

# **Community Support System (CmSS) Evaluation Report**

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## 1.1 Background

Reduction of maternal and infant morbidity and mortality is a priority area in the Health Nutrition and Population Section Program (HNPS) of the Government of Bangladesh. To address huge unmet needs for maternal and neonatal health (MNH) services, the Ministry of Health and Family Welfare (MOHFW) with support from JICA launched the Safe Motherhood Promotion Project (SMPP) in Narsingdi district in 2006.

The purpose of the SMPP project is to improve health status of pregnant and postpartum women and neonates in the project areas. The Project Design Matrix (Logframe) of SMPP highlights three specific **outputs**, which are:

- Output 1: Necessary decisions are made at central level through sharing good practices and lessons learnt of the project
- Output 2: Safe delivery service system is strengthened
- Output 3: Women and neonates are supported to utilize obstetric and neonatal care

Since December 2006 CARE Bangladesh has been engaged as a partner with Safe Motherhood Promotion Project (SMPP) to facilitate the community mobilization activities in 2 upazilas. Monohordi and Raipura of Narsingdi district.

During last two years, CARE Bangladesh facilitated different community mobilization interventions/activities to address the barriers that lie between poor women and health facilities. The SMPP used Three Delay models to address the underlying causes that prevent women in timely use of emergency obstetric care services. The delay one and two were primarily supported by CARE and the delay three was primarily supported by JICA under the leadership of MOHFW.

Community Support System (CmSS) is a mechanism for establishing a system at the community level, through collective efforts of the people, which aim to provide support to pregnant women during any obstetric emergency. Establishing CmSS is proven to be effective for timely referral of women with obstetric complications through ensuring innovative community funds, transportation, blood donations, etc.

Birth Planning (BP) is a process through which pregnant women and relevant family members are provided with messages to develop a plan for both normal delivery and if complications arise. The information on BP is disseminated by Health and FP field workers and Community Change Agents (CCAs), including TBAs, village doctors, school teachers, and religious leaders, among respective target groups in the community.

The following are three key strategies that the SMPP model of Community Mobilization has been using:

- Building capacity of communities to demand, negotiate and use quality RH/MNH services
- Enhancing community participation in health and FP service delivery management
- Developing effective monitoring, reflection and knowledge management system for establishing and replicating the model.

The community support system (CmSS) is being implemented in two (Raipura and Monohardi) of six upazilas of Narsingdi district. The activity is being facilitated by CARE-Bangladesh with the support from JICA. Community people are facilitated to develop these CmSS groups to support the poor pregnant women. It may be noted that maternal health voucher scheme under Demand Side Financing (DSF) project is being implemented in Raipura upazila, where the poor pregnant women are supported with vouchers to take pregnancy related services such as ANC, delivery care, treatment of complications, and PNC at the facilities.

The purpose of CmSS development are

- Foster an enabling environment in the community, and ultimately at the household level to support women, especially the poor, in accessing EmOC services timely and during needs
- Facilitate timely referral, if there is obstetric complications, to an appropriate EmOC facility
- Create awareness among community about the danger signs of pregnancy and availability of EmOC services in the district

In order to assess performance of CmSS in SMPP and understand health situation and status in the project area, this evaluation survey was conducted in **December 2009**. This report presents main results of the 2009 CmSS evaluation survey.

## 1.2 The CmSS survey area

Community Support System (CmSS) is being implemented in two of six upazilas of Narsingdi district. The upazilas are Raipura and Monohordi. The CmSS evaluation was conducted in those areas of Raipura and Monohordi where CmSS activities exist for at least one and half years.

Upazila	HHs Population	HHs Population covered in the survey
Monohordi	54,939	5,101
Raipura	87,503	11,351

## 1.3 Survey Objectives

The overall objective of the survey was to assess the impact of CmSS in improving utilization of safe motherhood/EmOC services and practices by the married women who have delivered during last one year. The specific objectives were:

- To assess coverage (registered by CmSS) of the target population by CmSS
- To determine the proportion and types of support received from the CmSS

- To assess the perception of community about the CmSS and their activities, and
- To assess impact of CmSS on:
  - Knowledge and utilization of reproductive health care services (such as ANC, PNC, delivery assistance by skilled personnel, danger signs of pregnancy and TT immunization etc.) related to safe motherhood by the target women
  - Utilization of EmOC service during obstetric complications
  - Practices related to birth planning
  - Supports of CmSS received by the poor families in accessing MNH services

## **1.4 Methodology**

The CmSS evaluation survey applied both quantitative and qualitative approaches for data collection. Survey was conducted using representative sample selected from CmSS and adjacent non-project comparison areas. Focus group discussions (FGDs) was also conducted for indepth understanding about the CmSS performance.

### **1.4.1 Sample design**

The CmSS evaluation survey 2009 used representative sample of women in CmSS intervention areas who had a live birth in the last one year prior to the survey. Sample was drawn from the communities where CmSS activities are being implemented for at least one and half years. Another independent sample was drawn from rest of the four upazilas (Sadar, Shibpur, Palash and Belabo) where there is no CmSS activity for purpose of comparison. The purpose of including this sample of comparison areas was to distinguish the effects of the CmSS from other forces at play. The comparison communities were chosen, to the greatest extent possible, for their similarity to CmSS areas

Representative samples of CmSS and comparable non-project populations were drawn using two-stage cluster sampling method. In the first stage, a total of 60 clusters were selected from CmSS areas with probability proportional to size (PPS). In the second stage, women who had a live birth in the last one year were selected at random from each cluster. A cluster was defined as a Mauza/Mahalla or a randomly selected segment of a Mauza/Mahalla. A total of 60 non-project clusters were selected from comparison areas using a similar sampling strategy.

For every cluster from CmSS intervention and non-project comparison areas, 175 to 200 households were listed proceeding from the north-west corner of the area. Then a frame of women who had a live birth in the last one year was prepared from which 17 women were randomly selected. Ultimately, 1028 women were interviewed from 60 clusters of CmSS areas and 1046 were interviewed from non-project comparison areas.

Six FGDs were also conducted in the CmSS areas, three with community leaders and three with women, who had a live birth during the last one year preceding the survey.

## **1.5 Implementation**

The CmSS evaluation survey was implemented by Associates for Community and Population Research (ACPR), a research firm located in Dhaka. A three member research team headed by Professor M. Sekander Hayat Khan was responsible for implementing the survey. The other members of the team were A P M Shafiur Rahman, and Ms. Tauhida Nasrin, JICA and CARE Bangladesh provided inputs in the design and questionnaire of the survey.

## **1.6 Survey instruments**

The CmSS evaluation survey was designed to illustrate circumstances at the community, health facility and individual level. Four instruments were used for the survey:

- Household listing schedule
- Women questionnaire
- FGD guideline for women
- FGD guideline for community leaders.

These instruments were initially developed by ACPR research team before being reviewed by JICA and CARE Bangladesh and translated and pretested by ACPR. The instruments were initially developed in English and then translated into Bangla.

### ***Household listing schedule***

The household listing schedule was used to conduct household listing operation in each cluster in order to prepare a frame of women, who had a live birth in the last one year for random selection of the required number of women from each.

### ***Women questionnaire***

The women questionnaire was administered to women who had a live birth in the last one year prior to the survey for individual interview. This instrument collected information on the following issues.

- Background characteristics including household information (age, education, occupation, household characteristics, etc.)
- Care during pregnancy, delivery and postpartum period
- Utilization of CmSS services
- Birth planning and essential newborn care

### ***FGD guidelines***

A guideline was used to conduct FGDs with women who had a live birth in the last one year. The issues covered were perception of CmSS group, its activities and support, expectation from CmSS, changes in the quality of services, and expectation from service facilities.

The issues covered in the FGDs with community leaders were – changes in the community and facilities after implementation of CmSS, type of support CmSS provide and expectation from the CmSS for further improvement of service environment and capacity.

## **1.7 Training and data collection**

### ***Training and fieldwork for household listing***

Field staff for the household listing phase were recruited in the second week of November 2009 and were trained at ACPR from November 12 to November 14, 2009. Listing operations were conducted from November 16 to November 26, 2009. Fourteen teams, each consisting of one supervisor and two listers were deployed for the listing operation.

### ***Pretesting:***

The women's questionnaire was pre-tested on 21 November, 2009 in Shasharkhola, Raipura. For the pretest, female interviewers were trained at ACPR. Interviews were then conducted in Shasharkhola areas under the observation of ACPR's research team members. Based on the experience in the field and suggestions made by pretest staff, modifications were made in the wording and translations of the questionnaire.

### ***Training and fieldwork for the survey:***

In the second week of November, 2009 field staff for the main survey were recruited. Recruitment criteria included educational attainment, experience in other surveys, and the ability to spend one week in training and at least two weeks in the field. Training for the main survey was conducted at ACPR for 9 days from November 22 to November 24, 2009 and then from December 3 to December 8, 2009 including one day for field practice. Training consisted of lectures on the objectives and methodology of the survey, techniques of interviewing, and how to complete the questionnaire. Group discussions and mock interviews between participants were used to gain practice asking questions. Those with satisfactory performance in the course were selected for fieldwork. Those whose performance was considered superior were selected as supervisors.

### ***Fieldwork commenced on December 9, 2009 and was completed on December 26, 2009***

It was carried out by 11 interviewing teams. Each team consisted of one male supervisor and two female interviewers. Field work was done in one phase. ACPR fielded two quality control teams of two people each to monitor the field activities of the interview teams. In addition, research team members from ACPR monitored the field work by visiting the teams in the field. Moreover, JICA visited teams in the field.

## **1.8 Data Processing**

Data processing commenced at the ACPR office in Dhaka in the last week of December, 2009 and was completed on December 24, 2009. All the completed questionnaires for the survey were returned to the data processing cell of ACPR. The data processing operations consisted of office editing, data entry, and editing inconsistencies found by computer programs. The data were

processed on 11 microcomputers. The data entry and editing programs were written in the software program CSPro 4.0. To minimize error, a double data entry procedure was followed.

### 1.9 Response Rate

Table 1.1 shows response rates for the survey. A total of 1203 women in CmSS areas and 1229 women in non-project areas were selected for the sample. Of these, 1028 CmSS and 1046 non-project women were successfully interviewed. The response rate was 86 percent in the CmSS and 85 percent in the con-project areas. The reasons for the shortfall were that the eligible respondents were absent for an extended period at the time they were visited by the interviewing teams.

<b>Table 1.1 Response rate</b>		
Number of interviews, and response rates according to CmSS and non-project areas , CmSS 2009		
	CmSS area	Non-project area
Eligible women sampled	1203	1229
Eligible women interviewed	1028	1046
Eligible women response rate (%)	85.5	85.1

This chapter presents information on the background of individual women interviewed in the CmSS evaluation survey. Its objective is to provide some further context for the findings presented later in the report. The CmSS evaluation survey interviewed 1028 CmSS and 1046 non-project women who had a live birth in the last one year prior to the survey. Background characteristics of respondents include age, educational attainment, religion, occupation and socio-economic status.

### 2.1 General Characteristics

Table 2.1 shows the distribution of women who had a live birth in the last one year prior to the survey by selected background characteristics, according to CmSS intervention and non-project areas. More than 76 percent of women in CmSS areas were 20-34 years of age, and 16 percent were less than 20 years of age. The age distribution of non-project women was similar. The mean age of respondents in CmSS and non-project areas was 25 and 24.9 years respectively.

Nearly 92 percent of CmSS and 97 percent of non-project women are Muslim and the remainders are mostly Hindus. Educational status was almost identically distributed across CmSS and non-project areas. About 30 percent of CmSS and 19 percent of non-project women had no formal education. Only 4 percent of CmSS and 11 percent of non-project women had completed secondary or higher level education. Number of living children per woman in CmSS and non-project areas was approximately the same (2.4 children). Nearly 99 percent women of CmSS and 96 percent of non-project areas were involved in household work.

### 2.2 Socio-economic status

Table 2.1 also presents the distribution of respondents by household asset quintile. Households in CmSS and non-project areas were ranked according to socio-economic status (SES) using an index based primarily on dwelling characteristics (e.g., the presence of electricity, type of water source, type of toilet, floor, wall and roof materials, and ownership of selected assets and durable goods including an almirah, table/chair, watch/clock, radio, television, motorcycle, refrigerator, car/truck, etc.). Two indicators of land ownership (homestead and other land) were also included. The socio-economic status (SES) index was constructed using a version of the principal component analysis that accounts for the binary and ordinal nature of some of the measures of durable goods and dwelling characteristics. This method assigned each variable a factor score or weight. The index was then basically a weighted sum of the characteristics of the dwelling and durable goods available in the households. Households and hence the respondents/women were then classified by quintiles using index.

Given that socio-economic status (SES) classification was obtained using CmSS and non-project samples, each quintile should contain 20 percent of the sample. Departure from 20 percent in each quintile both in CmSS and non-project areas show inequalities in SES. It can be seen that proportions of respondents in different quintiles both in CmSS and non-project areas are almost identical and equidistributed.



**Table 2.1 Background characteristics of women**

Percent distribution of women who had a live birth in the last one year preceding the survey by background characteristics, according to CmSS and non-project areas

	CmSS area	Non-project area
<b>Age in years</b>		
10-14	0.3	0.1
15-19	16.1	15.5
20-24	36.5	38.1
25-29	28.2	25.8
30-34	11.6	13.9
35-39	5.3	4.8
40-44	1.8	1.5
45-49	0.3	0.3
Mean age	25.0	24.9
<b>Religion</b>		
Islam	91.7	96.6
Hinduism	8.3	3.4
<b>Highest education level</b>		
No education	30.2	19.2
Primary incomplete	15.4	18.3
Primary complete	17.0	13.9
Secondary incomplete	33.9	38.0
Secondary complete or higher	3.6	10.7
<b>Number of living children</b>		
0	0.4	0.5
1	31.3	35.5
2	30.4	30.6
3+	37.9	33.5
Mean	2.4	2.3
<b>Occupation</b>		
Household work	98.9	96.3
Govt. job	-	0.1
Non-govt. job/ NGO job	0.1	0.8
Teacher	0.1	0.2
Garments Worker	0.1	0.1
Handicrafts	0.1	0.5
Skilled Laborer	0.5	1.0
Unskilled Laborer	-	0.1
Day labour	0.2	0.2
Student	-	0.9
<b>Household asset quintile</b>		
Lowest	19.7	20.0
Second	20.4	20.4
Middle	19.9	19.1
Fourth	19.9	20.7
Highest	19.9	19.9
Number of women	1028	1046

This chapter presents findings from the 2009 CmSS evaluation survey regarding knowledge and practices of important maternal care. Among other things, it examines the use of antenatal care from medically trained provider, place of delivery, delivery assistance, pregnancy related complications and postnatal care for mothers. The results presented below are based on data obtained from mothers with live birth in the last one year prior to the survey.

### **3.1 Antenatal care**

Antenatal care is an important component of maternal care. It entails visits to medical care providers at periodic intervals to detect, monitor and treat problems that may arise in the course of pregnancy. Proper awareness about the need of antenatal care and antenatal care from a medically trained provider reduces risks for the mother and child during pregnancy and delivery.

#### **3.1.1 Coverage of antenatal care**

Tables 3.1 and 3.2 present the distribution of antenatal care utilization by sources of care and background characteristics, respectively, for women in CmSS and non-project areas who had a live birth in the last one year preceding the survey. Interviewers were instructed to record all persons or providers that a woman had consulted for antenatal care for the most recent birth. Only the provider with the highest qualifications was included in the tabulations. About 76.6 percent women in CmSS areas received any antenatal care, while antenatal care coverage in non-project areas was 28.8 percentage points lower at 49.8 percent.

Antenatal care visits to a medically trained provider among women in CmSS areas were significantly higher (75.7 percent) than among women in non-project areas (48.7 percent).

**Table 3.1 Antenatal care, CmSS areas**

Percent distribution of women who had a live birth in the last one year preceding the survey by antenatal care (ANC) during pregnancy, according to background characteristics in CmSS areas

Background characteristic	Received any ANC	Medically trained provider				Non-medically trained provider		No one	No. of women
		Qualified doctor	Nurse/paramedic/ FWV	CSBA	MA/ SACMO	Traditional birth attendant	Village doctor		
<b>Mother's age</b>									
10-14	33.3	-	33.3	-	-	-	-	66.7	3
15-19	80.6	30.9	41.2	6.7	0.6	0.6	0.6	19.4	165
20-34	77.2	29.3	38.3	8.3	0.6	0.3	0.4	22.8	784
35-49	64.5	21.1	32.9	6.6	-	-	3.9	35.5	76
<b>Highest educational level</b>									
No education	66.1	16.8	37.4	9.7	0.6	-	1.6	33.9	310
Primary incomplete	75.3	20.9	41.1	10.8	1.9	0.6	-	24.7	158
Primary complete	81.7	29.7	44.0	7.4	-	-	0.6	18.3	175
Secondary incomplete	81.9	40.5	34.8	5.5	0.3	0.6	0.3	18.1	348
Secondary complete or higher	97.3	51.4	40.5	5.4	-	-	-	2.7	37
<b>Household asset quintile</b>									
Lowest	70.9	15.3	43.8	10.8	0.5	-	0.5	29.1	203
Second	71.4	25.7	36.7	5.2	0.5	1.0	2.4	28.6	210
Middle	78.0	26.8	42.4	8.3	0.5	-	-	22.0	205
Fourth	77.6	33.2	36.6	7.3	0.5	-	-	22.4	205
Highest	85.4	43.4	32.2	7.8	1.0	0.5	0.5	14.6	205
Total	76.7	28.9	38.3	7.9	0.6	0.3	0.7	23.3	1028

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

**Table 3.2 Antenatal care, non-project areas**

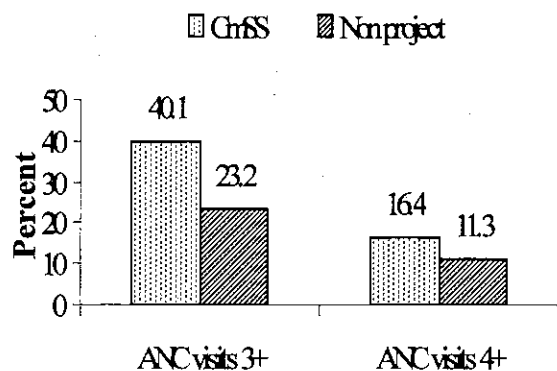
Percent distribution of women who had a live birth in the last one year preceding the survey by antenatal care (ANC) during pregnancy, according to background characteristics in non-project areas

Background characteristic	Received any ANC	Medically trained provider				Non-medically trained provider		No one	No. of women
		Qualified doctor	Nurse/paramedic/FWV	CSBA	MA/SACMO	HA/Pusti Apa	Traditional birth attendant		
<b>Mother's age</b>									
10-14	-	-	-	-	-	-	-	100.0	1
15-19	62.3	29.6	30.2	-	1.2	1.2	-	37.7	162
20-34	48.8	28.6	18.2	-	1.0	0.9	0.1	51.2	814
35-49	33.3	17.4	13.0	-	-	1.4	1.4	66.7	69
<b>Highest educational level</b>									
No education	23.4	11.4	10.0	-	0.5	1.0	0.5	76.6	201
Primary incomplete	37.7	12.6	23.6	-	1.0	-	0.5	62.3	191
Primary complete	42.8	17.9	22.1	-	0.7	2.1	-	57.2	145
Secondary incomplete	61.5	36.3	22.9	-	1.0	1.3	-	38.5	397
Secondary complete or higher	85.7	67.9	16.1	-	1.8	-	-	14.3	112
<b>Household asset quintile</b>									
Lowest	29.7	9.6	17.7	-	1.0	1.0	0.5	70.3	209
Second	36.2	14.1	20.7	-	0.5	0.9	-	63.8	213
Middle	48.0	21.0	24.5	-	1.5	0.5	0.5	52.0	200
Fourth	55.1	30.1	22.2	-	0.5	2.3	-	44.9	216
Highest	80.3	65.4	13.5	-	1.4	-	-	19.7	208
Total	49.8	28.0	19.7	-	1.0	1.0	0.2	50.2	1046

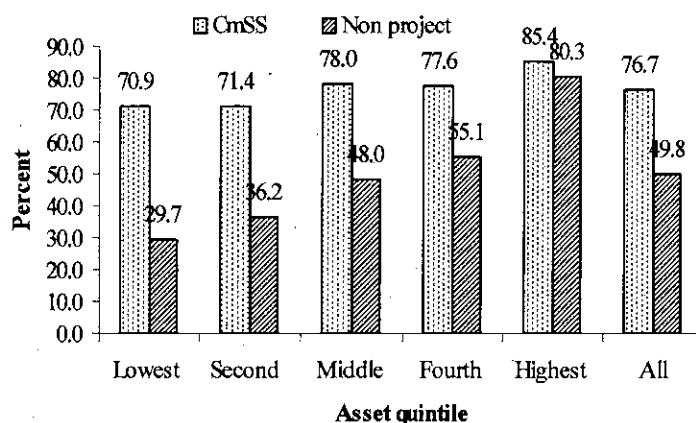
Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation. FWV = family welfare visitor; CSBA = community skilled birth attendant; MA = medical assistant; SACMO = sub-assistant community medical officer;

Younger women were more likely to be seen by a doctor, nurse or paramedic. Women with higher level of education and belonging to higher asset quintiles were more likely to have antenatal care coverage and checkup by qualified doctors.

**Fig 3.1: Number of ANC visits**



**Fig 3.2: Coverage of ANC by asset quintile**



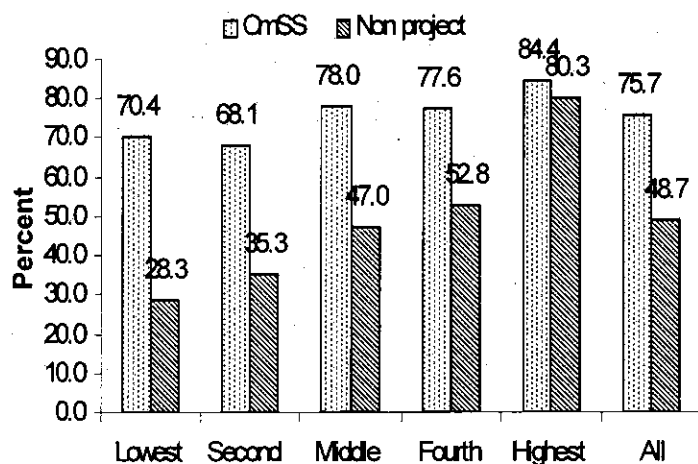
### 3.1.2 Number and timing of antenatal visits

Table 3.3 provides the distribution of the number and timing of first antenatal care visits during the last pregnancy across CmSS and non-project areas. In CmSS areas, only 16.4 percent of women completed at least four visits. The corresponding percentage in non-project areas was 11.3 percent. Among those who sought care, the median number of visits was 3 in CmSS and 2 in non-project areas.

<b>Table 3.3 Number of antenatal care visits</b>		
Percent distribution of women with a live birth in the last one year preceding the survey by number of antenatal care (ANC) visits during the last pregnancy, according to CmSS and non-project areas		
Number and timing of ANC visits	CmSS areas	Non-project areas
<b>Number of ANC visits</b>		
None	23.3	50.2
1	14.9	14.9
2	21.6	11.8
3	23.7	11.9
4+	16.4	11.3
Median number of visits (for those with ANC)	3.0	2.0
Number of women	1028	1046

<b>Table 3.3a ANC received by medically trained providers by SES</b>		
Percent distribution of women with a live birth in the last one year preceding the survey by ANC received by medically trained provider by household asset quintile, according to CmSS and non-project areas		
Household asset quintile	CmSS areas	Non-project areas
Lowest	18.4	11.6
Second	18.4	14.7
Middle	20.6	18.5
Fourth	20.4	22.4
Highest	22.2	32.8
Total	100.0	100.0
Number of women	778	509

**Fig 3.3 ANC received by medically trained providers among CmSS and non-project areas by SES**



### 3.1.3 Place of antenatal care

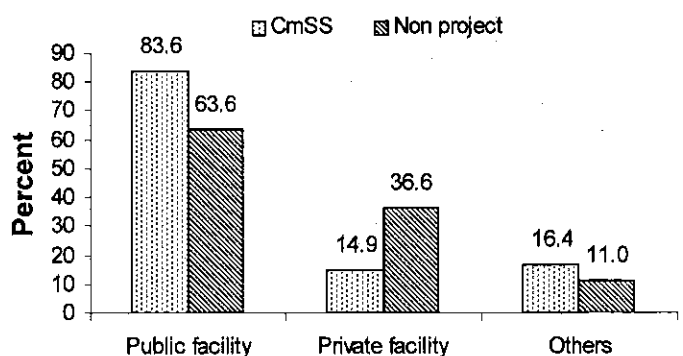
Table 3.4 provides information on the place of antenatal care by CmSS and non-project areas. In the CmSS areas, FWC was the most frequently used source for antenatal care (26.3 percent), followed by UHCs (24.6 percent), Govt. satellite clinic (21.7 percent) and private hospital/clinic (13.6 percent). In non-project areas, private hospital/clinic was the most frequently used sources (30.5 percent) followed distantly by NGO clinic (15.9 percent), FWC (14.0 percent), and district/Sadar hospital (12.9 percent).

**Table 3.4 Place of antenatal care**

Percent distribution of women who had a live birth in the last one years preceding the survey by whether they had at least one antenatal care (ANC) visits during the last pregnancy, by place of care for CmSS and non-project areas

Place of antenatal checkup	Project area	Non-project area
District/Sadar hospital	2.7	12.9
MCWC	1.1	2.9
UHC	24.6	12.1
FWC	26.3	14.0
Govt. Satellite clinic	21.7	5.8
NGO clinic/Satellite clinic	7.2	15.9
Private hospital/clinic	13.6	30.5
Qualified doctor's chamber	1.3	6.1
At home	16.4	10.6
Other	-	0.4
Number of women	788	521

**Fig 3.4: Source of ANC care**



### 3.2 Delivery Care

Safe delivery services are essential to protect the life and health of the mother and her child. Proper medical attention and hygienic conditions during delivery are essential to controlling the risks of complications that could result in death or serious illness for either the mother or newborn. It is thus preferable to have deliveries either in suitable health

facilities or with assistance from trained medical practitioner. This section discusses place of delivery and assistance during delivery for the last birth of women of both CmSS and non-project areas.

### **3.2.1 Place of Delivery**

Tables 3.5 & 3.6 provide the distribution of last born live birth in the last one year preceding the survey by place of delivery, according to selected background characteristics. About eight in every ten mothers in CmSS and non-project areas delivered at home (78.9 percent in CmSS areas vs 75.6 percent in non project areas). Only 15.5 percent of births in CmSS areas and 8.0 percent of births in non-project areas occurred at government hospital/centre. Nearly 5.3 percent of births in CmSS areas and 14.7 percent of births in non project areas occurred at private clinics. Proportion of women delivered at institution was a bit higher than the national level figure of 15% (BDHS 2007) in both the areas. It may be noted that the project objective is not to advocate delivery at the institutions unless there are complications. It is therefore not expected to increase the institutional delivery at the CmSS areas compared to the non-project areas.

Institutional deliveries were positively associated with level of education and socio-economic status of women. Women with higher level of education and belonging to higher household asset quintile were more likely to have deliveries at health facilities. In CmSS areas, only 11.6 percent of women with no formal education had institutional delivery, while this proportion was 32.6 percent among those with secondary complete or higher level of education. Only 15.3 percent of births in the lowest quintile occurred in health facilities against 26.3 percent in the highest quintile. The trend was similar in non-project areas.

**Table 3.5 Place of delivery, CmSS areas**

Percent distribution of last born live birth in the last one year preceding the survey by place of delivery, according to selected background characteristics in CmSS areas

Background Characteristics	Place of delivery					Total	No. of women
	Home	Govt. hospital /health center	Private clinic	NGO hospital	Other		
<b>Mother's age</b>							
10-14	66.7	33.3	-	-	-	100	3
15-19	76.4	14.5	8.5	0.6	-	100	165
20-34	78.8	15.9	4.8	0.1	0.3	100	784
35-49	85.5	11.8	2.6	-	-	100	76
<b>Mother's education level</b>							
No education	88.4	9.7	1.6	0.3	-	100	310
Some Primary	79.7	17.1	3.2	-	-	100	158
Primary Complete	79.4	15.4	4.6	-	0.6	100	175
Secondary Incomplete	71.0	19.5	9.2	0.3	-	100	348
Secondary Complete or higher	67.6	18.9	10.8	-	2.7	100	37
<b>Household asset quintile</b>							
Lowest	84.7	11.8	2.5	1.0	-	100	203
Second	81.0	17.1	1.9	-	-	100.0	210
Middle	80.5	17.1	2.4	-	-	100.0	205
Fourth	74.6	17.1	7.8	-	0.5	100.0	205
Highest	73.7	14.1	11.7	-	0.5	100.0	205
<b>Beneficiary of DSF:</b>							
Yes	64.6	32.7	1.8	0.3	0.6	100.0	333
No	88.1	5.4	6.5	-	-	100.0	445
<b>Total</b>	<b>78.9</b>	<b>15.5</b>	<b>5.3</b>	<b>0.2</b>	<b>0.2</b>	<b>100</b>	<b>1028</b>

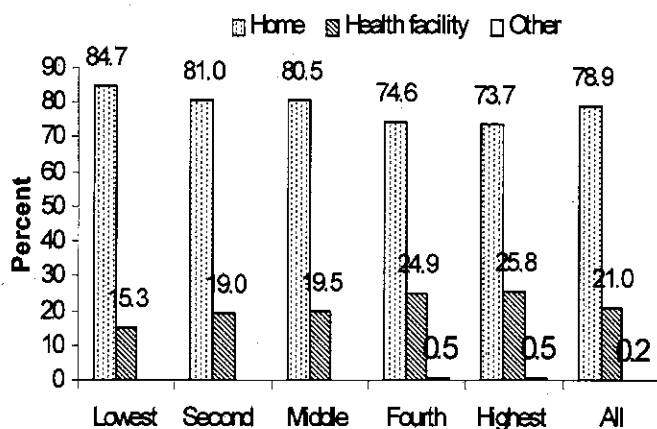


**Table 3.6 Place of delivery, non-project areas**

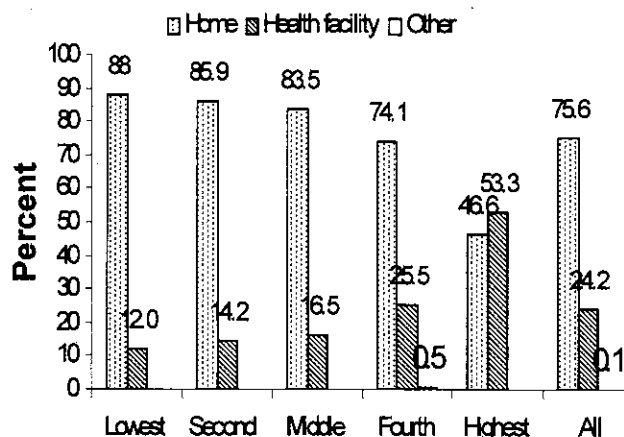
Percent distribution of last born live birth in the last one year preceding the survey by place of delivery, according to selected background characteristics in non-project areas

Background Characteristics	Place of delivery					Total	No. of women
	Home	Govt. hospital /health center	Private clinic	NGO hospital	Other		
<b>Mother's age</b>							
10-14	100.0	-	-	-	-	100	1
15-19	77.2	6.2	13.6	2.5	0.6	100	162
20-34	74.2	8.8	15.5	1.5	-	100	814
35-49	88.4	2.9	8.7	-	-	100	69
<b>Mother's education level</b>							
No education	88.6	4.5	6.5	0.5	-	100	201
Some Primary	88.5	5.8	5.2	0.5	-	100	191
Primary Complete	83.4	6.9	7.6	2.1	-	100	145
Secondary Incomplete	71.3	8.8	17.6	2.0	0.3	100	397
Secondary Complete or higher	35.7	17.0	44.6	2.7	-	100	112
<b>Household asset quintile</b>							
Lowest	88.0	6.2	5.3	0.5	-	100	209
Second	85.9	5.2	8.5	0.5	-	100.0	213
Middle	83.5	5.0	10.5	1.0	-	100.0	200
Fourth	74.1	8.8	15.3	1.4	0.5	100.0	216
Highest	46.6	14.9	34.1	4.3	-	100.0	208
Total	75.6	8.0	14.7	1.5	0.1	100	1046

**Fig 3.5: Place of delivery by SES, CmSS areas**



**Fig 3.6: Place of delivery by SES, non-project areas**



### 3.2.2 Assistance during delivery

Assistance by medically trained birth attendants during delivery is considered to be effective in the reduction of maternal and neonatal deaths. Tables 3.7a & 3.7b provide distribution of last born live births in the last one year preceding the survey by type of person providing assistance during delivery, according to background characteristics. In the CmSS areas, untrained

traditional birth attendants (TBAs) assisted in 57 percent of deliveries, followed distantly in importance by qualified doctors (13.7 percent) and other professionals (13.8 percent). Only 27.5 percent of deliveries in CmSS areas and 27.8 percent in non-project areas were assisted by medically trained providers. Although, delivery by skilled person is about 10% higher than the national level statistics (18%; BDHS 2009), no difference was found in the CmSS compared to the non-project areas. This may be due to inadequate number of skilled persons available in the community both at CmSS and non-CmSS areas. Deliveries assisted by a trained provider was negatively associated with the age of the mother and positively associated with mothers' education, and socio-economic status. Those who had more frequent antenatal care visits were also more likely to seek assistance from doctors or other trained providers.

**Table 3.7a Assistance during delivery**

Percent distribution of last born live births in the last one year preceding the survey by person providing assistance during delivery, according to background characteristics in CmSS areas

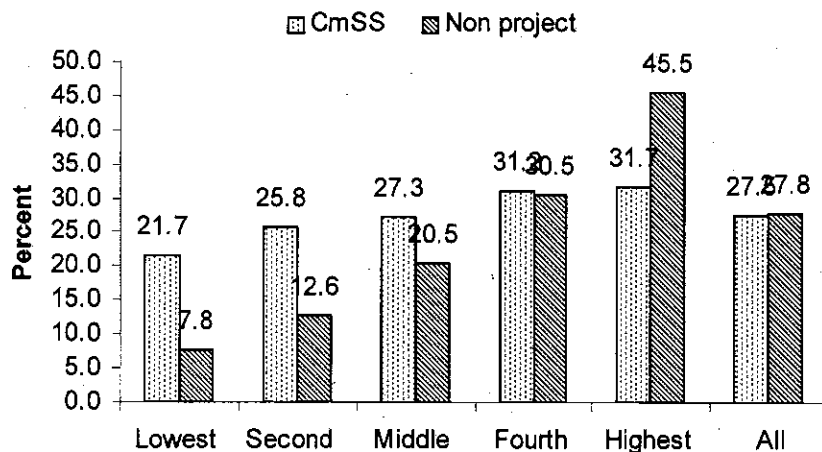
Background Characteristics	Medically trained providers				Non-medically trained providers			Total	No. of women
	Qualified doctor	Nurse/paramedic/FWV	CSBA	MA/SACMO	Traditional birth attendant	Mother in laws/relatives and friends	Other		
<b>Mother's age</b>									
10-14	33.3	-	-	-	33.3	33.3	-	100.0	3
15-19	12.1	17.0	2.4	0.6	55.8	12.1	-	100.0	165
20-34	14.2	9.9	3.2	0.3	56.8	15.6	0.1	100.0	784
35-49	11.8	3.9	1.3	-	60.5	21.1	1.3	100.0	76
<b>Mother's education level</b>									
No education	5.5	7.4	1.9	0.6	63.9	20.0	0.6	100.0	310
Some Primary	12.0	8.2	7.0	0.6	57.6	14.6	-	100.0	158
Primary Complete	14.9	10.9	3.4	-	58.3	12.6	-	100.0	175
Secondary Incomplete	19.5	14.4	1.7	-	50.3	14.1	-	100.0	348
Secondary Complete or higher	29.7	10.8	2.7	-	48.6	8.1	-	100.0	37
<b>Household asset quintile</b>									
Lowest	8.4	7.9	4.4	1.0	60.6	16.7	1.0	100.0	203
Second	14.8	8.1	2.9	-	60.5	13.8	-	100.0	210
Middle	10.2	10.7	5.9	0.5	48.8	23.9	-	100.0	205
Fourth	15.6	15.1	0.5	-	55.6	13.2	-	100.0	205
Highest	19.5	11.2	1.0	-	58.5	9.8	-	100.0	205
<b>No. of Antenatal Care Visits</b>									
None	5.0	3.8	0.8	-	64.2	26.3	-	100.0	240
1-3 visits	15.7	10.5	3.4	0.3	57.0	12.8	0.3	100.0	619
4+ visits	18.9	20.7	4.1	0.6	45.6	10.1	-	100.0	169
<b>Total</b>	<b>13.7</b>	<b>10.6</b>	<b>2.9</b>	<b>0.3</b>	<b>56.8</b>	<b>15.5</b>	<b>0.2</b>	<b>100.0</b>	<b>1028</b>

**Table 3.7b Assistance during delivery**

Percent distribution of last born live births in the last one year preceding the survey by person providing assistance during delivery, according to background characteristics in non-project areas

Background Characteristics	Medically trained providers						Total	No. of women
	Medically trained providers			Non-medically trained providers				
	Qualified doctor	Nurse/paramedic/FWV	CSBA	Traditional birth attendant	Mother in laws/relatives and friends	Other		
<b>Mother's age</b>								
10-14	-	-	-	100.0			100.0	1
15-19	17.9	7.4	-	69.1	4.9	0.6	100.0	162
20-34	21.6	7.9	0.1	65.6	4.4	0.4	100.0	814
35-49	8.7	2.9	-	87.0	-	1.4	100.0	69
<b>Mother's education level</b>								
No education	8.5	4.0	-	82.1	4.5	1.0	100.0	201
Some Primary	8.9	5.2	-	80.1	5.2	0.5	100.0	191
Primary Complete	15.9	1.4	0.7	78.6	3.4		100.0	145
Secondary Incomplete	23.9	9.8	-	61.2	4.5	0.5	100.0	397
Secondary Complete or higher	52.7	17.0	-	28.6	1.8		100.0	112
<b>Household asset quintile</b>								
Lowest	6.2	6.7	-	80.9	5.3	1.0	100.0	209
Second	10.3	5.2	0.5	79.8	4.2		100.0	213
Middle	15.0	6.0	-	71.0	7.0	1.0	100.0	200
Fourth	24.1	6.5	-	65.3	3.7	0.5	100.0	216
Highest	45.2	13.0	-	40.9	1.0	-	100.0	208
<b>No. of Antenatal Care Visits</b>								
None	7.2	4.8	-	82.5	5.0	0.6	100.0	525
1-3 visits	26.3	10.2	0.2	58.6	4.2	0.5	100.0	403
4+ visits	56.8	10.2	-	32.2	0.8	-	100.0	118
<b>Total</b>	20.2	7.5	0.1	67.6	4.2	0.5	100.0	1046

**Fig 3.7 Assistance in delivery by medically trained persons by SES**



**3.2.3 Materials used for home delivery**

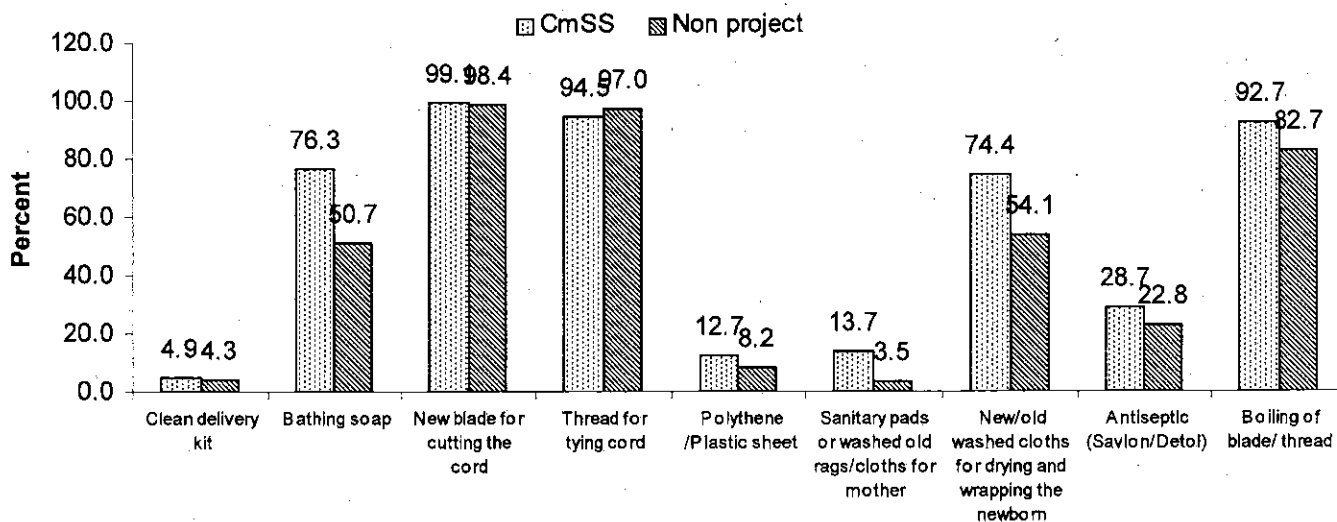
Table 3.8 provides distribution of last born live birth in the last one year preceding the survey whose birth occurred at home by type of material used during delivery. It is evident that similar type of materials was used for home delivery both in CmSS and non-project areas.

**Table 3.8 Material used for home delivery**

Percent distribution of last born live birth in the last one year preceding the survey whose birth occurred at home by type of material used during delivery, according to CmSS and non-project areas

	CmSS area	Non-project area
<b>Material used:</b>		
Clean delivery kit	4.9	4.3
Bathing soap	76.3	50.7
New blade for cutting the cord	99.1	98.4
Thread for tying cord	94.5	97.0
Polythene /Plastic sheet	12.7	8.2
Sanitary pads or washed old rags/cloths for mother	13.7	3.5
New/old washed cloths for drying and wrapping the newborn	74.4	54.1
Scissors	2.8	1.1
Antiseptic (Savlon/Detol)	28.7	22.8
Other	0.4	0.1
<b>Boiling of blade/ thread</b>		
Yes	92.7	82.7
No	6.7	14.3
Don't know	0.6	3.0
Number of women	811	791

**Fig 3.8: Material used for home delivery by CmSS and non-project areas**



**Table 3.9 Postnatal care for mothers**

Percent distribution of last births in the last one years preceding the survey for which the mothers received postnatal checkup within 42 days of delivery, according to CmSS and non-project areas

	CmSS area	Non-project area
<b>Postnatal check-up:</b>		
Yes	26.8	25.7
No	73.2	74.3
Number of women	1028	1046
<b>PNC done at:</b>		
District/Sadar hospital	10.2	13.4
MCWC	2.2	3.3
UHC	41.8	16.7
FWC	8.0	0.4
Govt. Satellite clinic	0.7	-
NGO clinic/Satellite clinic	0.7	6.3
Private hospital/clinic	24.0	58.7
Qualified doctor's chamber	2.2	1.1
At home	11.3	1.1
<b>PNC provided by:</b>		
Qualified Doctor	60.0	84.4
MA/SACMO	1.1	0.7
Nurse	32.0	33.5
FWV	12.4	1.5
Paramedic	0.4	1.9
CSBA	2.2	-
Village doctor	1.5	-
TBA/Dai	1.8	-
Number of women	275	269

**Table 3.10 Postnatal care by asset quintile**

Percent distribution of last births in the last one years preceding the survey for which the mothers received postnatal checkup by asset quintile, according to CmSS and non-project areas

Asset quintile	CmSS area	Non-project area
Lowest	14.9	9.7
Second	20.4	10.8
Middle	19.6	13.8
Fourth	21.8	23.4
Highest	23.3	42.4
Total	100.0	100.0
Number of women	275	269

**Table 3.11a Postnatal checkup for mothers by background characteristics, CmSS areas**

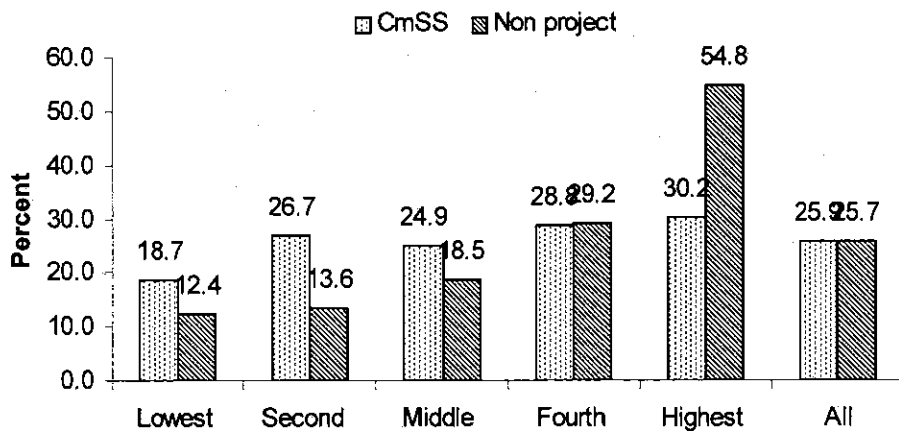
Percent distribution of women who had a live birth in the last one year receiving postnatal checkup and type of providers by background characteristics in CmSS areas

Background characteristic	Percentage receiving postnatal care from a medically trained provider				Non-medically trained provider	No postnatal checkup	Total	Percentage receiving postnatal care from a medically trained provider	No. of women
	Qualified doctor	Nurse/paramedic/FWV	CSBA	MA/SACMO					
<b>Mother's age</b>									
10-14	33.3	-	-	-	-	66.7	100.0	33.3	3
15-19	16.4	13.3	-	1.2	-	69.1	100.0	30.9	165
20-34	16.2	8.4	0.4	0.1	1.1	73.7	100.0	25.1	784
35-49	13.2	7.9	1.3	-	-	77.6	100.0	22.4	76
<b>Highest education level</b>									
No education	7.4	7.7	0.3	0.3	1.3	82.9	100.0	15.8	310
Primary incomplete	15.2	6.3	1.3	1.3	1.3	74.7	100.0	24.1	158
Primary complete	17.1	8.6	0.6	-	0.6	73.1	100.0	26.3	175
Secondary incomplete	22.1	12.4	-	-	0.6	64.9	100.0	34.5	348
Secondary complete or higher	29.7	5.4	-	-	-	64.9	100.0	35.1	37
<b>Household asset quintile</b>									
Lowest	11.8	6.4	-	0.5	1.5	79.8	100.0	18.7	203
Second	18.1	8.1	-	0.5	-	73.3	100.0	26.7	210
Middle	9.8	13.2	1.5	0.5	1.5	73.7	100.0	24.9	205
Fourth	16.6	11.7	0.5	-	0.5	70.7	100.0	28.8	205
Highest	23.9	6.3	-	-	1.0	68.8	100.0	30.2	205
Total	16.1	9.1	0.4	0.3	0.9	73.2	100.0	25.9	1028

FWV = family welfare visitor; MA = medical assistant; SACMO = sub-assistant community medical officer; HA = health assistant; FWA = family welfare assistant

<sup>1</sup> Includes children who received a checkup after 41 days

**Fig 3.9: Postnatal checkup by medically trained persons among CmSS and non-project areas**



### 3.3 Postnatal Care for mothers

One of the crucial components of safe motherhood is postnatal care. Postnatal checkup provide an opportunity to assess and treat delivery complications and to counsel mothers on how to care for themselves and their children. A large proportion of maternal and neonatal deaths occur during the 24-hour

following delivery. In addition the first two days following delivery are critical for monitoring complications arising from the delivery. Table 3.9 presents coverage of postnatal checkup for

mothers within 42 days of delivery by CmSS and non-project areas. Only 26.8 percent women of CmSS areas and 25.7 percent in non-project areas had postnatal checkup (PNC) within 42 days of delivery.

In CmSS areas, PNC was done mostly at UHC (41.8 percent) and private hospital/clinic (24 percent). Women of non-project areas had PNC done at private hospital/clinic (58.7 percent) and UHCs (16.7 percent).

In both the areas, qualified doctors and nurses were the main PNC providers. About 25.9 percent women of CmSS areas and 25.7 percent of non-project areas received PNC from medically trained providers.

**Table 3.11b Postnatal checkup for mothers by background characteristics, Non-project areas**

Percent distribution of women who had a live birth in the last one year receiving postnatal checkup and type of providers by background characteristics in non-project areas

Background characteristic	Percentage receiving postnatal care from a medically trained provider		No postnatal checkup	Total	Percentage receiving postnatal care from a medically trained provider	No. of women
	Qualified doctor	Nurse/ paramedic/ FWV				
<b>Mother's age</b>						
10-14	-	-	100.0	100.0	-	1
15-19	19.1	4.3	76.5	100.0	23.5	162
20-34	23.1	4.2	72.7	100.0	27.3	814
35-49	11.6	1.4	87.0	100.0	13.0	69
<b>Highest education level</b>						
No education	9.5	2.0	88.6	100.0	11.4	201
Primary incomplete	9.9	2.6	87.4	100.0	12.6	191
Primary complete	17.2	0.7	82.1	100.0	17.9	145
Secondary incomplete	25.2	5.3	69.5	100.0	30.5	397
Secondary complete or higher	57.1	9.8	33.0	100.0	67.0	112
<b>Household asset quintile</b>						
Lowest	7.7	4.8	87.6	100.0	12.4	209
Second	11.3	2.3	86.4	100.0	13.6	213
Middle	17.0	1.5	81.5	100.0	18.5	200
Fourth	25.5	3.7	70.8	100.0	29.2	216
Highest	47.1	7.7	45.2	100.0	54.8	208
Total	21.7	4.0	74.3	100.0	25.7	1046

FWV = family welfare visitor; MA = medical assistant; SACMO = sub-assistant community medical officer; HA = health assistant; FWA = family welfare assistant

<sup>1</sup> Includes children who received a checkup after 41 days

## 4 PREGNANCY, DELIVERY AND POSTPARTUM COMPLICATIONS

The chapter presents results related to complications during pregnancy, delivery and postpartum period. Information on knowledge, prevalence and care of complications are analysed by SES, and CmSS and non-project areas.

### 4.1 Knowledge of pregnancy, delivery and postpartum danger signs

Women were asked if they were aware of any maternal conditions or danger signs during pregnancy, delivery and post-partum period that may be potentially life threatening and require immediate care from trained health provider. Table 4.1 provides the distribution of women's awareness of such complications by CmSS and non-project areas. About 61 percent women of CmSS areas were aware of severe headache/blurred vision, 53.8 percent knew convulsions/fit as important complications of pregnancy, delivery and postpartum period. Knowledge of other complications was less extensive.

Prevalence of knowledge of two or more danger signs during pregnancy, delivery and postpartum period among women of CmSS areas was 96.8 percent which was 18.3 percentage points higher than the knowledge prevalence among women of non-project areas (78.5 percent).

**Table 4.1: Knowledge of danger signs during pregnancy, delivery and postpartum period**

Percent distribution of mothers who had a live birth in the last one year preceding the survey by knowledge of danger signs during pregnancy, delivery and postpartum period, according to CmSS and non-project areas

Knowledge of danger signs	CmSS area	Non-project area
High fever	40.7	15.3
Severe headache/ blurred vision	61.1	33.7
Swellings of hands and face	18.5	16.7
Retained placenta	13.0	10.3
Convulsions/fit/Eclampsia	53.8	45.6
Any amount of vaginal bleeding	32.0	25.3
Foul smelling discharge	7.5	1.1
Prolonged labour (labour pain for more than 12 hours)	37.0	46.6
Mal presentation (if any other part of the baby other than the head is seen in the birth passage, like buttocks, hand, foot or cord)	52.5	32.5
<b>Knows 2+ danger signs</b>	<b>96.8</b>	<b>78.5</b>
<b>Knows 3+ danger signs</b>	<b>65.9</b>	<b>38.5</b>
Other	0.7	0.5
Don't know	0.1	0.3
Number of women	1028	1046



## 4.2 Prevalence of complications and care

Table 4.2 provides information on the reported prevalence of complications and care during last pregnancy. About 11.5 percent of women of CmSS areas experienced complications during their last pregnancy and the corresponding prevalence in non-project areas was 8.3 percent.

The major complications faced were swelling of hands and face, severe headache/blurred vision, and severe abdominal pain. Women of both CmSS and non-project areas faced similar types of complications.

Among those who experienced pregnancy complications during their last pregnancy, 83 percent of CmSS and 80 percent of non-project women sought care at facilities or providers. In CmSS areas, UHC (28 percent) and private clinics (17.9 percent) were the most frequently used sources. The other important sources were: FWC (14.4 percent), private doctor's chamber (11.9 percent), and DH (8.5 percent). About 17 percent did not seek any care. In non project areas, private clinic/hospital was the main source of care for pregnancy complications (46 percent), followed by doctor's chamber (10.3 percent) and UHC(5.7 percent). About 20 percent did not seek any care.

<b>Table 4.2: Experience of pregnancy complications and treatment</b>		
Percentage distribution of women who had a live birth in the last one years preceding the survey by experience of problem/complications during last pregnancy and treatment sought, according to CmSS and non-project areas		
	CmSS area	Non-project area
<b>Any complication faced</b>		
Yes	11.5	8.3
No	88.5	91.7
Number of women	1028	1046
<b>Type of complications faced</b>		
High fever	15.3	11.5
Severe headache/ blurred vision	27.1	16.1
Swellings of hands and face	31.4	23.0
Convulsions/fit/Eclamsia	7.6	4.6
Vaginal bleeding	11.0	17.2
Foul smelling or greenish discharge from vagina	7.6	1.1
Severe abdominal pain	16.1	29.9
Water discharge during pregnancy	0.8	1.1
Other	0.8	6.9
<b>Source of treatment</b>		
No treatment	16.9	19.5
District/Sadar Hospital	8.5	4.6
MCWC	-	4.6
UHC	28.0	5.7
FWC	14.4	2.3
Govt. satellite clinic	1.7	2.3
NGO clinic/satellite clinic	0.8	4.6
Private hospital/clinic	17.8	46.0
Qualified Doctor's Chamber	11.9	10.3
Homeo doctor's chamber	0.8	1.1
Other	0.8	-
Number of women	118	87

**Fig 4.1: Knowledge of danger signs during pregnancy, delivery and postpartum period by CmSS and non-project areas**

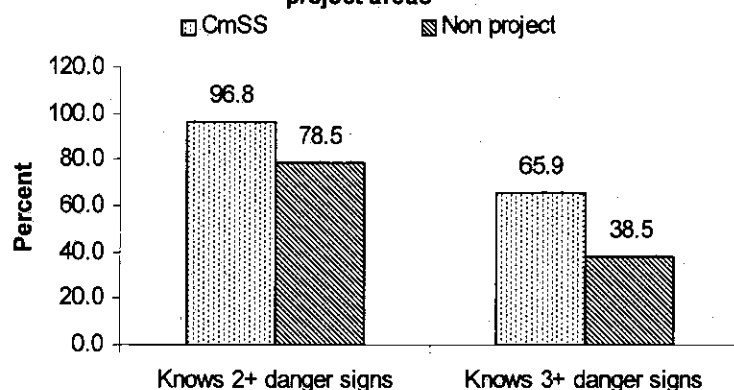


Table 4.3 shows that 16.2 percent of women of CmSS areas and 18.6 percent women of non-project areas experienced some complications/problems during their last deliveries. Type of complications were almost similar in the both the areas. Among those who faced some complications, 66 percent of CmSS and 69 percent of non-project women sought care (met need) from EmOC facilities. Care seeking was found positively associated with household asset quintile.

**Table 4.3: Experience of problem in delivery and care sought**

Percent distribution of women who had a live birth in the last one year preceding the survey by type of problem experienced during last delivery and care sought, according to CmSS and non-project areas, CmSS 2009

Problem/ care	CmSS area	Non-project area
<b>Any problem faced:</b>		
Yes	16.2	18.6
No	83.8	81.4
Number of women	1028	1046
<b>Type of problem faced:</b>		
Excessive vaginal bleeding	6.0	6.2
Severe headache and blurred vision	3.0	5.1
Convulsions/fit	4.8	4.6
Prolonged labour (labour pain for more than 12 hours)	46.7	47.7
Obstructed labor	31.1	42.6
Mal presentation (if any other part of the baby other than the head is seen in the birth passage like buttocks, hand, foot or cord)	15.0	12.8
Retained placenta (placenta is not expelled within 30 minutes after delivery of the baby)	3.6	5.1
Foul smelling or greenish discharge from vagina	3.6	1.0
Other	-	1.0
<b>Care sought at:</b>		
None	25.1	20.0
District/Sadar Hospital	7.8	10.3
MCWC	2.4	5.1
UHC	31.1	8.7
FWC	4.8	0.5
Govt. satellite clinic	2.4	-
NGO clinic/satellite clinic	1.2	9.2
Private hospital/clinic	24.6	45.1
Qualified Doctor's Chamber	1.2	2.1
Other	1.8	-
Number of women	167	195

About 93 percent women of CmSS and 83 percent of non-project areas had normal delivery. Proportion of deliveries by caesarian section was 7.2 percent in CmSS and 16.3 percent in non-project areas. Deliveries by caesarian section in non-project areas have exceeded the maximum UN standard of 15%.

**Table 4.3a: Care sought for delivery complications by SES**

Percent distribution of women who had a live birth in the last one year preceding the survey by care sought, for delivery complications, according to CmSS and non-project areas 2009

Household asset quintile	CmSS area			Non-project area		
	None	Care sought	No. of women	None	Care sought	No. of women
Lowest	31.3	68.8	32	28.6	71.4	28
Second	26.9	73.1	26	30.0	70.0	30
Middle	33.3	66.7	36	26.7	73.3	30
Fourth	18.8	81.3	32	20.9	79.1	43
Highest	17.1	82.9	41	7.8	92.2	64
All	25.1	74.9	167	20.0	80.0	195

**Table 4.4: Experience of postnatal problems/ complications**

Percent distribution of women who had a live birth in the last one year preceding the survey by type of problems/complications faced during postnatal period and care sought, according to CmSS and non-project areas

Problem/ care	CmSS area	Non-project area
<b>Any problem faced:</b>		
Yes	6.4	4.7
No	93.6	95.3
Number of women	1028	1046
<b>Type of problem faced:</b>		
Fever	22.7	18.4
Foul smelling vaginal discharge	-	2.0
Excessive vaginal bleeding	34.8	26.5
Severe lower abdominal pain	37.9	44.9
Fits/convulsion	7.6	8.2
Swelling of hands and face	6.1	12.2
Other	4.5	6.1
<b>Care sought at:</b>		
None	27.3	28.6
District/Sadar Hospital	6.1	4.1
MCWC	-	2.0
UHC	15.2	8.2
FWC	4.5	2.0
Govt. satellite clinic	4.5	2.0
NGO clinic/satellite clinic	-	2.0
Private hospital/clinic	19.7	30.6
Qualified Doctor's Chamber	19.7	20.4
Other	3.0	-
Number of women	66	49

Table 4.4 shows that 6.4 percent women of CmSS areas and 4.7 percent women of non-project areas faced some problems during the postnatal period after their last deliveries. Problems included severe lower abdominal pain, excessive vaginal bleeding, fever and convulsion. Among those who faced such problems, only 72.7 percent of CmSS and 81.4 percent of non-project women sought care mainly at private clinic/hospital.

Table 4.5 shows that 27 percent women of CmSS and 26.3 of non-project areas faced some complications either in pregnancy, delivery or in postpartum period. The overall met need for pregnancy related complications was found to be 63 percent in CmSS and 66 percent in the non-project areas.

**Table 4.5: Any complication faced during pregnancy, delivery and postpartum period**

Percentage distribution of women who had a live birth in the last one years preceding the survey by experience of any complications during last pregnancy, delivery and postpartum period and source of treatment, according to CmSS and non-project areas

	CmSS area	Non-project area
<b>Any complication faced</b>		
Yes	27.0	26.3
No	73.0	73.7
Number of women	1028	1046
<b>Source of treatment:</b>		
No treatment	19.1	20.4
District/Sadar Hospital	8.3	8.7
MCWC	1.4	5.5
UHC	30.2	9.1
FWC	9.4	1.5
Govt. satellite clinic	2.9	1.1
NGO clinic/satellite clinic	1.1	7.6
Private hospital/clinic	23.0	42.9
Qualified Doctor's Chamber	10.4	7.6
Other	2.5	0.4
Number of women	278	275
<b>Mode of delivery</b>		
Normal	92.8	82.8
Cesarean section	7.2	16.3
Instrumental delivery	-	0.9
Number of women	1028	1046

A birth planning is usually a summary of ones desire on how the pregnant mother would like her labour to be carried out. These may include both financial planning as well as maternal planning. Financial planning is related to financial capabilities of the pregnant mother, the capability of the family to spend money during normal and emergency delivery period. The maternal planning includes the wishes of the pregnant mother on where she would like to have her baby, whom she would like to be by her side during labor, what kind of atmosphere she would like to have, as well as her feelings around medication facilities and procedures offered during labor and delivery. Birth planning must be a core intervention to reduce maternal death. SMPP promotes birth planning as one of its important intervention to educate family level decision makers and thus enable them to take necessary contingency measures for upcoming delivery.

In Bangladesh not only maternal mortality ratio is high, neonatal deaths are also unacceptability high. Most of these deaths are preventable through proper maternal and newborn care. The CmSS evaluation survey collected some information about birth planning and newborn care practices.

### 5.1 Birth planning during last pregnancy

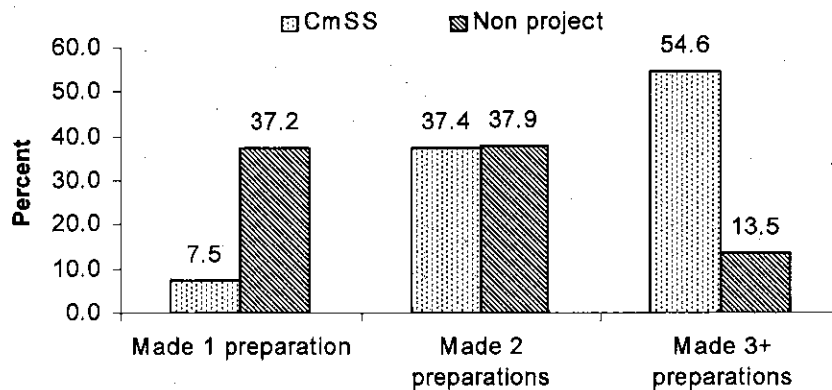
Table 5.1 provides distribution of women who had a live birth in the last one year preceding the survey by type of preparation made during their last pregnancy. It is evident that most women of both CmSS and non-project areas made some preparation for delivery during their last pregnancy. The common preparations they made were: collection of essential materials for clean delivery at home (83.9 percent in CmSS vs. 81.5 percent in non-project areas), decided about place of delivery (68.6 percent in CmSS vs. 38.2 percent in non-project areas), saved money to meet the emergency (49.1 percent in CmSS vs 25.9 percent in non-project areas), and decided about a trained person for conducting delivery (35.9 percent in CmSS vs. 5.6 percent in non-project areas). Preparation for transport and selection of blood donor was not extensive. However, proportions of women who made these birth preparations during their last pregnancy were much higher in CmSS areas than in non-project areas.

**Table 5.1: Preparation taken during last pregnancy**

Percent distribution of women who had a live birth in the last one year preceding the survey by type of preparation made during last pregnancy, according to CmSS and non-project areas

<i>Preparations</i>	CmSS area	Non-project area
Decided about place of delivery	68.6	38.2
Saved some money to met the emergency	49.1	25.9
Prepared for a transport	11.9	3.3
Decided about a trained person for conducting delivery	35.9	5.6
Arranged a person to accompany to the health facility in case there is emergency	16.1	1.8
Collected essential materials for clean delivery (such as clean delivery kit OR new blade, clean thread, a piece of clean polythene or plastic sheet, soap, tow pieces of dry soft cloth for the newborn)	83.9	81.5
<b>Made 1 preparation</b>	7.5	37.2
<b>Made 2 preparations</b>	37.4	37.9
<b>Made 1+ preparations</b>	99.4	88.5
<b>Made 3+ preparations</b>	54.6	13.5
Other	0.8	0.1
None	0.6	11.5
Number of women	1028	1046

**Fig 5.1: Delivery preparation by CmSS and non-project areas**



## 5.2 Practice of essential newborn care

Essential newborn care includes (i) immediate drying and wrapping of the baby in order to keep the newborn warm; (ii) clean cord care, and (iii) exclusive breast feeding within 24 hours of birth and (iv) postnatal checkup.

The CmSS endline evaluation survey collected information on certain essential newborn care such as prevalence and timing of first postnatal checkup, wipping, wrapping and bathing practices, substance used on umbilical cord, and breast feeding practices.

### 5.2.1 Timing of first postnatal checkup for children

Tables 5.2a and 5.2b provide information on prevalence and timing of first postnatal checkup for the newborn. It should be a great concern that 74.1 percent of CmSS and 77.6 percent of non-project newborns did not receive any postnatal checkup. Only 20.1 percent of newborn of the CmSS areas and 19.1 percent of non-project areas received postnatal checkup within first 24 hours of birth. This result is consistent with postnatal care situation for mothers.

**Table 5.2a Timing of first postnatal checkup for children, CmSS areas**

Among live births in the last one year preceding the survey, the percent distribution of the children's first postnatal check-up for the last live birth by timing after delivery, according to background characteristics in CmSS areas

Background characteristic	Timing of newborn's first check up after delivery						Total	No. of children
	within 1 hours	within 1-24 hours	within 2-3 days	After 3 days of delivery	No postnatal checkup	DK		
<b>Mother's age</b>								
10-14	33.3	-	-	-	66.7	-	100.0	3
15-19	15.2	8.5	2.4	5.5	68.5	-	100.0	165
20-34	14.4	6.3	1.9	2.8	74.5	0.1	100.0	783
35-49	10.5	5.3	1.3	-	82.9	-	100.0	76
<b>Highest education level</b>								
No education	8.4	4.8	1.0	2.9	82.9	-	100.0	310
Primary incomplete	19.0	3.8	0.6	1.9	74.7	-	100.0	158
Primary complete	13.8	6.9	1.1	1.7	76.4	-	100.0	174
Secondary incomplete	17.0	8.3	3.2	3.7	67.5	0.3	100.0	348
Secondary complete or higher	21.6	13.5	8.1	8.1	48.6	-	100.0	37
<b>Household asset quintile</b>								
Lowest	10.3	4.9	2.0	1.5	81.3	-	100.0	203
Second	13.8	3.3	1.0	4.8	77.1	-	100.0	210
Middle	13.2	7.8	1.5	2.5	75.0	-	100.0	204
Fourth	16.1	10.2	2.0	2.0	69.8	-	100.0	205
Highest	18.0	6.3	3.4	4.4	67.3	0.5	100.0	205
Total	14.3	6.5	1.9	3.0	74.1	0.1	100.0	1027

<sup>1</sup> Includes children who received a checkup after 41 days

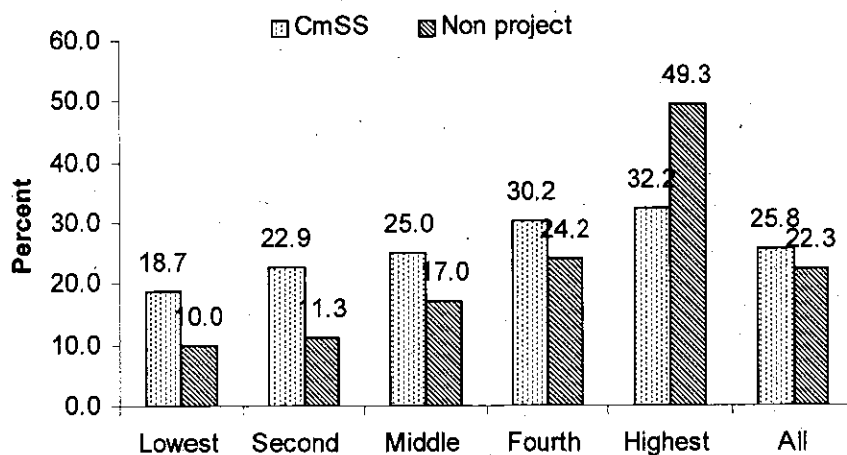
**Table 5.2b: Timing of first postnatal checkup for children, non-project areas**

Among live births in the last one year preceding the survey, the percent distribution of the children's first postnatal check-up for the last live birth by timing after delivery, according to background characteristics in non-project areas

Background characteristic	Timing of newborn's first check up after delivery						Total	No. of children
	within 1 hours	within 1-24 hours	within 2-3 days	After 3 days of delivery	No postnatal checkup	DK		
<b>Mother's age</b>								
10-14	-	-	-	-	100.0	-	100.0	1
15-19	8.7	11.8	1.2	1.9	76.4	-	100.0	161
20-34	10.0	10.0	1.1	2.5	76.4	0.1	100.0	812
35-49	1.4	4.3	-	-	94.2	-	100.0	69
<b>Highest education level</b>								
No education	4.0	2.5	-	-	93.5	-	100.0	200
Primary incomplete	4.2	7.9	1.0	1.6	85.3	-	100.0	191
Primary complete	9.0	2.1	-	0.7	88.3	-	100.0	145
Secondary incomplete	9.6	13.9	0.8	3.8	71.6	0.3	100.0	395
Secondary complete or higher	25.9	22.3	5.4	3.6	42.9	-	100.0	112
<b>Household asset quintile</b>								
Lowest	6.7	2.4	-	1.0	90.0	-	100.0	209
Second	2.8	7.1	0.5	0.9	88.7	-	100.0	212
Middle	4.5	10.5	0.5	1.5	83.0	-	100.0	200
Fourth	10.2	10.2	0.9	2.8	75.8	-	100.0	215
Highest	21.7	19.3	3.4	4.8	50.2	0.5	100.0	207
Total	9.2	9.9	1.1	2.2	77.6	0.1	100.0	1043

<sup>1</sup> Includes children who received a checkup after 41 days

**Fig 5.2: Postnatal checkup for children by SES among CmSS and non-project areas**



### 5.2.2 Type of provider who provided postnatal checkup for children

Tables 5.3a & 5.3b present information on the type of provider who conducted first postnatal checkup for the children. It shows that 24.4 percent of newborn of the CmSS areas and 22.3 percent of non-project areas received postnatal checkup from medically trained provider. Prevalence of postnatal checkup from qualified doctors were

positively associated with education level of mothers and socio-economic status.



**Table 5.3a: Type of provider of first postnatal checkup for children, CmSS areas**

Among women giving birth in the last one year preceding the survey, the percent distribution by type of provider of child's first postnatal health checkup, according to background characteristics in CmSS areas

Background characteristic	Percentage receiving postnatal care from a medically trained provider				Non-medically trained provider <sup>1</sup>	No postnatal checkup	Total	Percentage receiving postnatal care from a medically trained provider	No. of women
	Qualified doctor	Nurse/paramedico/FWV	MA/SACMO	CSBA					
<b>Mother's age</b>									
10-14	33.3	-	-	-	-	66.7	100.0	33.3	3
15-19	15.8	13.9	1.2	0.6	-	68.5	100.0	31.5	165
20-34	14.9	7.0	0.3	1.4	1.9	74.5	100.0	23.6	783
35-49	10.5	3.9	-	1.3	1.3	82.9	100.0	15.8	76
<b>Highest education level</b>									
No education	5.8	7.1	0.6	1.6	1.9	82.9	100.0	15.2	310
Primary incomplete	12.0	7.6	1.3	3.2	1.3	74.7	100.0	24.1	158
Primary complete	12.6	7.5	-	-	3.4	76.4	100.0	20.1	174
Secondary incomplete	22.4	9.2	-	0.6	0.3	67.5	100.0	32.2	348
Secondary complete or higher	40.5	5.4	-	2.7	2.7	48.6	100.0	48.6	37
<b>Household asset quintile</b>									
Lowest	7.9	5.9	1.0	2.0	2.0	81.3	100.0	16.7	203
Second	12.4	8.1	0.5	1.0	1.0	77.1	100.0	21.9	210
Middle	11.8	7.8	0.5	2.9	2.0	75.0	100.0	23.0	204
Fourth	16.1	11.7	-	0.5	2.0	69.8	100.0	28.3	205
Highest	25.9	5.9	-	-	1.0	67.3	100.0	31.7	205
Total	14.8	7.9	0.4	1.3	1.6	74.1	100.0	24.3	1027

FWV = family welfare visitor; MA = medical assistant; SACMO = sub-assistant community medical officer; HA = health assistant; FWA = family welfare assistant

<sup>1</sup> Includes children who received a checkup after 41 days

**Table 5.3b: Type of provider of first postnatal checkup for children, non-project areas**

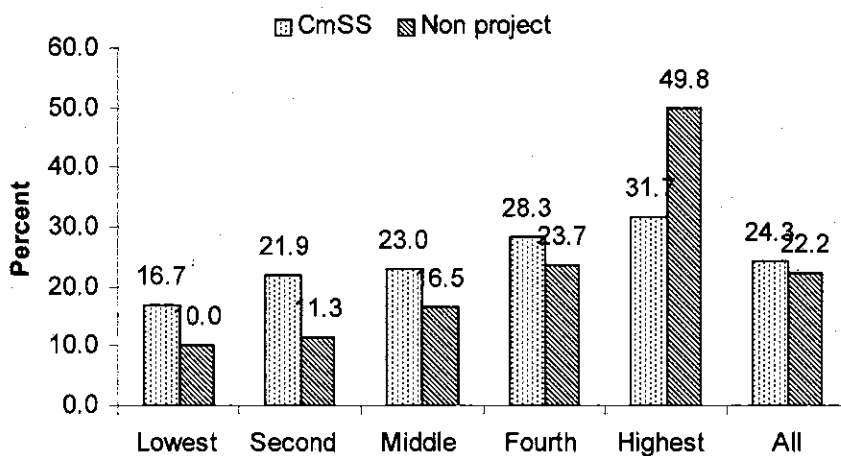
Among women giving birth in the last one year preceding the survey, the percent distribution by type of provider of child's first postnatal health checkup, according to background characteristics in non-project areas

Background characteristic	Percentage receiving postnatal care from a medically trained provider			Non-medically trained provider <sup>1</sup>	No postnatal checkup	Total	Percentage receiving postnatal care from a medically trained provider	No. of women
	Qualified doctor	Nurse/paramedic /FWV	MA/SACMO					
<b>Mother's age</b>								
10-14	-	-	-	-	100.0	100.0	-	1
15-19	20.5	2.5	-	0.6	76.4	100.0	23.0	161
20-34	20.2	3.0	0.4	0.1	76.4	100.0	23.5	812
35-49	4.3	-	1.4	-	94.2	100.0	5.8	69
<b>Highest education level</b>								
No education	5.0	1.5	-	-	93.5	100.0	6.5	200
Primary incomplete	11.5	1.6	1.0	0.5	85.3	100.0	14.1	191
Primary complete	9.7	2.1	-	-	88.3	100.0	11.7	145
Secondary incomplete	24.6	3.3	0.3	0.3	71.6	100.0	28.1	395
Secondary complete or higher	50.9	5.4	0.9	-	42.9	100.0	57.1	112
<b>Household asset quintile</b>								
Lowest	7.7	2.4	-	-	90.0	100.0	10.0	209
Second	8.5	1.9	0.9	-	88.7	100.0	11.3	212
Middle	14.5	2.0	-	0.5	83.0	100.0	16.5	200
Fourth	20.5	2.8	0.5	0.5	75.8	100.0	23.7	215
Highest	44.9	4.3	0.5	-	50.2	100.0	49.8	207
Total	19.2	2.7	0.4	0.2	77.6	100.0	22.2	1043

FWV = family welfare visitor; MA = medical assistant; SACMO = sub-assistant community medical officer; HA = health assistant; FWA = family welfare assistant

<sup>1</sup> Includes children who received a checkup after 41 days

**Fig 5.3: Postnatal checkup for children by medically trained persons by SES**



newborns were wiped dry and wrapped with cloth immediately after birth. Nearly 22.4 percent of

### 5.2.3 Wiping, wrapping and bathing the newborn

Wiping and wrapping the newborn immediately after birth are essential to avoid the risk of hypothermia. A newborn should be wiped dry and wrapped within minutes after birth, and should not be bathed within 72 hours. The CmSS evaluation survey asked women whether a newborn was wiped and wrapped, and when it was first bathed. Table 5.4a shows that in the CmSS areas, 94.4 percent of the

the newborn babies were given bath within six hours, 14.7 percent within 6-24 hours, 12 percent within 2-3 days and the remainders (50.6 percent) were given bath after 3 days of birth. Wiping, wrapping and bathing practices immediately after birth were almost similar in non-project areas (Table 5.4b).

**Table 5.4a: New-born care practices, CmSS areas**

Percentage of non-institutional last live births in the last one year preceding the survey, by timing of wiping, wrapping, and bathing, according to background characteristics in CmSS areas

Background characteristic	Wiping		Wrapping		Timing of bath					No. of women
	Yes	No /DK	Yes	No	Withi n 6 hrs	within 6-24 hrs	within 2-3 days	After 3 days	DK	
<b>Mother's age:</b>										
10-14	66.7	33.3	66.7	33.3	33.3	-	33.3	33.3	-	3
15-19	97.0	3.0	96.4	3.6	17.6	13.3	18.8	49.7	0.6	165
20-34	94.1	5.9	93.5	6.5	22.5	15.7	10.5	51.1	0.3	784
35-49	92.1	7.9	90.8	9.2	31.6	7.9	11.8	48.7	-	76
<b>Mother's education level</b>										
No education	91.6	8.4	90.3	9.7	26.8	16.5	11.0	45.8	-	310
Primary incomplete	94.3	5.7	94.3	5.7	28.5	10.1	11.4	50.0	-	158
Primary complete	96.0	4.0	96.0	4.0	16.7	16.1	12.1	54.6	0.6	175
Secondary incomplete	95.7	4.3	94.8	5.2	19.8	14.7	12.9	52.0	0.6	348
Secondary complete or higher	97.3	2.7	97.3	2.7	10.8	13.5	13.5	62.2	-	37
<b>Household asset quintile</b>										
Lowest	93.6	6.4	92.6	7.4	29.1	14.3	7.9	48.8	-	203
Second	91.0	9.0	91.0	9.0	25.7	16.2	13.3	44.8	-	210
Middle	94.6	5.4	94.1	5.9	18.6	15.7	10.8	53.9	1.0	205
Fourth	95.1	4.9	93.7	6.3	21.0	14.1	14.6	50.2	-	205
Highest	97.6	2.4	97.1	2.9	17.6	13.2	13.2	55.6	0.5	205
Total	94.4	5.6	93.7	6.3	22.4	14.7	12.0	50.6	0.3	1028

**Table 5.4b: New-born care practices, non-project areas**

Percentage of non-institutional last live births in the last one year preceding the survey, by timing of wiping, wrapping, and bathing, according to background characteristics in non-project areas

Background characteristic	Wiping		Wrapping		Timing of bath					No. of women
	Yes	No /DK	Yes	No	Withi n 6 hrs	within 6- 24 hrs	within 2-3 days	After 3 days	DK	
<b>Mother's age:</b>										
10-14	100.0	-	100.0	-	-	100.0	-	-	-	1
15-19	93.8	6.2	92.6	7.4	25.5	21.7	9.9	41.6	1.2	162
20-34	92.1	7.9	90.5	9.5	27.8	24.6	9.2	38.2	0.1	814
35-49	94.2	5.8	92.8	7.2	29.0	36.2	11.6	23.2	-	69
<b>Mother's education level</b>										
No education	90.5	9.5	89.1	10.9	33.5	34.5	9.0	23.0	-	201
Primary incomplete	93.7	6.3	92.7	7.3	30.9	24.6	8.4	36.1	-	191
Primary complete	90.3	9.7	88.3	11.7	35.9	24.8	9.0	30.3	-	145
Secondary incomplete	92.9	7.1	91.2	8.8	24.3	23.8	9.4	42.0	0.5	397
Secondary complete or higher	95.5	4.5	94.6	5.4	11.6	13.4	13.4	60.7	0.9	112
<b>Household asset quintile</b>										
Lowest	91.9	8.1	90.9	9.1	34.9	28.2	11.5	25.4	-	209
Second	93.4	6.6	92.5	7.5	29.2	29.7	8.0	33.0	-	213
Middle	94.0	6.0	91.0	9.0	31.5	25.5	7.0	35.5	0.5	200
Fourth	88.9	11.1	87.5	12.5	27.9	28.4	9.3	34.0	0.5	216
Highest	94.7	5.3	93.3	6.7	14.0	13.0	11.6	60.9	0.5	208
Total	92.5	7.5	91.0	9.0	27.5	25.0	9.5	37.7	0.3	1046

#### 5.2.4 Care of the umbilical cord

Tables 5.5a and 5.5b provides information on the materials applied on the umbilical cord stump. When something was applied to the cord stump, mustard oil (21.1 percent), antibiotic (5.8 percent), boric powder (6.8 percent), antiseptic (5.2 percent) and ash (7.1 percent) were the most common materials used in CmSS areas. Women with secondary or higher level of education and women in the highest asset quintile were more likely to have antibiotic or antiseptic applied to the cord. Practice behavior was almost similar in the non-project areas.

**Table 5.5a: Use of substance on stump after cutting umbilical cord, CmSS areas**

Percent distribution of non-institutional last live births in the last one year preceding the survey, by material applied to the cord immediately after cutting and tying it, according to background characteristics in CmSS areas

Background characteristic	Material applied to the cord										Nothing	No. of mother	
	Antibiotic	Antiseptic	Spirit/Alc ohol	Mustard oil	Sindur	Boric powder	Talcum powder	Ash	Coconut oil				
<b>Mother's age:</b>													
10-14	-	33.3	-	33.3	-	-	-	-	-	-	-	33.3	3
15-19	6.7	8.5	0.6	21.2	3.0	5.5	-	6.1	0.6	-	56.4	165	
20-34	5.9	5.1	1.0	21.2	2.0	7.0	0.6	7.4	0.4	-	58.0	784	
35-49	3.9	1.3	1.3	19.7	2.6	7.9	1.3	6.6	1.3	-	67.1	76	
<b>Mother's education level</b>													
No education	4.2	2.9	0.3	22.9	3.2	6.8	0.6	8.4	1.3	-	60.0	310	
Primary incomplete	5.1	3.8	1.3	22.2	3.2	5.1	-	8.2	0.6	-	56.3	158	
Primary complete <sup>1</sup>	2.9	5.7	0.6	16.6	0.6	4.0	0.6	6.3	-	-	68.4	175	
Secondary incomplete	8.6	7.5	1.1	23.0	2.0	9.2	0.9	6.3	-	-	52.3	348	
Secondary complete or above	10.8	13.5	5.4	5.4	-	5.4	-	2.7	-	-	62.2	37	
<b>Household asset quintile</b>													
Lowest	3.4	4.4	-	23.2	3.4	6.9	1.0	10.8	1.5	-	56.7	203	
Second	5.2	3.8	0.5	21.4	1.4	5.7	0.5	8.1	0.5	-	62.9	210	
Middle	4.4	3.4	1.5	25.4	3.4	6.3	0.5	5.9	0.5	-	56.9	205	
Fourth	8.8	5.9	1.0	20.0	1.0	9.3	0.5	6.8	-	-	55.6	205	
Highest	7.3	9.8	2.0	15.6	2.0	5.9	0.5	3.9	-	-	59.5	205	
Total	5.8	5.4	1.0	21.1	2.2	6.8	0.6	7.1	0.5	-	58.3	1028	

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

**Table 5.5b: Use of substance on stump after cutting umbilical cord, non-project areas**

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

Background characteristic	Material applied to the cord										Nothing	No. of mother	
	Antibiotic	Antiseptic	Spirit/Alcohol	Mustard oil	Shidur	Boric powder	Talcum powder	Ash	Coconut oil				
<b>Mother's age:</b>													
10-14	-	-	-	100.0	-	-	-	-	-	-	-	-	1
15-19	9.3	9.3	0.6	35.2	0.6	9.3	-	-	8.0	0.6	34.8	162	
20-34	11.9	10.9	3.1	28.3	1.0	7.1	0.2	-	8.7	-	39.4	814	
35-49	7.2	5.8	2.9	31.9	1.4	5.8	-	-	5.8	-	49.3	69	
<b>Mother's education level</b>													
No education	6.0	3.0	3.5	27.4	0.5	6.0	-	-	9.0	-	53.5	201	
Primary incomplete	4.7	7.3	1.0	36.1	1.6	11.0	-	-	11.5	-	41.4	191	
Primary complete <sup>1</sup>	9.0	7.6	3.4	35.9	0.7	6.2	-	-	8.3	-	37.9	145	
Secondary incomplete	13.9	13.6	2.3	29.7	1.3	7.8	0.5	0.3	9.1	0.3	32.2	397	
Secondary complete or above	25.0	20.5	4.5	14.3	-	3.6	-	-	-	-	37.5	112	
<b>Household asset quintile</b>													
Lowest	8.1	4.3	2.4	36.8	1.4	7.7	-	-	9.1	0.5	38.8	209	
Second	5.2	8.0	1.4	30.5	1.4	7.5	0.5	-	10.3	-	45.3	213	
Middle	15.0	8.0	2.5	34.0	0.5	9.5	-	-	9.5	-	37.5	200	
Fourth	12.0	11.1	3.7	29.6	0.9	5.6	0.5	-	8.3	-	38.6	216	
Highest	15.9	20.2	3.4	17.3	0.5	6.7	-	-	4.8	-	36.2	208	
Total	11.2	10.3	2.7	29.6	1.0	7.4	0.2	0.1	8.4	0.1	39.3	1046	

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

### 5.2.5 Breastfeeding practices

Infant feeding practices play a pivotal role in early childhood development. Poor breastfeeding practices have adverse consequences for the health and nutritional status of children, which affects their physical and mental development.

It is recommended that children be fed colostrums immediately after birth and continue exclusive breastfeeding for the first six months of life. The children should be given solid complementary food beginning from the seventh month of life.

Tables 5.6a & 5.6b show the proportion of children born in the last one year preceding the survey who were ever breastfed, who started breastfeeding within 30 minutes, within 30 minutes to 24 hours, and after a day, and proportion who received colostrum, and exclusively breastfed by background characteristics. Although nearly all last born living children in CmSS and non-project areas were ever breastfed, 47.8 percent in CmSS and 37.1 percent in project areas started doing so within 30 minutes, and nearly half within 30 minutes to 24 hours of birth.

About 99 percent of CmSS and 97 percent of non-project children received colostrums, and 70 percent of CmSS and 61.8 percent of non-project children were exclusively breastfed.

**Table 5.6a: Breastfeeding practices, CmSS areas**

Percentage of last born live births in the last one year preceding the survey, by initiation of breastfeeding, received colostrum and exclusive breastfeeding in CmSS areas

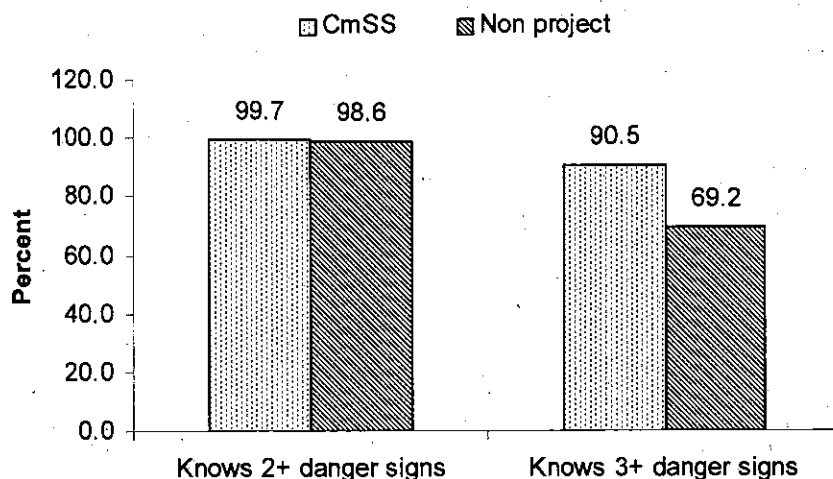
Background characteristic	Percentage						
	Never breastfed	Started breastfeeding within 30 minutes	Started breastfeeding within 30 min to 24 hrs	Started breastfeeding after a day	Don't remember	Received colostrum	Exclusively breastfeeding
<b>Mother's age:</b>							
10-14	-	-	66.7	33.3	-	100.0	33.3
15-19	0.6	46.7	47.3	5.5	-	98.8	70.0
20-34	0.1	48.3	45.3	6.3	-	99.2	70.0
35-49	-	46.1	43.4	9.2	1.3	100.0	67.0
<b>Mother's education level</b>							
No education	-	42.9	50.3	6.5	0.3	99.4	65.0
Primary incomplete	-	46.2	45.6	8.2	-	98.1	72.0
Primary complete	0.6	49.7	44.0	5.7	-	99.4	73.0
Secondary incomplete	0.3	51.4	42.5	5.7	-	99.4	71.0
Secondary complete or higher	-	51.4	40.5	8.1	-	100.0	83.0
<b>Household asset quintile</b>							
Lowest	-	39.9	54.7	4.9	0.5	99.5	65.0
Second	-	44.8	46.2	9.0	-	98.1	69.0
Middle	0.5	51.7	41.0	6.8	-	99.5	69.0
Fourth	-	52.2	42.9	4.9	-	100.0	74.0
Highest	0.5	50.2	42.9	6.3	-	99.0	73.0
Total	0.2	47.8	45.5	6.4	0.1	99.2	70.0

**Table 5.6b: Breastfeeding practices, non-project areas**

Percentage of last born live births in the last one year preceding the survey, by initiation of breastfeeding, receiving colostrums, and exclusive breastfeeding in non-project areas

Background characteristic	Percentage						No. of women
	Never breastfed	Started breastfeeding within 30 minutes	Started breastfeeding within 30 min to 24 hrs	Started breastfeeding after a day	Received colostrum	Exclusive breastfeeding	
<b>Mother's age:</b>							
10-14	-	-	100.0	-	100.0	-	1
15-19	0.6	37.0	47.5	14.8	96.9	60.5	162
20-34	0.2	36.6	47.4	15.7	97.3	62.7	814
35-49		43.5	44.9	11.6	95.7	55.1	69
<b>Mother's education level</b>							
No education	0.5	43.8	35.8	19.9	95.0	51.7	201
Primary incomplete	-	35.1	45.5	19.4	96.9	56.0	191
Primary complete	-	47.6	37.2	15.2	95.9	62.1	145
Secondary incomplete	0.5	33.0	54.7	11.8	98.0	64.7	397
Secondary complete or higher	-	29.5	58.0	12.5	100.0	78.6	112
<b>Household asset quintile</b>							
Lowest	-	39.2	41.1	19.6	95.2	56.9	209
Second	0.5	34.7	44.6	20.2	95.3	52.6	213
Middle	-	42.5	43.5	14.0	97.5	61.5	200
Fourth	0.5	39.8	48.1	11.6	98.6	64.4	216
Highest	0.5	29.3	59.1	11.1	99.0	73.6	208
Total	0.3	37.1	47.3	15.3	97.1	61.8	1046

**Fig 5.4: Knowledge of newborn danger signs by CmSS and non-project areas**



### 5.3 Knowledge of newborn danger signs

Women were asked if they were aware of danger signs for a newborn indicating the need of immediate medical care. Table 5.7 shows that the most known newborn danger signs are respiratory distress, fever, diarrhea, convulsion, jaundice and repeated vomiting. Women of both CmSS and non-project areas were equally aware of these danger signs.



**Table 5.7: Knowledge of newborn danger signs**

Percent distribution of women who had a live birth in the last one year preceding the survey by knowledge of danger signs for a newborn indicating the need of immediate medical care, according to CmSS and non-project areas

Knowledge	CmSS area	Non-project area
Lethargy	9.5	7.1
Convulsion	23.2	21.5
Jaundice (yellow colored palm and soles)	15.6	19.0
Respiratory distress (difficult & fast breathing)	82.6	71.0
Repeated vomiting	12.6	15.9
Skin infection	5.1	6.6
Cord infection (redness and discharge)	2.4	0.2
Poor sucking and feeding	10.5	2.5
Fever	87.8	86.0
Hypothermia (low body temperature)	11.4	-
Eye infection (discharge of pus from eyes)	1.4	0.7
Diarrhea	85.5	68.8
Other	0.1	0.1
Number of women	1028	1046

## **6** \_\_\_\_\_ **AWARENESS AND UTILIZATION OF CmSS FACILITIES**

### **6.1 CmSS Model**

Community support system (CmSS) is a mechanism for establishing a system at the community level, through collective efforts of the people, which aims to provide support to pregnant women during any obstetric emergency. The aim of CmSS is to prevent maternal death and morbidity by effectively reducing the three delays. SMPP regards CmSS as a cost effective and sustainable approach to address three delays of maternal mortality in the community: delay in decision making for seeking care, delay in reaching health facility; and delay in receiving quality care. The activities prioritized by CmSS groups are: pregnancy registration maintenance, developing a community fund, and ensuring available and affordable transportation, blood donation, and referral of complicated pregnancy cases.

### **6.2 Registration with CmSS**

Respondents were asked a set of questions about awareness and utilization of CmSS facilities. Table 6.1 shows that 97.2 percent women of CmSS areas were aware of the existence of CmSS in their communities. About 81.4 percent reported to have registered with CmSS and almost same proportion was visited by health worker/CmSS members/volunteers during last pregnancy. Other family members like mother-in-laws (46.1 percent), sister-in-laws (37.8 percent) and husbands (33.5 percent) also met with CmSS members or their volunteers. CmSS members and their volunteers and field workers discussed with them mainly about saving money for emergency (50.9 percent), place of delivery (34.1 percent), arrangement of transport for going to hospital (22.5 percent) and collecting essential materials for clean delivery (31.3 percent).

Nearly 56 percent women attended CmSS organized meetings that include courtyard meeting, community meeting and Ma samabesh.

**Table 6.1 Existence of Community Support Group/Samity**

Percent distribution of women who had a live birth in the last one year preceding the survey by their response on existence of community support group/samity in their area, and registration with CmSS

	CmSS area
<b>Existence of CmSS:</b>	
Yes	97.2
No	1.3
Don't know	1.6
<b>Registration with CmSS:</b>	
Yes	81.4
No	18.6
<b>Whether met HW/CmSS members/ volunteers during last pregnancy:</b>	
Yes	81.3
No	18.7
<b>Number of times met:</b>	
1	21.8
2	16.9
3+	42.6
Do not met	18.7
<b>Other family members met:</b>	
Husband	33.5
Mother in law	46.1
Father in law	5.8
Sister in law	37.8
Mother	6.9
Father	1.1
Sister	1.9
None	18.7
<b>Topic discussed:</b>	
Place of delivery	34.1
Saving money to for an emergency	50.9
Preparing for a transport	22.5
Deciding about a trained person for conducting delivery	19.8
Collecting essential materials for clean delivery (such as clean delivery kit OR new blade, clean hread, a piece of clean polythene or plastic sheet, soap, tow pieces of dry soft cloth for the newborn)	31.3
Doing less work during pregnancy	49.9
Eating well during pregnancy	65.4
Getting antenatal care during pregnancy	40.3
Danger signs for complications of pregnancy or at delivery	45.7
No discuss	18.7
<b>Attended meeting to learn/talk about pregnancy &amp; delivery:</b>	
Courtyard meeting	43.5
Community meeting	10.5
Ma samabesh at school	5.9
No	43.9
Other	0.1
Number of women	1028

### 6.3 Assistance from CmSS

Women of CmSS areas were asked a set of questions on CmSS assistance that they may have received during last pregnancy. Table 6.2 shows that only 8.5 percent of women received help from CmSS for last delivery and 7.4 percent received financial support for transportation/medical cost.

But more than two-thirds (71.4 percent) reported that CmSS members visited them at home after birth of their last child: 23.6 percent visited after 7 days of delivery, 20.5 percent on the day of delivery, 14.3 percent one day after delivery and 12.8 percent visited within 2 to 7 days after delivery.

In response to a question on whether they received any other help from CmSS during last delivery, 64.3 percent replied in the affirmative. Among those who received others helps, the main areas of help were: verbal advise (62.7 percent), birth planning sessions (26.3 percent), and some one accompanied to the health facility (5.9 percent).

<b>Table 6.2 Assistance from CmSS</b>	
Percent distribution of women who had a live birth in the last one year preceding the survey by assistance from CmSS areas	
	CmSS area
<b>Help received from CmSS for last delivery:</b>	
Yes	8.5
No	91.4
Don't know	0.1
<b>Financial support received for transportation/ medical cost:</b>	
Yes	7.4
No	92.5
Don't know	0.1
<b>CmSS visited at home after birth of last child:</b>	
Yes	71.4
No	28.3
Don't know	0.3
Number of women	1028
<b>Days after delivery visited:</b>	
Day of delivery	20.5
Day after delivery	14.3
Day 2-7 after delivery	12.8
Later than day 7 after delivery	23.6
Don't know	0.1
Nobody visted	28.6
<b>Any other way CmSS helped during last pregnancy/delivery/after delivery:</b>	
Yes	64.3
No	35.7
<b>Type of help provided:</b>	
Financial support	3.1

**Table 6.2 Assistance from CmSS**

Percent distribution of women who had a live birth in the last one year preceding the survey by assistance from CmSS areas

	CmSS area
Transportation support	1.6
Some one from CmSS accompanied me at the health facility	5.9
Provided verbal advise	62.7
Received birth planning session	26.3
Other	0.1
No help	35.7
Number of women	1028

#### 6.4 Beneficiary of DSF

Table 6.3 shows that 42.8 percent women of CmSS areas (only Raipura Upazila) were beneficiary of demand side financing (DSF), and 13.6 percent received maternity allowance during last delivery.

**Table 6.3 Beneficiary of DSF**

Percent distribution of women who had a live birth in the last one year preceding the survey by receiving benefits from demand side financing (DSF), according to CmSS and non-project areas

	CmSS area	Non-project area
<b>Whether beneficiary of DSF:</b>		
Yes	42.8	-
No	57.2	-
Number of women	778	-
<b>Whether received any maternity allowance (from Social Welfare Dept) during last pregnancy:</b>		
Yes	13.6	2.2
No	86.4	97.8
Number of women	1028	1046

#### 6.5 Empowerment related issues

Women empowerment is an important determinant of utilization of health care. Role in decision making in household and health issues play crucial role in health seeking behaviour. Women were asked to *agree* or *disagree* with a set of statements. It appears that women of both the areas (CmSS and non-project areas) were very conscious about their rights and dignity. Most of the women (90 to 100 percent) of CmSS areas agreed that a women may decide on her own to seek care from health provider during health problem (90.6), women should have the same opportunity to receive health care as men (99.6 percent), and women should be treated with equal dignity and respect as men (99.7 percent).

**Table 6.4: Empowerment related issues**

Percent distribution of women who had a live birth in the last one year preceding the survey by perceived rights on selected issues, according to CmSS and non-project areas

Issues	CmSS area			Non-project area		
	Agree	Disagree	No. of women	Agree	Disagree	No. of women
A women may decide on her own to seek care from health provider during health problem:	90.6	9.4	1028	88.9	11.1	1046
Women should have the same opportunity to receive health care as men	99.6	0.4	1028	99.6	0.4	1046
Women should be treated with equal dignity and respect as men	99.7	0.3	1028	99.7	0.3	1046

In addition to collecting information by interviewing women who had a live birth in the last one year preceding the survey, information was also collected by conducting a number of focus group discussions (FGDs) with similar groups of women and also with community leaders in CmSS areas. Important findings are presented in the narratives. These results are expected to supplement the quantitative findings as presented in the earlier sections.

### **7.1 FGDs with women who had a live birth in the last one year**

Three focus group discussions (FGDs) were conducted in CmSS areas with women who had a live birth in the last one year preceding the survey. Eight women participated in each FGD. The issues covered in each FGD were:

- Awareness about CmSS group/Samity
- Activities of the CmSS group in the community
- Opinion about CmSS group, benefit received
- Type of assistance/help received from CmSS during last pregnancy
- Perceived benefit from CmSS group
- Expectation from CmSS
- Perceived changes in the attitude of husband, mother-father in-laws after attending birth planning session
- Observed changes in the quality of care provided by health facilities
- Whether role/activity of Dalal/agent has changed, how CmSS address Dalal issue
- Awareness about DSF & receiving DSF card
- Delivery in the health facility with reasons
- How CmSS provide assistance and select poor

## **FINDINGS**

### ***Awareness about CmSS group and its activities***

Awareness among women about CmSS group/samity was found high. All the women who participated in the FGDs knew about CmSS group. They came to know about CmSS from TTBA volunteers, CARE staff, CSBAs, and CmSS samity members.

According to FGD participants, CmSS samity members advise on maternal and newborn care, aware about five danger signs during pregnancy, ask to contact TTBA if any complication arise, provide assistance to find transport for going to hospital, encourage for antenatal care and to save money for delivery care.

### ***Help and benefit received from CmSS***

Women had very positive opinion about CmSS. They reported of receiving help from CmSS activity for antenatal checkup, EmOC at low cost, delivery at home by CSBA, companion for going to hospital in emergency. With the help of CmSS samity some women reported of receiving better care from doctor, necessary tests and care at low cost, free caesarian section, and donation of blood in emergency. One woman said, "During pregnancy I took medicine for cough. As a result usual movement of baby stopped. I informed a CmSS member, she took me to Monohardi hospital. They examined me and ultra-sonogram was done. I recovered at half of usual cost". Women acknowledged that CmSS members work for reducing health risk. They help the poor with money, and provide or arrange transport to the hospital.

### ***Expectation from CmSS***

Women were in the opinion that CmSS should have own transport, manpower to accompany women to hospital in emergency, and enough financial support provision. They were also in the opinion that the Samity should have a fixed place/office with proper sitting arrangement.

### ***Changes in the attitude***

In the opinion of women there has been a significant change in the attitude of husbands and mother and father-in-laws after formation of CmSS group and attending birth planning sessions. They do not oppose to have delivery at the hospital. They advise to avoid heavy work and to take nutritious food and rest during pregnancy, encourage to go or take to the facility for antenatal care. Mother and father in laws also advise to take more food and nutritious food after delivery.

### ***Changes in the quality of care***

Most women perceived that there has been a positive change in the status of health care situation both at the community and health facility level. In the past people were reluctant to visit health facility, now they like to seek care. Women visit hospitals in emergency. CmSS members take them to hospitals for caesarian section.

Quality of care at health facilities is also better. Doctors are regularly available now in the hospitals. Women also reported that hospitals do not take any money now for normal delivery or caesarian sections. If CmSS cards are shown, doctors give preferential treatment, enquire about health situation and advise for family planning.

### ***Dalal issues***

Dalal is an important issue in health care system. Dalals act as agents of private clinics, they encourage or even force patients to seek care at private facilities. Some providers of government facilities also work for private clinics.

It appears that *Dalal* is still a problem. Despite all attempts by CmSS members to avoid Dalals, some health providers including CSBAs some times create situations so that women are bound to seek care at private clinics. In some CmSS areas, however Dalal have very little influence.



### ***How CmSS select the poor for providing assistance***

Some women were found unaware of how CmSS select poor women for registration and assistance. Some reported that they select poor women on the basis of husbands' income, by looking at the condition of dwelling house and ownership of land. They also collect information from neighbors. Generally CmSS members take poor women to hospitals and arrange health checkup by doctors.

### **7.2 FGDs with Community leaders**

Three focus group discussion (FGDs) were conducted in CmSS areas with community leaders. Community leaders included UP members, teachers, business men and other influential persons of the community. Ten community leaders participated in each FGD. The issues covered in the FGDs were:

- Availability, use and quality of MNH care in the locality
- Awareness about CmSS and its activities
- Role in CmSS if any
- Strengths and weaknesses of CmSS

## **FINDINGS**

### ***Health care opportunities in the community***

Community leaders were in the opinion that health care opportunities exist in the community, but that is not enough to meet the needs. CSBAs conduct deliveries, and refer complicated cases to higher facilities. Community leaders of Narendrapur under Monohardi upazila said that there exist RD and UHCs, but proper care is not available there as service providers are engaged in private practice. As a result patients have to seek care at private clinics. But community leaders of Nazarpur and South Lochanpur of Raipura upazila did not have such complain. They were in the opinion that women of their areas receive care from community clinic, FWC, UHC and EPI centre. Also CmSS samity members are engaged in awareness campaign.

### ***Utilization of Care***

It was reported that compared to the past, more people now seek health care. Women in greater proportion seek antenatal care and receive delivery assistance from skilled providers. In case of complications, they visit hospitals. CmSS group members motivate women for antenatal care, delivery care from skilled providers and for postnatal checkup and aware them about five danger signs during pregnancy and delivery. They also provide assistance during emergency. Thus utilization of health facilities has gone up.

### ***Awareness about CmSS and its activities***

All were found aware of CmSS and its activities. Some were directly or indirectly involved in CmSS group/samity. CmSS group involved Imams to generate awareness about five pregnancy danger signs. They involved TTBA and TBAs to monitor pregnant women of the locality and

advise them to go to health facility if complications arise and to accompany them for visiting health facilities if needed. CmSS samity members make list of pregnant women, build fund to assist women in needs, arrange to send women with complications to health facilities. They provide more assistance to poor women.

CmSS samity provides assistance with money and transport especially to the poor. Sometimes they arrange loan, and accompany patients to hospitals. CARE staff also provide assistance.

### ***Involvement in CmSS activities***

Most of the community leaders who participated in FGDs were found somehow involved in CmSS activities. It is CARE staff who encouraged them to be involved in CmSS and form CmSS samity. Samity members are now involved in preparing list of pregnant women, motivate women for ANC, PNC and delivery with skilled providers, conduct yard meeting, build fund, provide financial assistance for delivery and care, arrange transport in emergency and blood donors. Women receive a yellow card from samity and with yellow card women receive preferential treatment at the facility. But lower level health staff sometimes do not give any preferential treatment to card holders.

### ***Strengths and weakness of CmSS activities***

On the positive aspects of CmSS activities community leaders were in the opinion that through CmSS they have been able to generate greater awareness in the community, especially among women about the need of MNH care, providing assistance during emergency and assistance to the poor with money and transport, and help to make birth planning in advance.

Despite all their efforts, CmSS fails to address many problems. The problems are:

- Emergency funds that CmSS samity build is not enough to meet the needs.
- If they send/take patients to the facility, doctors and other providers do not always give attention and care.
- Some members of the samity are not educated and loose interest in CmSS activities.

For assessing performance of Community Support System (CmSS) and understand health situation in CmSS areas in Monohardi and Raipura upazilas under Narsingdi district, the 2009 CmSS evaluation survey interviewed women who had a live birth in the last one year preceding the survey. Also FGDs were conducted with women and community leaders. For measuring relative changes/improvement in health indicators a comparison sample of women were also interviewed from other four upazilas of the district. They key findings are given below:

- Awareness among women about the existence of CmSS is almost universal (97.2 percent). FGD results with women and community leaders also support this result. About 81.4 percent women reported registered with CmSS during their last pregnancy and almost same proportion was visited by CmSS members. About two thirds of women received some kind of support from CmSS during pregnancy, delivery or postpartum period. Women were found happy with CmSS services such as information and advice, monetary and transportation assistance, and preferential treatment with yellow cards (DSF card) from health facilities. Although there has been a significant change/improvement in the service environment, some dissatisfaction was also noted with the attitude of some service providers. Instead of providing care at public health facilities, some service providers encourage patients to seek care at private clinics.
- About 76.6 percent women in CmSS areas received any ANC during last pregnancy, and 75.7 percent received ANC from medically trained provider. ANC coverage is significantly higher in CmSS areas (76.6 percent) than comparison areas (only 49.8 percent). ANC coverage from medically trained provider is also higher in CmSS areas (75.7 percent) than comparison areas (48.7 percent). The median number of ANC visits (for those with ANC) is 3 in CmSS areas and this is 2 visits in comparison areas.
- Although institutional delivery stands approximately at same level in both CmSS and comparison areas, women in CmSS areas utilized public health facilities more than the comparison areas.
- No difference was found on skilled attendance at birth in CmSS areas compared to the non-CmSS areas (27.5 percent in CmSS and 27.8 percent in non-CmSS areas).
- Only 26.8 percent women of CmSS areas and 25.7 percent in non-CmSS areas had postnatal checkup within 42 days of delivery. Similar proportions also received PNC from medically trained providers (25.9 percent in CmSS vs 25.7 percent in non-CmSS areas).
- Knowledge of two or more danger signs during pregnancy, delivery and postpartum period was significantly higher among women under CmSS (96.8 percent) than among non-CmSS women (78.5 percent).

- Proportion of women who made at least one birth preparation was significantly higher in CmSS areas (99.4 percent) than in non CmSS areas (88.5 percent).
- Prevalence of postnatal checkup for children was slightly higher in CmSS areas (25.9 percent) than the non CmSS areas (22.4 percent).
- Ever breastfeeding is almost universal in both the areas, but higher proportion of children of CmSS areas received colostrums and exclusive breastfeeding than children of non-CmSS areas.
- Dalal of private clinics is still a problem in some areas. Some service providers including CSBAs act as Dalal/agent of private clinics, which was revealed during FGDs.

**Comment:** we have found some significant differences (even in institutional delivery and skilled attendance at birth etc.) in the lowest quintile at CmSS areas compared to the non-CmSS areas, that needs to be highlighted here.

### ***Conclusions & Recommendations***

- Survey results indicate that significant improvements occurred in the knowledge and practices related to antenatal care and certain newborn care practices in CmSS areas compared to the non-CmSS areas. Overall, no significant difference was found for institutional delivery, skilled attendance at birth and PNC coverage in CmSS areas compared to non- CmSS areas. One of the reasons for non-improvement of institutional delivery in the CmSS areas may be the project did not advocate for institutional delivery unless there is complications. There are also other socio-cultural factors that influences institutional deliveries, such as socio-economic condition, distance of the health facility from home, security and perception about the quality of services etc. On the other hand, low utilization of skilled persons for delivery could be due to inadequate number of SBAs available in the community. However, these indicators were better in the lowest quintile in CmSS areas as opposed to the non-CmSS areas. This could be due to the effect of DSF program, which categorically supports the poor pregnant women in the community. To measure the effect of CmSS interventions in the lowest quintile, further analysis is recommended after disaggregating data by DSF. Finally, the duration of project was rather short to see impact at outcome level indicators. Impact of any program becomes visible after a considerable time period. At least 4 to 5 years are needed to see the impact/change in practice. Since people have become more aware and conscious about maternal and neonatal health after the introduction of CmSS, care seeking may improve in course of time if CmSS activities continue.
- Agents of private clinics known as Dalals are still active in some areas. Some service providers including some CSBAs act as Dalal and influence patients to seek care at private facilities rather than the public hospitals. This problem may continue unless a change in the attitude of service providers can be achieved or people are aware about the dalals and services available at the public facilities. Proper monitoring from health

department, further improving the quality of services at the public hospitals and increased awareness at community level may be effective to address this problem.

## **APPENDIX A**

## **INSTRUMENTS**

*English Version*

**EVALUATION OF THE IMPACT OF COMMUNITY  
SUPPORT SYSTEM**

**QUESTIONNAIRE FOR DATA COLLECTION FROM THE WOMEN  
WHO DELIVERED DURING LAST ONE YEAR**

**ASSOCIATES FOR COMMUNITY AND POPULATION RESEARCH (ACPR)  
3/10, BLOCK A, LALMATIA, DHAKA 1207**

# EVALUATION OF THE IMPACT OF COMMUNITY SUPPORT SYSTEM

## Face sheet

IDENTIFICATION				
DISTRICT _____	□ □			
UPAZILA _____	□ □			
UNION _____	□ □			
VILLAGE _____	□			
SEGMENT NUMBER.....	□			
TYPE OF AREA: PROJECT AREA: PROJECT AREA 1 COMPARISON AREA 2	□			
PSU No.....	□ □ □			
RESPONDENT'S NAME AND NUMBER: _____	□ □			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				□ □ □ □ □ □ □ □ □ □
INTERVIEWER'S NAME & CODE				CODE □ □
RESULT CODE*				RESULT CODE □
NEXT VISIT: DATE				TOTAL NO. OF VISITS □
TIME				
<p><b>*RESULT CODES:</b></p> <p>1 COMPLETED</p> <p>2 NOT AT HOME</p> <p>3 POSTPONED</p> <p>4 REFUSED</p> <p>5 RESPONDENT INCAPACITED</p> <p>6 OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p>				
SUPERVISOR	OFFICE EDITOR	KEYED BY		
NAME _____ □ □	NAME _____ □ □	NAME _____ □ □		
DATE _____	DATE _____	DATE _____		

## Informed consent

*(Please read to respondent before asking any question for the interview)*

Assalamaliakum/Adab,

My name is ..... I am representing the Safe Motherhood Promotion Project of JICA. We are helping Ministry of Health and Family Welfare (MOHFW) of Bangladesh in improving the reproductive health status of women of age 15-49 years and their neonates in Bangladesh.

We are conducting a research to improve the maternal and neonatal health services in your area. In this regard I would like to ask you some questions about your experiences.

There is no possible risk if you agree to participate in this interview, although some of the questions are personal and may make you feel uncomfortable. However, all the information that you give to me will be kept strictly confidential; your name will not be used and you will not be identified in any way. This interview may take approximately 15 to 30 minutes to complete. Your participation is absolutely voluntary and there is no penalty for refusing to take part. You are free to ask any questions; you may refuse to be in this interview process, you may refuse to answer any question in the interview; and you may stop the interview at any point.

Do you have any questions? Do I have your agreement to take you interview now? Yes 1 No 2

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SECTION 1: RESPONDENT'S BACKGROUND**

**RECORD THE TIME STARTED:** Hour   Minute

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100.	Did you deliver your last child between November 2008 to October 2009?	Yes.....1 No .....2	→ Terminate interview
100a.	When did you deliver your last child?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	
<b>100b.</b>	<b>Interviewer: Check Q. 100a and circle in appropriate code.</b>	Child delivered between November 2008 to October 2009 .....1 Child not deliver between November 2008 to October 2009 .....2	→ Terminate interview
100c.	Is your youngest child alive?	Yes.....1 No .....2	→ <b>100e</b>
100d.	At what age s/he died?	Within 0-7 days .....1 Within 8-28 days .....2 Within 29 days to 1 year.....3 Don't remember.....7	→ <b>101</b>
100e.	What is the name of your youngest child?	Name: _____	
101.	How old are you?	Age (in completed years)..... <input type="text"/> <input type="text"/>	
102.	What is your religion?	Islam .....1 Hinduism .....2 Buddhism.....3 Christianity .....4 Other _____ .....6 (Specify)	
103.	Have you ever attended any school?	Yes.....1 No .....2	→ <b>105</b>
104.	What is the highest class you have completed? (If none write 00 in box)	Class ..... <input type="text"/> <input type="text"/>	
105.	What is your main occupation? (What kind of work do you mainly do?)	Household work ..... 01 Govt. job ..... 02 NGO job ..... 03 Business ..... 04 Teacher ..... 05 Professional (Doctor/Engineer/Advocate) 06 Agriculture works ..... 07 Garments Worker ..... 08 Handicrafts ..... 09 Poultry/cattle raising..... 10 Skilled Laborer ..... 11 Unskilled Laborer ..... 12 Day labour ..... 13 Student ..... 14 Beggar ..... 15 Disable ..... 16 House help/ Maid ..... 07 Other _____ ..... 96 (Specify)	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106.	What is your current marital status?	Currently married ..... 1 Separated ..... 2 Divorced ..... 3 Widowed ..... 4	→ 110
106a.	Have your husband ever attended any school?	Yes ..... 1 No ..... 2	→ 108
107.	What is the highest class has your husband completed? (If none write 00 in box)	Class ..... <input type="text"/> <input type="text"/>	
108.	What is the main occupation of your husband? (What kind of work does he mainly do?)	Unemployed ..... 01 Govt. job ..... 02 NGO job ..... 03 Business ..... 04 Teacher ..... 05 Professional (Doctor/Engineer/Advocate) 06 Agriculture works ..... 07 Garments Worker ..... 08 Handicrafts ..... 09 Poultry/cattle raising ..... 10 Skilled Laborer ..... 11 Unskilled Laborer ..... 12 Day labour ..... 13 Student ..... 14 Beggar ..... 15 Old/Disable ..... 16 Military service ..... 17 Rickshaw/van puller ..... 18 Fisherman ..... 19 Retire ..... 20 Living abroad ..... 21 Other ..... 96 (Specify)	→ 110
109.	Is your husband living with you?	Yes ..... 1 Living abroad ..... 2 Works in other cities and comes time to time ..... 3 Other ..... 6 (Specify)	
110.	What is your monthly family income (from all sources)?	Taka ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
111.	How many living children do you have?  <b>IF NONE WRITE 0 IN BOX.</b>	Total ..... <input type="text"/>	

**SECTION 2: ANTENATAL CARE (ANC)/CARE DURING PREGNANCY**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201.	Have you received any ANC during last pregnancy?	Yes.....1 No .....2	→ 205
201a..	How may times did you receive antenatal check up during your last pregnancy?	Times ..... <input type="text"/> <input type="text"/> Don't know .....97	
202.	Where did you get the ANC check up?  (Multiple answer)	District/Sadar hospital ..... A MCWC .....B UHC.....C FWC ..... D Govt. Satellite clinic .....E NGO clinic/Satellite clinic .....F Private hospital/clinic ..... G Qualified doctor's chamber ..... H At home .....I Other _____ ..... X (Specify)	
203.	Who provided ANC to you?  (Multiple answer)	Qualified Doctor .....A MA/SACMO .....B Nurse ..... C FWV .....D Paramedic ..... E CSBA..... F Village doctor .....G TBA/Dai .....H Other _____ .....X (Specify)	
204.	Who decided to go for ANC	Self.....1 Husband.....2 Jointly with husband.....3 Other family members.....4 Jointly with other family members.....5	
<b>BIRTH PLANNING</b>			
205.	Interviewer: Ask Question after showing the card. Did you/your family receive any birth planning card?	Yes.....1 No .....2	→ 207
206.	Who gave this card to you/your family and discussed about it?	MA/SACMO .....A FWV .....B CSBA .....C FWA .....D HA .....E TBA .....F CmSS member .....G Village doctor .....H Community nutrition promotor .....I Depot holder ..... J BRAC Shastha Shebika .....K Other _____ .....X (Specify) Don't know ..... Y	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
207.	During your last pregnancy, did you plan where you wanted to deliver the baby?	Yes ..... 1 No ..... 2 Don't know ..... 7	→ 208
207a.	Where did you plan to deliver your baby?	Home ..... 1 Govt. hospital/Health center ..... 2 Private clinic ..... 3 NGO hospital ..... 4 Other _____ ..... 6 (Specify)	
207b.	Who contributed to this decision?  (Multiple answers)	Self ..... A Husband ..... B Mother in law/Father in law ..... C Mother/Father ..... D Community Support group (CmSS) ..... E DSF ..... F Healthcare worker ..... G Neighbor ..... H Relative ..... I Other _____ ..... X (Specify)	
208.	What preparations did you take during last pregnancy?  (Multiple answers)	Decided about place of delivery ..... A Saved some money to met the emergency ..... B Prepared for a transport ..... C Decided about a trained person for conducting delivery ..... D Arranged a person to accompany to the health facility in case there is emergency ..... E Collected essential materials for clean delivery (such as clean delivery kit OR new blade, clean thread, a piece of clean polythene or plastic sheet, soap, tow pieces of dry soft cloth for the newborn) ..... F Other _____ ..... X (Specify)	→ 209
208a.	Who helped you to take these preparations	Self ..... A Husband ..... B Mother in law/Father in law ..... C Mother/Father ..... D Community Support group ..... E Healthcare worker ..... F Neighbor ..... G Relative ..... H Other _____ ..... X (Specify)	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209.	<p>Do you know what are the danger signs during pregnancy, delivery, and after delivery, which would require a woman to receive IMMEDIATE CARE from a trained health worker or health facility?</p> <p><b>(Multiple answers)</b></p>	<p>High fever..... A            Severe headache/ blurred vision..... B            Swellings of hands and face ..... C            Retained placenta..... D            Convulsions/fit/Eclampsia..... E            Any amount of vaginal bleeding ..... F            Foul smelling discharge..... G            Prolonged labour (labour pain for More than 12 hours) ..... H            Mal presentation (if any other part of the baby other than the head is seen in the birth passage, like buttocks, hand, foot or cord)..... I            Other _____ X            (Specify)            Don't know ..... Y</p>	
209a.	<p>How did you know these danger sign (from which source)</p>	<p>CmSS..... A            Family members ..... B            Relatives/friends ..... C            Health workers/volunteers..... D            Clinic/hospitals..... E            Media..... F            Other _____ X            (Specify)</p>	
210.	<p>During the pregnancy period have you been a member of any of the groups? IF YES, What are those?</p>	<p>CmSS (ma o shishu kalyan shamiti).... A            Mother's group..... B            Microcredit group..... C            No ..... D            Other _____ X            (Specify)</p>	
<b>PRACTICE RELATED TO EmOC SERVICES</b>			
211.	<p><b>First I'm going to ask you a few questions about your last pregnancy before you went into labor or delivered your child.</b></p> <p>Did you face any problem/ complication during your last pregnancy, before you began labor or delivery?</p>	<p>Yes..... 1            No..... 2 → <b>212</b></p>	
211a.	<p>What type of problems/complication did you face during your last pregnancy?</p> <p><b>(Multiple answers)</b></p>	<p>High fever..... A            Severe headache/ blurred vision..... B            Swellings of hands and face ..... C            Convulsions/fit/Eclampsia..... D            Any amount of vaginal bleeding ..... E            Foul smelling discharge..... F            Other _____ X            (Specify)</p>	
211b.	<p>Did you go to any health facility during last pregnancy for problems or complications?</p>	<p>Yes..... 1            No..... 2 → <b>211d</b></p>	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
211c.	Which facility did you visit during last pregnancy for problems or complications?  <b>(Multiple answers)</b>	District/Sadar Hospital .....A MCWC ..... B UHC..... C FWC ..... D Govt. satellite clinic.....E NGO clinic/satellite clinic .....F Private hospital/clinic ..... G Qualified Doctor's Chamber ..... H Other _____ X (Specify)	→ 212
211d.	Why did you not go to the hospital or clinic?  <b>(Multiple answers)</b>	Husband did not agree ..... A Mother in law did not agree..... B Too far away ..... C No transportation ..... D Cost too much .....E Don't like or trust health facility .....F Other _____ X (Specify) No reason.....Z	
212.	<b>Next, I'm going to ask you some questions about your last delivery.</b> Did you face any problem/complication during your last labor or delivery?	Yes..... 1 No ..... 2	→ 213
212a.	What type of problems/complication did you face during your last labor and delivery?  <b>(Multiple answers)</b>	Excessive vaginal bleeding..... A Severe headache/ blurred vision ..... B Convulsions/fit/Eclampsia..... C Prolonged labor (labor pain for more than 12 hours) ..... D Obstetric labour ..... E Mal presentation (if any other part of the baby other than the head is seen in the birth passage, like buttocks, hand, foot or cord) ..F Retained placenta..... G Foul smelling discharge..... H Other _____ X (Specify)	
212b.	Did you go to any health facility during your last labor and delivery because of problems/complications?	Yes..... 1 No ..... 2 Already was at facility for delivery .....3	→ 212d
212c.	At which facility or facilities were you treated for problems/complications during your last labor and delivery?  <b>(Multiple answers)</b>	District/Sadar Hospital .....A MCWC ..... B UHC..... C FWC ..... D Govt. satellite clinic.....E NGO clinic/satellite clinic .....F Private hospital/clinic ..... G Qualified Doctor's Chamber ..... H Other _____ X (Specify)	→ 213

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212d.	Why did you not go to the hospital or clinic?  (Multiple answers)	Husband did not agree ..... A Mother in law did not agree..... B Too far away ..... C No transportation ..... D Cost too much..... E Don't like or trust health facility ..... F Other _____ X (Specify) No reason..... Z	
213	Did you face any problem/ complication during 42 days following the delivery of your last child?	Yes ..... 1 No ..... 2	→ 301
213a.	What type of problems/complication did you face following (after) the delivery of your last child?  (Multiple answers)	High fever ..... A Foul smelling discharge..... B Excessive bleeding ..... C Sever abdominal pain ..... D Convulsions/fit/Eclampsia..... E Swellings of hands and face ..... F Other _____ X (Specify)	
213b.	Did you go to any health facility because of problems/complications following the delivery of your last child?	Yes ..... 1 No ..... 2 Already was at facility for delivery ..... 3	→ 213d
213c.	Which facility did you visit after delivery complications?  (Multiple answers)	District/Sadar Hospital ..... A MCWC ..... B UHC..... C FWC ..... D Govt. satellite clinic..... E NGO clinic/satellite clinic ..... F Private hospital/clinic ..... G Qualified Doctor's Chamber ..... H Other _____ X (Specify)	→ 301
213d.	Why did you not go to the hospital or clinic?  (Multiple answers)	Husband did not agree ..... A Mother in law did not agree..... B Too far away ..... C No transportation ..... D Cost too much..... E Don't like or trust health facility ..... F Other _____ X (Specify) No reason..... Z	

**SECTION 3: DELIVERY CARE**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301.	Who conducted your last delivery?	Qualified Doctor.....01 MA/SACMO .....02 Nurse .....03 FWV .....04 Paramedic .....05 CSBA.....06 TBA/Dai .....07 Mother In-laws/Relative.....08 Other .....96 (Specify)	
302.	Where did you deliver your last child?	Home .....1 Govt. hospital/Health center .....2 Private clinic .....3 NGO hospital.....4 Other .....6 (Specify)	→ 310
303.	<b>Interviewer: Check Q. 207a and circle in appropriate code.</b>	Home.....1 Govt. hospital/Health center.....2 Private clinic .....3 NGO hospital .....4 Other .....6 (Specify)	→ 310
304.	Why did you go to the hospital or clinic for delivery even though you planned for home delivery?  (Multiple answers)	Problems during the delivery.....A Husband wanted me to go .....B Other family members wanted me to go.....C DSF card holder.....D Other .....X (Specify)	
305.	Who was attending the birth at home before you went to the hospital or clinic?  (Multiple answers)	Qualified Doctor.....A MA/SACMO .....B Nurse .....C FWV .....D Paramedic .....E CSBA.....F TBA/Dai .....G Mother In-laws/Relative.....H Village doctor .....I Other .....X (Specify)	
306.	Who told you that you need to go to the hospital?	Herself .....1 Birth attendant .....2 Family members .....3 Other .....6 (Specify)	



No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307.	Who helped make the decision for you to go to the hospital or clinic?  <b>(Multiple answers)</b>	Birth attendant ..... A Self..... B Husband..... C Mother in law/Father in law ..... D Mother/Father..... E Community Support group (CmSS) ..... F Neighbor..... G Relative..... H Other ..... X (Specify)	
308.	How did you get to the hospital or clinic?	Car/truck/Microbus ..... 01 Bus ..... 02 Ambulance ..... 03 Cart..... 04 Rickshaw/Van ..... 05 Other ..... 96 (Specify)	
309.	Who paid the transportation cost?	Self/Family ..... 1 Community Support group ..... 2 Other ..... 6 (Specify) Don't know ..... 7	
310.	What was the mode of delivery?	Normal.....1 Cesarean section .....2 Instrumental delivery.....3 Others .....6 (Specify)	
<b>311.</b>	<b>Interviewer: Check Q. 302 and circle in appropriate code.</b>	<b>Home..... 1</b> <b>Govt. hospital/Health center..... 2</b> <b>Private clinic ..... 3</b> <b>NGO hospital ..... 4</b> <b>Other ..... 6</b> (Specify)	<b>→ 401</b>
312.	Which of the materials were used during your last delivery at home?  <b>(Multiple answers)</b>	Clean delivery kit ..... A Bathing soap ..... B New blade for cutting the cord ..... C Thread for tying cord..... D Polythene /Plastic sheet ..... E Sanitary pads or washed old rags/cloths for mother..... F New/old washed cloths for drying and wrapping the newborn ..... G Scissors ..... H Antiseptic (Savlon/Detol)..... I Other ..... X (Specify)	
313.	Was the blade and thread boiled?	Yes..... 1 No ..... 2 Don't know ..... 7	

SECTION 4: POSTNATAL CARE

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401.	Did you have any physical checkup within 42 days of delivery?	Yes ..... 1 No ..... 2	→ 501
402.	Where did you have your physical check up after the last delivery?	District/Sadar hospital ..... A MCWC ..... B UHC ..... C FWC ..... D Govt. Satellite clinic ..... E NGO clinic/Satellite clinic ..... F Private hospital/clinic ..... G Qualified doctor's chamber ..... H At home ..... I Other _____ ..... X (Specify)	
403.	Who provided PNC (after delivery check up) to you?  (Multiple answers)	Qualified Doctor ..... A MA/SACMO ..... B Nurse ..... C FWV ..... D Paramedic ..... E CSBA ..... F Village doctor ..... G TBA/Dai ..... H Other _____ ..... X (Specify)	

**SECTION 5: OTHER RELATED SERVICES**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<b>500.</b>	<b>Interviewer: Circle in appropriate code.</b>	<b>PSU is in Raipura/Monohordi.....1</b> <b>PSU is not in Raipura/Monohordi ....2</b>	<b>→ 517</b>
501.	Do you have a Community Support group/shamiti in your area for women who are pregnant?	Yes .....1 No .....2 Don't know .....7	
502.	During your last pregnancy, did anyone from the Community Support group register/list your pregnancy?	Yes .....1 No .....2 Don't know .....7	
503.	During your last pregnancy, did you meet with a health worker, TBA, CmSS member or volunteer at home or in your community to talk about the pregnancy and delivery?	Yes .....1 No .....2	<b>→ 507</b>
504.	How many times did you meet?	One time .....1 Two times .....2 More than two times.....3	
505.	Who else from your family attended one or more of the meetings?  <b>(Multiple answers)</b>	Husband.....A Mother in law .....B Father in law .....C Sister in law .....D Mother .....E Father .....F Sister .....G Other _____X (Specify) None .....Z	
506.	What did you discuss during the meetings?  <b>(Multiple answers)</b>	Place of delivery .....A Saving money to for an emergency ..B Preparing for a transport.....C Deciding about a trained person for conducting delivery .....D Collecting essential materials for clean delivery (such as clean delivery kit OR new blade, clean thread, a piece of clean polythene or plastic sheet, soap, tow pieces of dry soft cloth for the newborn) .....E Doing less work during pregnancy...F Eating well during pregnancy.....G Getting antenatal care during pregnancyH Danger signs for complications of pregnancy or at delivery .....I Other _____X (Specify) None .....Z	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
507.	During your last pregnancy, did you attend any meetings to learn/talk about the pregnancy and delivery? <b>IF YES</b> , What are those meetings?	Courtyard meeting ..... A Community meeting ..... B Ma samabesh at school..... C No ..... D → <b>509</b> Other _____ X (Specify)	
508.	During your last pregnancy, how many courtyard meeting, community or mothers group meetings did you attend?	One time ..... 1 Two times ..... 2 More than two times ..... 3	
509.	At the time of delivery for your youngest child, did you need the help of the Community Support group to arrange transportation to a health facility?	Yes ..... 1 No ..... 2 Don't know ..... 7	
510.	At the time of delivery for your youngest child, did you need the help of the Community Support group to pay for transportation or medical care?	Yes ..... 1 No ..... 2 Don't know ..... 7	
511.	After your youngest child was born, did anyone from the Community Support group visit you at home to see how you and the baby were doing?	Yes ..... 1 No ..... 2 Don't know ..... 7 → <b>513</b>	
512.	If yes, how long after the baby was born did they visit you (if more than one visit, answer for the first visit)?	Day of delivery ..... 1 Day after delivery ..... 2 Day 2 – 7 after delivery ..... 3 Later than day 7 after delivery ..... 4 Don't know ..... 7	
513.	Are there any (other) ways the Community Support group helped you during your last pregnancy, at the time of delivery, or after delivery?	Yes ..... 1 No ..... 2 → <b>515</b>	
514.	In what (other) ways did the Community Support group help you  (Multiple answers)	Financial support ..... A Transportation support ..... B Some one from CmSS accompanied me at the health facility ..... C Provided verbal advise ..... D Received birth planning session ..... E Other _____ X (Specify)	
515.	Have you or your family given money to support the activities of the Community Support group?	Yes ..... 1 No ..... 2 Don't know ..... 7	
516.	Are you a beneficiary of the Demand side financing (DSF) program of the government?	Yes ..... 1 No ..... 2	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
517.	Did you receive any money (Maternity allowance) from the Upazila (Social Welfare department) during your last pregnancy?	Yes.....1 No.....2	
518a.	<b>What do you think about the following statements:</b> When a woman has a health problems or problems related to pregnancy or childbirth, she may decide on her own to seek care from trained health care personnel?	Agree .....1 Disagree.....2	
518b.	Women should have the same opportunity to receive health care as men?	Agree .....1 Disagree.....2	
518c.	Women should be treated with respect and dignity when they visit health centre/hospital/clinics or other health facilities?	Agree .....1 Disagree.....2	

**SECTION 6: BIRTH PLANNING AND ESSENTIAL NEWBORN CARE**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601.	Was the baby dried (wiped) immediately after delivery?	Yes ..... 1 No ..... 2 Died immediate after birth..... 3 Don't know ..... 7	→ 615
602.	Was the baby wrapped in cloth after drying?	Yes ..... 1 No ..... 2 Don't know ..... 7	
603.	How long after birth was the baby bathed?	Within 6 hours ..... 1 Within 6-24 hours..... 2 Within 2-3 days ..... 3 After 3 days ..... 4 Don't know ..... 7	
604.	Was the baby examined immediate after birth?	Yes ..... 1 No ..... 2 Don't know ..... 7	→ 607
605.	Who examined the baby?  (Multiple answers)	Qualified Doctor..... A MA/SACMO ..... B Nurse ..... C FWV ..... D Paramedic ..... E CSBA..... F Village doctor ..... G TBA/Dai ..... H Other ..... X (Specify)	
606.	How long after birth was the baby examined?	Within 1 hour ..... 1 Within 1-24 hour ..... 2 Within 2-3 days ..... 3 After 3 days or above ..... 4 Don't know ..... 7	
607.	Was anything applied to the cord	Yes ..... 1 No ..... 2 Don't remember ..... 7	→ 609
608.	What was applied?  (Multiple answers)	Antibiotic powder/ointment..... A Antiseptic (Detol/Savlon/Hexasol) ..... B Spirit/Alcohol ..... C Mustard oil ..... D Sindur ..... E Boric powder ..... F Talcum powder ..... G Ash..... H Coconut oil ..... I Other ..... X (Specify) Don't know..... Y	
609.	How long after birth the baby was (name) put to breast?	Never breast fed..... 0 Within 30 minutes ..... 1 More than 30 minutes but within a day .2 More than a day ..... 3 Don't remember ..... 7	→ 615

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610.	Did you give the baby colostrums (the first liquid/milk that comes out from the breast)?	Yes ..... 1 No ..... 2	
611.	Did you give baby anything else to drink (such as, water, honey, mustered oil etc.) before initiation of breast feeding?	Yes ..... 1 No ..... 2 Don't remember ..... 7	→ 613
612.	What are those?  (Multiple answers)	Water ..... A Honey ..... B Misri/Sugar water ..... C Mustard oil ..... D Fruit juice ..... E Powder milk/Baby formula ..... F Cow milk ..... G Other liquid..... H Other ..... X (Specify)	
613.	Did you give any thing else other than breast milk during the first 6 months of birth?	Yes ..... 1 No ..... 2 Don't remember ..... 7	→ 615
614.	What are those?  (Multiple answers)	Water ..... A Tea ..... B Powder milk/Baby formula ..... C Cow milk ..... D Other liquid..... E Rice porridge ..... F Dal ..... G Other solid foods ..... H Other ..... X (Specify)	
615.	What are the danger signs for a newborn indicating the need of immediate medical care?  (Multiple answers)	Lethargy..... A Convulsion..... B Jaundice (yellow colored palm and soles). C Respiratory distress (difficult & fast breathing)D Repeated vomiting..... E Skin infection ..... F Cord infection (redness and discharge).... G Poor sucking and feeding ..... H Fever..... I Hypothermia (low body temperature) ... J Eye infection (discharge of pus from eyes)K Diarrhea..... L Other ..... X (Specify) Don't know ..... Y	

**SECTION 7: QUESTIONS ABOUT THE HOUSEHOLD**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701.	What is the <b>main</b> source of water for drinking and food preparation for the household?	<b>PIPED WATER:</b> Piped water into dwelling ..... 11 Piped to yard/plot..... 12 Public tap/stand pipe..... 13 Tubewell or borehole.....21 <b>DUG WELL:</b> Protected well .....31 Unprotected well.....32 <b>WATER FROM SPRING:</b> Protected spring .....41 Unprotected spring .....42 Rainwater.....51 Tanker truck.....61 Cart with small tank..... 71 Surface water (River/Lake/pond/stream/canal) .81 Bottled water.....91 Other _____ .....96 (Specify)	
702.	What kind of toilet facility do people in your house <b>mainly</b> use?	Flush or pour slush toilet flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit latrine..... 13 Flush to somewhere else..... 14 Flush don't know where ..... 15 Pit latrine with slab .....22 Pit latrine without slab/open pit.....23 Bucket toilet.....31 Hanging toilet/hanging latrine .....41 No facility/bush/field .....51 Other _____ .....96 (Specify)	
703.	Main material of the floor:  <b>RECORD OBSERVATION</b>	<b>NATURAL FLOOR:</b> Earth/sand .....11 <b>RUDIMENTARY:</b> Wood planks .....21 Palm/bamboo .....22 <b>FINISHED:</b> Parquet/polished wood .....31 Ceramic tiles/Mosaic .....32 Cement.....33 Carpet.....34 Other _____ .....96 (Specify)	
704.	Main material of the roof:  <b>RECORD OBSERVATION</b>	<b>NATURAL ROOFING:</b> No roof.....11 Thatch/palm leaf.....12 <b>RUDIMENTARY ROOFING:</b> Bamboo.....21 Wood planks .....22 Cardboard .....23 <b>FINISHED ROOFING:</b> Tin.....31 Wood .....32 Ceramic Tiles.....33 Cement.....34 Other _____ .....96 (Specify)	



No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
705.	Main material of the exterior walls:  <b>RECORD OBSERVATION</b>	<b>NATURAL WALLS:</b> No walls.....11 Cane/Palm/Trunks .....12 Dirt.....13 <b>RUDIMENTARY WALLS:</b> Bamboo with mud .....21 Stone with mud .....22 Plywood .....23 Cardboard .....24 <b>FINISHED WALLS:</b> Tin.....31 Cement.....32 Stone with lime/cement .....33 Bricks.....34 Wood planks/shingles.....35 Other _____ .....96 (Specify)																																																	
706.	Does your household or any member of the household have:	<b>Household Assets</b> <table border="1" style="display: inline-table; vertical-align: top;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>A. Electricity.....</td><td>1</td><td>2</td></tr> <tr><td>B. Radio.....</td><td>1</td><td>2</td></tr> <tr><td>C. Television.....</td><td>1</td><td>2</td></tr> <tr><td>D. Mobile telephone.....</td><td>1</td><td>2</td></tr> <tr><td>E. Refrigerator.....</td><td>1</td><td>2</td></tr> <tr><td>F. Almirah/ wardrobe.....</td><td>1</td><td>2</td></tr> <tr><td>G. Table.....</td><td>1</td><td>2</td></tr> <tr><td>H. Chair.....</td><td>1</td><td>2</td></tr> <tr><td>I. Watch.....</td><td>1</td><td>2</td></tr> <tr><td>J. Bicycle.....</td><td>1</td><td>2</td></tr> <tr><td>K. Motorcycle.....</td><td>1</td><td>2</td></tr> <tr><td>L. Animal-Drawn.....</td><td>1</td><td>2</td></tr> <tr><td>M. Car/Truck/Bus/Microbus.....</td><td>1</td><td>2</td></tr> <tr><td>N. Boat with a motor/troler.....</td><td>1</td><td>2</td></tr> <tr><td>O. Rickshaw/Van.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	A. Electricity.....	1	2	B. Radio.....	1	2	C. Television.....	1	2	D. Mobile telephone.....	1	2	E. Refrigerator.....	1	2	F. Almirah/ wardrobe.....	1	2	G. Table.....	1	2	H. Chair.....	1	2	I. Watch.....	1	2	J. Bicycle.....	1	2	K. Motorcycle.....	1	2	L. Animal-Drawn.....	1	2	M. Car/Truck/Bus/Microbus.....	1	2	N. Boat with a motor/troler.....	1	2	O. Rickshaw/Van.....	1	2	
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707.	Does your household own any homestead? <b>IF NO PROBE,</b> Does your household own homestead in any other places?	Yes .....1 No .....2																																																	
708.	Does your household own any land? (Other than the homestead land)?	Yes .....1 No .....2	→ 710																																																
709.	How much land does your household own (Other than the homestead land)? Amount: _____ Specify unit: _____	Acres <input type="text"/> <input type="text"/> Decimals <input type="text"/> <input type="text"/>																																																	
710.	<b>INTERVIEWERS: CHECK YOUR FILLED IN QUESTIONNAIRE CAREFULLY BEFORE LEAVING THE RESPONDENTS AND END YOUR INTERVIEW BY GIVING THANKS TO THE RESPONDENT.</b>																																																		

**RECORD THE TIME FINISED:**

Hour   Minute

## 2009 CmSS EVALUATION SURVEY

### FGD GUIDELINE FOR COMMUNITY LEADERS

**FGD place: Village..... Upazila:.....District:..... Date:.....**

We have come here from a private social research organization “Associates for Community and Population Research (ACPR)” Possibly you are aware that the government of Bangladesh through technical assistance from JICA has been implementing “Safe Motherhood Promotion Project” in your area in order to strengthen health system and reduce maternal and neonatal mortality. We would like to discuss with you about your perception, practice and opinion about Maternal and neonatal health and care. Your response is very important for us. We intend to use your response for research purpose only.

The discussion may last for 45 minutes to 1 hour. We would request you to express your views independently. Everyone of you will get time to express your views. But please do not interrupt others. If you permit, we would like to start our discussion now.

#### **Participants Name and Address:**

Sl. #	Name	Age	Education	Occupation
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9				
10				

1. **Do you think there exists enough health opportunity in your area for ANC, delivery, PNC and neonatal care?**
2. **Do you think women of your locality utilize these facilities for care? What are the reasons for better utilization now than before?**
3. **Are you aware of CmSS that exists in your area? How is it functioning? What services do they provide? How easily poor women of your locality can receive the assistance?**
4. **Are you aware that CmSS provide financial and other assistance to poor women during complication in pregnancy and delivery?**
5. **CmSS G Avcbv†`i †Kvb f~wgKv Av†Q wK? wKfv†e Avcbviv Gi Aš—f©©~³ n†jb Ges †Kb? Avcbviv wK f~wgKv cvjb K†ib?**
6. **In your opinion, what are the positive aspects of CmSS? What are the negative/weakness of CmSS?**

**Thank you for allowing your time and providing important information.**

## 2009 CmSS EVALUATION SURVEY

### FGD GUIDELINE FOR WOMEN WHO DELIVERED IN THE LAST ONE YEAR

FGD place: Village..... Upazila:.....District:..... Date:.....

We have come here from a private social research organization “Associates for Community and Population Research (ACPR)” Possibly you are aware that the government of Bangladesh with technical assistance from JICA has been implementing “Safe Motherhood Promotion Project” in your area in order to strengthen health system and reduce maternal and neonatal mortality. We would like to discuss with you about your perception, practice and opinion about Maternal and neonatal health and care. Your response is very important for us. We intend to use your response for research purpose only.

The discussion may last for 45 minutes to 1 hour. We would request you to express your views independently. Everyone of you will get time to express your views. But please do not interrupt others. If you permit, we would like to start our discussion now.

#### Name and address of the participants◆

Sl. #	Name	Age	Education	Occupation
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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1. Are you aware of Mahila Kallyan Samity/Ma Seba Samity? How did you come to know about this?
2. What this Samity is doing in this area?
3. Do you receive any support from this Samity? What kind of support you usually receive?

4. What is your opinion about this Samity/CmSS? That means, do you consider the services provided by them helpful or not? Whom do they support? How do they support?
5. During your pregnancy/pregnancy complication, did you get any support from them? What kind of support did you receive?
6. What are the common reasons for seeking support from the Samity/CmSS? Do you think the community is benefited from it?
7. What do you expect from the Samity/CmSS?
8. After the formation of the Samity/CmSS, have you noticed any change in the attitude of husband and in-laws, especially after BP sessions?
9. Did you notice any change in health services in the community due to Samity/CmSS activities?
10. Did you notice any change in health services in the facility due to Samity/CmSS activities?
11. You know, Dalal often try to influence for seeking care from private clinics if there is pregnancy complications.
  - a) Did you notice any change in this behaviour after formation of Samity/CmSS?
  - b) How the Samity /CmSS influence the role of dalal?
12. Are you aware of DSF? How many of you are DSF beneficiary? What benefits did you receive from DSF?
13. How many of you have delivery at hospital/facilities, what are the reasons for deciding institutional delivery?
14. How does the Samity/CmSS help the poor? How do they identify the poor? To what extent?

**Thank you for allowing your time and providing important information.**

