2003 URBAN NGO SERVICE DELIVERY PROGRAM (NSDP) EVALUATION SURVEY

Mitra and Associates
Dhaka, Bangladesh

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

SUMMARY

The 2003 urban NGO Service Delivery Program (NSDP) evaluation survey assessed the urban component of the NSDP program in terms of delivering an Essential Service Package (ESP) of primary health care interventions to under-served urban populations of Bangladesh. The survey's main objective was to collect information about knowledge, awareness, and use of services related to family planning and maternal and child health provided through the NSDP project and its alternatives. Part of a continuing evaluation that began with a 1998 baseline survey and a 2001 mid-project impact evaluation, the 2003 survey was conducted by Mitra and Associates with technical assistance from the MEASURE Evaluation project at the University of North Carolina at Chapel Hill. Data were collected from 5,691 women in urban areas served by the NSDP and from 4,201 women in non-NSDP urban areas.

Main Findings:

- Both within and beyond official catchment areas, NSDP facilities continued to provide a substantial portion of services, including clinical family planning methods, antenatal care, tetanus toxoid, childhood immunizations, and vitamin A.
- NSDP providers were not important to children's acute care: Only 1.6% with acute respiratory infections (ARI) and 1% with diarrhea were treated by them. For preventive services (vaccinations, vitamin A) their share was much larger.
- Only 8% of women in NSDP areas reported using an NSDP satellite clinic in the past three months, although a fifth reported doing so at some point in the past. The figures for static clinics were 6% for the past three months and 23% at some point in the past.
- The growth of NSDP market share slowed for many services (antenatal care, family planning). Market share actually fell in some cases (vaccinations).
- The thana municipality areas into which the project expanded after 2001 tended to have slightly worse health indicators than the original set.
- Analysis of clusters common to the 2001 and 2003 surveys dispelled the notion that leveling off or deterioration of some indicators reflected changes in the composition of the sample. By and large, changes in key indicators were similar in the common cluster sample. For modern contraception, however, there was some evidence that the project shifted from low- to high-prevalence areas.

Socioeconomic Status

Households in the survey were categorized by socioeconomic status (SES) using an index based on household durable goods and dwelling characteristics. The SES classification procedure used in 2003 differed from the one used in 2001. Therefore, direct comparisons between the 2001 and 2003 results by socioeconomic status are avoided.

Contraceptive Use

Among currently married women, 53.1% used modern contraception in NSDP areas, a slight increase from 50.7% in 2001 (the increase in common clusters was smaller, from 52.2% to 53.2%). In non-NSDP areas, 55% did so. The figures for poor women were lower: 46.4% of poor women in NSDP

areas and 50.9% for those in non-NSDP areas. In NSDP areas, this ranged from 30.2% of poor women in thana municipalities to 56.1% in city corporations. Pills continued to be the preferred method, used by 27.2% (a slight increase from 2001). Condom use also increased slightly, from 9.6% to 10.2%. Use of any traditional method held steady at 10%.

The share of NSDP facilities in the modern contraception market increased to 13.9% from 11.8% in 2001 (Figure S.1), and was almost evenly divided between static and satellite clinics. NSDP clinics provided approximately 57% of the injectables, 60% of implants and about one-fourth of all IUDs. They also supplied contraception to 7.1% in non-NSDP areas. The share of NSDP clinics in the market for modern contraception among the poor was 21.6% (they actually had 10.4% of the market for modern contraception among the poor in non-NSDP areas).

Market dynamics changed substantially over time (Figure S.2). The modest increase in overall modern contraception use masked a shift from public providers to pharmacies and, to a lesser extent, NSDP providers. The decline from 1998 in the proportion receiving modern contraception from public providers (8 percentage points) was almost exactly offset by an increase for pharmacies. Over the same interval, the proportion receiving modern contraception from NSDP sources roughly doubled (from 3.6%).

Figure S.1 Source of Modern Contraception, NSDP Areas, 1998, 2001, and 2003.

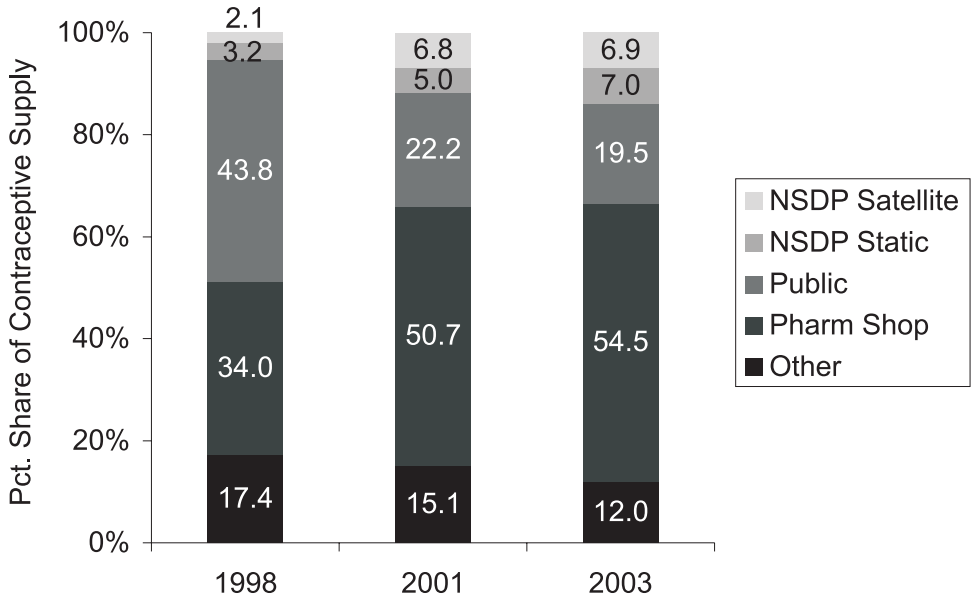
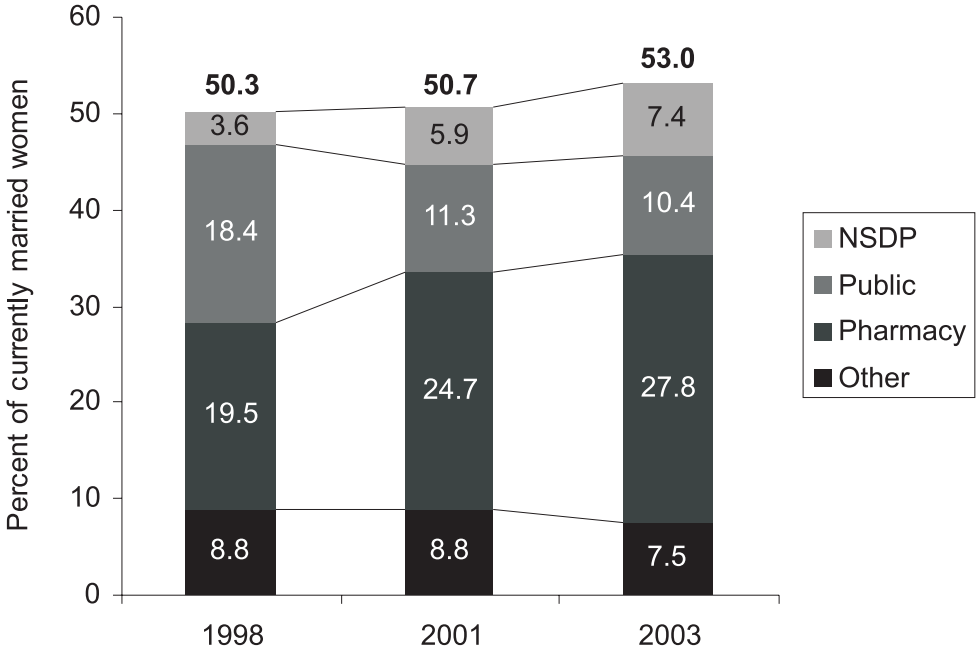


Figure S.2 Source of Modern Contraception, Urban NSDP Areas, 1998, 2001, and 2003.



Modern contraceptive use increased among adolescents, from 17.9% (in 2001) to 32.0% among those 10-14 years of age, and from 43.0% to 46.4% among those 15-19 years of age. Within the first year of use, 46% and 50% discontinued oral contraceptives and injectables, respectively (compared with 51% and 36%, respectively, in 2001). Knowledge of sources of methods continued to be nearly universal.

Antenatal Care

In NSDP areas with a birth in the three years preceding the survey, 76.7% sought antenatal care (ANC), a slight increase over 73.1% in 2001. ANC use increased substantially in non-NSDP areas (from 72.8% to 81.5%). Among poor women with a birth in the preceding three years, 51% in NSDP areas and 63% in non-NSDP areas had at least one antenatal care visit, while the figures for visiting trained providers were 44.9% in NSDP areas and 57.9% in non-NSDP areas. The median number of antenatal care visits in NSDP areas increased by 0.6 visits, to 3.7 visits (nearly identical to non-NSDP areas). It ranged from 2.4 visits in thana municipalities to 4.1 in city corporations. The share of NSDP clinics in the antenatal care market increased from 18.4% to 21.8% (Figure S.3). Their share in non-NSDP areas indicated significant market integration. The increase in overall utilization was reflected in increases in the share of government of Bangladesh (GOB) and NSDP providers, which more than offset the decline in the presence of private and other providers (Figure S.4). Iron supplementation for pregnant women increased by 11 percentage points (to 70.5%) in NSDP areas but declined slightly in non-NSDP areas, to 69.2%. The figures for poor women were 41.2% and 45.2%.

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

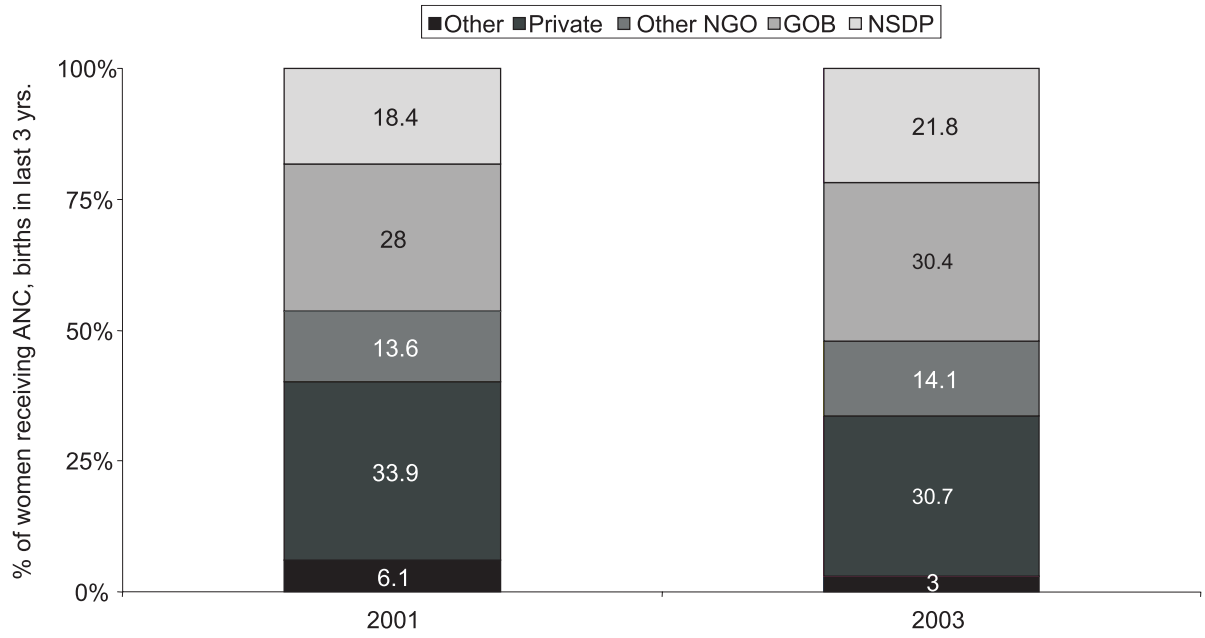
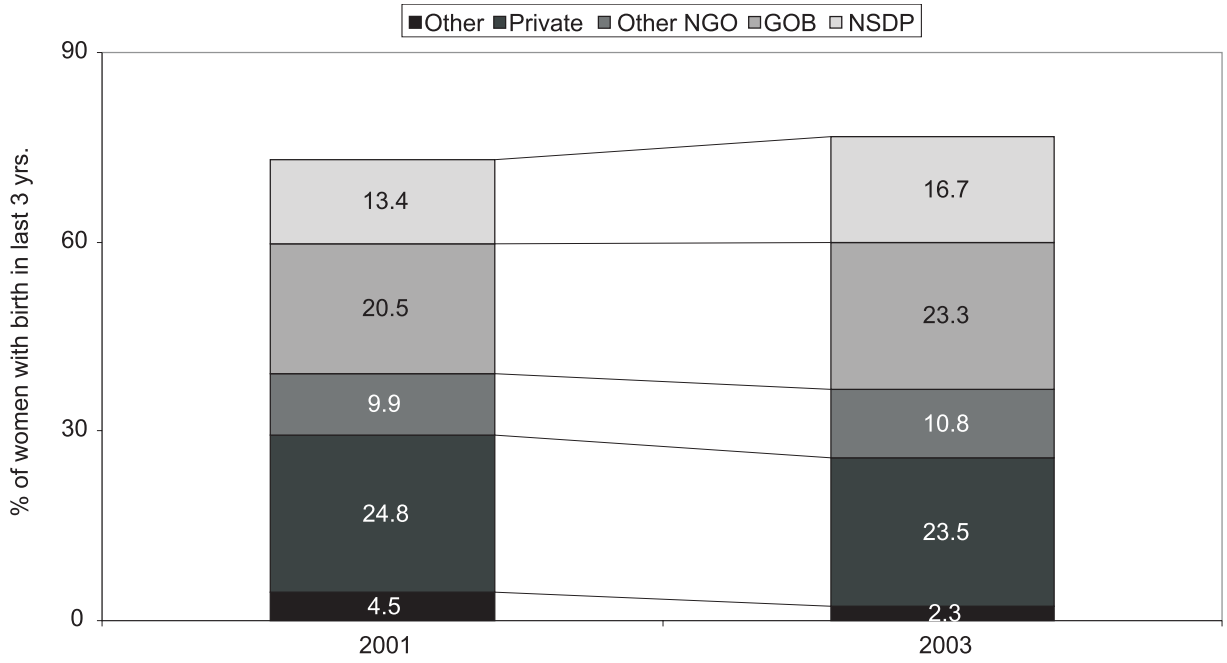


Figure S.4 Antenatal Visits and Source of Checkup, Urban NSDP Areas.



Childhood Vaccinations

In urban NSDP areas, vaccination rates improved in 2003, following slight declines in 2001, to 96.3% for Bacillus Calmette-Guerin (BCG) vaccination, 82.9% for diphtheria-pertussis-tetanus (DPT3), 87.7% for polio3, and 82.1% for measles (from 95.4%, 75.1%, 83.7% and 74.8%, respectively, in 2001) (Table S.1). About 69.1% were fully vaccinated. Rates in the common cluster sample were higher for all but DPT3. In NSDP communities, 56.8% of the poor were fully vaccinated. Behind this overall figure, their vaccination rates were 90.6% for BCG, 74.2% for DPT3, 82.4% for polio 3, and 73.6% for measles.

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

Antigen	Urban NSDP Project Areas			Urban Non-NSDP Areas		
	1998	2001	2003	1998	2001	2003
BCG	92.1	95.4	96.3	X	95.1	96.1
DPT 3	78.3	75.1	82.9	X	77.0	85.8
Polio 3	83.4	83.7	87.7	X	83.7	84.1
Measles	76.3	74.8	82.1	X	78.3	85.9
All antigens	67.9	62.4	69.1	X	65.8	71.3

Vaccination rates were slightly higher in non-NSDP areas (with the exception of polio 3, this was true of the poor as well). In NSDP areas, rates were generally higher in district municipalities. Drop out rates were 13.9% for DPT3 and 8.2% for polio (against 19% and 10%, respectively, in 2001). Nearly three quarters of mothers whose children were partially vaccinated knew when the next immunization was scheduled (up from approximately 57% in 2001). There were also increases in non-NSDP areas, though the level of knowledge remained lower in those areas.

From among all sources providing childhood vaccinations, the share provided by NSDP clinics increased to approximately 30%, from roughly 27% in 2001 (Table S.2). The NSDP clinics share among the poor was slightly higher. In non-NSDP areas, the share provided by NSDP clinics was also considerable, at approximately 21%-23%.

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

Antigen	Urban NSDP Project Areas			Urban non-NSDP Areas		
	1998	2001	2003	1998	2001	2003
BCG	23.9	26.8	30.4	X	17.2	20.4
DPT 3	21.0	29.7	29.1	X	19.8	20.6
Polio 3	21.6	27.1	31.2	X	16.9	21.2
Measles	25.0	26.6	31.1	X	20.2	22.8

Child Health

Trends in child health were mixed. The proportion of children aged 9-59 months in NSDP areas receiving vitamin A supplementation was 81.4%, up from 77.6% in 2001. The figures for non-NSDP areas were 83.1% and 80.3%, respectively.

The proportion of diarrhea-stricken children treated with oral rehydration therapy (ORT) (either packet oral rehydration salts [ORS] or *laban gur*) remained largely unchanged at 83% (and the figure for poor children was slightly lower at 81.9%). The level was slightly higher in non-NSDP areas. NSDP clinics remained only a very minor source of diarrhea treatment.

There were some improvements in breastfeeding practices. Nearly twice as many 4-5 month old infants were exclusively breastfed (21.8%) as in 2001. Close to 43% under age 6 months were exclusively breastfed, compared with 25% in 2001. Median breastfeeding duration was 32 months, while that of exclusive breastfeeding was 1.8 months. Most children aged 6 to 9 months (61.1%) received breast milk with complementary foods.

The proportion of children with symptoms of ARI fell by 5.4 percentage points from 2001, to 12.6% (the figure for poor children was 17.4%). The proportion of those with symptoms who were taken to a health facility increased from 30.5% to 43.7%. The share of NSDP providers in ARI treatment remained nearly the same at around 1.2%.

Awareness and Use of NSDP Services

Approximately 70% of women in NSDP areas were aware of satellite clinics in their area and 90% reported one in the preceding three months. Most commonly identified (by 62%) were NSDP satellite clinics, though this may have reflected prompting by interviewers. Family planning and maternal and child health services, particularly ANC and the government's Expanded Program on Immunization (EPI), were well known to those identifying NSDP satellite clinics. Approximately 22% of those who knew of NSDP satellite clinics had used them, while 8% had done so in the last three months. Satisfaction with NSDP satellite clinics was high.

Over 90% in NSDP areas could identify a hospital or clinic in their area offering health or family planning services. Of these, 51% identified NSDP static clinics. Twenty-three percent had used NSDP static clinics, though only 6.2% had done so within the last three months. As with NSDP satellite clinics, satisfaction with static clinics was high.

Knowledge of Health Promotion Behaviors

Knowledge of health services and health promotion behaviors varied by service. Nearly all women could name three family planning methods, as well as a source for them. Less than 40% had knowledge of life-threatening pregnancy complications beyond tetanus.

Fertility

The total fertility rate (TFR) in NSDP areas for the three years preceding the survey was unchanged at 2.4 births per woman. At 2.3, TFR also did not change in common clusters.

Early Childhood Mortality

The infant mortality rate in NSDP areas in the five years preceding the survey was 55 deaths per 1,000 live births. For the same period, the child mortality rate was 14 deaths per 1,000 live births, while the under age 5 mortality rate was 68. The infant mortality rates in different NSDP urban areas were 61.1 in city corporations, 44.7 in district municipalities, and 59.7 in thana municipalities. Mortality rates declined in all areas in the preceding 15 years.

Table S.3 NSDP results framework indicators, 1998 baseline survey, 2001 and 2003 urban NSDP evaluation surveys

INDICATOR	PROJECT AREAS			NON-PROJECT AREAS		
	1998	2001	2003	1998	2001	2003
SO: Fertility reduced; family health improved						
Total fertility rate 15-49 (3 year recall)	x	2.4	2.4	x	2.5	2.4
Infant mortality rate	x	53.0	55.4	x	65.8	43.0
Child mortality rate	x	20.4	13.8	x	14.3	9.7
Under age 5 mortality rate	x	72.3	68.4	x	79.2	52.4
IR 1: Increased use of high-impact elements of an Essential Service Package among target populations, especially in low-performing areas.						
Contraceptive prevalence rate (modern methods) among currently married women						
Any method	59.9	60.7	63.5	x	65.1	65.8
Any modern method	50.3	50.7	53.1	x	53.9	55.0
Pill	29.2	25.1	27.2	x	25.2	25.8
IUD	1.5	1.2	0.7	x	1.2	0.9
Injection	5.4	8.0	8.3	x	8.1	8.0
Condom	7.7	9.6	10.2	x	11.7	14.1
Female sterilization	5.8	6.0	5.7	x	6.0	4.9
Male sterilization	0.3	0.3	0.4	x	0.4	0.5
Norplant	0.4	0.6	0.6	x	0.0	0.8
Any traditional	9.6	10.0	10.0	x	11.2	10.7
Not using any method	40.1	39.3	36.5	x	34.9	34.2
Contraceptive prevalence rate (modern methods) among married adolescents						
Age 10-14	26.3	17.9	32.0	x		50.6
Age 15-19	40.8	43.0	46.4	x	42.6	47.4
Percent of children age 12-23 months who received specific vaccines at any time before the survey (source is either vaccination card or mother's report)						
BCG	92.1	95.4	96.3	x	95.1	96.1
DPT3	78.3	75.1	82.9	x	78.8	85.8
Polio3	83.4	83.7	87.7	x	83.7	84.1
Measles	76.3	74.8	82.1	x	78.3	85.9
All	67.9	62.4	69.1	x	65.8	71.3
Percent of children (9-59 months) receiving vitamin A capsules semi-annually	x	77.6	81.4	x	80.3	83.1
Percent of child diarrheal episodes treated with ORT in target populations						
Packet ORS	71.3	80.4	77.2	x	80.4	81.5
Laban gur saline	17.7	17.0	11.4	x	23.5	14.6
Oral rehydration therapy (ORS or *laban gur*)	77.0	82.5	83.0	x	82.4	85.3
Percent of child ARI cases treated in target populations						
Health facility	53.7	30.5	43.7	x	40.4	41.2
Percent of live births for which women in target populations made one or more ANC visits, by age						
Women >6 months pregnant or live birth in last 1 year	66.2			x		
Women with a live birth in last year	65.2	79.2	76.1	x	81.8	84.4
Women with live birth in last 3 years		73.1	76.7	x	72.8	81.5

Table S.3 NSDP results framework indicators, 1998 baseline survey, 2001 and 2003 urban NSDP evaluation surveys (continued)

INDICATOR	PROJECT AREAS			NON-PROJECT AREAS		
	1998	2001	2003	1998	2001	2003
Women with a live birth in last 3 years who visited a trained provider	x	69.2	73.0	x	69.0	79.3
Percent of pregnant women taking iron supplementation		58.9	70.5	x	73.3	69.2
IR 2: Increased knowledge and changed behaviors related to high-priority health problems, especially in low-performing areas.						
Percent of married women in catchment populations who can name available ESP services related to maternal health, reproductive health, child health						
Static clinic						
Clinical FP method	50.9	48.9	49.3	x	x	x
Non-clinical FP method	69.2	45.3	50.5	x	x	x
Advice for side effects	6.7	3.0	6.5	x	x	x
ANC	63.4	55.4	78.5	x	x	x
Post-natal care	18.0	19.9	44.0	x	x	x
EPI	64.3	64.3	73.2	x	x	x
Oral saline	11.7	3.7	2.6	x	x	x
Satellite clinic						
Clinical FP method	23.6	35.7	33.0	x	x	x
Non-clinical FP method	48.2	38.0	38.8	x	x	x
Advice for side effects of family planning use	5.4	2.9	3.4	x	x	x
ANC	61.6	41.8	53.1	x	x	x
Post-natal care	13.2	5.1	18.6	x	x	x
EPI	83.3	78.6	87.3	x	x	x
Oral saline	6.9	2.1	1.6	x	x	x
Percent of potential clients who can describe three family modern planning methods including indications for use:						
Know three methods	x	98.6	99.4	x	99.5	99.7
Know for limiting						
Female sterilization	x	73.4	x	x	76.2	x
Male sterilization	x	5.5	x	x	5.4	x
Pill	x	22.0	x	x	21.1	x
IUD	x	8.9	x	x	8.4	x
Injection	x	16.9	x	x	14.7	x
Implants	x	5.2	x	x	3.8	x
Condoms	x	5.2	x	x	4.9	x
Know for spacing						
Female sterilization	x	1.2	x	x	0.5	x
Male sterilization	x	0.1	x	x	0.1	x
Pill	x	79.1	x	x	79.8	x
IUD	x	17.6	x	x	19.2	x
Injection	x	44.4	x	x	44.2	x
Implants	x	7.8	x	x	6.6	x
Condoms	x	37.9	x	x	37.2	x

Table S.3 NSDP results framework indicators, 1998 baseline survey, 2001 and 2003 urban NSDP evaluation surveys (continued)

INDICATOR	PROJECT AREAS			NON-PROJECT AREAS		
	1998	2001	2003	1998	2001	2003
Percent of mothers who know when their child's next immunization is due; the importance of vitamin A; how to respond to childhood diarrhea and ARI, danger signs of pregnancy						
(a) When child's next immunization due						
DPT3	x	57.9	54.3	x	40.6	44.0
Polio3	x	56.4	56.7	x	43.2	43.5
Both	x	56.2	54.3	x	40.6	44.1
(b) Importance of vitamin A						
To prevent night blindness	x	26.4	43.4	x	30.3	49.9
To increase resistance to infections	x	14.6	20.9	x	14.8	23.5
To improve child's health	x	41.7	48.1	x	38.7	54.2
(c) How to respond to childhood diarrhea						
Give homemade ORS/*laban gur*	x	40.1	x	x	40.7	x
Treat with ORS	x	94.2	x	x	95.8	x
Take child to health facility/consult a doctor	x	64.2	x	x	63.0	x
(d) How to respond to childhood ARI						
Take child to health facility	x	63.9	x	x	62.5	x
Consult a doctor	x	50.2	x	x	52.3	x
(e) Percent of married women who know the danger signs for pregnancy and how to react						
Know danger signs	x			x		
Tetanus	x	54.1	54.6	x	52.8	64.0
Obstructed labor	x	37.1	37.3	x	39.7	40.4
Convulsions/eclampsia	x	31.6	38.7	x	28.9	39.2
Retained placenta	x	25.7	38.0	x	29.1	46.8
Poor positioning of fetus	x	24.7	36.0	x	26.1	43.6
Excessive vaginal bleeding	x	22.7	31.9	x	23.2	33.7
Don't know	x	6.4	3.0	x	7.1	2.8
Seek medical care	x	99.7	99.9	x	99.7	99.9
(f) Percent of married women who know the recommended number of TT vaccinations	x	20.2	36.0	x	10.9	39.0
Percent of women who exclusively breastfeed, by 2 month intervals						
0-1 month	x	44.9	61.5	x	25.0	62.0
2-3 months	x	27.6	50.7	x	37.5	39.8
4-5 months	x	11.7	21.8	x	10.0	16.4
6-7 months	x	1.9	9.7	x	0.0	0.8
8-9 months	x	2.3	0.9	x	0.0	0.0
10-11 months	x	0.4	0.0	x	0.0	0.0
IR 3: Improved quality of services at NSDP facilities						
Drop-out rates for EPI						
DPT3	17.0	19.3	13.9	x	16.7	9.2
Polio3	15.0	10.0	8.2	x	8.3	10.9
Contraceptive method discontinuation rates						
Oral contraceptives	x	51.8	45.5	x	57.1	44.4
IUDs	x	35.6	37.0	x	36.3	23.5
Injectables	x	54.8	49.5	x	56.7	40.4

CHAPTER 1. INTRODUCTION

1.1 Background on the Urban Service Delivery Partnership

The NGO Service Delivery Program (NSDP) is a four-year, U.S. $60 million project funded by the U.S. Agency for International Development (USAID). The project was formed in July 2002 to promote delivery and use of an Essential Services Package (ESP)[1] of family planning and family health services in under-served areas of Bangladesh. At that time, the rural and urban components of the USAID-funded National Integrated Population and Health Program (NIPHP) were merged to form the NSDP, the strategic objectives of which are similar to those of the NIPHP. The NSDP provides essential reproductive and family health services to reduce fertility and improve family health. The Urban NSDP involves 23 nongovernmental organizations (NGOs), providing services in four city corporations (Dhaka, Chittagong, Khulna, and Rajshahi) and in district and thana municipalities. It includes 139 static clinics, 69 upgraded satellite clinics, 337 satellite teams, and 8,416 satellite clinic sessions.

In order to monitor the performance of the program, a baseline evaluation survey was conducted in 1998, followed by a mid-term evaluation in 2001. This report presents the results of the second mid-project survey, conducted in 2003.

1.2 Objectives of the Survey

The main objective of the survey was to monitor changes in USAID performance indicators involving health outcomes and intermediate behavioral and knowledge-related areas. The overall strategic objective of the project is to reduce fertility and improve family health. The intermediate results include increased use of an ESP; increased knowledge and changed behaviors; improved quality of services and management at NSDP facilities; and increased sustainability of NSDP service delivery organizations. Indicators were provided for the strategic objective and each intermediate result. To collect information on these objectives, household and individual questionnaires contained instruments related to health behaviors, knowledge, and outcomes.

1.3 Organization of the Survey

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

Household samples were chosen from a total of 276 clusters (a cluster being equivalent to a mahalla or part of a mahalla). Table 1.1 provides the estimated population size and number of selected sample clusters by strata.

1 Essential Service Package services include services in the following areas: reproductive health (family planning and maternal care), child health (EPI, ARI, CDD), communicable disease control (RTI and STD prevention and treatment, HIV/AIDS), and limited curative care.

Table 1.1 Population size and number of clusters

Distribution of project population and number of chosen clusters for survey, 2003 .			
Strata	Description	Estimated Population Size	Number of chosen site
	Project areas		
1	City areas	5,794,035	55
2	District municipality areas	4,149,407	62
3	Thana municipality areas	1,387,764	34
	Project areas (subtotal)	11,331,206	151
4	Non-project areas	5,736,291	125
	Total	7,067,497	276

Project wards were classified as old or new. Old wards were under the program at the time of the 2001 survey, while new ones were incorporated thereafter. To select new clusters in each stratum, as many wards as needed were randomly drawn from new project wards and older ones not selected for the 2001 survey (without making any distinction between the two). From each, one cluster was then randomly chosen, giving a total of 50 new clusters for the 2003 project sample (along with 101 old clusters).

Non-project mahallahs used in the 2001 survey were included in the non-project sample for the 2003 survey. New non-project clusters were acquired by adding new mahallas. The non-project sample consisted of 44 old clusters and 81 new ones. Table 1.2 shows the estimated population size and number of selected clusters by strata.

Table 1.2 Population size and number of clusters, by strata

Distribution of project population and number of old and new clusters, 2003 .					
Strata		Population	Number of Clusters		
			Old	New	Total
1	City areas	5,794,035	39	16	55
2	District municipality areas	4,149,407	44	18	62
3	Thana municipality areas	1,387,764	18	16	34
	Project areas (subtotal)	11,331,206	101	50	151
4	Non-project areas	5,736,291	44	81	125

The composition of the project catchment population changed from 2001 to 2003. Approximately 12.3% of the 2001 project population was no longer covered by it in 2003, while 13.8% of the 2003 project population was in areas not covered in 2001. In city areas, the project population increased by 1.2 million (from 41.8% to 51.1%). In district municipalities it decreased by approximately 1 million, from 5.2 million (47.6%) to 4.1 million (36.6%).

Table 1.3 Distribution of project population, 2001 and 2003

Distribution of urban NSDP project population in thousands (% in parentheses), 2001 and 2003 .			
Strata		2001	2003
1	City areas	4,541 (41.8%)	5,794 (51.1%)
2	District municipality areas	5,170 (47.6%)	4,149 (36.6%)
3	Thana municipality areas	1,147 (10.6%)	1,388 (12.2%)
Total		10,858 (100.0%)	11,331 (100.0%)

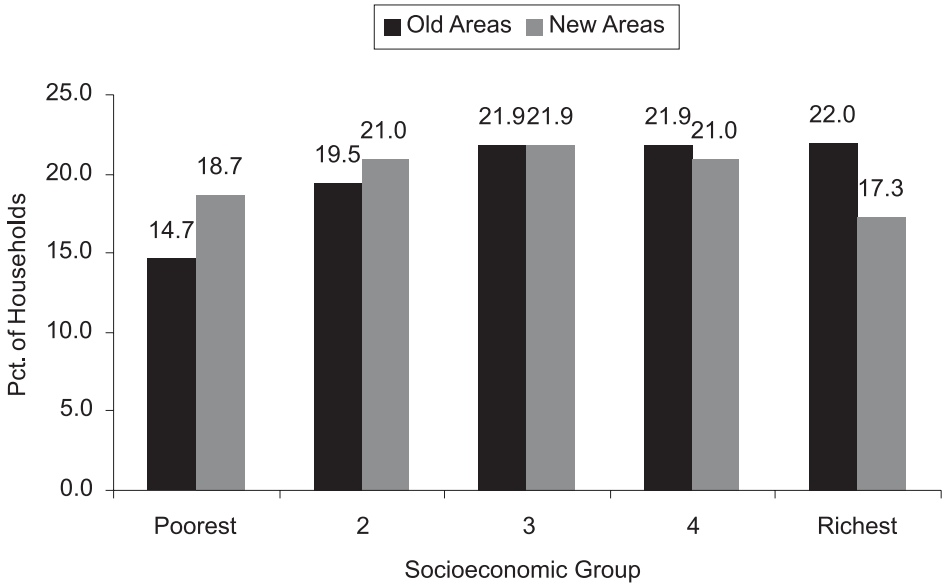
For every cluster (mahalla), 250 to 350 households were listed by proceeding in a systematic fashion from the northwest corner of the mahalla, covering a clearly defined locality. A total of 9,837 households were selected. Table 1.4 shows the distribution by main strata/substrata.

Table 1.4 Household samples

Distribution of selected households by urban area type and by old-new cluster classification.			
	Old	New	Total
City areas	1,443	592	2,035
District municipality areas	1,628	666	2,294
Thana municipality areas	666	592	1,258
Project areas (subtotal)	3,737	1,850	5,587
Non-project areas	1,496	2,764	4,250
Total	5,233	4,604	9,837

Households were categorized into socioeconomic quintiles using an index developed from household characteristics and ownership of land and durable goods. Using these, it was apparent that the project expanded into areas slightly poorer than those previously served. Close to 19% of households in new areas were in the poorest quintile while only 17% were in the richest one, compared with 15% and 22%, respectively, in old project areas (Figure 1.1).

Figure 1.1 Socioeconomic Status of Households by Quintile and by Old/New Areas.



1.4 Training and Fieldwork

The NSDP questionnaire was pre-tested in May 2003 by two teams, each consisting of four female interviewers, one female supervisor, and one male team leader. These teams were trained for a week at the office of Mitra and Associates. Following that, the teams conducted interviews in various locations in the field under the observation of senior staff from Mitra and Associates.

Fieldwork for the household listing (involving 11 teams, each consisting of two members, with three supervisors overseeing the teams) was conducted from May 25 to August 3, 2003. In May 2003, field staff for the main survey were recruited. Recruitment criteria included educational attainment, maturity, ability to spend 15 days in training and at least three months in the field, and experience in other surveys. Training was conducted at Mitra and Associates from June 1 to June 14, 2003. It initially consisted of lectures on questionnaire completion, with mock interviews between participants to gain practice asking questions. Toward the end, participants spent one day practice interviewing in various places close to Dhaka. Trainees whose performance was considered superior were selected as supervisors.

Fieldwork for the NSDP survey was carried out by nine teams. Each consisted of one male and one female supervisor, four interviewers, and one logistical assistant. Mitra and Associates also deployed three quality control teams to check on the field teams. Finally, personnel from MEASURE Evaluation and senior staff of Mitra and Associates monitored the work by visiting the field. Fieldwork commenced June 16, 2003 and was completed September 15, 2003.

1.5 Data Processing

All questionnaires were returned for processing at Mitra and Associates. This consisted of office editing, coding of open-ended questions, data entry, and editing inconsistencies found by the computer programs. The data were processed on five microcomputers working in double shifts. The NSDP data entry programs were written in ISSA (Integrated System for Survey Analysis). Data processing commenced in the first week of July and was complete by the end of September 2003.

1.6 Response Rates

There were 9,837 households selected for interview (Table 1.5). Of these, 9,486 were interviewed, giving a household response rate of 99.2%. In these, 10,544 eligible women – ever-married, aged 10 to 49 years – were identified for interview. Of the eligible women, 9,892 (93.8%) were interviewed – 5,691 in NSDP areas and 4,201 in non-NSDP areas. Response rates were nearly identical in NSDP and non-NSDP areas, and were about the same as in the 2001 evaluation survey.

Table 1.5 Results of the household and individual interviews

Number of households, number of eligible women interviewed, and response rates according to residence, urban NSDP and non-NSDP areas, 2003.

	Project Areas				
	City corporations	District municipalities	Thana municipalities	Overall	Non-project areas
Dwellings sampled	2,035	2,294	1,258	5,587	4,250
Households found	1,971	2,235	1,230	5,436	4,127
Households interview	1,953	2,219	1,221	5,393	4,093
Household response rate	99.1	99.3	99.3	99.2	99.2
Eligible women (EW)	2,198	2,519	1,351	6,068	4,476
EW interviewed	2,059	2,376	1,256	5,691	4,201
EW response rate (%)	93.7	94.3	93.0	93.8	93.9

CHAPTER 2. HOUSEHOLD POPULATION AND HOUSING

This chapter presents background information on the sample of households and their members. Specifically, it presents information on the age structure and composition of households, their characteristics, and ownership of common assets.

2.1 Age and Sex Composition

The age structure of the household population is shown in Tables 2.1A and 2.1B. Approximately 35% of the NSDP sample was under the age of 15 while 5% was age 60 or older (in non-NSDP areas, the figures were 33% and 4%, respectively). The child dependency ratio (of children aged 0-14 years to adults aged 15-59) was approximately 57% in NSDP areas and 52% in non-NSDP areas. Among NSDP areas, thana municipalities had a larger proportion under age 15 (43%) than city corporations or district municipalities (33% each). Males were slightly better represented in the 60 and above age group in both project and non-project areas.

2.2 Household Composition

Table 2.2 presents information on the sex of household heads and the number of household members. In NSDP and non-NSDP areas, around nine in 10 households were headed by males. The mean household size (usual members) was 5 in NSDP and 4.8 in non-NSDP areas. It was slightly larger in thana municipalities than other urban areas.

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

Percent distribution of the de facto household population by five-year age group, according to sex and residence, by city type and urban NSDP/urban non-NSDP, 2003.

	Project areas															Sex of household member	
	City corporations			District municipalities			Thana municipalities			Overall			Non-project areas				
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-4	10.5	10.9	10.7	11.2	10.4	10.8	14.1	13.8	14.0	11.2	11.1	11.2	11.6	10.3	11.0	11.4	10.8
5-9	11.3	9.8	10.6	11.3	10.5	10.9	15.7	16.0	15.9	11.9	10.9	11.4	10.8	10.3	10.6	11.4	10.6
10-14	11.4	12.2	11.8	11.2	12.2	11.7	14.3	12.1	13.2	11.7	12.2	12.0	10.0	12.0	11.0	11.0	12.1
15-19	11.3	13.5	12.4	10.3	11.9	11.1	9.1	13.6	11.4	10.7	12.9	11.8	10.7	14.0	12.4	10.7	13.4
20-24	8.9	12.7	10.8	8.3	11.3	9.8	6.4	9.0	7.7	8.4	11.7	10.0	8.2	11.6	9.9	8.3	11.7
25-29	8.4	9.9	9.1	7.9	8.6	8.3	6.5	8.1	7.3	8.0	9.2	8.6	8.6	8.9	8.7	8.2	9.1
30-34	9.2	8.7	8.9	7.7	8.9	8.3	6.0	7.4	6.7	8.2	8.6	8.4	8.5	8.8	8.7	8.4	8.7
35-39	7.1	5.8	6.5	7.6	6.7	7.2	6.6	5.1	5.9	7.2	6.0	6.6	8.5	6.5	7.5	7.8	6.2
40-44	5.9	4.9	5.4	6.1	4.6	5.3	5.4	3.7	4.6	5.9	4.6	5.3	6.3	4.9	5.6	6.1	4.8
45-49	4.8	3.9	4.3	5.3	4.5	4.9	4.8	3.6	4.2	5.0	4.1	4.5	5.1	4.0	4.6	5.0	4.1
50-54	3.5	2.6	3.1	4.1	2.7	3.4	3.6	1.3	2.4	3.8	2.5	3.1	4.2	2.1	3.2	4.0	2.3
55-59	2.1	1.7	1.9	2.4	2.0	2.2	1.9	2.3	2.1	2.2	1.9	2.0	2.4	2.0	2.2	2.3	1.9
60-64	2.3	1.4	1.9	2.3	2.2	2.2	2.1	1.7	1.9	2.3	1.7	2.0	1.9	1.8	1.8	2.1	1.7
65-69	1.1	0.7	0.9	1.3	1.1	1.2	1.0	0.6	0.8	1.1	0.8	1.0	1.0	0.9	1.0	1.1	0.9
70-74	1.3	0.6	0.9	1.6	1.4	1.5	1.2	0.9	1.0	1.4	0.9	1.2	0.9	0.8	0.8	1.2	0.9
75-79	0.2	0.2	0.2	0.6	0.4	0.5	0.8	0.1	0.5	0.4	0.3	0.4	0.6	0.3	0.4	0.5	0.3
80 +	0.4	0.5	0.5	0.7	0.6	0.7	0.4	0.5	0.4	0.5	0.5	0.5	0.6	0.6	0.6	0.5	0.6
Missing /DK	0.2	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	7,030	6,961	13,995	4,769	4,896	9,665	1,765	1,743	3,508	13,565	13,600	27,168	9,927	9,915	19,843	23,492	23,515

Table 2.1B Population pyramid

Percent distribution of the de facto household population by five-year age group, according to sex, by city type and urban NSDP/urban non-NSDP areas, 2003.

	Project areas														
	City corporations			District mnicipalities			Thana municipalities			Overall			Non-project areas		
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	5.3	5.4	10.7	5.5	5.3	10.8	7.1	6.9	14.0	5.6	5.6	11.2	5.8	5.1	11.0
5-9	5.7	4.9	10.6	5.6	5.3	10.9	7.9	8.0	15.9	5.9	5.4	11.4	5.4	5.2	10.6
10-14	5.7	6.1	11.8	5.5	6.2	11.7	7.2	6.0	13.2	5.8	6.1	12.0	5.0	6.0	11.0
15-19	5.7	6.7	12.4	5.1	6.0	11.1	4.6	6.8	11.4	5.3	6.5	11.8	5.4	7.0	12.4
20-24	4.5	6.3	10.8	4.1	5.7	9.8	3.2	4.5	7.7	4.2	5.9	10.0	4.1	5.8	9.9
25-29	4.2	4.9	9.1	3.9	4.4	8.3	3.3	4.0	7.3	4.0	4.6	8.6	4.3	4.4	8.7
30-34	4.6	4.3	8.9	3.8	4.5	8.3	3.0	3.7	6.7	4.1	4.3	8.4	4.3	4.4	8.7
35-39	3.6	2.9	6.5	3.8	3.4	7.2	3.3	2.5	5.9	3.6	3.0	6.6	4.3	3.2	7.5
40-44	3.0	2.4	5.4	3.0	2.3	5.3	2.7	1.9	4.6	3.0	2.3	5.3	3.2	2.5	5.6
45-49	2.4	1.9	4.3	2.6	2.3	4.9	2.4	1.8	4.2	2.5	2.0	4.5	2.5	2.0	4.6
50-54	1.8	1.3	3.1	2.0	1.4	3.4	1.8	0.6	2.4	1.9	1.2	3.1	2.1	1.0	3.2
55-59	1.0	0.9	1.9	1.2	1.0	2.2	1.0	1.2	2.1	1.1	0.9	2.0	1.2	1.0	2.2
60-64	1.2	0.7	1.9	1.1	1.1	2.2	1.0	0.9	1.9	1.1	0.9	2.0	0.9	0.9	1.8
65-69	0.5	0.3	0.9	0.6	0.6	1.2	0.5	0.3	0.8	0.6	0.4	1.0	0.5	0.5	1.0
70-74	0.7	0.3	0.9	0.8	0.7	1.5	0.6	0.5	1.0	0.7	0.5	1.2	0.5	0.4	0.8
75-79	0.1	0.1	0.2	0.3	0.2	0.5	0.4	0.1	0.5	0.2	0.1	0.4	0.3	0.2	0.4
80 +	0.2	0.2	0.5	0.4	0.3	0.7	0.2	0.2	0.4	0.3	0.3	0.5	0.3	0.3	0.6
Missing /DK	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0
Total	50.2	49.7	100.0	49.3	50.7	100.0	50.3	49.7	100.0	49.9	50.1	100.0	50.0	50.0	100.0
Number	7,030	6,961	13,995	4,769	4,896	9,665	1,765	1,743	3,508	13,565	13,600	27,168	9,927	9,915	19,843

Table 2.2 Household composition

Percent distribution of households by sex of head of household and household size, by city type and urban NSDP/urban non-NSDP, 2003.

Characteristic	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Overall	
Sex of household head					
Male	90.8	89.7	90.8	90.4	92.2
Female	9.2	10.3	9.2	9.6	7.8
Total	100.0	100.0	100.0	100.0	100.0
Number of usual members					
1	0.5	1.1	0.6	0.7	0.5
2	6.8	5.5	6.7	6.3	6.8
3	15.0	16.9	14.0	15.5	17.8
4	22.4	25.3	17.1	22.8	25.1
5	22.8	21.2	16.1	21.4	21.6
6	13.3	14.0	17.9	14.1	13.7
7	9.0	7.4	14.0	9.0	6.4
8	4.7	3.3	5.7	4.3	3.3
9+	5.5	5.4	7.9	5.8	4.8
Total	100.0	100.0	100.0	100.0	100.0
Mean size	5.0	4.9	5.4	5.0	4.8

2.3 Marital Status

The distribution of household population by five-year age group is shown in tables 2.3A (males) and 2.3B (females). The proportion never married dropped sharply with age for both men and women. Just over 40% of men were never married in project and non-project areas. The figure for women was just over 30%.

Table 2.3A Marital status, males

Percent distribution of male household population by five-year age group, according to marital status, by city type and Urban NSDP and non-NSDP areas, 2003.

	Project areas														
	City corporations			District municipalities			Thana municipalities			Overall			Non-project areas		
Age group	CM	FM	NM	CM	FM	NM	CM	FM	NM	CM	FM	NM	CM	FM	NM
10-14	1.0	0.7	98.3	0.9	0.0	99.1	0.3	0.1	99.6	0.9	0.4	98.8	0.3	0.2	99.5
15-19	2.0	0.1	97.8	2.2	0.4	97.3	1.3	0.3	98.4	2.0	0.3	97.7	1.3	0.0	98.6
20-24	19.9	0.3	79.9	21.9	0.1	78.0	31.8	1.8	66.4	21.8	0.4	77.8	15.6	0.0	84.4
25-29	57.8	0.2	42.0	62.5	0.2	37.3	62.9	0.5	36.6	60.0	0.2	39.7	58.3	0.2	41.5
30-34	82.9	0.2	16.8	85.3	0.7	14.1	83.3	0.0	16.7	83.7	0.3	15.9	81.8	0.6	17.5
35-39	96.1	0.0	3.9	96.0	0.5	3.5	94.0	1.3	4.8	95.8	0.3	3.9	93.9	1.5	4.6
40-44	98.3	0.6	1.0	97.7	0.5	1.8	97.2	1.1	1.7	98.0	0.6	1.4	98.5	0.5	0.9
45-49	99.7	0.0	0.3	99.6	0.0	0.4	99.4	0.6	0.1	99.6	0.1	0.3	98.6	0.6	0.8
50-54	98.8	1.2	0.0	96.1	2.5	1.4	100.0	0.0	0.0	97.9	1.6	0.6	97.5	1.5	1.0
55-59	97.4	2.6	0.0	99.1	0.9	0.0	100.0	0.0	0.0	98.4	1.6	0.0	95.3	4.2	0.4
60-64	98.9	1.1	0.0	97.4	2.6	0.0	93.0	6.9	0.2	97.7	2.3	0.0	91.6	8.2	0.2
65-69	97.2	2.8	0.0	90.4	8.8	0.8	98.9	1.1	0.0	94.7	5.0	0.3	83.5	16.5	0.0
70-74	84.2	15.8	0.0	88.6	10.3	1.1	95.3	4.7	0.0	87.2	12.3	0.5	91.0	9.0	0.0
75-79	84.9	15.1	0.0	91.0	9.0	0.0	70.1	29.9	0.0	84.5	15.5	0.0	93.5	6.5	0.0
80 +	86.5	13.5	0.0	79.8	17.7	2.5	77.8	22.2	0.0	82.2	16.5	1.3	70.3	29.7	0.0
Missing /DK	63.3	0.0	36.7	-	-	-	100.0	0.0	0.0	66.3	0.0	33.7	33.9	66.1	0.0
Total	55.1	0.8	44.1	58.2	1.1	40.8	54.1	1.3	44.6	56.1	1.0	43.0	56.2	1.4	42.4
Number	3,025	44	2,424	2,189	41	1,534	692	16	570	5,906	101	4,528	4,338	106	3,273

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

Table 2.3B Marital status, females

Percent distribution of female household population by five-year age group, according to marital status, by city type and Urban NSDP and non-NSDP areas, 2003.

	Project areas														
	City corporations			District municipalities			Thana municipalities			Overall			Non-project areas		
Age group	CM	FM	NM	CM	FM	NM	CM	FM	NM	CM	FM	NM	CM	FM	NM
10-14	1.2	0.0	98.8	2.4	0.2	97.4	2.3	0.0	97.7	1.8	0.1	98.1	1.8	0.0	98.2
15-19	34.6	1.6	63.7	40.6	0.6	58.8	44.6	1.7	53.7	38.0	1.3	60.7	31.4	1.2	67.4
20-24	69.0	3.8	27.3	72.8	3.9	23.2	82.9	1.8	15.4	71.7	3.6	24.7	72.9	2.6	24.5
25-29	86.8	4.1	9.2	89.5	2.5	8.0	87.0	7.8	5.2	87.7	4.0	8.3	87.3	2.6	10.1
30-34	90.6	6.1	3.3	91.3	6.5	2.2	90.7	6.2	3.1	90.9	6.3	2.9	91.4	5.0	3.5
35-39	88.1	9.7	2.2	85.2	13.9	0.9	87.3	11.4	1.3	86.8	11.6	1.6	88.7	9.7	1.6
40-44	84.6	15.4	0.0	86.4	12.9	0.6	82.7	15.9	1.3	85.1	14.6	0.4	87.5	12.5	0.0
45-49	81.5	18.5	0.0	81.0	18.5	0.6	82.3	17.7	0.0	81.4	18.4	0.2	79.2	20.3	0.6
50-54	71.8	26.8	1.4	72.1	26.9	1.0	75.1	24.9	0.0	72.2	26.7	1.2	66.8	33.0	0.3
55-59	55.5	44.5	0.0	64.6	35.1	0.4	50.1	49.9	0.0	57.9	41.9	0.1	45.0	54.6	0.4
60-64	36.6	63.4	0.0	39.3	60.7	0.0	52.4	47.6	0.0	40.0	60.0	0.0	32.6	67.0	0.3
65-69	33.6	66.4	0.0	41.9	58.1	0.0	41.7	58.3	0.0	38.9	61.1	0.0	22.0	78.0	0.0
70-74	14.2	85.8	0.0	21.5	77.9	0.6	17.0	78.3	4.7	18.6	80.3	1.0	20.7	79.3	0.0
75-79	0.0	100.0	0.0	2.6	97.4	0.0	0.0	100.0	0.0	1.4	98.6	0.0	11.4	88.6	0.0
80 +	7.3	92.7	0.0	3.1	96.9	0.0	2.7	97.3	0.0	5.1	94.9	0.0	11.7	88.3	0.0
Missing /DK	0.0	100.0	0.0	0.0	100.0	0.0	0.0	100.0	0.0	0.0	100.0	0.0	5.3	94.7	0.0
Total	58.4	9.4	32.1	60.1	11.4	28.5	59.5	10.2	30.3	59.2	10.2	30.6	57.8	10.2	32.0
Number	3,126	504	1,720	2,283	433	1,080	727	125	371	6,135	1,062	3,171	4,470	791	2,475

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

2.4 Characteristics of Household Child Members

The distribution of children aged 7-13 years by school attendance and employment status is shown in Table 2.4. More than 80% of school aged boys and girls up to age 11 were attending school in NSDP areas. Attendance dropped gradually with age. Gender differentials in school attendance were virtually nonexistent. At certain ages, school attendance was higher in project areas, while at other ages it was lower.

The proportion working increased with age in both NSDP and non-NSDP areas. Even at age 7, 4.3% of girls in NSDP areas were working. By age 13, 18.4% of boys and 13.9% of girls were working. Overall, 48.1% of boys and 23.5% of girls were engaged in paid employment in NSDP areas. In non-NSDP areas, the figures were 56% and 17%, respectively.

2.5 Housing Characteristics

Information regarding water supply and sanitation facilities is presented in Table 2.5. Tube wells were the major source of drinking water in both NSDP and non-NSDP areas, supplying 59% and 51% of households, respectively. They were followed in importance by piped water inside the dwelling (34% and 44%, respectively). Households in thana municipalities tended to be of lower socioeconomic status and have less access to safe water (and decent sanitation). Only 3% of them had piped water inside their dwelling (against 17% in district municipalities and 53% in City Corporations). Tube wells were the most common source of drinking water in district (78%) and thana (95%) municipalities. There was generally little change in sources of drinking water since the 2001 survey.

Sanitation facilities varied extensively among urban areas. Modern toilets were most common in city corporations (58%), followed by district municipalities (41%). Only 15% of households in thana municipalities had them. Just over 50% shared toilet facilities with others in NSDP and non-NSDP areas.

Table 2.4 Characteristics of child household members

Percentage of child household members age 7-13 years by school attendance status and employment status by division, according to NSDP residence, Bangladesh 2003.

	Project areas									
	City corporations		District municipalities		Thana municipalities		Overall		Non-project areas	
Sex and Age	%	N	%	N	%	N	%	N	%	N
Boys currently attending school										
7	85.2	171.0	88.6	112.0	84.7	62.0	86.2	345.0	91.8	214.0
8	87.5	165.0	91.7	121.0	87.4	71.0	88.9	357.0	90.9	256.0
9	93.8	122.0	85.9	97.0	83.6	40.0	89.3	259.0	94.6	172.0
10	83.6	172.0	77.5	124.0	76.8	61.0	80.3	357.0	82.6	230.0
11	81.0	144.0	83.6	92.0	86.2	37.0	82.6	273.0	87.6	155.0
12	76.0	199.0	73.5	129.0	79.0	70.0	75.7	399.0	76.3	189.0
13	59.6	142.0	78.4	74.0	78.5	39.0	67.9	254.0	73.1	214.0
Girls currently attending school										
7	87.3	161.0	87.2	107.0	91.7	61.0	88.1	328.0	86.7	217.0
8	87.3	159.0	85.2	123.0	93.8	75.0	87.9	356.0	84.7	204.0
9	78.5	141.0	81.0	78.0	76.5	60.0	78.8	279.0	90.7	204.0
10	77.8	172.0	81.8	152.0	85.4	40.0	80.3	364.0	75.5	210.0
11	81.5	131.0	85.2	72.0	85.2	41.0	83.2	245.0	82.8	233.0
12	65.1	180.0	70.6	144.0	67.8	56.0	67.6	379.0	70.3	271.0
13	63.5	172.0	67.6	110.0	72.1	30.0	65.8	312.0	72.9	232.0
Boys currently working										
7	0.0	171.0	0.9	112.0	0.1	62.0	0.3	345.0	0.9	214.0
8	3.1	165.0	0.6	121.0	1.3	71.0	1.9	357.0	2.5	256.0
9	2.2	122.0	2.5	97.0	1.5	40.0	2.2	259.0	3.0	172.0
10	10.3	172.0	8.7	124.0	15.7	61.0	10.7	357.0	10.0	230.0
11	10.6	144.0	10.4	92.0	12.5	37.0	10.8	273.0	8.6	155.0
12	18.3	199.0	18.5	129.0	21.1	70.0	18.9	399.0	13.9	189.0
13	20.0	142.0	14.5	74.0	20.1	39.0	18.4	254.0	15.8	214.0
Girls currently working										
7	7.6	161.0	1.9	107.0	0.0	61.0	4.3	328.0	3.2	217.0
8	3.6	159.0	9.6	123.0	0.6	75.0	5.0	356.0	3.0	204.0
9	5.9	141.0	13.9	78.0	3.4	60.0	7.6	279.0	5.2	204.0
10	13.8	172.0	15.4	152.0	5.2	40.0	13.5	364.0	12.7	210.0
11	10.9	131.0	7.0	72.0	6.2	41.0	8.9	245.0	10.4	233.0
12	22.3	180.0	16.0	144.0	7.2	56.0	17.7	379.0	19.9	271.0
13	16.5	172.0	13.2	110.0	1.3	30.0	13.9	312.0	12.6	232.0
Male										
Type of work										
Cash	42.2	45.0	46.8	28.0	66.2	25.0	48.1	98.0	56.1	62.0
Kind	7.8	8.0	11.0	7.0	9.1	4.0	9.0	18.0	5.1	6.0
Both	16.8	18.0	19.0	11.0	1.9	1.0	14.6	30.0	15.1	17.0
Nothing	15.8	17.0	15.3	9.0	12.4	5.0	15.0	30.0	11.0	12.0
Missing	17.4	18.0	7.8	5.0	10.3	4.0	13.3	27.0	12.7	14.0
Female										
Type of work										
Cash	31.4	42.0	10.0	9.0	37.9	4.0	23.5	55.0	16.5	26.0
Kind	6.2	8.0	10.8	10.0	9.6	1.0	8.1	19.0	8.4	13.0
Both	50.9	67.0	66.8	61.0	8.1	1.0	54.9	129.0	57.8	91.0
Nothing	3.9	5.0	4.1	4.0	40.4	5.0	5.8	14.0	5.0	8.0
Missing	7.6	10.0	8.3	8.0	4.1	0.0	7.7	18.0	12.3	19.0

Note: Table is based on de jure members, i.e., usual residents, of age 7–13 years.

Table 2.5 Housing characteristics, plumbing

Percent distribution of households by housing characteristics, by city type and urban NSDP/urban non-NSDP, 2003.

Characteristic	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Overall	
Water source for dishwashing					
Piped inside dwelling	56.9	27.3	3.5	39.5	48.3
Piped outside dwelling	8.4	2.0	0.0	5.0	3.4
Tube well	27.3	64.8	71.0	46.4	42.0
Surface/other well	0.8	0.4	0.4	0.6	0.2
Pond/tank/lake	6.2	3.9	24.7	7.6	5.8
River/stream	0.2	1.6	0.4	0.8	0.1
Rainwater	0.0	0.0	0.0	0.0	0.0
Other	0.1	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0
Source of drinking water					
Piped inside dwelling	52.9	17.4	3.0	33.8	44.1
Piped outside dwelling	9.5	3.4	0.4	6.2	4.0
Tube well	36.5	77.8	95.4	58.9	51.3
Surface/other well	0.3	0.2	0.1	0.2	0.0
Pond/tank/lake	0.4	0.3	1.1	0.5	0.4
River/stream	0.2	0.9	0.0	0.5	0.0
Rainwater	0.0	0.0	0.0	0.0	0.1
Other	0.2	0.0	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0
Type of toilet facility					
Septic tank/toilet	58.1	40.8	14.8	46.5	48.5
Water sealed/slab latrine	18.5	23.8	16.1	20.1	14.3
Pit latrine	5.6	18.8	21.1	12.3	12.1
Open latrine	16.0	13.2	36.3	17.5	22.2
Hanging latrine	1.4	1.3	1.7	1.4	0.5
No facility, bush	0.1	2.0	8.9	1.9	2.2
Other	0.0	0.0	0.5	0.1	0.2
Missing	0.2	0.1	0.6	0.2	0.0
Total	100.0	100.0	100.0	100.0	100.0
Share toilet facility with other households					
Yes	55.2	46.9	55.7	52.2	53.5
No	43.7	52.5	42.3	46.8	45.9
Missing	1.1	0.5	2.0	1.0	0.6
Total	100.0	100.0	100.0	100.0	100.0
Total	2,757	1,974	662	5,393	4,093

2.6 Housing Characteristics and Possession of Durable Goods

Table 2.6 presents information about roof, wall, and floor materials. Rudimentary roofs were most common in both NSDP and non-NSDP areas. Among households in district municipalities, 75.6% had rudimentary (tin) roofs compared with 62% and 53.8% in thana municipalities and city corporations, respectively. Three in 10 households in thana municipalities had a natural roof (such as bamboo and thatch). In non-NSDP areas, 41.6% of houses had finished (cement and concrete) roofs, while the figure for NSDP areas was only 29.5%.

The proportion of households with walls of brick and cement was highest in city corporations (68%), followed by district (51.4%) and thana (21.6%) municipalities. A higher proportion of households lived in more solid dwellings in non-NSDP areas (67.4% versus 56.3%). The majority (73.8%) of dwellings in city corporations had cement/concrete floors. The figures for district and thana municipalities were 55.6% and 21%, respectively.

Among houses in city corporations, 64.7% were rented (for district and thana municipalities the figures were 32.1% and 11.8%, respectively). Ownership of homestead land was less common in city corporations. Overall, about 36% of households in project areas owned other land besides the homestead.

Respondents were asked whether their household had enough food for the following day, or the means to obtain enough. More than 80% of respondents in NSDP and non-NSDP areas indicated that they had enough food or means to obtain sufficient food.

Table 2.6 Housing characteristics, structure, ownership, food supply

Percent distribution of households by housing characteristics, by city type and urban NSDP/urban non-NSDP areas, 2003.

	Project areas				
Characteristic	City corporations	District municipalities	Thana municipalities	Overall	Non-project areas
Main material of the roof					
Natural roof	6.2	1.3	30.3	7.4	5.7
Rudimentary roof	53.8	75.6	62.1	62.8	52.7
Finished roof	39.4	22.9	7.6	29.5	41.6
Other	0.5	0.1	0.0	0.3	0.1
Missing	0.1	0.0	0.0	0.0	0.0
Main material of the walls					
Natural walls	25.6	19.4	59.6	27.5	23.0
Rudimentary walls	0.5	1.0	1.0	0.8	1.1
Brick/cement	68.1	51.4	21.6	56.3	67.4
Tin	5.6	28.1	17.6	15.3	8.4
Other	0.0	0.1	0.0	0.0	0.0
Missing	0.1	0.0	0.2	0.0	0.0
Main material of floor					
Earth/bamboo	23.9	42.0	78.9	37.3	29.2
Wood	2.1	2.4	0.1	1.9	1.1
Cement/concrete	73.8	55.6	21.0	60.6	69.6
Other	0.1	0.0	0.0	0.1	0.0
Missing	0.1	0.0	0.0	0.1	0.1

Table 2.6 Housing characteristics, structure, ownership, food supply (continured)

Percent distribution of households by housing characteristics, by city type and urban NSDP/urban non-NSDP areas, 2003.

Characteristic	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Overall	
Rented house					
Yes	64.7	32.1	11.8	46.3	54.2
No	35.3	67.8	42.6	48.1	45.7
Missing	0.0	0.0	45.6	5.6	0.1
Monthly rent (Thaka)					
< 500	7.4	10.7	4.8	8.3	9.2
500-999	14.4	7.3	2.5	10.4	9.9
1000-1499	14.2	5.7	1.5	9.5	8.8
1500-1999	7.1	2.3	0.9	4.6	7.0
2000-2499	4.1	2.2	0.6	3.0	4.2
2500+	17.4	3.7	1.3	10.4	14.5
Mean rent	2,033.9	1,092.8	1,026.2	1,763.8	1,925.3
Estimated monthly rent (Thaka)					
< 500	3.2	21.3	36.5	13.9	11.7
500-999	5.5	15.0	9.9	9.5	9.8
1000-1499	6.0	11.4	5.4	7.9	6.0
1500-1999	3.4	5.2	2.3	3.9	3.3
2000-2499	4.3	5.6	2.0	4.5	4.8
2500+	12.8	8.7	2.2	10.0	9.8
Mean rent	2,514.8	1,205.0	554.9	1,583.8	1,734.6
Household owns homestead					
Yes	79.4	87.9	92.2	84.1	84.0
No	20.6	12.0	7.8	15.9	15.9
Missing	0.1	0.0	0.0	0.1	0.1
Household owns any other land					
Yes	37.0	34.8	35.1	35.9	39.1
No	63.0	65.2	64.9	64.1	60.9
Missing	0.0	0.0	0.0	0.0	0.0
Amount of land owned					
No land	63.2	65.3	65.0	64.2	61.3
< 50 decimals	8.8	8.4	14.1	9.3	7.8
50-99 decimals	4.8	4.2	6.8	4.8	4.9
1.00 acres - 1.99 acres	6.1	6.6	6.0	6.3	5.4
2.00 acres - 4.99 acres	5.5	5.6	3.9	5.3	5.1
5+ acres	2.8	3.7	1.4	2.9	3.6
DK/missing	8.9	6.2	2.8	7.2	11.9
Household has enough food for tomorrow					
Yes	82.9	84.9	76.7	82.9	85.4
No	16.9	15.1	23.3	17.0	14.5
Missing	0.2	0.0	0.0	0.1	0.2
Household has enough means to get enough food					
Yes	88.6	89.9	82.4	88.3	91.0
No	11.1	10.0	17.4	11.4	8.7
Missing	0.3	0.2	0.2	0.2	0.3
Total	2,757	1,974	662	5,393	4,093

Table 2.7 presents data on the possession of consumer durables. Nearly 95% of households in city corporations had electricity, compared with 40.8% in thana municipalities. Ownership of durable goods varied substantially across NSDP urban areas. Non-NSDP households had slightly better socioeconomic status. They were more likely to have a watch or clock (83.7% versus 81.7%), cot or bed (95.1% versus 92.1%), a bicycle (17.8% versus 17.9%), finished or tin roof (94.3% versus 92.3%), brick walls (67.4% versus 56.3%), and telephone (20.0% versus 18.0%). This may reflection the targeting of "underserved" and thus perhaps less affluent areas.

Table 2.7 Household assets and amenities

Percent distribution of households by household amenities and ownership of common assets, by city type and urban NSDP/urban non-NSDP areas, 2003.

Characteristic	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Overall	
Electricity					
Yes	94.6	85.5	40.8	84.6	88.3
No	5.4	14.5	59.2	15.4	11.7
Almirah					
Yes	57.2	53.6	32.8	52.9	55.7
No	42.8	46.3	67.0	47.0	44.1
Missing	0.0	0.1	0.2	0.1	0.2
Table or chair					
Yes	64.3	79.1	58.3	69.0	70.5
No	35.7	20.9	41.7	31.0	29.5
Missing	0.0	0.0	0.1	0.0	0.0
Bench					
Yes	68.6	81.7	59.5	72.3	72.7
No	31.3	18.2	40.5	27.6	27.2
Missing	0.1	0.1	0.0	0.1	0.1
Watch or clock					
Yes	84.6	82.8	66.1	81.7	83.7
No	15.3	17.1	33.9	18.3	16.3
Missing	0.1	0.1	0.0	0.1	0.0
Cot or bed					
Yes	93.0	96.2	76.3	92.1	95.1
No	7.0	3.7	23.7	7.8	4.9
Missing	0.0	0.1	0.0	0.0	0.0
Radio					
Yes	39.2	43.3	26.6	39.2	37.7
No	60.4	56.5	73.4	60.5	62.2
Missing	0.4	0.2	0.1	0.3	0.1
Television					
Yes	64.1	61.5	24.4	58.3	63.2
No	35.9	38.4	75.5	41.7	36.8
Missing	0.0	0.2	0.1	0.1	0.0

Table 2.7 Household assets and amenities (continued)

Percent distribution of households by household amenities and ownership of common assets, by city type and urban NSDP/urban non-NSDP areas, 2003.

Characteristic	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Overall	
Bicycle					
Yes	11.3	27.9	15.3	17.9	17.8
No	88.7	71.8	84.7	82.0	82.1
Missing	0.0	0.2	0.0	0.1	0.0
Motorcycle					
Yes	3.2	8.1	2.2	4.9	3.4
No	96.8	91.7	97.8	95.0	96.5
Missing	0.1	0.2	0.0	0.1	0.1
Sewing machine					
Yes	17.0	16.9	8.0	15.9	16.3
No	82.9	82.7	92.0	84.0	83.7
Missing	0.1	0.3	0.0	0.2	0.0
Telephone					
Yes	22.1	16.9	3.8	18.0	20.0
No	77.8	82.7	96.2	81.9	80.0
Missing	0.1	0.4	0.0	0.2	0.0
Total	2,757	1,974	662	5,393	4,093

2.7 Socioeconomic Status

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

This procedure was used to classify households in project and non-project areas by quintiles. Henceforth, we sometimes refer to the SES classification as "asset quintiles." It is important to note that the procedure used in 2003 differed from the one used in 2001, when factor scores were obtained from the urban sample of the *1999/2000 Bangladesh Demographic and Health Survey*. The classification of 2003 households was independent of any national socioeconomic distribution because no comparable national household survey was carried out at that time. The 2003 SES classification was specific to the urban NSDP project and non-project comparison area populations and not strictly comparable to the 2001 SES classification. Caution should be exercised when making comparisons of the 2001 and 2003 results by socioeconomic status.

CHAPTER 3. WOMEN'S CHARACTERISTICS AND STATUS

The chapter describes the circumstances of women of reproductive age interviewed in the 2003 NSDP evaluation survey. The distributions of various demographic and socioeconomic characteristics are presented and discussed.

3.1 General Characteristics

Table 3.1 provides the distribution of respondents by general background characteristics, such as age, residence, marital status, religion, education and literacy. In NSDP areas, 51.1% of ever-married women lived in city corporations, 37.1% resided in district municipalities, and 11.8% were from thana municipalities. About nine of every 10 were Muslim, with most of the rest Hindu.

There were comparatively few respondents under age 20. This is because only ever-married women were interviewed, and many do not marry by age 20 in urban areas. Beginning with the age 35-39 cohort, the proportion of respondents gradually dropped in older age groups. Thus, in NSDP areas, 55% of those interviewed were 20 to 34 years old (with 33% age 35 or older and 12% below 20), very similar to the 2001 survey. About nine of 10 were currently married and 4% were widowed, with the rest (about 4%) divorced, separated or deserted. Most currently married women resided with their husbands. Most ever-married women (92.8%) had been married only once. However, women with multiple marriages may have been reluctant to tell the interviewer.

Over 30% of ever-married women in NSDP areas had never attended school. About 23.8% had attended only primary school, while about 32% had some secondary education, and 11.7% had higher secondary or college/university education. The proportion with some secondary or higher secondary education was a slight increase, from 40.9% in 2001. Those who reported being able to read and write a letter easily accounted for 51.7%. Between project and non-project areas, there was little variation in the sample by age, marital status, education, religion, and asset quintile.

Table 3.1 Background characteristics of respondents

Percent distribution of women by selected background characteristics, by Urban NSDP and Urban non-NSDP areas, 2003.

Background Characteristic	NSDP Project areas			NSDP Non project areas		
	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Age group						
10-14	0.5	30	34	0.5	22	13
15-19	11.3	640	638	9.6	405	468
20-24	18.2	1,036	1,032	19.2	806	781
25-29	18.2	1,035	1,021	17.2	723	728
30-34	19.2	1,091	1,069	19.5	818	757
35-39	13.1	743	786	14.0	586	610
40-44	10.6	601	596	10.8	456	477
45-49	9.0	515	515	9.2	385	367
Domain						
City Corporations	51.1	2,906	2,059	0.0	0.0	0.0
District Municipalities	37.1	2,113	2,376	0.0	0.0	0.0
Thana Municipalities	11.8	672	1,256	0.0	0.0	0.0
Marital status						
Married	91.7	5,218	5,227	92.7	3,893	3,881
Separated	1.7	98	83	1.4	59	60
Deserted	1.2	68	56	1.0	43	38
Divorced	1.1	63	71	0.8	35	41
Widowed	4.3	245	254	4.0	169	181
Household asset quintile						
Poorest	19.8	1,126	1,162	20.1	843	1,178
2	20.1	1,145	1,179	20.2	850	983
3	20.0	1,138	1,146	20.1	843	758
4	20.3	1,156	1,137	19.8	831	627
Richest	19.8	1,126	1,067	19.9	835	655
Husband staying with her						
Yes	86.5	4,926	4,929	89.1	3,742	3,702
No	4.9	278	287	3.2	136	165
Missing	8.6	487	475	7.7	322	334
Married once/more than once						
Once	92.8	5,280	5,344	94.6	3,973	3,927
More than once	4.0	229	210	3.4	142	181
Missing	3.2	182	137	2.1	86	93
Highest educational level						
No education	32.5	1,849	1,820	29.5	1,238	1,461
Primary	23.8	1,352	1,376	24.5	1,031	1,075
Secondary	32.1	1,829	1,855	34.1	1,433	1,293
Higher secondary	5.9	333	326	6.9	288	212
College/University	5.8	328	314	5.1	212	160
Can read or write letter						
Easily	51.7	2,942	2,961	56.0	2,353	2,047
With difficulty	9.4	534	536	9.2	388	409
Not at all	38.8	2,209	2,187	34.4	1,445	1,727
Missing	0.1	6	7	0.4	15	18
Religion						
Islam	91.1	5,183	5,150	88.9	3,735	3,838
Hinduism	8.1	459	501	10.4	438	319
Buddhism	0.4	23	19	0.1	3	12
Christianity	0.5	26	20	0.4	18	28
Other	0.0	0	0	0.0	0	1
Missing	0.0	0	1	0.1	6	3
Total	100.0	5,691	5,691	100.0	4,201	4,201

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

3.2 Differentials in Education

The distribution of education is provided in Table 3.2. There was an inverse relationship between age and education. While nearly 46% aged 45-49 years had never attended school, the proportion dropped with each successively younger age cohort (finally reaching about 19% and 12.4% in the 15-19 and 10-14 age groups, respectively). For primary education, the procession was from 18.6% in the oldest cohort to 51.4% in the youngest. A similar pattern was evident for higher levels of education (excluding the censored observations of the youngest cohort). As in the 2001 survey, median years of schooling peaked in the 25-34 age group, at 8. (The lower median for younger women partly reflected censoring). Median years of schooling increased slightly in every age group from 2001 levels.

Education was inversely related to socioeconomic status. For instance, 65.2% in the lowest asset quintile in project areas received no formal education, compared with 7.8% in the highest one. Approximately 80% in the highest quintile had secondary or higher education, while less than 10% in the lowest one did.

In NSDP areas, women had less education in thana municipalities: about 51% in thana municipalities never attended school, compared to 27.6% in district municipalities and 31.7% in city corporations. While 13% had higher secondary or college/university education in district municipalities, less than 3% did in thana municipalities. Women in non-project areas were slightly better educated: about 30% had no education, compared to 32.5% in project areas.

Table 3.2 Educational attainment by background characteristics

Percent distribution of women by highest level of schooling attained, and median number of years of schooling, according to selected background characteristics, Urban NSDP/Urban non-NSDP areas, 2003.

Background Characteristic	No education	Primary	Secondary	Higher secondary	College/ University	Total	Number of women	Median years of schooling	Mean years of schooling
Age group									
10-14	12.4	51.4	36.2	0.0	0.0	100.0	30	4.8	5.3
15-19	19.2	32.4	46.9	1.4	0.2	100.0	640	6.5	6.7
20-24	24.8	26.9	37.7	7.7	2.9	100.0	1,036	7.2	7.5
25-29	28.5	22.8	32.2	6.5	10.0	100.0	1,035	7.9	8.2
30-34	35.3	21.4	28.3	7.0	8.1	100.0	1,091	8.1	8.2
35-39	37.3	22.7	28.4	5.3	6.3	100.0	743	7.1	7.6
40-44	45.5	19.4	26.5	4.5	4.1	100.0	601	7.5	7.7
45-49	45.6	18.6	22.4	6.9	6.5	100.0	515	7.6	8.1
Domain									
City Corporations	31.7	24.9	30.8	6.0	6.6	100.0	2,906	7.3	7.7
District Municipalities	27.6	22.3	37.0	7.0	6.1	100.0	2,113	7.9	8.0
Thana Municipalities	51.2	23.5	22.4	1.6	1.2	100.0	672	0.0	6.4
Household asset quintile									
Poorest	65.2	26.5	8.3	0.1	0.0	100.0	1,126	0.0	4.5
2	45.4	31.7	22.2	0.5	0.2	100.0	1,145	4.7	5.6
3	30.0	30.9	34.4	3.5	1.2	100.0	1,138	5.8	6.6
4	14.3	17.8	49.4	9.7	8.7	100.0	1,156	8.5	8.7
Richest	7.8	11.9	46.0	15.5	18.8	100.0	1,126	9.4	10.0
Project - non project areas									
NSDP Project areas	32.5	23.8	32.1	5.9	5.8	100.0	5,691	7.4	7.7
NSDP Non project areas	29.5	24.5	34.1	6.9	5.1	100.0	4,201	7.4	7.8

3.3 Exposure to Mass Media

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

In NSDP areas, eight of 10 respondents usually watched television, with nearly 60% doing so everyday and 17.9% doing so at least once a week. More than 37% usually listened to radio (14.7% everyday and about 14% at least once a week). Newspapers/magazines were read by 31.4%, with 10.6% doing so everyday and 11.2% doing so at least once a week. The percentage exposed to television represented a slight increase (from 80.8% in 2001), while usually listening to radio declined (from 41.4% in 2001 to 37.4%). There was little variation in exposure to mass media between project and non-project areas.

Table 3.3 Exposure to mass media by area

Percent distribution of women by selected background characteristics by Urban NSDP and Urban non-NSDP areas, 2003.

	NSDP Project areas		NSDP Non project areas	
Background characteristic	Total	Number	Total	Number
Usually reads paper or magazine				
Yes	31.4	1,785	33.6	1,410
No	68.5	3,897	66.1	2,776
Missing	0.2	10	0.3	14
How often reads newspaper				
Does not read/cannot read	68.6	3,907	66.4	2,791
Every day	10.6	605	10.5	442
At least once a week	11.2	639	14.0	589
Less than once a week	9.4	537	9.0	376
Missing	0.1	4	0.1	3
Usually listens to radio				
Yes	37.4	2,131	36.2	1,522
No	62.5	3,556	63.6	2,674
Missing	0.1	4	0.1	5
How often listens to radio				
Does not listen	62.6	3,560	63.8	2,679
Every day	14.7	834	12.6	531
At least once a week	14.4	821	15.6	655
Less than once a week	8.4	476	8.0	335
Missing	0.0	0	0.0	2
Watches TV				
Yes	82.6	4,700	86.5	3,633
No	17.4	991	13.4	564
Missing	0.0	1	0.1	4
How often watches TV				
Does not watch	17.4	991	13.5	568
Every day	60.4	3,440	66.6	2,798
At least once a week	17.9	1,021	15.5	650
Less than once a week	4.1	232	4.3	182
Missing	0.1	6	0.1	4
Total	100.0	5,691	100.0	4,201

Differentials in exposure to mass media by select background characteristics are presented in Table 3.4. Only about 7% had exposure to all three media at least once a week, a slight decrease from 2001 (10%). The percentage having exposure to all three media at least once a week was lower in thana than district municipalities or city corporations, while the percentage listening to radio at least once a week was lower in city corporations. There was only modest variation in exposure between district municipalities and city corporations. However, women generally had much less exposure to media in thana municipalities.

Exposure to television and radio was generally greater among younger women. About 80 to 82% of those aged 15-24 watched television at least once a week, compared to 75% of those aged 45-49. For radio, the figures ranged from 28.3% in the oldest age group to 38.2% aged 15-19. However, older women were more likely to read newspaper/magazines.

More educated women had greater exposure to media. For example, the proportion who watched television at least once a week ranged from 61.9% of those with no education to 89% of those with secondary education and 95% of the college/university educated. Exposure was also higher among the wealthy. Nearly half in the poorest quintile had no exposure to mass media, as compared with only 1.7% in the richest one. Only 2.3% in the poorest quintile read a newspaper weekly, compared to more than half in the richest one. Women in the poorest quintile were less than half as likely to watch television.

Table 3.4 Exposure to mass media by background

Percentage of women who usually read a newspaper weekly, watch television weekly, and listen to the radio weekly, by selected background characteristics, Urban NSDP/Urban non -NSDP areas, 2003.

Background Characteristic	No mass media	Reads a newspaper weekly	Watches television weekly	Listens to the radio weekly	All three media	Number
Age group						
10-14	15.8	24.9	77.3	37.2	9.6	30
15-19	14.7	15.2	80.8	38.2	6.0	640
20-24	13.9	20.3	82.3	31.9	6.8	1036
25-29	15.1	22.0	79.9	30.4	6.7	1035
30-34	16.8	23.9	77.8	25.8	7.5	1091
35-39	19.8	22.3	76.9	24.7	6.5	743
40-44	**23.2**	23.1	72.3	24.0	7.1	601
45-49	22.1	26.4	75.1	28.3	9.5	515
City Type						
City	13.5	24.1	82.9	26.4	6.7	2906
District	14.1	23.1	82.4	32.4	8.8	2113
Thana	43.7	8.5	46.5	30.2	3.2	672
Highest educational level						
No education	34.3	0.2	61.9	23.0	0.2	1849
Primary	16.9	4.8	78.0	31.4	1.4	1352
Secondary	6.2	37.7	89.0	32.8	12.7	1829
Higher secondary	0.9	65.0	96.9	32.1	20.2	333
College/University	1.6	82.3	95.0	29.8	24.8	328
Asset Quintile						
Poorest	48.9	2.3	45.8	20.1	0.9	1126
2	20.8	6.1	72.7	31.7	1.6	1145
3	10.8	13.3	83.0	31.1	4.3	1138
4	4.6	34.3	93.4	28.8	9.7	1156
Richest	1.7	53.3	96.8	33.7	19.1	1126
Total Urban NSDP	17.3	21.9	78.4	29.1	7.1	5691
Total Urban non-NSDP	13.9	24.6	82.1	28.2	7.7	4201

3.4 Membership in NGOs

Table 3.5 provides the percentage of women affiliated with an NGOs, such as Grameen Bank, BRAC, BRDB, Mothers Club, Proshika, and ASHA. Overall, 26.4% belonged to some NGO. As in the previous survey, ASHA and BRAC were the most popular in NSDP areas, claiming 8.3% and 4.3%, respectively, as members. Only 2% reported membership with any other NGO. There was little variation in affiliation between project and non-project areas. The percentage affiliated with an NGO slightly increased from 2001 (23.7%).

Table 3.5 Membership in NGOs

Percent distribution of women by selected background characteristics, by Urban NDSP and Urban non-NSDP areas, 2003.

	NSDP Project areas		NSDP Non project areas	
NGO	Total	Number	Total	Number
Belongs to Grameen bank				
Yes	1.3	72	2.1	87
No	98.7	5,615	97.9	4,112
Missing	0.1	4	0.1	2
Belongs to BRAC				
Yes	4.3	242	4.1	170
No	95.7	5,445	95.9	4,028
Missing	0.1	4	0.1	2
Belongs to BRDP				
Yes	0.7	39	1.1	47
No	99.2	5,647	98.8	4,151
Missing	0.1	5	0.1	4
Mother's club				
Yes	0.0	0	0.1	5
No	99.9	5,685	99.8	4,192
Missing	0.1	6	0.1	4
Proshika				
Yes	2.1	117	1.5	62
No	97.8	5,569	98.4	4,135
Missing	0.1	5	0.1	4
Asha				
Yes	8.3	471	6.9	290
No	91.6	5,215	93.0	3,908
Missing	0.1	5	0.1	4
Belongs to other organization				
Yes	13.7	782	12.9	541
No	86.2	4,908	87.1	3,660
Missing	0.0	2	0.0	0
Belongs to any NGO				
Yes	26.4	1,500	24.5	1,031
No	73.6	4,191	75.5	3,170
Total	100.0	5,691	100.0	4,201

CHAPTER 4. FERTILITY

Women were asked to provide information on all live births in their lifetime. By examining dates of birth and the age of the mother at the time of birth, age-specific fertility rates, total fertility rates, and median birth intervals were calculated and then compared across time to discern trends in fertility.

4.1 Current Fertility

The total fertility rate (TFR) is the number of live births a woman would experience in her lifetime at currently observed fertility rates. Table 4.1 presents age-specific and cumulative fertility rates and crude birth rates for women aged 15 to 49 years for the three years preceding interview. The TRFs were 2.35 and 2.4 births per woman in NSDP and non-NSDP areas, respectively. The TFR was lowest in city corporations (2.15, down from 2.39 in the 2001 survey), followed by district (2.22, down from 2.3) and thana municipalities (3.36, up from 3.13).For both NSDP and non-NSDP areas, fertility was highest among those aged 20 to 24. TFR in non-NSDP urban areas fell by 0.08 births, from 2.48 in 2001. Figure 4.1 shows the similarity in age-specific fertility rates in NSDP and non-NSDP areas.

Table 4.1 Current fertility

Age-specific and cumulative fertility rates and the crude birth rate for the three years preceding the survey, by city type and urban NSDP/non-NSDP areas, 2003.

	Project areas				
Age group	City corporations	District municipalities	Thana municipalities	Overall	Non-project areas
15-19	82	92	140	97	104
20-24	139	125	202	142	147
25-29	108	119	175	121	122
30-34	75	63	95	73	70
35-39	22	37	54	31	27
40-44	5	6	0	5	10
45-49	0	2	5	1	1
TFR 15-49	2.15	2.22	3.36	2.35	2.40
TFR 15-44	2.15	2.21	3.33	2.35	2.40
GFR	84	83	130	91	93
CBR	23.1	21.7	30.2	23.9	25.1

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

Note: Rates are for the period 1-36 months preceding the survey. Rates for age group 45-49 may be slightly biased due to truncation.

Figure 4.1 Age-Specific Fertility Rates by NSDP and Non-NSDP Areas.

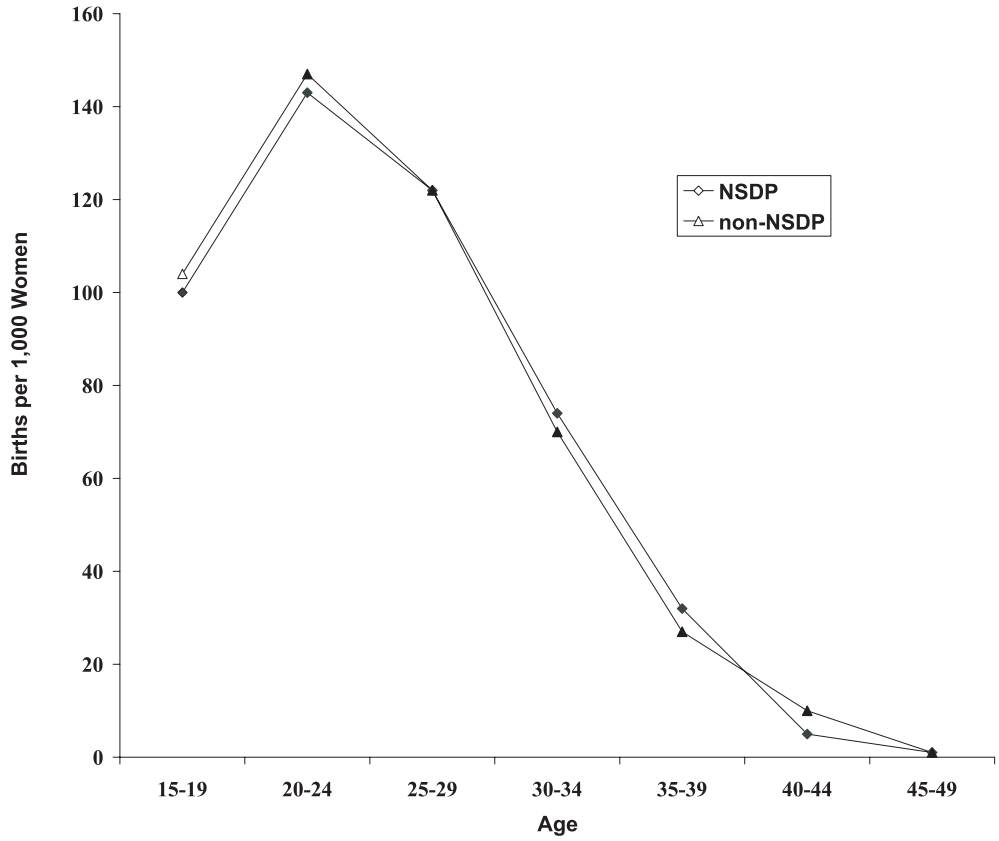


Table 4.2 shows differences in total fertility rates in the three years preceding the survey by urban residence. In NSDP areas, 5.6% were pregnant. The percentage was highest in thana (8.24%) and lowest in district (4.7%) municipalities.

Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey and percentage currently pregnant by city type and urban NSDP area, 2003.

Background characteristic	Total fertility rate*	Percentage currently pregnant
Residence		
City	2.15	5.59
District	2.22	4.70
Thana	3.36	8.24
Urban NSDP	2.35	5.68

* Rate for women age 15-49 years.

4.2 Fertility Trends

Table 4.3 presents trends in total fertility rates over five-year intervals preceding the survey. In NSDP areas, the total fertility rate declined from 3.81 births per woman in the 10-14 year period preceding the survey to 3.22 births in the 5-9 year period preceding it, and finally to 2.53 in the 0-4 years immediately preceding the survey. This represented an absolute reduction of 1.3 births per woman over a decade. In non-NSDP areas, a smaller decline was observed (0.8 births per woman, from 3.23 to 2.45). The decrease in fertility from the 10-14 year period preceding survey to the most recent five-year period differed considerably across urban areas. The largest decrease was in thana municipalities, where the TFR fell from 5.55 to 3.69 births per woman. Figure 4.2 presents TFR trends across study strata.

Table 4.3 Trends in total fertility rate

Total fertility rates for the periods 1 -60, 61-120 and 121-180 months prior to the survey by city type and urban NSDP/ non-NSDP areas, 2003.

	Period before the survey			Change in TFR			
				1-60 months v. 61-120 months		1-60 months v. 121-180 months	
NSDP Area group	0-4 years (1-60 months)	5-9 years (61-120 months)	10-14 years (121-180 months)	%	Absolute	%	Absolute
Domains							
City Corporations	2.31	2.99	3.80	22.79	0.68	39.25	1.49
District Municipalities	2.39	2.95	3.32	18.81	0.55	27.87	0.93
Thana Municipalities	3.69	5.14	5.55	28.17	1.45	33.41	1.85
Project - non project areas							
Project areas	2.53	3.22	3.81	21.38	0.69	33.55	1.28
Non-project areas	2.45	2.82	3.23	13.40	0.38	24.38	0.79

Figure 4.2 Trends in Age-Specific Fertility Rates.

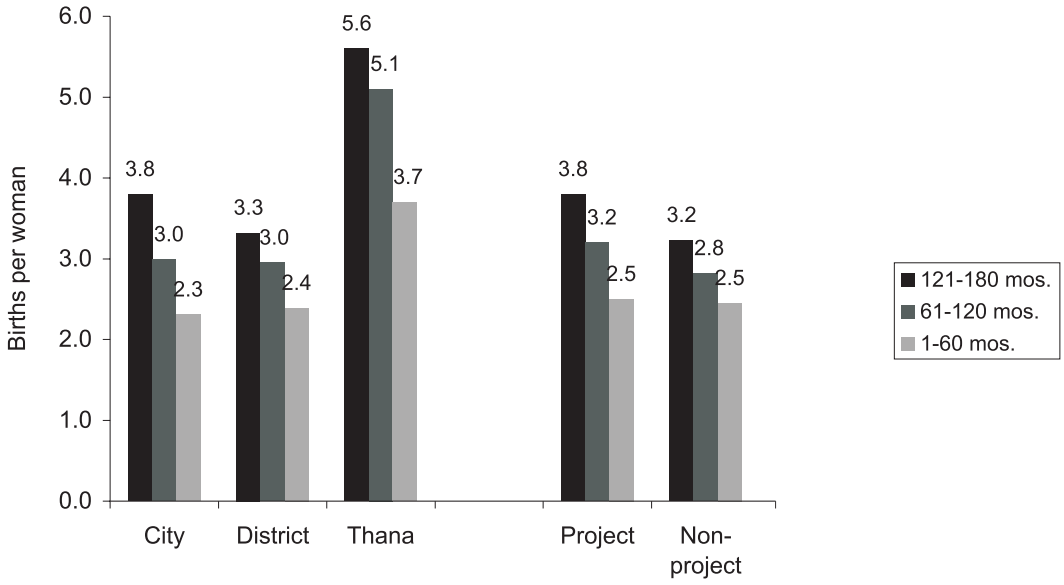


Table 4.4 shows that fertility declined for all age groups in the three different urban strata and non-NSDP areas over the 15 years preceding interview. Fertility was higher in thana municipalities at the outset, and declined more precipitously there, but remained higher than other urban strata. At the onset, fertility was higher in NSDP areas compared to non-NSDP areas, but by the time of the survey was nearly as low as in non-NSDP areas. This contrasted with the 2001 survey, in which fertility rates over the 15 years preceding survey started higher in NSDP areas and finished lower there than in non-NSDP areas.

Table 4.4 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey by mother's age at the time of the birth, by city type and urban NSDP and non-NSDP areas, 2003.

	Number of years preceding survey			
Mother's age at birth	0-4	5-9	10-14	15-19
City corporations				
15-19	88	121	163	174
20-24	148	182	218	259
25-29	112	138	190	201
30-34	81	87	119	119
35-39	29	51	70	-
40-44	5	18	-	-
District municipalities				
15-19	111	155	165	166
20-24	130	174	189	213
25-29	127	123	143	197
30-34	67	69	91	138
35-39	35	46	76	-
40-44	7	24	-	-
45-49	2	-	-	-
Thana municipalities				
15-19	150	245	238	252
20-24	212	240	277	312
25-29	191	223	249	279
30-34	106	136	225	184
35-39	56	134	122	-
40-44	20	51	-	-
45-49	5	-	-	-
NSDP project areas				
15-19	107	148	174	180
20-24	150	187	213	246
25-29	128	142	177	208
30-34	79	85	119	133
35-39	34	58	77	-
40-44	7	23	-	-
45-49	1	-	-	-
Non-NSDP project areas				
15-19	105	138	160	176
20-24	146	161	182	247
25-29	130	127	155	204
30-34	70	75	108	148
35-39	27	45	43	-
40-44	11	18	-	-
45-49	1	-	-	-

4.3 Birth Intervals

It is recommended that births be spaced at least 24 months apart. In NSDP and non-NSDP areas, about 87% of births came after this recommended interval (Table 4.5). However, a higher proportion in thana municipalities, 22.7%, occurred within two years, compared with roughly 12% in other urban areas. The proportion of births within two years of the previous one was higher for younger women, those whose previous birth resulted in a death, and poorer women.

The median birth interval was 45.2 months in NSDP areas and 48.6 in non-NSDP areas. It was higher in district municipalities (50.2) than city corporations (45.9) or thana municipalities (33.1). It was similar for male and female births, increased with the age of the mother, and decreased with parity. The association between maternal education and proper birth spacing was pronounced. The median birth interval for women with no education (42.2 months) was more than a year and a half less than for those with a higher secondary education (60.8 months).

Median birth intervals increased in NSDP areas, from 42.9 in 2001. They increased even more in non-NSDP areas, from 44.3. In city corporations and district municipalities they increased from 43.6 and 43.3 months, respectively, but actually fell from 40.5 months in thana municipalities.

Table 4.5 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, according to background characteristics, urban NSDP/non-NSDP areas, 2003.

Characteristic	Months since previous birth					Total	Median months since previous birth	Number of births
	7-17	18-23	24-35	36-47	48+			
Age								
15-19	25.1	17.3	36.1	13.3	8.2	100.0	25.4	61
20-29	6.9	8.1	25.4	19.9	39.7	100.0	42.0	1,087
30-39	4.3	7.0	16.1	16.4	56.2	100.0	52.4	723
40+	2.9	0.8	20.1	8.5	67.6	100.0	75.9	69
Birth order								
2-3	6.2	6.5	18.8	17.9	50.5	100.0	48.2	1,284
4-6	6.9	8.8	26.8	18.0	39.5	100.0	40.6	557
7+	5.1	17.4	37.7	18.6	21.3	100.0	33.4	98
Sex of prior birth								
Male	5.8	8.8	20.6	17.0	47.8	100.0	46.3	978
Female	6.9	6.7	23.6	18.9	43.9	100.0	44.4	962
Survival of prior birth								
Still living	4.7	7.0	21.5	18.3	48.5	100.0	46.9	1,768
Deceased	23.7	14.8	28.6	14.0	18.9	100.0	25.9	171
Domains								
City corporations	5.9	6.0	22.3	18.1	47.7	100.0	45.9	923
District municipalities	6.0	6.3	16.4	17.9	53.4	100.0	50.2	651
Thana municipalities	8.1	14.6	31.8	17.7	27.9	100.0	33.1	366
Education								
No education	7.1	7.2	25.6	21.2	38.9	100.0	42.2	773
Primary	5.6	8.4	21.5	19.9	44.6	100.0	44.6	498
Secondary	6.3	8.2	18.8	11.8	54.8	100.0	50.1	510
Higher secondary	6.2	7.3	15.9	10.1	60.5	100.0	60.8	80
College/university	3.9	5.7	19.6	21.7	49.1	100.0	47.4	78
Household asset quintile								
Poorest	7.6	10.4	30.4	22.8	28.7	100.0	36.4	567
2	8.7	8.7	19.5	17.2	45.9	100.0	45.2	436
3	4.4	5.8	18.6	17.6	53.7	100.0	49.2	379
4	4.4	3.6	20.5	14.0	57.4	100.0	56.9	264
Richest	4.5	7.3	15.8	13.9	58.5	100.0	56.7	293
Project - non project areas								
Project areas	6.3	7.7	22.1	18.0	45.9	100.0	45.2	1,940
Non-project areas	5.3	7.4	18.8	17.3	51.2	100.0	48.6	1,348

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.

CHAPTER 5. FAMILY PLANNING

This chapter presents findings concerning knowledge and use of family planning methods, sources of family planning and patterns of discontinuation.

5.1 Knowledge of Family Planning Methods

Knowledge of methods was assessed in the same fashion as in the 2001 survey. Respondents were asked to name methods. After recording those mentioned spontaneously, the interviewer described each one not mentioned and asked whether the respondent had heard of it. The modern methods considered were oral contraceptive pill, intrauterine device (IUD), injection, condom, female and male sterilization, implants, and menstrual regulation (MR). Traditional methods were periodic abstinence (safe period or rhythm method) and withdrawal. Knowledge of any folk methods, if reported by a respondent, was also coded. Knowledge of family planning methods, thus assessed, is presented in tables 5.1A (currently married women) and Table 5.1B (ever-married women).

As in 2001, knowledge of methods was generally high. Virtually every respondent knew at least one modern method, and more than eight in ten knew at least one traditional/folk method. Oral pill, injection, female sterilization, and condom were almost universally recognized. The next most well-known were IUD (90%) and menstrual regulation (86%). Among other methods, 70 to 80% knew of periodic abstinence, male sterilization, and implants, while over 60% were aware of withdrawal. On average, respondents knew approximately eight methods.

As in 2001, there was almost no variation in knowledge between project and non-project samples or across urban areas within the former. However, knowledge of traditional methods was lower in thana municipalities than district or city project areas.

In project and non-project areas, knowledge of family planning methods improved (though by small margins) from 2001 levels. In project areas, knowledge of implants rose from 64% to 73% of currently married women. That of male sterilization rose from 70% to 74%. Knowledge of these two also rose in non-project areas. Increased knowledge was also apparent for most other methods. However, there were no clear improvements in thana municipalities.

A large difference in knowledge of menstrual regulation was apparent between the 2001 and 2003 surveys. While only a few respondents knew of menstrual regulation in the 2001 survey, close to 86% did in 2003. The difference was most likely due to the fact that knowledge of menstrual regulation was assessed with prompting in the latter survey, but not the former.

Table 5.1A Knowledge of contraceptive methods, currently married women

Percentage of currently married women who know any contraceptive method or specific method, by city type and urban NSDP/non-NSDP areas, 2003.

Method	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Overall	
Method					
Any method	100.0	100.0	100.0	100.0	100.0
Any modern method	100.0	100.0	100.0	100.0	100.0
Modern method					
Pill	99.9	100.0	99.9	99.9	100.0
IUD	88.9	91.4	86.9	89.6	90.5
Injection	98.6	99.4	99.7	99.0	98.9
Male condom	97.8	98.8	91.5	97.4	99.1
Female sterilization	96.2	98.0	96.7	96.9	97.7
Male sterilization	71.2	79.8	69.1	74.2	80.6
Implants	69.1	78.3	69.5	72.6	77.5
Menstrual regulation	80.0	92.4	88.6	85.6	88.5
Any traditional method	84.7	86.4	76.6	84.4	85.9
Traditional method					
Periodic abstinence	78.9	78.2	66.6	77.2	78.7
Withdrawal	58.8	67.2	55.3	61.5	63.9
Folk method					
Other	6.3	5.4	4.4	5.8	4.7
Any traditional/folk method					
Any traditional or folk method	85.4	86.8	77.4	85.0	86.4
Mean no. methods known	7.7	8.0	7.4	7.7	7.9
Number of women	2,667	1,934	617	5,218	3,893

Table 5.1B Knowledge of contraceptive methods, ever married women

Percentage of ever-married women who know any contraceptive method, by specific method and sampling domain, by city type and urban NSDP/non-NSDP areas, 2003.

Method	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Overall	
Method					
Any method	99.9	100.0	100.0	100.0	100.0
Any modern method	99.9	100.0	100.0	100.0	100.0
Modern method					
Pill	99.8	100.0	99.9	99.9	100.0
IUD	87.7	91.1	86.7	88.9	89.8
Injection	98.5	99.3	99.4	98.9	98.8
Male condom	97.3	98.5	91.3	97.0	98.5
Female sterilization	96.0	97.9	96.5	96.8	97.6
Male sterilization	70.7	80.0	66.8	73.7	80.2
Implants	68.7	77.8	68.3	72.0	76.3
Menstrual regulation	79.3	92.0	88.4	85.1	87.4
Any traditional method	83.9	85.8	75.1	83.5	84.7
Traditional method					
Periodic abstinence	78.1	77.8	65.2	76.5	77.9
Withdrawal	57.9	66.0	53.6	60.4	62.4
Folk method					
Other	6.4	5.6	4.5	5.9	4.6
Any traditional/folk method					
Any traditional or folk method	84.7	86.1	75.9	84.2	85.2
Mean no. methods known	7.6	7.9	7.3	7.7	7.9
Number of women	2,906	2,113	672	5,691	4,201

Table 5.2 presents knowledge of contraceptive methods, in percentages aware of at least three methods, by background characteristics. As in 2001, such knowledge was almost universal in every subgroup considered, with little variation among them.

Table 5.2 Knowledge of contraceptive methods by background characteristics

Percentage of ever-married women who know at least three contraceptive methods by selected background characteristics, urban NSDP/non-NSDP areas, 2003.

	Project areas		Non-project areas	
Background characteristic	Knows any three modern methods	Number of women	Knows any three modern methods	Number of women
Age				
10-14	90.1	30	100.0	22
15-19	98.7	640	99.9	405
20-24	99.2	1,036	99.6	806
25-29	99.7	1,035	99.8	723
30-34	99.7	1,091	99.7	818
35-39	99.7	743	99.4	586
40-44	99.8	601	100.0	456
45-49	99.0	515	99.3	385
Domains				
City corporations	99.3	2,906	-	-
District municipalities	99.7	2,113	-	-
Thana municipalities	99.0	672	-	-
Highest educational level				
No education	98.6	1,849	98.9	1,238
Primary	99.5	1,352	99.9	1,031
Secondary	99.9	1,829	100.0	1,433
Higher secondary	100.0	333	100.0	288
College/university	100.0	328	100.0	212
Household asset quintile				
Poorest	98.6	1,126	99.8	843
2	99.5	1,145	99.4	850
3	99.1	1,138	99.7	843
4	100.0	1,156	100.0	831
Richest	99.7	1,126	99.4	835
Total	99.4	5,691	99.7	4,201

5.2 Current Use of Contraception

Current use of contraception was defined as the proportion of women who said they (or their husbands) were using a family planning method at the time of interview. The question on current use was asked only of those currently married. Table 5.3A shows the distribution of current use.

In NSDP areas, 63.5% were using a family planning method (53.1% a modern method and 10% a traditional one). In project areas the pill continued to be most important (at 27.2%), accounting for 43% of all method use and more than half (51%) of modern method use. Rates for the other commonly used methods were: male condoms, 10.2%; injection, 8.3%; female sterilization, 5.7%. Few women used IUD or implants, and few husbands used male sterilization.

As in 2001, contraceptive prevalence in the project sample varied across urban areas. It was highest (67%) in district municipalities, slightly lower (64%) in city corporations, and lowest (48%) in thana municipalities. There were also notable variations in the popularity of specific methods across urban areas, as in 2001. While male condoms were second most popular (after the pill) in district municipalities and city corporations, in thana municipalities injection was second.

Contraceptive prevalence was slightly higher in the non-project sample, where 65.8% reported using family planning (55% for modern methods and 10.7% for traditional ones). There were, however, no marked variations between project and non-project samples in terms of individual methods, except for condoms (used by 14.1% in non-project areas).

Table 5.3A Current use of contraception by age and background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics,urban NSDP/non-NSDP areas, 2003.

Background characteristic	Using any method	Using any modern method	Modern method							Using any traditional method	Traditional method			Not currently using a method	Total	Number of women
			Pill	IUD	Injection	Male condom	Female sterilization	Male sterilization	Implants		Periodic abstinence	Withdrawal	Using any folk method			
Age																
10-14	37.5	32.0	17.0	0.0	5.1	9.8	0.0	0.0	0.0	5.5	0.0	5.5	0.0	62.5	100.0	29
15-19	52.3	46.4	27.4	0.1	10.5	8.4	0.0	0.0	0.1	5.8	2.9	2.8	0.1	47.7	100.0	604
20-24	63.0	57.2	37.9	0.3	8.2	9.0	0.1	0.3	1.3	5.7	3.5	2.1	0.2	37.0	100.0	994
25-29	66.4	59.5	33.8	1.0	10.7	11.8	1.2	0.0	1.0	6.8	4.4	2.4	0.1	33.6	100.0	996
30-34	71.2	58.7	29.1	0.8	9.2	14.5	4.1	0.4	0.6	12.0	8.3	3.7	0.5	28.8	100.0	1,022
35-39	71.9	54.1	18.5	1.7	9.4	11.4	12.4	0.2	0.4	16.7	11.1	5.6	1.1	28.1	100.0	644
40-44	62.3	45.5	17.0	0.6	4.0	8.0	14.0	1.8	0.1	15.9	11.5	4.4	0.8	37.7	100.0	509
45-49	45.8	33.4	8.0	0.4	1.0	2.1	21.4	0.4	0.0	11.6	9.5	2.1	0.8	54.2	100.0	420
Domains																
City corporations	64.4	53.8	27.0	0.8	7.9	10.2	6.7	0.6	0.6	10.2	7.1	3.1	0.4	35.6	100.0	2,667
District municip.	67.3	56.1	28.9	0.7	8.6	11.7	5.4	0.2	0.7	10.6	7.0	3.6	0.6	32.7	100.0	1,934
Thana municip.	47.7	40.4	22.8	0.4	8.7	5.6	2.5	0.2	0.4	6.8	4.4	2.4	0.5	52.3	100.0	617
Highest educ.level																
No education	57.2	48.7	24.2	0.4	11.2	2.5	8.8	0.9	0.8	7.8	6.4	1.4	0.6	42.8	100.0	1,588
Primary	67.4	58.0	31.6	0.5	11.8	7.2	5.1	0.4	1.3	8.8	5.9	2.9	0.6	32.6	100.0	1,242
Secondary	65.0	54.7	30.6	1.0	5.5	13.2	4.1	0.0	0.3	9.9	5.8	4.1	0.4	35.0	100.0	1,739
Higher secondary	66.5	47.5	20.1	1.4	0.6	21.8	3.7	0.0	0.0	19.0	10.6	8.4	0.0	33.5	100.0	328
College/university	68.9	52.8	13.8	0.9	3.0	31.9	3.2	0.0	0.0	16.0	12.9	3.1	0.0	31.1	100.0	321
Household asset quintile																
Poorest	53.3	46.4	26.3	0.4	11.1	2.5	4.8	0.5	0.7	6.6	5.0	1.6	0.4	46.7	100.0	973
2	66.5	58.8	30.6	0.4	14.3	6.4	5.2	0.8	0.9	7.1	4.6	2.5	0.6	33.5	100.0	1,044
3	63.2	52.8	28.8	0.5	8.6	8.1	5.7	0.3	0.9	9.8	7.6	2.2	0.6	36.8	100.0	1,061
4	66.2	53.1	28.0	1.3	5.3	12.1	6.0	0.2	0.2	12.4	7.6	4.8	0.7	33.8	100.0	1,087
Richest	67.5	53.9	22.3	1.0	2.4	21.2	6.7	0.0	0.4	13.6	8.8	4.8	0.0	32.5	100.0	1,052
Number of living children																
No living children	28.7	23.4	12.8	0.0	0.0	10.6	0.0	0.1	0.0	5.3	2.9	2.4	0.0	71.3	100.0	623
1-2	69.0	59.1	33.4	0.6	8.6	12.8	2.8	0.3	0.7	9.7	6.3	3.4	0.2	31.0	100.0	2,545
3-4	71.4	59.3	26.1	1.3	11.0	8.5	11.2	0.3	0.8	11.5	8.5	3.0	0.6	28.6	100.0	1,522
5+	55.2	41.3	17.6	0.2	8.8	2.3	10.7	1.1	0.6	12.2	8.3	3.9	1.7	44.8	100.0	529
Project areas	63.5	53.1	27.2	0.7	8.3	10.2	5.7	0.4	0.6	10.0	6.7	3.2	0.5	36.5	100.0	5,218
Non-project areas	65.8	55.0	25.8	0.9	8.0	14.1	4.9	0.5	0.8	10.7	7.9	2.8	0.2	34.2	100.0	3,893

Differentials in Current Use

As in the 2001 survey, age and number of living children were strongly associated with contraceptive use in NSDP areas. Women were most likely to use contraception when they were in their 30s or after having at least two surviving children. Over 70% aged 30-39 reported using a family planning method, compared to 52.3% aged 15-19 and only 37.5% aged 10-14. While fewer than 30% of those with no children used a method, the proportion jumped to 69% for those with 1-2 children, and then to 71.4% for women with 3-4 children.

Oral contraceptive pill, usually the most popular method, was actually the second most desired method among the oldest women (45-49). The popularity of male condoms also dropped with age, while permanent (such as female sterilization) and traditional methods became more popular.

Only 57% with no education reported using a method, while the figure jumped to 67% for those with a primary education. The association with education was, however, less pronounced beyond the primary level. More educated women were more likely to use condoms and traditional methods. Use of condoms rose from only 2.5% of women with no education to 31.9% of those with a college/university education, while the figures for traditional methods were 7.8% and 16%. Use of the pill and injection fell with increasing education.

Trends in Contraceptive Use

Contraceptive prevalence increased in NSDP areas by almost 3 percentage points from 2001. This was due to increased use of modern methods (particularly the pill). Use of traditional methods remained essentially unchanged at 10%. That of modern methods rose from 50.7% to 53.1%, with pill use rising from 25.1% to 27.2%. Use of long-acting methods (sterilization and IUD) dropped further by 2003, reflecting their decreasing popularity as means of contraception. In non-project areas, changes in contraceptive prevalence were minimal.

The increase in contraceptive prevalence in project areas was evident in both district municipalities and city corporations. In district municipalities, contraceptive prevalence rose from 62.6% to 67.3% while that for modern methods rose from 52.3% to 56.1%. In city corporations, the increases were from 60.0% to 64.4% and from 49.7% to 53.8%, respectively. However, in thana municipalities prevalence rates were much lower in the 2003 survey. The overall use of modern contraception there decreased from 47.7% to 40.4%.

5.3 Use of Contraception by Married Adolescents

Table 5.3B presents current use of contraception by currently married adolescents. In NSDP areas, 52.3% of those aged 15-19, and 37.5% of those aged 10-14, used family planning (46.4% and 32.0%, respectively, used a modern method). Oral pill was the most popular method, accounting for 45% among all methods used by those aged 10-14 and 53% for those aged 15-19. Other popular methods were condom, injection and traditional methods.

There was variation in contraceptive prevalence across different NSDP urban areas. Adolescents were generally far less likely to practice family planning in thana municipalities. They were also more likely to practice family planning in district municipalities than city corporations. Like currently married women of other age groups, adolescents had higher contraceptive prevalence rates in the non- project areas (53.7% for those aged 15-19 and 50.6% for those aged 10-14).

Table 5.3B Current use of contraception by married adolescents

Percent distribution of currently married adolescent women by contraceptive method currently used by city type and age, urban NSDP/non-NSDP areas, 2003.

			Modern method						Traditional method						
Age range	Using any method	Using any modern method	Pill	IUD	Injection	Male condom	Male steriliz-ation	Implants	Using any tradi-tional method	Periodic abs-tinence	With-drawal	Using any folk method	Not using a method	Total	Number of women
City corporations															
10-14	28.8	28.8	15.9	0.0	0.0	13.0	0.0	0.0	0.0	0.0	0.0	0.0	71.2	100.0	10
15-19	52.7	46.3	28.8	0.0	10.1	7.4	0.0	0.0	6.4	4.5	1.8	0.0	47.3	100.0	300
District municip.															
10-14	53.9	42.9	22.6	0.0	10.2	10.1	0.0	0.0	11.0	0.0	11.0	0.0	46.1	100.0	15
15-19	56.4	50.8	28.7	0.0	10.3	11.6	0.0	0.2	5.2	1.1	4.1	0.4	43.6	100.0	206
Thana municip.															
10-14	0.8	0.8	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	99.2	100.0	4
15-19	42.4	37.3	20.1	0.6	11.8	4.5	0.0	0.3	5.1	2.0	3.1	0.0	57.6	100.0	98
Project areas															
10-14	37.5	32.0	17.0	0.0	5.1	9.8	0.0	0.0	5.5	0.0	5.5	0.0	62.5	100.0	29
15-19	52.3	46.4	27.4	0.1	10.5	8.4	0.0	0.1	5.8	2.9	2.8	0.1	47.7	100.0	604
Non-project areas															
10-14	50.6	50.6	20.2	0.0	7.2	23.2	0.0	0.0	0.0	0.0	0.0	0.0	49.4	100.0	22
15-19	53.7	47.4	27.1	0.0	11.8	7.7	0.0	0.7	6.3	5.3	1.0	0.0	46.3	100.0	389

Note: If more than one method was used, only the most effective method was considered in this tabulation.

Contraceptive Prevalence by Asset Quintile

Contraceptive prevalence varied by asset quintile. As shown in Table 5.3C, women in the lowest quintile were less likely to use a family method than those in the higher ones – in NSDP areas, 46.4% in the poorest compared with about 53% in the higher quintiles. Similar patterns prevailed in non-project areas and the various project urban areas. This was a striking pattern in thana municipalities, where only 30.2% in the lowest quintile used a method, against 50% or more in higher quintiles.

Table 5.3C Use of modern contraception in urban NSDP and urban non-NSDP areas

Percentage of women using modern contraception by asset quintile, urban NSDP/NSDP areas, 2003.

Asset quintile	Project areas: City corporations	Project areas: District municipalities	Project areas: Thana municipalities	Project areas: Overall	Non-project areas
Household asset quintile					
Poorest	56.1	52.5	30.2	46.4	50.9
2	60.0	59.5	51.9	58.8	54.0
3	51.4	55.4	49.9	52.8	51.6
4	51.1	55.7	52.2	53.1	60.2
Richest	52.4	56.9	53.7	53.9	58.1
Total	53.8	56.1	40.4	53.1	55.0
Number of women	2,667	1,934	617	5,218	3,893

5.4 Sources of Supply of Family Planning Services

As in the 2001 survey, a major focus was to ascertain the relative importance of different sources of family planning services in NSDP areas. Data were collected by asking current users of modern methods where they obtained their methods. As shown in Table 5.4A, in NSDP areas the predominant source was the private medical sector (specifically pharmacies). Over 55% of users of modern methods reported that they obtained it from the private medical sector, with most (52.3%) doing so from a pharmacy. The public sector was the next most common source, supplying a fifth of modern method users. Of the public providers, hospitals/medical colleges were the most popular (7%), followed by maternal and child welfare centers (MCWS) at 4.8%.

NSDP clinics were the third most important source with nearly 14% of the market, divided between static (7%) and satellite (6.6%) clinics. NSDP providers increased their share in the supply of modern contraception from 11.7% in 2001. The 2003 share for pharmacies also increased, from 48.7% in 2001. While the shares of NSDP providers and pharmacies increased, that of the public sector dropped from 22.2% in 2001 to 19.5% in 2003.

There was variation in sources by specific methods. The vast majority of pill (72.7%) and condom (80.6%) users relied on pharmacies. In contrast, female sterilization was mainly performed at public sector facilities (67.9%). Although 45% of IUD users relied on public sector sources, a quarter (26.1%) received the device from NSDP providers. NSDP (56.5%) and public sector (23%) facilities were the major providers of injectables. Male sterilization was generally performed at a public sector facility (72.1%) or private medical doctor (11.5%). NSDP providers had a substantial portion of the market for clinical methods, though public facilities were generally the main providers in NSDP areas.

Table 5.4A Source of supply, urban NSDP

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific method, urban NSDP areas, 2003.

Source	Pill	IUD	Injection	Male condom	Female sterilization	Male sterilization	Implants	Total
Source of method								
PUBLIC SECTOR	11.2	45.0	23.0	5.2	67.9	72.1	19.3	19.5
..Hospital/medical college	1.4	7.6	5.2	1.6	39.9	51.0	7.2	7.0
..Family welfare center	0.5	2.5	2.7	0.6	1.2	0.0	0.0	0.9
..Thana health complex	1.0	5.3	1.9	0.1	12.7	16.1	5.2	2.5
..MCWC	2.2	22.1	9.5	0.9	13.7	5.0	6.9	4.8
..Rural dispens/comm.. clinic	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0
..Satellite clinic/EPI outreach clinic	0.0	0.0	2.5	0.0	0.0	0.0	0.0	0.4
..FWA	6.2	7.6	1.2	1.9	0.0	0.0	0.0	3.8
NSDP NGO	5.6	26.1	56.5	4.0	4.3	4.7	59.4	13.9
..Static clinic	2.1	26.1	27.1	1.3	4.3	4.7	52.2	7.0
..Satellite clinic	3.1	0.0	28.5	2.7	0.0	0.0	7.2	6.6
..Depotholder	0.4	0.0	0.8	0.0	0.0	0.0	0.0	0.3
OTHER NGO	5.0	14.2	16.6	2.5	12.1	7.8	21.4	7.5
..Hospital	0.2	0.0	2.0	0.0	6.1	0.0	5.2	1.2
..NGO clinic	2.0	14.2	12.5	0.4	5.6	7.8	16.2	4.1
..Satellite clinic	0.4	0.0	0.7	0.0	0.4	0.0	0.0	0.4
..Fieldworker	2.3	0.0	1.4	2.0	0.0	0.0	0.0	1.7
..Depotholder	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.1
PRIVATE MEDICAL SECTOR	73.2	13.2	2.3	81.1	14.0	11.5	0.0	54.8
..Private clinic/doctor	0.5	13.2	1.1	0.4	14.0	11.5	0.0	2.4
..Traditional doctor	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
..Pharmacy	72.7	0.0	1.2	80.6	0.0	0.0	0.0	52.3
OTHER PRIVATE	3.5	0.0	0.0	4.9	0.0	0.0	0.0	2.7
..Shop	2.7	0.0	0.0	4.3	0.0	0.0	0.0	2.2
..Friends/relatives	0.8	0.0	0.0	0.5	0.0	0.0	0.0	0.5
BPHC NGO	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
..Static clinic	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
..Field worker	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	1.1	1.5	1.6	1.5	0.3	0.0	0.0	1.1
DK	0.2	0.0	0.0	0.8	0.0	3.8	0.0	0.3
Missing	0.1	0.0	0.0	0.0	1.5	0.0	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,420	37	432	532	328	19	33	2,801

Table 5.4B Source of supply, urban non-NSDP

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific method, urban non-NSDP areas, 2003.

Source	Pill	IUD	Injection	Male condom	Female sterilization	Male sterilization	Implants	Total
Source of method								
PUBLIC SECTOR	11.4	51.9	24.3	4.7	66.2	60.1	25.9	18.3
..Hospital/medical college	1.1	23.7	5.9	1.6	36.8	50.7	17.7	6.6
..Family welfare center	1.7	0.7	6.5	0.1	0.7	6.2	0.3	1.9
..Thana health complex	0.6	3.8	0.9	0.0	14.0	1.6	1.3	1.9
..MCWC	1.4	23.7	4.6	0.5	14.7	1.6	6.5	3.4
..Rural dispensary/comm. clinic	0.2	0.0	4.8	0.2	0.0	0.0	0.0	0.9
..Satellite clinic/EPI outreach clinic	0.6	0.0	1.1	0.2	0.0	0.0	0.0	0.5
..FWA	5.7	0.0	0.5	2.0	0.0	0.0	0.0	3.2
NSDP NGO	2.9	22.3	27.6	3.8	0.0	6.5	26.5	7.1
..Static clinic	0.5	22.3	13.5	2.6	0.0	6.5	23.9	3.6
..Satellite clinic	1.2	0.0	14.1	1.2	0.0	0.0	2.7	2.9
..Depotholder	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.6
OTHER NGO	5.9	21.9	42.0	3.0	17.6	15.9	43.3	12.4
..Hospital	0.4	0.0	4.3	0.0	9.7	5.6	12.0	2.0
..NGO clinic	1.6	21.9	23.9	0.9	7.9	10.3	31.2	6.1
..Satellite clinic	2.3	0.0	12.3	0.4	0.0	0.0	0.0	2.9
..Fieldworker	1.6	0.0	1.5	1.7	0.0	0.0	0.0	1.4
..Depotholder	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1
PRIVA TE MEDICAL SECTOR	75.0	0.0	3.1	82.3	14.6	0.0	4.3	57.5
..Private clinic/doctor	0.2	0.0	2.4	0.4	14.6	0.0	4.3	2.1
..Traditional doctor	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
..Pharmacy	74.8	0.0	0.7	81.9	0.0	0.0	0.0	55.5
OTHER PRIVATE	2.3	0.0	0.0	4.9	0.0	0.0	0.0	2.3
..Shop	1.9	0.0	0.0	4.8	0.0	0.0	0.0	2.1
..Friends/relatives	0.4	0.0	0.0	0.1	0.0	0.0	0.0	0.2
BPHC NGO	0.1	0.0	0.0	0.7	0.0	0.0	0.0	0.2
..Static clinic	0.1	0.0	0.0	0.2	0.0	0.0	0.0	0.1
..Field worker	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.1
Other	2.3	0.0	2.8	0.5	0.6	0.0	0.0	1.7
DK	0.0	0.0	0.0	0.3	0.0	17.4	0.0	0.2
Missing	0.1	3.9	0.2	0.0	0.9	0.0	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,005	35	311	548	217	21	31	2,168

Project vs. Non-Project Areas

There was little variation between project and non-project areas in sources of family planning (Table 5.4B). In each, the private medical sector was the predominant supplier, followed by the public sector. As in 2001, NSDP clinics were an important source of family planning in non-project areas: about 7% of modern method users in non-project areas used an NSDP clinic (against 13.9% in project areas). Relative market shares for the various methods were roughly equivalent across project and non-project areas. For instance, in each, pharmacies were the major suppliers of condoms and pills, while public facilities provided most female sterilization.

Source of Contraception by Asset Quintile

NSDP facilities met a substantial portion of the contraceptive needs of women in the lowest asset quintile (Tables 5.5A and 5.5B). Among modern method users, 21.6% in the lowest quintile relied on NSDP sources, against 5.6% in the highest one. Pharmacies were the most common source for all women, though those in the highest quintile were far more likely to use them.

Table 5.5A Source of modern contraception by asset quintile, urban NSDP areas

Percent distribution of sources of modern contraceptive method by asset quintile, urban NSDP project areas, 2003.

	Household asset quintile					
Source	Poorest	2	3	4	Richest	Total
Source of method						
PUBLIC SECTOR	27.9	21.9	18.4	16.3	14.2	19.5
..Hospital/medical college	7.7	9.1	5.8	5.7	6.8	7.0
..Family welfare center	1.1	1.5	0.4	0.8	0.9	0.9
..Thana health complex	6.3	3.7	1.6	0.7	1.1	2.5
..MCWC	5.5	4.1	6.3	5.1	3.0	4.8
..Rural dispensary/comm. clinic	0.2	0.0	0.0	0.0	0.0	0.0
..Satellite clinic/EPI outreach clinic	0.8	0.5	0.3	0.4	0.0	0.4
..FWA	6.4	3.1	3.9	3.5	2.5	3.8
NSDP NGO	21.6	20.2	16.0	7.2	5.6	13.9
..Static clinic	9.8	8.6	7.1	4.8	5.1	7.0
..Satellite clinic	11.2	11.2	8.6	2.1	0.5	6.6
..Depotholder	0.7	0.5	0.3	0.3	0.0	0.3
OTHER NGO	6.4	9.5	10.1	5.0	6.1	7.5
..Hospital	0.6	0.4	1.8	0.7	2.3	1.2
..NGO clinic	3.6	5.4	5.8	2.8	2.9	4.1
..Satellite clinic	0.6	0.7	0.4	0.1	0.0	0.4
..Fieldworker	1.5	2.9	2.0	1.4	0.7	1.7
..Depotholder	0.1	0.0	0.1	0.1	0.1	0.1
PRIVATE MEDICAL SECTOR	38.2	44.3	52.1	67.0	69.9	54.8
..Private clinic/doctor	0.5	1.5	2.0	5.4	2.2	2.4
..Traditional doctor	0.0	0.0	0.0	0.1	0.0	0.0
..Pharmacy	37.7	42.8	50.1	61.4	67.6	52.3
OTHER PRIVATE	4.3	3.0	1.4	2.5	2.7	2.7
..Shop	3.2	2.6	1.0	2.1	2.2	2.2
..Friends/relatives	1.0	0.4	0.4	0.4	0.5	0.5
BPHC NGO	0.0	0.0	0.0	0.0	0.1	0.0
..Static clinic	0.0	0.0	0.0	0.0	0.0	0.0
..Field worker	0.0	0.0	0.0	0.0	0.1	0.0
Other	1.3	0.8	1.2	1.4	1.0	1.1
DK	0.3	0.2	0.3	0.2	0.4	0.3
Missing	0.0	0.0	0.4	0.6	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	461	623	565	580	572	2,801

Table 5.5B Source of modern contraception by asset quintile, urban non-NSDP areas

Percent distribution of sources of modern contraceptive method by asset quintile, urban non-NSDP areas, 2003.

Source	Household asset quintile					Total
	Poorest	2	3	4	Richest	
Source of method						
PUBLIC SECTOR	27.9	20.4	21.9	14.5	9.2	18.3
..Hospital/medical college	7.2	8.4	8.3	4.9	4.6	6.6
..Family welfare center	3.8	1.2	3.7	1.0	0.3	1.9
..Thana health complex	4.4	2.4	1.7	1.0	0.4	1.9
..MCWC	5.4	4.9	2.3	2.2	2.5	3.4
..Rural dispensary/comm. clinic	0.4	0.4	0.3	3.0	0.0	0.9
..Satellite clinic/EPI outreach clinic	1.0	0.7	0.7	0.2	0.0	0.5
..FWA	5.7	2.5	4.9	2.1	1.4	3.2
NSDP NGO	10.4	7.6	7.8	6.0	4.2	7.1
..Static clinic	4.6	4.0	4.0	2.6	2.9	3.6
..Satellite clinic	5.7	2.9	2.1	3.1	1.1	2.9
..Depotholder	0.0	0.6	1.7	0.3	0.3	0.6
OTHER NGO	20.0	15.2	11.3	8.8	8.2	12.4
..Hospital	1.4	2.1	2.2	1.6	2.6	2.0
..NGO clinic	11.2	7.7	5.9	3.2	3.3	6.1
..Satellite clinic	5.7	4.6	1.8	1.9	1.1	2.9
..Fieldworker	1.4	0.8	1.4	2.0	1.2	1.4
..Depotholder	0.2	0.0	0.0	0.0	0.1	0.1
PRIVATE MEDICAL SECTOR	34.6	50.8	56.5	67.1	74.2	57.5
..Private clinic/doctor	0.5	0.8	1.7	3.0	3.8	2.1
..Traditional doctor	0.0	0.0	0.0	0.0	0.0	0.0
..Pharmacy	34.1	50.0	54.8	64.0	70.4	55.5
OTHER PRIVATE	1.9	3.0	1.6	2.1	2.8	2.3
..Shop	1.8	3.0	1.2	1.5	2.8	2.1
..Friends/relatives	0.0	0.0	0.4	0.6	0.0	0.2
BPHC NGO	0.3	0.0	0.3	0.5	0.0	0.2
..Static clinic	0.0	0.0	0.3	0.3	0.0	0.1
..Field worker	0.3	0.0	0.0	0.3	0.0	0.1
Other	4.5	1.8	0.6	0.4	1.3	1.7
DK	0.3	0.6	0.0	0.2	0.1	0.2
Missing	0.1	0.6	0.0	0.4	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	386	439	411	470	462	2,168

5.5 Knowledge of Sources among Nonusers

Table 5.6 provides the distribution of knowledge of family planning sources among nonusers. Only 6.1% and 7.6% of women not currently using family planning in project and non-project areas, respectively, did not know of any source of family planning. In NSDP areas, pharmacies, known to 34.9% of non-users, were the most widely recognized sources, followed by public sector facilities (23.8%) and NSDP sources (20.6%). Awareness varied across urban project areas. Both public sector and NSDP sources were more widely recognized in thana than district municipalities or city corporations, while the reverse was true of pharmacies. Unsurprisingly, NSDP sources were more well-known in project areas, but public sector facilities were also widely recognized. Pharmacies were more widely known in non-project areas.

Table 5.6 Knowledge of sources for nonusers

Percent distribution of women who do not currently use a contraceptive method by knowledge of source of supply, by city type and urban NSDP/non-NSDP areas, 2003.

Source	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Overall	
Source of method					
PUBLIC SECTOR	14.0	31.6	38.0	23.8	20.7
..Hospital/medical college	5.1	8.0	0.8	5.4	8.1
..Family welfare center	2.4	1.6	6.7	2.8	2.9
..Thana health complex	1.1	0.4	13.6	2.9	1.0
..MCWC	3.3	19.6	2.5	8.7	4.3
..Rural dispens./comm. clinic	0.0	0.0	0.0	0.0	0.2
..Satell. clinic/EPI outreach clinic	0.8	0.2	5.4	1.3	0.7
..FWA	1.3	1.8	9.0	2.7	3.4
NSDP NGO	21.6	17.6	23.6	20.6	11.0
..Static clinic	12.6	12.5	11.2	12.4	7.4
..Satellite clinic	9.0	4.8	8.3	7.4	3.6
..Depotholder	0.0	0.3	4.0	0.7	0.0
OTHER NGO	14.5	6.4	1.5	9.6	11.9
..Hospital	1.6	0.3	1.1	1.0	0.8
..NGO clinic	11.4	5.1	0.0	7.4	8.0
..Satellite clinic	0.8	0.2	0.0	0.5	2.6
..Fieldworker	0.7	0.6	0.4	0.6	0.4
..Depotholder	0.1	0.1	0.0	0.1	0.1
PRIVATE MEDICAL SECTOR	39.7	34.3	28.6	36.1	45.6
..Private clinic/doctor	1.9	0.5	0.4	1.2	1.5
..Traditional doctor	0.1	0.0	0.0	0.0	0.0
..Pharmacy	37.7	33.8	28.2	34.9	44.0
OTHER PRIVATE	1.4	3.2	1.5	2.0	1.7
..Shop	1.4	3.2	1.2	2.0	1.7
..Friends/relatives	0.0	0.0	0.2	0.0	0.0
Other	0.6	1.0	0.7	0.8	0.7
DK	7.7	3.9	5.6	6.1	7.6
Missing	0.5	2.0	0.5	1.0	0.8
Total	100.0	100.0	100.0	100.0	100.0
Number of women	1,172	799	376	2,347	1,611

5.6 Contraceptive Discontinuation Rates

Contraceptive discontinuation rates are given in Table 5.7A. These were based on information collected in a five-year, monthly calendar. All episodes of contraceptive use between June 1998 and the date of interview were recorded, along with the main reason for any discontinuation of use during the period. Discontinuation rates were based on events from June 1998 to three months before interview. The month of interview and the two preceding months were ignored to avoid bias associated with unrecognized pregnancy.

Table 5.7A provides the proportion of users of a method who discontinued within 12 months of initiation. The reasons for discontinuation were treated as competing risks[2] and classified into four main categories: method failure (pregnancy), desire to become pregnant, side effects/health, and all other reasons. Switching to another method was included in the last category.

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

Table 5.7A First-year contraceptive discontinuation rates, urban NSDP areas

Percent of contraceptive users who discontinue use of a method by 12 months after beginning its use, by reason for discontinuation, according to specific method, urban NSDP areas.

Method discontinued	Method failure	Desire to become pregnant	Side effects/ health	Other	All reasons
Female sterilization	0.0	0.0	0.0	0.0	0.0
Pill	2.1	8.0	4.1	31.3	45.5
Injectables	0.9	5.4	8.1	35.1	49.5
Condom	5.9	8.9	0.4	44.8	59.9
Periodic abstinence	7.8	5.3	0.3	25.0	38.4
Withdrawal	8.7	6.1	0.0	48.6	63.4
Total	3.6	7.3	3.3	34.6	48.8

Note: Table is based on episodes of contraceptive use that began 3-59 months prior to the survey.

Among contraceptive users in NSDP areas, 48.8% discontinued within 12 months of initiating use: 3.6% due to method failure; 7.3% because of a desire to become pregnant; 3.3% as a result of side effects or health concerns. About 34.6% discontinued for other reasons, including infrequent sex, husband away, and lack of access to method.

In NSDP areas, condoms (59.9%) had the highest discontinuation rate among modern methods. Those for pill and injectables (45.5% and 49.5%, respectively) were somewhat lower. Rates were lowest for implants (24.4%) and IUD (37.0%), as well as periodic abstinence (38.4%), the most commonly used traditional method). (See Table 5.7B for IUD and implants – months of exposure were insufficient for these to yield valid separate results for table 5.7A.)

In NSDP areas, "other reasons" was by far the most common rationale for discontinuation of the various individual methods, followed by "desire to become pregnant." Method failure was more commonly cited for periodic abstinence, withdrawal, or condoms than with the pill or injectables, while the reverse trends were true for side effects/health concerns.

Table 5.7B presents first-year discontinuation rates by NSDP/non-NSDP areas, as well as different NSDP urban areas. Rates for all methods were lower in non-NSDP areas. There were few differences across NSDP urban areas.

In NSDP areas, the discontinuation rate dropped by 7.3 percentage points, from 56.1% in 2001 to 48.8% in 2003. Behind this figure were noticeable declines in rates for the various specific methods. Rates also fell by large margins in non-NSDP areas, as well as every NSDP urban area.

Table 5.7B First-year contraceptive discontinuation rates

Percent of contraceptive users who discontinue use of a method by 12 months after beginning its use, by city type and urban NSDP/non-NSDP areas, 2003.

	Project areas				
Method	City corporations	District municipalities	Thana municipalities	Overall	Non-project
Pill	46.1	44.8	44.9	45.5	44.4
IUD	32.2	45.8	37.9	37.0	23.5
Injectables	49.9	46.4	56.7	49.5	40.4
Implants	21.9	36.4	0.0	24.4	21.2
Condom	59.5	59.8	65.4	59.9	51.3
Periodic abstinence	37.7	40.5	33.2	38.4	38.3
Withdrawal	70.4	58.2	40.4	63.4	39.8
Other	52.1	48.7	64.3	54.4	57.0
Total	49.1	48.3	49.0	48.8	43.7

5.7 Reasons for Discontinuing Contraceptive Method

Table 5.8 provides reasons for discontinuation in NSDP areas for all discontinuations regardless of whether they occurred during the first 12 months of use. Among all discontinuations, 25.6% were due to side effects. The next most common reason for discontinuation was desire to become pregnant (22.3%). Around 11% was due to accidental pregnancies (becoming pregnant while using a method). Among specific methods, side effects were that main reason 45% or more of the time with IUD, injections, and implants. They were also the most common reason for discontinuing the pill (30.8%).

Table 5.8 Reasons for discontinuing contraceptive methods

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason for discontinuation, according to specific method, urban NSDP areas, 2003.

Reason	Pill	IUD	Injection	Condom	Male steri-lization	Periodic absti-nence	With-drawal	Implants	Other	Total
Infrequent sex/ husband away	6.3	2.6	2.2	4.0	0.0	3.4	1.8	1.9	0.0	4.7
Became pregnant while using	9.5	0.5	3.3	13.6	0.0	27.2	11.3	0.0	39.8	10.9
Wanted to become pregnant	26.3	13.4	15.3	21.8	0.0	16.1	18.7	0.0	14.1	22.3
Husband disapproved	0.6	0.0	0.4	19.7	0.0	8.4	32.7	0.0	0.0	6.7
Wanted a more effective method	2.6	0.0	1.7	8.1	0.0	22.4	18.5	0.0	15.1	5.9
Health concerns	11.5	17.9	12.4	6.0	0.0	0.5	0.7	4.0	0.0	9.1
Side effects	30.8	45.6	54.4	5.7	0.0	3.8	0.7	92.0	26.8	25.6
Access/availability	0.8	1.0	3.9	0.8	0.0	0.2	0.0	0.0	0.0	1.1
Cost too much	0.1	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.1
Inconvenient to use	3.7	2.3	0.7	13.8	0.0	2.3	5.6	0.0	0.0	5.4
Fatalistic	0.2	0.0	0.4	0.0	0.0	0.2	0.1	0.0	0.0	0.2
Difficult to get pregnant/menopausal	1.2	1.1	1.5	1.0	0.0	5.7	2.1	0.0	0.0	1.6
Marital dissolution/separation	1.0	0.0	0.6	0.5	1.9	1.4	0.0	0.0	0.0	0.8
Other	3.2	14.9	1.3	2.7	0.0	3.0	1.9	0.0	0.0	2.9
Missing	2.4	0.8	2.1	2.2	98.1	5.4	5.9	2.1	4.3	2.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,548	91	675	1,077	3	396	243	21	14	5,068

CHAPTER 6. INFANT AND CHILD MORTALITY

This chapter discusses levels, trends, and differentials in infant, child, and under-five mortality. The data were compiled from the birth histories provided by ever-married women. Ages at death were recorded in days if the child died during the first month of life or in months if the child died before 24 months of age.

Mortality rates were defined as follows (per 1,000 live births):

Neonatal mortality rate:	The number of children dying in the first month of life
Postneonatal mortality rate:	The number of children dying after the first month of life but before the first birthday
Infant mortality rate:	The number of children dying before the first birthday
Child mortality rate:	The number of children dying after the first birthday but before the fifth birthday
Under-five mortality rate:	The number of children dying before the fifth birthday.

Mortality rates were calculated for city corporations, district, and thana municipalities, overall NSDP and non-NSDP areas. Trends were identified by looking at rates in different five-year intervals preceding the survey: 0-4 years prior to the survey; 5-9 years; and 10-14 years.

6.1 Assessment of Data Quality

During interviewer training, considerable emphasis was placed on minimizing errors that might lead to age heaping in mortality reports. Interviewers were instructed to probe for exact ages when dates corresponded to common heaping points. For example, if a child was reported to have died at age one year, an interviewer would ask whether the child died at exactly one year or before one year. Such heaping may bias infant mortality downwards.

6.2 Early Childhood Mortality Rates

In the five years preceding survey, infant mortality rate was 55 deaths per 1,000 live births in NSDP areas (Table 6.1). It was lowest in district municipalities (44.7 deaths per 1,000 live births) and highest in city corporations (61.1 deaths). The rate in thana municipalities was 59.7 deaths. These patterns held for child mortality as well. In thana municipalities, child mortality was 12.1 deaths per 1,000 live births, while district municipalities had a child mortality rate of 7.2 deaths and city corporations had a child mortality rate of 19.1 deaths. Non-NSDP areas had lower rates for all types of mortality in the five years preceding survey.

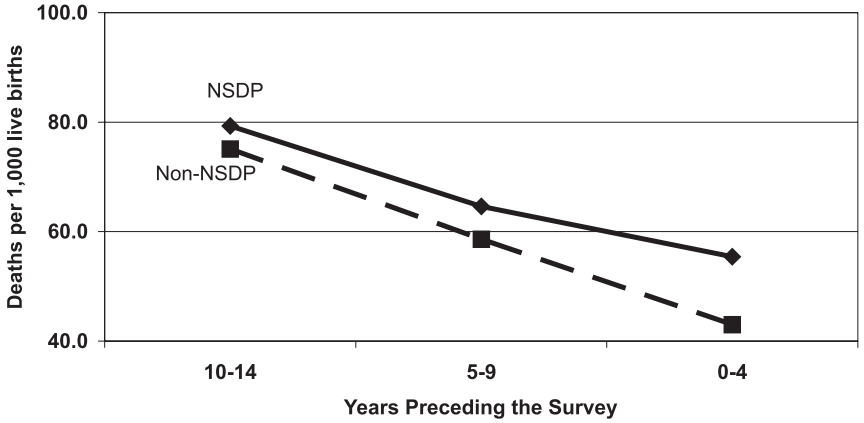
Table 6.1 Early childhood mortality rates

Neonatal, postneonatal, infant , child, and under -five mortality for five -year periods preceding the survey, by city type, Urban NSDP/non-NSDP areas, 2003.

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
City corporations					
0-4	41.3	19.8	61.1	19.1	79.0
5-9	35.7	24.3	59.9	23.0	81.6
10-14	38.2	39.8	78.1	30.9	106.6
District municipalities					
0-4	27.3	17.4	44.7	7.2	51.6
5-9	59.4	16.3	75.8	13.8	88.5
10-14	50.0	24.7	74.7	17.0	90.5
Thana municipalities					
0-4	43.5	16.2	59.7	12.1	71.0
5-9	47.1	8.5	55.6	20.8	75.2
10-14	65.0	27.1	92.1	55.2	142.2
NSDP areas					
0-4	36.9	18.4	55.4	13.8	68.4
5-9	45.8	18.8	64.6	19.6	82.9
10-14	46.5	32.8	79.3	30.0	106.9
Non-NSDP areas					
0-4	29.1	13.9	43.0	9.7	52.4
5-9	38.4	20.2	58.6	9.9	67.9
10-14	41.3	33.8	75.1	22.6	96.1

In all areas, infant mortality has been declining (Figure 6.1). In NSDP areas, declines were larger between the 10-14 and 5-9 year periods preceding the survey (from 79.3 to 64.6 deaths per 1,000 live births) than from the 5-9 to 0-4 year period preceding it (from 64.6 to 55.4 deaths). In non-NSDP areas, declines were constant over both intervals.

Figure 6.1 Infant Mortality Rates, 1989-2003.



6.3 Early Childhood Mortality by Socioeconomic Characteristics

Infant mortality rates differed along a variety of regional and socioeconomic lines. Using mortality rates for the 10-year period preceding the survey, infant mortality was lowest in the thana municipalities (57.5 deaths per 1,000 live births) and roughly the same in district municipalities (60.8 deaths) and city corporations (60.5 deaths) (Table 6.2). City corporations had the highest child and under-five mortality rates (21.1 and 80.3 deaths, respectively).

Children of women with no education were almost five times as likely to die before their first birthday as those of mothers with a university education. Only 7.6% of those born to mothers with some secondary education died between their first and fifth birthdays while virtually none born to women of higher secondary education or better died during the same interval. In contrast, approximately 26.9% and 15.8% born to mothers with no education or primary education, respectively, did not survive from their first to their fifth birthdays. Similarly, early child mortality rates were higher for children in poorer households (Table 6.3A). Approximately 11 out of every 100 children in the poorest quintile died before their fifth birthday, compared with only four of every 100 children in the wealthiest one. Infant mortality rates were 10 deaths per 1,000 live births lower in non-NSDP areas than in NSDP areas, while child mortality rates were 7 deaths per 1,000 live births lower (Table 6.2).

Table 6.2 Early childhood mortality rates by socioeconomic characteristic

Neonatal, postne onatal, infant , child, and under-five mortality for the 10-year period preceding the survey, by selected background characteristics, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
Domains					
City corporations	38.4	22.1	60.5	21.1	80.3
District municipalities	44.0	16.9	60.8	10.4	70.6
Thana municipalities	45.4	12.1	57.5	16.5	73.0
Highest educational level					
No education	51.1	26.8	77.9	26.9	102.7
Primary	41.1	17.8	58.9	15.8	73.8
Secondary	37.7	14.2	51.9	7.6	59.1
Higher secondary	14.0	0.0	14.0	0.5	14.5
College/university	16.1	0.0	16.1	0.0	16.1
Project areas	41.5	18.6	60.1	16.7	75.8
Non-project areas	33.7	17.0	50.7	9.8	60.0

6.4 Demographic Characteristics and Mortality

In most countries, boys tend to have higher mortality rates than girls in the first year of life, a pattern that held in these data as well (Tables 6.3A and 6.3B). Male infant mortality was approximately 10 deaths higher per 1,000 live births. The gap was narrower in non-NSDP areas.

Children born to mothers under age 20 and over age 40 were more likely to die before their first birthday. Infant mortality was also higher for higher parity births. Over 10% of seventh or higher order births died before their first birthday while for second or third parity births the figure was only half as large. Shorter birth intervals were strongly associated with all mortality rates. For instance, the infant mortality rate for births occurring less than two years after the previous one was 103 deaths per 1,000 live births, while that for those three or more years later was only half as large.

Table 6.3A Early childhood mortality rates by demographic and socioeconomic characteristics, urban NSDP areas

Neonatal, postneonatal, infant, child, and under-five mortality for the10-year period preceding the survey, by demographic characteristics, urban NSDP areas, 2003.

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
Sex of child					
Male	47.5	17.4	64.9	18.8	82.4
Female	35.1	20.0	55.0	14.4	68.7
Mother's age at birth					
<20	47.6	22.2	69.8	10.4	79.5
20-29	38.2	15.7	53.8	17.4	70.3
30-39	32.5	21.9	54.3	24.1	77.1
40-49	207.1	18.7	225.9	91.5	296.7
Household asset quintile					
Poorest	55.5	26.0	81.5	31.4	110.3
2	53.5	23.2	76.7	18.8	94.1
3	32.3	22.4	54.7	11.3	65.3
4	28.5	3.5	32.0	7.0	38.7
Richest	26.5	10.7	37.2	6.8	43.8
Birth order					
1	45.0	16.8	61.8	6.8	68.2
2-3	39.1	13.3	52.4	14.4	66.1
4-6	37.1	26.0	63.1	31.9	93.0
7+	56.0	46.4	102.4	36.8	135.4
Previous birth interval					
<2	74.2	28.5	102.7	32.3	131.7
2 years	43.4	22.5	65.9	27.4	91.6
3 years	27.0	21.4	48.4	27.1	74.1
4 years or more	25.6	11.5	37.1	8.2	45.1

Table 6.3B Early childhood mortality rates by demographic and socioeconomic characteristics, urban non-NSDP areas

Neonatal, postneonatal, infant, child, and under-five mortality for the 10-year period preceding the survey, by demographic characteristics, urban non-NSDP areas, 2003.

Demographic characteristics	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
Sex of child					
Male	37.0	12.2	49.1	8.5	57.2
Female	29.9	22.4	52.3	11.3	63.0
Mother's age at birth					
<20	49.2	29.0	78.2	13.5	90.6
20-29	25.1	11.1	36.2	8.7	44.6
30-39	33.4	11.8	45.1	5.4	50.3
40-49	24.5	38.5	63.1	20.4	82.2
Household asset quintile					
Poorest	54.6	26.9	81.5	16.6	96.8
2	50.6	24.6	75.2	14.4	88.5
3	16.0	9.8	25.8	4.7	30.4
4	10.6	6.9	17.5	5.3	22.7
Richest	22.0	10.1	32.1	5.1	37.0
Birth order					
1	39.7	19.6	59.3	7.6	66.4
2-3	23.6	14.0	37.6	11.9	49.0
4-6	43.7	18.8	62.5	6.4	68.5
7+	55.5	20.4	75.9	24.5	98.5
Previous birth interval					
<2	71.9	22.9	94.8	20.5	113.4
2 years	45.4	24.9	70.3	19.3	88.3
3 years	22.9	26.4	49.3	5.6	54.7
4 years or more	12.7	4.8	17.5	6.0	23.4

CHAPTER 7. REPRODUCTIVE AND CHILD HEALTH

The 2003 survey collected information from ever-married women related to various important issues involving reproductive and child health. This chapter presents findings related to antenatal care (ANC) and delivery care, pregnancy-related complications, child health care, and awareness of maternal and child health services.

7.1 Antenatal Care

ANC is an important component of Bangladesh's ESP and involves visits to medical care providers at periodic intervals in order to detect, monitor, and treat problems that arise during the course of pregnancy. Timely and appropriate antenatal care can serve as an effective tool for maintaining the health of both the mother and her baby.

Antenatal Care Providers

Ever married women with a live birth in the five years preceding interview were asked whether they had had an antenatal care visit and to specify the type of caregiver that treated them during antenatal care visits. Table 7.1 provides the distribution of visits in terms of the type of caregiver visited for live births in the last three years preceding interview. Just over three-quarters of women in project areas received any ANC (76.7%). The figure was somewhat higher (81.5%) in non-project areas. Nearly all who received any ANC were seen by a trained provider (73% and 79.3% in project and non-project areas, respectively). In NSDP areas, ANC rates were fairly even across age groups. However, older women were slightly more likely to be seen by a qualified doctor, but only about half as likely as the youngest women to visit a nurse, midwife, or paramedic. Those with many children were less likely to seek care and, when they did, were less inclined to visit a qualified doctor. Visit likelihood was about 30 percentage points lower in thana municipalities than other types of urban NSDP communities. Residents of thana municipalities were also far less likely to see a qualified doctor when they did have an ANC visit. There was also a pronounced association between care seeking behavior and socioeconomic status, with the wealthy far more likely to have a visit and, when they did, to be seen by a qualified doctor. Generally speaking, similar patterns prevailed in non-project areas.

Table 7.1 Antenatal care

Percent distribution of last births in the three years preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Received any ANC	Medically trained			Non-medically trained				Antenatal care provider				
	ANC	Qualified doctor	Nurse, midwife or paramedic	MA or SACMO	HA or FWA	Trained birth attendants	Untrained birth attendants	Unqualified doctor	Other	No one	Missing	Total	Number
PROJECT AREAS													
Mother's age at birth													
10-14	77.2	58.7	18.5	0.0	0.0	0.0	0.0	0.0	0.0	22.8	0.0	100.0	23
15-19	74.6	59.8	8.4	0.0	1.9	0.0	0.2	0.0	3.5	25.4	0.6	100.0	401
20-34	77.4	65.2	9.3	0.0	0.7	0.1	0.0	0.1	1.5	22.6	0.6	100.0	1,108
35-49	77.8	63.2	9.7	0.0	1.3	0.0	0.0	0.0	3.6	22.2	0.0	100.0	64
Birth order													
1	86.5	74.5	7.5	0.0	1.5	0.0	0.2	0.0	2.4	13.5	0.5	100.0	546
2-3	78.5	66.6	9.3	0.0	0.6	0.2	0.0	0.1	1.2	21.5	0.5	100.0	703
4-5	61.3	45.1	10.8	0.0	0.7	0.0	0.0	0.1	3.6	38.7	1.1	100.0	248
6+	48.5	29.4	14.6	0.0	2.2	0.0	0.0	0.0	2.4	51.5	0.0	100.0	98
Domains													
City corporations	81.8	69.5	6.8	0.0	1.3	0.2	0.0	0.0	3.4	18.2	0.7	100.0	806
District municipalities	81.3	68.7	10.7	0.0	0.6	0.0	0.2	0.1	0.7	18.7	0.3	100.0	538
Thana municipalities	50.7	34.1	14.1	0.0	1.1	0.0	0.0	0.1	0.5	49.3	0.8	100.0	251
Highest educational level													
No education	55.7	37.3	12.8	0.0	1.5	0.3	0.0	0.1	3.1	44.3	0.6	100.0	488
Primary	74.9	60.3	10.3	0.0	0.7	0.0	0.0	0.0	3.0	25.1	0.5	100.0	409
Secondary	90.0	80.3	7.6	0.0	0.8	0.0	0.2	0.0	0.7	10.0	0.4	100.0	523
Higher secondary	100.0	90.5	2.7	0.0	1.7	0.0	0.0	0.0	2.0	0.0	3.1	100.0	77
College/university	100.0	99.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	98
Household asset quintile													
Poorest	51.0	32.7	12.2	0.0	2.3	0.0	0.0	0.2	2.6	49.0	1.0	100.0	407
2	74.3	53.0	17.2	0.0	0.7	0.0	0.3	0.0	2.8	25.7	0.2	100.0	320
3	81.5	70.2	7.7	0.0	0.7	0.4	0.0	0.0	2.5	18.5	0.0	100.0	337
4	93.2	85.0	5.3	0.0	0.8	0.0	0.0	0.0	1.2	6.8	0.9	100.0	264
Richest	96.7	94.4	1.1	0.0	0.0	0.0	0.0	0.0	0.6	3.3	0.6	100.0	266
Total	76.7	63.7	9.3	0.0	1.0	0.1	0.1	0.1	2.0	23.3	0.6	100.0	1,595

Table 7.1 Antenatal care (continued)

Percent distribution of last births in the three years preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Received any ANC	Medically trained			Non-medically trained				Antenatal care provider				
	ANC	Qualified doctor	Nurse, midwife or paramedic	MA or SACMO	HA or FWA	Trained birth attendants	Untrained birth attendants	Unqualified doctor	Other	No one	Missing	Total	Number
NON-PROJECT AREAS													
Mother's age at birth													
10-14	85.8	58.2	25.6	0.0	2.0	0.0	0.0	0.0	0.0	14.2	0.0	100.0	22
15-19	73.5	58.4	12.4	0.0	1.6	0.1	0.0	0.0	0.9	26.5	0.0	100.0	295
20-34	84.2	76.8	5.0	0.5	0.4	0.0	0.0	0.1	1.3	15.8	0.1	100.0	806
35-49	83.3	73.4	4.6	0.0	0.2	0.0	0.0	0.0	2.8	16.7	2.3	100.0	59
Birth order													
1	88.4	78.6	8.0	0.0	1.2	0.0	0.0	0.0	0.6	11.6	0.0	100.0	429
2-3	78.1	67.7	7.3	0.8	0.4	0.1	0.0	0.0	1.5	21.9	0.2	100.0	552
4-5	76.8	68.4	5.1	0.0	0.6	0.0	0.0	0.6	1.2	23.2	0.9	100.0	155
6+	74.9	65.3	5.3	0.0	0.8	0.0	0.0	0.0	3.6	25.1	0.0	100.0	46
Highest educational level													
No education	60.2	47.3	9.3	0.0	0.6	0.1	0.0	0.3	2.5	39.8	0.0	100.0	295
Primary	78.2	62.2	11.6	1.4	1.9	0.0	0.0	0.0	0.3	21.8	0.7	100.0	312
Secondary	92.8	87.4	4.8	0.0	0.2	0.0	0.0	0.0	0.3	7.2	0.0	100.0	440
Higher secondary	99.2	93.8	0.0	0.0	0.0	0.0	0.0	0.0	5.3	0.8	0.0	100.0	92
College/university	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	43
Household asset quintile													
Poorest	63.0	43.0	14.9	0.0	2.4	0.1	0.0	0.3	1.8	37.0	0.5	100.0	310
2	72.7	61.6	8.0	1.6	0.1	0.0	0.0	0.0	1.4	27.3	0.0	100.0	274
3	89.9	83.6	5.6	0.0	0.1	0.0	0.0	0.0	0.2	10.1	0.4	100.0	222
4	99.2	97.0	1.8	0.0	0.4	0.0	0.0	0.0	0.0	0.8	0.0	100.0	178
Richest	97.5	94.4	0.7	0.0	0.0	0.0	0.0	0.0	2.5	2.5	0.0	100.0	198
Total	81.5	71.7	7.2	0.4	0.7	0.0	0.0	0.1	1.2	18.5	0.2	100.0	1,182

Table 7.2 provides the distribution of ANC visit counts and the duration of pregnancy at the first visit. Once again, those in project areas were less likely to have at least one visit. They were also generally less likely to have more visits (with the exception of the three-visits category). Unsurprisingly, the overall visit count median was slightly higher in non-project areas (by a margin of about 0.2 visits). Interestingly, however, the median number of months pregnant at first visit was actually slightly higher in non-project areas.

Table 7.2 Number of antenatal care visits and timing of first visit (live birth in the last three years)

Percent distribution of women who had a live birth in the last three years preceding the survey by number of ANC visits for the most recent birth, and by the timing of the first visit, urban NSDP/non-NSDP areas, 2003.

	Project areas				
	City corporations	District municipalities	Thana municipalities	Overall	Non-project areas
Number of ANC visits					
None	18.2	18.7	49.3	23.3	18.5
1 visit	5.6	8.2	10.9	7.3	10.0
2 visits	9.2	9.8	10.8	9.7	11.5
3 visits	14.3	15.2	10.1	14.0	12.2
4+ visits	52.1	48.1	18.9	45.5	47.7
Don't know/missing	0.5	0.0	0.0	0.3	0.0
Total	100.0	100.0	100.0	100.0	100.0
Median number of visits (for those with ANC)	4.1	3.6	2.4	3.7	3.9
Number of months pregnant at the time of the first ANC visit					
No antenatal care	18.2	18.7	49.3	23.3	18.5
<4 months	47.7	38.7	19.8	40.3	41.6
4-5 months	25.3	28.0	18.7	25.2	24.8
6-7 months	7.2	12.4	8.9	9.2	12.1
8+ months	1.5	2.2	3.3	2.0	3.0
Don't know/missing	0.0	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	3.7	4.2	5.1	3.9	4.0
Total	806	538	251	1,595	1,182

Source of Antenatal Care

Table 7.3 provides market share for antenatal care visits for the last pregnancy of women with a live birth in the past three years and at least one antenatal care visit. In urban NSDP areas, just over one in five with at least one ANC visit had visited an NSDP provider. Those who used NSDP providers were most likely to visit static clinics (13.5%, against 8.3% for satellite clinics). Private medical and public sector providers were the most important providers of ANC, with around 30% of the market for each. Of the public sector facilities, MCWC (16.8%) and hospital/medical college (8.5%) were the most important providers. Private clinics/doctors were by far the most important providers of ANC in the private medical sector.

In non-NSDP areas, the public sector was by a slight margin the most important provider of medical care (33.6%, against 29.8% for the private medical sector). Of the public providers, hospitals/medical colleges were most important (at 15.3%), followed by MCWCs (11.2%). (In both project and non-project urban areas, thana health complexes played a very minor role when compared with the situation in rural areas.) As in project areas, the share of the private medical sector was dominated by private doctors/clinics. Surprisingly, NSDP providers (including satellite clinics) actually enjoyed a non-negligible share of the market.

Table 7.3 Source of antenatal care (last three years)

Percentage of women with a live birth in the last three years preceding the survey by whether they had at least one ANC visit during the last pregnancy by source of care, urban NSDP/non-NSDP areas, 2003.

	Project areas				
	City corporations	District municipalities	Thana municipalities	Overall	Non-project areas
Received antenatal care					
Percentage received ANC	81.8	81.3	50.7	76.7	81.5
Women with at least one birth in the reference period	806	538	251	1,595	1,182
Place for antenatal checkup					
HOME	1.1	1.5	2.0	1.3	0.8
..Medical person at home	0.9	1.4	1.3	1.1	0.5
..Non-medical person at home	0.3	0.1	0.6	0.2	0.3
PUBLIC SECTOR	26.1	36.1	33.0	30.4	33.6
..Hospital/medical college	8.7	9.4	4.2	8.5	15.3
..Family welfare center	1.1	0.7	2.5	1.1	2.2
..Thana health complex	1.6	0.4	18.1	2.9	2.4
..MCWC	13.8	24.2	6.2	16.8	11.2
..Rural Dispensary/community Clinic	0.2	0.0	0.0	0.1	0.9
..Satellite/EPI clinic	0.3	0.5	2.0	0.6	1.6
..FWA	0.4	0.7	0.1	0.5	0.0
NIPHP NGO	24.5	13.3	36.9	21.8	13.7
..Static clinic	14.4	9.2	23.7	13.5	10.0
..Satellite clinic	10.2	4.2	13.2	8.3	3.7
OTHER NGO	15.5	13.3	9.5	14.1	20.4
..Hospital	4.8	4.6	7.1	5.0	7.1
..NGO clinic	10.2	7.9	2.2	8.6	10.7
..Satellite clinic	0.5	0.4	0.0	0.4	2.6
..Fieldworker	0.0	0.3	0.2	0.1	0.0
PRIVATE MEDICAL SECTOR	31.0	34.3	16.9	30.7	29.8
..Private clinic/doctor	30.0	34.2	16.9	30.1	29.3
..Traditional doctor	0.4	0.1	0.0	0.2	0.1
..Pharmacy	0.7	0.0	0.0	0.4	0.3
BPHC NGO	0.0	0.0	0.0	0.0	0.2
..Static clinic	0.0	0.0	0.0	0.0	0.2
Other	0.8	1.0	1.7	1.0	0.9
Missing	0.9	0.5	0.0	0.6	0.5
Total	100.0	100.0	100.0	100.0	100.0
Number	660	437	127	1,224	964

Table 7.4 provides market share by socioeconomic status for project and non-project areas. In both settings, NSDP providers were far more important sources of ANC for the poor than the wealthy. Particularly in project areas, NSDP providers were a comparatively unimportant source of care for the top two asset quintiles. Unsurprisingly, the wealthy were far more likely to rely on private doctors/ clinics. Though there were differences in the use of public sector providers across socioeconomic strata, they were comparatively modest. Moreover, what patterns of use of public providers across asset quintiles do emerge were uneven and do not lend themselves to straightforward interpretation.

Table 7.4 Source of ANC by asset quintile (last three years)

Percentage distribution of sources of antenatal care for women having a live birth in the three years preceding the survey by asset quintile, urban NSDP/non-NSDP areas, 2003.

	Project areas						Non-project areas					
	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Place for antenatal checkup												
HOME	1.9	3.1	1.3	0.6	0.1	1.3	1.1	2.3	0.3	0.5	0.0	0.8
Medical person at home	1.5	2.4	1.1	0.6	0.1	1.1	0.9	1.0	0.3	0.5	0.0	0.5
Non-medical person at home	0.4	0.7	0.2	0.0	0.0	0.2	0.2	1.3	0.0	0.0	0.0	0.3
PUBLIC SECTOR	32.2	31.2	36.6	28.3	23.6	30.4	36.8	36.3	29.4	32.7	32.9	33.6
Hospital/medical college	6.9	3.6	12.2	10.2	8.5	8.5	14.3	18.6	14.8	16.4	12.4	15.3
Family welfare center	1.5	0.9	2.2	0.0	0.8	1.1	5.0	1.2	2.2	0.1	2.2	2.2
Thana health complex	9.2	3.2	2.6	0.4	0.4	2.9	1.6	6.1	3.6	0.2	0.3	2.4
MCWC	11.9	21.3	18.8	17.4	13.7	16.8	7.5	10.3	8.5	12.2	17.9	11.2
Rural dispensary/community clinic	0.8	0.0	0.0	0.0	0.0	0.1	0.7	0.0	0.3	3.9	0.0	0.9
Satellite/EPI clinic	0.8	2.0	0.0	0.3	0.0	0.6	7.6	0.1	0.0	0.0	0.0	1.6
FWA	1.1	0.2	0.8	0.0	0.2	0.5	0.1	0.0	0.0	0.0	0.0	0.0
NSDP NGO	39.0	32.9	21.4	11.9	7.7	21.8	24.5	15.1	17.3	6.8	3.9	13.7
Static clinic	21.5	18.2	16.2	7.9	5.0	13.5	14.4	13.0	12.5	6.8	2.7	10.0
Satellite clinic	17.6	14.7	5.2	3.9	2.7	8.3	10.1	2.1	4.9	0.0	1.1	3.7
OTHER NGO	14.7	15.3	14.7	15.8	10.1	14.1	23.3	25.4	18.0	26.7	9.1	20.4
Hospital	3.2	4.4	6.6	5.9	4.2	5.0	4.9	5.4	5.2	15.4	5.4	7.1
NGO clinic	10.0	10.9	7.4	9.3	5.9	8.6	11.1	17.6	10.9	10.6	3.3	10.7
Satellite clinic	0.7	0.0	0.7	0.6	0.0	0.4	7.3	2.4	1.9	0.7	0.4	2.6
Fieldworker	0.8	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0
PRIVATE MEDICAL SECTOR	10.4	13.2	24.4	42.8	58.6	30.7	10.8	19.6	33.6	32.5	53.0	29.8
Private clinic/doctor	9.0	12.6	23.8	42.1	58.6	30.1	10.3	19.1	33.6	31.1	53.0	29.3
Traditional doctor	0.7	0.6	0.1	0.0	0.0	0.2	0.0	0.5	0.0	0.0	0.0	0.1
Pharmacy	0.7	0.0	0.5	0.7	0.0	0.4	0.4	0.0	0.0	1.4	0.0	0.3
BPHC NGO	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.6	0.0	0.0	0.0	0.2
Static clinic	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.6	0.0	0.0	0.0	0.2
Other	0.9	2.4	1.1	0.6	0.0	1.0	1.5	0.7	1.1	0.5	0.5	0.9
Missing	0.8	1.9	0.6	0.0	0.0	0.6	1.3	0.0	0.2	0.3	0.6	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	207	238	275	246	258	1,224	195	199	199	177	193	964

7.2 Iron Supplementation

Table 7.5A provides the distribution of women who received iron tablets during pregnancy for births in the one year before interview. In NSDP project areas, over seven of every 10 took iron tablets or syrup, though there were pronounced differences across urban project areas: In thana municipalities, only 47.9% received them; compared to 71.8% in district municipalities, and 77.4% in city corporations. Women in project areas were slightly more likely to receive supplements then women in non-project areas (70.5% versus 69.2%, respectively).

Older women were less likely to receive iron supplements: only 50.4% of those aged 35-49 years and eligible received them, compared with more than 70% for those younger than 35. Supplements were less likely in higher parity groups (54.2% for the highest parity against 84.2% for the lowest). Only 46.7% with no schooling received supplements, while over 80% with secondary education or better did.

Table 7.5A Iron supplementation (last one year)

Percent distribution of women who had a live birth in the last one year preceding the survey by intake of iron supplements during the pregnancy for the most recent birth, urban NSDP/ non-NSDP areas, 2003.

Background characteristic	Yes	No	DK/missing	Total	Number
Mother's age at birth					
10-14	70.4	29.6	0.0	100.0	6
15-19	72.5	27.5	0.0	100.0	110
20-34	71.3	28.6	0.1	100.0	358
35-49	50.4	49.6	0.0	100.0	24
Birth order					
1	84.2	15.8	0.0	100.0	156
2-3	68.1	31.8	0.2	100.0	232
4-5	57.0	43.0	0.0	100.0	81
6+	54.2	45.8	0.0	100.0	30
Domains					
City corporations	77.4	22.6	0.0	100.0	247
District municipalities	71.8	28.0	0.2	100.0	167
Thana municipalities	47.9	52.1	0.1	100.0	85
Highest educational level					
No education	46.7	53.3	0.0	100.0	154
Primary	69.9	30.1	0.0	100.0	109
Secondary	84.7	15.1	0.2	100.0	175
Higher secondary	98.3	1.7	0.0	100.0	22
College/university	87.1	12.9	0.0	100.0	38
Project areas	70.5	29.4	0.1	100.0	498
Non-project areas	69.2	30.8	0.0	100.0	414

Table 7.5B Iron supplementation (last three years)

Percent distribution of women who had a live birth in the last three years preceding the survey by intake of iron supplements during the pregnancy for the most recent birth, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Yes	No	DK/missing	Total	Number
Mother's age at birth					
10-14	57.6	42.4	0.0	100.0	23
15-19	67.9	31.8	0.2	100.0	401
20-34	68.4	31.4	0.2	100.0	1,108
35-49	55.5	44.5	0.0	100.0	64
Birth order					
1	78.6	21.4	0.0	100.0	546
2-3	67.9	31.6	0.5	100.0	703
4-5	51.5	48.5	0.0	100.0	248
6+	44.5	55.5	0.0	100.0	98
Domains					
City corporations	73.8	25.9	0.3	100.0	806
District municipalities	69.8	30.0	0.2	100.0	538
Thana municipalities	42.8	57.2	0.0	100.0	251
Highest educational level					
No education	45.1	54.8	0.2	100.0	488
Primary	66.2	33.8	0.0	100.0	409
Secondary	80.9	18.6	0.4	100.0	523
Higher secondary	96.1	3.9	0.0	100.0	77
College/university	91.6	8.2	0.2	100.0	98
Project areas	67.6	32.2	0.2	100.0	1,595
Non-project areas	70.5	29.1	0.4	100.0	1,182

The distribution for births in the three years preceding survey is shown in table 7.5B. In NSDP areas, the proportion receiving iron supplements was lower for the three-year window compared with one year, while the reverse was true in non-NSDP areas. However, differences were not large enough to reverse earlier conclusions. Similarly, patterns by age, parity, maternal education, and socio-economic status in the one-year period held in three-year interval as well.

The distributions of women receiving iron supplementation by asset quintiles during pregnancy for births in the one year and three years preceding survey are shown in Tables 7.6A and 7.6B. In NSDP areas in the one year preceding survey, only 41.2% considered eligible to receive supplements in the poorest quintile did so compared to 89.0% in the richest one. Similar variation was apparent across all urban NSDP/non-NSDP areas.

Table 7.6A Iron supplementation (last one year) by asset quintile

Percent distribution of women who had a live birth in the last one year preceding the survey and who received iron supplements during pregnancy for the most recent birth, by asset quintile, urban NDSP/non-NSDP areas, 2003.

	Project areas				
Asset quintile	City corporations	District municipalities	Thana municipalities	Overall	Non-project areas
Poorest	48.1	45.8	34.2	41.2	45.2
2	74.3	55.1	60.0	65.7	68.6
3	74.9	83.1	82.1	77.5	70.4
4	95.3	84.7	85.8	89.4	86.7
Richest	91.3	84.8	100.0	89.0	86.5
Total	77.4	71.8	47.9	70.5	69.2
Number	247	167	85	498	414

Table 7.6B Iron supplementation (last three years) by asset quintile

Percent distribution of women who had a live birth in the last three years preceding the survey and who received iron supplements during pregnancy for the most recent birth, by asset quintile, urban NDSP/non-NSDP areas, 2003.

	Project areas				
Asset quintile	City corporations	District municipalities	Thana municipalities	Overall	Non-project areas
Poorest	53.9	50.5	30.0	43.9	44.1
2	70.2	58.7	52.2	63.3	66.3
3	70.9	74.4	71.4	72.1	77.8
4	86.4	82.9	78.4	84.3	90.0
Richest	87.3	85.8	74.4	86.5	91.8
Total	73.8	69.8	42.8	67.6	70.5
Number	806	538	251	1,595	1,182

The proportion receiving iron supplements improved in both city and district municipality project areas from 2001 levels, with the more dramatic shift in city areas (with 77.4% in 2003 and 60% in 2001 receiving supplements during pregnancy for births in the one year before the survey). In district areas, the figures were 71.8% in 2003 and 66% in 2001. The overall improvement in project areas was roughly 12 percentage points, from 58.9% to 70.5%. In the non-project areas, there was a drop in coverage, from 73% to 69.2%.

7.3 Tetanus Toxoid Vaccination

Tetanus toxoid (TT) injections protect women and their newborns from tetanus. It is recommended that pregnant women receive two doses during pregnancy. However, if a woman was vaccinated in the course of a previous pregnancy, she may only require one booster dose for subsequent ones. Five doses convey lifetime protection.

Table 7.7A provides the distribution of TT coverage for last live births in the one year preceding the survey. As in 2001, there was wide coverage. In NSDP areas, only 13.4% did not receive an injection. About six in 10 received two or more injections, while another 27.7% received one. Across NSDP

urban areas, coverage was highest in city corporations (68.5% with two or more injections) and lowest in thana municipalities (46.8% with two or more). Coverage was slightly higher in non-project areas.

While 90.6% aged 10-14 had two or more injections, 36.5% did in the oldest age group (35-49). This may partly reflect older women having already completed the five injection course during previous pregnancies. Women at lower parity had higher coverage. Only 44.3% of those with no education received two or more injections, compared with 61.3% for those with primary level education and 75.2% for those with higher secondary education. Surprisingly, coverage was slightly lower among women with a college or university education than those with a higher secondary education.

Table 7.7A also provides the distribution of knowledge of the necessary number of doses for lifetime protection from tetanus among women having a live birth in the year before the survey. A substantial proportion knew that five doses are required (36% in NSDP areas and 39% in non-NSDP areas). Within NSDP urban areas, knowledge was greater in district municipalities (42.6%) than city corporations (31.7%) and thana municipalities (35.3%). It was also related to age, parity, and education: women were more likely to know the required number of doses if they were younger than 15, at lower parity and better educated.

Table 7.7B presents coverage for last pregnancies resulting in a live birth in the three years preceding interview. In NSDP areas, 69.5% who had a birth in the preceding three years had received two or more injections, compared to 58.8% for women who had a birth during the previous one year. For non-NSDP areas, the figures were 70.7% and 64.3%, respectively. Patterns by background characteristics were similar in the one- and three-year periods.

Table 7.7B also provides the distribution of women with a live birth in the three years before the survey who knew the number of doses necessary for lifetime protection against tetanus. Although the difference with the one year window was small, it was indicative of slightly increasing awareness. A gap of similar magnitude emerged in non-NSDP areas. The patterns of knowledge by background characteristics were similar for the one- and three-year periods.

TT coverage dropped between the 2001 and 2003 surveys by a small margin in both NSDP and non-NSDP areas. In NSDP areas, the decline occurred in district and thana municipalities, but not city corporations. There was actually significant improvement in city corporations, from 59.4% in 2001 to 68.5% in 2003.

Table 7.7A Tetanus toxoid injections (last one year)

Percent distribution of women who had a live birth in the last one year preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Number of tetanus toxoid injections					Knows # of TT injections for lifetime protection	
	None	One injection	Two or more injections	DK/missing	Total	%	Number
Mother's age at birth							
10-14	0.0	9.4	90.6	0.0	100.0	61.0	6
15-19	10.1	20.5	69.4	0.0	100.0	37.3	110
20-34	13.3	30.2	56.6	0.0	100.0	35.1	358
35-49	34.1	29.4	36.5	0.0	100.0	36.1	24
Birth order							
1	5.5	10.7	83.9	0.0	100.0	42.2	156
2-3	10.5	36.3	53.2	0.0	100.0	37.3	232
4-5	25.3	36.9	37.8	0.0	100.0	26.3	81
6+	46.2	25.5	28.3	0.0	100.0	19.0	30
Domains							
City corporations	11.6	19.9	68.5	0.0	100.0	31.7	247
District municipalities	11.9	37.3	50.8	0.0	100.0	42.6	167
Thana municipalities	21.7	31.5	46.8	0.0	100.0	35.3	85
Highest educational level							
No education	23.7	32.0	44.3	0.0	100.0	19.0	154
Primary	16.8	21.9	61.3	0.0	100.0	31.5	109
Secondary	5.3	29.0	65.8	0.0	100.0	48.7	175
Higher secondary	3.2	21.6	75.2	0.0	100.0	48.6	22
College/university	6.0	24.8	69.3	0.0	100.0	51.4	38
Project areas	13.4	27.7	58.8	0.0	100.0	36.0	498
Non-project areas	12.8	22.6	64.3	0.3	100.0	39.0	414

Table 7.7B Tetanus toxoid injections (last three years)

Percent distribution of women with a live birth in the last three years preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Number of tetanus toxoid injections					Know # of TT injections for lifetime protection	
	None	One injection	Two or more injections	DK/missing	Total	%	Number
Mother's age at birth							
10-14	0.0	9.3	90.7	0.0	100.0	47.8	23
15-19	7.5	13.0	79.6	0.0	100.0	34.7	401
20-34	12.4	21.7	65.7	0.2	100.0	32.4	1,108
35-49	18.1	17.7	64.3	0.0	100.0	26.7	64
Birth order							
1	5.8	8.2	86.0	0.0	100.0	39.7	546
2-3	9.0	25.3	65.6	0.1	100.0	32.3	703
4-5	22.6	28.0	48.7	0.8	100.0	24.9	248
6+	28.4	13.6	58.0	0.0	100.0	21.0	98
Domains							
City corporations	11.5	15.7	72.8	0.0	100.0	30.2	806
District municipalities	7.6	23.9	68.1	0.4	100.0	35.9	538
Thana municipalities	18.1	19.9	61.7	0.2	100.0	35.6	251
Highest educational level							
No education	21.2	22.2	56.5	0.1	100.0	21.1	488
Primary	9.9	17.4	72.8	0.0	100.0	26.7	409
Secondary	5.2	18.6	75.8	0.4	100.0	43.7	523
Higher secondary	3.0	16.1	80.9	0.0	100.0	39.3	77
College/university	5.2	16.6	78.1	0.0	100.0	55.6	98
Project areas	11.2	19.2	69.5	0.2	100.0	33.0	1,595
Non-project areas	10.3	18.6	70.7	0.4	100.0	35.6	1,182

TT coverage was positively related to socioeconomic status (Table 7.8A and Table 7.8B). In NSDP areas, only 44.9% in the poorest quintile received two or more injections for their last birth in the year preceding interview, compared with 70.8% in the richest one. A similar pattern was evident, though less pronounced, in non-NSDP areas.

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

Percent distribution of women who had a live birth in the last one year preceding the survey by numbe r of tetanus toxoid injections received during pregnancy for the most recent birth, by asset quintile, urban NSDP/non-NSDP areas, 2003 .

	Project areas					Non-project areas				
Asset quintile	None	One injection	Two or more injections	DK/missing	Total	None	One inejection	Two or more injections	DK/missing	Total
Poorest	27.2	27.9	44.9	0.0	100.0	-	-	-	-	-
2	15.0	33.5	51.5	0.0	100.0	-	-	-	-	-
3	9.8	26.7	63.5	0.0	100.0	-	-	-	-	-
4	7.3	24.6	68.1	0.0	100.0	-	-	-	-	-
Richest	2.7	26.5	70.8	0.0	100.0	-	-	-	-	-
Total	13.4	27.7	58.8	0.0	100.0	-	-	-	-	-
Number	67	138	293	0	498	53	93	266	1	414

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

Percent distribution of women who had a live birth in the last three years preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth, by asset quintile, urban NSDP/non-NSDP areas, 2003 .

	Project areas					Non-project areas				
Asset quintile	None	One injection	Two or more injections	DK/missing	Total	None	One inejection	Two or more injections	DK/missing	Total
Poorest	20.3	19.1	60.4	0.2	100.0	-	-	-	-	-
2	13.0	20.5	66.5	0.0	100.0	-	-	-	-	-
3	8.0	19.4	72.7	0.0	100.0	-	-	-	-	-
4	6.0	18.3	74.9	0.8	100.0	-	-	-	-	-
Richest	4.3	18.2	77.5	0.0	100.0	-	-	-	-	-
Total	11.2	19.2	69.5	0.2	100.0	-	-	-	-	-
Number	179	306	1,108	3	1,595	122	220	835	5	1,182

Table 7.9A provides the distribution of sources of TT injection for women with a live birth in the year preceding interview. Public sector facilities were the most prominent source in NSDP areas, accounting for 39.1% of vaccinations. However, as in 2001, NSDP clinics were the second most popular source (26.7%). In city corporations, NSDP static and satellite clinics accounted for 19.6% and 12.3%, respectively, of TT vaccinations. In non-project areas, NSDP clinics provided 12.5% of vaccinations. The market share of NSDP clinics remained unchanged between the 2001 and 2003 surveys, though more women in 2003 were vaccinated by static than satellite clinics, while the reverse was true in 2001.

Sources of TT injections for women with a live birth in the three years preceding survey are shown in Table 7.9B. There was little variation in sources between the one- and three-year periods.

Table 7.9A Source of tetanus toxoid injection (last one year)

Percent distribution of women with a live birth in the last one year preceding the survey who received a TT injection by source of most recent TT injection, urban NSDP/non-NSDP areas.

Source of most recent TT injection	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Overall	
HOME	1.4	1.0	0.0	1.1	0.5
..Medical person at home	0.7	0.2	0.0	0.4	0.1
..Non-medical person at home	0.8	0.7	0.0	0.6	0.4
PUBLIC SECTOR	23.5	49.7	67.2	39.1	37.8
..Hospital/medical college	7.5	18.7	7.6	11.3	11.9
..Family welfare center	2.8	2.1	1.7	2.4	1.2
..Thana health complex	3.3	1.0	4.1	2.6	1.8
..MCWC	7.0	23.9	5.6	12.5	11.4
..Rural dispensary/community clinic	0.0	0.0	0.0	0.0	0.5
..Satellite/EPI clinic	2.9	3.7	48.0	10.2	9.4
..FWA	0.0	0.3	0.2	0.1	1.6
NSDP NGO	31.9	22.1	19.9	26.7	12.5
..Static clinic	19.6	11.8	12.5	15.8	7.3
..Satellite clinic	12.3	10.3	7.4	10.9	5.3
OTHER NGO	21.4	13.1	4.1	15.9	29.4
..Hospital	4.6	1.9	1.9	3.2	7.7
..NGO clinic	14.7	10.1	2.1	11.2	12.8
..Satellite clinic	2.1	1.1	0.0	1.5	8.7
..Fieldworker	0.0	0.0	0.1	0.0	0.2
PRIVATE MEDICAL SECTOR	20.0	5.5	4.1	12.6	17.3
..Private clinic/doctor	17.4	4.6	3.9	11.0	17.1
..Traditional doctor	0.9	0.6	0.1	0.7	0.0
..Pharmacy	1.7	0.2	0.1	0.9	0.2
BPHC NGO	0.0	0.0	0.0	0.0	0.7
..Static clinic	0.0	0.0	0.0	0.0	0.7
..Satellite clinic	0.0	0.0	0.0	0.0	0.0
Other	1.7	8.7	4.5	4.5	1.7
Missing	0.0	0.0	0.3	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0
Number	218	147	67	431	361

Table 7.9B Source of tetanus toxoid injection (last three years)

Percent distribution of women with a live birth in the last three years preceding the survey who received a TT injection by source of most recent TT injection, urban NSDP/non-NSDP areas.

Source of most recent TT injection	Project areas				
	City corporations	District municipalities	Thana municipalities	Overall	Non-project areas
HOME	2.1	2.4	0.0	1.9	1.1
..Medical person at home	1.7	1.9	0.0	1.5	0.9
..Non-medical person at home	0.5	0.5	0.0	0.4	0.2
PUBLIC SECTOR	24.5	52.8	62.3	39.9	40.9
..Hospital/medical college	6.8	18.9	4.3	10.7	13.1
..Family welfare center	3.6	2.3	3.8	3.2	2.9
..Thana health complex	2.3	2.3	11.3	3.6	2.5
..MCWC	9.0	23.9	5.6	13.7	10.4
..Rural dispensary/community clinic	0.0	0.0	0.2	0.0	1.1
..Satellite/EPI clinic	1.9	4.5	34.4	7.5	9.5
..FWA	1.0	1.0	2.6	1.2	1.5
NSDP NGO	31.5	19.7	25.9	26.6	16.2
..Static clinic	15.6	11.2	12.3	13.6	9.1
..Satellite clinic	16.0	8.5	13.6	13.0	7.1
OTHER NGO	19.4	11.3	4.9	14.4	22.7
..Hospital	4.7	2.2	3.0	3.6	5.6
..NGO clinic	12.9	8.6	1.3	9.7	8.9
..Satellite clinic	1.8	0.4	0.2	1.1	8.0
..Fieldworker	0.0	0.1	0.2	0.1	0.1
PRIVATE MEDICAL SECTOR	19.4	5.0	2.8	11.9	15.8
..Private clinic/doctor	17.8	4.1	2.6	10.8	15.5
..Traditional doctor	0.5	0.3	0.0	0.4	0.0
..Pharmacy	1.0	0.6	0.1	0.7	0.3
BPHC NGO	0.0	0.0	0.0	0.0	0.3
..Static clinic	0.0	0.0	0.0	0.0	0.2
..Satellite clinic	0.0	0.0	0.0	0.0	0.1
Other	2.2	8.3	3.7	4.6	2.8
Missing	0.9	0.5	0.5	0.7	0.2
Total	100.0	100.0	100.0	100.0	100.0
Number	714	497	205	1,416	1,060

7.4 Knowledge of Pregnancy Complications and Care

Table 7.10A shows the percentage of women who mentioned specific complications of pregnancy (including delivery and post-delivery) that they believed to be life threatening. Tetanus was the most commonly known complication in NSDP areas (known to 54.6%), followed by convulsion/eclampsia (38.7%), retained placenta (38.0%), obstructed labor (37.3%), poor fetal positioning (36%), excessive vaginal bleeding (31.9%) and prolonged labor (24.7%). Only a few were unaware of any life-threatening complication. In general, knowledge was more widespread in non-NSDP areas. Within NSDP areas, retained placenta, obstructed/prolonged labor, and poor fetal positioning were better known in thana than district municipalities or city corporations, while the reverse was true for all other complications. Tetanus was most widely known in district Municipalities (60.8%) and least so city corporations (49.3%).

Knowledge of complications improved from 2001 survey levels. For instance, while in 2001 only 25% in NSDP areas knew of poor positioning of fetus as a complication, 36% knew so in 2003. Similar increases were noted in every urban NSDP area, as well as non-NSDP areas.

Table 7.10A Knowledge of complications of pregnancy

Percentage of women who know the complications threatening the life of a mother during pregnancy, delivery, or post delivery, by city type and urban NSDP/non-NSDP areas, 2003.

Problems associated with pregnancy	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Overall	
Severe headache/blurry vision/high blood pressure	29.8	29.5	20.5	28.6	26.6
Edema/pre-eclampsia	15.9	16.1	12.2	15.6	13.2
Convulsions/eclampsia	38.3	43.5	25.4	38.7	39.2
Excessive vaginal bleeding	33.0	32.4	25.5	31.9	33.7
Foul smelling discharge with high fever	5.9	4.2	2.0	4.8	5.8
Jaundice	4.6	5.6	6.9	5.3	4.7
Tetanus	49.3	60.8	58.5	54.6	64.0
Baby's hand or feet come first/baby in bad position	35.7	34.2	42.6	36.0	43.6
Prolonged labor	24.5	23.4	29.6	24.7	30.7
Obstructed labor	32.9	39.9	47.8	37.3	40.4
Retained placenta	33.5	39.8	51.3	38.0	46.8
Torn uterus	10.9	8.8	7.8	9.7	12.4
Other	12.4	4.6	3.7	8.5	7.1
DK/Missing	3.6	2.0	3.4	3.0	2.8
Total					
Number	2,906	2,113	672	5,691	4,201

As in 2001, virtually all respondents aware of a life-threatening complication knew that it warranted seeking medical assistance (Table 7.10B). Public sector facilities (particularly hospitals/medical colleges) were the most widely recognized sources of such assistance (Table 7.10C). Private clinics/ doctors were the next most known source. As in the 2001 survey, there were no marked differences in knowledge of sources of care across NSDP urban areas or between NSDP and non-NSDP areas. About 20% mentioned NSDP clinics as a source of care in NSDP areas, compared to 11.5% in the non-project areas. There was only slight variation in knowledge between the 2001 and 2003 surveys.

Table 7.10B Response to complications of pregnancy

Percentage of women who will seek care for complications of pregnancy through the following medium, for women who could identify complications of pregnancy, by background characteristics, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Seek medical care	Consult relative/ friends	Pray to God	Do nothing	Other	Missing	Number
Mother's age at birth							
10-14	100.0	0.0	0.0	0.0	0.0	0.0	87
15-19	100.0	0.9	0.4	0.0	0.5	0.0	1,437
20-34	99.8	0.9	0.3	0.0	0.2	0.0	3,678
35-49	100.0	0.1	0.8	0.0	1.0	0.0	256
Birth order							
1	100.0	1.0	0.2	0.0	0.3	0.0	2,156
2-3	99.8	0.7	0.2	0.0	0.2	0.0	2,368
4-5	99.9	0.9	0.2	0.1	0.2	0.0	723
6+	100.0	0.5	2.4	0.0	0.5	0.0	276
Domains							
City corporations	99.9	1.0	0.3	0.0	0.5	0.0	2,803
District municipalities	99.9	0.6	0.2	0.0	0.1	0.0	2,071
Thana municipalities	99.9	0.6	0.8	0.1	0.1	0.0	649
Highest educational level							
No education	99.8	0.4	0.6	0.1	0.4	0.0	1,776
Primary	100.0	0.7	0.4	0.0	0.3	0.0	1,312
Secondary	99.9	1.3	0.2	0.0	0.2	0.0	1,779
Higher secondary	100.0	0.4	0.0	0.0	0.0	0.0	330
College/university	99.7	1.4	0.0	0.0	0.3	0.0	326
Household asset quintile							
Poorest	99.9	0.4	0.8	0.1	0.3	0.0	1,078
2	99.9	0.6	0.6	0.0	0.6	0.0	1,097
3	99.8	1.1	0.3	0.0	0.2	0.0	1,104
4	100.0	0.7	0.0	0.0	0.3	0.0	1,134
Richest	99.8	1.4	0.0	0.0	0.0	0.0	1,110
Project areas	99.9	0.8	0.3	0.0	0.3	0.0	5,523
Non-project areas	99.9	0.7	0.0	0.0	0.0	0.0	4,085

Table 7.10C Knowledge of potential source of medical services for complications of pregnancy

Percentage o f women identifying specific sources of medical services for complications of pregnancy, by city type and urban NSDP/non-NSDP areas, 2003.

	Project areas				
Source of Care	City corporations	District municipalities	Thana municipalities	Overall	Non-project areas
Place for antenatal checkup					
HOME	8.5	8.0	5.6	8.0	14.3
..Medical person at home	8.4	7.8	5.5	7.8	14.2
..Non-medical person at home	0.2	0.4	0.4	0.3	0.4
PUBLIC SECTOR	95.3	98.6	98.6	96.9	97.5
..Hospital/Medical college	93.2	96.3	79.0	92.7	96.0
..Family welfare center	3.6	2.8	9.6	4.0	4.5
..Thana health complex	4.4	3.9	44.0	8.8	6.0
..MCWC	9.8	30.0	7.5	17.1	12.2
..Rural dispensary/community clinic	0.0	0.2	0.1	0.1	0.1
..Satellite/EPI clinic	0.0	0.2	0.0	0.1	0.1
..FWA	0.3	0.3	0.1	0.3	0.4
NSDP NGO	20.0	18.5	21.7	19.6	11.5
..Static clinic	18.8	18.0	21.2	18.8	11.1
..Satellite clinic	1.4	0.6	0.8	1.0	0.5
OTHER NGO	17.5	12.9	10.1	14.9	15.6
..Hospital	8.9	5.5	8.4	7.6	8.4
..NGO clinic	9.8	7.8	1.7	8.1	8.6
..Satellite clinic	0.3	0.2	0.1	0.2	0.2
..Fieldworker	0.0	0.1	0.0	0.1	0.0
PRIVATE MEDICAL SECTOR	52.2	65.2	67.0	58.8	71.2
..Private clinic/doctor	51.3	64.9	64.5	58.0	70.7
..Traditional doctor	0.9	0.4	4.3	1.1	0.6
..Pharmacy	0.7	0.2	0.5	0.5	0.6
BPHC NGO	0.0	0.0	0.1	0.0	0.1
..Static clinic	0.0	0.0	0.1	0.0	0.1
Other	0.6	0.6	0.8	0.6	0.4
DK/Missing	0.1	0.0	0.0	0.1	0.0
Total					
Number	2,801	2,068	648	5,517	4,082

7.5 Delivery Care

Place of Delivery

Table 7.11 shows the distribution of places of delivery for women with a birth in the past five years. In NSDP areas nearly one third gave birth at a formal health care facility while 67.2% delivered at home. Most of the former gave birth at facilities falling into the residual "other" category, which included private hospitals/clinics (14.6%). The principal public sector sources were MCWCs (8%) and government hospitals (7.8%). NSDP supported clinics usually do not have facilities for deliveries.

Delivery at health facilities was more common in non-NSDP (39.2%) than NSDP (32.8%) areas. In NSDP areas, delivery at "other" locations, including private health facilities, was most common in district municipalities (17.6%), followed by city corporation and, more distantly, thana municipalities (3.9%).

Younger women were less likely to deliver at a health facility. When they did, they were more likely to use a public provider (older mothers were, by contrast, relatively more likely than younger women to use a private provider). Women at higher parity were less likely to deliver at a health facility. Few of those with no antenatal care visits delivered at a health facility, compared with 20.4% of those with 1-3 visits and over half (56.6%) with four or more.

Less than 10% in the poorest quintile delivered at a health facility against nearly 70% in the richest one. The most striking differentials were associated with maternal education. Only 11.9% with no education delivered at a facility. The proportion then rose to 19.2% for those with a primary education, 44.1% for those with secondary education and, finally, 86.9% for the college/university educated.

Use of health facilities for delivery increased in NSDP areas, from 25.9% in 2001 to 32.5% in 2003. It also did so in non-NSDP areas (from 30.5% in 2001 to 39.2% in 2003). However, within NSDP areas, use of health facilities in thana municipalities actually fell.

Assistance during Delivery

Table 7.12 provides the distribution assistance received during the last birth for mothers with a live birth in the five years preceding interview according to their background characteristics. In NSDP areas, 54.7% were assisted by traditional birth attendants (DAIs), with fewer than 10% being assisted by a trained DAI and 44.9% by an untrained DAI. Another 5.3% were assisted by a friend or relative. Only 38.8% were attended to by medically trained personnel – (30.6% by doctors and 8.2% by nurses, midwives or family welfare visitors).

Women were less likely to be assisted by medically trained personnel in thana (15%) than district (46.6%) municipalities, or city corporations (40.2%). They were more likely to be assisted by trained medical personnel if they were aged 20 to 34, if theirs was a lower parity pregnancy, if they made antenatal care visits (and if they had made more of them), if they were educated, and if they were wealthier.

Among deliveries in non-project areas, 45.4% were assisted by medically trained personnel (compared to 38.8% in project areas). This was an improvement from 2001 levels of 35% and 31%, respectively. In project areas, improvement occurred everywhere but in thana municipalities.

Table 7.11 Place of delivery

Percent distribution of last born live births in the five years preceding the survey by place of delivery, according to background characteristics, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Public sector				NGO sector		Other			Total	Number
	Government hospital	Thana health complex	MCWC	Family welfare center	NSDP static clinic	NGO static clinic	Home	Other	Missing		
Mother's age at birth											
10-14	15.7	0.0	0.0	0.0	0.0	2.6	81.6	0.2	0.0	100.0	36
15-19	6.2	0.1	9.1	0.1	1.0	0.4	72.8	10.3	0.0	100.0	626
20-34	8.6	0.2	8.1	0.3	0.2	1.0	64.7	16.0	0.8	100.0	1,676
35-49	3.2	0.0	3.9	0.0	0.0	2.4	69.3	21.2	0.0	100.0	119
Birth order											
1	10.5	0.3	10.2	0.0	1.0	1.2	56.6	19.8	0.4	100.0	817
2-3	7.8	0.2	8.1	0.6	0.1	1.1	65.9	15.4	0.9	100.0	1,102
4-5	4.5	0.0	6.3	0.0	0.0	0.2	83.1	5.7	0.2	100.0	377
6+	2.7	0.0	1.0	0.0	0.0	0.3	93.0	2.9	0.0	100.0	162
Domains											
City corporations	8.4	0.0	8.0	0.4	0.6	1.0	65.1	15.6	1.0	100.0	1,251
District municipalities	9.2	0.2	10.3	0.2	0.2	1.0	61.1	17.6	0.1	100.0	851
Thana municipalities	2.6	0.6	2.6	0.0	0.0	0.6	89.7	3.9	0.1	100.0	355
Highest educational level											
No education	3.5	0.2	4.7	0.1	0.1	0.3	88.1	2.2	0.8	100.0	748
Primary	5.6	0.2	5.1	0.4	0.0	1.0	80.8	6.9	0.0	100.0	630
Secondary	12.0	0.1	10.5	0.1	0.8	0.7	55.5	19.9	0.5	100.0	788
Higher secondary	11.5	0.0	16.5	1.7	0.8	4.0	19.6	45.9	0.0	100.0	142
College/university	13.8	0.6	16.1	0.2	0.7	2.4	13.1	50.7	2.3	100.0	150
Household asset quintile											
Poorest	3.7	0.2	2.5	0.1	0.1	0.3	91.7	1.0	0.4	100.0	580
2	5.7	0.1	6.2	0.0	0.0	0.7	82.1	4.7	0.5	100.0	534
3	8.7	0.2	8.3	0.5	1.3	0.7	72.4	7.6	0.4	100.0	479
4	12.1	0.3	13.2	0.0	0.5	1.8	46.6	24.8	0.8	100.0	437
Richest	10.8	0.0	12.3	0.8	0.0	1.6	31.0	42.7	0.8	100.0	428
Number of ANC visits											
None	1.4	0.3	2.2	0.0	0.1	0.0	95.1	0.8	0.0	100.0	585
1-3 visits	7.7	0.1	5.7	0.1	0.2	0.4	79.6	6.1	0.0	100.0	783
4+ visits	11.4	0.2	13.0	0.5	0.6	1.9	43.4	28.0	1.0	100.0	1,080
Don't know/missing	0.0	0.0	0.0	0.0	0.0	0.0	43.3	25.8	30.8	100.0	9
Project areas	7.8	0.2	8.0	0.3	0.4	0.9	67.2	14.6	0.6	100.0	2,458
Non-project areas	13.3	0.0	6.3	0.0	0.2	2.0	60.8	17.2	0.2	100.0	1,801

Table 7.12 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, according to selected background characteristics, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Doctor	Nurse/ midwife	Family welfare visitor	MA/ SACMO	Trained traditional birth attendant	Untrained TBA (DAI)	Unqualified doctor	Relatives	Others	No one	Don't know/ missing	Total	Number
Mother's age at birth													
10-14	11.9	11.3	0.0	0.0	10.5	63.5	0.0	2.7	0.0	0.0	0.0	100.0	36
15-19	24.6	7.9	0.4	0.0	10.6	49.1	0.3	7.0	0.0	0.2	0.0	100.0	626
20-34	33.4	7.8	0.3	0.1	9.6	42.9	0.3	4.7	0.3	0.4	0.3	100.0	1,676
35-49	27.9	5.7	1.8	0.0	8.3	46.5	0.0	6.3	0.0	3.5	0.0	100.0	119
Birth order													
1	40.6	8.4	0.2	0.1	9.7	36.5	0.2	4.2	0.0	0.1	0.0	100.0	817
2-3	31.9	8.3	0.4	0.1	9.2	43.8	0.2	5.3	0.3	0.1	0.4	100.0	1,102
4-5	15.5	7.5	0.3	0.0	12.0	54.8	0.4	7.9	0.0	1.5	0.2	100.0	377
6+	6.0	2.0	0.8	0.0	9.7	72.7	0.0	5.6	0.8	2.5	0.0	100.0	162
Domains													
City Corporations	34.6	5.4	0.2	0.0	11.7	40.2	0.4	6.4	0.4	0.5	0.4	100.0	1,251
District Municipalities	33.5	12.5	0.6	0.1	8.8	40.3	0.0	4.0	0.0	0.2	0.1	100.0	851
Thana Municipalities	9.5	4.9	0.6	0.1	5.9	72.9	0.2	4.8	0.0	1.1	0.0	100.0	355
Educational level													
No education	9.4	5.2	0.4	0.0	8.3	66.1	0.0	8.5	0.5	1.2	0.3	100.0	748
Primary	18.1	5.8	0.0	0.0	13.8	56.2	0.1	5.6	0.0	0.4	0.0	100.0	630
Secondary	41.9	11.1	0.4	0.2	10.3	30.8	0.6	3.9	0.1	0.1	0.4	100.0	788
Higher secondary	78.9	8.6	0.2	0.0	6.0	6.2	0.0	0.0	0.0	0.0	0.0	100.0	142
College/University	83.0	10.2	1.3	0.0	1.6	3.3	0.0	0.6	0.0	0.0	0.0	100.0	150
Household asset quintile													
Poorest	6.6	3.7	0.0	0.0	7.5	72.6	0.0	8.3	0.2	0.7	0.4	100.0	580
2	13.7	8.2	0.2	0.0	11.4	57.7	0.6	6.6	0.7	1.0	0.0	100.0	534
3	27.3	9.6	0.4	0.0	14.2	40.4	0.4	6.9	0.0	0.2	0.6	100.0	479
4	49.1	11.3	0.7	0.3	9.2	27.1	0.0	1.8	0.0	0.5	0.0	100.0	437
Richest	68.8	7.1	0.7	0.0	6.8	14.8	0.2	1.5	0.0	0.0	0.0	100.0	428
Number of ANC visits													
None	3.5	2.7	0.0	0.0	7.8	74.9	0.2	9.4	0.2	1.3	0.0	100.0	585
1-3 visits	18.4	8.6	0.2	0.1	12.7	52.0	0.5	7.1	0.1	0.2	0.0	100.0	783
4+ visits	54.2	9.9	0.7	0.0	8.9	23.9	0.1	1.7	0.2	0.1	0.2	100.0	1,080
Don't know/missing	25.8	0.0	0.0	0.0	0.0	0.0	0.0	17.5	0.0	28.5	28.1	100.0	9
Project areas	30.6	7.8	0.4	0.1	9.8	44.9	0.2	5.3	0.2	0.5	0.2	100.0	2,458
Non-project areas	36.6	8.7	0.1	0.0	8.6	40.2	0.4	4.1	0.5	0.6	0.1	100.0	1,801

7.6 Childhood Vaccination

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

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

Vaccination Coverage

Table 7.13 presents the vaccination rates for children age 12 to 23 months. Three rates are provided – one computed from vaccination cards, another from mother's recall, and the third from both. In NSDP areas, 52% were fully vaccinated according to vaccination cards while another 17.1% were according to their mothers' recall, for a total of 69.1%. However, the proportion receiving all recommended vaccines by their first birthday was lower at 66.2%. Coverage was 96.3% for BCG, 96.3% for the first dose of DPT and 95.5% for the first dose of polio, but only 82.9% for the third dose of DPT and 87.7% for the third dose of polio, and only 82.1% for measles. Dropout rates between the first and the third doses of DPT and polio were 13.9% and 8.2%, respectively.

Thana municipalities had the lowest coverage while district municipalities had the highest: Only 57.6% were fully vaccinated in thana municipalities, compared to 64.4% in city corporations and 81.3% in district municipalities. Non-project areas had higher coverage at 71.3%.

Table 7.14A provides the distribution of coverage by select background characteristics. It also provides information about the availability of health cards. About 65.7% of girls and 72.8% of boys were fully vaccinated. Just over half of children of sixth or higher birth order were fully vaccinated, compared to 60.6% of fourth or fifth order, 66.2% of second or third order, and 78.5% of first born-children. About 60% of the children of mothers with no education or a primary education were fully vaccinated. The 78.3% of those Among children of mothers with secondary education, 78.3% were fully vaccinated, and over 90% of children whose mothers had higher secondary education or better were fully vaccinated. Table 7.14B presents the same information for children whose vaccination status was verified with cards only.

Differentials in childhood vaccinations by asset quintiles are provided in Table 7.14C. Children in poorer quintiles were less likely to receive vaccinations. In NSDP areas, only 56.8% in the poorest quintile were fully vaccinated, compared to 72% in the richest one. This pattern was evident in non-NSDP areas as well.

Table 7.13 Vaccinations by source of information, vaccination card or mother's report

Percentage of children 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, by city type, urban NSDP/non-NSDP areas, 2003.

Source of information	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All*	No vaccinations	Number of children
URBAN – CITY CORPORATIONS											
Vaccinated at any time before survey											
Vaccination card	64.4	64.4	63.7	60.2	64.4	63.7	60.2	52.0	52.0	0.0	172
Mother's report	31.2	31.2	28.2	19.8	29.8	24.0	24.0	25.4	12.4	4.5	95
Either source	95.5	95.5	91.9	80.0	94.2	87.7	84.1	77.4	64.4	4.5	268
Vaccinated by 12 months of age†	95.1	95.1	91.0	78.7	93.8	86.8	82.8	74.3	64.0	4.9	268
URBAN – DISTRICT MUNICIPALITIES											
Vaccinated at any time before survey											
Vaccination card	57.9	57.9	57.5	56.2	57.9	57.5	56.2	54.8	54.8	0.0	110
Mother's report	39.1	39.1	37.9	32.4	38.9	35.5	35.2	36.0	26.4	1.9	80
Either source	97.0	97.0	95.5	88.7	96.8	93.0	91.4	90.8	81.3	1.9	191
Vaccinated by 12 months of age†	97.0	97.0	95.5	88.2	96.8	93.0	90.1	86.8	78.9	1.9	191
URBAN – THANA MUNICIPALITIES											
Vaccinated at any time before survey											
Vaccination card	59.3	59.3	59.3	57.7	59.3	59.3	57.9	46.2	46.0	0.0	54
Mother's report	38.1	38.1	35.7	21.5	37.6	32.5	32.5	31.5	11.6	2.6	37
Either source	97.4	97.4	95.0	79.3	96.9	91.8	90.4	77.7	57.6	2.6	91
Vaccinated by 12 months of age†	96.5	95.7	94.2	78.0	95.2	91.0	88.9	60.3	45.9	4.3	91

Table 7.13 Vaccinations by source of information, vaccination card or mother's report (continued)

Percentage of children 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, by city type, urban NSDP/non-NSDP areas, 2003.

Source of information	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All*	No vaccinations	Number of children
PROJECT AREAS											
Vaccinated at any time before survey											
Vaccination card	61.3	61.3	60.8	58.4	61.3	60.8	58.4	52.0	52.0	0.0	337
Mother's report	35.1	35.1	32.8	24.5	34.3	29.4	29.3	30.1	17.1	3.3	213
Either source	96.3	96.3	93.6	82.9	95.5	90.2	87.7	82.1	69.1	3.3	550
Vaccinated by 12 months of age†	96.0	95.8	93.1	81.9	95.1	89.6	86.4	76.5	66.2	3.8	550
NON-PROJECT AREAS											
Vaccinated at any time before survey											
Vaccination card	55.7	55.8	54.9	53.0	55.8	54.9	53.0	50.5	50.3	1.2	211
Mother's report	40.4	38.7	38.3	32.8	38.7	31.1	31.1	35.4	21.0	1.9	159
Either source	96.1	94.5	93.2	85.8	94.4	85.9	84.1	85.9	71.3	3.1	370
Vaccinated by 12 months of age†	95.7	93.9	92.2	84.0	93.9	85.0	82.3	77.9	65.0	3.7	370

* Children who are fully vaccinated, i.e., those who have received BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

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

Table 7.14A Vaccinations by background characteristics, crude (card or mother's report)

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, urban NSDP/non-NSDP areas, 2003.

Background characteristic	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All*	No vaccinations	Percentage with a vaccination card	Number of children
Sex of child												
Male	96.5	96.5	93.7	83.5	95.7	91.0	89.0	84.8	72.8	2.7	63.0	267
Female	96.1	96.1	93.6	82.3	95.3	89.4	86.4	79.6	65.7	3.9	59.7	282
Birth order												
1	97.9	97.9	97.0	87.2	97.3	94.6	92.7	89.1	78.5	2.1	65.0	200
2-3	96.4	96.4	94.3	81.8	94.9	86.7	84.3	83.3	66.2	3.6	57.2	236
4-5	93.0	93.0	84.7	75.7	93.4	88.3	84.3	69.5	60.6	4.5	62.7	81
6+	94.6	94.6	90.5	81.4	94.6	92.7	90.1	61.8	53.6	5.4	64.0	32
Domains												
City corporations	95.5	95.5	91.9	80.0	94.2	87.7	84.1	77.4	64.4	4.5	64.4	268
District municipalities	97.0	97.0	95.5	88.7	96.8	93.0	91.4	90.8	81.3	1.9	57.9	191
Thana municipalities	97.4	97.4	95.0	79.3	96.9	91.8	90.4	77.7	57.6	2.6	59.3	91
Highest educational level												
No education	89.0	89.0	83.8	73.1	88.8	84.2	82.1	76.8	61.4	9.7	56.3	160
Primary	99.0	99.0	96.1	79.7	96.6	91.2	86.3	71.7	58.0	1.0	61.8	156
Secondary	99.4	99.4	98.4	90.8	99.2	91.8	91.7	91.9	78.3	0.6	61.3	184
Higher secondary	100.0	100.0	100.0	99.1	100.0	100.0	100.0	100.0	99.1	0.0	78.9	27
College/university	100.0	100.0	100.0	90.0	100.0	100.0	90.0	90.0	90.0	0.0	70.9	24
Project areas	96.3	96.3	93.6	82.9	95.5	90.2	87.7	82.1	69.1	3.3	61.3	550
Non-project areas	96.1	94.5	93.2	85.8	94.4	85.9	84.1	85.9	71.3	3.1	57.0	370

* Children who are fully vaccinated, i.e., those who have received BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

Table 7.14B Vaccinations by background characteristics, card only

Percentage of children age 12-23 months who received specific vaccines at any time before the survey, (according to vaccination card only), by background characteristics, urban NSDP/non-NSDP areas, 2003.

Background characteristic	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All*	No vacci-nations	Perce-ntage with a vacci-nation card	Number of children
Sex of child												
Male	63.0	63.0	62.3	60.4	63.0	62.3	60.5	56.0	55.9	0.0	63.0	168
Female	59.7	59.7	59.4	56.5	59.7	59.4	56.5	48.3	48.3	0.0	59.7	169
Birth order												
1	65.0	65.0	64.7	63.0	65.0	64.7	63.0	59.3	59.3	0.0	65.0	130
2-3	57.2	57.2	57.2	54.7	57.2	57.2	54.8	48.7	48.6	0.0	57.2	135
4-5	62.7	62.7	60.5	56.5	62.7	60.5	56.5	45.7	45.7	0.0	62.7	51
6+	64.0	64.0	64.0	61.4	64.0	64.0	61.4	47.3	47.3	0.0	64.0	20
Domains												
City corporations	64.4	64.4	63.7	60.2	64.4	63.7	60.2	52.0	52.0	0.0	64.4	172
District municipalities	57.9	57.9	57.5	56.2	57.9	57.5	56.2	54.8	54.8	0.0	57.9	110
Thana municipalities	59.3	59.3	59.3	57.7	59.3	59.3	57.9	46.2	46.0	0.0	59.3	54
Highest educational level												
No education	56.3	56.3	56.3	54.2	56.3	56.3	54.2	48.6	48.6	0.0	56.3	90
Primary	61.8	61.8	60.7	56.1	61.8	60.7	56.1	44.4	44.4	0.0	61.8	96
Secondary	61.3	61.3	61.0	60.7	61.3	61.0	60.8	56.4	56.3	0.0	61.3	113
Higher secondary	78.9	78.9	78.9	78.9	78.9	78.9	78.9	78.9	78.9	0.0	78.9	21
College/university	70.9	70.9	70.9	60.9	70.9	70.9	60.9	60.9	60.9	0.0	70.9	17
Project areas	61.3	61.3	60.8	58.4	61.3	60.8	58.4	52.0	52.0	0.0	61.3	337
Non-project areas	55.7	55.8	54.9	53.0	55.8	54.9	53.0	50.5	50.3	1.2	57.0	211

* Children who are fully vaccinated, i.e., those who have received BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

Table 7.14C Vaccinations by background characteristics, crude (card or mother's report) by asset quintile

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to vaccination card and mother's report), by asset quintile, urban NSDP/non-NSDP areas, 2003.

Asset quintile	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All*	No vaccinations	Percentage with a vaccination card	Number of children
Project areas												
Household asset quintile												
Poorest	90.6	90.6	86.5	74.2	88.7	84.1	82.4	73.6	56.8	9.4	57.9	138
2	97.1	97.1	93.7	80.7	97.1	90.7	83.6	73.5	64.8	2.9	62.8	127
3	97.1	97.1	95.2	86.1	98.6	94.6	94.6	87.1	76.5	1.2	56.8	122
4	100.0	100.0	100.0	90.0	100.0	95.7	95.7	95.5	83.4	0.0	58.0	78
Richest	100.0	100.0	97.2	89.0	95.8	88.0	85.2	89.3	72.0	0.0	73.7	86
Total	96.3	96.3	93.6	82.9	95.5	90.2	87.7	82.1	69.1	3.3	61.3	550
Non-project areas												
Household asset quintile												
Poorest	91.6	91.1	87.3	74.9	89.5	83.8	79.0	72.6	60.9	6.2	49.4	92
2	97.2	93.8	92.5	87.7	97.3	87.6	85.7	81.9	70.7	1.5	62.2	81
3	98.5	97.8	97.8	88.6	92.6	84.3	84.3	94.0	71.3	1.5	49.0	72
4	100.0	100.0	99.9	96.9	100.0	94.2	94.2	95.7	86.8	0.0	68.5	60
Richest	94.6	91.2	91.2	85.6	94.6	81.1	80.0	91.5	72.3	5.4	59.5	65
Total	96.1	94.5	93.2	85.8	94.4	85.9	84.1	85.9	71.3	3.1	57.0	370

* Children who are fully vaccinated, i.e., those who have received BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

Source of Vaccination

NSDP clinics (including joint NSDP sessions) provided around 30% of vaccinations in NSDP areas (Table 7.15A). Government clinics provided roughly 43%, while other NGOs supplied another 16%. NSDP clinics had a market share of around 20% in non-NSDP areas. Within NSDP areas, NSDP clinics were more important sources of vaccinations in city corporations than in district municipalities, and were more important in district municipalities than in thana municipalities.

The share of NSDP providers increased from between approximately 26.6% and 29.7% for various specific vaccines in 2001 to between 29.1% and 31.2% in 2003. The increase was larger for measles than other antigens. Their share also increased in non-NSDP areas from between 16.9% and 20.2% in 2001 to between 20.4% and 22.8% in 2003. Within NSDP areas, their shares increased markedly in city corporations but remained roughly unchanged in district municipalities and fell in thana municipalities.

Table 7.15A Source of vaccinations

Percent distribution of children under 12-23 months year who had received specific vaccinations by the source of the vaccination, by city type, urban NSDP/non-NSDP areas, 2003.

	Project areas				
	City corporations	District municipalities	Thana municipalities	Overall	Non-project areas
Source of BCG vaccination					
NSDP static clinic	19.4	8.2	4.7	13.0	10.5
NSDP satellite clinic	24.0	9.5	13.2	17.1	9.5
Joint NSDP-EPI session	0.3	0.5	0.0	0.3	0.4
Government clinic	23.5	56.6	73.8	43.5	42.8
FWA	0.4	0.0	1.5	0.5	0.9
Other NGO	22.1	12.6	4.2	15.8	20.8
Private	6.5	0.6	0.0	3.4	8.7
BPHC satellite clinic	0.0	0.8	0.0	0.3	0.7
Other	2.8	10.4	2.2	5.4	5.5
Missing	0.9	0.8	0.4	0.8	0.1
Total	100.0	100.0	100.0	100.0	100.0
Number	256	185	89	529	355
Source of Polio-3 vaccination					
NSDP static clinic	16.1	7.9	2.5	10.8	12.7
NSDP satellite clinic	26.6	12.6	16.1	19.8	8.5
Joint NSDP-EPI session	0.0	1.7	0.0	0.6	0.0
Government clinic	23.4	55.0	72.7	43.2	39.9
FWA	0.8	0.3	0.7	0.6	0.8
Other NGO	22.5	12.0	4.8	15.7	26.2
Private	5.5	0.5	0.0	2.8	6.4
BPHC satellite clinic	0.0	0.0	0.0	0.0	0.8
Other	4.5	9.5	3.1	6.1	4.0
Missing	0.6	0.5	0.0	0.4	0.6
Total	100.0	100.0	100.0	100.0	100.0
Number	227	174	83	484	311
Source of DPT-3 vaccination					
NSDP static clinic	18.3	8.0	4.4	12.3	13.5
NSDP satellite clinic	22.9	10.3	8.5	16.0	6.7
Joint NSDP-EPI session	0.4	1.7	0.0	0.8	0.4
Government clinic	24.6	56.6	78.7	45.0	39.8
FWA	0.9	0.0	0.2	0.5	0.8
Other NGO	23.4	12.4	5.5	16.5	24.2
Private	6.3	0.6	0.0	3.2	8.7
BPHC satellite clinic	0.0	0.0	0.0	0.0	0.8
Other	3.3	10.0	2.8	5.7	4.8
Missing	0.0	0.5	0.0	0.2	0.3
Total	100.0	100.0	100.0	100.0	100.0
Number	216	169	72	458	318
Source of Measles vaccination					
NSDP static clinic	16.1	10.2	3.8	11.9	12.0
NSDP satellite clinic	26.0	10.4	15.5	18.4	10.4
Joint NSDP-EPI session	1.5	0.2	0.0	0.8	0.4
Government clinic	21.6	55.0	69.7	42.0	39.2
FWA	0.9	0.0	1.0	0.6	0.1
Other NGO	24.0	12.4	5.7	16.7	24.2
Private	4.9	0.5	0.8	2.6	7.9
BPHC static clinic	0.0	0.0	0.0	0.0	0.4
BPHC satellite clinic	0.0	0.3	0.0	0.1	0.4
Other	4.3	10.5	3.6	6.6	4.1
Missing	0.8	0.5	0.0	0.6	0.9
Total	100.0	100.0	100.0	100.0	100.0
Number	207	173	71	451	318

Trends in Childhood Vaccination

Tables 7.15B and 7.15C provide childhood vaccination rates in the first year of life among children age 12-59. During the five-years preceding interview, the likelihood of full coverage rose steadily. In NSDP areas, only 41.2% aged 36-47 months (born in the fourth year preceding interview) were fully vaccinated. This rose to 53.1% for those aged 24 to 35 months (born in the third year) and finally to 69.1% for children aged 12 to 23 months (second year). A similar pattern emerged in non-NSDP areas as well for every specific antigen.

Table 7.16 presents the distribution vaccination sources by asset quintile. In NSDP areas, NSDP satellite clinics were generally more popular among the poor, while the reverse was true for static clinics. Approximately 24.3% of vaccinated children age 12-23 months in the lowest quintile received BCG vaccine from NSDP satellite clinics, compared with only 7.5% in the highest one. In contrast, 20.4% in the highest quintile received it from NSDP static clinics, compared to 7.7% in the lowest. Overall, 33% and 27.9% of children in the lowest and highest quintiles, respectively received their BCG vaccination from an NSDP provider. Results were similar for DPT3, polio3, and measles.

Knowledge of Vaccination Schedule

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

Table 7.17 indicates that three-quarters of women in NSDP areas reported next DPT and polio vaccination dates, but only 70.7% and 73.8%, respectively, did so correctly. Better educated and wealthier women were more likely to report a correct date. Correct answers were more common in city corporations (70.8%) and less so in thana municipalities (57.4%). The proportion reporting correctly varied with the gender of the child.

Table 7.15B Vaccinations in the first year of life, urban NSDP areas

Percentage of children under five years of age at the time of the survey who received specific vaccines by 12 months of age, and percentage with a vaccination card, by current age of child, urban NSDP areas, 2003.

Child's age	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All*	No vaccinations	Percentage with a vaccination card	Number of children
12-23 months	96.0	95.8	93.1	81.9	95.5	90.2	87.7	76.5	69.1	3.8	61.3	550
24-35 months	95.8	95.8	90.6	78.3	85.3	68.8	68.4	73.7	53.1	3.7	43.0	584
36-47 months	93.2	91.4	86.7	73.7	60.5	52.2	50.6	74.0	41.2	6.4	32.0	590
48-59 months	93.6	91.1	85.0	71.5	79.6	72.5	69.6	73.1	54.7	6.2	27.1	601
Total	95.0	93.8	89.1	76.6	80.0	70.6	68.8	74.9	54.3	4.7	40.4	2,325

Note: Information was obtained from the vaccination card or, if there was no written record, from the mother. For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccinations.

* Children who are fully vaccinated, i.e., those who have received BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

Table 7.15C Vaccinations in the first year of life, urban non-NSDP areas

Percentage of children under five years of age at the time of the survey who received specific vaccines by 12 months of age, and percentage with a vaccination card, by current age of child, urban non-NSDP areas, 2003.

Child's age	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	All*	Percentage with a vaccination card	Number of children
12-23 months	95.7	93.9	92.2	84.0	94.4	85.9	84.1	77.9	71.3	57.0	370
24-35 months	96.9	94.7	90.6	81.5	82.3	65.9	64.0	78.1	51.1	44.0	454
36-47 months	94.7	93.9	86.9	77.6	65.6	54.9	54.0	72.1	46.3	31.3	426
48-59 months	95.1	94.3	91.0	78.7	82.7	75.2	72.5	82.4	60.6	30.6	390
Total	95.7	94.2	90.2	80.5	80.8	69.8	68.0	77.7	56.7	40.5	1,641

Note: Information was obtained from the vaccination card or, if there was no written record, from the mother. For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccinations.

* Children who are fully vaccinated, i.e., those who have received BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

Table 7.16 Source of vaccinations by asset quintile

Percent distribution of source of vaccinations by asset quintile for children 12-23 months of age, urban NSDP/non-NSDP areas, 2003.

	Project areas						Non-project areas					
	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Source of BCG vaccination												
NSDP static clinic	7.7	16.5	9.0	14.0	20.4	13.0	4.6	13.6	14.5	10.5	10.1	10.5
NSDP satellite clinic	24.3	18.4	22.4	6.0	7.5	17.1	13.7	6.9	14.7	7.1	3.5	9.5
Joint NSDP-EPI session	1.0	0.5	0.0	0.0	0.0	0.3	1.6	0.0	0.0	0.0	0.0	0.4
Government Clinic	49.2	43.3	36.5	51.8	37.6	43.5	48.9	41.8	36.2	56.0	30.4	42.8
FWA	1.0	0.0	1.0	0.0	0.0	0.5	0.1	3.9	0.0	0.0	0.2	0.9
Other NGO	8.5	11.9	21.9	14.7	24.5	15.8	22.3	28.0	8.4	12.9	31.2	20.8
Private	0.0	0.8	1.0	12.1	7.4	3.4	0.0	5.6	20.0	10.9	9.7	8.7
BPHC satellite clinic	1.1	0.0	0.0	0.0	0.0	0.3	1.5	0.0	0.0	2.1	0.0	0.7
Other	7.2	8.6	5.9	1.4	0.9	5.4	7.3	0.1	5.5	0.4	14.7	5.5
Missing	0.0	0.0	2.3	0.0	1.7	0.8	0.0	0.0	0.7	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	125	123	118	78	86	529	84	79	71	60	62	355
Source of polio-3 vaccination												
NSDP static clinic	6.1	15.3	7.8	11.9	15.3	10.8	3.2	15.0	21.0	15.8	9.8	12.7
NSDP satellite clinic	25.9	22.6	24.1	6.5	13.1	19.8	10.2	6.4	17.2	7.5	0.1	8.5
Joint NSDP-EPI session	0.8	0.0	0.0	0.0	2.6	0.6	0.0	0.0	0.0	0.0	0.0	0.0
Government clinic	46.1	40.6	38.5	54.4	38.4	43.2	51.3	33.3	31.7	52.4	28.9	39.9
FWA	0.5	2.3	0.0	0.0	0.0	0.6	0.0	3.6	0.0	0.0	0.2	0.8
Other NGO	10.7	9.4	21.6	15.3	23.5	15.7	29.8	34.7	11.6	14.1	39.9	26.2
Private	0.0	0.9	1.0	9.1	6.0	2.8	0.0	4.0	12.9	7.8	9.7	6.4
BPHC satellite clinic	0.0	0.0	0.0	0.0	0.0	0.0	1.8	0.0	0.0	2.3	0.0	0.8
Other	8.0	8.8	7.0	2.7	1.1	6.1	2.8	2.2	4.9	0.0	11.4	4.0
Missing	1.9	0.0	0.0	0.0	0.0	0.4	0.9	0.8	0.8	0.1	0.0	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	114	106	115	74	76	484	73	69	60	56	52	311

Table 7.16 Source of vaccinations by asset quintile (continued)

Percent distribution of source of vaccinations by asset quintile for children 12-23 months of age, urban NSDP/non-NSDP areas, 2003.

	Project areas						Non-project areas					
	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Source of DPT-3 vaccination												
NSDP static clinic	8.0	14.9	9.7	12.7	17.5	12.3	3.3	15.9	20.0	17.6	11.2	13.5
NSDP satellite clinic	24.1	19.1	19.7	2.8	8.0	16.0	10.2	6.3	8.7	7.3	0.0	6.7
Joint NSDP-EPI session	1.2	0.0	2.3	0.0	0.0	0.8	2.0	0.0	0.0	0.0	0.0	0.4
Government clinic	47.8	45.4	37.6	55.2	41.4	45.0	53.1	35.5	31.1	49.2	29.0	39.8
FWA	0.1	1.9	0.0	0.0	0.0	0.5	0.0	2.6	0.0	0.0	1.4	0.8
Other NGO	10.2	8.3	22.3	19.5	24.9	16.5	24.2	34.5	12.0	13.7	36.1	24.2
Private	0.0	1.9	1.1	8.2	7.2	3.2	0.0	5.1	22.2	9.9	7.1	8.7
BPHC satellite clinic	0.0	0.0	0.0	0.0	0.0	0.0	1.9	0.0	0.0	2.2	0.0	0.8
Other	7.7	8.6	7.2	1.6	1.0	5.7	4.0	0.2	6.1	0.0	15.1	4.8
Missing	0.9	0.0	0.0	0.0	0.0	0.2	1.3	0.0	0.0	0.0	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	102	102	105	70	79	458	69	71	64	58	56	318
Source of Measles vaccination												
NSDP static clinic	6.8	14.3	8.2	14.8	17.8	11.9	5.8	16.4	18.8	11.2	7.2	12.0
NSDP satellite clinic	25.0	18.1	22.2	8.3	14.2	18.4	9.0	9.5	15.4	11.8	6.1	10.4
Joint NSDP-EPI session	1.2	2.4	0.0	0.0	0.0	0.8	2.0	0.0	0.0	0.0	0.0	0.4
Government clinic	43.7	42.2	38.3	45.8	40.6	42.0	51.6	38.1	28.0	46.5	32.2	39.2
FWA	0.7	2.1	0.0	0.0	0.0	0.6	0.0	0.2	0.0	0.0	0.2	0.1
Other NGO	10.2	8.8	22.5	18.5	24.8	16.7	29.0	31.1	12.0	14.8	34.1	24.2
Private	0.0	2.1	1.1	9.9	1.5	2.6	0.0	4.2	17.0	11.4	7.2	7.9
BPHC static clinic	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1	0.0	0.4
BPHC satellite clinic	0.0	0.6	0.0	0.0	0.0	0.1	0.0	0.0	0.0	2.2	0.0	0.4
Other	9.8	9.3	7.7	2.7	1.1	6.6	1.8	0.0	5.8	0.0	13.1	4.1
Missing	2.6	0.0	0.0	0.0	0.0	0.6	0.8	0.5	3.1	0.0	0.0	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	101	93	106	74	77	451	67	66	67	57	60	318

Table 7.17 Knowledge of next shot by background characteristics

Percentage of mothers of children less than one year of age with immunization cards and incompleted series of polio or DPT immunizations who report a date for the next DPT and polio immunizations and report a date within the recommended interval for the antigen, by background characteristics, urban NSDP/non-NSDP project areas, 2003.

Background characteristic	DPT			Polio			Both DPT and Polio		
	Percentage reporting next immunization date	Date recorded is valid	Number of children	Percentage reporting next immunization date	Date recorded is valid	Number of children	Percentage reporting next immunization date	Date recorded is valid	Number of children
Sex of child									
Male	77.6	82.5	78.0	77.6	83.8	78.0	77.6	82.5	78.0
Female	75.6	54.7	58.0	75.6	60.1	58.0	75.6	54.7	58.0
Birth order									
1	83.2	53.2	40.0	83.2	55.6	40.0	83.2	53.2	40.0
2-3	74.6	87.0	70.0	74.6	91.6	70.0	74.6	87.0	70.0
4-5	68.3	67.6	14.0	68.3	67.6	14.0	68.3	67.6	14.0
6+	78.3	45.6	12.0	78.3	45.6	12.0	78.3	45.6	12.0
Domains									
City corporations	95.6	70.8	62.0	95.6	76.2	62.0	95.6	70.8	62.0
District municipalities	64.1	79.8	42.0	64.1	79.8	42.0	64.1	79.8	42.0
Thana municipalities	57.0	57.4	32.0	57.0	57.4	32.0	57.0	57.4	32.0
Highest educational level									
No education	71.4	68.7	46.0	71.4	68.7	46.0	71.4	68.7	46.0
Primary	78.4	68.3	32.0	78.4	71.6	32.0	78.4	68.3	32.0
Secondary	80.9	75.0	46.0	80.9	75.0	46.0	80.9	75.0	46.0
Higher secondary	76.6	84.4	6.0	76.6	84.4	6.0	76.6	84.4	6.0
College/university	77.4	50.8	6.0	77.4	100.0	6.0	77.4	50.8	6.0
Household asset quintile									
Poorest	61.0	54.5	84.0	61.0	54.5	84.0	61.0	54.5	84.0
2	85.3	67.5	52.0	85.3	67.5	52.0	85.3	67.5	52.0
3	67.1	73.2	58.0	67.1	71.9	58.0	67.1	71.9	58.0
4	90.5	83.5	34.0	95.3	84.3	34.0	90.5	83.5	34.0
Richest	67.8	76.8	28.0	67.8	84.3	28.0	67.8	67.5	28.0
Project areas	76.8	70.7	136.0	76.8	73.8	136.0	76.8	70.7	136.0
Non-project areas	66.5	66.1	121.0	67.9	64.1	121.0	66.5	63.3	121.0

7.7 Prevalence and Treatment of Acute Respiratory Infections

Acute respiratory infection (ARI) is a major cause of child morbidity and mortality in Bangladesh. Both its prevalence and treatment were examined in the 2003 survey.

Common symptoms include cough, difficult or rapid breathing or chest in-drawing, and fever (though the latter could be indicative of any number of things). In the 2001 and 2003 surveys, ARI was defined as an illness with cough and rapid or difficult breathing or chest in-drawing. Prevalence among children under age 5 was assessed by asking women if any of their children under 5 years of age experienced any of these symptoms during the two weeks preceding interview. ARI prevalence rates are provided in Table 7.18. In NSDP areas, 38.1% had been ill with fever and 12.6% suffered an ARI episode. Within NSDP areas, ARI was more common in thana municipalities (16.2%) than district municipalities (11.5%) or city corporations (12.2%). Fever and ARI prevalence rates were lower in non-NSDP areas: 30.7% and 8.4%, respectively.

Among children younger than 6 months, 17% suffered ARI compared to 11.8% aged 48 to 59 months. Higher birth order children were also more likely to experience ARI: almost 12% of second or third order children [REWORDED.. added “second” since fig is “2-3”] compared with 8.9% of first-born children. Prevalence was higher for boys (13.6%) than girls (11.6%).

The proportion suffering ARI was 17.8% among those with uneducated mothers, and only 8.3% (or even lower) for those whose mothers had at least some secondary education. Approximately, 17% in the lowest two quintiles suffered ARI, compared to only 6.5% in the highest one.

Table 7.18 also presents the distribution of ARI sufferers taken to a health facility/provider for treatment. In NSDP areas, less than half with ARI (about 44%) were taken to a health facility/provider. The figure was lower in thana (27.7%) than district (50.6%) municipalities or city corporations (46.2%). Slightly fewer were taken to a health facility/provider in non-NSDP areas (41.2%). Table 7.19 shows that the percentage receiving any treatment was also higher in NSDP areas (76.6% versus 70.7%). The main sources of treatment in NSDP areas were private doctors/clinics and pharmacies. In non-NSDP areas, public sources were comparatively more important. NSDP providers provided care only to a very small proportion of ARI-stricken children (1.2% in project areas). In project areas, the poorest children were less likely to be taken to public hospitals/clinics than richer ones (Table 7.18), while source of advice/treatment did not differ substantially by socioeconomic status for those who sought treatment at NGO clinics and private medical sector (Table 7.20).

Table 7.18 Prevalence and treatment of ARI or ARI plus fever

Children under five years of age who had a cough accompanied by short, rapid breathing (symptoms of ARI), and percentage of children who had fever in the two weeks preceding the survey, and percentage of children with symptoms of ARI or ARI plus fever for whom treatment was sought from a health facility or provider, by background characteristics, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Pct. of children with ARI	Pct. of children with fever	Number of children	Pct. treated by health facility or provider* (ARI)	Number of children with ARI
Child's age					
<6 months	17.0	38.2	204	51.4	35
6-11 months	16.3	55.3	269	53.4	44
12-23 months	13.7	44.0	550	49.5	75
24-35 months	12.7	36.7	584	35.9	74
36-47 months	9.2	33.4	590	41.8	54
48-59 months	11.8	30.7	601	37.2	71
Sex of child					
Male	13.6	39.3	1,391	49.6	190
Female	11.6	36.8	1,406	36.8	163
Birth order					
1	8.9	31.9	1,719	44.1	153
2-3	11.7	36.9	2,181	48.3	254
4-5	13.0	37.9	687	34.9	89
6+	10.9	30.9	260	12.5	28
Domains					
City corporations	12.2	37.2	1,388	46.2	170
District municipalities	11.5	39.3	953	50.6	109
Thana municipalities	16.2	38.0	456	27.7	74
Highest educational level					
No education	17.8	41.5	888	37.6	158
Primary	14.7	40.5	712	44.9	105
Secondary	7.5	36.6	866	46.6	65
Higher secondary	6.5	26.0	160	61.5	10
College/university	8.3	28.4	171	75.3	14
Household asset quintile					
Poorest	17.4	40.9	703	32.1	122
2	16.9	43.3	591	46.7	100
3	12.0	37.2	548	44.5	66
4	7.1	34.5	475	67.6	34
Richest	6.5	31.9	480	51.7	31
Project areas	12.6	38.1	2,798	43.7	353
Non-project areas	8.4	30.7	2,049	41.2	171

* Excludes pharmacy, shop, and traditional practitioner.

Note: Results in the last two columns were calculated for children with symptoms of ARI. Because of the questionnaire design, children with ARI and/or fever were asked about source of treatment. The table represents children with ARI, but they may have had fever at the same time and, therefore, the source for treatment may actually refer to fever and not to ARI.

Table 7.19 Source of treatment for children with ARI

Percent distribution of children under five years old who were ill with a cough accompanied by short, rapid breathing (ARI) during the two weeks preceding the survey by source of treatment, by city type, urban NSDP/non-NSDP areas, 2003.

	Project areas				
Source of treatment	City corporations	District municipalities	Thana municipalities	Overall	Non-project areas
Where did she seek advice/treatment for ARI ?					
HOME	0.0	1.6	0.0	0.5	0.5
..Medical person at home	0.0	1.0	0.0	0.3	0.1
..Non-medical person at home	0.0	0.6	0.0	0.2	0.4
PUBLIC SECTOR	9.2	18.6	3.2	10.8	14.5
..Hospital/medical college	9.2	17.2	2.2	10.2	10.2
..Family welfare centre	0.0	0.0	0.0	0.0	1.3
..Thana health complex	0.0	0.0	1.0	0.2	0.0
..MCWC	0.0	1.4	0.0	0.4	1.7
..Rural Dispensary/community clinic	0.0	0.0	0.0	0.0	1.3
NSDP NGO	1.2	0.9	1.5	1.2	0.3
..Static clinic	0.8	0.0	1.5	0.7	0.0
..Satellite clinic	0.4	0.9	0.0	0.5	0.3
OTHER NGO	8.2	1.7	0.0	4.5	3.2
..Hospital	3.1	0.9	0.0	1.7	3.1
..NGO clinic	2.3	0.0	0.0	1.1	0.1
..Satellite clinic	2.8	0.9	0.0	1.6	0.0
PRIVATE MEDICAL SECTOR	57.8	41.8	53.6	52.0	43.2
..Private clinic/doctor	27.6	28.4	23.0	26.9	23.1
..Traditional doctor	5.2	3.1	10.6	5.7	1.4
..Pharmacy	24.9	10.2	20.0	19.4	18.7
Other	4.0	7.9	15.8	7.7	9.0
Missing	0.0	0.0	0.0	0.0	0.0
Did not receive treatment	19.6	27.6	26.0	23.4	29.3
Total	100.0	100.0	100.0	100.0	100.0
Number	170	109	74	353	171

Note: The results in the last two columns were calculated for children with symptoms of ARI. Because of the questionnaire design, children with ARI and/or fever were asked about source of treatment. The table represents children with ARI, but they may have had fever at the same time and therefore the source for treatment may actually refer to fever and not to ARI.

Table 7.20 Source of treatment for children with ARI by asset quintile

Percent distribution of source of treatment for children under five years old who were ill with a cough accompanied by short, rapid breathing (ARI) during the two weeks preceding the survey by asset quintile, urban NSDP areas, 2003.

	Poorest	2	3	4	Richest	Total
Children with ARI						
Percentage of children with symptoms of ARI	17.4	16.9	12.0	7.1	6.5	12.6
Where did she seek advice/treatment for ARI?						
HOME	0.0	0.0	2.6	0.0	0.0	0.5
..Medical person at home	0.0	0.0	1.7	0.0	0.0	0.3
..Non-medical person at home	0.0	0.0	0.9	0.0	0.0	0.2
PUBLIC SECTOR	3.1	13.2	22.1	12.9	7.7	10.8
..Hospital/medical college	2.4	12.6	20.7	12.9	7.7	10.2
..Family welfare centre	0.0	0.0	0.0	0.0	0.0	0.0
..Thana health complex	0.6	0.0	0.0	0.0	0.0	0.2
..MCWC	0.0	0.6	1.4	0.0	0.0	0.4
..Rural dispensary/community clinic	0.0	0.0	0.0	0.0	0.0	0.0
NSDP NGO	1.5	2.3	0.0	0.0	0.0	1.2
..Static clinic	0.9	1.3	0.0	0.0	0.0	0.7
..Satellite clinic	0.6	1.0	0.0	0.0	0.0	0.5
OTHER NGO	4.9	2.4	4.8	7.1	5.8	4.5
..Hospital	0.8	2.4	1.5	0.0	5.8	1.7
..NGO clinic	1.4	0.0	3.3	0.0	0.0	1.1
..Satellite clinic	2.7	0.0	0.0	7.1	0.0	1.6
PRIVATE MEDICAL SECTOR	52.6	56.3	41.2	62.1	47.3	52.0
..Private clinic/doctor	22.6	28.9	15.9	47.6	38.1	26.9
..Traditional doctor	10.4	3.9	1.9	7.0	0.0	5.7
..Pharmacy	19.5	23.6	23.4	7.5	9.2	19.4
Other	12.3	6.5	4.7	7.3	0.0	7.7
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Did not receive treatment	25.7	19.3	24.6	10.6	39.1	23.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	122	100	66	34	31	353

7.8 Vitamin A Supplementation

Vitamin A deficiency is the major cause of preventable childhood blindness and a major contributing factor for several other childhood sources of morbidity and mortality. It can be avoided by giving children capsule supplements (usually every six months).

As in 2001, mothers were asked if their children under 5 years of age had taken a vitamin A capsule in the previous six months. Table 7.21 provides rates of vitamin A supplementation for those aged 9-59 months. In NSDP areas, 81.4% had received vitamin A supplements. This was nearly identical to the non-NSDP areas (83.1%). The proportion who received a vitamin A capsule was higher roughly the same in thana and district municipalities and city corporations. Vitamin A supplementation was related to maternal education and socioeconomic status, though variation was not large and not always following an obvious pattern. A similar situation prevailed in non-NSDP areas.

Table 7.21 Vitamin A

Percentage of children 9-59 months of age (most recent births in last 5 years) receiving vitamin A in the last six months by region of residence, urban NSDP/non-NSDP areas, 2003.

	Project areas					Non-project areas				
	Yes	No	DK/Missing	Total	Number	Yes	No	DK/Missing	Total	Number
Domains										
City corporations	82.5	15.6	1.9	100.0	1,032	-	-	-	0.0	0
District municipalities	79.2	18.1	2.6	100.0	714	-	-	-	0.0	0
Thana municipalities	83.2	15.7	1.1	100.0	277	-	-	-	0.0	0
Highest educational level										
No education	75.5	21.7	2.7	100.0	594	79.0	19.0	2.0	100.0	385
Primary	85.3	12.6	2.1	100.0	539	83.4	13.9	2.6	100.0	346
Secondary	83.1	14.9	2.0	100.0	634	85.1	13.9	1.1	100.0	545
Higher secondary	79.6	19.7	0.8	100.0	129	85.4	14.6	0.0	100.0	103
College/university	85.9	13.7	0.4	100.0	127	84.8	15.1	0.1	100.0	83
Household asset quintile										
Poorest	76.7	20.6	2.7	100.0	449	82.9	15.4	1.7	100.0	354
2	84.1	12.6	3.3	100.0	455	79.1	18.6	2.3	100.0	292
3	82.7	16.3	1.0	100.0	387	84.8	14.0	1.1	100.0	275
4	83.2	14.8	2.0	100.0	358	85.1	13.7	1.1	100.0	286
Richest	80.7	18.4	0.9	100.0	373	83.7	14.8	1.5	100.0	254
Total	81.4	16.5	2.0	100.0	2,023	83.1	15.4	1.6	100.0	1,462

Table 7.22 Source of Vitamin A

Source of vitamin A for children 9-59 months of age (most recent births in last 5 years) who received vitamin A in the last six months by region of residence, urban NSDP/non-NSDP areas, 2003.

	Household asset quintile					
Where received	Poorest	2	3	4	Richest	Total
Project areas						
NSDP static clinic	3.5	3.6	5.4	6.2	9.3	5.5
NSDP satellite clinic	35.2	32.5	31.1	23.2	19.0	28.6
Joint NIPHP-EPI session	3.6	4.5	4.6	2.5	5.6	4.2
Government clinic	30.8	21.5	21.9	17.1	20.0	22.5
FWA	1.8	2.5	0.6	0.1	0.9	1.3
Other NGO	6.0	10.9	14.7	19.0	12.1	12.3
Private	0.6	1.3	0.6	1.1	4.6	1.6
Other	18.2	21.4	19.4	29.7	27.1	22.9
Missing	0.5	1.6	1.7	1.0	1.4	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	345	382	320	298	301	1,647
Non-project areas						
NSDP static clinic	0.5	0.7	0.0	1.3	1.6	0.8
NSDP satellite clinic	9.6	13.3	7.7	12.7	9.9	10.6
Joint NIPHP-EPI session	2.1	1.9	2.4	2.8	2.7	2.4
Government clinic	29.8	28.3	35.8	35.8	23.1	30.7
FWA	1.8	2.6	2.6	0.0	2.3	1.8
Other NGO	31.1	28.2	19.3	18.4	27.0	25.0
Private	0.9	2.0	2.0	3.6	5.6	2.7
BPHC static clinic	0.4	0.0	0.0	0.5	0.0	0.2
Joint GoB-BPHC session	0.0	0.4	0.0	0.0	0.0	0.1
Other	22.9	20.1	26.1	21.8	26.2	23.3
Missing	0.9	2.4	4.1	3.0	1.6	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	294	231	233	244	213	1,215

NSDP clinics were the most important source for vitamin A supplements (Table 7.22) in NSDP areas, followed by government clinics. Among those receiving vitamin A supplements, 38.3% did so from an NSDP source – 28.6% from a satellite clinic, 5.5% from a static clinic, and 4.2% from a joint NSDP/EPI session. NSDP providers also supplied vitamin A capsules to 13.8% in non-NSDP areas. In NSDP areas, more children in poorer quintiles received their vitamin A capsule from an NSDP source, though NSDP static clinics were actually more popular with the wealthy.

Knowledge of Importance of Vitamin A

Despite considerably high coverage of children with vitamin A, most women were not aware of the primary importance of the capsule (Table 7.23). In the NSDP areas, 43.4% of respondents could mention that vitamin A prevents night blindness and 20.9% that it provides resistance to infections, along with 48.1% making a generalized statement that it improves health. Knowledge of importance of vitamin A capsule was lower among women in the thana municipality areas than in the district municipality areas and the city corporation areas. Between the NSDP and the non-NSDP areas, knowledge was higher among women in the non-NSDP areas than in the NSDP areas. Association of the knowledge with the education of women was clearly evident in the data. While only 21.6% of respondents having no education could mention that vitamin A prevents night blindness, the rate sharply rose with increases in the respondents' educational level, reaching 90.9% of those having a college/university education. Knowledge was also strongly associated with socioeconomic status. Only 23.4% of respondents in the poorest quintile knew that vitamin A prevents night blindness, while the proportion was highest at 74.2% for those in the richest quintile.

Table 7.23 Knowledge of importance of vitamin A

Percentage of women who know why vitamin A is given to children, by background characteristics, urban NSDP/Urban non-NSDP areas, 2003.

Background characteristic	To prevent night blindness	To provide resistance against infections	To improve child's health	Other	DK/missing	Total Number
Domains						
City corporations	43.5	17.2	48.6	5.1	0.2	1,251
District municipalities	47.3	21.9	48.8	4.1	0.1	851
Thana municipalities	33.6	31.0	44.7	2.3	0.1	355
Highest educational level						
No education	21.6	22.7	51.9	3.5	0.3	748
Primary	32.6	24.3	55.1	6.6	0.0	630
Secondary	56.0	19.8	45.5	3.9	0.1	788
Higher secondary	86.1	13.2	35.3	3.8	0.0	142
College/university	90.9	10.4	26.0	1.9	0.0	150
Household asset quintile						
Poorest	23.4	23.5	50.1	2.5	0.4	580
2	30.8	21.8	54.7	6.4	0.0	534
3	39.9	21.9	49.9	6.3	0.2	479
4	58.9	19.5	42.0	3.1	0.0	437
Richest	74.2	16.4	41.5	3.3	0.0	428
Project areas	43.4	20.9	48.1	4.3	0.1	2,458
Non-project areas	49.9	23.5	54.2	1.9	0.1	1,801

7.9 Childhood Diarrhea

Prevalence of Diarrhea

Table 7.24 shows the two-week diarrhea prevalence rates for children under 5 years of age. Since diarrhea is seasonal, these rates may not be comparable with those of other surveys not necessarily conducted at the same time of year. About 9.6% in NSDP and 5.8% in non-NSDP areas had diarrhea. In the former, rates were lower in thana municipalities (8.6%) than in district municipalities (9.6%) or city corporations (10.0%). There was little variation in prevalence between boys and girls. Diarrhea was most common among children age 6 to 35 months.

Prevalence rate patterns were similar (though overall rates were lower) in the 2001 survey as well as the BDHS. They varied strongly with maternal education: Children were at greater risk if their mothers had less education. Surprisingly, diarrhea was more common in households with piped drinking water than those relying on natural sources (surface). There appeared to be an inverse relationship between diarrhea and socioeconomic status: Prevalence fell from approximately 11.6% in the lowest asset quintile to 7.2% in the highest one.

Table 7.24 Prevalence of diarrhea

Percentage of children under age 5 years with diarrhea in the two weeks preceding the survey, by background characteristics, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Diarrhea in preceding 2 weeks	Number of children
Child's age		
<6 months	6.8	204
6-11 months	18.1	269
12-23 months	12.5	550
24-35 months	11.0	584
36-47 months	6.8	590
48-59 months	5.6	601
Sex of child		
Male	10.0	1,391
Female	9.3	1,406
Domains		
City corporations	10.0	1,388
District municipalities	9.6	953
Thana municipalities	8.6	456
Highest educational level		
No education	11.6	888
Primary	10.2	712
Secondary	8.6	866
Higher secondary	4.4	160
College/university	7.3	171
Household asset quintile		
Poorest	11.6	703
2	9.9	591
3	9.7	548
4	8.8	475
Richest	7.2	480
Source of drinking water		
Piped	10.4	1,062
Protected well	9.1	1,693
Open well	41.0	6
Surface	8.5	36
Project areas	9.6	2798
Non-project areas	5.8	2,049

In NSDP areas, 33.8% of children younger than 5 years of age reporting diarrhea were taken to a health facility for treatment or consultation (table 7.25). Nearly eight in 10 with diarrhea (77.2%) were given a solution made from ORS packets, while 11.4% were treated with a recommended home fluid (RHF, or *laban gur* solution). Six in 10 were given water and over one-fifth were provided with other liquids while more than 50% received some kind of pill or syrup.

Children in NSDP areas with diarrhea were most likely to be taken to a health facility for treatment or consultation in district municipalities (40.2%), followed by city corporations (33.3%) and thana municipalities (20.5%). They were almost as likely to be taken to one in non-NSDP areas. Younger children were more likely to be taken, as were those of better educated mothers. Girls were less likely to be brought to a health facility (Table 7.25), as were poorer children (Table 7.26).

Children had slightly higher rates of treatment with solutions made from ORS packets in non-NSDP areas (81.5% versus 77.2%). Treatment with ORS packet solutions in NSDP areas was most common in district municipalities (82.3%) followed by the city corporations (76.4%) and thana municipalities (68.1%). ORS or recommended home solution were used to treat 83% in NSDP areas and 85.3% in non-NSDP areas. Children were less likely to receive treatment with either if they were younger than 11 months or older than 48 months, if their mothers had less education, if they were girls, or if they were poor.

Children with diarrhea were more likely to receive water or other fluids in non-NSDP areas. Within NSDP areas, they were more likely to do so in district municipalities. They were also more likely to do so if their mothers were more educated, they were boys, or if they were at least 6 months old.

In NSDP areas, treatment with pills or syrups was more common in thana municipalities. There was almost no variation in the treatment rate between NSDP and non-NSDP areas. Children were less likely to be given pills or syrups if they were under 6 months of age or if their mothers were less educated.

Table 7.25 Diarrhea treatment

Among children under age 5 years who had diarrhea in the two weeks preceding the survey, the percentage taken for treatment to a health provider, the percentage who received ORT (solution prepared from ORS packets, RHF, or increased fluids), and the percentage given other treatments, by selected background characteristics, urban NSDP project/non-project areas, 2003.

Background characteristic	Percentage taken to a health facility	Oral rehydration therapy (ORT)					Other treatments						
		ORS packets	RHF at home	Either ORS or RHF	Water	Other liquids	Pill or syrup	Injection	Intravenous	Home remedy/ other	Missing	None	Number of children
Child's age													
<6 months	54.8	62.2	0.0	62.2	43.2	21.5	22.8	0.0	16.2	25.3	0.0	17.8	14
6-11 months	42.0	74.5	4.7	79.2	60.6	36.9	51.7	0.0	0.0	12.5	0.0	4.9	49
12-23 months	33.5	84.5	10.1	92.0	60.1	24.9	55.1	0.0	0.0	4.5	0.0	2.1	69
24-35 months	32.1	82.6	17.7	87.2	66.0	15.0	56.9	0.0	0.0	2.4	0.0	0.0	64
36-47 months	26.5	71.0	17.0	81.6	59.2	10.7	41.7	2.4	0.0	0.0	1.6	7.4	40
48-59 months	25.6	69.5	10.0	72.8	52.6	28.9	58.0	0.0	0.0	3.7	0.0	0.0	34
Sex of child													
Male	35.6	79.2	11.6	84.3	65.2	27.8	55.4	0.0	0.0	3.9	0.0	1.6	139
Female	31.9	75.0	11.3	81.7	53.8	17.7	47.5	0.7	1.7	7.8	0.5	5.4	131
Domains													
City corporations	33.3	76.4	9.7	79.7	58.9	20.8	53.1	0.0	1.6	5.5	0.0	5.6	139
District municipalities	40.2	82.3	7.5	85.8	63.7	31.2	51.5	1.0	0.0	8.6	0.7	1.6	91
Thana municipalities	20.5	68.1	26.8	88.3	53.2	11.0	46.7	0.0	0.0	0.0	0.0	0.0	39
Highest educational level													
No education	22.1	70.1	14.6	80.7	58.8	12.7	39.4	0.0	0.0	8.4	0.0	3.9	103
Primary	30.2	77.5	12.7	84.2	59.1	24.0	52.3	0.0	0.0	2.2	0.0	4.3	73
Secondary	46.3	86.2	8.2	86.2	59.9	33.5	60.5	0.0	3.0	6.1	0.8	2.8	74
Higher secondary	62.1	69.7	0.0	69.7	86.1	49.9	81.9	0.0	0.0	11.2	0.0	0.0	7
College/university	61.5	84.6	3.5	84.6	54.2	23.1	79.4	7.6	0.0	0.0	0.0	0.0	12
Household asset quintile													
Poorest	22.5	71.2	14.7	81.9	57.9	15.2	49.3	0.0	0.0	6.4	0.0	1.8	82
2	26.1	73.0	14.2	79.6	48.3	8.2	47.5	0.0	0.0	6.2	1.1	2.4	58
3	42.6	84.1	12.3	88.9	74.1	34.1	51.6	0.0	0.0	6.5	0.0	6.0	53
4	36.1	80.3	8.6	81.8	69.3	43.9	53.6	2.3	0.0	7.7	0.0	5.7	42
Richest	56.7	83.9	1.3	83.9	49.2	23.3	61.5	0.0	6.5	0.0	0.0	2.3	33
Source of drinking water													
Piped	34.6	74.2	7.6	76.6	55.8	26.9	53.9	0.0	2.0	5.3	0.0	6.0	110
Protected well	32.4	80.2	14.6	88.8	61.9	19.1	49.0	0.6	0.0	5.5	0.4	1.7	154
Open well	51.4	100.0	0.0	100.0	100.0	48.6	51.4	0.0	0.0	48.6	0.0	0.0	3
Surface	59.6	11.9	0.0	11.9	52.3	47.7	100.0	0.0	0.0	0.0	0.0	0.0	3
Project areas	33.8	77.2	11.4	83.0	59.7	22.9	51.6	0.4	0.8	5.8	0.2	3.4	270
Non-project areas	33.9	81.5	14.6	85.3	68.8	24.2	52.4	0.0	0.0	9.8	0.0	2.9	119

Table 7.26 Prevalence of diarrhea and treatment with ORT by asset quintile

Percentage of children with diarrhea in the two weeks preceding the survey and percentage distribution of children receiving ORT for treatment of diarrhea in the two weeks preceding the survey by asset quintile, urban NSDP/non-NSDP areas, 2003.

	Project areas				Non-project areas			
Asset quintile	Diarrhea in preceding 2 weeks	ORS packets	RHF at home	Either ORS or RHF	Diarrhea in preceding 2 weeks	ORS packets	RHF at home	Either ORS or RHF
Poorest	11.6	71.2	14.7	81.9	6.2	79.8	9.6	83.2
2	9.9	73.0	14.2	79.6	6.6	79.7	16.2	82.1
3	9.7	84.1	12.3	88.9	3.7	73.6	16.3	75.8
4	8.8	80.3	8.6	81.8	6.0	80.3	15.6	91.0
Richest	7.2	83.9	1.3	83.9	6.3	92.7	18.0	92.7
Total	9.6	77.2	11.4	83.0	5.8	81.5	14.6	85.3
Number	270	208	31	224	119	97	17	101

Sources of Diarrhea Treatment

NSDP providers treated approximately 1% of children with diarrhea (Table 7.27), a share almost identical to that found in the 2001 survey. Private medical sector facilities were the most common source of treatment (at about 44%). The most popular of these facilities were private clinics/doctors (21.3%) and pharmacies (16.2%), followed by traditional doctors (6.7%). Traditional doctors were more popular in thana municipalities while pharmacies were more heavily utilized there and in city corporations. Private clinics/doctors were about as popular in city corporations and district municipalities. Private medical facilities were also the most common source of treatment in non-NSDP areas. Public sector facilities were utilized by 9.6% and 8.7% of children with diarrhea in the non-NSDP and NSDP areas, respectively.

Table 7.27 Source of diarrhea treatment

Percentage distribution of source of treatment for diarrhea in the two weeks preceding the survey, by city type, urban NSDP/non-NSDP areas, 2003.

	Project areas				
Source of treatment	City corporations	District municipalities	Thana municipalities	Overall	Non-project areas
HOME	2.3	0.0	0.0	1.2	0.0
..Medical person at home	1.4	0.0	0.0	0.7	0.0
..Non-medical person at home	0.9	0.0	0.0	0.5	0.0
PUBLIC SECTOR	5.5	16.9	1.1	8.7	9.6
..Hospital/medical college	4.9	10.1	0.0	5.9	8.6
..Family welfare centre	0.6	2.1	0.0	1.0	1.0
..Thana health complex	0.0	0.6	1.1	0.4	0.0
..MCWC	0.0	4.2	0.0	1.4	0.0
NSDP NGO	0.0	0.9	3.3	0.8	1.0
..Static clinic	0.0	0.9	3.3	0.8	1.0
OTHER NGO	4.1	0.0	1.4	2.3	3.7
..Hospital	3.0	0.0	1.4	1.8	3.7
..NGO clinic	1.1	0.0	0.0	0.6	0.0
PRIVATE MEDICAL SECTOR	49.0	36.6	44.7	44.2	40.8
..Private clinic/doctor	22.3	22.4	14.8	21.3	19.6
..Traditional doctor	5.9	5.5	12.6	6.7	0.9
..Pharmacy	20.8	8.7	17.3	16.2	20.4
Other	4.2	8.5	0.0	5.1	7.4
Not taken for treatment/provider	34.1	36.8	49.5	37.3	37.4
Missing	0.8	0.3	0.0	0.5	0.0
Total	100.0	100.0	100.0	100.0	100.0
Number	139	91	39	270	119

Feeding Practices during Diarrhea

To assess feeding practices during episodes of diarrhea, mothers of children with diarrhea in the two weeks preceding the survey were asked whether the stricken child was given the normal amount of food and drink. As shown in Table 7.28, more than a half (53.9%) in NSDP areas received more than the usual amount of fluids, while 32.8% were given the usual amount. A substantial minority, 10.8%, received less than the usual amount. There were only small variations in feeding practices between children with different characteristics, but some are worth mentioning. Providing reduced amounts of fluids was more common among less educated mothers, but more common among those in district and thana municipalites and in the two lowest asset quintiles.

In NSDP areas, a large percent (39.1%) was provided less than the usual amount of food during their illness, compared to only 31.5% receiving an increased amount. Children with diarrhea were most likely to receive a reduced amount of foods during the illness in the thana municipalities (50.5%), followed by city corporations (38.8%) and district municipalities (34.8%). Children were more likely to receive reduced amounts of food if they were over one year of age, if they were boys, were in the lower asset quintiles, or if their mothers were less educated. Children were less likely to receive decreased amounts of food if they were from households that used piped water.

Table 7.28 Feeding practices during diarrhea

Percent distribution of children under age 5 years who had diarrhea in the two weeks preceding the survey, by amount of liquids and food offered compared with normal practice, by background characteristics, urban NSDP/non-NSDP areas, 2003.

	Amount of liquid given						Amount of food given					
	Same as usual	More	Somewhat less	Don't know/ missing	Total	Number	Same as usual	More	Somewhat less	Don't know/ missing	Total	Number
Child's age												
<6 months	31.9	34.1	8.8	25.1	100.0	14	35.7	16.2	23.4	24.7	100.0	14
6-11 months	31.6	48.4	20.0	0.0	100.0	49	27.3	47.5	25.2	0.0	100.0	49
12-23 months	34.1	53.4	12.5	0.0	100.0	69	26.9	26.0	47.1	0.0	100.0	69
24-35 months	33.3	64.2	2.5	0.0	100.0	64	24.5	33.6	41.9	0.0	100.0	64
36-47 months	34.6	46.7	16.0	2.7	100.0	40	32.8	16.7	46.2	4.3	100.0	40
48-59 months	29.4	59.5	11.1	0.0	100.0	34	24.4	40.0	35.6	0.0	100.0	34
Sex of child												
Male	27.6	60.6	11.7	0.2	100.0	139	22.6	35.5	41.7	0.2	100.0	139
Female	38.4	46.7	11.6	3.3	100.0	131	32.5	27.3	36.4	3.8	100.0	131
Domains												
City corporations	34.4	54.0	8.5	3.1	100.0	139	26.0	32.1	38.8	3.1	100.0	139
District municipalities	33.0	53.5	13.2	0.3	100.0	91	30.6	33.9	34.8	0.7	100.0	91
Thana municipalities	26.9	54.0	19.1	0.0	100.0	39	25.0	23.9	50.5	0.6	100.0	39
Highest educational level												
No education	28.6	55.9	15.5	0.0	100.0	103	22.6	31.7	45.7	0.0	100.0	103
Primary	30.2	57.6	10.7	1.5	100.0	73	29.7	37.5	31.3	1.5	100.0	73
Secondary	41.0	48.1	6.2	4.7	100.0	74	32.8	27.7	34.4	5.1	100.0	74
Higher secondary	11.2	81.8	7.0	0.0	100.0	7	0.0	39.4	57.1	3.5	100.0	7
College/university	46.6	33.8	19.6	0.0	100.0	12	37.6	13.7	48.7	0.0	100.0	12
Household asset quintile												
Poorest	25.9	53.8	20.2	0.0	100.0	82	22.8	32.7	44.5	0.0	100.0	82
2	40.7	40.4	14.8	4.1	100.0	58	33.2	11.1	50.6	5.2	100.0	58
3	36.1	58.1	5.3	0.6	100.0	53	27.5	45.6	26.9	0.0	100.0	53
4	28.0	64.1	5.3	2.6	100.0	42	22.5	44.5	29.8	3.2	100.0	42
Richest	36.5	57.7	3.5	2.3	100.0	35	34.6	26.1	37.0	2.3	100.0	35
Source of drinking water												
Piped	31.5	54.4	10.2	3.9	100.0	110	27.3	34.5	34.1	4.1	100.0	110
Protected well	32.2	55.5	12.1	0.2	100.0	154	27.5	28.8	43.3	0.4	100.0	154
Open well	100.0	0.0	0.0	0.0	100.0	3	48.6	51.4	0.0	0.0	100.0	3
Surface	52.3	0.0	47.7	0.0	100.0	3	11.9	47.7	40.4	0.0	100.0	3
Project areas	32.8	53.9	11.6	1.7	100.0	270	27.4	31.5	39.1	1.9	100.0	270
Non-project areas	40.0	50.8	9.1	0.1	100.0	119	40.1	31.8	26.9	1.3	100.0	119

CHAPTER 8. INFANT FEEDING

This chapter discusses the initiation, patterns and duration of breastfeeding and introduction of complementary weaning foods. Infant feeding affects child nutrition and postpartum infertility (and, hence, length of birth interval and fertility). These effects depend on both the duration and intensity of breastfeeding.

8.1 Initiation of Breastfeeding

Table 8.1 provides the percentage of children ever breastfed and breastfed within a specific time after birth (among those last born in the five years preceding survey). Following the pattern elsewhere in Bangladesh, children were almost universally breastfed in NSDP areas (about 98% among those born in the five years before the survey). However, only 30.6% were breasted within one hour of birth (more than three-fourths were within the first day of life).

Infants in district municipalities were more likely breastfeeding within one hour of birth, while those in thana municipalities were more likely to do so within the first day of life. Better educated mothers were more likely to breastfeed early. The timing of initiation varied according to place of birth and birth attendant. Infants born at home had a slightly lower chance of receiving breast milk in the first hour but a slightly higher one of receiving it within the first day of life. Children with medical assistance at delivery were more likely to receive breast milk within the first hour but no more likely to do so within the first day. Between NSDP and non-NSDP areas, there was little variation in the proportion breastfed in the first day of life or for some period of time, but infants in the latter were more likely (at 36.2%) to be breastfed within one hour of birth.

Table 8.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, percentage who started breastfeeding within one hour, and within one day of birth by background characteristics, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Percentage ever breastfed	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth*	Number of children
Sex of child				
Male	97.9	31.3	77.7	1,235.0
Female	97.7	29.8	79.3	1,222.0
Domains				
City corporations	97.4	29.6	78.2	1,251.0
District municipalities	98.1	34.4	77.6	851.0
Thana municipalities	98.8	24.9	81.8	355.0
Highest educational level				
No education	97.8	26.7	77.2	748.0
Primary	98.8	31.3	75.8	630.0
Secondary	97.1	31.5	80.6	788.0
Higher secondary	98.9	40.7	83.7	142.0
College/university	96.7	32.5	80.9	150.0
Household asset quintile				
Poorest	98.0	26.4	77.2	580.0
2	97.9	28.0	75.3	534.0
3	98.1	30.9	79.0	479.0
4	97.2	37.1	81.3	437.0
Richest	97.9	32.6	81.0	428.0
Asistance at delivery				
Health professional†	97.3	32.8	78.3	952.0
Traditional midwife	98.6	29.0	77.8	1,346.0
Other	96.6	30.6	85.5	142.0
No one	97.9	35.8	100.0	12.0
Missing	0.0	-	-	5.0
Place of delivery				
Health facility	97.0	32.1	77.2	774.0
At home	98.3	29.9	79.0	1,653.0
Other	100.0	37.7	73.3	16.0
Missing	79.7	20.0	98.1	14.0
Project areas	97.8	30.6	78.5	2,458.0
Non-project areas	98.3	36.2	77.6	1,801.0

Note: Table is based on all births whether the children are living or dead at the time of interview.

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

† Doctor, nurse/midwife, or auxiliary midwife.

There was some improvement in early breastfeeding practices from 2001. The likelihood of breastfeeding within one hour of birth increased in NSDP areas from 20.6% in 2001, while that of doing so within one day of birth increased from 67.1%. Roughly similar increases were observed in non-NSDP areas.

8.2 Exclusive Breastfeeding and Timing of the Introduction of Supplementary Foods

Breast milk is uncontaminated and contains all the nutrients needed in the first few months of life. Early supplementation, especially under unhygienic conditions, can result in infection with foreign organisms and lower immunity to disease. The timing of the introduction of food supplements also has an impact on the length of the mother's postpartum amenorrhea. Early initiation results in earlier resumption of menstruation since supplementation reduces dependence on breast milk. Mothers of children born in the five years preceding the survey were asked whether the youngest child was given plain water, other liquids, or solid or marshy (semisolid) foods at any time during the day or night before interview. The results are shown in Tables 8.2A and 8.2B.

Babies are generally breastfed for a long time in Bangladesh. In NSDP areas, 90.3% of children 12-15 months old were being breastfed. About 87% of those 20-23 months old were. Associated with this long duration was early supplementation of breast milk with other liquids and food. In NSDP areas, 61.5% of newborns aged less than two months were exclusively breastfed, as were 50.7% of infants 2-3 months of age. Consumption of any food or liquid other than breast milk before four months of age puts the infant at risk of malnutrition and disease, particularly diarrhea. Early supplementation of breast milk was more or less the same across NSDP and non-NSDP areas: Around 38% to 39% of newborns aged less than 2 months were receiving supplementary food or liquid.

From about 6 months of age, introduction of complementary food is critical to meeting the protein, energy, and micronutrient needs. In NSDP areas, 11% aged 6-9 months were given only plain water, 15.1% other milk, and 61.1% complementary food items. Complementary food consumption was more common among children in non-NSDP areas, with 72.8% of those 6-9 months receiving it. Between the 2001 and 2003 surveys, there was some improvement in exclusive breastfeeding in NSDP areas: For those less than 6 months of age it rose from 25.6% to 42.5%. However, the proportion aged 6-9 months receiving complementary foods declined from 69.4% to 61.1%.

8.3 Duration of Breastfeeding

Estimates of both means and medians of breastfeeding duration (Table 8.3) were based on proportions currently breastfed among those most recently born in the three years before interview rather than retrospective data because information on current status is usually more accurate than that based on mother's recall. The median length of any breastfeeding in NSDP areas was 32 months. City corporations and district municipalities had lower medians (30 months) compared to thana municipalities (37 months). The mean and median durations of "any breastfeeding," "exclusive breastfeeding," and "predominant breastfeeding" were roughly equal across NSDP and non-NSDP areas.

There were only slight variations in median duration of breastfeeding by gender. However, it was higher for children whose mothers had less education. Between the 2001 and 2003 surveys, the mean and median duration of "any breastfeeding" declined slightly in both NSDP and non-NSDP areas, while those for "exclusive breastfeeding," and "predominant breastfeeding," increased in both areas.

Table 8.2A Breastfeeding status by age, urban NSDP areas

Percent distribution of youngest children under three years by breastfeeding status according to age in months, urban NSDP areas, 2003.

Child's age in months	Not breast-feeding	Exclusively breastfed	Plain water only	Water based liquids, juice	Milk	Complementary foods	Total	Number of children
Age								
<2	0.0	61.5	20.1	8.5	6.0	4.0	100.0	45.0
2-3	1.9	50.7	16.6	2.6	15.0	13.2	100.0	85.0
4-5	6.1	21.8	15.5	7.2	28.8	20.6	100.0	75.0
6-7	1.4	9.7	14.6	0.6	19.6	54.1	100.0	91.0
8-9	10.6	0.9	7.2	2.5	10.6	68.2	100.0	90.0
10-11	1.9	0.0	11.2	3.1	1.6	82.2	100.0	87.0
12-15	9.7	1.4	3.1	0.0	3.7	82.0	100.0	174.0
16-19	15.4	1.2	0.3	0.3	0.0	82.8	100.0	164.0
20-23	13.4	0.0	2.7	1.0	0.0	83.0	100.0	200.0
24-27	31.3	0.0	0.0	0.0	0.0	68.7	100.0	194.0
28-31	47.8	0.0	0.0	0.0	0.4	51.9	100.0	176.0
32-35	48.5	0.0	0.0	0.0	0.3	51.2	100.0	150.0
Age								
<6	3.0	42.5	17.0	5.6	18.1	13.9	100.0	204
6-9	5.9	5.4	11.0	1.6	15.1	61.1	100.0	181.0

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children classified as *breastfeeding and consuming plain water only* consume no supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and plain water, water-based liquids/juice, other milk and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100%. Thus children who receive breast milk and water-based liquids and who do not receive complementary foods are classified in the water-based liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

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

Percent distribution of youngest children under three years by breastfeeding status according to age in months, urban non- NSDP areas, 2003.

Child's age in months	Not breast-feeding	Exclusively breastfed	Plain water only	Water based liquids, juice	Milk	Complementary foods	Total	Number of children
Age								
<2	0.0	62.0	5.4	9.4	18.5	4.6	100.0	37.0
2-3	1.5	39.8	13.3	8.3	34.3	2.8	100.0	67.0
4-5	9.7	16.4	20.4	5.9	18.7	28.9	100.0	65.0
6-7	12.7	0.8	14.4	5.6	14.5	51.9	100.0	66.0
8-9	3.5	0.0	4.9	2.0	3.2	86.3	100.0	101.0
10-11	8.4	0.0	0.0	0.0	0.3	91.3	100.0	71.0
12-15	10.6	0.1	1.0	1.6	3.3	83.5	100.0	97.0
16-19	15.8	0.0	0.4	0.9	1.2	81.8	100.0	132.0
20-23	23.1	0.0	0.0	0.0	0.0	76.9	100.0	131.0
24-27	27.1	0.0	0.0	0.7	0.0	72.2	100.0	111.0
28-31	38.4	0.1	0.0	0.0	2.0	59.5	100.0	109.0
32-35	52.1	0.0	0.0	0.0	0.0	47.9	100.0	162.0
Age								
<6	4.3	35.7	14.3	7.6	24.8	13.2	100.0	169.0
6-9	7.1	0.3	8.7	3.4	7.7	72.8	100.0	167.0

Note: See note on breastfeeding status in Table 8.2A.

Table 8.3 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among last-born children in the three years preceding the survey and living with the mother, by selected background characteristics,* urban NSDP/non-NSDP areas, 2003.

Background characteristic	Any breastfeeding	Exclusive breastfeeding	Predominant breastfeeding†	Number of children
Sex of child				
Male	31.0	1.5	3.9	1,183.0
Female	33.0	2.1	4.3	1,163.0
Domains				
Urban - City Corporations	30.0	1.1	4.9	1,184.0
Urban - District Municipalities	30.0	2.1	3.3	820.0
Urban - Thana Municipalities	37.0	2.0	3.5	341.0
Highest educational level				
No education	37.0	1.6	3.3	695.0
Primary	31.0	1.5	4.3	613.0
Secondary	29.0	1.1	4.4	746.0
Higher secondary	22.0	0.5	5.4	142.0
College/University	14.0	3.3	3.7	150.0
Household asset quintile				
Poorest	37.0	1.9	4.0	545.0
2	36.0	0.9	2.9	501.0
3	32.0	1.1	4.5	464.0
4	26.0	0.7	4.6	417.0
Richest	28.0	2.7	3.7	418.0
Project - non project areas				
Project areas	32.0	1.8	4.1	2,345.0
Non-project areas	32.0	1.5	3.5	1,744.0
Means				
Mean for project areas	33.6	3.8	6.3	99.2
Mean for non-project areas	33.9	3.1	5.2	99.0

Note: Median and mean duration based on current status.

* Excludes children who do not have a valid answer on the number of times breastfed.

† Either exclusively breastfed or received breast milk and plain water, water-based liquids, and/or juice only (excludes other milk).

CHAPTER 9. AWARENESS AND USE OF NSDP CLINICS

NSDP-supported NGOs operate two types of clinics – satellite and static. A primary objective of the 2003 survey was to assess awareness and use of those clinics and their services, specifically in NSDP project areas. The intent was to find out how successful the NSDP had been in disseminating information about NSDP clinics and, thereby, in popularizing use of services.

9.1 Awareness of Smiling Sun Logo

As a measure of exposure to the information disseminated by NSDP, respondents were asked whether they had seen or heard of the smiling sun logo, which represents NSDP's reproductive health services. About 87% of ever-married women reported that they had seen or heard of it (Table 9.1), with those in city corporations (90.8%) and district municipalites (88.2%) much more likely to have done so than in thana municipalities (68.9%). Only 76% with no education had seen or heard of it, compared with 85.4% with a primary education and almost universal exposure among those with at least secondary level education. Those in poorer asset quintiles were less likely to have been exposed to the logo than were those in the richer asset quintiles.

Table 9.1 Awareness of smiling sun logo

Percentage of ever-married women reporting having seen the smiling sun logo, urban NSDP/non-NSDP areas, 2003.

	Project areas		Non-project areas	
	Yes	Number	Yes	Number
Domains				
City corporations	90.8	2,906.0	-	0.0
District municipalities	88.2	2,113.0	-	0.0
Thana municipalities	68.9	672.0	-	0.0
Highest educational level				
No education	76.0	1,849.0	76.4	1,238.0
Primary	85.4	1,352.0	85.3	1,031.0
Secondary	96.1	1,829.0	94.2	1,433.0
Higher secondary	96.6	333.0	97.2	288.0
College/university	99.0	328.0	99.1	212.0
Household asset quintile				
Poorest	71.4	1,126.0	73.1	843.0
2	83.9	1,145.0	83.5	850.0
3	90.1	1,138.0	90.4	843.0
4	95.1	1,156.0	93.7	831.0
Richest	95.5	1,126.0	95.6	835.0
Total	87.3	5,691.0	87.2	4,201.0

The most common sources of exposure were signs at the health clinic and television advertisements (Table 9.2). In NSDP areas, 58.4% of ever-married women had seen or heard of it due to a sign at a health clinic while 56.5% had encountered it in a television advertisement. The next most common sources were television dramas (21.8%), posters (17.8%) and billboards (14.2%). Women in non-NSDP areas were more likely to have seen it in a television advertisement but less likely to have done so through a clinic sign. Television advertisements were more important in richer quintiles in both NSDP and non-NSDP areas, while signs at health clinics were in poorer quintiles.

Table 9.2 Source of awareness of smiling sun logo

Percentage of ever-married women reporting having seen the smiling sun logo by source and asset quintile, urban NSDP/non-NSDP areas, 2003.

	Household asset quintile					
	Poorest	2	3	4	Richest	Total
Project areas						
Where symbol seen						
On television in an advertisement	30.7	43.3	57.3	69.6	73.4	56.5
On television in a drama	8.0	14.1	19.6	29.5	33.1	21.8
On a poster	20.3	17.4	15.4	17.6	18.8	17.8
On a pamphlet or brochure	1.0	1.5	1.4	1.3	2.3	1.5
On a billboard sign	13.2	12.9	15.1	12.6	16.9	14.2
On a sign at a health clinic	67.9	65.0	58.1	51.5	52.8	58.4
Other	1.5	2.1	0.8	1.0	1.3	1.3
Missing	0.1	0.1	0.2	0.3	0.2	0.2
Number	804.0	961.0	1,025.0	1,099.0	1,076.0	4,966.0
Non-project areas						
Where symbol seen						
On television in an advertisement	35.3	54.3	69.4	71.3	82.9	64.1
On television in a drama	14.3	19.5	25.2	21.5	29.4	22.4
On a poster	26.0	26.5	23.6	24.7	21.2	24.3
On a pamphlet or brochure	3.4	2.9	1.3	0.4	1.4	1.8
On a billboard sign	18.3	10.8	10.9	13.6	15.7	13.7
On a sign at a health clinic	58.5	53.9	46.4	51.6	42.5	50.2
Other	0.5	1.3	0.2	0.3	0.2	0.5
Missing	0.7	0.3	0.0	0.0	0.0	0.2
Number	616.0	709.0	762.0	778.0	798.0	3,663.0

9.2 Awareness of Temporary/Satellite Clinics

In both the 2001 and 2003 urban surveys, ever-married women were asked about awareness and use of NSDP providers. In the 2001 survey, they were asked if they knew of any satellite clinics in their area and whether they had used that clinic in the past three months. Respondents were asked the second question only if they spontaneously responded affirmatively to the first one. In 2003, women were directed to different sets of questions based on the areas in which they lived – NSDP project area, government comparison area, or BPHC area. If a woman did not spontaneously report awareness of an NSDP clinic, she was asked directly whether she was aware of one. If she was not, she was asked the same set of questions about awareness and use of services at the clinic type she had spontaneously mentioned. This probing method may tend to over-report awareness of NSDP services.

In NSDP areas, 68.9% were aware of satellite clinics in their area (Table 9.3A). Among them, about 90% knew of a clinic held within the last three months. This was mostly due to awareness of satellite clinics. An overwhelming majority of those aware of satellite clinics held in the last three months reported knowing of NSDP satellite clinics – 61.5% compared to only 18.4% for government satellite clinics and 18.6% for all the other types taken together. Few women were unable to provide the name or address of a satellite clinic.

Women separated, deserted, or divorced were less likely (about 52-61%) to be aware of temporary clinics than those currently married or widowed (about 69-71%). They were more likely to know of temporary clinics if they were less educated, though for NSDP clinics variation across educational levels was small. Government satellite clinics were more popular with less-educated women. Women in the poorest asset quintile were more likely to be aware of temporary clinics than those in the highest one (80.5% against 53.4%) though awareness of NSDP satellite clinics was higher in wealthier quintiles.

In NSDP areas, awareness of temporary clinics was highest in thana municipalities (88%) and lowest in district municipalities (64.8%). However, knowledge of NSDP satellite clinics was higher in city corporations (78.1%) than district (59.2%) and thana (38.3%) municipalities. Government satellite clinics were most well-known in thana municipalities (60.7%) and least so in city corporations (4.7%). Awareness of all other satellite clinics was highest in district municipalities (25%), followed by the city corporations (18.4%) and thana municipalities (5.5%).

In NSDP areas, overall awareness of temporary clinics rose remarkably, from 58% in 2001 to 68.9% in 2003. Knowledge of NSDP satellite clinics also increased, from 57.6% in 2001 to 61.5% in 2003.

Table 9.3B shows the knowledge and awareness of temporary clinics in non-NSDP areas. Overall, awareness of any temporary clinics was slightly lower in non-NSDP areas (at 66.2%). This was mostly due to higher awareness of NSDP satellite clinics in project areas. Unsurprisingly, NSDP satellite clinics were less well-known in non-NSDP areas. In non-NSDP areas, 48.5% of those aware of temporary clinics knew of clinics in the "other" satellite clinic category, compared to 24% for government clinics and 23.5% for NSDP satellite clinics. There was little variation in awareness between NSDP and non-NSDP areas by women's background characteristics.

9.3 Knowledge of Essential Services Package at Satellite Clinics

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

Table 9.4 shows the percentage aware of specific services available at various types of temporary/ satellite clinics. As in 2001, child health related services, more specifically EPI services, were the most well-known. More than 90% knew of child health-related services at the NSDP satellite clinics, with approximately 87% mentioning EPI services, followed by vitamin A (29.7%). Knowledge of other child health services was much less common. The next most widely recognized services at NSDP satellite clinics were maternal health related services (81.9%). Among these, toxoid injections (67.6%) and ANC (53.1%) were most well-known. Only 18.6% mentioned postnatal care services. Family planning services at NSDP satellite clinics were also widely known with half of respondents reporting that they were available at NSDP satellite clinics (38.8% knew that they provide non-clinical methods while slightly fewer, 33%, were aware that they provide clinical methods). Less than 20% reported that NSDP satellite clinics provide treatment for general child illness. Government satellite clinics or other satellite clinics were also widely known for providing child and maternal health related services. But for family planning services, awareness was far below levels seen with NSDP clinics. Awareness of services available at NSDP satellite clinics increased slightly between the 2001 and 2003 surveys. There was little or no variation in awareness of satellite clinic services between NSDP and non-NSDP areas.

Table 9.3A Knowledge and awareness of temporary/satellite clinics in urban NSDP areas

Percentage of women who know of temporary/satellite clinic in their areas, who know whether the clinic was held in the past 3 months and type of temporary/satellite clinic held in the past three months, by background characteristics, urban NSDP areas, 2003.

Background characteristic	Aware of temporary clinics	Number of women	Clinic held in last three months	Number of women knowing of temp. clinics	NSDP satellite clinic	Government	BPHC	Other	DK/missing	Number of women reporting clinics in last 3 months
Age										
15-19	70.7	640.0	88.1	453.0	67.7	20.7	0.1	13.6	2.3	399.0
20-24	68.0	1,036.0	91.4	704.0	66.2	16.9	0.0	19.0	2.4	643.0
25-29	68.6	1,035.0	91.0	710.0	63.6	21.8	0.0	18.1	1.3	646.0
30-39	70.1	1,091.0	91.7	764.0	65.8	14.8	0.0	21.5	0.8	701.0
40-49	68.4	1,859.0	87.9	1,271.0	64.4	18.5	0.0	18.8	1.1	1,117.0
Marital status										
Currently married	69.3	5,218.0	89.9	3,614.0	65.4	18.6	0.0	18.3	1.5	3,249.0
Separated	61.3	98.0	83.9	60.0	78.3	4.2	0.0	17.5	0.0	50.0
Deserted	58.7	68.0	97.6	40.0	60.0	8.2	0.0	37.9	0.0	39.0
Divorced	51.7	63.0	93.0	32.0	57.3	20.7	0.0	21.3	4.4	30.0
Widowed	71.3	245.0	88.4	174.0	61.2	19.0	0.0	19.0	1.6	154.0
Highest educational level										
No education	76.3	1,849.0	93.0	1,411.0	62.7	22.6	0.0	17.5	1.4	1,312.0
Primary	74.2	1,352.0	90.6	1,003.0	68.3	15.4	0.0	17.9	1.4	909.0
Secondary	65.2	1,829.0	87.7	1,192.0	65.9	16.9	0.0	19.2	1.8	1,045.0
Higher secondary	50.8	333.0	82.0	169.0	64.5	14.0	0.0	25.5	2.1	139.0
College/university	44.6	328.0	79.9	146.0	66.2	12.5	0.0	24.0	0.0	117.0
Household asset quintile										
Poorest	80.5	1,126.0	94.3	906.0	58.7	32.2	0.1	11.5	1.0	854.0
2	76.1	1,145.0	93.0	871.0	69.0	13.8	0.0	20.6	1.8	810.0
3	73.4	1,138.0	89.6	835.0	67.2	16.1	0.0	18.0	2.1	749.0
4	61.2	1,156.0	86.8	707.0	63.0	11.7	0.0	27.0	1.5	613.0
Richest	53.4	1,126.0	82.5	602.0	70.3	13.6	0.0	18.3	0.9	496.0
Domains										
City corporations	67.5	2,906.0	89.3	1,961.0	78.1	4.7	0.0	18.4	2.7	1,751.0
District mnicipalities	64.8	2,113.0	88.4	1,369.0	59.2	18.5	0.0	25.0	0.3	1,210.0
Thana mnicipalities	88.0	672.0	94.8	591.0	38.3	60.7	0.1	5.5	0.1	561.0
Total	68.9	5,691.0	89.8	3,921.0	61.5	18.4	0.0	18.6	1.5	3,522.0

Note: Respondents have two chances to identify NSDP clinics. Therefore, totals should not sum to 100%.

Table 9.3B Knowledge and awareness of temporary/satellite clinics in urban non-NSDP areas

Percentage of women who know of temporary/satellite clinic in their areas, who know whether the clinic was held in the past three months and type of temporary/satellite clinic held in the past three months, by background characteristics, uban non-NSDP areas, 2003.

Background characteristic	Aware of temporary clinics	Number of women	Clinic held in last three months	Number of women knowing of temp. clinics	NSDP satellite clinic	Government	BPHC	Other	DK/missing	Number of women reporting clinics in last 3 months
Age										
15-19	70.2	405.0	78.3	285.0	17.7	28.0	0.0	53.2	1.8	223.0
20-24	68.9	806.0	84.8	555.0	28.2	21.1	0.0	49.8	2.9	471.0
25-29	68.6	723.0	87.3	496.0	23.2	28.3	0.0	44.6	5.3	433.0
30-39	68.7	818.0	81.2	562.0	20.0	26.6	0.0	50.1	4.4	456.0
40-49	61.5	1,427.0	79.3	878.0	24.6	24.8	0.0	47.5	4.6	696.0
Marital status										
Currently married	66.9	3,893.0	82.3	2,603.0	23.9	25.0	0.0	48.4	4.2	2,141.0
Separated	49.3	59.0	72.2	29.0	31.8	18.7	0.0	56.9	0.0	21.0
Deserted	59.8	43.0	81.8	26.0	14.2	18.6	0.0	67.2	0.0	21.0
Divorced	54.1	35.0	78.5	19.0	24.9	48.1	0.0	27.7	0.0	15.0
Widowed	60.2	169.0	82.2	102.0	13.3	34.9	0.0	47.5	4.2	84.0
Highest educational level										
No education	71.9	1,238.0	88.1	889.0	22.0	25.2	0.0	51.7	1.7	784.0
Primary	75.5	1,031.0	79.8	778.0	21.5	27.7	0.0	46.7	6.1	622.0
Secondary	60.2	1,433.0	79.5	862.0	24.3	25.5	0.0	46.9	4.7	686.0
Higher secondary	50.6	288.0	80.0	146.0	34.0	17.6	0.0	44.5	6.5	117.0
College/university	48.7	212.0	72.3	103.0	30.3	18.8	0.0	50.9	2.9	75.0
Household asset quintile										
Poorest	83.2	843.0	88.4	701.0	20.1	31.8	0.0	48.7	1.2	620.0
2	75.3	850.0	79.2	640.0	22.8	26.2	0.0	49.8	1.6	507.0
3	63.5	843.0	81.2	535.0	23.0	30.2	0.0	44.1	4.3	434.0
4	56.3	831.0	78.6	468.0	24.1	19.5	0.0	54.4	3.7	368.0
Richest	52.2	835.0	81.1	436.0	30.2	13.1	0.0	45.7	12.7	354.0
Domains										
City corporations	-	0.0	-	0.0	-	-	-	-	-	0.0
District municipalities	-	0.0	-	0.0	-	-	-	-	-	0.0
Thana municipalities	-	0.0	-	0.0	-	-	-	-	-	0.0
Total	66.2	4,201.0	82.1	2,779.0	23.5	24.0	0.0	48.5	4.1	2,282.0

Note: Respondents have two chances to identify NSDP clinics. Therefore, totals should not sum to 100%.

Table 9.4 Knowledge of ESP services at temporary/satellite clinics

Percentage of women who identify specific services at temporary/satellite clinics, urban NSDP/non-NSDP areas, 2003.

Services	Project areas			Non-project areas		
	NSDP satellite clinic	Government satellite clinic	Other	NSDP satellite clinic	Government satellite clinic	Other
Family planning	52.3	22.5	35.1	59.6	35.4	40.2
..Clinical methods	33.0	11.2	14.4	45.0	22.9	23.5
..Non clinical methods	38.8	16.7	28.6	43.2	27.8	29.4
..Advise for side effects	3.4	0.6	1.4	5.4	3.1	2.1
Maternal health	81.9	73.4	78.4	89.6	82.5	81.7
..Antenatal care	53.1	22.1	40.6	62.3	35.1	37.5
..Postnatal care	18.6	5.3	19.9	20.4	11.7	13.6
..Tetanus	67.6	70.4	70.7	82.6	78.3	71.4
Child health	93.5	98.2	94.5	97.2	97.2	97.9
..EPI	87.3	94.4	89.7	94.1	94.2	92.6
..Diarrhea treatment	1.6	0.0	1.1	0.7	2.2	2.0
..ARI treatment	1.4	0.2	0.8	0.9	0.9	0.4
..Vitamin A	29.7	62.2	37.0	33.9	54.2	35.0
..General illnesses	18.8	3.8	10.4	16.2	10.9	18.1
..Other child care	8.8	2.9	7.7	8.6	4.3	7.7
Other reproductive health	0.2	0.0	0.0	0.1	0.0	0.5
..Treatment of RTI/STD	0.2	0.0	0.0	0.1	0.0	0.5
General health	8.6	3.1	12.4	10.9	4.4	11.0
Other	1.1	1.8	1.2	0.2	0.6	0.7
DK/missing	0.8	0.0	0.0	0.3	1.1	0.4
Number	2,299.0	592.0	592.0	503.0	579.0	1,107.0

Note: Numerator is number of women knowing of a specific service; denominator is the number of women knowing of a specific type of satellite clinic and that the clinic has occurred within the past three months.

Table 9.5A presents awareness of ESP services in NSDP areas by service categories and selected background characteristics. With the exception of family planning services, there were only small differences by background characteristics. Family planning services were more likely to be mentioned by women who were currently married or divorced, aged 25-29, less educated, or poor. Within NSDP areas, awareness of family planning related services was more common in district municipalities. Maternal related services were best known in thana municipalities, while child health related services were best known in city corporation areas. Non-NSDP areas did not differ from NSDP areas in terms of the distribution of awareness of ESP services by background characteristics.

Table 9.5A Knowledge of ESP services at temporary/satellite clinics by background characteristics in urban NSDP areas

Percentage of women who can name ESP services at satellite clinics, by selected background characteristics, urban NSDP areas, 2003

Background characteristic	NSDP satellite clinic					Government satellite clinic				Other				
	Family planning	Maternal health	Child health	Other Reproductive health	Number	Family planning	Maternal health	Child health	Number	Family planning	Maternal health	Child health	Other Reproductive health	Number
Age														
15-19	51.0	84.7	91.4	0.2	270.0	18.6	78.8	99.1	72.0	37.8	85.5	86.8	0.0	50.0
20-24	52.7	87.3	93.6	0.1	426.0	37.8	82.5	98.6	98.0	25.0	77.6	95.6	0.0	108.0
25-29	56.6	81.3	94.2	0.6	411.0	19.7	72.8	100.0	128.0	52.9	79.5	91.5	0.0	99.0
30-39	52.4	78.5	94.4	0.3	461.0	23.6	79.5	97.5	95.0	31.7	72.4	100.0	0.0	140.0
40-49	49.8	80.1	93.5	0.1	720.0	17.4	64.3	96.9	196.0	33.6	80.5	93.3	0.0	193.0
Marital status														
Currently married	53.0	82.3	93.6	0.2	2,125.0	22.6	73.0	98.1	552.0	36.1	79.4	94.2	0.0	536.0
Separated	42.9	64.6	98.1	0.0	39.0	100.0	53.0	100.0	2.0	33.0	56.1	100.0	0.0	9.0
Deserted	24.2	86.5	89.6	0.0	23.0	0.0	100.0	100.0	3.0	32.3	41.3	90.9	0.0	12.0
Divorced	51.6	79.3	84.4	0.0	17.0	48.3	67.4	100.0	6.0	0.0	78.7	100.0	0.0	5.0
Widowed	47.8	79.6	92.5	0.0	94.0	11.4	80.7	100.0	28.0	23.8	81.3	99.5	0.0	29.0
Highest educational level														
No education	54.3	80.9	92.6	0.3	823.0	20.6	77.6	99.5	271.0	36.4	77.9	93.5	0.0	209.0
Primary	54.2	83.3	92.4	0.1	621.0	16.3	75.2	99.2	126.0	33.7	75.5	95.6	0.0	150.0
Secondary	50.5	83.2	94.7	0.0	689.0	29.7	68.6	96.5	163.0	36.0	82.1	94.3	0.0	178.0
Higher secondary	48.2	74.8	96.2	3.2	90.0	29.2	47.7	100.0	17.0	21.9	74.9	100.0	0.0	30.0
College/university	35.5	77.4	97.9	0.0	77.0	22.1	64.7	83.2	15.0	40.7	76.5	90.4	0.0	25.0
Household asset quintile														
Poorest	58.0	83.6	90.8	0.1	502.0	18.9	84.6	99.1	258.0	45.5	82.0	96.0	0.0	89.0
2	56.5	83.5	92.7	0.4	559.0	26.5	71.0	100.0	96.0	33.2	81.3	93.1	0.0	144.0
3	56.8	84.6	95.0	0.1	503.0	18.0	52.9	99.7	112.0	34.8	77.6	91.4	0.0	123.0
4	42.6	79.8	93.8	0.1	387.0	33.5	76.5	95.5	66.0	36.6	79.0	96.5	0.0	154.0
Richest	41.6	75.1	96.5	0.4	349.0	27.6	64.1	92.0	61.0	24.5	69.3	96.3	0.0	82.0
Number of living children														
0	46.0	82.4	91.2	1.8	245.0	34.9	70.1	98.9	56.0	31.8	79.7	89.4	0.0	47.0
1	52.0	82.9	94.4	0.0	529.0	21.3	73.4	99.6	114.0	36.9	78.2	92.6	0.0	152.0
2	52.0	83.2	93.2	0.1	589.0	22.3	72.3	99.2	111.0	38.7	79.3	93.5	0.0	149.0
3	54.5	81.0	95.1	0.1	435.0	28.5	69.9	94.7	92.0	38.2	80.8	96.6	0.0	109.0
4+	54.0	79.7	92.7	0.0	502.0	17.4	76.3	98.3	219.0	27.6	75.2	97.7	0.0	135.0
Domains														
City corporations	45.0	80.4	96.0	0.1	1,368.0	17.1	64.1	98.3	74.0	34.8	73.9	93.1	0.0	275.0
District municipal	65.1	83.1	90.6	0.3	717.0	23.1	57.5	95.9	202.0	36.5	82.0	95.7	0.0	287.0
Thana municipal	56.0	87.0	87.8	0.6	215.0	23.3	85.8	99.7	316.0	24.4	84.9	95.3	0.0	30.0
Total	52.3	81.9	93.5	0.2	2,299.0	22.5	73.4	98.2	592.0	35.1	78.4	94.5	0.0	592.0

Note: Numerator is number of women knowing of a specific service; denominator is the number of women knowing of a specific type of satellite clinic and that the clinic has occurred within the past three months.

Table 9.5B Knowledge of ESP services at temporary/satellite clinics by background characteristics in urban non-NSDP areas

Percentage of women who can name ESP services at satellite clinics, by selected background characteristics, urban non-NSDP areas, 2003.

Background characteristic	NSDP satellite clinic					Government satellite clinic				Other				
	Family planning	Maternal health	Child health	Other Reproductive health	Number	Family planning	Maternal health	Child health	Number	Family planning	Maternal health	Child health	Other Reproductive health	Number
Age														
15-19	67.0	97.4	99.6	0.0	38.0	23.2	76.1	93.7	62.0	49.2	85.5	96.4	1.1	118.0
20-24	58.5	89.1	95.9	0.0	123.0	26.0	88.0	99.8	99.0	42.9	85.0	98.8	0.0	235.0
25-29	62.8	94.7	98.2	0.6	94.0	27.9	74.4	97.9	122.0	45.1	83.5	99.7	0.9	193.0
30-39	65.6	90.3	98.3	0.0	86.0	37.6	86.2	98.7	121.0	36.6	82.1	99.1	0.0	229.0
40-49	53.6	84.7	96.6	0.0	162.0	49.2	85.6	95.5	172.0	34.6	77.1	96.1	0.7	330.0
Marital status														
Currently married	60.9	89.2	97.1	0.1	480.0	34.3	81.3	97.4	535.0	41.5	82.3	98.4	0.5	1,037.0
Separated	35.1	100.0	97.2	0.0	5.0	39.4	96.7	48.3	4.0	36.8	66.7	95.6	0.0	12.0
Deserted	27.4	100.0	100.0	0.0	3.0	77.5	93.3	100.0	4.0	7.9	54.4	90.5	0.0	14.0
Divorced	27.5	100.0	100.0	0.0	4.0	22.0	100.0	100.0	7.0	35.1	78.1	100.0	0.0	4.0
Widowed	35.4	95.3	100.0	0.0	11.0	51.3	97.6	99.3	29.0	19.9	81.9	89.7	0.0	40.0
Highest educational level														
No education	63.1	89.8	98.8	0.0	168.0	34.9	85.5	97.5	198.0	43.6	80.6	97.2	0.0	405.0
Primary	61.5	91.6	95.6	0.0	121.0	33.4	82.1	94.0	172.0	39.6	80.0	97.7	1.1	290.0
Secondary	54.9	93.6	96.7	0.0	157.0	35.9	81.1	99.5	175.0	37.9	85.0	99.1	0.8	322.0
Higher secondary	58.2	82.0	100.0	1.5	37.0	29.8	68.7	100.0	21.0	29.1	73.9	100.0	0.0	52.0
College/university	57.9	58.9	93.0	0.0	20.0	67.0	82.3	100.0	14.0	43.8	89.0	94.1	0.0	38.0
Household asset quintile														
Poorest	69.9	95.3	98.7	0.0	113.0	35.6	86.3	98.1	197.0	45.2	80.9	97.9	0.4	302.0
2	55.3	95.2	96.7	0.0	114.0	37.6	91.4	99.2	133.0	38.1	87.1	98.1	0.0	252.0
3	54.4	84.2	94.4	0.0	93.0	42.2	79.4	96.8	131.0	41.6	79.4	96.5	0.0	191.0
4	48.3	96.4	98.3	0.7	82.0	25.1	61.9	90.2	72.0	44.1	85.3	98.0	1.2	200.0
Richest	66.9	76.1	98.0	0.0	101.0	24.7	81.3	100.0	46.0	27.8	73.0	99.4	1.1	162.0
Number of living children														
0	47.9	90.2	96.1	0.0	41.0	25.6	76.3	95.4	50.0	45.6	83.7	96.3	0.0	100.0
1	54.5	92.8	97.5	0.5	122.0	31.5	75.6	98.4	143.0	38.7	84.5	99.0	0.0	279.0
2	64.1	89.0	98.4	0.0	138.0	40.1	86.3	97.7	151.0	42.0	82.3	98.2	1.6	349.0
3	74.6	90.1	99.3	0.0	100.0	39.6	85.3	93.9	117.0	39.0	76.3	98.4	0.0	184.0
4+	49.5	85.7	93.8	0.0	103.0	33.9	85.9	99.2	119.0	37.4	80.7	96.4	0.0	194.0
Domains														
City corporations	-	-	-	-	0.0	-	-	-	0.0	-	-	-	-	0.0
District municipal	-	-	-	-	0.0	-	-	-	0.0	-	-	-	-	0.0
Thana municipal	-	-	-	-	0.0	-	-	-	0.0	-	-	-	-	0.0
Total	59.6	89.6	97.2	0.1	503.0	35.4	82.5	97.2	579.0	40.2	81.7	97.9	0.5	1,107.0

Note: Numerator is number of women knowing of a specific service; denominator is the number of women knowing of a specific type of satellite clinic and that the clinic has occurred within the past three months.

9.4 Use of Temporary/Satellite Clinics

As in 2001, those aware of a temporary/satellite clinic being conducted in their area in the preceding three months were asked if they had ever used the clinic; and if so, if they had done so in the past three months. This focus on the preceding three months was intended to elicit information on satisfaction with care while reducing the possibility of recall bias. Women who did not identify a clinic or did not report one being conducted in their area in the past three months were assumed not to have used one.

Only 21.6% (Table 9.6A) reported ever visiting an NSDP satellite clinic, though nearly 70% were aware them in their area. In NSDP areas, the proportion that had ever used an NSDP satellite clinic was more than three times that for government satellite clinics (21.6% vs. 6.7%) and more than four times that for other satellite clinics (21.6% vs. 5.4%). Only 8.2% used an NSDP satellite clinic in the last three months, but even fewer visited a government (1.8%) or other (2%) satellite clinic. In non-NSDP areas, use of satellite clinics was also low: in the 3 months preceding interview, only 2.6%, 2.5% and 6.4% had used an NSDP, government, and other satellite clinics, respectively.

There were noticeable differences in the use of satellite clinics by background characteristics. Women were more likely to have used an NSDP satellite clinic if they were currently married, 20-24 years of age, or in the two lowest asset quintiles. Less educated women were more likely to have used an NSDP clinic. In NSDP areas, use of NSDP clinics was most common in city corporations (25.3%) and least so in district municipalities (17.2%).

Nearly 7% in non-NSDP areas had ever used an NSDP clinic (Table 9.6B), compared to 21.6% in NSDP areas. Use of NSDP clinics was more common in NSDP areas (21.6%), while other clinics (i.e., other than NSDP or government clinics) were more common in non-NSDP areas (14%).

Between the 2001 and 2003 surveys, the use of NSDP clinics in the NSDP areas increased substantially, from 15% in 2001 to 21.6% in 2003.

Table 9.6A Use of temporary/satellite clinics, NSDP areas

Percentage of women who have ever used temporary/satellite clinic and used the clinic during the past three months, by selected background characteristics, by type of clinic identified, NSDP areas, 2003.

Background characteristic	NSDP satellite clinic		Government satellite clinic		Other		Number
	Ever used	Used in last three months	Ever used	Used in last three months	Ever used	Used in last three months	
Age							
15-19	24.8	11.7	6.9	3.0	4.8	1.7	640.0
20-24	27.9	12.2	6.4	2.2	7.6	3.8	1,036.0
25-29	23.2	10.6	9.4	2.4	5.8	2.4	1,035.0
30-39	23.9	7.7	7.1	2.1	7.1	2.9	1,091.0
40-49	14.7	3.7	5.0	0.7	3.2	0.4	1,859.0
Marital status							
Currently married	22.5	8.7	7.0	1.9	5.5	2.2	5,218.0
Separated	17.4	1.5	0.0	0.0	1.4	0.0	98.0
Deserted	9.4	4.5	1.4	1.4	9.5	2.2	68.0
Divorced	6.3	0.0	3.2	1.3	1.8	0.0	63.0
Widowed	10.2	2.9	4.7	1.0	4.2	0.3	245.0
Highest educational level							
No education	24.8	9.4	10.1	3.0	5.7	1.7	1,849.0
Primary	26.0	9.8	6.2	1.7	6.2	2.3	1,352.0
Secondary	19.0	7.1	5.1	1.1	4.9	2.1	1,829.0
Higher secondary	10.7	4.7	1.7	0.0	6.2	2.9	333.0
College/university	10.1	4.4	2.8	1.0	1.6	1.4	328.0
Household asset quintile							
Poorest	26.7	10.3	16.9	5.2	4.9	1.0	1,126.0
2	27.7	9.7	4.7	1.1	6.3	2.1	1,145.0
3	24.6	10.6	5.7	1.3	5.8	2.5	1,138.0
4	15.4	5.7	2.6	0.6	5.8	2.4	1,156.0
Richest	13.3	4.8	3.5	0.8	4.1	2.1	1,126.0
Domains							
City corporations	25.3	10.8	1.5	0.4	5.1	2.7	2,906.0
District municipalities	17.2	5.3	5.2	1.3	6.7	1.4	2,113.0
Thana municipalities	19.3	6.1	33.5	9.3	2.4	1.0	672.0
Total	21.6	8.2	6.7	1.8	5.4	2.0	5,691.0

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

Table 9.6B Use of temporary/satellite clinics, non-NSDP areas

Percentage of women who have ever used temporary/satellite clinic and used the clinic during the past three months, by selected background characteristics, by type of clinic identified, non-NSDP areas, 2003.

Background characteristic	NSDP satellite clinic		Government satellite clinic		Other		Number
	Ever used	Used in last three months	Ever used	Used in last three months	Ever used	Used in last three months	
Age							
15-19	6.0	2.3	11.1	4.4	15.6	9.0	405.0
20-24	9.0	4.8	8.4	2.4	18.6	10.6	806.0
25-29	9.3	3.6	13.8	3.7	18.6	7.6	723.0
30-39	7.3	2.2	8.7	2.8	16.1	7.1	818.0
40-49	4.7	1.2	4.7	1.1	7.4	2.4	1,427.0
Marital status							
Currently married	7.3	2.8	8.5	2.6	14.5	6.8	3,893.0
Separated	2.3	0.0	3.5	1.1	4.8	0.9	59.0
Deserted	5.0	0.0	1.9	0.0	14.8	0.0	43.0
Divorced	2.8	2.8	15.9	0.0	6.1	3.5	35.0
Widowed	0.4	0.0	7.1	0.1	5.6	0.4	169.0
Highest educational level							
No education	8.2	2.9	9.2	2.9	17.9	8.4	1,238.0
Primary	7.7	2.1	10.1	2.4	14.7	7.0	1,031.0
Secondary	5.7	2.4	7.6	2.3	11.8	5.3	1,433.0
Higher secondary	9.1	5.8	4.6	0.7	8.7	2.8	288.0
College/university	1.6	0.0	4.5	3.4	8.9	3.7	212.0
Household asset quintile							
Poorest	9.8	3.1	15.4	3.6	23.4	11.3	843.0
2	7.2	2.8	11.0	3.2	15.3	7.6	850.0
3	6.1	2.4	8.9	3.0	10.8	5.1	843.0
4	5.3	2.3	3.0	1.8	10.9	3.5	831.0
Richest	6.1	2.4	3.2	0.7	9.3	4.4	835.0
Domains							
City corporations	-	-	-	-	-	-	0.0
District municipalities	-	-	-	-	-	-	0.0
Thana municipalities	-	-	-	-	-	-	0.0
Total	6.9	2.6	8.3	2.5	14.0	6.4	4,201.0

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

9.5 ESP Services Ever Used at Temporary/Satellite Clinics

Table 9.7 presents the percentage of women who have ever used specific services at satellite clinics. This question was restricted to women aware of a satellite clinic in their area held in the past three months. As in 2001, the most commonly ever-used services at NSDP satellite clinics in NSDP areas were child health services (65%), followed by maternal health services (31.3%). (Immunization was the most frequently used child health service, 46%, while tetanus toxoid injections, 25.4%, and ANC, 13%, were among most frequently used maternal health services.) A significant proportion used them for both clinical (15.1%) and non-clinical (10%) family planning services. About 20% received vitamin A capsules for a child, and about 13% were treated for general illness.

As with NSDP satellite clinics, government and other satellite clinics were widely used for child and maternal health related services. However, they were more frequently used for these than NSDP providers. For family planning services, there were no other satellite clinics as widely used as those of the NSDP. While 24.1% who ever used NSDP satellite clinics obtained family planning from them, the corresponding figures for other and government satellite clinics were 11.9% and 4.8%, respectively.

Between NSDP and non-NSDP areas, there were only slight differences in use of satellite clinics for various services. Higher proportions in non-NSDP areas reported having ever used government or other satellite clinics for family planning and maternal health related services. Between the 2001 and 2003 surveys, the proportion having ever used NSDP clinics in NSDP areas increased slightly for child health services and decreased by a similarly modest margin for family planning services (29% to 24.1%).

Table 9.7 ESP services ever used at temporary/satellite clinics

Percentage of women who have ever used specific services at temporary/satellite clinics among women who have ever gone to a temporary/satellite clinic, by type of clinic identified, urban NSDP/non-NSDP areas, 2003.

	Project areas			Non project areas		
	NSDP Satellite Clinic	Government Satellite Clinic	Other	NSDP Satellite Clinic	Government Satellite Clinic	Other
Services were ever used						
Family planning	24.1	4.8	11.9	29.5	15.6	16.6
..Clinical methods	15.1	1.4	3.6	12.1	7.3	8.0
..Non clinical methods	10.0	3.0	6.2	12.5	7.8	8.1
..Advise for side effects	1.7	0.7	2.1	7.0	2.0	2.7
Maternal health	31.3	47.0	34.8	44.3	50.5	29.9
..Antenatal care	13.0	3.3	9.4	12.7	8.2	7.9
..Postnatal care	0.9	0.8	3.3	0.5	0.7	2.7
..Tetanus	25.4	46.1	31.3	39.7	47.9	26.2
Child health	65.0	84.1	73.2	68.8	77.0	71.6
..EPI	46.0	68.6	58.9	55.1	70.9	53.1
..Diarrhea treatment	0.6	0.0	0.4	0.2	0.4	0.9
..ARI treatment	1.0	1.0	1.3	0.1	0.0	0.7
..Vitamin A	19.6	52.6	23.2	22.8	39.4	22.4
..General illnesses	13.1	2.1	4.6	10.1	6.3	13.6
..Other child care	4.3	1.1	3.2	4.8	0.7	4.5
Other reproductive health	0.5	0.0	0.0	0.0	1.2	0.0
..Treatment of RTI/STD	0.5	0.0	0.0	0.0	1.2	0.0
General health	7.3	2.0	4.1	8.3	6.5	6.6
Other	2.2	2.8	2.1	1.7	1.0	3.5
DK/missing	0.5	0.0	0.0	0.0	0.4	0.0
Number	1,227.0	379.0	305.0	291.0	350.0	586.0

Note: Numerator is number of women identifying services ever used at a specific type of satellite clinic; denominator is number of women identifying a specific clinic that occurred in the past three months and who have ever used that clinic.

Table 9.8 shows the percentage of women who were informed in advance about the temporary/satellite clinic by the source of that information. This was assessed by asking respondents: "Did anybody inform you in advance about the temporary/satellite clinic? If so, who told you?" In NSDP areas, 29.3% who used NSDP temporary/satellite clinic were informed by an NSDP worker (and mostly by satellite clinic workers, 26.7%), followed by neighbors (19.9%). In non-NSDP areas, 25.3% who used an NSDP satellite clinic were informed by their neighbor, followed by NSDP satellite clinic worker (20%) and relatives (15.2%). In both NSDP and non-NSDP areas, about one-third who used NSDP satellite clinics were not informed by anyone.

Table 9.8 Referral information about the temporary/satellite clinic

Percentage of women who were informed in advance about the temporary/satellite clinic by source of information and by type of clinic, urban NSDP/non-NSDP areas, 2003.

	Project areas			Non-project areas		
Referral	NSDP satellite clinic	Government satellite clinic	Other	NSDP satellite clinic	Government satellite clinic	Other
Health professional	0.9	9.7	1.4	0.5	21.0	1.4
..Qualified doctor	0.3	0.6	0.0	0.4	0.4	0.2
..Nurse/midwife	0.2	0.1	0.5	0.0	0.3	0.5
..Family welfare visitor	0.1	0.2	0.0	0.1	0.9	0.0
..MA/SACMO	0.0	0.0	0.0	0.0	1.7	0.0
..FWA	0.3	8.8	1.0	0.0	17.7	0.7
NSDP	29.3	3.6	2.3	22.9	1.4	1.3
..Static clinic worker	0.9	0.0	0.8	1.8	0.0	0.0
..Satellite clinic worker	26.7	2.9	1.5	20.0	1.4	1.3
..Community mobilizer	1.0	0.2	0.0	0.0	0.0	0.0
..Depotholder	0.7	0.5	0.0	1.1	0.0	0.0
Other person	0.1	0.0	0.0	0.5	0.0	0.5
..Trained traditional birth attendant	0.1	0.0	0.0	0.0	0.0	0.2
..Unqualified doctor	0.0	0.0	0.0	0.5	0.0	0.3
Relative	12.8	10.1	18.8	15.2	10.2	7.3
Neighbor	19.9	12.2	21.8	25.3	9.7	22.0
BPHC NGO	1.1	34.5	0.4	0.6	13.3	2.2
..Satellite clinic worker	0.5	0.0	0.0	0.6	0.0	0.2
..Field worker	0.2	1.2	0.2	0.0	0.0	0.7
..Government satellite clinic worker	0.5	33.3	0.3	0.0	13.3	1.2
Other	2.9	5.1	24.9	0.3	8.9	26.2
Was not informed	32.5	24.3	29.9	34.4	34.7	38.6
Missing	0.5	0.6	0.6	0.3	0.7	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,227.0	379.0	305.0	291.0	350.0	586.0

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

9.6 Use of ESP Services at Satellite Clinics in Most Recent Visit in Past Three Months

Table 9.9 presents the percentage of women who used a specific service in the most recent visit to a temporary/satellite clinic in the three months preceding interview. The most popular services were child health (59.1%, including 31.9% for immunization of children) and family planning (28.7% including 19.1% for clinical methods and 8.9% for non clinical methods). Maternal health services (13%) were a distant third. Women also visited NSDP clinics less often for general curative care (9.8%). Government and other satellite clinics had more or less similar patterns of use. However, in NSDP areas, government and other satellite clinics were used more frequently than NSDP satellite clinics for child health related services. There were no obvious differences in services used at NSDP satellite clinics between NSDP and non-NSDP areas. Government and other satellite clinics were more popular sources of family planning services in non-NSDP areas. Between the 2001 and 2003 surveys, use of NSDP clinics in the project areas in the preceding three months increased for child health related services (43% to 59.1%) but decreased for family planning services (41% to 28.7%).

Table 9.9 ESP used in most recent visit in the past three months at temporary/satellite clinics

Percentage of women who have used specific services in most recent visit in the past three months at temporary/satellite clinic by type of clinic, urban NSDP/non-NSDP areas, 2003.

	Project areas			Non-project areas		
	NSDP satellite clinic	Government satellite clinic	Other	NSDP satellite clinic	Government satellite clinic	Other
Services used during last visit						
Family planning	28.7	5.2	9.6	29.3	19.9	23.5
..Clinical methods	19.1	0.9	2.2	12.6	2.6	14.2
..Non clinical methods	8.9	4.3	7.3	15.3	15.4	9.1
..Advise for side effects	1.1	0.0	0.1	4.8	2.1	1.0
Maternal health	13.0	15.2	8.2	11.6	21.4	10.6
..Antenatal care	5.6	1.3	3.0	3.6	4.9	3.6
..Postnatal care	0.2	0.0	3.1	0.0	0.0	0.4
..Tetanus	9.5	13.8	6.3	10.5	18.5	7.5
Child health	59.1	81.0	79.1	61.9	60.1	67.7
..EPI	31.9	61.7	55.3	41.2	42.2	41.4
..Diarrhea treatment	1.3	0.0	0.0	0.6	0.0	0.0
..ARI treatment	0.9	0.6	0.0	0.0	0.0	0.9
..Vitamin A	24.5	44.3	30.2	22.8	27.1	25.9
..General illnesses	9.8	2.3	10.2	6.5	3.8	13.1
..Other child care	6.3	0.9	5.2	10.1	0.7	3.4
Other reproductive health	0.2	0.0	0.0	0.1	0.0	0.0
..Treatment of RTI/STD	0.2	0.0	0.0	0.1	0.0	0.0
General health	8.0	2.1	5.1	3.0	0.9	4.6
Other	2.5	5.2	3.9	1.8	6.4	7.7
DK/missing	0.2	0.8	0.5	0.0	0.0	0.0
Number	468.0	102.0	115.0	110.0	103.0	268.0

Note: Numerator is the number of women identifying services used at a specific type of satellite clinic in the past three months; denominator is number of women identifying a specific clinic in her area of residence and who used that clinic in the past three months.

9.7 Assessment of Quality of Care at Temporary/Satellite Clinics

Among women who used a temporary/satellite clinic in the last three months, a series of questions was asked to elicit perceptions regarding the quality of the care received, payment services, travel time to get clinic, and waiting time once there. Table 9.10 presents this information for NSDP and non–NSDP areas.

Most (93.7%) users of NSDP satellite clinics in NSDP areas reported that clinic staff spent enough time with them. About 85.7% felt that staff talked to them nicely, and 95.8% indicated that staff devoted enough attention to their needs.

In NSDP areas, the mean travel time to NDSP satellite clinics was 7.2 minutes. The mean waiting time was 14.3 minutes. More than half (60.8%) reported that they paid a service charge, with over 50% paying the exact amount charged. There was little variation in perceptions of quality of treatment between users of NSDP, government and other satellite clinics in the NSDP areas. However, fewer users of government and other satellite clinics reported paying for services. Perceptions of quality also did not differ significantly between NSDP and non-NSDP areas.

Table 9.10 Quality of temporary/satellite clinics

User's perceptions of quality of treatment in temporary/satellite clinics in most recent visit in the past three months by type of clinic, urban NSDP/non-NSDP areas, 2003.

	Project areas			Non-project areas		
Quality indicators	NSDP satellite clinic	Government satellite clinic	Other	NSDP satellite clinic	Government satellite clinic	Other
Spent enough time						
Yes	93.7	98.0	97.8	98.6	98.9	98.3
No	4.2	2.0	2.2	0.9	0.5	1.3
Missing	2.1	0.0	0.0	0.5	0.6	0.4
Talked to her nicely						
Nicely	85.7	92.3	89.2	97.1	92.3	84.0
Somewhat	12.1	7.7	9.2	2.4	7.0	15.6
Not nicely	0.0	0.0	1.7	0.0	0.2	0.0
Missing	2.2	0.0	0.0	0.5	0.6	0.4
Gave enough attention to her needs						
Yes	95.8	99.3	99.6	98.7	99.1	99.0
No	1.8	0.7	0.4	0.8	0.4	0.7
Missing	2.4	0.0	0.0	0.5	0.6	0.4
Mean travel time						
Mean (minutes)	7.2	9.1	7.0	8.0	6.3	6.4
Mean waiting time						
Mean (minutes)	14.3	13.6	8.5	9.7	6.0	10.0
Did pay for services						
Yes	60.8	13.8	31.4	79.8	14.9	53.3
No	37.6	86.2	68.6	19.7	84.5	46.7
Missing	1.6	0.0	0.0	0.5	0.6	0.0
Paid the exact amount						
Same amount	56.5	13.8	29.3	75.4	14.8	50.6
More	1.0	0.0	0.0	1.2	0.0	1.4
Less	3.3	0.0	2.1	3.2	0.1	0.4
Credit	0.0	0.0	0.0	0.0	0.0	0.8
Missing	0.0	0.0	0.0	0.0	0.0	0.1
Number	468.0	102.0	115.0	110.0	103.0	268.0

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

9.8 Awareness of Sources of Health and Family Planning Services

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

About 94.4% in NSDP and 95.1% in non-NSDP areas were able to identify a clinic or hospital in their area providing health or family planning services (Table 9.11). There was little discernable variation by background characteristics in NSDP and non-NSDP areas. The only exception was variation across urban communities in the project areas. Surprisingly, the proportion able to identify a hospital/clinic was lowest in city corporations (89.7%), compared to about 99% in district and thana municipalities. More women in NSDP areas were able to identify a clinic or hospital in their area providing health and family planning services in 2003 (94.4%) than 2001 (90.9%).

Table 9.11 Awareness of clinics and providing health or family planning services.

Percentage of women who know of a clinic or hospital in the area in which they live from which one can obtain health or family planning services, urban NSDP/non-NSDP areas, 2003.

Background characteristics	Project areas					Non-project areas		
	Yes	No	Missing	Total	Number	Yes	No	Number
Age								
15-19	90.9	9.1	0.0	100.0	640.0	95.2	4.8	405.1
20-24	95.4	4.6	0.0	100.0	1,036.0	95.3	4.7	806.0
25-29	93.9	6.1	0.0	100.0	1,035.0	95.4	4.6	723.0
30-39	94.0	6.0	0.0	100.0	1,091.0	95.7	4.3	818.0
40-49	95.8	4.1	0.1	100.0	1,859.0	94.6	5.4	1,427.0
Marital status								
Currently married	94.6	5.4	0.0	100.0	5,218.0	95.3	4.7	3,893.5
Separated	93.3	6.7	0.0	100.0	98.0	87.1	12.9	59.0
Deserted	80.8	19.2	0.0	100.0	68.0	87.2	12.8	43.0
Divorced	89.8	10.2	0.0	100.0	63.0	96.3	3.7	35.0
Widowed	96.0	4.0	0.0	100.0	245.0	97.1	2.9	169.0
Highest educational level								
No education	92.5	7.5	0.1	100.0	1,849.0	93.5	6.5	1,238.0
Primary	93.9	6.1	0.0	100.0	1,352.0	96.1	3.9	1,031.0
Secondary	96.1	3.9	0.0	100.0	1,829.0	96.6	3.4	1,433.0
Higher secondary	95.8	4.2	0.0	100.0	333.0	95.1	4.9	288.0
College/university	96.3	3.7	0.0	100.0	328.0	90.1	9.9	212.0
Household asset quintile								
Poorest	94.6	5.4	0.0	100.0	1,126.0	96.6	3.4	843.0
2	95.3	4.7	0.0	100.0	1,145.0	95.8	4.2	850.0
3	92.9	7.0	0.1	100.0	1,138.0	95.2	4.8	843.0
4	95.2	4.8	0.0	100.0	1,156.0	94.7	5.3	831.0
Richest	94.0	6.0	0.0	100.0	1,126.0	93.4	6.6	835.0
Domains								
City corporations	89.7	10.3	0.0	100.0	2,906.0	-	-	-
District municipalities	99.3	0.7	0.0	100.0	2,113.0	-	-	-
Thana municipalities	99.5	0.5	0.0	100.0	672.0	-	-	-
Total	94.4	5.6	0.0	100.0	5,691.0	95.1	4.9	4201.0

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

In NSDP areas, NSDP static clinics were the most widely known type of facility providing family planning services (51.2%, followed by public sector health facilities – specifically, public hospitals/ medical colleges – at 26.1%, and by MCWC at 11.1%). In the non-NSDP areas, public sector health facilities (specifically, public hospitals/medical colleges) were the most widely recognized (Table 9.12). In NSDP areas, only about 12% reported awareness of private medical facilities, and 10.4% knew of other NGOs' health facilities as sources of health or family planning services. Between NSDP and non-NSDP areas, there was little variation in awareness by type of facilities, except that other NGOs' facilities and private facilities were more widely recognized in non-NSDP areas, while NSDP clinics were less known. Within NSDP areas, NSDP clinics were most well known in city corporations (55.5%), followed by district (47.4%) and thana (44.5%) municipalities. In district municipalities, public sector facilities (61.5%) were most widely recognized. A similar proportion (57.5%) knew of public sector facilities in thana municipalities. In NSDP areas, a substantially higher proportion were able to identify an NSDP static clinic as a source of health and family planning services in 2003 (51.2%) than 2001 (20%). This change was largely due to prompting of respondents.

Table 9.12 Type of clinic identified as providing health and family planning services

Distribution of identified facility types for all women by city type, urban NSDP/non-NSDP areas, 2003.

	Project areas				
Type of clinic/hospital	City corporations	District municipalities	Thana municipalities	Overall	Non-project areas
PUBLIC SECTOR	27.9	61.5	57.5	43.8	53.5
..Hospital/medical college	19.9	40.3	8.4	26.1	34.4
..Family welfare center	0.3	0.7	3.9	0.9	2.6
..Thana health complex	0.6	1.1	41.4	5.6	2.8
..MCWC	6.9	19.3	3.7	11.1	7.3
..Dispensary/community clinic	0.2	0.1	0.1	0.1	6.4
NSDP static clinic	55.5	47.4	44.5	51.2	9.6
BPHC static clinic	0.1	0.0	0.1	0.1	0.2
OTHER NGO	15.0	5.0	8.0	10.4	17.9
..Hospital	3.5	1.2	7.5	3.1	7.0
..NGO clinic	11.5	3.8	0.5	7.3	10.9
PRIVATE MEDICAL SECTOR	14.9	10.9	6.3	12.4	18.9
..Private clinic/doctor	14.6	10.8	5.8	12.2	18.5
..Traditional doctor	0.0	0.0	0.4	0.1	0.2
..Pharmacy	0.2	0.1	0.0	0.1	0.3
Other	0.9	0.0	0.1	0.5	0.4
DK clinic + DK type	10.8	0.7	0.5	5.9	5.2
Missing	0.7	0.5	0.1	0.5	0.1
Number	2,906.0	2,113.0	672.0	5,691.0	4,201.0

Note: Numerator is number of women identifying specific facility types; denominator is all women. Note that respondents have two chances to identify NSDP clinics. Therefore, totals should not sum to 100%.

9.10 Knowledge of ESP Services at Hospitals/Clinics

Table 9.13 shows the percentage of women who knew of services available at specific types of hospitals/clinics. About 88.4% knew of child health services at NSDP clinics, with 73.2% aware of EPI services. Knowledge of other child health services was much less common. Maternal health related services at NSDP clinics were equally well known (88.3%). Best known among maternal health services were ANC (78.5%) and tetanus toxoid injections (66.5%). Only 44% were aware of post-natal care services at NSDP clinics.

Family planning services at NSDP clinics were also widely known, though not as much so as child and maternal health services. Two-thirds (66.6%) knew that family planning services were available at NSDP clinics, with 50.5% aware that NSDP clinics provide non-clinical family planning methods and 49.3% that they provide clinical family planning methods. Only 35.9% reported that NSDP satellite clinics provide treatment for general types of illness.

There were few obvious differences in the level of awareness of specific services by type of facility (e.g., NSDP clinics, private clinics, other NGOs' clinics, and government hospitals/clinics). Compared to NSDP clinics, government hospitals/clinics were better known for general curative care but less known for family planning services. There were no substantial between NSDP and non-NSDP areas.

Awareness of the services provided at NSDP clinics increased between the 2001 and 2003 surveys. For example, awareness of family planning related services rose from 59% to 66.6%, while that of maternal health related services rose from 76% to 88.3%, and that of child health related services from 86% to 88.4%.

Table 9.13 Knowledge of ESP at hospitals/clinics.

Percentage of women who identify specific services at different types of hospitals/clinics, urban NSDP/non-NSDP areas, 2003.

	Project areas				Non-project areas			
Service	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other
What services are available								
Family planning	66.6	47.7	30.2	50.1	77.9	57.1	37.1	58.3
..Clinical methods	49.3	42.1	25.7	39.6	75.1	51.9	32.9	44.7
..Non clinical methods	50.5	32.4	16.0	38.3	60.1	39.8	23.7	43.2
..Advise for side effects	6.5	1.8	3.0	2.6	19.3	9.6	6.3	3.5
Maternal health	88.3	76.8	66.5	82.7	92.4	85.2	75.3	85.4
..Antenatal care	78.5	65.1	55.0	71.3	88.4	76.3	67.8	74.5
..Postnatal care	44.0	52.6	46.7	42.1	56.8	62.2	57.6	54.5
..Tetanus	66.5	46.5	28.0	55.5	86.4	57.8	41.1	62.5
Child health	88.4	86.1	73.3	82.7	92.3	89.2	79.6	87.7
..EPI	73.2	42.7	20.2	58.5	80.0	50.9	29.3	66.8
..Diarrhea treatment	2.6	10.9	5.4	4.1	5.7	17.9	5.3	6.7
..ARI treatment	3.2	6.0	3.9	2.3	1.0	6.3	4.7	2.5
..Vitamin A	16.6	5.8	1.6	6.2	20.7	12.7	4.7	18.2
..General illnesses	35.9	57.2	54.0	39.6	29.8	54.6	57.7	44.1
..Other child care	15.2	14.9	17.3	16.8	14.3	16.9	21.9	14.5
Other reproductive health	0.8	1.1	2.8	1.3	0.1	1.9	2.0	1.0
..Treatment of RTI/STD	0.8	1.1	2.8	1.3	0.1	1.9	2.0	1.0
General health	20.1	55.0	56.8	31.9	26.0	62.4	61.1	29.8
Other	1.8	4.1	3.9	2.6	1.1	3.0	4.2	1.7
DK/missing	1.7	0.7	1.7	2.4	1.9	0.2	0.7	2.2
Number	2,915.0	1,632.0	396.0	399.0	165.0	2,249.0	793.0	772.0

Note: Numerator is number of women identifying specific services at a specific type of clinic; denominator is number of women identifying specific types of clinics offering health and FP services in areas where they live.

Patterns of awareness of specific ESP services available at different types of hospital/clinics by select background characteristics are shown in Table 9.14A for NSDP areas and in Table 9.14B for non-NSDP areas. Generally, the differentials were not pronounced and did not follow a clear pattern. However, women were slightly more likely to be aware of ESP if they were better educated or wealthier. Among NSDP urban areas, NSDP clinics' services were generally better known in thana than district municipalities or city corporations, with some exceptions. In NSDP areas, government, private, and other clinics all had more or less similar patterns regarding knowledge of ESP services, as had NSDP clinics. In general, the level of awareness of ESP services was higher in non-NSDP areas.

Table 9.14A Knowledge of ESP, urban NSDP areas

Percentage of women who can name ESP services, by selected background characteristics and type of clinic, urban NSDP areas, 2003.

Background characteristics	What type of clinic: NSDP NGO					Public sector					Private					Other				
	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Other reproductive health	Number
Age																				
15-19	58.3	84.8	89.3	1.0	327.0	34.8	71.4	80.3	0.5	181.0	35.3	67.6	57.3	0.0	32.0	30.7	82.5	61.1	0.0	38.0
20-24	71.3	92.0	91.9	0.8	559.0	48.3	77.9	90.3	0.5	269.0	28.2	72.2	71.1	3.5	60.0	52.3	84.7	86.5	0.0	95.0
25-29	70.6	86.6	90.7	1.6	554.0	48.3	82.9	89.2	2.0	263.0	36.7	71.0	82.8	2.2	66.0	56.2	81.6	88.2	0.7	82.0
30-39	66.6	89.7	88.4	0.1	595.0	47.7	78.5	86.7	1.5	294.0	38.8	73.5	76.0	4.6	80.0	65.1	85.5	82.9	0.0	52.0
40-49	63.8	87.1	84.2	0.7	869.0	51.3	74.7	84.3	1.0	614.0	22.2	59.2	71.8	2.5	156.0	44.7	80.8	82.4	3.6	130.0
Marital status																				
Currently married	67.2	88.6	88.8	0.8	2,720.0	48.5	78.4	86.4	1.2	1,460.0	31.3	68.6	73.1	3.0	368.0	49.6	82.7	82.6	1.2	363.0
Separated	49.6	92.2	89.9	0.0	48.0	49.6	84.5	73.8	0.0	21.0	17.7	41.9	74.2	0.0	9.0	49.7	92.5	100.0	0.0	12.0
Deserted	48.1	90.5	67.8	0.0	16.0	42.1	58.1	91.2	0.0	27.0	0.0	0.0	100.0	0.0	3.0	34.8	71.8	80.7	15.5	7.0
Divorced	71.3	78.6	90.7	0.0	28.0	34.5	54.6	79.3	0.0	24.0	9.2	71.8	71.8	0.0	2.0	100.0	100.0	100.0	0.0	2.0
Widowed	59.7	80.4	79.3	1.0	102.0	41.0	62.2	83.9	0.0	100.0	20.5	41.2	72.0	0.0	13.0	62.3	78.8	69.5	0.0	15.0
Highest educational level																				
None	65.6	84.4	85.7	0.3	820.0	44.3	73.1	85.4	0.6	651.0	27.2	56.0	74.0	3.8	98.0	37.9	74.6	79.6	2.2	132.0
Primary	67.4	87.4	88.1	1.1	674.0	45.7	75.1	86.8	0.1	422.0	35.4	56.1	78.0	2.3	67.0	59.3	84.5	81.0	2.5	95.0
Secondary	66.9	91.2	89.5	1.1	1,029.0	52.6	80.8	85.9	1.8	449.0	27.7	69.2	68.6	1.1	148.0	52.5	90.3	88.0	0.0	124.0
Higher sec.	64.6	90.5	90.3	1.4	179.0	51.0	87.5	84.1	4.8	62.0	29.6	78.1	73.7	6.6	52.0	60.0	78.1	71.0	0.0	25.0
Coll./univ.	67.6	90.0	92.4	0.0	213.0	60.9	92.0	93.6	5.6	48.0	41.7	90.8	82.7	3.1	31.0	59.1	86.8	91.6	0.0	22.0
Household asset quintile																				
Poorest	65.3	87.1	87.4	0.0	477.0	36.3	66.9	86.7	0.8	476.0	20.2	36.4	77.9	0.1	35.0	35.5	64.7	75.0	1.6	69.0
2	66.3	86.8	86.2	0.7	604.0	51.2	80.2	83.8	0.6	344.0	39.6	57.3	72.6	2.5	58.0	55.8	82.2	88.3	0.0	78.0
3	72.1	87.9	88.3	1.1	587.0	51.2	78.6	89.4	1.5	302.0	25.3	61.1	74.8	4.2	69.0	55.5	86.7	77.9	1.9	94.0
4	63.1	91.2	89.4	1.2	605.0	49.2	80.0	83.3	1.8	304.0	32.3	84.4	67.8	4.7	108.0	54.0	92.2	85.3	0.8	76.0
Richest	66.0	88.1	90.3	0.9	641.0	60.8	86.8	87.7	1.2	205.0	29.7	66.9	76.3	1.3	125.0	47.2	84.9	86.9	2.2	82.0
Number of living children																				
0	58.4	87.8	89.6	0.3	331.0	38.5	69.7	80.4	0.4	200.0	24.5	69.0	60.9	4.7	45.0	33.3	76.6	64.2	0.0	40.0
1	66.3	89.4	89.5	1.5	729.0	43.9	81.4	85.9	0.4	328.0	32.0	73.1	70.5	4.6	82.0	54.1	87.6	84.1	1.6	109.0
2	69.3	89.7	90.3	0.6	789.0	55.4	79.9	84.3	1.7	380.0	36.8	70.1	76.9	2.2	110.0	57.7	94.1	94.5	1.8	104.0
3	66.3	87.6	84.1	0.6	499.0	50.6	77.8	83.7	1.6	289.0	31.3	60.2	77.2	0.0	71.0	55.1	78.1	77.3	3.0	61.0
4+	68.1	85.7	87.4	0.6	566.0	46.1	73.3	92.0	1.1	435.0	22.5	59.8	74.7	3.3	88.0	40.2	68.8	79.0	0.0	85.0
Domains																				
City corp.	60.1	85.0	88.7	0.3	1,614.0	47.2	68.6	78.7	1.6	450.0	30.2	60.2	71.1	3.5	241.0	50.3	83.0	81.3	1.3	280.0
Distr. mun.	74.2	93.0	87.0	1.7	1,002.0	53.4	85.1	87.2	1.1	877.0	31.9	80.7	76.2	1.9	127.0	63.1	87.7	86.2	2.0	83.0
Thana mun.	75.8	90.4	91.5	0.4	299.0	32.2	65.3	93.6	0.4	305.0	23.3	56.8	78.6	1.0	28.0	18.3	68.9	85.5	0.0	36.0
Total	66.6	88.3	88.4	0.8	2,915.0	47.7	76.8	86.1	1.1	1,632.0	30.2	66.5	73.3	2.8	396.0	50.1	82.7	82.7	1.3	399.0

Note: Numerator is number of women knowing of a specific service available; denominator is the number of women knowing of a specific type of clinic.

Table 9.14B Knowledge of ESP, urban non-NSDP areas

Percentage of women who can name ESP services, by selected background characteristics and type of clinic, urban non-NSDP areas, 2003

Background characteristics	NSDP NGO					Public sector					Private					Other				
	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Other reproductive health	Number	Family planning	Maternal health	Child health	Other reproductive health	Number
Age																				
15-19	88.0	96.1	93.2	0.0	38.0	56.9	79.7	92.0	0.0	195.0	30.7	70.1	91.5	2.4	59.0	67.9	83.3	95.3	0.1	89.0
20-24	83.8	95.4	89.8	0.0	21.0	51.1	83.6	90.2	0.0	446.0	36.8	79.0	84.4	0.5	130.0	58.0	87.6	91.6	1.0	167.0
25-29	67.8	96.3	92.1	0.0	24.0	59.9	87.0	91.6	1.3	385.0	45.7	80.4	83.7	2.2	155.0	61.3	83.0	92.8	0.0	122.0
30-39	88.1	97.1	99.0	0.3	36.0	59.1	85.8	88.8	2.5	461.0	34.0	81.6	69.9	3.9	158.0	65.8	88.0	84.9	2.9	126.0
40-49	64.6	82.4	87.7	0.0	47.0	58.4	86.7	87.6	3.5	753.0	35.6	68.6	78.2	1.4	291.0	50.3	84.0	81.2	0.9	258.0
Marital status																				
Currently married	78.5	92.6	92.8	0.1	160.0	57.8	85.7	89.8	2.0	2,084.0	38.8	76.6	79.8	2.2	728.0	59.8	87.2	89.2	1.1	720.0
Separated	0.0	100.0	40.7	0.0	1.0	47.8	71.1	85.7	0.0	32.0	0.0	72.0	72.4	0.0	11.0	73.3	47.7	92.4	0.0	8.0
Deserted	0.0	0.0	0.0	0.0	1.0	32.4	83.0	86.9	0.0	20.0	0.0	31.3	78.6	0.0	13.0	66.4	100.0	33.6	0.0	4.0
Divorced	0.0	100.0	100.0	0.0	1.0	60.6	98.5	69.9	0.0	17.0	51.9	100.0	84.6	0.0	8.0	50.4	83.5	100.0	0.0	9.0
Widowed	97.8	97.7	100.0	0.0	3.0	47.7	76.4	80.9	0.0	97.0	22.8	59.2	76.4	0.0	33.0	21.9	52.3	56.3	0.0	32.0
Highest educational level																				
No education	64.2	88.5	89.1	0.0	56.0	55.1	80.2	88.3	1.7	752.0	30.9	56.5	76.4	0.9	145.0	52.4	75.2	89.3	0.0	198.0
Primary	86.5	90.9	94.5	0.0	34.0	54.9	86.1	88.8	1.5	577.0	36.9	73.3	87.8	1.3	165.0	64.5	85.3	92.5	0.6	210.0
Secondary	83.4	97.2	94.6	0.2	63.0	60.4	88.4	90.1	2.2	718.0	40.3	81.1	81.8	1.5	332.0	58.6	92.2	84.9	2.0	264.0
Higher secondary	88.1	88.1	88.1	0.0	11.0	52.8	85.7	90.3	1.2	125.0	39.5	83.3	72.5	3.4	79.0	48.5	86.7	78.4	0.0	59.0
College/university	100.0	100.0	100.0	0.0	1.0	68.5	96.9	90.6	4.1	77.0	32.7	82.2	64.9	6.6	72.0	68.4	90.0	87.5	2.6	41.0
Household asset quintile																				
Poorest	74.1	93.9	91.4	0.0	32.0	54.5	79.7	90.7	1.2	566.0	28.0	47.0	83.5	0.0	75.0	60.2	72.4	89.6	0.0	140.0
2	75.3	88.6	87.4	0.3	41.0	61.1	85.2	90.7	2.3	483.0	35.7	69.3	81.1	0.0	101.0	63.5	84.6	93.2	0.0	184.0
3	64.5	94.1	93.6	0.0	34.0	58.2	85.1	88.3	2.3	472.0	45.1	67.8	87.9	0.1	149.0	59.4	84.4	87.1	0.9	145.0
4	88.6	96.3	99.0	0.0	33.0	60.2	87.7	85.6	1.0	383.0	36.9	77.9	72.6	5.1	226.0	52.4	92.6	80.8	0.8	140.0
Richest	91.1	89.0	91.1	0.0	26.0	50.6	91.5	90.0	2.7	345.0	35.8	88.7	79.3	1.7	242.0	55.1	92.3	86.3	3.2	164.0
Number of living children																				
0	86.5	98.2	93.7	0.4	29.0	50.0	78.5	81.8	2.8	205.0	35.6	75.4	73.6	2.5	98.0	52.5	89.2	84.3	1.9	85.0
1	86.6	91.0	93.4	0.0	29.0	53.6	83.6	90.3	0.7	576.0	39.9	79.6	85.5	2.8	201.0	60.3	82.8	91.5	0.0	194.0
2	65.9	93.0	86.9	0.0	49.0	57.6	88.1	90.2	2.1	615.0	38.7	77.8	75.5	1.6	229.0	60.5	87.9	90.9	0.4	243.0
3	80.8	92.9	96.7	0.0	28.0	65.0	89.6	90.0	3.2	415.0	32.1	66.0	81.1	1.5	140.0	52.3	86.4	74.4	1.0	129.0
4+	78.2	86.7	94.6	0.0	31.0	56.6	82.1	89.1	1.5	438.0	36.6	74.2	80.6	1.7	126.0	61.5	81.0	92.1	3.1	120.0
Total	77.9	92.4	92.3	0.1	165.0	57.1	85.2	89.2	1.9	2,249.0	37.1	75.3	79.6	2.0	793.0	58.3	85.4	87.7	1.0	772.0

Note: Numerator is number of women knowing of a specific service available; denominator is the number of women knowing of a specific type of clinic.

Between the 2001 and 2003 surveys, awareness of NSDP services increased in project areas. That of family planning services rose from 43% to 67%, while that of maternal and child health services climbed from 63% to 88% and 80% to 88%, respectively.

9.11 Use of Hospital/Clinics

Tables 9.15A and 9.15B provide the percentage of respondents who had ever gone to a hospital/clinic for a service and the percentage using a hospital/clinic in the three months preceding interview. As shown in Table 9.15A, only 22.9% said that they had ever gone to an NSDP static clinic to obtain services. In NSDP areas, the proportion that had ever gone to an NSDP static clinic (22.9%) was slightly higher than that for government clinics (20.4%), but far higher than the level for private clinics (4.7%). In NSDP areas, only 6.3% had used an NSDP static clinic in the three months preceding interview. The percentage was even lower for government (4.3%) and other (1.2%) clinics.

There were slight variations in the use of NSDP clinics by background characteristics. In NSDP areas, women were more likely to have visited an NSDP clinic if they were currently married, 20-29 years old, or in the low to medium asset quintiles. This basic pattern more or less held for other types of clinics as well. Use of NSDP clinics was greatest in city corporations (25.3%) and least in district municipalities (19.5%). Only 2.8% of women in non-NSDP areas had ever gone to an NSDP clinic. Government clinics were most widely utilized in non-NSDP areas (40.4%). Differences in use of clinics by background characteristics followed more or less similar patterns in non-NSDP areas.

Table 9.15A Use of hospitals/clinics in the last three months, urban NSDP areas

Percentage of women who have ever used hospital/clinic and used clinic in the last three months, by type of clinic identified, urban NSDP areas, 2003.

Background characteristics	NSDP NGO		Public sector		Private		Other		Number
	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	
Age									
15-19	23.6	8.7	14.4	5.1	2.4	0.8	4.4	2.3	640.0
20-24	29.2	9.8	19.7	4.7	3.2	1.3	6.7	2.0	1,036.0
25-29	27.6	7.4	19.3	3.9	4.7	1.3	6.3	1.5	1,035.0
30-39	25.2	5.9	22.0	4.6	5.5	0.9	3.8	0.9	1,091.0
40-49	15.4	3.1	22.7	3.9	5.9	1.5	4.6	1.2	1,859.0
Marital status									
Currently married	24.1	6.6	20.0	4.5	4.7	1.2	5.2	1.6	5,218.0
Separated	9.5	2.0	15.7	0.9	8.7	1.7	5.6	0.0	98.0
Deserted	4.8	2.2	25.0	2.3	4.4	2.2	8.0	2.7	68.0
Divorced	7.6	2.3	27.0	5.6	1.1	0.0	2.1	0.0	63.0
Widowed	12.5	2.0	27.5	2.1	2.8	1.1	2.8	0.3	245.0
Highest educational level									
No education	20.8	5.0	23.6	3.9	3.2	0.8	4.9	1.6	1,849.0
Primary	24.7	7.0	22.7	5.0	3.2	1.1	5.3	1.4	1,352.0
Secondary	24.8	7.1	18.5	5.2	5.6	1.6	5.1	1.5	1,829.0
Higher secondary	18.7	6.0	11.9	1.6	10.2	1.6	4.8	2.6	333.0
College/university	21.3	6.1	12.5	1.5	7.8	1.6	5.7	0.4	328.0
Household asset quintile									
Poorest	22.3	6.2	26.5	4.3	2.1	0.6	3.9	1.4	1,126.0
2	24.1	5.7	22.6	5.8	3.4	1.4	4.7	1.8	1,145.0
3	24.4	6.9	19.9	4.7	3.7	1.1	6.5	1.5	1,138.0
4	21.2	6.1	19.1	4.3	5.4	0.9	4.9	1.3	1,156.0
Richest	22.6	6.4	14.1	2.5	8.8	2.1	5.4	1.5	1,126.0
Number of living children									
0	15.2	6.9	13.3	3.8	3.1	1.2	3.2	1.7	689.0
1	27.8	8.3	18.2	3.9	3.7	0.8	6.3	2.2	1,319.0
2	24.4	5.6	20.1	4.1	4.9	1.2	5.5	1.1	1,449.0
3	23.2	6.3	22.3	4.2	5.2	1.3	5.1	1.4	992.0
4+	20.0	4.5	25.7	5.4	5.8	1.7	4.5	1.2	1,243.0
Domains									
City corporations	25.3	7.6	10.6	2.5	5.3	1.4	7.0	1.7	2,906.0
District municip.	19.5	4.4	31.7	6.8	4.3	1.1	2.9	1.3	2,113.0
Thana municip.	23.0	6.3	27.5	4.5	3.0	0.8	3.6	1.4	672.0
Total	22.9	6.3	20.4	4.3	4.7	1.2	5.1	1.5	5,691.0

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

Table 9.15B Use of hospitals/clinics in the last three months, urban non-NSDP areas

Percentage of women who have ever used hospital/clinic and used clinic in the last three months, by type of clinic identified, urban non-NSDP areas, 2003.

Background characteristics	NSDP NGO		Public sector		Private		Other		Number
	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	Ever gone to hospital/ clinic	Gone in the last three months	
Age									
15-19	8.2	5.2	27.4	8.3	8.8	3.1	13.1	7.9	405.0
20-24	2.2	0.6	40.7	10.6	10.8	2.8	12.9	5.8	806.0
25-29	2.2	1.5	41.7	11.2	15.4	2.9	11.8	4.3	723.0
30-39	3.7	1.5	43.3	8.3	14.6	2.2	10.5	1.8	818.0
40-49	1.5	0.1	42.0	9.1	15.3	2.7	11.0	2.3	1,427.0
Marital status									
Currently married	3.0	1.3	40.6	9.6	13.6	2.7	12.0	4.0	3,893.0
Separated	1.4	0.0	41.3	6.0	13.3	4.2	3.4	0.9	59.0
Deserted	1.7	0.0	30.6	4.4	15.4	0.0	9.3	0.0	43.0
Divorced	0.0	0.0	26.4	10.8	7.7	1.8	13.1	13.0	35.0
Widowed	0.0	0.0	40.3	8.7	16.0	2.2	8.4	0.0	169.0
Highest educational level									
No education	2.6	0.7	43.1	7.2	7.2	0.9	10.0	3.0	1,238.0
Primary	2.8	1.5	43.0	10.8	12.1	3.5	13.3	5.1	1,031.0
Secondary	3.4	1.9	39.3	11.7	17.9	3.1	12.2	4.1	1,433.0
Higher secondary	2.5	0.0	36.1	5.7	17.3	4.5	11.6	3.1	288.0
College/university	0.6	0.0	24.2	5.6	24.6	4.2	10.9	2.0	212.0
Household asset quintile									
Poorest	2.7	1.1	45.5	9.3	6.7	1.0	9.3	3.2	843.0
2	3.6	1.9	42.3	10.2	7.0	1.6	13.9	7.0	850.0
3	2.6	0.7	43.9	12.0	13.0	3.5	11.3	4.1	843.0
4	3.4	1.9	36.3	8.1	20.4	3.2	12.2	2.7	831.0
Richest	1.7	0.2	33.7	7.6	21.2	4.3	11.8	2.4	835.0
Number of living children									
0	5.5	3.8	22.9	8.2	10.3	3.4	8.1	3.3	454.0
1	2.2	0.8	38.5	8.2	13.5	2.1	12.4	5.4	1,048.0
2	2.5	0.9	40.5	10.0	15.7	2.7	13.9	3.6	1,198.0
3	2.1	1.4	46.1	12.2	14.3	2.4	11.6	2.8	743.0
4+	3.2	0.4	47.6	8.4	11.8	3.3	9.4	3.5	757.0
Total	2.8	1.2	40.4	9.4	13.6	2.7	11.7	3.9	4,201.0

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

Use of Static Clinics/Hospitals Identified as Providing Health and Family Planning Services

Table 9.16 provides the percentages that ever used a hospital/clinic (by type of hospital/clinic) and used one in the three months preceding interview. In NSDP areas, nearly 23% had used the NSDP static clinic for obtaining health and /or family services. Next most widely used were public hospitals/ medical colleges (12.1%). NSDP static clinics were most commonly used in city corporations (25.3%) and least so in district municipalities (19.5%). Only 6.3% reported that they visited an NSDP static clinic to obtain health and/or family-planning services in the three months preceding interview. The figure for public sector clinics was lower (4.3%).

In city corporations, NSDP clinics were far more likely to be used than public sector facilities (25.3% versus 10.6%). In district and thana municipalities, public sector facilities were more likely to have ever been used (31.7% versus 19.5% and 27.5% versus 23.0%, respectively).

NSDP clinics were relatively more popular in NSDP areas, while government clinics were more so in non-NSDP areas. Both ever use and recent use of NSDP hospitals/clinics increased between the 2001 and 2003 surveys: from 10.0% to 22.9% and from 4.0% to 6.3%, respectively.

Table 9.16 Use of hospitals/clinics ever and during past three months

Percentage of women identifying a hospital/clinic who have ever used specific services at hospitals/clinics by type of clinic, Urban NSDP and Urban non-NSDP areas.

Source	Ever gone to hospital/clinic					Gone in the last three months				
	Project areas				Non-project areas	Project areas				Non-project areas
	City corporations	District municipalities	Thana municipalities	Overall		City corporations	District municipalities	Thana municipalities	Overall	
PUBLIC SECTOR	10.6	31.7	27.5	20.4	40.4	2.5	6.8	4.5	4.3	9.4
..Hospital/medical college	7.6	21.1	3.7	12.1	25.5	2.0	4.4	1.1	2.8	6.4
..Family welfare center	0.1	0.5	1.2	0.4	2.3	0.0	0.2	0.1	0.1	0.7
..Thana health complex	0.2	0.3	21.0	2.7	2.2	0.1	0.0	2.9	0.4	0.6
..MCWC	2.7	9.8	1.6	5.2	5.7	0.4	2.1	0.5	1.1	1.0
..Dispensary/community clinic	0.1	0.0	0.0	0.1	4.6	0.0	0.0	0.0	0.0	0.8
NSDP static clinic	25.3	19.5	23.0	22.9	2.8	7.6	4.4	6.3	6.3	1.2
BPHC static clinic	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1
OTHER NGO	6.7	2.9	3.6	4.9	11.5	1.7	1.3	1.3	1.5	3.8
..Hospital	2.1	0.6	3.3	1.7	5.0	0.7	0.2	1.2	0.5	1.1
..NGO clinic	4.6	2.3	0.3	3.3	6.5	1.0	1.1	0.1	0.9	2.7
PRIVATE MEDICAL SECTOR	5.3	4.3	3.0	4.7	13.6	1.4	1.1	0.8	1.2	2.7
..Private clinic/doctor	5.1	4.2	2.9	4.5	13.3	1.4	1.0	0.6	1.2	2.6
..Traditional doctor	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.1	0.0	0.0
..Pharmacy	0.2	0.1	0.0	0.1	0.2	0.1	0.0	0.0	0.0	0.1
Other	0.3	0.0	0.1	0.2	0.1	0.1	0.0	0.1	0.0	0.0
DK clinic/DK type	0.1	0.0	0.0	0.1	0.2	0.0	0.0	0.0	0.0	0.0
Missing	0.1	0.3	0.1	0.2	0.0	0.0	0.0	0.1	0.0	0.0
Number	2,906.0	2,113.0	672.0	5,691.0	4,201.0	2,906.0	2,113.0	672.0	5,691.0	4,201.0

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

9.12 Use of ESP at Hospital/Clinics

Table 9.17 provides the distribution of services used at hospitals/static clinics across those who had ever used these facilities. In NSDP areas, the most popular services (in terms of ever being used) at NSDP static clinics were related to child health, 23.3% (this was roughly evenly divided between EPI services and general childhood curative care). Next most popular services were maternal health services, 15.2% (such as ANC, 10.7%, and TT vaccinations, 9.3%). Family planning services were also commonly used (12.3%), most of which reflected clinical methods (7.6%). Government, private, or other hospitals/clinics were also widely used for child and maternal health related services. However, government and other hospitals/clinics were more frequently used for maternal and child health related services. Between the 2001 and 2003 surveys, the ever use of NSDP clinics decreased slightly, specifically, for child health related services, maternal health related services and family planning services. Table 9.18 provides similar statistics for the past three months.

Table 9.17 ESP ever used at hospitals/clinics

Percentage of women identifying a hospital/clinic who have ever used specific services at hospital s/clinics, by type of clinic, urban NSDP/non-NSDP areas, 2003.

	Project areas				Non-project areas			
Services	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other
Family planning	12.3	9.2	3.3	14.7	24.4	10.0	6.0	14.0
..Clinical methods	7.6	6.7	1.6	9.6	14.1	6.3	3.0	8.5
..Non clinical methods	4.0	2.8	0.2	3.9	10.9	3.6	0.7	6.8
..Advise for side effects	1.7	0.4	1.6	2.1	5.3	1.5	2.4	1.7
Maternal health	15.2	23.1	17.5	34.3	41.7	26.6	22.2	31.6
..Antenatal care	10.7	13.9	12.7	22.8	26.2	18.1	17.7	23.2
..Postnatal care	1.9	8.8	12.6	9.6	6.9	12.5	14.8	12.6
..Tetanus	9.3	13.7	4.1	23.9	27.0	14.6	10.1	22.1
Child health	23.3	38.4	30.2	40.1	31.5	35.5	31.9	38.2
..EPI	12.1	11.4	3.0	23.9	21.1	10.4	4.2	23.2
..Diarrhea treatment	0.4	2.7	1.5	1.8	0.0	2.9	1.6	2.1
..ARI treatment	0.7	2.2	1.2	0.3	0.8	1.0	1.3	0.3
..Vitamin A	2.0	1.3	0.2	4.9	0.7	1.4	1.1	2.5
..General illnesses	10.1	24.7	23.3	15.6	10.3	22.6	23.5	15.0
..Other child care	3.3	6.2	4.5	4.0	3.2	5.3	7.0	6.0
Other reproductive health	0.6	0.9	0.6	0.8	0.1	0.9	0.6	0.3
..Treatment of RTI/STD	0.6	0.9	0.6	0.8	0.1	0.9	0.6	0.3
General health	6.8	24.2	28.6	11.8	15.9	31.1	28.9	14.6
Other	2.2	3.2	4.4	2.8	0.0	3.4	6.6	4.2
DK/missing	0.6	0.5	0.7	0.1	0.6	0.2	0.0	0.3
Number	2,915.0	1,632.0	396.0	399.0	165.0	2,249.0	793.0	772.0

Note: Numerator is number of women identifying services ever used at a specific type of satellite clinic; denominator is number of women identifying a specific clinic in her area of residence and who ever used that clinic.

9.13 Assessment of Quality of Care at Hospital/Clinics

Women who had used a hospital/clinic in the past three months were asked a series of questions regarding the quality of the care, payment for services, and average travel and waiting times. Table 9.19 presents this information for both NSDP and non-NSDP areas.

In NSDP areas, the majority of users of NSDP clinics (95.1%) reported that staff spent enough time for them during their last visit, 90.3% felt that they talked to them nicely, and 97.6% reported that they provided enough attention to their needs. The average travel time to an NDSP clinic was 13.1 minutes, while the average waiting time was 20.8 minutes. Around 86% reported that they paid for their last visit. In most cases, they paid the exact amount charged. There generally were no substantial differences in the perception of quality of treatment between users of NSDP clinics, government hospital/clinics, private clinics, and other clinics. However, only a small percentage of users of government hospitals/clinics paid for services. Users of government hospitals/clinics also recalled longer travel and waiting times. The average waiting time was substantially lower at private hospital/clinics.

There was little variation in the perception of the quality of care between the project and the non-project areas. Mean waiting time at NSDP clinics decreased from 29.8 minutes in 2001 to 20.8 in 2003.

Table 9.18 ESP used at hospitals/clinics in the past three months

Percentage of women identifying a hospital/clinic who have used specific services in the past three months at hospitals/clinics by type of clinic, urban NSDP/non-NSDP areas, 2003.

	Project areas																							
	City corporations				District municipalities				Thana municipalities				Overall				Non-project areas				Total			
	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other
Family planning	4.3	0.6	1.6	2.6	3.4	3.1	0.0	8.4	5.2	1.2	0.0	1.7	4.1	2.0	1.0	3.7	8.7	2.6	0.7	5.6	4.3	2.4	0.8	5.1
..Clinical methods	2.4	0.4	1.0	1.9	2.1	2.1	0.0	7.3	3.9	1.0	0.0	1.7	2.5	1.5	0.6	3.0	8.0	1.3	0.0	3.3	2.8	1.4	0.2	3.2
..Non –clinical methods	1.4	0.2	0.0	0.7	1.1	0.8	0.0	1.1	1.0	0.2	0.0	0.0	1.3	0.5	0.0	0.8	1.4	1.0	0.2	2.1	1.3	0.8	0.1	1.7
..Advise for side effects	0.5	0.0	0.6	0.0	0.3	0.2	0.0	0.0	0.4	0.0	0.0	0.0	0.4	0.1	0.4	0.0	0.0	0.3	0.6	0.3	0.4	0.2	0.5	0.2
Maternal health	2.2	1.9	2.0	7.3	1.6	2.7	0.6	7.3	3.4	1.3	3.0	1.7	2.2	2.2	1.6	6.8	13.7	2.0	1.4	4.3	2.8	2.1	1.5	5.1
..Antenatal care	1.7	1.7	1.0	6.2	0.8	1.3	0.6	7.0	2.4	1.1	3.0	0.0	1.5	1.4	1.0	5.8	11.2	1.4	0.9	2.9	2.0	1.4	0.9	3.9
..Postnatal care	0.1	0.2	2.0	1.4	0.0	0.2	0.0	1.1	0.2	0.5	0.0	1.7	0.1	0.3	1.2	1.4	0.6	0.5	0.3	0.4	0.1	0.4	0.6	0.7
..Tetanus	0.8	1.4	0.0	1.3	1.2	2.0	0.0	2.2	1.7	0.2	0.1	0.0	1.0	1.5	0.0	1.4	7.4	0.6	0.6	2.1	1.4	1.0	0.4	1.9
Child health	6.4	9.5	9.4	8.1	3.0	5.9	11.2	9.8	4.7	3.6	9.3	15.6	5.1	6.5	10.0	9.1	5.1	7.6	6.6	9.8	5.1	7.1	7.7	9.6
..EPI	2.9	0.5	0.8	3.3	1.6	1.2	0.7	2.5	1.3	0.3	0.0	0.7	2.3	0.8	0.7	2.9	0.9	0.9	0.3	4.8	2.2	0.9	0.4	4.1
..Diarrhea treatment	0.1	0.0	0.7	0.6	0.1	0.4	0.0	0.0	0.0	0.3	0.0	0.0	0.1	0.3	0.4	0.5	0.0	0.5	0.3	0.6	0.1	0.4	0.3	0.5
..ARI treatment	0.1	0.2	0.7	0.0	0.2	0.2	1.1	0.0	0.0	0.0	0.0	0.4	0.1	0.2	0.8	0.0	0.5	0.1	0.3	0.2	0.2	0.1	0.4	0.2
..Vitamin A	0.9	0.0	0.0	0.6	0.4	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.6	0.0	0.0	0.4	0.0	0.2	0.1	0.0	0.6	0.1	0.0	0.1
..General illnesses	2.6	6.4	6.3	3.0	1.1	4.0	9.5	5.6	2.9	2.8	8.4	14.1	2.1	4.4	7.5	4.5	0.0	5.9	4.9	3.7	2.0	5.3	5.8	4.0
..Other child care	1.2	2.9	1.5	1.2	0.3	0.8	3.1	1.8	0.4	0.2	0.9	0.4	0.8	1.3	2.0	1.2	3.7	1.4	1.2	2.3	1.0	1.3	1.4	1.9
Other reproductive health	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.0	1.3	0.5	0.0	0.2	0.2	0.0	0.0	0.0	0.3	0.3	0.0	0.2	0.3	0.2	0.0
..Treatment of RTI/STD	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.0	1.3	0.5	0.0	0.2	0.2	0.0	0.0	0.0	0.3	0.3	0.0	0.2	0.3	0.2	0.0
General health	1.8	4.1	5.4	1.0	1.5	4.7	7.1	9.9	1.9	3.1	6.5	7.7	1.7	4.2	6.0	3.5	3.1	5.6	5.6	1.6	1.8	5.0	5.7	2.3
Other	0.8	1.5	0.3	0.6	0.3	0.5	0.0	1.1	0.1	0.1	0.0	0.4	0.6	0.7	0.2	0.7	0.0	0.9	1.6	0.7	0.5	0.8	1.1	0.7
DK/missing	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.1	0.0	0.1	0.0
Number	1,614.0	450.0	241.0	280.0	1,002.0	877.0	127.0	83.0	299.0	305.0	28.0	36.0	2,915.0	1,632.0	396.0	399.0	165.0	2,249.0	793.0	772.0	3,080.0	3,881.0	1,189.0	1,171.0

Note: Numerator is number of women identifying services used in the past three months at a specific type of hospital/clinic; denominator is number of women identifying a specific clinic in her area of residence and who used that clinic in the past three months.

Table 9.19 Quality of hospitals/clinics

Women's perceptions of quality of treatment at hospitals/clinics in the most recent visit in the past three months by type of clinic identified, urban NSDP/non-NSDP areas, 2003.

	Project areas				Non-project areas			
	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other
Spent enough time								
Yes	95.1	93.1	96.6	99.8	100.0	95.1	94.9	97.4
No	4.6	6.5	3.4	0.2	0.0	4.9	2.6	2.6
Missing	0.3	0.4	0.0	0.0	0.0	0.0	2.4	0.0
Talked to her nicely								
Nicely	90.3	86.7	96.7	88.9	97.1	86.7	88.0	85.2
Somewhat	9.4	12.1	3.3	11.1	2.0	10.6	8.7	13.9
Not nicely	0.1	1.2	0.0	0.0	0.0	2.7	1.9	0.9
Missing	0.2	0.0	0.0	0.0	0.9	0.0	1.4	0.0
Gave enough attention to her needs								
Yes	97.6	96.5	100.0	96.7	100.0	95.4	94.7	98.7
No	2.2	3.5	0.0	3.3	0.0	4.6	3.9	1.3
Missing	0.2	0.0	0.0	0.0	0.0	0.0	1.4	0.0
How long to get there - minutes								
Mean (minutes)	13.1	40.2	17.1	17.5	14.2	20.6	22.2	10.5
Waiting time - minutes								
Mean (minutes)	20.8	35.0	16.9	23.5	17.8	34.0	20.4	24.0
Paid for services								
Yes	85.8	48.6	89.2	87.4	95.8	50.1	89.7	81.8
No	13.0	51.4	10.8	12.6	4.2	49.9	8.9	18.2
Missing	1.1	0.0	0.0	0.0	0.0	0.0	1.4	0.0
Paid full amount								
Same amount	81.9	45.4	73.8	85.2	88.1	48.0	78.0	73.2
More	0.7	1.2	3.8	0.0	3.7	0.7	3.1	1.7
Less	3.2	1.7	10.8	2.1	4.0	1.4	8.6	7.0
Credit	0.0	0.3	0.9	0.0	0.0	0.0	0.0	0.0
Number	357.0	246.0	70.0	85.0	50.0	397.0	113.0	163.0

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

9.14 Source of Health Information and Services in the Areas

Tables 9.20A and 9.20B show the percentage able to get health information and/or supplies of pills, condoms, ORS, or vitamin A from someone affiliated with an organization in their area. In NSDP areas, about 25% were able to get this information and supplies (such as, pill, condoms, ORS or vitamin A capsule) from someone. Of those, 34.6% mentioned they could get these from government family planning workers. Other NGO workers were the second most commonly mentioned sources of information/supply (22%), followed by other workers (21%). Only 12.5% mentioned an NSDP worker. This is not necessarily surprising, given that the NSDP does not have any fieldworkers in urban areas other than those working for satellite clinics and depot-holders. There were noticeable differences in source of information and services across background characteristics. Women were more likely to receive health information and family planning supplies from a community worker if they had less education, were in the lowest asset quintile, had four or more living children, or lived in thana municipalities.

Around 25.9% in non-project areas were able to receive health information and/or supplies from a local community worker. Few in non-NSDP areas mentioned NSDP workers as their source. The most frequently mentioned source was government family planning workers (40.7%), followed by other NGO workers (29.4%), other workers (13.2%), government health workers (10.9%), and finally NSDP depot-holders (3.1%).

Health and Family Planning Information Received in the Past Three Months

Tables 9.21A and 9.21B present the percentage who received specific information about health or family planning services from a provider in the three months preceding interview. In NSDP areas, the most common type of information conveyed by an NSDP worker regarded family planning information (18.9%). The next most common type of information was related to child health (5.7%). Essentially the same pattern emerged in non-NSDP areas.

Table 9.20A Source of health information and services in urban NSDP areas

Percentage of women who report being able to get health information or supplies of pills, condoms, ORS , or vitamin A from someone affiliated with an organization in their area, urban NSDP areas, 2003.

Background characteristics	Anybody with information on health, pill supplies	Number	Organization								Number
			NSDP depotholder	BRAC shasthashabika	Government family planning worker	Government health worker	Other NGO worker	BPHC	Other	DK/missing	
Age											
15-19	24.2	640.0	12.8	1.8	29.9	3.7	15.1	0.0	27.0	10.6	155.0
20-24	23.6	1,036.0	14.8	0.5	29.1	3.1	26.3	1.0	22.6	6.4	244.0
25-29	29.4	1,035.0	10.8	0.4	39.7	3.9	22.4	0.0	18.9	6.3	304.0
30-39	26.5	1,091.0	12.5	1.2	35.0	3.8	20.1	0.0	22.1	6.5	289.0
40-49	24.0	1,859.0	12.1	0.9	35.7	5.1	22.7	0.0	19.2	5.0	447.0
Marital status											
Married	25.7	5,218.0	12.9	0.8	34.2	4.2	21.9	0.2	21.4	6.1	1,342.0
Separated	21.1	98.0	2.4	8.8	12.6	2.4	19.6	0.0	32.5	21.8	21.0
Deserted	19.0	68.0	0.0	0.0	67.9	0.0	5.5	0.0	20.0	6.6	13.0
Divorced	22.8	63.0	15.3	0.0	54.2	0.0	30.5	0.0	0.0	0.0	14.0
Widowed	22.4	245.0	8.8	2.1	38.1	5.5	25.6	0.0	12.8	9.0	55.0
Highest educational level											
No education	25.2	1,849.0	16.8	1.6	32.7	3.0	21.8	0.2	20.0	5.0	467.0
Primary	30.5	1,352.0	11.5	0.6	33.7	2.6	19.1	0.3	27.9	5.5	413.0
Secondary	24.7	1,829.0	10.4	0.8	34.5	6.0	25.6	0.0	17.5	7.9	452.0
Higher secondary	16.7	333.0	7.8	0.0	46.1	9.9	10.0	0.0	15.3	13.6	56.0
College/ university	17.4	328.0	5.9	0.0	46.6	4.7	27.4	0.0	12.9	5.2	57.0
Household asset quintile											
Poorest	32.8	1,126.0	21.5	2.0	37.4	1.7	18.0	0.3	16.0	3.6	369.0
2	28.4	1,145.0	12.4	0.9	31.3	5.1	21.3	0.4	27.4	4.6	326.0
3	27.0	1,138.0	10.9	0.4	29.9	3.1	24.1	0.0	25.2	8.3	307.0
4	22.5	1,156.0	6.0	0.0	35.3	3.4	25.9	0.0	20.2	10.4	260.0
Richest	16.2	1,126.0	6.5	1.1	41.5	10.2	22.2	0.0	14.1	6.2	182.0
Number of living children											
0	18.9	689.0	16.3	2.3	30.0	4.7	22.8	0.0	23.3	7.7	130.0
1	22.9	1,319.0	8.9	1.2	32.4	3.7	22.5	0.0	23.6	8.5	303.0
2	27.0	1,449.0	10.9	0.3	33.9	5.5	24.9	0.6	17.8	7.4	391.0
3	25.4	992.0	12.9	1.8	35.2	4.0	24.4	0.0	19.6	4.7	252.0
4+	29.7	1,243.0	15.5	0.4	38.3	3.0	16.5	0.0	22.5	4.2	369.0
Domains											
City corp.	18.0	2,906.0	10.4	0.3	18.0	3.1	31.2	0.0	27.6	10.4	524.0
District munic.	28.7	2,113.0	8.5	0.3	35.6	5.3	23.7	0.4	22.1	5.3	607.0
Thana munic.	46.7	672.0	23.7	3.1	60.1	3.7	3.2	0.0	8.0	1.8	314.0
Total	25.4	5,691.0	12.5	0.9	34.6	4.2	22.0	0.2	21.0	6.4	1,444.0

Table 9.20B Source of health information and services in urban non-NSDP areas

Percentage of women who report being able to get health information or supplies of pills, condoms, ORS, or vitamin A from someone affiliated with an organization in their area, urban non-NSDP areas, 2003.

Background characteristics	Anybody with information on health, pill supplies could get information	Number	NSDP depotholder	BRAC shasthashabika	Government family planning worker	Government health worker	Other NGO worker	BPHC	Other	DK/missing	Number
Age											
15-19	31.6	405.0	0.1	0.0	38.4	7.4	31.6	0.0	16.1	6.8	128.0
20-24	23.0	806.0	5.1	0.0	30.6	12.5	40.6	0.0	10.9	2.1	186.0
25-29	30.7	723.0	0.5	0.0	42.9	11.5	29.9	0.0	14.3	1.6	222.0
30-39	25.0	818.0	1.8	0.0	41.7	12.8	28.2	1.1	11.4	3.1	204.0
40-49	24.0	1,427.0	5.9	0.5	45.8	9.9	22.0	0.4	13.4	3.5	342.0
Marital status											
Married	26.6	3,893.0	3.3	0.2	40.2	10.8	29.7	0.3	13.1	3.3	1,035.0
Separated	14.9	59.0	0.0	0.0	34.3	13.2	24.1	0.0	28.4	0.0	9.0
Deserted	12.7	43.0	0.0	0.0	71.0	0.0	24.6	0.0	0.0	4.4	6.0
Divorced	13.8	35.0	0.0	0.0	72.3	23.8	1.0	0.0	2.9	0.0	5.0
Widowed	19.8	169.0	0.0	0.2	48.2	13.0	24.1	0.0	14.7	0.0	33.0
Highest educational level											
No education	27.3	1,238.0	2.5	0.0	42.4	9.8	29.5	0.6	13.3	2.8	338.0
Primary	27.8	1,031.0	4.1	0.2	39.5	11.8	31.0	0.0	12.1	2.6	287.0
Secondary	27.5	1,433.0	3.0	0.3	41.5	10.8	28.0	0.0	13.6	3.3	394.0
Higher secondary	15.9	288.0	4.6	0.0	29.2	14.3	26.0	2.6	14.7	8.6	46.0
College/university	10.7	212.0	0.0	0.0	42.1	7.7	35.9	0.0	14.2	0.0	23.0
Household asset quintile											
Poorest	40.4	843.0	1.6	0.0	40.6	11.3	31.4	0.0	14.4	2.0	340.0
2	32.1	850.0	2.6	0.0	41.5	10.5	32.0	0.0	11.9	2.8	273.0
3	24.6	843.0	5.6	0.8	41.1	13.7	20.2	1.1	13.7	4.0	207.0
4	17.9	831.0	3.2	0.0	40.0	7.5	29.7	0.8	13.9	4.9	148.0
Richest	14.2	835.0	4.6	0.0	39.5	9.7	32.9	0.0	10.6	3.7	119.0
Number of living children											
0	20.9	454.0	0.0	0.0	38.9	12.2	31.9	0.0	11.3	5.7	95.0
1	22.2	1,048.0	3.3	0.0	39.5	10.7	29.0	0.0	14.4	4.7	233.0
2	28.8	1,198.0	1.3	0.3	40.6	11.7	30.0	0.6	13.5	2.4	345.0
3	26.4	743.0	7.4	0.0	41.0	8.7	31.4	0.6	10.2	2.7	197.0
4+	28.9	757.0	3.4	0.2	42.9	11.1	25.8	0.0	14.8	2.0	219.0
Total	25.9	4,201.0	3.1	0.2	40.7	10.9	29.4	0.3	13.2	3.1	1,088.0

Table 9.21A Health or family planning information received in the past three months, urban NSDP areas

Percentage of women who mention receiving specific information about health or family planning from a provider in the past three months by provider type, urban NSDP areas, 2003.

Information received	NSDP depotholder	BRAC shasthashabika	Government family planning worker	Government health worker	Other NGO worker	BPHC	Other	DK/missing
Family planning	18.9	5.1	20.0	18.0	29.9	0.0	26.1	15.8
Advice for side effects of treatment	4.4	0.0	2.2	0.7	3.4	0.0	5.4	0.0
Maternal health	5.6	8.2	2.7	6.2	2.7	0.0	7.3	1.8
Child health	5.7	0.0	1.9	5.3	2.4	0.0	3.6	3.4
Diarrhea treatment/ORS	0.6	0.0	0.0	5.5	1.0	0.0	0.0	0.0
ARI treatment	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0
Vitamin A	3.1	0.0	1.7	1.5	2.8	0.0	3.2	2.6
Illnesses	3.8	0.0	1.7	4.7	4.5	0.0	5.5	0.0
Other child care	4.1	0.0	1.6	2.0	4.5	0.0	1.9	1.1
Other reproductive health treatment of RTI/STD	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
General health	2.1	0.0	1.3	3.8	2.0	0.0	3.3	0.0
Other	0.0	0.0	0.7	0.0	0.1	0.0	0.2	2.6
Don't know/missing	0.4	0.0	0.0	3.5	0.0	0.0	0.3	0.0
Total	181.0	13.0	499.0	60.0	317.0	2.0	304.0	92.0

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

Table 9.21B Health or family planning information received in the past three months, urban non-NSDP areas

Percentage of women who mention receiving specific information about health or family planning from a provider in the past three months by provider type, urban non-NSDP areas, 2003.

Information received	NSDP depotholder	BRAC shastha-shabika	Government family planning worker	Government health worker	Other NGO worker	BPHC	Other	DK/missing
Family planning	52.5	0.0	25.6	29.4	31.0	35.3	25.4	16.7
Advice for side effects of treatment	0.0	0.0	3.3	4.1	7.5	64.7	4.2	0.0
Maternal health	3.5	69.5	3.2	8.7	3.3	0.0	8.7	0.0
Child health	7.0	0.0	2.3	12.5	2.3	0.0	6.4	2.4
Diarrhea treatment/ORS	0.0	0.0	0.6	0.0	0.1	0.0	1.1	0.0
ARI treatment	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0
Vitamin A	0.0	0.0	0.1	1.0	0.4	0.0	1.7	0.0
Illnesses	4.5	0.0	0.6	5.8	2.5	64.7	5.4	0.7
Other child care	3.5	0.0	0.6	3.4	1.9	0.0	3.6	0.0
Other reproductive health treatment of RTI/STD	0.0	0.0	0.2	0.0	0.0	0.0	0.6	0.0
General health	2.7	4.5	1.9	5.7	2.8	0.0	4.7	5.4
Other	0.0	0.0	0.3	0.0	0.6	0.0	0.0	0.0
Don't know/missing	4.6	0.0	0.1	0.9	0.6	0.0	0.0	0.0
Total	34.0	2.0	443.0	118.0	319.0	3.0	143.0	34.0

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

Health and Family Planning Services Received in the Past Three Months

Tables 9.22A and 9.22B present the percentage who received health or family planning services and supplies in the past three months (by provider type). Only 12% received services from an NSDP depot-holder (against 17.8% for government family planning workers, 15.7% for government health workers, and 18.4% for other NGO workers). On the other hand, in non-NSDP areas, 41.8% received services from NSDP depot-holders, 17.8% from government family planning workers, and 18.5% from government health workers.

In NSDP areas, family planning related information (specifically, that related to oral contraceptive pills) was the most commonly received information from any type of provider. Family planning information was most common in non-NSDP areas as well.

Referral to Health or Family Planning Services in the Past Three Months

Tables 9.23A and 9.23B present the percentage referred to a satellite or static clinic for health or family planning services in the past three months (by provider type). In NSDP areas, 12.7% were referred to a satellite or static clinic for health and family planning services by NSDP depot-holders, 10.7% by other NGO workers, 5.8% by government family planning workers, and 10.7% by government health workers. In non-NSDP areas, other NGO workers referred more cases than any other type of workers.

In NSDP areas, home visits in the last three months by BRAC Shasthashabika had the widest reach (55.5%), followed by other NGO workers (39.7%), and others (39.4%). Almost 38% were visited by NSDP depot-holders. In non-NSDP areas, BRAC Shasthashabika also had the widest reach (69.5%), followed by NSDP depot-holders (62.6%).

Attendance at Community Meetings

Table 9.24 shows the percentage who attended a meeting organized by a community mobilizer/ service promoter. Only a small proportion (2.3%) in NSDP areas reported attending a meeting organized by a community mobilizer/service promoter.

Table 9.22A Health or family planning services received in the past three months, urban NSDP areas

Percentage of women who received health or family planning services from a provider in the past three months and type of supplies received, by provider type, urban NSDP areas, 2003.

	NSDP depotholder	BRAC shasthashabika	Government family planning worker	Government health worker	Other NGO worker	BPHC	Other	DK/missing
Received FP or health services last 3 months								
Yes	12.0	5.1	17.8	15.7	18.4	0.0	16.8	4.3
Total number	181.0	13.0	499.0	60.0	317.0	2.0	304.0	91.0
What services where received								
Oral pill	42.4	16.0	82.5	55.5	55.6	-	34.7	51.5
Condom	0.0	0.0	8.8	6.1	21.1	-	12.0	0.0
Other family planning method	42.2	0.0	1.7	6.2	7.6	-	43.6	48.5
ORS	0.0	0.0	0.0	0.0	5.3	-	3.3	0.0
Vitamin A	5.8	0.0	0.6	9.5	6.3	-	1.4	0.0
Child health	12.3	0.0	4.6	0.0	4.8	-	3.0	0.0
Other	5.2	84.0	0.8	0.0	1.1	-	5.3	0.0
Missing	0.0	0.0	1.6	22.7	0.0	-	0.0	0.0
Number saying "yes"	22.0	1.0	89.0	9.0	58.0	0.0	51.0	4.0

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

Table 9.22B Health or family planning services received in the past three months, urban non-NSDP areas

Percentage of women who received health or family planning services from a provider in the past three months and type of supplies received, by provider type, urban non-NSDP areas, 2003.

	NSDP depotholder	BRAC shasthashabika	Government family planning worker	Government health worker	Other NGO worker	BPHC	Other	DK/missing
Received FP or health services last 3 months								
Yes	41.8	0.0	17.8	18.5	20.9	35.3	12.9	4.3
Total number	34.0	2.0	443.0	118.0	319.0	3.0	143.0	34.0
What services where received								
Oral pill	90.8	-	67.5	60.0	32.2	0.0	25.3	2.6
Condom	8.4	-	19.9	4.7	13.5	100.0	21.3	81.0
Other family planning method	0.8	-	9.7	5.7	16.0	0.0	12.5	0.0
ORS	0.0	-	3.1	0.0	0.0	0.0	18.8	0.0
Vitamin A	0.0	-	0.1	0.0	2.7	0.0	0.0	0.0
Child health	0.0	-	1.6	27.6	11.9	0.0	22.2	0.0
Other	0.0	-	4.3	2.0	23.0	0.0	0.0	16.4
Missing	0.0	-	0.0	0.0	2.3	0.0	0.0	0.0
Number saying "yes"	14.0	0.0	79.0	22.0	67.0	1.0	18.0	1.0

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

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

Table 9.23A Referral to health or family planning services in the past three months, urban NSDP areas

Percentage of women who were referred to any satellite or static clinic for health or family planning services by a provider in the past three months by provider type, urban NSDP areas, 2003.

Referral	NSDP depotholder	BRAC shasthashabika	Government family planning worker	Government health worker	Other NGO worker	BPHC	Other	DK/missing
Referred to a satellite or static clinic								
Yes	12.7	0.0	5.8	10.7	10.7	0.0	16.8	2.6
Visited home last 3 months								
Yes	37.6	55.5	33.8	31.5	39.7	0.0	39.4	24.6
Total	181.0	13.0	499.0	60.0	317.0	2.0	304.0	91.0
For what services								
Clinical method	42.8	-	7.4	0.0	13.1	-	32.9	0.0
Non-clinical method	13.0	-	16.0	0.0	26.9	-	19.4	0.0
Advice for side effects of treatment	10.4	-	30.8	16.9	13.3	-	9.8	0.0
Antenatal care	18.1	-	2.6	0.0	10.3	-	14.9	0.0
Postnatal care	0.0	-	0.0	0.0	7.0	-	2.9	0.0
Tetanus	8.0	-	0.4	0.0	13.2	-	11.8	0.0
EPI	6.6	-	23.9	0.0	3.3	-	9.8	0.0
Diarrhea treatment/ORS	0.0	-	0.0	0.0	0.0	-	0.0	0.0
ARI treatment	0.0	-	6.0	26.8	0.0	-	0.0	0.0
Vitamin A	2.7	-	24.1	40.6	0.0	-	1.4	0.0
Illnesses	7.4	-	0.0	26.8	4.9	-	12.1	0.0
Other child care	10.2	-	2.0	9.4	0.0	-	2.2	0.0
Other reproductive health treatment of RTI/STD	0.0	-	0.0	0.0	2.3	-	0.0	0.0
General health	8.3	-	18.1	0.0	17.6	-	12.6	0.0
Other	4.2	-	2.8	0.0	0.0	-	0.0	100.0
Missing	0.0	-	2.0	33.1	11.0	-	0.0	0.0
Number	23.0	0.0	29.0	6.0	34.0	0.0	51.0	2.0

Note: Numerator is the number of women who were referred to any satellite or static clinic for health or family planning services by a provider in the past three months; denominator is the number of women who report knowing a specific provider who supplies health and family planning information.

Table 9.23B Referral to health or family planning services in the past three months, urban non-NSDP areas

Percentage of women who were referred to any satellite or static clinic for health or family planning services by a provider in the past three months by provider type, urban non-NSDP areas, 2003.

Referral	NSDP depotholder	BRAC shasthashabika	Government family planning worker	Government health worker	Other NGO worker	BPHC	Other	DK/missing
Referred to a satellite or static clinic								
Yes	8.5	4.5	8.4	9.4	25.7	0.0	12.1	8.7
Visited home last 3 months								
Yes	62.6	69.5	47.3	48.8	48.8	35.3	51.2	16.2
Total	34.0	2.0	443.0	118.0	319.0	3.0	143.0	34.0
For what services								
Clinical method	0.0	0.0	39.4	16.4	16.4	-	34.1	0.0
Non-clinical method	0.0	0.0	7.8	33.5	30.3	-	18.6	0.0
Advice for side effects of treatment	0.0	0.0	17.3	8.2	16.9	-	0.8	0.0
Antenatal care	0.0	0.0	10.1	0.0	5.0	-	0.8	0.0
Postnatal care	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0
Tetanus	31.4	0.0	5.1	6.7	11.2	-	0.8	59.7
EPI	0.0	0.0	5.1	11.7	16.0	-	15.9	0.0
Diarrhea treatment/ORS	0.0	0.0	0.0	0.0	0.0	-	8.8	0.0
ARI treatment	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0
Vitamin A	14.7	0.0	0.0	13.3	1.6	-	15.9	0.0
Illnesses	0.0	0.0	13.5	10.8	18.1	-	21.0	0.0
Other child care	0.0	0.0	5.3	0.0	31.8	-	0.0	0.0
Other reproductive health treatment of RTI/STD	0.0	0.0	0.1	0.0	0.0	-	0.0	0.0
General health	0.0	100.0	6.3	9.2	7.5	-	5.6	0.0
Other	0.0	0.0	4.2	10.5	0.6	-	2.6	40.3
Missing	53.9	0.0	0.5	0.0	2.3	-	5.6	0.0
Number	3.0	0.0	37.0	11.0	82.0	0.0	17.0	3.0

Note: Numerator is the number of women who were referred to any satellite or static clinic for health or family planning services by a provider in the past three months; denominator is the number of women who report knowing a specific provider who supplies health and family planning information.

Table 9.24 Attendance at community meetings

Women's attendance at meetings by a community mobilizer/service promoter, by city type, urban NSDP areas, 2003.

Meetings	City corporations	District municipalities	Thana municipalities	Overall
Attended a meeting by a community mobilizer				
Yes	2.0	2.7	2.3	2.3
No	97.7	97.2	97.6	97.5
Missing	0.3	0.1	0.0	0.2
What the meeting was about				
Newlywed meeting	0.1	0.4	0.6	0.3
Pregnancy care	0.9	1.2	1.5	1.0
Family planning	1.0	1.2	1.6	1.2
Child health	0.8	1.4	0.9	1.0
HIV/AIDS STDs	0.1	0.1	0.0	0.1
Nutrition	0.5	0.9	0.9	0.7
Other	0.2	0.3	0.1	0.2
Missing	0.0	0.0	0.1	0.0
When was the last meeting				
Mean (months)	7.4	9.1	8.0	8.2
Number	2,906.0	2,113.0	672.0	5,691.0

CHAPTER 10. COMPARISON OF COMMON 2001 AND 2003 CLUSTERS

Because the urban NSDP project withdrew from some areas while expanding into others between 2001 and 2003, the composition of the project population changed in those years. To assess better whether any changes that occurred in key indicators from 2001 to 2003 can be attributed to the project or were due to changes in the composition of the sample, we examined a set of clusters common to both the 2001 and 2003 surveys.

In NSDP areas, 101 of the 151 clusters in the 2001 survey were retained for the 2003 survey. These contained 3,640 women in 3,450 households in 2001 and 3,777 women in 3,606 households in 2003 (Table 10.1). A smaller proportion of non-project clusters were retained (only 44 of 125). These involved 1,568 women in 1,500 households in 2001 and 1,433 women in 1,407 households in 2003.

Table 10.1 Sample sizes in the clusters common to the 2001 and 2003 urban NSDP surveys

	Project areas		Non-project areas	
	2001	2003	2001	2003
Households	3,450	3,606	1,500	1,407
Women	3,640	3,777	1,568	1,433

Generally speaking, changes in key indicators for the NSDP common cluster sample mirrored those changes in the full NSDP sample (Table 10.2). For example, in the common cluster sample, the use of antenatal care by women with a live birth in the last year decreased by 2.6 percentage points, from 78.3% in 2001 to 75.7% in 2003. This was essentially matched in the full NSDP sample, with a decline from 79.2% in 2001 to 76.6% in 2003. However, for the modern contraceptive prevalence rate (CPR), the increase in the common cluster sample was considerably smaller than in the full NSDP sample, indicating that the project shifted into better performing areas. Changes in NSDP market share for contraception and antenatal care were similar for full and common cluster samples, but that for DPT3 showed a slight improvement in the common cluster sample but not the full one.

Table 10.2 Percentage point changes from 2001 to 2003 in NSDP performance indicators

Percentage point changes in NSDP performance indicators during the period 2001-2003 for Common Clusters and Full Sample, project and non-project areas.

	Common clusters		Full sample	
Indicator	NSDP	Non-NSDP	NSDP	Non-NSDP
Modern CPR	1.0	1.5	2.4	1.1
Antenatal Care (last 12 mos.)	-2.6	6.9	-2.6	2.6
Iron Supplementation	9.9	-1.0	12.2	-4.1
Full Vaccination (12-23 mos.)	6.8	9.8	6.7	5.5
Vitamin A (0-59 mos.)	1.6	1.0	0.3	-1.7
NSDP market share:				
Contraception	3.2		2.1	
Antenatal Care	0.9		2.0	
DPT3	3.4		-0.7	

Family Planning

For common clusters in both project and non-project areas, the contraceptive prevalence rate increased by 2.3 percentage points (from 61.9% to 64.2% in NSDP areas and 64.2% to 66.5% in non-NSDP areas). Increases in the modern contraceptive prevalence rate were more modest (Figure 10.1), from 52.2% to 53.2% in project areas, and from 53.2% to 54.7% in non-project areas. For the full NSDP sample in 2001, the contraceptive prevalence rate was 50.7%, indicating that the project shifted from areas with slightly lower modern contraceptive prevalence rates into areas with higher ones. In 2003, there was almost no difference in the modern contraceptive prevalence rate between the full sample (53.1%) and common cluster areas (53.2%).

In NSDP common clusters, the use of oral contraceptives increased by 0.7 percentage points, from 25.4% to 26.1%. The increase in the full sample was larger – from 25.2% to 27.2%. In contrast, in non-project areas the use of oral contraceptives fell by 1.1% from 24.5% to 23.4%. The largest increases (1.1% to 1.2%) in both project and non-project areas were in the use of traditional methods.

In the NSDP common clusters, the share of NSDP providers increased by 3.2 percentage points from 12.4% to 15.6% from 2001 to 2003, compared with a slightly smaller 2.1 percentage point increase in the full sample(from 11.8% to 13.9%). In non-NSDP areas, the share decreased from 10.0% to 6.7%.

Figure 10.1 Modern Contraceptive Use, Common Clusters, 2001 and 2003.

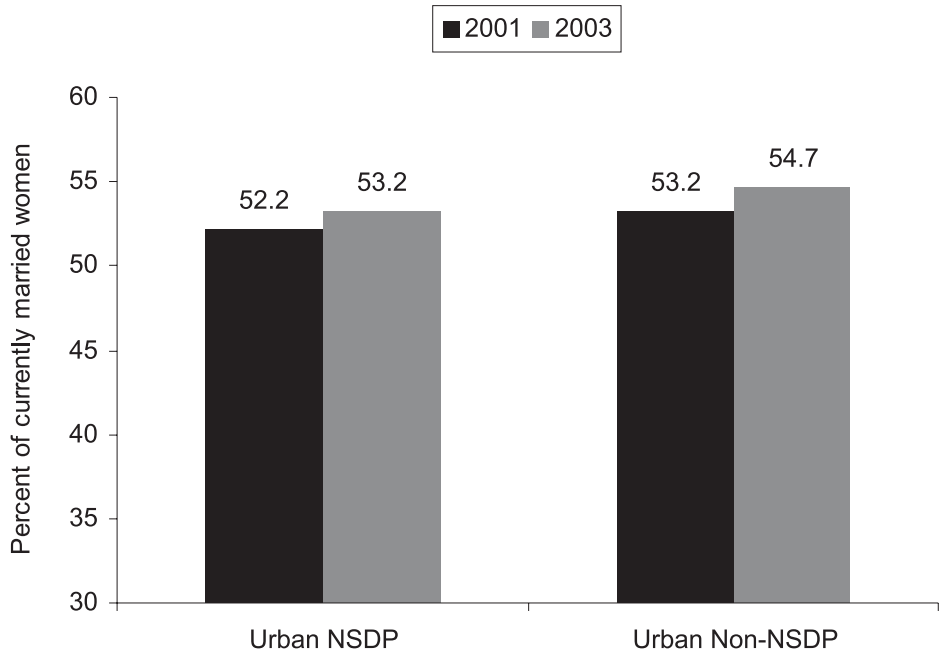
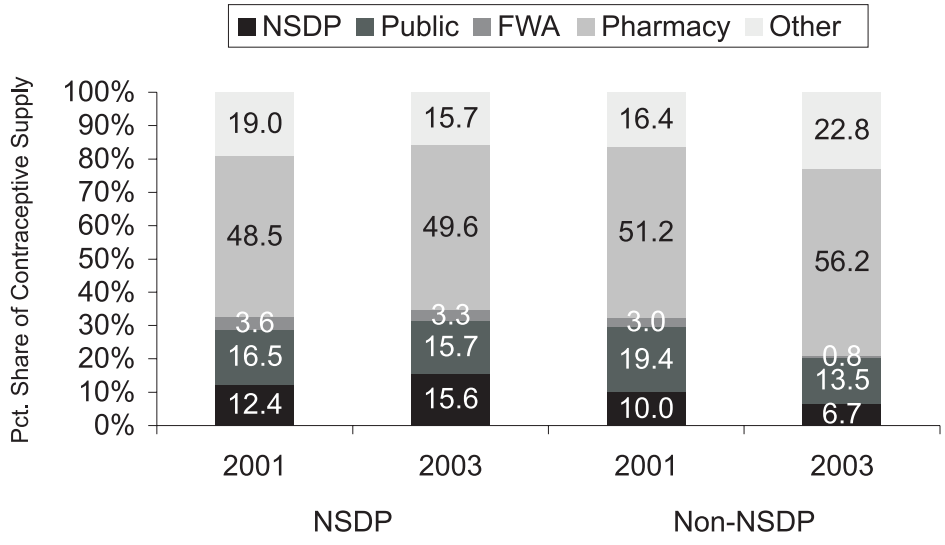


Figure 10.2 Source of Modern Contraception, Common Clusters, 2001 and 2003.

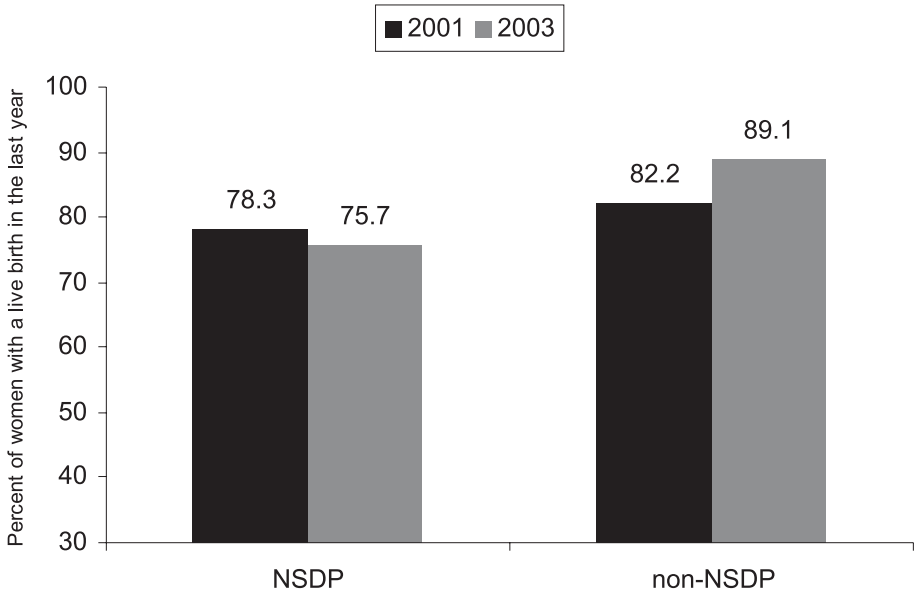


The rate of contraceptive discontinuation fell in NSDP common cluster areas, but far more modestly than in non-NSDP common cluster areas. In NSDP areas, the discontinuation rate for oral contraceptives was 46.5% in 2003, down from 52.9% in 2001. The rate in the full NSDP sample was 45.5% in 2003 (down from 51.8% in 2001). In contrast, the rate in non-NSDP areas fell from 56.5% in 2001 to 44.3% in 2003. In 2003, approximately equal proportions of women discontinued the IUDs in project and non-project areas. Discontinuation rates for injectable methods were considerably lower in 2003 in non-NSDP (35.7%) than NSDP (47.3%) areas.

Antenatal Care

For women with a birth in the last year, the percentage who sought antenatal care in NSDP common clusters fell from 78.3% in 2001 to 75.7% in 2003 (Figure 10.3). This compared with an increase of nearly 7 percentage points in non-NSDP areas. A similar trend was observed in the full NSDP sample (79.2% to 76.6%). The pattern for women with a birth in the last three years was slightly different (an increase from 73.1% to 76.2%). In contrast, the percentage in non-NSDP areas seeking antenatal care increased for both groups: from 82.2% to 89.1% for births in the last year and 73.3% to 85.7% for births in the last three. The percentage of pregnant women taking iron supplementation, however, increased by 10 percentage points in NSDP areas (60.4% to 70.3%) but decreased from 73.3% to 72.3% in non-NSDP areas. The percentage taking iron supplementation in the full sample increased by a larger 12.2 percentage points (from 58.9% to 71.1%).

Figure 10.3 Antenatal Care Use in Urban Areas, Common Clusters, 2001 and 2003.



For antenatal services, the share of NSDP providers remained almost unchanged – at approximately 26% – in 2003 relative to 2001 (Figure 10.4). The share of NSDP providers in non-NSDP areas fell by 1 percentage point from 12.5% to 11.2%. In the full sample, the NSDP share increased from 22.3% to 24.3%. The overall decrease in ANC use reflects declining use of NSDP satellite clinics but increasing use of NSDP static clinics (Figure 10.5). This trend was apparent in the full sample as well. In both the full NSDP sample and the common cluster sample, there was a decline in the use of government providers.

Figure 10.4 Source of Antenatal Care, Common Clusters, 2001 and 2003.

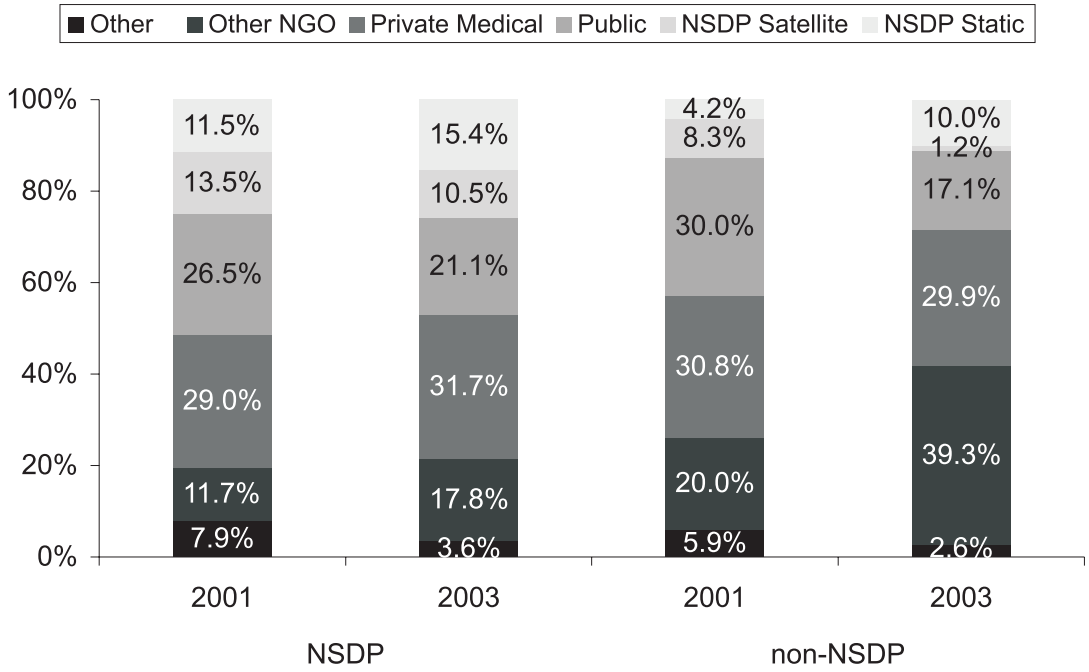
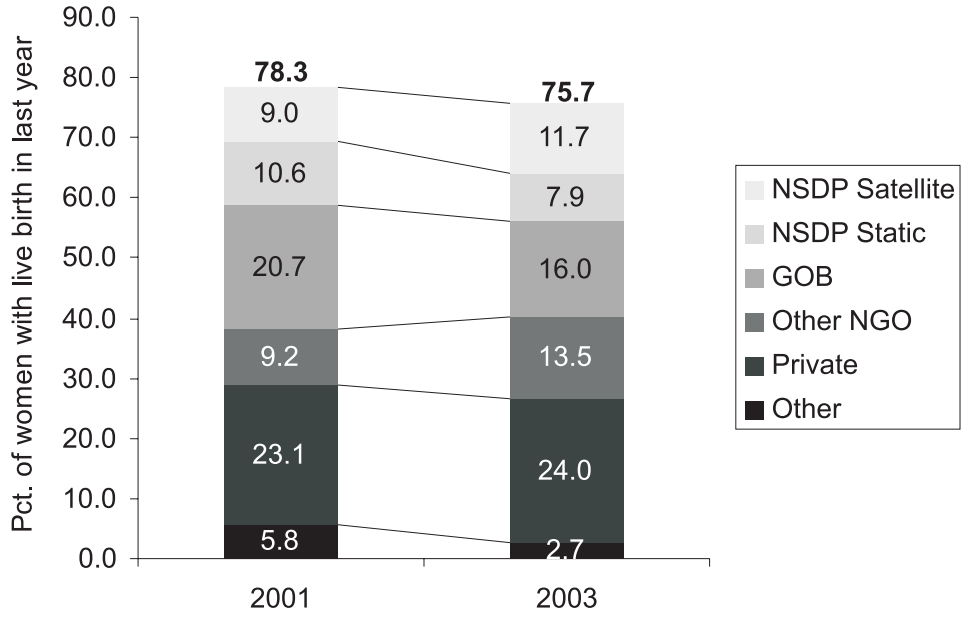


Figure 10.5 ANC Visit and Place of Checkup, Common Clusters, 2001 and 2003.



Child Health

The infant mortality rate in NSDP common clusters was nearly the same in 2003 (55 deaths per 1,000 live births) as in 2001 (54 deaths), a result mirrored in the full sample. The child mortality rate fell slightly, from 21.1 to 12.6 deaths per 1,000 live births. In non-NSDP areas, mortality (particularly infant) fell by a larger margin.

There were improvements in coverage of all children's vaccinations in NSDP common clusters (Table 10.3). For the most part this was matched in non-NSDP common cluster areas and the NSDP full sample. In NSDP areas, measles coverage increased by the largest amount (from 74.4% to 82.4% of children 12 to 23 months old). Complete coverage with all vaccinations increased by 7 percentage points in NSDP areas (from 62.0% to 68.8%), but by 10 percentage points in non-NSDP areas (from 65.2% to 75.0%). Drop-out rates fell from 2001 to 2003, from 18.3% to 15.3% for DPT and from 10.0% to 7.5% for polio. These fell even more in non-NSDP areas.

In the common cluster sample, the share of NSDP providers in vaccination coverage increased by 3-6 percentage points for each antigen (Table 10.4). For instance, NSDP clinics provided 28.6% of measles vaccinations in 2001 and 35.1% in 2003. For all antigens, the NSDP share was higher in the common clusters than the full sample. NSDP clinics also provided a substantial proportion of vaccinations in non-NSDP areas, although there was not a noticeable increase in NSDP share from 2001 to 2003.

There have been only modest improvements in the treatment of common childhood illnesses. Treatment of diarrhea with ORS fell slightly in NSDP areas, from 75.6% to 74.4%. The decrease in the full sample was larger, from 80.4% to 76.9%. A decrease was also observed in non-NSDP areas. There was also a decrease in treatment with *laban gur*. Even so, treatment with Oral Rehydration Therapy (ORT) increased by 3.4 percentage points (from 77.9% to 81.3%). A similar increase occurred in non-NSDP areas. Treatment of ARI in health facilities increased from 38.6% to 39.6% in NSDP areas.

The proportion of children receiving vitamin A increased, both in project and non-project areas, from 2001 to 2003. In project areas, the proportion of children 6 to 59 months receiving vitamin A in the last six months increased from 74.6% to 77.8%. In non-NSDP areas, the increase was from 77.6% to 83.1%. Increases were also noted for children 0 to 59 months. No increase was observed in the full sample.

The proportion exclusively breastfed rose in both project and non-project areas. Approximately one quarter of infants 4 to 5 months old were exclusively breastfed in NSDP areas, up from only 7.7% in 2001. For children in their first two months of life, the increase was larger, from 43.5% to 64.7%. Trends were similar in the full sample.

Table 10.3 Percent of children 12-23 months old vaccinated any time before the survey

Percent of children 12-23 months old vaccinated by antigen, year, and common cluster NSDP area.				
	Urban NSDP project areas		Urban non-NSDP areas	
Antigen	2001	2003	2001	2003
BCG	95.9%	96.9%	95.1%	96.3%
DPT 3	76.1%	82.1%	77.4%	87.7%
Polio 3	84.2%	89.6%	82.9%	86.3%
Measles	74.4%	82.4%	79.3%	86.2%
All antigens	62.0%	68.8%	65.2%	75.0%

Table 10.4 Percent of immunized children receiving vaccinations from urban NSDP facilities (12-23 months)

Percent of immunized children aged 12-23 months receiving vaccinations from urban NSDP facilities, by year, antigen, and common cluster NSDP area.				
	Urban NSDP project areas		Urban non-NSDP areas	
Antigen	2001	2003	2001	2003
BCG	28.6%	34.0%	17.3%	19.9%
DPT 3	27.8%	31.2%	19.5%	18.7%
Polio 3	31.8%	35.2%	16.9%	18.2%
Measles	28.6%	35.1%	19.3%	19.3%

Knowledge and Awareness of Health Services

In general, the awareness of health services at NSDP clinics rose improved. The largest improvement involved ANC services – from 55.2% to 75.9% of women at NSDP static clinics and from 42.8% to 52.8% of women at NSDP satellite clinics. There were also improvements in awareness of EPI services at both satellite and static clinics.

Awareness of other types of health services and conditions varied. Nearly all women in both project and non-project areas and in 2001 and 2003 could name three methods of family planning. Half could identify when their child's next immunization was due (roughly the same as in 2001). There were improvements in knowledge of the importance of vitamin A. Close to 43% in 2003 knew that vitamin A prevents night blindness, from 24.9% in 2001. A slightly larger increase was observed in non-project areas. Few women (3.5% in NSDP and 4.0% in non-NSDP areas) could not name a single complication of pregnancy requiring medical care. The decrease from 2001 to 2003 of approximately 3 percentage points was similar in both areas. Awareness of tetanus and obstructed labor remained the same in project areas, but awareness of convulsions/eclampsia increased (from 30.4% to 37.5% of women), as did awareness of retained placenta (from 25.1% to 37.3%) and poor positioning of the fetus (from 24.1% to 35.0%).

Table 10.5 Summary table of urban NSDP results framework indicators, 2001 and 2003 urban NSDP surveys

Summary of NSDP Results Framework Indicators by survey and by NSDP project and non-project common cluster areas.				
INDICATOR	PROJECT AREAS		NON-PROJECT AREAS	
	2001	2003	2001	2003
SO: Fertility reduced; family health improved				
Total fertility rate 15-49 (3 year recall)	2.3	2.3	2.5	2.3
Infant mortality rate	53.6	55.3	65.9	38.2
Child mortality rate	21.1	12.6	13.3	7.0
Under 5 mortality rate	73.6	67.2	78.4	44.9
IR 1: Increased use of high-impact elements of an "Essential Service Package" among target populations, especially in low-performing areas.				
Contraceptive prevalence rate (modern methods) among currently married women				
Any method	61.9	64.2	64.2	66.5
Any modern method	52.2	53.2	53.2	54.7
Pill	25.4	26.1	24.5	23.4
IUD	1.2	0.8	1.3	0.6
Injection	8.7	9.3	8.3	8.3
Condom	10.1	9.9	11.9	14.9
Female sterilization	6.1	6.0	5.9	5.8
Male sterilization	0.3	0.4	0.5	0.6
Norplant	0.4	0.7	0.9	1.2
Any traditional	9.3	10.4	10.5	11.7
Not Using Any method	38.1	35.8	35.8	33.5
Contraceptive prevalence rate (modern methods) among married adolescents				
Age 10-14	23.0	37.2	80.0*	68.6
Age 15-19	45.3	48.1	39.7	43.1
Percent of children age 12-23 months who received specific vaccines at any time before the survey (source is either vaccination card or mother's report)				
BCG	95.9	96.9	95.1	96.3
DPT3	76.1	82.1	77.4	87.7
Polio3	84.2	89.6	82.9	86.3
Measles	74.4	82.4	79.3	86.2
All	62.0	68.8	65.2	75.0
Percent of children (0-59 months) receiving vitamin-A capsules semi-annually	69.9	71.5	73.0	74.0
Percent of children (6-59 months) receiving vitamin-A capsules semi-annually	74.6	77.8	77.6	83.1
Percent of child diarrheal episodes treated with ORT in target populations				
Packet ORS	75.6	74.4	77.8	77.3
Laban gur saline	15.2	11.4	26.7	10.3
Oral rehydration therapy (ORS or *laban gur*)	77.9	81.3	80.0	84.2
Percent of child ARI cases treated in target populations				
Health facility	38.6	39.6	33.3	36.8
Percent of live births for which women in target populations made 1 or more ANC visits, by age				
Women >6 months pregnant or live birth in last 1 year				
Women with a live birth in last 1 year	78.3	75.7	82.2	89.1
Women with live birth in last 3 years	73.1	76.2	73.3	85.7
Percent of pregnant women taking iron supplementation	60.4	70.3	73.3	72.3

Table 10.5 Summary table of urban NSDP results framework indicators, 2001 and 2003 urban NSDP surveys (continued)

Summary of NSDP Results Framework Indicators by survey and by NSDP project and non-project common cluster areas.				
	PROJECT AREAS		NON-PROJECT AREAS	
INDICATOR	2001	2003	2001	2003
IR 2: Increased knowledge and changed behaviors related to high-priority health problems, especially in low-performing areas.				
Percent of married women in catchment populations that can name available ESP services related to maternal health, reproductive health, child health				
Static Clinic				
Clinical FP method	49.7	49.2	X	X
Non-clinical FP method	45.6	46.9	X	X
Advice for side effects	2.4	6.3	X	X
ANC	55.2	75.9	X	X
Post-natal care	18.8	41.1	X	X
EPI	64.2	73.0	X	X
Oral saline	3.4	2.2	X	X
Satellite clinic				
Clinical FPmethod	35.7	31.0	X	X
Non-clinical FP method	37.8	35.8	X	X
Advice for side effects of family planning use	2.5	3.0	X	X
ANC	42.8	52.8	X	X
Post-natal care	5.0	17.2	X	X
EPI	79.0	88.7	X	X
Oral saline	2.2	1.5	X	X
Percent of potential clients who can describe three family modern planning methods including indications for use:				
Know three methods	98.5	99.4	99.6	99.5
Percent of mothers who know when their child's next immunization is due; the importance of vitamin-A; how to respond to childhood diarrhea and ARI, danger signs of pregnancy				
(a) When child's next immunization due				
DPT3	51.5	50.9	44.1	50.0
Polio3	50.1	54.0	47.0	46.2
Both	49.0	50.9	44.1	46.2
(b) Importance of vitamin A				
To prevent night blindness	24.9	42.6	30.6	51.9
To increase resistance to infections	15.5	20.0	15.4	20.1
To improve child's health	43.4	47.1	40.0	52.9
(e) Percent of married women who know the danger signs for pregnancy and how to react				
Know danger signs				
Tetanus	55.5	54.4	53.4	60.8
Obstructed labor	37.9	37.2	40.1	36.8
Convulsions/eclampsia	30.4	37.5	29.5	38.9
Retained placenta	25.1	37.3	29.8	46.8
Poor positioning of fetus	24.1	35.0	25.9	44.1
Excessive vaginal bleeding	22.2	29.7	23.9	31.5
Don't know	6.4	3.5	7.1	4.0
Seek medical care	99.7	99.9	99.7	100.0

Table 10.5 Summary table of urban NSDP results framework indicators, 2001 and 2003 urban NSDP surveys (continued)

Summary of NSDP Results Framework Indicators by survey and by NSDP project and non-project common cluster areas.				
INDICATOR	PROJECT AREAS		NON-PROJECT AREAS	
	2001	2003	2001	2003
(f) Percent of married women who know the recommended number of TT vaccinations	18.8	32.7	11.0	38.8
Percent of women who exclusively breastfeed, by 2 month intervals				
0-1 month	43.5	64.7	10.0	91.0
2-3 months	31.2	44.5	36.4	42.4
4-5 months	7.7	24.9	11.1	2.7
6-7 months	1.9	11.3	0.0	0.4
8-9 months	3.3	1.4	0.0	0.0
10-11 months	0.0	0.0	0.0	0.0
IR 3: Improved quality of services at NSDP facilities				
Drop-out rates for EPI				
DPT3	18.3	15.3	18.1	6.9
Polio3	10.0	7.5	9.4	6.0
Contraceptive method discontinuation rates				
Oral contraceptives	52.9	46.5	56.5	44.3
IUDs	34.9	32.8	42.8	30.8
Injectables	53.9	47.3	57.1	35.7

Note: * There were only five married women age 10-14.

APPENDIX A. SAMPLING ERRORS

Table A.1 Sampling errors, urban NSDP areas, 2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Total fertility rate, last 35 months	2.353	.108				.046	2.136	2.569
Mortality rates								
Neonatal	36.918	4.118				.112	28.683	45.153
Infant	55.360	5.714				.103	43.932	66.787
Child	13.802	2.946				.213	7.910	19.695
Under 5	68.398	6.549				.096	55.299	81.497
Post neonatal	18.441	3.164				.172	12.113	24.770
Currently using method	0.635	.012	5227	5218	1.817	.019	.611	.659
Currently using modern method	0.531	.011	5227	5218	1.586	.021	.509	.553
Currently using pills	0.272	.010	5227	5218	1.554	.035	.253	.291
Currently using IUD	0.007	.007	5227	5218	1.248	.204	.004	.010
Currently using injections	0.083	.007	5227	5218	1.849	.085	.069	.097
Currently using condom	0.102	.006	5227	5218	1.356	.056	.091	.113
Currently using female sterilization	0.057	.005	5227	5218	1.500	.084	.047	.067
Currently using male sterilization	0.004	.001	5227	5218	1.562	.357	.001	.006
Currently using norplant	0.006	.002	5227	5218	1.496	.258	.003	.010
Currently using any traditional	0.104	.007	5227	5218	1.601	.065	.091	.118
Currently not using	0.365	.012	5227	5218	1.817	.033	.341	.389
Currently using modern 10-14	0.320	.084	32	29	1.005	.263	.151	.488
Currently using modern 15-19	0.464	.024	603	604	1.178	.052	.416	.512
BCG 12-23 months	0.963	.012	542	550	1.492	.012	.939	.987
DPT3 12-23 months**	0.821	.024	345	379	1.168	.029	.773	.868
Polio3 12-23 months**	0.896	.017	345	379	1.071	.019	.862	.931
Measles 12-23 months	0.821	.023	542	550	1.424	.029	.774	.868
Full Vaccination	0.691	.031	542	550	1.548	.044	.630	.753
Vitamin A 9 -59 months	0.814	.011	2019	2023	1.279	.014	.792	.836
Children ORS treatment for diarrhea** (does not correspond)	0.772	.027	243	270	1.068	.035	.718	.826
Children labon gur treatment	0.114	.025	243	270	1.285	.218	.065	.164
Children ORT for diarrhea	0.830	.024	243	270	1.066	.029	.782	.878
Children ARI Treatment in facility**	0.437	.043	319	353	1.530	.098	.351	.522
ANC received for birth last 12 months	0.761	.036	512	498	1.884	.047	.689	.833
ANC received for birth last 35 months	0.767	.030	1606	1595	2.791	.038	.708	.826
TT received for birth last 12 months	0.866	.018	512	498	1.181	.021	.830	.902
TT received for birth last 35 months	0.886	.013	1606	1595	1.646	.015	.860	.913
TT received for birth last 59 months	0.888	.012	2460	2458	1.936	.014	.864	.913
ANC medically trained last 35 mos.	0.730	.029	1606	1595	2.577	.039	.672	.787
Knowledge of static clinic services:								
Knows clinical FP**	0.559	.018	1523	1502	1.445	.033	.522	.595
Knows non-clinical FP	0.532	.021	1523	1502	1.650	.040	.490	.574
Knows advice for side effects	0.066	.009	1523	1502	1.349	.130	.049	.083
Knows ANC	0.741	.016	1523	1502	1.434	.022	.708	.773
Knows post-natal care	0.371	.022	1523	1502	1.757	.049	.327	.414
Knows EPI	0.735	.014	1523	1502	1.210	.019	.708	.762
Knows ORS	0.026	.004	1523	1502	1.031	.161	.018	.035
Knowledge of satellite clinic services:								
Knows clinical FP**	0.328	.026	2125	2167	2.543	.079	.276	.380
Knows non-clinical FP	0.387	.027	2125	2167	2.529	.069	.334	.440
Knows advice for side effects	0.031	.005	2125	2167	1.199	.144	.022	.041
Knows ANC	0.534	.023	2125	2167	2.081	.042	.489	.579
Knows post-natal care	0.187	.019	2125	2167	2.194	.099	.150	.224
Knows EPI	0.879	.017	2125	2167	2.450	.020	.844	.914
Knows ORS	0.016	.004	2125	2167	1.351	.226	.009	.024
Knows at least 3 FP methods	0.994	.001	5691	5691	1.219	.001	.991	.996

Table A.1 Sampling errors, urban NSDP areas, 2003 (continued)

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Knows next DPT shot	0.599	.065	139	136	1.537	.108	.470	.728
Knows next Polio shot	0.599	.065	139	136	1.537	.108	.470	.728
Knows both next DPT and polio								
Knowledge of vitamin A								
To prevent night blindness	0.434	.019	2460	2458	1.887	.043	.396	.472
To provide resistance	0.209	.013	2460	2458	1.590	.062	.183	.235
To improve child health	0.481	.016	2460	2458	1.586	.033	.449	.513
Knowledge of preg. complications								
Tetanus	0.546	.011	5691	5691	1.719	.021	.524	.569
Prolonged labor	0.373	.010	5691	5691	1.567	.027	.353	.393
Convulsions	0.387	.013	5691	5691	1.943	.032	.362	.412
Retained placenta	0.380	.012	5691	5691	1.850	.031	.356	.404
Fetus in poor position	0.360	.011	5691	5691	1.702	.030	.338	.382
Excessive vaginal bleeding	0.319	.011	5691	5691	1.802	.035	.297	.341
Don't know danger signs	0.030	.003	5691	5691	1.400	.106	.023	.036
Know to seek care for complications	0.999	.000	5558	5523	1.098	.000	.998	1.000
Know recommended TT vaccinations	0.323	.011	2460	2458	1.208	.035	.301	.346
Exclusive breastfeeding								
0-1 months	0.615	.075	49	45	1.074	.123	.464	.766
2-3 months	0.507	.066	86	85	1.218	.130	.375	.639
4-5 months	0.218	.058	72	75	1.187	.267	.102	.335
6-7 months	0.097	.039	93	91	1.273	.404	.019	.176
8-9 months	0.009	.009	99	90	-	-	.000	.000
DPT drop out rate	0.136	.018	522	527	1.210	.134	.100	.172
Polio drop out rate	0.078	.015	517	523	1.255	.190	.048	.108

Table A.2 Sampling errors, urban non-NSDP, 2003

Variable	Value (R)	Standard Error (SE)	Number of Cases		Design Effect (DEFT)	Relative Error (SE/R)	Confidence Limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Total fertility rate last 35 months	2.403	0.109				.045	2.186	2.620
Mortality rates								
Neonatal	29.117	4.678				.161	19.761	38.472
Infant	43.025	5.996				.139	31.033	55.017
Child	9.745	2.340				.240	5.065	14.426
Under 5	52.351	6.762				.129	38.828	64.874
Post neonatal	13.908	3.272				.235	7.364	20.452
Currently using method	0.658	.013	3881	3893	1.663	.019	.633	.684
Currently using modern method	0.550	.012	3881	3893	1.501	.022	.526	.574
Currently using pills	0.258	.013	3881	3893	1.861	.051	.232	.284
Currently using IUD	0.009	.002	3881	3893	1.396	.236	.005	.013
Currently using injections	0.080	.007	3881	3893	1.561	.085	.066	.093
Currently using condom	0.141	.013	3881	3893	2.353	.093	.115	.167
Currently using female sterilization	0.049	.007	3881	3893	1.971	.139	.036	.063
Currently using male sterilization	0.005	.001	3881	3893	1.254	.271	.003	.008
Currently using Norplant	0.008	.002	3881	3893	1.452	.261	.004	.012
Currently using any traditional	0.108	.008	3881	3893	1.634	.075	.092	.125
Currently not using	0.342	.013	3881	3893	1.663	.037	.316	.367
Currently using modern 10-14	0.506	.225	13	22	1.559	.444	.057	.956
Currently using modern 15-19	0.474	.032	451	389	1.353	.067	.410	.537
BCG 12-23 months	0.961	.015	423	370	1.304	.015	.931	.990
DPT3 12-23 months	0.877	.039	131	135	1.146	.044	.800	.955
Polio3 12-23 months	0.863	.045	131	135	1.283	.052	.773	.953
Measles 12-23 months	0.859	.022	423	370	1.154	.025	.816	.902
Full Vaccination	0.713	.032	423	370	1.322	.044	.650	.776
Vitamin A 9-59 months	0.831	.016	1490	1462	1.607	.019	.799	.862
Children ORS treatment for diarrhea	0.815	.044	153	119	1.216	.054	.728	.902
Children labon gur treatment	0.146	.041	153	119	1.229	.283	.064	.229
Children ORT for diarrhea	0.853	.035	153	119	1.074	.041	.783	.923
Children ARI Treatment in facility	0.412	.066	221	171	1.689	.160	.280	.543
ANC received for birth last 12 months	0.844	.028	439	414	1.541	.033	.789	.899
ANC received for birth last 35 months	0.815	.020	1252	1182	1.812	.025	.775	.856
TT received for birth last 12 months	0.869	.031	439	414	1.841	.035	.808	.930
TT received for birth last 35 months	0.892	.016	1253	1183	1.758	.018	.860	.924
TT received for birth last 59 months	0.900	.011	1852	1801	1.625	.013	.877	.923
ANC medically trained last 35 mos.	0.792	.020	1253	1183	1.679	.025	.753	.832
Knows at least 3 FP methods	0.997	.001	4201	4201	1.217	.001	.994	.999
Knows next DPT shot	0.440	.063	124	121	1.394	.143	.315	.566
Knows next Polio shot	0.435	.057	124	121	1.273	.132	.320	.550
Knows both next DPT and polio								
Knowledge of vitamin A								
To prevent night blindness	0.499	.028	1853	1801	2.380	.055	.444	.555
To provide resistance	0.235	.019	1853	1801	1.971	.083	.196	.274
To improve child health	0.542	.024	1853	1801	2.073	.044	.494	.590
Knowledge of preg. complications								
Tetanus	0.640	.024	4201	4201	3.185	.037	.593	.687
Prolonged labor	0.404	.015	4201	4201	1.931	.036	.375	.433
Convulsions	0.392	.016	4201	4201	2.143	.041	.359	.424
Retained placenta	0.468	.017	4201	4201	2.219	.037	.434	.502
Fetus in poor position	0.436	.021	4201	4201	2.718	.048	.395	.478
Excessive vaginal bleeding	0.337	.018	4201	4201	2.434	.053	.301	.372
Don't know danger signs	0.028	.005	4201	4201	1.841	.168	.018	.037
Know to seek care for complications	0.999	.000	4078	4085	1.036	.000	0.998	1.000
Know recommended TT vaccinations	0.351	.023	1852	1801	2.066	.065	.306	.397
Exclusive breastfeeding								
0-1 months	0.620	.092	50	37	1.324	.148	.437	.804
2-3 months	0.398	.087	59	67	1.353	.218	.224	.572
4-5 months	0.164	.051	64	65	1.096	.312	.062	.266
6-7 months	0.008	.007	78	66	0.687	.860	-.006	.022
8-9 months	0.000	.000	100	101	-	-	.000	.000
DPT drop out rate	0.092	.018	400	349	1.171	.197	.055	.128
Polio drop out rate	0.109	.018	399	349	1.068	.163	.073	.145

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

Table B.1 Antenatal care

Percent distribution of last births in the year preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Received any ANC	Medically trained			Non-Medically trained			Antenatal care provider			Total	Number
	ANC	Qualified doctor	Nurse, midwife or paramedic	MA or SACMO	HA or FWA	Trained birth attendants	Unqualified doctor	Other	No one	Missing		
PROJECT AREAS												
Mother's age at birth												
10-14	91.0	72.1	18.9	0.0	0.0	0.0	0.0	0.0	9.0	0.0	100.0	6
15-19	71.0	54.0	10.6	0.0	1.6	0.0	0.0	4.3	29.0	0.6	100.0	110
20-34	77.5	65.8	9.3	0.0	0.0	0.4	0.2	1.4	22.5	0.4	100.0	358
35-49	75.5	58.7	9.8	0.0	0.0	0.0	0.0	7.0	24.5	0.0	100.0	24
Birth order												
1	87.4	76.0	8.7	0.0	0.4	0.0	0.0	1.9	12.6	0.4	100.0	156
2-3	76.3	65.8	8.4	0.0	0.5	0.6	0.3	0.7	23.7	0.0	100.0	232
4-5	65.9	43.6	14.1	0.0	0.0	0.0	0.3	6.1	34.1	1.8	100.0	81
6+	42.8	23.2	13.8	0.0	0.0	0.0	0.0	5.8	57.2	0.0	100.0	30
Domains												
City corporations	81.3	68.9	7.6	0.0	0.0	0.6	0.0	4.2	18.7	0.0	100.0	247
District municipalities	80.3	68.6	9.9	0.0	0.0	0.0	0.4	0.5	19.7	0.9	100.0	167
Thana municipalities	53.1	34.4	15.6	0.0	2.0	0.0	0.3	0.0	46.9	0.7	100.0	85
Highest educational level												
No education	48.1	26.6	13.8	0.0	0.0	0.9	0.4	5.4	51.9	0.9	100.0	154
Primary	78.5	61.9	14.9	0.0	0.1	0.0	0.0	1.6	21.5	0.0	100.0	109
Secondary	91.1	82.7	6.3	0.0	0.9	0.0	0.1	0.7	8.9	0.3	100.0	175
Higher secondary	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	22
College/university	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	38
Household asset quintile												
Poorest	45.2	25.5	15.1	0.0	0.0	0.0	0.7	2.7	54.8	1.1	100.0	126
2	70.8	42.8	22.5	0.0	0.0	0.0	0.0	5.5	29.2	0.0	100.0	86
3	82.0	72.8	3.9	0.0	1.1	1.3	0.0	3.0	18.0	0.0	100.0	108
4	95.0	88.1	6.3	0.0	0.6	0.0	0.0	0.0	5.0	0.0	100.0	95
Richest	99.0	98.3	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.7	100.0	83
Total	76.1	62.9	9.7	0.0	0.3	0.3	0.2	2.3	23.9	0.4	100.0	498

Table B.1 Antenatal care (continued)

Percent distribution of last births in the year preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, urban NSDP/non-NSDP areas, 2003.

Background characteristic	Received any ANC	Medically trained			Non-Medically trained			Antenatal care provider			Total	Number
	ANC	Qualified doctor	Nurse, midwife or paramedic	MA or SACMO	HA or FWA	Trained birth attendants	Unqualified doctor	Other	No one	Missing		
NON-PROJECT AREAS												
Mother's age at birth												
10-14	100.0	85.5	14.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	7
15-19	75.8	59.0	12.5	0.0	0.4	0.5	0.1	3.3	24.2	0.1	100.0	79
20-34	86.0	74.0	7.2	1.4	0.6	0.0	0.0	2.5	14.0	0.3	100.0	308
35-49	86.9	77.0	6.0	0.0	0.5	0.0	0.0	3.4	13.1	0.0	100.0	20
Birth order												
1	91.7	84.9	4.6	0.0	0.3	0.0	0.0	1.9	8.3	0.1	100.0	138
2-3	84.1	65.0	12.4	2.2	0.8	0.2	0.0	3.0	15.9	0.5	100.0	196
4-5	74.8	69.9	2.0	0.0	0.3	0.0	0.0	2.6	25.2	0.0	100.0	68
6+	59.5	33.4	19.6	0.0	0.8	0.0	0.0	5.7	40.5	0.0	100.0	12
Highest educational level												
No education	69.2	50.9	13.6	0.0	0.4	0.4	0.1	3.9	30.8	0.0	100.0	96
Primary	76.5	56.0	12.7	4.3	1.6	0.0	0.0	0.9	23.5	0.9	100.0	100
Secondary	92.8	86.6	5.2	0.0	0.2	0.0	0.0	0.8	7.2	0.1	100.0	162
Higher secondary	100.0	87.9	0.1	0.0	0.0	0.0	0.0	12.0	0.0	0.0	100.0	41
College/university	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	15
Household asset quintile												
Poorest	67.2	42.9	17.8	0.0	1.8	0.4	0.1	4.1	32.8	0.1	100.0	102
2	75.1	62.2	7.0	4.3	0.3	0.0	0.0	1.3	24.9	0.0	100.0	100
3	94.3	81.4	10.8	0.0	0.1	0.0	0.0	0.7	5.7	1.3	100.0	73
4	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	58
Richest	97.3	89.7	1.5	0.0	0.0	0.0	0.0	6.1	2.7	0.0	100.0	81
Total	84.4	71.5	8.3	1.0	0.5	0.1	0.0	2.6	15.6	0.3	100.0	414

Table B.2 Number of antenatal care visits and timing of first visit (live birth in the last one year)

Percent distribution of women who had a live birth in the last one year preceding the survey by number of ANC visits for the most recent birth, and by the timing of the first visit, urban NSDP/non-NSDP areas, 2003.

Number and timing of ANC visits	City corporations	District municipalities	Thana municipalities	Project areas	Non-project areas
Number of ANC visits					
None	18.7	19.7	46.9	23.9	15.6
1 visit	7.5	6.5	7.3	7.1	9.9
2 visits	8.5	6.7	16.8	9.3	13.8
3 visits	7.1	17.0	11.2	11.1	10.2
4+ visits	58.1	50.1	17.9	48.6	50.5
Don't know/missing	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0
Median number of visits (for those with ANC)	4.4	3.8	2.2	3.9	4.1
Number of months pregnant at the time of the first ANC visit					
No antenatal care	18.7	19.7	46.9	23.9	15.6
<4 months	49.6	37.4	16.6	39.9	42.9
4-5 months	24.6	29.4	16.0	24.8	21.6
6-7 months	6.1	11.4	15.3	9.4	15.7
8+ months	1.0	2.0	5.2	2.0	4.1
Don't know/missing	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	3.6	4.3	5.5	3.9	4.0
Total	247	167	85	498	414

Table B.3 Source of antenatal care (last one year)

Percentage of women with a live birth in the last one year preceding the survey by whether they had at least one ANC visit during the last pregnancy by source of care, urban NSDP/non-NSDP areas, 2003.

	City corporations	District municipalities	Thana municipalities	Project areas	Non-project areas
Received antenatal care					
Percentage received ANC	81.3	80.3	53.1	76.1	84.4
Women with at least one birth in the reference period	247	167	85	498	414
Place for antenatal checkup					
HOME	1.6	1.1	3.3	1.6	0.3
..Medical person at home	0.7	1.1	1.5	0.9	0.2
..Non-medical person at home	0.9	0.0	1.8	0.7	0.1
PUBLIC SECTOR	25.1	32.3	15.3	26.5	27.9
..Hospital/medical college	10.6	7.9	0.8	8.5	11.8
..Family welfare centre	0.6	1.2	5.3	1.4	1.6
..Thana health complex	1.4	0.0	4.5	1.3	1.6
..MCWC	11.4	21.6	2.6	14.0	11.1
..Rural Dispensary/ community clinic	0.0	0.0	0.0	0.0	0.4
..Satellite/EPI clinic	1.1	1.6	1.9	1.3	1.3
..FWA	0.0	0.0	0.2	0.0	0.1
NSDP NGO	24.5	13.4	49.2	23.5	11.5
..Static clinic	16.6	7.3	31.2	15.0	8.9
..Satellite clinic	7.9	6.1	18.0	8.5	2.6
OTHER NGO	14.8	13.7	10.2	13.9	28.6
..Hospital	5.6	6.0	7.2	5.9	6.6
..NGO clinic	9.2	7.1	2.4	7.7	17.1
..Satellite clinic	0.0	0.0	0.0	0.0	4.8
..Fieldworker	0.0	0.7	0.6	0.3	0.0
PRIVATE MEDICAL SECTOR	32.7	39.1	20.6	33.5	29.7
..Private clinic/doctor	31.3	38.6	20.6	32.6	29.7
..Traditional doctor	0.7	0.5	0.0	0.5	0.0
..Pharmacy	0.7	0.0	0.0	0.4	0.0
BPHC NGO	0.0	0.0	0.0	0.0	0.7
..Static clinic	0.0	0.0	0.0	0.0	0.7
Other	0.6	0.0	1.3	0.5	0.5
Missing	0.8	0.5	0.1	0.6	0.8
Total	100.0	100.0	100.0	100.0	100.0
Number	200	134	45	379	349

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

Percentage distribution of sources of antenatal care for women having a live birth in the year preceding the survey by asset quintile, urban NSDP/non-NSDP areas, 2003.

	Project areas						Non-project areas					
	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Place for antenatal checkup												
HOME	3.6	2.8	1.6	0.7	0.2	1.6	0.7	0.8	0.0	0.0	0.0	0.3
Medical person at home	2.2	0.0	1.6	0.7	0.2	0.9	0.1	0.8	0.0	0.0	0.0	0.2
Non-medical person at home	1.4	2.8	0.0	0.0	0.0	0.7	0.6	0.0	0.0	0.0	0.0	0.1
PUBLIC SECTOR	18.2	26.8	24.7	38.9	20.3	26.5	28.0	21.8	27.3	19.2	40.7	27.9
Hospital/medical college	5.9	0.5	9.8	13.4	9.2	8.5	9.1	11.4	18.1	11.4	9.1	11.8
Family welfare centre	4.2	0.8	2.0	0.1	0.6	1.4	1.5	0.5	0.1	0.0	5.5	1.6
Thana health complex	1.9	1.0	3.3	0.4	0.0	1.3	3.2	3.0	1.7	0.0	0.0	1.6
MCWC	4.2	18.7	9.6	24.5	10.5	14.0	5.3	6.8	7.3	7.8	26.1	11.1
Rural Dispensary/ community clinic	0.0	0.0	0.0	0.0	0.0	0.0	1.9	0.0	0.0	0.0	0.0	0.4
Satellite/EPI clinic	1.9	5.8	0.0	0.5	0.0	1.3	6.9	0.0	0.0	0.0	0.0	1.3
FWA	0.1	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.0	0.0	0.0	0.1
NSDP NGO	44.4	40.4	26.1	11.2	7.5	23.5	21.6	15.9	10.0	8.6	1.9	11.5
Static clinic	22.6	20.7	22.6	7.1	6.3	15.0	13.8	14.7	5.9	8.6	1.9	8.9
Satellite clinic	21.8	19.7	3.5	4.1	1.2	8.5	7.8	1.2	4.1	0.0	0.0	2.6
OTHER NGO	19.3	19.7	12.8	11.6	9.4	13.9	37.1	40.7	20.5	37.9	9.5	28.6
Hospital	6.2	7.1	7.9	3.8	5.0	5.9	2.1	1.3	5.9	20.4	6.0	6.6
NGO clinic	11.1	12.6	4.9	7.8	4.4	7.7	20.1	34.2	12.6	15.3	3.5	17.1
Satellite clinic	0.0	0.0	0.0	0.0	0.0	0.0	15.0	5.2	2.0	2.3	0.0	4.8
Fieldworker	2.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
PRIVATE MEDICAL SECTOR	14.5	9.2	31.1	37.6	62.6	33.5	9.9	19.2	38.8	33.4	46.4	29.7
Private clinic/doctor	13.4	7.0	29.5	37.6	62.6	32.6	9.8	19.2	38.8	33.4	46.4	29.7
Traditional doctor	1.1	2.2	0.0	0.0	0.0	0.5	0.1	0.0	0.0	0.0	0.0	0.0
Pharmacy	0.0	0.0	1.6	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0
BPHC NGO	0.0	0.0	0.0	0.0	0.0	0.0	1.8	1.6	0.0	0.0	0.0	0.7
Static clinic	0.0	0.0	0.0	0.0	0.0	0.0	1.8	1.6	0.0	0.0	0.0	0.7
Other	0.0	0.0	2.0	0.0	0.0	0.5	0.0	0.0	2.7	0.0	0.0	0.5
Missing	0.0	1.1	1.7	0.0	0.0	0.6	1.0	0.0	0.7	0.8	1.5	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	57	61	89	90	83	379	69	75	68	58	78	349

APPENDIX C. MITRA AND ASSOCIATES PERSONNEL WHO IMPLEMENTED THE 2003 URBAN NGO SERVICE DELIVERY PROGRAM EVALUATION SURVEY

Project Director
Mr. S. N. Mitra

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

Project Managers
Mr. A.B. Siddique Mozumder
Mr. Jahangir H. Sharif
Mr. N.C.Barman
Ms. Sayera Banu
Mr. Monir Hossain Bhuiyan

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

Supervisors
Mr. Jahangir Khan
Mr. Amar Chandra Mozumder
Mr. Shamsul Alam
Mr. Morshedul Islam

Listers
Mr. Golam Rabbani
Mr. Zabel Alam
Mr. Nibir Kanti Roy
Mr. Golam Sarwar
Mr. Nasiruzzaman
Mr. Pingkon Chandra Das
Mr. Mokbul Hossain Sharif
Mr. Swapan Kumar Sutradhar
Mr. Monsur Ali Sarker
Mr. Mominul Islam
Mr. Ataur Rahman
Mr. Ratan Sikder
Mr. Goutam Sarker
Mr. Elias Kabir
Mr. Yacin Akond
Mr. Santosh Kumar Mandal
Mr. Projit Roy
Mr. K.M Rezaul Karim
Mr. Nurul Islam
Mr. Rezaun Nabi
Mr. Hossain Imam
Mr. Amya Kumer Sarker
Mr. Towhidul Islam
Mr. Prodip Biswas

Field Staff for Household Survey

Quality Control Officers
Ms. Nargis Akter
Mr. Najim Uddin
Mr. Sankar Chandra Banik
Ms. Dolena Begum
Ms. Jesmin Akter
Ms. Minara Mahbun

Supervisors
Mr. Golam Ahmed Siddique
Mr. Dilip Kumer Halder
Mr. Abdul Kadir Khan
Mr. Saiful Islam Mukul
Mr. Mehedi Hasan
Mr. Helal Uddin Bhuiyan
Mr. Humayun Kabir
Mr. Rafiqul Alam
Mr. Akteruzzaman
Ms. Nasmun Nahar Yeasmin
Ms. Shirina Pervin
Ms. Touhida Sultana
Ms. Salma Sultana
Ms. Tahera Khatun
Ms. Afroza Khatun Sheuly
Ms. Rowson Ara
Ms. Rowshon Ara Akter
Ms. Latifa Khatun

Interviewers
Ms. Manju Halder
Ms. Sonia Sharmin
Ms. Farjana Iasmin
Ms. Asma Akter
Ms. Masuma Begum
Ms. Hira Anindita Ghagra
Ms. Lilima Akter Banu
Ms. Roushonara Begum
Ms. Sayeda Masuda Akter
Ms. Susmita Islam
Ms. Salma Akter

Interviewers (Continued)
Ms. Ruksana Akter
Ms. Joytsna Akter
Ms. Sajiya Bhuiyan
Ms. Monira Pervin
Ms. Shaima Siddika
Ms. Hamida Begum
Ms. Minu Talukder
Ms. Mousumi Mondal
Ms. Nargis Akter
Ms. Rojina Khatun
Ms. Champa Chameli
Ms. Mahfuja Akter
Ms. Jahanara Begum
Ms. Gouri Sutar
Ms. Hachina Akther
Ms. Popy Akther
Ms. Rumana Akter
Ms. Pala Halder
Ms. Sanjina Ali
Ms. Selina Akter Seli
Ms. Lovely Begum
Ms. Salima Ali Lima
Ms. Amena Khan Majlish
Ms. Rina Akter
Ms. Rajia Sultana
Ms. Ayrin Pervin
Ms. Kawsar Saheli
Ms. Mousumi Akter
Ms. Alimun Nahar
Ms. Suraiya Sultana
Ms. Ayesha Begum
Ms. Asa Majid Rosy
Ms. Rokeya Akter
Ms. Shamima Pervin
Ms. Shahinur Pervin

Logistical Assistants
Md. Oli Ahmed
Md. Reaj Uddin
Md. Khorshed Alam
Md. Jalil Hossain
Md. Shah Alam
Md. Tota Miah
Md. Monowar Sheikh
Md. Delowar Hossain
Md. Masud Khan

Data Processing Staff

Data Processing Supervisors
Mr. Shishir Paul
Mr. Haradhan Sen
Mr. Suyeb Hossain

Administrative Staff

Accounts Officer
Mr. Bimal Ch. Datta

Word Processor/Typist
Mr. Ashfaqur Rahman

APPENDIX D. QUESTIONNAIRES