



Impact of the Bangladesh Nongovernmental Organization Health Service Delivery Project

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ABSTRACT

The Nongovernmental Organization Health Service Delivery Project (NHSDP) was a flagship health project in Bangladesh funded by the United States Agency for International Development (USAID). The project delivered an essential service package of reproductive, maternal, and child health services through a network of local nongovernmental organization (NGO) clinics that targeted the poor and underserved in rural and urban areas. The project was implemented from January 2013 to December 2017.

MEASURE Evaluation, which is funded by USAID, conducted an impact evaluation of the project with the primary question of whether the NHSDP had increased the use of selected services at least by an amount comparable with increases in neighboring comparison areas. Baseline and end line data were collected on key outcomes of interest in project and adjacent non-project comparison areas. A difference-in-differences (DID) approach was used to estimate impact.

The evaluation found that changes in key indicators in the NHSDP areas mirrored national trends and were similar to non-project areas. There was little change in modern contraceptive use across project and non-project areas, but the use of maternal health services increased in both areas, especially in rural areas. The DID analysis found no significant differences in the trends in outcomes in project and non-project areas. Changes in service use were similar across wealth quintiles. There was a decline in the NHSDP's market share across all services, especially in rural areas, accompanied by a shift to the private sector for healthcare among all groups and wealth quintiles.

Moving forward, it will be critical to understand and adapt the role of the NGO sector in an environment in which people are increasingly obtaining their healthcare from the private sector.

EVALUATION

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Cover: A clinic in USAID/Bangladesh's Smiling Sun network
Photo courtesy of USAID/Bangladesh

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ABBREVIATIONS

ANC	antenatal care
BCC	behavior change communication
BDHS	Bangladesh Demographic and Health Survey
BSSFP	Bangladesh Smiling Sun Franchise Project
CC	community clinic
CI	confidence interval
CPR	contraceptive prevalence rate
CSP	community service provider
DID	difference-in-differences
ESP	essential service package
FP	family planning
FP–MCH	family planning–maternal and child health
FWC	Family Welfare Center
GOB	Government of Bangladesh
icddr,b	International Centre for Diarrhoeal Diseases Research, Bangladesh
IR	intermediate result
LAPM	long-acting and/or permanent method
MNH	maternal and newborn health
MCWC	Maternal and Child Welfare Center
MWRA	married women of reproductive age
MTP	medically trained provider
NGO	nongovernmental organization
NHSDP	Nongovernmental Organization Health Service Delivery Project
SBA	skilled birth attendant
UHC	Upazila Health Complex
UNC	University of North Carolina at Chapel Hill
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Evaluation Purpose

The Nongovernmental Organization Health Service Delivery Project (NHSDP) was a flagship health service delivery project in Bangladesh funded by the United States Agency for International Development (USAID). NHSDP supported the delivery of an essential service package (ESP) of reproductive, maternal, and child health services through a network of local nongovernmental organization (NGO) clinics that primarily targeted the poor and underserved in rural and urban areas. The purpose of this evaluation was to monitor project outcomes and determine the impact of the NHSDP intervention on selected family planning (FP) and maternal and newborn health (MNH) outcomes. The primary audience for this evaluation is USAID/Bangladesh and implementing partners for the current and subsequent phases of the NHSDP. The findings of this impact evaluation will inform the design and implementation of the next phase of the NGO service delivery program. The follow-on USAID-funded project, which will end in 2022, is called Advancing Universal Health Coverage.

Project Background

In December 2012, USAID/Bangladesh awarded Pathfinder International a four-year contract to support local NGO partners to offer an ESP in an integrated manner, making improvements that enhanced efficiencies and expanded reach—especially for the poor—and incorporating new technologies and approaches. The NHSDP was committed to delivering essential health services in urban and rural areas that had low service utilization rates, were traditionally underserved by the government network and/or by other donors, and offered the greatest potential for synergy with other USAID-funded projects under the Feed the Future Initiative. This phase of the NGO service delivery project had three goals:

- Expanded client base for the ESP, especially among the poor.
- Adoption of optimal healthy behaviors.
- Enhanced local ownership of service delivery.

The NHSDP was implemented in all 64 districts of the country, covering selected Government of Bangladesh (GOB)-designated areas in each district. The program was implemented through a network of local NGOs employing three channels of service provision: static clinics, satellite clinics, and community mobilizing personnel. By the end of the project in December 2017, the NHSDP had been implemented through 25 NGOs with 399 static clinics and 10,754 satellite clinics, serving a catchment population of approximately 26 million people. The rural and urban components of the project were slightly different to account for the fact that players, dynamics, and infrastructure are different in urban and rural Bangladesh. The primary target groups for the NHSDP were poor women of reproductive age with a special emphasis on young women (under 25), newborns, and children under-five. The timeline for project implementation was January 2013 to December 2017.

Evaluation Questions

The scope of this impact evaluation, conducted by the USAID-funded MEASURE Evaluation project, was limited to the four questions presented below. It was not an evaluation of the entire NHSDP performance. The primary evaluation questions were:

- 1) How much does the use of selected MNH and FP services increase in NHSDP areas?
- 2) Does the NHSDP increase the use of selected MNH and FP services at least by an amount comparable with that achieved in neighboring comparison areas that are served by non-NHSDP providers?

The secondary evaluation questions were:

- 1) Are increases in the use of selected MNH and FP services among the poor (lower two wealth quintiles) comparable with those among the wealthy (upper three wealth quintiles)?
- 2) Does the market share¹ of the NHSDP for key MNH and FP services increase in program areas over the life of the project? If so, by how much?

The evaluation was designed to answer these questions separately for rural and urban areas, given the different situation and dynamics in the rural and urban NHSDP components.

Methods

The evaluation method relied on the collection of baseline and end line data on the outcomes of interest in program and non-program comparison areas. Comparison areas were selected from communities adjacent to (or nearby, if no adjacent comparison communities existed) the NHSDP intervention areas that did not receive NHSDP interventions. The sample size was powered to assess changes in rural and urban areas in key outcome indicators: contraceptive prevalence rate (CPR), delivery with a skilled birth attendant (SBA), and antenatal care (ANC) during a recent pregnancy. For the baseline survey, 569 clusters were selected in rural areas and 409 clusters were selected in urban areas. The baseline household survey was conducted between February 24 and August 17, 2014 and the end line household survey was conducted between May 11 and August 16, 2017. The same sample clusters were visited at the baseline and end line. The estimation strategy for the impact evaluation of the NHSDP was a difference-in-differences (DID) strategy using control variables in a regression model.

The evaluation focused on changes in coverage and uptake of FP and maternal and newborn care services in intervention areas in relation to comparison areas that were served by non-NHSDP providers.

Indicators for the use of MNH services and FP and changes in knowledge, attitude, and practices in the target population (e.g., on safe delivery practices and newborn care) were tracked. These indicators were collected from individual interviews with ever-married women of reproductive age (MWRA) identified in the household surveys. A total of 19,982 women in rural areas and 14,173 women in urban areas were interviewed for the baseline survey in 2014, and 19,047 women in rural areas and 13,828 women in urban areas were interviewed for the end line survey in 2017.

¹ Market share is defined as the proportion of users of health service x who obtained service x from an NHSDP source.

Limitations

The validity of the estimated program impact based on DID relies on an assumption that the program and comparison groups would have experienced the same secular trends in the outcomes in the absence of the program. The validity of the assumption cannot be tested directly. Second, although the selection of adjacent areas as comparison areas increases the likely comparability of the program and comparison populations, thereby reducing the risk of selection bias, it increases the risk of spillover effects, whereby some members of the comparison area are exposed to NHSDP interventions. Balance tests conducted during the 2014 baseline survey indicated that the sample was relatively balanced in observed characteristics in both the urban and rural samples. Moreover, low market shares of the NHSDP in the comparison areas indicated that there was limited spillover. Last, the comparison areas had similar services to the NHSDP although these services were provided by other providers, such as the GOB, other NGOs, or the private sector. Therefore, the impact of the NHSDP is relative to the services provided by other providers, not to the absence of services.

Findings

Table E1 summarizes the key findings in relation to the evaluation questions.

Table E1. Summary of key findings

Primary evaluation questions	Key findings
1. How much does the use of the selected MNH and FP services increase in NHSDP areas?	Trends in key indicators mirrored national trends. There was little change in modern contraceptive use across project and non-project areas, but maternal health service utilization generally increased in project and non-project areas, especially in rural areas.
2. Does the NHSDP increase the use of selected MNH and FP services at least by an amount comparable with that achieved in neighboring comparison areas that are served by non-NHSDP providers?	The changes in the NHSDP areas were the same as those in non-project areas for most outcomes. In urban areas, coverage of four or more ANC visits increased significantly in non-project areas but stayed nearly the same in the NHSDP areas. However, coverage of four or more ANC visits was higher in the NHSDP areas at baseline, so effectively, the non-project areas caught up with the NHSDP areas during the period of analysis.
Secondary evaluation questions	
1. Are increases in the use of selected MNH and FP services among the poor comparable with those among the wealthy?	The changes in service use were similar across wealth quintiles.
2. Does the market share of the NHSDP for key MNH and FP services increase in program areas over the life of the project? If so, by how much?	The NHSDP market share declined across all services, especially in rural areas. There was a clear shift to the private sector for healthcare. This shift to the private sector was seen among all groups and wealth quintiles.

Recommendations

The recommendations from this evaluation are summarized in Table E2.

Table E2. Evidence and recommendations from the NHSDP evaluation

Evidence	Recommendations
<p>Little evidence of increases in CPR, with modern CPR declining in rural areas and in poorer segments of the population. This finding reflects a national stagnation in CPR since 2010 in Bangladesh.</p>	<p>Examine the reasons for the stagnation in the use of modern contraceptives, and address the reasons through awareness building, advocacy, and the provision of services.</p>
<p>Improvements in ANC with medically trained providers (MTPs) and women who have received at least four or more ANC visits; high coverage of ANC, especially in urban areas.</p>	<p>Existing efforts in program and non-program areas seem to have been effective in increasing this metric. Continue the emphasis on awareness building and sustaining the training and availability of MTPs. Now that coverage is relatively high, examine ANC use employing a more comprehensive definition that includes the quality of ANC (e.g., effective coverage). Illustrative indicators are the percentage of women who received at least four ANC visits, of which at least one is with an MTP, or the percentage of women who received all defined components of ANC.</p>
<p>Market share declines in FP and ANC for NHSDP facilities, especially for satellite clinics, and sustained negligible market share in delivery care. There is evidence that ANC done at NHSDP facilities is not including the full range of services offered at private and government facilities.</p>	<p>Satellite clinics may need to be rethought in terms of the range of services they are able to offer, and their effectiveness in meeting ANC and delivery care needs, in particular. Readiness of the clinics (in terms of the range of services and the quality of care) to provide delivery care and ANC needs more focus because there is reason to suspect that ANC market share and delivery care market share may be related. For example, there may be scope for innovative contracting models or increasing the formal linkages of the NHSDP clinics to secondary and tertiary care institutions, strengthening referral services to those institutions, and increasing the confidence of consumers in ANC and delivery care in the NGO sector.</p>
<p>Increasing private sector provision of FP and MNH services, including among the poor.</p>	<p>There needs to be a use-oriented learning agenda around the evolving healthcare market and its implications to inform future strategy development, including for example:</p> <ol style="list-style-type: none"> 1) Factors affecting the choice of provider and the perceived quality of different providers. 2) The role of NGOs in the future healthcare market. 3) Out-of-pocket expenses of the poor and the possibility to achieve universal healthcare coverage. 4) The perceived and actual quality of care in NHSDP clinics and in private facilities. 5) Facility-based behavior change communication (BCC) strategies that will increasingly need to include the private sector, to which many clients will go. 6) Contraceptive method mix, especially the balance between short-acting and long-acting methods.

INTRODUCTION

Country Context

Bangladesh is a resource-poor country in South Asia with one of the highest population densities in the world. The economy is largely agrarian, with about one-third of the total population of 167 million in urban areas. Despite a series of political and economic setbacks in the 1970s, the country made rapid improvements in health and social development. A key driver of improvements was the strengthening of Bangladesh's family planning–maternal and child health (FP–MCH) program, beginning in 1979. In close collaboration with nongovernmental organizations (NGOs) and donor partners, the strengthening of FP–MCH services led to a decline in the total fertility rate by two-thirds, from nearly seven children per woman in the 1970s to the current 2.3 children per woman (Cleland, Phillips, Amin, & Kamal, 1994; National Institute for Population Research and Training [NIPORT], Mitra and Associates, & ICF International, 2016). This rapid decline in fertility also contributed to other favorable health outcomes, including an under-five mortality rate below the Millennium Development Goal of 48 deaths per thousand live births (NIPORT, et al., 2016). The maternal mortality ratio declined by more than 40 percent from 2001 to 2010 but has since stalled at around 196 deaths per 100,000 live births (NIPORT, MEASURE Evaluation, and International Centre for Diarrhoeal Diseases Research, Bangladesh [icddr,b], 2012).

The Development Problem

Despite this progress, many challenges remain. Given the high rate of population growth in the past, FP and maternal and newborn health (MNH) services need to be further strengthened to meet the demands of the increasing number of men and women entering their reproductive years. The 2014 Bangladesh Demographic and Health Survey (BDHS) revealed that although 57 percent of married women of reproductive age (MWRA) wanted no more children, only eight percent were using a long-acting or permanent method (LAPM) of contraception. Thus, the contraceptive method mix was heavily reliant on short-acting methods, even though the average woman had achieved her desired fertility by her late twenties. The level of unmet need for FP among MWRA was 12 percent. The use of maternal healthcare services also continued to be low, with only 31 percent of pregnant women receiving the recommended four or more antenatal care (ANC) checkups and less than half of all births (42 percent) being assisted by skilled birth attendants (SBAs), according to the 2014 BDHS. This national survey further showed that chronic and acute malnutrition were rampant: 41 percent of children under age five were stunted, 16 percent were wasted, and 36 percent of children overall were undernourished. Large rural-urban disparities persisted in the use of MNH services, and women from the poorest socioeconomic strata were systematically marginalized in seeking maternal healthcare.

Overview of the Health Service Environment

There are three types of health service providers in the country: government, private, and NGO. Government/public providers usually do not charge direct fees for services, whereas private (inclusive of traditional practitioners) and NGOs usually charge direct fees. Public healthcare provision in urban and rural Bangladesh falls under different jurisdictions. The Ministry of Health and Family Welfare is the primary healthcare provider in rural areas, offering services through several channels: using fieldworkers

to provide door-step services, outreach satellite clinics, community clinics, Union Health and Family Welfare Centers, and subdistrict health complexes. This kind of extensive primary healthcare infrastructure is absent in urban areas of the country, where the Ministry of Local Government and Rural Development is in charge of providing primary healthcare, especially in the City Corporations (Osman, 2009). The Government of Bangladesh (GOB) delineates the areas in which there is a need for NGOs to operate. These are essentially the areas that are not adequately covered by the government health network and where the government needs assistance from NGO partners to fill service delivery gaps.

Nongovernmental Organization Health Service Delivery Project Overview

The NHSDP was one of the flagship health service delivery projects in Bangladesh. Funded by the United States Agency for International Development (USAID), it has existed in several forms since the late 1990s. The previous phase of this program was known as the Bangladesh Smiling Sun Franchise Program (BSSFP). It was the largest social franchise program for healthcare in the world, serving a catchment population of more than 20 million (Schlein & Kinlaw, 2011). The BSSFP ended in 2011.

In December 2012, USAID/Bangladesh awarded Pathfinder International a four-year contract to assist USAID in supporting the delivery of an essential service package (ESP) through a network of local NGO clinics that targeted the poor and underserved in rural and urban areas. This phase was intended to further expand access to ESP services in reproductive health, maternal and child health, limited curative care, and tuberculosis among the poor and underserved in the country. The project supported local NGO partners to offer an ESP in an integrated manner, making improvements that enhanced efficiencies and expanded reach, especially for the poor, and incorporating new technologies and approaches. The project was committed to delivering essential health services in urban and rural areas that had low service utilization rates, were traditionally underserved by the government network or by other donors, and offered the greatest potential for synergy with other USAID-funded projects under the Feed the Future Initiative. This current phase of the project had three intermediate results (IRs):

- Expanded client base for ESP, especially among the poor
- Adoption of optimal healthy behaviors
- Enhanced local ownership of service delivery

The development hypothesis for the NHSDP was that expansion of access to and the use of the ESP, especially among the poor and underserved, would improve health outcomes at the national level and contribute to decreasing fertility, child morbidity, and maternal mortality. Greater autonomy and ownership among the participating NGOs would facilitate dynamic service delivery models and strengthen their role in the provision of health services in the country. Figure 1 presents the NHSDP's development hypothesis in more detail. The three IRs, in turn, contributed to USAID/Bangladesh Country Development Cooperation Strategy's *Development Objective 3: Health Status Improved*, which included the following three IRs:

- Increased use of effective FP and reproductive health services
- Increased use of integrated essential FP, health, and nutrition services
- Strengthened health systems and governance

The GOB-assigned catchment population for USAID's previous NGO health service delivery program, the BSSFP, was a little more than 20 million. Under this phase, Pathfinder International planned to expand services to an additional 8.3 million in underserved, hard-to-reach areas of the country. The

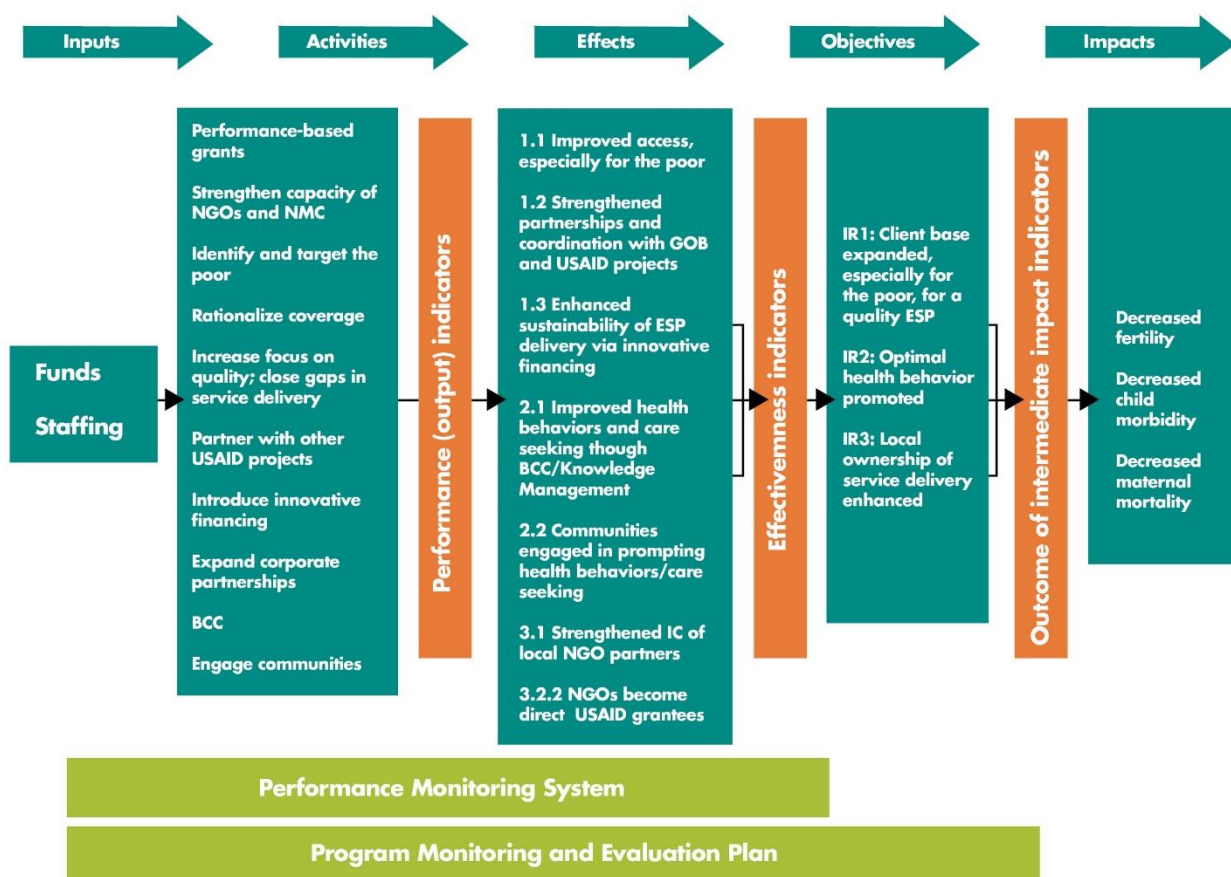
NHSDP expected to reach about 2.1 million of these additional people by adding satellite clinic sessions around their existing static sites. The remaining 6.2 million were expected to be reached by establishing new static sites in government-assigned hard-to-reach areas.

The NHSDP was implemented in all 64 districts of the country, covering selected GOB-designated areas in each district, through a network of 26 local NGOs who used three channels of service provision: 327 static clinics (189 urban and 138 rural); 10,000 satellite clinics, and 7,300 community mobilizing personnel.² The rural and urban components of the project were slightly different to account for the fact that players, dynamics, and infrastructure are different in urban and rural Bangladesh.

The primary target groups for the NHSDP were poor women of reproductive age, with a special emphasis on young women (under 25), newborns, and children under-five. The program promoted active male participation in health service delivery and care-seeking practices because of their critical role in decision making. The timeline for project implementation was January 2013 to December 2017.

² These were the numbers at the beginning of the project in 2013. At the end of the project, there were 25 NGOs, 399 static clinics, 10,754 satellite clinics, 8,316 community service providers, and 881 service promoters, serving 26 million people.

Figure 1. NHSDP theory of change



NMC: NGO Membership Council
 BCC: behavior change communication
 IC: institutional capacity

Purpose of This Evaluation

The purpose of this evaluation was threefold:

- 1) To establish the impact of the USAID/Bangladesh health service delivery intervention.
- 2) To help USAID/Bangladesh design and refine the next phase of its NGO service delivery program.
- 3) To enhance learning for other donor-funded health projects.

With the support of USAID, MEASURE Evaluation examined changes in key outcome indicators related to the NHSDP’s IRs to evaluate the impact of the NHSDP intervention. Only the first two IRs (Figure 1) were assessed by this evaluation. The third IR, enhanced local ownership and capacity of participating NGOs to plan and manage service delivery, was beyond the scope of this evaluation.

Evaluation Questions

The scope of this impact evaluation was limited to the four questions stated below. It was not an evaluation of the entire NHSDP performance. The primary evaluation questions were:

- 1) How much does the use of selected MNH and FP services increase in NHSDP areas?

- 2) Does the NHSDP increase the use of selected MNH and FP services at least by an amount comparable with that achieved in neighboring comparison areas that are served by non-NHSDP providers?

The secondary evaluation questions were:

- 3) Are increases in the use of selected MNH and FP services among the poor (lower two wealth quintiles) comparable with those among the wealthy (upper three wealth quintiles)?
- 4) Does the market share of the NHSDP for key MNH and FP services increase in program areas over the life of the project? If so, by how much?

METHODS

Impact Evaluation Design

The overall evaluation method relied on the collection of baseline and end line data on the outcomes of interest in program and non-program comparison areas. The comparison areas were selected from communities adjacent to (or nearby, if no adjacent comparison communities existed) the NHSDP intervention areas that did not otherwise receive NHSDP interventions. This ensured that comparison areas were as similar as possible to NHSDP intervention areas in terms of socioeconomic and cultural characteristics. The baseline household survey was conducted between February 24 and August 17, 2014 and the end line household survey was conducted between May 11 and August 16, 2017. The same sample clusters were visited at baseline and end line. The estimation strategy for the impact evaluation of the NHSDP was a DID strategy using control variables in a regression model. In the classical sense, this model identifies the impact of a program as the difference between a sample of participants (the population of the NHSDP intervention areas) and a comparison sample of non-participants (the population of comparison areas) in terms of the trend each experienced in an outcome from a baseline point before the program had been implemented to an endpoint after it had been implemented (Bertrand, Duflo, & Mullainathan, 2004). The DID model used was as follows:

$$Y_{ijt} = \beta_0 + \beta_1 \cdot P_j + \beta_2 \cdot t + \beta_3 \cdot P_j \cdot t + \beta_4 \cdot X_{ijt} + \varepsilon_{ijt} \quad (1)$$

where Y_{ijt} is the outcome indicator of interest for person i in cluster j at time t (baseline or end line); $\beta_1 \cdot P_j$ controls for pre-existing differences between the NHSDP and comparison clusters; $\beta_2 \cdot t$ controls for any common time trend in the NHSDP and comparison areas; $\beta_4 \cdot X_{ijt}$ controls for socioeconomic differences between NHSDP and comparison areas; and $\beta_3 \cdot P_j \cdot t$ captures the impact of the NHSDP intervention on the selected outcome indicator. Equation 1 was estimated for each of the outcome indicators. If β_3 was found to be statistically significant in any particular model, it suggested that the NHSDP intervention had a statistically significant impact on the selected outcome indicator. An important assumption of this model was that, in the absence of the intervention, the project and comparison area populations would have experienced the same trend in outcomes. The major strength of the DID approach is that it addresses two potential sources of bias from unobserved factors, namely, time trends in the outcomes unrelated to the program, and pre-existing differences in the outcomes among program and comparison areas. The DID approach's ability to control for pre-existing differences was desirable for this impact evaluation, because program areas were not randomly selected and could therefore have differed systematically from comparison areas in pre-existing conditions (e.g., the health service environment and socio-demographic characteristics), which could have influenced the outcomes.

The evaluation focused on changes in coverage and uptake of FP and maternal and newborn care services in intervention areas in relation to comparison areas that were served by non-NHSDP providers, given that one of the mandates of the NHSDP was to increase service contacts by 25 percent. Changes in the impact indicators of fertility, child mortality, and maternal mortality were not assessed in this evaluation. Indicators that were tracked were those related to the use of maternal health services and FP, and changes in knowledge, attitude, and practices among the target population (e.g., about safe delivery practices and newborn care). These indicators were collected from individual interviews with ever-MWRA identified in household surveys.

Limitations

The validity of the estimated program impact based on DID relies on an assumption of “parallel trend” of the outcomes between the program and comparison groups.³ That is, the model is based on the assumption that the program and comparison groups would have experienced the same secular trends in the outcomes in the absence of the program. The validity of the assumption cannot be tested directly. The common technique for indirectly assessing the assumption by examining whether there were pre-program secular trends was not applicable to this evaluation given that pre-program data were not available.

The NHSDP areas were not randomly selected, raising the potential for selection bias to affect the results. The DID model allows program and comparison areas to differ on both observed and unobservable characteristics as long as the parallel trend assumption holds, so the selection bias is a concern if it affects the time trend in the outcomes of interest. Balance tests conducted during the 2014 baseline surveys indicated that household and background characteristics were not significantly different between the rural project and non-project areas (MEASURE Evaluation, 2016a). In urban areas, balance tests indicated that on most indicators, project and comparison areas were not significantly different from each other (MEASURE Evaluation, 2016b). The only statistically significant differences in urban project areas were in households with electricity (a slightly higher percentage than in the comparison areas); the type of flooring used in households; household wealth quintiles (a slightly lower percentage of households in the lowest wealth quintile); and MWRA staying with their husbands (slightly higher).

Although the selection of adjacent areas as comparison areas increased the likely comparability of the program and comparison populations, thereby reducing the risk of selection bias, it increased the risk of spillover effects, whereby some members of the comparison area were exposed to NHSDP interventions. The extent of spillover can be assessed by examining the extent to which members of the comparison population reported knowing of and using NHSDP services; the 2014 baseline survey indicated that market share of the NHSDP in comparison areas was very low, indicating a low spillover.

Last, the comparison areas had similar services to the NHSDP, although these services were provided by other service providers, such as the GOB, other NGOs, or the private sector. Therefore, the evaluation does not compare NHSDP services to no services; rather, it compares NHSDP services, which were targeted to underserved areas, to services provided by other providers. The evaluation questions were framed to reflect this situation, but this needs to be kept in mind when interpreting the findings.

Data

Sampling

Separate surveys were conducted for urban and rural areas. The rural sample was selected from the divisions of Barisal, Chittagong, Dhaka, Khulna, Sylhet, Rajshahi, and Rangpur. The urban sample was selected from Chittagong City Corporation, Dhaka City Corporation, remaining City Corporations, and district and thana (subdistrict) municipalities. The total target sample size of the surveys was approximately 34,000 households in each round (2014 and 2017), with a sample size of 14,315 and 19,915 households for the urban and rural surveys, respectively. The urban sample was designed to capture a 10

³ Cameron, A.C. & Trivedi, P.K. (2005). *Microeconometrics: methods and applications*. New York, NY: Cambridge University Press.

percent relative change in modern contraceptive prevalence among married women ages 12 to 49 and a 20 percent relative change in the percentage of last births during the two⁴ years preceding the survey that were attended by a SBA, with 95 percent confidence interval (CI) and 80 percent power, based on the formula proposed by Fleiss, Levin, and Paik (2003).⁵ Likewise, the rural sample was designed to capture a 10 percent relative change in modern contraceptive prevalence among married women ages 12 to 49 and a 15 percent relative change in the percentage of births in the two years before the survey that had received at least one ANC visit by a trained provider, with 95 percent CI and 80 percent power.

The 2014 baseline survey was based on a stratified two-stage sampling design to obtain representative samples of households in two domains: project and non-project comparison areas. In the first stage of the sampling, project area clusters were chosen with probability proportional to size from the rural and urban catchment areas of static and satellite clinics of the NHSDP in 2014. Clusters geographically adjoining the project clusters in which the NHSDP was not operating were selected as comparison areas. The precise strategy for the selection of non-project comparison areas was slightly different in the rural and urban areas and is further described in the NHSDP baseline survey reports (MEASURE Evaluation, 2016a; MEASURE Evaluation, 2016b). In total, 569 clusters in the rural areas and 409 clusters in the urban areas were selected for the 2014 baseline survey. The 2017 end line survey was conducted in the same rural and urban clusters selected for the baseline survey. However, due to river erosion, three clusters in the rural areas had disappeared by the time of the end line survey such that data could not be collected. Moreover, in two urban clusters, surveyors were not able to get local government approval to complete the survey. In addition, three urban clusters located in slums had been demolished. Therefore, data were not collected from a total of five urban clusters at end line.

In the second stage of the sampling, following a five-day training on listing households, data collection agencies visited each selected cluster to identify and list all households in each cluster. The household listing schedule was used to produce the sampling frame for the systematic random sampling of households in the clusters. The listing was done at baseline in 2014 and again in 2017 for the end line survey. Following the listing, 35 households were randomly selected from each cluster, and all eligible women (ever-married women ages 12 to 49) in that household were invited to participate in the survey. A new sample of 35 households was selected in each cluster for the end line survey. Therefore, although the clusters were the same in the 2014 and 2017 surveys, the households visited were not the same. The sample sizes in the baseline and end line surveys are presented in Table 1.

⁴ Although the sample was powered using births in the two years before the survey, analysis used births in the three years before the survey.

⁵ Fleiss, J. L., Levin, B., & Paik, M.C. (2003). *Statistical methods for rates and proportions*, Third edition. Hoboken, NJ: John Wiley & Sons.

Table 1. Sample sizes and response rates in the baseline and end line surveys, NHSDP evaluation

	Number of clusters*	Households interviewed (response rate) in 2014	Households interviewed (response rate) in 2017	Ever-married women ages 12 to 49 interviewed (response rate) baseline – 2014	Ever-married women ages 12 to 49 interviewed (response rate) end line – 2017
Urban NHSDP	210	7,015 (98.2%)	7,070 (99.4%)	7,260 (95.1%)	7,134 (96.1%)
Urban comparison	199	6,639 (98.6%)	6,629 (99.3%)	6,913 (95.7%)	6,694 (96.1%)
Rural NHSDP	288	9,717 (98.4%)	9,741 (98.9%)	10,130 (95.2%)	9,662 (92.4%)
Rural comparison	281	9,495 (98.6%)	9,506 (98.8%)	9,852 (94.6%)	9,385 (92.5%)

Note: During the end line survey, 209 clusters were visited in the urban project areas because one cluster (an urban slum) had been demolished. In the urban comparison areas, 195 clusters were visited, because two urban clusters (urban slum areas) had been demolished, and local authorities refused to grant access to two other clusters. During the end line, 286 clusters were visited in rural project areas because two clusters had disappeared due to river erosion. In the rural comparison areas, 280 clusters were visited because one cluster had disappeared due to river erosion.

Data Collection

Three questionnaires were used for the baseline data collection (MEASURE Evaluation, 2016a; MEASURE Evaluation, 2016b). The questionnaires were a household questionnaire, a women’s questionnaire, and a community questionnaire. These instruments were developed by MEASURE Evaluation, reviewed by USAID/Bangladesh, and pretested by the agencies implementing the survey. The questionnaires used for the end line survey were the same as those used in the baseline survey, with only minor revisions. The end line survey questionnaires are given in Appendices A to C.

As mentioned above, the data collection for the baseline and end line surveys was conducted during February to August 2014 and May to August 2017, respectively. The urban and rural components of the survey were contracted out to two data collection agencies (Mitra and Associates [urban survey]; Associates for Community and Population Research [rural survey]) to shorten the duration of the fieldwork. In both the baseline and end line surveys, interviews were conducted at the community, household, and individual levels. During the household listing process, surveyors identified five or six community leaders to whom they administered a community questionnaire. This community questionnaire collected information on the location and availability of different health services, the presence of health and development activities, and the characteristics of the community.

Following training on the questionnaires and ethical issues in human subject research, interviewers visited the randomly selected households to administer the household questionnaire to the head of household (or another adult household member). The household questionnaire collected information on physical, demographic, and socioeconomic characteristics of the household. The women's questionnaire was administered to all willing ever-married women of reproductive age (12 to 49) in the household. If no ever-married woman was present at the time of the survey, only the household questionnaire was done. The women's questionnaire captured information on background characteristics; birth history; knowledge and use of contraception; detailed questions on birth planning and preparedness (where to deliver, choice of birth attendant, level of knowledge of danger signs during pregnancy); ANC; postnatal care; essential newborn care practices, including the rate of exclusive breastfeeding; and knowledge of health service providers and services. A new question was introduced in the women's questionnaire at end line (compared with the baseline) on the use of mobile phones to seek maternal healthcare.

Survey teams, quality control officers from the subcontractors, field coordinators, and core team members ensured data quality through supervision, monitoring, and data quality checks, including field check tabulations during both baseline and end line fieldwork. Staff from MEASURE Evaluation in Dhaka also visited field sites to monitor quality, and attended debriefing sessions during the fieldwork to review problems in the field and check the data. All data were collected using paper questionnaires and were entered in a database by the subcontractor using double data entry protocols to reduce keying errors. Data cleaning, coding, and entry were done by the data collection agencies using data entry programs developed by MEASURE Evaluation.

Ethical Considerations

Ethical clearance for the study protocol and data collection instruments was obtained from the Bangladesh Medical Research Council and the University of North Carolina (UNC) at Chapel Hill Institutional Review Board. All interviewers received training on ethical issues in human subjects research. All participation was voluntary, and informed consent was obtained from participants before the interview, including an assent form from guardians for respondents ages 12 to 17. No individual names or other personal identifiers were included in the electronic datafiles. Data management followed UNC data security protocols.

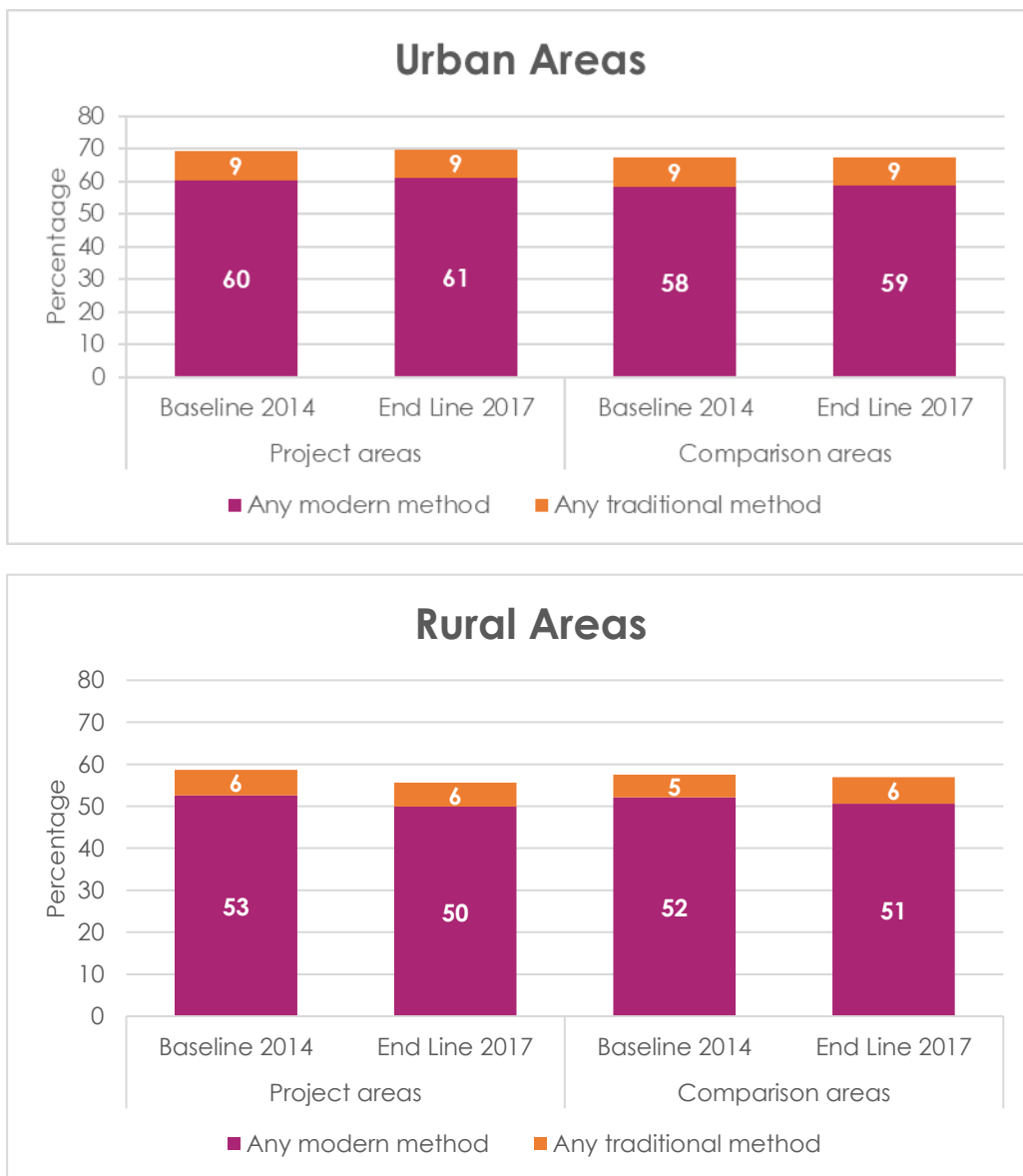
FINDINGS

FP Services in NHSDP and Comparison Areas

In urban NHSDP and comparison areas, modern contraceptive use among MWRA increased by one percentage point between 2014 and 2017 (Figure 2; Table D1, Appendix D). However, the DID analysis indicated no statistically significant difference between the baseline and end line in modern contraceptive use, no statistically significant differences between the project and comparison areas, and no difference in the trend in the contraceptive prevalence rate (CPR) between NHSDP and comparison areas (Table D5, Appendix D).

In NHSDP rural areas, modern contraceptive use fell marginally (by three percentage points) between 2014 and 2017, with the DID analysis indicating a statistically significant but small decline in the probability of using modern contraception during the intervention period. In the comparison areas, modern method use also fell marginally, but by slightly less than in the NHSDP areas. However, the DID analysis did not indicate a statistically significant difference in the decline between the project and comparison areas (Figure 2 and Tables D1 and D7, Appendix D).

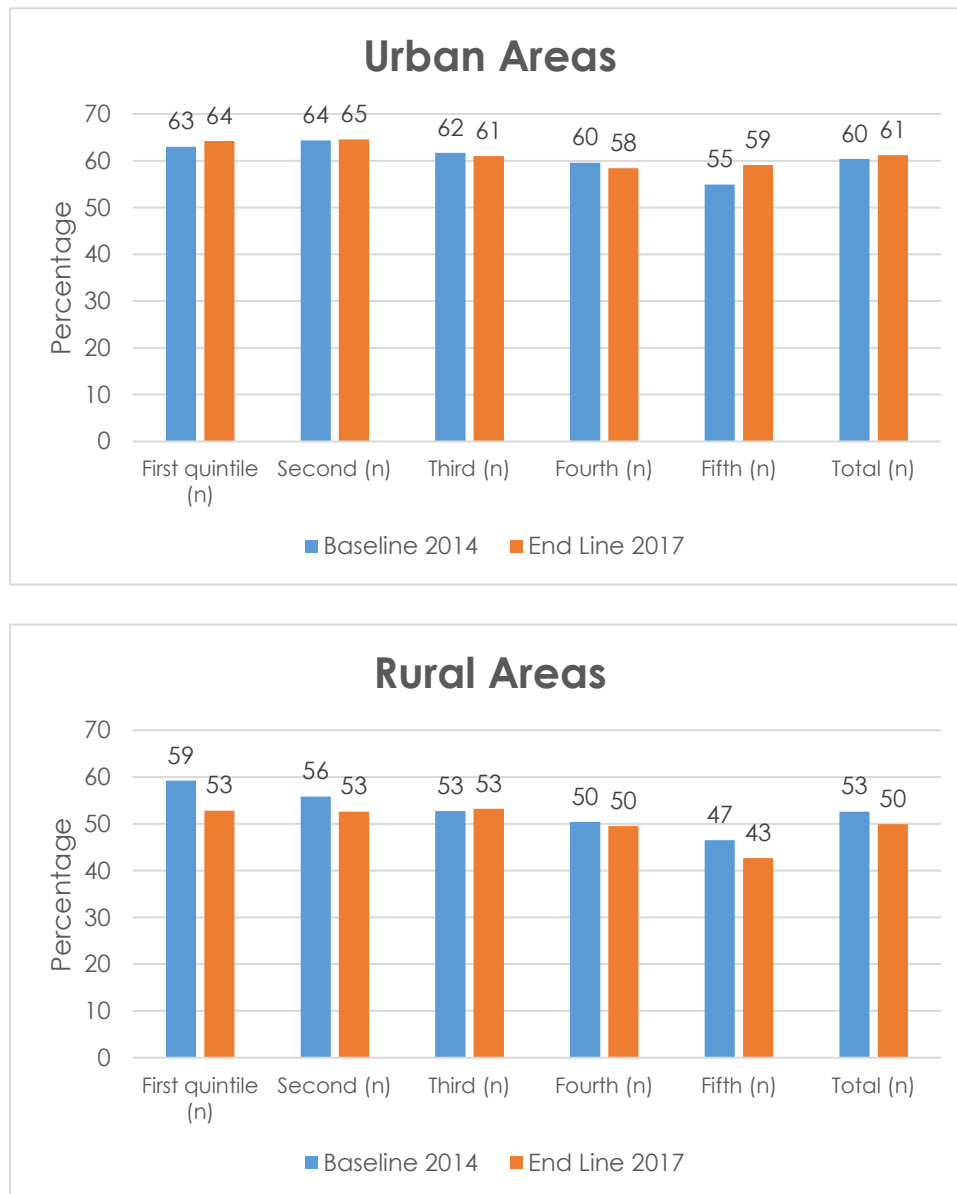
Figure 2. CPR in urban and rural areas, NHSDP surveys, 2014 and 2017



In terms of the contraceptive method mix, the use of pills and injectables declined slightly in NHSDP areas, with the decline slightly more pronounced in rural areas than in urban areas. However, the use of LAPM increased marginally and equally (one percentage point) in urban and rural NHSDP areas (Table D1, Appendix D).

Figure 3 explores whether there was a differential change in modern contraceptive use by wealth quintile. Women in the higher wealth quintiles were less likely to use modern contraception than women in the lower wealth quintiles in both urban and rural areas (Figure 3 and Table D2, Appendix D) and this difference was statistically significant (Tables D5 and D7, Appendix D). In urban areas, there was little change in modern contraceptive use between 2014 and 2017 in any of the wealth quintiles, except for a four percentage point increase in use in the highest wealth quintile, resulting in a narrowing of the urban wealth differential in modern contraceptive use over time. In rural areas, where modern contraceptive use declined by three percentage points, the quintile analysis showed that the decline was concentrated in the lowest two wealth quintiles and the highest wealth quintile, resulting in little change in the rural wealth differential over time (Figure 3).

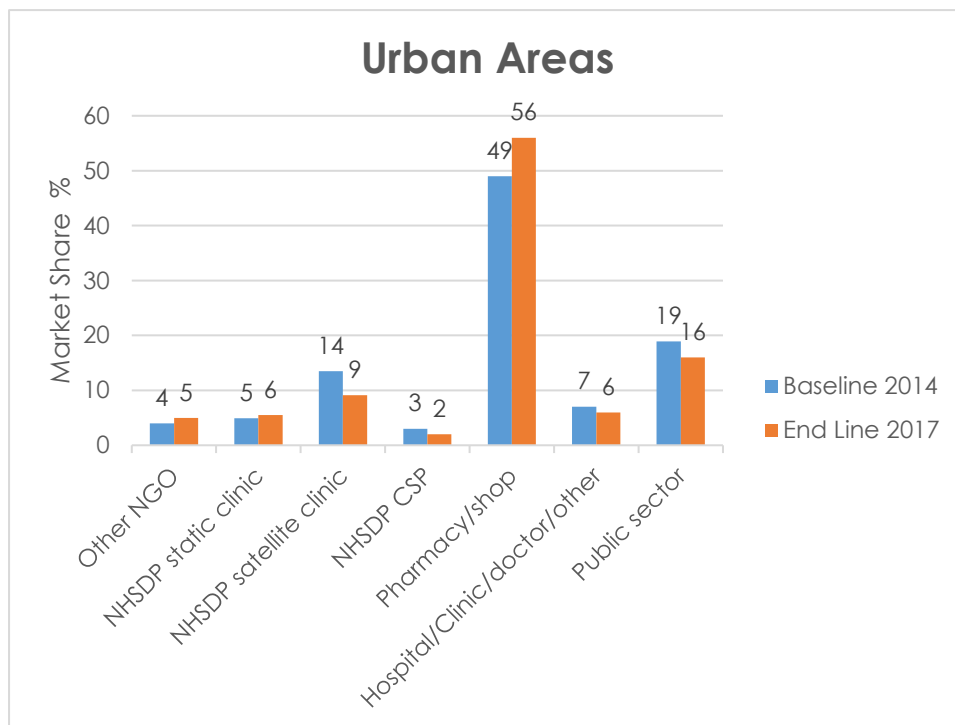
Figure 3. Modern contraceptive use in urban and rural project areas, by wealth quintile, in the 2014 baseline and the 2017 end line surveys



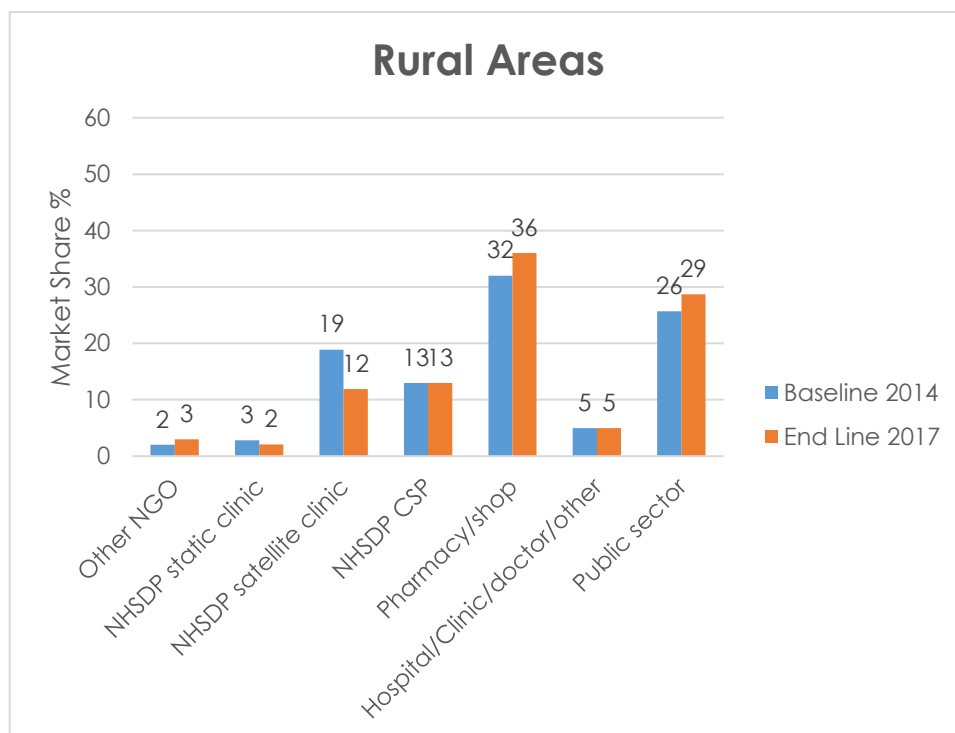
The market share⁶ of the NHSDP declined between 2014 and 2017 in both urban and rural areas (by five and eight percentage points, respectively). Women were increasingly turning to pharmacies and shops to get their modern contraceptives in 2017, rather than obtaining them from the NHSDP (Figure 4, and Table D3, Appendix D). The increase in the use of the private sector was greatest among the poor (Table D4, Appendix D). In urban areas, NHSDP static clinics saw a slight increase in market share (one percentage point), whereas urban satellite clinics saw a decrease in market share (four percentage points). The same patterns were seen in the two lowest wealth quintiles in urban areas. In rural areas, both the NHSDP static and satellite clinics saw declines in market share, but the declines in market share were steepest in rural satellite clinics and among the rural poor (Figure 4, and Tables D3 and D4, Appendix D).

⁶ Market share is defined as the proportion of users of health service x who obtained service x from an NHSDP source.

Figure 4. Source of modern contraceptives among users in project areas in 2014 and 2017



CSP: community service provider



A summary of the findings for contraceptive use outcomes is presented in Table 2.

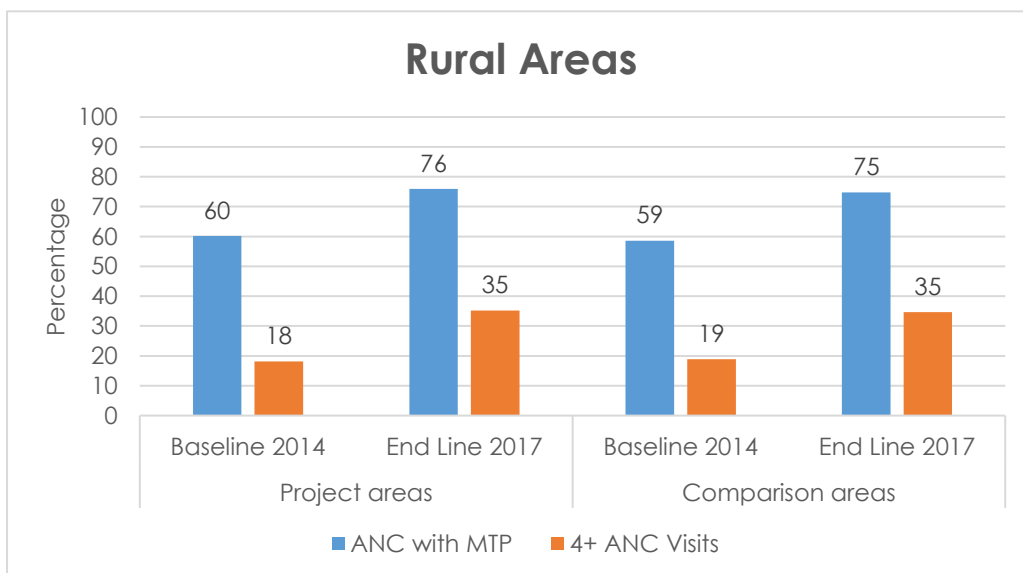
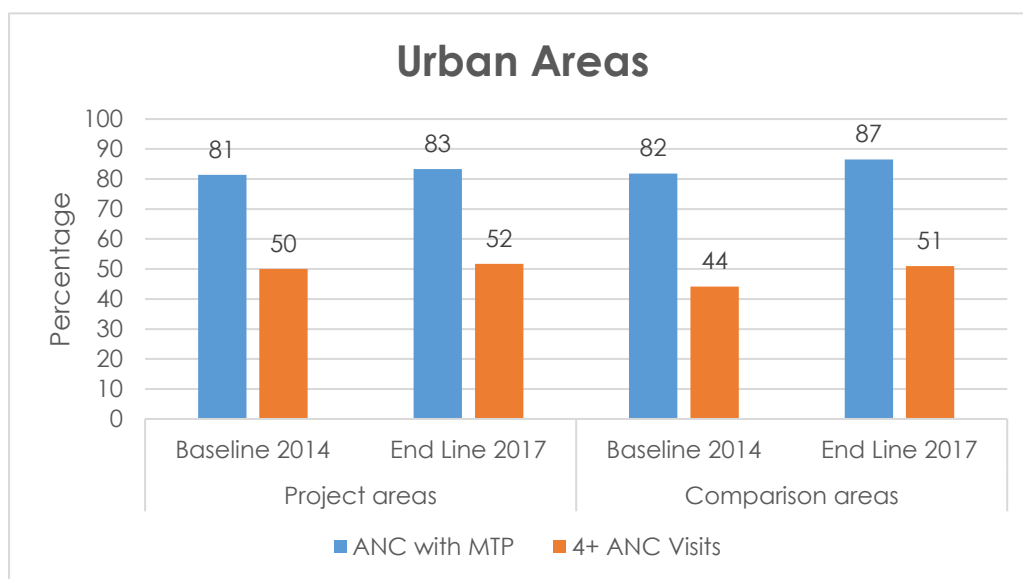
Table 2. Summary of contraceptive use outcomes in NHSDP areas

Outcomes	Urban	Rural	Summary
Use of modern methods	2014—60% 2017—61%	2014—53% 2017—50%	Little change in modern contraceptive use, with a slight decline in rural areas. Changes were similar to comparison areas.
NHSDP market share (the proportion of modern method users obtaining methods from the NHSDP)	2014—21% 2017—16%	2014—35% 2017—27%	NHSDP market share declined, especially in rural areas, with the share of pharmacies/shops increasing.
NHSDP market share among the poor	2014—28% 2017—19%	2014—40% 2017—31%	NHSDP market share was higher among the poor, but the relative use of the NHSDP declined significantly.

Antenatal Care

Coverage of ANC, defined as the percentage of women with a live birth in the three years before the survey who had at least one ANC visit with a medically trained provider (MTP) for their most recent live birth, increased by two percentage points in the NHSDP urban areas, whereas the comparison urban areas saw a five percentage point increase in ANC with an MTP (Figure 5 and Table D9, Appendix D). The proportion of women who had four or more ANC visits for their most recent live birth in the three years before the survey increased by two percentage points in the NHSDP urban areas between 2014 and 2017, whereas the same proportion increased by seven percentage points in the comparison urban areas. The comparison urban areas therefore performed slightly better than the NHSDP urban areas in terms of these two ANC metrics. The DID analysis supported these results, finding a statistically significant but negative impact of the NHSDP on coverage of four or more ANC visits in urban areas (Table D14, Appendix D). This negative impact was because coverage of four or more visits increased significantly more in urban comparison areas than in urban project areas. However, four or more ANC visits coverage was significantly higher at baseline in urban project areas.

Figure 5. Coverage* of ANC with an MTP and 4+ ANC visits in NHSDP and comparison areas, 2014 and 2017

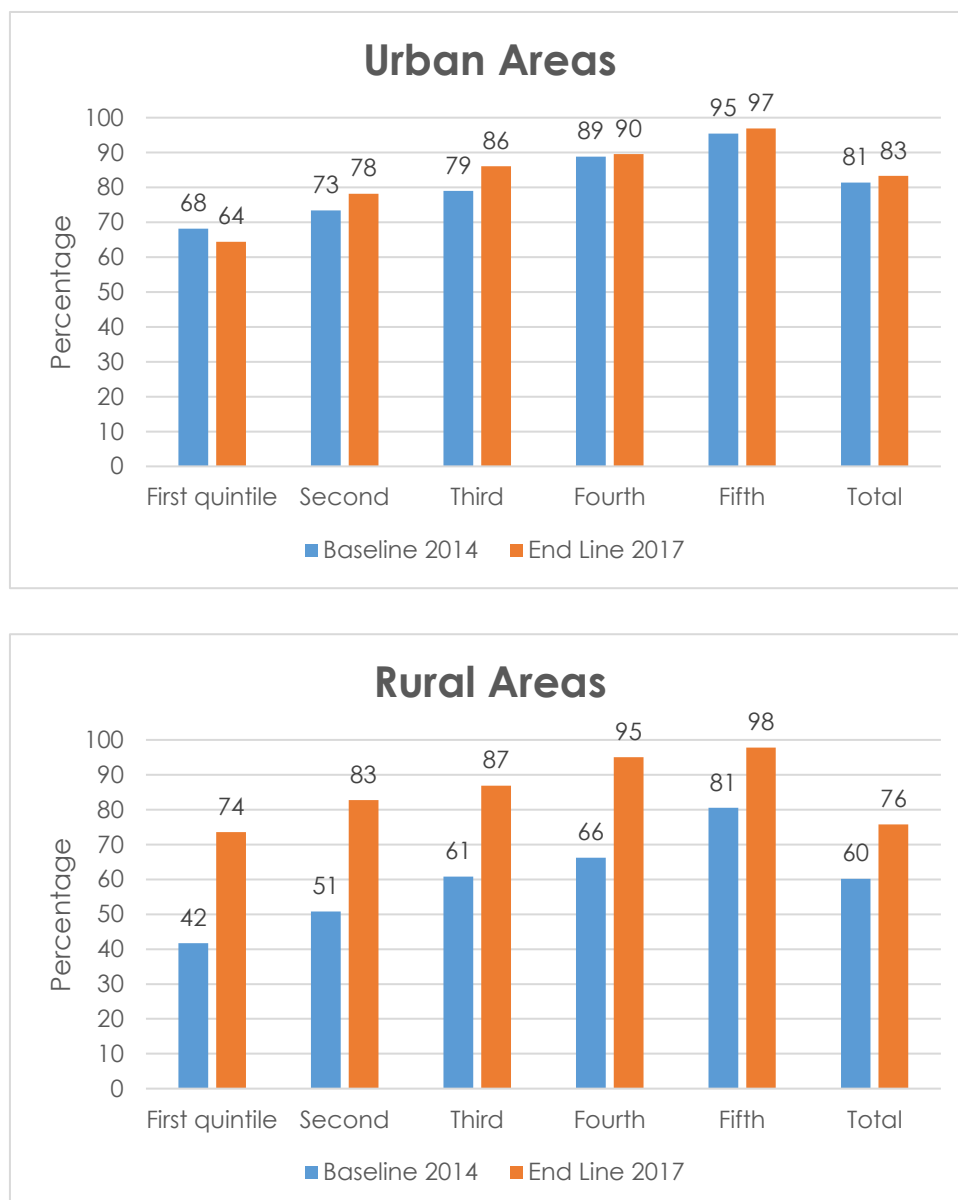


*Among most recent live births in the three years before the survey.

In rural project areas, there was a 16 percentage point increase in coverage of ANC with an MTP between 2014 and 2017 (Figure 5, and Table D9, Appendix D). There was also a 17 percentage point increase in the proportion of rural pregnant women who had the recommended four or more ANC visits during their pregnancy between 2014 and 2017. However, these changes in the NHSDP rural areas were either identical or almost identical to the neighboring comparison rural areas. These results were supported by the DID analysis, which indicated that there was a statistically significant 15 percentage point increase in the probability that a women had four or more ANC visits in rural areas during the intervention period, no statistically significant difference between the project and comparison areas, and no difference in the trend in the probability of four or more ANC visits between NHSDP and comparison areas (Table D15, Appendix D).

In NHSDP urban areas, there was a slight decline in the use of ANC by the lowest wealth quintile, but increases in the other quintiles, especially in the second and third quintiles (Figure 6 and Table D10, Appendix D). In NHSDP rural areas, there was an increase in coverage of ANC with an MTP in NHSDP rural areas across all wealth quintiles. The DID analysis showed that higher wealth quintiles were significantly more likely to have completed four or more ANC visits in both urban and rural areas, indicating that equity remained a challenge, and the poorest sections of society continued to face challenges in getting sufficient ANC (Tables D14 and D15, Appendix D).

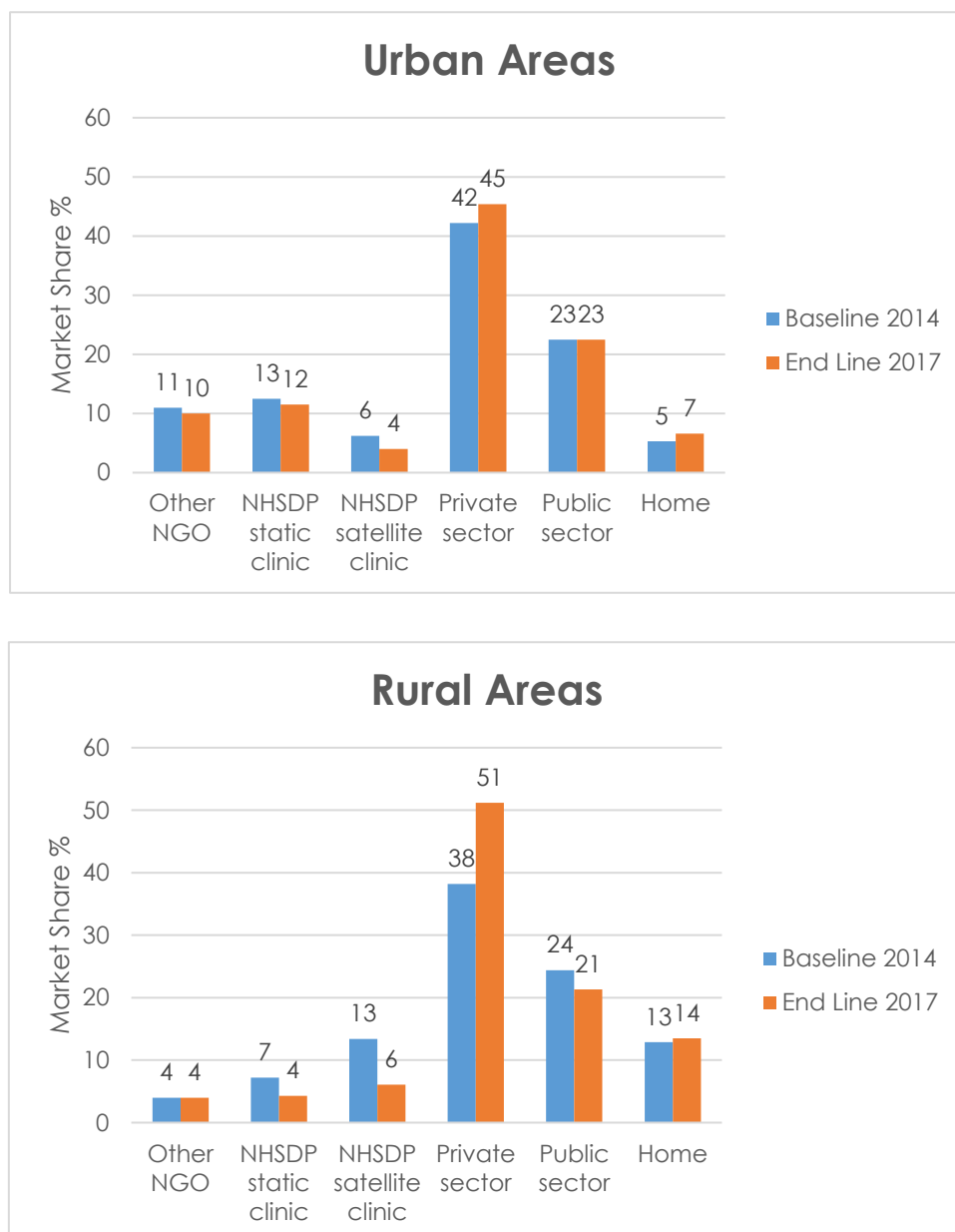
Figure 6. Coverage* of ANC with an MTP by wealth quintile in urban and rural NHSDP areas, 2014 and 2017



*Among most recent live births in the three years before the survey.

Figure 7 and Table D11 in Appendix D present the ANC market share of the NHSDP and other providers based on the last place women who had at least one ANC visit with an MTP went for ANC. In urban NHSDP areas, the market share of the NHSDP declined by four percentage points, from 19 percent to 15 percent, whereas the private sector's market share increased by three percentage points, from 42 percent to 45 percent. The market share dropped by two percentage points for satellite clinics compared with one percentage point for the static clinics in urban areas. In the NHSDP rural areas, the NHSDP market share declined by 11 percentage points, from 21 percent to 10 percent, whereas the proportion of pregnant women receiving ANC from the private sector increased by 13 percentage points (Figure 7, Table D11, Appendix D). NHSDP market share dropped by seven percentage points for rural satellite clinics compared with three percentage points for rural static clinics.

Figure 7. Market shares for ANC in NHSDP areas, 2014 and 2017



Among women in the poorest two wealth quintiles, the NHSDP market share for ANC declined slightly (from 24 percent to 20 percent) in NHSDP urban areas, whereas public and private sector market share remained the same between 2014 and 2017 (Table D12, Appendix D). Other NGOs and home-based ANC increased their market shares slightly among these poor urban women, but changes in both the coverage of ANC and the sources of ANC were modest among the urban poor. By contrast, among the poor in NHSDP rural areas, the NHSDP ANC market share declined by 13 percentage points between 2014 and 2017. During the same period, the ANC market share of the private sector increased by 15 percentage points (Table D12, Appendix D). ANC coverage improved among the rural poor, who increasingly turned to the private sector for their ANC.

In urban areas, almost all pregnant women who saw NHSDP providers (98 percent) and other MTPs (96 percent to 97 percent) had their blood pressure and weight checked during ANC. Women who saw

NHSDP providers were slightly less likely to receive blood and urine tests compared with women who saw other MTPs, although the differences were small, approximately three percentage points (Table D13, Appendix D). Women who saw NHSDP providers were more likely to receive counseling on danger signs, compared with women who saw other MTPs (54 percent versus 44 percent, respectively). In rural areas, women who saw NHSDP providers were slightly more likely than women who saw other MTPs to have their blood pressure checked (94 percent versus 92 percent) and weight taken (88 percent versus 85 percent) during ANC. Only 37 percent of women who saw NHSDP providers in rural areas received urine tests (compared with 56 percent who saw other MTPs), and 36 percent of women who saw NHSDP providers received a blood test (compared with 61 percent who saw other MTPs). As found in the urban areas, NHSDP providers in rural areas were more likely to counsel on pregnancy danger signs than did the other MTPs (Table D13, Appendix D).

There were large differences between NHSDP providers and other MTPs in the proportion of women who received an ultrasound during ANC in both urban and rural NHSDP areas. In NHSDP urban areas, 80 percent of women who saw NHSDP providers received an ultrasound compared with 91 percent of women who saw other MTPs. In rural areas, the differences were even more pronounced, with only 37 percent of women receiving an ultrasound when they visited an NHSDP provider, compared with 85 percent when they visited another MTP.

Overall, these findings indicate that NHSDP providers offered significantly less ANC components than did other MTPs in both urban and rural areas, with the differences especially notable in rural areas.

A summary of the ANC outcomes in NHSDP areas is presented in Table 3.

Table 3. Summary of ANC outcomes in NHSDP areas

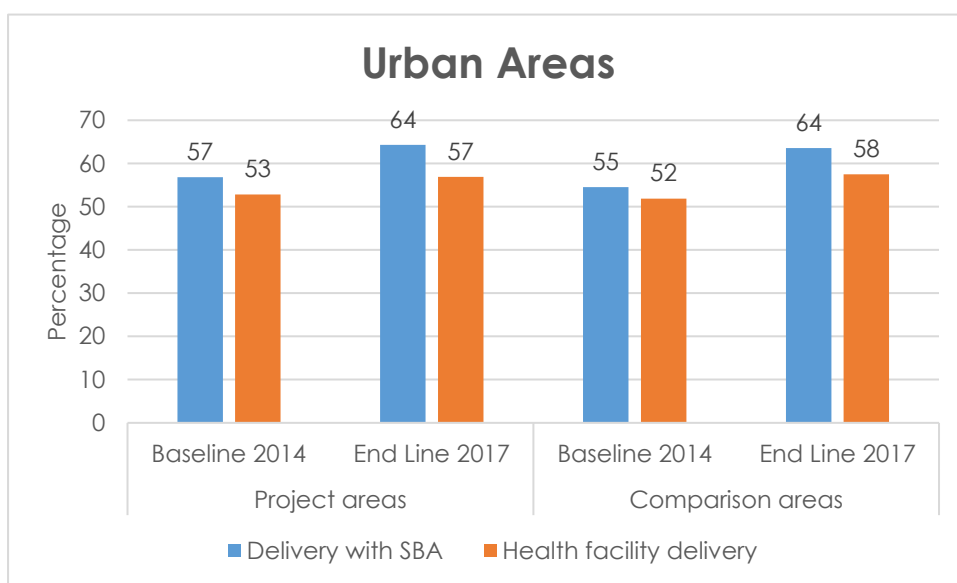
Outcomes	Urban	Rural	Summary
ANC with an MTP	2014—81% 2017—83%	2014—60% 2017—76%	Coverage of ANC with an MTP increased in rural areas, and marginally increased in urban areas. Changes were similar among the poor and in comparison areas.
4+ ANC visits	2014—50% 2017—52%	2014—18% 2017—35%	Coverage of 4+ ANC visits increased significantly in rural areas and did not change much in urban areas. Changes were similar in rural comparison areas. Urban comparison areas saw a seven percentage point increase, indicating significantly less improvement in NHSDP areas, but ANC 4+ coverage was significantly higher at baseline in the NHSDP areas.
NHSDP market share (last visit)	2014—19% 2017—15%	2014—21% 2017—10%	NHSDP market share declined, especially in rural areas, with the share of the private sector increasing.
NHSDP market share among the poor (last visit)	2014—24% 2017—20%	2014—26% 2017—13%	NHSDP market share was higher among the poor but declined, especially among rural users. The poor increasingly turned to the private sector.

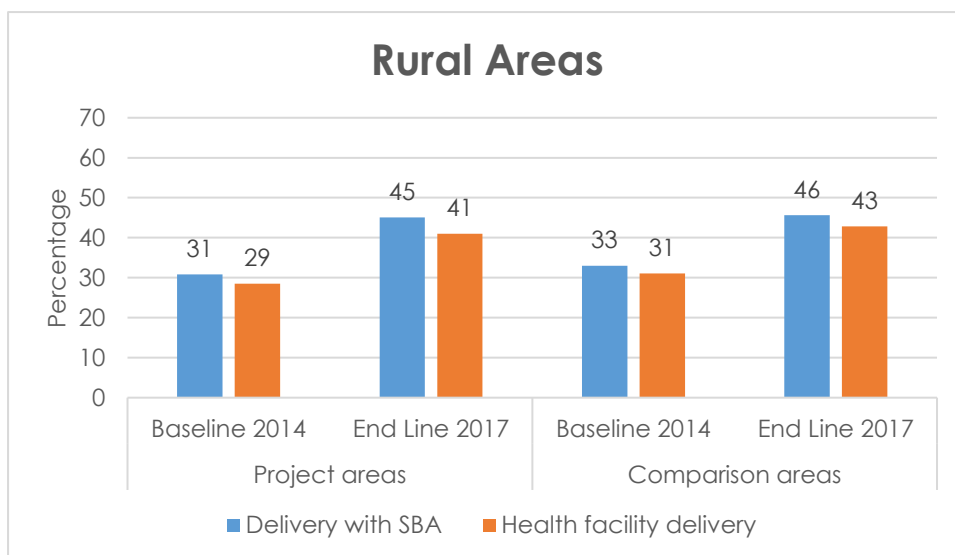
Delivery Care

Over the course of the intervention, NHSDP urban areas experienced increases in coverage of delivery with an SBA and delivery in health facilities of seven percentage points and four percentage points, respectively. Urban comparison areas showed similar increases, with an increase of nine percentage points and six percentage points for delivery with an SBA and delivery in health facilities, respectively. These results were supported by the DID analysis, which found a statistically significant increase in the probability of delivery with an SBA during the intervention period, but no statistically significant difference in the trend between project and comparison areas (Figure 8 and Tables D16 and D18, Appendix D).

Coverage of delivery care with an SBA and delivery in health facilities saw significant increases (14 percentage points and 12 percentage points, respectively) in the NHSDP rural areas (Figure 8 and Table D16, Appendix D). The increases were similar in the comparison rural areas. These results were supported by the DID analysis, which indicated a statistically significant increase in the probability of a delivery with an SBA during the intervention period, but no significant difference between the NHSDP and comparison areas in this trend (Table D19, Appendix D).

Figure 8. Coverage* of delivery with an SBA and facility delivery in NHSDP and comparison areas, 2014 and 2017





*Among most recent live births in the three years before the survey.

The coverage of delivery care with an SBA increased in the two lowest wealth quintiles in both urban and rural project areas. However, the increases in coverage of delivery with an SBA among the two poorest wealth quintiles in comparison areas were comparable with or greater than those observed in NHSDP areas (Table D17, Appendix D).

NHSDP providers had a low market share for delivery care, which was expected given that most NHSDP clinics did not provide delivery services in either urban or rural areas. Only four percent of urban women and two percent of rural women delivered their last child in the three years before the survey in an NHSDP health facility in 2017. Most of the increase in facility delivery was in the private sector; the percentage of recent deliveries that occurred in private facilities increased from 25 percent to 33 percent in urban NHSDP areas and from 16 percent to 27 percent in rural NHSDP areas (Table D16, Appendix D).

One of the NHSDP interventions that supported delivery care was the promotion of Mayer Bank, a government scheme to encourage savings by the extremely poor to pay for delivery care. Knowledge and use of Mayer Bank increased among women with a birth in the three years before the survey in all areas between 2014 and 2017 and was higher in NHSDP areas than in comparison areas in 2017. However, overall use of Mayer Bank in the rural and urban NHSDP areas remained in the low single digits in 2017 (Table D20, Appendix D).

A summary of the outcomes of the NHSDP interventions on delivery care is presented in Table 4.

Table 4. Summary of delivery care outcomes in NHSDP areas

Outcomes	Urban	Rural	Summary
Delivery with an SBA	2014—57% 2017—64%	2014—31% 2017—45%	Medically assisted delivery increased. The increases were similar in program and comparison areas.
NHSDP market share	2014—4% 2017—4%	2014—1% 2017—2%	NHSDP market share of deliveries was low because most NHSDP facilities did not provide delivery care. The private sector market share for delivery care was large and increasing.
Knowledge of Mayer Bank	2014—19% 2017—34%	2014—13% 2017—22%	Knowledge of Mayer Bank increased in both rural and urban NHSDP areas.
Use of Mayer Bank	2014—1% 2017—5%	2014—1% 2017—3%	Use of Mayer Bank increased during the period but remained low.

Awareness of NHSDP Services

In urban project areas, the percentage of ever-married women ages 15 to 49 who were aware of an NHSDP static clinic in their area increased slightly, from 44 percent in 2014 to 49 percent in 2017 (Table D21, Appendix D). Awareness of any satellite clinic was almost unchanged in urban areas, but awareness of NHSDP satellite clinics among women who were aware of any satellite clinic increased by about six percentage points (Table D22, Appendix D). In rural areas, awareness of NHSDP static clinics among ever-married women ages 15 to 49 decreased during the intervention period, from 38 percent in 2014 to 24 percent in 2017 (Table D21, Appendix D). Similarly, awareness of any satellite clinic also decreased in rural areas (from 95 percent to 89 percent), and awareness of NHSDP satellite clinics among women who were aware of any satellite clinic decreased from 88 percent to 70 percent (Table D22, Appendix D).

Among those women who were aware of NHSDP clinics, the percentage who were aware of the specific services offered by the clinics generally declined in both urban and rural areas in 2017. The notable exception to this general decline was awareness of delivery care services offered by the NHSDP clinics, which increased substantially during the period (Table D23, Appendix D).

DISCUSSION

The key findings from this impact evaluation are summarized in Table 5, according to the evaluation questions. In general, the changes in the outcomes of interest are similar in NHSDP areas to those observed in the comparison areas. Where there are improvements in FP-MNH outcomes, there are similar improvements in comparison non-project areas. Where there are declines in the outcomes in the NHSDP areas, there are also declines in the comparison non-project areas. The NHSDP outcomes mirror national trends in FP-MNH outcomes found in other surveys (2014 BDHS, 2016 Bangladesh Maternal Mortality Survey), including improvements in ANC and delivery care, and stagnation in the CPR. Given that the purpose of the intervention was to provide an ESP of MNH and FP services in areas that were historically underserved by the government health network, the comparable trends in the program and non-program areas indicate that the NHSDP areas achieved or maintained similar levels of service utilization compared with areas that were historically served by the government or other health networks.

A notable finding of the evaluation is that there has been a significant move toward the private sector and away from the NGO sector for all FP-MNH services evaluated. This is consistent with a pattern of greater use of private sector services seen in other national surveys (2014 BDHS, 2016 Bangladesh Maternal Mortality Survey). The evaluation finds that the market share of the NHSDP clinics declined for FP and ANC service provision whereas the share of the private sector increased. Moreover, the declines in market share of the NHSDP are most notable in satellite clinics and in rural areas. This shift in FP and ANC market share also occurred in the lowest wealth quintiles, which are the primary target customers of the NHSDP, and is likely to have implications for equity and the achievement of universal healthcare coverage. Most NHSDP clinics do not provide delivery care, so the NHSDP clinics have low market share for that service, at both baseline and end line, and consumers continue to increasingly choose private sector clinics as a place for delivery. Overall, the decline in market share for NHSDP clinics appears to be symptomatic of a larger structural shift toward the private sector in the healthcare market in Bangladesh.

Table 5. Summary of key findings

Primary Evaluation Questions	Key Findings
1. How much does the use of the selected MNH and FP services increase in NHSDP areas?	Trends in key indicators mirrored national trends. There was little change in modern contraceptive use across project and non-project areas, but maternal health service utilization generally increased in project and non-project areas, especially in rural areas.
2. Does the NHSDP increase the use of selected MNH and FP services at least by an amount comparable with that achieved in neighboring comparison areas that are served by non-NHSDP providers?	The changes in the NHSDP areas were the same as those in non-project areas for most outcomes. In urban areas, coverage of four or more ANC visits increased significantly in non-project areas but stayed nearly the same in the NHSDP areas. However, coverage of four or more ANC visits was higher in the NHSDP areas at baseline, so effectively, the non-project areas caught up with the NHSDP areas during the period of analysis.

Secondary Evaluation Questions	
1. Are increases in the use of selected MNH and FP services among the poor (lower two wealth quintiles) comparable with those among the wealthy (upper three wealth quintiles)?	The changes in service use were similar across wealth quintiles.
2. Does the market share of the NHSDP for key MNH and FP services increase in program areas? If so, by how much?	The NHSDP market share declined across all services, especially in rural areas. There was a clear shift to the private sector for healthcare. This shift to the private sector was seen among all groups and wealth quintiles.

There can be several reasons for the shift in the market share to the private sector and away from the NHSDP clinics (in the case of ANC and FP services) and the very low market share for delivery care. In the case of FP services, much of the shift is to pharmacies and shops that provide short-acting contraceptive methods, such as pills, condoms, and sometimes injectables. Pharmacies and shops have become more ubiquitous, and the supply of contraceptives at them is more available, so the shift to these outlets may reflect their greater convenience. There have also been successful social marketing programs that include FP products in Bangladesh in recent years (Rahman, et al., 2017).

The declining market share for NHSDP clinics for ANC services is associated with a shift toward private doctors and clinics and a shift away from satellite clinics, especially in rural areas and among the rural poor. This shift may reflect the rising purchasing power of the poor and a growing demand for higher-level providers and more medical tests, such as ultrasounds, which may be perceived as indicative of a higher quality of care. For example, it is clear that an ANC visit with an NHSDP provider was less likely to involve an ultrasound or urine and blood tests than a visit to another MTP. This is especially true in the rural areas, which saw the biggest drops in NHSDP market share and the greatest gains in private sector market share. Moreover, ANC services provided at NHSDP clinics are normally delivered by a paramedic, which may also affect perceptions of quality when compared with the private sector, which uses physicians to provide ANC. This raises questions about the actual and perceived quality of care in NHSDP clinics and private clinics, and the appropriate ANC service delivery model to offer in the future in an evolving health consumer market. For example, the satellite clinic model may be less appealing, even to poor clients, in this new market. There is also a substantial drop in awareness about NHSDP static and satellite clinics in rural areas, raising questions about the extent to which declines in awareness about NHSDP clinics contributed to the declines in market share.

Most NHSDP clinics do not offer delivery care services at all, which explains their low delivery care market share. Instead, the NHSDP tried to influence delivery care in its project areas, primarily through behavior change communication (BCC) aimed at promoting skilled delivery care, including such initiatives as Mayer Bank to encourage savings for delivery care and information on danger signs during delivery. In the absence of delivery services in NHSDP clinics, women had to choose an alternative delivery provider, and they are increasingly choosing private hospitals and clinics. This may have also generated demand for ANC in the private sector, which then affected the market share of the NHSDP for ANC if mothers prefer to receive ANC from the provider with whom they plan to deliver. Some NHSDP providers also noted that some private sector clinics require at least one ANC visit at their own clinic before a woman can deliver there. However, more information is needed to understand the forces fueling the move to the private sector for all these services and their implications for outcomes, including the balance between long- and short-term methods in the contraceptive method mix; out-of-pocket

expenses, especially for the poor; quality of care and perceptions of quality of care; and universal healthcare coverage. This shift also raises new strategic questions about the role of the NGO sector in the emerging healthcare market and in the face of evolving consumer demand.

RECOMMENDATIONS

The recommendations from the impact evaluation are presented in Table 6.

Table 6. Evidence and recommendations from the NHSDP impact evaluation

Evidence	Recommendations
<p>Little evidence of increases in CPR, with modern CPR declining in rural areas and in poorer segments of the population. This finding reflects a national stagnation in CPR since 2010 in Bangladesh.</p>	<p>Examine the reasons for the stagnation in the use of modern contraceptives, and address the reasons through awareness building, advocacy, and the provision of services.</p>
<p>Improvements in ANC with an MTP and women who have received at least four or more ANC visits; high coverage of ANC, especially in urban areas.</p>	<p>Existing efforts in program and non-program areas seem to have been effective in increasing this metric. Continue the emphasis on awareness building, and sustaining the training and availability of MTPs. Now that coverage is relatively high, examine ANC use employing a more comprehensive definition that includes the quality of ANC (e.g., effective coverage). Illustrative indicators are the percentage of women who received at least four ANC visits, of which at least one is with an MTP, or the percentage of women who received all defined components of ANC.</p>
<p>Market share declines in FP and ANC for the NHSDP facilities, especially for the satellite clinics, and sustained negligible market share in delivery care. There is evidence that ANC done at NHSDP facilities is not including the full range of services offered at private and government facilities.</p>	<p>Satellite clinics may need to be rethought, in terms of the range of services they are able to offer, and their effectiveness in meeting ANC and delivery care needs, in particular. Readiness of the clinics (in terms of the range of services and the quality of care) to provide delivery care and ANC needs more focus because there is reason to suspect that ANC market share and delivery care market share may be related. For example, there may be scope for innovative contracting models or increasing the formal linkages of the NHSDP clinics to secondary and tertiary care institutions, strengthening referral services to those institutions, and increasing the confidence of consumers in ANC and delivery care in the NGO sector.</p>
<p>Increasing private sector provision of FP and MNH services, including among the poor.</p>	<p>There needs to be a use-oriented learning agenda around the evolving healthcare market and its implications to inform future strategy development, including, for example:</p> <ol style="list-style-type: none"> 1) Factors affecting the choice of provider and the perceived quality of different providers. 2) The role of NGOs in the future healthcare market. 3) Out-of-pocket expenses of the poor and the ability to provide universal healthcare coverage. 4) The perceived and actual quality of care in NHSDP clinics and in private facilities. 5) Facility-based BCC strategies that will increasingly need to include the private sector, to which many clients will go. 6) Contraceptive method mix, especially the balance between short-acting and long-acting methods.

CONCLUSION

Changes in MNH and FP services in the project areas mirror changes in national trends and in adjacent non-project areas. There is little change in modern contraceptive use, but maternal health service utilization generally increased, especially in rural areas. These patterns are seen across wealth quintiles. A notable finding of the evaluation is that there was a significant move toward the private sector and away from the NGO sector in all FP-MNH services evaluated.

These findings raise important strategic questions for future NGO sector programs in Bangladesh. The key question that needs to be addressed in the future is to understand the role of the NGO sector in an environment in which people are increasingly getting care from the private sector. The move to the private sector has implications for the poor, which needs to be monitored and mitigated, where possible, if those implications are negative. In addition, meeting universal healthcare coverage targets and controlling out-of-pocket expenses could become challenging if an increasing number of the poor are seeking care from the private sector. Therefore, addressing the range of services and the service delivery model offered at the NHSDP clinics, reviewing and potentially updating the strategy of using satellite clinics, and addressing quality of care concerns of the population, are key to charting the future strategy and equitably meeting the healthcare needs of the people of Bangladesh.

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APPENDIX A. End Line Survey 2017 Household Questionnaire

IDENTIFICATION				
DIVISION _____ (BARISAL=1; CHITTAGONG=2; DHAKA=3; KHULNA=4; RAJSHAHI=5; RANGPUR=6; SYLHET=7)				<input type="checkbox"/>
DISTRICT _____				<input type="checkbox"/> <input type="checkbox"/>
UPAZILA _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
UNIONWARD _____				
VILLAGE/MOHALLA/BLOCK _____				
CLUSTER NUMBER				
HOUSEHOLD NUMBER				
NAME OF THE HOUSEHOLD HEAD _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DOMAIN: URBAN / RURAL				
1 = URBAN PROJECT				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 = URBAN NON-PROJECT				
3 = RURAL PROJECT				<input type="checkbox"/>
4 = RURAL NON-PROJECT				
CLUSTER IN CHAR OR AROUND CHAR AREA	1= CHAR AREA			
	2= NOT IN CHAR AREA			<input type="checkbox"/>
CLUSTER IN SLUM AREA	1= YES			<input type="checkbox"/>
	2= NO			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT

IDENTIFICATION					
DATE					DAY..... <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME					MONTH..... <input type="text"/> <input type="text"/>
INTERVIEWER'S CODE					YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RESULT CODE*					INTERVIEWER'S CODE..... <input type="text"/>
NEXT VISIT: DATE				TOTAL NO. OF VISITS	<input type="text"/>
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	<input type="text"/> <input type="text"/>
				TOTAL ELIGIBLE WOMEN	<input type="text"/> <input type="text"/>
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE	<input type="text"/> <input type="text"/>
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME _____	<input type="text"/> <input type="text"/>	NAME _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

IDENTIFICATION					
DATE _____		DATE _____			

Informed Consent for Household Questionnaire

Title of Research: NGO Health Service Delivery Project (NHSDP) Urban End Line Survey, 2017

Principal Investigator: Mr. S.N. Mitra

Participating Institution: Mitra and Associates

Introductory statement: My name is I am from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct several types of surveys. We are now conducting a survey about the health of women and children for the NGO Health Service Delivery Program (popularly known as the Shurjer Hashi Clinic). The survey is funded by the United States Agency for International Development (USAID). The data will be used by M&A, ACPR, the University of North Carolina at Chapel Hill, USA, and other approved researchers. ICDDR, B oversees the quality control and monitoring aspect of the study. Your opinion is very important to us.

Why the study is being undertaken: The study will help to understand the overall state and determinants of health in Bangladesh in light of NGO health service delivery.

Who is involved in the study: You have been selected as a respondent in this study. As part of the survey we would first like to ask some questions about your household which will help us to plan health services.

What you would have to do if you agree to participate: If you agree to participate, we will ask you some questions related to physical, demographic, and socio-economic characteristics of the household. The interview will take around 15 minutes of your time.

What are the risks & benefits of this study: There is no risk involved in your participation in this interview, rather it will help Government, particularly, the Ministry of Health and Family Welfare (MoHFW) and private and NGO sector health providing agencies to formulate policy plans and develop programs.

Confidentiality: The interview will be conducted in a secluded setting. Your responses will be kept strictly confidential. Your name will not appear in any report. No names and other identifying

information will be included in the data. Only approved researchers will have access to the data, which they will use to prepare the report. All the data will be stored in a locked and secured place.

Is there any compensation for participating in the study? Your participation is voluntary and you will not be paid any monetary compensation for your participation in this survey.

Right to refuse or withdraw: Your participation in this interview is completely voluntary. You can refuse to respond to any question if you wish. You can also stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have questions of problem?

If you wish to know more about your rights as a participant in this study you may contact the **Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka, Phone:8819311, 8828396 or Institutional Review Board (IRB), University of North Carolina at Chapel Hill, 720 Martin Luther King Jr., Blvd., Bldg. 385, 2nd Floor, Chapel Hill, NC 27599-7097 USA**, or call, collect if necessary, 001-919-966-3012 of **IRB or MEASURE Evaluation Advisor, Dhaka (Mobile: 01730-376458)**. You may ask any questions or clarifications before giving your consent for interview regarding the nature of the study. You may also contact Mr. S.N. Mitra, Executive Director, Mitra and Associates, Commercial Plot # 35 (Floor 3rd-5th), Main Road # 01, Section-10, Senpara Porbota, Mirpur, Dhaka-1216 Tel: 9025410, 9025412.

If you do not have any question, do I have your permission to continue?

Respondent agreed 1
 ↓
 Respondent not agreed 2 → End

Respondent Name: _____ **Signature/Thumb Print:** _____

Date: _____

(If the respondent is under 18 years, guardian will sign)

Name of Interviewer: _____ **Signature** _____

Date: _____

HOUSEHOLD QUESTIONNAIRE

Now we would like to know some information about the people who usually live in your household.

LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESI-DENCE	AGE	MARITAL STATUS	WOMAN ELIGIBILITY
	Please give me the names of the persons who usually live in your household, starting with the head of the household.	What is the relationship of (NAME) to the head of the household? *Look at the below codes	Is (NAME) male or female?	Does (NAME) usually live here?	How old is (NAME)? (IF LESS THAN 1 YEAR, RECORD '00' YEAR. If 95 or >95years, write 95)	FOR ALL AGED 12 YEARS OR ABOVE What is the current marital status of (NAME)?	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN, USUAL RESIDENTS (Q4=2), (Q5=1) (Q6 = AGE 12-49) (Q7=1 OR 2)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
			M F	YES NO	IN YEARS	CM FM NM	
01		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	01
02		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	02
03		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	03
04		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	04
05		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	05
06		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	06
07		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	07
08		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	08
09		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	09
10		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	10
11		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	11
12		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	12
13		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	13
14		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	14
15		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	15
16		<input type="text"/> <input type="text"/>	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	16

17		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2 3	17
18		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2 3	18
19		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2 3	19
20		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2 3	20
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>							
Just to make sure that I have a completed listing:							
1	Are there any other persons such as small children or infants that I have not listed?	YES	<input type="checkbox"/>	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	<input type="checkbox"/>	Go back to household schedule and enter new members in the household schedule.			
9. Total number of women circled in column (8). If none write "0" <input type="checkbox"/>							
* CODES FOR Q.3							
RELATIONSHIP TO HEAD OF HOUSEHOLD: 05 = GRANDCHILD 09 = OTHER RELATIVE							
01 = HEAD 06 = PARENT 10 = ADOPTED/FOSTER/STEPCHILD							
02 = WIFE OR HUSBAND 07 = PARENT-IN-LAW							
03 = SON OR DAUGHTER 08 = BROTHER OR SISTER 11 = NOT RELATED							
04 = SON-IN-LAW OR DAUGHTER-IN-LAW 98 = DON'T KNOW							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																									
10	What is the main source of drinking water for members of your household?	Piped water Piped into dwelling 11 Piped to yard/plot 12 Public tap/stand pipe..... 13 Tube-well or borehole..... 21 DUG well Protected well 31 Unprotected well 32 Water from Spring Protected spring..... 41 Unprotected spring..... 42 Rainwater 51 Tanker truck 61 Surface water(River/Dam/ Lake/pond/stream /canal/irrigation channel) 71 Bottled water 81 Other 96 (Specify)																																																										
11	What kind of toilet facility do members of your household usually use?	Flush or pour flush toilet Flush to piped sewer system..... 11 Flush to septic tank/Flush to pit latrine 12 Flush to somewhere else/Flush don't know where 13 Pit latrine Pit latrine with slab 21 Pit latrine without slab/open pit..... 22 Bucket toilet 31 Hanging toilet/hanging latrine 41 No facility/bush/field 51 Other 96 (Specify)	13																																																									
12	Do you share this toilet with other households?	Yes 1 No 2																																																										
13	Does your household have: Read out	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>Electricity.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Radio</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Television.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Mobile telephone.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Land line telephone.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Refrigerator</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Almirah.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Computer/laptop.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Electric fan</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Bicycle</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Tempo/CNG.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Motorcycle.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>IPS/generator.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Car/truck/bus/microbus</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Boat with a motor</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Rickshaw/Van</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>DVD/VCD player</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Air Conditioner</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio	1	2	Television.....	1	2	Mobile telephone.....	1	2	Land line telephone.....	1	2	Refrigerator	1	2	Almirah.....	1	2	Computer/laptop.....	1	2	Electric fan	1	2	Bicycle	1	2	Tempo/CNG.....	1	2	Motorcycle.....	1	2	IPS/generator.....	1	2	Car/truck/bus/microbus	1	2	Boat with a motor	1	2	Rickshaw/Van	1	2	DVD/VCD player	1	2	Air Conditioner	1	2	
	Yes	No																																																										
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Rickshaw/Van	1	2																																																										
DVD/VCD player	1	2																																																										
Air Conditioner	1	2																																																										
14	Main material of the floor RECORD OBSERVATION	Natural Floor Earth/sand..... 11 Rudimentary Floor Wood planks 21 Palm/bamboo..... 22																																																										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Finished floor Parquet or polished wood 31 Ceramic tiles/Mosaic..... 32 Cement..... 33 Other _____ 96 (Specify)	
15	Main material of the roof RECORD OBSERVATION	Natural roofing No roof..... 11 Thatch/palm leaf/polythene/Stalks of hemp12 Rudimentary roofing Bamboo 21 Wood planks..... 22 Cardboard..... 23 Finished roofing Tin 31 Ceramic Tiles/Tally 32 Cement..... 33 Other _____ 96 (Specify)	
16	Main material of the exterior walls RECORD OBSERVATION	Natural Walls No walls..... 11 Cane/Palm/Trunks/Stalks of hemp 12 Dirt..... 13 Rudimentary walls Bamboo with mud/Bamboo 21 Stone with mud 22 Plywood 23 Cardboard..... 24 Finished walls Tin 31 Cement..... 32 Bricks..... 33 Wood 34 Other _____ 96 (Specify)	
17	Does your household own any homestead? IF 'NO', PROBE: Does your household own homestead in any other place?	Yes..... 1 No..... 2	
18	Does your household own any land (other than the homestead land)?	Yes..... 1 No..... 2	Women ques.
19	How much land does your household own (other than the homestead land)? Amount _____ Specify unit _____	Acres Decimals <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 100 and above acres 9995 Don't know..... 9998	

APPENDIX B. WOMEN'S QUESTIONNAIRE

Face Sheet

IDENTIFICATION	
CLUSTER NUMBER.....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
HOUSEHOLD NUMBER.....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
NAME AND LINE NUMBER OF ELIGIBLE WOMAN_____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
INTERVIEWER'S NAME				MONTH* <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
INTERVIEWER'S CODE				YEAR <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> </tr> </table>	2	0	1	7
2	0	1	7					
RESULT CODE*				INTERVIEWER'S CODE <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
NEXT VISIT: DATE				RESULT CODE* <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
TIME				TOTAL NO. OF VISITS <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

*RESULT CODES:

1 COMPLETED 4 REFUSED 7 OTHER _____

2 NOT AT HOME

5 PARTLY COMPLETED

(SPECIFY)

3 POSTPONED

6RESPONDENT INCAPACITATED

SUPERVISOR

NAME _____

--	--

DATE _____

FIELD EDITOR

NAME _____

--	--

DATE _____

OFFICE EDITOR

--	--

KEYED BY

--	--

Informed Consent for Women's Questionnaire

Title of Research: NGO Health Service Delivery Project (NHSDP) Urban End Line Survey, 2017

Principal Investigator: Mr. S.N Mitra

Participating Institution: Mitra and Associates

Introductory statement: My name is I am from Mitra and Associates, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct several types of surveys. We are now conducting a survey about the health of women and children for the NGO Health Service Delivery Program (popularly known as the Shurjer Hashi Clinic). The survey is funded by the United States Agency for International Development (USAID). The data will be used by M&A, ACPR, the University of North Carolina at Chapel Hill, USA, and other approved researchers. ICDDR, B oversees the quality control and monitoring aspect of the study. Your opinion is very important to us.

Why the study is being undertaken: The study will help to understand the overall state and determinants of health in Bangladesh in light of NGO health service delivery.

Who is involved in the study: You have been selected as a respondent in this study. As part of the survey we would first like to ask some questions about your household which will help us to plan health services.

What you would have to do if you agree to participate: If you agree to participate, we will ask you some questions related to physical, demographic, and socio-economic characteristics of the household. The interview will take around 15 minutes of your time.

What are the risks & benefits of this study: There is no risk involved in your participation in this interview, rather it will help Government, particularly, the Ministry of Health and Family Welfare (MoHFW) and private and NGO sector health providing agencies to formulate policy plans and develop programs.

Confidentiality: The interview will be conducted in a secluded setting. Your responses will be kept strictly confidential. Your name will not appear in any report. No names and other identifying

information will be included in the data. Only approved researchers will have access to the data, which they will use to prepare the report. All the data will be stored in a locked and secured place.

Is there any compensation for participating in the study? Your participation is voluntary and you will not be paid any monetary compensation for your participation in this survey.

Right to refuse or withdraw: Your participation in this interview is completely voluntary. You can refuse to respond to any question if you wish. You can also stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have questions of problem?

If you wish to know more about your rights as a participant in this study you may contact the **Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka, Phone: 8819311, 8828396 or Institutional Review Board (IRB), University of North Carolina at Chapel Hill, 720 Martin Luther King Jr., Blvd., Bldg. 385, 2nd Floor, Chapel Hill, NC 27599-7097 USA**, or call, collect if necessary, 001-919-966-3012 of **IRB or MEASURE Evaluation Advisor, Dhaka (Mobile: 01730-376458)**. You may ask any questions or clarifications before giving your consent for interview regarding the nature of the study. You may also contact Mr. S.N. Mitra, Executive Director, Mitra and Associates, Commercial Plot # 35 (Floor 3rd-5th), Main Road # 01, Section-10, Senpara Porbota, Mirpur, Dhaka-1216 Tel: 9025410, 9025412.

If you do not have any question, do I have your permission to continue?

Respondent agreed 1 ↓ Respondent not agreed 2 → End

Respondent Name: _____ **Signature/Thumb Print:** _____

Date: _____

(If the respondent is under 18 years, guardian will sign)

Name of Interviewer: _____ **Signature** _____

Date: _____

SECTION 1: RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTED	HOUR <input type="checkbox"/> <input type="checkbox"/> MINUTES <input type="checkbox"/> <input type="checkbox"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? (IF LESS THAN 1 YEAR, RECORD '00' YEAR)	YEARS (Completed year) <input type="checkbox"/> <input type="checkbox"/> ALWAYS 95	
103	In what month and year were you born?	MONTH <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW MONTH 98 YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW YEAR 9998	
104	How old are you? COMPARE AND CORRECT 103 AND /OR 104IF INCONSISTENT	AGE IN COMPLETED YEARS <input type="checkbox"/> <input type="checkbox"/>	
105	Have you ever attended school/ <i>madrasha</i> ?	YES, SCHOOL 1 YES, MADRASHA 2 YES, BOTH 3 NO 4	107 109
106	What type of school did you last attend?	SCHOOL 1 MADRASHA 2	
107	What is the highest class you completed? IF NO CLASS WRITE 00	CLASS <input type="checkbox"/> <input type="checkbox"/>	
108	Interviewer: CHECK 107 and circle in appropriate code:	PRIMARY (00-05) 1 SECONDARY OR HIGHER 2	110
109	Can you read and write a letter?	YES, EASILY 1 YES, WITH DIFFICULTY 2 NOT AT ALL 3	112
110	Do you usually read a newspaper or magazine or online news?	YES 1 NO 2	112
111	How often do you read newspaper or magazine or online news: every day, at least once a week, or less than once a week?	EVERY DAY 1 AT LEAST ONCE A WEEK 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		LESS THAN ONCE A WEEK..... 3	
112	Do you usually listen to the radio or radio on mobile?	YES..... 1 NO..... 2 →	114
113	How often do you listen to the radio or radio on mobile: 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	
114	Do you usually watch television?	YES..... 1 NO..... 2 →	116
115	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	
116	Do you personally have a mobile phone?	YES..... 1 → NO..... 2	118
117	Do you have access to a mobile phone?	YES..... 1 NO..... 2	
118	Can you read SMS/text message on a mobile phone?	YES..... 1 NO..... 2	
119	What is your religion?	ISLAM 1 HINDUISM 2 BUDDHISM 3 CHRISTIANITY 4 OTHER 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
120	Do you belong to any of the following organizations? Such as:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>GRAMEEN BANK.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BRAC.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PROSHIKA.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ASHA.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TMSS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BURO Bangladesh.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	GRAMEEN BANK.....	1	2	BRAC.....	1	2	PROSHIKA.....	1	2	ASHA.....	1	2	TMSS.....	1	2	BURO Bangladesh.....	1	2	OTHER.....	1	2	(SPECIFY)			
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(SPECIFY)																														
121	Are you now married, separated, deserted, divorced, or widowed?	CURRENTLY MARRIED 1 SEPARATED 2 DESERTED 3 DIVORCED 4 WIDOWED..... 5																												
122	Were you married once or more than once?	MARRIED ONCE1 MARRIED MORE THAN ONCE.....2																												
123	How old were you when you started living with your (first) husband?	AGE IN YEARS..... <input type="text"/> <input type="text"/>																												
124	CHECK 121: CODE 1 CIRCLED <input type="checkbox"/> CODE 2 OR 3 OR 4 OR 5 CIRCLED <input type="checkbox"/> → 129 <div style="text-align: center; margin-top: 10px;"> ↓ </div>																													
125	Is your husband staying with you now or is he staying elsewhere?	STAYING WITH ME.....1 STAYING ELSEWHERE2	→ 129																											
126	How long has your husband been staying away from home? (IF LESS THAN 1MONTH WRITE 00, IF MORE THAN 95 MONTHS OR MORE WRITE 95 MONTHS)	MONTH..... <input type="text"/> <input type="text"/>																												
127	How many times did he come home in the past 12 months?	NUMBER OF TIMES <input type="text"/> <input type="text"/> HUSBAND LIVES AWAY LESS																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
		THAN 12 MONTHS.....96 DID NOT COME IN THE PAST 12 MONTHS98																						
128	When was the last time you saw your husband? IF LESS THAN ONE MONTH WRITE '00'	MONTH AGO,..... <input type="text"/> <input type="text"/> NOT YET LIVES WITH HUSBAND.....96																						
129	<p>The government of Bangladesh and NGOs have been conducting programs to provide food support as well as a package of development services to vulnerable people. Now we would like to ask you some questions to know if you or any member of your family are a beneficiary of such programs</p> <p>Is anyone in your household currently a recipient of the following government and NGOs assistance schemes? Such as;</p> <p>VGD VGF WIDOW ELDERLY ALLOWANCE OTHER SCHEMES</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>VGD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VGF</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WIDOW ALLOWANCE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ELDERLY ALLOWANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	VGD	1	2	VGF	1	2	WIDOW ALLOWANCE.....	1	2	ELDERLY ALLOWANCE	1	2	OTHER.....	1	2	(SPECIFY)			
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ELDERLY ALLOWANCE	1	2																						
OTHER.....	1	2																						
(SPECIFY)																								
130	How often did you eat three `square meals' (full stomach meals) a day in the past 12 months (not a festival day)?	3 MEALS EACH DAY1 MOSTLY 3 MEALS EACH DAY2 RARELY (3 MEALS PER DAY 1-6 TIMES IN YEAR)3 NEVER.....4																						
131	Do you have a <i>Shurjer Hashi</i> health card?	YES1 NO2																						

Section 2: Reproduction

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you some questions about your childbearing.		
201	Have you ever given birth?	YES1 No2 →	206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES1 NO2 →	204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD "00".	SONS AT HOME <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES1 NO2 →	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 <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
208	INTERVIEWER: SUM ANSWERS TO 203, 205, and 207, AND ENTER TOTAL. IF NONE, RECORD "00".	TOTAL <input type="text"/> <input type="text"/>	
209	INTERVIEWER: CHECK Q.208:		

	<p>Just to make sure that what I have written is correct: you have had in TOTAL _____ births during your life. Is that correct? <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p style="margin-left: 100px;">→</p>		
210	<p>Interviewer: Check Q.208 and circle in appropriate code</p>	<p>One or more births..... 1</p> <p>No births 2 →</p>	301

211. Now I would like to record the names of all your children you have given birth to since January 2014 whether alive, living with you, or dead, or living outside of your home. I want to start with the youngest one.

INTERVIEWER: RECORD NAMES OF THE YOUNGEST TO OLDEST BIRTH. IF NO NAME WAS GIVEN, RECORD 'NO NAME' IN 213. RECORD TWINS AND TRIPLETS AS SEPARATE BIRTHS.

212	213	214	215	216	217	218	219
Line no.	What name is/was given to your (youngest/next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. (IF LESS THAN 1YEAR RECORD 00)	Does (NAME) live with you or outside?
1	Name: _____	Yes . 1 No... 2	Boy 1 Girl . 2	Month..... <input type="checkbox"/> <input type="checkbox"/> Year. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If month and year of birth is before January 2014, skip to 220	Yes 1 No..... 2 ↓ Next child	Age in years <input type="checkbox"/> <input type="checkbox"/>	Home..... 1 Outside ...2
2	Name: _____	Yes . 1 No... 2	Boy 1 Girl . 2	Month..... <input type="checkbox"/> <input type="checkbox"/> Year. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If month and year of birth is before January 2014, skip to 220	Yes 1 No..... 2 ↓ Next child	Age in years <input type="checkbox"/> <input type="checkbox"/>	Home..... 1 Outside ...2
3	Name: _____	Yes . 1 No... 2	Boy 1 Girl . 2	Month..... <input type="checkbox"/> <input type="checkbox"/> Year. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If month and year of birth is before January 2014, skip to 220	Yes 1 No..... 2 ↓ Next child	Age in years <input type="checkbox"/> <input type="checkbox"/>	Home..... 1 Outside ...2
4	Name: _____	Yes . 1 No... 2	Boy 1 Girl . 2	Month..... <input type="checkbox"/> <input type="checkbox"/> Year. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If month and year of birth is before	Yes 1 No..... 2 ↓	Age in years <input type="checkbox"/> <input type="checkbox"/>	Home..... 1 Outside ...2

				January 2014, skip to 220	Skip to 220		
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220	INTERVIEWER: CHECK Q. 216 AND WRITE TOTAL NUMBER OF LIVE BIRTHS RECORDED IN Q. 216 SINCE JANUARY 2014. IF NONE, RECORD '0'	BIRTH SINCE JANUARY 2014 <input type="checkbox"/>	
-----	--	---	--

SECTION 3: CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Interviewer: Check Q.121 and circle in appropriate code.	CURRENTLY MARRIED..... 1 SEPARATED 2 DESERTED 3 DIVORCED 4 WIDOWED..... 5	323
302	Are you pregnant now?	YES 1 NO 2 UNSURE 3	304
303	How many months pregnant are you?	MONTHS <input type="text"/> <input type="text"/>	313
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.			
304	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... 1 NO 2	313
305	Which method are you using? CIRCLE ALL MENTIONED IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST	FEMALE STERILIZATION.....A MALE STERILIZATIONB IUD..... C IMPLANTS/NORPLANT..... D INJECTABLES.....E PILL/MINI PILL.....F CONDOM..... G SAFE PERIOD/PERIODIC ABSTINENCE L WITHDRAWAL M LAM N OTHER _____ X (SPECIFY)	308 321
306	In what facility did the sterilization take place?	PUBLIC SECTOR	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>_____</p> <p>(NAME OF PLACE)</p> <p>_____</p> <p>(LOCATION)</p>	<p>HOSPITAL/MEDICAL COLLEGE 11</p> <p>FAMILY WELFARE CENTRE 12</p> <p>UPAZILA HEALTH COMPLEX..... 13</p> <p>MCWC..... 14</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>NGO SECTOR</p> <p>SMILING SUN CLINIC 21</p> <p>MARIE STOPES CLINIC 31</p> <p>UPHCP CLINIC..... 41</p> <p>OTHER NGOS..... 45</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC..... 51</p> <p>QUALIFIED DOCTOR'S CHAMBER . 52</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
307	In what month and year was the sterilization performed?	<p>MONTH..... <input type="checkbox"/> <input type="checkbox"/>]</p> <p>YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>]</p>	310
308	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>_____</p> <p>(NAME OF PLACE/NAME OF WORKER)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/MEDICAL COLLEGE 11</p> <p>FAMILY WELFARE CENTRE 12</p> <p>UPAZILA HEALTH COMPLEX..... 13</p> <p>MCWC..... 14</p> <p>RURAL DISPENSARY/</p> <p>COMMUNITY CLINIC..... 15</p> <p>SATELLITE CLINIC/</p> <p>EPI OUTREACH SITE..... 16</p> <p>HA 17</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<hr/> (LOCATION)	FWA 18 NGO SECTOR SMILING SUN STATIC CLINIC 21 SATELLITE CLINIC..... 22 COMMUNITY SERVICE PROVIDER (CSP)/DEPOTHOLDER/SERVICE PROMOTER 23 MARIE STOPES STATIC CLINIC 31 SATELLITE CLINIC..... 32 FIELD WORKER..... 33 UPHCP STATIC CLINIC 41 SATELLITE CLINIC..... 42 FIELD WORKER..... 43 BRAC FIELD WORKER/SASTHYASEBIKA ... 44 OTHER NGOS STATIC CLINIC 45 SATELLITE CLINIC..... 46 FIELD WORKER..... 47 PRIVATE MEDICAL SECTOR PRIVATEHOSPITAL/ CLINIC..... 51 QUALIFIED DOCTOR 52 VILLAGE DOCTOR 53 PHARMACIST/PHARMACY..... 54 TRADITIONAL HEALER/ KABIRAJ .. 55 SHOP 61 OTHER 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		(SPECIFY) DON'T KNOW 98	
309	Since what month and year have you been using (CURRENT METHOD) without stopping?	MONTH..... <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
310	In the last three months have you experienced any side effects or complications with your/your husband's current FP method?	YES..... 1 NO 2	→ 323
311	Did you/your husband discuss these side effects or complications with anybody?	YES 1 NO 2 Don't know about husband 3	→ 323
312	Whom did you have this discussion with?	HUSBAND A HEALTH WORKER NHSDP HEALTH WORKER B OTHER HEALTH WORKERS C FRIEND/RELATIVE/NEIGHBOUR D OTHER(Specify) X	→ 323
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... 1 NO 2	
314	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES..... 1 NO 2	→ 316
315	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 01 MENOPAUSAL/HYSTERECTOMY 02 SUBFECUND/INFECUND 03 WANTS AS MANY CHILDREN AS POSSIBLE 04 OPPOSITION TO USE RESPONDENT OPPOSED 11 HUSBAND OPPOSED 12 OTHERS OPPOSED 13 RELIGIOUS PROHIBITION 14 LACK OF KNOWLEDGE	→

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		KNOWS NO METHOD 21 KNOWS NO SOURCE..... 22 METHOD-RELATED REASONS HEALTH CONCERNS 31 FEAR OF SIDE EFFECTS..... 32 LACK OF ACCESS/TOO FAR 33 COSTS TOO MUCH 34 INCONVENIENT TO USE..... 35 INTERFERES WITH BODY'S NORMAL PROCESSES 36 OTHER(SPECIFY)..... 96 DON'T KNOW..... 98	323
316	When do you want to use a contraceptive method in the future?	WITHIN 1 YEAR 1 2-3 YEARS..... 2 AFTER 3 YEARS 3 NOT YET DECIDED 4	
317	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION..... 01 MALE STERILIZATION 02 IUD..... 03 IMPLANTS 04 INJECTABLES..... 05 PILL/MINI PILL..... 06 CONDOM..... 07 SAFE PERIOD/PERIODIC ABSTINENCE 08 WITHDRAWAL 09 NOT YET DECIDED/DK 95 OTHER 96 (SPECIFY)	
318	Interviewer: Check 316 and circle in appropriate code.	CODE 1 IS CIRCLED 1 CODE 2, OR 3 OR 4 IS CIRCLED..... 2	→ 321

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	Have you had any discussions regarding family planning use with anybody?	YES..... 1 NO 2 →	321
320	Whom did you have this discussion with?	HUSBANDA HEALTH WORKER NHSDP WORKERB OTHER HEALTH WORKERS..... C FRIEND/RELATIVE/NEIGHBOUR..... D OTHER (Specify)X	
321	Do you know of a place where you can obtain a method of family planning?	YES..... 1 NO 2 →	323
322	Where/From whom can you get the method? _____ (NAME OF PLACE/NAME OF WORKER) _____ (LOCATION)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGEA FAMILY WELFARE CENTREB UPAZILA HEALTH COMPLEX..... C MCWC..... D RURAL DISPENSARY/ COMMUNITY CLINIC.....E SATELLITE CLINIC/ EPI OUTREACH SITE.....F HA/FWA G NGO SECTOR SMILING SUN STATIC CLINIC H SATELLITE CLINIC.....I COMMUNITY SERVICE PROVIDER (CSP)/DEPOTHOLDER J MARIE STOPES STATIC CLINICK SATELLITE CLINIC.....L FIELD WORKER..... M UPHCP STATIC CLINIC N	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>(NAME OF PLACE/NAME OF WORKER)</p> <hr/> <p>(LOCATION)</p>	<p>SATELLITE CLINIC..... O</p> <p>FIELD WORKER.....P</p> <p>BRAC</p> <p>FIELD WORKER/SASTHYASEBIKA Q</p> <p>OTHER NGOS</p> <p>STATIC CLINIC R</p> <p>SATELLITE CLINIC.....S</p> <p>FIELD WORKER.....T</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATEHOSPITAL/ CLINIC..... U</p> <p>QUALIFIED DOCTORV</p> <p>VILLAGE DOCTOR/ TRADITIONAL HEALER/ KABIRAJ.....W</p> <p>PHARMACIST/PHARMACY.....Y</p> <p>SHOP.....Z</p> <p>OTHERX</p> <p>(SPECIFY)</p>	
323	<p>Now we would like to talk about possible problems that a woman might face when she is going to have a child.</p> <p>What are the complications or problems during pregnancy/ that may threaten the life of the mother?</p> <p>What are the complications or problems during delivery that may threaten the life of the mother?</p> <p>What are the complications or problems after the delivery that may threaten the life of the mother?</p> <p>Any other?</p>	<p>SEVERE HEADACHE/BLURRY VISION/ HIGH BLOOD PRESSURE/ PRE-ECLAMSIAA</p> <p>EDEMA..... B</p> <p>CONVULSION/ECLAMSIAC</p> <p>EXCESSIVE VAGINAL BLEEDINGD</p> <p>FOUL-SMELLING DISCHARGE WITH HIGH FEVER E</p> <p>JAUNDICE..... F</p> <p>TETANUS.....G</p> <p>BABY’S HAND OR FEET OUT/ BABY IN WRONG POSITIONH</p> <p>PROLONGED LABOR I</p> <p>OBSTRUCTED LABOR..... J</p> <p>RETAINED PLACENTA..... K</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		TORN UTERUS..... L ANEMIA..... M OTHER..... X (SPECIFY) DON'T KNOW Y	

SECTION 4: BIRTH PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Interviewer: Check 302 and circle in appropriate code.	YES 1 NO 2 UNSURE..... 3 NO CODE IS CIRCLED 4	→ 501
402	Have decisions been made regarding where you will have your delivery?	YES 1 NO 2	→ 405
403	How many months pregnant were you when you made the decision on the place of your delivery?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
404	Where was it decided to have the delivery?	HOME..... 11 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ... 21 UPAZILA HEALTH COMPLEX 22 MATERNAL AND CHILD WELFARECENTER (MCWC)..... 23 FAMILY WELFARE CENTER..... 24 NGO SECTOR SMILING SUN STATIC CLINIC 31 MARIE STOPES CLINIC 32 UPHCP CLINIC 33 OTHER NGOHOSPITAL/ CLINIC... 34 BRAC BIRTHING HUT 35 PRIVATE SECTOR PVT. HOSPITAL/CLINIC 41 OTHER..... 96 (SPECIFY)	→ 410
405	Have decisions been made regarding who will assist your delivery?	YES 1 NO 2	→ 410
406	How many months pregnant were you when you decided who will assist your delivery?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
407	Who was decided will assist in the delivery?	HEALTH PROFESSIONAL	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANTS(CSBA) D MA/SACMO E HA F FWA G OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) H UNTRAINED TBA (DAI) I VILLAGE DOCTOR J HOMEOPATH K TRADITIONAL HEALER/ KABIRAJ . L RELATIVES M NEIGHBOUR/FRIENDS N OTHER X (SPECIFY)	410
408	Are any of these Smiling Sun providers?	YES 1 NO 2	410
409	Which type of Smiling Sun providers?	QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC B	
410	Has there been any discussion in your family about: (Read out) a) Where to seek assistance in case of emergency? b) Whom to call in case of emergency? c) Make arrangement for transport in case of emergency? d) Make arrangement for money in case of emergency?	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>No Yes</p> <p>Where to seek .. 2 →</p> <p>Who to call 2 →</p> <p>Transport 2 →</p> <p>Money 2 →</p> </div> <div style="width: 50%;"> <p>410A How many months pregnant were you when you discussed? (If 'DK' write '98')</p> <p>Months .. <input type="text"/> <input type="text"/></p> <p>Months .. <input type="text"/> <input type="text"/></p> <p>Months .. <input type="text"/> <input type="text"/></p> <p>Months .. <input type="text"/> <input type="text"/></p> </div> </div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
411	During this pregnancy have you seen anyone for a medical check-up?	YES 1 NO 2 →	413																											
412	How many months pregnant were you when you first received medical check-up i.e., antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																												
413	During this pregnancy, have any of the following been tested or measured? (Read out) A. Weight? B. Height? C. Blood pressure (put a cuff on your arm with air pumped into it)? D. Urine? E. Blood? F. Eye for anemia? G. Ultrasonogram H. Abdominal examination	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD PRESSURE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>EYE FOR ANEMIA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ULTRASONOGRAM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ABDOMINAL EXAMINATION..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WEIGHT	1	2	HEIGHT	1	2	BLOOD PRESSURE	1	2	URINE	1	2	BLOOD	1	2	EYE FOR ANEMIA	1	2	ULTRASONOGRAM	1	2	ABDOMINAL EXAMINATION..	1	2	
	YES	NO																												
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EYE FOR ANEMIA	1	2																												
ULTRASONOGRAM	1	2																												
ABDOMINAL EXAMINATION..	1	2																												
414	I would like to ask some questions on whether you have seen/heard of Shurjer Hashi's 'MAYER Bank' Have you heard about Shurjer Hashi 'MAYER Bank'?	Yes 1 No 2 →	501																											
415	During this pregnancy, have you used a Shurjer Hashi Mayer Bank to save money?	YES 1 NO 2																												

SECTION 5: PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK: 220 ONE OR MORE BIRTH <input type="checkbox"/> SINCE JANUARY 2014 <input type="checkbox"/>	NO BIRTH SINCE <input type="checkbox"/>	601
502	INTERVIEWER: CHECK 212 AND ENTER LINE NUMBER IN Q.503 & NAME AND SURVIVAL STATUS IN Q.504 OF THE YOUNGEST CHILD WHO WAS BORN SINCE JANUARY 2014. IF TWINS, WRITE THE NAME AND LINE NUMBER OF THE YOUNGEST ONE.		
503	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER..... <input type="checkbox"/>	
504	NAME FROM 213 AND SURVIVAL STATUS FROM 217	NAME <input type="checkbox"/> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	
Now I would like to ask you some questions about your most recent birth born in the last three years.			
		Last child	
505	When you were pregnant with (NAME), did you see anyone for a medical check-up?	YES 1 NO 2	512
506	Whom did you see? Anyone else? (MULTIPLE RESPONSE) PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PROFESSIONAL QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANTS (CSBA) D MA/SACMO E HA F FWA G SMILING SUN QUALIFIED DOCTOR H NURSE/MIDWIFE/PARAMEDIC I FIELDWORKER/COMMUNITY SERVICE PROVIDER J OTHER NGO SHASTHA SEBIKA K FIELD WORKER L	

		<p>OTHER PERSON</p> <p>TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) M</p> <p>UNTRAINED TBA (UTBA).....N</p> <p>VILLAGE DOCTORO</p> <p>HOMEOPATHP</p> <p>TRADITIONAL HEALER/ KABIRAJ..Q</p> <p>OTHER _____X</p> <p>(SPECIFY)</p>	
507	How many months pregnant were you when you first received medical check-up i.e., antenatal care for this pregnancy?	<p>MONTHS <input type="checkbox"/> <input type="checkbox"/></p> <p>DON'T KNOW 98</p>	
508	How many times did you receive a medical check-up during this pregnancy?	<p>NO. OF TIMES <input type="checkbox"/> <input type="checkbox"/></p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>Where did you get your (last) antenatal check-up?</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>_____</p> <p>(LOCATION)</p>	<p>HOME 01</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL/MEDICAL COLLEGE..... 11</p> <p>FAMILY WELFARE CENTRE 12</p> <p>UPAZILA HEALTH COMPLEX..... 13</p> <p>MCWC 14</p> <p>RURAL DISPENSARY/ COMMUNITY CLINIC 15</p> <p>SATELLITE CLINIC/ EPI OUTREACH SITE 16</p> <p>SMILING SUN</p> <p>STATIC CLINIC 21</p> <p>SATELLITE CLINIC 22</p> <p>MARIE STOPES</p> <p>STATIC CLINIC..... 23</p> <p>SATELLITE CLINIC 24</p> <p>UPHCP</p> <p>STATIC CLINIC..... 25</p> <p>SATELLITE CLINIC 26</p> <p>OTHER NGO</p> <p>STATIC CLINIC..... 27</p> <p>SATELLITE CLINIC 28</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 41</p> <p>QUALIFIED DOCTOR'S CHAMBER. 42</p> <p>VILLAGE DOCTOR'S CHAMBER..... 43</p> <p>PHARMACIST/PHARMACY 44</p> <p>HOMEOPATH DOCTOR'S CHAMBER ... 45</p> <p>TRADITIONAL HEALER/ KABIRAJ'S CHAMBER 46</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		DON'T KNOW..... 98	
510	During this checkup, did the health providers discuss the use of clean Delivery Kit for the delivery? SHOW THE DELIVERY KIT	YES 1 NO 2	
511	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>A. Were you weighed?</p> <p>B. Was your height measured?</p> <p>C. Was your blood pressure measured (putting a cuff on your arm with air pumped into it)?</p> <p>D. Did you give urine sample?</p> <p>E. Did you give blood sample?</p> <p>F. Were your eyes checked for anemia?</p> <p>G. Did you have an ultrasonography?</p> <p>H. Abdominal examination</p> <p>I. Did you receive counselling on danger signs of pregnancy?</p>	<p style="text-align: right;">YES NO</p> <p>WEIGHT 1 2</p> <p>HEIGHT 1 2</p> <p>BLOOD PRESSURE 1 2</p> <p>URINE 1 2</p> <p>BLOOD 1 2</p> <p>EYE FOR ANEMIA 1 2</p> <p>ULTRASONOGRAPHY 1 2</p> <p>ABDOMINAL EXAMINATION 1 2</p> <p>COUNSELLING..... 1 2</p>	513
512	<p>Why did you not see anyone?</p> <p>(MULTIPLE RESPONSE)</p> <p>PROBE TO IDENTIFY ALL REASONS AND RECORD ALL MENTIONED.</p>	<p>TOO FAR A</p> <p>INCONVENIENT SERVICE HOUR B</p> <p>UNPLEASANT STAFF C</p> <p>LACK OF EXPERIENCED STAFF D</p> <p>LACK OF PRIVACY E</p> <p>INADEQUATE DRUG SUPPLY F</p> <p>LONG WAITING TIME G</p> <p>SERVICE TOO EXPENSIVE H</p> <p>RELIGIOUS REASON I</p> <p>NOT NEEDED/NOT NECESSARY J</p> <p>DID NOT KNOW OF NEED FOR CARE K</p> <p>UNABLE TO GO/NOT PERMITTED TO LEAVE HOUSE L</p> <p>DID NOT KNOW OF A PLACE/DID NOT KNOW WHERE TO GO M</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		HUSBAND/FATHER IN LAW/ MOTHER IN LAWDOESN'T APPROVEN OTHER X (SPECIFY)	
513	Did you take any iron tablet or iron syrup during this pregnancy? SHOW TABLET/SYRUP.	YES 1 NO 2 DON'T KNOW 8	515
514	How many days did you take iron tablet or iron syrup for during this pregnancy? PROBE WEEKS/MONTHS DURING REGNANCY TO CALCULATE NUMBER OF DAYS	Number of days <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
515	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC..... B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANTS(CSBA) D MA/SACMO E HA F FWA G OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) H UNTRAINED TBA (DAI) I VILLAGE DOCTOR J HOMEOPATH K TRADITIONAL HEALER/ KABIRAJLRELATIVES M NEIGHBOUR/FRIENDS N OTHER X (SPECIFY) None Z	518
516	Were any of these Smiling Sun providers?	YES1 NO2	518
517	Which types of Smiling Sun providers were these?	QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC B	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
518	Where did you give birth to (NAME)? _____ (NAME OF PLACE) _____ (LOCATION)	HOME.....11 → PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE21 UPAZILA HEALTH COMPLEX22 MATERNAL AND CHILD WELFARECENTER (MCWC).....23 FAMILY WELFARE CENTER24 NGO SECTOR SMILING SUN STATIC CLINIC31 MARIE STOPES CLINIC32 UPHCP CLINIC.....33 OTHER NGOHOSPITAL/ CLINIC34 BRAC BIRTHING HUT 35 PRIVATE SECTOR PVT. HOSPITAL/CLINIC41 OTHER96 (SPECIFY)	520
519	What was the main reason for choosing this facility? (REFER TO Q518)?	It is safe 01 Service providers are known 02 Near to my house..... 03 Low cost 04 Service Providers behave nicely 05 Medicine available 06 Have done ANC..... 07 Previous delivery done..... 08 Husband chose 09 Other family members chose 10 Referred by Service provider..... 11 Other 96 (Specify)	
520	Did you or any of your family members ever use a mobile phone to get health services or advice for you or (NAME) during pregnancy, delivery?	YES.....1 NO.....2 →	523
521	What reasons were the mobile phone used for? (MULTIPLE RESPONSE) PROBE TO IDENTIFY ALL REASONS AND RECORD ALL MENTIONED.	Finding out what to do.....A Contacting service provider.....B Arranging transport.....C Collecting money.....D Facilitating delivery at home.....E Other (Specify)X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
522	<p>Who was contacted?</p> <p>(MULTIPLE RESPONSE)</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PROFESSIONAL</p> <p>QUALIFIED DOCTOR A</p> <p>NURSE/MIDWIFE/PARAMEDIC..... B</p> <p>FAMILY WELFARE VISITOR C</p> <p>COMMUNITY SKILLED BIRTH ATTENDANTS(CSBA) D</p> <p>MA/SACMO E</p> <p>HA..... F</p> <p>FWA..... G</p> <p>SMILING SUN</p> <p>QUALIFIED DOCTOR H</p> <p>NURSE/MIDWIFE/PARAMEDIC I</p> <p>COMMUNITY SERVICE PROVIDER/FIELD WORKER J</p> <p>OTHER NGO</p> <p>SHASTHA SEBIKA..... K</p> <p>FIELD WORKER L</p> <p>OTHER PERSON</p> <p>TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) M</p> <p>UNTRAINED TBA (DAI) N</p> <p>VILLAGE DOCTOR O</p> <p>HOMEOPATH P</p> <p>TRADITIONAL HEALER/ KABIRAJ..... Q</p> <p>NEIGHBOUR/RELATIVE/FRIEND R</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
523	<p>I would like to ask some questions on whether you have seen/heard of Shurjer Hashi's 'MAYER Bank'</p> <p>During the pregnancy with (Name of youngest child), did you see/hear about Shurjer Hashi 'MAYER Bank'?</p>	<p>YES..... 1</p> <p>No 2</p>	525
524	<p>During that time, did you use a Shurjer Hashi Mayer Bank to save money?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525	INTERVIEWER: CHECK Q518 AND CIRCLE IN APPROPRIATE CODE	Code 11 (Home) is circled.....1 Code 11 (Home) is not circled.....2	531
526	Now I would like to ask you some specific questions about what was done with (NAME) during and immediately following delivery Was a Clean Delivery Kit used during the delivery of (NAME)?SHOW THE DELIVERY KIT	YES1 NO2 DON'T KNOW.....8	529
527	Who bought the delivery kit?	MYSELF1 HUSBAND/FAMILY2 BIRTH ATTENDANT3 DOCTOR/NURSE/PARAMEDIC4 OTHER(Specify)6	
528	Was it bought from a 'Shurjer Hashi' outlet?	YES1 NO2 DON'T KNOW.....8	
529	What was used to cut the cord?	BLADE FROM DELIVERY BAG1 BLADE FROM OTHER SOURCE.....2 BAMBOO STRIPS3 SCISSOR4 OTHER6 (SPECIFY) CORD WAS NOT CUT7 DON'T KNOW.....8	531
530.	Was the _____ sterilized or boiled (instrument) before the cord was cut?	YES1 NO2 DON'T KNOW.....8	
531	Was anything applied to the cord immediately after cutting and tying it?	YES1 NO2 DON'T KNOW.....8	533

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
532	What was applied to the cord after it was cut and tied? Anything else?	ANTIBIOTICS (POWDER/OINTMENT) A ANTISEPTIC (DETOL/SAVLON/HEXISOL) B SPIRIT/ALCOHOL C CHLOROXIDINE D MUSTARD OIL WITH GARLIC E CHEWED RICE F TURMERIC JUICE/POWDER G GINGER JUICE H SHIDUR I BORIC POWDER J GENTIAN VIOLET (BLUE INK) K TALCUM POWDER L MUSTARD OIL M ASH/BURNT SOIL/GOAT DUNG N OTHER X (SPECIFY) DON'T KNOW Y	
533	How long after delivery was (NAME) bathed for the first time? IF LESS THAN ONE DAY, RECORD IN HOURS. IF LESS THAN ONE WEEK, RECORD IN DAYS.	Immediately 0 00 Hours 1 <input type="checkbox"/> <input type="checkbox"/> Days 2 <input type="checkbox"/> <input type="checkbox"/> Weeks 3 <input type="checkbox"/> <input type="checkbox"/> Not bath 997 Don't know 998	
534	How long after birth was (NAME) dried?	<5 minutes 1 5-9 minutes 2 10+ minutes 3 Not dried 4 Don't know 8	
535	After the birth, was (NAME) put directly on the bare skin of your chest? SHOW THE WOMAN A PICTURE OF SKIN TO SKIN POSITION	YES 1 NO 2 DONT KNOW 8	
536	After (name) was born, did any health provider like doctor/nurse/birth attendant check on your health?	YES 1 NO 2	→ 542
537	How long after the delivery did the first check-up take place? IF WITHIN TWO DAYS RECORD HOURS IF 2 DAYS OR MORE AND WITHIN ONE WEEK RECORD DAYS, OTHER WISE RECORD IN WEEKS	HOURS 1 <input type="checkbox"/> <input type="checkbox"/> DAYS 2 <input type="checkbox"/> <input type="checkbox"/> WEEKS 3 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 998	
538	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON	HEALTH PROFESSIONAL QUALIFIED DOCTOR 01 NURSE/MIDWIFE/PARAMEDIC 02 FAMILY WELFARE VISITOR 03	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		<p>COMMUNITY SKILLED BIRTH ATTENDANTS(CSBA).....04</p> <p>MA/SACMO05</p> <p>HA.....06</p> <p>FWA.....07</p> <p>SMILING SUN</p> <p>QUALIFIED DOCTOR.....08</p> <p>NURSE/MIDWIFE/PARAMEDIC09</p> <p>CSP/FIELD WORKER.....10</p> <p>OTHER NGO</p> <p>SHASTHA SEBIKA.....11</p> <p>FIELD WORKER12</p> <p>OTHER PERSON</p> <p>TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA)13</p> <p>UNTRAINED TBA (DAI)14</p> <p>VILLAGE DOCTOR15</p> <p>HOMEOPATH.....16</p> <p>TRADITIONAL HEALER/ KABIRAJ.....17</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>	
539	<p>Where did this first check-up take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>MEDICAL PERSON AT HOME01</p> <p>NON-MEDICAL PERSON AT HOME02</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL/MEDICAL COLLEGE.....11</p> <p>FAMILY WELFARE CENTRE12</p> <p>UPAZILA HEALTH COMPLEX.....13</p> <p>MCWC14</p> <p>RURAL DISPENSARY/</p> <p>COMMUNITY CLINIC15</p> <p>SATELLITE CLINIC/</p> <p>EPI OUTREACH SITE16</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p style="text-align: center;">_____ (LOCATION)</p>	<p>SMILING SUN</p> <p>STATIC CLINIC21</p> <p>SATELLITE CLINIC22</p> <p>MARIE STOPES</p> <p>STATIC CLINIC.....23</p> <p>SATELLITE CLINIC24</p> <p>UPHCP</p> <p>STATIC CLINIC.....25</p> <p>SATELLITE CLINIC26</p> <p>OTHER NGO</p> <p>STATIC CLINIC.....27</p> <p>SATELLITE CLINIC28</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC41</p> <p>QUALIFIED DOCTOR'S CHAMBER.....42</p> <p>VILLAGE DOCTOR'S CHAMBER.....43</p> <p>PHARMACIST/PHARMACY44</p> <p>HOMEOPATH DOCTOR'S CHAMBER45</p> <p>TRADITIONAL HEALER/ KABIRAJ'S CHAMBER46</p> <p>OTHER96</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW.....98</p>	
540	Interviewer: Check 537 and circle in appropriate code.	<p>CODE 1 IS CIRCLED 1</p> <p>CODE 2 OR 3 OR 998 IS CIRCLED → 542</p> <p>..... 2</p>	
541	During your postnatal visit, were any of the following tested or measured?	<p>YES</p> <p>NO</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	A. Pulse? B. Blood pressure (put a cuff on your arm with air pumped into it)? C. Eye for anemia? D. Jaundice? E. Edema? F. Lower abdomen (such as; Tenderness, Height of uterus, Uterus hard or soft, and Wound)? G. Breast (such as; Engorgement, Redness, Temperature, Cracked nipple) H. Perineum (sushas; Episiotomy wound, Tear, Swelling, PV Bleeding, any vaginal discharge: amount and smell)	PULSE 1 2 BLOOD PRESSURE 1 2 EYE FOR ANEMIA 1 2 JAUNDICE 1 2 EDEMA 1 2 ABDOMINAL 1 2 BREAST 1 2 PERINEUM 1 2	
542	After (name) was born did any medical personnel check on your baby's health?	YES 1 NO 2 DON'T KNOW 8	548
543	How many days or weeks after the delivery did the first check take place? IF WITHIN TWO DAYS RECORD HOURS IF 2 DAYS OR MORE AND WITHIN ONE WEEK RECORD DAYS, OTHERWISE RECORD IN WEEKS	HOURS 1 <input type="checkbox"/> <input type="checkbox"/> DAYS 2 <input type="checkbox"/> <input type="checkbox"/> WEEKS 3 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 998	
544	Who checked your baby's health at that time? PROBE FOR MOST QUALIFIED PERSON	HEALTH PROFESSIONAL QUALIFIED DOCTOR 01 NURSE/MIDWIFE/PARAMEDIC 02 FAMILY WELFARE VISITOR 03 COMMUNITY SKILLED BIRTH ATTENDANTS(CSBA) 04 MA/SACMO 05 HA 06 FWA 07 SMILING SUN QUALIFIED DOCTOR 08 NURSE/MIDWIFE/PARAMEDIC 09 CSP/FIELD WORKER 10	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		<p>OTHER NGO SHASTHA SEBIKA..... 11 FIELD WORKER 12</p> <p>OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) 13 UNTRAINED TBA (DAI) 14 VILLAGE DOCTOR 15 HOMEOPATH..... 16 TRADITIONAL HEALER/ KABIRAJ..... 17 OTHER _____ 96 (SPECIFY)</p>	
545	<p>Where did this first check-up take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(Name of place)</p> <p>_____</p> <p>(Location)</p>	<p>HOME MEDICAL/NON-MEDICAL PERSON AT HOME..... 01</p> <p>PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE..... 11 FAMILY WELFARE CENTRE 12 UPAZILA HEALTH COMPLEX..... 13 MCWC 14 RURAL DISPENSARY/ COMMUNITY CLINIC 15 SATELLITE CLINIC/ EPI OUTREACH SITE 16</p> <p>SMILING SUN STATIC CLINIC 21 SATELLITE CLINIC 22</p> <p>MARIE STOPES STATIC CLINIC..... 23 SATELLITE CLINIC 24</p> <p>UPHCP</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		STATIC CLINIC..... 25 SATELLITE CLINIC 26 OTHER NGO STATIC CLINIC..... 27 SATELLITE CLINIC 28 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 41 QUALIFIED DOCTOR'S CHAMBER. 42 VILLAGE DOCTOR'S CHAMBER..... 43 PHARMACIST/PHARMACY 44 HOMEOPATHDOCTOR'S CHAMBER 45 TRADITIONAL HEALER/ KABIRAJ'S CHAMBER 46 OTHER _____ 96 (SPECIFY) DON'T KNOW..... 98	
546	Interviewer: Check 543 and circle in appropriate code.	CODE 1 IS CIRCLED 1 CODE 2 OR 3 OR 998 IS CIRCLED.....2	→ 548
547	During your baby's health check-up, were any of the following tested or measured? Such as: A. Weight? B. Height? C. Respiration? D. Umbilicus? E. Temperature? F. Any congenital anomalies? G. Danger signs?	YES NO DK WEIGHT 1 2 8 HEIGHT 1 2 8 RESPIRATION 1 2 8 UMBILICUS 1 2 8 TEMPERATURE..... 1 2 8 CONGENITAL 1 2 8 DANGER SIGN..... 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
548	Did you ever breastfeed (NAME)?	YES 1 NO 2 →	556
549.	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 0 00 HOURS..... 1 <input type="checkbox"/> <input type="checkbox"/> DAYS..... 2 <input type="checkbox"/> <input type="checkbox"/>	
550.	Was _____ given colostrum immediately after (name) his/her birth?	Yes 1 No 2	
551.	In the first three days after delivery, was _____ (name) given anything to drink other than breast milk?	Yes 1 No 2 →	553
552.	What was _____ given to drink? (name) Anything else?	Milk (Other than breast milk, such as cow/goat milk) A Plain water B Sugar/Mishri/Glucose water C Gripe water D Sugar-salt-water solution E Fruit juice F Infant formula/tin milk G Tea/liquid H Honey I Mustered Oil J Coffee K Other X (Specify)	
553	INTERVIEWER: CHECK Q. 504 AND CIRCLE IN APPROPRIATE CODE.	Living 1 Dead 2 →	601
554	Are you still breastfeeding (NAME)?	YES 1 → NO 2	556
555	For how many months did you breastfeed (NAME)? IF LESS THAN 1 MONTH, RECORD "00".	MONTHS <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 98	
556	INTERVIEWER: CHECK 216 AND 219, ALL ROWS AND TICK IN APPROPRIATE BOX. NUMBER OF CHILDREN BORN IN JANUARY 2015 OR LATER LIVING WITH THE RESPONDENTS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> →		601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>RECORD NAME OF YOUNGEST CHILD LIVING WITH RESPONDENT AND CONTINUE WITH 557</p> <p>NAME OF YOUNGEST CHILD: _____ LINE NUMBER: <input data-bbox="1209 454 1262 506" type="checkbox"/></p>		

557	<p>Now I would like to ask you about liquids or foods that (NAME) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME) (drink/eat) last 24 hours (during the day or at night):</p> <p>A) Plain water?</p> <p>B) Juice or juice drinks?</p> <p>C) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>D) Infant formula like Lactogen? IF YES: How many times did (NAME) drink infant formula? TIMES IF 7 OR MORE TIMES, RECORD '7'.</p> <p>E) Any other liquids?</p> <p>F) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>G) Any commercially fortified baby food like Cereal</p> <p>H) Bread, rice, noodles, porridge, or other foods made from grains?</p> <p>I) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p> <p>J) White potatoes, white yams, manioc, cassava, or any other foods made from roots?</p> <p>K) Any dark green, leafy vegetables like spinach, poi sag, methi, kolmi, kochu, palak?</p> <p>L) Ripe mangoes, papayas, ripe kathal, bangi or other Vitamin A rich fruits?</p> <p>M) Any other fruits like banana, grapes, apple, guava or other vegetables like cabbage, patal, kopi?</p> <p>N) Liver, kidney, heart or other organ meats?</p> <p>O) Any meat, such as beef, pork, lamb, goat, chicken or</p>	<p style="text-align: right;">YES NO DK</p> <p>A. 1.....2 8 B. 1.....2 8 C. 1.....2 8</p> <p>Number of times drank milk <input type="text"/> <input type="text"/></p> <p>D. 1.....2 8 Number of times drank formula <input type="text"/> <input type="text"/></p> <p>E. 1.....2 8 F. 1.....2 8 Number of times ate yogurt <input type="text"/> <input type="text"/></p> <p>G. 1.....2 8 H. 1.....2 8</p> <p>I. 1.....2 8</p> <p>J. 1.....2 8</p> <p>K. 1.....2 8</p> <p>L. 1.....2 8 M. 1.....2 8</p> <p>N. 1.....2 8 O. 1.....2 8</p> <p>P. 1.....2 8 Q. 1.....2 8</p> <p>R. 1.....2 8 S. 1.....2 8</p> <p>T. 1.....2 8</p>	
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	<p>duck?</p> <p>P) Eggs?</p> <p>Q) Fish, shrimps or crab?</p> <p>R) Any foods made from beans, peas, lentils, or nuts?</p> <p>S) Cheese or other food made from milk like paneer?</p> <p>T) Any other solid, semi-solid, or soft food (bengali sweets)?</p>		
558	INTERVIEWER: CHECK 557 (CATEGORIES "F" THROUGH "T") AND CIRCLE IN APPROPRIATE CODE.	<p>AT LEAST ONE CODE 1 (YES) IN "F" THROUGH "T" IS CIRCLED 1 → 560</p> <p>NOT A SINGLE ONE CODE 1 (YES) IN "F" THROUGH "T" IS CIRCLED 2</p>	
559	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES..... 1</p> <p>(GO BACK TO 557 TO RECORD FOOD EATEN YESTERDAY)</p> <p>NO 2 →</p>	601
560	<p>How many times did (NAME FROM 559) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	

SECTION 6: KNOWLEDGE ABOUT HEALTH SERVICES/PROVIDERS

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	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'T REMEMBER..... 8	613
602	During the last 3 months, was there any such clinic in this area?	YES..... 1 NO 2 DON'T KNOW/CAN'T REMEMBER..... 8	613
603	Where was the temporary satellite clinic held? Who operates the satellite clinic that was held here? Name _____ Location _____	NHSDP SATELLITE CLINIC.....1 GOVERNMENT SATELLITE CLINIC.....2 OTHER NGO SATELLITE CLINIC.....3 OTHER _____ 6 SPECIFY DOES NOT KNOW.....8	605
604	Are you aware of any NHSDP temporary or satellite clinic held in this area during the last 3 months? (SHOW SMILING SUN LOGO IF NECESSARY) Name: _____ Location: _____	YES..... 1 NO 2	606
605	What services are available at this (NHSDP) temporary/satellite health clinic? Any others? (MULTIPLE RESPONSE)	FAMILY PLANNING.....A MATERNAL HEALTHB CHILD HEALTH C OTHER REPRODUCTIVE HEALTH..... D GENERAL HEALTH.....E OTHERX (SPECIFY) DOES NOT KNOWY	
606	Have you visited any satellite clinic in the past 3 months?	YES..... 1 NO 2	613

607	Which satellite clinic did you visit the last time you went? Where was the satellite clinic held? Name _____ Location _____	NHSDP 1 Other NGO 2 PUBLIC 3 PRIVATE 4 OTHER _____ 6 SPECIFY DOES NOT KNOW 8	
608	What service(s) did you seek in the most recent visit? Any others? (MULTIPLE RESPONSES)	FAMILY PLANNING A MATERNAL HEALTH B CHILD HEALTH C OTHER REPRODUCTIVE HEALTH D GENERAL HEALTH E OTHER X (SPECIFY) DOES NOT KNOW Y	
609	Did anybody inform you in advance about the temporary/satellite clinics?	YES 1 NO 2	→ 611
610	Who told you?	NAME _____ HEALTH PROFESSIONAL QUALIFIED DOCTOR 01 NURSE/MIDWIFE/PARAMEDIC 02 FAMILY WELFARE VISITOR 03 MA/SACMO 04 FWA 05 NHSDP STATIC CLINIC WORKER 06 SATELL. CLINIC WORKER 07 COMMUNITY MOBILIZER 08 DEPOT HOLDER 09 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) 10 UNTRAINED TBA (DAI) 11	

		UNQUALIFIED DOCTOR 12 RELATIVE..... 13 NEIGHBOR..... 14 GOVT. SATELLITE CLINIC WORKER 15 OTHER NGO WORKER 16 OTHER 96 (SPECIFY)	
611	Did you visit any other satellite clinic other than (NAME OF CLINIC IN 607) in the last 3 months?	YES..... 1 NO 2	→ 613
612	What type of a satellite clinic is that? Any others? (MULTIPLE RESPONSES)	NHSDPA Other NGO.....B PUBLIC C PRIVATE.....D OTHER.....X SPECIFY DOES NOT KNOWY	
613	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?	YES1 NO2	→ 624
614	Which hospitals/clinics do you know of? (SHOW SMILING SUN LOGO IF NECESSARY) Any others? (MULTIPLE RESPONSES) Name_____ Location_____	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGEA FAMILY WELFARE CENTRE..... B UPAZILA HEALTH COMPLEXC MCWCD RURAL DISPENSARY/ COMMUNITY CLINIC..... E NHSDP NGO STATIC CLINIC F OTHER NGO HOSPITALG CLINICH PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC I PRIVATE DOCTOR'S CHAMBERJ	→ 616

	Name _____ Location _____	TRADITIONAL DOCTOR K PHARMACY L OTHER _____ X (SPECIFY) DON'T KNOW Y	
615	CHECK: 'F' IS NOT CIRCLED IN 614 Are you aware of any NHSDP clinic? (SHOW SMILING SUN LOGO IF NECESSARY) Name: _____ Location: _____	YES 1 NO 2 →	617
616	What services are available at (NHSDP) hospital/clinic Any others? (MULTIPLE RESPONSES)	FAMILY PLANNING A MATERNAL HEALTH B CHILD HEALTH C OTHER REPRODUCTIVE HEALTH D GENERAL HEALTH E DELIVERY F OTHER X (SPECIFY) DOES NOT KNOW Y	
617	Have you used any hospital/clinic in the last 6 months?	YES 1 NO 2 →	624
618	What type of a hospital/clinic did you visit last time? What is the location and who operates the clinic? Name _____ Location _____	NHSDP 1 Other NGO 2 PUBLIC 3 PRIVATE 4 OTHER _____ 6 SPECIFY DOES NOT KNOW 8	
619	What service(s) did you seek in the most recent visit?	FAMILY PLANNING A MATERNAL HEALTH B	

	Any others? (MULTIPLE RESPONSES)	CHILD HEALTHC OTHER REPRODUCTIVE HEALTHD GENERAL HEALTH E DELIVERY..... F OTHER.....X (SPECIFY) DOES NOT KNOW..... Y	
620	Did anybody refer you or inform you in advance about the hospital/clinic?	YES 1 NO 2	622 →
621	Who told you? Name_____	HEALTH PROFESSIONAL QUALIFIED DOCTOR..... 01 NURSE/MIDWIFE/PARAMEDIC ... 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 15 OTHER NGO WORKER..... 16 OTHER_____ 96 (SPECIFY)	
622	Did you visit any other static hospital/clinic other than (NAME OF CLINIC FROM 618) in the last 6 months?	YES 1 NO 2	624 →

623	What type of hospital/clinic was it? Any others? (MULTIPLE RESPONSES)	NHSDP A Other NGO B PUBLIC C PRIVATE D OTHER _____ X SPECIFY DOES NOT KNOW Y	
624	Is there anybody in your area from whom you can get health information or supplies of pills, condoms, ORS or vitamin A?	YES 1 NO 2 DON'T KNOW/CAN'T REMEMBER 8	635
625	Who is she? Number of total service provider <input type="checkbox"/> Name: _____ (Column 1) Location: _____ Name: _____ (Column 2) Location: _____		
626	CHECK 625: IF THE RESPONDENT MENTIONED THE NAME OF ONLY ONE PROVIDER, THEN ASK QUESTIONS 627-634 IN COLUMN 1. IF THE RESPONDENT MENTIONED MORE THAN ONE PROVIDER'S NAME, THEN ASK THE QUESTIONS 627-634 IN COLUMN 1 FOR THE 1 ST PROVIDER AND THEN ASK QUESTIONS 627A-634A IN COLUMN 2 FOR THE 2 ND PROVIDER.		
Column 1		Column 2	
627. Which organization does she belong to? NHSDP DEPTHOLDER 1 BRAC SHASTHASHABIKA 2 GOV'T F.P. WORKER 3 GOV'T HEALTH WORKER 4 OTHER NGO WORKER 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8		627A. Which organization does she belong to? NHSDP DEPTHOLDER 1 BRAC SHASTHASHABIKA 2 GOV'T F.P. WORKER 3 GOV'T HEALTH WORKER 4 OTHER NGO WORKER 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
628. In the last 6 months, did you receive any information from her on health or family planning?		628A. In the last 6 months, did you receive any information from her on health or family planning?	

<p>YES 1</p> <p>NO 2 →</p>	<p>630</p>	<p>YES 1</p> <p>NO 2 →</p>	<p>630A</p>
<p>629. What information did you receive?</p> <p>FAMILY PLANNINGA</p> <p>TREATMENT OF SIDE EFFECTS/ ADVICEB</p> <p>MATERNAL HEALTH.....C</p> <p>CHILD HEALTHD</p> <p>DIARRHEA TREATMENT/ORSE</p> <p>ARI TREATMENT INFORMATION.....F</p> <p>VITAMIN A G</p> <p>ILLNESSES (GENERAL) INFORMATION ..H</p> <p>OTHER CHILD CARE I</p> <p>TREATMENT OF RTI/STD INFORMATION J</p> <p>GENERAL HEALTHK</p> <p>OTHER.....X</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....Y</p>		<p>629A. What information did you receive?</p> <p>FAMILY PLANNINGA</p> <p>TREATMENT OF SIDE EFFECTS/ ADVICE.....B</p> <p>MATERNAL HEALTH..... C</p> <p>CHILD HEALTH..... D</p> <p>DIARRHEA TREATMENT/ORS.....E</p> <p>ARI TREATMENT INFORMATION.....F</p> <p>VITAMIN A..... G</p> <p>ILLNESSES (GENERAL) INFORMATION.. H</p> <p>OTHER CHILD CARE I</p> <p>TREATMENT OF RTI/STD INFORMATION J</p> <p>GENERAL HEALTHK</p> <p>OTHERX</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW..... Y</p>	
<p>630. In the last 6 months, did you receive any family planning and health services from her?</p> <p>YES 1</p> <p>NO 2 →</p>	<p>632</p>	<p>630A. In the last 6 months, did you receive any family planning and health services from her?</p> <p>YES 1</p> <p>NO 2 →</p>	<p>632A</p>
<p>631. What services did you receive?</p> <p>ORAL PILL A</p> <p>CONDOMB</p> <p>OTHER FP METHOD.....C</p> <p>ORS.....D</p> <p>VITAMIN AE</p> <p>CHILD HEALTH F</p> <p>GENERAL HEALTHG</p> <p>OTHERX</p> <p>(SPECIFY)</p>		<p>631A. What services did you receive?</p> <p>ORAL PILLA</p> <p>CONDOMB</p> <p>OTHER FP METHODC</p> <p>ORS.....D</p> <p>VITAMIN A.....E</p> <p>CHILD HEALTH..... F</p> <p>GENERAL HEALTH G</p> <p>OTHERX</p> <p>(SPECIFY)</p>	
<p>632. In the last 6 months, has she referred or told you to go to any satellite or static clinic for health and family planning services?</p> <p>YES 1</p> <p>NO 2 →</p>	<p>634</p>	<p>632A. In the last 6 months, has she referred or told you to go to any satellite or static clinic for health and family planning services?</p> <p>YES 1</p> <p>NO 2 →</p>	<p>634A</p>

633. For what service did she refer? FAMILY PLANNINGA MATERNAL HEALTH.....B CHILD HEALTHC OTHER REPRODUCTIVE HEALTHD GENERAL HEALTHE DELIVERY.....F OTHER.....X (SPECIFY) DOES NOT KNOW.....Y		633A. For what service did she refer? FAMILY PLANNINGA MATERNAL HEALTHB CHILD HEALTH.....C OTHER REPRODUCTIVE HEALTH.....D GENERAL HEALTHE DELIVERY.....F OTHER.....X (SPECIFY) DOES NOT KNOW.....Y	
634. In the last 6 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		634A. In the last 6 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 Q. 627A IN COLUMN -2 FOR 2ND PROVIDER, IF NO MORE PROVIDER GO TO Q635.			
635.	CHECK FACE SHEET Domain: Urban/Rural AND TICK IN APPROPRIATE BOX: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> ↓ Urban/Rural project (Code 1 or 3) </div> <div style="text-align: center;"> <input type="checkbox"/> → Urban/Rural non project (Code 2 or 4) </div> </div>		700
636	Have you ever attended a meeting by a community mobilizer/service promoter (NAME OF COMMUNITY MOBILIZER/SERVICE PROMOTER)?	YES 1 NO 2	700
637	What was the meeting about?	NEWLYWED MEETINGA PREGNANCY CAREB FAMILY PLANNINGC CHILD HEALTH.....D HIV/AIDS/STDS.....E NUTRITIONF OTHER.....X (SPECIFY) DON'T KNOW/NOT REMEMBERY	
638	When was the last time that you attended a meeting? IF LESS THAN ONE MONTH AGO, WRITE '00'. IF MORE THAN 95 MONTHS, WRITE '95'.	MONTHS AGO <input type="text"/> <input type="text"/> DON'T KNOW/CAN'T REMEMBER..... 98	

SECTION SEVEN

This part of the questionnaire asks you to express your opinions about the availability, cost and quality of healthcare in your community. Your answers are important to the success of this study.

Thank you for your assistance.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700.	Have you visited a hospital/health clinic in the last 3 months?	Yes 1 No.....2	→ 712
700a	What is the name of the hospital or clinic that you visited last time in the last 3 months? Name _____ Location _____	NHSDP HOSPITAL/CLINIC.....1 Other NGO.....2 PUBLIC.....3 PRIVATE4 OTHER _____6 SPECIFY DOES NOT KNOW8	

Five questions on general satisfaction:

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	How satisfied are you with the services/care you received in your most recent visit?	Very dissatisfied.....1 Dissatisfied 2 Somewhat satisfied.....3 Satisfied4 Very satisfied5 DK.....8	
702.	Did you pay for the services/care you received during your most recent visit to a hospital/health clinic in the last 3 months?	Yes1 No.....2	→ 705
703.	Was the cost of services/care at the clinic reasonable, somewhat reasonable or not reasonable for you?	Very unreasonable1 Unreasonable2 Somewhat reasonable3 Reasonable4 Very Reasonable5 DK.....8	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
704.	How satisfied are you with the services/care you received at this clinic compared to what you paid?	Very dissatisfied.....1 Dissatisfied2 Somewhat satisfied.....3 Satisfied4 Very satisfied5 DK.....8	
705.	Would you recommend this clinic to your friend/relative?	Will strongly discourage1 Discourage.....2 Will not recommend.....3 Recommend4 Recommend strongly5 DK.....8	

Questions on five dimensions of perceived quality: Medicine availability; Medical information; Staff behaviour; Doctor behaviour; and Facility infrastructure:

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
706.	Were you able to get all the necessary medicines /contraceptives method easily?	Could not get any med/method ...1 Got partial med/ method but not easily2 Got all med/ method but not easily. 3 Got partial med/ method easily4 Got all med/method easily5 Not applicable6 DK8	
707.	Were the clinic workers helpful to you to provide the services?	Not at all helpful1 Not helpful2 Somewhat helpful3 Helpful4 Very helpful.....5 DK8	
708.	Did the health worker listen carefully to what you had to say?	Did not listen1 Listened but not carefully2 Listened somewhat carefully 3 Listened carefully4 Listened very carefully5 Not need to talk6 DK8	
709.	Did the health provider give you enough time?	No time1 Not enough time2 Somewhat enough time3 Enough time.....4 Lot of time.....5 DK8	
710.	Was the health provider ready to answer your questions?	Not at all ready1 Not ready2 Somewhat ready3 Ready4 Very ready5 DK8	
711.	What was the condition of the waiting room?	Very bad1 Bad2 Not good but not bad3 Good4 Very good5 DK8	

For all respondents

We would now like to ask some questions about the Smiling Sun clinics specifically, even if you have never visited one.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712.	Have you heard of the Smiling Sun Clinic”?	Yes 1 No..... 2 →	715
713.	“Smiling Sun Clinics are for people like me”- please tell your opinion about this statement?	Not agree..... 1 Partially agree 2 Agree 3 DK 8	
714.	If Smiling Sun offered services to other members of your family (older children and men), would you be more, or less likely to visit Smiling Sun for women’s health issues?	More likely to visit 1 Less likely to visit..... 2 Will not visit.....3 DK 8	
715.	Finally, what are the top five reasons for choosing the hospital/clinic you had visited most often to receive health services?	It is safe..... A It is modern..... B It is clean C Service provider is known to me .. D Service providers are women E Quality of service is high..... F Near to my house G Low cost..... H Service Providers behave nicely... I Service Providers treat me with respect J Medicine is available there K Laboratory services available L General family services are available M Privacy and confidentiality are assured N Services are for women only..... O Have done ANC there..... P Previous delivery done there Q Husband chooses..... R Other family members choose S Referred by Health Service provider T Free service (no cost)..... U Transportation facility is good..... V Other..... X (specify)	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Never visited any clinic/hospital.....Y	
716	RECORD THE TIME.	HOUR <input type="checkbox"/> <input type="checkbox"/> MINUTES <input type="checkbox"/> <input type="checkbox"/>	
INTERVIEWERS: SAY THANK YOU AND END THE INTERVIEW.			

APPENDIX C. COMMUNITY QUESTIONNAIRE

Community Questionnaire

IDENTIFICATION

DIVISION _____ (BARISAL=1; CHITTAGONG=2; DHAKA=3; KHULNA=4; RAJSHAHI=5; RANGPUR=6; SYLHET=7)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DISTRICT _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
UPAZILA/THANA _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
UNION/WARD _____	<input type="checkbox"/> <input type="checkbox"/>
VILLAGE/MOHALLA/BLOCK _____	<input type="checkbox"/> <input type="checkbox"/>
CLUSTER NUMBER	
EMOC YES = 1 NO = 2	
TYPE OF AREA: CHAR AREA = 1 AROUND = 2 SLUM AREA = 3 RURAL = 4 URBAN = 5	

DATE OF VISIT _____ RESULTS OF THE INTERVIEW: [COMPLETED =1, INCOMPLETE = 2, OTHER (SPECIFY) = 6] NAME OF INTERVIEWER _____	DAY..... <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RESULT..... <input type="checkbox"/> INTERVIEWER CODE..... <input type="checkbox"/> <input type="checkbox"/>
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<p>NAME OF PERSON INTERVIEWED</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>6 _____</p>	<table border="0"> <tr> <td>POSITION</td> <td>SEX</td> </tr> <tr> <td>ELECTED OFFICIAL 01 <input type="checkbox"/> <input type="checkbox"/></td> <td>MALE 1 <input type="checkbox"/></td> </tr> <tr> <td>RELIGIOUS LEADER..... 02 <input type="checkbox"/> <input type="checkbox"/></td> <td>FEMALE..... 2 <input type="checkbox"/></td> </tr> <tr> <td>TEACHER/EDUCATOR..... 03 <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>DOCTOR/HEALTH OFFICIAL..... 04 <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SERVICE HOLDER..... 05 <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>BUSINESS PERSON 06 <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>OTHER _____ 96 <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(SPECIFY)</td> <td></td> </tr> </table>	POSITION	SEX	ELECTED OFFICIAL 01 <input type="checkbox"/> <input type="checkbox"/>	MALE 1 <input type="checkbox"/>	RELIGIOUS LEADER..... 02 <input type="checkbox"/> <input type="checkbox"/>	FEMALE..... 2 <input type="checkbox"/>	TEACHER/EDUCATOR..... 03 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	DOCTOR/HEALTH OFFICIAL..... 04 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	SERVICE HOLDER..... 05 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	BUSINESS PERSON 06 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____ 96 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	(SPECIFY)	
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OTHER _____ 96 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>																		
(SPECIFY)																			
<p>BEGINNING TIME:</p>	<p>HOUR <input type="checkbox"/> <input type="checkbox"/></p> <p>..... <input type="checkbox"/> <input type="checkbox"/></p>																		

Section 1: Basic Community Characteristics

Starting time: Hour

Minute

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
100	PERMISSION RECEIVED TO CONTINUE?	YES 1 NO 2 → Stop	
100A	CHECK RURAL <input type="checkbox"/> ↓ AREA	URBAN <input type="checkbox"/> → AREA	107
101	How far is the Upazila Headquarters? IF LESS THAN ONE MILE/KILOMETER, RECORD "00". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE 1 <input type="text"/> <input type="text"/> KILOMETER ... 2 Don't know.....998	
102	Which is the most common type of transportation i.e, most of the people use to go to the Upazila Headquarters?	CAR/BUS/TEMPO01 MOTORCYCLE.....02 MOTOR LAUNCH.....03 BICYCLE04 ANIMAL CART.....05 BOAT06 PATH.....07 RICKSHAW/RICKSHAW VAN08 TRAIN.....09 BABY TAXI 10 OTHER _____ 96 (SPECIFY)	
103	How long does it take to get to the Upazila Headquarters using the transportation (MENTIONED IN Q 102)?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	
104	How far is the District Headquarters? IF LESS THAN ONE MILE/KILOMETER, RECORD "00". RECORD "997" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE 1 <input type="text"/> <input type="text"/> KILOMETER ... 2 Don't know.....998	

105	Which is the most common type of transportation i.e, most of the people use to get to the District Headquarters?	CAR/BUS/TEMPO01 MOTORCYCLE.....02 MOTOR LAUNCH.....03 BICYCLE04 ANIMAL CART.....05 BOAT06 PATH.....07 RICKSHAW/RICKSHAW VAN08 TRAIN.....09 BABY TAXI10 OTHER_____ 96 (SPECIFY)	
106	How long does it take to get to the District Headquarters using the transportation (MENTIONED IN Q 105)?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
107	What is the main access route to this village/mohalla ?	ALL WEATHER ROAD/ PACCA ROAD/MOTORABLE..... 1 SEASONAL ROAD/EARTHEN ... 2 WATERWAY 3 PATH 4 OTHER_____ 6 (SPECIFY)	
108	What are the main economic activities in this area/village? (CIRCLE ALL MENTIONED)	AGRICULTUREA LIVESTOCKB FISHING.....C COMMERCED MANUFACTURINGE DAY LABOR.....F SERVICE..... G OTHER_____X (SPECIFY)	
109	How far is the nearest (daily) market from this village/mohalla? IF LESS THAN ONE MILE/KILOMETER, RECORD "00". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE.....1 KILOMETER....2 Don't know.....998	<input type="text"/> <input type="text"/>
109A	CHECK <input type="checkbox"/> RURAL <input type="checkbox"/> AREA	URBAN <input type="checkbox"/> AREA	<input type="checkbox"/> → 111
110	How far is the nearest weekly market from this village? IF LESS THAN ONE MILE/KILOMETER, RECORD "000". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS. RECORD "98" IF DON'T KNOW.	MILE.....1 KILOMETER....2 Don't know.....998	<input type="text"/> <input type="text"/>
111	What is the primary source of water for the majority of people in this village/mohalla?	PIPED 01 PUBLIC TAP 02	

		WELL 03	
		TUBE WELL 04	
		RIVER/STREAM/LAKE..... 05	
		RAINWATER..... 06	
		OTHER _____96	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
118	How far is it from here to the nearest place that provides : (IF NEAREST PLACE IS IN VILLAGE/MOHALLA, RECORD '000'. IF DON'T KNOW DISTANCE, RECORD '998'.		
	CONDOMS	MILE 1 KILOMETER2	<input type="text"/>
	PILL	MILE 1 KILOMETER2	<input type="text"/>
	INJECTABLES	MILE 1 KILOMETER2	<input type="text"/>
	IUD	MILE 1 KILOMETER2	<input type="text"/>
	VASECTOMY	MILE 1 KILOMETER2	<input type="text"/>
	TUBECTOMY	MILE 1 KILOMETER2	<input type="text"/>
	NORPLANT	MILE 1 KILOMETER2	<input type="text"/>
	ANC	MILE 1 KILOMETER2	<input type="text"/>
	Delivery	MILE 1 KILOMETER2	<input type="text"/>
	PNC	MILE 1 KILOMETER2	<input type="text"/>

Section2. Health Service Availability

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

200. HEALTH FACILITY	201. Where is the HEALTH FACILITY located?	202. What is HEALTH FACILITY's operating authority?	203. What is NGO FACILITY's operating authority?	203a. What services does _____ (Facility) provide?	204. How far in miles/kilometers is the FACILITY located from the center of the community? IF LOCATED IN THE community/ MOHALLA, RECORD '000'	205. What is the shortest time needed to walk to the health facility from center of the community?	206. When did the FACILITY first open?	207. For how long has the HEALTH FACILITY been open?	207. Is the HEALTH FACILITY in this thana?
01A. HOSPITAL (nearest) Name: Don't know None	District: Thana: Location:	Government <input type="checkbox"/> 01 (Skip to 203a) NGO <input type="checkbox"/> 02 Private <input type="checkbox"/> 03 Religious <input type="checkbox"/> 04 Other <input type="checkbox"/> 96 Don't know <input type="checkbox"/> 98 (Skip to 203a)	BRAC 01 Marie Stopes 02 Smiling Sun .03 UPHCP 04 Other 96 Don't know .. 98	ANC/PNC A Normal Delivery B C-section C Child Health D Family Planning E Nutrition f Other X Don't Know Y	Mile 1 <input type="text"/> <input type="text"/> Kilometer ..2 DK 998	Minute 1 <input type="text"/> <input type="text"/> Hour... 2 DK 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 208 DK 9998	Years <input type="text"/> <input type="text"/> DK 98	YES1 → 02A NO .2 → 01B
01B. HOSPITAL (in this Upazila) Name: Don't know None	District: Thana: Location:	Government <input type="checkbox"/> 01 (Skip to 203a) NGO <input type="checkbox"/> 02 Private <input type="checkbox"/> 03 Religious <input type="checkbox"/> 04 Other <input type="checkbox"/> 96 Don't know <input type="checkbox"/> 98	BRAC 01 Marie Stopes 02 Smiling Sun .03 UPHCP 04 Other 96 Don't know .. 98	ANC/PNC A Normal Delivery B C-section C Child Health D Family Planning E Nutrition f Other X Don't Know Y	Mile 1 <input type="text"/> <input type="text"/> Kilometer ..2 DK 998	Minute 1 <input type="text"/> <input type="text"/> Hour... 2 DK 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 02A ↳ DK 9998	Years <input type="text"/> <input type="text"/> DK 98	

200. HEALTH FACILITY	201. Where is the HEALTH FACILITY located?	202. What is HEALTH FACILITY's operating authority?	203. What is NGO FACILITY's operating authority?	203a. What services does _____ (Facility) provide?	204. How far in miles/kilometers is the FACILITY located from the center of the community? IF LOCATED IN THE community/ MOHALLA, RECORD '000'	205. What is the shortest time needed to walk to the health facility from center of the community?	206. When did the FACILITY first open?	207. For how long has the HEALTH FACILITY been open?	207. Is the HEALTH FACILITY in this thana?
		(Skip to 203a)							
02A. Upazila Health Complex (nearest) Name: Don't know None	District: Thana: Location:	Government .01		ANC/PNC A Normal Delivery B C-section C Child Health D Family Planning E Nutrition f Other X Don't Know Y	Mile 1 <input type="text"/> <input type="text"/> Kilometer..2 DK..... 998	Minute 1 <input type="text"/> <input type="text"/> Hour... 2 DK 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 208 DK..... 9998	Years <input type="text"/> <input type="text"/> DK 98	YES1 → 03A NO .2 → 02B
02B. Upazila Health Complex (in this Upazila) Name: Don't know None	District: Thana: Location:	Government .01		ANC/PNC A Normal Delivery B C-section C Child Health D Family Planning E Nutrition f Other X Don't Know Y	Mile 1 <input type="text"/> <input type="text"/> Kilometer..2 DK..... 998	Minute 1 <input type="text"/> <input type="text"/> Hour... 2 DK 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 03A DK..... 9998	Years <input type="text"/> <input type="text"/> DK 98	
03A. Family Welfare Center (nearest) Name: Don't know None	District: Thana: Location:	Government .01		ANC/PNC A Normal Delivery B C-section C Child Health D Family Planning E Nutrition f Other X Don't Know Y	Mile 1 <input type="text"/> <input type="text"/> Kilometer..2 DK..... 998	Minute 1 <input type="text"/> <input type="text"/> Hour... 2 DK 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 208 DK..... 9998	Years <input type="text"/> <input type="text"/> DK 98	YES1 → 04A NO .2 → 03B

200. HEALTH FACILITY	201. Where is the HEALTH FACILITY located?	202. What is HEALTH FACILITY's operating authority?	203. What is NGO FACILITY's operating authority?	203a. What services does _____ (Facility) provide?	204. How far in miles/kilometers is the FACILITY located from the center of the community? IF LOCATED IN THE community/ MOHALLA, RECORD '000'	205. What is the shortest time needed to walk to the health facility from center of the community?	206. When did the FACILITY first open?	207. For how long has the HEALTH FACILITY been open?	207. Is the HEALTH FACILITY in this thana?
03B. Family Welfare Center (in this Upazila) Name: Don't know None	District: Thana: Location:	Government .01		ANC/PNC A Normal Delivery B C-section C Child Health D Family Planning E Nutrition f Other X Don't Know Y	Mile 1 <input type="text"/> <input type="text"/> Kilometer...2 DK..... 998	Minute 1 <input type="text"/> <input type="text"/> Hour... 2 DK 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 04A DK..... 9998	Years <input type="text"/> <input type="text"/> DK 98	
04A. MCWC (nearest) Name: Don't know None	District: Thana: Location:	Government .01		ANC/PNC A Normal Delivery B C-section C Child Health D Family Planning E Nutrition f Other X Don't Know Y	Mile 1 <input type="text"/> <input type="text"/> Kilometer...2 DK..... 998	Minute 1 <input type="text"/> <input type="text"/> Hour... 2 DK 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 208 DK..... 9998	Years <input type="text"/> <input type="text"/> DK 98	YES1 → 05A NO .2 → 04B
04B. MCWC (in this Upazila) Name: Don't know None	District: Thana: Location:	Government .01		ANC/PNC A Normal Delivery B C-section C Child Health D Family Planning E Nutrition f Other X Don't Know Y	Mile 1 <input type="text"/> <input type="text"/> Kilometer...2 DK..... 998	Minute 1 <input type="text"/> <input type="text"/> Hour... 2 DK 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 05A DK..... 9998	Years <input type="text"/> <input type="text"/> DK 98	

200. HEALTH FACILITY	201. Where is the HEALTH FACILITY located?	202. What is HEALTH FACILITY's operating authority?	203. What is NGO FACILITY's operating authority?	203a. What services does (Facility) provide?	204. How far in miles/kilometers is the FACILITY located from the center of the community? IF LOCATED IN THE community/ MOHALLA, RECORD '000'	205. What is the shortest time needed to walk to the health facility from center of the community?	206. When did the FACILITY first open?	207. For how long has the HEALTH FACILITY been open?	207. Is the HEALTH FACILITY in this thana?
05A. NHSDP Static clinic (nearest) Name: Don't know None	District: Thana: Location:	NHSDP (Rural).....05 NHSDP (Urban).....06		ANC/PNC A Normal Delivery B C-section C Child Health D Family Planning E Nutrition f Other X Don't Know Y	Mile 1 <input type="text"/> <input type="text"/> Kilometer ..2 DK 998	Minute.... <input type="text"/> <input type="text"/> Hour..... 2 DK 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> └─┬─▶ 208 DK.....9998	Years <input type="text"/> <input type="text"/> DK 98	YES1 → 06A NO .2 → 05B
04B. NHSDP Static clinic (in this Upazila) Name: Don't know None	District: Thana: Location:	NHSDP (Rural).....05 NHSDP (Urban).....06		ANC/PNC A Normal Delivery B C-section C Child Health D Family Planning E Nutrition f Other X Don't Know Y	Mile 1 <input type="text"/> <input type="text"/> Kilometer ..2 DK 998	Minute.... 1 <input type="text"/> <input type="text"/> Hour..... 2 DK 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> └─┬─▶ 06A DK.....9998	Years <input type="text"/> <input type="text"/> DK 98	

List all of the PRIVATE CLINICS that are available for use by people in this community.

200. HEALTH FACILITY	201. Where is the HEALTH FACILITY located?	202. What is HEALTH FACILITY's operating authority?	203. What is NGO FACILITY's operating authority?	203a. What services does _____ (Facility) provide?	204. How far in miles/kilometers is the FACILITY located from the center of the community? IF LOCATED IN THE community/ MOHALLA, RECORD '000'	205. What is the shortest time needed to walk to the health facility from center of the community?	206. When did this facility first open?	207. For how long has HEALTH FACILITY been open?	208. Any others ?
06 A. PRIVATE CLINIC (nearest) NAME: DON'T KNOW	DISTRICT: THANA: LOCATION:	Private..... 03 Religious . 04 Other..... 96 Don't know 98		ANC/PNC..... A Normal Delivery .. B C-section..... C Child Health D Family Planning .. E Nutrition.....f Other X Don't Know..... Y	Mile <input type="text"/> <input type="text"/> Kilometer..2 DK.... 998	Minute .. <input type="text"/> <input type="text"/> Hour2 DK..... 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 208 DK.....9998	<input type="text"/> <input type="text"/> YEARS..... DK.....98	YES ... 1 → 06B NO 2 → 07A
06B. PRIVATE CLINIC NAME: DON'T KNOW	DISTRICT: THANA: LOCATION:	Private..... 03 Religious . 04 Other..... 96 Don't know 98		ANC/PNC..... A Normal Delivery .. B C-section..... C Child Health D Family Planning .. E Nutrition.....f	Mile <input type="text"/> <input type="text"/> Kilometer..2 DK.... 998	Minute .. <input type="text"/> <input type="text"/> Hour2 DK..... 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 208 DK.....9998	<input type="text"/> <input type="text"/> YEARS..... DK.....98	YES ... 1 → 06C NO 2 → 07A

				Other X Don't Know..... Y					
06C. PRIVATE CLINIC NAME: DON'T KNOW	DISTRICT: THANA: LOCATION:	Private..... 03 Religious . 04 Other..... 96 Don't know 98		ANC/PNC..... A Normal Delivery .. B C-section..... C Child Health D Family Planning .. E Nutrition..... f Other X Don't Know..... Y	Mile 1 <input type="text"/> <input type="text"/> Kilometer.. 2 DK.... 998	Minute .. <input type="text"/> <input type="text"/> Hour 2 DK..... 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 208 DK.....9998	<input type="text"/> <input type="text"/> YEARS..... DK..... 98	YES ... 1 → 06D NO 2 → 07A
06D. PRIVATE CLINIC NAME: DON'T KNOW	DISTRICT: THANA: LOCATION:	Private..... 03 Religious . 04 Other..... 96 Don't know 98		ANC/PNC..... A Normal Delivery .. B C-section..... C Child Health D Family Planning .. E Nutrition..... f Other X Don't Know..... Y	Mile 1 <input type="text"/> <input type="text"/> Kilometer.. 2 DK.... 998	Minute .. <input type="text"/> <input type="text"/> Hour 2 DK..... 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 208 DK.....9998	<input type="text"/> <input type="text"/> YEARS..... DK..... 98	

List all of the OTHER NGO CLINICS that are available for use by people in this community.

200. HEALTH FACILITY	201. Where is the HEALTH FACILITY located?	203. What is NGO's operating authority?	203a. What services does _____ (Facility) provide?	204. How far in miles/kilometers is the FACILITY located from the center of the community? IF LOCATED IN THE community/ MOHALLA, RECORD '000'	205. What is the shortest time needed to walk to the health facility from center of the community?	206. When did this facility first open?	207. For how long has HEALTH FACILITY been open?	208. Any others ?
07A. NGO CLINIC (nearest) NAME: DON'T KNOW	DISTRICT: THANA: LOCATION:	BRAC 01 Marie Stopes . 02 Smiling Sun .. 03 UPHCP 04 Other 96 Don't know..... 98	ANC/PNC A Normal Delivery .. B C-section C Child Health D Family Planning .. E Nutrition f Other X Don't Know Y	Mile.....1 <input type="text"/> <input type="text"/> Kilometer ..2 DK 998	Minute.. 1 <input type="text"/> <input type="text"/> Hour..... 2 DK.....998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ → 208 DK9998	<input type="text"/> <input type="text"/> YEARS DK98	YES..1 → 07B NO ...2 → 08A
07B. NGO CLINIC NAME:	DISTRICT: THANA:	BRAC 01 Marie Stopes . 02 Smiling Sun .. 03	ANC/PNC A Normal Delivery .. B C-section C	Mile.....1 <input type="text"/> <input type="text"/> Kilometer ..2 DK 998	Minute.. 1 <input type="text"/> <input type="text"/> Hour..... 2	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ → 208	<input type="text"/> <input type="text"/> YEARS	YES. 1 → 07C NO ...2 → 08A

DON'T KNOW	LOCATION:	UPHCP 04 Other 96 Don't know..... 98	Child HealthD Family Planning ..E Nutrition.....f OtherX Don't Know.....Y		DK.....998	DK.....9998	DK98	
07C.NGO CLINIC NAME: DON'T KNOW	DISTRICT: THANA: LOCATION:	BRAC 01 Marie Stopes . 02 Smiling Sun .. 03 UPHCP 04 Other 96 Don't know..... 98	ANC/PNC.....A Normal Delivery ..B C-section.....C Child HealthD Family Planning ..E Nutrition.....f OtherX Don't Know.....Y	Mile.....1 <input type="text"/> <input type="text"/> Kilometer ..2 DK..... 998	Minute.. 1 <input type="text"/> <input type="text"/> Hour..... 2 DK.....998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 208 DK.....9998	YEAARS <input type="text"/> <input type="text"/> DK98	YES. 1 → 07D NO ...2 → 08A
07D. NGO CLINIC NAME: DON'T KNOW	DISTRICT: THANA: LOCATION:	BRAC 01 Marie Stopes . 02 Smiling Sun .. 03 UPHCP 04 Other 96 Don't know..... 98	ANC/PNC.....A Normal Delivery ..B C-section.....C Child HealthD Family Planning ..E Nutrition.....f	Mile.....1 <input type="text"/> <input type="text"/> Kilometer ..2 DK..... 998	Minute.. 1 <input type="text"/> <input type="text"/> Hour..... 2 DK.....998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 07A DK.....9998	YEAARS <input type="text"/> <input type="text"/> DK98	

			Other X						
			Don't Know Y						

List all of the COMMUNITY CLINICS that are available for use by people in this community .

200. HEALTH FACILITY	201. Where is the HEALTH FACILITY located?	202. What is HEALTH FACILITY's operating authority?	203a. What services does _____ (Facility) provide?	204. How far in miles/kilometers is the FACILITY located from the center of the community? IF LOCATED IN THE community/ MOHALLA, RECORD '000'	205. What is the shortest time needed to walk to the health facility from center of the community?	206. When did this facility first open?	207. For how long has HEALTH FACILITY been open?	208. Any others ?
08.A. COMMUNITY CLINIC (nearest) NAME: DON'T KNOW	DISTRICT: THANA: LOCATION:	GOVt. .. 01	ANC/PNCA Normal Delivery...B C-sectionC Child Health.....D Family Planning...E NutritionF Other.....X Don't KnowY	Mile1 <input type="text"/> <input type="text"/> Kilometer ..2 DK..... 998	Minute...1 <input type="text"/> <input type="text"/> Hour.....2 DK 998	YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 208 DK..... 9998	YEARS <input type="text"/> <input type="text"/> DK98	YES1 → 07B NO .2 → 08A
08.B. COMMUNITY CLINIC	DISTRICT: THANA:	GOVt. .. 01	ANC/PNCA Normal Delivery...B C-sectionC	Mile1 <input type="text"/> <input type="text"/> Kilometer ..2 DK..... 998	Minute...1 <input type="text"/> <input type="text"/> Hour.....2	YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 208	YEARS <input type="text"/> <input type="text"/>	YES1 → 07C NO .2 → 08A

NAME: DON'T KNOW	LOCATION:		Child Health.....D Family Planning...E NutritionF Other.....X Don't KnowY		DK 998	DK.....9998	DK98	
08.C. COMMUNITY CLINIC NAME: DON'T KNOW	DISTRICT: THANA: LOCATION:	GOvt. .. 01	ANC/PNCA Normal Delivery...B C-sectionC Child Health.....D Family Planning...E NutritionF Other.....X Don't KnowY	Mile1 <input type="text"/> <input type="text"/> Kilometer ..2 DK..... 998	Minute...1 <input type="text"/> <input type="text"/> Hour.....2 DK 998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR ... ↳ 208 DK.....9998	YEARS DK98	YES1 → 07D NO .2 → 08A
08.D. COMMUNITY CLINIC NAME:	DISTRICT: THANA: LOCATION:	GOvt. .. 01	ANC/PNCA Normal Delivery...B C-sectionC Child Health.....D Family Planning...E NutritionF	Mile1 <input type="text"/> <input type="text"/> Kilometer ..2 DK..... 998	Minute...1 <input type="text"/> <input type="text"/> Hour.....2 DK 998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR ... ↳ 08A DK.....9998	YEARS DK98	

DON'T KNOW			Other.....X Don't KnowY					
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List all of the RURAL DISPENSARIES that are available for use by people in this community .

200. HEALTH FACILITY	201. Where is the HEALTH FACILITY located?	202. What is HEALTH FACILITY's operating authority?	203a. What services does _____ (Facility) provide?	204. How far in miles/kilometers is the FACILITY located from the center of the community? IF LOCATED IN THE community/ MOHALLA, RECORD '000'	205. What is the shortest time needed to walk to the health facility from center of the community?	206. When did this facility first open?	207. For how long has HEALTH FACILITY been open?	208. Any others ?
09.A. Rural Dispensary (nearest) NAME: DON'T KNOW	DISTRICT: THANA: LOCATION:	GOVt. .. 01	ANC/PNCA Normal Delivery...B C-sectionC Child Health.....D Family Planning...E Nutrition F Other.....X Don't KnowY	Mile1 <input type="text"/> <input type="text"/> Kilometer ..2 DK..... 998	Minute...1 <input type="text"/> <input type="text"/> Hour.....2 DK 998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR ... ↳ 208 DK..... 9998	<input type="text"/> <input type="text"/> YEARS DK98	YES1 → 08B NO .2 → 09A

<p>09.B. Rural Dispensary</p> <p>NAME:</p> <p>DON'T KNOW</p>	<p>DISTRICT:</p> <p>THANA:</p> <p>LOCATION:</p>	<p>GOVt. .. 01</p>	<p>ANC/PNCA</p> <p>Normal Delivery...B</p> <p>C-sectionC</p> <p>Child Health.....D</p> <p>Family Planning...E</p> <p>NutritionF</p> <p>Other.....X</p> <p>Don't KnowY</p>	<p>Mile1 <input type="text"/></p> <p>Kilometer ..2</p> <p>DK..... 998</p>	<p>Minute...1 <input type="text"/></p> <p>Hour.....2</p> <p>DK 998</p>	<p>YEAR ... <input type="text"/></p> <p>↳ 208</p> <p>DK..... 9998</p>	<p>YEARS <input type="text"/></p> <p>DK98</p>	<p>YES1 → 08C</p> <p>NO .2 → 09A</p>
<p>09.C. Rural Dispensary</p> <p>NAME:</p> <p>DON'T KNOW</p>	<p>DISTRICT:</p> <p>THANA:</p> <p>LOCATION:</p>	<p>GOVt. .. 01</p>	<p>ANC/PNCA</p> <p>Normal Delivery...B</p> <p>C-sectionC</p> <p>Child Health.....D</p> <p>Family Planning...E</p> <p>NutritionF</p> <p>Other.....X</p> <p>Don't KnowY</p>	<p>Mile1 <input type="text"/></p> <p>Kilometer ..2</p> <p>DK..... 998</p>	<p>Minute...1 <input type="text"/></p> <p>Hour.....2</p> <p>DK 998</p>	<p>YEAR ... <input type="text"/></p> <p>↳ 208</p> <p>DK..... 9998</p>	<p>YEARS <input type="text"/></p> <p>DK98</p>	<p>YES1 → 08D</p> <p>NO .2 → 09A</p>
<p>09.D. Rural Dispensary</p>	<p>DISTRICT:</p> <p>THANA:</p>	<p>GOVt. .. 01</p>	<p>ANC/PNCA</p> <p>Normal Delivery...B</p> <p>C-sectionC</p>	<p>Mile1 <input type="text"/></p> <p>Kilometer ..2</p> <p>DK..... 998</p>	<p>Minute...1 <input type="text"/></p> <p>Hour.....2</p>	<p>YEAR ... <input type="text"/></p> <p>↳ 08A</p>	<p>YEARS <input type="text"/></p>	

NAME: DON'T KNOW	LOCATION:	Child Health.....D Family Planning...E NutritionF Other.....X Don't KnowY	DK 998	DK.....9998	DK98	
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List all of the SATELLITE CLINICS that provide services to individuals in this community.

200. HEALTH FACILITY	201. Where is the HEALTH FACILITY located?	202. What is HEALTH FACILITY's operating authority?	203. What is NGO FACILITY's operating authority?	203a. What services does _____ (Facility) provide?	204. How far in miles/kilometers is the FACILITY located from the center of the community? IF LOCATED IN THE community/ MOHALLA, RECORD '000'	205. What is the shortest time needed to walk to the health facility from center of the community?	206. When did FACILITY first open?	207. For how long has HEALTH FACILITY been open?	208. Any other?
10. A. SATELLITE CLINIC (nearest) NAME:	District: Thana:	Government .01 (Skip to 203a) NGO02 Private03	BRAC.....01 Marie Stopes02 Smiling Sun..03 UPHCP04	ANC/PNCA Normal Delivery...B C-sectionC Child Health.....D	Mile..... 1 <input type="text"/> <input type="text"/> Kilometer . 2	Minute 1 <input type="text"/> <input type="text"/> Hour ...2	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 208 DK 9998	Years <input type="text"/> <input type="text"/> DK..... 98	YES 1 →10B NO.. 2 →11A

200. HEALTH FACILITY	201. Where is the HEALTH FACILITY located?	202. What is HEALTH FACILITY's operating authority?	203. What is NGO FACILITY's operating authority?	203a. What services does _____ (Facility) provide?	204. How far in miles/kilometers is the FACILITY located from the center of the community? IF LOCATED IN THE community/ MOHALLA, RECORD '000'	205. What is the shortest time needed to walk to the health facility from center of the community?	206. When did FACILITY first open?	207. For how long has HEALTH FACILITY been open?	208. Any other?
DON'T KNOW	Location:	Religious..... 04 Other 96 Don't know... 98 (Skip to 203a)	Other.....96 Don't know ...98	Family Planning...E Nutrition F OtherX Don't Know Y	DK 998	DK.....998			
10B. SATELLITE CLINIC NAME: DON'T KNOW	District: Thana: Location:	Government...01 (Skip to 203a) NGO02 Private03 Religious.....04 Other 96 Don't know... 98 (Skip to 203a)	BRAC.....01 Marie Stopes02 Smiling Sun..03 UPHCP04 Other.....96 Don't know ...98	ANC/PNC A Normal Delivery...B C-section C Child Health.....D Family Planning...E Nutrition F OtherX Don't Know Y	Mile..... 1 <input type="text"/> <input type="text"/> Kilometer . 2	Minute 1 <input type="text"/> <input type="text"/> Hour ...2 DK.....998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↳ 208 DK..... 9998	Years <input type="text"/> <input type="text"/> DK..... 98	YES 1 →10C NO.. 2 →11A

200. HEALTH FACILITY	201. Where is the HEALTH FACILITY located?	202. What is HEALTH FACILITY's operating authority?	203. What is NGO FACILITY's operating authority?	203a. What services does _____ (Facility) provide?	204. How far in miles/kilometers is the FACILITY located from the center of the community? IF LOCATED IN THE community/ MOHALLA, RECORD '000'	205. What is the shortest time needed to walk to the health facility from center of the community?	206. When did FACILITY first open?	207. For how long has HEALTH FACILITY been open?	208. Any other?
10C. SATELLITE CLINIC NAME: DON'T KNOW	District: Thana: Location:	Government .01 (Skip to 203a) NGO02 Private03 Religious.....04 Other 96 Don't know... 98 (Skip to 203a)	BRAC.....01 Marie Stopes02 Smiling Sun..03 UPHCP04 Other.....96 Don't know ...98	ANC/PNCA Normal Delivery...B C-sectionC Child Health.....D Family Planning...E Nutrition F OtherX Don't Know Y	Mile..... 1 <input type="text"/> <input type="text"/> Kilometer . 2 DK 998	Minute 1 <input type="text"/> <input type="text"/> Hour ...2 DK.....998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↙ → 208 DK..... 9998	Years <input type="text"/> <input type="text"/> DK..... 98	YES 1 →10D NO.. 2 →11A
10D. SATELLITE CLINIC NAME:	District: Thana:	Government .01 (Skip to 203a) NGO02 Private03 ↙	BRAC.....01 Marie Stopes02 Smiling Sun..03 UPHCP04	ANC/PNCA Normal Delivery...B C-sectionC Child Health.....D	Mile..... 1 <input type="text"/> <input type="text"/> Kilometer . 2	Minute 1 <input type="text"/> <input type="text"/> Hour ...2	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 09A → DK..... 9998	Years <input type="text"/> <input type="text"/> DK..... 98	

200. HEALTH FACILITY	201. Where is the HEALTH FACILITY located?	202. What is HEALTH FACILITY's operating authority?	203. What is NGO FACILITY's operating authority?	203a. What services does _____ (Facility) provide?	204. How far in miles/kilometers is the FACILITY located from the center of the community? IF LOCATED IN THE community/ MOHALLA, RECORD '000'	205. What is the shortest time needed to walk to the health facility from center of the community?	206. When did FACILITY first open?	207. For how long has HEALTH FACILITY been open?	208. Any other?
DON'T KNOW	Location:	Religious..... 04 Other 96 Don't know... 98 (Skip to 203a)	Other.....96 Don't know ...98	Family Planning...E Nutrition F OtherX Don't Know Y	DK 998	DK.....998			

List all of the BIRTHING HUTS that provide services to individuals in this community.

200. HEALTH FACILITY	201. Where is the HEALTH FACILITY located?	203. What is HEALTH FACILITY's operating authority?	203a. What services does _____ (Facility) provide?	204. How far in miles/kilometers is the FACILITY located from the center of this community? IF LOCATED IN THE community/ MOHALLA, RECORD '000'	205. What is the shortest time needed to walk to the health facility from center of the community?	206. When did this facility first open?	207. For how long has HEALTH FACILITY been open?	208. Any others ?
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<p>11 A. BIRTHING HUT (nearest)</p> <p>NAME:</p> <p>DON'T KNOW</p>	<p>DISTRICT:</p> <p>THANA:</p> <p>LOCATION:</p>	<p>BRAC 1</p> <p>OTHER..... 6</p> <p>DON'T KNOW . 8</p>	<p>ANC/PNC A</p> <p>Normal Delivery . B</p> <p>C-section C</p> <p>Child Health.... D</p> <p>Family Planning E</p> <p>Nutrition F</p> <p>Other X</p> <p>Don't Know Y</p>	<p>MILE..... 1 <input type="text"/></p> <p>KILOMETER .. 2</p> <p>DK..... 998</p>	<p>Minute...1 <input type="text"/></p> <p>Hour.....2</p> <p>DK 998</p>	<p>YEAR ... <input type="text"/></p> <p>↳ 208</p> <p>DK.....9998</p>	<p>YEARS..... <input type="text"/></p> <p>DK..... 98</p>	<p>YES...1 →11B</p> <p>NO....2 → 300</p>
<p>11B. BIRTHING HUT</p> <p>NAME:</p> <p>DON'T KNOW</p>	<p>DISTRICT:</p> <p>THANA:</p> <p>LOCATION:</p>	<p>BRAC 1</p> <p>OTHER..... 6</p> <p>DON'T KNOW . 8</p>	<p>ANC/PNC A</p> <p>Normal Delivery . B</p> <p>C-section C</p> <p>Child Health.... D</p> <p>Family Planning E</p> <p>Nutrition F</p> <p>Other X</p> <p>Don't Know Y</p>	<p>MILE..... 1 <input type="text"/></p> <p>KILOMETER .. 2</p> <p>DK..... 998</p>	<p>Minute...1 <input type="text"/></p> <p>Hour.....2</p> <p>DK 998</p>	<p>YEAR ... <input type="text"/></p> <p>↳ 300</p> <p>DK.....9998</p>	<p>YEARS..... <input type="text"/></p> <p>DK..... 98</p>	

Section 3: List of the Health and Family Planning Workers.

Please provide us the name of all health and family planning fieldworkers working in this community.

300. Name of the fieldworker and clinic	301. Under what authority does this fieldworker work?	303. What is NGO FACILITY's operating authority?	303. What services does he/she provide?	304. DOES SHE/HE PROVIDE THE FOLLOWINGS? (READ OUT)		
					Yes	No
01. Name: Clinic Name:	Government 01 (Skip to 303) NGO..... 02 Private..... 03 Religious 04 Other..... 96 Don't know 98 (Skip to 303)	BRAC01 Marie Stopes.....02 Smiling Sun03 UPHCP04 Other96 Don't know.....98	Maternal Health . A Child Health..... B Family Planning .C Nutrition.....D Other X Don't Know..... Y	Clinic service Courtyard meeting Satellite clinic service Home visit	1 1 1 1	2 2 2 2
02. Name: Clinic Name:	Government 01 (Skip to 303) NGO..... 02 Private..... 03 Religious 04 Other..... 96 Don't know 98 (Skip to 303)	BRAC01 Marie Stopes.....02 Smiling Sun03 UPHCP04 Other96 Don't know.....98	Maternal Health . A Child Health..... B Family Planning .C Nutrition.....D Other X Don't Know..... Y	Clinic service Courtyard meeting Satellite clinic service Home visit	1 1 1 1	2 2 2 2
03. Name: Clinic Name:	Government 01 (Skip to 303) NGO..... 02 Private..... 03 Religious 04 Other..... 96 Don't know 98 (Skip to 303)	BRAC01 Marie Stopes.....02 Smiling Sun03 UPHCP04 Other96 Don't know.....98	Maternal Health . A Child Health..... B Family Planning .C Nutrition.....D Other X Don't Know..... Y	Clinic service Courtyard meeting Satellite clinic service Home visit	1 1 1 1	2 2 2 2
04. Name: Clinic Name:	Government 01 (Skip to 303) NGO..... 02 Private..... 03	BRAC01 Marie Stopes.....02 Smiling Sun03 UPHCP04	Maternal Health . A Child Health..... B Family Planning .C Nutrition.....D	Clinic service Courtyard meeting Satellite clinic service	1 1 1	2 2 2

300. Name of the fieldworker and clinic	301. Under what authority does this fieldworker work?	303. What is NGO FACILITY's operating authority?	303. What services does he/she provide?	304. DOES SHE/HE PROVIDE THE FOLLOWINGS? (READ OUT)		
	Religious 04 Other 96 Don't know 98 (Skip to 303)	Other96 Don't know98	Other X Don't Know Y	Home visit	1	2
05. Name: Clinic Name:	Government 01 (Skip to 303) NGO 02 Private 03 Religious 04 Other 96 Don't know 98 (Skip to 303)	BRAC01 Marie Stopes.....02 Smiling Sun03 UPHCP04 Other96 Don't know98	Maternal Health . A Child Health..... B Family Planning .C Nutrition.....D Other X Don't Know Y	Clinic service Courtyard meeting Satellite clinic service Home visit	Yes 1 1 1 1	No 2 2 2 2

Section 4: List of the Depot holders.

Please provide us the name of all health and family planning fieldworkers working in this community.

400. Name of the Depot holder and clinic	401. Under what authority does this Depot holder work?	403. What is NGO FACILITY's operating authority?	403. What services does he/she provide?	404. DOES SHE/HE PROVIDE THE FOLLOWINGS? (READ OUT)		
01. Name:	Government 01 (Skip to 403) NGO 02 Private 03 Religious 04 Other 96 Don't know 98 (Skip to 403)	BRAC01 Marie Stopes02 Smiling Sun03 UPHCP04 Other96 Don't know98	Maternal Health . A Child Health..... B Family Planning .C Nutrition.....D Other X Don't Know Y	Clinic service Courtyard meeting Satellite clinic service Home visit	Yes 1 1 1 1	No 2 2 2 2
02. Name:	Government 01 (Skip to 403) NGO 02 Private 03 Religious 04	BRAC01 Marie Stopes02 Smiling Sun03 UPHCP04 Other96	Maternal Health . A Child Health..... B Family Planning .C Nutrition.....D Other X	Clinic service Courtyard meeting Satellite clinic service Home visit	Yes 1 1 1 1	No 2 2 2 2

400. Name of the Depot holder and clinic	401. Under what authority does this Depot holder work?	403. What is NGO FACILITY's operating authority?	403. What services does he/she provide?	404. DOES SHE/HE PROVIDE THE FOLLOWINGS? (READ OUT)		
	Other..... 96 Don't know 98 (Skip to 403)	Don't know.....98	Don't Know..... Y			
03. Name:	Government 01 (Skip to 403) NGO..... 02 Private..... .03 Religious 04 Other..... 96 Don't know 98 (Skip to 403)	BRAC01 Marie Stopes02 Smiling Sun03 UPHCP04 Other96 Don't know.....98	Maternal Health . A Child Health..... B Family Planning.C Nutrition.....D Other..... X Don't Know..... Y	Clinic service Courtyard meeting Satellite clinic service Home visit	Yes 1 1 1 1	No 2 2 2 2

Section 5: List of Doctors and Pharmacies

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

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
500.	Are there any allopathic/MBBS doctors in or near this community?	YES 1 NO 2	→ 502
501.	How far away is the nearest allopathic/MBBS doctor?	MILE 1 <input type="text"/> <input type="text"/> KILOMETER 2 DK..... 998 THIS VILLAGE/ MOHALLA 000	
502.	Are there any homeopathic doctors in or near this community?	YES 1 NO 2	→ 504
503.	How far away is the nearest homeopathic doctor?	MILE 1 <input type="text"/> <input type="text"/> KILOMETER 2 DK..... 998 THIS VILLAGE/ MOHALLA 000	
504.	Are there any ayurvedic/unani doctors in or near this community?	YES 1 NO 2	→ 506
505.	How far away is the nearest ayurvedic/unani doctor?	MILE 1 <input type="text"/> <input type="text"/> KILOMETER 2 DK..... 998 THIS VILLAGE/ MOHALLA 000	
506.	Are there any pharmacies in or near this community?	YES 1 NO 2	→ 508
507.	How far away is the nearest pharmacy?	MILE 1 <input type="text"/> <input type="text"/> KILOMETER 2 DK..... 998 THIS VILLAGE/ MOHALLA 000	
508	Are there any shops in this village/mohalla which sell pill/condom?	YES 1 NO 2	→ 510
509	How many shops are in this village/mohalla?	ONE 1 2-5 2	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
		MORE THAN 53 DON'T KNOW8	
510	How far away is the nearest shop?	MILE1 <input type="text"/> <input type="text"/> KILOMETER2 DK.....98 ENTER 'OO' IF IN THIS VILLAGE/ MOHALLA	
511.	Thanks to the respondents		
	Finishing time	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hour Minute	

APPENDIX D. Analysis Tables

Contraceptive Use

Table D1. Contraceptive use by method				
Percentage of married women ages 15 to 49 currently using a contraceptive method, by method. Urban and rural NHSDP and comparison areas, 2014 and 2017				
Method	Project areas		Comparison areas	
	Baseline 2014	End line 2017	Baseline 2014	End line 2017
Urban				
Any method	69.5	69.9	67.1	67.5
Any modern method	60.4	61.2	58.4	58.7
Any LAPM	6.6	7.9	7.4	7.2
Female sterilization	4.1	4.1	4.6	3.9
Male sterilization	0.9	1.3	0.9	0.8
IUD	0.5	0.6	0.5	0.9
Implants	1.1	1.9	1.4	1.6
Pill	30.1	29	29.9	29.9
Injectables	14.1	11.8	11.5	10.2
Male condom	9.5	12.2	9.5	11.3
Any traditional method	9.1	8.7	8.8	8.8
No method	30.5	30.1	32.9	32.5
Number of women	6,747	6,565	6,351	6,188
Rural				
Any method	58.7	55.6	58.4	56.9
Any modern method	52.6	49.9	52.1	50.6
Any LAPM	6.5	7.3	8	8.4
Female sterilization	4.1	4.5	4.7	4.5
Male sterilization	0.9	0.7	0.9	1
IUD	0.5	0.4	0.6	0.5
Implants	1	1.7	1.8	2.4
Pill	25.5	23.3	27.1	25.9
Injectables	17	15.3	13.5	12
Male condom	3.6	3.7	3.4	4
Any traditional method	6.1	5.7	5.4	6.3
No method	41.3	44.4	41.6	43.1
Number of women	9,364	8,980	9,168	8,817

Table D2. Contraceptive use by wealth quintile

Percentage of married women ages 15 to 49 currently using a modern contraceptive method by wealth quintile. Urban and rural NHSDP and comparison areas, 2014 and 2017

Wealth quintile	Project areas		Comparison areas	
	Baseline 2014	End line 2017	Baseline 2014	End line 2017
Urban				
Poorest quintile (n)	63 (1,086)	64.2 (1,037)	59.8 (1,238)	62.4 (1,182)
Second (n)	64.4 (1,280)	64.6 (1,255)	60.6 (1,294)	64.2 (1,188)
Third (n)	61.7 (1,370)	61 (1,363)	60.8 (1,235)	58.3 (1,214)
Fourth (n)	59.6 (1,446)	58.4 (1,518)	57.4 (1,304)	56.5 (1,362)
Wealthiest (n)	54.9 (1,566)	59.1 (1,393)	53.4 (1,281)	53 (1,242)
Total (n)	60.4 (6,747)	61.2 (6,565)	58.4 (6,351)	58.7 (6,188)
Rural				
Poorest quintile (n)	59.2 (1,748)	52.8 (1,553)	58.2 (1,611)	56.5 (1,402)
Second (n)	55.8 (1,674)	52.6 (1,741)	55.5 (1,584)	54.7 (1,657)
Third (n)	52.7 (1,871)	53.2 (1,768)	54.2 (1,900)	52.1 (1,858)
Fourth (n)	50.4 (1,957)	49.5 (1,871)	51.6 (2,005)	48.9 (1,888)
Wealthiest (n)	46.5 (2,114)	42.7 (2,047)	43.4 (2,068)	43.5 (2,012)
Total (n)	52.6 (9,364)	49.9 (8,980)	52.1 (9,168)	50.6 (8,817)

Table D3. NHSDP market share for modern contraception

Percentage distribution of current modern contraceptive method users by where they obtained their methods the last time. Urban and rural NHSDP and comparison areas, 2014 and 2017

Source of method	Project areas		Comparison areas	
	Baseline 2014	End line 2017	Baseline 2014	End line 2017
Urban				
NHSDP (total)	21.0	16.4	2.2	3.3
...static clinic	4.9	5.5	1.5	1.7
...satellite clinic	13.5	9.1	0.5	1.2
...CSP	2.6	1.8	0.2	0.4
Other NGO	4.4	5.4	8.9	7.9
Private medical sector (total)	55.4	61.4	58.3	63.5
...hospital/clinic/doctor	3.4	3.9	4.1	4.4
...pharmacy/shop	48.8	55.5	51.0	57.5
...other	3.2	2.0	3.2	1.7
Don't know	0.3	0.9	0.4	0.8
Public sector	18.9	16.0	30.1	24.5
Total	100.0	100.0	100.0	100.0
Number of women	4,074	4,002	3,706	3,627
Rural				
NHSDP (total)	35.2	27.2	4.3	3.8
...static clinic	2.8	2.1	1.4	1.0
...satellite clinic	18.9	11.9	1.6	0.7
...CSP	13.4	13.2	1.3	2.1
Other NGO	2.0	2.7	2.4	2.2
Private medical sector (total)	37.0	41.4	36.4	41.0
...hospital/clinic/doctor	2.6	3.4	2.7	2.9
...pharmacy/shop	31.5	36.2	31.6	36.5
...other	2.8	1.8	2.1	1.7
Don't know	0	0	0	0
Public sector	25.7	28.7	56.9	52.9
Total	100.0	100.0	100.0	100.0
Number of women	4,923	4,463	4,780	4,445

Table D4. NHSDP market share for modern contraception among the poor

Percentage distribution of current modern contraceptive method users in the poorest two wealth quintiles by where they obtained their method the last time. Urban and rural NHSDP and comparison areas, 2014 and 2017

Source of method	Project areas		Comparison areas	
	Baseline 2014	End line 2017	Baseline 2014	End line 2017
Urban				
NHSDP (total)	27.9	19.3	2.5	4.0
...static clinic	5.5	6.0	1.5	1.9
...satellite clinic	18.7	11.1	.6	1.5
...CSP	3.7	2.2	.4	.5
Other NGO	5.0	6.3	8.3	7.9
Private medical sector (total)	40.2	51.6	46.8	56.5
...hospital/clinic/doctor	2.7	3.3	2.8	3.7
...pharmacy/shop	36.4	47.7	43.1	52.3
...Other	1.1	.6	.9	.6
Don't know	.5	1.3	.6	.8
Public sector	26.4	21.5	41.8	30.9
Total	100.0	100.0	100.0	100.0
Number of women	1,508	1,470	1,524	1,496
Rural				
NHSDP (total)	40.3	30.8	5.1	4.2
...static clinic	2.7	2.6	1.5	.8
...satellite clinic	22.9	14.4	2.1	.9
...CSP	14.7	13.8	1.6	2.5
Other NGO	2.3	3.2	2.7	2.1
Private medical sector (total)	27.9	34.9	26.6	34.3
...hospital/clinic/doctor	1.5	2.2	1.6	1.9
...pharmacy/shop	25.9	32.2	24.6	31.9
...Other	.5	.5	.4	.5
Don't know	.0	.0	.0	.0
Public sector	29.5	31.1	65.5	59.4
Total	100.0	100.0	100.0	100.0
Number of women	1,968	1,730	1,817	1,692

Table D5. Linear probability DID model for factors associated with modern contraceptive use in urban areas

Variables	Main model: Modern method		Interaction model	
	Coefficient	95% CI	Coefficient	95% CI
Program (NHSDP area)	0.0217**	[0.00597,0.0373]	0.0214	[-0.00200,0.0448]
Time (end line)	0.00427	[-0.00619,0.0147]	0.00402	[-0.0151,0.0232]
Interaction (program x time)	-	-	0.000495	[-0.0297,0.0306]
Women's age				
15–24	0	[0,0]	0	[0,0]
25–34	0.0758***	[0.0585,0.0932]	0.0758***	[0.0584,0.0932]
35–49	-0.115***	[-0.135,-0.0960]	-0.115***	[-0.135,-0.0960]
Women's education				
No education	0	[0,0]	0	[0,0]
Primary incomplete	0.0490***	[0.0323,0.0658]	0.0490***	[0.0323,0.0658]
Primary complete	0.0500***	[0.0286,0.0714]	0.0500***	[0.0286,0.0714]
Secondary incomplete	0.0194*	[0.00190,0.0369]	0.0194*	[0.00193,0.0369]
Secondary complete	0.0118	[-0.0134,0.0371]	0.0118	[-0.0134,0.0371]
Wealth quintile				
Lowest	0	[0,0]	0	[0,0]
Second	0.00950	[-0.00927,0.0283]	0.00950	[-0.00927,0.0283]
Middle	-0.0178	[-0.0380,0.00239]	-0.0178	[-0.0380,0.00235]
Fourth	-0.0389***	[-0.0579,-0.0200]	-0.0389***	[-0.0579,-0.0200]
Highest	-0.0552***	[-0.0752,-0.0353]	-0.0552***	[-0.0751,-0.0353]
Constant	0.592***	[0.566,0.617]	0.592***	[0.564,0.619]
N	25844		25844	

95% confidence intervals (CI) in brackets
 * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table D6. Linear probability DID model for factors associated with any contraceptive use in urban areas				
Variables	Main model: Any FP method		Interaction model	
	Coefficient	95% CI	Coefficient	95% CI
Program (NHSDP area)	0.0236**	[0.00760,0.0395]	0.0257*	[0.00322,0.0481]
Time (end line)	0.000296	[-0.0112,0.0118]	0.00248	[-0.0148,0.0198]
Interaction (program x time)	-	-	-0.00425	[-0.0304,0.0219]
Women's age				
15–24	0	[0,0]	0	[0,0]
25–34	0.108***	[0.0925,0.123]	0.108***	[0.0925,0.123]
35–49	-0.00524	[-0.0246,0.0141]	-0.00523	[-0.0246,0.0141]
Women's education				
No education	0	[0,0]	0	[0,0]
Primary incomplete	0.0451***	[0.0271,0.0631]	0.0451***	[0.0271,0.0630]
Primary complete	0.0435***	[0.0222,0.0649]	0.0435***	[0.0222,0.0649]
Secondary incomplete	0.0149	[-0.00341,0.0333]	0.0149	[-0.00339,0.0333]
Secondary complete	0.0183	[-0.00553,0.0421]	0.0183	[-0.00550,0.0421]
Wealth quintile				
Lowest	0	[0,0]	0	[0,0]
Second	0.00209	[-0.0144,0.0185]	0.00209	[-0.0144,0.0186]
Middle	-0.0139	[-0.0347,0.00695]	-0.0139	[-0.0347,0.00692]
Fourth	-0.0337***	[-0.0509,-0.0165]	-0.0337***	[-0.0510,-0.0165]
Highest	-0.0441***	[-0.0649,-0.0233]	-0.0441***	[-0.0649,-0.0233]
Constant	0.631***	[0.607,0.654]	0.629***	[0.605,0.654]
N	25844		25844	

95% confidence intervals in brackets
 * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table D7. Linear probability DID model for factors associated with modern contraceptive use in rural areas

Variables	Main model: Modern method		Interaction model	
	Coefficient	95% CI	Coefficient	95% CI
Program (NHSDP area)	-0.000689	[-0.0207,0.0193]	0.00384	[-0.0178,0.0255]
Time (end line)	-0.0213***	[-0.0333,-0.00939]	-0.0167*	[-0.0323,-0.00102]
Interaction (program x time)	-	-	-0.00924	[-0.0279,0.00941]
Women's age				
15-24	0	[0,0]	0	[0,0]
25-34	0.127***	[0.115,0.139]	0.127***	[0.115,0.139]
35-49	-0.0629***	[-0.0778,-0.0480]	-0.0629***	[-0.0779,-0.0480]
Women's education				
No education	0	[0,0]	0	[0,0]
Primary incomplete	0.0398***	[0.0282,0.0513]	0.0397***	[0.0282,0.0513]
Primary complete	0.0424***	[0.0262,0.0587]	0.0424***	[0.0262,0.0587]
Secondary incomplete	0.0282***	[0.0120,0.0444]	0.0282***	[0.0120,0.0443]
Secondary complete	0.0212	[-0.00278,0.0452]	0.0212	[-0.00275,0.0452]
Wealth quintile				
Lowest	0	[0,0]	0	[0,0]
Second	-0.0178*	[-0.0340,-0.00157]	-0.0178*	[-0.0340,-0.00158]
Middle	-0.0321**	[-0.0539,-0.0102]	-0.0321**	[-0.0539,-0.0103]
Fourth	-0.0603***	[-0.0812,-0.0394]	-0.0603***	[-0.0812,-0.0394]
Highest	-0.123***	[-0.146,-0.0999]	-0.123***	[-0.146,-0.1000]
Constant	0.530***	[0.509,0.551]	0.528***	[0.506,0.550]
N	36341		36341	

95% confidence intervals in brackets
 * p < 0.05, ** p < 0.01, *** p < 0.001

Table D8. Linear probability DID model for factors associated with any contraceptive use in rural areas

Variables	Main model: Any FP method		Interaction model	
	Coefficient	95% CI	Coefficient	95% CI
Program (NHSDP area)	-0.00609	[-0.0266,0.0144]	-0.000746	[-0.0212,0.0197]
Time (end line)	-0.0276***	[-0.0403,-0.0149]	-0.0221**	[-0.0371,-0.00711]
Interaction (program x time)	-	-	-0.0109	[-0.0289,0.00710]
Women's age				
15–24	0	[0,0]	0	[0,0]
25–34	0.146***	[0.133,0.160]	0.146***	[0.133,0.160]
35–49	0.00795	[-0.00778,0.0237]	0.00793	[-0.00780,0.0237]
Women's education				
No education	0	[0,0]	0	[0,0]
Primary incomplete	0.0448***	[0.0317,0.0579]	0.0448***	[0.0316,0.0579]
Primary complete	0.0447***	[0.0285,0.0609]	0.0447***	[0.0285,0.0609]
Secondary incomplete	0.0332***	[0.0167,0.0497]	0.0332***	[0.0167,0.0497]
Secondary complete	0.0459***	[0.0232,0.0685]	0.0459***	[0.0232,0.0686]
Wealth quintile				
Lowest	0	[0,0]	0	[0,0]
Second	-0.0117	[-0.0286,0.00523]	-0.0117	[-0.0286,0.00522]
Middle	-0.0272*	[-0.0492,-0.00523]	-0.0273*	[-0.0492,-0.00526]
Fourth	-0.0573***	[-0.0771,-0.0375]	-0.0573***	[-0.0771,-0.0376]
Highest	-0.127***	[-0.150,-0.104]	-0.127***	[-0.150,-0.104]
Constant	0.556***	[0.536,0.577]	0.554***	[0.533,0.575]
N	36341		36341	

95% confidence intervals in brackets

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

ANC Tables

Table D9. Use of ANC				
Percentage distribution of married women ages 15 to 49 who had a live birth in the three years before the survey, by type of provider for ANC for their most recent live birth (only the ANC with the highest level of provider is selected), and by the number of ANC visits for their most recent live birth. Urban and rural NHSDP and comparison areas, 2014 and 2017				
ANC	Project areas		Comparison areas	
	Baseline 2014	End line 2017	Baseline 2014	End line 2017
Urban				
Type of provider				
ANC with MTP (total)	81.4	83.3	81.8	86.5
NHSDP MTP	16.6	12.8	4.6	5.8
Other MTP	64.8	70.5	77.2	80.8
Non-MTP	8.6	8.9	8.1	7.6
No ANC	10.0	7.8	10.1	5.9
Total	100.0	100.0	100.0	100.0
Number of visits				
0	9.9	7.8	10.1	5.9
1–3	40.0	40.5	45.7	43.0
4+	50.0	51.7	44.2	51.0
Total	100.0	100.0	100.0	100.0
Number of women	1,738	1,581	1,638	1,449
Rural				
Type of provider				
ANC with MTP (total)	60.2	75.8	58.6	74.8
NHSDP MTP	17.0	15.6	4.1	5.4
Other MTP	43.2	60.3	54.5	69.4
Non-MTP	8.6	9.2	8.8	8.4
No ANC	31.3	14.9	32.6	16.8
Total	100.0	100.0	100.0	100.0
Number of visits				
0	31.3	14.9	32.6	16.8
1–3	50.7	49.7	48.5	48.6
4+	18.1	35.2	18.9	34.6
Total	100.0	100.0	100.0	100.0
Number of women	2,559	2,213	2,372	2,181

Table D10. ANC with medically trained provider, by wealth quintile

Percentage of married women ages 15 to 49 with a live birth in the three years before the survey who had ANC with an MTP for their most recent live birth, by wealth quintile. Urban and rural NHSDP and comparison areas, 2014 and 2017

Wealth quintile	Project areas		Comparison areas	
	Baseline 2014	End line 2017	Baseline 2014	End line 2017
Urban				
Poorest quintile (n)	68.2 (323)	64.4 (308)	66.5 (376)	73.6 (338)
Second (n)	73.4 (350)	78.2 (307)	75.8 (304)	82.7 (287)
Third (n)	79.0 (344)	86.1 (303)	81.3 (304)	86.9 (268)
Fourth (n)	88.8 (337)	89.6 (339)	90.3 (347)	95.0 (295)
Wealthiest (n)	95.4 (383)	96.9 (325)	97.5 (306)	97.8 (259)
Total (n)	81.4 (1,738)	83.3 (1,581)	81.8 (1,638)	86.6 (1,449)
Rural				
Poorest quintile (n)	41.7 (529)	53.6 (420)	38.7 (488)	55.2 (401)
Second (n)	50.8 (480)	67.2 (444)	44.5 (369)	67.0 (400)
Third (n)	60.8 (495)	73.9 (384)	53.2 (481)	75.5 (454)
Fourth (n)	66.2 (523)	86.2 (457)	68.0 (502)	80.3 (452)
Wealthiest (n)	80.5 (532)	93.9 (508)	83.0 (532)	92.1 (474)
Total (n)	60.2 (2,559)	75.8 (2,213)	58.7 (2,372)	74.8 (2,181)

Table D11. NHSDP market share for ANC

Percentage distribution of married women ages 15 to 49 who had any ANC for their most recent live birth in the three years before the survey, by place of last ANC visit. Urban and rural NHSDP and comparison areas, 2014 and 2017

Place of ANC	Project areas		Comparison areas	
	Baseline 2014	End line 2017	Baseline 2014	End line 2017
Urban				
NHSDP (total)	18.7	15.4	4.0	5.7
...static clinic	12.5	11.5	3.9	5.1
...satellite clinic	6.2	4.0	0.1	0.6
Other NGO	11.3	10.0	11.2	10.6
Private sector	42.2	45.4	48.0	52.0
Public sector	22.5	22.5	31.0	24.4
Home	5.3	6.6	5.9	7.3
Total	100.0	100.0	100.0	100.0
Number of women	1,565	1,459	1,473	1,363
Rural				
NHSDP (total)	20.6	10.4	4.9	4.5
...static clinic	7.2	4.3	3.8	3.8
...satellite clinic	13.4	6.1	1.1	0.7
Other NGO	4.0	3.7	4.8	3.4
Private sector	38.2	51.2	42.3	56.4
Public sector	24.4	21.3	32.2	22.8
Home	12.9	13.5	15.7	12.9
Total	100.0	100.0	100.0	100.0
Number of women	1,759	1,883	1,600	1,814

Table D12. NHSDP market share for ANC among the poor

Percentage distribution of married women ages 15 to 49 in the poorest two wealth quintiles who had any ANC for their most recent live birth in the three years before the survey, by place of last ANC visit. Urban and rural NHSDP and comparison areas, 2014 and 2017.

Place of ANC	Project areas		Comparison areas	
	Baseline 2014	End line 2017	Baseline 2014	End line 2017
Urban				
NHSDP (total)	23.6	19.5	4.9	8.9
NHSDP static clinic	12.8	12.7	4.5	7.5
NHSDP satellite clinic	10.8	6.8	.4	1.4
Other NGO	11.2	12.5	9.9	11.3
Private sector	31.1	30.7	34.2	36.8
Public sector	26.3	26.2	40.8	30.5
Home	7.9	10.8	10.3	12.4
Total	100.0	100.0	100.0	100.0
Number of women	566	526	572	561
Rural				
NHSDP (total)	26.4	12.6	5.6	5.0
NHSDP static clinic	7.5	2.9	4.5	4.6
NHSDP satellite clinic	18.8	9.7	1.1	.4
Other NGO	5.4	2.8	4.9	3.9
Private sector	23.0	38.3	28.1	43.9
Public sector	27.0	26.0	35.7	29.5
Home	18.2	20.3	25.8	17.7
Total	100.0	100.0	100.0	100.0
Number of women	584	652	471	595

Table D13. Components of ANC

Among married women ages 15 to 49 who had any ANC for their most recent live birth in the three years before the survey, percentage who received specific services, by type of provider. Urban and rural NHSDP areas, 2017

	NHSDP MTP	Other MTP	Non-MTP	Total
Urban				
Blood pressure	97.5	97.3	89.1	96.5
Urine test	80.5	84.4	50.6	80.7
Blood test	77.8	80.7	41.3	76.5
Weight	97.6	95.5	77.1	94
Ultrasound	80.1	90.6	40.5	84.6
Abdominal exam	91.4	92.4	84.8	91.6
Counseling on danger signs	54.1	43.5	34.4	43.8
Number of women	169	1,149	141	1,459
Rural				
Blood pressure	94.1	92.2	90.4	92.2
Urine test	37.4	55.7	4.2	48.2
Blood test	36.2	60.7	4.1	52.1
Weight	88	85	69	83.5
Ultrasound	36.9	85.3	1.8	71.4
Abdominal exam	89.1	83.7	72.3	83
Counseling on danger signs	52.1	44.4	34	44
Number of women	190	1,489	205	1,883

Table D14. Linear probability DID model for factors associated with four or more ANC visits in urban areas				
Variables	Main model: ANC4+		Interaction model	
	Coefficient	95% CI	Coefficient	95% CI
Program (NHSDP area)	0.0249	[-0.00813,0.0579]	0.0518*	[0.0118,0.0918]
Time (end line)	0.0291*	[0.00292,0.0553]	0.0586***	[0.0296,0.0875]
Interaction (program x time)	-	-	-0.0569**	[-0.0971,-0.0167]
Women's age				
<20	0	[0,0]	0	[0,0]
20–29	0.0322*	[0.00556,0.0589]	0.0327*	[0.00613,0.0593]
30–49	0.0210	[-0.0208,0.0628]	0.0209	[-0.0208,0.0627]
Women's education				
No education	0	[0,0]	0	[0,0]
Primary incomplete	0.0742**	[0.0264,0.122]	0.0736**	[0.0254,0.122]
Primary complete	0.135***	[0.0794,0.190]	0.136***	[0.0802,0.191]
Secondary incomplete	0.189***	[0.143,0.234]	0.189***	[0.143,0.234]
Secondary complete	0.310***	[0.257,0.362]	0.310***	[0.258,0.363]
Wealth quintile				
Lowest	0	[0,0]	0	[0,0]
Second	0.0759***	[0.0326,0.119]	0.0753***	[0.0322,0.118]
Middle	0.104***	[0.0713,0.137]	0.104***	[0.0709,0.137]
Fourth	0.169***	[0.126,0.213]	0.169***	[0.126,0.213]
Highest	0.317***	[0.272,0.362]	0.316***	[0.271,0.361]
Constant	0.145***	[0.0895,0.201]	0.131***	[0.0767,0.186]
N	6413		6413	

95% confidence intervals in brackets

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table D15. Linear probability DID model for factors associated with four or more ANC visits in rural areas

Variables	Main model: ANC4+		Interaction model	
	Coefficient	95% CI	Coefficient	95% CI
Program (NHSDP area)	0.00593	[-0.0282,0.0401]	0.00392	[-0.0289,0.0367]
Time (end line)	0.153***	[0.131,0.175]	0.150***	[0.125,0.176]
Interaction (program x time)	-	-	0.00425	[-0.0315,0.0400]
Women's age				
<20	0	[0,0]	0	[0,0]
20–29	0.00819	[-0.00992,0.0263]	0.00819	[-0.00989,0.0263]
30–49	-0.0130	[-0.0427,0.0167]	-0.0130	[-0.0427,0.0167]
Women's education				
No education	0	[0,0]	0	[0,0]
Primary incomplete	0.0140	[-0.0129,0.0409]	0.0139	[-0.0128,0.0406]
Primary complete	0.0143	[-0.0179,0.0464]	0.0142	[-0.0179,0.0464]
Secondary incomplete	0.105***	[0.0773,0.132]	0.104***	[0.0773,0.132]
Secondary complete	0.226***	[0.191,0.262]	0.226***	[0.191,0.261]
Wealth quintile				
Lowest	0	[0,0]	0	[0,0]
Second	0.0172	[-0.0128,0.0472]	0.0172	[-0.0129,0.0474]
Middle	0.0349*	[0.00494,0.0649]	0.0349*	[0.00499,0.0649]
Fourth	0.0594***	[0.0292,0.0897]	0.0594***	[0.0292,0.0897]
Highest	0.151***	[0.115,0.188]	0.151***	[0.115,0.188]
Constant	0.0540**	[0.0166,0.0914]	0.0551**	[0.0186,0.0915]
N	9367		9367	

95% confidence intervals in brackets

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Delivery Care

Table D16. Use of delivery care				
Percentage distribution of most recent live births in the three years before the survey, by type of provider who attended the delivery and place of delivery. Urban and rural NHSDP and comparison areas, 2014 and 2017				
Delivery care	Project areas		Comparison areas	
	Baseline 2014	End line 2017	Baseline 2014	End line 2017
Urban				
Type of provider				
MTP (total)	56.6	64.3	54.5	63.6
SS MTP	4.2	4.8	0.8	1.5
Other MTP	52.4	59.5	53.7	62.1
Non-MTP	43.4	35.4	45.3	36.3
No one	0.1	0.3	0.1	0.1
Total	100.0	100.0	100.0	100.0
Place of delivery				
Health facility (total)	52.8	56.9	51.9	57.5
SS facility	3.5	4.1	0.9	1.5
Other NGO facility	8.1	3.5	6.7	4.1
Public facility	16.6	16.8	17.0	17.2
Private facility	24.6	32.5	27.3	34.7
Home	47.0	40.3	47.9	40.4
Other	0.3	2.7	0.3	2.0
Total	100.0	100.0	100.0	100.0
Number of women	1,738	1,581	1,638	1,449
Rural				
Type of provider				
MTP (total)	30.8	45.1	33.0	45.6
SS MTP	1.9	2.4	1.1	1.3
Other MTP	28.9	42.7	31.9	44.3
Non-MTP	69.1	54.7	66.8	54.3
No one	0.1	0.2	0.0	0.1
Total	100.0	100.0	100.0	100.0
Place of delivery				
Health facility (total)	28.5	41.0	31.1	42.8
SS facility	1.3	1.9	1.0	1.2
Other NGO facility	0.9	1.3	1.5	1.2
Public facility	10.7	10.5	11.8	12.7
Private facility	15.6	27.3	16.8	27.7
Home	71.2	58.6	68.7	56.3
Other	0.2	0.5	0.2	0.9
Total	100.0	100.0	100.0	100.0
Number of women	2,559	2,213	2,738	2,181

Table D17. Delivery care with medically trained provider, by wealth quintile				
Percentage of most recent live births in the three years before the survey who were delivered by an MTP, by wealth quintile. Urban and rural NHSDP and comparison areas, 2014 and 2017				
Wealth quintile	Project areas		Comparison areas	
	Baseline 2014	End line 2017	Baseline 2014	End line 2017
Urban				
Poorest quintile	35.6 (323)	40.6 (308)	32.4 (376)	42.3 (338)
Second	45.4 (350)	49.8 (307)	40.0 (305)	51.6 (287)
Third	46.8 (344)	63.7 (303)	51.3 (304)	64.7 (269)
Fourth	61.7 (337)	74.3 (339)	66.0 (347)	77.0 (296)
Wealthiest	81.7 (383)	90.4 (324)	85.7 (307)	88.0 (259)
Total	55.0 (1,737)	64.3 (1,581)	54.4 (1,639)	63.6 (1,449)
Rural				
Poorest quintile	13.2 (529)	20.5 (420)	15.6 (488)	26.9 (401)
Second	19.8 (480)	32.2 (444)	18.6 (370)	26.2 (400)
Third	26.5 (495)	41.1 (384)	27.5 (480)	41.0 (454)
Fourth	35.9 (523)	50.1 (457)	38.3 (501)	56.6 (452)
Wealthiest	57.3 (532)	75.0 (508)	59.8 (533)	71.4 (475)
Total	30.8 (2,559)	45.1 (2,213)	33.2 (2,372)	45.6 (2,182)

Table D18. Linear probability DID model of factors associated with SBA in urban areas				
Variables	Main model: SBA		Interaction model	
	Coefficient	95% CI	Coefficient	95% CI
Program (NHSDP area)	0.000357	[-0.0299,0.0307]	0.00544	[-0.0313,0.0421]
Time (end line)	0.0745***	[0.0553,0.0937]	0.0801***	[0.0510,0.109]
Interaction (program x time)			-0.0107	[-0.0568,0.0354]
Women's age				
<20	0	[0,0]	0	[0,0]
20–29	0.0280	[-0.00163,0.0576]	0.0281	[-0.00152,0.0577]
30–49	0.0122	[-0.0242,0.0485]	0.0121	[-0.0242,0.0485]
Women's education				
No education	0	[0,0]	0	[0,0]
Primary incomplete	0.0936***	[0.0413,0.146]	0.0935***	[0.0411,0.146]
Primary complete	0.103***	[0.0554,0.151]	0.103***	[0.0554,0.151]
Secondary incomplete	0.222***	[0.182,0.263]	0.222***	[0.182,0.263]
Secondary complete	0.369***	[0.324,0.415]	0.369***	[0.324,0.415]
Wealth quintile				
Lowest	0	[0,0]	0	[0,0]
Second	0.0773***	[0.0378,0.117]	0.0772***	[0.0377,0.117]
Middle	0.144***	[0.109,0.179]	0.144***	[0.108,0.179]
Fourth	0.233***	[0.192,0.273]	0.233***	[0.192,0.274]
Highest	0.328***	[0.291,0.364]	0.327***	[0.291,0.364]
Constant	0.189***	[0.133,0.245]	0.187***	[0.132,0.242]
N	6413		6413	

95% confidence intervals in brackets

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table D19. Linear probability DID model of factors associated with SBA in rural areas

Variables	Main model: SBA		Interaction model	
	Coefficient	95% CI	Coefficient	95% CI
Program (NHSDP area)	-0.0149	[-0.0456,0.0157]	-0.0110	[-0.0453,0.0233]
Time (end line)	0.117***	[0.100,0.134]	0.121***	[0.0985,0.144]
Interaction (program x time)	-	-	-0.00831	[-0.0489,0.0322]
Women's age				
<20	0	[0,0]	0	[0,0]
20–29	-0.0312**	[-0.0535,-0.00893]	-0.0312**	[-0.0536,-0.00889]
30–49	-0.00522	[-0.0362,0.0257]	-0.00518	[-0.0361,0.0257]
Women's education				
No education	0	[0,0]	0	[0,0]
Primary incomplete	0.0365	[-0.00185,0.0748]	0.0367	[-0.00176,0.0751]
Primary complete	0.0860***	[0.0479,0.124]	0.0861***	[0.0479,0.124]
Secondary incomplete	0.163***	[0.129,0.197]	0.163***	[0.129,0.197]
Secondary complete	0.332***	[0.289,0.376]	0.333***	[0.289,0.377]
Wealth quintile				
Lowest	0	[0,0]	0	[0,0]
Second	0.0343*	[0.00177,0.0669]	0.0343*	[0.00170,0.0668]
Middle	0.103***	[0.0725,0.133]	0.103***	[0.0724,0.133]
Fourth	0.182***	[0.150,0.213]	0.182***	[0.150,0.213]
Highest	0.347***	[0.311,0.384]	0.347***	[0.311,0.384]
Constant	0.0884***	[0.0523,0.125]	0.0863***	[0.0480,0.125]
N	9367		9367	

95% confidence intervals in brackets

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table D20. Awareness and use of Shurjer Hashi Bank/Mayer Bank

Percentage distribution of women ages 15 to 49 with a live birth in the three years preceding the survey by whether they had heard of/seen *Shurjer Hashi/ Mayer Bank* and whether they had used *Shurjer Hashi/Mayer Bank* during their most recent pregnancy. Urban and rural NHSDP and comparison areas, 2014 and 2017

	Project areas		Comparison areas	
Knowledge and use of Mayer Bank	Baseline 2014	End line 2017	Baseline 2014	End line 2017
Urban				
Heard of Mayer Bank				
Yes	19.1	34.4	12.9	22.8
No	80.9	65.6	87.1	77.2
Total	100.0	100.0	100.0	100.0
Used Mayer Bank				
Yes	1.2	5.4	0.2	2.6
No	98.8	94.6	99.8	97.4
Total	100.0	100.0	100.0	100.0
Number of women	1,738	1,581	1,638	1,449
Rural				
Heard of Mayer Bank				
Yes	12.7	21.8	8.2	13.6
No	87.3	78.2	91.8	86.4
Total	100.0	100.0	100.0	100.0
Used Mayer Bank				
Yes	0.8	2.8	0.1	1.0
No	99.2	97.2	99.9	99.0
Total	100.0	100.0	100.0	100.0
Number of women	2,372	2,213	2,372	2,181

Awareness of NHSDP Services in Project Areas

Table D21. Awareness of health facilities in project areas		
Percentage of ever-married women ages 15 to 49 who are aware of different types of health facilities in their area. NHSDP areas, 2014 and 2017		
Awareness of health facilities	Baseline 2014	End line 2017
Urban		
Government hospital	71.6	66.6
Family Welfare Center/Upazila Health Complex (FWC/UHC)	12.3	11.5
Mother and Child Welfare Center (MCWC)	20.3	23.8
Rural dispensary/Community clinic (CC)	0.9	1.2
NHSDP static clinic	43.9	48.5
Other NGO hospital/clinic	11.4	15.2
Private hospital/clinic	63.0	64.9
Qualified doctor	1.0	5.2
Pharmacy	1.2	16.7
Number of women	7,118	6,877
Rural		
Government hospital	30.6	31.8
FWC/UHC	84.5	79.4
MCWC	2.4	2.2
Rural dispensary/CC	35.1	41.2
NHSDP static clinic	38.0	24.1
Other NGO hospital/clinic	2.3	2.2
Private hospital/clinic	36.3	50.3
Qualified doctor	1.9	2.6
Pharmacy	4.7	7.8
Number of women	10,014	9,574

Table D22. Knowledge and awareness of temporary and satellite clinics in project areas

Percentage of ever-married women ages 15 to 49 who are aware of temporary/satellite clinics in their area. NHSDP areas, 2014 and 2017

Awareness of health facilities		Baseline 2014	End line 2017
Urban			
Aware of temporary clinic		80.8	81.3
Among those aware of a temporary clinic	NHSDP satellite clinic	72.5	79.1
	Government satellite clinic	25.5	15.0
	Other	1.0	4.3
Number of women		7,239	7,122
Rural			
Aware of temporary clinic		95.0	88.7
Among those aware of a temporary clinic	NHSDP satellite clinic	87.9	69.6
	Government satellite clinic	12.1	30.0
	Other	0	0.4
Number of women		10,089	9,623

Table D23. Awareness of specific services offered in NHSDP clinics		
Among ever-married women ages 15 to 49 who are aware of NHSDP clinics in their area, percentage who are aware of different services offered at these clinics. NHSDP areas, 2014 and 2017		
Awareness of health facilities	Baseline 2014	End line 2017
Urban		
FP	81.4	78.1
Maternal health	81.5	78.5
Delivery care	16.2	41.7
Other reproductive health	5.5	7.6
Child health	73.7	75.4
General health	43.0	39.9
Don't know specific services	5.6	3.9
Number of women	4,614	5,437
Rural		
FP	87.1	72.0
Maternal health	78.8	70.6
Delivery care	1.4	24.7
Other reproductive health	7.1	3.5
Child health	63.5	51.8
General health	62.1	43.7
Don't know specific services	0.5	8.7
Number of women	5,051	4,567

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