2005 Rural NGO Service Delivery Program (NSDP) Evaluation Survey

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SUMMARY

The *2005 Rural NGO Service Delivery Program (NSDP) Evaluation Survey* in Bangladesh provides data to evaluate the rural component of the NGO Service Delivery Program (NSDP), a four-year, USAID-funded health and population project. It provides information on the use of Essential Service Package (ESP) components for a representative sample of 7,651 women in NSDP project areas and 4,418 women in non-NSDP areas, including utilization of services at the NSDP network of facilities (static and satellite clinics and depotholders) and alternative providers, knowledge of health promotion behaviors, awareness of NSDP services, and the quality of treatment at NSDP clinics. The survey, part of a continuing evaluation that began with a baseline survey in 1998 followed by mid-project evaluation surveys in 2001 and 2003, was conducted by Associates for Community and Population Research (ACPR), a Dhaka-based research firm, with technical assistance from the MEASURE Evaluation Project at the University of North Carolina at Chapel Hill.

A few of the important points emerging from this report include:

- Modern contraception prevalence continued to increase, though it is difficult to attribute this solely to the project. The increase in NSDP areas (4.2 percentage points) during 2003-2005 was nearly twice that in non-NSDP areas. There were almost no differences in contraceptive use by socioeconomic status.
- A slight change in contraceptive method mix occurred (for instance, use of injectable contraceptives increased two percentage points in project areas). The pill, injectables and female sterilization remained the most important source of modern contraception in rural NSDP areas.
- In rural project areas, NSDP NGOs remained the principal source of modern contraceptive supply, with about 46.2% of the market. This represented a slight improvement over the 2003 figure of 45.5%. NSDP providers were also the most important source of modern contraceptives for the poorest consumers, with 49.8% of that market.
- The use of antenatal care continued to increase, albeit modestly by 3.2 percentage points.
- Vaccination rates for children have increased, with the result that more than half of all children were fully vaccinated and dropout rates for several vaccine series remained high. Rates for the poorest children were lower than for the overall sample.
- Market shares for NSDP providers generally continued to increase, though at a slower pace than between 1998 and 2001 or 2001 and 2003. For some elements of the essential services package (e.g. ANC) it actually fell. Nonetheless, for many elements of the ESP NSDP providers remained particularly important providers for the poorest consumers (for instance, NSDP providers—in particular satellite clinics—were important sources of ANC for the poorest women). Market share for child vaccinations fell to around 70% in project areas. Their share for treatment of childhood illness—ARI and diarrhea—remained negligible.

Thus, the 2003 through 2005 period generally witnessed a continuation, if often on a somewhat attenuated basis, of established trends. While the impact of the project remained modest in terms of some elements of the ESP, in others improvement continued. However, some of these developments appeared to reflect changes in the project catchment areas more strongly than changes within established catchment areas. Key findings are more fully presented in Table S.3.

Behind these general conclusions, a few of the more detailed, specific findings include:

Contraceptive Use: Continuing a positive trend (from 36.5% in 1998 to 40.4% in 2001 and 46% in 2003), 50.2% of currently married women in NSDP areas used modern contraception in 2005. In non-NSDP areas the evolution was from 37.6% in 1998 to 41.6% in 2001, 46.9% in 2003 and 49.3% in 2005. Use of oral contraceptives continued to increase modestly in NSDP areas (from 20.4% in 2001 and 23.1% in 2003 to 25.1% in 2005) while that of injectables grew from 11.0% in 2001 and 13.8% in 2003 to 15.6% in 2005. The prevalence of female sterilization actually fell slightly, from 5.8% in 2003 to 5% in 2005. The modern contraception prevalence rate for the poorest in 2005 was 46.4% in project areas and 47% in non-project areas. For married adolescents aged 10 to 14 it increased by 4.9 percentage points while the figure for those aged 15 to 19 years was five percentage points.

The share of NSDP providers in total contraceptive supply continued its slow upward trend—from 44.0% in 2001 and 45.5% in 2003 to 46.2% in 2005—after the comparatively dramatic 11 percentage point increase between 1998 and 2001 (Figure S.1): modest increases in the share of NSDP satellite and static clinics was partially offset by a small decrease in that of depotholders. At 19.9% of the market in NSDP areas in 2005, the prominence of private medical sources, principally pharmacies, continued to grow, while the government's share maintained a downward trend (from 33.5% in 2001 and 27.6% in 2003 to 24.5% in 2005). Overall, NSDP providers remained the leading suppliers of modern contraception in project areas.

NSDP NGOs provided 49.8% of the modern contraception used by the poorest in NSDP project areas (the largest share). Of the three types of NSDP providers, satellite clinics were the most important to the poor (at 29.9%) followed by depotholders (15.3%). After NSDP NGO providers, public sector facilities (with 29% of the market, led by Thana health complexes at 11.9%) were the most important providers of modern contraception to the poorest.

Discontinuation rates within 12 months of starting a contraceptive method were calculated by method and for NSDP/non-NSDP women using a contraceptive calendar. In NSDP areas, discontinuation rates were highest for condoms (at 58.3%), though this result must be interpreted with some degree of caution since the overall condom prevalence rates were so low. The figures for pills (41.8%) and injectables (36%) were more modest.

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

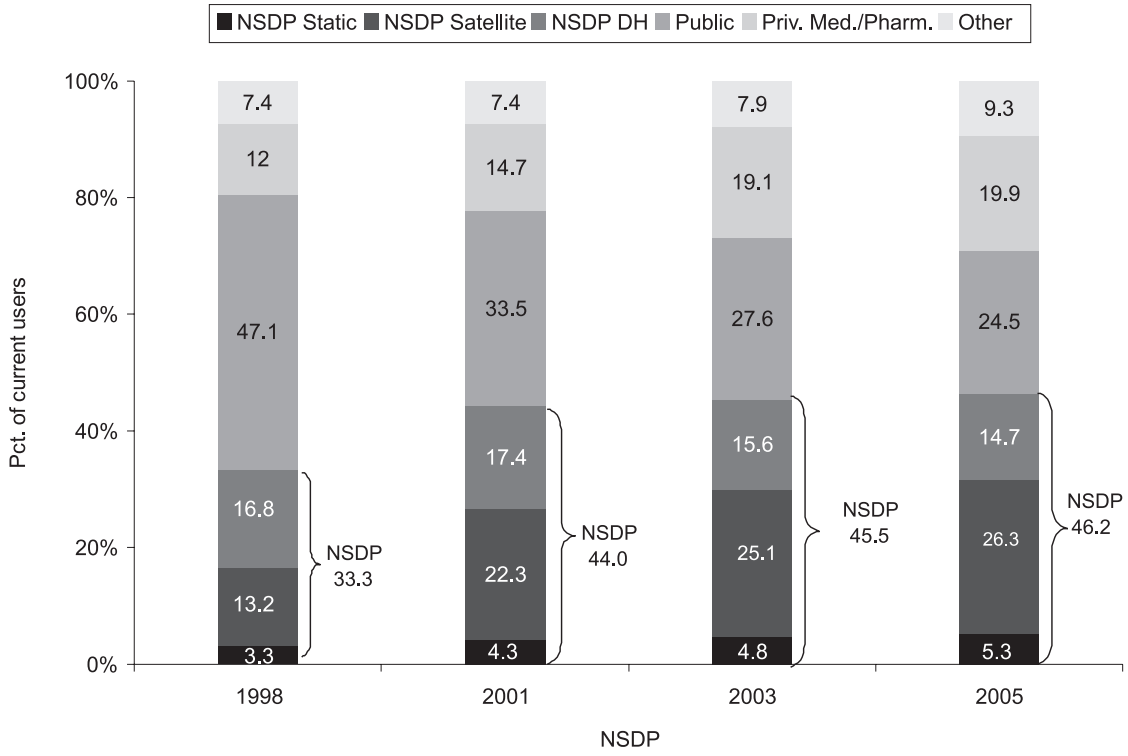
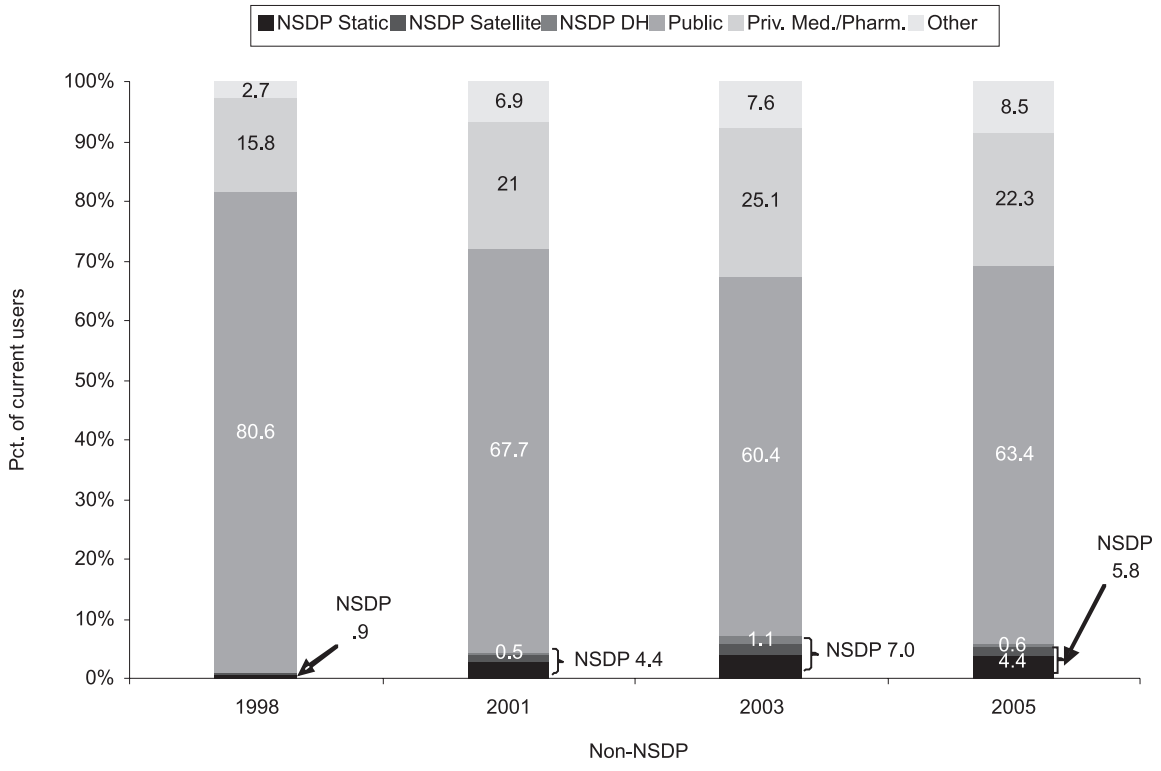


Figure S.2 Modern Contraception Market Share—Non-NSDP Areas—1998, 2001, 2003 and 2005.



Antenatal Care: 54.3% of women in NSDP areas with a live birth in the three years preceding the survey made at least one antenatal care visit (up from 42.9% in 2001 and 51.1% in 2003). In non-NSDP areas, the proportion of women receiving any antenatal care increased from 38.1% in 2001 and 46.1% in 2003 to 50.2% in 2005. However, only 37.1% of the poorest women in NSDP project had at least one antenatal care visit (25.4% of the poorest women in non-NSDP areas did). In 2005 47.4% in NSDP project areas were seen by a trained provider, compared with 40.6% in non-project areas. These figures represented an increase from 2003, when 43.9% in NSDP project areas were seen by a trained provider while 37.7% in non-project areas were. The percentage of pregnant women receiving iron supplementation in NSDP areas increased from 41.3% in 2001 and 48.2% in 2003 to 51% in 2005 (in non-project areas there was actually a decrease from 45.1% in 2003 to 43.7% in non-NSDP areas).

The share of NSDP in the provision of ANC care decreased from 53.8% in 2001 and 51.2% in 2003 to 47.7% in 2005 (Figure S.3). This was driven by NSDP satellite clinics, whose share decreased from 38.6% in 2003 to 34.6% (the share of static clinics actually rose from 12.6% in 2003 to 13.1% in 2005). Government providers saw their share rise slightly from 26% in 2001 and 29.8% in 2003 to 29.9%.

NSDP NGO facilities were more important to the poorest women in NSDP areas (with 53.7% of the market). However, this was nearly completely driven by NSDP satellite clinics (which had 43.1% of the overall market for ANC services for the poorest women in project areas). After NSDP providers, public sector providers were the most important source of ANC care for the poor, with 31.3% of the market in project areas.

Figure S.3 Antentatal Care Market Share—NSDP and Non-NSDP Areas—1998, 2001, 2003 and 2005.

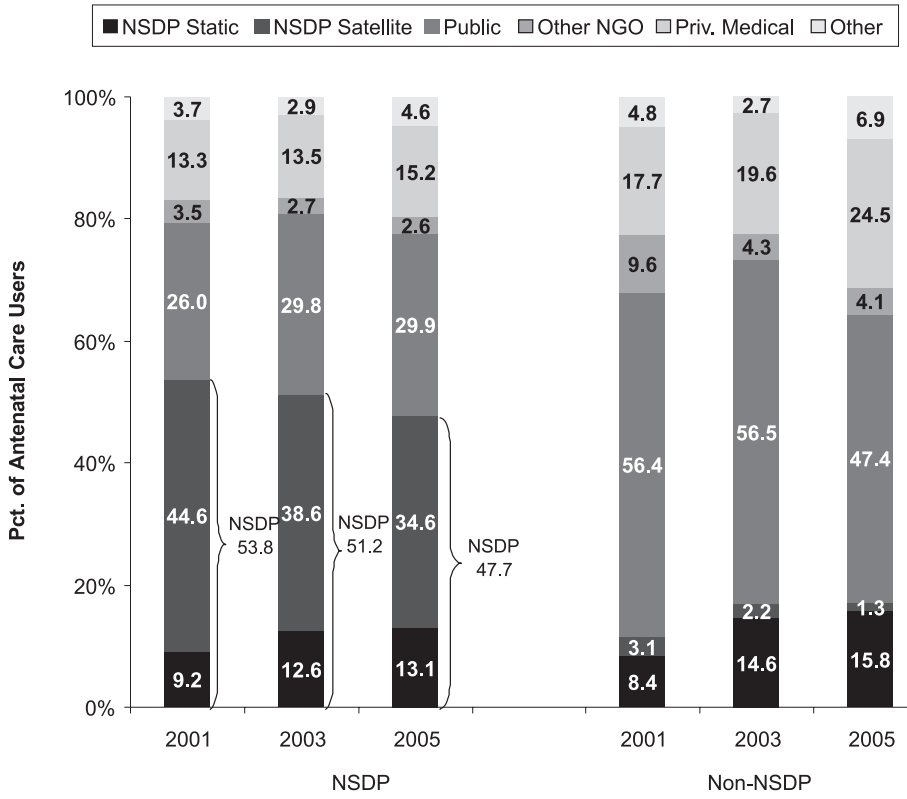
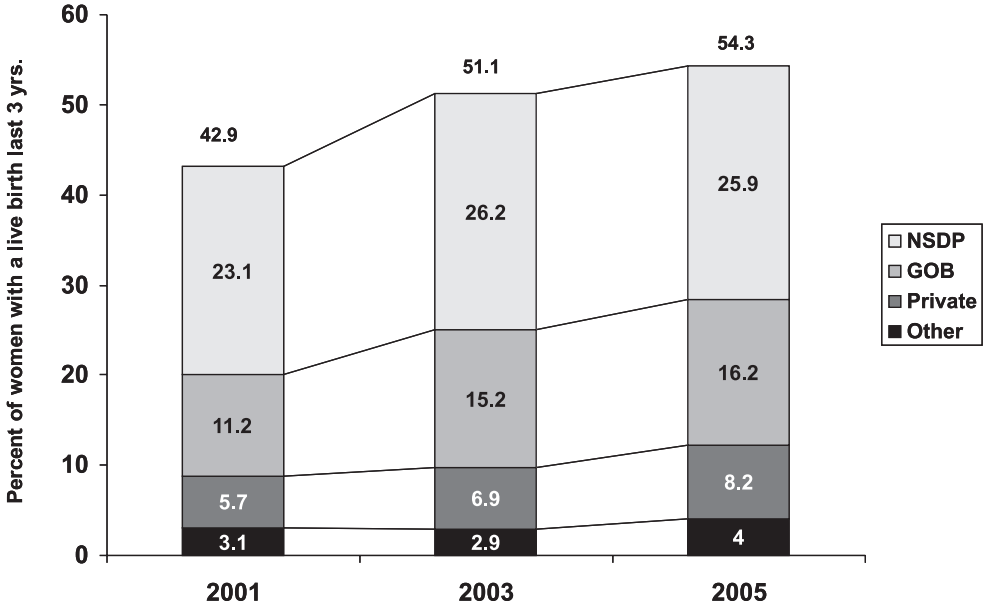


Figure S.4 Antenatal Care Sources—NSDP Areas 2001 and 2003.



Childhood Vaccinations: 93.5% of children (and 88.5% of the poorest ones) age 12-23 months received BCG vaccination (a slight increase from just under 91% in 2003) (Table S.1). Polio3 vaccination rates increased slightly from 82.9% in 2003 to 86.4% in 2005, while those for DPT3 and measles rose from 60.3% to 76.3% and 70.7% to 79.6%, respectively. The rates for Polio3, DPT3 and measles for the poorest children in project areas were 79%, 68.4% and 65.9%, respectively. The share of NSDP providers in NSDP areas actually decreased (for instance, from 70.1% in 2003 to 62% in the case of measles) (Table S.2).

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

Antigen	Rural NSDP Project Areas				Rural non-NSDP Areas			
	1998	2001	2003	2005	1998	2001	2003	2005
BCG	89.3	89.0	90.7	93.5	89.7	90.7	93.7	96.2
DPT3	67.6	55.2	60.3	76.3	68.1	59.5	66.6	83.3
Polio3	72.1	78.6	82.9	86.4	71.7	85.5	84.7	90.5
Measles	68.9	62.9	70.7	79.6	70.7	71.7	77.9	82.6
All antigens	58.9	45.8	49.2	68.6	59.4	51.8	58.4	74.3

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

Antigen	Rural NSDP Project Areas				Rural non-NSDP Areas			
	1998	2001	2003	2005	1998	2001	2003	2005
BCG	34.9	57.8	69.3	59.6	1.8	5.1	7.4	8.9
DPT3	35.5	61.7	72.0	61.2	1.3	4.3	7.1	8.2
Polio3	34.6	58.6	72.5	61.3	1.1	4.5	7.4	7.8
Measles	39.7	60.6	70.1	62.0	8.8	4.3	6.5	7.1

Child Health: Among children 9-59 months in NSDP areas, 67.5% received a vitamin A capsule in the past six months, down slightly from 73.9% in 2003. The figure for the poorest children was somewhat lower at 61.9%. In NSDP comparison areas, the percent of children receiving vitamin A was slightly higher, at 70.8%, (for the poorest the figure was actually 64.1%).

In NSDP areas, 5.7% of children (and 6.9% of the poorest ones) had diarrhea in the two weeks preceding the survey. Most were treated with either Packet ORS or *laban gur* solutions. The proportion receiving packet ORS was 76.3% (72.3% for the poorest), as compared with 53.1% in 1998, 66.6% in 2001 and 73.4% in 2003. Those receiving homemade water-salt-sugar/*laban gur* solutions decreased slightly from 24.4% in 2001 and 21.6% in 2003 to 15.8% (the figure in 2005 for the poorest was similar, at 17.5%). The overall proportion of children with diarrhea receiving ORT (ORS and/or *laban gur* solution) increased slightly to 81.2% (from 62.9% in 1998, 75.4% in 2001 and 80% in 2003). The figure for the poorest was 75.2%. A larger increase occurred in non-NSDP areas, from 76.2% in 2003 to 84.8%. At 4%, the share of NSDP providers in the treatment of diarrhea rose from 3.2% in 2001 (though it still fell short of the 2001 figure of 4.53%).

Approximately 6% of children (and 6.5% of the poorest children) in NSDP areas had symptoms of an acute respiratory infection (ARI) in the two weeks preceding the survey (compared with 7.7% in NSDP areas in 2003). In NSDP areas, 82.6% of children with ARI symptoms sought care (the figure for the poorest was 74.1%). In non-NSDP areas, 84.3% of children with ARI symptoms sought care. Among those who sought care from any source, only 3.75% went to an NSDP provider (the figure for the poorest was 7.7%).

Approximately 60.4% of children less than two months of age in NSDP areas were exclusively breastfed while 41.9% of all children under six months were exclusively breastfed. Both represent decreases from 2003. Of children 6-9 months of age, 57.9% were breastfed and received complementary foods. Only 6.4% of children 6-9 months were still exclusively breastfeeding.

Awareness of NSDP Services: Approximately 66% of women in NSDP areas were aware of clinical family planning methods, and 53% knew of EPI services at NSDP static clinics. Awareness of ANC at static clinics increased from 44% in 2001 and 64% in 2003 to 67% in 2005. At NSDP satellite clinics, 78.4%, 82.1%, and 80.5% were aware of family planning, maternal health, and child health services, respectively.

Quality of care at NSDP facilities remained high. As in 2001 and 2003, almost all users of NSDP static and satellite clinics said that staff were nice, spent a sufficient amount of time with them, and gave enough attention to their needs.

Knowledge of Health Promotion Behaviors: Women whose children had not yet completed all vaccinations and who had a vaccination card were asked if they knew when their child's next vaccination was due. Approximately 35% in NSDP areas knew when the next immunization was scheduled. Rates were similar in non-NSDP areas. In both areas, this marks a substantial increase from 2003.

There have been only minor changes in the proportions of women knowing of specific complications of pregnancy. Except for tetanus, awareness of complications of pregnancy remains low. Only 39% of women identified retention of the placenta (from 36% in 2001 and 39% in 2003). Only 31.3% and 23.3% identified eclampsia and prolonged labor, respectively, as complications of pregnancy (the figures for 2003 were 24% and 17%). Only 2.8% of women do not know a single danger sign or complication of pregnancy, down from 6% in 2003 and 10% in 2001.

Early Childhood Mortality: The infant mortality rate in NSDP areas for the five-year period preceding the survey was 57 deaths per 1,000 live births, down from 73 deaths in 2003, and 77 in 2001. The child mortality rate was 18.7 deaths per 1,000, down from roughly 20 per 1,000 in 2003, and 28.6 in 2001. The infant mortality rate (62.2 deaths per 1,000 live births) was lower in non-NSDP areas. For the 10-year period preceding the survey, the infant mortality rate for the poorest in project areas was 76.3 (against 63.7 for the full sample in project areas). The overall child mortality rate in project areas was 19.1 for the full sample and 26 for the poorest. The 10-year period infant mortality rates in NSDP areas were highest in Dhaka (77.3) and lowest in Chittagong (67.3) division. In both NSDP and non-NSDP areas, mortality rates have declined significantly over the past 15 years.

Fertility: The total fertility rate for the three years preceding the survey in NSDP areas was 3.1 births per woman, down from 3.3 in 2003 and 3.6 in 2001. A notable downward trend could be seen in NSDP areas, though it began prior to the start of the project and was paralleled in non-NSDP areas.

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

	Project areas				Non-project areas			
	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	Rural NSDP Survey 2005	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	Rural NSDP Survey 2005
SO: Fertility reduced; family health improved								
Total fertility rate 15-49 (3 year recall)	x	3.6	3.3	3.1	x	3.3	3.2	3.0
Infant mortality rate	x	77.0	72.9	56.9	x	70.5	63.7	62.2
Child mortality rate	x	28.6	19.9	18.7	x	24.1	21.8	18.4
Under 5 mortality rate	x	103.4	91.3	74.5	x	92.9	84.1	79.5
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	45.5	47.0	53.6	56.9	45.3	49.4	55.8	57.8
Any modern method	36.5	40.4	46.0	50.2	37.6	41.6	46.9	49.3
Pill	18.9	20.4	23.1	25.1	20.3	23.9	26.7	26.7
IUD	1.0	0.7	0.5	0.6	1.8	0.7	0.6	0.9
Injection	8.1	11.0	13.8	15.6	7.1	7.2	9.9	12.3
Condom	1.8	1.8	1.8	2.8	1.7	2.6	3.0	2.5
Female sterilization	6.2	5.5	5.8	5.0	6.3	6.5	5.8	5.9
Male sterilization	0.3	0.4	0.4	0.4	0.3	0.1	0.4	0.4
Norplant	0.2	0.5	0.6	0.8	0.1	0.6	0.5	0.6
Any traditional	9.0	6.5	7.2	6.4	7.7	7.8	8.5	8.1
Not using any method	54.5	53.0	46.4	43.1	54.7	50.6	44.2	42.2

Table S.3 Continued

	Project areas				Non-project areas			
	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	Rural NSDP Survey 2005	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	Rural NSDP Survey 2005
Contraceptive prevalence rate (modern methods) Among currently married adolescents								
Age 10-14	15.1	16.9	21.7	26.6	13.1	12.6	29.4	16.2
Age 15-19	26.6	27.4	35.2	40.2	25.1	28.3	36.9	34.0
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	89.3	89.0	90.7	93.5	89.8	90.7	93.7	96.2
DPT3	67.6	55.2	60.3	76.3	68.2	59.5	66.6	83.3
Polio3	72.1	78.6	82.9	86.4	71.8	85.5	84.7	90.5
Measles	68.9	62.9	70.7	79.6	70.6	71.7	77.9	82.6
All	58.9	45.8	49.2	68.6	59.3	51.8	58.4	74.3
Percent of children (9-59 months) receiving vitamin-A capsules in the last six months	x	70.1	73.9	67.5	x	75.5	75.9	70.8
Percent of child diarrheal episodes treated with ORT in target populations								
Packet ORS	53.1	66.6	73.4	76.3	44.9	59.7	73.7	80.6
Laban gur saline (RHF)	12.6	24.4	21.6	15.8	9.5	25.7	14.2	8.9
Oral Rehydration Therapy (ORS or *laban gur*)	62.9	75.4	80.0	81.2	50.9	67.5	76.2	84.8
Percent of child ARI cases treated in target populations								
Health facility or provider	32.4	23.7	31.9	31.3	44.4	25.3	30.5	31.4

Table S.3 Continued

	Project areas				Non-project areas			
	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	Rural NSDP Survey 2005	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	Rural NSDP Survey 2005
Percent of live births for which women in target populations made one or more ANC visits, by age								
Women with a live birth in last 1 year	39.3	46.8	53.9	56.0	42.6	39.1	50.3	48.0
Women with live birth in last 3 years	x	42.9	51.1	54.3	x	38.1	46.1	50.2
Percent of women receiving antenatal care from a medically trained provider, live births last 3 years	x	35.2	43.9	47.4	x	27.9	37.7	40.6
Percent of pregnant women taking iron supplementation (women with live birth last 1 year)	x	41.3	48.2	51.0	x	42.5	45.1	43.7
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	56.3	61.8	61.5	66.3	x	x	x	x
Non-clinical FP method	70.1	58.5	52.8	61.6	x	x	x	x
Advice for side effects	3.9	4.1	6.1	11.4	x	x	x	x
ANC	38.4	44.4	63.9	66.7	x	x	x	x
PNC	5.8	6.7	10.3	13.2	x	x	x	x
EPI	20.0	47.2	47.4	53.1	x	x	x	x
Oral Saline	22.8	13.8	12.9	13.7	x	x	x	x
Satellite clinic								
Clinical FP method	41.5	50.2	64.3	50.1	x	x	x	x
Non-clinical FP method	59.4	59.7	59.5	62.2	x	x	x	x

Table S.3 Continued

	Project areas				Non-project areas			
	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	Rural NSDP Survey 2005	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	Rural NSDP Survey 2005
Advice for side effects of family planning use	2.2	2.2	3.9	6.8	x	x	x	X
ANC	57.5	45.9	62.0	55.9	x	x	x	X
PNC	7.4	5.8	5.0	8.7	x	x	x	X
EPI	54.0	65.8	70.0	60.2	x	x	x	X
Oral Saline (ORS/diarrhea treatment)	15.4	9.2	10.1	8.2	x	x	x	X
Percent of mothers who know when their child's next Immunization is due; the importance of vitamin-A; how to respond to childhood diarrhea and ARI; danger signs of pregnancy								
When child's next immunization due								
DPT3	x	26.9	17.3	35.3	x	27.4	18.9	34.7
Polio3	x	26.4	18.3	36.2	x	25.9	19.1	35.4
Both	x	26.4	17.3	35.6	x	25.9	19.1	34.7
Know danger signs for pregnancy and how to react								
Tetanus	x	54.1	58.1	56.6	x	57.2	57.0	56.7
Obstructed labor	x	37.0	26.1	23.9	x	37.8	25.6	25.6
Convulsions/eclampsia	x	27.9	24.2	31.3	x	27.2	27.8	29.8
Retained placenta	x	35.6	39.0	38.8	x	36.0	40.5	42.0
Poor positioning of fetus	x	28.0	36.6	33.5	x	30.3	37.8	35.5
Excessive vaginal bleeding	x	16.0	16.6	17.2	x	19.1	18.5	18.0
Don't know	x	9.4	6.4	2.8	x	8.6	5.9	2.5
Percent of married women who know the recommended number of TT vaccinations, women with live birth in last 1 year	x	17.2	30.5	47.7	x	21.8	34.1	42.2
Percent of women who exclusively breastfed children in 0-6 months age interval	x	37.9	47.3	41.9	x	41.0	45.2	46.7

Table S.3 Continued

	Project areas				Non-project areas			
	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	Rural NSDP Survey 2005	RSDP Baseline Survey 1998	RSDP Survey 2001	Rural NSDP Survey 2003	Rural NSDP Survey 2005
Percent of women who exclusively breastfed,by 2 month intervals								
0-1 month	x	54.2	68.3	60.4	x	57.6	78.4	72.2
2-3 months	x	39.2	50.4	54.4	x	47.0	34.6	60.7
4-5 months	x	28.4	32.5	20.0	x	24.5	32.9	18.9
6-7 months	x	11.6	7.2	7.9	x	13.6	7.8	7.1
8-9 months	x	5.0	4.8	4.9	x	5.3	2.9	0.9
10-11 months	x	2.9	2.0	1.7	x	1.6	3.4	3.5
IR 3: Improved quality of services at NSDP facilities								
Drop-out rates for EPI								
DPT3	22.1	35.8	32.2	17.0	22.1	28.1	28.6	13.1
Polio3	18.1	12.8	6.1	7.2	18.9	6.3	7.8	5.4
Contraceptive method discontinuation rates								
Oral Contraceptives	x	41.7	41.4	41.8	x	33.7	33.6	35.9
IUDs	x	30.5	32.6	22.7	x	25.5	23.4	18.4
Injectables	x	40.3	40.9	36.0	x	39.9	40.5	34.6

CHAPTER 1. INTRODUCTION

1.1 Background

The 2005 Rural NGO Service Delivery Program (NSDP) Evaluation Survey, the fourth in a series,[1] is designed to provide data to monitor and evaluate the performance of the rural component of the NSDP, a U.S. Agency for International Development (USAID)-funded health program inaugurated in July 2002 to promote delivery and use of an essential services package (ESP)[2] of family planning and family health services in underserved areas of Bangladesh. At that time, the rural and urban components of the National Integrated Population and Health Program (NIPHP)—the Rural Service Delivery Partnership (RSDP) and the Urban Family Health Partnership (UFHP)—were merged to form the NSDP. The NSDP's strategic objectives are similar to those of the NIPHP. To reduce fertility and improve family health, the NSDP, in collaboration with 41 nongovernmental organizations (NGOs), provides the full range of essential reproductive and family health services while promoting sustained family health services and an improved support system. This report presents the main results from the 2005 Rural NSDP Evaluation Survey.

1.2 Population

The rural component of the NSDP covered a population of approximately 8.84 million in six divisions (compared with rural catchment populations of 8.82 million in 2003 and 11.56 million in 2001). The 2005 distribution of project population was approximately the same as in 2003: about 41% resided in Dhaka division, with small proportions in Barisal (2.1%) and Sylhet (5.2%) divisions (Table 1.1). For estimation purposes in this report, the authors combined Barisal with Khulna and Sylhet with Chittagong.

Table 1.1 Distribution of project population and number of clusters by division

Distribution of project population and number of selected clusters by division, rural NSDP areas, 2005

Division	Estimated project population		Number of clusters selected
	Number	Percentage	
Barisal	183,116	2.1	4
Khulna	547,623	6.2	39
Chittagong	1,779,125	20.1	45
Sylhet	449,489	5.2	10
Dhaka	3,627,650	41.0	90
Rajshahi	2,252,420	25.5	49
Total	8,839,423	100.0	237

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

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

1.3 Organization of the 2005 Rural NSDP Survey

1.3.1 Survey Objectives

The main objective of the 2005 survey was to measure changes in the USAID performance indicators since the mid-project evaluation in 2003. The NSDP result framework performance indicators at the time of the survey design provided the specific avenue for doing so. These were designed to measure changes both in health outcomes—the strategic objective—and five intermediate behavior and knowledge related areas. The overall strategic objectives of the NSDP program are to reduce fertility and to improve family health. The intermediate results include: increased use of an ESP; increased knowledge and changed behaviors; improved quality of services at rural NSDP facilities; improved management of rural NSDP service delivery organizations; and increased sustainability of NSDP service delivery organizations. Indicators were developed for the strategic objective and each intermediate result.

1.3.2 Implementation of the Survey

The 2005 Rural NSDP Evaluation Survey was implemented by Associates for Community and Population Research (ACPR), a research firm located in Dhaka. A three-member research team at ACPR headed by Professor M. Sekander Hayat Khan was responsible for implementing the survey. The other members were A.P.M. Shafiur Rahman, and Tauhida Nasrin. Technical assistance was provided by MEASURE Evaluation, a USAID-funded project implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill.

1.3.3 Sample Design

As in the 2003 Rural NSDP Evaluation, 2001 RSDP Evaluation, and 1998 RSDP Baseline surveys, the 2005 Rural NSDP Evaluation Survey used a representative sample of households in program areas. In addition, a sample was drawn from rural non-program areas. The purpose of including this sample of comparison areas was to distinguish the effects of the NSDP from other forces at play in rural Bangladesh. The rural comparison communities were adjacent to NSDP project areas and chosen, to the greatest degree possible, for their similarity to them. Differences—in changes over time and in the levels of key indicators—between the two could then be ascribed to the NSDP.

The 2005 Rural NSDP Evaluation Survey provided estimates for six domains: the four divisions in which the project operates,[3] the rural NSDP project as a whole, and the rural non-NSDP comparison areas. The sample size for the survey was 7,652 women from the NSDP project areas and 4,418 women from non-NSDP areas.

Though the size of the 2005 rural NSDP population was almost the same as in 2003, there were some changes, in part due to the evolving set of participating NGOs (Table 1.2). The project population actually decreased in Sylhet and increased in Rajshahi. Overall, 6.6% of the 2003 project population had been lost by 2005, while 7.6% was newly added.

[3] While the project supports NGOs in all six divisions, it operates in only a few areas in Barisal and Sylhet divisions. As a result, Khulna and Barisal divisions were treated as a single domain, as were Chittagong and Sylhet.

Table 1.2 Project population in 2001, 2003 and 2005

Distribution of project population by division (population size in thousands, percentage distribution in parentheses), rural NSDP areas, 2001, 2003 and 2005.			
Division	2001	2003	2005
Barisal	121 (1.1)	172 (2.0)	183 (2.1)
Khulna	684 (5.9)	761 (8.6)	548 (6.2)
Chittagong	1,825 (15.8)	2,083 (23.6)	1,779 (20.1)
Sylhet	2,505 (21.7)	506 (5.7)	449 (5.2)
Dhaka	4,003 (34.6)	3,433 (38.9)	3,628 (41.0)
Rajshahi	2,422 (21.0)	1,866 (21.2)	2,252 (25.5)
Total	11,561 (100)	8,821 (100)	8,839 (100.0)

A sampling design similar to that used in 2003 was employed for the 2005 Rural NSDP Evaluation Survey. In both, a representative sample of the project population was drawn in two stages. In the first, a total of 237 clusters were selected in NSDP areas. A cluster was defined as the area served by an NSDP satellite or static clinic. Sample clusters in areas no longer serviced by NSDP rural NGOs were excluded, and some new clusters covered by the NSDP rural NGOs were included. To ensure maximum precision and minimum bias in estimating the change between the 2003 and 2005 surveys, it was intended that the 2003 sample clusters would be retained to the greatest extent possible. Out of 237 clusters in project areas in 2003, it was possible to retain 225. An additional 12 new clusters were drawn from new project areas.[4] As in 2003, the eligible couple population by division was used to obtain the number of clusters for each division. Since the 2005 sample was not self-weighted, weighting factors were applied to estimate the project-level figures.

Of the chosen project clusters, four were selected from Barisal, 44 from Chittagong, 90 from Dhaka, 39 from Khulna, 49 from Rajshahi, and 11 from Sylhet divisions. A total of 145 non-project comparison clusters were selected. Clusters from comparison areas were selected from areas adjoining NSDP program areas in proportion to population size. Using a similar sampling strategy, 140 (old) 2003 comparison clusters were retained in the sample and another five were selected with equal probability to serve as new comparison areas.

For every selected cluster from the NSDP and non-NSDP comparison areas, 150 to 350 households were listed, proceeding from the northwest corner of the area. From each project cluster, 36 households were then systematically selected with the expectation that at least 32 eligible women (ever-married age 10 to 49 years) would be found for interviews. Similarly, from each comparison cluster, 34 households were systematically selected with the expectation that at least 30 eligible women would be found for interviews. Ultimately, 7,652 women in NSDP program areas and 4,418 in comparison areas were interviewed.

[4] In the 2003 Rural NSDP survey, 237 sample clusters were selected from project areas, of which 12 clusters are out of project areas in 2005.

1.3.4 Survey Instruments

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

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

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

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

- Background characteristics (age, current marital status, education, religion, exposure to mass media, etc.)
- Reproductive history
- Knowledge and use of family planning methods
- Pregnancy, postnatal care, and breastfeeding practices
- Immunization and child health care
- Fertility preferences
- Knowledge of existing health services and providers
- Husband's background, respondent's work, and respondent's level of autonomy within the household

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

The Village/Mahalla questionnaire had two principal purposes: (1) to collect information about important community characteristics of NSDP project and non-NSDP comparison areas and (2) to identify the NSDP and non-NSDP health facilities in the communities, including the Global Positioning System (GPS) location of the community.

The facility questionnaire aimed to collect information on the service supply environment confronting women in NSDP and non-NSDP areas. Different types of questionnaires were used for different types of facilities and providers. The health facility survey collected information on the following topics:

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

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

1.3.5 Training and Field Work

Field staff for the household listing phase were recruited during the first week of May 2005 and trained at ACPR from May 7 to May 12, 2005. Listing operations and facility interviews were conducted from May 14 to July 10, 2005. Thirty teams, each consisting of one supervisor and two listers, were deployed for the listing operation and facility interviews.

The women's questionnaire was pre-tested from May 14 to May 16, 2005. First, male and female interviewers were trained at ACPR. Interviews were then conducted in Savar areas in Dhaka under the observation of ACPR's research team members, MEASURE Evaluation, and USAID/ Dhaka. Altogether, 20 questionnaires were completed. Based on this experience in the field and suggestions made by pretest staff, modifications were made in the wording and translations of the questionnaire. In the first week of May 2005, field staff for the main survey were recruited. Recruitment criteria included educational attainment, experience in other surveys, and the ability to spend three weeks in training and at least three months in the field. Training for the main survey was conducted at a rented venue for 15 days from May 16 to May 30, 2005, including two days for field practice. Training consisted of lectures on the objectives and methodology of the survey, techniques of interviewing, and how to complete the questionnaire. Group discussions and mock interviews between participants were used to gain practice in asking questions. Those with satisfactory performance in the course were selected for fieldwork. Those whose performance was considered superior were selected as supervisors.

Fieldwork commenced on June 1, 2005 and was completed on August 21, 2005. It was carried out by 15 interviewing teams. Each team consisted of one male supervisor and one female supervisor, four female interviewers, and one field assistant. In addition to supervision and team management, the male supervisor was responsible for recording the GPS location coordinates of the sample clusters. Field work was done in four phases. ACPR fielded five quality control teams of two people each to monitor the field activities of the teams. In addition, research team members from ACPR monitored the field work by visiting the teams in the field. A survey expert from MEASURE Evaluation also visited teams in the field.

1.3.6 Data Processing

Data processing commenced in mid-July 2005 and was completed on September 6, 2005, at the ACPR office in Dhaka. All the filled-in questionnaires for the survey were returned to the data processing cell of ACPR. The data processing operations consisted of office editing, data entry, and editing inconsistencies found by computer programs. The data were processed on 11 microcomputers working in double shifts, with 22 data entry operators and two data entry supervisors. To minimize error, a double data entry procedure was followed.

1.4 Response Rates

Table 1.3 shows response rates for the survey. 8,532 households in project areas and 4,930 households in non-project areas were selected for the sample, with 12,639 (8,001 project and 4,638 non-project) successfully interviewed. The most common reasons for the shortfall were that the dwellings were either vacant or the inhabitants were absent. About 97% of households were successfully interviewed. In these, 13,444 (8,517 project and 4,927 non-project) women were identified as eligible for the individual interviewers (i.e. ever-married women age 10 to 49 years), and 12,070 (7,651 project and 4,418 non-project), or 89.7%, of them were interviewed. The main reason for non-response among the eligible women was the failure to find them at home despite repeated visits to the households. Response rates were about the same as in the 2003 Rural NSDP and 2001 RSDP Evaluation Surveys.

Table 1.3 Results of the household and individual interviews

Number of households, number of eligible women interviewed, and response rates according to division, Rural NSDP, and Non-NSDP areas, 2005.

	Project areas					Non-project areas
	Cittagong / Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Dwellings sampled	1,980	1,548	3,240	1,764	8,532	4,930
Household found	1,899	1,496	3,118	1,686	8,199	4,774
Household interviewed	1,834	1,471	3,057	1,639	8,001	4,638
Household response rate (%)	96.6	98.3	98.0	97.2	97.6	97.2
Eligible women found	1,973	1,585	3,297	1,662	8,517	4,927
Eligible women interviewed	1,732	1,460	2,940	1,519	7,651	4,418
Eligible women response rate (%)	87.8	92.1	89.2	91.4	89.8	89.7

CHAPTER 2. HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS

This chapter provides information on the general characteristics of the populations of rural NSDP and non-NSDP comparison areas. It explores household characteristics (such as age-sex structure and household size), marital status, physical characteristics of the residence (including sanitation facilities and household possession of durable items) and ownership of homesteads and land, thus providing some background for the many social and demographic phenomena discussed in the following chapters.

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

2.1 Household Population by Age, Sex and Residence

The distribution of the household population in rural project and non-project comparison areas, by five-year age groups and sex, is shown in Table 2.1. The population was roughly equally divided into males and females in both project and non-project areas. Overall, the proportion in younger age groups was substantially larger than in older age groups for each sex and in project and non-project areas.

The age distribution in project and non-project areas was similar. Slightly less than 40% of project and non-project populations were younger than 15 years of age, and about 5% was 65 years old or older. The age distribution pattern was also similar to what was observed in 2003 and 2001.

Table 2.1 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age group, according to sex, and project and non-project areas, NSDP 2005.

	Project areas			Non-Project areas		
Age group	Male	Female	Total	Male	Female	Total
0-4	12.2	12.3	12.2	11.9	11.5	11.7
5-9	14.1	13.0	13.5	12.6	12.3	12.5
10-14	12.9	12.2	12.5	12.7	12.7	12.7
15-19	10.8	12.6	11.7	11.1	12.6	11.9
20-24	7.2	9.5	8.3	8.0	9.4	8.7
25-29	6.5	8.2	7.4	6.9	7.7	7.3
30-34	6.3	6.5	6.4	6.0	7.0	6.5
35-39	6.2	6.0	6.1	6.1	6.1	6.1
40-44	5.4	4.6	5.0	5.4	5.1	5.2
45-49	4.4	3.4	3.9	4.8	3.8	4.3
50-54	3.3	2.6	3.0	3.8	2.6	3.2
55-59	2.4	2.5	2.5	2.5	2.8	2.6
60-64	2.4	2.4	2.4	2.8	2.2	2.5
65-69	1.7	1.3	1.5	1.6	1.3	1.5
70-74	1.9	1.2	1.5	1.9	1.3	1.6
75-79	.9	.4	.7	.9	.5	.7
80+	1.4	1.1	1.2	1.2	1.0	1.1
DK/Missing	.0	.0	.0	.0		.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	19,602	19,857	39,459	11,319	11,386	22,705

2.2 Household Composition

The distribution of de jure household members by the sex of the head of household and household size is given in table 2.2. (A de jure household includes all members identified as living in the home, regardless of whether they were present during the time of interview.) Only 10% of rural project and non-project households were headed by females, which is in line with other estimates (e.g. Bangladesh Demographic and Health Survey (BDHS) 2004). Female-headed households were equally uncommon in all divisions, with the exception of Chittagong (where a higher proportion of males lived away from the usual residence either for business or foreign employment). This was consistent with the 2003 and 2001 findings.

Average household size was 5.0 members in project and non-project areas. This figure is slightly lower than the 2003 and 2001 estimates, but lined up exactly with the 2004 BDHS figure. The mean household size was higher in Chittagong/Sylhet division. Single-person households were rare in every area.

Table 2.2 Household composition

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

	Project areas					Non-Project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Sex of the household head						
Male	85.3	93.5	90.6	94.0	90.4	89.7
Female	14.7	6.5	9.4	6.0	9.6	10.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of usual members						
1	1.1	.7	1.2	2.0	1.3	1.3
2	4.4	7.6	7.5	8.2	6.9	7.0
3	9.9	18.1	14.7	20.1	15.2	14.6
4	17.1	24.9	21.7	28.7	22.6	22.3
5	17.4	22.6	21.0	19.7	20.0	21.1
6	17.5	12.9	14.5	11.2	14.3	14.5
7	12.8	6.5	8.0	5.2	8.4	8.7
8	7.3	2.3	5.6	2.4	4.9	4.2
9+	12.4	4.2	5.7	2.4	6.4	6.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Mean size	5.9	4.7	5.0	4.4	5.0	5.0

2.3 Marital Status of Household Population

The distribution of the household population by five-year age group according to marital status is given in table 2.3. This shows that a significant number of people, particularly female, were married at a rather early age. There was little variation in this pattern across divisions in project areas.

Table 2.3 Marital status

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

	Male						Female					
	Project areas			Non-Project areas			Project areas			Non-Project areas		
Age Group	CM	FM	NM	CM	FM	NM	CM	FM	NM	CM	FM	NM
10-14	0.5	0.2	99.3	0.5	0.0	99.5	2.9	0.1	97.0	3.1	0.0	96.9
15-19	4.1	0.3	95.6	3.2	0.1	96.6	43.2	0.6	56.3	40.3	1.5	58.2
20-24	26.6	0.6	72.8	23.6	0.3	76.1	81.7	2.2	16.1	79.8	1.7	18.5
25-29	65.9	0.6	33.4	62.1	0.0	37.9	93.0	2.8	4.3	92.6	3.6	3.8
30-34	89.3	0.6	10.1	87.7	0.4	11.9	94.6	4.5	0.9	93.4	5.7	0.9
35-39	97.6	0.4	2.0	96.4	0.6	3.0	91.5	8.3	0.2	91.8	8.0	0.2
40-44	98.6	0.5	0.9	98.9	0.5	0.7	85.8	14.0	0.2	87.2	12.0	0.8
45-49	99.4	0.6	0.0	99.3	0.3	0.4	85.1	14.7	0.1	86.1	13.9	0.0
50-54	99.0	0.9	0.2	98.3	1.2	0.5	75.8	23.8	0.4	77.2	22.6	0.3
55-59	98.4	1.4	0.2	96.3	3.4	0.4	66.3	33.3	0.4	61.7	38.3	0.0
60-64	96.5	3.3	0.2	97.2	2.8	0.0	53.7	45.9	0.4	50.5	49.5	0.0
65-69	94.1	5.9	0.0	93.6	5.8	0.6	43.1	56.9	0.0	40.5	59.5	0.0
70-74	93.6	5.9	0.4	91.6	8.4	0.0	27.6	72.0	0.5	18.2	81.2	0.5
75-79	92.5	6.9	0.6	88.9	11.1	0.0	18.1	81.9	0.0	14.5	85.5	0.0
80+	86.9	12.7	0.4	81.9	18.1	0.0	9.3	90.4	0.3	8.4	90.8	0.8
DK/Missing	51.3	48.7	0.0	66.7	33.3	0.0	.0	100.0	0.0	0.0	0.0	0.0
Total	56.5	1.2	42.3	54.7	1.2	44.1	61.5	10.8	27.7	60.1	11.4	28.5
Number	8,484	174	6,353	4,876	106	3,930	9,246	1,625	4,169	5,288	1,000	2,506

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

2.4 Housing Characteristics

The distribution of households by housing characteristics is given in tables 2.4A and 2.4B. Table 2.4A shows that tube wells were the major source of drinking water in project and non-project areas, supplying roughly 95% of households. Only a small percentage depended on surface water, while piped water was quite rare. This is consistent with the findings of the 2003 NSDP and 2001 RSDP Evaluation Surveys.

Generally speaking, sanitation facilities varied little between project and non-project areas. Around 86% of project and non-project households had some type of toilet facility. However, 60-65% had hygienic toilets (septic tank/modern toilets, water-sealed/slab latrines, or pit latrine). About 40% of those with some kind of toilet facility shared it with other households. This reflects steady improvement in both project and non-project areas. In project areas, the proportion of households with some toilet facilities increased by 5.2 percentage points from 2003 to 2005, and 6.8 percentage points from 2001 to 2003. Similar improvements occurred in comparison areas, where the figure increased by 3.9 percentage points during the period from 2003 to 2005.

Table 2.4A Housing characteristics

Percent distribution of household by housing characteristics, according to project and non-project areas, NSDP 2005.

	Project areas	Non-Project areas
Source of drinking water		
Piped inside dwell.	0.3	0.4
Piped outside dwell.	0.6	0.4
Tubewell	95.0	95.1
Surface/other well	0.6	0.4
Pond/tank/lake	3.1	3.4
River/stream	0.4	0.3
Rainwater	0.2	0.1
Other	0.0	0.0
Total	100.0	100.0
Type of toilet facility		
Septic tank/toilet	3.7	4.0
Water sealed/slab latrine	22.9	25.0
Pit latrine	34.9	35.7
Open latrine	19.6	17.2
Hanging latrine	5.0	4.4
No facility, bush	14.0	13.7
Other	0.0	0.0
Total	100.0	100.0
Number	8,001	4,638
Share toilet facility with other households		
Yes	40.4	38.7
No	59.6	61.3
Total	100.0	100.0
Number	6,883	4,003

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

2.5 Housing Characteristics and Possession of Durable Goods

Table 2.4B presents data on housing characteristics. In project and non-project areas, about 90% of dwellings had a rudimentary roof, with most of the rest having natural roofs (kacha or bamboo/thatch). Nonetheless, this actually reflects a small but steady improvement over time, particularly in project areas.

About 40-45% of project and non-project households resided in a dwelling with walls made of natural materials such as jute sticks, bamboo or mud, while approximately 44% did so in one made with tin walls. Roughly 10% of households had brick/cement walls. By far the most commonly used floor material was earth/bamboo, followed by cement/concrete, with the latter being slightly more popular in non-project areas. However, on balance there was little difference in floor materials between project and non-project areas. In 2001, 32.1% of dwellings in project areas and 39% in non-project areas had brick, tin or cement walls, while 45.1% and 48.5% of project and non-project dwellings, respectively, had such walls by 2003. The corresponding percentages rose to 54% and 57.2% by 2005.

Table 2.4B Housing characteristics

Percent distribution of household by housing characteristics, according to project and non-project areas, NSDP 2005.

	Project areas	Non-Project areas
Main material of the roof		
Natural roof	7.6	6.0
Rudimentary roof	90.9	91.8
Finished roof	1.5	2.2
Other	0.0	0.0
Main material of the walls		
Natural walls	45.1	42.0
Rudimentary walls	1.0	0.8
Brick/cement	9.6	12.8
Tin	44.4	44.4
Main material of floor		
Earth/bamboo	92.8	90.5
Wood	0.2	0.3
Cement/concrete	6.9	9.2
Household owns homestead		
Yes	95.8	94.9
No	4.2	5.1
Household owns any other land		
Yes	48.1	45.3
No	51.9	54.7
Amount of land owned		
No land	51.9	54.7
<50 decimals	13.6	12.8
50-99 decimals	11.6	10.8
1.00 acres -1.99 acres	10.9	9.9
2.00 acres -4.99 acres	8.9	8.8
5.00 + acres	3.2	3.0
Enough food for tomorrow		
Yes	91.5	89.6
No	8.5	10.4
Household has enough means to get enough food		
Yes	94.1	93.4
No	5.9	6.6
Number	8,001	4,638

Ownership of land is a potentially important indicator of a household's socio-economic circumstances. More than half of the rural population was comprised of landless farmers. The trend in land ownership was somewhat downward. Land ownership patterns appear to have been similar in project and non-project areas.

Results showed some improvement in the food security situation in both project and non-project areas. Around 90% of project and non-project households reported having enough food in the household for the next day while approximately 93-94% had sufficient means to buy enough food.

There were differences in access to electricity between project and non-project areas (Table 2.5), with 34% of project and 38.7% of non-project households having electricity. There was a 6.3 percentage point increase in the proportion of households in project areas with electricity since 2003. The corresponding increase was 8.5 percentage points from 2001 to 2003. The changes in non-project areas were far more modest.

Possession of household durable goods is not common in Bangladesh. Table 2.5 shows that such assets were generally more frequently owned by households in non-project areas. This reflected, among other things, somewhat better economic conditions in non-project areas. Generally speaking, there was no significant change in the ownership of most common household assets from the 2003 survey.

2.6 Socioeconomic Status

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

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

Table 2.5 Household assets and amenities

Percent distribution of households by household assets, according to project and non-project areas, NSDP 2005.

Characteristics	Project areas	Non-Project areas
Electricity		
Yes	34.0	38.7
No	66.0	61.3
Almirah		
Yes	33.4	37.3
No	66.6	62.7
Table or chair		
Yes	62.3	66.7
No	37.7	33.3
Bench		
Yes	64.5	68.3
No	35.5	31.7
Watch or clock		
Yes	61.3	64.4
No	38.7	35.6
Cot or bed		
Yes	92.4	93.8
No	7.6	6.2
Radio		
Yes	27.1	28.9
No	72.9	71.1
Television		
Yes	17.6	21.3
No	82.4	78.7
Bicycle		
Yes	20.3	20.8
No	79.7	79.2
Motorcycle		
Yes	1.5	1.6
No	98.5	98.4
Sewing machine		
Yes	3.3	3.3
No	96.7	96.7
Telephone		
Yes	6.5	7.6
No	93.5	92.4
Number	8,001	4,638

CHAPTER 3. WOMEN'S CHARACTERISTICS AND STATUS

The 2005 Rural NSDP Evaluation Survey interviewed 7,651 and 4,418 ever-married women of reproductive age from project and non-project areas, respectively. This chapter presents background information on their characteristics, including age, residence, current marital status, educational attainment, literacy, religion, exposure to mass media, and membership in NGOs.

3.1 General Characteristics

Table 3.1 shows the distribution of ever-married women age 10 to 49 years by select background characteristics. To begin with, their age was determined through two questions:

- In what month and year were you born?
- How old were you at your last birthday?

In situations where respondents did not know their age or date of birth, interviewers were instructed to probe to determine age and, finally, to record their best estimate.

The age distribution was similar to that found in the 2003 Rural NSDP Evaluation, 2001 RSDP Evaluation, and 1998 RSDP Baseline surveys. It was also approximately the same in project and non-project areas. The distribution by division was also essentially along the lines of what was found in the 2003 survey. The vast majority (92%) of women in project and non-project areas lived with their husband, and about 97% had been married only once.

Educational status has showed steady improvement over the years. In 2001, 59.9% in project areas had never attended school, but by 2003 this had dropped to 54.2%. By 2005 the figure was 49.2%. Since 2003, the proportions with primary and secondary education increased in project and non-project areas. Even so, in 2005 only 22.5% of women in project areas had completed some secondary or higher education, and only 31.2% could read or write easily. Educational attainment was slightly better in non-project areas, with 48.2% having never attended school and 34.3% able to read or write easily.

Table 3.1 also presents the distribution of women by household asset quintile. Given that the socioeconomic classification was obtained using the 2005 project and non-project samples, each quintile should comprise 20% of the sample. The small departures from 20% in the quintiles were largely due to discontinuities in the household asset score. More than 90% were Muslim, with most of the remainder Hindu.

Table 3.1 Background characteristics of respondents

Percent distribution of women by selected background characteristics, NSDP 2005.

	NSDP project area			Non-project area		
	Weighted Percent	Weighted Number	Unweighted Number	Weighted Percent	Weighted Number	Unweighted Number
Age Group	0.9	66	67	0.9	38	36
10-14	12.3	941	953	11.7	519	514
15-19	17.9	1,370	1,371	16.8	744	770
20-24	18.7	1,427	1,420	17.5	772	774
25-29	15.7	1,201	1,194	16.6	732	724
30-34	15.0	1,147	1,134	14.9	659	651
35-39	11.3	864	870	12.4	548	535
40-44	8.3	636	642	9.2	407	414
45-49						
Domain						
Chittagon/Sylhet	24.7	1,892	1,732			
Khulna/Barisal	11.9	913	1,460			
Dhaka	40.1	3,069	2,940			
Rajshahi	23.2	1,777	1,519			
Household asset quintile						
Poorest	19.0	1,452	1,458	17.3	766	679
2	20.1	1,541	1,549	18.5	818	817
3	20.1	1,535	1,539	19.0	838	871
4	20.5	1,567	1,567	20.7	913	937
Richest	20.3	1,556	1,538	24.5	1,083	1,114
Husband staying with her						
Yes	92.1	6,598	6,627	92.2	3,797	3,820
No	7.9	568	543	7.8	322	310
Married once/more						
Once	96.6	7390	7,384	96.8	4278	4,279
More than once	3.4	260	266	3.2	140	139
Highest educational level						
No education	49.2	3,764	3,727	48.2	2,131	2,071
Some primary	16.3	1,249	1,274	14.9	659	671
Primary complete	12.0	917	928	12.1	536	537
Secondary incomplete	18.1	1,385	1,390	18.7	827	855
Secondary complete or higher	4.4	337	332	6.0	266	284
Can read or write						
Easily	31.2	2,385	2,408	34.3	1,515	1,562
With difficulty	11.6	884	893	9.0	436	458
Not at all	57.3	4,382	4,350	55.8	2,467	2,398
Religion						
Islam	92.2	7,053	7,086	90.7	4,009	3,994
Hinduism	7.4	569	536	9.3	409	423
Buddhism	0.0	1	1	0.0	1	1
Christianity	0.4	27	28	0.0	0	0
Total	100.0	7,651	7,651	100.0	4,418	4,418

3.2 Differentials in Education

The distribution of women by education is given in Table 3.2. In project areas, education was inversely related to age. About 19% aged 15-19 years never attended school, compared with about 67% of 45-49 year olds. Of women aged 15-19 years, 47.1% had a secondary level education or better, compared with 7.5% of 45-49 year olds. Women in Chittagong/Sylhet and Khulna/Barisal divisions were better educated, with those in the former most likely to have at least secondary education (29.9%). Educational attainment was somewhat better in non-project areas.

Educational attainment was positively associated with socioeconomic status. Approximately 75% in project areas in the lowest asset quintile received no formal education, compared with only 20.8% in the highest one. Almost 15.8% in the highest quintile had a secondary or higher education, but essentially none (0.1%) in the lowest quintile did. Median years of schooling were slightly lower in project areas.

Table 3.2 Educational attainment by background characteristics

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

Background characteristics	Highest educational level					Total	Number of women	Median year of schooling
	No education	Some primary	Primary complete	Secondary incomplete	Secondary complete or higher			
Age Group								
10-14	14.8	17.4	25.4	42.3	0.0	100.0	103	5.5
15-19	19.1	16.0	17.8	42.5	4.6	100.0	1,459	6.2
20-24	30.4	16.4	14.2	30.2	8.8	100.0	2,114	6.3
25-29	46.7	17.0	10.7	17.9	7.6	100.0	2,200	5.6
30-34	58.7	14.9	10.3	11.4	4.7	100.0	1,933	5.1
35-39	63.0	16.4	10.1	7.8	2.6	100.0	1,805	4.6
40-44	68.2	14.3	9.3	6.5	1.8	100.0	1,412	4.6
45-49	66.6	14.5	11.4	5.8	1.7	100.0	1,043	4.6
Domain								
Chittagon/Sylhet	42.5	14.1	13.5	22.6	7.3	100.0	1,892	5.9
Khulna/Barisal	45.6	21.8	13.1	16.3	3.2	100.0	913	4.9
Dhaka	52.6	16.7	11.6	15.9	3.3	100.0	3,069	5.2
Rajshahi	52.3	15.3	10.4	18.2	3.8	100.0	1,777	5.5
Household asset quintile								
Poorest	74.6	13.5	7.2	4.6	.1	100.0	1,452	4.2
2	63.9	16.3	11.1	8.3	.4	100.0	1,541	4.6
3	51.7	18.6	12.3	16.0	1.4	100.0	1,535	4.9
4	36.9	19.0	15.0	25.1	4.0	100.0	1,567	5.5
Richest	20.8	14.1	13.9	35.4	15.8	100.0	1,556	7.2
Project- Non-project areas								
NSDP Project Areas	49.2	16.3	12.0	18.1	4.4	100.0	7,651	5.4
Non-project areas	48.2	14.9	12.1	18.7	6.0	100.0	4,418	5.6

3.3 Exposure to Mass Media

Women were asked whether and how often they read a newspaper or magazine, listened to the radio, or watched television. Table 3.3 shows the distribution of exposure to these media. More than 90% in NSDP areas could not read a newspaper, only a small minority (7.4%) read newspapers regularly or occasionally and less than 1% did so every day. The pattern was similar in non-project areas and much the same in 2003 and 2001.

Television viewing increased substantially in project (11.7%) and non-project (8.9%) areas from 2003 to 2005, while radio listening declined by a modest degree. Similar trends emerged between 2001 and 2003. Television and radio exposure were more common in non-project areas. However, the differences were generally rather modest.

Table 3.3 Access to media

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

Background characteristics	NSDP Project Area		Non-Project Area	
	Percent	Number	Percent	Number
How often reads newspaper				
Does not/can not read	92.6	7,083	91.0	4,022
Every day	0.5	40	0.8	35
At least once a week	2.6	201	3.6	157
Less than once a week	4.3	326	4.6	204
How often listen radio				
Does not listen	66.1	5,057	65.4	2,890
Every day	15.1	1,152	14.6	644
At least once a week	12.5	954	14.4	636
Less than once a week	6.4	487	5.6	249
How often watch TV				
Does not watch	57.5	4,400	54.7	2,418
Every day	18.1	1,385	20.3	897
At least once a week	18.2	1,389	18.6	821
Less than once a week	6.2	476	6.4	282
Total	100.0	7,651	100.0	4,418

3.4 Membership in NGOs

Respondents were asked whether they were affiliated with any non-governmental organizations (NGOs). The major NGOs engaged in development activities in Bangladesh are Grameen Bank, BRAC, BRDP, Mother's Club, Proshika, and Asha. The distribution of membership is provided in Table 3.4 The proportion in NSDP areas who belonged to any NGO increased from 28.1% in 2003 to 32.3% in 2005. The 2001 figure was 24.3%. A similar trend in NGO membership was observed in non-project areas.

At 11.6%, Grameen Bank was the most common NGO affiliation in project areas, followed closely by BRAC (8.5%), and Asha (8.2%) and, more distantly, by Proshika and BRDP. However, another 9.1% belonged to various other organizations. Membership patterns were roughly similar in non-project areas.

Table 3.4 Membership in NGOs

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

	NSDP Project Area		Non-Project Area	
NGO	Percent	Number	Percent	Number
Belongs to Grameen bank				
Yes	11.6	891	11.0	485
No	88.4	6,760	89.0	3,933
Belongs to BRAC				
Yes	8.5	650	9.3	411
No	91.5	7,001	90.7	4,007
Belongs to BRDP				
Yes	1.3	102	2.1	92
No	98.7	7,549	97.9	4,326
Mother's club				
Yes	0.0	3	0.1	3
No	100.0	7,648	99.9	4,415
Proshika				
Yes	1.3	100	0.9	40
No	98.7	7,551	99.1	4,378
Asha				
Yes	8.2	628	9.9	440
No	91.8	7,023	90.1	3,979
Belongs to other organization				
Yes	9.1	699	7.3	321
No	90.9	6,951	92.7	4,097
Belongs to any NGO				
Yes	32.3	2,473	32.8	1,447
No	67.7	5,177	67.2	2,971
Total	100.0	7,651	100.0	4,418

CHAPTER 4. FERTILITY

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

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

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

Age-Specific Fertility Rates[1] *(ASFR)* are expressed as the number of births per thousand women in the age group and represent a valuable measure for assessing the current age pattern of childbearing. They are defined in terms of the number of live births during a specific period to women in the particular age group divided by the number of woman-years lived in that age group during the specified period.

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

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

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

4.1 Current Fertility Levels and Differentials

Table 4.1 presents age-specific fertility rates, general fertility rates, total fertility rates, and crude birth rates for women age 15-49 years in the three years preceding the survey. Overall, the total fertility rate in project areas was 3.10 births per woman. In non-project areas, it was slightly lower (3.00). There was considerable variation between divisions, with rates as high as 3.69 in

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

Chittagong/Sylhet and as low as 2.39 in Rajshahi. The highest age-specific fertility rate in project and non-project areas was among 20-24 year olds. These figures are comparable to 2004 BDHS estimates.

While fertility rates declined in project and non-project areas from 2003 to 2005, the change was slightly larger in the former: (0.18 births per woman in project areas against 0.16 in non-project areas). Fertility declined in all the divisions except Khulna/Barisal where it remained approximately the same as in 2003.

Table 4.1 also presents the gross fertility rate (GFR) and the Crude Birth Rate (CBR) for the three years preceding the survey by project/non-project areas. Both the GFR and CBR were slightly higher in NSDP areas. The reduction in the CBR from 2003 to 2005 was approximately the same (at 15.2%) in project and non-project areas. Age-specific fertility rates by project and non-project areas were also similar.

Table 4.1 Current fertility

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

Age group	NSDP Project	Non-Project
15-19	126	119
20-24	180	179
25-29	148	140
30-34	91	89
35-39	48	53
40-44	17	12
45-49	10	8
TFR 15-49	3.10	3.00
TFR 15-44	3.05	2.96
GFR	115	110
CBR	23.9	22.8

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

The change over time in the percentage of women who are currently pregnant is an independent indicator of fertility change. Table 4.2 shows the proportion of currently married women in project areas who reported that they were pregnant at the time of interview. Overall, 8.75% of women in NSDP areas were currently pregnant, which is 2.4 percentage points higher than in 2003. There was also variation by division: close to 10% in Chittagong/Sylhet were currently pregnant, compared with only 7.4% in Khulna/Barisal.

Table 4.2 Fertility by domains

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

Background characteristics	Total fertility rate (TFR)*	Percentage currently pregnant
Residence		
Chittagong /Sylhet	3.69	10.32
Khulna/ Barisal	2.89	7.39
Dhaka	3.20	8.89
Rajshahi	2.39	7.55
Total	3.10	8.75

* Rate for women age 15-49 years.

4.2 Fertility Trends

Table 4.3, which shows period-specific fertility rates in five-year intervals for the 15 years preceding the survey, provides further insight into the fertility decline. Fertility exhibited a persistent and sharp downward trend in both project and non-project areas and across all divisions over the preceding 15 years. The rate of decline was largest in the five years preceding the survey. The rate of decline from the 5-9 year period preceding the survey was 5.8 percentage points higher in NSDP areas. The largest decline was 26.9% in the lowest-fertility region (Rajshahi division); the smallest decline was in the second lowest-fertility region (Khulna/Barisal, at 19.8%).

Table 4.3 Trends in total fertility rates

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

	TFR, period before the survey			Changes in TFR			
	0-4 years (1-60 months)	5-9 years (61-120 months)	10-14 years (121-180 months)	1-60 months vs. 61-120 months		1-60 months vs. 121-180 months	
Area group				%	Absolute	%	Absolute
Domains							
Chittagong/Sylhet	3.74	5.09	5.42	26.52	1.35	31.00	1.68
Khulna/ Barisal	3.00	3.74	4.37	19.79	0.74	31.35	1.37
Dhaka	3.40	4.53	4.95	24.94	1.13	31.31	1.55
Rajshahi	2.47	3.38	3.92	26.92	0.91	36.99	1.45
Project non-project areas							
Project area	3.22	4.32	4.77	25.46	1.1	32.49	1.55
Non-project area	3.14	3.91	4.60	19.69	0.77	31.74	1.46

Table 4.4 presents trends in age-specific fertility rates for five-year intervals preceding the survey. The figures for certain age groups in various intervals may be influenced by missing data due to truncation: some women would have been too old to be interviewed at the time of the survey for a particular period. For example, no data were available for women age 45-49 in the period 5-9 years prior to the survey because they would have been 50-54 years old at the time of the survey and so ineligible for interview. There was a generally declining trend in fertility for all age groups, in project and non-project areas. However, because of this truncation problem, these figures may not reflect the true fertility decline for those periods.

Table 4.4 Trends in age-specific fertility rates

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

	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
Chittagong/Sylhet				
15-19	106	160	191	211
20-24	202	264	282	303
25-29	193	225	247	298
30-34	124	176	219	238
35-39	82	119	146	-
40-44	33	73	-	-
45-49	8	-	-	-
Khulna/Barisal				
15-19	158	206	218	221
20-24	176	199	233	261
25-29	114	172	171	213
30-34	88	87	135	189
35-39	39	55	117	-
40-44	16	29	-	-
45-49	10	-	-	-
Dhaka				
15-19	146	202	221	237
20-24	199	244	262	290
25-29	157	188	211	252
30-34	96	135	172	214
35-39	46	98	123	-
40-44	20	38	-	-
45-49	14	-	-	-
Rajshahi				
15-19	149	195	215	237
20-24	144	199	224	263
25-29	108	150	161	214
30-34	49	79	116	154
35-39	30	38	67	-
40-44	10	16	-	-
45-49	3	-	-	-
NSDP project area				
15-19	136	190	211	228
20-24	184	233	255	284
25-29	150	187	204	251
30-34	92	127	167	204
35-39	51	85	116	-
40-44	21	41	-	-
45-49	11	-	-	-
Non project area				
15-19	129	176	204	222
20-24	184	212	247	266
25-29	143	172	206	233
30-34	92	120	150	195
35-39	53	67	112	-
40-44	19	34	-	-
45-49	9	-	-	-

4.3 Birth Interval

Birth intervals, defined as the length of time between two successive live births, indicate the pace of childbearing. Research has shown that birth spacing patterns have far-reaching implications for fertility and child mortality levels. Proper spacing is beneficial to the health of both mother and child. Birth intervals of less than 24 months are widely regarded as too short. Table 4.5 shows the distribution of non-first births occurring in the five years preceding the survey by number of months since the preceding birth. About 11% to 12% of births occurred within 24 months of the previous one while roughly 5.3% occurred within the even shorter interval of seven to 17 months, with little variation in this distribution between project and non-project areas.

The median birth interval in project areas was about 41 months, which was approximately two months lower than in non-project areas. Younger women had shorter intervals, presumably reflecting their greater fecundity and desire to build families. The interval was substantially shorter in instances where the previous child had died. The median birth interval also varied with socioeconomic status, from about 39 months for those in lowest asset quintile to 42 in the highest one. The median birth interval increased by roughly two months in NSDP areas from the 2003 survey. It increased by the same margin in non-project areas. The pattern of birth spacing by background characteristics was similar to that found in 2003.

Table 4.5 Birth interval

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

Characteristics	Months since previous birth					Total	Number of births	Median number of months
	7-17	18-23	24-35	36-47	48+			
Age								
15-19	19.2	19.8	33.4	17.8	9.8	100.0	110	25.6
20-29	6.6	6.9	26.5	24.7	35.3	100.0	1,965	39.1
30-39	2.8	4.4	25.6	22.6	44.6	100.0	1,080	43.9
40+	3.1	3.7	23.3	18.8	51.1	100.0	206	48.0
Birth order								
2-3	6.0	6.3	22.3	23.0	42.3	100.0	1,998	42.8
4-6	4.6	6.0	30.8	24.6	34.0	100.0	1,103	38.1
7+	6.0	7.2	37.4	21.8	27.7	100.0	260	35.2
Sex of prior birth								
Male	6.5	5.9	25.9	23.7	38.1	100.0	1,691	40.3
Female	4.7	6.8	26.6	23.2	38.8	100.0	1,669	40.7
Survival of prior birth								
Still living	4.0	5.2	25.9	24.3	40.7	100.0	3,036	42.1
Deceased	20.1	17.0	29.6	15.5	17.8	100.0	325	26.8
Domains								
Chittagong/Sylhet	6.6	6.6	31.5	25.1	30.1	100.0	1,066	37.2
Khulna/Barisal	4.7	6.5	19.0	22.4	47.3	100.0	351	45.5
Dhaka	5.2	6.7	27.6	25.0	35.6	100.0	1,388	39.6
Rajshahi	5.1	4.6	17.3	17.1	56.0	100.0	556	52.6
Education								
No education	5.0	6.4	27.3	24.4	36.9	100.0	1,765	39.9
Some primary	5.4	6.1	25.8	23.8	38.9	100.0	562	41.2
Primary complete	7.2	4.9	21.6	22.7	43.6	100.0	403	42.5
Secondary incomplete	6.5	6.9	27.6	20.8	38.2	100.0	497	40.3
Secondary complete or higher	5.9	7.1	23.4	20.8	42.7	100.0	134	41.2
Household asset quintile								
Poorest	5.4	7.7	27.8	26.2	33.0	100.0	837	38.7
2	6.2	6.1	24.5	26.2	36.9	100.0	782	40.7
3	6.1	7.0	25.7	20.9	40.3	100.0	653	41.2
4	4.8	5.5	24.0	22.8	42.9	100.0	540	42.3
Richest	5.1	4.5	29.1	19.0	42.3	100.0	549	41.9
Project Non-project area								
NSDP project area	5.6	6.3	26.2	23.4	38.4	100.0	3,361	40.6
Non-project area	5.0	5.6	23.4	21.6	44.4	100.0	1,830	43.4

CHAPTER 5. FAMILY PLANNING

This chapter presents information on use of family planning methods, sources of method supply, discontinuation, and reasons for discontinuation. Among other things, contraceptive prevalence rates, method-mix, differentials in the current use of family planning, and market share in supplying contraceptive methods in project and non-project areas are discussed.

5.1 Current Use of Contraception

Knowledge of family planning methods is widespread in Bangladesh. All ever-married women know at least one modern method of family planning (2004 BDHS). Current use of contraception (contraceptive prevalence rate (CPR)) is defined as the proportion of currently married women using a family planning method at the time of interview. Table 5.1A shows prevalence rates for various methods for currently married women age 10-49 in project and non-project areas by select background characteristics.

Overall, 57% of currently married women in NSDP project areas were current users of a contraceptive method, with 50.2% using a modern method and 6.4% relying on traditional ones. Among modern methods, the pill continued to be the most popular at 25.1%, followed by injections (15.6%), female sterilizations (5%), condoms (2.8%) and IUDs (0.6%). Among traditional methods, periodic abstinence was most popular (5.6%). In non-project areas a slightly higher percentage used contraception. Even so, the use of any modern method was almost identical between project and non-project areas and whatever difference existed was driven largely by use of traditional methods (8.1% in non-project areas versus 6.4% in project areas). Pill, injection, female sterilization, and male condoms were also the principal modern methods in non-project areas, though there were small but interesting differences in prevalence rates for each.

Differentials in Current Use

Table 5.1A also presents differentials in contraceptive use by various background characteristics. Current use in rural project areas varied considerably with age, with the highest rates among married women in their thirties (at 65% to 68%) and the lowest among those in their teens (29% to 42%). The CPR was highest in Rajshahi and Khulna/Barisal and lowest in Chittagong/Sylhet. CPR rose in all divisions from 2003 survey levels. There were no apparent patterns by education levels or asset quintiles. However, currently married women with some living children tended to be more likely to use contraception.

Trends in Contraceptive Use

The CPR showed a consistent upward trend in both project and non-project areas. In rural NSDP project areas, it increased by 3.3 percentage points from 2003 to 2005. Most of this was driven by the use of modern contraceptive methods, which increased by 4.3 percentage points (see Figure 5.1). Use of traditional methods fell by about one percentage point. Similar developments occurred in comparison areas, where the CPR increased by two percentage points, including a 2.4 percentage point rise in the use of modern methods and a fractional decrease (0.4 percentage points) in the use of traditional methods.

Table 5.1A Current use of contraception by background characteristic

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

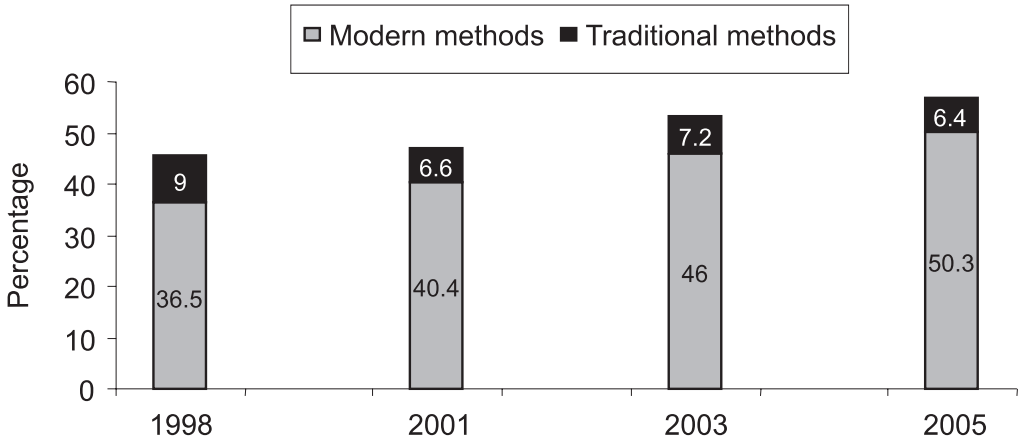
			Modern Methods								Traditional Methods					
	Using any method	Using any modern method	Pill	IUD	Injections	Male condom	Female sterilization	Male sterilization	Implants	Using any traditional method	Periodic abstinence	With-drawal	Using any folk method	Not using any method	Total	Number of women
Age																
10-14	29.3	26.6	18.0	0.0	0.0	8.6	0.0	0.0	0.0	2.7	2.7	0.0	0.0	70.7	100.0	64
15-19	42.2	40.2	26.2	0.3	9.4	3.8	0.0	0.0	0.4	2.0	1.5	0.5	0.0	57.8	100.0	924
20-24	50.6	47.6	27.4	0.5	15.4	3.0	0.4	0.2	0.7	3.0	2.6	0.3	0.0	49.4	100.0	1,326
25-29	58.8	54.2	29.3	0.6	18.8	3.0	1.5	0.1	1.0	4.6	3.9	0.6	0.0	41.2	100.0	1,378
30-34	65.4	58.7	27.8	0.8	21.7	2.4	4.8	0.1	1.1	6.2	5.1	1.1	0.5	34.6	100.0	1,147
35-39	68.0	56.3	24.4	0.7	18.5	2.6	8.3	0.8	0.9	11.2	9.7	1.5	0.5	32.0	100.0	1,047
40-44	63.1	49.8	20.8	0.9	11.7	2.0	13.2	0.9	0.4	12.5	11.7	0.8	0.8	36.9	100.0	745
45-49	47.6	36.7	9.1	0.6	6.7	1.5	17.1	1.4	0.3	9.9	9.4	0.5	1.0	52.4	100.0	536
Domains																
Chittagong/Sylhet	43.1	36.6	16.7	0.7	12.9	2.7	3.0	0.2	0.3	6.4	5.7	0.7	0.2	56.9	100.0	1,774
Khulna/Barisal	66.6	59.3	23.9	0.6	23.9	2.0	7.3	0.5	1.1	6.9	6.3	0.7	0.3	33.4	100.0	864
Dhaka	55.6	47.9	25.7	0.6	12.7	2.9	5.2	0.3	0.5	7.3	6.3	1.0	0.4	44.4	100.0	2,840
Rajshahi	68.6	63.7	33.5	0.6	18.9	3.0	5.5	0.6	1.5	4.6	4.1	0.6	0.3	31.4	100.0	1,688
Highest education level																
No education	58.4	50.4	21.9	0.6	17.4	1.3	7.8	0.6	0.9	7.3	6.8	0.6	0.6	41.6	100.0	3,433
Some primary	59.1	52.6	27.5	0.8	17.8	2.2	3.1	0.4	0.8	6.3	5.7	0.6	0.2	40.9	100.0	1,182
Primary complete	56.6	50.5	26.6	1.0	16.3	3.3	2.6	0.2	0.7	6.1	5.1	0.9	0.0	43.4	100.0	872
Secondary incomplete	52.2	47.8	29.2	0.2	10.5	5.3	1.8	0.2	0.5	4.5	3.4	1.1	0.0	47.8	100.0	1,346
Secondary complete or higher	53.6	48.3	29.3	0.6	7.1	9.3	1.3	0.0	0.7	5.3	3.4	1.9	0.0	46.4	100.0	333

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

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

			Modern Methods								Traditional Methods					
	Using any method	Using any modern method	Pill	IUD	Injections	Male condom	Female sterilization	Male sterilization	Implants	Using any traditional method	Periodic abstinence	With-drawal	Using any folk method	Not using any method	Total	Number of women
Household asset quintile																
Poorest	53.9	46.4	21.1	0.3	17.1	0.8	5.5	0.5	1.1	7.1	6.7	0.4	0.4	46.1	100.0	1,303
2	57.6	50.7	24.5	0.7	18.3	1.2	4.9	0.4	0.7	6.4	5.8	0.6	0.5	42.4	100.0	1,420
3	59.6	54.6	27.1	0.7	17.9	2.1	5.4	0.5	0.9	4.6	3.8	0.8	0.4	40.4	100.0	1,447
4	59.7	52.0	26.2	0.9	15.7	3.1	5.1	0.3	0.7	7.5	6.6	1.0	0.2	40.3	100.0	1,488
Richest	53.4	47.0	26.1	0.5	9.2	6.4	4.0	0.3	0.4	6.4	5.3	1.1	0.0	46.6	100.0	1,509
Number of living children																
No living children	18.0	16.8	11.2	0.0	0.0	5.2	0.3	0.2	0.0	1.2	0.9	0.3	0.0	82.0	100.0	677
1-2	58.6	54.5	30.4	0.6	16.0	3.0	3.3	0.3	0.8	4.1	3.4	0.7	0.1	41.4	100.0	2,994
3-4	65.4	56.8	25.7	0.7	18.7	2.3	7.8	0.5	1.1	8.2	7.1	1.1	0.4	34.6	100.0	2,338
5+	57.9	45.2	18.4	0.7	17.1	1.9	6.4	0.5	0.3	11.8	11.2	0.6	1.0	42.1	100.0	1,157
Project areas	56.9	50.2	25.1	0.6	15.6	2.8	5.0	0.4	0.8	6.4	5.6	0.8	0.3	43.1	100.0	7,166
Non-project areas	57.8	49.3	26.7	0.9	12.3	2.5	5.9	0.4	0.6	8.1	7.0	1.1	0.4	42.2	100.0	4,119

Figure 5.1 Trends in Contraceptive Use (%) in Project Areas, NSDP/RSDP Surveys 1998-2005.



The method-mix changed only slightly between 2003 and 2005. In project areas, the share of pills and injections increased by two percentage points, while that of condom and female sterilization fell by about one percentage point. The share of traditional methods was essentially unchanged. In non-project areas, the pill's share remained unchanged, while that for injections increased by 2.4 percentage points and the popularity of traditional methods actually decreased slightly.

Wealthier individuals were generally more likely to use basic health services. However, this pattern did not emerge with respect to use of contraceptives. Women in NSDP project areas were actually more likely to use modern contraception (Table 5.1C). Similar patterns of use by background characteristics emerged in 2003 and 2001.

5.2 Use of Contraception by Married Adolescents

Current contraceptive use among women age 10 to 19 years is presented in Table 5.1B. The CPR among married women age 15-19 was higher in project areas by a margin of 4.4 percentage points. It was somewhat lower among those of age 10-14 (by 3.8 percentage points). Use of modern methods was much higher among married adolescent women in project areas (26.6% of 10-14 year olds and 40.2% of 15-19 year olds in project areas against 16.2% and 34%, respectively, in non-project areas). Use of any method was higher among those aged 15-19 in all divisions. Use of contraception by adolescents was highest in Rajshahi and Khulna/Barisal and lowest in Chittagong/Sylhet. Pills were by far the most popular method in all areas: their share was much higher among married adolescents than other adults. The use of contraception by 15 to 19 year olds increased by two percentage points in project areas from 2003 to 2005 but decreased by 4.9% in non-project areas.

Table 5.1B Current use of contraception by married adolescents

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

			Modern Methods					Traditional Methods						
	Using any method	Using any modern method	Pill	IUD	Injections	Male condom	Implants	Using any traditional method	Periodic abstinence	With-drawal	Using any folk method	Not using any method	Total	Number of women
Chittagong/Sylhet														
Age														
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	10
15-19	31.6	29.5	18.1	0.5	6.2	4.6	0.0	2.1	1.6	0.5	0.0	68.4	100.0	207
Khulna/Barisal														
Age														
10-14	35.0	30.0	30.0	0.0	0.0	0.0	0.0	5.0	5.0	0.0	0.0	65.0	100.0	11
15-19	52.0	50.2	30.9	0.4	15.2	3.1	0.4	1.8	1.3	0.4	0.0	48.0	100.0	127
Dhaka														
Age														
10-14	18.2	18.2	4.5	0.0	0.0	13.6	0.0	0.0	0.0	0.0	0.0	81.8	100.0	23
15-19	38.7	36.5	24.8	0.3	7.4	3.8	0.3	2.2	1.6	0.5	0.0	61.3	100.0	383
Rajshahi														
Age														
10-14	52.9	47.1	35.3	0.0	0.0	11.8	0.0	5.9	5.9	0.0	0.0	47.1	100.0	20
15-19	53.1	51.4	33.9	0.0	13.0	3.4	1.1	1.7	1.1	0.6	0.0	46.9	100.0	207
Project areas														
Age														
10-14	29.3	26.6	18.0	0.0	0.0	8.6	0.0	2.7	2.7	0.0	0.0	70.7	100.0	64
15-19	42.2	40.2	26.2	0.3	9.4	3.8	0.4	2.0	1.5	0.5	0.0	57.8	100.0	924
Non-project areas														
Age														
10-14	33.1	16.2	16.2	0.0	0.0	0.0	0.0	16.9	3.1	13.8	0.0	66.9	100.0	38
15-19	37.8	34.0	25.7	0.7	4.6	2.8	0.2	3.5	1.7	1.8	0.2	62.2	100.0	495

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

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

	Project Areas					Non-project Areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Household asset quintile						
Poorest	31.2	57.6	40.3	62.2	46.4	47.0
2	40.8	60.5	44.8	61.9	50.7	49.4
3	40.7	64.1	52.2	64.2	54.6	55.7
4	38.6	58.5	50.7	64.0	52.0	47.7
Richest	33.6	54.3	51.7	66.8	47.0	47.3
Total	36.6	59.3	47.9	63.7	50.2	49.3
Number of Women	1,774	864	2,840	1,688	7,166	4,119

5.3 Sources of Supply of Family Planning Methods

The distribution of current users of modern contraceptive methods by most recent source of supply, for specific methods and project/non-project areas, is presented in Tables 5.2A and 5.2B, respectively. In Table 5.2A, sources of family planning methods are classified into five major categories: public sector sources, NSDP NGO sources, other NGO sources, private medical sources, and other private sources. NSDP providers were the principal sources of contraceptive supply in project areas (Table 5.2A) with an overall market share of 46.2%, followed by public (24.5%) and private (27.4%) providers (the latter including a range of provider strata, including shops).

NSDP facilities were the most important source of pills. They were second only to the public sector in the market for IUD, and were by far the most important source of injectables. While they were also important suppliers of condoms (at about 25.3% of the market), there they were edged out by the private sector (and, in particular, by pharmacies). The public sector dominated the market for female and male sterilization and implants. NSDP providers were (very distantly) the next most important sources of implants.

The market share of NSDP providers continued to rise over time. Their share of the market for pills in 2005 represented a slight increase, to 39.3%, from 38.1% in 2003. Although their share of the condom market had previously trended upward, from 26.5% in 1998 and 29.7% in 2001 to 32.5% in 2003, it actually declined to 25.3% in 2005. Similarly, the 2005 share of injectables fell slightly (from 81.9% in 2003 to 78.6%). However, their overall share increased by about one percentage point (from 45.5% in 2003 to 46.2% in 2005). NSDP providers thus experienced continued success in expanding their market presence, particularly for long-acting methods.

Table 5.2A Source of supply, rural NSDP

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

	Modern methods							
Source of method	Pill	IUD	Injections	Male condom	Female sterilization	Male sterilization	Implants	Total
Public sector	15.2	58.0	17.5	3.3	87.1	82.7	65.9	24.5
Hospital/medical college	0.1	7.3	0.4	0.0	20.0	39.8	11.4	2.8
Family welfare center	3.3	26.7	9.0	0.0	9.5	15.4	1.9	5.8
Thana health complex	1.5	24.1	3.4	1.2	55.3	27.5	42.2	8.7
MCWC	0.0	0.0	0.1	0.0	2.4	0.0	10.4	0.4
Rural Dispensary/comm. Clinic	0.1	0.0	0.6	0.0	0.0	0.0	0.0	0.2
Satellite clinic/EPI outreach clinic	1.3	0.0	2.9	0.5	0.0	0.0	0.0	1.6
FWA	8.9	0.0	1.2	1.6	0.0	0.0	0.0	4.9
NSDP NGO	39.3	39.2	78.6	25.3	0.0	15.3	28.0	46.2
Static clinic	3.1	24.1	9.2	1.6	0.0	15.3	27.0	5.3
Satellite clinic	9.1	15.1	68.6	7.1	0.0	0.0	0.0	26.3
Depotholder	27.1	0.0	0.9	16.7	0.0	0.0	1.1	14.7
Other NGO	2.0	0.0	0.2	1.6	1.2	0.0	4.1	1.3
Hospital	0.1	0.0	0.0	0.5	0.6	0.0	0.0	0.1
NGO clinic	0.0	0.0	0.1	0.5	0.6	0.0	0.0	0.1
Satellite clinic	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.1
Fieldworker	0.3	0.0	0.0	0.0	0.0	0.0	4.1	0.2
Depotholder	1.5	0.0	0.0	0.6	0.0	0.0	0.0	0.8
Private medical sector	30.5	2.8	2.8	45.8	11.7	2.0	1.9	19.9
Private clinic/doctor	0.0	2.8	0.8	0.5	11.7	2.0	1.9	1.6
Traditional doctor	0.9	0.0	0.8	0.5	0.0	0.0	0.0	0.7
Pharmacy	29.6	0.0	1.2	44.8	0.0	0.0	0.0	17.6
Other private	12.3	0.0	0.2	23.4	0.0	0.0	0.0	7.5
Shop	12.0	0.0	0.2	23.4	0.0	0.0	0.0	7.3
Friends/relatives	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Other	0.7	0.0	0.7	0.5	0.0	0.0	0.0	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,799	43	1,115	201	375	28	54	3,615

As expected, the public sector was the main overall source of family planning methods in non-project areas (Table 5.2B), with a share that increased to 63.4% from 60.4% in 2003, while the private sector's share fell from 30.1% to 22.3%.

Table 5.2B Source of supply, rural non-NSDP

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

	Modern Methods							
Source of Method	Pill	IUD	Injections	Male condom	Female sterilization	Male sterilization	Implants	Total
Public sector	51.1	79.6	82.3	27.7	87.6	95.3	78.4	63.4
Hospital/Medical college	0.1	0.0	0.3	0.0	19.9	23.7	5.6	2.9
Family welfare centre	6.8	51.2	28.6	4.3	8.1	0.0	13.4	13.1
Thana health complex	1.1	25.5	6.6	1.1	55.8	71.5	59.5	10.9
MCWC	0.4	0.0	0.3	0.0	2.6	0.0	0.0	0.6
Rural Dispensary/comm. clinic	0.8	0.0	11.9	0.0	0.3	0.0	0.0	3.4
Satellite clinic/EPI outreach clinic	8.1	0.0	27.5	3.2	0.8	0.0	0.0	11.5
FWA	33.7	2.9	7.2	19.1	0.0	0.0	0.0	21.0
NSDP NGO	3.4	13.5	13.7	2.3	0.0	4.7	18.4	5.8
Static clinic	1.3	13.5	9.9	1.5	0.0	4.7	15.3	3.7
Satellite clinic	0.9	0.0	3.7	0.7	0.0	0.0	3.1	1.5
Depotholder	1.1	0.0	0.2	0.0	0.0	0.0	0.0	0.6
Other NGO	0.3	3.1	0.0	0.0	0.9	0.0	0.0	0.3
Hospital	0.0	3.1	0.0	0.0	0.9	0.0	0.0	0.2
NGO clinic	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Satellite clinic	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Fieldworker	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Depotholder	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Private medical sector	33.1	3.8	3.7	41.1	11.1	0.0	3.2	22.3
Private clinic/doctor	0.2	3.8	1.3	0.0	11.1	0.0	3.2	1.9
Traditional doctor	0.3	0.0	0.8	0.0	0.0	0.0	0.0	0.3
Pharmacy	32.6	0.0	1.5	41.1	0.0	0.0	0.0	20.0
Other private	10.3	0.0	0.0	24.7	0.0	0.0	0.0	6.8
Shop	10.0	0.0	0.0	24.7	0.0	0.0	0.0	6.7
Friends/relatives	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Other	1.7	0.0	0.2	4.3	0.5	0.0	0.0	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,098	37	508	104	251	17	25	2,039

One major success of the NSDP program is the particular attractiveness of its providers to the poor. As in 2003, NSDP providers remained the most popular among the poor. Women in lower asset quintiles were more likely to use NSDP sources for modern contraception than those in higher quintiles (Table 5.3A). Contraceptive users in the poorest quintile were twice as likely to use NSDP satellite clinics as those in the richest one. There were only small differences in the use of depotholders and NSDP static clinics by socioeconomic status. The wealthiest women were most likely to use private sources, though NSDP sources were nearly as important to them. Similar patterns were observed in 2003 and 2001. In non-project areas, public providers were most important to the poor, though 5.1% of poor users of modern contraception relied on NSDP facilities (Table 5.3B).

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

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

	Household Asset Quintile					
Source	Poorest	2	3	4	Richest	Total
Public sector	29.0	27.8	25.6	22.6	18.1	24.5
Hospital/medical college	2.2	4.3	2.9	2.8	1.7	2.8
Family welfare centre	7.2	6.5	6.0	5.2	4.5	5.8
Thana health complex	11.9	8.5	10.2	8.0	5.4	8.7
MCWC	1.2	0.3	0.3	0.3	0.2	0.4
Rural dispensary/comm. clinic	0.3	0.4	0.1	0.2	0.1	0.2
Satellite clinic/EPI outreach clinic	1.9	2.5	1.7	0.7	1.1	1.6
FWA	4.3	5.3	4.5	5.3	5.0	4.9
NSDP NGO	49.8	50.7	47.2	47.6	36.0	46.2
Static clinic	4.6	4.9	5.2	6.4	5.0	5.3
Satellite clinic	29.9	31.7	27.3	25.5	17.2	26.3
Depotholder	15.3	14.1	14.7	15.7	13.8	14.7
Other NGO	0.8	1.5	1.5	0.8	1.8	1.3
Private medical sector	12.5	12.9	18.4	20.1	34.8	19.9
Private clinic/doctor	0.8	0.3	1.2	2.1	3.2	1.6
Traditional doctor	0.2	0.6	0.8	1.1	0.9	0.7
Pharmacy	11.5	12.0	16.4	16.9	30.7	17.6
Other private	6.8	6.8	6.7	8.4	8.7	7.5
Other	1.1	0.3	0.6	0.4	0.6	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	609	729	793	774	710	3,615

5.4 Knowledge of Sources among Non-users

Married women not currently using contraception were asked whether they were aware of various sources of family planning methods. Their responses are provided in Table 5.4. NSDP providers were most commonly recognized by respondents in project areas, while public sector sources were most well known in non-project areas. NSDP sources were better known in Khulna/Barisal, Dhaka and Rajshahi than Chittagong/Sylhet. NSDP sources were more widely recognized sources of family planning among the non-users in project areas than was the case in 2001 or 2003.

5.5 Contraceptive Discontinuation Rates

A major concern for family planning is the rate at which contraceptive users discontinue their method and the reasons for such discontinuation. Contraceptive discontinuation rates are the proportion of users of a method who discontinue within 12 months of starting use. The contraceptive calendar tracked episodes of contraceptive use by method for the 60 months preceding interview. The discontinuation rates calculated here refer only to episodes of contraceptive use between three and 60 months before

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

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

	Household Asset Quintile					
Source	Poorest	2	3	4	Richest	Total
Public sector	78.0	73.3	62.0	61.0	49.5	63.4
Hospital/medical college	2.2	3.5	2.8	4.3	1.7	2.9
Family welfare centre	11.4	16.3	11.8	13.5	12.5	13.1
Thana health complex	17.2	13.1	8.5	10.0	8.1	10.9
MCWC	1.1	0.6	0.4	0.5	0.6	0.6
Rural Dispensary/comm. clinic	11.3	5.6	1.0	0.7	1.2	3.4
Satellite clinic/EPI outreach clinic	16.3	11.1	14.0	11.1	6.7	11.5
FWA	18.5	23.1	23.6	20.9	18.7	21.0
NSDP NGO	5.1	6.6	7.0	5.5	5.1	5.8
Static clinic	2.0	4.4	4.9	4.0	3.0	3.7
Satellite clinic	2.0	1.4	2.1	0.7	1.3	1.5
Depotholder	1.1	0.7	0.0	0.7	0.8	0.6
Other NGO	0.4	0.3	0.6	0.3	0.2	0.3
Private medical sector	11.7	13.1	20.0	23.6	37.3	22.3
Private clinic/doctor	0.8	1.3	1.6	2.3	3.0	1.9
Traditional doctor	0.2	0.3	0.5	0.5	0.2	0.3
Pharmacy	10.7	11.4	17.9	20.8	34.0	20.0
Other private	3.5	6.2	8.7	8.2	6.6	6.8
Other	1.3	0.3	1.7	1.5	1.4	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	320	375	439	416	489	2,039

interview. The last two months before interview are omitted to avoid under-estimating method failure from as yet unnoticed pregnancies. When a break in contraceptive use was noted, women were asked the principal reason for discontinuation.[2]

The overall discontinuation rate in NSDP project areas was 39.5% (Table 5.5A). The rate was highest for condom users, followed by pill, withdrawal, injectables, periodic abstinence and IUD users. The overall contraceptive discontinuation rate fell by 1.6 percentage points from 2003 to 2005. The overall discontinuation rate in NSDP project areas was 9.9 percentage points lower than the Bangladesh national rate (of 49.4% in the 2004 BDHS).

Table 5.5B shows discontinuation rates within 12 months of beginning use of the various methods. As observed in the previous survey, pills, IUD and injectables had slightly lower discontinuation rates in non-project areas, but the discontinuation rate for condoms was slightly higher. The overall discontinuation rate for all reversible methods was about 4 percentage points higher in project (39.5%) than non-project (35.8%) areas.

[2] The reasons for discontinuation included: 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 5.4 Knowledge of source for non-users

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

Source of method	Project Areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Public sector	19.1	11.7	17.9	13.9	17.0	66.4
Hospital/medical college	0.3	0.2	0.4	0.4	0.3	0.3
Family welfare centre	5.6	4.6	4.3	5.5	4.9	15.8
Thana health complex	8.1	2.2	5.1	3.0	5.4	8.6
MCWC	0.0	0.0	0.1	0.0	0.0	0.1
Rural Dispensary/comm. clinic	0.1	0.7	0.3	0.2	0.2	2.3
Satellite clinic/EPI outreach clinic	2.1	0.3	2.3	0.8	1.8	14.4
FWA	2.9	3.7	5.5	4.0	4.3	24.8
NSDP NGO	48.4	69.1	63.4	56.1	57.9	6.5
Static clinic	1.9	2.7	11.2	7.4	6.8	4.8
Satellite clinic	22.6	36.0	25.0	20.0	24.4	0.7
Depotholder	23.9	30.4	27.2	28.7	26.7	1.0
Other NGO	0.8	1.9	1.3	1.3	1.2	0.3
Private medical sector	8.6	5.1	6.8	6.7	7.2	8.8
Other private	0.7	1.9	2.0	3.0	1.7	1.7
Other	0.1	0.0	0.2	1.0	0.3	1.5
DK	22.3	10.4	8.5	18.1	14.7	14.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,125	336	1,479	615	3,556	2,028

Table 5.5A Contraceptive discontinuation rates

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

Method	Reasons for discontinuation				
	Method failure	Desire to become pregnant	Side effect/ health concerns	Other	All reasons
Pill	4.2	9.6	18.8	9.1	41.8
IUD	0.0	2.1	18.5	2.1	(22.7)
Injectables	0.4	5.7	25.5	4.4	36.0
Condom	5.7	14.8	4.9	32.8	58.3
Periodic abstinence	9.1	7.0	0.3	11.5	27.9
Withdrawal	12.4	8.9	1.7	13.2	36.2
Other	-	-	-	-	-
All reversible method	3.8	8.5	17.8	9.5	39.5

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

Table 5.5B Contraceptive discontinuation rates

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

Contraceptive method	NSDP project areas	Non-project areas
Pill	41.8	35.9
IUD	(22.7)	(18.4)
Injectables	36.0	34.6
Condom	58.3	59.0
Periodic abstinence	27.9	23.0
Withdrawal	36.2	45.8
All reversible method	39.5	35.8

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

5.6 Reasons for Discontinuing Contraceptive Method

Currently married women who were past but not current contraception users were asked to specify reasons for discontinuation. Table 5.6 provides the distribution of these reasons for the five years preceding interview.

The reasons for discontinuation were similar to those reported in 2003 and 2001. Survey results show that side effects and desire to become pregnant together represented the reason for discontinuation nearly 58.5% of the time. Desire to become pregnant and side effects were the two main reasons for the discontinuation of pills. Side effects and (much less importantly) desire to become pregnant were also the main reasons for discontinuing IUD use. About 44% of women discontinued injections due to side effects. Nearly one-fourth discontinued using condom because husband disapproved of its use. About 41% of past implant users dropped its use because of side effects. These findings are in line with those reported in the 2004 BDHS.

Table 5.6 Reasons for discontinuing contraceptive methods

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

	Method discontinued									
Reasons for discontinuation	Pill	IUD	Injection	Condom	Male sterilization	Periodic Abstinence	Withdrawal	Implants	Others	Total
No sex	6.7	0.0	2.2	6.7	0.0	3.2	2.5	0.0	0.0	5.1
Method failure	12.7	0.0	1.9	11.3	0.0	33.5	31.0	0.0	59.8	11.5
Wanted pregnancy	32.4	15.8	24.5	25.6	0.0	29.1	22.9	16.3	23.8	29.3
Husband disapprove	0.7	0.0	0.6	24.2	0.0	6.1	13.6	2.1	0.0	2.8
Wanted efficient method	3.2	0.0	0.9	4.7	0.0	15.0	6.2	6.5	0.0	3.6
Health concern	8.8	23.8	17.6	3.4	0.0	1.3	2.5	26.1	10.6	10.4
Side effects	28.9	50.1	44.1	6.0	0.0	1.2	2.5	41.4	5.8	29.2
Unavailability	0.5	0.0	1.2	0.7	0.0	0.0	0.0	0.0	0.0	0.6
Cost	0.3	0.0	1.6	0.8	0.0	0.0	0.0	0.0	0.0	0.6
Inconvenience	1.8	7.9	1.2	12.7	0.0	3.5	11.4	0.0	0.0	2.6
Fatalistic	0.2	0.0	0.2	0.4	0.0	2.5	0.0	0.0	0.0	0.4
Difficult to get pregnant	1.5	2.5	2.8	1.1	0.0	3.2	4.9	3.9	0.0	2.0
Divorced	0.7	0.0	0.2	0.4	100.0	0.9	2.5	3.8	0.0	0.7
Other reasons	1.6	0.0	1.2	2.0	0.0	0.3	0.0	0.0	0.0	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	2,485	41	1,144	288	2	339	43	28	10	4,379

CHAPTER 6. INFANT AND CHILD MORTALITY

This chapter examines the mortality of children under 5 years of age in rural project and non-project areas. The data were compiled from the birth histories provided by ever-married women. Ages at death were recorded in days if the child died in the first month of life or in months if the child died thereafter but before 24 months of age. Mortality rates were calculated in a straightforward fashion and defined as follows:

Neonatal mortality (NN):	The probability of dying in the first month of life.
Postneonatal mortality (PNN):	The probability of dying after the first month of life but before the first birthday.
Infant mortality ($_1q_0$):	The probability of dying before the first birthday.
Child mortality ($_4q_1$):	The probability of dying after the first birthday but before the fifth birthday.
Under-five mortality ($_5q_0$):	The probability of dying before the fifth birthday.

All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to their first birthday (12 months of age). Mortality rates were calculated for each of division (Chittagong/Sylhet, Khulna/Barisal, Dhaka, and Rajshahi) and for project and non-project areas. Rates were also calculated for different socioeconomic sub-groups.

6.1 Data Quality

The reliability of mortality estimates calculated from retrospective birth histories depends on the completeness with which deaths of children are reported and the extent to which birth dates and ages at death are accurately reported and recorded. Errors that might lead to age-heaping in mortality reports were given special emphasis during interviewer training. Interviewers were instructed to probe for exact ages in cases where dates of death corresponded to common heaping dates. For example, if a child was reported to have died at age one, interviewers were instructed to ask if the child really died at exactly one year or whether the child died before one year. Such heaping may bias infant mortality downwards, effectively transferring infant deaths to older age ranges.

6.2 Early Childhood Mortality Rates

Table 6.1 presents various measures of infant and child mortality by project and non-project areas for the five years preceding interview. The mortality rate for the most recent five-year period corresponds roughly to the years 2000-2004. Despite the overall decline in infant and child mortality in recent years, the under-five mortality rate in project areas for the five-year period immediately preceding the 2005 survey was 75 deaths per 1,000 life births, while infant mortality was 57 deaths per 1,000 live births. This means that one in 13 children born in project areas died before reaching the fifth birth day, while one in 18 children died before reaching their first birthday. Almost half of the under-five deaths occurred during the neonatal interval, about a quarter during the postnatal period, and another quarter between the ages of one and four. Contrary to the findings of the earlier evaluation surveys, in 2005 infant and child mortality was actually lower in project areas. For instance, infant mortality was 56.9 deaths per 1,000 live births in project areas, but 62.2 in non-project areas.

Table 6.1 Early childhood mortality rates

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

	Neonatal mortality (NN)	Postneonatal[1] mortality (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
			PROJECT AREAS		
Years preceding the survey					
0-4	38.0	18.9	56.9	18.7	74.5
5-9	42.4	27.2	69.6	19.9	88.1
10-14	60.4	29.6	90.1	31.0	118.2
15-19	65.9	34.5	100.4	52.3	147.5
			NON-PROJECT AREAS		
Years preceding the survey					
0-4	40.6	21.6	62.2	18.4	79.5
5-9	36.5	22.0	58.5	21.5	78.7
10-14	42.3	25.4	67.7	30.3	96.0
15-19	65.0	27.0	92.0	55.4	142.4

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

Early childhood mortality rates declined over the last two decades in both project and non-project areas. The decline was more pronounced in project areas, particularly in more recent years. If we compare these results with the 2003 survey, the decline in infant mortality during the two-year period between surveys was sharper in project areas: infant mortality for the four-year period preceding interview declined by 16 deaths, from 72.9 per 1,000 live births in 2003 in project areas, while in non-project areas it fell by 1.5 deaths, from 62.2.

6.3 Early Childhood Mortality by Socioeconomic Characteristics

Table 6.2 provides the distribution of childhood mortality for the ten years preceding the survey by select background characteristics. As in 2003, several pronounced differences were apparent across divisions. Infant mortality rates were highest in Dhaka and lowest in Chittagong/Sylhet. Similarly, under-5 mortality was highest in Dhaka and lowest in Rajshahi.

Mortality was associated with maternal education.[1] Infants born of uneducated women were approximately 1.7 times more likely to die before their first birthday as those born of mothers with a secondary or higher secondary education. Other mortality indicators demonstrated a similar association between early childhood mortality and maternal education. Virtually all mortality indicators showed an inverse relationship with socioeconomic status. For instance, infant mortality decreased from 76.3 deaths per 1,000 live births in the lowest quintile to 45.5 for those in the highest one.

[1] Small sample sizes make calculations of early childhood mortality rates imprecise for children of mothers with college education.

Table 6.2 Early childhood mortality rates by socio-economic characteristics

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

Background characteristics	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Domains					
Chittagong/Sylhet	34.6	17.1	51.8	25.6	76.0
Khulna/Barisal	38.5	22.2	60.7	16.2	76.0
Dhaka	48.1	29.1	77.3	18.4	94.2
Rajshahi	33.2	21.8	55.0	13.7	68.0
Highest educational level					
No education	44.1	28.6	72.8	22.3	93.4
Primary incomplete	37.7	28.6	66.3	21.2	86.0
Primary complete	38.2	10.2	48.4	10.2	58.1
Secondary incomplete	36.6	12.5	49.2	8.9	57.6
Secondary complete or higher	26.9	12.5	39.4	15.2	54.0
Household asset quintiles					
Poorest	47.4	29.0	76.3	26.0	100.3
2	41.1	26.8	67.9	24.2	90.4
3	41.3	24.6	65.9	15.5	80.4
4	37.9	20.7	58.6	16.8	74.5
Richest	31.9	13.7	45.5	12.8	57.7
Project non-project areas					
NSDP project areas	40.4	23.2	63.7	19.1	81.6
Non-project areas	38.5	21.8	60.3	19.7	78.8

CHAPTER 7. MATERNAL AND CHILD HEALTH

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

7.1 Antenatal Care

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

Antenatal Care Providers

Ever-married women with a live birth in the five years preceding interview were asked whether they had had an antenatal care visit and, if so, the type of caregiver that treated them. Tables 7.1A and 7.1B provide the distribution of visits in terms of type of caregiver visited for last births in the preceding three years. About 54.3% of women in project areas received any ANC, more than in non-project areas (50.2%). In NSDP areas, 47.4% were seen by a trained provider, compared with 40.6% in non-project areas. Older women in project areas were less likely to receive ANC, but more likely to be seen by trained personnel when they did. Younger women were more likely to be seen by a nurse, midwife or paramedic. Those with more children were less likely to seek care and, when they did, less likely to do so from a qualified doctor. Visit likelihood varied by domain, from a low of 50.4% in Chittagong/Sylhet to 60.9% in Rajshahi, though Chittagong residents were most likely to see a qualified doctor. There was a pronounced association between care seeking behavior and socioeconomic status, with the wealthy far more likely to seek ANC and, when they did, to be seen by a qualified doctor. Similar patterns prevailed in non-project areas.

The prevalence of ANC rose substantially from 2003 (from 51.1% to 54.3% in project areas, and 46.1% to 50.2% in non-project areas). The prevalence of ANC in 2001 was only 42.8% in project and 38.1% in non-project areas. Similar trends occurred with seeking care from a trained provider, which increased in the 2003 to 2005 interval from 43.9% to 47.4% in project areas, and from 37.7% to 40.6% in non-project areas.

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

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

Background Characteristics	Received any ANC	Medically Trained			Non-Medically Trained				Other	No one	Total	Number
		Qualified doctor	Nurse, midwife or paramedic	MA or SACMO	HA or FWA	Trained birth attendants	Untrained birth attendants	Unqualified doctor				
Mother's age at birth												
10-14	51.9	13.3	28.1	0.0	3.3	0.0	0.0	7.2	0.0	48.1	100.0	32
15-19	64.2	18.9	36.9	0.0	6.9	0.0	0.0	1.2	0.3	35.8	100.0	686
20-34	52.0	17.8	28.0	0.1	4.5	0.2	0.1	1.4	0.0	48.0	100.0	1,669
35-49	39.2	8.5	24.8	0.0	4.7	0.0	0.0	1.1	0.0	60.8	100.0	195
Birth order												
1	66.7	23.4	35.3	0.0	6.1	0.0	0.0	1.6	0.3	33.3	100.0	707
2-3	56.4	18.0	31.9	0.1	4.6	0.1	0.1	1.6	0.0	43.6	100.0	1,154
4-5	41.9	11.8	23.0	0.0	5.9	0.0	0.0	1.1	0.0	58.1	100.0	468
6+	32.5	7.5	20.7	0.0	3.6	0.4	0.0	0.4	0.0	67.5	100.0	253
Domains												
Chittagong/Sylhet	50.4	25.0	17.7	0.1	6.1	0.0	0.0	1.4	0.1	49.6	100.0	765
Khulna/Barisal	57.5	13.8	38.7	0.0	2.8	0.2	0.0	2.0	0.0	42.5	100.0	284
Dhaka	53.2	14.1	33.9	0.0	3.8	0.2	0.1	1.0	0.1	46.8	100.0	1,048
Rajshahi	60.9	14.3	36.7	0.0	8.0	0.0	0.0	1.9	0.0	39.1	100.0	484
Highest educational level												
No education	38.3	8.0	23.6	0.0	5.1	0.2	0.0	1.3	0.0	61.7	100.0	1,075
Some primary	51.6	12.1	33.3	0.0	4.6	0.0	0.0	1.6	0.0	48.4	100.0	422
Primary complete	61.3	16.6	37.3	0.0	6.5	0.0	0.3	0.6	0.0	38.7	100.0	346
Secondary incomplete	73.8	27.4	38.5	0.0	5.4	0.1	0.0	2.0	0.4	26.2	100.0	585
Secondary complete or higher	83.6	60.3	19.0	0.7	2.9	0.0	0.0	0.8	0.0	16.4	100.0	153
Household asset quintile												
Poorest	37.1	6.8	23.6	0.0	4.8	0.2	0.0	1.6	0.0	62.9	100.0	598
2	49.3	9.3	32.4	0.0	5.7	0.1	0.2	1.7	0.0	50.7	100.0	561
3	54.6	14.9	33.9	0.0	4.3	0.2	0.0	1.3	0.0	45.4	100.0	518
4	64.3	20.9	36.4	0.0	5.9	0.0	0.0	0.9	0.2	35.7	100.0	446
Richest	72.7	40.1	25.6	0.2	5.1	0.0	0.0	1.4	0.2	27.3	100.0	458
Total	54.3	17.3	30.1	0.0	5.1	0.1	0.0	1.4	0.1	45.7	100.0	2,582

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

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

		Medically Trained			Non-Medically Trained					
Background Characteristics	Received any ANC	Qualified doctor	Nurse, midwife or paramedic	MA or SACMO	HA or FWA	Unqualified doctor	Other	No one	Total	Number
Mother's age at birth										
10-14	76.4	36.3	26.8	0.0	6.6	6.6	0.0	23.6	100.0	17
15-19	56.8	22.8	21.3	0.0	10.4	1.6	0.7	43.2	100.0	375
20-34	48.7	23.4	17.0	0.1	7.3	0.8	0.0	51.3	100.0	897
35-49	37.1	12.8	13.4	0.9	10.0	0.0	0.0	62.9	100.0	123
Birth order										
1	65.2	28.9	24.1	0.0	10.4	1.8	0.0	34.8	100.0	400
2-3	48.7	22.4	18.1	0.2	7.5	0.2	0.4	51.3	100.0	612
4-5	42.9	21.4	11.7	0.4	6.8	2.6	0.0	57.1	100.0	260
6+	27.5	7.1	11.3	0.0	9.1	0.0	0.0	72.5	100.0	141
Domains										
Chittagong/Sylhet	52.7	30.9	11.9	0.2	8.4	1.0	0.3	47.3	100.0	437
Khulna/Barisal	40.1	19.0	12.3	0.0	6.7	2.1	0.0	59.9	100.0	247
Dhaka	47.3	16.0	22.4	0.0	8.2	0.7	0.0	52.7	100.0	427
Rajshahi	59.0	22.6	24.9	0.4	10.0	0.8	0.4	41.0	100.0	300
Highest educational level										
No education	35.7	13.1	13.5	0.0	8.4	0.5	0.2	64.3	100.0	575
Some primary	45.0	14.8	19.1	0.0	8.2	2.3	0.6	55.0	100.0	228
Primary complete	55.8	25.7	16.6	0.6	11.9	1.1	0.0	44.2	100.0	179
Secondary incomplete	65.1	29.9	25.3	0.4	8.0	1.6	0.0	34.9	100.0	323
Secondary complete or higher	84.7	61.8	19.2	0.0	3.7	0.0	0.0	15.3	100.0	107
Household asset quintile										
Poorest	25.4	8.9	10.3	0.0	6.2	0.0	0.0	74.6	100.0	305
2	42.0	12.7	19.4	0.0	9.5	0.0	0.4	58.0	100.0	279
3	53.1	23.4	15.7	0.4	8.7	4.4	0.5	46.9	100.0	269
4	58.4	24.5	23.5	0.4	9.6	0.4	0.0	41.6	100.0	269
Richest	73.8	43.6	21.4	0.0	8.1	0.7	0.0	26.2	100.0	290
Total	50.2	22.5	17.9	0.2	8.4	1.1	0.2	49.8	100.0	1,413

Table 7.2A provides the distribution of ANC visit counts and stage of pregnancy at first visit. Once again, those in project areas were more likely to have at least one visit. They were also generally more likely to have more visits, with the exception of the most intense visit levels (4+). Overall, however, the differences in visit count distributions essentially cancelled out, and the median number of visits for those with any ANC was almost the same in project (1.6 visits) and non-project areas (1.7). Similarly, despite some discrepancies between the two areas in terms of the distribution of the month of pregnancy at which first visits occurred, the median was almost the same (at around 4.5). Of the poorest women, 37.1% had at least one ANC visit in NSDP areas, against 25.4% in non-NSDP areas (Table 7.2B). The corresponding figures in 2003 were 32.4% in project and 26.5% in non-project areas.

Source of Antenatal Care

Table 7.3 provides market share for antenatal care visits for the last pregnancy with a live birth in the preceding three years. In project areas, about half (48%) of those with at least one visit visited an NSDP provider. Those who did were most likely to visit NSDP satellite clinics. The other two important suppliers of ANC were the public and private sectors, with the former enjoying twice the market share at 30%. Of the public sector facilities, thana (sub-district) health complexes were most popular, followed by family welfare centers. The private sector's share was driven by private doctors and clinics.

In non-NSDP areas, the public sector was the most important overall source of ANC, with 47% of the market. Family welfare centres and thana health complexes were the two most prominent public providers. Private clinics and doctors had the next largest share at 22.7%. Use of private clinics and doctors is much more common in non-project areas. NSDP static clinics actually had a larger share of the ANC market in non-project than project areas. Perhaps owing to the proximity of non-project communities to NSDP areas, NSDP static clinics had only a slightly smaller share there than private clinics and doctors.

Table 7.4 provides market share by socioeconomic status. NSDP providers were, in project and non-project areas, far more important sources of ANC for women in the lower asset quintiles than those in the highest one. Of the NSDP provider strata, satellite clinics were particularly important to those in the lower quintiles. Unsurprisingly, the wealthy were far more likely to rely on private doctors and clinics. Though there were differences in the use of public sector providers across socioeconomic strata, these were comparatively modest. These findings are consistent with those from the 2003 survey.

Table 7.2A Number of antenatal care visits and stage of pregnancy, last three years

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

Number and timing of ANC visits	Project areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Number of ANC visits						
None	49.6	42.5	46.8	39.1	45.7	49.8
1	17.1	17.8	19.9	13.8	17.7	15.0
2	15.3	16.6	13.1	18.1	15.1	16.2
3	9.6	13.0	11.1	13.5	11.3	8.2
4+	8.4	10.0	9.1	15.5	10.2	10.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median number of visits (for those with ANC)	1.5	1.7	1.5	2.0	1.6	1.7
Number of months pregnant at the time of the first ANC visits						
No ANC	49.6	42.5	46.8	39.1	45.7	49.8
<4 months	12.8	13.0	11.5	12.3	12.2	11.4
4-5 months	19.8	23.0	24.5	28.0	23.6	20.5
6-7 months	13.0	17.0	11.9	13.8	13.1	12.8
8+ months	4.8	4.2	5.4	6.8	5.3	5.4
DK/missing	0.0	0.2	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	4.5	4.6	4.4	4.5	4.5	4.6
Number	765	284	1,048	484	2,582	1,413

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

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

Household asset quintile	Project areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Poorest	26.8	39.9	37.1	46.4	37.1	25.4
2	45.7	54.2	45.3	57.8	49.3	42.0
3	36.2	63.7	57.7	65.9	54.6	53.1
4	53.6	74.6	66.1	70.7	64.3	58.4
Richest	71.7	76.9	73.2	72.9	72.7	73.8
Total	50.4	57.5	53.2	60.9	54.3	50.2
Number	765	284	1,048	484	2,582	1,413

Table 7.3 Source of antenatal care, last three years

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

	Project areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Received antenatal care						
Percentage received ANC	50.4	57.5	53.2	60.9	54.3	50.2
Women with at least one birth in the reference period	765	284	1,048	484	2,582	1,413
Place for antenatal checkup						
Home	3.2	3.5	5.4	5.6	4.6	7.0
Medical person at home	3.2	3.5	5.1	5.2	4.4	6.8
Non-medical person at home	0.0	0.0	0.4	0.4	0.2	0.1
Public sector	36.9	25.1	25.5	31.7	29.9	47.4
Hospital/Medical college	3.5	2.1	3.4	4.0	3.4	6.6
Family welfare centre	6.8	5.2	5.1	11.9	7.0	14.6
Thana health complex	23.8	10.1	13.3	10.7	15.3	13.6
MCWC	1.1	4.9	0.9	0.8	1.4	2.2
Rural Dispensary/comm. clinic	0.0	0.7	0.2	1.6	0.5	1.7
Satellite clinic/EPI outreach clinic	1.4	1.7	1.7	2.8	1.8	7.2
FWA	0.3	0.3	0.9	0.0	0.5	1.5
NSDP NGO	31.4	54.4	56.7	48.0	47.7	17.0
Static clinic	6.7	4.5	17.0	18.7	13.1	15.8
Satellite clinic	24.7	49.8	39.7	29.4	34.6	1.3
Other NGO	1.1	4.9	1.3	6.0	2.6	4.1
Hospital	0.0	0.3	0.0	2.0	0.5	2.3
NGO clinic	0.3	1.4	0.9	3.2	1.3	0.9
Satellite clinic	0.8	2.8	0.2	0.4	0.7	0.5
Fieldworker	0.0	0.3	0.2	0.4	0.2	0.4
Private medical sector	27.4	11.8	11.0	8.7	15.2	24.5
Private clinic/doctor	24.8	9.4	9.9	7.1	13.4	22.7
Traditional doctor	1.9	1.7	1.1	1.6	1.5	1.4
Pharmacy	0.6	0.7	0.0	0.0	0.3	0.3
Other	0.0	0.3	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	385	164	557	295	1,401	709

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

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

	Project areas						Non-project areas					
	Household asset quintile						Household asset quintile					
Place for antenatal checkup	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Home	7.2	3.1	5.7	3.7	4.0	4.6	9.1	8.9	9.3	7.5	3.1	7.0
Medical person at home	7.2	3.1	5.3	3.4	3.6	4.4	9.1	8.9	9.3	7.5	2.6	6.8
Non-medical person at home	0.0	0.0	0.4	0.4	0.3	0.2	0.0	0.0	0.0	0.0	0.5	0.1
Public Sector	31.3	26.4	31.4	29.3	31.0	29.9	45.5	50.9	50.8	48.6	42.9	47.4
Hospital/Medical college	3.8	1.6	2.3	3.8	5.1	3.4	6.7	1.9	7.7	4.1	10.1	6.6
Family welfare center	11.2	6.7	7.6	6.2	4.6	7.0	13.2	14.1	13.0	18.3	13.7	14.6
Thana health complex	11.1	13.8	18.5	13.5	18.0	15.3	8.7	14.5	19.2	12.4	12.0	13.6
MCWC	0.5	1.6	0.8	2.3	1.6	1.4	0.0	2.3	1.9	3.3	2.5	2.2
Rural Dispensary/comm. clinic	0.3	0.4	0.0	1.0	0.7	0.5	3.0	4.4	1.6	1.0	0.5	1.7
Satellite clinic/EPI outreach clinic	3.4	1.2	2.0	2.1	1.0	1.8	10.4	8.2	7.5	9.1	3.8	7.2
FWA	0.9	1.1	0.2	0.4	0.0	0.5	3.5	5.4	0.0	0.5	0.4	1.5
NSDP NGO	53.7	58.3	52.4	50.3	28.5	47.7	26.8	22.1	15.7	15.1	13.1	17.0
Static clinic	10.6	14.5	12.8	18.3	9.3	13.1	24.3	21.4	13.4	14.5	12.2	15.8
Satellite clinic	43.1	43.8	39.6	32.0	19.2	34.6	2.5	0.7	2.4	0.7	0.9	1.3
Other NGO	1.5	3.3	2.9	3.0	2.4	2.6	6.5	4.9	4.4	4.4	2.4	4.1
Hospital	0.0	0.6	0.0	0.8	0.7	0.5	5.5	2.6	2.4	1.5	1.4	2.3
NGO clinic	0.8	1.2	1.4	1.6	1.3	1.3	0.0	0.9	0.5	1.7	1.0	0.9
Satellite clinic	0.7	1.2	1.2	0.2	0.3	0.7	1.0	0.7	0.0	1.2	0.0	0.5
Fieldworker	0.0	0.2	0.4	0.4	0.0	0.2	0.0	0.7	1.5	0.0	0.0	0.4
Private Medical Sector	6.2	8.9	7.5	13.7	34.0	15.2	12.1	13.3	19.7	24.3	38.5	24.5
Private clinic/doctor	3.8	6.3	6.8	12.1	32.4	13.4	12.1	12.0	16.3	22.2	37.1	22.7
Traditional doctor	2.2	2.4	0.8	1.2	1.3	1.5	0.0	1.3	2.7	1.2	1.4	1.4
Pharmacy	0.3	0.2	0.0	0.4	0.4	0.3	0.0	0.0	0.7	0.9	0.0	0.3
Other	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	222	277	283	287	333	1,401	77	117	143	157	214	709

7.2 Iron Supplementation

Many pregnant women in Bangladesh suffer from anemia and iron deficiency. Respondents were asked whether they had taken any iron tablet/syrup during their most recent pregnancy in the preceding year. Table 7.5A gives the distribution of women with a live birth in the past year by iron supplementation during pregnancy. In NSDP areas, 51% received iron supplements, which was substantially more than in non-project areas (43.7%). In project areas, iron intake was highest in Rajshahi and lowest in Khulna/Barisal. The 51% figure in 2005 reflected steady improvement over time, with increases of 6.9 percentage points from 2001 to 2003 and then another 2.8 percentage points from 2003 to 2005. The 2005 figure in non-NSDP areas actually represented a decrease of 6.4 percentage points from 2003. Iron supplementation during pregnancy was negatively related to parity and maternal age and positively related to education (Table 7.5A) and socioeconomic status (Table 7.6A). Women experiencing their first pregnancy were more than 17 percentage points more likely to use iron supplementation than those in their second or third (see Table 7.5A). The distribution of iron supplementation for women with a live birth in the preceding three years is provided in Tables 7.5B and 7.6B. Results indicate gradual increases in iron intake over time.

Table 7.5A Iron supplementation, last one year

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

	Took iron tablet/syrup during pregnancy			
Background characteristics	Yes	No	Total	Number
Mother's age at birth				
10-14	63.6	36.4	100.0	11
15-19	58.4	41.6	100.0	251
20-34	49.1	50.9	100.0	579
35-49	37.1	62.9	100.0	61
Birth order				
1	66.7	33.3	100.0	260
2-3	49.2	50.8	100.0	401
4-5	37.8	62.2	100.0	161
6+	36.0	64.0	100.0	81
Domains				
Chittagong/Sylhet	58.0	42.0	100.0	276
Khulna/Barisal	38.8	61.2	100.0	107
Dhaka	44.7	55.3	100.0	362
Rajshahi	61.9	38.1	100.0	157
Highest educational level				
No education	31.7	68.3	100.0	346
Some primary	49.6	50.4	100.0	134
Primary complete	55.9	44.1	100.0	125
Secondary incomplete	67.6	32.4	100.0	234
Secondary complete or higher	88.6	11.4	100.0	63
Project areas	51.0	49.0	100.0	902
Non-project areas	43.7	56.3	100.0	487

Table 7.5B Iron supplementation, last three years

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

	Took iron tablet/syrup during pregnancy				
Background characteristics	Yes	No	DK/Missing	Total	Number
Mother's age at birth					
10-14	50.8	49.2	0.0	100.0	32
15-19	55.0	45.0	0.0	100.0	686
20-34	46.7	53.2	0.0	100.0	1,669
35-49	36.8	63.2	0.0	100.0	195
Birth order					
1	59.1	40.9	0.0	100.0	707
2-3	49.5	50.5	0.0	100.0	1,154
4-5	37.5	62.5	0.0	100.0	468
6+	32.0	68.0	0.0	100.0	253
Domains					
Chittagong/Sylhet	48.7	51.3	0.0	100.0	765
Khulna/Barisal	38.1	61.7	0.2	100.0	284
Dhaka	46.0	54.0	0.0	100.0	1,048
Rajshahi	58.2	41.8	0.0	100.0	484
Highest educational level					
No education	34.0	66.0	0.0	100.0	1,075
Some primary	42.9	57.0	0.1	100.0	422
Primary complete	52.7	47.3	0.0	100.0	346
Secondary incomplete	66.9	33.1	0.0	100.0	585
Secondary complete or higher	81.3	18.7	0.0	100.0	153
Project areas	48.2	51.7	0.0	100.0	2,582
Non-project areas	44.9	55.1	0.0	100.0	1,413

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

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

	Project areas					Non-project areas
Household asset quintile	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Poorest	37.8	18.9	34.7	35.7	33.1	14.7
2	36.6	42.2	32.9	52.6	39.6	43.3
3	48.7	38.1	50.0	65.4	50.6	39.3
4	75.9	57.7	53.4	80.0	64.0	61.9
Richest	76.2	59.1	65.0	94.1	74.3	62.1
Total	58.0	38.8	44.7	61.9	51.0	43.7
Number	276	107	362	157	902	487

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

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

Household asset quintile	Project areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Poorest	27.8	21.7	34.8	44.3	33.3	23.0
2	40.1	38.3	32.7	56.0	40.5	41.0
3	39.4	39.8	50.7	56.5	47.6	45.8
4	56.7	50.7	58.1	72.0	59.8	58.5
Richest	66.0	61.5	66.1	72.9	66.6	58.3
Total	48.7	38.1	46.0	58.2	48.2	44.9
Number	765	284	1,048	484	2,582	1,413

7.3 Tetanus Toxoid (TT) Vaccination

Tetanus toxoid (TT) injections are given during pregnancy to prevent neonatal tetanus, historically one of the principle causes of death among infants in many developing countries. To protect herself and her baby, a pregnant woman should receive two doses of TT during pregnancy. However, if a woman was vaccinated in a prior pregnancy, she may require only one booster dose. Five doses are believed to provide lifetime protection. Women who had a live birth in the preceding five years were asked whether they had received a TT injection during pregnancy for the most recent birth. Table 7.7A provides the distribution of TT injections for the most recent birth in the 12 months preceding the survey.

In project areas, 80% of women received at least one dose of TT (53.4% received two doses or more). The trends in coverage are complex. The 2003 survey reported a decrease in coverage by two percentage points in NSDP and non-NSDP areas. However, since 2003 coverage increased by two percentage points in project areas and actually fell by 2.4 percentage points in comparison areas. Coverage (at least one dose) was highest in Dhaka and lowest in Khulna/ Barisal.

Receiving two or more TT injections was inversely related to age, i.e. older women were less likely to do so. This probably partly reflected a higher 'stock' of TT vaccinations from earlier pregnancies. Coverage was inversely correlated to birth order and positively associated with education. Table 7.8A shows that it was higher among wealthier women.

Table 7.7A Tetanus toxoid injections, last one year

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

Background characteristics	Number of tetanus toxoid injections				Know # of TT injections for lifetime protection	Number
	None	One injection	Two or more injections	Total		
Mother's age at birth						
10-14	0.0	0.0	100.0	100.0	48.9	11
15-19	14.7	18.3	67.1	100.0	57.3	251
20-34	21.0	30.7	48.2	100.0	44.7	579
35-49	35.2	26.2	38.6	100.0	36.8	61
Birth order						
1	11.6	12.7	75.6	100.0	61.1	260
2-3	17.6	33.3	49.1	100.0	48.7	401
4-5	33.2	28.8	38.0	100.0	32.3	161
6+	31.9	33.7	34.4	100.0	30.2	81
Domains						
Chittagong/Sylhet	20.4	26.0	53.6	100.0	45.5	276
Khulna/Barisal	21.8	26.6	51.6	100.0	42.6	107
Dhaka	19.0	25.6	55.3	100.0	47.0	362
Rajshahi	20.1	29.9	50.0	100.0	56.7	157
Highest educational level						
No education	28.8	23.6	47.6	100.0	30.9	346
Some primary	16.6	27.2	56.1	100.0	47.8	134
Primary complete	16.6	34.3	49.0	100.0	46.7	125
Secondary incomplete	14.7	24.2	61.1	100.0	64.5	234
Secondary complete or higher	4.5	35.4	60.1	100.0	79.3	63
Project areas	20.0	26.6	53.4	100.0	47.7	902
Non-project areas	23.4	28.6	48.0	100.0	42.2	487

Women were also asked if they knew the required number of tetanus doses necessary for lifetime protection (Tables 7.7A and 7.7B). Women were more likely to know the required number in project (47.7%) than non-project (42.2%) areas. Not surprisingly, educated women were also more likely to know the number. Awareness was negatively related to age and birth order. It was highest in Rajshahi (56.7%) and lowest in Khulna/Barisal (42.6%). It increased significantly from 2003.

Table 7.7B presents percent distribution of women with a live birth in the 36 months preceding the survey by number of TT doses for recent births. Coverage was higher in project and non-project areas compared with figures estimated from the preceding 12 months. Poorer women were less likely to receive at least one TT injection (Tables 7.8A and 7.8B).

Table 7.7B Tetanus toxoid injections, last three years

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

Background characteristics	Number of tetanus toxoid injections					Know # of TT injections for lifetime protection	Number
	None	One injection	Two or more injections	DK/ Missing	Total		
Mother's age at birth							
10-14	1.8	17.6	80.6	0.0	100.0	49.0	32
15-19	13.4	17.4	69.2	0.0	100.0	53.0	686
20-34	20.1	24.8	54.9	0.1	100.0	43.9	1,669
35-49	31.7	25.7	42.7	0.0	100.0	32.7	195
Birth order							
1	11.2	14.6	74.2	0.0	100.0	57.4	707
2-3	16.4	26.3	57.2	0.1	100.0	46.1	1,154
4-5	29.7	25.0	45.1	0.2	100.0	35.1	468
6+	32.7	26.3	41.0	0.0	100.0	28.8	253
Domains							
Chittagong/Sylhet	19.1	23.9	56.9	0.1	100.0	42.0	765
Khulna/Barisal	23.6	21.2	55.1	0.0	100.0	39.1	284
Dhaka	19.5	22.5	57.9	0.1	100.0	45.1	1,048
Rajshahi	15.0	22.9	62.1	0.0	100.0	55.6	484
Highest educational level							
No education	26.5	21.2	52.0	0.2	100.0	33.4	1,075
Some primary	18.1	22.1	59.8	0.0	100.0	40.9	422
Primary complete	12.8	27.8	59.5	0.0	100.0	49.2	346
Secondary incomplete	12.7	22.8	64.6	0.0	100.0	61.1	585
Secondary complete or higher	6.8	25.4	67.8	0.0	100.0	75.2	153
Project areas	19.0	22.9	58.1	0.1	100.0	45.5	2,582
Non-project areas	19.3	24.3	56.4	0.0	100.0	46.3	1,413

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

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

Household asset quintile	Project areas				Non-project areas			
	None	One injection	Two or more injections	Total	None	One injection	Two or more injections	Total
Poorest	26.2	23.6	50.2	100.0	24.3	26.5	49.1	100.0
2	25.1	27.9	47.0	100.0	37.3	22.0	40.7	100.0
3	17.9	21.9	60.2	100.0	20.8	33.8	45.4	100.0
4	14.6	33.1	52.3	100.0	20.6	33.9	45.5	100.0
Richest	13.8	27.7	58.5	100.0	12.2	28.9	58.9	100.0
Total	20.0	26.6	53.4	100.0	23.4	28.6	48.0	100.0
Number	180	240	482	902	114	139	233	487

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

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

	Project areas					Non-project areas			
Household asset quintile	None	One injection	Two or more injections	DK/ Missing	Total	None	One injection	Two or more injections	Total
Poorest	25.2	21.0	53.7	0.2	100.0	23.8	21.2	55.0	100.0
2	21.7	21.9	56.2	0.2	100.0	28.1	24.6	47.4	100.0
3	18.7	21.3	60.0	0.0	100.0	16.9	26.0	57.1	100.0
4	14.5	27.4	58.1	0.0	100.0	16.4	28.4	55.2	100.0
Richest	12.3	23.7	64.0	0.0	100.0	11.1	21.8	67.1	100.0
Total	19.0	22.9	58.1	0.1	100.0	19.3	24.3	56.4	100.0
Number	490	590	1499	2	2582	273	343	797	1413

Source of Tetanus Toxoid

Table 7.9A provides the source of the most recent TT vaccine received by women with a live birth in the preceding 12 months. In project areas, the most important source of TT vaccine was NSDP clinics (with nearly 56% of the market), followed somewhat distantly by government facilities (39%). NSDP satellite clinics were by far the most important provider in all divisions, offering close to half of all vaccinations. In non-project areas, the main providers were public sector facilities, particularly government satellite clinics, thana health complexes, and family welfare centers which collectively accounted for 83% of the market.

A comparison with the 2003 evaluation survey shows that the share of NSDP providers fell slightly (by 1.5 percentage points) in project areas. The public sector share actually increased (to the tune of 4.1 percentage points in NSDP areas and five percentage points in non-NSDP areas). Estimates based on a 36-month window were similar (Table 7.9B).

7.4 Knowledge of Pregnancy Complications and Care

Ever married women were asked if they were aware of any complications during pregnancy, delivery or thereafter that could potentially threaten mother or child. Table 7.10 provides the distribution of such awareness.

Nearly 57% in project areas were aware of tetanus as an important complication. Knowledge of other complications, however, was less extensive: retained placenta, 38.8%; baby's hand or feet come first/bad baby position, 33.5%; convulsion, 31.3%; obstructed labor, 23.9%; prolonged labor, 23.3%; sever headache/blurry vision, 21.7%; excessive vaginal bleeding, 17.2%; edema, 15.7%. This set of complications was most commonly identified in all divisions. The ranking was similar in non-project areas. Around 3% in project and non-project areas were unaware of complications. The situation changed little from 2001.

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

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

Source for most recent tetanus toxoid injection	Project areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Home	3.1	0.7	2.5	2.8	2.5	2.4
Medical person at home	3.1	0.7	2.5	2.8	2.5	2.4
Public sector	47.5	37.4	33.5	36.4	38.7	83.1
Hospital/Medical college	2.0	0.7	1.8	3.7	2.1	1.0
Family welfare centre	4.0	1.4	4.3	7.5	4.4	7.1
Thana health complex	10.8	1.4	10.0	7.5	8.8	11.3
MCWC	0.0	0.7	0.0	0.9	0.2	0.2
Rural Dispensary/comm. clinic	0.5	1.4	0.4	0.0	0.5	2.6
Satellite clinic/EPI outreach clinic	23.3	30.6	15.7	15.9	19.8	56.8
FWA	6.9	1.4	1.4	0.9	3.0	4.2
NSDP NGO	43.6	59.2	62.3	58.9	55.6	10.3
Static clinic	4.0	2.7	11.4	11.2	8.1	8.2
Satellite clinic	39.6	56.5	50.9	47.7	47.5	2.1
Other NGO	0.0	0.7	0.4	0.9	0.4	0.5
Hospital	0.0	0.0	0.4	0.0	0.1	0.3
NGO clinic	0.0	0.0	0.0	0.0	0.0	0.2
Satellite clinic	0.0	0.7	0.0	0.9	0.2	0.0
Private medical sector	5.3	2.0	1.4	0.9	2.6	3.7
Private clinic/doctor	4.4	0.0	0.7	0.9	1.8	3.1
Traditional doctor	0.0	1.4	0.7	0.0	0.4	0.3
Pharmacy	1.0	0.7	0.0	0.0	0.4	0.3
DK	0.5	0.0	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	220	84	293	125	722	373

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

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

Source for most recent tetanus toxoid injection	Project areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Home	1.7	0.3	2.2	2.3	1.9	2.1
Medical person at home	1.7	0.3	2.2	2.3	1.9	2.0
Non-medical person at home	0.0	0.0	0.0	0.0	0.0	0.1
Public sector	44.9	38.8	38.9	34.9	39.9	83.5
Hospital/Medical college	0.7	1.0	1.0	2.0	1.1	0.7
Family welfare centre	4.0	4.7	4.2	6.3	4.6	10.9
Thana health complex	11.3	3.9	12.4	9.1	10.5	11.2
MCWC	0.2	1.1	0.1	0.6	0.3	0.5
Rural Dispensary/comm. clinic	0.3	1.8	0.5	2.3	0.9	2.4
Satellite clinic/EPI outreach clinic	21.6	24.7	17.7	12.5	18.6	53.4
FWA	6.8	1.6	3.0	2.3	3.8	4.4
NSDP NGO	48.4	57.5	56.9	59.7	55.0	10.4
Static clinic	4.2	3.1	10.7	13.4	8.5	8.3
Satellite clinic	44.2	54.3	46.2	46.3	46.5	2.2
Other NGO	0.0	1.6	0.6	1.4	0.7	0.9
Hospital	0.0	0.3	0.1	0.9	0.2	0.3
NGO clinic	0.0	0.0	0.4	0.0	0.1	0.6
Satellite clinic	0.0	1.3	0.1	0.6	0.3	0.0
Private medical sector	4.7	1.8	1.4	1.7	2.5	3.1
Private clinic/doctor	3.5	0.8	0.7	1.4	1.7	2.9
Traditional doctor	0.2	0.5	0.4	0.3	0.3	0.1
Pharmacy	1.1	0.5	0.2	0.0	0.5	0.2
Other	0.2	0.0	0.0	0.0	0.1	0.0
DK	0.2	0.0	0.0	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	619	217	842	412	2,090	1,140

Table 7.10 Knowledge of pregnancy complications and care

Percentage of women who know of complications threatening the life of a mother during pregnancy delivery or post delivery according to region, project and non-project areas, Bangladesh 2005.

Pregnancy complications	Project areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Severe headache, blurry vision, high blood pressure	29.0	18.7	18.8	20.7	21.7	21.0
Edema, pre-eclampsia	17.4	14.0	14.7	16.7	15.7	17.6
Convulsions, eclampsia	30.4	35.3	30.8	31.3	31.3	29.8
Excessive vaginal bleeding	13.7	22.9	17.3	17.6	17.2	18.0
Foul smelling discharge with high fever	2.3	1.6	3.1	3.8	2.9	2.5
Jaundice	7.2	6.7	4.5	5.6	5.7	5.7
Tetanus	44.7	61.2	61.7	58.0	56.6	56.7
Baby hand or feet come first, baby in bad position	38.7	34.5	32.1	30.1	33.5	35.5
Prolonged labor	23.7	23.3	24.6	20.5	23.3	23.8
Obstructed labor	17.0	37.0	29.4	14.9	23.9	25.6
Retained placenta	28.2	51.7	35.6	48.8	38.8	42.0
Torn uterus	6.2	10.4	7.0	7.4	7.3	7.6
Other	0.3	0.1	0.1	0.1	0.1	0.2
DK, missing	3.6	1.0	2.7	2.9	2.8	2.5
Total number of women	1,892	913	3,069	1,777	7,651	4,418

7.5 Delivery Care

Proper medical attention and hygienic conditions during delivery are essential to controlling the risks of complications resulting in death or serious illness for either mother or newborn. It is thus preferable to have deliveries either in suitable health facilities or with assistance from trained medical practitioners.

Place of Delivery

Table 7.11 provides the distribution of live births in the five years preceding the survey by place of delivery. Nearly all mothers in project and non-project areas delivered at home (92-93%). Only 4% to 5% of births occurred at government or NGO health facilities. Unsurprisingly, this was similar to what was observed in 2003 and 2001: in rural areas, options for delivery changed little over this interval.

Deliveries in a facility were more common for mothers in NSDP project areas who were giving birth for the first time; had attained secondary, higher secondary, or university/college education; or had made at least four antenatal visits during the most recent birth. Deliveries in a facility were also more common for wealthier mothers. This was essentially the same situation as in 2001 and 2003.

Table 7.11 Place of delivery

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

Background characteristics	Public sector				NGO sector		Private sector	Home	Other	Total	Number
	Govt. hospital	Thana health complex	MCWC	FWC	NSDP static clinic	NGO static clinic					
Mother's age at birth											
10-14	2.4	3.7	0.0	0.0	0.0	0.0	3.7	90.2	0.0	100.0	44
15-19	2.6	2.2	0.6	0.2	0.0	0.0	3.1	91.4	0.0	100.0	970
20-34	1.4	1.5	0.4	0.0	0.0	0.0	3.4	92.9	0.1	100.0	2,402
35-49	0.7	0.2	0.3	0.0	0.0	0.0	3.1	95.7	0.0	100.0	313
Birth order											
1	3.5	3.3	0.8	0.3	0.0	0.0	6.1	85.9	0.1	100.0	962
2-3	1.3	1.0	0.4	0.0	0.1	0.0	2.7	94.4	0.1	100.0	1,638
4-5	0.8	1.1	0.0	0.0	0.0	0.2	2.3	95.7	0.0	100.0	718
6+	0.5	1.2	0.3	0.0	0.0	0.0	1.2	96.8	0.0	100.0	412
Domains											
Chittagong/Sylhet	1.8	1.2	0.2	0.1	0.0	0.0	3.5	93.1	0.0	100.0	1,040
Khulna/Barisal	1.5	2.4	0.9	0.1	0.0	0.0	4.2	90.7	0.1	100.0	421
Dhaka	1.5	1.4	0.4	0.1	0.0	0.0	3.5	93.1	0.0	100.0	1,519
Rajshahi	1.9	2.0	0.5	0.0	0.2	0.2	2.2	92.8	0.3	100.0	749
Highest educational level											
No education	0.6	1.0	0.2	0.1	0.0	0.0	1.0	97.2	0.0	100.0	1,619
Some primary	0.8	1.7	0.3	0.0	0.0	0.0	1.7	95.6	0.0	100.0	615
Primary complete	1.7	0.4	0.6	0.0	0.0	0.2	2.8	94.0	0.2	100.0	498
Secondary incomplete	3.8	2.9	0.6	0.2	0.0	0.0	6.5	85.9	0.1	100.0	788
Secondary complete or higher	5.0	4.2	1.3	0.0	0.6	0.0	15.9	73.1	0.0	100.0	209
Household asset quintile											
Poorest	0.5	0.5	0.0	0.1	0.0	0.0	0.3	98.4	0.1	100.0	834
2	0.4	1.6	0.3	0.0	0.0	0.0	0.8	96.9	0.0	100.0	800
3	1.0	1.8	0.6	0.0	0.0	0.0	2.2	94.4	0.0	100.0	758
4	2.9	1.8	0.6	0.3	0.2	0.0	3.9	90.1	0.4	100.0	654
Richest	4.1	2.6	0.8	0.0	0.0	0.2	10.7	81.6	0.0	100.0	683
Number of antenatal care visits											
None	0.4	0.4	0.2	0.0	0.0	0.0	1.0	98.0	0.0	100.0	1,761
1-3 visits	1.9	2.4	0.3	0.1	0.1	0.0	4.1	91.0	0.1	100.0	1,610
4+ visits	6.7	4.1	1.8	0.3	0.0	0.3	11.7	74.8	0.3	100.0	356
DK/missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	100.0	2
Project areas	1.7	1.6	0.4	0.1	0.0	0.0	3.3	92.7	0.1	100.0	3,729
Non-project areas	2.5	2.1	0.4	0.1	0.0	0.1	3.6	91.2	0.1	100.0	2,109

Assistance during Delivery

Assistance by medically trained birth attendants during delivery is believed to reduce maternal and neonatal deaths. Interviewers were instructed to record all responses if more than one person assisted during delivery. However, for present purposes, if more than one person was mentioned, only the most highly qualified one is considered. Table 7.12 provides the distribution of the type of delivery assistance for live births in the preceding five years. In NSDP areas, untrained traditional birth attendants (TBAs) assisted in 64.5% of deliveries, followed distantly in importance by trained TBAs and relatives. Delivery assistance did not vary with the age of the mother, but was associated with birth order: qualified doctors and nurses/midwives were slightly more important for first births.

Qualified doctors played a more important role in birth attendance in Khulna/Barisal and Chittagong/ Sylhet. Those who had more frequent antenatal care visits were more likely to seek assistance from doctors or nurses. Wealthier and highly educated mothers were more likely to have a qualified doctor or nurse in attendance. The situation was much the same in non-project areas. Delivery practices were similar to what was observed in 2003 and 2001.

7.6 Childhood Vaccination

Vaccination Coverage

Immunization of children under one year of age against the six vaccine preventable diseases (tuberculosis; diphtheria, pertussis, and tetanus (DPT); poliomyelitis; and measles) is a priority in Bangladesh. The Expanded Program on Immunization (EPI) of the government of Bangladesh and the NSDP vaccination program follow guidelines recommended by the World Health Organization (WHO). According to these guidelines, children should receive: a Bacille Calmette-Guerin (BCG) vaccine against tuberculosis; three doses of DPT vaccine for diphtheria, pertussis (whooping cough), and tetanus; three doses of polio vaccine; and a vaccination against measles. Further, they should receive these by their first birthday, and all vaccinations should be recorded on a health card provided to parents.

As with previous NSDP/RSDP surveys, the 2005 survey gathered information on immunizations for all surviving children born in the five years preceding interview. In rural areas, immunizations are routinely recorded on a child health card. However, mothers frequently do not retain these. For each child, they were asked whether they had the card and, if so, to show it to the interviewer. When the card was presented, the date of vaccinations was transferred to the questionnaire. When cards were not available, information was gathered by asking about children's immunization histories.

Table 7.13 provides specific vaccination rates for children aged 12 to 23 months, as well as vaccination rates by age 12 months. Vaccination coverage by project/non-project areas are also indicated in Table 7.13. Results indicate significant improvement in immunization status, with 68.6% of project area children aged 12-23 months being fully immunized (a 19.4 percentage point improvement over 2003). Similarly, the 57.9% completing the full course of vaccinations before their first birthday (by vaccination card and mother's report) was a 13.6 percentage point improvement. Vaccinations recorded on a card also showed significant improvement (15.2 percentage points).

Table 7.12 Assistance during delivery

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

Background characteristics	Doctor	Nurse/ midwife	Family welfare visitor	MA/ SACMO	Trained TBA	Untrained TBA (DAI)	Untrained doctor	Relatives	Other	No one	Total	Number
Mother's age at birth												
10-14	3.7	7.4	0.0	0.0	7.7	60.7	0.0	20.5	0.0	0.0	100.0	44
15-19	6.3	3.3	0.6	0.1	10.1	63.6	1.5	13.6	0.0	0.8	100.0	970
20-34	5.8	2.5	0.3	0.0	11.0	64.4	1.3	13.9	0.0	0.7	100.0	2,402
35-49	4.3	1.4	0.3	0.0	7.2	68.7	0.3	15.7	0.0	2.0	100.0	313
Birth order												
1	10.1	5.7	0.6	0.1	11.0	59.8	1.4	10.9	0.0	0.4	100.0	962
2-3	4.7	2.0	0.4	0.0	10.9	64.8	1.1	15.5	0.0	0.6	100.0	1,638
4-5	3.9	1.5	0.3	0.0	10.3	66.4	1.9	14.4	0.0	1.4	100.0	718
6+	3.4	0.4	0.0	0.0	7.3	71.2	0.5	15.2	0.3	1.8	100.0	412
Domains												
Chittagong/Sylhet	6.4	2.4	0.6	0.0	11.8	65.9	1.2	11.6	0.0	0.1	100.0	1,040
Khulna/Barisal	6.6	4.6	0.1	0.0	9.1	64.4	0.9	14.1	0.0	0.1	100.0	421
Dhaka	5.6	2.6	0.4	0.0	9.3	67.5	1.4	11.9	0.1	1.3	100.0	1,519
Rajshahi	4.8	2.2	0.2	0.2	11.7	56.6	1.2	21.9	0.0	1.2	100.0	749
Highest educational level												
No education	2.1	1.0	0.1	0.0	8.1	69.2	1.2	16.7	0.1	1.6	100.0	1,619
Some primary	3.4	1.4	0.3	0.0	11.6	67.3	1.5	14.3	0.0	0.2	100.0	615
Primary complete	4.9	1.8	0.4	0.0	9.7	68.9	1.3	12.6	0.0	0.4	100.0	498
Secondary incomplete	11.0	6.4	1.1	0.1	13.7	55.3	1.2	11.1	0.0	0.1	100.0	788
Secondary complete or higher	24.2	7.5	0.0	0.0	14.9	44.1	1.5	7.8	0.0	0.0	100.0	209
Household asset quintile												
Poorest	1.5	1.1	0.1	0.0	7.5	68.9	0.8	18.5	0.0	1.5	100.0	834
2	2.2	1.0	0.1	0.0	10.6	68.3	1.6	14.6	0.0	1.5	100.0	800
3	4.0	2.3	0.4	0.2	8.6	65.5	1.6	17.0	0.1	0.4	100.0	758
4	7.8	3.1	0.8	0.0	12.0	63.4	1.3	11.2	0.0	0.3	100.0	654
Richest	15.2	6.7	0.6	0.0	14.4	54.5	0.9	7.4	0.0	0.2	100.0	683
Number of antenatal care visits												
None	1.1	1.4	0.3	0.1	7.3	71.7	1.1	15.7	0.0	1.3	100.0	1,761
1-3 visits	7.1	3.3	0.4	0.0	12.4	61.0	1.5	13.8	0.1	0.5	100.0	1,610
4+ visits	22.9	6.5	0.9	0.0	17.0	44.6	0.8	7.2	0.0	0.0	100.0	356
DK/missing	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	100.0	2
Project areas	5.8	2.7	0.4	0.0	10.4	64.5	1.3	14.1	0.0	0.8	100.0	3,729
Non-project areas	6.6	4.0	0.7	0.1	10.4	65.5	1.0	11.5	0.0	0.3	100.0	2,109

Table 7.13 Vaccination by source of information

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

Source of information	Percentage of children who received										Number of children
	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	No vaccinations	
	NSDP project areas										
Vaccinated at any time before survey											
Vaccination card	51.0	51.0	49.9	48.5	51.0	49.9	48.5	44.2	43.8	0.0	455
Mother's report	42.4	40.8	37.8	27.8	42.0	41.1	38.0	35.4	24.7	6.2	437
Either source	93.5	91.9	87.7	76.3	93.1	91.0	86.4	79.6	68.6	6.2	892
Vaccinated by 12 months of age	92.7	91.3	86.9	74.7	92.5	90.2	84.8	73.0	57.9	-	892
	Non-project areas										
Vaccinated at any time before survey											
Vaccination card	59.5	59.5	58.9	57.3	59.5	58.9	57.3	52.4	52.2	0.0	289
Mother's report	36.7	36.4	33.5	26.1	36.1	35.3	33.2	30.2	22.1	3.5	196
Either source	96.2	95.9	92.5	83.3	95.7	94.2	90.5	82.6	74.3	3.5	485
Vaccinated by 12 months of age	95.7	95.4	91.7	81.9	95.2	93.4	89.0	74.1	61.9	-	485

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

Roughly one in 10 children did not receive any vaccinations. Although coverage for BCG, the first dose of DPT, and the first two doses of polio was over 90%, dropout rates for the second and third doses of DPT, and the third dose of polio, were relatively substantial: 6.2% and 8.3% from the first to the third dose of DPT and polio,[1] respectively. Nonetheless, these rates are relatively modest compared to what was observed in previous surveys.

In comparison areas, the proportion of children age 12 to 23 months fully vaccinated rose 15.9 percentage points from 58.4% in 2003 to 74.3% in 2005. Coverage for BCG and measles was 96.2% and 82.6%, respectively. Dropout rates in non-project areas from the first to the third dose of DPT and polio vaccines were 13.1% and 5.4%, respectively. These were also substantially less than that observed in the past.

The overall vaccination rate in NSDP areas was 68.6%, while it was 43.8% with only a vaccination card. The figures in non-project areas were 74.3% and 52.2%, respectively. Full coverage increased in both NSDP project and non-project areas from 2003 levels. However, the increase was higher in project (19.4 percentage points) than non-project (15.9) areas.

Table 7.14A presents vaccination rates (by vaccination card or mothers' report) for project areas by sex, birth order, division, mother's education, and asset quintile. Table 7.14B presents the same for children of non-project areas. In NSDP area boys aged 12 to 23 months were more likely to enjoy full coverage than girls of the same age (by a margin of 7.3 percentage points). Coverage was related to birth order and maternal education: first-born children were more likely than sixth or higher order ones to receive full coverage, by a margin of almost 24 percentage points. Children with better educated mothers were also more likely to be fully vaccinated.

[1] Estimated by dropout rate = (dose 1-dose 3) *100/dose 1.

Table 7.14A Vaccination by background characteristics, project areas

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

Background characteristics	Percentage of children who received										Percent with vacc. card	Number of children
	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	No vaccinations		
Sex												
Male	95.9	94.4	89.6	78.6	95.7	93.0	88.8	82.3	72.2	3.8	54.8	446
Female	91.1	89.4	85.8	73.9	90.5	89.0	84.1	76.8	64.9	8.5	47.3	446
Birth order												
1	97.1	95.2	91.5	81.3	97.1	94.8	90.9	80.0	72.6	2.9	61.1	241
2-3	93.2	91.5	87.5	77.3	92.7	90.9	87.4	82.1	70.4	6.5	48.9	416
4-5	93.3	92.6	88.1	73.1	91.3	90.0	84.8	81.3	65.5	6.7	47.2	173
6+	82.1	79.6	72.8	58.7	84.7	79.6	67.4	56.2	48.9	15.3	37.0	62
Domains												
Chittagong /Sylhet	89.8	87.8	84.3	72.9	89.3	87.0	81.9	77.7	65.9	9.9	46.5	283
Khulna /Barisal	96.1	96.1	88.9	71.9	96.7	95.4	86.3	75.2	61.4	3.3	52.9	87
Dhaka	94.1	92.3	87.9	75.8	93.5	91.2	86.7	79.1	68.1	5.9	51.6	354
Rajshahi	97.2	95.8	92.3	85.3	96.5	95.1	93.7	86.0	77.6	2.1	56.6	167
Education												
No education	89.5	86.9	81.9	70.7	88.9	86.5	80.2	70.9	61.9	9.9	46.0	361
Some primary	94.0	93.7	88.5	71.5	94.4	91.1	86.0	82.2	64.3	5.6	49.3	152
Primary complete	95.3	94.4	89.1	79.3	95.3	92.8	91.0	81.6	70.9	4.7	57.0	117
Secondary incomplete'	98.0	96.5	94.0	85.1	98.0	97.0	94.3	88.6	79.5	2.0	56.6	217
Secondary complete or higher'	97.3	97.3	97.3	86.6	92.3	92.3	88.6	91.3	77.9	2.7	55.2	45
Asset quintile												
Poorest	88.5	85.2	79.7	68.4	87.6	83.7	79.0	65.9	56.9	11.3	45.9	198
2	93.5	92.9	88.2	77.3	93.6	91.4	84.9	77.7	67.9	5.9	56.8	195
3	94.0	91.6	86.6	70.7	93.4	91.0	86.0	77.5	63.1	6.0	45.3	181
4	94.9	94.0	90.9	80.4	94.9	94.9	92.1	86.0	75.1	5.1	51.4	140
Richest	97.5	96.8	94.6	86.5	96.8	95.5	92.4	93.8	82.7	1.9	56.1	177
NSDP Project areas	93.5	91.9	87.7	76.3	93.1	91.0	86.4	79.6	68.6	6.2	51.1	892

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

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

Background characteristics	Percentage of children who received										Percent with vaccination card	Number of children
	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	No vaccinations		
Sex												
Male	96.8	96.6	94.0	85.1	96.6	95.7	91.4	81.7	73.2	2.9	59.4	248
Female	95.6	95.1	90.8	81.5	94.6	92.6	89.6	83.4	75.5	4.1	59.6	237
Birth order												
1	97.5	97.5	93.5	84.5	96.8	94.4	90.5	86.0	75.6	2.5	61.8	146
2-3	97.1	96.9	93.1	82.5	96.3	94.4	90.2	83.5	74.9	2.5	59.4	198
4-5	94.2	94.2	90.8	85.0	94.2	94.2	93.1	81.9	76.1	5.0	65.9	95
6+	92.4	89.9	89.9	79.7	92.4	92.4	86.5	68.6	63.6	7.6	39.6	45
Education												
No education	91.6	90.8	87.3	75.5	90.8	90.2	86.1	75.3	64.8	7.5	50.7	172
Some primary	99.1	99.1	94.8	88.8	99.1	96.8	94.3	82.9	80.3	0.9	72.8	85
Primary complete	96.5	96.5	94.3	87.8	94.9	94.9	92.7	86.8	76.5	3.5	57.1	70
Secondary incomplete'	99.3	99.3	94.6	85.1	99.3	95.8	92.1	85.4	78.4	0.7	64.6	118
Secondary complete or higher'	100.0	100.0	100.0	92.6	100.0	100.0	93.1	97.4	86.6	0.0	59.0	40
Asset quintile												
Poorest	90.1	89.8	84.3	68.9	90.9	90.2	83.6	69.1	58.9	9.1	48.3	102
2	95.1	95.1	91.6	82.7	92.5	88.1	86.8	77.8	69.4	4.9	62.7	85
3	98.6	97.5	93.2	87.8	97.5	95.9	93.2	80.7	74.7	1.4	61.7	111
4	98.0	98.0	94.4	85.1	98.0	97.1	95.4	92.3	82.2	1.2	61.5	91
Richest	99.2	99.2	99.2	92.4	99.2	99.2	93.2	93.9	87.1	0.8	64.3	96
Non-project areas	96.2	95.9	92.5	83.3	95.7	94.2	90.5	82.6	74.3	3.5	59.5	485

Vaccination coverage increased with socioeconomic status for all vaccines. For instance, in NSDP areas, the proportion receiving DPT3 vaccination in households in the highest asset quintile was 18.1 percentage points higher than in the lowest quintile. The proportion receiving no vaccinations was six times higher among the lowest socioeconomic group than the highest (11.3% against 1.9%). Similar patterns were also evident in non-project areas and the 2001 and 2003 surveys.

Source of Vaccinations

NSDP providers, particularly satellite clinics and joint NSDP-EPI sessions, were the most common sources of vaccination in NSDP areas (Table 7.15). Satellite clinics provided approximately 30% of vaccinations in NSDP areas, followed by NSDP-EPI sessions (around 24%), government clinics/hospitals (around 18%) and, distantly, NSDP static clinics.

Table 7.15 Source of vaccinations

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

	NSDP project area	Non-project area
Source of BCG vaccination		
NSDP static clinic	6.5	4.7
NSDP satellite clinic	30.2	1.1
Joint NSDP-govt. EPI session	22.9	3.1
Govt. clinic/hospital	20.7	46.4
Private	0.6	0.7
Other	19.2	44.0
Total	100.0	100.0
Number	833	466
Source of Polio-3 vaccination		
NSDP static clinic	6.5	4.0
NSDP satellite clinic	30.9	1.2
Joint NSDP-govt. EPI session	23.9	2.6
Govt. clinic/hospital	18.4	45.4
Private	0.7	0.7
Other	19.6	46.1
Total	100.0	100.0
Number	770	439
Source of DPT-3 vaccination		
NSDP static clinic	6.4	4.0
NSDP satellite clinic	30.5	1.0
Joint NSDP-govt. EPI session	24.3	3.2
Govt. clinic/hospital	17.0	43.8
Private	0.8	0.8
Other	21.0	47.3
Total	100.0	100.0
Number	679	404
Source of measles vaccination		
NSDP static clinic	6.3	3.1
NSDP satellite clinic	31.3	1.1
Joint NSDP-govt. EPI session	24.4	2.9
Govt. clinic/hospital	18.3	43.1
Private	0.6	1.1
Other	19.1	48.6
Total	100.0	100.0
Number	710	400

The market share of NSDP providers generally adhered to a positive trend evident from the inauguration of the project. However, the share of joint NSDP-EPI sessions did decline. For instance, the share of NSDP providers in the market for DPT3 and polio3 vaccines rose to roughly 72% in 2003 from about 35% in 1998 and around 60% in 2001. The 2005 share was roughly 61%, due to a sharp decrease in the joint contribution of NSDP-EPI sessions.

Socioeconomic Status and Use of NSDP Clinics

Table 7.16 provides vaccine sources by socioeconomic status. In NSDP areas, coverage of some vaccines actually *fell* with socioeconomic status. For instance, children in the lowest asset quintile were more likely than those in the highest one to receive DPT3 (by five percentage points). There was considerable variation across quintiles in the NSDP provider utilized for vaccinations: children receiving vaccinations from static clinics were more likely to be in higher quintiles, while those vaccinated at satellite clinics or joint NSDP-GOB sessions were not. This was similar to circumstances in 2003 and 2001.

Knowledge of Vaccination Schedule

Table 7.17 provides information regarding whether mothers of children under age one who had not completed the DPT or polio sequence knew when the next 'installment' was due. This was assessed only for children with immunization cards in order to verify whether the date reported correctly corresponded to the recommended schedule (the recommended time until next immunization clearly depends on the time elapsed since the last vaccination). Two sets of numbers are presented for each antigen: the percentage of women who reported any date for next immunization and the percentage who reported a date that corresponded to the recommended schedule. DPT and polio vaccinations are recommended at 6, 10, and 14 weeks of age. A reported date was considered to follow the recommended schedule if it was 4-5 weeks from the previous vaccination.

Around 35% of mothers of children in project and non-project areas less than one year old but short of completion of the DPT vaccination series (but at least one installment completed) reported a date for the next installment. This was about 17 percentage points higher than in 2003. However, only 65.3% of the reported dates were accurate. "Correct" knowledge rates were 23.1% for DPT3, 23.8% for polio and 23.2% for both.

Table 7.16 Source of vaccinations by asset quintiles

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

	Project areas						Non-project areas					
	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Source of BCG vaccination												
NSDP static clinic	1.8	6.0	6.4	11.2	8.3	6.5		4.8	7.0	5.5	5.7	4.7
NSDP satellite clinic	35.0	29.7	32.7	28.4	24.5	30.2	1.3	1.0	3.0	0.0	0.0	1.1
Joint NSDP-govt. EPI session	26.4	21.5	19.6	21.8	24.9	22.9	3.1	2.7	4.9	0.9	3.5	3.1
Govt. clinic/hospital	18.6	21.0	23.4	20.1	20.1	20.7	56.3	44.5	40.4	45.8	45.7	46.4
Private	1.2	0.0	0.6	0.0	1.2	0.6	0.0	0.0	0.0	1.6	1.9	0.7
Other	16.9	21.9	17.3	18.5	20.9	19.2	39.3	47.0	44.6	46.3	43.3	44.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	174	183	170	133	173	833	92	81	109	89	95	466
Source of Polio-3 vaccination												
NSDP static clinic	1.3	5.4	7.0	9.8	9.5	6.5		4.2	4.5	6.9	4.2	4.0
NSDP satellite clinic	35.7	31.0	34.2	29.2	24.5	30.9	1.3	1.1	3.2	0.0	0.0	1.2
Joint NSDP-govt. EPI session	26.8	23.3	18.9	24.1	26.1	23.9	2.5	1.6	5.2	0.9	2.2	2.6
Govt. clinic/hospital	16.7	19.8	20.4	18.2	16.9	18.4	52.0	47.0	41.6	43.0	44.4	45.4
Private	1.4	0.0	0.7	0.0	1.3	0.7	0.0	0.0	0.0	1.6	2.0	0.7
Other	18.1	20.5	18.8	18.6	21.7	19.6	44.2	46.2	45.5	47.5	47.1	46.1
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	156	166	156	129	163	770	85	74	103	87	89	439
Source of DPT-3 vaccination												
NSDP static clinic	0.8	5.9	7.7	7.4	10.2	6.4		5.5	3.5	5.3	5.2	4.0
NSDP satellite clinic	37.0	31.0	34.5	26.7	23.6	30.5	1.6	1.1	2.0	0.0	0.0	1.0
Joint NSDP-govt. EPI session	27.8	22.1	17.5	27.7	26.5	24.3	3.0	1.6	5.5	1.0	3.7	3.2
Govt. clinic/hospital	14.8	18.5	18.2	18.0	15.9	17.0	44.0	44.8	42.6	43.5	44.4	43.8
Private	1.6	0.0	0.8	0.0	1.4	0.8	0.0	0.0	0.0	1.8	2.1	0.8
Other	18.0	22.5	21.3	20.3	22.5	21.0	51.4	46.9	46.3	48.4	44.6	47.3
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	134	151	128	113	153	679	70	71	97	77	89	404
Source of measles vaccination												
NSDP static clinic	1.6	5.8	6.2	9.7	8.0	6.3	0.0	2.9	2.6	4.4	5.1	3.1
NSDP satellite clinic	36.7	30.2	33.5	30.4	27.1	31.3	1.6	1.2	2.8	0.0	0.0	1.1
Joint NSDP-govt. EPI session	30.2	22.5	19.5	25.4	25.1	24.4	1.5	1.7	6.0	0.9	3.7	2.9
Govt. clinic/hospital	13.7	21.3	22.3	16.4	17.0	18.3	48.4	45.5	39.5	42.1	41.7	43.1
Private	0.8	0.0	0.8	0.0	1.3	0.6	0.0	0.0	0.0	3.0	2.0	1.1
Other	17.1	20.2	17.8	18.1	21.4	19.1	48.5	48.6	49.0	49.5	47.5	48.6
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	131	152	140	121	166	710	71	66	89	84	90	400

Table 7.17 Knowledge of next shot by background characteristics

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

Background characteristics	DPT			Polio			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	32.9	71.0	87	34.5	72.1	86	33.3	71.0	86
Female	37.0	61.5	116	37.4	61.5	115	37.4	61.5	115
Birth order									
1	36.7	65.9	69	36.7	65.9	69	36.7	65.9	69
2-3	34.7	54.9	71	36.8	56.8	70	35.3	54.9	70
4-5	35.6	64.7	40	36.6	64.7	39	36.6	64.7	39
6+	31.7	100.0	23	31.7	100.0	23	31.7	100.0	23
Domain									
Chittagon/Sylhet	40.7	76.0	68	42.2	76.8	68	40.7	76.0	68
Khulna/Barisal	43.7	78.6	18	43.7	78.6	18	43.7	78.6	18
Dhaka	28.4	60.9	85	29.1	60.9	82	29.1	60.9	82
Rajshahi	37.0	40.0	32	37.0	40.0	32	37.0	40.0	32
Highest educational level									
No education	35.4	77.9	93	36.2	77.9	91	36.2	77.9	91
Some primary	15.9	20.5	17	15.9	20.5	17	15.9	20.5	17
Primary complete	29.6	50.8	31	29.6	50.8	31	29.6	50.8	31
Secondary incomplete	43.5	54.7	47	45.7	57.0	47	43.5	54.7	47
Secondary complete or higher	42.9	73.8	15	42.9	73.8	15	42.9	73.8	15
Household asset quintile									
Poorest	29.3	59.3	47	30.0	59.3	46	30.0	59.3	46
2	37.2	58.7	43	37.2	58.7	43	37.2	58.7	43
3	32.6	57.5	41	33.4	57.5	40	33.4	57.5	40
4	40.8	66.9	35	40.8	66.9	35	40.8	66.9	35
Richest	38.2	84.2	37	41.0	85.3	37	38.2	84.2	37
Project - non project areas									
Project areas	35.3	65.3	203	36.2	65.8	201	35.6	65.3	201
Non-project areas	34.7	75.5	112	35.4	76.0	112	34.7	75.5	112

7.7 Prevalence and Treatment of Acute Respiratory Infection

Acute respiratory tract infection (ARI) is a common childhood illness and major contributing factor to high childhood mortality in Bangladesh. Symptoms include cough, and difficult or rapid breathing or chest in-drawing. It can be accompanied by fever. Prompt diagnosis and treatment with antibiotics can significantly reduce mortality. Prevalence of ARI symptoms from children under five years of age had the core symptoms in the two weeks preceding the survey. Inquiries were also made about fever. Table 7.18 provides the percentage of children with the symptoms of ARI and those with fever.

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

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

	Percentage of children with ARI	Percentage of children with fever	Number of children	Treatment in a health facility or provider (ARI)	Number of children with ARI
Age of child					
<6 months	8.8	34.1	379	48.2	33
6-11 months	10.7	39.2	497	22.0	53
12-23 months	6.8	37.1	892	40.6	61
24-35 months	5.4	28.5	859	31.5	46
36-47 months	4.5	25.7	881	25.3	39
48-59 months	3.5	25.7	870	18.0	30
Sex of child					
Male	7.1	32.9	2,173	35.1	155
Female	4.9	28.8	2,205	25.9	108
Birth order					
1	6.0	31.3	1,179	27.5	71
2-3	5.9	31.8	1,931	35.9	113
4-5	6.2	31.8	824	24.6	51
6+	6.3	23.5	444	34.7	28
Domains					
Chittagong/Sylhet	6.1	31.4	1,323	33.5	81
Khulna/Barisal	6.9	29.0	474	22.8	32
Dhaka	5.7	33.7	1,783	30.6	102
Rajshahi	5.9	24.6	798	35.0	47
Highest educational level					
No education	5.0	28.9	1,926	27.8	96
Some primary	6.9	33.4	717	21.3	49
Primary complete	7.8	31.9	580	29.9	45
Secondary incomplete	6.6	32.0	916	42.3	61
Secondary complete or higher	4.8	31.5	238	51.6	11
Household asset quintile					
Poorest	6.5	31.6	1,010	24.8	65
2	6.1	29.8	938	26.9	57
3	5.9	30.0	877	32.0	51
4	6.3	32.2	751	28.2	47
Richest	5.2	30.7	801	50.3	42
Project areas	6.0	30.8	4,377	31.3	263
Non-project areas	4.9	29.4	2,424	31.4	118

In NSDP areas, 6% had ARI symptoms and 30.8% had fever. ARI prevalence was approximately two percentage points lower than in 2003 (7.7%), while that of fever was approximately 2.2 points higher. Among children with symptoms of ARI in NSDP areas, 31.3% sought treatment from a health facility or trained provider. The prevalence of ARI and proportion seeking treatment was slightly lower in non-project areas. However, in both domains, the proportion treated in health facilities in 2005 was approximately the same as in 2003. Unsurprisingly, ARI prevalence was higher among children less than one year old. More male (7.1%) than female (4.9%) children were reported to have symptoms of ARI and care seeking for ARI was much more common for boys (35.1%) than girls (25.9%). Birth order appears to have had no effect on prevalence, but a small one on treatment for ARI.

Mother's education appears to have been associated both with the likelihood of ARI and of seeking treatment: children of more educated mothers were less likely to suffer ARI but more likely to seek treatment. There was no clear association between ARI and socioeconomic status. For instance, the second richest quintile reported higher prevalence than all but the poorest one. They also reported the second lowest likelihood of seeking care. However, the differences between the lowest and highest quintiles were pronounced and of the expected direction. Similar patterns were reported in the 2003 survey.

Table 7.19 presents sources of treatment for children with ARI in the two weeks preceding interview. In NSDP areas, the private medical sector commanded two-thirds of the market. NSDP clinics had only a tiny portion of the market. About 17% did not receive any treatment.

Children in the higher asset quintiles were more likely to use private medical sources (Table 7.20A and Table 7.20B). In project areas, a much higher proportion in the lowest asset quintile did not receive any treatment as compared with those in the highest one. There were too few NSDP clinic patrons to make comparisons across socioeconomic strata. Treatment seeking patterns for ARI were essentially the same in non-project areas. ARI treatment at competent health facilities/providers was similar to what prevailed in 2003 and 2001.

Table 7.19 Source of treatment for children with ARI

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

	Project areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Sought treatment						
Yes	89.5	71.9	81.6	80.0	82.6	84.3
No	10.5	28.1	18.4	20.0	17.4	15.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	81	32	102	47	263	118
Where did she seek advice/ treatment for ARI?						
Home	2.9	4.9	2.5	3.1	3.0	0.0
Public sector	16.5	14.6	16.3	15.6	16.1	18.3
Hospital/Medical college	1.5	4.9	2.5	0.0	2.0	0.8
Family welfare centre	7.7	2.4	5.0	12.5	6.9	9.2
Thana health complex	7.3	7.3	8.8	3.1	7.1	6.8
Satellite clinic/EPI outreach clinic	0.0	0.0	0.0	0.0	0.0	1.6
NSDP NGO	0.0	7.3	6.2	3.1	3.7	2.8
Static clinic	0.0	2.4	2.5	0.0	1.2	2.0
Satellite clinic	0.0	4.9	2.5	3.1	2.0	0.8
Depotholder	0.0	0.0	1.3	0.0	0.5	0.0
OTHER NGO	0.0	0.0	0.0	0.0	0.0	1.2
Private medical sector	80.5	73.2	75.0	78.1	77.2	77.0
Private clinic/doctor	19.5	4.9	12.5	21.9	15.6	15.0
Traditional doctor	24.9	46.3	33.8	21.9	30.1	30.9
Pharmacy	36.2	21.9	28.7	34.4	31.5	31.1
OTHER	0.0	0.0	0.0	0.0	0.0	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	73	23	84	37	217	99

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

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

	Household asset quintile					Total
	Poorest	2	3	4	Richest	
Sought treatment						
Yes	74.1	84.6	85.3	87.3	84.6	82.6
No	25.9	15.4	14.7	12.7	15.4	17.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	65	57	51	47	42	263
Where did she seek advice/ treatment for ARI?						
Home	4.8	2.2	2.4	0.0	6.0	3.0
Public sector	12.2	13.6	21.0	17.8	16.6	16.1
Hospital/Medical college	2.2	0.0	3.7	1.4	3.0	2.0
Family welfare centre	5.8	6.8	10.1	8.4	3.0	6.9
Thana health complex	4.3	6.8	7.2	8.0	10.6	7.1
NSDP NGO	7.6	3.3	4.0	0.0	2.9	3.7
Static clinic	3.3	0.0	0.0	0.0	2.9	1.2
Satellite clinic	4.3	1.2	4.0	0.0	0.0	2.0
Depotholder	0.0	2.2	0.0	0.0	0.0	0.5
Private medical sector	75.4	80.9	72.6	82.2	74.5	77.2
Private clinic/doctor	8.9	12.7	12.5	14.6	33.9	15.6
Traditional doctor	34.1	29.4	29.9	37.8	16.8	30.1
Pharmacy	32.4	38.9	30.2	29.8	23.8	31.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	49	48	44	41	35	217

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

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

	Household asset quintile					Total
	Poorest	2	3	4	Richest	
Sought treatment						
Yes	78.3	91.1	89.7	83.3	81.7	84.3
No	21.7	8.9	10.3	16.7	18.3	15.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	35	26	18	23	15	118
Where did she seek advice/ treatment for ARI?						
Home	0.0	0.0	0.0	0.0	0.0	0.0
Public Sector	29.6	6.5	13.7	26.6	8.8	18.3
Hospital/Medical college	0.0	3.2	0.0	0.0	0.0	0.8
Family welfare centre	13.4	3.3	7.1	12.3	8.8	9.2
Thana health complex	10.5	0.0	6.6	14.3	0.0	6.8
Satellite clinic/EPI outreach clinic	5.7	0.0	0.0	0.0	0.0	1.6
NSDP NGO	0.0	3.3	0.0	6.0	6.6	2.8
Static clinic	0.0	0.0	0.0	6.0	6.6	2.0
Satellite clinic	0.0	3.3	0.0	0.0	0.0	0.8
Other NGO	0.0	0.0	0.0	6.0	0.0	1.2
Private medical sector	67.5	90.2	86.3	61.5	84.7	77.0
Private clinic/doctor	8.4	12.5	8.6	14.2	45.3	15.0
Traditional doctor	40.8	37.3	30.3	13.5	24.1	30.9
Pharmacy	18.4	40.5	47.4	33.8	15.3	31.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	28	24	16	19	12	99

7.8 Vitamin A Supplementation

Vitamin A is an essential micronutrient. Vitamin A deficiency is the leading cause of preventable childhood blindness. It is also influences the severity of several other childhood causes of morbidity and mortality. Vitamin A deficiency can be avoided by giving children supplements of vitamin A capsules, usually every six months. Vitamin A supplementation is a part of the child health program in the ESP. As in previous NSDP/RSDP surveys, the 2005 Rural NSDP Evaluation Survey asked mothers with children aged one to five years if their youngest child received a vitamin A capsule in the six months prior to the survey.

Table 7.21 provides the distribution of vitamin A supplementation for children 9-59 months of age. The percentage receiving a supplement was slightly lower in project (67.5%) than non-project areas (70.8%). There was some variation across divisions, from a high of 72.8% in Khulna/Barisal to a low of 59.1% in Chittagong/Sylhet. Children in the highest asset quintile were about 12 percentage points more likely to receive vitamin A than those in the lowest. A similar relationship between socioeconomic status and vitamin A consumption in non-project areas was also observed. The 2003 and 2001 surveys revealed similar patterns. However, overall supplementation fell by 6.4 percentage points in project areas (down from 73.9% in 2003), and decreased by 5.1 percentage points in non-project areas (75.9% in 2003).

Table 7.21 Vitamin A

Percentage of children 9-59 months of age (most recent birth in last five years) receiving vitamin A in the last six months by division of residence, mother's education level, and asset quintile, project and non-project areas, 2005.

	Project areas					Non-project areas				
	Yes	No	DK/ Missing	Total	Number	Yes	No	DK/ Missing	Total	Number
Domains										
Chittagong/Sylhet	59.1	40.7	0.3	100.0	797	0.0	0.0	0.0	0.0	0
Khulna/Barisal	72.8	27.2	0.0	100.0	337	0.0	0.0	0.0	0.0	0
Dhaka	72.1	27.5	0.4	100.0	1,188	0.0	0.0	0.0	0.0	0
Rajshahi	66.6	32.0	1.4	100.0	592	0.0	0.0	0.0	0.0	0
Highest educational level										
No education	65.3	34.3	0.4	100.0	1,280	66.1	33.6	0.3	100.0	728
Some primary	67.4	32.3	0.2	100.0	495	73.0	27.0	0.0	100.0	260
Primary complete	68.8	31.0	0.3	100.0	387	74.2	25.8	0.0	100.0	198
Secondary incomplete	71.3	28.0	0.8	100.0	588	73.2	26.6	0.2	100.0	371
Secondary complete or higher	68.4	30.3	1.3	100.0	164	80.4	19.6	0.0	100.0	138
Household asset quintile										
Poorest	61.9	37.8	0.3	100.0	642	64.1	35.9	0.0	100.0	354
2	66.9	32.6	0.5	100.0	620	70.2	29.3	0.5	100.0	306
3	68.2	31.6	0.2	100.0	593	69.5	30.0	0.5	100.0	339
4	68.0	31.8	0.2	100.0	518	72.3	27.7	0.0	100.0	316
Richest	73.7	25.1	1.2	100.0	541	77.5	22.5	0.0	100.0	381
Total	67.5	32.0	0.5	100.0	2,914	70.8	29.0	0.2	100.0	1,695

Table 7.22 provides the sources of vitamin A for children (most recent birth in the last five years) who received vitamin A in the last six months in project and non-project areas. In NSDP project areas, nearly 60% of children received vitamin A from NSDP and joint NSDP-EPI sources, about 14 percentage points lower than in 2003. In non-NSDP areas, about 89% of recipients obtained it from government sources.

7.9 Childhood Diarrhea

Dehydration as a result of severe watery diarrhea is a major cause of childhood death in Bangladesh. Oral rehydration solution (ORS) is a simple means of countering the effects of dehydration. Severe diarrhea requires advice/treatment from a competent medical practitioner. ORS, developed more than 32 years ago by the International Center for Diarrheal Disease Research, Bangladesh (ICDDR, B) is currently available in shops and pharmacies in packet form. The 2005 survey asked mothers of children less than five years of age whether they had suffered from diarrhea in the two weeks preceding interview, the type of treatment, if any, sought and its source.

Table 7.22 Source of vitamin A

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

From where received vitamin A	Household asset quintile					
	Poorest	2	3	4	Richest	Total
Project areas						
NSDP static clinic	2.5	4.9	4.7	5.5	6.2	4.8
NSDP satellite clinic	38.6	34.6	33.8	32.2	28.8	33.6
Joint NSDP-EPI session	21.6	20.5	18.1	23.7	22.1	21.1
GOVT clinic/hospital	4.4	5.6	5.9	6.9	7.2	6.0
FWA	9.7	10.9	9.1	9.5	9.8	9.8
Other NGO	0.3	0.0	0.7	0.0	0.0	0.2
Private	0.0	0.1	0.3	0.9	0.0	0.2
GOVT satellite clinic	18.6	20.1	24.4	18.3	21.8	20.7
Other	4.2	3.4	3.0	2.9	4.1	3.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	397	415	404	353	398	1,967
Non-project areas						
NSDP static clinic	0.9	4.1	0.5	1.7	2.9	2.0
NSDP satellite clinic	1.4	0.4	0.9	0.3	1.4	0.9
Joint NSDP-EPI session	1.8	2.8	3.8	3.7	1.5	2.7
GOVT clinic/hospital	22.7	14.7	21.3	16.3	21.8	19.6
FWA	19.2	17.2	15.9	18.8	17.1	17.6
Other NGO	0.3	0.0	0.3	0.3	0.3	0.3
Private	1.5	0.0	0.0	0.0	0.8	0.5
GOVT satellite clinic	46.8	57.3	53.8	54.7	48.8	52.1
Other	5.4	3.5	3.4	4.1	5.3	4.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	227	215	235	228	295	1,201

Prevalence of Diarrhea

Table 7.23 provides diarrhea prevalence among children under five years in the two weeks preceding interview. Prevalence rates were the same across project and non-project areas. For NSDP areas, this was a 1.5 percentage point decrease from the 2003 figure, while in non-NSDP areas the decrease was 2.5 percentage points. Prevalence was higher among boys by about 1.6 percentage points. It was also higher among poorer children. Children with less educated mothers were at slightly higher risk of diarrhea. The 2003 survey reported similar patterns.

Treatment of Diarrhea

About 13% and 19.7% with diarrhea in NSDP project and non-project areas, respectively, were taken to a health facility for treatment (Table 7.24). This was nearly identical to what was observed in 2003. More than three-fourths with diarrhea in project and non-project areas were treated with oral rehydration solution (ORS). However, the proportion treated with either ORS or laban gur homemade solution was about five percentage points higher in project areas. These rates represented modest improvements over 2003. Exclusive treatment with ORT increased three percentage points in NSDP areas (from 73.4% in 2003). In non-NSDP areas, the increase was larger—seven percentage points—from 73.7%. Diarrhea treatment with ORS was positively associated with socioeconomic status: 75.9% of children in the highest asset quintile received ORS treatment against 72.3% in the lowest quintile (Table 7.25).

Table 7.23 Prevalence and treatment of symptoms of diarrhea

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

	Diarrhea in preceding two weeks	Number of Children
Age of child		
<6 months	3.1	379
6-11 months	7.9	497
12-23 months	8.0	892
24-35 months	5.9	859
36-47 months	4.9	881
48-59 months	3.7	870
Sex of child		
Male	6.5	2,173
Female	4.9	2,205
Highest educational level		
No education	5.1	1,926
Some primary	7.8	717
Primary complete	6.9	580
Secondary incomplete	5.1	916
Secondary complete or higher	3.9	238
Household asset quintile		
Poorest	6.9	1,010
2	6.7	938
3	5.2	877
4	4.5	751
Richest	4.7	801
Project areas	5.7	4,377
Non-project areas	4.7	2,424

Table 7.24 Diarrhea treatment

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

	Percentage taken to a health facility	Oral rehydration therapy					Other treatments				None	Number of Children
		ORS packets	RHF at home	Either ORS or RHF	Water	Other liquids	Pill or syrup	Injection	Intravenous	Home remedy/ other		
Age of child												
<6 months	8.8	17.6	8.8	26.4	19.0	0.0	27.8	0.0	0.0	0.0	45.8	12
6-11 months	21.7	64.6	2.7	64.6	56.8	17.8	58.1	0.0	0.0	0.0	4.2	39
12-23 months	10.1	78.8	20.6	86.1	44.4	21.7	51.8	0.0	0.0	10.6	4.6	71
24-35 months	11.8	82.0	21.1	86.1	63.4	15.9	51.9	4.2	2.0	6.2	4.1	51
36-47 months	8.6	82.0	18.5	88.5	46.9	7.2	56.5	2.4	0.0	2.4	0.0	44
48-59 months	17.4	90.1	11.6	93.4	49.8	27.6	39.4	0.0	3.7	6.7	0.0	32
Sex of child												
Male	12.8	75.6	19.3	82.9	44.5	15.9	56.0	0.8	0.8	8.4	3.7	140
Female	12.9	77.1	11.3	79.1	57.5	18.5	44.4	1.9	1.0	2.0	6.6	109
Domains												
Chittagong/Sylhet	14.9	81.1	12.6	85.0	49.0	16.3	54.7	2.4	0.0	4.9	6.2	88
Khulna/Barisal	6.7	73.3	11.1	75.6	53.3	13.3	40.0	0.0	0.0	0.0	6.7	26
Dhaka	13.6	72.7	23.9	81.8	51.1	19.3	48.9	1.1	1.1	8.0	5.7	92
Rajshahi	10.8	75.7	8.1	75.7	48.6	16.2	54.1	0.0	2.7	5.4	0.0	43
Highest educational level												
No education	8.8	75.1	17.9	79.9	51.0	17.1	53.4	3.2	1.2	3.2	6.5	98
Some primary	8.9	74.6	13.5	80.3	52.5	11.9	44.9	0.0	1.9	5.7	4.8	56
Primary complete	16.5	70.3	22.3	73.0	43.7	21.0	43.5	0.0	0.0	10.9	5.7	40
Secondary incomplete	22.2	83.5	9.4	90.7	48.3	19.8	56.3	0.0	0.0	7.1	0.0	46
Secondary complete or higher	17.8	88.4	11.6	88.4	64.1	17.8	65.2	0.0	0.0	0.0	11.6	9
Household asset quintile												
Poorest	9.4	72.3	17.5	75.2	51.7	18.4	36.5	1.5	3.2	6.0	10.7	70
2	16.3	75.2	19.0	83.5	42.6	13.1	54.1	1.7	0.0	6.7	2.6	63
3	6.9	73.1	13.2	79.4	46.4	9.3	59.9	0.0	0.0	4.9	2.7	45
4	14.3	91.4	15.0	91.4	61.6	27.6	63.2	3.2	0.0	3.5	0.0	34
Richest	19.6	75.9	11.3	81.5	54.2	21.1	50.5	0.0	0.0	5.7	5.7	37
Project areas	12.9	76.3	15.8	81.2	50.2	17.1	50.9	1.3	0.9	5.6	5.0	249
Non-project areas	19.7	80.6	8.9	84.8	43.5	15.7	67.6	0.7	1.7	3.4	5.9	114

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

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

	Project areas				Non-project areas			
Household asset quintile	Diarrhea in preceding two weeks	ORS packets	RHF at home	Either ORS or RHF	Diarrhea in preceding two weeks	ORS packets	RHF at home	Either ORS or RHF
Poorest	6.9	72.3	17.5	75.2	5.6	71.8	6.7	71.8
2	6.7	75.2	19.0	83.5	3.6	74.9	10.4	85.3
3	5.2	73.1	13.2	79.4	5.0	94.9	0.0	94.9
4	4.5	91.4	15.0	91.4	5.2	84.1	14.1	88.6
Richest	4.7	75.9	11.3	81.5	4.1	78.1	14.4	87.3
Total	5.7	76.3	15.8	81.2	4.7	80.6	8.9	84.8
Number	249	190	39	202	114	91	10	96

Sources of Diarrhea Treatment

Table 7.26 provides the sources of treatment for diarrhea in the two weeks preceding the survey. About 40% of children with diarrhea in project areas were taken for treatment to a facility/provider. This was about seven percentage points lower than 2003. Of those who sought treatment, the vast majority did so from the private medical sector. Only 2.4% were treated at NSDP facilities. Among private medical sector facilities, traditional doctors (26.1%) and pharmacies (19.4%) were the two main providers. The 2001 and 2003 surveys reported similar patterns in the distribution of sources of diarrhea treatment.

Feeding Practices during Diarrhea

To avoid or control dehydration, a child with diarrhea must receive elevated amounts of liquid and food. Table 7.27 provides amounts of liquids and food offered (as compared with normal practices) for children under five years of age with diarrhea in the two weeks preceding the survey. As observed in previous surveys, less than half of those who experienced diarrhea were offered more liquid during the illness than normal. A third were provided the same amount and roughly one-sixth were actually given less. In project areas, 32.9% were offered less food than normal and only 26.7% were given more. More educated mothers were more likely to offer more or the same quantity of liquid to their stricken child (as compared with normal practice). Feeding practices during diarrhea episodes did not change much since 2003.

Table 7.26 Source of diarrhea treatment

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

Place or provider taken for diarrhea treatment	Project areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Home	0.0	0.0	1.1	8.1	1.8	1.6
Medical person at home	0.0	0.0	1.1	2.7	0.9	0.7
Non-medical person at home	0.0	0.0	0.0	5.4	0.9	0.9
Public sector	6.1	2.2	6.8	2.7	5.4	14.8
Hospital/medical college	1.2	2.2	0.0	0.0	0.7	0.0
Family welfare centre	2.4	0.0	2.3	0.0	1.7	3.5
Thana health complex	2.4	0.0	4.5	2.7	3.0	10.3
Satellite clinic/EPI outreach clinic	0.0	0.0	0.0	0.0	0.0	1.0
NSDP NGO	2.6	2.2	3.4	0.0	2.4	0.0
Static clinic	0.0	0.0	1.1	0.0	0.4	0.0
Satellite clinic	1.4	2.2	2.3	0.0	1.6	0.0
Depotholder	1.2	0.0	0.0	0.0	0.4	0.0
Other NGO	0.0	0.0	0.0	0.0	0.0	1.2
Depotholder	0.0	0.0	0.0	0.0	0.0	1.2
Private medical sector	52.6	40.0	48.9	51.4	49.7	46.1
Private clinic/doctor	6.2	2.2	2.3	5.4	4.2	3.0
Traditional doctor	22.0	31.1	29.5	24.3	26.1	21.3
Pharmacy	24.4	6.7	17.0	21.6	19.4	21.9
Other	0.0	0.0	1.1	2.7	0.9	1.7
Not taken for treatment/provider	38.8	55.6	38.6	35.1	39.8	34.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	88	26	92	43	249	114

Table 7.27 Feeding practices during diarrhea

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

	Amount of liquid given						Amount of food given					
	Same as usual	More	Some what less	DK/ Missing	Total	Number	Same as usual	More	Some what less	DK/ Missing	Total	Number
Age of child												
<6 months	55.6	26.6	9.0	8.8	100.0	12	64.6	35.4	0.0	0.0	100.0	12
6-11 months	44.8	38.2	17.0	0.0	100.0	39	48.7	17.9	33.4	0.0	100.0	39
12-23 months	36.3	47.4	16.4	0.0	100.0	71	36.8	27.1	36.1	0.0	100.0	71
24-35 months	39.4	48.0	12.6	0.0	100.0	51	41.4	26.1	32.5	0.0	100.0	51
36-47 months	34.7	41.2	24.1	0.0	100.0	44	39.6	20.5	40.0	0.0	100.0	44
48-59 months	23.9	61.7	14.4	0.0	100.0	32	28.8	43.2	27.9	0.0	100.0	32
Sex of child												
Male	37.7	43.9	17.6	0.7	100.0	140	37.1	28.5	34.4	0.0	100.0	140
Female	36.8	48.3	14.9	0.0	100.0	109	44.7	24.4	30.9	0.0	100.0	109
Domains												
Chittagong/Sylhet	35.0	44.1	20.9	0.0	100.0	88	48.5	22.3	29.2	0.0	100.0	88
Khulna/Barisal	42.2	42.2	15.6	0.0	100.0	26	35.6	33.3	31.1	0.0	100.0	26
Dhaka	44.3	42.0	12.5	1.1	100.0	92	45.5	23.9	30.7	0.0	100.0	92
Rajshahi	24.3	59.5	16.2	0.0	100.0	43	16.2	37.8	45.9	0.0	100.0	43
Highest educational level												
No education	32.5	50.8	15.6	1.1	100.0	98	34.0	26.8	39.1	0.0	100.0	98
Some primary	34.0	41.6	24.3	0.0	100.0	56	39.8	26.5	33.7	0.0	100.0	56
Primary complete	43.6	41.4	15.0	0.0	100.0	40	43.3	26.1	30.6	0.0	100.0	40
Secondary incomplete	46.4	40.3	13.3	0.0	100.0	46	51.0	26.5	22.4	0.0	100.0	46
Secondary complete or higher	34.8	65.2	0.0	0.0	100.0	9	46.3	30.5	23.2	0.0	100.0	9
Household asset quintile												
Poorest	30.9	50.0	19.0	0.0	100.0	70	38.5	26.4	35.1	0.0	100.0	70
2	36.7	46.2	15.5	1.7	100.0	63	35.6	25.1	39.3	0.0	100.0	63
3	36.3	48.5	15.2	0.0	100.0	45	43.5	26.1	30.5	0.0	100.0	45
4	49.6	39.9	10.4	0.0	100.0	34	46.5	28.2	25.3	0.0	100.0	34
Richest	40.4	39.4	20.2	0.0	100.0	37	42.9	29.5	27.6	0.0	100.0	37
Project areas	37.3	45.8	16.4	0.4	100.0	249	40.4	26.7	32.9	0.0	100.0	249
Non-project areas	39.5	43.8	16.8	0.0	100.0	114	37.0	29.6	32.2	1.2	100.0	114

CHAPTER 8. INFANT FEEDING

Poor breastfeeding and infant feeding practices have adverse consequences for the health and nutritional status of children, which in turn affects their physical and mental development. These also affect mothers by influencing postpartum infertility and overall fertility levels. This chapter presents results related to infant feeding practices, including the initiation of breastfeeding, introduction of complementary weaning food, and duration of breastfeeding.

8.1 Initiation of Breastfeeding

Infant feeding is important for the proper physical and mental development of the child. It is recommended that children be fed colostrum (the first breast milk) immediately after birth, continue to breastfeed exclusively for the first six months of life, and be given solid/semi-solid complementary food beginning with the seventh month of life.

Table 8.1 shows the proportion of last born children born in the five years preceding the survey who were ever breastfed and the proportion who started breastfeeding within one hour and within one day of birth. Although nearly all living children in both project and non-project areas born in the last five years were breastfed, only about one-third in project and non-project areas started within one hour of birth. Nearly 80% in either domain started within one day of birth. Variations in the breastfeeding practices by sex and division were negligible. Immediate breastfeeding increased slightly in both project and non-project areas from 2003 to 2005. For instance, in 2005 approximately 33% of children in project areas were breastfed within one hour of birth (two percentage points higher than in 2003). The increase in non-project area was 1.3 percentage points.

Mothers with higher levels of education were more likely to start breastfeeding within one hour or one day of birth. As in previous surveys, higher proportions of children delivered by medically trained personnel received breast milk within one hour of birth. Boys were slightly more likely to be breastfed within one hour of birth. The patterns of initiation of breastfeeding by background characteristics were more or less same as in 2001 and 2003.

Table 8.1 Initial breastfeeding

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

Background Characteristics	Percentage ever breastfeeding	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth	Number of children
Sex of child				
Male	98.4	33.5	79.1	1,852
Female	98.5	32.7	78.3	1,877
Domain				
Chittagong/Sylhet	98.9	34.6	86.3	1,040
Khulna/Barisal	99.3	27.2	80.7	421
Dhaka	98.4	31.2	73.5	1,519
Rajshahi	97.7	38.3	77.7	749
Highest educational level				
No education	98.4	30.0	75.1	1,619
Some Primary	98.2	33.5	80.0	615
Primary Complete	99.2	32.8	81.4	498
Secondary Incomplete	98.2	36.7	81.4	788
Secondary Complete or higher	99.2	43.1	85.8	209
Household asset quintile				
Poorest	98.6	27.5	74.6	834
2	99.1	31.4	75.8	800
3	98.4	34.2	78.3	758
4	98.5	35.1	80.5	654
Richest	97.8	38.8	85.9	683
Assistance at delivery				
Medically Trained	97.0	37.3	74.9	332
Traditional midwife	98.9	31.7	79.4	2,794
Other	97.6	38.3	79.2	572
No one	93.2	14.8	51.4	31
Place of delivery				
Health facility	96.3	34.9	72.5	268
At home	98.7	33.0	79.2	3,458
Other	100.0	40.2	100.0	3
Project areas	98.5	33.1	78.7	3,729
Non-project areas	98.2	31.8	80.0	2,109

8.2 Exclusive Breastfeeding and Timing of Introduction of Complementary Weaning Foods

The timing of breastfeeding and introduction of complementary weaning foods has important health implications. Breast milk is uncontaminated and contains all nutrients needed by children in the first few months of life. It is recommended that very young children be exclusively breastfed. Tables 8.2A and 8.2B provide the proportion of project and non-project children less than three years of age by breastfeeding status (according to age in months). The prevalence of exclusive breastfeeding among children less than six months of age was approximately five percentage points lower in project (42%) than non-project areas (47%). The prevalence in projects areas was also five percentage points lower than in 2003. The exclusive breastfeeding rate was higher among newborns and consistently decreased over subsequent months. About 6% of project and 4% of non project area children age 6 to 9 months—the age at which weaning food should be started—were exclusively breastfed.

The introduction of supplementary food before four months of age may put infants at risk of malnutrition because other liquids and solid foods are nutritionally inferior to breast milk. On the other hand, complementary feeding is necessary with older children, since those older than six months have increasing needs for protein, energy, and micro-nutrients. WHO and the United Nations Children's Fund (UNICEF) recommend that children be exclusively breastfed (no complementary liquid or solid food or plain water) during the first six months of life and then be given solid (semi-solid) complementary food beginning with the seventh month of life. The standard timely complementary feeding indicator is the percentage of children age 6-9 months who are breastfeeding and receiving complementary foods. Still, it is recommended that breastfeeding be continued through the second year of life.

Mothers were asked if their youngest child, who was less than three years old and living with them, had been given plain water, water-based liquids/juice, other milk, and complementary foods (solids and semi-solids) anytime during the 24 hours prior to the interview. The data presented in Table 8.2A and 8.2B show almost no change in project and some improvement in non-project areas in terms of the appropriate timing for introduction of complementary food from 2003 levels. In non-project areas, the introduction of complementary food in addition to breast milk among children of age 6-9 months increased by about seven percentage points from 2003 to 2005 (from 54.4% to 61.3%). The proportion of children less than six months old who had started complementary food decreased slightly in project areas (from 17.9% in 2003 to 16.3% in 2005), and increased by three percentage points in non-project areas.

Table 8.2A Breastfeeding status by age, rural NSDP

Percent distribution of youngest child under three years of age who is living with the mother, by breastfeeding status, according to child's age in months, 2005.

Child's age in months	Not breast-feeding	Breastfeeding and: Exclusively breastfeed	Plain water only	Water based liquids, juice	Milk	Complementary foods	Total	Number of children
Age								
<2	0.0	60.4	6.2	5.1	25.5	2.9	100.0	77
2-3	0.4	54.4	7.2	4.2	19.6	14.3	100.0	150
4-5	0.7	20.0	19.5	8.7	26.0	25.2	100.0	150
6-7	0.0	7.9	15.5	3.0	25.2	48.4	100.0	183
8-9	0.9	4.9	9.4	6.6	11.0	67.2	100.0	184
10-11	1.8	1.7	3.9	2.6	12.2	77.8	100.0	123
12-15	3.1	0.4	6.8	2.4	2.6	84.7	100.0	271
16-19	7.1	0.3	2.0	0.5	1.5	88.6	100.0	327
20-23	9.0	0.8	2.4	0.0	1.0	86.7	100.0	270
24-27	13.9	0.0	0.5	0.0	0.5	85.1	100.0	223
28-31	24.3	0.0	0.8	0.0	1.2	73.7	100.0	272
32-35	35.1	0.0	0.5	0.4	0.0	64.0	100.0	245
Age								
<6	0.4	41.9	11.9	6.1	23.3	16.3	100.0	377
6-9	0.4	6.4	12.5	4.8	18.1	57.9	100.0	367

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

Percent distribution of youngest child under three years of age who is living with the mother, by breastfeeding status, according to child's age in months, 2005.

Child's age in months	Not breast-feeding	Breastfeeding and: Exclusively breastfeed	Plain water only	Water based liquids, juice	Milk	Complementary foods	Total	Number of children
Age								
<2	0.0	72.2	6.6	13.0	1.6	6.6	100.0	50
2-3	0.0	60.7	7.0	5.8	22.1	4.4	100.0	65
4-5	1.0	18.9	12.2	2.8	29.4	35.6	100.0	79
6-7	1.1	7.1	10.4	12.2	12.5	56.7	100.0	95
8-9	0.0	0.9	14.4	3.7	14.2	66.8	100.0	80
10-11	0.8	3.5	5.6	2.6	9.6	77.9	100.0	90
12-15	1.6	0.0	3.5	0.0	2.6	92.3	100.0	145
16-19	6.5	0.6	2.4	1.6	3.2	85.7	100.0	179
20-23	8.5	0.0	0.8	1.8	0.8	88.2	100.0	138
24-27	19.7	0.0	0.0	0.0	0.0	80.3	100.0	147
28-31	29.8	0.0	0.7	0.0	0.5	69.0	100.0	156
32-35	37.8	0.0	0.0	0.0	0.0	62.2	100.0	128
Age								
<6	0.4	46.7	9.0	6.4	19.8	17.7	100.0	194
6-9	0.6	4.3	12.2	8.3	13.3	61.3	100.0	175

8.3 Duration of Breastfeeding

Table 8.3 provides median and mean duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding in the five years preceding the survey among the youngest children who resided with their mother. The overall median length of any breastfeeding in NSDP project areas was 37 months with some variation by background characteristics, such as place of residence, education and sex of the child. The median was slightly lower in non-project areas. It depended on the educational level of the mothers, with the median duration declining with increasing levels of education. Some variation in the median duration of breastfeeding was also apparent, with a peak in Rajshahi (40 months) and a low in Chittagong/Sylhet (29 months).

A child is considered predominantly breastfed if he/she is either exclusively breastfed or received breast milk and plain water, water-based liquids, and/or juice only (excludes other milk). The median lengths of exclusive breastfeeding and predominant breastfeeding in 2005 in project areas were 2.7 and 4.3 months, respectively. The change in these indicators since 2003 is minimal. However, the median length of exclusive breastfeeding in non-project areas was slightly shorter (2.3 months) than in project areas (2.7). The mean duration of exclusive (3.4 months) and predominant breastfeeding (six months) was slightly higher in project areas.

Table 8.3 Median duration of breastfeeding

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

Background characteristics	Any breastfeeding	Exclusive breastfeeding	Predominant breastfeeding	Number of children
Sex				
Male	37.0	2.3	4.1	1,760
Female	36.0	3.0	4.5	1,795
Domains				
Chittagong/Sylhet	29.0	2.8	4.6	1,001
Khulna/Barisal	39.0	2.0	3.2	408
Dhaka	38.0	2.7	4.6	1,438
Rajshahi	40.0	2.7	4.3	708
Highest educational level				
No education	38.0	2.8	4.5	1,532
Some primary	37.0	2.7	4.7	586
Primary complete	36.0	2.4	4.5	483
Secondary incomplete	34.0	2.8	4.4	754
Secondary complete or higher	29.0	2.3	2.6	200
Household asset quintile				
Poorest	39.0	2.9	5.0	791
2	37.0	3.4	5.1	759
3	37.0	2.8	3.7	725
4	35.0	2.0	4.0	627
Richest	30.0	2.5	3.4	652
Project non-project areas				
Project areas	37.0	2.7	4.3	3,555
Non-project areas	36.0	2.3	3.8	2,011
Means				
Mean for Project areas	37.0	3.4	6.0	3,556
Mean for Non-project areas	37.0	2.9	5.3	2,011

CHAPTER 9. AWARENESS AND USE OF NSDP CLINICS

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

9.1 Awareness of Smiling Sun

Use of a health care facility depends to a significant extent on the level of awareness of the location of facility and types of services provided. The Smiling Sun logo is used by NSDP clinics to create awareness among local populations of NSDP facilities and services. The Smiling Sun logo has two objectives: (1) to inform people that NSDP facilities provide ESP services and (2) to create awareness that clinics/sites marked with a Smiling Sun logo provide ESP services with special care and a smile. Each respondent was asked if she recognized such a logo, and if so, where she had seen it.

Table 9.1 provides the percentage distribution of those who reported having seen the Smiling Sun symbol or logo. Overall, 71.4% of project area women knew the Smiling Sun logo (10.6 percentage points more than in 2003). Awareness was highest in Khulna/Barisal and lowest in Dhaka. Recall was significantly higher among the better educated; almost 89% with a secondary education or better recognized the symbol against only 63% with no education. Awareness was also higher among wealthier women.

Unsurprisingly, awareness was lower among women in non-project areas. Approximately 46% in non-NSDP areas recognized the logo. As in project areas, there was a positive association between awareness of the symbol and education and socioeconomic status.

Table 9.1 Awareness of Smiling Sun Symbol

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

	Project areas		Non-project areas	
	Yes	Number	Yes	Number
Domain				
Chittagong/Sylhet	69.4	1,892	--	--
Khulna/Barisal	78.7	913	--	--
Dhaka	69.0	3,069	--	--
Rajshahi	74.1	1,777	--	--
Highest educational level				
No education	62.8	3,764	33.0	2,131
Some primary	73.0	1,249	43.1	659
Primary complete	78.6	917	49.8	536
Secondary incomplete	84.4	1,385	65.0	827
Secondary complete or higher	89.4	337	86.7	266
Household asset quintile				
Poorest	65.2	1,452	27.7	766
2	67.0	1,541	36.7	818
3	70.2	1,535	46.4	838
4	72.3	1,567	47.4	913
Richest	82.1	1,556	63.6	1,083
Total	71.4	7,651	45.8	4,418

Table 9.2 provides the percentage of women who reported seeing the Smiling Sun logo at various sites by sources of exposure. Almost three quarters of women in NSDP areas reported seeing the symbol on signboards at health clinics, while roughly a fifth reported doing so on posters or television advertisements/ drama. Among those women in non-project areas who reported seeing the Smiling Sun logo, the main sources of awareness were signboards at health clinics (about 68%), television advertisements (23%), posters (14%) and, television drama or billboards (about 7% each).

9.2 Awareness of Temporary/Satellite Clinics

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

Table 9.2 Source of awareness of Smiling Sun Symbol

Percentage of women reporting having seen the Smiling Sun Logo by source, rural NSDP project and non-project areas, 2005.		
	Project areas	Non-project areas
On television in an advertisement	12.0	22.7
On television in a drama	4.0	7.7
On a poster	16.4	13.6
On a pamphlet or brochure	6.4	5.1
On a billboard sign	6.8	7.2
On a sign at a health clinic	74.6	67.6
Other	0.3	0.2
Number	5,466	2,023

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

To begin with, women were asked simply whether they knew of a temporary/satellite clinic in their area. If they did, they were asked if it was held during the preceding three months and, if so, about the type of clinic. Table 9.3 presents the distribution of such awareness.

In rural NSDP project areas, 90.4% were aware of temporary satellite clinics in their area and, of these, about 93% indicated that such clinics were conducted during the past three months. Among those who knew of one held in the last three months, approximately 90% identified it as an NSDP satellite clinic, while a far smaller number identified it as a government clinic. Awareness of any satellite clinics held increased by 2.4 percentage points from 2003, though the increase from 2001 to 2003 was more substantial at 7.3 percentage points. Awareness of satellite clinics held in the last three months increased by 7.7 percentage points. Awareness of temporary clinics did not vary much by age or education. It was highest in Khulna/Barisal and lowest in Chittagong/Sylhet.

Knowledge and awareness of temporary/satellite clinics was lower in non-project areas. About 86% of women in non-project areas were aware of temporary clinics in their area. Of these, 92.5% reported a temporary clinic held in the past three months, which was nearly always described as a government clinic. The small percentage (1.8%) identified as NSDP clinics was most likely due to the close proximity to NSDP catchment areas.

Table 9.3 Knowledge and awareness of temporary and satellite clinics

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

					Type of temporary/satellite clinic				
	Aware of temporary clinics	Number of women	Clinic held in last three months	Number of women knowing of temp. Clinics	NSDP satellite clinic	Government satellite clinic	Other	DK/ missing	Number of women reporting clinics in last 3 months
Age									
15-19	86.7	941	94.2	816	88.8	11.1	0.0	0.2	768
20-24	92.9	1,370	94.1	1,273	89.4	10.6	0.0	0.0	1,198
25-29	91.4	1,427	93.1	1,305	89.0	11.0	0.0	0.0	1,215
30-34	92.5	1,201	93.1	1,111	89.5	10.5	0.0	0.0	1,034
35-49	89.4	2,647	92.5	2,366	90.2	9.8	0.0	0.0	2,189
Highest educational level									
No education	90.0	3,764	92.5	3,386	89.0	11.0	0.0	0.0	3,133
Some primary	91.4	1,249	93.6	1,141	89.9	10.0	0.0	0.1	1,068
Primary complete	92.8	917	93.5	850	89.6	10.2	0.0	0.1	795
Secondary incomplete	89.9	1,385	94.4	1,245	90.6	9.4	0.0	0.0	1,174
Secondary complete or higher	87.4	337	93.6	294	89.8	10.2	0.0	0.0	275
Household asset quintile									
Poorest	89.2	1,452	92.6	1,295	91.0	9.0	0.0	0.0	1,200
2	92.3	1,541	93.8	1,422	89.8	10.2	0.0	0.0	1,334
3	91.2	1,535	92.4	1,400	88.9	11.1	0.0	0.0	1,294
4	89.5	1,567	93.7	1,403	90.4	9.5	0.0	0.1	1,315
Richest	89.7	1,556	93.4	1,396	87.7	12.2	0.0	0.1	1,304
Domain									
Chittagong/Sylhet	87.2	1,892	92.8	1,650	91.7	8.3	0.0	0.1	1,532
Khulna/Barisal	95.3	913	95.3	870	94.9	5.1	0.0	0.0	829
Dhaka	92.1	3,069	93.2	2,826	84.3	15.7	0.0	0.0	2,634
Rajshahi	88.4	1,777	92.4	1,571	93.8	6.1	0.0	0.1	1,452
Project areas	90.4	7,651	93.2	6,917	89.5	10.4	0.0	0.0	6,447
Non-project Area	85.7	4,418	92.5	3,787	1.8	97.9	0.2	0.1	3,501

9.3 Knowledge of ESP Services at Satellite Clinics

Respondents who were aware of temporary/satellite clinics were asked about the types of services available at them. Based on the reports of women aware of a satellite clinic in their area in the past three months, Table 9.4 provides the distribution of specific types of services available at them.

Over 78% were aware that the NSDP satellite clinic provided family planning, 82% were aware of maternal health services and 80.5% about child health services (with a smaller proportion, 60%, reporting awareness of EPI services). However, only about 8% were aware that NSDP satellite clinics provided general health care. About the same margin identified specific child curative services such as diarrhea or ARI treatment, though such responses may have been subsumed into general categories such as treatment for general illnesses (28%).

Table 9.4 Knowledge of ESP services at temporary/satellite clinics

Percentage of women who identify specific services at temporary/satellite clinics, project areas, 2005.		
Services	NSDP satellite clinic	Government satellite clinic/other
Family planning	78.4	33.3
Clinical methods	50.1	18.8
Non-clinical methods	62.2	25.1
Advise for side effects	6.8	1.7
Maternal health	82.1	81.8
Antenatal care	55.9	24.2
Postnatal care	8.7	2.8
Tetanus	54.9	75.5
Child health	80.5	94.0
EPI	60.2	88.9
Diarrhea treatment	8.2	3.7
ARI treatment	0.4	0.8
Vitamin A	22.7	40.8
General illnesses	28.0	13.3
Other child care	4.4	2.4
Other reproductive health	0.0	0.0
Treatment of RTI/STD	0.0	0.0
General health	7.7	7.0
Other	0.0	0.2
DK/missing	0.8	2.0
Number	5,772	672

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

In rural NSDP project areas, one-third of women who knew of government temporary clinics were aware of the availability of family planning services (as compared to eight in 10 of those attending NSDP satellite clinics). However, awareness of maternal health services at government clinics was similar to that for NSDP clinics, while awareness of child health and EPI services was actually higher. Awareness of the various services at NSDP satellite clinics did not change substantially from 2003 levels.

9.4 Use of Temporary/Satellite Clinics

In the 2005 Rural NSDP Evaluation Survey, women who knew of a temporary/satellite clinic conducted in their area during the past three months were asked if they had ever used the clinic and, if so, if they had used it in the past three months. The latter set of questions was used to elicit information on satisfaction with care while reducing the possibility of recall bias from use in the distant past. Women who did not report a clinic in their area in the past three months were assumed not to have used the clinics. By asking questions about use of specific types of satellite clinics, comparisons between NSDP and non-NSDP clinics can be made in terms of women's assessments of satisfaction and quality.

Table 9.5 provides the distribution of women who ever used services at satellite clinics. In rural NSDP areas, little more than half reported ever using an NSDP satellite clinic for ESP services while 23% recalled having done so in the three months preceding interview. Ever-use of NSDP satellite clinics was highest in Khulna/Barisal and lowest in Dhaka, though the gaps between divisions were not particularly pronounced. Ever-use and use in the past three months were inversely associated with socioeconomic status. Women in the poorest asset quintile were 8.4 percentage points more likely to have ever used an NSDP satellite clinic and 5.9 percentage points more likely to have used one in the past three months than those in the richest one. Ever-use and use in the past three months was also highest among those aged 20-34.

Table 9.5 Use of temporary/satellite clinics

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

	NSDP satellite clinic		Government satellite clinic		Number
	Ever used	Used in last three months	Ever used	Used in last three months	
Age					
15-19	47.6	24.7	5.7	2.5	941
20-24	60.1	29.5	7.2	3.5	1,370
25-29	58.0	26.4	7.5	3.5	1,427
30-34	57.4	26.3	6.5	2.3	1,201
35-49	40.4	15.9	4.5	1.6	2,647
Highest educational level					
No education	48.8	22.4	6.1	2.7	3,764
Some primary	54.6	25.8	6.7	2.3	1,249
Primary complete	54.4	24.6	5.8	2.4	917
Secondary incomplete	49.8	21.5	5.0	2.4	1,385
Secondary complete or higher	46.4	21.3	5.9	1.9	337
Household asset quintile					
Poorest	53.5	24.3	5.6	2.3	1,452
2	54.1	25.5	7.1	3.4	1,541
3	51.8	25.4	6.2	2.5	1,535
4	48.3	21.5	4.9	2.2	1,567
Richest	45.1	18.4	6.0	2.0	1,556
Domain					
Chittagong/Sylhet	49.8	21.0	4.6	2.0	1,892
Khulna/Barisal	57.1	28.8	2.5	0.6	913
Dhaka	48.4	21.1	9.3	4.1	3,069
Rajshahi	51.5	25.3	3.5	1.2	1,777
Project areas	50.5	23.0	6.0	2.5	7,651
Non-project areas	0.8	0.4	52.4	21.7	4,418

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

Ever use of government satellite clinics in non-project comparison areas was slightly higher than that for NSDP clinics in project areas. Use in the past there months was slightly lower than for NSDP satellite clinic in project areas. Approximately 52% women in non-project areas reported having ever used a government satellite clinic and about 22% reported doing so in the past three months.

As compared with the 2003 and 2001 surveys, the 2005 survey showed an increase of 2.2 percentage points (from 48.3% in 2003) in ever use of NSDP satellite clinics. Use in the last three months increased by 2.4 percentage points (from 20.6% in 2003). Ever-use and use in the last three months of government satellite clinics in non-project areas rose by 11.3 and 8.1 percentage points, respectively, from 2003 levels.

9.5 Sources of Information about Temporary/Satellite Clinics

Women who reported knowing a satellite clinic, that the clinic had been held in the past three months, and that they had attended the clinic, were asked who informed them about the clinics. Table 9.6 provides the distribution of sources of information about satellite clinics.

In the rural NSDP areas, women were informed in advance about NSDP satellite clinics most often by NSDP providers (69%) (particularly depotholders), and 17% were not informed by anyone. The main providers of information about government satellite clinics were health professionals (mainly FWA), government satellite clinic workers, and others such as neighbors.

9.6 Quality of Care at Satellite Clinics

Women who used temporary/satellite clinics in the past three months answered questions about the quality of care received during their most recent visit. These addressed payments, staff behavior, time given for care, travel time, and waiting time. The distribution of responses is reported in Table 9.7.

Responses indicated a generally comparable quality of care across the different types of providers and across project and non-project areas. Nearly all NSDP satellite clinics users reported that providers spent enough time with them during their last visit. The situation was essentially the same for users of government clinics in non-project areas. Other indicators of quality were similar. More than nine in 10 NSDP satellite clinic users in NSDP areas and government satellite clinic users in non-project areas said that staff talked to them nicely and paid sufficient attention to their needs. Both travel times and waiting times were slightly longer for NSDP clinics in NSDP areas (relative to government clinics in non-project areas). About 63% of users of NSDP services reported paying for the services they received, and approximately 57% paid the exact amount they were asked to pay. This indicated a high overall quality of services at NSDP satellite clinics and satisfaction with care received. Similar patterns were reported in the 2001 and 2003 surveys.

Table 9.6 Source of information about temporary/satellite clinics

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

Who told the respondent:	NSDP satellite clinic	Government satellite clinic/other
Health professional	2.2	29.1
Qualified doctor	0.2	0.0
Nurse/midwife	0.3	0.7
Family welfare visitor	0.1	0.2
MA/SACMO	0.0	0.2
FWA	1.6	27.9
NSDP	69.4	3.1
Static clinic worker	0.2	0.1
Satellite clinic worker	4.0	0.2
Community mobilizer	4.8	0.0
Depotholder	60.4	2.7
Other Person	8.8	16.8
Trained traditional birth attendant	0.0	1.1
Untrained TBA	0.0	0.0
Unqualified doctor	0.1	0.1
Relative	4.2	4.8
Neighbor	4.5	10.7
Govt. Satellite Clinic Worker	1.9	20.4
Health Assistant	0.2	1.2
Other	0.4	1.1
Was not informed	17.1	28.4
Total	100.0	100.0
Number	3,864	456

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

Table 9.7 Quality of temporary/satellite clinics

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

	Project areas		Non-project areas		
Quality Indicator	NSDP satellite clinic	Government satellite clinic	NSDP satellite clinic	Government satellite clinic	Other
Spend enough time					
Yes	99.6	100.0	100.0	98.9	100.0
No	0.4	0.0	0.0	1.1	0.0
Talked to her nicely					
Nicely	96.0	90.5	89.8	93.9	100.0
Somewhat	3.8	9.5	10.2	5.5	0.0
Not nicely	0.2	0.0	0.0	0.6	0.0
Give enough attention to her needs					
Yes	99.4	100.0	100.0	98.5	100.0
No	0.6	0.0	0.0	1.5	0.0
Mean travel time					
Mean (minutes)	9.7	7.7	13.9	8.2	21.8
Mean waiting time					
Mean (minutes)	9.3	7.4	3.2	6.5	0.0
Did pay for services					
Yes	63.4	1.7	67.5	4.5	100.0
No	36.6	98.3	32.5	95.5	0.0
Paid the exact amount					
Same	56.6	1.1	62.4	4.3	100.0
More	2.3	0.0	5.1	0.0	0.0
Less	3.9	0.6	0.0	0.2	0.0
Credit	0.6	0.0	0.0	0.0	0.0
Number	1,758	191	16	961	2

Note: Numerator is the 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 and who have used that clinic in the past three months.

9.7 Awareness of Sources of Health and Family Planning Services

Women were asked about clinics and hospitals in their areas from which they could receive health or family planning services. They were directed to different sets of questions based on the areas in which they lived (project or non-project area). If a woman did not spontaneously report awareness of an NSDP clinic, she was asked directly about it. If she was aware, a series of questions about her experiences with NSDP services were asked. 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. By probing respondents, this method may tend to over-report awareness of NSDP services. This form of probing was also used in 2003 survey, but not in the 1998 or 2001 surveys.

Table 9.8 provides the distribution of awareness of clinics or hospitals from which health or family planning services could be obtained. Overall, 95% in project areas knew of such a clinic or hospital in their area. In non-project areas, nearly all (98%) were aware of one. Awareness was highest in Dhaka and lowest in Chittagong/Sylhet, though most women in either division were aware of a facility from which such services could be obtained. Awareness did not vary substantially by age, education, or asset quintile. Awareness of clinics/hospitals providing health and family planning services was not much different from that in the 2003 survey.

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

Women who knew of a clinic or hospital in their area providing health or family planning services were asked about the type of clinic or hospital. Table 9.9 provides the distribution of facility types.

Most women in project and non-project areas were able to identify a source for their health or family planning services. Among women in the rural NSDP project areas, 69% identified public sector sources, 39% identified NSDP static clinics, and a very small percentage mentioned private medical sources. About 5% were unaware of a clinic providing health and family planning services. There was some variation in awareness of NSDP static clinics by division, with nearly 45% reporting awareness in Rajshahi and only 29% doing so in Chittagong/Sylhet. In all divisions, public sector sources were more commonly known than NSDP sources. The 2003 and 2001 surveys reported similar patterns, except that significantly higher proportions in 2005 were currently aware of NSDP static clinics as providers of health and family planning services than in 2003 (approximately 34%).

In non-NSDP areas, public sector sources were identified by nine out of ten respondents, while only 7.7% mentioned NSDP clinics as providers of health and family planning services. In neither project nor non-project areas were private medical centers identified as major sources of health or family planning services. This was similar to the 2003 and 2001 findings.

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

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

	Project areas		Non-project areas	
	Yes	Number	Yes	Number
Age				
15-19	91.9	941	96.4	519
20-24	96.1	1,370	97.3	744
25-29	94.9	1,427	97.9	772
30-34	94.8	1,201	98.4	732
35-49	94.9	2,647	98.2	1,614
Highest educational level				
No education	94.0	3,764	97.8	2,131
Some primary	95.0	1,249	97.3	659
Primary complete	94.6	917	97.3	536
Secondary incomplete	95.9	1,385	97.7	827
Secondary complete or higher	94.5	337	99.5	266
Household asset quintile				
Poorest	91.7	1,452	97.6	766
2	95.0	1,541	97.4	818
3	94.9	1,535	98.6	838
4	96.2	1,567	97.0	913
Richest	95.1	1,556	98.1	1,083
Domain				
Chittagong/Sylhet	88.2	1,892	0.0	0
Khulna/Barisal	95.6	913	0.0	0
Dhaka	97.7	3,069	0.0	0
Rajshahi	95.7	1,777	0.0	0
Total	94.6	7,651	97.8	4,418

Table 9.9 Knowledge of clinics providing health and family planning services

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

	NSDP project areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Tota1	
Public sector	69.1	69.9	67.8	70.0	68.9	88.9
NSDP static clinic	28.6	42.6	41.0	44.6	39.0	7.7
Other NGO	.1	.0	.1	1.3	.3	1.3
Private medical sector	7.4	8.5	9.0	3.8	7.3	5.8
Other	.0	.0	.0	.1	.0	.1
DK clinic + DK type	12.0	4.4	2.3	4.3	5.4	2.2
Number	1,892	913	3,069	1,777	7,651	4,418

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

9.9 Knowledge of ESP Services at Hospital/Clinics

To measure the level of knowledge of women about the availability of ESP services at hospital/clinics women were asked if they were aware of different ESP services at the facilities they mentioned. Table 9.10 provides the proportion of women who identified specific ESP services at different types of hospital/clinics, by project and non-project areas.

Most respondents in project areas who identified NSDP clinics knew that they provided family methods. More than four-fifths knew that family planning methods were available, while around 66% knew that clinical family planning methods were. More than four-fifths also reported that NSDP static clinics provided maternal health and child health services. Less commonly mentioned was the provision of vitamin A. Knowledge of ESP services at NSDP clinics was greater than what was seen in 2003.

In project areas, women who identified government hospital/clinics (public sector) were more likely than those who identified NSDP clinics to report awareness of general health services (23% versus 15.1% respectively). However, they were only a bit more likely to report awareness of treatment of childhood health (84.4% versus 81.5% respectively). However, they were less likely to report other services such as family planning, maternal health, EPI, and tetanus toxoid vaccinations. This was similar to the situation in 2001 and 2003.

Table 9.10 Knowledge of ESP at hospital/clinics

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

	NSDP project area				Non-project area			
	NSDP NGO	Public sector	Private	Other NGO	NSDP NGO	Public sector	Private	Other NGO
Family planning	81.2	63.6	49.4	68.6	72.8	67.6	48.0	52.3
Clinical methods	66.3	50.9	33.6	55.3	59.1	56.0	25.7	50.2
Non-clinical methods	61.6	41.8	33.9	41.0	51.0	43.4	20.8	16.3
Advice for side effects	11.4	6.3	9.9	0.0	3.2	6.9	17.3	0.0
Maternal health	81.2	66.0	58.3	81.6	71.4	65.1	52.8	54.1
Antenatal care	66.7	51.3	46.9	72.3	51.2	48.1	44.7	39.6
Postnatal care	13.2	13.5	15.6	18.4	16.2	13.6	19.2	20.5
Tetanus toxoid	48.8	31.9	24.9	41.0	38.3	35.5	11.6	28.1
Child health	81.5	84.4	85.2	81.6	88.4	91.5	86.1	85.0
EPI	53.1	32.4	22.7	31.9	47.0	38.2	11.6	30.2
Diarrhea treatment/ORS	13.7	24.6	29.0	26.7	22.7	30.4	30.5	19.2
ARI treatment	1.4	2.9	5.2	0.0	3.0	2.9	4.0	7.5
Vitamin A	11.9	6.4	5.6	0.0	8.5	6.4	5.6	5.5
General illness	44.8	62.7	68.9	54.4	63.0	73.2	82.5	66.5
Other child care	6.1	6.7	9.6	4.6	7.6	7.5	9.1	7.0
RTI/STD treatment	0.1	0.3	1.2	0.0	0.0	0.3	0.3	0.0
General health	15.1	23.0	24.5	13.8	24.1	29.6	34.7	48.2
Other	0.0	0.1	0.4	0.0	0.0	0.2	0.0	0.0
DK/missing	1.8	2.9	1.8	0.0	0.5	1.2	0.5	1.4
Number	2,981	5,270	562	25	341	3,927	257	57

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

9.10 Use of Clinics/Hospitals

Women who identified clinics or hospitals in their area were asked whether they had ever used it and whether they had used it in the three months preceding the survey. Table 9.11 provides the percentages who ever used clinics/hospitals or used them in the preceding three months. Ever usage and usage of static clinics were low across all divisions and project/non-project areas. For the NSDP areas, only 15.5% reported ever attending an NSDP static clinic and only 4.3% reported doing so in the last three months. Ever attendance of an NSDP clinic was two percentage points higher and attendance in the past three months was slightly higher than 2003 levels. Ever-use of public sector hospitals and use in the last three months in project areas was 28.4% and 4.2%, respectively. In other words, public sector hospitals were the dominant players despite the presence of NSDP static clinics in project areas.

Ever-use of NSDP static clinics was highest in Rajshahi (20.4%) and Dhaka (18.5%), and lowest in Chittagong/Sylhet (8.6%). Ever-use was clearly related to health services need. It was slightly higher among those with more children, and among those of prime reproductive age. Ever-use was also slightly higher among wealthier women, though use in the past three months was roughly equal across asset quintiles.

In non-project areas, ever use and use in last three months of public sector clinic/hospital were 54.7% and 11.3%, respectively. Again, use was associated with the need for health services. There were no significant variations in use by education or socioeconomic status.

Table 9.12 provides information on the ever-use and use in last three months of different types of clinics by project and non-project areas.

Table 9.11 Use of hospitals/clinics

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

	NSDP NGO		Public sector		Private		Other		
	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	Number
Age									
15-19	15.2	4.1	19.3	2.7	2.6	0.6	0.1	0.0	941
20-24	19.0	5.5	27.3	4.5	3.5	0.9	0.1	0.1	1,370
25-29	18.7	6.2	26.0	3.9	3.4	0.7	0.2	0.1	1,427
30-34	18.1	4.7	29.6	5.9	4.4	1.2	0.0	0.0	1,201
35-49	11.1	2.5	33.1	3.8	3.4	0.9	0.3	0.0	2,647
Highest educational level									
No education	13.8	3.6	30.2	4.2	2.9	0.8	0.2	0.0	3,764
Some primary	17.1	4.4	26.3	4.2	4.0	1.0	0.0	0.0	1,249
Primary complete	16.9	5.7	28.9	4.8	4.3	0.9	0.2	0.2	917
Secondary incomplete	17.5	5.4	26.5	3.6	3.9	0.8	0.2	0.0	1,385
Secondary complete or higher	16.7	2.1	22.1	3.4	3.4	1.7	0.0	0.0	337
Household asset quintile									
Poorest	13.2	3.2	26.9	4.2	2.7	0.4	0.2	0.1	1,452
2	14.8	3.9	29.0	4.8	3.6	1.1	0.0	0.0	1,541
3	16.8	5.0	29.6	4.2	2.9	0.8	0.4	0.1	1,535
4	16.7	5.0	30.3	4.4	3.4	1.0	0.1	0.0	1,567
Richest	15.9	4.1	26.0	3.1	4.7	1.1	0.0	0.0	1,556
Number of living children									
0	9.6	2.2	15.3	1.6	2.1	0.8	0.5	0.1	739
1	19.4	5.2	25.2	4.5	3.5	0.4	0.0	0.0	1,430
2	18.7	5.2	27.6	4.4	3.8	1.2	0.1	0.1	1,776
3	14.4	3.6	31.8	3.8	3.9	1.1	0.0	0.0	1,463
4+	13.1	4.1	33.0	4.9	3.4	0.8	0.3	0.1	2,243
Domain									
Chittagong/Sylhet	8.6	1.4	33.9	5.7	4.6	1.2	0.0	0.0	1,892
Khulna/Barisal	10.1	2.0	23.8	4.0	4.2	0.9	0.0	0.0	913
Dhaka	18.5	5.8	27.5	3.7	3.5	0.9	0.1	0.0	3,069
Rajshahi	20.4	5.8	26.2	3.4	1.9	0.5	0.5	0.1	1,777
Project Areas	15.5	4.3	28.4	4.2	3.5	0.9	0.1	0.0	7,651
Non-project Areas	1.1	0.3	54.7	11.3	3.5	0.8	0.8	0.1	4,418

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

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

	Project areas				Non-project areas			
	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other
Family planning	5.9	2.0	0.9	0.0	7.7	4.4	1.4	1.3
Clinical methods	3.3	1.2	0.0	0.0	5.2	2.9	0.6	0.0
Non clinical methods	2.4	0.8	0.3	0.0	1.5	1.5	0.5	1.3
Advise for side effects	0.4	0.2	0.6	0.0	1.0	0.3	0.3	0.0
Maternal health	1.1	0.6	0.9	7.6	5.7	1.0	0.5	0.0
Antenatal care	0.6	0.5	0.7	0.0	3.1	0.6	0.5	0.0
Postnatal care	0.1	0.0	0.0	0.0	0.0	0.2	0.0	0.0
Tetanus	0.5	0.2	0.1	7.6	3.6	0.4	0.0	0.0
Child health	5.0	5.1	12.6	17.1	5.0	7.1	9.8	7.0
EPI	1.2	0.3	0.0	0.0	1.1	0.9	0.5	1.9
Diarrhea treatment	0.3	0.7	0.8	0.0	0.0	0.4	2.0	0.0
ARI treatment	0.2	0.1	0.3	0.0	0.0	0.3	0.0	1.9
Vitamin A	1.3	0.1	0.0	0.0	0.0	0.3	0.3	0.0
General illnesses	2.4	4.0	10.9	17.1	3.9	5.4	9.3	5.1
Other child care	0.2	0.4	2.0	0.0	0.0	0.7	0.0	1.9
Other reproductive health	0.1	0.0	0.3	0.0	0.0	0.0	0.0	0.0
Treatment of RTI/STD	0.1	0.0	0.3	0.0	0.0	0.0	0.0	0.0
General health	0.7	1.2	3.2	0.0	0.0	1.6	2.6	1.9
Other	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0
Number	2,981	3,856	385	14	75	3,927	257	60

9.11 Quality of Care at Hospitals/Clinics

Users of hospitals and static clinics in the past three months were asked questions about the quality of care that they received during their most recent visit. Table 9.13 presents data on the respondents' perceptions of the quality of treatment at the hospitals/clinics.

Overall satisfaction with NSDP services was quite high, as in 2003 and 2001. Almost all users of NSDP clinics reported that providers spent enough time with them, talked nicely and showed sufficient attention to their needs. For nearly all measures of quality, NSDP providers rated slightly higher than public sector sources. Comparable levels of satisfaction with the quality of service and staff behavior at NSDP clinics were observed in non-project areas.

The mean travel time to NSDP clinics was 21.5 minutes, as compared with 30.4 minutes to government clinics in non-NSDP areas. In project areas, payments were made for services in nearly 77% of visits to NSDP clinics. The mean waiting time at NSDP clinics was 17.4 minutes compared with 29.4 minutes in public sector hospital/clinics. Waiting time in NSDP clinics decreased slightly from 2003.

Table 9.13 Quality of hospitals/clinics

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

	Project areas				Non-project areas			
	NSDP NGO	Public sector	Private	Other	NSDP NGO	Public sector	Private	Other
Spent enough time								
Yes	98.4	92.7	100.0	100.0	100.0	96.4	94.0	100.0
No	1.6	7.3	0.0	0.0	0.0	3.6	6.0	0.0
Talked to her nicely								
Nicely	95.8	87.0	98.4	100.0	100.0	88.5	95.7	72.9
Somewhat	3.0	10.4	1.6	0.0	0.0	8.4	4.3	27.1
Not nicely	1.2	2.5	0.0	0.0	0.0	3.1	0.0	0.0
Gave enough attention to her								
Yes	98.3	91.6	98.4	65.4	100.0	94.2	97.9	100.0
No	1.7	8.4	1.6	34.6	0.0	5.8	2.1	0.0
How long to get there - minutes								
Mean (minutes)	21.5	46.5	38.9	39.3	28.0	30.4	49.4	32.8
Waiting time - minutes								
Mean (minutes)	17.4	29.4	13.3	41.5	11.6	22.0	44.2	49.0
Paid for services								
Yes	76.9	31.8	95.1	34.6	79.1	26.0	67.2	72.9
No	23.1	68.2	4.9	65.4	20.9	74.0	32.8	27.1
Paid the full amount								
Same amount	69.6	26.1	75.8	34.6	79.1	21.6	62.9	72.9
More	2.9	2.4	13.2	0.0	0.0	0.9	0.0	0.0
Less	4.4	2.8	4.7	0.0	0.0	3.5	2.2	0.0
Credit	0.0	0.5	1.5	0.0	0.0	0.0	2.1	0.0
Number	327	318	68	3	13	501	36	4

9.12 Sources of Health Information and Services in the Area

Respondents were asked whether they were able to obtain health information, supplies of pills, condoms, ORS, or vitamin A from someone in their area. Table 9.14 shows that more than eight in ten respondents in NSDP project areas reported being able to do so. For 88.6%, the source was an NSDP depotholder, while for 9.2% it was a government family planning worker. Awareness did not vary by socio-economic status, but did do so by division.

A slightly lower proportion (72.4%) of non-project women reported being able to get health information or supplies of pills, condoms, ORS, etc. from someone in their area. Almost eight in 10 identified the person as government family planning worker, while only 14% identified a government health worker.

Table 9.14 Source of health information and services

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

	Anybody with information on health, pill supplies etc.		Organization						
	Could get information	Number	NSDP depotholder	Government family planning worker	Government health worker	BRAC/Other NGO Worker	Other	DK/ missing	Number
					Project areas				
Household asset quintile									
Poorest	78.9	1,452	90.6	8.0	2.9	0.7	0.2	0.0	1,146
2	83.2	1,541	89.4	8.2	4.0	0.4	0.2	0.0	1,282
3	83.6	1,535	89.4	8.6	2.9	0.9	0.3	0.0	1,282
4	83.1	1,567	88.4	9.3	3.5	0.8	0.3	0.0	1,302
Richest	77.6	1,556	85.3	11.7	3.8	1.0	0.1	0.4	1,207
Domain									
Chittagong/Sylhet	72.8	1,892	87.3	7.8	5.5	0.9	0.0	0.2	1,377
Khulna/Barisal	91.0	913	95.3	6.7	1.2	0.9	0.2	0.1	831
Dhaka	81.0	3,069	84.6	13.3	4.0	0.8	0.1	0.0	2,486
Rajshahi	85.8	1,777	92.6	5.1	1.8	0.5	0.6	0.1	1,525
Total	81.3	7,651	88.6	9.2	3.4	0.7	0.2	0.1	6,220
					Non-project areas				
Household asset quintile									
Poorest	71.1	766	10.0	78.7	11.0	0.9	0.6	0.0	545
2	74.2	818	7.9	79.0	12.6	0.9	0.1	0.3	607
3	73.3	838	4.0	82.4	13.7	1.0	0.1	0.2	615
4	74.5	913	3.6	79.1	16.3	1.8	0.4	0.1	680
Richest	69.4	1,083	5.2	79.0	15.0	1.6	0.1	0.3	752
Total	72.4	4,418	5.9	79.6	13.9	1.3	0.3	0.2	3,198

9.13 Health and Family Planning Information and Services Received in the Past Three Months

Table 9.15 provides the distribution of women who mentioned receiving specific information about health and family planning from a provider in the past three months by type of information and the affiliation of that provider. For women in NSDP areas receiving information from NSDP depotholders, the most common type of information provided concerned family planning (approximately 26%). Other less common types of information included maternal health, child health, vitamin A, illnesses, and diarrhea treatment/ORS. The pattern in non-NSDP area was similar.

Approximately 16% in NSDP areas reported receiving family planning or health services in the previous three months (Table 9.16). The majority (62.3%) received oral contraceptives, while about one in six received other family planning methods. Other services and supplies included ORS (9.4%), vitamin A (7.4%), child health (4.5%) and condoms (4%). A very similar pattern was reported in 2003.

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

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

Information received	Organization				DK/missing
	NSDP Depotholders	Government FP/health worker	NGO worker	Other	
		Project areas			
Family planning/ Side effect	26.3	22.7	21.8	20.1	0.0
Maternal health	2.7	2.3	2.5	6.7	0.0
Child health	2.2	2.0	0.0	0.0	0.0
Diarrhea treatment/ORS	1.9	1.4	0.0	0.0	0.0
ARI treatment	0.0	0.0	0.0	0.0	0.0
Vitamin A	2.1	1.5	0.0	0.0	0.0
Illness	2.0	0.6	0.0	0.0	0.0
Other child care	0.5	0.4	0.0	0.0	0.0
RTI/STD treatment	0.1	0.0	0.0	0.0	0.0
General health	0.7	0.7	2.3	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0
Number	5,520	782	46	17	5
		Non-project areas			
Family planning/ Side effect	18.5	24.4	5.8	38.0	0.0
Maternal health	2.4	1.6	6.6	4.2	0.0
Child health	2.2	2.0	3.8	0.0	0.0
Diarrhea treatment/ORS	1.0	0.7	0.0	0.0	0.0
ARI treatment	0.4	0.0	0.0	0.0	0.0
Vitamin A	3.3	3.1	2.8	0.0	0.0
Illness	0.0	1.6	6.6	4.0	0.0
Other child care	0.0	0.4	0.0	0.0	0.0
RTI/STD treatment	0.0	0.0	0.0	0.0	0.0
General health	0.0	0.5	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0
Number	190	2,992	41	19	6

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

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

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

Information received	Organization				
	NSDP Depotholders	Government FP/health worker	NGO worker	Other	DK/missing
	Project areas				
Received FP/health services last 3 months					
Yes	16.1	19.7	11.8	10.0	0.0
Number	5520	782	46	17	5
What services were received					
Oral pill	62.3	70.2	78.5	100.0	.
Condom	4.0	2.7	0.0	0.0	.
Other family planning method	16.4	12.0	0.0	0.0	.
ORS	9.4	6.2	0.0	0.0	.
Vitamin A	7.4	6.3	21.5	0.0	.
Child health	4.5	4.3	0.0	0.0	.
Other	0.3	0.7	0.0	0.0	.
Number	888	154	5	2	.
	Non-project areas				
Received FP/health services last 3 months					
Yes	8.1	17.1	16.7	13.9	22.0
Number	190	2992	41	19	6
What services were received					
Oral pill	63.8	73.6	67.9	70.0	100.0
Condom	5.0	4.5	0.0	.0	0.0
Other family planning method	6.9	8.6	0.0	30.0	0.0
ORS	19.1	2.5	0.0	0.0	0.0
Vitamin A	10.4	9.5	32.1	0.0	0.0
Child health	0.0	5.2	0.0	0.0	0.0
Other	0.0	0.2	0.0	0.0	0.0
Number	15	512	7	3	1

Note:

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

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

9.14 Referral to Health and Family Planning Services in the Last Three Months

Women were also asked whether they had been referred to a satellite clinic for health and family planning services in the past three months. Tables 9.17A and 9.17B provide the percentage of women who were referred to any satellite clinics or static clinics for health or family planning services in the past three months by type of providers and services. Nearly 18% who visited an NSDP depotholder reported that that person referred them to a satellite or static clinic. In both project and non-project areas, the most common reason for referral was for clinical or non-clinical family planning methods, but referrals were also made for antenatal care, general health issues, illnesses, and EPI. Nearly one-third in NSDP areas reported that the NSDP depotholder had visited them in their homes in the past three months while about 28% in non-NSDP areas recalled being visited by a government family planning/health worker.

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

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

	Organization				
	NSDP Depotholders	Government FP/health worker	NGO worker	Other	DK/missing
	Project areas				
Referred to a satellite or static clinic					
Yes	17.7	8.1	10.6	6.7	0.0
Number	5,520	782	46	17	5
Referred for what services					
Clinical FP method	45.3	37.1	78.7	.0	.
Non clinical FP method	25.7	27.0	33.0	100.0	.
Treatment/advice for side-effect	4.6	11.6	0.0	0.0	.
Antenatal care	6.7	8.7	0.0	0.0	.
Postnatal care	0.2	0.0	0.0	0.0	.
Tetanus toxoid	5.0	16.0	0.0	0.0	.
EPI	7.6	9.4	0.0	0.0	.
Diarrhea treatment/ORS	3.7	5.2	0.0	0.0	.
ARI treatment	0.1	1.9	0.0	0.0	.
Vitamin A	10.8	3.3	0.0	0.0	.
Illness	11.3	8.5	0.0	0.0	.
Other child care	2.8	5.2	0.0	0.0	.
RTI/STD treatment	0.0	0.0	0.0	0.0	.
General health	1.8	5.2	21.3	0.0	.
Other	0.0	0.0	0.0	0.0	.
Number	978	63	5	1	.
Visited home in last 3 months					
Yes	32.4	29.0	23.4	6.7	0.0
Number	5,520	782	46	17	5

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

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

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

	Organization				
	NSDP Depoholders	Government FP/ health worker	NGO worker	Other	DK/missing
	Non-project areas				
Referred to a satellite or static clinic					
Yes	10.4	10.9	13.0	16.0	0.0
Number	190	2,992	41	19	6
Referred for what services					
Clinical FP method	31.0	33.4	14.8	75.0	.
Non clinical FP method	15.1	26.7	14.8	25.0	.
Treatment/advice for side-effect	5.4	4.1	0.0	0.0	.
Antenatal care	0.0	4.6	.0	0.0	.
Postnatal care	0.0	0.0	0.0	0.0	.
Tetanus toxoid	14.8	6.0	29.0	0.0	.
EPI	10.8	9.4	14.8	0.0	.
Diarrhea treatment/ORS	9.4	3.2	0.0	0.0	.
ARI treatment	0.0	0.0	0.0	0.0	.
Vitamin A	24.3	24.1	0.0	0.0	.
Illness	9.4	7.6	21.5	0.0	.
Other child care	9.4	2.7	0.0	0.0	.
RTI/STD treatment	0.0	0.0	0.0	0.0	.
General health	5.4	1.1	19.8	0.0	.
Other	0.0	0.0	0.0	0.0	.
Number	20	325	5	3	
Visited home in last 3 months					
Yes	19.5	28.1	34.6	38.0	43.8
Number	190	2,992	41	19	6

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

9.15 Attendance at Community Meetings

Women were asked if they had ever attended any meetings organized by an NSDP community mobilizer or service promoter. Only 10.8% of respondents in NSDP areas reported attending such a meeting (Table 9.18). This is two times higher than 2003 figure. They also reported that the last meeting was held on average 6.2 months earlier. The main topics discussed were family planning, pregnancy, and child health.

Table 9.18 Attendance at community meetings

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

	Project areas				
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total
Attended a meeting by a community mobilizer					
Yes	5.2	8.0	13.7	13.2	10.8
No	94.8	92.0	86.3	86.8	89.2
What was the meeting about					
Newlywed meeting	0.8	1.6	1.6	1.1	1.3
Pregnancy care	2.7	4.5	5.4	7.6	5.1
Family planning	4.1	6.4	10.1	9.7	8.1
Child health	3.1	2.5	5.9	4.5	4.5
HIV/AIDS/STD	0.1	0.2	0.3	0.2	0.2
Nutrition	0.7	1.1	2.4	2.4	1.8
Other	0.0	0.0	0.1	0.0	0.0
When was last meeting					
Months (mean)	6.8	6.2	6.6	5.2	6.2
Number	1,892	913	3,069	1,777	7,651

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

APPENDIX A. SAMPLING ERRORS

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

Variable	Value (R)	Standard Error (SE)	Number of Cases		Design Effect (DEFT)	Relative Error (SE/R)	Confidence Limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Total fertility rate	3.096	0.081	-	-	-	0.026	2.934	3.258
Mortality rates								
Neonatal	38.049	2.761	-	-	-	0.073	32.527	43.571
Infant	56.900	3.262	-	-	-	0.057	50.377	63.423
Child	18.698	2.240	-	-	-	0.120	14.217	23.178
Under 5	74.534	3.805	-	-	-	0.051	66.925	82.143
Post neonatal	18.851	1.961	-	-	-	0.104	14.928	22.773
Currently using method	0.569	0.010	7170	7166	1.785	0.018	0.548	0.590
Currently using modern method	0.502	0.011	7170	7166	1.872	0.022	0.480	0.524
Currently using pills	0.251	0.008	7170	7166	1.545	0.032	0.235	0.267
Currently using IUD	0.006	0.001	7170	7166	1.062	0.161	0.004	0.008
Currently using injections	0.156	0.007	7170	7166	1.584	0.044	0.142	0.169
Currently using condom	0.028	0.002	7170	7166	1.116	0.078	0.024	0.032
Currently using female sterilization	0.050	0.004	7170	7166	1.415	0.073	0.043	0.057
Currently using male sterilization	0.004	0.001	7170	7166	1.193	0.224	0.002	0.006
Currently using norplant	0.008	0.001	7170	7166	1.229	0.167	0.005	0.010
Currently using any traditional	0.064	0.004	7170	7166	1.298	0.059	0.056	0.071
Currently using not using	0.431	0.010	7170	7166	1.785	0.024	0.410	0.452
Currently using modern 10-14	0.266	0.058	65	64	1.048	0.219	0.149	0.382
Currently using modern 15-19	0.402	0.018	935	924	1.096	0.044	0.366	0.437
BCG 12-23 months	0.935	0.009	876	892	1.123	0.010	0.916	0.954
DPT3 12-23 months	0.763	0.018	876	892	1.285	0.024	0.726	0.800
Polio3 12-23 months	0.868	0.015	876	892	1.287	0.017	0.839	0.897
Measles 12-23 months	0.796	0.019	876	892	1.416	0.024	0.757	0.834
Full Vaccination	0.686	0.022	876	892	1.376	0.031	0.643	0.729
Vitamin A 9-59 months	0.675	0.013	2901	2914	1.471	0.019	0.649	0.701
Children ORT for diarrhea	0.763	0.028	247	249	1.024	0.036	0.707	0.818
Children laban gur treatment	0.158	0.025	247	249	1.071	0.157	0.109	0.208
Children ARI treatment in facility	0.325	0.039	219	215	1.234	0.120	0.247	0.403
ANC received for birth last 12 months	0.560	0.021	898	902	1.249	0.037	0.518	0.601
ANC received for birth last 35 months	0.543	0.016	2555	2582	1.587	0.029	0.511	0.574
ANC medically trained last 35 months	0.475	0.015	2555	2582	1.517	0.032	0.445	0.505
TT received for birth last 12 months	0.800	0.016	898	902	1.162	0.019	0.769	0.831
TT received for birth last 35 months	0.810	0.010	2555	2582	1.314	0.013	0.789	0.830
Iron received during pregnancy for birth last 12 months								
Knows clinical FP	0.663	0.019	3001	2981	2.180	0.028	0.626	0.701
Knows non-clinical FP	0.616	0.020	3001	2981	2.280	0.033	0.575	0.656
Knows advice for side effects	0.114	0.013	3001	2981	2.174	0.111	0.089	0.139

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

Variable	Value (R)	Standard Error (SE)	Number of Cases		Design Effect (DEFT)	Relative Error (SE/R)	Confidence Limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Knows ANC	0.667	0.012	3001	2981	1.429	0.018	0.643	0.692
Knows PNC	0.132	0.012	3001	2981	1.942	0.091	0.108	0.156
Knows EPI	0.531	0.020	3001	2981	2.143	0.037	0.492	0.571
Knows ORS	0.137	0.009	3001	2981	1.358	0.063	0.120	0.154
Knows clinical FP	0.501	0.020	5822	5772	3.002	0.039	0.461	0.540
Knows non-clinical FP	0.622	0.016	5822	5772	2.513	0.026	0.590	0.654
Knows advice for side effects	0.068	0.009	5822	5772	2.643	0.129	0.050	0.085
Knows ANC	0.559	0.012	5822	5772	1.883	0.022	0.534	0.584
Knows PNC	0.087	0.008	5822	5772	2.242	0.096	0.070	0.103
Knows EPI	0.602	0.021	5822	5772	3.297	0.035	0.559	0.644
Knows ORS	0.082	0.006	5822	5772	1.717	0.075	0.070	0.094
Knows next DPT shot	0.353	0.036	202	203	1.067	0.103	0.280	0.425
Knows next Polio shot	0.362	0.036	200	201	1.042	0.099	0.290	0.433
Knows both next DPT and Polio	0.356	0.036	200	201	1.059	0.102	0.284	0.429
Tetanus	0.566	0.013	7651	7651	2.333	0.023	0.540	0.592
Prolonged labor	0.233	0.008	7651	7651	1.742	0.036	0.216	0.250
Convulsions	0.313	0.010	7651	7651	1.932	0.033	0.293	0.334
Retained placenta	0.388	0.012	7651	7651	2.110	0.030	0.364	0.411
Fetus in poor position	0.335	0.010	7651	7651	1.814	0.029	0.316	0.355
Excessive vaginal bleeding	0.172	0.007	7651	7651	1.654	0.042	0.157	0.186
Don't know danger signs	0.028	0.003	7651	7651	1.432	0.097	0.022	0.033
Know recommended TT vaccinations	0.477	0.021	898	902	1.264	0.044	0.435	0.519
0-1 months	0.604	0.060	79	77	1.085	0.100	0.483	0.725
2-3 months	0.546	0.042	145	150	1.038	0.077	0.461	0.630
4-5 months	0.201	0.035	148	149	1.070	0.175	0.131	0.272
6-7 months	0.079	0.024	179	183	1.190	0.300	0.032	0.127
8-9 months	0.049	0.016	183	182	0.997	0.325	0.017	0.081
10-11 months	0.017	0.012	124	121	1.030	0.704	-0.007	0.042
Exclusive breastfeeding 0-5 months								
DPT dropout rate	0.170	0.016	807	820	1.197	0.093	0.138	0.201
Polio dropout rate	0.071	0.010	820	833	1.093	0.138	0.051	0.090

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

Variable	Value (R)	Standard Error (SE)	Number of Cases		Design Effect (DEFT)	Relative Error (SE/R)	Confidence Limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Total fertility rate	3.003	0.128	-	-	-	0.043	2.747	3.259
Mortality rates								
Neonatal	40.623	4.677	-	-	-	0.115	31.268	49.977
Infant	62.222	6.376	-	-	-	0.102	49.470	74.975
Child	18.447	4.010	-	-	-	0.217	10.428	26.467
Under 5	79.522	8.664	-	-	-	0.109	62.193	96.850
Post neonatal	21.599	4.231	-	-	-	0.196	13.137	30.062
Currently using method	0.569	0.010	7170	7166	1.785	0.018	0.548	0.590
Currently using modern method	0.493	0.016	4130	4119	2.031	0.032	0.462	0.525
Currently using pills	0.267	0.012	4130	4119	1.706	0.044	0.243	0.290
Currently using IUD	0.009	0.002	4130	4119	1.034	0.170	0.006	0.012
Currently using injections	0.123	0.010	4130	4119	2.016	0.084	0.103	0.144
Currently using condom	0.025	0.003	4130	4119	1.259	0.122	0.019	0.031
Currently using female sterilization	0.059	0.007	4130	4119	1.777	0.110	0.046	0.072
Currently using male sterilization	0.004	0.001	4130	4119	0.987	0.240	0.002	0.006
Currently using norplant	0.006	0.001	4130	4119	0.946	0.189	0.004	0.008
Currently using any traditional	0.081	0.005	4130	4119	1.277	0.067	0.070	0.092
Currently not using	0.422	0.015	4130	4119	1.906	0.035	0.392	0.451
Currently using modern 10-14	0.162	0.063	36	38	1.039	0.387	0.037	0.288
Currently using modern 15-19	0.340	0.034	497	495	1.620	0.101	0.271	0.409
BCG 12-23 months	0.962	0.009	472	485	1.021	0.009	0.944	0.980
DPT3 12-23 months	0.833	0.022	472	485	1.292	0.026	0.789	0.877
Polio3 12-23 months	0.912	0.015	472	485	1.184	0.017	0.881	0.943
Measles 12-23 months	0.826	0.023	472	485	1.326	0.028	0.780	0.872
Full vaccination	0.750	0.025	472	485	1.278	0.034	0.699	0.801
Vitamin A 9-59 months	0.708	0.020	1686	1695	1.792	0.028	0.669	0.748
Children ORT for diarrhea	0.806	0.041	114	114	1.102	0.051	0.724	0.888
Children laban gur treatment	0.089	0.026	114	114	0.959	0.289	0.037	0.140
Children ARI treatment in facility	0.302	0.049	102	98	1.065	0.162	0.204	0.399
ANC received for birth last 12 months	0.480	0.036	469	487	1.564	0.074	0.409	0.551
ANC received for birth last 35 months	0.502	0.027	1382	1413	2.022	0.054	0.448	0.556
ANC medically trained last 35 months	0.406	0.026	1382	1413	1.951	0.063	0.355	0.457
TT received for birth last 12 months	0.766	0.027	469	487	1.410	0.035	0.712	0.820
TT received for birth last 35 months	0.807	0.018	1382	1413	1.690	0.022	0.771	0.842
Iron received during pregnancy for birth last 12 months								
Knows next DPT shot	0.347	0.060	105	112	1.319	0.174	0.226	0.467
Knows next Polio shot	0.354	0.061	105	112	1.330	0.173	0.232	0.476
Knows both next DPT and Polio	0.347	0.060	105	112	1.319	0.174	0.226	0.467
Tetanus	0.567	0.017	4418	4418	2.225	0.029	0.534	0.600
Prolonged labor	0.238	0.011	4418	4418	1.725	0.046	0.216	0.261
Convulsions	0.298	0.015	4418	4418	2.152	0.050	0.268	0.327
Retained placenta	0.420	0.019	4418	4418	2.496	0.044	0.383	0.457
Fetus in poor position	0.355	0.011	4418	4418	1.516	0.031	0.333	0.376
Excessive vaginal bleeding	0.180	0.009	4418	4418	1.572	0.051	0.162	0.198
Don't know danger signs	0.025	0.003	4418	4418	1.434	0.133	0.019	0.032
Know recommended TT vaccinations	0.422	0.037	469	487	1.629	0.087	0.349	0.495
0-1 months	0.722	0.073	48	50	1.153	0.101	0.576	0.868
2-3 months	0.607	0.070	58	65	1.150	0.115	0.467	0.746
4-5 months	0.191	0.049	76	78	1.097	0.256	0.093	0.289
6-7 months	0.072	0.027	92	94	1.000	0.371	0.019	0.125
8-9 months	0.009	0.010	78	80	0.878	1.003	-0.010	0.029
10-11 months	0.036	0.020	89	90	1.007	0.555	-0.004	0.075
Exclusive breastfeeding 0-5 months								
DPT dropout rate	0.131	0.019	451	465	1.217	0.146	0.093	0.169
Polio dropout rate	0.054	0.012	453	467	1.193	0.232	0.029	0.079

APPENDIX B. ANTENATAL CARE RESULTS IN THE YEAR PRECEDING THE SURVEY

Table B.1A Antenatal care from medically trained personnel, NSDP areas (last birth in 12 months)

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

		Medically trained			Non-medically trained						
Background characteristics	Received any ANC	Qualified doctor	Nurse, midwife or paramedic	MA or SACMO	HA or FWA	Trained birth attendants	Unqualified doctor	Other	No one	Total	Number
Mother's age at birth											
10-14	74.7	9.9	32.4	0.0	10.1	0.0	22.3	0.0	25.3	100.0	11
15-19	67.8	21.4	36.3	0.0	8.0	0.0	1.3	0.8	32.2	100.0	251
20-34	52.0	18.6	28.3	0.2	3.5	0.1	1.3	0.0	48.0	100.0	579
35-49	41.7	10.5	24.0	0.0	5.4	0.0	1.7	0.0	58.3	100.0	61
Birth order											
1	71.4	25.8	35.0	0.0	7.3	0.0	2.6	0.8	28.6	100.0	260
2-3	57.0	19.2	31.7	0.3	4.3	0.1	1.4	0.0	43.0	100.0	401
4-5	39.9	10.3	24.3	0.0	3.9	0.0	1.3	0.0	60.1	100.0	161
6+	33.0	10.2	20.1	0.0	2.6	0.0	0.0	0.0	67.0	100.0	81
Domains											
Chittagong/Sylhet	52.6	28.4	16.3	0.4	5.1	0.0	1.9	0.4	47.4	100.0	276
Khulna/Barisal	61.2	13.3	43.6	0.0	2.7	0.5	1.1	0.0	38.8	100.0	107
Dhaka	55.0	15.9	34.3	0.0	3.7	0.0	0.9	0.3	45.0	100.0	362
Rajshahi	60.4	11.9	36.6	0.0	9.0	0.0	3.0	0.0	39.6	100.0	157
Highest educational level											
No education	38.8	8.9	24.7	0.0	3.9	0.0	1.3	0.0	61.2	100.0	346
Some primary	52.1	10.8	35.5	0.0	3.2	0.0	2.5	0.0	47.9	100.0	134
Primary complete	60.9	13.1	38.6	0.0	8.4	0.0	0.8	0.0	39.1	100.0	125
Secondary incomplete	72.7	28.0	35.2	0.0	6.0	0.2	2.3	0.9	27.3	100.0	234
Secondary complete or higher	86.5	65.6	15.7	1.7	3.5	0.0	0.0	0.0	13.5	100.0	63
Household asset quintile											
Poorest	35.6	6.5	25.2	0.0	2.7	0.0	1.1	0.0	64.4	100.0	203
2	50.1	11.4	33.2	0.0	3.5	0.3	1.7	0.0	49.9	100.0	193
3	56.2	13.9	34.1	0.0	5.1	0.0	3.0	0.0	43.8	100.0	181
4	71.3	20.2	42.8	0.0	6.2	0.0	1.4	0.7	28.7	100.0	157
Richest	72.9	45.5	17.5	0.6	8.0	0.0	0.6	0.6	27.1	100.0	168
Total	56.0	18.7	30.3	0.1	4.9	0.1	1.6	0.2	44.0	100.0	902

Table B.1B Antenatal care from medically trained personnel, non-NSDP areas (last birth in 12 months)

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

		Medically trained			Non-medically trained					
Background characteristics	Received any ANC	Qualified doctor	Nurse, midwife or paramedic	MA or SACMO	HA or FWA	Unqualified doctor	Other	No one	Total	Number
Mother's age at birth										
10-14	88.8	45.2	27.4	0.0	16.2	0.0	0.0	11.2	100.0	7
15-19	54.1	24.0	15.6	0.0	13.7	0.9	0.0	45.9	100.0	123
20-34	45.8	21.3	16.7	0.0	7.9	0.0	0.0	54.2	100.0	320
35-49	38.9	9.9	15.9	0.0	13.0	0.0	0.0	61.1	100.0	37
Birth order										
1	64.8	28.0	19.7	0.0	16.3	0.8	0.0	35.2	100.0	133
2-3	46.2	22.8	17.2	0.0	6.3	0.0	0.0	53.8	100.0	215
4-5	40.2	20.5	12.2	0.0	7.6	0.0	0.0	59.8	100.0	83
6+	26.2	1.9	12.7	0.0	11.6	0.0	0.0	73.8	100.0	55
Highest educational level										
No education	34.3	12.9	11.8	0.0	9.6	0.0	0.0	65.7	100.0	204
Some primary	45.0	14.6	21.5	0.0	8.9	0.0	0.0	55.0	100.0	84
Primary complete	48.9	21.6	13.3	0.0	14.0	0.0	0.0	51.1	100.0	56
Secondary incomplete	64.4	30.4	21.3	0.0	11.6	1.0	0.0	35.6	100.0	111
Secondary complete or higher	85.7	63.1	22.6	0.0	0.0	0.0	0.0	14.3	100.0	32
Household asset quintile										
Poorest	20.8	7.7	9.9	0.0	3.2	0.0	0.0	79.2	100.0	115
2	39.8	11.7	15.4	0.0	12.7	0.0	0.0	60.2	100.0	104
3	53.8	27.5	13.3	0.0	12.9	0.0	0.0	46.2	100.0	68
4	56.7	20.9	24.9	0.0	10.8	0.0	0.0	43.3	100.0	104
Richest	75.8	44.5	18.7		11.4	1.1		24.2	100.0	97
Total	48.0	21.5	16.5	0.0	9.8	0.2	0.0	52.0	100.0	487

Table B.2A Number of antenatal care visits and stage of pregnancy, last 12 months

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

Number and Timing of ANC visits	Project areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Number of ANC visits						
None	47.4	38.8	45.0	39.6	44.0	52.0
1	18.1	20.2	23.3	17.2	20.3	16.5
2	15.3	18.1	11.5	14.2	13.9	12.6
3	11.7	10.1	10.4	11.9	11.0	8.9
4+	7.5	12.8	9.8	17.2	10.7	10.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median number of visits (for those with ANC)	1.5	1.6	1.4	1.9	1.6	1.6
Number of months pregnant at the time of the first ANC visits						
No ANC	47.4	38.8	45.0	39.6	44.0	52.0
<4 months	11.6	14.9	10.7	13.4	11.9	12.5
4-5 months	23.4	22.9	25.4	27.6	24.9	17.2
6-7 months	11.4	18.6	12.7	13.4	13.1	12.5
8+ months	6.2	4.8	6.3	6.0	6.1	5.8
DK/missing	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	4.4	4.5	4.6	4.5	4.5	4.6
Number	276	107	362	157	902	487

Table B.2B Use of antenatal care, rural NSDP and rural non-NSDP, last 12 months

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

Household asset quintile	Project areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Tota1	
Poorest	32.6	49.1	32.6	35.7	35.6	20.8
2	41.1	51.1	50.7	57.9	50.1	39.8
3	41.5	66.7	60.6	65.4	56.2	53.8
4	64.2	80.8	72.6	72.0	71.3	56.7
Richest	69.4	77.3	75.0	82.4	72.9	75.8
Total	52.6	61.2	55.0	60.4	56.0	48.0
Number	276	107	362	157	902	487

Table B.3 Source of antenatal care, last 12 months

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

	Project areas					Non-project areas
	Chittagong/ Sylhet	Khulna/ Barisal	Dhaka	Rajshahi	Total	
Received antenatal care						
Percentage received ANC	52.6	61.2	55.0	60.4	56.0	48.0
Women with at least one birth in the reference period	276	107	362	157	902	487
Place for antenatal checkup						
Home	3.7	3.5	5.8	7.4	5.2	6.7
Medical person at home	3.7	3.5	5.8	7.4	5.2	6.2
Non-medical person at home	0.0	0.0	0.0	0.0	0.0	0.5
Public sector	41.1	21.7	27.7	35.8	32.3	49.3
Hospital/medical college	4.6	1.7	4.7	6.2	4.6	5.4
Family welfare centre	6.7	3.5	4.7	9.9	6.1	13.6
Thana health complex	26.8	9.6	15.2	12.3	17.3	14.8
MCWC	2.2	3.5	1.0	1.2	1.7	2.7
Rural dispensary/comm. clinic	0.0	1.7	0.0	1.2	0.5	3.0
Satellite clinic/EPI outreach clinic	0.8	1.7	2.1	4.9	2.2	7.9
FWA	0.0	0.0	0.0	0.0	0.0	2.0
NSDP NGO	27.3	55.7	52.9	45.7	44.5	16.1
Static clinic	4.4	4.3	16.2	14.8	11.0	14.1
Satellite clinic	22.9	51.3	36.6	30.9	33.5	1.9
Other NGO	0.7	4.3	1.0	3.7	1.9	2.8
Hospital	0.0	0.0	0.0	1.2	0.2	2.1
NGO clinic	0.0	1.7	0.5	2.5	0.9	0.3
Satellite clinic	0.7	1.7	0.5	0.0	0.6	0.3
Fieldworker	0.0	0.9	0.0	0.0	0.1	0.0
Private medical sector	27.2	13.9	12.6	7.4	16.0	25.1
Private clinic/doctor	24.1	11.3	11.0	4.9	13.7	24.0
Traditional doctor	2.2	2.6	1.6	2.5	2.1	1.1
Pharmacy	0.8	0.0	0.0	0.0	0.2	0.0
Other	0.7	0.9	0.5	0.0	0.5	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	145	66	199	95	505	234

Table B.4 Source of antenatal care by asset quintile, last 12 months

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

Place for antenatal checkup	Project areas						Non-project areas					
	Household asset quintile						Household asset quintile					
	Poorest	2	3	4	Richest	Total	Poorest	2	3	4	Richest	Total
Home	7.7	4.0	6.6	4.7	3.9	5.2	11.5	12.2	0.0	9.1	3.3	6.7
Medical person at home	7.7	4.0	6.6	4.7	3.9	5.2	11.5	12.2	0.0	9.1	1.9	6.2
Non-medical person at home	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.4	0.5
Public sector	23.1	23.7	36.7	34.2	39.3	32.3	34.9	52.1	63.3	59.4	37.5	49.3
Hospital/medical college	2.4	4.5	2.2	5.8	6.7	4.6	0.0	5.3	0.0	6.8	8.9	5.4
Family welfare center	6.0	1.8	10.4	4.8	7.2	6.1	10.8	3.8	18.0	18.2	14.1	13.6
Thana health complex	10.7	14.6	19.6	15.2	23.2	17.3	10.9	8.2	34.6	15.4	9.3	14.8
MCWC	0.0	1.7	0.0	4.0	2.2	1.7	0.0	4.7	4.4	3.3	1.0	2.7
Rural Dispensary/comm. clinic	0.8	0.0	0.0	1.6	0.0	0.5	0.0	12.5	0.0	1.3	1.4	3.0
Satellite clinic/EPI outreach clinic	3.1	1.2	4.5	2.9	0.0	2.2	9.8	10.2	6.4	13.1	2.7	7.9
FWA	0.0	0.0	0.0	0.0	0.0	0.0	3.3	7.3	0.0	1.3	0.0	2.0
NSDP NGO	57.0	57.5	47.6	52.3	17.3	44.5	41.3	16.9	15.4	12.8	10.4	16.1
Static clinic	14.3	15.4	9.4	11.5	6.6	11.0	41.3	16.9	11.2	11.0	7.7	14.1
Satellite clinic	42.7	42.1	38.3	40.9	10.7	33.5	0.0	0.0	4.2	1.8	2.6	1.9
Other NGO	3.0	0.6	0.6	0.5	4.6	1.9	3.3	1.8	3.2	4.7	1.6	2.8
Hospital	0.0	0.0	0.0	0.0	1.0	0.2	3.3	1.8	3.2	2.0	1.6	2.1
NGO clinic	0.8	0.0	0.0	0.5	2.8	0.9	0.0	0.0	0.0	1.4	0.0	0.3
Satellite clinic	2.2	0.0	0.6	0.0	0.9	0.6	0.0	0.0	0.0	1.4	0.0	0.3
Fieldworker	0.0	0.6	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Private medical sector	9.2	14.2	8.6	8.3	34.5	16.0	9.1	17.1	18.1	14.0	47.3	25.1
Private clinic/doctor	6.3	10.3	6.4	6.3	33.5	13.7	9.1	15.2	18.1	14.0	44.8	24.0
Traditional doctor	2.9	4.0	2.2	2.0	0.0	2.1	0.0	1.9	0.0	0.0	2.5	1.1
Pharmacy	0.0	0.0	0.0	0.0	1.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.9	1.3	0.5	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	72	97	101	112	123	505	24	41	36	59	73	234

APPENDIX C. DISTANCE TO HEALTH FACILITIES

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

	< 1 km	1 - <2.5	2.5 - <5	5 - < 7.5	7.5 - < 10	>=10 Kms.	Total
Hospital	.3	.32	1.4	1.71	7.35	88.92	100.0
Thana health complex	.9	7.2	24.64	29.86	18.65	18.75	100.0
Family welfare centre	29.14	27.12	32.69	5.19	1.51	4.36	100.0
Maternal and child welfare center	0	0.97	2.34	1.84	15.01	79.83	100.0
NSDP static clinic	4.05	16.37	20.06	27.2	15.47	16.85	100.0
Private clinic	3.47	7.25	15.16	5.21	8.57	60.35	100.0
NGO clinic	0	1.59	2.36	2.11	4.69	89.25	100.0
Community clinic	1.73	1.11	6.3	1.09	1.64	88.13	100.0
Rural dispensary	4.48	7.61	5.19	5.64	2.03	75.05	100.0
Satellite clinic	72.39	12.29	13.79	0	.25	1.28	100.0
Depotholder	65.26	16.17	13.72	3.49	.25	1.11	100.0

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

	< 1 km	1 - <2.5	2.5 - <5	5 - < 7.5	7.5 - < 10	>=10 Kms.	Total
Hospital	0	0	3.5	3.11	1.82	91.57	100.0
Thana health complex	3.69	11.12	29.53	20.66	15.28	19.71	100.0
Family welfare centre	20.59	33.79	28.38	2.06	1.98	13.2	100.0
Maternal and child welfare center	.94	1.61	2.85	0	6.33	88.27	100.0
NSDP static clinic	8.28	18.28	28.35	16.4	14.83	13.86	100.0
Private clinic	5.62	10.46	16.39	9.36	11.51	46.66	100.0
NGO clinic	.51	1.47	3.19	2.03	1.17	91.62	100.0
Community clinic	6.5	5.84	2.82	.8	1.21	82.81	100.0
Rural dispensary	4.69	2.86	7.08	4.6	1.39	79.38	100.0
Satellite clinic	61.39	12.63	7.79	1.99	1.79	14.41	100.0
Depotholder	15.91	26.29	26.96	11.93	3.64	15.25	100.0

APPENDIX D. ACPR PERSONNEL WHO IMPLEMENTED THE 2005 NSDP (RURAL) SURVEY

Project Director
Dr. M. Sekander Hayat Khan

Deputy Project Director
Mr. A. P. M. Shafiur Rahman
Ms. Tauhida Nasrin

Project Manager
Mr. S. M. Salamat Ullah
Ms. Mahfuza Begum

Quality Control Officer
Ms. Sadikun Nahar Shima
Ms. Mahamuda Shirin
Ms. Laila Afroza
Ms. Suparna Dewan
Mr. Ehosan Ali Molla
Mr. Arabinda Mridha

Male Supervisor
Mr. Md. Kamal Hossain
Mr. Sk. Ashiqur Rahman
Mr. Pallab Kanti Kundu
Mr. Mohammad Majadur Rahman
Md. Lokman Husain Talukder
Mr. Md. Mehedi Begg (Swapan)
Mr. Ajoy Krishna Das
Mr. Liton Halder
Mr. Md. Faruk
Mr. Md. Abdus Salam
Mr. Md. Imranul Hasib Masum
Mr. Rahat Mahamood
Mr. Pradip Biswas
Mr. M. A. Rahim
Mr. Kanchan Chandra Pramanick
Mr. Shuvro Rajib Kunda

Female Supervisor
Ms. Lucky Akter
Ms. Sahida Begum
Ms. Nazma Khanam
Ms. Jannatul Fardous
Ms. Shamima Yesmin
Ms. Samsunnaher (Bristry)
Ms. Papia Sultana (Poni)
Ms. Fatema Mallik (Meghna)
Ms. Deptee Bhattarchajee
Ms. Sultana Begum
Ms. Tahmina Afrin
Ms. Runa Akter
Ms. Moslema Khatun
Ms. Champa Rani Mistry
Ms. Jhunu Talukder

Interviewer
Ms. Shamima Islam Mina
Ms. Asma Begum
Ms. Rowshon-E-Setera
Ms. Poly Halder
Ms. Nurjahan Akter Kakoly
Ms. Shusama Sikder
Most. Tahera Begum (Tara)
Ms. Bithika Biswas
Ms. Shila Benarjee
Ms. Shila Rani Talukder
Ms. Rehena Akhter (Bizly)
Ms. Kanan Majumder
Ms. Sabina Yesmin
Ms. Firoza Yesmin
Ms. Nasrin Jahan
Most. Rashda Khatun
Ms. Hena Begum
Ms. Shamim Ara
Ms. Nazma Banu
Ms. Anika Akhter Hena
Ms. Rina Rani Roy
Ms. Ranuara Begum
Ms. Rebeya Sultana
Ms. Arifa Akhter
Ms. Halima Khatun
Ms. Sufia Khatun
Ms. Mira Biswas
Ms. Angla Gain
Ms. Mamata Bala
Ms. Suravi Akter Popi
Ms. Shikha rani Roy
Ms. Shahina Akther
Ms. Gulshan Ara Akter
Ms. Romena Rowshan Ara
Ms. Sayda Hadisun Naher (Suvra)
Ms. Smrity Rekha
Ms. Sajuti Sharmin
Ms. Jharana Bepery
Ms. Ranu
Ms. Salina Yesmin
Ms. Rekha Rani Bachar
Ms. Beauty Akter
Ms. Anita Barai Joya
Ms. Anita Barai
Ms. Shahanaz Parvin Champa
Ms. Seayda-Dil-Firoza
Ms. Rina Ara Khanam
Ms. Muslima Khatun Lovely
Ms. Nahida Akther
Ms. Lipi Ara Khatun
Ms. Monika Begum
Ms. Mukta Aktar

Ms. Sangida Akter
Ms. Basna Barai
Ms. Robina Akhter
Ms. Rebeka Sultana
Ms. Maleka Begum
Ms. Paddo Katani
Ms. Shahnaz Sultana
Ms. Shahida Sultana
Ms. Shahnaz Parvin
Ms. Rashida Alam

Facility Survey and Household Enumeration Supervisor
Mr. Mohammad Touhidur Rahman Sarker
Mr. Biplob Biswas
Mr. Mohammad Tafazzal Hossain
Mr. Swopan Kumar Barai
Mr. Md. Obaidur Rahman
Mr. Md. Zakir Hossain (Masud)
Mr. Md. Anisur Rahman
Mr. Mofaqkharul Alam
Mr. Md. Mainul Islam (Khokon)
Mr. Md. Fokruddin Molla
Mr. Santanu Kumar Mitra
Mr. Md. Gias Uddin
Mr. Monish Kumar Sarker

Facility Survey and Household Enumerator
Mr. Ziaur Rahman
Mr. Aloke Mistry
Mr. Mohammed Muklesur Rahman
Mr. Al-Awal Akash
Mr. Kazi Md. Farhad Hossain (Sonet)
Mr. Sayed Hasan
Mr. Gouranga Majumder
Mr. Biplab Kumar Deb
Mr. Swapan Kumar Halder
Mr. Md. Shamimur Rahman
Mr. Md. Harun-Or-Rashid
Mr. Md. Rakibul Hasan
Mr. Bishwanath Gharami
Mr. Mohammad Jahangir Alam
Mr. Kanon Chakma
Mr. Md. Abdul Alim
Mr. Md. Nasir Uddin
Mr. Nokul Kumar Sharma
Mr. Md. Mejanur Rahman
Mr. Swapon Chandro Shill
Mr. Md. Rabiul Karim
Mr. Amit Kumar Hajra
Mr. Md. Shamim Al Mamun
Mr. John Bala (Nantu)
Mr. Md. Kamal Uddin
Mr. Nihar Mallik
Mr. Dipak Halder
Mr. Md. Moniruzzaman
Mr. Shahidul Islam Milon
Mr. Khondokar Shaifuzzaman
Mr. Md. Abul Kasem (Tuku)
Mr. Md. Abu Selim
Mr. Sharar Murshed Zaman
Mr. Md. Zilal Uddin
Mr. Md. Azharul Hoq (Azad)
Mr. Mohammad Zakir Hossain
Mr. Md. Mahabub Alam Khan (Rubel)
Mr. Mohammad Giash Uddin Howlader
Mr. Md. Waliur Rahman
Mr. Lokman Hosain Talukder
Mr. Nazim Uddin
Mr. Forhad Hosain (Sonet)
Mr. Jamal Uddin
Mr. Sayful Islam
Mr. Zakir Hosain
Mr. Monirul Islam
Mr. Ibrahim Shekh

Data Entry Supervisor
Mr. Khandaker Khairul Basher

Data Entry perator
Ms. Nurunnahar
Mr. Sayful Islam
Ms. Muslima Khatun
Ms. Taslima Khanum
Ms. Shamima Pervin
Ms. Shamsun Nahar (Brishti)
Mr. Saidur Rahman
Ms. Maimuna Khanam (Ruba)
Ms. Toskina Begum
Ms. Runa Akhter
Mr. Monirul Islam
Mr. Sayful Islam[1]
Mr. Lokman Hosain Talukder
Mr. Ariful Islam
Mr. Zakir Hosain
Mr. Main Uddin
Mr. Imam Hosain
Mr. Ibrahim Shekh
Mr. Nazim Uddin
Mr. Forhad Hosain (Sonet)
Mr. Jamal Uddin
Mr. Mofaqkharul Alam (Tohin)

APPENDIX E. QUESTIONNAIRES

EVALUATION OF
NGO SERVICE DELIVERY PROGRAM 2005
(RURAL COMPONENT)

April 12, 2005

HOUSEHOLD AND WOMAN'S
QUESTIONNAIRE

ASSOCIATES FOR COMMUNITY AND POPULATION RESEARCH
3/10, Block A, Lalmatia
DHAKA-1207
TELEPHONE: 9114784, 8117926, FAX: 8117926
E-MAIL: acpr@bangla.net

MEASURE Evaluation
USA

NGO SERVICE DELIVERY PROGRAM 2003
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

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

DISTRICT _____

THANA _____

UNION/WARD _____

VILLAGE/MOHALLA/BLOCK _____

CLUSTER NUMBER .....

TYPE OF CLUSTER 1= OLD CLUSTER
2 = NEW CLUSTER

HOUSEHOLD NUMBER .....

NAME OF THE HOUSEHOLD HEAD _____

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

INTERVIEWER VISITS

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

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

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE

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

HOUSEHOLD SCHEDULE

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

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

TICK HERE IF CONTINUATION SHEET USED ☐

Just to make sure that I have a complete listing:

1)	Are there any other persons such as small children or infants that we have not listed?	YES ☐ ->	Go back to household schedule and enter new members in the household schedule.
2)	In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?	YES ☐ ->	Go back to household schedule and enter new members in the household schedule.
3)	Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES ☐ ->	Go back to household schedule and enter new members in the household schedule.

13. Total number of women circled in column (12) ☐

*** CODES FOR Q.3**

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

**** CODE FOR Q.8**

MARITAL STATUS:
1 = CURRENTLY MARRIED
2 = FORMERLY MARRIED (DIVORCED/WIDOWED/SEPARATED/DESERTED)
3 = NEVER MARRIED

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

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

NGO SERVICE DELIVERY PROGRAM 2003

WOMAN'S QUESTIONNAIRE

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

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

**RESULT CODES :

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

*MONTH CODES

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

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

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

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

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

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

Signature of interviewer: _____Date:_____

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

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

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

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

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

SECTION 2. REPRODUCTION

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

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

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

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

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

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

SECTION 3. CONTRACEPTION

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

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

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

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

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

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

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

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

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

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

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

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

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

SECTION 4B. IMMUNIZATION AND HEALTH

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

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

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

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

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

SECTION 5: FERTILITY PREFERENCES

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

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

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

SECTION 6: KNOWLEDGE ABOUT HEALTH SERVICES/PROVIDERS

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

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

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

Column 1	Column 2
607C. Who told you? NAME: _____ HEALTH PROFESSIONAL QUALIFIED DOCTOR .....01 NURSE/MIDWIFE.....02 FAMILY WELFARE VISITOR .....03 MA/SACMO .....04 FWA .....05 NSDP STATIC CLINIC WORKER.....06 SATELL. CLINIC WORKER .....07 COMMUNITY MOBILIZER .....08 DEPOTHOLDER.....09 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA).....10 UNTRAINED TBA (DAI) .....11 UNQUALIFIED DOCTOR .....12 RELATIVE.....13 NEIGHBOR.....14 GOVT. SATELLITE CLINIC WORKER .....64 OTHER _____96 (SPECIFY)	607C. Who told you? NAME: _____ HEALTH PROFESSIONAL QUALIFIED DOCTOR .....01 NURSE/MIDWIFE.....02 FAMILY WELFARE VISITOR .....03 MA/SACMO.....04 FWA .....05 NSDP STATIC CLINIC WORKER .....06 SATELL. CLINIC WORKER.....07 COMMUNITY MOBILIZER .....08 DEPOTHOLDER.....09 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) .....10 UNTRAINED TBA (DAI) .....11 UNQUALIFIED DOCTOR .....12 RELATIVE.....13 NEIGHBOR.....14 GOVT. SATELLITE CLINIC WORKER .....64 OTHER_____96 (SPECIFY)
608 Have you used the temporary/satellite clinic in the past 3 months? YES .....1 NO .....2 620 ←	608 Have you used the temporary/satellite clinic in the past 3 months? YES .....1 NO .....2 620 ←
609. What service(s) did you use in the most recent visit? (MULTIPLE RESONSES) Any others? FAMILY PLANNING CLINICAL METHOD .....A NON-CLINICAL METHOD.....B ADVICE FOR SIDE EFFECTS OF TREATMENT .....C MATERNAL HEALTH ANC.....D PNC.....E TT.....F CHILD HEALTH EPI .....G DIARRHEA TREATMENT/ORS .....H ARI TREATMENT .....I VITAMIN A .....J ILLNESSES (GENERAL).....K OTHER CHILD CARE.....L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD .....M GENERAL HEALTH.....N OTHER _____X (SPECIFY)	609. What service(s) did you use in the most recent visit? (MULTIPLE RESONSES) Any others? FAMILY PLANNING CLINICAL METHOD .....A NON-CLINICAL METHOD .....B ADVICE FOR SIDE EFFECTS OF TREATMENT .....C MATERNAL HEALTH ANC.....D PNC.....E TT.....F CHILD HEALTH EPI .....G DIARRHEA TREATMENT/ORS .....H ARI TREATMENT .....I VITAMIN A .....J ILLNESSES (GENERAL).....K OTHER CHILD CARE.....L OTHER REPRODUCTIVE HEALTH TREATMENT OF RTI/STD .....M GENERAL HEALTH .....N OTHER_____X (SPECIFY)
609A. During this visit, did the service provider(s) spend enough time for you? YES .....1 NO 2	609A. During this visit, did the service provider(s) spend enough time for you? YES .....1 NO 2
609B. During this visit, did the service provider(s) talked to you nicely, somewhat nicely or not nicely? NICELY .....1 SOMEWHAT .....2 NOT NICELY 3	609B. During this visit, did the service provider(s) talked to you nicely, somewhat nicely or not nicely? NICELY .....1 SOMEWHAT .....2 NOT NICELY 3

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

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

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

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

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

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

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

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

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

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

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

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

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

INFORMATION TO BE CODED FOR EACH COLUMN

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

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

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

COL.4: MARRIAGE
- X MARRIED
- 0 NOT MARRIED

TERMINATION OF LAST PREGNANCY PRIOR TO JUNE 1998

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

MONTH..... ☐☐

YEAR..... ☐☐☐☐

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

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

Comments about Respondent:

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Comments on Specific Questions:

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Any Other Comments:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR:_____
DATE:_____

EDITOR'S OBSERVATIONS

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NAME OF SUPERVISOR: _____

DATE:_____