3.2	9.9	14.0	4.1	8.4	7.9	-0.5
Primary incomplete	14.7	20.7	6.0	11.4	9.9	-1.5	15.3	24.0	8.7	11.4	10.4	-1.0	14.2	17.1	2.9	11.4	9.5	-1.9
Primary complete	14.3	25.6	11.3	12.8	13.2	0.4	14.1	28.5	14.4	12.5	13.3	0.8	14.5	23.5	9.0	13.1	13.1	0.0
Secondary incomplete	22.9	28.5	5.6	19.8	19.7	-0.1	24.7	31.0	6.3	21.0	19.6	-1.4	20.0	25.4	5.4	18.2	19.8	1.6
Secondary complete & higher	34.7	39.8	5.1	35.7	27.2	-8.5	37.3	40.6	3.3	35.4	24.5	-10.9	30.5	38.5	8.0	36.0	31.2	-4.8
Asset quintile																		
Lowest	7.9	18.6	10.7	8.0	6.2	-1.8	7.2	26.5	19.3	8.5	6.2	-2.3	8.4	13.1	4.7	7.6	6.3	-1.3
Second	13.1	21.4	8.3	10.1	10.0	-0.1	13.7	21.4	7.7	10.8	9.9	-0.9	12.7	21.5	8.8	9.2	10.0	0.8
Middle	14.5	24.3	9.8	15.4	13.9	-1.5	15.0	26.4	11.4	16.0	14.3	-1.7	14.0	21.7	7.7	14.8	13.6	-1.2
Fourth	20.6	27.8	7.2	17.5	17.7	0.2	22.5	29.3	6.8	17.6	15.1	-2.5	17.6	25.7	8.1	17.4	21.1	3.7
Highest	27.7	31.0	3.3	26.0	26.6	0.6	29.5	33.7	4.2	27.0	26.8	-0.2	25.2	27.5	2.3	24.9	26.3	1.4
Watching television																		
Don't watch	11.2	21.8	10.6	11.7	9.6	-2.1	11.0	24.1	13.1	11.9	9.7	-2.2	11.3	19.9	8.6	11.4	9.4	-2.0
Watch but not everyday	18.2	23.1	4.9	17.0	18.6	1.6	21.1	26.5	5.4	19.6	18.3	-1.3	14.9	17.8	2.9	13.6	19.1	5.5
Watch almost everyday	26.1	30.3	4.2	22.6	23.5	0.9	28.0	33.2	5.2	22.4	22.3	-0.1	23.4	26.6	3.2	22.9	24.9	2.0
Total	17.6	25.2	7.6	15.7	15.0	-0.7	19.4	28.2	8.8	16.4	14.9	-1.5	15.6	22.0	6.4	14.9	15.0	0.1

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5.7: Awareness of safe delivery kit (see Appendix V, Table A.5A for corresponding sample sizes)

Percentage of MWRA who can specify correctly at least two specific benefits[a] of using safe delivery kits, by area, by background characteristics, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	6.9	24.8	*17.9*	5.4	6.8	*1.4*	6.4	25.0	*18.6*	6.1	6.2	*0.1*	7.5	24.4	*16.9*	4.6	7.6	*3.0*
20–24	7.9	31.6	*23.7*	8.1	12.7	*4.6*	8.3	33.5	*25.2*	8.0	11.3	*3.3*	7.4	29.6	*22.2*	8.2	14.3	*6.1*
25–29	8.3	31.0	*22.7*	6.2	10.1	*3.9*	7.8	32.7	*24.9*	5.8	8.5	*2.7*	8.8	29.2	*20.4*	6.7	11.7	*5.0*
30–34	8.8	27.2	*18.4*	5.8	10.1	*4.3*	8.0	27.0	*19.0*	5.1	8.4	*3.3*	9.7	27.3	*17.6*	6.5	12.0	*5.5*
35–39	6.0	24.7	*18.7*	5.0	7.8	*2.8*	6.8	24.8	*18.0*	4.7	6.7	*2.0*	5.2	24.6	*19.4*	5.3	8.9	*3.6*
40–44	7.0	21.4	*14.4*	3.9	6.2	*2.3*	8.3	22.6	*14.3*	3.7	5.2	*1.5*	5.7	20.1	*14.4*	4.1	7.1	*3.0*
45–49	6.1	19.4	*13.3*	2.9	7.9	*5.0*	6.6	19.6	*13.0*	2.7	8.4	*5.7*	5.5	19.2	*13.7*	3.1	7.4	*4.3*
Number of children ever born																		
0	8.3	23.9	*15.6*	7.6	6.8	*-0.8*	9.4	22.6	*13.2*	7.0	6.3	*-0.7*	7.1	25.2	*18.1*	8.5	7.3	*-1.2*
1–2	8.2	30.6	*22.4*	7.6	11.7	*4.1*	7.9	31.7	*23.8*	7.9	10.8	2.9	8.6	29.5	*20.9*	7.3	12.7	*5.4*
3+	6.8	24.0	*17.2*	4.0	7.8	*3.8*	7.1	25.0	*17.9*	3.6	6.3	*2.7*	6.4	22.8	*16.4*	4.5	9.3	*4.8*
Education of women																		
No education	3.9	18.8	*14.9*	1.8	4.6	*2.8*	3.4	18.7	*15.3*	1.6	2.8	*1.2*	4.2	18.9	*14.7*	1.9	6.2	*4.3*
Primary incomplete	4.5	23.8	*19.3*	3.3	4.8	*1.5*	4.4	25.8	*21.4*	2.2	4.1	*1.9*	4.5	21.7	*17.2*	4.5	5.4	*0.9*
Primary complete	7.5	26.7	*19.2*	5.4	7.5	*2.1*	7.5	28.9	*21.4*	4.1	6.8	*2.7*	7.6	25.1	*17.5*	6.9	8.2	*1.3*
Secondary incomplete	9.9	30.6	*20.7*	7.8	11.5	*3.7*	9.2	31.1	*21.9*	7.7	9.8	*2.1*	10.9	29.9	*19.0*	7.8	13.5	*5.7*
Secondary complete & higher	16.6	35.7	*19.1*	15.4	21.2	*5.8*	17.1	33.0	*15.9*	16.5	18.9	*2.4*	15.9	39.6	*23.7*	14.2	24.5	*10.3*
Asset quintile																		
Lowest	3.7	23.1	*19.4*	1.9	4.6	*2.7*	3.0	25.0	*22.0*	1.6	3.6	*2.0*	4.3	21.8	*17.5*	2.2	5.5	*3.3*
Second	4.7	25.1	*20.4*	2.3	5.8	*3.5*	5.4	24.5	*19.1*	1.9	4.1	*2.2*	4.2	25.5	*21.3*	2.8	7.4	*4.6*
Middle	6.9	25.9	*19.0*	5.5	9.0	*3.5*	7.4	26.0	*18.6*	5.1	7.4	*2.3*	6.2	25.7	*19.5*	5.8	10.6	*4.8*
Fourth	8.4	28.5	*20.1*	5.3	10.4	*5.1*	8.1	29.1	*21.0*	5.5	7.9	*2.4*	8.7	27.8	*19.1*	5.0	13.7	*8.7*
Highest	11.9	29.2	*17.3*	12.5	16.1	*3.6*	10.9	30.2	*19.3*	11.8	16.0	*4.2*	13.2	27.8	*14.6*	13.3	16.3	*3.0*
Watching television																		
Don't watch	4.2	22.7	*18.5*	3.2	5.5	*2.3*	4.0	23.1	*19.1*	2.5	4.5	*2.0*	4.5	22.3	*17.8*	4.0	6.4	*2.4*
Watch but not everyday	8.3	26.0	*17.7*	6.5	10.9	*4.4*	9.3	25.6	*16.3*	6.8	8.8	*2.0*	7.2	26.7	*19.5*	6.1	13.6	*7.5*
Watch almost everyday	11.5	31.8	*20.3*	9.7	15.5	*5.8*	10.9	32.9	*22.0*	9.6	13.8	*4.2*	12.3	30.5	*18.2*	9.7	17.5	*7.8*
Total	7.5	26.7	*19.2*	5.6	9.3	*3.7*	7.6	27.5	*19.9*	5.4	8.1	*2.7*	7.3	25.7	*18.4*	5.8	10.4	*4.6*

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

[a] Infection to mother after delivery and infection to the newborn.

A.5.8: Knowledge about emergency contraceptive pill (see Appendix V, Table A.5A for corresponding sample sizes)

Percentage of MWRA who were aware of emergency contraceptive pill as an effective way of preventing possible unintended conception, by area, by background characteristics, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	2.5	26.8	24.3	1.8	2.9	1.1	3.6	26.1	22.5	1.1	3.5	2.4	1.1	27.7	26.6	2.7	2.1	-0.6
20–24	2.2	32.8	30.6	2.4	6.4	4.0	2.3	37.6	35.3	1.1	7.6	6.5	2.0	27.5	25.5	3.9	5.1	1.2
25–29	2.2	36.8	34.6	2.7	4.9	2.2	1.5	39.0	37.5	1.9	4.3	2.4	2.9	34.5	31.6	3.8	5.5	1.7
30–34	2.3	29.6	27.3	1.6	3.3	1.7	1.8	31.4	29.6	0.8	3.9	3.1	2.8	27.8	25	2.3	2.5	0.2
35–39	0.7	23.9	23.2	3.2	2.4	-0.8	0.7	26.0	25.3	1.8	2.8	1.0	0.7	21.6	20.9	4.8	2.0	-2.8
40–44	1.5	17.5	16.0	0.7	1.7	1.0	1.2	18.0	16.8	0.2	1.0	0.8	1.8	16.9	15.1	1.2	2.3	1.1
45–49	0.9	12.9	12.0	1.6	1.4	-0.2	0.8	12.4	11.6	1.2	2.7	1.5	1.1	13.3	12.2	2.0	0.3	-1.7
Number of children ever born																		
0	2.3	23.7	21.4	2.9	4.4	1.5	3.8	23.0	19.2	1.0	4.3	3.3	0.7	24.4	23.7	5.5	4.5	-1.0
1–2	2.9	33.2	30.3	2.5	6.0	3.5	2.5	35.0	32.5	1.5	6.4	4.9	3.3	31.4	28.1	3.5	5.5	2.0
3+	0.9	23.2	22.3	1.7	1.7	0.0	0.7	25.7	25.0	1.0	2.2	1.2	1.2	20.5	19.3	2.4	1.3	-1.1
Education of women																		
No education	0.2	14.5	14.3	0.8	0.7	-0.1	0.2	16.4	16.2	0.0	1.1	1.1	0.2	12.7	12.5	1.5	0.4	-1.1
Primary incomplete	0.3	23.5	23.2	1.6	1.6	0.0	0.2	24.4	24.2	0.8	2.4	1.6	0.4	22.5	22.1	2.5	0.7	-1.8
Primary complete	1.1	27.8	26.7	0.5	1.3	0.8	1.2	32.6	31.4	0.3	1.7	1.4	0.9	24.1	23.2	0.8	1.1	0.3
Secondary incomplete	2.3	33.2	30.9	2.4	4.1	1.7	1.5	33.8	32.3	1.9	4.1	2.2	3.5	32.4	28.9	3.0	4.1	1.1
Secondary complete & higher	9.5	41.8	32.3	8.2	14.0	5.8	8.8	41.4	32.6	4.4	13.0	8.6	10.5	42.6	32.1	12.8	15.5	2.7
Asset quintile																		
Lowest	0.5	18.3	17.8	1.9	0.7	-1.2	0.6	20.7	20.1	0.3	1.0	0.7	0.3	16.6	16.3	3.4	0.5	-2.9
Second	0.8	23.9	23.1	1.9	1.2	-0.7	0.4	25.4	25.0	1.0	1.4	0.4	1.2	22.7	21.5	3.0	1.0	-2.0
Middle	0.9	28.9	28.0	1.4	3.0	1.6	0.8	30.7	29.9	0.5	3.8	3.3	1.0	26.8	25.8	2.4	2.2	-0.2
Fourth	1.7	30.1	28.4	1.3	4.7	3.4	1.5	29.3	27.8	0.6	5.1	4.5	1.8	31.4	29.6	2.1	4.1	2.0
Highest	4.3	32.1	27.8	3.8	8.5	4.7	3.7	34.5	30.8	3.4	8.2	4.8	5.2	29.0	23.8	4.3	8.8	4.5
Watching television																		
Don't watch	0.6	21.9	21.3	1.8	1.5	-0.3	0.3	21.9	21.6	0.7	1.8	1.1	0.9	21.8	20.9	2.8	1.3	-1.5
Watch but not everyday	1.7	30.2	28.5	2.0	3.6	1.6	2.0	33.7	31.7	1.0	3.9	2.9	1.3	24.9	23.6	3.4	3.2	-0.2
Watch almost everyday	3.5	33.0	29.5	2.7	7.5	4.8	3.1	34.8	31.7	2.2	7.9	5.7	4.0	30.7	26.7	3.3	7.0	3.7
Total	1.8	27.4	25.6	2.1	3.7	1.6	1.7	29.2	27.5	1.2	4.1	2.9	1.9	25.3	23.4	3.0	3.2	0.2

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5.9: Use of safe delivery kit (see Appendix V, Table A.5D for corresponding sample sizes)

Percentage of MWRA who had live birth(s) in last three years preceding the survey, delivered last time in home, and were assisted through safe delivery kit, by area, by background characteristics, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	14.7	38.6	*23.9*	8.5	15.8	*7.3*	13.7	35.6	*21.9*	7.5	15.9	*8.4*	15.9	42.9	*27.0*	9.3	15.6	*6.3*
20–24	13.0	40.3	*27.3*	11.3	15.2	*3.9*	11.1	36.7	*25.6*	9.7	14.5	*4.8*	15.4	44.0	*28.6*	13.2	16.0	*2.8*
25–29	10.6	35.8	*25.2*	7.8	15.3	*7.5*	8.8	32.7	*23.9*	6.5	15.2	*8.7*	12.3	39.5	*27.2*	9.1	15.5	*6.4*
30–34	14.0	27.1	*13.1*	7.1	16.6	*9.5*	14.6	29.2	*14.6*	5.7	13.8	*8.1*	13.3	24.8	*11.5*	8.3	20.1	*11.8*
35–49	8.5	28.8	*20.3*	5.8	10.0	*4.2*	0.0	22.9	*22.9*	2.3	11.9	*9.6*	18.9	35.6	*16.7*	10.9	*7.5*	*-3.4*
Number of children ever born																		
1–2	13.8	40.7	*26.9*	9.6	16.4	*6.8*	11.5	36.8	*25.3*	8.2	16.1	*7.9*	16.5	45.2	*28.7*	11.1	16.8	*5.7*
3+	10.9	30.6	*19.7*	8.1	13.7	*5.6*	9.5	29.2	*19.7*	6.4	12.7	*6.3*	12.3	32.1	*19.8*	10.0	14.8	*4.8*
Education of women																		
No education	4.6	28.5	*23.9*	4.1	*7.4*	*3.3*	0.9	24.4	*23.5*	1.6	2.0	*0.4*	7.5	32.4	*24.9*	6.9	11.6	*4.7*
Primary incomplete	9.4	26.7	*17.3*	5.9	11.9	*6.0*	6.1	26.6	*20.5*	2.6	12.3	*9.7*	11.9	26.7	*14.8*	9.4	11.5	*2.1*
Primary complete	15.3	42.3	*27.0*	7.5	11.5	*4.0*	10.0	36.4	*26.4*	7.0	8.8	*1.8*	20.3	46.2	*25.9*	8.0	14.3	*6.3*
Secondary incomplete	14.0	38.8	*24.8*	12.2	19.7	*7.5*	12.1	35.1	*23.0*	12.2	19.6	*7.4*	17.3	44.0	*26.7*	12.3	20.0	*7.7*
Secondary complete & higher	29.5	54.4	*24.9*	18.6	23.8	*5.2*	31.2	52.9	*21.7*	17.2	22.8	*5.6*	26.3	56.8	*30.5*	20.0	26.7	*6.7*
Asset quintile																		
Lowest	7.5	30.0	*22.5*	4.5	8.8	*4.3*	4.2	25.9	*21.7*	1.6	5.6	*4.0*	10.0	33.5	*23.5*	7.1	11.9	*4.8*
Second	8.8	36.9	*28.1*	6.6	13.5	*6.9*	7.1	37.5	*30.4*	5.4	11.6	*6.2*	10.2	36.4	*26.2*	7.9	15.8	*7.9*
Middle	12.2	35.5	*23.3*	11.8	17.2	*5.4*	7.1	31.5	*24.4*	9.2	15.3	*6.1*	18.7	41.0	*22.3*	14.1	19.5	*5.4*
Fourth	12.8	36.3	*23.5*	12.3	21.1	*8.8*	9.1	31.6	*22.5*	11.2	22.8	*11.6*	19.5	44.1	*24.6*	13.4	18.5	*5.1*
Highest	24.9	47.8	*22.9*	13.3	23.9	*10.6*	27.3	45.4	*18.1*	13.3	26.8	*13.5*	21.3	51.3	*30.0*	13.3	19.4	*6.1*
Watching television																		
Don't watch	9.1	31.3	*22.2*	7.3	12.7	*5.4*	5.9	26.1	*20.2*	5.0	11.1	*6.1*	12.2	36.0	*23.8*	9.5	14.5	*5.0*
Watch but not everyday	12.8	38.5	*25.7*	7.3	17.1	*9.8*	10.3	36.7	*26.4*	5.7	17.7	*12.0*	16.2	41.2	*25.0*	9.3	16.1	*6.8*
Watch almost everyday	18.4	43.9	*25.5*	14.4	21.9	*7.5*	18.0	42.5	*24.5*	14.4	22.4	*8.0*	19.0	46.1	*27.1*	14.4	21.1	*6.7*
Total	12.4	36.3	*23.9*	8.9	15.2	*6.3*	10.6	33.6	*23.0*	7.4	14.7	*7.3*	14.5	39.4	*24.9*	10.6	15.9	*5.3*

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5.10: Knowledge about benefits of MNP (see Appendix V, Table A.5E for corresponding sample sizes)

Percentage of MWRA who have any 0–59 months living children, were aware of at least two benefits of giving MNP to 6–59 months children, by area, by background characteristics of the respondents, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	8.6	40.2	*31.6*	4.7	10.5	*5.8*	9.6	40.9	*31.3*	4.9	11.0	*6.1*	7.2	39.0	*31.8*	4.4	9.7	*5.3*
20–24	8.1	43.7	*35.6*	8.8	14.2	*5.4*	9.1	45.9	*36.8*	10.4	12.5	*2.1*	6.9	41.1	*34.2*	6.9	16.2	*9.3*
25–29	9.8	44.8	*35.0*	6.4	11.1	*4.7*	11.5	49.5	*38.0*	8.3	11.4	*3.1*	7.9	39.6	*31.7*	4.3	10.9	*6.6*
30–34	9.6	41.7	*32.1*	5.6	8.3	*2.7*	9.0	42.6	*33.6*	4.9	6.8	*1.9*	10.3	40.8	*30.5*	6.2	10.5	*4.3*
35–49	3.9	31.5	*27.6*	2.4	8.3	*5.9*	3.1	35.0	*31.9*	2.6	8.9	*6.3*	4.7	27.9	*23.2*	2.2	*7.7*	*5.5*
Number of children ever born																		
1–2	9.7	43.5	*33.8*	8.1	13.7	*5.6*	10.8	45.8	*35.0*	9.6	13.2	*3.6*	8.5	40.6	*32.1*	6.4	14.2	*7.8*
3+	6.8	40.2	*33.4*	4.5	8.0	*3.5*	7.0	43.0	*36.0*	5.0	6.8	*1.8*	6.5	37.1	*30.6*	4.0	9.3	*5.3*
Education of women																		
No education	2.4	32.8	*30.4*	0.2	2.1	*1.9*	1.4	33.5	*32.1*	0.1	1.3	*1.2*	3.1	32.2	*29.1*	0.4	2.8	*2.4*
Primary incomplete	5.8	37.4	*31.6*	2.2	4.2	*2.0*	4.3	41.8	*37.5*	2.6	2.9	*0.3*	6.9	32.9	*26.0*	1.8	5.8	*4.0*
Primary complete	4.9	39.0	*34.1*	3.6	6.9	*3.3*	5.4	43.2	*37.8*	3.7	5.7	*2.0*	4.4	35.9	*31.5*	3.4	*7.9*	*4.5*
Secondary incomplete	10.9	45.2	*34.3*	8.8	14.8	*6.0*	11.6	46.2	*34.6*	11.2	14.1	*2.9*	9.7	44.0	*34.3*	5.9	15.7	*9.8*
Secondary complete & higher	19.1	51.2	*32.1*	20.1	23.6	*3.5*	19.7	52.3	*32.6*	19.0	20.7	*1.7*	18.1	49.4	*31.3*	21.3	28.3	*7.0*
Asset quintile																		
Lowest	2.7	33.8	*31.1*	1.7	4.5	*2.8*	2.0	36.4	*34.4*	1.6	3.2	*1.6*	3.3	32.0	*28.7*	1.8	5.7	*3.9*
Second	5.0	40.4	*35.4*	3.5	4.7	*1.2*	5.5	40.6	*35.1*	2.7	5.1	*2.4*	4.5	40.2	*35.7*	4.6	4.4	*-0.2*
Middle	7.8	42.3	*34.5*	4.9	8.7	*3.8*	8.1	45.1	*37.0*	5.4	6.7	*1.3*	7.4	37.8	*30.4*	4.3	10.8	*6.5*
Fourth	9.0	46.7	*37.7*	5.9	15.9	*10.0*	8.7	47.0	*38.3*	6.5	14.5	*8.0*	9.5	46.3	*36.8*	5.4	18.0	*12.6*
Highest	16.2	46.2	*30.0*	17.2	23.9	*6.7*	17.4	49.9	*32.5*	20.6	22.4	*1.8*	14.5	41.0	*26.5*	12.4	26.0	*13.6*
Watching television																		
Don't watch	4.4	35.4	*31.0*	2.6	6.2	*3.6*	3.9	36.1	*32.2*	2.3	5.2	*2.9*	4.9	34.7	*29.8*	3.0	7.2	*4.2*
Watch but not everyday	9.7	44.1	*34.4*	8.2	11.7	*3.5*	12.2	45.4	*33.2*	7.7	7.6	*-0.1*	6.1	42.1	*36.0*	8.9	17.5	*8.6*
Watch almost everyday	13.3	49.8	*36.5*	13.2	21.0	*7.8*	13.6	53.1	*39.5*	16.6	20.9	*4.3*	12.7	45.3	*32.6*	8.8	21.0	*12.2*
Total	8.5	42.2	*33.7*	6.5	11.4	*4.9*	9.2	44.7	*35.5*	7.5	10.7	*3.2*	7.6	39.2	*31.6*	5.3	12.2	*6.9*

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5.11: Intention to use long-acting and reversible contraception (LARC) (see Appendix V, Table A.5C for corresponding sample sizes)

Percentage of current short-acting method users who do not want any more children and intend to use LARC in next 12 months, by area, by background characteristics, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	2.2	11.3	*9.1*	0.9	0.6	*-0.3*	0.0	17.9	*17.9*	0.3	1.3	*1.0*	4.0	0.0	*-4.0*	1.8	0.0	*-1.8*
20–24	1.0	4.0	*3.0*	0.8	1.5	*0.7*	0.4	2.8	*2.4*	0.1	1.4	*1.3*	1.6	5.5	*3.9*	1.6	1.7	*0.1*
25–29	0.8	3.7	*2.9*	1.7	1.0	*-0.7*	0.0	3.7	*3.7*	1.0	1.3	*0.3*	1.7	3.6	*1.9*	2.4	0.8	*-1.6*
30–34	0.2	1.0	*0.8*	0.1	1.1	*1.0*	0.4	0.6	*0.2*	0.2	1.1	*0.9*	0.0	1.3	*1.3*	0.0	1.0	*1.0*
35–39	0.5	1.7	*1.2*	0.0	0.6	*0.6*	1.0	0.3	*-0.7*	0.0	0.0	*0.0*	0.0	3.2	*3.2*	0.0	1.3	*1.3*
40–44	0.0	0.3	*0.3*	0.0	0.7	*0.7*	0.0	0.0	*0.0*	0.0	0.9	*0.9*	0.0	0.6	*0.6*	0.0	0.5	*0.5*
45–49	3.2	0.0	*-3.2*	1.4	0.0	*-1.4*	0.0	0.0	*0.0*	2.5	0.0	*-2.5*	5.6	0.0	*-5.6*	0.0	0.0	*0.0*
Number of children ever born																		
0	0.0	0.0	*0.0*	0.0	0.0	*0.0*	0.0	0.0	*0.0*	0.0	0.0	*0.0*	0.0	0.0	*0.0*	0.0	0.0	*0.0*
1–2	1.2	2.4	*1.2*	0.8	0.7	*-0.1*	0.0	2.7	*2.7*	0.3	0.9	*0.6*	2.2	2.2	*0.0*	1.3	0.6	*-0.7*
3+	0.6	2.0	*1.4*	0.7	0.9	*0.2*	0.4	1.5	*1.1*	0.3	0.8	*0.5*	0.9	2.6	*1.7*	1.1	1.1	*0.0*
Education of women																		
No education	0.3	1.0	*0.7*	0.9	1.2	*0.3*	0.0	0.6	*0.6*	0.7	0.9	*0.2*	0.6	1.4	*0.8*	1.0	1.4	*0.4*
Primary incomplete	1.1	3.4	*2.3*	0.4	0.4	*0.0*	0.4	1.9	*1.5*	0.0	0.5	*0.5*	1.8	4.9	*3.1*	0.8	0.4	*-0.4*
Primary complete	0.9	0.5	*-0.4*	1.0	1.2	*0.2*	1.0	0.0	*-1.0*	0.1	1.4	*1.3*	0.7	0.9	*0.2*	2.0	1.0	*-1.0*
Secondary incomplete	1.0	3.1	*2.1*	0.6	0.9	*0.3*	0.0	3.4	*3.4*	0.2	0.7	*0.5*	2.3	2.8	*0.5*	1.0	1.2	*0.2*
Secondary complete & higher	1.3	1.6	*0.3*	0.9	0.6	*-0.3*	1.3	2.2	*0.9*	0.5	1.0	*0.5*	1.4	1.0	*-0.4*	1.3	0.0	*-1.3*
Asset quintile																		
Lowest	1.0	2.8	*1.8*	0.8	1.0	*0.2*	0.0	3.0	*3.0*	0.9	1.2	*0.3*	2.0	2.8	*0.8*	0.8	0.7	*-0.1*
Second	0.4	2.0	*1.6*	0.6	0.9	*0.3*	0.4	1.9	*1.5*	0.3	0.6	*0.3*	0.4	2.0	*1.6*	1.0	1.2	*0.2*
Middle	0.9	1.9	*1.0*	1.2	0.9	*-0.3*	0.4	1.8	*1.4*	0.2	0.5	*0.3*	1.6	2.0	*0.4*	2.4	1.3	*-1.1*
Fourth	0.8	1.9	*1.1*	0.4	0.3	*-0.1*	0.3	0.4	*0.1*	0.1	0.1	*0.0*	1.5	3.8	*2.3*	0.8	0.5	*-0.3*
Highest	0.8	2.2	*1.4*	0.3	1.5	*1.2*	0.4	2.6	*2.2*	0.1	1.9	*1.8*	1.4	1.8	*0.4*	0.6	1.1	*0.5*
Watching television																		
Don't watch	0.6	1.7	*1.1*	0.8	0.8	*0.0*	0.2	1.1	*0.9*	0.3	1.0	*0.7*	1.0	2.3	*1.3*	1.3	0.6	*-0.7*
Watch but not everyday	0.5	1.8	*1.3*	1.0	1.7	*0.7*	0.0	2.6	*2.6*	0.8	0.0	*-0.8*	1.1	0.7	*-0.4*	1.4	3.9	*2.5*
Watch almost everyday	1.3	2.8	*1.5*	0.4	0.8	*0.4*	0.7	2.3	*1.6*	0.1	0.9	*0.8*	2.1	3.3	*1.2*	0.6	0.8	*0.2*
Total	0.8	2.1	*1.3*	0.7	0.9	*0.2*	0.3	1.9	*1.6*	0.3	0.8	*0.5*	1.3	2.4	*1.1*	1.1	0.9	*-0.2*

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5.12: Use of MNP (see Appendix V, Table A.5F for corresponding sample sizes)

Percentage of 6–59 months children who were given micronutrient powder (MNP) in last six months, by area, by the background characteristics of their mothers, and by the age of the children, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	4.7	23.9	*19.2*	1.9	6.1	*4.2*	4.8	22.4	*17.6*	1.2	6.4	*5.2*	4.5	26.5	*22.0*	2.7	5.6	2.9
20–24	4.5	19.0	*14.5*	2.6	6.0	*3.4*	5.0	19.6	*14.6*	2.7	6.2	*3.5*	3.8	18.2	*14.4*	2.4	5.8	*3.4*
25–29	2.7	20.0	*17.3*	1.9	5.3	*3.4*	2.8	23.6	*20.8*	2.1	6.3	*4.2*	2.6	16.0	*13.4*	1.6	4.4	*2.8*
30–34	2.9	14.1	*11.2*	2.8	4.6	*1.8*	3.1	14.6	*11.5*	2.0	3.0	*1.0*	2.7	13.5	*10.8*	3.5	6.7	*3.2*
35–49	0.9	17.0	*16.1*	0.6	2.9	*2.3*	0.6	20.0	*19.4*	0.0	2.1	*2.1*	1.3	14.1	*12.8*	1.4	3.7	*2.3*
Age of children (months)																		
6–23	4.6	25.8	*21.2*	2.1	6.1	*4.0*	4.7	29.0	*24.3*	1.8	6.4	*4.6*	4.5	22.1	*17.6*	2.4	5.8	*3.4*
24–59	2.7	15.8	*13.1*	2.2	4.9	*2.7*	3.0	16.4	*13.4*	2.1	4.8	*2.7*	2.3	15.1	*12.8*	2.3	5.1	*2.8*
Number of children ever born to mother of the child																		
1–2	4.7	21.1	*16.4*	3.0	6.9	*3.9*	5.0	21.8	*16.8*	2.6	7.0	*4.4*	4.5	20.2	*15.7*	3.4	6.7	*3.3*
3+	1.7	15.9	*14.2*	1.3	3.4	*2.1*	1.9	18.3	*16.4*	1.4	3.0	*1.6*	1.6	13.5	*11.9*	1.2	3.7	*2.5*
Education of women																		
No education	1.0	12.0	*11.0*	0.0	2.3	*2.3*	1.6	12.0	*10.4*	0.0	2.8	*2.8*	0.6	12.0	*11.4*	0.0	1.9	*1.9*
Primary incomplete	2.0	14.2	*12.2*	1.0	2.5	*1.5*	0.4	17.7	*17.3*	1.1	2.7	*1.6*	3.2	10.9	*7.7*	0.9	2.4	*1.5*
Primary complete	2.6	18.8	*16.2*	0.9	3.2	*2.3*	3.1	23.5	*20.4*	0.3	3.9	*3.6*	2.1	15.5	*13.4*	1.5	2.7	*1.2*
Secondary incomplete	4.5	21.0	*16.5*	3.4	6.8	*3.4*	4.4	20.4	*16.0*	3.5	6.2	*2.7*	4.6	21.7	*17.1*	3.2	7.4	*4.2*
Secondary complete & higher	7.2	26.5	*19.3*	5.3	10.3	*5.0*	8.5	27.0	*18.5*	3.4	9.0	*5.6*	5.2	25.6	*20.4*	7.2	12.7	*5.5*
Asset quintile																		
Lowest	1.4	11.4	*10.0*	0.9	2.9	*2.0*	1.0	13.9	*12.9*	0.8	3.2	*2.4*	1.6	9.5	*7.9*	1.0	2.6	*1.6*
Second	2.9	16.4	*13.5*	0.5	2.4	*1.9*	3.1	16.0	*12.9*	0.0	2.3	*2.3*	2.6	16.6	*14.0*	1.0	2.6	*1.6*
Middle	1.9	18.6	*16.7*	1.8	4.0	*2.2*	1.8	18.9	*17.1*	3.1	3.8	*0.7*	2.0	18.1	*16.1*	0.6	4.1	*3.5*
Fourth	3.9	22.8	*18.9*	2.4	7.8	*5.4*	3.3	23.5	*20.2*	1.4	7.9	*6.5*	4.9	21.9	*17.0*	3.6	7.6	*4.0*
Highest	6.4	24.5	*18.1*	5.4	10.3	*4.9*	7.4	25.8	*18.4*	4.7	8.9	*4.2*	5.0	22.6	*17.6*	6.4	12.3	*5.9*
Watching television																		
Don't watch	1.8	14.1	*12.3*	1.0	3.8	*2.8*	1.6	15.2	*13.6*	0.9	3.7	*2.8*	1.9	13.1	*11.2*	1.1	3.8	*2.7*
Watch but not everyday	4.3	20.7	*16.4*	2.0	5.7	*3.7*	5.6	20.4	*14.8*	1.7	2.9	*1.2*	2.8	21.2	*18.4*	2.4	9.3	6.9
Watch almost everyday	5.1	24.4	*19.3*	4.5	8.3	*3.8*	5.1	25.7	*20.6*	4.1	9.1	*5.0*	5.2	22.7	*17.5*	5.0	7.3	*2.3*
Total	3.3	18.9	*15.6*	2.2	5.3	*3.1*	3.6	20.4	*16.8*	2.0	5.3	*3.3*	3.1	17.3	*14.2*	2.3	5.3	*3.0*

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5.13: Knowledge of zinc and ORS (see Appendix V, Table A.E for corresponding sample sizes)

Percentage of MWRA who have under-five living children, were aware of using zinc with ORS as an adjunct therapy to treat diarrhoea, by area, by background characteristics of the respondents, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	56.0	76.1	*20.1*	45.5	59.0	*13.5*	63.5	79.6	*16.1*	57.0	64.0	*7.0*	46.1	70.7	*24.6*	34.2	51.8	*17.6*
20–24	58.9	79.1	*20.2*	58.1	60.3	*2.2*	68.3	83.8	*15.5*	67.1	63.9	*-3.2*	46.9	73.9	*27.0*	47.2	56.3	*9.1*
25–29	58.3	82.6	*24.3*	54.0	61.2	*7.2*	68.1	88.2	*20.1*	58.0	63.2	*5.2*	47.6	76.3	*28.7*	49.4	59.0	*9.6*
30–34	55.5	83.8	*28.3*	49.4	58.7	*9.3*	62.8	88.1	*25.3*	54.0	57.3	*3.3*	47.0	79.2	*32.2*	45.4	60.4	*15.0*
35–49	41.6	74.8	*33.2*	34.9	50.4	*15.5*	48.6	85.6	*37.0*	39.1	52.4	*13.3*	33.8	63.9	*30.1*	29.4	48.5	*19.1*
Number of children ever born																		
1–2	59.7	80.1	*20.4*	58.5	62.1	*3.6*	69.0	84.0	*15.0*	66.6	65.6	*-1.0*	47.9	75.4	*27.5*	49.4	57.8	*8.4*
3+	51.2	80.0	*28.8*	43.4	55.0	*11.6*	58.9	86.8	*27.9*	48.1	55.6	*7.5*	42.8	72.4	*29.6*	38.3	54.2	*15.9*
Education of women																		
No education	35.8	67.1	*31.3*	24.6	34.0	*9.4*	39.3	74.5	*35.2*	27.7	33.6	*5.9*	33.1	61.1	*28.0*	21.3	34.4	*13.1*
Primary incomplete	39.4	71.1	*31.7*	35.9	42.5	*6.6*	44.7	79.5	*34.8*	36.2	44.8	*8.6*	35.4	62.5	*27.1*	35.5	39.7	*4.2*
Primary complete	52.6	79.6	*27.0*	50.5	59.0	*8.5*	59.8	83.6	*23.8*	57.9	63.8	*5.9*	44.5	76.7	*32.2*	42.1	54.7	*12.6*
Secondary incomplete	66.7	85.2	*18.5*	64.8	68.4	*3.6*	73.6	88.2	*14.6*	74.8	69.3	*-5.5*	55.2	80.9	*25.7*	52.7	67.2	*14.5*
Secondary complete & higher	83.9	89.0	*5.1*	81.4	79.5	*-1.9*	92.1	90.6	*-1.5*	85.6	80.6	*-5.0*	70.7	86.3	*15.6*	76.7	77.5	*0.8*
Asset quintile																		
Lowest	37.7	71.7	*34.0*	28.8	40.4	*11.6*	42.0	77.2	*35.2*	33.8	42.2	*8.4*	34.1	67.5	*33.4*	24.2	38.6	*14.4*
Second	43.2	75.3	*32.1*	44.3	50.4	*6.1*	54.3	81.4	*27.1*	47.3	51.4	*4.1*	33.7	70.4	*36.7*	40.7	49.3	*8.6*
Middle	52.5	82.2	*29.7*	47.9	63.1	*15.2*	62.3	85.1	*22.8*	55.5	64.2	*8.7*	40.2	77.5	*37.3*	40.4	61.9	*21.5*
Fourth	66.0	83.5	*17.5*	64.5	71.2	*6.7*	69.5	88.2	*18.7*	72.9	73.4	*0.5*	59.9	76.8	*16.9*	55.6	68.2	*12.6*
Highest	76.4	85.7	*9.3*	76.2	75.8	*-0.4*	83.6	89.2	*5.6*	81.2	77.6	*-3.6*	65.9	80.9	*15.0*	68.8	73.2	*4.4*
Watching television																		
Don't watch	43.0	75.2	*32.2*	41.0	51.2	*10.2*	50.8	81.0	*30.2*	46.8	53.4	*6.6*	35.6	70.0	*34.4*	35.1	48.9	*13.8*
Watch but not everyday	59.4	82.9	*23.5*	60.4	66.2	*5.8*	70.9	85.9	*15.0*	65.2	69.8	*4.6*	43.1	77.9	*34.8*	53.9	61.0	*7.1*
Watch almost everyday	71.8	84.9	*13.1*	68.3	71.7	*3.4*	77.4	88.9	*11.5*	74.9	72.5	*-2.4*	63.6	79.4	*15.8*	60.0	70.7	*10.7*
Total	56.0	80.0	*24.0*	51.7	59.2	*7.5*	64.8	85.1	*20.3*	58.3	61.7	*3.4*	45.6	74.2	*28.6*	44.3	56.3	*12.0*

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5.14: Use of sanitary napkins by MWRA (see Appendix V, Table A.5A for corresponding sample sizes)

Percentage of MWRA who use(d) sanitary napkins during current or last menstruation, by area, by background characteristics, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	17.7	40.6	*22.9*	18.5	30.4	*11.9*	19.7	43.4	*23.7*	18.9	36.2	*17.3*	15.2	36.7	*21.5*	18.0	22.6	*4.6*
20–24	16.0	39.5	*23.5*	14.0	23.9	*9.9*	18.7	45.1	*26.4*	15.3	26.9	*11.6*	12.6	33.4	*20.8*	12.5	20.6	*8.1*
25–29	10.9	30.9	*20.0*	10.9	15.8	*4.9*	11.2	34.3	*23.1*	10.6	17.5	*6.9*	10.5	27.4	*16.9*	11.2	14.1	*2.9*
30–34	8.9	23.9	*15.0*	6.2	12.7	*6.5*	8.7	25.5	*16.8*	4.7	14.9	*10.2*	9.2	22.2	*13.0*	7.6	10.2	*2.6*
35–39	3.5	15.8	*12.3*	4.0	8.3	*4.3*	4.4	17.7	*13.3*	5.0	11.2	*6.2*	2.4	13.7	*11.3*	2.7	5.1	*2.4*
40–44	2.7	10.5	*7.8*	1.7	5.1	*3.4*	2.8	11.8	*9.0*	1.8	5.2	*3.4*	2.5	9.2	*6.7*	1.7	5.0	*3.3*
45–49	1.2	6.4	*5.2*	1.1	3.1	*2.0*	0.5	6.6	*6.1*	1.0	2.9	*1.9*	1.9	6.2	*4.3*	1.1	3.3	*2.2*
Number of children ever born																		
0	23.0	46.1	*23.1*	23.2	33.7	*10.5*	26.5	50.3	*23.8*	21.2	39.0	*17.8*	19.0	41.9	*22.9*	25.8	28.7	*2.9*
1–2	13.5	34.8	*21.3*	13.1	21.7	*8.6*	14.6	38.6	*24.0*	14.1	25.8	*11.7*	12.3	30.8	*18.5*	12.0	17.2	*5.2*
3+	3.3	14.5	*11.2*	2.8	6.9	*4.1*	3.8	17.0	*13.2*	2.9	8.2	*5.3*	2.8	11.6	*8.8*	2.7	5.5	*2.8*
Education of women																		
No education	0.6	6.5	*5.9*	0.6	1.4	*0.8*	0.1	8.9	*8.8*	0.3	1.2	*0.9*	1.0	4.2	*3.2*	1.0	1.6	*0.6*
Primary incomplete	1.8	12.4	*10.6*	1.6	3.2	*1.6*	1.5	13.9	*12.4*	1.1	3.8	*2.7*	2.0	10.9	*8.9*	2.2	2.6	*0.4*
Primary complete	4.3	20.5	*16.2*	2.1	6.6	*4.5*	3.7	20.7	*17.0*	1.9	8.4	*6.5*	5.1	20.3	*15.2*	2.4	5.1	*2.7*
Secondary incomplete	14.7	36.1	*21.4*	14.0	23.2	*9.2*	15.2	37.9	*22.7*	15.3	26.6	*11.3*	14.0	33.7	*19.7*	12.3	19.3	*7.0*
Secondary complete & higher	37.3	60.1	*22.8*	35.0	46.4	*11.4*	36.5	61.6	*25.1*	33.0	48.4	*15.4*	38.7	57.9	*19.2*	37.4	43.6	*6.2*
Asset quintile																		
Lowest	1.1	10.4	*9.3*	1.0	2.9	*1.9*	0.9	14.0	*13.1*	0.5	3.5	*3.0*	1.3	7.9	*6.6*	1.4	2.4	*1.0*
Second	2.0	14.0	*12.0*	1.6	7.0	*5.4*	1.4	15.7	*14.3*	1.0	8.4	*7.4*	2.4	12.5	*10.1*	2.4	5.6	*3.2*
Middle	4.5	20.9	*16.4*	3.8	9.7	*5.9*	5.5	22.9	*17.4*	4.1	11.3	*7.2*	3.3	18.6	*15.3*	3.5	8.1	*4.6*
Fourth	9.3	29.7	*20.4*	8.7	18.8	*10.1*	10.3	29.5	*19.2*	9.3	22.2	*12.9*	7.9	30.1	*22.2*	7.9	14.3	*6.4*
Highest	23.2	44.1	*20.9*	24.7	35.1	*10.4*	22.7	46.6	*23.9*	25.0	37.7	*12.7*	23.9	40.7	*16.8*	24.3	31.8	*7.5*
Watching television																		
Don't watch	3.2	16.6	*13.4*	3.7	8.3	*4.6*	3.2	18.8	*15.6*	3.3	10.0	*6.7*	3.2	14.6	*11.4*	4.1	6.7	*2.6*
Watch but not everyday	7.5	25.7	*18.2*	6.9	16.7	*9.8*	8.1	29.2	*21.1*	6.5	18.4	*11.9*	6.9	20.3	*13.4*	7.3	14.5	*7.2*
Watch almost everyday	17.4	36.4	*19.0*	17.5	26.2	*8.7*	18.1	38.0	*19.9*	18.4	29.8	*11.4*	16.5	34.3	*17.8*	16.4	22.0	*5.6*
Total	8.9	25.4	*16.5*	8.3	14.9	*6.6*	9.9	28.4	*18.5*	8.6	17.6	*9.0*	7.9	22.2	*14.3*	7.9	12.0	*4.1*

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5.15: Use of Sanitary napkin among 10–25 year old unmarried daughters of MWRA (see Appendix V, Table A.5G for corresponding sample sizes)

Percentage of unmarried daughters of age 10–25[1] who use(d) sanitary napkin during current or last menstruation, by area, by background characteristics, MIH surveys.

Background characteristics	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
	B	E	E–B	B	E	E–B	B	E	E–B	B	E	E–B	B	E	E–B	B	E	E–B
Age of mother																		
25–39	14.8	41.4	26.6	15.0	22.2	7.2	19.5	40.1	20.6	11.8	28.0	16.2	10.4	42.9	32.5	18.1	15.5	-2.6
40–49	12.9	42.3	29.4	15.7	22.0	6.3	14.8	40.2	25.4	15.8	23.8	8.0	11.2	44.3	33.1	15.5	20.5	5.0
Education of women																		
No education	5.0	30.5	25.5	7.1	9.1	2.0	3.9	28.4	24.5	4.9	9.2	4.3	5.9	32.5	26.6	8.7	9.0	0.3
Primary incomplete	7.5	39.8	32.3	10.7	14.2	3.5	8.3	40.1	31.8	10.6	17.8	7.2	6.8	39.6	32.8	10.9	10.9	0.0
Primary complete	17.4	43.6	26.2	17.6	28.7	11.1	20.8	39.8	19.0	15.8	28.5	12.7	13.0	46.9	33.9	19.3	28.9	9.6
Secondary incomplete	30.2	56.0	25.8	34.2	40.4	6.2	33.7	50.7	17.0	35.3	44.3	9.0	25.4	61.3	35.9	33.1	36.3	3.2
Secondary complete & higher	51.8	76.1	24.3	49.9	64.3	14.4	54.9	77.3	22.4	44.4	65.3	20.9	47.2	74.5	27.3	56.4	62.5	6.1
Asset quintile																		
Lowest	1.2	20.7	19.5	3.2	3.5	0.3	1.0	14.8	13.8	1.7	3.3	1.6	1.4	24.6	23.2	4.2	3.7	-0.5
Second	3.8	31.4	27.6	5.4	9.8	4.4	2.8	26.7	23.9	5.0	11.5	6.5	4.5	35.4	30.9	5.9	8.5	2.6
Middle	9.0	34.7	25.7	7.4	18.6	11.2	8.7	30.9	22.2	7.1	24.9	17.8	9.2	38.7	29.5	7.7	13.2	5.5
Fourth	11.6	49.6	38.0	19.0	28.6	9.6	14.2	45.7	31.5	17.6	30.9	13.3	8.0	54.9	46.9	20.4	26.0	5.6
Highest	36.3	62.0	25.7	37.3	53.4	16.1	43.3	64.0	20.7	38.7	56.0	17.3	29.5	60.0	30.5	36.2	50.9	14.7
Watching television																		
Don't watch	6.8	34.7	27.9	9.0	13.5	4.5	7.4	30.6	23.2	9.0	15.6	6.6	6.3	38.5	32.2	9.0	11.8	2.8
Watch but not everyday	12.9	44.4	31.5	12.5	28.1	15.6	15.4	41.8	26.4	7.9	25.7	17.8	10.6	47.7	37.1	17.3	30.7	13.4
Watch almost everyday	25.0	50.8	25.8	30.6	37.8	7.2	28.4	51.7	23.3	29.6	43.3	13.7	20.9	49.8	28.9	31.6	31.9	0.3
Daughter goes to school																		
Yes	16.4	23.4	7.0	18.4	6.7	-11.7	18.6	19.5	0.9	17.9	10.6	-7.3	13.9	26.5	12.6	18.8	4.0	-14.8
No	3.6	45.5	41.9	5.2	25.4	20.2	3.8	43.4	39.6	4.3	27.8	23.5	3.4	47.7	44.3	6.0	23.1	17.1
Total	13.4	42.0	28.6	15.5	22.1	6.6	15.9	40.1	24.2	14.9	25.2	10.3	11.0	43.9	32.9	16.1	19.2	3.1

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

[1] Includes only menstruating girls.

A.5.16: Use of modern contraceptive method by CMWRA (see Appendix V, Table A.5B for corresponding sample sizes)

Percentage of CMWRA who are currently using any modern method (pill, injectables, condom, tubectomy, NSV, implant and IUD) of contraception, by area, by background characteristics, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	34.8	43.5	*8.7*	36.3	44.2	*7.9*	33.6	42.7	*9.1*	34.3	42.9	*8.6*	36.3	44.6	*8.3*	38.6	45.9	*7.3*
20–24	45.4	48.5	*3.1*	42.1	46.4	*4.3*	41.6	47.5	*5.9*	40.2	46.5	*6.3*	50.2	49.6	*-0.6*	44.4	46.2	*1.8*
25–29	53.5	56.3	*2.8*	54.6	55.4	*0.8*	52.3	52.9	*0.6*	50.6	54.0	*3.4*	54.8	60.0	*5.2*	59.3	56.7	*-2.6*
30–34	59.3	62.6	*3.3*	60.3	60.0	*-0.3*	59.7	56.9	*-2.8*	55.6	55.3	*-0.3*	58.9	68.6	*9.7*	65.0	65.4	*0.4*
35–39	57.9	56.8	*-1.1*	56.6	55.7	*-0.9*	58.6	56.7	*-1.9*	55.6	54.7	*-0.9*	57.1	56.9	*-0.2*	57.7	56.8	*-0.9*
40–44	40.5	40.6	*0.1*	43.8	43.6	*-0.2*	42.3	41.5	*-0.8*	39.3	41.0	*1.7*	38.7	39.6	*0.9*	48.4	45.9	*-2.5*
45–49	22.2	23.3	*1.1*	19.9	24.6	*4.7*	25.2	25.2	*0.0*	17.2	29.2	*12.0*	18.6	21.3	*2.7*	23.1	20.3	*-2.8*
Number of children ever born																		
0	10.4	13.8	*3.4*	10.8	16.5	*5.7*	10.2	11.8	*1.6*	10.9	16.0	*5.1*	10.7	16.0	*5.3*	10.7	17.0	*6.3*
1–2	48.4	51.7	*3.3*	48.0	50.6	*2.6*	45.8	49.6	*3.8*	44.7	48.7	*4.0*	51.4	54.0	*2.6*	51.6	52.7	*1.1*
3+	52.0	53.9	*1.9*	51.5	52.6	*1.1*	52.8	52.5	*-0.3*	48.3	51.9	*3.6*	51.2	55.5	*4.3*	55.3	53.4	*-1.9*
Education of women																		
No education	46.5	46.7	*0.2*	47.2	47.2	*0.0*	48.9	45.4	*-3.5*	44.3	49.3	*5.0*	44.3	47.9	*3.6*	50.2	45.3	*-4.9*
Primary incomplete	50.9	55.7	*4.8*	51.1	53.0	*1.9*	50.3	54.5	*4.2*	49.3	51.5	*2.2*	51.4	57.0	*5.6*	52.9	54.7	*1.8*
Primary complete	50.8	53.1	*2.3*	49.2	52.5	*3.3*	50.7	50.7	*0.0*	48.1	51.1	*3.0*	50.9	54.9	*4.0*	50.7	53.7	*3.0*
Secondary incomplete	45.6	48.4	*2.8*	44.3	48.6	*4.3*	44.6	47.2	*2.6*	39.4	45.7	*6.3*	47.1	50.1	*3.0*	50.5	51.9	*1.4*
Secondary complete & higher	38.3	44.4	*6.1*	42.2	43.8	*1.6*	34.5	42.8	*8.3*	39.0	44.4	*5.4*	44.4	46.8	*2.4*	46.0	42.9	*-3.1*
Asset quintile																		
Lowest	51.7	54.8	*3.1*	55.3	55.5	*0.2*	53.3	55.9	*2.6*	53.3	55.2	*1.9*	50.5	53.9	*3.4*	57.2	55.8	*-1.4*
Second	49.3	54.9	*5.6*	50.0	52.3	*2.3*	52.1	54.4	*2.3*	47.9	54.3	*6.4*	47.2	55.3	*8.1*	52.7	50.3	*-2.4*
Middle	51.3	53.7	*2.4*	47.2	51.3	*4.1*	51.5	52.3	*0.8*	44.8	52.1	*7.3*	50.9	55.5	*4.6*	49.8	50.5	*0.7*
Fourth	45.5	46.0	*0.5*	47.1	48.2	*1.1*	44.6	43.2	*-1.4*	41.9	44.9	*3.0*	47.0	50.0	*3.0*	53.0	52.5	*-0.5*
Highest	39.7	42.7	*3.0*	36.2	39.0	*2.8*	37.2	41.9	*4.7*	33.3	37.1	*3.8*	43.2	43.7	*0.5*	39.9	41.4	*1.5*

A.5.16: Use of modern contraceptive method by CMWRA (continued)

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Watching television																		
Don't watch	46.9	49.4	*2.5*	46.9	49.5	*2.6*	48.3	47.8	*-0.5*	44.0	49.4	*5.4*	45.6	50.9	*5.3*	49.9	49.6	*-0.3*
Watch but not everyday	49.9	49.7	*-0.2*	51.1	47.3	*-3.8*	48.4	48.1	*-0.3*	49.7	45.4	*-4.3*	51.8	52.2	*0.4*	52.8	49.7	*-3.1*
Watch almost everyday	45.6	50.0	*4.4*	44.8	49.0	*4.2*	43.3	48.3	*5.0*	40.2	46.8	*6.6*	48.9	52.1	*3.2*	50.7	51.6	*0.9*
Husband's place of living																		
With respondent	55.1	59.7	*4.6*	56.3	59.9	*3.6*	57.6	60.6	*3.0*	54.4	60.9	*6.5*	52.5	58.9	*6.4*	58.2	59.0	*0.8*
Elsewhere but:																		
Last visited 0–5 months ago[1]	21.4	39.5	*18.1*	18.1	38.1	*20.0*	12.0	39.0	*27.0*	14.9	36.8	*21.9*	38.0	40.4	*2.4*	22.4	40.2	*17.8*
Last visited 6–11 months ago	1.8	2.7	*0.9*	1.1	2.4	*1.3*	2.5	3.2	*0.7*	0.0	1.8	*1.8*	0.0	1.6	*1.6*	2.7	3.5	*0.8*
Last visited 12+months ago	2.4	4.2	*1.8*	1.2	2.6	*1.4*	2.6	4.1	*1.5*	0.9	3.3	*2.4*	2.0	4.3	*2.3*	1.7	1.8	*0.1*
Total	46.9	49.7	*2.8*	46.9	49.1	*2.2*	46.3	48.0	*1.7*	43.6	48.1	*4.5*	47.6	51.5	*3.9*	50.5	50.2	*-0.3*

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

[1] Husbands of the women living elsewhere since less than one month are defined as "living elsewhere but last visited 0–5 months ago."

A.5.17: Use of 4+ antenatal care visits (see Appendix V, Table A.5H for corresponding sample sizes)

Percentage and number of MWRA who had live birth(s) in last 18 months preceding the survey, received 4+ ANC during most recent pregnancy, by area, by background characteristics, by area, by background characteristics, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	19.7	26.6	6.9	16.6	24.5	7.9	18.0	25.0	7.0	13.0	22.5	9.5	22.4	29.0	6.6	20.5	27.2	6.7
20–24	18.7	32.1	13.4	20.2	30.9	10.7	16.4	35.1	18.7	12.9	27.4	14.5	21.7	29.2	7.5	28.7	34.5	5.8
25–29	23.5	35.2	11.7	20.4	21.9	1.5	20.9	32.7	11.8	16.2	20.0	3.8	25.7	37.9	12.2	24.6	23.5	-1.1
30–34	16.6	28.3	11.7	10.9	21.3	10.4	17.6	27.1	9.5	2.4	17.1	14.7	15.0	29.5	14.5	18.3	27.3	9.0
35–39	18.5	27.9	9.4	10.1	17.6	7.5	12.5	35.8	23.3	4.7	24.6	19.9	24.7	18.4	-6.3	18.7	9.5	-9.2
40–44	17.9	30.2	12.3	0.0	27.5	27.5	0.0	39.4	39.4	0.0	0.0	0.0	28.6	16.7	-11.9	0.0	50.0	50.0
45–49	0.0	0.0	0.0	0.0	65.3	65.3	0.0	0.0	0.0	0.0	65.3	65.3	0.0	0.0	0.0	0.0	0.0	0.0
Number of children ever born																		
1–2	21.8	35.1	13.3	21.4	29.6	8.2	18.6	34.1	15.5	15.3	26.7	11.4	26.0	36.3	10.3	28.0	33.0	5.0
3+	16.4	23.5	7.1	12.1	18.9	6.8	15.8	26.0	10.2	6.9	16.6	9.7	17.1	20.4	3.3	17.9	21.3	3.4
Education of women																		
No education	9.0	19.1	10.1	8.1	7.8	-0.3	1.6	20.1	18.5	6.2	1.2	-5.0	14.6	18.2	3.6	10.0	12.7	2.7
Primary incomplete	17.0	21.5	4.5	7.3	10.8	3.5	18.5	26.2	7.7	5.4	5.3	-0.1	15.9	16.5	0.6	9.2	16.1	6.9
Primary complete	19.6	26.7	7.1	10.6	9.8	-0.8	15.9	27.6	11.7	5.3	4.3	-1.0	23.7	25.9	2.2	16.9	14.5	-2.4
Secondary incomplete	19.3	33.4	14.1	22.2	32.1	9.9	15.8	31.0	15.2	14.4	29.4	15.0	25.3	36.6	11.3	31.4	35.3	3.9
Secondary complete & higher	37.5	46.5	9.0	42.4	45.9	3.5	35.8	44.7	8.9	30.5	40.6	10.1	40.8	48.9	8.1	54.5	55.6	1.1
Asset quintile																		
Lowest	7.0	17.7	10.7	9.4	9.9	0.5	3.3	23.2	19.9	7.1	3.2	-3.9	10.2	12.8	2.6	11.6	15.6	4.0
Second	15.6	29.9	14.3	11.1	16.8	5.7	14.2	25.0	10.8	7.6	15.2	7.6	16.8	34.0	17.2	15.2	18.6	3.4
Middle	13.6	25.0	11.4	14.6	21.9	7.3	11.4	28.7	17.3	8.0	17.1	9.1	16.4	19.6	3.2	20.6	27.3	6.7
Fourth	20.5	33.1	12.6	17.6	32.6	15.0	22.4	29.7	7.3	7.6	31.6	24.0	17.0	38.1	21.1	29.3	33.7	4.4
Highest	37.8	47.5	9.7	37.9	46.5	8.6	29.1	45.9	16.8	29.1	43.0	13.9	51.4	49.5	-1.9	49.9	51.5	1.6
Watching television																		
Don't watch	10.8	23.1	12.3	12.0	17.3	5.3	10.2	22.9	12.7	4.9	13.2	8.3	11.3	23.3	12.0	18.8	21.2	2.4
Watch but not everyday	21.9	30.7	8.8	15.8	26.7	10.9	15.2	32.6	17.4	13.1	18.4	5.3	29.6	27.6	-2.0	20.0	41.6	21.6
Watch almost everyday	30.8	42.4	11.6	29.3	39.4	10.1	26.6	40.1	13.5	23.1	39.9	16.8	37.7	45.6	7.9	36.8	38.7	1.9
Total	19.7	30.9	11.2	17.5	25.7	8.2	17.6	31.1	13.5	11.7	23.2	11.5	22.3	30.7	8.4	23.8	28.6	4.8

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5.18: Use of facility delivery (see Appendix V, Table A.5H for corresponding sample sizes)

Percentage and number of MWRA who had live birth(s) in last 18 months preceding the survey, delivered at facility at last birth, by area, by background characteristics, by area, by background characteristics, MIH surveys.

	Overall MIH						BRAC MIH						CPS MIH					
	Intervention			Comparison			Intervention			Comparison			Intervention			Comparison		
Background characteristics	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**	**B**	**E**	**E–B**
Age of women																		
15–19	27.2	37.8	*10.6*	28.5	40.5	*12.0*	28.3	40.6	*12.3*	32.2	34.9	*2.7*	25.6	33.2	*7.6*	24.5	48.2	*23.7*
20–24	28.6	34.1	*5.5*	29.4	35.0	*5.6*	31.4	35.2	*3.8*	28.1	33.4	*5.3*	24.8	33.1	*8.3*	31.0	36.6	*5.6*
25–29	22.8	33.6	*10.8*	22.4	31.1	*8.7*	23.5	34.8	*11.3*	22.6	34.0	*11.4*	22.2	32.4	*10.2*	22.3	28.4	*6.1*
30–34	25.4	30.5	*5.1*	21.8	34.8	*13.0*	23.0	32.9	*9.9*	19.3	36.3	*17.0*	29.0	27.9	*-1.1*	23.9	32.7	*8.8*
35–39	22.6	39.4	*16.8*	24.1	20.3	*-3.8*	20.6	29.8	*9.2*	27.4	13.2	*-14.2*	24.7	50.9	*26.2*	18.7	28.6	*9.9*
40–44	36.3	42.0	*5.7*	13.9	47.8	*33.9*	25.3	59.3	*34.0*	15.9	45.2	*29.3*	42.9	16.7	*-26.2*	0.0	50.0	*50.0*
45–49	0.0	0.0	*0.0*	0.0	65.3	*65.3*	0.0	0.0	*0.0*	0.0	65.3	*65.3*	0.0	0.0	*0.0*	0.0	0.0	*0.0*
Number of children ever born			*0.0*			*0.0*			*0.0*			*0.0*			*0.0*			*0.0*
1–2	32.5	41.7	*9.2*	32.2	39.5	*7.3*	33.1	42.6	*9.5*	31.6	36.1	*4.5*	31.6	40.7	*9.1*	32.9	43.4	*10.5*
3+	16.5	22.5	*6.0*	17.2	27.1	*9.9*	17.2	26.3	*9.1*	18.7	29.1	*10.4*	15.8	17.8	*2.0*	15.5	25.0	*9.5*
Education of women			*0.0*			*0.0*			*0.0*			*0.0*			*0.0*			*0.0*
No education	9.0	15.7	*6.7*	8.6	12.3	*3.7*	3.0	18.6	*15.6*	6.1	15.3	*9.2*	13.5	12.7	*-0.8*	11.1	10.1	*-1.0*
Primary incomplete	13.9	16.6	*2.7*	11.7	21.0	*9.3*	12.3	15.2	*2.9*	13.1	17.1	*4.0*	15.0	18.0	*3.0*	10.2	24.7	*14.5*
Primary complete	18.6	19.1	*0.5*	24.5	22.9	*-1.6*	20.0	22.3	*2.3*	27.0	17.6	*-9.4*	17.1	16.5	*-0.6*	21.6	27.4	*5.8*
Secondary incomplete	32.7	41.9	*9.2*	31.7	43.3	*11.6*	33.0	43.9	*10.9*	30.7	43.0	*12.3*	32.2	39.3	*7.1*	33.0	43.6	*10.6*
Secondary complete & higher	52.2	62.8	*10.6*	59.1	51.2	*-7.9*	48.7	59.3	*10.6*	61.8	42.0	*-19.8*	59.2	67.5	*8.3*	56.3	68.1	*11.8*
Asset quintile			*0.0*			*0.0*			*0.0*			*0.0*			*0.0*			*0.0*
Lowest	9.1	11.0	*1.9*	8.6	15.9	*7.3*	6.8	10.7	*3.9*	11.8	14.5	*2.7*	11.1	11.3	*0.2*	5.4	17.2	*11.8*
Second	16.3	22.1	*5.8*	16.4	21.0	*4.6*	18.9	21.7	*2.8*	18.3	20.1	*1.8*	14.2	22.5	*8.3*	14.3	21.9	*7.6*
Middle	17.1	30.3	*13.2*	19.1	35.0	*15.9*	16.9	36.6	*19.7*	19.5	29.7	*10.2*	17.5	20.8	*3.3*	18.7	40.9	*22.2*
Fourth	34.3	44.9	*10.6*	33.3	47.2	*13.9*	32.3	42.2	*9.9*	34.9	46.4	*11.5*	38.1	48.9	*10.8*	31.3	48.0	*16.7*
Highest	49.4	61.3	*11.9*	56.8	55.6	*-1.2*	48.8	61.3	*12.5*	45.8	52.1	*6.3*	50.4	61.4	*11.0*	71.8	60.6	*-11.2*
Watching television			*0.0*			*0.0*			*0.0*			*0.0*			*0.0*			*0.0*
Don't watch	15.9	27.4	*11.5*	15.5	23.7	*8.2*	15.9	29.4	*13.5*	14.7	23.6	*8.9*	15.9	25.5	*9.6*	16.2	23.8	*7.6*
Watch but not everyday	25.8	33.8	*8.0*	33.1	43.5	*10.4*	23.2	36.4	*13.2*	34.0	43.3	*9.3*	28.7	29.5	*0.8*	31.7	43.7	*12.0*
Watch almost everyday	40.4	45.7	*5.3*	42.9	50.4	*7.5*	41.3	44.8	*3.5*	41.8	44.1	*2.3*	38.9	47.0	*8.1*	44.3	58.1	*13.8*
Total	26.2	34.7	*8.5*	25.9	35.0	*9.1*	27.3	36.5	*9.2*	26.1	33.7	*7.6*	24.9	32.7	*7.8*	25.6	36.5	*10.9*

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5A: Number of MWRA

Number of MWRA, by area, by background characteristics and MIH surveys.

	Overall MIH				BRAC MIH				CPS MIH			
	Intervention		Comparison		Intervention		Comparison		Intervention		Comparison	
Background characteristics	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**
Age of women												
15–19	608	722	572	764	337	421	311	436	271	301	261	328
20–24	1,180	1,312	1,309	1,335	658	682	724	694	522	630	585	641
25–29	1,254	1,304	1,273	1,250	651	666	686	619	602	638	587	631
30–34	1,072	1,141	1,082	1,186	556	590	528	635	516	551	554	550
35–39	862	904	851	928	452	481	452	480	410	423	399	448
40–44	852	855	840	825	433	434	425	389	419	421	415	436
45–49	773	696	741	692	405	341	388	330	368	355	353	362
Number of children ever born												
0	603	586	559	554	318	294	322	265	285	293	237	289
1–2	2,483	2,822	2,427	2,774	1,305	1,458	1,241	1,457	1,178	1,364	1,187	1,317
3+	3,515	3,525	3,681	3,652	1,870	1,863	1,951	1,862	1,646	1,661	1,730	1,790
Education of women												
No education	1,774	1,544	1,864	1,551	812	747	920	727	961	797	944	824
Primary incomplete	1,318	1,382	1,314	1,444	603	710	673	747	715	672	641	697
Primary complete	893	983	843	890	489	422	467	416	404	561	376	474
Secondary incomplete	2,035	2,195	2,027	2,252	1,235	1,241	1,117	1,192	800	954	910	1,060
Secondary complete & higher	582	828	619	843	354	494	336	501	228	334	283	341
Asset quintile												
Lowest	1,067	1,101	1,272	1,466	463	447	628	689	604	655	645	777
Second	1,270	1,239	1,261	1,330	560	560	687	653	711	679	574	677
Middle	1,305	1,415	1,343	1,332	711	775	688	653	594	640	655	679
Fourth	1,384	1,535	1,384	1,384	849	905	730	779	535	630	654	605
Highest	1,575	1,643	1,407	1,468	910	929	780	811	664	714	627	657
Watching television												
Don't watch	3,172	3,267	3,738	3,993	1,531	1,517	1,869	1,950	1,641	1,750	1,869	2,043
Watch but not everyday	1,102	1,032	945	787	591	621	534	442	512	412	411	345
Watch almost everyday	2,327	2,634	1,985	2,200	1,372	1,477	1,110	1,192	956	1,157	875	1,008
Total	6,601	6,933	6,667	6,980	3,493	3,614	3,513	3,584	3,108	3,318	3,154	3,396

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5B: Number of CMWRA

Number of CMWRA, by area, by background characteristics, MIH surveys.

	Overall MIH				BRAC MIH				CPS MIH			
	Intervention		Comparison		Intervention		Comparison		Intervention		Comparison	
Background characteristics	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**
Age of women												
15–19	596	703	561	740	328	411	305	422	268	292	256	318
20–24	1,150	1,276	1,269	1,287	645	661	695	675	504	616	574	612
25–29	1,210	1,261	1,236	1,192	631	647	669	593	579	614	566	599
30–34	1,020	1,085	1,038	1,142	529	563	515	618	491	522	523	524
35–39	801	837	797	869	420	447	428	446	381	391	369	423
40–44	751	757	754	738	382	386	382	352	369	371	372	386
45–49	628	586	634	590	343	299	345	285	285	287	290	305
Number of children ever born												
0	553	538	525	497	295	274	302	246	258	264	223	251
1–2	2,336	2,669	2,289	2,602	1,244	1,380	1,180	1,370	1,092	1,289	1,109	1,232
3+	3,267	3,298	3,476	3,459	1,740	1,759	1,857	1,774	1,527	1,539	1,618	1,684
Education of women												
No education	1,535	1,352	1,662	1,401	712	669	834	667	823	682	828	734
Primary incomplete	1,229	1,298	1,246	1,346	561	668	639	703	669	630	607	643
Primary complete	860	932	801	834	465	397	444	383	396	534	357	451
Secondary incomplete	1,966	2,119	1,976	2,152	1,197	1,200	1,096	1,145	770	919	880	1,007
Secondary complete & higher	566	806	604	825	346	479	326	492	220	326	278	332
Asset quintile												
Lowest	945	995	1,159	1,323	416	409	568	624	529	586	592	698
Second	1,167	1,146	1,189	1,255	514	513	654	621	654	633	535	634
Middle	1,229	1,335	1,276	1,260	668	742	663	619	561	592	614	641
Fourth	1,317	1,453	1,323	1,322	809	854	700	747	508	599	623	575
Highest	1,498	1,577	1,341	1,398	872	896	754	780	626	681	587	618

A.5B: Number of CMWRA (continued)

	Overall MIH				BRAC MIH				CPS MIH			
	Intervention		Comparison		Intervention		Comparison		Intervention		Comparison	
Background characteristics	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**
Watching television												
Don't watch	2,905	3,031	3,491	3,727	1,412	1,418	1,756	1,834	1,493	1,612	1,736	1,893
Watch but not everyday	1,026	971	896	741	557	588	510	419	470	383	386	322
Watch almost everyday	2,226	2,504	1,902	2,090	1,311	1,407	1,074	1,138	915	1,097	829	952
Husband's place of living												
With respondent	5,088	4,768	5,105	4,703	2,569	2,310	2,615	2,281	2,519	2,457	2,490	2,422
Elsewhere but:												
Last visited 0–5 months ago[1]	326	894	361	994	208	562	207	611	118	332	154	383
Last visited 6–11 months ago	168	178	186	224	121	118	113	139	47	60	73	85
Last visited 12+ months ago	575	666	638	636	382	424	405	359	193	242	233	277
Total	6,157	6,506	6,290	6,558	3,279	3,414	3,340	3,391	2,877	3,092	2,950	3,167

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

[1] Husbands of the women living elsewhere since less than one month are defined as "living elsewhere but last visited 0–5 months ago."

A.5C: Number of CMWRA who are using any short-acting method and do not want more children

Number of CMWRA who are using any short-acting method and do not want any more children, by area, by background characteristics, MIH surveys.

	Overall MIH				BRAC MIH				CPS MIH			
	Intervention		Comparison		Intervention		Comparison		Intervention		Comparison	
Background characteristics	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**
Age of women												
15–19	30	58	32	35	13	37	18	15	17	21	14	20
20–24	220	263	263	230	102	140	149	109	119	123	114	121
25–29	491	526	508	492	256	249	262	240	234	277	247	253
30–34	570	576	562	615	285	272	271	331	284	303	291	284
35–39	459	446	474	495	262	239	259	257	197	207	215	238
40–44	369	322	387	366	206	169	194	182	163	153	193	184
45–49	167	169	157	163	101	92	77	96	65	77	80	67
Number of children ever born												
0	3	1	7	4	2	0	4	1	1	1	3	3
1–2	654	752	598	651	305	350	293	310	349	403	306	342
3+	1,648	1,606	1,777	1,741	918	849	932	919	730	758	845	822
Education of women												
No education	688	556	796	613	346	289	413	333	342	267	382	279
Primary incomplete	533	527	524	583	260	266	270	298	273	260	254	285
Primary complete	343	373	320	330	198	153	169	144	146	220	151	187
Secondary incomplete	598	689	575	677	344	369	283	335	253	319	292	342
Secondary complete & higher	144	215	168	193	77	120	93	120	67	95	75	74
Asset quintile												
Lowest	376	418	520	546	180	176	264	271	196	242	256	275
Second	471	446	476	529	214	203	274	274	257	243	202	255
Middle	518	531	520	503	284	289	265	265	234	242	255	239
Fourth	478	477	499	458	290	269	237	246	188	208	262	212
Highest	461	488	368	360	256	262	189	174	205	226	179	186

A.5C: Number of CMWRA who are using any short-acting method and do not want more children (continued)

	Overall MIH				BRAC MIH				CPS MIH			
	Intervention		Comparison		Intervention		Comparison		Intervention		Comparison	
Background characteristics	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**
Watching television												
Don't watch	1,167	1,126	1,407	1,464	591	524	712	756	576	602	695	708
Watch but not everyday	379	358	323	239	197	217	176	137	182	141	147	102
Watch almost everyday	759	876	653	693	438	457	341	336	322	419	312	357
Husband's place of living												
With respondent	2,265	2,124	2,340	2,137	1,209	1,058	1,208	1,078	1,057	1,066	1,132	1,060
Elsewhere, last visited 0–5 months ago	37	223	41	248	16	133	20	144	21	90	21	104
Elsewhere, last visited 6–11 months ago	0	3	0	6	0	2	0	4	0	1	0	2
Elsewhere, last visited 12+ months ago	3	10	1	5	1	6	0	4	2	5	1	1
Total	2,305	2,360	2,382	2,396	1,225	1,199	1,229	1,230	1,080	1,161	1,154	1,167

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5D: Number of MWRA who had a live birth in last three years and delivered at home

Number of MWRA who had a live birth in last three years and last time delivered at home, by area, by background characteristics, MIH surveys.

	Overall MIH				BRAC MIH				CPS MIH			
	Intervention		Comparison		Intervention		Comparison		Intervention		Comparison	
Background characteristics	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**
Age of women												
15–19	217	245	216	265	117	141	99	168	100	101	117	96
20–29	850	820	976	844	444	427	521	434	406	393	455	410
30–39	305	243	297	275	163	127	145	154	142	117	151	121
40–49	29	15	41	20	19	8	26	12	11	8	15	8
Number of children ever born												
1–2	760	748	829	795	414	404	432	451	346	344	397	344
3+	642	573	701	609	330	299	360	317	312	274	341	291
Education of women												
No education	275	186	317	230	122	90	172	100	153	95	145	129
Primary incomplete	302	320	347	319	131	169	176	173	171	150	171	147
Primary complete	206	204	209	200	101	82	109	102	105	123	100	98
Secondary incomplete	521	498	552	499	325	293	285	279	196	206	267	220
Secondary complete & higher	98	113	106	156	65	69	51	115	33	44	55	41
Asset quintile												
Lowest	324	337	402	446	144	154	192	220	181	183	210	226
Second	314	276	357	299	140	125	194	166	174	151	163	133
Middle	304	272	311	259	172	158	148	141	133	114	163	118
Fourth	240	248	285	213	156	154	142	128	85	95	142	86
Highest	219	186	175	186	132	111	115	114	87	75	60	72
Watching television												
Don't watch	766	719	986	942	373	343	493	487	393	375	494	455
Watch but not everyday	229	183	191	152	131	111	105	90	98	72	86	62
Watch almost everyday	406	419	353	310	239	248	194	192	168	171	159	118
Total	1,402	1,321	1,530	1,404	743	702	792	769	658	618	739	635

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5E: Number of MWRA who have 0–59 month child

Number of MWRA who have 0–59-month-old child, by area, by background characteristics, MIH surveys.

	Overall MIH				BRAC MIH				CPS MIH			
	Intervention		Comparison		Intervention		Comparison		Intervention		Comparison	
Background characteristics	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**
Age of women												
15–19	315	422	315	479	179	256	157	284	136	166	158	195
20–29	1,749	1,853	1,850	1,856	946	978	1,004	969	803	874	846	887
30–39	687	661	726	710	364	339	358	393	323	322	368	317
40–49	90	65	101	70	49	32	60	37	41	33	41	33
Number of children ever born												
1–2	1,614	1,825	1,639	1,865	899	988	871	1,023	715	837	768	842
3+	1,227	1,175	1,353	1,250	639	618	707	659	588	557	646	590
Education of women												
No education	494	377	564	415	216	169	287	197	278	209	277	218
Primary incomplete	535	558	567	607	230	282	283	330	306	276	284	277
Primary complete	413	419	378	384	218	179	202	181	195	240	176	203
Secondary incomplete	1,096	1,224	1,162	1,245	688	712	636	684	408	512	526	561
Secondary complete & higher	303	421	321	463	187	264	171	290	116	157	150	173
Asset quintile												
Lowest	536	560	647	763	244	237	312	377	292	323	335	386
Second	553	554	591	592	254	248	328	318	299	306	263	274
Middle	551	566	602	543	306	348	300	275	245	217	302	268
Fourth	546	634	579	577	344	371	300	338	202	263	279	239
Highest	655	686	572	640	390	402	338	375	265	285	234	265
Watching television												
Don't watch	1,362	1,412	1,695	1,795	664	666	846	920	698	746	849	874
Watch but not everyday	459	439	427	361	270	273	247	212	189	166	180	149
Watch almost everyday	1,020	1,149	870	959	604	667	485	551	415	482	385	409
Total	2,841	3,000	2,992	3,115	1,538	1,606	1,578	1,683	1,303	1,394	1,414	1,432

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5F: Number of 6–59 month children

Number of 6–59 months children, by area, by background characteristics, MIH surveys.

	Overall MIH				BRAC MIH				CPS MIH			
	Intervention		Comparison		Intervention		Comparison		Intervention		Comparison	
Background characteristics	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**
Age of mother												
15–19	277	399	298	426	151	249	149	249	126	150	149	177
20–24	1,059	1,180	1,158	1,181	582	614	611	610	477	566	547	572
25–29	937	910	965	892	468	470	528	440	469	440	436	452
30–34	511	503	568	573	263	256	258	320	248	247	310	253
35–49	316	257	340	274	164	126	191	137	152	131	148	137
Age of children (months)												
6–23	1,038	1,022	1,036	1,073	529	545	534	573	508	477	501	500
24–59	2,063	2,227	2,293	2,273	1,100	1,169	1,203	1,182	963	1,058	1,090	1,091
Number of children ever born												
1–2	1,640	1,899	1,733	1,884	897	1,033	911	1,019	743	866	822	865
3+	1,460	1,350	1,595	1,462	732	682	827	736	728	669	769	727
Education of women												
No education	568	425	651	476	247	193	332	212	321	232	318	264
Primary incomplete	624	619	630	686	262	302	313	355	362	318	317	331
Primary complete	455	467	415	412	231	190	220	189	225	277	195	223
Secondary incomplete	1,164	1,307	1,290	1,315	711	753	696	707	452	555	594	608
Secondary complete & higher	289	431	342	457	178	278	176	292	111	154	166	165
Asset quintile												
Lowest	630	636	740	878	274	272	347	418	355	364	392	460
Second	592	603	667	642	266	261	371	330	326	341	296	311
Middle	622	615	648	568	333	370	312	274	290	244	336	294
Fourth	579	675	634	590	364	389	331	342	215	287	303	249
Highest	677	721	639	668	392	422	376	391	285	298	263	277
Watching television												
Don't watch	1,545	1,547	1,923	1,982	740	715	954	988	805	832	969	995
Watch but not everyday	484	473	461	371	276	292	257	210	208	180	204	161
Watch almost everyday	1,071	1,229	944	993	613	707	527	557	458	522	418	436
Total	3,100	3,249	3,328	3,346	1,629	1,715	1,737	1,755	1,471	1,534	1,591	1,591

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

A.5G: Number of 10–25 years unmarried daughters of MWRAs

Number of 10–25[1] years unmarried daughters of MWRAs, by area, by background characteristics, MIH surveys.

	Overall MIH				BRAC MIH				CPS MIH			
	Intervention		Comparison		Intervention		Comparison		Intervention		Comparison	
Background characteristics	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**
Age of mother												
15–19	425	481	408	555	205	259	198	297	220	222	210	258
20–24	1,377	1,296	1,395	1,360	676	630	661	623	701	665	734	737
Education of women												
No education	762	638	782	724	330	311	346	322	432	327	436	401
Primary incomplete	421	417	427	460	196	222	216	220	225	195	211	240
Primary complete	237	288	213	255	134	133	104	120	102	155	109	135
Secondary incomplete	317	346	313	368	182	172	157	189	135	173	157	179
Secondary complete & higher	66	89	69	109	39	51	37	69	26	38	32	40
Asset quintile												
Lowest	236	233	275	361	101	93	108	172	135	140	167	189
Second	367	304	369	402	144	141	198	177	224	163	171	225
Middle	384	424	355	420	194	217	173	193	190	207	182	227
Fourth	432	397	412	396	254	229	206	215	178	169	206	181
Highest	383	418	392	336	189	210	175	163	194	209	218	173
Watching television												
Don't watch	918	855	1,042	1,147	420	416	476	526	497	438	566	621
Watch but not everyday	351	269	258	234	170	152	131	120	181	117	128	114
Watch almost everyday	534	653	503	535	291	321	253	275	243	332	250	260
Daughter goes to school												
Yes	1,381	283	1,413	342	719	125	669	140	662	158	744	202
No	421	1,493	390	1,573	162	764	190	780	260	729	200	793
Total	1,802	1,776	1,803	1,915	881	888	859	920	921	888	944	995

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).
[1] Includes only menstruating girls.

A.5H: Number of MWRAs who had a live birth in last 18 months

Number of MWRA who had a live birth(s) in the last 18 months preceding the survey, by area, by background characteristics, by area, by background characteristics, MIH surveys.

	Overall MIH				BRAC MIH				CPS MIH			
	Intervention		Comparison		Intervention		Comparison		Intervention		Comparison	
Background characteristics	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**	**B**	**E**
Age of women												
15–19	203	247	212	260	127	151	110	150	77	96	102	110
20–24	361	398	371	397	205	199	200	200	155	200	171	197
25–29	251	246	262	237	115	130	131	114	136	116	130	123
30–34	155	121	133	133	91	62	62	78	64	58	71	55
35–39	47	34	42	45	24	19	26	24	23	16	16	21
40–44	11	14	16	7	4	8	14	3	7	6	2	4
45–49	1	1	7	3	0	0	3	3	1	1	4	0
Number of children ever born												
1–2	625	674	603	689	358	355	314	371	267	319	289	318
3+	404	387	441	394	208	214	233	202	195	173	207	192
Education of women												
No education	152	106	177	137	65	53	87	58	87	53	90	79
Primary incomplete	189	202	201	182	81	104	103	88	108	98	98	93
Primary complete	144	147	143	114	75	66	78	52	69	81	65	62
Secondary incomplete	415	434	410	445	259	248	223	241	156	186	188	204
Secondary complete & higher	129	172	111	205	86	98	56	133	43	73	55	72
Asset quintile												
Lowest	192	213	222	251	89	101	110	116	103	112	112	134
Second	203	186	227	196	91	84	122	105	111	102	105	91
Middle	201	206	195	186	113	123	93	98	87	83	102	88
Fourth	193	237	215	211	125	141	116	113	67	96	99	98
Highest	240	220	184	240	146	121	106	141	93	99	78	99
Watching television												
Don't watch	499	530	594	592	252	253	291	290	247	278	303	302
Watch but not everyday	162	166	153	134	86	104	93	86	75	62	60	48
Watch almost everyday	368	365	296	357	228	213	163	197	140	152	133	160
Total	1,028	1,061	1,043	1,083	566	569	547	573	462	492	496	510

Note: CPS – CWFD, PSTC and Shimantik; B – Baseline (2013/14); E – End line (2015/16).

APPENDIX VI. SCOPE OF WORK (EVALUATION PROTOCOL)

Scope of Work for Marketing Innovation for Health (MIH) Impact Evaluation

Project Identification Data

Project Number: AID-388-A-12-00003

Project Dates: July 26, 2012 to July 25, 2016

Project Funding: $15,000,000

Implementing Organization: Social Marketing Company, Bangladesh

Contracting Officer Representative (COR): Sukumar Sarker (PHNE)

Evaluation Purpose

MEASURE Evaluation, with support from USAID/Bangladesh, will conduct an outcome and impact evaluation of a newly awarded project "Marketing Innovation for Health (MIH)." The Social Marketing Company (SMC) along with its six NGO partners will implement an integrated social marketing program to provide a comprehensive range of health and family planning products and services to the target populations in geographic priority areas of Bangladesh. The project lasts for four years from July 2012 to July 2016.

The outcome and impact evaluation will examine the changes taking place in key outcomes in terms of utilization of health and family planning products and services after the implementation of the interventions through the expansion of the range of products and services, community mobilization, behavior change communication (BCC) campaign, and capacity building of private providers. The impact evaluation will attempt to estimate the contribution of the MIH intervention to the observed changes in the key outcomes. Bangladesh has done well in health and family planning service delivery in the recent decades but certain geographic areas lag behind this improvement. It is expected that an integrated social marketing approach as MIH can make a significant improvement in the utilization of services in the targeted areas. The findings of these evaluations will not only have implications for the MIH project, but will add to the evidence base for integrated social marketing successes of health and family planning in the developing world.

Background

Bangladesh, a South Asian country with resource-scarcity and high population density, has done extremely well in terms of social and health improvements and appreciably well in economic improvement in the recent decades. The country is almost on track in achieving most of the MDGs. Literacy has improved remarkably, especially among women; there is sign of steady but consistent decline of poverty; infant and child mortality and maternal mortalities have reduced significantly; and fertility has reached nearly the replacement level at 2.3 births per woman. However, problems remain in many areas: absolute poverty remains high; health inequity, though declining, remains a challenge; infant, child, and maternal mortality rates are continually declining, but the levels still remain high, especially in certain geographic areas; and malnutrition of children and mothers is still one of the highest in the world.

Although Bangladesh achieved a low level of fertility, about 40% of mothers report to have unintended births, and 12% of women report to have unmet need for contraception. A small proportion (13%) of contraceptive

users (8% of 61% users) use long-acting and permanent methods (LAPM), like IUD, implants, and female and male sterilizations, although two-thirds of married women of reproductive age (MWRA) do not want to have any more children, i.e., want to limit childbearing (NIPORT 2013; Streatfield et al. 2013). LAPM are more appropriate for couples who want to limit childbearing, and are most cost-effective. Male involvement in family planning is low in Bangladesh, a male-dominant country. However, there is sign of increased acceptance of non-surgical vasectomy (NSV) though level of acceptance is very low.

Chronic and acute malnutrition is rampant in Bangladesh; 41% of under-five children are stunted and 16% are wasted with an overall 36% of child under-nutrition. Geographical variation of almost all indicators of health, nutrition, and family planning remains an issue; certain regions of the country have remained disadvantageous in terms of key indicators. For example, every other child was stunted in Sylhet Division and it was lower in Khulna Division, where one-third of children were stunted. Under-five mortality was 45 per 1,000 in Khulna compared to 83 per 1,000 in Sylhet. Contraceptive prevalence rate was 68% in Khulna compared to just 45% in Sylhet.

Inequity in health and nutrition is another burning issue; only 10% of deliveries among women in the lowest quintile took place in facilities compared to 60% among women in the highest quintile. Similarly, 54% of under-five children in the lowest quintile were stunted compared to 26% in the highest quintile.

Adolescent reproductive health remains a neglected area in Bangladesh. Adolescents are disadvantaged among the poor as well as in regions with lower levels of health care utilization.

The 2011–2016 Health, Population, and Nutrition Sector Development Program (HPNSDP) of Bangladesh places strong emphasis on increasing contraceptive use, especially LAPM use; reducing malnutrition; improving health-care inequity; and improving health care utilization in geographically disadvantageous regions.

The private sector plays a vital role in health service delivery as it is usually the point of first contact for primary curative care, including the poor. Approximately 81% of the low-income population use private-sector services as their first line of curative care. For preventive care also, the private sector serves in parallel with the public sector. For example, just one-half of the couples in the country procure family planning supplies from the private sector with a small share of NGOs. In Bangladesh, 23% of deliveries took place in facilities in 2010; 10% were in public facilities and 13% were in private-sector facilities.

SMC is probably the single organization which supplies most of the contraceptive commodities (especially pills and injectables) available at the private sector, oral rehydration saline (ORS), and other common health- and hygiene-related products. They market their products throughout the country covering 64 districts.

NGOs have been vibrant in the promotion of health and family planning in Bangladesh through their community-based BCC activities and supplies of products. The distribution occurs through static and satellite clinics and in some cases through community health workers (*Shasthya Sebika* of BRAC Community Service Provider of NHSDP; see below). Such NGOs are BRAC and others who participate in the USAID-supported NGO Health Service Delivery Program (NHSDP), and those who participate in the Urban Primary Health Care Program (UPHCP) supported by the Ministry of Local Government and Rural Development (MoLGRD). The MIH partner NGOs—CWFD, Shimantik, and PSTC— also participate with NHSDP and/or UPHCP in delivering health and family planning services. BRAC has its own large-sized health programs for providing a range of services throughout the country.

Project Description

Social Marketing Company (SMC) signed a four-year Cooperative Agreement (Ref: AID- 388-A-12-00003) with USAID for implementing the Marketing Innovation for Health (MIH) Program. Under this agreement, SMC and its partners will implement an integrated social marketing program to provide a comprehensive range of products and services to the target populations in Bangladesh. Other partners in this program include Population Services International (PSI), BRAC, Concerned Women for Family Development (CWFD), Population Services and Training Center (PSTC), Shimantik and EngenderHealth (EH).

The goal of MIH is to contribute to sustained improvements in the health status of women and children in Bangladesh by increasing access to and demand for essential health products and services, through the private sector. The program objectives by components (results and sub-results) are as follows:

Result 1: Increase availability and reach through expanded commodity sales and distribution through private sector networks, including non-governmental organizations (NGOs), at an affordable price to support family planning and other healthy practices especially focused on low-income populations.

Sub-result 1: Increased distribution and sales of RH products and a secured supply of contraceptive commodities

Sub-result 2: Increased distribution and sale of ORS and zinc to treat diarrhea and dehydration, safe delivery kit, and other maternal and child health (MCH) products for use in related services

Sub-result 3: Increased distribution and sale of products for improving the nutritional status of children

Sub-result 4: Increased distribution and sale of new and innovative products using social marketing techniques

Result 2: Improve knowledge and healthy behaviors, reduce harmful practices and increase care-seeking practices while reaching out to new audiences (youth) through creative behavior change communication (BCC)

Sub-result 5: Improved health communication activities to reach new user populations

Result 3: Improve and sustain the delivery of quality family planning, reproductive and child health services, referrals/DOTS services for TB, and referrals for higher-level clinical services, including LAPMs through capacity building of local formal and non-formal private providers.

Sub-result 6: Increased training and referrals for long-term and permanent family planning methods, institutional delivery, management of sick newborns, and reducing delays in diagnosing and treating tuberculosis

Sub-result 7: Strengthened linkages with other public and private sector partners

The MIH interventions encompass three major areas—community mobilization, BCC campaign, and capacity building of private providers:

Community Mobilization

- Community mobilization through partners in the 19 priority districts
    - Group sessions/IPC with MWRA and men
    - Group sessions/IPC with caregivers
    - School health education program
    - Orientation meeting with TBAs
    - Work place intervention
    - Advocacy meeting with influential persons
- Community mobilization through SMCs own programs
- Mass media BCC

BCC Campaign

SMC will take the lead in developing the information packages on the five major public health areas that will be addressed by the program. These will be as follows:

- Healthy timing and spacing of pregnancies as a way to reposition FP as a health intervention
- First 1,000 days for caregivers of children covering the period from pregnancy to 2 years of age
- Healthy pregnancy of mothers
- Adolescent health
- TB prevention & management

Capacity Building of Private Providers

- Expanding and strengthening the Blue Star Program
- Creating a network of trained providers offering long-acting contraceptive methods
- Intensive training of community-based health providers
- Developing a referral network for permanent methods
- Collaboration with SHOPS for IUD and implant services

Target Populations and Geographic Areas

Figure A.6.1 and Table A.6.1B show the districts and Upazillas that will be covered by MIH (SMC and its partners). MIH will target low- and middle-income women (aged 12–49) and men of reproductive age and mothers of newborns and under-five children in areas where health needs are the greatest (see Figure A.6.1 and Table A.6.1B) for the target districts and Upazillas [subdistricts]). Districts that will be covered by BRAC had modern contraceptive use of 46% (Table A.6.2) and those covered by other NGOs (CWFD, PSTC, and Shimantik) 42% compared to the national rate of 54% in 2010. The MIH covered districts were disadvantageous in terms of child mortality, child nutrition, and other health indicators.

These priority districts will receive special MIH interventions in addition to the nationwide SMC and BRAC programs and regional programs of CWFD, PSTC, and Shimantik. The special interventions are comprised of the community mobilization activities and BCC campaigns organized by SMC, BRAC, CWFD, PSTC, and Shimantik in their designated districts and Upazillas.

How Can the MIH Project Influence Health Care Utilization?

SMC and its partners will implement an integrated social marketing program to provide a comprehensive range of products and services to the target population. As a result of the strategic investments of this project, women of reproductive age, their spouses, their family members, and other community influencers will be repeatedly reached with targeted messages on FP, reproductive, maternal and child health, nutrition, and tuberculosis, both through mass media nationwide, and through community mobilization activities in the priority 19 districts. Families will be motivated to adopt promoted healthy behaviors, and will be able to access affordable products such as contraceptives, safe delivery kits, and sanitary napkins for women, and ORS, zinc, and micronutrient Sprinkles for children through community mobilizers carrying the product, or retail outlets within close proximity.

As a result of strategic partnerships with various private-sector organizations, the mothers will also be reached with educational messages, as well as information on where to access products and services, through mobile technology. If a woman needs the service, she will be referred to a nearby trained provider for LAPMs or for the management of other diseases such as TB. She will be treated by providers who have received comprehensive training on counseling and client service. Such repeated reinforcement of messages and easy access to products will allow for maximum health impact, especially in the districts with the highest unmet need for products and services, and the poorest health indicators.

SMC will work in close collaboration with the GOB to complement efforts to ensure that a total marketing approach (TMA) is implemented—free products from the government will reach the poor—and SMC products will reach low-income populations belonging to slightly higher wealth quintiles. To do this, SMC will take an evidence-based approach to marketing planning that uses data and information from the market to inform programmatic decisions around the four "Ps" of marketing—price, product, promotion, and place. SMC will work to incorporate best practices by adopting and introducing two new research tools: PSI's overarching BCC planning and evaluation framework (called PERFoRM) and PSI's marketing planning tool (called DELTA).

PERFoRM uses population-based household surveys to segment target populations into those who practice a desired behavior and those who do not. The data are then analyzed to identify the underlying factors that may be driving a desired behavior, such as the use of OCPs. The factors that influence an individual's decision to adopt safer behaviors are categorized as "motivation" (do they want to?), "ability" (are they able to?), and "opportunity" (are there external supports for it?). Once such behavior factors have been identified, SMC will pilot the use of the DELTA marketing planning process to design interventions that will influence those factors. DELTA begins with a situation analysis and the identification of strategic priorities for the marketing plan. The available quantitative and qualitative research is analyzed to develop a profile of the target audience members. Then, the most important and unique benefit that the product, service, or behavior stands for in the mind of the target audience is identified. This is the emotional "hook" upon which one can hang the marketing strategy. The next step is to develop marketing objectives to ensure that the marketing plan remains focused. Finally, the four "P's" of marketing—price, product, promotion, and place—are looked at to specify the activities to achieve the marketing objectives.

By applying these two tools, SMC will add more rigor to their marketing planning process to execute an overarching TMA strategy, ensuring that the right products reach the right people at the right price. In doing so, the market itself will grow, providing more people with products and services, and will become sustainable over time.

An illustrative framework, Figure A.6.2, shows how various strategies, approaches, and inputs can influence accessibility to services, enhance knowledge about services, and improve health behavior and care-seeking practices. It also indicates how a sustainable delivery system can be developed to provide services on family planning, reproductive health, maternal and child health, other health services through capacity building of service provision. Expanded portfolio of health products and services will be delivered through commercial distribution through private providers, using local NGOs and CBD. Capacity of the private providers, non-formal providers, and CBD providers will be enhanced. Strategic pricing of products will be developed to maximize affordability of the low- and middle-income clients. LAPM and injectables will be expanded through private providers; LAPM are currently delivered through the public-sector only. Rural markets will be a major focus. Primary emphasis will be on BCC through community mobilization and mass media. Special efforts will be given to reaching the poor through total marketing approach. The outcomes of these will lead to increased health awareness, increased knowledge of services and products, and increased utilization of nutrition, health, and family planning products and services. Table A.6.2 shows a set of indicators that can capture the expected outcomes of the project.

Evaluation Protocol

The outcome evaluation will track changes in key outcome indicators over time. The impact evaluation aims to measure whether or not the project has affected health knowledge and behavior and utilization of health products and services. We consider a "before-after and intervention-comparison" evaluation framework. The evaluation design will measure changes of the outcomes before and after the project areas relative to those in the comparison areas. The estimation strategy will use a difference-in-differences (DID) model to quantify the impact of the program, controlling for fixed effects and other pre-existing differences between the intervention and comparison areas. Under the assumptions of the DID—basically, that the comparison group provides a good estimate of the change that would've been observed in the intervention group in absence of the program —if the relative changes are significantly greater in the project areas compared to the comparison areas, it is possible to conclude that the improvement in the outcomes were associated with the project.

Data Requirements, Collection, and Security

Data Collection

The main data that will be required for the evaluation will come from ever married women of reproductive age (MWRA; aged 13–49) through surveys. The MWRAs will provide information on their own knowledge, behavior, and use of products and services. They will also provide information for child (under-five) health and nutrition as caregivers. In rural Bangladesh, MRWA or mothers are the caregivers for children, in most cases. The indicators shown in Table A.6.2 will be measured from the MWRA surveys.

The baseline data will be collected before the interventions are in place. The target is that they will be collected during September–November, 2013. The end line data will be collected approximately three years from the date of the baseline data collection. The program routine data on outputs will be used to examine the range and volume of products and services over time and geographic locations. The program data will not be a direct component of our statistical models, but an analysis of these data will help understand the impact evaluation findings.

Sampling

The surveys of MWRA will be conducted in four domains—districts served by BRAC, suitable comparison areas from adjacent villages where MIH is not operating; districts served by other MIH NGOs (CWFD, PSTC, and Shimantik); and suitable comparison Upazillas (subdistricts) from selected districts without any MIH intervention. It may be noted here that comparison villages/Upazillas do not have MIH interventions but have accessibility to services offered by SMC or BRAC or other NGOs nationwide or regionally. Examples are: SMC's oral pills, ORS, or injectables provided by the Blue Star outlets; or BRAC's health services.

Table A.6.1A shows guideline on the selection of comparison areas. Table A.6.1B shows the names of Upazillas and districts in the different domains.

The baseline survey will be conducted among MWRA in 3,420 households in BRAC project areas; 3,360 households in non-BRAC comparison areas; 3,390 households in other MIH NGO intervention areas; and 3,391 households in non-MIH NGO comparison areas. Households will be selected using a two-stage random selection procedure. The clusters will come from the Upazillas shown in the Table A.6.1.

Table A.6.1: Number of clusters and households for MIH baseline evaluation survey

Domain	Number of clusters/PSU	Households per cluster	Total number of households
BRAC areas	120	30	3,420
BRAC comparison areas	120	30	3,360
Other NGO areas	112	30	3,390
Other–NGO comparison areas	117	30	3,391

The above sample sizes were based on the three indicators (a subset of the indicators shown in Table A.6.3) shown below. The sample sizes are enough to detect the differences between the baseline and the target values (shown in the table) with the following assumptions:

(a) 5% significance level;

(b) 80% power;

(c) Design effect of 1.42 (NIPORT 2013); and

(d) Appropriate continuity correction.

The sample size in each domain is estimated using the following formula:

$$n_o = \frac{\{Z_{\alpha/2}\sqrt{2PQ} + Z_{1-\beta}\sqrt{p_o q_o + p_1 q_1}\}\text{^}2}{(p_1 - p_1)^2}$$

The final sample size (number of cases per domain) is determined after adjusting for the continuity correction and design effect (Deff.):

$$n = \frac{n_o}{4}\left\{1 + \sqrt{\left(1 + \frac{4}{n_o|p_o - p_1|}\right)}\right\}^2 \text{ X Deff. (Fleiss et al. 2003)}$$

The following indicators and targets were used for sample size calculation.

Table A.6.2: Indicators for calculation of MIH evaluation sample size

		Domain			
		BRAC		Non-BRAC	
Sl.#	Indicator	Baseline	Target	Baseline	Target
1	% of MWRA who are currently using a modern contraceptive method	45.9[a]	50.9	41.8[a]	46.8
2	% of MWRA who use(d) sanitary napkins currently or last time	20[b]	25	20[b]	25
3	% of children under-five who used MNP	2.3[c]	10	2.3[c]	10

[a] Source: BMMS 2010; [b] Assumed value; and [c] Source: BDHS 2011.

Protection of Human Subjects

Prior to data collection, human subjects review of the complete study protocol and data collection instruments will be obtained from the Bangladesh Medical Research Council (BMRC) and from the UNC-Chapel Hill Institutional Review Board. Data collection and processing staff will be trained on human subject issues. Appropriate informed consent will be obtained from the respondents prior to data collection. Data will be collected through face-to-face interviews maintaining confidentiality.

Data Security

Data collected through paper and pencil questionnaires will be entered into a database by the subcontractor in charge of data collection. Once in electronic form, the data—which will not contain any identifiers—will be transferred to UNC via a secure FTP server at the Carolina Population Center. The data will then be downloaded by MEASURE Evaluation staff onto a secure server, maintained by MEASURE Evaluation, where the data will be stored for analysis. If for any reason the FTP server process does not work (some problems have been encountered when transferring data from international sites) the de-identified data will be encrypted and sent via UNC's secure email service by the UNC employee overseeing the project in Bangladesh.

Once the data are stored in UNC server, after a certain time, all original data collection instruments will be destroyed by the data-collection subcontractor. The contract with the data-collection subcontractor will specify the UNC data security policies.

Deliverables and Dissemination

- Final report (synthesis of findings)
- Following review and validation of the final report by all relevant stakeholders, MEASURE Evaluation will hold a workshop to disseminate and facilitate use of the baseline study.
- By conducting additional analyses, policy briefs may be published which will be useful for the health planning of Bangladesh.
- Papers may be written for peer review publications.

Evaluation Team and Stakeholders

Dr. Gustavo Angeles, Principal Investigator

Dr. Mizanur Rahman, Co-Investigator

Dr. Siân Curtis, Co-Investigator

Dr. Aiko Hattori, Co-Investigator

Ms. Gabriela Escudero, Project Manager

Ms. Rashida E-Ijdi, Research Assistant

In addition, the Evaluation Team will use local expertise—at least one member of the team has in-country experience of private-, public-, and/or NGO health sectors as well as experience in conducting evaluations including data collection, cleaning, and analysis.

Participation of Relevant Stakeholders in the Design or Conduct of the Evaluation

USAID/Bangladesh staff will provide feedback on the evaluation design to ensure that the information they need for future planning, implementation, and scaling-up of social marketing programs will be produced.

Implementing partners such as the Social Marketing Company (SMC) will be consulted on the evaluation design. The implementation partners of SMC will also be consulted as and when needed.

The evaluation, including data collection and analysis, will be conducted by MEASURE Evaluation staff and by a local data collection agency that is not directly involved in the implementation of MIH.

Use of Data for Program Planning and Policy Analysis

MEASURE Evaluation will assist the MIH management (SMC and other partners) in using the baseline data in decision making by providing further analyses of the data. This will facilitate the management team to fine-tune or redesign interventions.

Illustrative Activity Implementation Timeline of the Baseline Survey

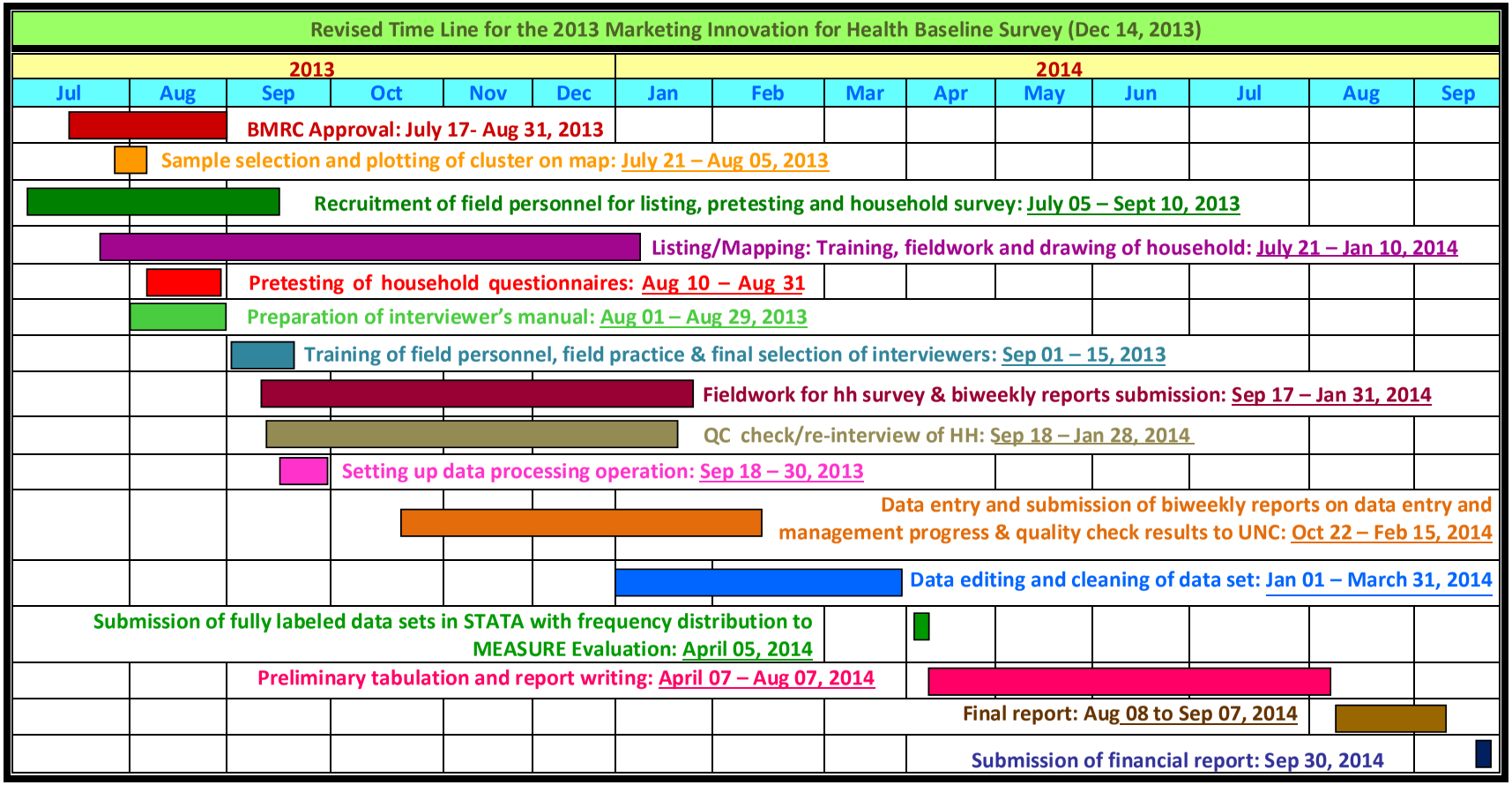


Figure A.6.1: Map of Bangladesh showing the MIH intervention areas

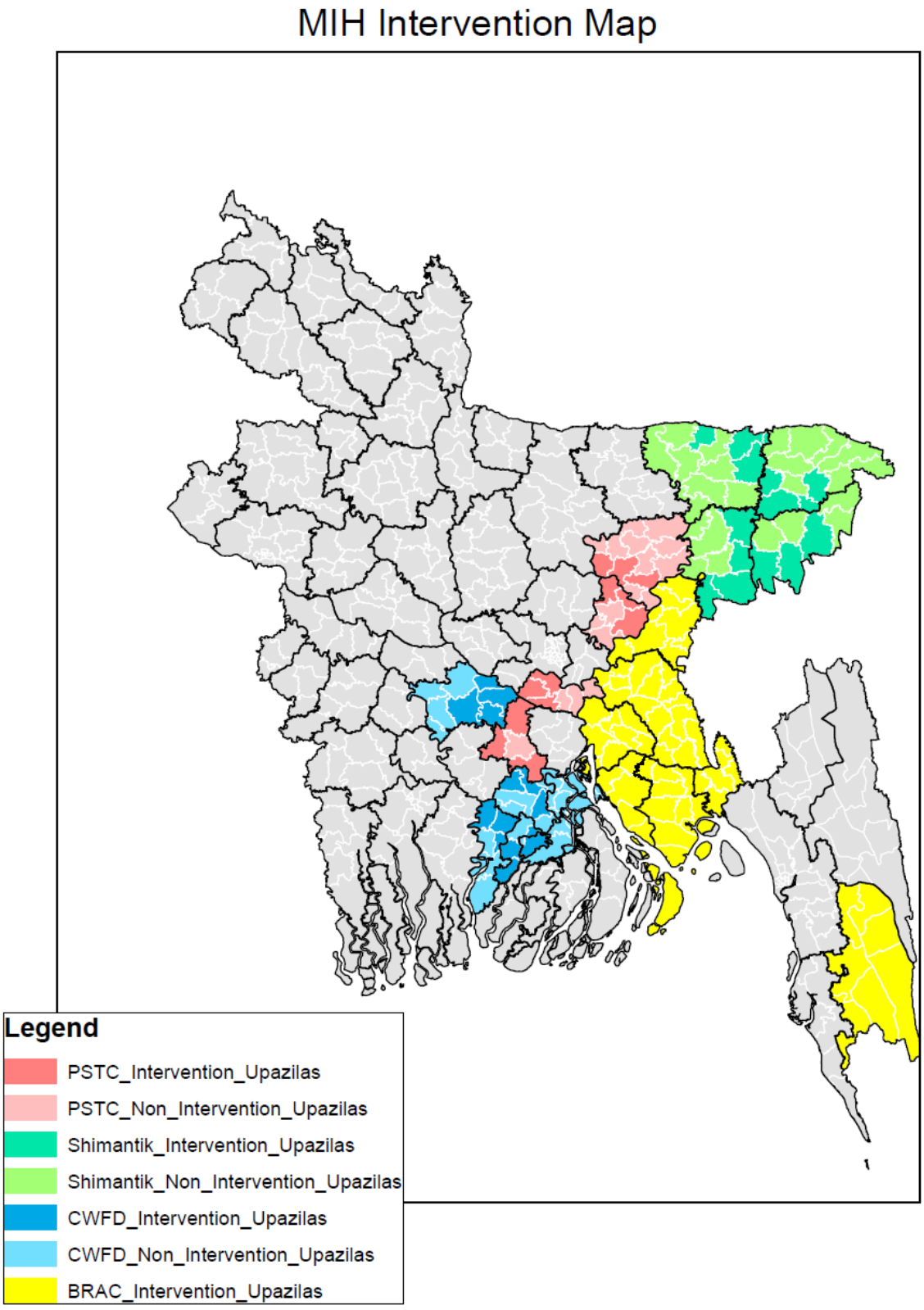


Table A.6.1A: Number of intervention and comparison districts and Upazillas for MIH project

	Number of districts		Number of Upazillas	
Partner NGO	**Intervention**	**Comparison**	**Intervention**	**Comparison**
CWFD	4	3*	6	6
PSTC	4	3*	5	6
SHIMANTIK	4	4*	11	8
BRAC	7	4**	59	10
Total	15	14	81	30

* These districts are intervention districts also.
** These districts are not common in intervention districts.

Table A.6.1B: Intervention and comparison districts and Upazillas for MIH project

Partner NGO	**Districts**	**Upazillas**	
		Intervention	**Comparison**
CWFD	Barisal	Babugonj	Hizla
		Gournadi	Muladi
	Jhalokati	Rajapur	-
	Pirojpur	Kawkhali	Bandaria
		Nesarabad	Zianagar
	Faridpur	Charbadrasan	Boalmari
		-	Alfadanga
PSTC	Kishoregonj	Katiadi	Astagram
		Bajitpur	Hosenpur
	Narsingdhi	Monohordi	Polash
		-	Shibpur
	Munshigonj	Sreenagar	Gazaria
		-	Tungibari
	Madaripur	Rajoir	-
SHIMANTIK	Sylhet	Golapgonj	Bianibazar
		Fenchugonj	Kanaighat
		Balagonj	-
	Sunamgonj	Bishambarpur	Deerai
		Chattak	Jagannathpur
	Hobigonj	Madhabpur	Azmiriganj
		Bahubol	Lakhai
		Chunarughat	-
	Moulvibazar	Sreemongal	Rajnagar
		Kamalgonj	Juri
		Kularura	-

Partner NGO	Districts	Upazillas	
		Intervention	Comparison
BRAC	Comilla	Adorsho Sadar	-
		Sadar Dakshin	-
		Barura	-
		Brahmanpara	-
		Burichong	-
		Chandina	-
		Chauddagram	-
		Daudkandi	-
		Debidwar	-
		Homna	-
		Laksam	-
		Meghna	-
		Muradnagar	-
		Nangalkot	-
		Monoharganj	-
		Titas	-
	Chandpur	Sadar	-
		Faridganj	-
		Haimchar	-
		Haziganj	-
		Kachua	-
		Matlab	-
		Uttar Matlab	-
		Shahrasti	-
	B.Baria	Sadar	-
		Akhaura	-
		Ashuganj	-
		Bancharampur	-
		Kasba	-
		Nabinagar	-
		Nasirnagar	-
		Sarail	-
		Bijoynagar	-
	Noakhali	Sadar	-
		Begumganj	-
		Chatkhil	-
		Companyganj	-
		Hatiya	-
		Senbagh	-

Partner NGO	Districts	Upazillas	
		Intervention	Comparison
		Sonaimuri	-
		Subarnachar	-
		Kabirhat	-
	Laxmipur	Sadar	-
		Raipur	-
		Ramganj	-
		Ramgati	-
	Feni	Sadar	-
		Chhagalnaiya	-
		Daganbhuiyan	-
		Parshurampur	-
		Sonagazi	-
		Fulgazi	-
	Bandarban	Sadar	-
		Ali Kadam	-
		Lama	-
		Naikhong Chhari	-
		Rowang Chhari	-
		Ruma	-
		Thanchi	-
BRAC	Shariatpur (adjacent to Chandpur District)	-	Bhedarganj
		-	Damudya
	Chittagang (adjacent to Feni District)	-	Mirsharai
		-	Sandip
	Chittagang (adjacent to Bandarban District)	-	Satkania
		-	Chandanaish
	Cox's Bazar (adjacent to Bandarban District)	-	Ramu
		-	Chakaria
	Rangamati (adjacent to Bandarban District)	-	Rajshathia
		-	Belaichari

Note 1: The NGOs—CWFD, PSTC, and Shimantik—cover selected Upazillas in their districts. Comparison Upazillas within the district are selected from those Upazillas that are not covered by these NGOs. Within each of the districts covered by these NGOs, two non-NGO Upazillas were randomly selected as comparison.

Note 2: BRAC operates at the village level and comparison areas were picked from adjacent villages.

Table A.6.3: Indicators for Result 2 which will be measured from population-based surveys, Marketing Innovation for Health (MIH)

Ind. #	Indicators
Sub Result 2.1: Improved knowledge and healthy behaviors	
1	% of MWRA who accurately report at least two specific risks/complications related to pregnancies before age 20
2	% of MWRA who accurately report at least two specific risks/complications related to pregnancy after the age of 35
3	% of MWRA who accurately report at least two specific risks/complications related to pregnancies that occur less than 2 years after the last childbirth
4	% of MWRA who accurately report at least three possible/potential danger signs of pregnancy
5	% of MWRA who are aware of the need of at least four visits for health checkup during pregnancy
6	% of MRWA who accurately report at least two initiatives related to birth preparedness to ensure safe delivery
7	% of MWRA who can specify correctly at least two specific benefits of using safe delivery kits
8	% of MWRA who intend to use an LAM in the next 12 months
9	% of MWRA who are aware of ECP as an effective way of preventing possible unintended conception (following an unplanned coitus, contraceptive-use disruption, or contraceptive use-failure)
10	% of MWRA who accurately report at least two specific benefits of giving Micronutrient powder (MNP) to children under-five
11	% of MWRA who have a under-five child and are aware of the benefits of the use of Zinc with ORS as an adjunct therapy to treat diarrhoea
12	% of MWRA who accurately identify the most important symptom(s) of TB
Sub-Result 2.2: Reduced harmful practices	
13	% of women who delivered at home within last 3 years and were assisted through safe delivery kit (brand name if possible)
14	% of (a) MWRA who use(d) sanitary napkins currently or last time
Sub-Result 2.3: Increased care-seeking behaviors	
15	% of MWRA who are currently using a modern contraceptive method
16	% of children under-five who used MNP

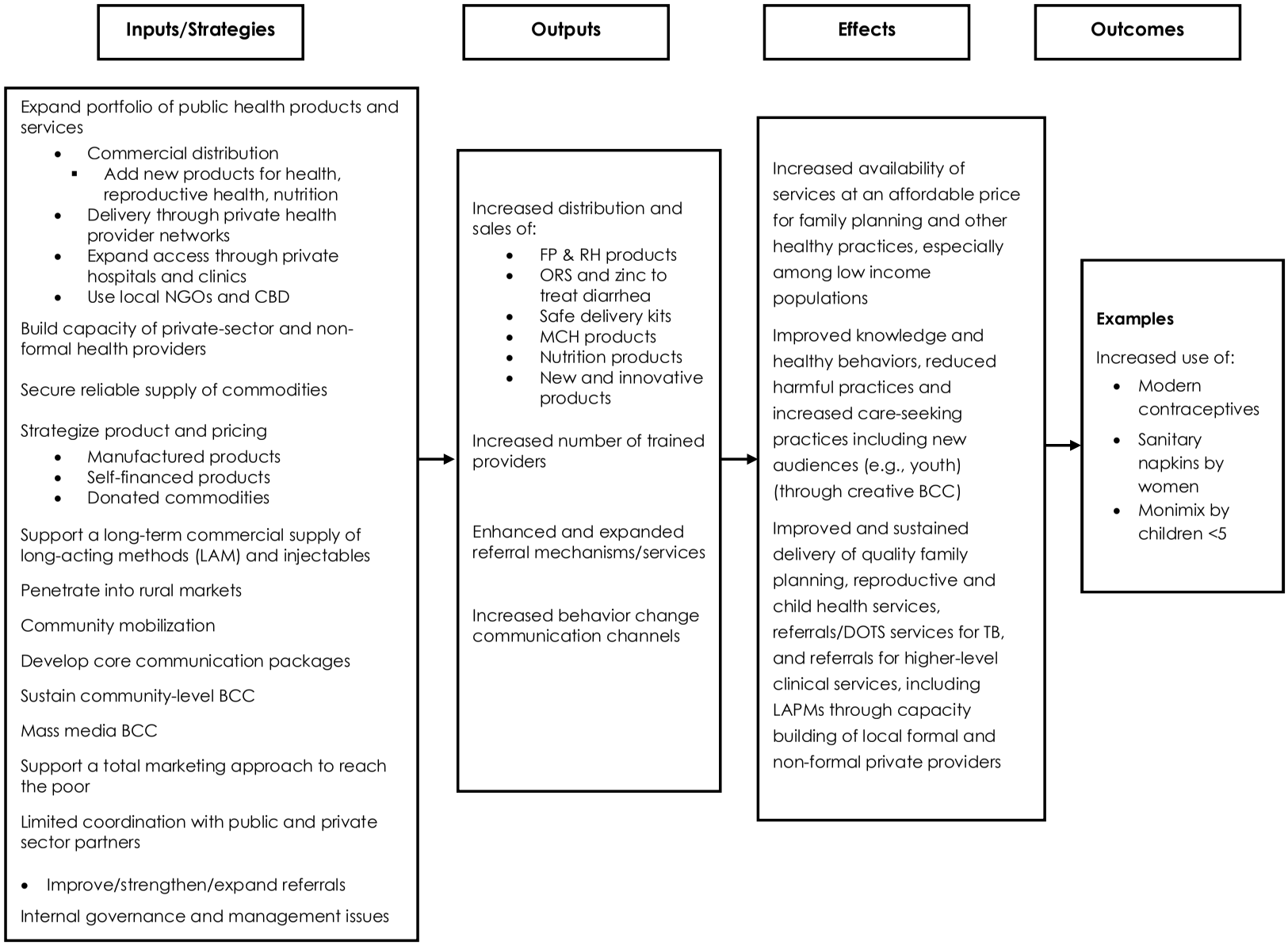
References

Fleiss JL et al, *Statistical Methods for Rates and Proportions*, Wiley-Interscience, 3rd edition, 2003.

National Institute of Population and Research and Training (NIPORT), Mitra Associates, and ORC Macro, *Bangladesh Demographic and Health Survey 2011*, Dhaka, Bangladesh, and Calverton, Maryland, USA, 2013.

Streatfield PK et al., *Bangladesh Demographic and Health Survey 2011Policy Briefs,* Dhaka, Bangladesh: National Institute of Population and Research and Training (NIPORT), 2013.

Figure A.6.2: Illustrative evaluation framework: MIH Project



APPENDIX VII. MIH END LINE SURVEY QUESTIONNAIRE AND FORMS

Marketing Innovation for Health (MIH)
End line Survey-2015

Household and Woman's Questionnaire
(English)

Mitra and Associates
(Centre for Research and Consultancy)
2/17 Iqbal Road, Mohammadpur
Dhaka-1207, Tel: 8118065, 9115503, Fax: 9126806

And

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

HOUSEHOLD QUESTIONNAIRE

Face Sheet

IDENTIFICATION

DIVISION: .....

DISTRICT: .....

UPAZILA: .....

UNION: .....

MOUZA: .....

VILLAGE: .....

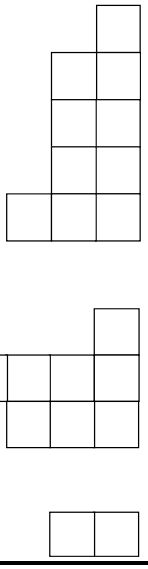
SEGMENT NUMBER .....

CLUSTER NUMBER .....

HOUSEHOLD NUMBER .....

NAME OF THE HOUSEHOLD HEAD .....

NAME AND LINE NO. OF THE RESPONDENT .....



INTERVIEWER VISITS

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

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

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE

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

Form 1

INFORMED CONSENTFOR HOUSEHOLD QUESTIONNAIRE

Title of Research: Marketing Innovation for Health (MIH) End line Survey 2015
Principal Investigator: S. N. Mitra
Participating Institute: Mitra and Associates
Introductory statement:
My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the knowledge and utilization of health care in selected rural areas of Bangladesh. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.
Why the study being done?
The study will help understand the state and determinants of health in rural Bangladesh
What is involved in the study?
You have been selected as a respondent in this study. The study will collect information from the household. I would like to ask you about your household.
What will you have to do if you agree to participate?
Since, you have been selected as respondents in this study. I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 20 and 30 minutes to complete.
What are the risks and benefits of this study?
By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policy plan and develop programs.

Confidentiality:
Whatever information you provide will be kept strictly confidential. It will be used for research purposes only and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?
Your participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:
Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have questions or problems?
If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, Medical School Building 52, Mason Farm Road, CB # 7097, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7097, U.S.A. or call collect if necessary, 001-919-966-3113. You may also call Dhaka-based UNC MEASURE Evaluation Advisor (Mobile: 01730376458). If you have further questions regarding the nature of this study you may also contact with S. N. Mitra, Executive Director, Mitra Associates, 2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-8118065, 9115053). At this time, do you want to ask me anything about the survey?

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

Participant's Name: _____ Signature (or thumb print): _____ Date: _____

Name of witness: _____ Signature: _____ Date: _____

Name of person obtaining consent: _____ Signature: _____ Date: _____

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

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

LIST OF ALL HOUSEHOLD MEMBERS

Now we would like some information about the members who usually live in your household.

LINE NO.	USUAL RESIDENTS	RELATION-SHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARITAL STATUS (If age 10 years or older)	ELIGIBILITY [Ever married women of age 13-49 years]	ELIGIBILITY [Never married women of age 10-35 years]
	Please give me the names of the members who usually live in your household, starting with the head of the household	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	How old is (NAME)? (IF LESS THAN 1 YEAR WRITE 00)	What is the current marital status of (NAME)?	Circle if Q4=2 & Q5=Age 13-49 & Q6= (1OR 2)	Circle if Q4=2 & (Q5= Age 10-35& Q6=3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1		☐☐	Male .....1 Female... 2	In years ☐☐	Currently married.....1 Separated/Deserted/ Widowed//Divorced .....2 Never married 3	1	1
2		☐☐	Male .....1 Female....2	In years ☐☐	Currently married.....1 Separated/Deserted/ Widowed//Divorced .....2 Never married 3	2	2
3		☐☐	Male .....1 Female....2	In years ☐☐	Currently married.....1 Separated/Deserted/ Widowed//Divorced .....2 Never married 3	3	3
4		☐☐	Male .....1 Female....2	In years ☐☐	Currently married.....1 Separated/Deserted/ Widowed//Divorced .....2 Never married 3	4	4
5		☐☐	Male .....1 Female....2	In years ☐☐	Currently married.....1 Separated/Deserted/ Widowed//Divorced .....2 Never married 3	5	5
6		☐☐	Male .....1 Female....2	In years ☐☐	Currently married.....1 Separated/Deserted/ Widowed//Divorced .....2 Never married 3	6	6
7		☐☐	Male .....1 Female....2	In years ☐☐	Currently married.....1 Separated/Deserted/ Widowed//Divorced .....2 Never married 3	7	7
8		☐☐	Male .....1 Female... 2	In years ☐☐	Currently married.....1 Separated/Deserted/ Widowed//Divorced .....2 Never married 3	8	8
9		☐☐	Male .....1 Female....2	In years ☐☐	Currently married.....1 Separated/Deserted/ Widowed//Divorced .....2 Never married 3	9	9
10		☐☐	Male .....1 Female....2	In years ☐☐	Currently married.....1 Separated/Deserted/ Widowed//Divorced .....2 Never married 3	10	10
11		☐☐	Male .....1 Female....2	In years ☐☐	Currently married.....1 Separated/Deserted/ Widowed//Divorced .....2 Never married 3	11	11
12		☐☐	Male .....1 Female....2	In years ☐☐	Currently married.....1 Separated/Deserted/ Widowed//Divorced .....2 Never married 3	12	12

TICKED HERE IF CONTINUATION SHEET USED ☐

*** CODES FOR Q3 (RELATIONSHIP TO HEAD OF HOUSEHOLD)**

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
9	What is the main source of drinking water for members of your household?	**PIPED WATER** Piped into dwelling ..... 11 Piped to yard/plot ..... 12 Public tap/standpipe ..... 13 Tube well or borehole ..... 21 **DUG WELL** Protected well ..... 31 Unprotected well ..... 32 **WATER FROM SPRING** Protected spring ..... 41 Unprotected spring ..... 42 Rainwater ..... 51 Tanker truck ..... 61 Cart with small tank ..... 71 Surface water (river/dam/lake/pond/stream/canal/ irrigation channel) ..... 81 Bottled water ..... 91 Other _____ 96 Specify	
10	What kind of toilet facility do members of your household usually use?	**FLUSH OR POUR FLUSH TOILET** Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit latrine ..... 13 Flush to somewhere else ..... 14 Flush, donot know where ..... 15 **PIT LATRINE** Ventilated improved pit latrine ..... 21 Pit latrine with slab ..... 22 Pit latrine without slab/open pit ..... 23 composting toilet ..... 24 Bucket toilet ..... 31 Hanging toilet/latrine ..... 41 No facility/bush/field ..... 51 Other _____ 96 Specify	→ **12**
11	Do you share this toilet facility with other households?	Yes ..... 1 No 2	
12	Does your household (or any member of your household) have:	Yes No Electricity ..... 1 2 Solar Electricity ..... 1 2 Radio ..... 1 2 Television ..... 1 2 Mobile phone ..... 1 2 Non-mobile phone ..... 1 2 Refrigerator/fridge ..... 1 2 Almirah/wardrobe ..... 1 2 Table ..... 1 2 Chair ..... 1 2 Electric fan ..... 1 2 Bicycle ..... 1 2 Motorcycle/motor scooter/ tempo/CNG ..... 1 2 Animal-drawn cart ..... 1 2 Car/truck/bus/microbus ..... 1 2 Boat with motor/troller ..... 1 2 Rickshaw/van ..... 1 2 DVD/VCD player ..... 1 2 Water pump 1 2	
	Electricity? Solar Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator/fridge? An almirah/wardrobe? A table? A chair? An electric fan? A bicycle? A motorcycle/motor scooter/ tempo/CNG? An animal drawn cart? A car/truck/bus/microbus? A boat with a motor/troller? A ricksha/van? A DVD/VCD player? A water pump?		
13	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
14	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)	
15	Main Material Of The Exterior Walls *[RECORD OBSERVATION.]*	**NATURAL WALLS** No walls.....11 Cane/palm/trunks .....12 Dirt/mud/bamboo.....13 **RUDIMENTARY WALLS** Bamboo with mud .....21 Stone with mud .....22 Plywood.....23 Cardboard .....24 **FINISHED WALLS** Tin .....31 Cement/plaster.....32 Stone with lime/cement .....33 Bricks .....34 Wood planks .....35 Other _____96 (Specify)	
16	Does this household own any livestock, herd, other farm animals, or poultry?	Yes .....1 No.....2 →	18
17	How many of the following animal does this household own? [IF NONE, ENTER '00' IF MORE THAN 95, ENTER '95' IF UNKNOWN, ENTER '98'.] Cows or bulls or buffalos? Goats or sheep? Chickens or ducks?	Cows/bulls/buffalos ..... ☐☐ Goats/sheep..... ☐☐ Chicken/ducks..... ☐☐	
18	Does your household own any homestead? IF 'NO', PROBE: Does your household own homestead any other places?	Yes .....1 No.....2	
19	Does your household own any land (other than the homestead land)?	Yes .....1 No.....2	

INTERVIEWER: THANK YOU VERY MUCH FOR PARTICIPATING IN THE SURVEY.

RECORD THE TIME FINISHED.	Hour ..... ☐☐ Minute ..... ☐☐	

MIH End line Survey 2015

Woman's Questionnaire

Face Sheet

IDENTIFICATION	
CLUSTER NUMBER	☐☐☐☐
HOUSEHOLD NUMBER	☐☐☐☐
NAME OF THE HOUSEHOLD HEAD	
NAME OF THE RESPONDENT	☐☐

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

*RESULT CODES:

1	COMPLETED	4	REFUSED	7	OTHER_____ SPECIFY
2	NOT AT HOME	5	PARTLY COMPLETED		
3	POSTPONED	6	RESPONDENT INCAPACITATED		

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

Form 2

INFORMED CONSENT FOR WOMAN'S QUESTIONNAIRE

Title of Research: Marketing Innovation for Health (MIH) End line Survey 2015
Principal Investigator: S. N. Mitra
Participating Institute: Mitra and Associates

Introductory statement:
My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the knowledge and utilization of health care in selected rural areas of Bangladesh. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.

Why the study being done?
The study will help understand the state and determinants of health in rural Bangladesh

What is involved in the study?
You have been selected as respondents in this study. I would like to ask you some questions about yourself, including about your health.

What will you have to do if you agree to participate?
Since, you have been selected as respondents in this study. I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 30 and 45 minutes to complete.

What are the risks and benefits of this study?
By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policy plan and development programs.

Confidentiality:
Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?
Your participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:
Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have questions or problems?
If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, Medical School Building 52, Mason Farm Road, CB # 7097, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7097, U.S.A. or call collect if necessary, 001-919-966-3113. You may also call Dhaka-based UNC MEASURE Evaluation Advisor (Mobile: 01730376458). If you have further questions regarding the nature of this study you may also contact with S. N. Mitra, Executive Director, Mitra Associates, 2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-8118065, 9115053). At this time, do you want to ask me anything about the survey?

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

Participant's Name: _____ Signature (or thumb print): _____ Date: _____

Name of witness: _____ Signature: _____ Date: _____

Name of person obtaining consent: _____ Signature: _____ Date: _____

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

Form 3

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

Title of Research: Marketing Innovation for Health (MIH) End line Survey 2015
Principal Investigator: S. N. Mitra
Participating Institute: Mitra and Associates

Introductory statement:
My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the knowledge and utilization of health care in selected rural areas of Bangladesh. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your wife's/daughter-in-law's/daughter's participation in this survey.

Why the study being done?
The study will help understand the state and determinants of health in rural Bangladesh

What is involved in the study?
Your wife/daughter-in-law/daughter has been selected as respondents in this study. I would like to ask her some questions about herself, including about her health.

What will you have to do if you agree to let her participate?
Since, your wife/daughter-in-law/daughter has been selected as respondents in this study. I shall be thankful if she provide her valuable response on certain issues. If some questions cause her embarrassment or make her feel uncomfortable, she can refuse to answer them. The survey usually takes between 30 and 45 minutes to complete.

What are the risks and benefits of this study?
By providing information you and your wife/daughter-in-law/daughter will not have any risk what so ever, rather this will help the government and policy planners to formulate policy plan and development programs.

Confidentiality:
Whatever information your wife/daughter-in-law/daughter provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?
your wife's/daughter-in-law's/daughter's participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:
Participation in this survey is voluntary and your wife/daughter-in-law/daughter can choose not to answer any individual question or all of the questions. However, we hope that your wife/daughter-in-law/daughter will participate in this survey since her views are important.

Who do I contact if I have questions or problems?
If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, Medical School Building 52, Mason Farm Road, CB # 7097, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7097, U.S.A. or call collect if necessary, 001-919-966-3113. You may also call Dhaka-based UNC MEASURE Evaluation Advisor (Mobile: 01730376458). If you have further questions regarding the nature of this study you may also contact with S. N. Mitra, Executive Director, Mitra Associates, 2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-8118065, 9115053). At this time, do you want to ask me anything about the survey?

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

Husband's/In-law's/Legal Guardian's Name: _____Signature (or thumb print): _____ Date: _____

Name of witness: _____ Signature: _____ Date: _____

Name of person obtaining consent: _____ Signature: _____ Date: _____
(Must be study investigator or individual who has been designated to obtain consent)

Form 4

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

Title of Research: Marketing Innovation for Health (MIH) End line Survey 2015
Principal Investigator: S. N. Mitra
Participating Institute: Mitra and Associates

Introductory statement:
My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the knowledge and utilization of health care in selected rural areas of Bangladesh. The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.

Why the study being done?
The study will help understand the state and determinants of health in rural Bangladesh

What is involved in the study?
You have been selected as respondents in this study. I would like to ask you some questions about yourself, including about your health. We have discussed this research with your Husband/In-laws/Legal Guardian and they know that we are also asking you for your agreement. If you are going to participate in the research, your Husband/In-laws/Legal Guardian also have to agree. But if you do not wish to take part in the research, you do not have to, even if your Husband/In-laws/Legal Guardian have agreed. You may discuss anything in this form with your Husband/In-laws/Legal Guardian or friends or anyone else you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. You do not have to decide immediately.

What will you have to do if you agree to participate?
Since, you have been selected as respondents in this study. I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 30 and 45 minutes to complete.

What are the risks and benefits of this study?
By providing information you will not have any risk what so ever, rather this will help the government and policy planners to formulate policy plan and development programs.

Confidentiality:
Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?
Your participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:
Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have questions or problems?
If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, Medical School Building 52, Mason Farm Road, CB # 7097, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7097, U.S.A. or call collect if necessary, 001-919-966-3113. You may also call Dhaka-based UNC MEASURE Evaluation Advisor (Mobile: 01730376458). If you have further questions regarding the nature of this study you may also contact with S. N. Mitra, Executive Director, Mitra Associates, 2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-8118065, 9115053). At this time, do you want to ask me anything about the survey?

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

Participant's Name: _____ Signature (or thumb print): _____ Date: _____

Name of witness: _____ Signature: _____ Date: _____

Name of person obtaining consent: _____ Signature: _____ Date: _____
(Must be study investigator or individual who has been designated to obtain consent)

Section 1: Respondent's Background

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTED.	Hour ..... ☐☐ Min ..... ☐☐	
102	In what month and year were you born?	Months ..... ☐☐ Don't know months ..... 98 Year ..... ☐☐☐☐ Don't know year 9998	
103	How old were you at your last birthday? *[COMPARE AND CORRECT 102 AND /OR 103 IF INCONSISTENT]*	Age in completed years ..... ☐☐	
104	Are you currently married, separated, deserted, divorced or widowed?	Currently Married ..... 1 Separated ..... 2 Deserted ..... 3 Divorced ..... 4 Widowed 5	
105	Have you ever attended school/madrasha?	Yes ..... 1 No 2	→ **107**
106	What is the highest class you completed (including madrasha) last? *[WRITE '00' IF NOT COMPLETED ANY CLASS]*	Class ..... ☐☐	
107	Do you watch television?	Yes ..... 1 No 2	→ **109**
108	Do you watch television every day, once a week or more or less than once a week ?	Every day ..... 1 Once a week or more ..... 2 Less than once a week 3	
109	Do you personally have a mobile phone?	Yes ..... 1 No 2	→ **111**
110	Do you have access to a mobile phone?	Yes ..... 1 No 2	
111	Can you read SMS/text message in a mobile phone?	Yes ..... 1 No 2	
112	Do you belong to any of the following organizations: Grameen Bank? BRAC? BRDB? ASHA? PROSHIKA? Mother's Club? Others (Specify)?	**Yes No** Grameen Bank ..... 1 2 BRAC ..... 1 2 BRDB ..... 1 2 ASHA ..... 1 2 PROSHIKA ..... 1 2 Mother's Club ..... 1 2 Others _____ 1 2 (Specify)	
113	What is your religion?	Islam ..... 1 Hinduism ..... 2 Buddhism ..... 3 Christianity ..... 4 Other _____ 6 (Specify)	
113a	**CHECK 104 :** **CODE 1 CIRCLED** ☐ ↓ **CODE 2 OR 3 OR 4 OR 5 CIRCLED** ☐ →		**201**
114	Is your husband staying with you now or is he staying elsewhere?	Staying with me ..... 1 Staying elsewhere 2	→ **201**
115	How long has your husband been staying away from home? (IF LESS THAN 1MONTH WRITE 00, IF MORE THAN 95 MONTHS OR MORE WRITE 95 MONTHS)	Month ..... ☐☐	
116	When was the last time did you see your husband? IF LESS THAN ONE MONTH WRITE '00'	Month ago ..... ☐☐	

Section 2: Reproduction

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you some questions about childbearing		
201	Have you ever given birth?	Yes ..... 1 No ..... 2 →	**Section: 3a**
201a	How many children have you ever given birth to whether still alive living with you or living outside or died? How many such boys? How many such girls?	Boys ..... ☐☐ Girls ..... ☐☐ Total ..... ☐☐ **Interviewer: Skip to Section:3a if the total number of children is 00.**	

Now I would like to record the names of all your children you have given birth to whether alive living with you or dead or living outside of your home, starting with the youngest one

INTERVIEWER: RECORD NAMES OF THE YOUNGEST TO OLDEST BIRTH IN 203. IF NO NAME WAS GIVEN, RECORD 'NO NAME' IN 203. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

202	203	204	205	206	207	208	209
Line no.	What name is/was given to your (youngest/ next) baby?	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. (IF LESS THAN 1**YEAR **RECORD** 0**0)**	Does (NAME) live with you or outside?
1	Name: _____	Yes ...1 No.....2	Boy. 1 Girl . 2	Month..... ☐☐ Year .. ☐☐☐☐ If month and year of birth is before April 2010, skip to 210	Yes..... 1 No .....2 → Next Row	Age in years..... ☐☐	Home..... 1 Outside.. 2
2	Name: _____	Yes ...1 No.....2	Boy. 1 Girl . 2	Month..... ☐☐ Year .. ☐☐☐☐ If month and year of birth is before April 2010, skip to 210	Yes..... 1 No .....2 → Next Row	Age in years..... ☐☐	Home..... 1 Outside.. 2
3	Name: _____	Yes ...1 No.....2	Boy. 1 Girl . 2	Month..... ☐☐ Year .. ☐☐☐☐ If month and year of birth is before April 2010, skip to 210	Yes..... 1 No .....2 → Next Row	Age in years..... ☐☐	Home..... 1 Outside.. 2

210	TOTAL NUMBER OF LIVE BIRTHS RECORDED IN BIRTH HISTORY SINCE APRIL 2010. IF NONE, RECORD '00'	Birth since April 2010..... ☐☐	
211	TOTAL NUMBER OF LIVE BIRTHS RECORDED IN BIRTH HISTORY SINCE APRIL 2012. IF NONE, RECORD '00'	Birth since April 2012..... ☐☐	

Section 3a:Knowledge about Service Providers and Community Dissemination on Healthy Timing and Spacing of Pregnancy, and Pregnancy and Delivery Care

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
	INTERVIEWER: FOR *BRAC* AREA: YOU WILL OBTAIN A LIST OF *SASTHYA KARMI* OR *SASTHYA SEBIKA* FROM THE COMMUNITY SURVEY MODULE. MATCH THE NAMES OF THESE PROVIDERS GIVEN BY THE RESPONDENT WITH THOSE OBTAINED FROM THE COMMUNITY SURVEY. FOR OTHER-NGO AREA: YOU WILL OBTAIN A LIST OF *COMMUNITY MOBILIZER(S)* AND *COMMUNITY SALES AGENT(S)* FROM THE COMMUNITY SURVEY MODULE. MATCH THE NAMES OF THE PROVIDERS GIVEN BY THE RESPONDENT WITH THOSE OBTAINED FROM THE COMMUNITY SURVEY.		
	For *brac* areas: In your community BRAC helps in providing health care and their health providers are known as "**Sasthya** *Karmi" and "Sasthya Sebika".* In your community, the *Sasthya Karmi [NAME_____]* discusses about "*Natun Din"* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and neonatal and child health or about other health problems such as TB. She provides counseling and checkup to pregnant women. You may meet/know her. *Sasthya Sebika [NAME_____]* sells some health and family planning products. For other-NGO areas: SMC and another NGO (_____) are implementing a health awareness program naming *"Natun Din". One of their workers is known as* "*Community Mobilizer*". The Community Mobilizer*[NAME_____]* disseminates information about *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and neonatal and child health or about other health problems such as TB. The SMC Community Sales Agent *[NAME_____]* sells family planning, pregnancy and maternal health, and child health or about other health products, some health products known as SMC products.		
302	BRAC AREAS: Have you ever been in contact with a *Sasthya karmi* who discussed about *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and neonatal and child health or about other health problems such as TB? NON-BRAC NGO AREAS: Have you ever been in contact with a *Community Mobilizer* who discussed about *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and child health or about other health problems such as TB? COMPARISIN AREAS: Have you ever been in contact with a *Sasthya karmi* /*Community Mobilizer* who discussed about *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and child health or about other health problems such as TB?	Yes .....1 No .....2 →	305
302a	When was the last time you had a contact with a worker? IF LESS THAN ONE MONTH WRITE '00'	Month ago ..... ☐☐ Don't know 98	
303	Where did the (last) discussion take place?	At my home, individually .....1 At *Uthan Boithak* .....2 At the provider's office/center.....3 At the provider's place .....4 Others _____6 (Specify)	
304	What was/were the topic(s) of discussion?	Appropriate age of marriage ..... A Appropriate age of conception ..... B Problems of early child bearing..... C Problems of late child bearing..... D Adequate spacing between two pregnancies..... E Family planning..... F Pregnancy/maternal health/safe delivery...G Child health ..... H Child nutrition .....I Hand washing .....J Adolescent health..... K Menstrual hygiene/use of sanitary napkin ..L TB.....M Others _____ X (Specify) Can't remember about the topic(s) ..... Z	

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
305	BRAC AREAS: Have you ever been in contact with a *Sasthya Sebika* who discussed about *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and neonatal and child health or about other health problems such as TB? NON-BRAC NGO AREAS: Have you ever been in contact with a *Community Sales Agent* who discussed about *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and child health or about other health problems such as TB? COMPARISON AREAS: Have you ever been in contact with a *Sasthya Sebika /Community Sales Agent* who discussed about *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and child health or about other health problems such as TB?	Yes ..... 1 No ..... 2 → **308**	
305a	When was the last time you had a contact with a worker? IF LESS THAN ONE MONTH WRITE '00'	Month ago ..... ☐☐ Don't know 98	
306	Where did the (last) discussion take place?	At my home, individually ..... 1 At *Uthan Boithak* ..... 2 At the provider's office/center..... 3 At the provider's place ..... 4 Others _____ 6 (Specify)	
307	What was/were the topic(s) of discussion?	Appropriate age of marriage ..... A Appropriate age of conception ..... B Problems of early child bearing..... C Problems of late child bearing..... D Adequate spacing between two pregnancies..... E Family planning ..... F Pregnancy/maternal health/safe delivery... G Child health ..... H Child nutrition ..... I Hand washing ..... J Adolescent health..... K Menstrual hygiene/use of sanitary napkin .. L TB..... M Others _____ X (Specify) Can't remember about the topic(s) ..... Z	
308	Did you purchase any products from the *Sasthya Sebika* or *Community Sales Agent*?	Yes ..... 1 No ..... 2 → 308B	
308a	What product(s) did you buy?	Contraceptive pills and condoms ..... A ORS ..... B Zinc ..... C Monimix..... D SDK..... E Sanitary napkin ..... F Toiletries..... G Paracetamol ..... H Antacid ..... I Other 1 ..... J Other.2 ..... K Other 3 ..... L Pustikona ..... M Others _____ X (Specify)	
308b	Do you know which products are available to her? (ask all women irrespective of bought/not bought products from her)	Contraceptive pills and condoms ..... A ORS ..... B Zinc ..... C Monimix..... D SDK..... E Sanitary napkin ..... F Toiletries..... G Paracetamol ..... H Antacid ..... I Other 1 ..... J Other 2 ..... K Other 3 ..... L Pustikona ..... M Others _____ X (Specify)	
NO	**QUESTIONS AND FILTER**	**CODING CATEGORIES**	**SKIP**

309	Have you ever attended any *Uthan Boithak* where discussion on *Natun Din* on topics like healthy timing and spacing of pregnancy, family planning, pregnancy and maternal health, and neonatal and child health or about other health problems such as TB took place?	Yes ..... 1 No ..... 2 → 312	
309a	When was the last time you attended any *Uthan Boithak*? IF LESS THAN ONE MONTH WRITE '00'	Month ago ..... ☐☐ Don't know 98	
310	What was/were the topic(s) of discussion?	Appropriate age of marriage ..... A Appropriate age of conception ..... B Problems of early child bearing ..... C Problems of late child bearing ..... D Adequate spacing between two pregnancies ..... E Family planning ..... F Pregnancy/maternal health/safe delivery ... G Child health ..... H Child nutrition ..... I Hand washing ..... J Adolescent health ..... K Menstrual hygiene/use of sanitary napkin .. L TB ..... M Others _____ X (Specify) Can't remember about the topic(s) ..... Z	
312	**Now I would like to know about your attendance/ participation at community events such as health film show (sometimes known as SMC film show), interactive theater (*Jatra*) on health, or *Notun diner golpo* or health *mela*.** Have you ever attended an event such as health film show, "*Notun diner golpo*", or health *mela*?	Yes ..... 1 No ..... 2 → 313a	
312a	When was the last time you attended an event such as health film show, "*Notun diner golpo*", or health *mela*? IF LESS THAN ONE MONTH WRITE '00'	Month ago ..... ☐☐ Don't know 98	
313	What was/were the topic(s) of the event or meeting?	Appropriate age of marriage ..... A Appropriate age of conception ..... B Problems of early child bearing ..... C Problems of late child bearing ..... D Adequate spacing between two pregnancies ..... E Family planning ..... F Pregnancy/maternal health/safe delivery ... G Child health ..... H Child nutrition ..... I Hand washing ..... J Adolescent health ..... K Menstrual hygiene/use of sanitary napkin .. L TB ..... M Others _____ X (Specify) Can't remember about the topic(s)/ Don't know ..... Z	
313a	**CHECK 104 :** **CODE 1 CIRCLED** ☐ ↓ **CODE 2 OR 3 OR 4 OR 5 CIRCLED** ☐ →		**315a**
314	Has your husband ever attended an event such as health film show "*Notun diner golpo*", *Health Mela, Hatbaithak* or any other meetings of men on health topics?	Yes ..... 1 No ..... 2 Don't know ..... 8 →	**315a**
314a	When was the last time your husband attended an event such as health film show "*Notun diner golpo*", *Health Mela, Hatbaithak* or any other meetings of men on health topics? IF LESS THAN ONE MONTH WRITE '00'	Month ago ..... ☐☐ Don't know 98	
315	What was/were the topic(s) of the event or meeting?	Appropriate age of marriage ..... A Appropriate age of conception ..... B Problems of early child bearing ..... C Problems of late child bearing ..... D Adequate spacing between two pregnancies ..... E Family planning ..... F Pregnancy/maternal health/safe delivery ... G Child health ..... H Child nutrition ..... I Hand washing ..... J Adolescent health ..... K	

		Menstrual hygiene/use of sanitary napkin ..L TB.....M Others _____ X (Specify) Can't remember about the topic(s)/ Don't know ..... Z	

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
315a	CHECK: 107 CODE '1' CIRCLED ☐ ↓	CODE '2' CIRCLED ☐ →	→ **316**
I would like to know about the messages that you may heard/seen on the television			
315b	Have you seen any messages through the "Notun Din" airing by SMC and USAID on TV?	Yes .....1 No .....2 →	→ **316**
315c	What was/were the topic(s) you saw?	Appropriate age of marriage ..... A Appropriate age of conception ..... B Problems of early child bearing..... C Problems of late child bearing..... D Adequate spacing between two pregnancies..... E Family planning..... F Pregnancy/maternal health/safe delivery ... G Child health ..... H Child nutrition ..... I Hand washing ..... J Adolescent health..... K Menstrual hygiene/use of sanitary napkin .. L TB..... M Others _____ X (Specify) Can't remember about the topic(s) ..... Z	
316	Do you hear the name of Blue star pharmacy that provides various services of SMC?	Yes .....1 No .....2 →	→ **Sec:3b**
316a	Do you know what types of services are available at blue star pharmacy?	Counseling on family planning methods .... A Counseling on TB..... B Antenatal and post natal care/counseling .. C Referral service for long acting and permanent family planning method..... D Referral service for TB patients ..... E Family planning injectables..... F Others _____ X (Specify) Can't say ..... Z	

Section 3b: Knowledge on Healthy Timing and Spacing pregnancy, Pregnancy and Delivery Care, Family Planning, and Other Health

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
	Now I would like to know about health problems associated with maternal age and timing of pregnancy. A pregnant woman (or the coming baby or both) may experience health problems when she becomes pregnant at young or old ages or after short interval between two pregnancies.		
317	Do you know what health problems a woman (or the coming baby) may have when she is pregnant at young age, i.e., below 20 years of age?	Yes ..... 1 No ..... 2 →	319
318	What may be the health problems?	Spontaneous abortion/stillbirth ..... A Delayed/prolonged labor ..... B Convulsions/Eclapmsia ..... C Fits ..... D Excessive vaginal bleeding ..... E Maternal anemia ..... F Preterm birth ..... G Low birth weight ..... H Others _____ X (Specify)	
319	Do you know what health problems a woman (or the coming baby) may have when she is pregnant at older ages, i.e., 35 years or over?	Yes ..... 1 No ..... 2 →	321
320	What may be the health problems?	Spontaneous abortion/stillbirth ..... A Delayed/prolonged labor ..... B Convulsions/Eclapmsia ..... C Fits ..... D Excessive vaginal bleeding ..... E Maternal anemia ..... F Preterm birth ..... G Low birth weight ..... H Birth with disability ..... I Mother/child can die ..... J Diabetes in pregnency ..... K Mother's high blood pressure ..... L Others _____ X (Specify)	
321	Do you know what health problems a woman (or the coming baby) may have when she is pregnant at an interval of 2 years or shorter between two pregnancies?	Yes ..... 1 No ..... 2 →	324
322	What may be the health problems?	Spontaneous abortion/stillbirth ..... A Maternal anemia ..... B Preterm birth ..... C Low birth weight ..... D Mother has not recuperated ..... E Others _____ X (Specify)	
324	**Now I want to know about family planning and associated health issues.** Now I would like to talk to you about family planning -- the various ways or methods that a couple can use to delay or avoid a pregnancy. Do you know any method to delay/avoid getting pregnant?	Yes ..... 1 No ..... 2 →	328
325	Which method do you know about? [CIRCLE ALL MENTIONED.]	Female sterilization ..... A Male sterilization ..... B IUD ..... C Injectables ..... D Implants ..... E Pill/Mini pill ..... F Condom ..... G Safe period/periodic abstinence ..... L Withdrawal ..... M Other _____ X Specify	

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
328	**In some cases it may happen that a woman have an unplanned sex, or she or her husband was not using any particular contraceptive method, or she or her husband thinks that the method did not work.** Do you know any method in this situation to avoid unintended pregnancy?	Yes ..... 1 No ..... 2 → 331	
329	Which method? [RESPONDENT MAY NOT SAY "ECP", BUT MAY SAY "EMERGENCY PILL" OR LIKE THAT]	Emergency Contraceptive Pill / ECP ..... A Norix ..... B Emcon ..... C Norpill ..... D Ipill ..... E Postinor-2 ..... F Peuly ..... G Others _____ X Specify	
330	When this method is to be used?	Within 1 day ..... 1 Within 2 days ..... 2 Within 3 days ..... 3 Within 5 days ..... 4 Others _____ 6 Specify	
Pregnancy and Safe Motherhood (Complications)			
331	During or after pregnancy a woman can experience some kind of complications which are quite common. Some complications may be dangerous and can threaten the life of the pregnant woman. Can you tell me which the danger signs are?	Severe Headache ..... A Blurred Vision ..... B High fever ..... C Delayed/Prolonged lab ..... D Convulsions/fits ..... E Excessive vaginal bleeding ..... F Others _____ X (Specify)	
ANC			
332	Do you know or can you say whether a woman needs checkup during pregnancy even if she does not fell ill?	Yes ..... 1 No ..... 2 → **334**	
332a	From whom a pregnant woman can get this checkup? If `D' mentioned write the name of the CSBA. Name_____ Name_____	**HEALTH PROF** Qualified doctor. ..... A Nurse/midwife/paramedic ..... B FWV ..... C CSBA. ..... D MA/SACMO ..... E HA ..... F FWA ..... G Blue Star service provider ..... H **OTHER PERSON** TTBA ..... I UTTBA ..... J Unqualified doctor. ..... K *Sasthya Karmi (brac)* ..... L NGO worker ..... M Other _____ X (Specify)	

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
333	From where a pregnant woman can get this checkup?	**PUBLIC SECTOR** Medical college hospital ..... A Specialized govt. hospital _____ B (Specify) District hospital ..... C MCWC ..... D UHC ..... E H & FWC ..... F Satellite clinic/EPI outreach ..... G Community clinic ..... H Other _____ I (Specify) **NGOSECTOR** NGO static clinic ..... J NGO satellite clinic ..... K Other _____ L (Specify) **PRIVATE MEDICAL SECTOR** Pvt. hospital/clinic ..... M Qualified doctor's chamber _____ N (Specify) Untrained doctor's chamber ..... O Pharmacy ..... P Blue-Star Pharmacy ..... Q Pvt. medical college hospital ..... R Others _____ X (Specify)	
333a	Do you know how many such checkups are recommended for maintaining a healthy pregnancy?	Number ..... ☐☐ Don't know/unsure 98	
Delivery preparedness			
334	While pregnant a woman or her family should plan for a healthy delivery which requires certain preparations. Which preparedness a woman or the family should have for delivery?	Select the appropriate place for delivery .... A Select provider/person to assist in delivery B Select the required transport ..... C Select blood donor ..... D Save money ..... E Select a person to accompany the pregnant woman to the facility ..... F Select person to take care the newborn .... G Collect delivery kits/ n-kits/ bag ..... H Collect medicine to prevent excess bleeding ..... I Others _____ X Specify	
335	The hygienic products or material which can be used for making delivery safe are found in a packet which is known as safe delivery kit or safety kit. Do you know about this?	Yes ..... 1 No 2	→ **337**
336	What are benefits of using safe delivery kit?	Prevents maternal infection ..... A Prevent neonatal infection/sepsis ..... B Others _____ X Specify	
Tuberculosis			
337	Have you ever heard about the disease TB?	Yes ..... 1 No 2	→ **Sec: 4**
338	Can you say when a person can be a suspect of having TB?	Cough at least for 3 weeks ..... A Fever with cough ..... B Chest pain ..... C Loss of Body weight ..... D Fatigue ..... E Anorexia ..... F Blood with cough ..... G Others _____ X (Specify)	
339	Do you know any places or providers from where/whom one can obtain the diagnosis and treatment of TB?	Yes ..... 1 No 2	→ **Sec: 4**

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
340	From where/whom one can obtain the diagnosis and treatment of TB?	**PUBLIC SECTOR** Medical college hospital ..... A Specialized govt. hospital _____ B (such as: TB hospital) (Specify) District hospital ..... C MCWC ..... D UHC ..... E H & FWC ..... F Satellite clinic/EPI outreach ..... G Community clinic ..... H Others _____ I (Specify) **NGOSECTOR** NGO static clinic ..... J NGO satellite clinic ..... K Others _____ L (Specify) **PRIVATE MEDICAL SECTOR** Pvt. hospital/clinic ..... M Qualified doctor's chamber _____ N (Specify) Untrained doctor's chamber ..... O Pharmacy ..... P Blue-Star Pharmacy ..... Q Pvt. medical college hospital ..... R Others _____ X (Specify)	

Section 4: Contraception

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
401	CHECK 104: *[IF CODE 1 IS CIRCLED IN 104, CIRCLE 1 HERE AND CIRCLE 2 OTHERWISE]*	CURRENTLY MARRIED.....1 NOT CURRENTLY MARRIED.....2 →	**Sec: 5**
402	Are you pregnant now?	Yes.....1 No.....2 Unsure.....8 →	**408**
403	When you got this pregnancy, did you want to get pregnant at that time?	Yes.....1 → No.....2 Unsure.....8	**406**
404	Did you want to have this pregnancy later on, or did you not want any (more) children?	Later.....1 No more.....2 →	**406**
405	How much longer did you want to wait?	Months .....1 ☐☐ Years.....2 ☐☐ Don't know/unsure 998	
406	Do you want to have any more children after delivering this pregnancy?	Yes.....1 No.....2 Unsure.....8 →	**411a**
407	How many years and months you want to wait to have that child?	Months .....1 ☐☐ Years.....2 ☐☐ Don't know/unsure .....998 →	**411a**
408	CHECK 201A:	NUMBER OF TOTAL CHILDREN IS ONE OR MORE ....1 → NO CHILD OR NOT ASKED 2	**410**
409	Do you want any children?	Yes.....1 → No.....2 → Don't know/Unsure.....8	**411** **412**
410	Do you want to have any more children?	Yes.....1 No.....2 Don't know/Unsure.....8 →	**412**
411	How many years and months do you want to wait to have that child?	Now.....000 Months .....1 ☐☐ Years.....2 ☐☐ Don't know/unsure 998	
411a	**CHECK 402:** **CODE 2 OR 8 *CIRCLED*** ☐ ↓ ***CODE 1 CIRCLED*** ☐ →		**424b**
412	Are you or your husband currently doing something or using any family planning method to delay or avoid getting pregnant?	Yes.....1 No.....2 →	**424a**
413	Which method are you using? [CIRCLE ALL MENTIONED.]	Female sterilization .....A Male sterilization .....B → IUD.....C Implants.....D → Injectables.....E → Pill/Mini pill .....F Condom.....G → Safe period/periodic abstinence.....L Withdrawal .....M → Other _____ X Specify	**Sec:5** **421** **417** **416** **419**
415	May I see the package of the pill/ mini pill you are using? [IF PACKAGE IS SHOWN, WRITE DOWN THE BRAND NAME FROM THE PACKAGE; IF PACKAGE IS NOT SEEN ASK THE BAND NAME AND WRITE DOWN. CIRCLE 98 OTHERWISE.]	Yes No Package/chart seen ..... 1 2 Brand name-_____ ☐ ☐ Don't know .....98 →	**419**
416	May I see the package of the condom you are using? [IF PACKAGE IS SHOWN, WRITE DOWN THE BRAND NAME FROM THE PACKAGE; IF PACKAGE IS NOT SEEN ASK THE BAND NAME AND WRITE DOWN. CIRCLE 98 OTHERWISE.]	Yes No Package/chart seen ..... 1 2 Brand name_____ ☐☐ Don't know .....98 →	**419**

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
417	In what facility did you take the injectables? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF THE PLACE)	**PUBLIC SECTOR** Medical college hospital .....11 Specialized govt. hospital _____ 12 (Specify) District hospital .....13 MCWC .....14 UHC .....15 Other public sector _____ 16 (Specify) **NGO SECTOR** NGO static clinic .....21 Other NGO sector _____ 26 (Specify) **PRIVATE MEDICAL SECTOR** Private hospital/clinic .....31 Qualified doctor's chamber .....32 Private medical college hospital _____ 33 (Specify) Other private medical sector _____ 36 (Specify) **PHARMACY** Blue star .....41 Other pharmacy _____ 46 (Specify) **HOME** At home by health provider .....51 Other _____ 96 (Specify) Don't know 98	
418	Can you tell me the brand name of injectables?	Depoprovera .....1 SOMA-JECT .....2 Others _____ 6 (Specify) Don't know 8	
419	Do you or your husband want to use any of the long-acting method (IUD/Implants) in the next 12 months?	Yes .....1 No .....2 Not sure 8	→ **421**
420	Which long-acting method (IUD/Implants) do you or your husband want to use in the next 12 months?	IUD .....C Implants .....E	→ **422**
421	Do you or your husband want to use any of the permanent method (Female/male sterilization) in the next 12 months?	Yes .....1 No .....2 Not sure 8	→ **422**
421a	Which permanent method do you or your husband want to use in the next 12 months?	Female sterilization .....A Male sterilization .....B	
422	In the last three months have you discussed with your husband regarding continuing use or switch to a different method?	Yes .....1 No 2	→ **423a**
423	What did you discuss?	Discomfort/side effects of current method .A Switching to a different method .....B Continuing the current method .....C Others _____ X (Specify)	
423a	CHECK **413:** CODE C-G CIRCLED ☐ ↓ CODE 'L' OR 'M' OR 'X' CIRCLED ☐ →		**424a**

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
424	From where did you obtain the method you are currently using?	**PUBLIC SECTOR** Medical college hospital ..... 11 Specialized govt. hospital _____ 12 (Specify) District hospital ..... 13 MCWC ..... 14 UHC ..... 15 H & FWC ..... 17 Satellite clinic/EPI outreach ..... 18 Community clinic ..... 19 FWA ..... 20 Other public sector _____ 16 (Specify) **NGO SECTOR** NGO static clinic ..... 21 NGO satellite clinic ..... 22 NGO depo holder ..... 23 NGO field worker ..... 24 *BRAC Sasthya Sebika* ..... 25 *Community Sales Agent* ..... 27 Other NGO sector _____ 26 (Specify) **PRIVATE MEDICAL SECTOR** Private hospital/clinic ..... 31 Qualified doctor's chamber ..... 32 Non-qualified doctor's chamber ..... 33 Pharmacy ..... 34 Blue star pharmacy ..... 35 Private medical college hospital _____ 37 (Specify) Other private medical sector _____ 36 (Specify) **OTHER SOURCE** Shop ..... 41 Friends/relatives ..... 42 Others _____ 96 (Specify)	→ 424b
424a	In the last three months have you discussed with your husband regarding the future use of IUD, Implants, Female sterilization or Male sterilization within next 12 months?	Yes ..... 1 No 2	
424b	CHECK 328: CODE 1 CIRCLED ☐ ↓ CODE 2 CIRCLED ☐ →		430
426	**Now I would like to know about the use of emergency contraceptive pill (ECP)** Have you ever used ECP?	Yes ..... 1 No ..... 2 →	430
427	When was the last time you used an ECP?	Months ago ..... ☐☐	
427a	Which brand of ECP did you use at that time? [IF PACKAGE IS SHOWN, CIRCLE THE CODE OF BRAND NAME FROM THE PACKAGE; IF PACKAGE IS NOT SEEN ASK THE BAND NAME AND CIRCLE THE CODE. CIRCLE Z OTHERWISE.]	Emergency Contraceptive Pill / ECP ..... A Norix ..... B Emcon ..... C Norpill ..... D Ipill ..... E Postinor-2 ..... F Peuly ..... G Others _____ X Specify Don't know ..... Z	
428	Why did you use last time?	Did not use any method ..... 01 Forgot to take pill for 3 consecutive day ... 02 Term over for injectables ..... 03 Full or partial exit of IUD ..... 04 Failure of withdrawl method ..... 05 Condom breakage/leakage/misplaced ..... 06 Unwilling/forced coitus ..... 07 Others _____ 96 (Specify)	

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
429	From where did you collect ECP?	**PUBLIC SECTOR** Medical college hospital .....11 Specialized govt. hospital _____ 12 (Specify) District hospital .....13 MCWC .....14 UHC .....15 H & FWC .....17 Satellite clinic/EPI outreach .....18 Community clinic .....19 FWA .....20 Other public sector _____ 16 (Specify) **NGO SECTOR** NGO static clinic .....21 NGO satellite clinic .....22 NGO depo holder .....23 NGO field worker .....24 *BRAC Sasthya Sebika* .....25 *Community Sales Agent* .....27 Other NGO sector _____ 26 (Specify) **PRIVATE MEDICAL SECTOR** Private hospital/clinic .....31 Qualified doctor's chamber .....32 Non-qualified doctor's chamber .....33 Pharmacy .....34 Blue star pharmacy .....35 Private medical college hospital _____ 37 (Specify) Other private medical sector _____ 36 (Specify) **OTHER SOURCE** Shop .....41 Friends/relatives .....42 Others _____ 96 (Specify)	
430	In the last 3 months, were you in contact with a community/field health worker such as *Community Sales Agent or Sasthya Sebika* who talked to you about family planning or gave you a family planning method?	Yes .....1 No .....2 Never .....3 Can't remember/Unsure/Don't know 8	→ **Section: 5**
431	Do you know with whom you had the last contact? Name _____ Anyone else? Name _____	Govt. FP worker .....01 Govt. health worker .....02 Community mobilizer .....03 Other NGO worker .....04 Health worker (BRAC) .....05 Sasthya Sebika .....06 Community Sales Agent .....07 Others _____ 96 (Specify) Don't know 98	
432	Did you receive any information or products?	Only FP information .....1 Received family planning method .....2 Information and family planning method .....3 Nothing 4	
433	During the last 3 months, how many times were you in contact with a community/field health worker or workers who talked about family planning or gave you family planning methods?	Number of times ..... ☐☐ Don't know 98	
434	When was the last time you had a contact with a worker who talked to you about family planning? IF MORE THAN ONE WORKER VISITED: When did the last worker visit you? IF LESS THAN ONE MONTH AGO WRITE '00'	Months ago ..... ☐☐ Don't know 98	

Section 5: Nutritional Care and Incidence of Diarrhea among Under-five Children

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
500	CHECK: 210 ONE OR MORE BIRTH SINCE APRIL 2010 ☐ ↓ NO BIRTH SINCE APRIL 2010 ☐ → Section 7: Reproductive Hygiene		
	A packet of vitamin, known as Monimix or Pustikona or Mymix, can be given to children between 6 months and two years (it can be given up to 5 years of age) for improved growth of children.		
500a	Do you know about "Monimix" or "Pustikona" or "Mymix"?	Yes, Monimix ..... A Yes, Pustikona ..... B Yes, Mymix ..... C No/unsure ..... Z → 500e	
500b	What are the benefits of "Monimix" or "Pustikona" or "Mymix"?	Reduces the chance of anemia ..... A Improves physical growth ..... B Improves mental growth ..... C Other _____ X (Specify)	
500c	What is the course of Monimix / Pustikona/ Mymix? [Do you know how many packets of Monimix or Pustikona or Monimix is required to be given to child, for how many days, and how many per day?]	One mini packet per day for two months ..... A Next course to be given after four months ..... B One course is required each 6 months ..... C Other _____ X (Specify)	
500d	How Monimix /Pustikona/Mymix is given to children?	Mixed with semi solid food ..... A Mixed food is taken within 30 minutesof mixing ..... B Other ..... X (Specify)	
500e	Now I would like to know from you about the treatment of childhood diarrhea. Do you know anything which can be given to children when they have diarrhea?	Yes No ....DK a) ORS packet ..... 1 2 8 b) LUBAN gur ..... 1 2 8 c) Zinc syrup/ tablet .... 1 2 8 → 501	
500f	What are the benefits of zinc syrup/ tablet given to a child along with ORS?	Reduces the risk of repeated diarrhoea ..... A Enhances immunity against diarrhea and related disease ..... B Others _____ X (Specify)	
501	CHECK 203: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTHSINCE APRIL 2010. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)		
502	BIRTH HISTORY NUMBER FROM 202 IN BIRTH HISTORY	Last birth Birth history number ..... ☐☐	Next-to-Last birth Birth history number ..... ☐☐
503	FROM 203 AND 207	Name _____ Living ☐ ↓ Dead ☐ ↓ GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTH, GO TO SEC: 6	Name _____ Living ☐ ↓ Dead ☐ ↓ GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTH, GO TO SEC: 6
504	Has _____ (Name) had diarrhea in the last 2 weeks?	Yes ..... 1 No ..... 2 → 512a Don't know 8	Yes ..... 1 No ..... 2 → 512a Don't know 8
505	Was there any blood in the stools?	Yes ..... 1 No ..... 2 Don't know 8	Yes ..... 1 No ..... 2 Don't know 8

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
506	Now I would like to know how much (Name) was given to drink during the diarrhea (including breast milk). How much (Name) was given to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Nothing to drink ..... 5 Don't know 8	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Nothing to drink ..... 5 Don't know 8
507	How much (NAME) was given to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Stopped food ..... 5 Never gave food ..... 6 Don't know 8	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Stopped food ..... 5 Never gave food ..... 6 Don't know 8
508	Did you seek advice or treatment for the diarrhea from any source?	Yes ..... 1 No ..... 2 → 510	Yes ..... 1 No ..... 2 → 510
509	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. NAME OF PLACE	**PUBLIC SECTOR** Medical college hospital ..... A Specialized govt. hospital _____ (Specify) B District hospital ..... C MCWC ..... D UHC ..... E H & FWC ..... F Satellite clinic/EPI outreach ..... G Community clinic ..... H FWA ..... I Other _____ (Specify) J **NGO SECTOR** NGO static clinic ..... K NGO satellite clinic ..... L NGO field worker ..... M *Sasthya Sebika* ..... N *Community Sales Agent* ..... O Others _____ (Specify) P **PRIVATE MEDICAL SECTOR** Pvt. hospital/clinic ..... Q Qualified doctor ..... R Untrained doctor ..... S Pharmacy ..... T Blue star Pharmacy ..... U Pvt. med. col. hospital _____ (Specify) V Other pvt. sector ..... W (Specify) Others _____ (Specify) X	**PUBLIC SECTOR** Medical college hospital ..... A Specialized govt. hospital _____ (Specify) B District hospital ..... C MCWC ..... D UHC ..... E H & FWC ..... F Satellite clinic/EPI outreach ..... G Community clinic ..... H FWA ..... I Other _____ (Specify) J **NGO SECTOR** NGO static clinic ..... K NGO satellite clinic ..... L NGO field worker ..... M *Sasthya Sebika* ..... N *Community Sales Agent* ..... O Others _____ (Specify) P **PRIVATE MEDICAL SECTOR** Pvt. hospital/clinic ..... Q Qualified doctor ..... R Untrained doctor ..... S Pharmacy ..... T Blue star Pharmacy ..... U Pvt. med. col. hospital _____ (Specify) V Other pvt. sector ..... W (Specify) Others _____ (Specify) X
510	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special saline packet called OR Saline PACKET? b) A homemade sugar-salt-water solution (laban gur)? c) Zinc syrup/ tablets	Yes No Dk a) ORS packet ..... 1 2 8 b) LUBAN gur ..... 1 2 8 c) Zinc syrup/ tablet 1 2 8	Yes No Dk a) ORS packet ..... 1 2 8 b) LUBAN gur ..... 1 2 8 c) Zinc syrup/ tablet 1 2 8
511	If yes in 510a, which brand?	SMC ORS/Saline ..... 1 Tasty saline ..... 2 EDCL saline ..... 3 Other _____ (Specify) 6 Don't know 8	SMC ORS/Saline ..... 1 Tasty saline ..... 2 EDCL saline ..... 3 Other _____ (Specify) 6 Don't know 8
511a	If yes in 510c, which brand of zinc tablet?	Baby zinc ..... 1 SMC zinc ..... 2 Square zinc ..... 3 Other _____ (Specify) 6 Zinc syrup ..... NA	Baby zinc ..... 1 SMC zinc ..... 2 Square zinc ..... 3 Other _____ (Specify) 6 Zinc syrup ..... NA

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
512a	CHECK: 500a	CODE Z CIRCLED → 517 CODE A OR B OR C CIRCLED ↓	CODE Z CIRCLED → 517 CODE A OR B OR C CIRCLED ↓
	INTERVIEWER: CHECK THE AGE OF THE CHILDREN BELOW.		
513	CHECK: 208. IF THE AGE IS RECORDED '00', PROBE FOR MONTH.	IF LESS THAN 6 MONTHS → **517** 6 MONTHS OR MORE ↓	IF LESS THAN 6 MONTHS → **517** 6 MONTHS OR MORE ↓
	As you may know a packet of vitamin, known as Monimix or Pustikona or Mymix, can be given to children between 6 months and 2 years (it can be given up to 5 years of age) for improved growth of children.		
515	Have you ever given Monimix/Pustikona/Mymix to (NAME)?	Yes ..... 1 No ..... 2 → 517	Yes ..... 1 No ..... 2 → 517
516	When was the last time you gave Monimix/Pustikona/Mymix to your child?	Currently ..... 000 Months ..... 1 ☐☐ Weeks ..... 2 ☐☐	Currently ..... 000 Months ..... 1 ☐☐ Weeks ..... 2 ☐☐
516a	Last time how many sachets/small packs of Monimix/Pustikona/Mymix were given to your child?	Sachets ..... ☐☐☐	Sachets ..... ☐☐☐
516b	Which brand of iron/vitamin did you give?	Monimix ..... A Pustikona ..... B Mymix ..... C Unsure ..... Z	Monimix ..... A Pustikona ..... B Mymix ..... C Unsure ..... Z
517		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO SECTION: 6).	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO SECTION: 6).

Section 6: Pregnancy and Postnatal Care

NO	QUESTIONS AND FILTER	CODING CATEGORIES		SKIP
601	CHECK: 211 ONE OR MORE BIRTH SINCE APRIL 2012 ☐ NO BIRTH SINCE APRIL 2012 ☐ → Section 7: Reproductive Hygiene			
602	CHECK 206: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE APRIL 2012. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. Now I would like to ask some questions about your children born in the last three years. (We will talk about each separately.)			
603	BIRTH HISTORY NUMBER FROM 202 IN BIRTH HISTORY	Last birth Birth history number ..... ☐☐	Last birth Birth history number ..... ☐☐	
604	FROM 203 AND 207	Name _____ Living ☐ Dead ☐	Name _____ Living ☐ Dead ☐	
605	When you got pregnant with (NAME), did you want to get pregnant at that time?	Yes ..... 1 → 608 No 2	Yes ..... 1 → 612 No 2	
606	Did you want to have a baby later on, or did you not want any (more) children?	Later ..... 1 No more ..... 2 → 608	Later ..... 1 No more ..... 2 → 612	
607	How many month/year did you want to wait?	Month ..... 1 ☐☐ Year ..... 2 ☐☐ Don't know 998	Month ..... 1 ☐☐ Year ..... 2 ☐☐ Don't know 998	
608	Did you see anyone for antenatal care for this pregnancy?	Yes ..... 1 No ..... 2 → 612		
609	Whom did you see? Anyone else? [Probe to identify each type of person and record all mentioned.] If `D' mentioned write the name of the CSBA. Name_____ Name_____	**HEALTH PROF** Qualified doctor. ..... A Nurse/midwife/paramedic ..... B FWV ..... C CSBA. ..... D MA/SACMO ..... E HA ..... F FWA ..... G Blue star Service Provider ..... H **OTHER PERSON** TTBA ..... I UTTBA ..... J Unqualified doctor. ..... K *Sasthya Karmi (brac)* ..... L NGO worker ..... M Others _____ X (Specify)		
610	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE _____ NAME OF THE PLACE.	**HOME** Home ..... A **PUBLIC SECTOR** Hospital/Medical college ..... B Specialized govt. hospital _____ C (Specify) District hospital. ..... D MCWC ..... E UHC ..... F H & FWC ..... G Satelite clinic/EPI outreach ..... H CC ..... I Others _____ J (Specify) **NGO SECTOR** NGO static clinic ..... K NGO satelite clinic ..... L *Sasthya Karmi* ..... M Others _____ N (Specify) **PVT. MEDICAL SECTOR** Pvt. Hosp/clinic ..... O Qualified doctor ..... P Traditional doctor ..... Q Pharmacy ..... R Blue star Pharmacy ..... S Pvt. medical collehe hospital ..... T Other _____ X (Specify)		

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
611	How many times did you receive antenatal care during this pregnancy?	Number of times ..... ☐☐ Don't know.....98	
612	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WEREPRESENT AT THE DELIVERY. IF 'D' MENTIONED WRITE THE NAME OF THE CSBA. NAME_____ NAME	**HEALTH PROFESSIONAL** Qualified doctor. ..... A Nurse/midwife /paramedic. ..... B FWV..... C CSBA..... D MA/SACMO ..... E HA..... F FWA..... G **OTHER PERSON** TTBA. ..... H UTTBA..... I Unqualified doctor. ..... J Relatives..... K Neighbor/friend..... L NGO worker. ..... M Others _____ X (Specify) No one..... Y	**HEALTH PROFESSIONAL** Qualified doctor. ..... A Nurse/midwife /paramedic. ..... B FWV. ..... C CSBA. ..... D MA/SACMO..... E HA. ..... F FWA. ..... G **OTHER PERSON** TTBA. ..... H UTTBA. ..... I Unqualified doctor. ..... J Relatives. ..... K Neighbor/friend..... L NGO worker. ..... M Others _____ X (Specify) No one..... Y
613	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (Name of place)	**HOME** Home..... 11 **PUBLIC SECTOR** Hospital/medical college..... 21 Specialized govt. hospital_____ 22 Specify District hospital ..... 23 MCWC..... 24 UHC..... 25 H & FWC ..... 26 **NGO SECTOR** NGO Static Clinic ..... 31 Other ..... 36 **PRIVATE MEDICAL SECTOR** Pvt. Hospital/ clinic ..... 41 Pvt. Medical college hosp..... 42 Other _____ 96 Specify	**HOME** Home..... 11 **PUBLIC SECTOR** Hospital/medical college ..... 21 Specialized govt. hospital_____ 22 Specify District hospital..... 23 MCWC..... 24 UHC ..... 25 H & FWC..... 26 **NGO SECTOR** NGO Static Clinic ..... 31 Other ..... 36 **PRIVATE MEDICAL SECTOR** Pvt. Hospital/ clinic..... 41 Pvt. Medical college hosp. ..... 42 Other _____ 96 Specify
615	**A pregnant woman and her family needs to have some preparations for having a safe delivery?** Which preparedness did you take for this delivery?	Selected a place for delivery ..... A Selected a provider/person to assist delivery..... B Identified a transport for taking me to facility..... C Identified a blood donor..... D Saved money ..... E Identified a person to take care of the newborn..... F Collected delivery kits/ Kallayani/n-kits/ bag..... G Collected medicine to prevent excess bleeding at/after delivery ..... H Others _____ X (Specify)	
616	CHECK 613:	DELIVERED AT HEALTH FACILITY (CIRCLED ANY CODE 21 TO 96)..... ☐ 620 DELIVERED AT HOME..... ☐ (CODE 11 CIRCLED)	
618	**Now I would like to ask you some specific questions about what was done with (NAME) during and immediately following delivery.** Was a Safe Delivery Kit / Kallyani/n-kit used during the delivery of (NAME)?	Yes ..... 1 No..... 2 620 Don't know..... 8	

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
618a	Which brand of safe delivery kit was used?	Kallyani ..... 1 Safety kit ..... 2 Others _____ 6 (Specify) Don't know 8	
619	Who brought the Delivery Kit?	Herself ..... 1 Provider brought ..... 2 *Sasthya Sebika* ..... 3 *Community Sales Agent* ..... 4 Others _____ 6 (Specify) Don't know 8	
620	What was used to cut the cord?	Blade from delivery kit ..... 1 Blade from other source ..... 2 Bamboo strips ..... 3 Scissor ..... 4 Cord was not cut ..... 5 → 623 Others _____ 6 (Specify) Don't know 8	
621	Was anything applied to the cord immediately after cutting and tying it?	Yes ..... 1 No ..... 2 → 623 Don't know 8	
622	What was applied to the cord after it was cut and tied? Anything else?	Antibiotics (powder/ointment) ..... A Antiseptic (Detol/Savlon/Hexasol) ..... B Sprit/Alcohol ..... C Mustered oil with garlic ..... D Chewed rice ..... E Turmeric juice/powder ..... F Ginger juice ..... G Shindur ..... H Boric powder ..... I Gentian violet (blue ink) ..... J Talcum powder ..... K Others _____ X (Specify) Don't know ..... Z	
623	How long after delivery was (NAME) bathed for the first time? IF LESS THAN 1 HOUR, RECORD '00' HOURS,IF LESS THAN ONE DAY, RECORD IN HOURS IF LESS THAN ONE WEEK, RECORD IN DAYS	Hours ..... 1 ☐☐ Days ..... 2 ☐☐ Weeks ..... 3 ☐☐ Not bathed ..... 995 Don't know 998	
624	How long after birth was (NAME) dried?	<5 minutes ..... 1 5-9 minutes ..... 2 10+ minutes ..... 3 Not dried ..... 4 Don't know 8	
625	How long after birth was (NAME) wrapped?	<5 minutes ..... 1 5-9 minutes ..... 2 10+ minutes ..... 3 Not wrapped ..... 4 Don't know 8	
626	In the first six weeks after delivery, did you receive for your use a vitamin A dose like(this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	Yes ..... 1 No ..... 2 Don't know 8	
627	Did you ever breastfeed (NAME)?	Yes ..... 1 No ..... 2 → 629	
628	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	Immediately ..... 000 Hours ..... 1 ☐☐ Days ..... 2 ☐☐	
629	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	Yes ..... 1 No ..... 2 → 631	

NO	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP
630	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	Milk (other than breast milk) ..... A Plain water ..... B Sugar/glucose water ..... C Gripe water ..... D Sugar-salt-water solution ..... E Fruit juice ..... F Infant formula ..... G Tea/infusions ..... H Coffee ..... I Honey ..... J Other ..... X (Specify)	
631	CHECK 604: IS CHILD LIVING?	Dead ..... ☐ → 635 Living ..... ☐	Dead ..... ☐ → 635 Living ..... ☐
632	Are you still breastfeeding (NAME)?	Yes ..... 1 No ..... 2 → 634	
633	For how many months did you breastfeed (NAME)?	Months ..... ☐☐ Don't know 98	
634	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	Yes ..... 1 No ..... 2 Don't know 8	Yes ..... 1 No ..... 2 Don't know 8
635		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO SECTION: 7).	GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO SECTION: 7).

Section 7: Reproductive Hygiene

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to know about your practice of sanitary napkin or sanitary pad during your menstrual period. What do you usually use during your menstrual period?	None .....1 Cloth.....2 Napkin.....3 Cloth and napkin (both).....4 Others _____ 6 (Specify)	→702 →702
701a	Which brand of napkin do you usually use?	Monalisa.....01 Senora .....02 Modex .....03 Low cost sanitary napkin.....04 Whisper.....05 Freedom.....06 Nirapod .....07 Joya .....08 Softex.....09 Others _____ 96 (Specify)	
702	What did you use last time during your last menstrual period?	None .....1 Cloth.....2 Napkin.....3 Cloth and napkin (both).....4 Others _____ 6 (Specify)	→703a →703a
702a	Which brand of napkin did you use last time during your last menstrual period?	Monalisa.....01 Senora .....02 Modex .....03 Low cost sanitary napkin.....04 Whisper.....05 Freedom.....06 Nirapod .....07 Joya .....08 Softex.....09 Others _____ 96 (Specify)	
702a1	Where did you collect that from?	Shop.....1 Sashtho Sebika.....2 CSA.....3 Others _____ 6 (Specify)	
702b	Though sanitary napkin of many brands/companies available in the market, why do you use (brand name) sanitary napkin?	Available at every store..... A Convenient to use..... B Low cost..... C High cost..... D Aromatic..... E Better quality..... F Don't know about other brand.....G Others _____ X (Specify)	

INTERVIEWER: CHECK HH QUESTION NO. 8 AND FIND THAT/THOSE PERSON(S) WHO ARE CIRCLED. WRITE THE LINE NUMBER(S), NAME(S), AND RELATIONSHIP OF THE PERSON(S) IN THE COLUMNS BELOW. THEN ASK THE FOLLOWING QUESTIONS:				
703		A Name: ____________ HHLine# .... ☐☐ Relationship with HH .... ☐☐	B Name: ____________ HHLine# .... ☐☐ Relationship with HH .... ☐☐	C Name: ____________ HHLine# .... ☐☐ Relationship with HH .... ☐☐
703a	Is (NAME) your daughter?	Yes....................1 No....................2 → 710	Yes....................1 No....................2 → 710	Yes....................1 No....................2 → 710
703b	Do you know what does your daughter (NAME) use during her menstrual period?	Sanitary Napkins.......... A Clothes.......... B Nothing.......... C Mense not yet started .... D Others ____________ X (Specify) → 707	Sanitary Napkins.......... A Clothes.......... B Nothing.......... C Mense not yet started.......... D Others ____________ X (Specify) → 707	Sanitary Napkins.......... A Clothes.......... B Nothing.......... C Mense not yet started.......... D Others ____________ X (Specify) → 707
704	Which brand of napkin did she use the last time?	Monalisa..........01 Senora ....02 Modex ....03 Low cost sanitary Napkin..........04 Whisper..........05 Freedom..........06 Nirapad ....07 Joya ....08 Softex..........09 Others ____________ 96 (Specify)	Monalisa..........01 Senora ....02 Modex ....03 Low cost sanitary Napkin ....04 Whisper ....05 Freedom..........06 Nirapad..........07 Joya..........08 Softex ....09 Others ____________96 (Specify)	Monalisa.......... 01 Senora .... 02 Modex.......... 03 Low cost sanitary Napkin .... 04 Whisper .... 05 Freedom .... 06 Nirapad.......... 07 Joya.......... 08 Softex .... 09 Others ____________ 96 (Specify)
705	Did you or the head of the household provide funds for buying sanitary napkin?	Yes..........1 No ....2 Unsure/Don't know..........8	Yes ....1 No..........2 Unsure/Don't know..........8	Yes .... 1 No.......... 2 Unsure/Don't know 8
706	When was the last time the napkin was bought? (IF LESS THAN 1 MONTH RECORD '00')	Months ago .... ☐☐	Months ago .... ☐☐	Months ago.............. ☐☐
707	Is (NAME) going to school/college/ university?	Yes..........1 No ....2 → 710	Yes..........1 No..........2 → 710	Yes .... 1 No.......... 2 → 710
708	In last 6 months, did your daughter participate in any event on "*Notun diner golpo*", or health *mela through school session*?	Yes..........1 No ....2 → 710 I don't know about her participation..........8 → 710	Yes..........1 No..........2 → 710 I don't know about her participation..........8 → 710	Yes .... 1 No.......... 2 → 710 I don't know about her participation .... 8 → 710
709	What was/were the topic(s) of *"Notun diner golpo",* or *health mela*?	Appropriate age of marriage.......... A Appropriate age of conception.......... B Problems of early child bearing.......... C Problems of late child bearing.......... D Adequate spacing between two pregnancies.......... E Family planning..........F Pregnancy/maternal health /safe delivery..........G Child health .... H Child nutrition..........I Hand washing ....J Adolescent health .... K Menstrual hygiene/use of sanitary napkin..........L TB ....M Others ____________ X Specify Can't remember the topic......Z	Appropriate age of marriage .... A Appropriate age of conception.......... B Problems of early child bearing..........C Problems of late child bearing.......... D Adequate spacing between two pregnancies .... E Family planning .... F Pregnancy/maternal health /safe delivery ....G Child health ....H Child nutrition ....I Hand washing ....J Adolescent health.......... K Menstrual hygiene/use of sanitary napkin ....L TB..........M Others ____________ X Specify Can't remember the topic..... Z	Appropriate age of marriage ....A Appropriate age of conception ....B Problems of early child bearing ....C Problems of late child bearing ....D Adequate spacing between two pregnancies .... E Family planning .... F Pregnancy/maternal health /safe delivery ....G Child health ....H Child nutrition .... I Hand washing..........J Adolescent health..........K Menstrual hygiene/use of sanitary napkin .... L TB.......... M Others ____________X Specify Can't remember the topic ..... Z
710		GO BACK TO 703A IN NEXT COLUMN; OTHERWISE END THE INTERVIEW).	GO BACK TO 703A IN NEXT COLUMN; OTHERWISE END THE INTERVIEW).	GO BACK TO 703A IN NEXT COLUMN; OTHERWISE END THE INTERVIEW).

703		D Name: ___________________ HHLine# .... ☐☐ Relationship with HH .... ☐☐	E Name: ___________________ HHLine# .... ☐☐ Relationship with HH .... ☐☐	F Name: ___________________ HHLine# .... ☐☐ Relationship with HH .... ☐☐
703a	Is (NAME) your daughter?	Yes....................................1 No ....2 → 710	Yes....................................1 No.......................................2 → 710	Yes .... 1 No....................................... 2 → 710
703b	Do you know what does your daughter (NAME) use during her menstrual period?	Sanitary Napkins................. A Clothes................................ B Nothing................................ C Mense not yet started .... D Others ________________ X (Specify) → 707	Sanitary Napkins................. A Clothes................................ B Nothing................................ C Mense not yet started.......... D Others ________________ X (Specify) → 707	Sanitary Napkins ....A Clothes ....B Nothing ....C Mense not yet started..........D Others ________________X (Specify) → 707
704	Which brand of napkin did she use the last time?	Monalisa.............................01 Senora ....02 Modex ....03 Low cost sanitary Napkin................................04 Whisper..............................05 Freedom.............................06 Nirapad ....07 Joya ....08 Softex.................................09 Others ________________ 96 (Specify)	Monalisa.............................01 Senora ....02 Modex ....03 Low cost sanitary Napkin................................04 Whisper..............................05 Freedom.............................06 Nirapad..............................07 Joya...................................08 Softex.................................09 Others ________________96 (Specify)	Monalisa .... 01 Senora .... 02 Modex................................ 03 Low cost sanitary Napkin .... 04 Whisper .... 05 Freedom .... 06 Nirapad.............................. 07 Joya.................................. 08 Softex .... 09 Others ________________ 96 (Specify)
705	Did you or the head of the household provide funds for buying sanitary napkin?	Yes.......................................1 No ....2 Unsure/Don't know...............8	Yes.......................................1 No...2 Unsure/Don't know...............8	Yes .... 1 No... 2 Unsure/Don't know 8
706	When was the last time the napkin was bought? (IF LESS THAN 1 MONTH RECORD '00')	Months ago .... ☐☐	Months ago .... ☐☐	Months ago.............. ☐☐
707	Is (NAME) going to school/college/ university?	Yes.......................................1 No ....2 → 710	Yes.......................................1 No...2 → 710	Yes .... 1 No... 2 → 710
708	In last 6 months, did your daughter participate in any event on "*Notun diner golpo*", or health *mela through school session*?	Yes.......................................1 No ....2 → 710 I don't know about her participation..........................8	Yes.......................................1 No...2 → 710 I don't know about her participation..........................8	Yes .... 1 No... 2 → 710 I don't know about her participation 8
709	What was/were the topic(s) of *"Notun diner golpo"*, or *health mela*?	Appropriate age of marriage.............................. A Appropriate age of conception........................... B Problems of early child bearing......................... C Problems of late child bearing........................ D Adequate spacing between two pregnancies.................. E Family planning....................F Pregnancy/maternal health /safe delivery....................... G Child health .... H Child nutrition ....I Hand washing ....J Adolescent health .... K Menstrual hygiene/use of sanitary napkin.....................L TB ....M Others ________________ X Specify Can't remember the topic......Z	Appropriate age of marriage .... A Appropriate age of conception........................... B Problems of early child bearing........................C Problems of late child bearing........................D Adequate spacing between two pregnancies .... E Family planning .... F Pregnancy/maternal health /safe delivery ....G Child health ....H Child nutrition ....I Hand washing ....J Adolescent health................ K Menstrual hygiene/use of sanitary napkin ....L TB.......................................M Others ________________ X Specify Can't remember the topic..... Z	Appropriate age of marriage ....A Appropriate age of conception ....B Problems of early child bearing ....C Problems of late child bearing ....D Adequate spacing between two pregnancies ....E Family planning .... F Pregnancy/maternal health /safe delivery ....G Child health ....H Child nutrition .... I Hand washing.......................J Adolescent health.................K Menstrual hygiene/use of sanitary napkin .... L TB...................................... M Others ________________X Specify Can't remember the topic ..... Z
710		GO BACK TO 703A IN NEXT COLUMN; OTHERWISE END THE INTERVIEW).	GO BACK TO 703A IN NEXT COLUMN; OTHERWISE END THE INTERVIEW).	GO BACK TO 703A IN NEXT COLUMN; OTHERWISE END THE INTERVIEW).
INTERVIEWER: THANK YOU VERY MUCH FOR PARTICIPATING IN THE SURVEY.				
711	RECORD THE TIME COMPLETED		Hour .... ☐☐ Minute .... ☐☐	

Marketing Innovation for Health (MIH) End line Survey 2015

Questionnaire for Community Sales Agent (CSA) and Sasthya Sebika (SS)

Mitra and Associates
(Centre for Research and Consultancy)
2/17 Iqbal Road, Mohammadpur, Dhaka-1207
Tel: 8118065, 9115503, Fax:9126806

and

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

INFORMED CONSENT

(Verbal)

Title of Research: Marketing Innovation for Health (MIH) End line Survey 2015
Principal Investigator: S. N. Mitra
Participating Institute: Mitra and Associates
Introductory statement:
My name is _____. I have come from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development and health programs in the country, we conduct different types of surveys. We are now conducting a survey, a part of which aims to understand the characteristics of Community Sales Agents (CSA) and Sasthya Sebikas (SS), including the activities they undertake, in the catchment areas of the MIH project.The survey is paid for by the United States Agency for International Development (USAID). The survey is being coordinated by the University of North Carolina in Chapel Hill, North Carolina, USA. The data will be examined by Mitra and Associates and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. I would very much appreciate your participation in this survey.
Why the study being done?
This study will help understand the characteristics and activities of the Community Sales Agents and Sasthya Sebikas in the provision of child health and reproductive health products.
What is involved in the study?
You have been selected randomly for the survey. If you agree to participate, we will ask you some questions related to your activities associated with sales and promotion of the products that are available with you. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. Your opinion is very important to us as it will help the project to take policy decisions on the future growth of marketing innovations in Bangladesh. The survey usually takes between 20 and 25 minutes to complete.
What are the risks and benefits of this study?
By providing information you will not have any risk what so ever, rather this will help the health policy planners to formulate policies and future plans leading to health service improvements in Bangladesh.
Confidentiality:
Whatever information you provide will be kept strictly confidential. It will be used for research purposes only and will be seen only by staff and researchers at the organizations mentioned.
Is there any compensation for participating in the study?
Your participation in the study is voluntary and promises no financial benefit; however, the private- and public-sector health programs will be benefited from the study.
Right to refuse or withdraw:
Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since the information you provide will help future program planning.
Who do I contact if I have questions or problems?
If you wish to know more about your rights as a participant in this study you may contact the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka (Phone: 8819311, 8828396) or the Institutional Review Board (IRB) at the School of Public Health, Medical School Building 52, Mason Farm Road, CB # 7097, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7097, U.S.A. or call collect if necessary, 001-919-966-3113. You may also call Dhaka-based UNC MEASURE Evaluation Advisor (Mobile: 01730376458). If you have further questions regarding the nature of this study you may also contact with S.N.Mitra, Executive Director, Mitra Associates, 2/17, Iqbal Road, Block-A, Mohammadpur, Dhaka-1207 or (phone 02-8118065, 9115053). At this time, do you want to ask me anything about the survey?

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

Name of person obtaining consent: _____ Signature: _____ Date: _____

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

Section 1: Background
First, I would like to ask you some background-related questions like your education and profession and about your husband and family

	QUESTION	RESPONSE	SKIP
100	Starting time of interview:	Hour ..... ☐☐ Minute ..... ☐☐	
101	Would you please tell me your name?	Name: _____	
102	How old are you?	Year (in completed years) ..... ☐☐	
103	What is your marital status?	Currently married……1 Separated/Deserted/ Widowed/Divorced……..2 Never married ..... 3 →	105
104	How many living children do you have?	No. of children ..... ☐	
105	What is your educational qualification?	No education ..... 0 Primary..... 1 Below SSC ..... 2 SSC..... 3 HSC ..... 4 BA/BSS ..... 5 MA/MSS ..... 6 Other _____ 8 (Specify)	
106	What is your current job title?	Community Sales Agent (CSA) ..... 1 Sasthya Sebika ..... 2 Other _____ 8 (Specify)	
106a	How long have you been a CSA/SS?	Year ..... ☐☐☐☐ Month ..... ☐☐	
107	Did you do any work for earning before joining this position?	Yes..... 1 No ..... 2 →	108
107a	What was that work?	CHW ..... A Depotholder ..... B NGO work ..... C Other _____ X (Specify)	
108	What is your husband's educational qualification?	No education ..... 0 Primary..... 1 Below SSC ..... 2 SSC..... 3 HSC ..... 4 BA/BSS ..... 5 MA/MSS ..... 6 Unmarried ..... 7 Other _____ 8 (Specify)	

	QUESTION	RESPONSE	SKIP
109	What does your husband do for earning?	Agriculture ..... 01 Labor ..... 02 Government job ..... 03 Private job ..... 04 NGO job ..... 05 Unmarried ..... 06 Other 1 ..... 07 Other 2 ..... 08 Other 3 ..... 09 Other 4 ..... 10 Other 5 _____ 11 (Specify)	
110	Do you live in a nuclear or extended family?	Nuclear* ..... 1 Extended 2	

*Nuclear family comprises of husband, wife, and unmarried children; and the rest are extended family.

Section 2: In-service training

Now I would like to ask you some questions on the in-service training, orientation, or refresher training you might have received on BCC,product management, account management, and other.

In-service training, orientation, or refresher training on BCC and interpersonal communication since 2012.

	QUESTION	RESPONSE	SKIP
201	Have you ever received any training on BCC?	Yes ..... 1 No ..... 2 →	**202**
201a	On what topics/areas of BCC you have received training?	Personal Counseling ..... A Group session ..... B Community mobilization ..... C Other_____ ..... X (Specify)	
201aa	How many times you received such training?	Number of times of training ☐	
201b	In which month and year you received the last training onBCC?	Month ..... ☐☐ Year ..... ☐☐☐☐	
201c	Have you received any *refresher*training since the last BCC training you mentioned?	Yes ..... 1 No 2	
202	Have you ever received any training on product promotion or sale of products?	Yes ..... 1 No ..... 2 →	203
202a	In which month and year you received the last such training?	Month ..... ☐☐ Year ..... ☐☐☐☐	
202aa	How many times you received such a trainingon product promotion or sale of products?	☐☐	
202b	Have you ever received any *refresher*training since your first received the training of product promotion or product sales?	Yes ..... 1 No 2	
203	Have you ever received any training on how to make account of your product procurement and sale of products?	Yes ..... 1 No ..... 2 →	Sec 3
203a	How many times you received such training on how to make account of your product procurement and sale of products?	☐☐	
203aa	In which month and year you received the last such training?	Month ..... ☐☐ Year ..... ☐☐☐☐	

QUESTION		RESPONSE	SKIP
203b	Have you ever received any *refresher*training since your first training on product procurement and sales of product?	Yes..... 1 No 2	

Section 3: CSA/SS activities, geographical and client coverage, and intensity of work

[I would like to know about your activities and related aspects.]

	QUESTION	RESPONSE	SKIP
301	Do you do anything while reaching the community?	Yes ..... 1 No..... 2 → **304**	
302	What are the usual activities you do while reaching the community?	Health awareness raising..... A Promotion of products..... B Sale of products..... C Other (specify) X	
304	How many village(s) do you cover to do your activities?	No. of village(s)..... ☐	
305	Do you know how many households are there in the village(s) you cover?	Yes ..... 1 No..... 2 → 306	
305a	Approximately how many?	No. of households……. ☐☐☐☐	
306	Approximately how many clients bought products from you last month (name of month……..)?	No. of clients……. ☐☐☐☐	

	307 Do you sell?			307a. How many of them did you sell in last month (Month_____ 2015/2016				
	Pill --- Minicon	Y	N					
	Pill --- Femicon	Y	N					
	Pill --- Nordette-28	Y	N					
	Pill --- Femipil	Y	N					
	Pill --- Noret-28	Y	N					
	Norix (ECP)	Y	N					
CS	Condom --- Sensation Super Dotted	Y	N					
	Condom --- Sensation Super Ribbed	Y	N					
	Condom --- Sensation Classic	Y	N					
CH	Condom --- Hero	Y	N					
	Condom --- Hero 3s	Y	N					
CP	Condom --- Panther Plain	Y	N					
	Condom --- Panther Dotted	Y	N					
CR	Condom --- Raja	Y	N					
CU	Condom --- U&ME Anatomic	Y	N					
	Condom --- U&ME Long Love	Y	N					
	Condom --- U&ME Color	Y	N					
CN	Condom --- No logo	Y	N					
CX	Condom --- Xtreme 3 in 1	Y	N					
	Condom --- Xtreme Ultra Thin	Y	N					
ON	ORSaline N	Y	N					
OF	ORSaline-Fruity (M)	Y	N					
	ORSaline-Fruity (O)	Y	N					

	QUESTION	RESPONSE						SKIP
	MoniMix	Y	N					
	Pushtikona	Y	N					
	SMC Zinc	Y	N					
	Safety Kit	Y	N					
	Kalyani	Y	N					
	Joya	Y	N					
	Nirapad	Y	N					
	HCG Strip	Y	N					
	Urine Test Strip	Y	N					
	Iodised salt	Y	N					
	Soap (beauty and hygiene) 1	Y	N					
	Soap (beauty and hygiene) 2	Y	N					
	Medicine -- 1	Y	N					
	Medicine – 2	Y	N					
	Medicine -- 3	Y	N					
	Medicine -- 4	Y	N					

Section 4: Capital, business management, and technical assistance received

Now I want to discuss with about your business management aspects.

401	Did you need to invest any capital to begin this CSA/SS-ship?	Yes.....1 No .....2 →	402
401a	Approximately how much money?	Amount (Taka)……. ☐☐☐☐	
401b	What was the source of the money?	Own cash.....A Borrowed from friend/relative .....B Gift from family/relative .....C Loan from SMC/BRAC .....D	
402	Do you manage the inventory and account by yourself?	Myself .....A With help from husband/family.....B With help from SMC/BRAC .....C Other (specify)……...X	

Section 5: Potentials, perceived benefits, challenges, and consequences of the profession
[Now, I would like to know what you feel about the job.]

	QUESTION	RESPONSE	SKIP
501	Do you feel that you are making appreciable contribution to your family income earning?	Significantly.....1 To some extent .....2 Not much.....3 Not significantly.....4 Don't know 9	
501a	Do you feel that your income earning is increasing over the time?	Significantly.....1 To some extent .....2 Not much.....3 Not significantly.....4 Don't know 9	
501b	Do you feel that your position in the family has enhanced after taking this profession?	Significantly.....1 To some extent .....2 Not much.....3 Not significantly.....4 Don't know 9	

	QUESTION	RESPONSE	SKIP
501c	Do you feel that your family, especially your children, have been *negatively* affected due to your work?	Lack of time for child rearing ..... 1 Husband unhappy ..... 2 Parents/in laws unhappy ..... 3 No significant effect ..... 4 Don't know 9	
502	Do you feel that you are making appreciable contribution to the community in terms of raising health awareness or increasinguse of health products?	Significantly ..... 1 To some extent ..... 2 Not much ..... 3 Not significantly ..... 4 Don't know 9	
502a	Do you feel that the community people value your work?	Significantly ..... 1 To some extent ..... 2 Not much ..... 3 Not significantly ..... 4 Don't know 9	
502b	Do you feel that your position in the community has changed due to your work?	Positively changed ..... 1 No change ..... 2 Negatively changed ..... 3 Don't know 9	
503	Do you face/feel any challenges in this profession?	Insufficient capital ..... A Income earning not significant ..... B Account management ..... C Social/religious barriers to movement in the community ..... D Other (specify) ..... X No ..... Z	
504	In the past three months did you experience stock-out of any product?	Yes ..... 1 No ..... 2 →	504C
504a	When was that?	September 2015 ..... A September 2015 ..... B October 2015 ..... C November 2015 ..... D December 2015 ..... E	
504b	What was/were the product(s) that had stock-out?	Product 1 ..... A Product 2 ..... B Product 3 ..... C Product 4 ..... D	
504c	Was there any stock-out before?	Yes ..... 1 No ..... 2 →	505
504d	Approximately how many times?	Times…… ☐☐	
505	Do you feel that CSA/SS-ship is a viable profession for income earning?	Definitely ..... 1 May be ..... 2 No ..... 3 Have no opinion 4	
506	Do you feel that you will be able to continue this profession independent of the assistance from SMC/BRAC?	Yes ..... 1 Not sure ..... 2 No 3	
507	Ending time of Interview:	Hour…… ☐☐ Minute…. ☐☐	

Now, I am ending the interview here, if have you any question then you can ask me. Thank you for providing the information.

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