Bangladesh

Smiling Sun Franchise Program
Impact Evaluation Report

Dr. Peter Lance • Dr. Gustavo Angeles • Dr. Nahid Kamal

Bangladesh

Smiling Sun Franchise Program (BSSFP) Impact Evaluation Report

Dr. Peter Lance, Dr. Gustavo Angeles, Dr. Nahid Kamal

ACKOWLEDGEMENTS

TABLE OF CONTENTS

LISTING OF TABLES AND FIGURES

Tables

Figures

GLOSSARY OF ACRONYMS

ANC	Antenatal Care
BDHS	Bangladesh Demographic and Health Survey
BRAC	Bangladesh Rural Advancement Committee
BSSFP	Bangladesh Smiling Sun Franchise Program
CSP	Community Service Providers
DID	Difference in Differences
DPT	Diphtheria, Pertussis and Tetanus
EPI	Expanded Programme on Immunization
FP-MCH	Family Planning, and Mother and Child Health
FWA	Family Welfare Assistants
GOB	Government of Bangladesh
HA	Health Assistants
IUD	Intra-uterine device
LAPM	Long-acting and permanent methods
MGD	Millennium Development Goal
MOHFW	Ministry of Health and Family Welfare
MOLGRD	Ministry of Local Government and Rural Development
MTP	Medically Trained Provider
NGO	Non-governmental Organization
NSDP	NGO Service Delivery Program
SES	Socio-economic status
SMC	Social Marketing Company
SS	Smiling Sun
TB	Tuberculosis
TFR	Total Fertility Rate
UPHCP	Urban Primary Healthcare Project
UNDP	United Nations Development Programme
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Background

The Bangladesh Smiling Sun Franchise Program (BSSFP) is a United States Agency for International Development (USAID)/Bangladesh funded health care delivery program providing a package of essential health services through a network of local non-governmental organizations (NGOs). It is a continuation of the NGO Service Delivery Program (NSDP), which had been in place in various forms since the late 1990s. BSSFP operated in areas that had been identified by the Government of Bangladesh (GOB) to have inadequate public health service delivery systems where the government sought assistance from partners to fill the service gap (henceforth referred to as 'project' areas). USAID committed US$46 million for BSSFP over a four-year period (2007-2011). The program was later extended for another year with additional funding of around US$11 million.

The program's overall objectives were to increase the use of family planning, maternal, child, and other basic health services in areas served by BSSFP, with an emphasis on serving the poor and on improving the sustainability of local NGOs in continuing to provide these services. The program was developed at a time when funding for USAID/Bangladesh was expected to decline drastically. Thus, improving financial sustainability of local NGOs within a four-year period was a major emphasis of the program. To meet the desired outcomes, BSSFP had four objectives: (1) to develop a franchise model; (2) to recover 70 percent of operational costs by the end of the project; (3) to increase and expand quality service volume; and (4) to ensure that 30 percent of all health services provided are service contacts targeted towards the poor who are unable or only partially able to pay.

In 2010, three changes were made to the BSSFP program based on a mid-term program assessment conducted in April 2010 and USAID's periodic program reviews. First, the program was extended for an additional year beyond its fourth year. Second, the program's cost recovery target was revised downwards to 45 percent of its operational costs. The initial target of 70 percent cost recovery was abandoned since it would have involved further increases in user fees, in addition to the two price hikes introduced in the first three years of the project. Third, further efforts to establish a "franchise" were ceased.

The BSSFP was implemented under a contract between USAID and Chemonics International through 26 local NGOs operating a network of 323 static clinics, around 8,800 satellite (outreach) clinics, and over 6,000 community volunteers known as Community Service Providers (CSPs)/depotholders. The BSSFP served a catchment population of roughly 20 million through 193 clinics in urban areas and 130 clinics in rural areas. The urban and rural components of the BSSFP program varied slightly in design and implementation owing to differences in urban and rural settings. The rural component of the BSSFP had a CSP/depotholder component for community mobilization but the urban one did not.

Evaluation Objectives and Methods

This evaluation report assesses the impact of the BSSFP on increasing use of selected Family Planning, Maternal and Child Health (FP-MCH) services. The results are based on the comparative analysis of a baseline survey conducted in 2008, soon after the program's initiation, and an endline survey conducted in 2011. The objective of this evaluation is to assess whether BSSFP increased the use rate of FP-MCH services at least to a level achieved in comparable areas where health services are provided by the government and/or other NGO partners.

The surveys covered representative samples of rural and urban project and comparison area populations. To interpret findings of the evaluation, it is pertinent to understand the differences between the project and comparison areas. BSSFP project areas were selected because the areas had previously been identified by the government as having inadequate public health service delivery systems where the government sought assistance from partners to fill the service gap. For the rural areas, the comparison areas chosen were adjacent to non-BSSFP delineated areas where government was the main provider of health services under the Ministry of Health and Family Welfare (MOHFW). Two distinct features that differentiate the BSSFP from the GOB's rural public sector service delivery model are: (a) BSSFP charged user fees for most of its services with provisions for free or subsidized services for those who were unable to pay, while in the public sector program, all services are offered free of charge to all; and (b) the GOB program has an extensive network of salaried fieldworkers providing door-stop services while BSSFP relies on CSPs/depotholders who are volunteers from the community receiving a nominal honorarium and are not required to provide services at the door-step of clients.

The comparison areas for the urban surveys were more difficult to define. Areas adjacent to BSSFP services regions that were serviced by Ministry of Local Government and Rural Development (MOLGRD), MOHFW and other NGO's and private providers were selected as comparison areas. MOLGRD, although responsible for the urban areas, especially the City Corporations, has an extremely limited service delivery structure. The MOHFW's health service delivery in the urban areas is through hospitals that provide secondary and tertiary care in the District and Sub-district municipalities. The public sector does not have field level workers for the urban areas (as they do in the rural areas) with the exception of the immunization program. As in rural areas, there is no charge for basic health services in the public sector program in urban areas. Since the Bangladesh public sector infrastructure for urban areas is much weaker than that for rural areas, NGOs are a more dominant source of health services in urban Bangladesh.

This evaluation addressed three questions: (a) to what extent was the BSSFP able to replicate the trends in service utilization in underserved areas as observed in the comparison areas over the three-year period; (b) to what extent was service use equitable across wealth quintiles in project areas; and (c) what was the change in the proportion of users who availed of BSSFP providers — in other words, the program's market share. Program impact was measured by comparing changes in three specific indicators, (use of modern methods of contraception, antenatal care and DPT-3/Penta-3 vaccination for children aged 12-23 months) in project areas between 2008 and 2011 to changes in program performance in the comparison group, while controlling for socio-economic and demographic factors. The "difference in differences" (DID) model was used to calculate impact estimates while the *t*-test was used to examine if change in BSSFP market share was statistically significant.

Findings

The survey results reveal that the coverage rate of the three indicators considered increased in rural BSSFP project areas between 2008 and 2011 to the same extent that was observed in comparison areas where the public sector is the primary provider of services. Modern contraception use increased from 50 to 52 percent (49 to 52 percent in comparison areas), ANC use from any provider increased from 52 to 57 percent (50 to 56 percent in comparison areas) and childhood vaccination of DPT-3/Penta-3 coverage increased from 89 to 95 percent (from 89 to 96 percent in comparison areas).

Table A. Summary of Results, BSSFP Rural Project Areas, 2008 and 2011

	RURAL			
	Change in Service Utilization 2008-2011	**Impact**	**Equity in Use Across Wealth Quintiles**	**Change in BSSFP Market Share 2008-2011**
Modern CPR	Increase 50% to 52%	Change in service use was the same as in comparison areas*	Equitable in both 2008 and 2011	Decline 35% to 30% The decline was statistically significant**
ANC from Any Provider	Increase 52% to 57%	Change in service use was same as in comparison areas*	Inequity but relatively better in 2011	Decline 36% to 29% The decline was statistically significant**
DPT-3	Increase 89% to 95%	Change is service use was same as in comparison areas*	More equitable in 2011	Decline 46% to 35%. The decline was statistically significant**

*The Difference-in-Differences model found that the change in use rate in project areas between 2008 and 2011 was not statistically different (at 10 percent level of significance) from the change in use rate in comparison areas.

** p value<.05.

Smiling Sun does not have a strong door-step service delivery component like the government program in the rural areas; nor does it offer services for free like the public health sector does. Despite these programmatic differences, and the two price hikes between the baseline and endline surveys, BSSFP managed to increase the use rate of modern contraception, antenatal care, and DPT-3/Penta-3 vaccination in rural project areas to similar levels observed in comparison areas served by the government program. The survey results also indicate that service use was equitable across wealth quintiles for family planning and childhood vaccinations and disparity in ANC use across socio-economic groups declined over the three-year period.

However, the proportion of users seeking services from BSSFP in project areas declined significantly for all three types of services (Table A). A partial explanation for this decline in Smiling Sun's rural market share is that the government program has been strengthened recently through recruitment of additional Family Welfare Assistants (FWAs), who provide door-step services, and Health Assistants (HA) who support the Expanded Programme on Immunization (EPI). This is reflected in the results for family planning and vaccinations, where the proportion of users seeking care from public sector providers increased considerably between 2008 and 2011. Other explanations for the decline in BSSFP's market share are: BSSFP's initial objective of 70 percent cost recovery resulted in a greater focus on income generating activities at the cost of promotional activities to raise demand for basic health services. Also, raising user fees twice within a three-year period for services that are offered for free in the public sector program may have resulted in a decline in the proportion of health service users seeking services from a BSSFP provider. In case of ANC, the proportion of ANC users seeking services from a USAID-funded NGO service delivery program provider started declining prior to the adoption of the BSSFP model. The reasons for this declining trend in ANC market share requires further investigation.

The results of the urban BSSFP baseline and endline surveys suggest that overall contraceptive use increased but modern method use fell slightly in both project and comparison areas between 2008 and 2011 (Table B). Use of modern contraception was equitable across the wealth quintiles in 2011. The decline in modern method use is almost entirely due to a fall in use of oral contraceptives. Over 70 percent of pill users in urban areas get their supplies from pharmacies where Social Marketing Company (SMC) has the largest market

share. Contraceptive use may have been affected by a change in a popular brand of oral pill of the SMC. The percent of births for which women sought antenatal care from any provider declined from 84 to 80 percent in project and 81 to 78 percent in comparison areas. The reasons for this decline are not well understood. Inequity in use of ANC exists — women from households in the richest wealth quintile were 1.6 times more likely to use ANC than those from the poorest wealth quintile, and this disparity in use did not improve in 2011. The proportion of service users seeking family planning methods and ANC from BSSFP declined between 2008 and 2011 but the decline is not statistically significant. Regarding the decline in BSSFP market share for ANC, other NGOs are increasingly becoming important players in provision of health services in urban Bangladesh having taken over some of the market share of the private sector, when this sector has traditionally been the dominant player in urban areas. The Urban Primary Healthcare Project (UPHCP-2) and BRAC'S MANOSHI project are two notable NGO providers of health services in urban Bangladesh with a focus on targeting the poor.

Table B. Summary of Results, BSSFP Urban Project Areas, 2008 and 2011

URBAN				
	Change in Service Utilization 2008-2011	**Impact**	**Equity in Use Across Wealth Quintiles**	**Change in BSSFP Market Share 2008-2011**
Modern CPR	Decline 59% to 57%	Change in service use was same as in comparison areas*	Equitable in both 2008 and 2011	Decline 19% to 18% The decline was statistically non-significant**
ANC from Any Provider	Decline 84% to 80%	Change in service use was same as in comparison areas*	Inequity in both 2008 and 2011	Decline 27% to 24% The decline was statistically non-significant**
DPT-3	Increase 92% to 94%	Change in service use was same as in comparison areas*	More equitable in 2011	Increase 32% to 35% The increase was statistically non-significant**

*The Difference-in-Differences model found that the change in use rate in project areas between 2008 and 2011 was not statistically different (at 10 percent level of significance) from the change in use rate in comparison areas.

** p value > .10.

Use of DPT-3/Penta-3 increased in urban project areas from 92 to 94 percent, and according to the DID model this change in use rate was not statistically different from that observed in comparison areas. BSSFP's market share for this vaccination increased between the two surveys, although the increase was not statistically significant. It is possible that the *t*-test results examining the statistical significance of change in market share in the project urban areas may have been affected by insufficient sample size.

Lessons Learned

BSSFP is operating in a dynamic environment and is by no means the sole health service provider in its catchment areas. Many of the underserved areas where BSSFP has been assigned to work by GOB were identified as underserved back in the 1990s. Changes in socio-economic conditions of the catchment population, strengthening of public sector and other NGO programs, and entry of new private sector providers into the market are all factors that will determine the impact that BSSFP can make in the areas it operates in. It is imperative to have periodic systematic reviews to assess whether the BSSFP operational areas need to be modified to better serve the poor and underserved.

BSSFP had two primary objectives—raising NGO sustainability by increasing cost recovery while at the same time expanding service volume, particularly among the poor. These objectives may be in conflict when cost recovery is aimed through price increases of public health services in a setting where the same services are available from the public sector for free and a large section of the population have economic limitations to pay for health services. The decline in the proportion of health service users seeking services from BSSFP providers could partly be a response to the price increase of BSSFP services. The mandate to serve the poor and at the same time to improve program sustainability can perhaps be better achieved through cost containment rather than price increases.

Recommendations

- The program should critically evaluate user fee levels and structure in order to make it more responsive to community needs.

- The program may benefit from changing its operational areas in order to account for government program strengthening.

- Explore cost containment approaches to improve NGO program sustainability. Partnerships may be forged both with the public sector in filling area specific critical service delivery gaps in the GOB health systems, and with the private sector through innovative initiatives involving third party payment.

- Further examine why the use of antenatal care in urban areas and BSSFP's market share in providing ANC in urban and rural areas have been declining and develop better strategies to improve ANC coverage.

- Strengthen the Behavioral Change Campaign (BCC) component and promotional activities to raise awareness and use of health services.

1. BACKGROUND

1.1 Country Context

Bangladesh is a relatively new state in South Asia nestled between India and Burma. Its precarious geographical location has made the country vulnerable to intermittent episodes of natural calamities. With a current population density of 1,142 persons per square kilometer, Bangladesh is the eighth most populous country in the world. As much as half of the estimated population of roughly 150 million is believed to be living below the international poverty line of US$1.25 a day. About a quarter of the total population is urban. The country has moved up to the 129th position among 169 countries in UNDP's 2010 Human Development Index listing, after making considerable progress in health and education. Per capita Gross National Income in the country is US$1,440 after adjusting for Purchasing Power Parity.

The successful provision of FP-MCH services by the Government of Bangladesh in collaboration with the NGOs over the last 30 years or so has largely contributed to the achievement of positive health outcomes in the country. The total fertility rate (TFR) has declined by two-thirds from 6.3 to 2.3; under-five mortality is not far from the MGD goal of 48 deaths per one thousand live births—set to be achieved by 2016—while the maternal mortality ratio has declined by 40 percent over the last decade. The implication for a young population, resulting from the momentum of a high rate of population growth in the past, is that FP-MCH services need to be strengthened further in order to meet demands of the increasing numbers of men and women entering their reproductive years. It is estimated that between 2005 and 2010, an additional 4-5 million couples needed to be covered by the family planning program. Despite the government's continued efforts, the level of unmet need for family planning had increased from 11 to 17 percent between 2004 and 2007 and currently stands at 12 percent. The 2011 Bangladesh Demographic and Health Survey (BDHS) further reveals, that although 59 percent of eligible women wanted no more children, only 8 percent were using a long-acting or permanent (LAPM) method of contraception. The reliance on temporary methods for limiting births can lead to unwanted pregnancies, and method switching or discontinuation, not to mention increased programmatic costs. The TFR continues to be at least half a child higher than the estimate for total wanted fertility.

Although female life expectancy had overtaken male life expectancy by the early 1990s, there is gender inequality in health. Utilization of maternal health care continues to remain low in the country. Only about half of pregnant women receive antenatal care and about a third of all births (32 percent according to 2011 BDHS) are delivered with the assistance of a skilled birth attendant. Women from the poorest socio-economic strata are systematically marginalized in seeking maternal health care.

Currently there are three types of health service providers in the country — government, private and NGO. Government/public providers usually charge no direct fees for services where as private (inclusive of traditional practitioners) and NGOs usually do. Public health care provision in urban and rural Bangladesh falls under different jurisdictions. The MOHFW is the primary health care provider in rural areas providing services through various channels: fieldworkers providing door-step services, outreach satellite services, community clinics, Union Health and Family Welfare Centres, and sub-district health complexes. This kind of extensive infrastructure is absent in urban areas of the country where the (MOLGFD) is in charge of providing primary health care, particularly in the City Corporations. However, secondary and tertiary levels of MOHFW health care centers are located in Thana and District Municipalities of urban Bangladesh. The government delineates the areas for BSSFP NGOs to operate in which have been referred to as 'project areas' in the report. These are essentially the areas that are not adequately covered by the government health network where the government seeks assistance from NGO partners to fill service delivery gaps.

1.2 The Bangladesh Smiling Sun Franchise Program

USAID has supported an extensive network of NGOs in Bangladesh since the 1990s that complement the GOB's health service delivery program. Currently, these USAID supported local NGOs provide an Essential Service Delivery package comprising FP-MCH and basic health services[1] to a catchment population of roughly 20 million people in urban and rural areas of the country. The Bangladesh Smiling Sun Franchise Program (BSSFP) is a continuation of the NSDP which had been in place in various forms since the late 1990s. Initially, USAID had committed around US$46 million over the four-year life span (2007-2011) of the program. Later, the program was extended for another year with an additional cost of US$11 million.

The BSSFP, running from 2007 to 2011, aimed to maintain and expand the availability of family planning and maternal–child health services in a manner that reduces reliance on USAID funding for recurrent costs. A defining feature of the BSSFP was attaining cost-recovery as it was conceived at a time when funding for USAID/Bangladesh was expected to decline drastically. The program charged user fees for all services except for LAPM of contraception and Tuberculosis treatment. At the same time, the participating NGOs had to make provisions for serving the poor who were unable, or partially able, to pay by offering them subsidized or free services.[2] To meet the desired outcomes, BSSFP had four objectives: (1) to develop a franchise model; (2) to recover 70 percent of operational costs by the end of the project; (3) to increase and expand quality service volume; and (4) to ensure that 30 percent of all service contacts were targeted towards the poor.

From the onset of the program, participating NGOs were made aware that USAID support for recurrent costs would end by the conclusion of the fourth year. The program would then be expected to generate sufficient income to cover 70 percent of future operational costs and to continue to meet family planning and health objectives. In 2010, a mid-term assessment was conducted, which resulted in the following: 1) the program was extended for an additional year; 2) the target for cost-recovery was reduced from 70 to 45 percent; 3) NGO capacity building was reinforced as a way of sustainability; and (4) the franchise management component was abandoned.

BSSFP operated in areas that had been primarily identified by the government to have inadequate public health service delivery systems, areas where the government sought assistance from partners to fill the service gap. The program was implemented in all 64 districts of the country, covering only those government designated geographical areas within each district, by 26 local NGOs employing three channels of service provision: 1) a network of 323 static clinics (193 of which were urban and the remaining 130 rural); 2) 8,800 satellite (outreach) clinics; and 3) 6,000-plus community mobilizing personnel known as Community Service Providers (CSPs) or depotholders. The rural and urban components of the program are slightly different in that the urban component has no CSP/depotholder component.

Table 1. BSSFP Urban and Rural Catchment Population in Project Areas, 2008 and 2011

	2008 (Million)	2011 (Million)	% Change in Population Between 2008 and 2011
Urban	8.6	10.0	16.7
Rural	8.9	10.1	12.4
Total	17.5	20.1	14.9

---

[1] The services provided by BSSFP NGOs include family planning, antenatal care, postnatal care, delivery care, immunization, treatment for diarrhoea, acute respiratory infections, Vitamin A supplementation, and other curative services. Out of the 193 urban clinics, 58 provide DOTS treatment for tuberculosis (TB) in addition to the aforementioned services while the remaining BSSFP clinics make TB referrals.

[2] Smiling Sun's definition of 'poor' is included in Annex D.

2. IMPACT EVALUATION OBJECTIVES, METHODOLOGY, AND LIMITATIONS

This evaluation report addresses three questions — first, if BSSFP succeeded in increasing coverage of modern contraception, ANC, and DPT-3/Penta-3[3] in project areas to at least the same level observed in comparison areas; second, if there was any variation in use of these services by socio-economic status, and third whether there were changes in BSSFP's market share in contraceptive, ANC, and vaccination provision between the baseline and endline surveys.

The 2008 baseline and 2011 endline BSSFP surveys were conducted to enable measurement of changes in key program related indicators over the lifetime of the program. The surveys were designed to enable program impact evaluation and to provide information on service utilization disaggregated by geographic regions. Both the 2008 and the 2011 surveys used sampling techniques to select representative samples of the project areas and comparison area populations.[4] For the rural 2011 endline survey, data were collected from 8,741 women in rural project areas served by the BSSFP, and from 7,679 women in rural comparison areas. For the urban component of the 2011 endline survey, data were collected from 6,063 women in urban project areas, and from 1,830 women in urban comparison areas. A host of topics were covered in the surveys including fertility, contraceptive use, infant/child mortality, maternal new born, child health care, and knowledge and perception of Smiling Sun. For the purpose of this evaluation, project impact was measured by comparing changes in three specific outcome indicators in project areas between 2008 and 2011 to changes in the comparison group while controlling for confounding factors.

The estimation strategy used for impact evaluation is the 'difference in differences' (DID) model.[5] The primary impact evaluation question was whether the presence of BSSFP increased service utilization in project areas to the levels observed in comparison areas. The DID model was used to assess if changes in the use rate of modern contraception, ANC, and DPT-3/Penta-3 were statistically different (at 10 percent level of significance) from the changes observed in comparison areas. T-tests were used to examine if the changes in BSSFP market share in service provision between 2008 and 2011 were statistically significant (at 5 percent level of significance).

The key identifying assumption of the DID model is known as the "parallel trend assumption," which is simply that, in the absence of the program, the project and comparison area populations would have experienced the same trend in indicators. This assumption is the lynchpin of this model in that if it holds the estimates of program impact generated by it are valid and, if it does not, then they are not valid.

In practice, a regression version of this estimator was implemented. The regression model controlled for women's characteristics, such as age, education, and socio-economic status as well as for cluster level fixed effects (a modification required due to a well-known performance defect in the model). The model was estimated using ordinary least squares while standard errors, key for determining whether program impact was significant, were obtained via bootstrapping. Impact estimates were calculated for three indicators, namely, use rates of modern methods of contraception, antenatal care, and DPT-3/Penta-3 vaccination rate for children aged 12-23 months.

---

[3] DPT-3 was replaced by Penta-3 (short for pentavalent) in 2009 in the Bangladesh national immunization program. The pentavalent vaccine is a combination of five vaccines in one: diphtheria, tetanus, whooping cough, Hepatitis B, and Haemophilus influenza type b (the bacteria that causes meningitis, pneumonia, and otitis).
[4] Details on sampling are available in Annex B.
[5] Details on the DID model are included in Annex B.

It is important to bear in mind the limitations of the DID model. The women's characteristics are included in an attempt to make the central assumption of the DID model, the parallel trend assumption, more plausible. Specifically, they are intended to control for the possibility that differences in the evolving population structures of program and comparison areas might have generated differences in trends in indicators between them, even in the event of identical program exposure. However, it is quite possible that their population profiles diverged over time in ways that we did not observe and, hence, for which we could not adequately control. This would imply that the lynchpin assumption, the parallel trend assumption, was not appropriate. There are other, subtler ways in which the estimates might be incorrect. For instance, in some cases where no significant difference between programs was determined, it could reflect an instance where there was insufficient sample size to achieve the statistical power required to detect a true difference. That said, it is not possible to identify, using DID, the instances when insufficient sample size produces insignificant results.

3. SURVEY RESULTS

The rural and urban findings are presented separately because the players and dynamics are different in rural and urban BSSFP project areas and therefore the program design and implementation approach are also different. For each of the three indicators examined, contraception, antenatal care and DPT-3/Penta-3 vaccination, we considered three dimensions of performance in project and comparison areas over the 2008-2011 period: change in overall use rate; the breakdown in use rate by wealth quintiles; and, finally change in the proportion of users who went to Smiling Sun providers for that particular service, that is, change in Smiling Sun's market share in provision of the service.

3.1 Rural

Contraceptive Use

Between the 2008 baseline and 2011 endline surveys, use rate of any contraception increased from 56.5 percent to 61.4 percent in BSSFP project areas (Table 2). Use rate of modern methods of family planning increased by two percentage points, from 49.7 to 51.7 percent. The levels and change observed in contraceptive use in comparison areas over the 2008-2011 period were very similar. The rural use rate of modern contraception at the national level is 51.7 percent according to the 2011 DHS, which again mirrors the use rate in BSSFP project areas. The results of the DID model also showed that there was no statistical difference in changes in contraceptive use rate between 2008 and 2011 in project and comparison areas.

Table 2. Contraceptive Use by Method, BSSFP Rural Project and Comparison Areas

Percent distribution of currently married women age 15-49 by contraceptive method currently used in BSSFP rural project and comparison areas, 2008 and 2011.

	BSSFP Rural Project Areas		BSSFP Rural Comparison Areas	
	2008	**2011**	**2008**	**2011**
Any method	56.5	61.4	56.5	62.1
Any modern method	49.7	51.7	49.4	51.7
Pill	26.4	26.5	27.9	28.7
IUD	0.5	0.5	1.0	0.6
Injectables	14.5	15.0	11.1	11.8
Condom	2.8	3.0	2.9	3.3
Female sterilization	4.5	5.1	5.3	5.4
Male sterilization	0.3	0.7	0.4	0.7
Implants	0.7	0.9	0.7	1.1
Traditional methods	6.9	9.7	7.1	10.4
Number of women (N)	6,005	8,213	6,437	7,183

The notable changes in method mix in project areas between 2008 and 2011 are that use of the dominant method, the oral contraceptive pill, remained largely unchanged (Table 2). Both female and male sterilization increased between the 2008 and 2011 BSSFP surveys in project areas, after a decline recorded during the 2005-2008 period. This largely contributed to the overall increase in use of LAPM[6] from six percent to over seven percent between 2008 and 2011.

---

[6] LAPM has been defined here to include male and female sterilization, IUD, and implants.

One of the mandates of the Smiling Sun model was to serve the poor. The interesting use pattern by socioeconomic status that emerges in the 2011 endline survey is that more women from the poorest wealth quintile in project areas were using modern contraception (58.2 percent) relative to the richest quintile (45.2 percent), as seen in Figure 1. A similar pattern was observed in comparison areas.

Figure 1. Modern Contraceptive Use by Wealth Quintiles in BSSFP Rural Project Areas 2008 and 2011.
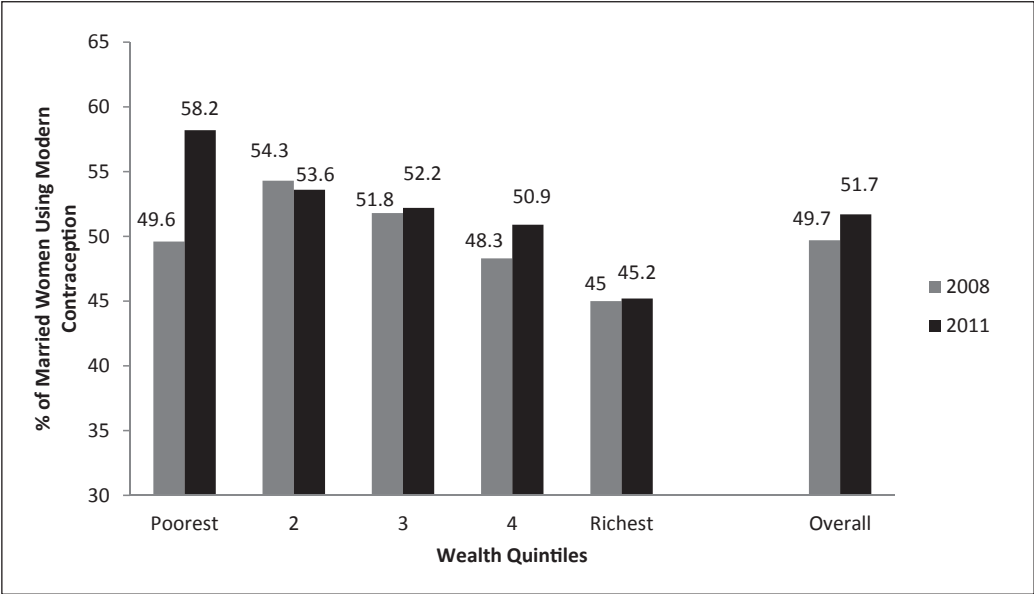
Among all users of modern contraception in project areas in 2011, 30 percent had obtained their family planning supplies from a Smiling Sun provider (Figure 2). This represents a statistically significant decline in BSSFP market share from 35.4 percent in 2008. More women in BSSFP project areas were going to the public sector for contraception in 2011 than in 2008, with the market share of the public sector increasing from 24.5 to over 31 percent over that period.

Figure 2. Source of Supply of Modern Contraceptives in BSSFP Rural Project and Comparison Areas, 2008 and 2011.
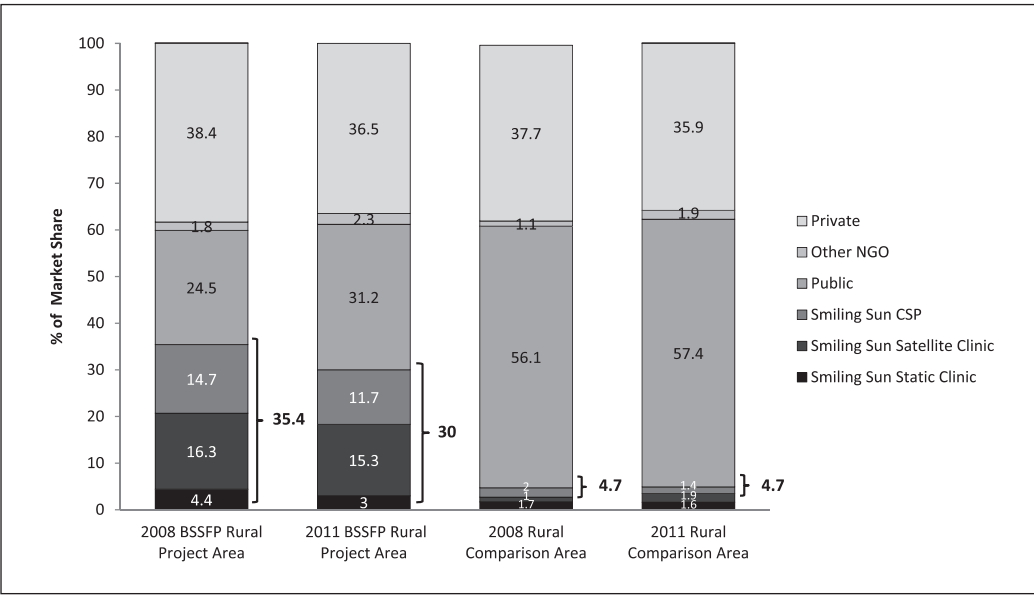
Antenatal Care

Almost 57 percent of women in project areas with a birth in the three years preceding the 2011 survey had sought at least one antenatal care session from any provider during their pregnancy, representing an increase by approximately five percentage points from the 2008 estimate of 52.1 percent (Table 3). Use of antenatal care increased in comparison areas by a similar magnitude, from 50.4 percent in 2008 to almost 56 percent in 2011. Results of the DID model suggest that BSSFP was able to improve use of ANC in designated underserved areas to a level observed in government program served comparison areas.

Similar patterns were also evident when examining the percentage of women who received ANC from a medically trained provider (MTP). In project areas, the proportion of women seeking ANC from MTP during pregnancy increased from 46.2 in 2008 to 49.7 percent in 2011, representing an increase by 3.5 percentage points. In comparison areas, the increase between 2008 and 2011 was from 41.3 to 47.5 percent, respectively. The DID model found no significant difference in the changes observed in project and comparison areas after controlling for socio-economic and demographic factors.

Table 3. Antenatal Care, BSSFP Rural Project and Comparison Areas, 2008 and 2011

Percent distribution of last births in the three years preceding the survey that received at least one antenatal care by types of health provider, BSSFP project and comparison areas, 2008 and 2011.

	Any ANC	ANC by MTP	Medically Trained Provider			Non-Medically Trained Provider			No one	Total	N
			Qualified doctor	Nurse/ midwife/ paramedic/ FWV	CSBA/ MA/ SACMO	HA/ FWA	TBA/ CHW	Village Doctor/ Other			
2008 BSSFP Project Areas	52.1	46.2	22.1	23.8	0.3	4.3	0.1	1.4	47.9	100	1,990
2008 Comparison Areas	50.4	41.3	24.7	16.5	0.1	7.4	0.1	1.6	49.6	100	2,055
2011 BSSFP Project Areas	56.7	49.7	24.5	25.0	0.2	-	6.2	0.8	43.3	100	2,330
2011 Comparison Areas	55.9	47.5	26.3	21.2	0.0	-	7.8	0.6	44.1	100	1,855

CHW — Community Health Worker includes Health Assistants, Family Welfare Assistants, BRAC, and other NGO providers. FWV=Family Welfare Visitor; CSBA=Community Skilled Birth Attendant; MA=Medical Assistant; SACMO=Sub-Assistant Community Medical Officer.

Inequity in utilization of ANC existed in 2011, although the situation had improved since 2008 (Figure 3). Between the baseline and endline surveys, utilization of antenatal care from a MTP in project areas increased among all the socio-economic quintiles except among the richest two. The poorest quintile in BSSFP project areas experienced the greatest increase in coverage of antenatal care from a MTP from roughly 27 percent in 2008 to almost 37 percent in 2011. This increase in coverage has largely contributed to improving equity in use of ANC in 2011 relative to 2008. In 2008, the richest quintile was 2.7 times more likely than the poorest to seek ANC from a MTP. In 2011, this ratio had improved to 1.9. A similar improvement in equity was observed in comparison areas.

Figure 3. Antenatal Care from a Medically Trained Provider by Wealth Quintiles, BSSFP Rural Project Areas, 2008 and 2011.
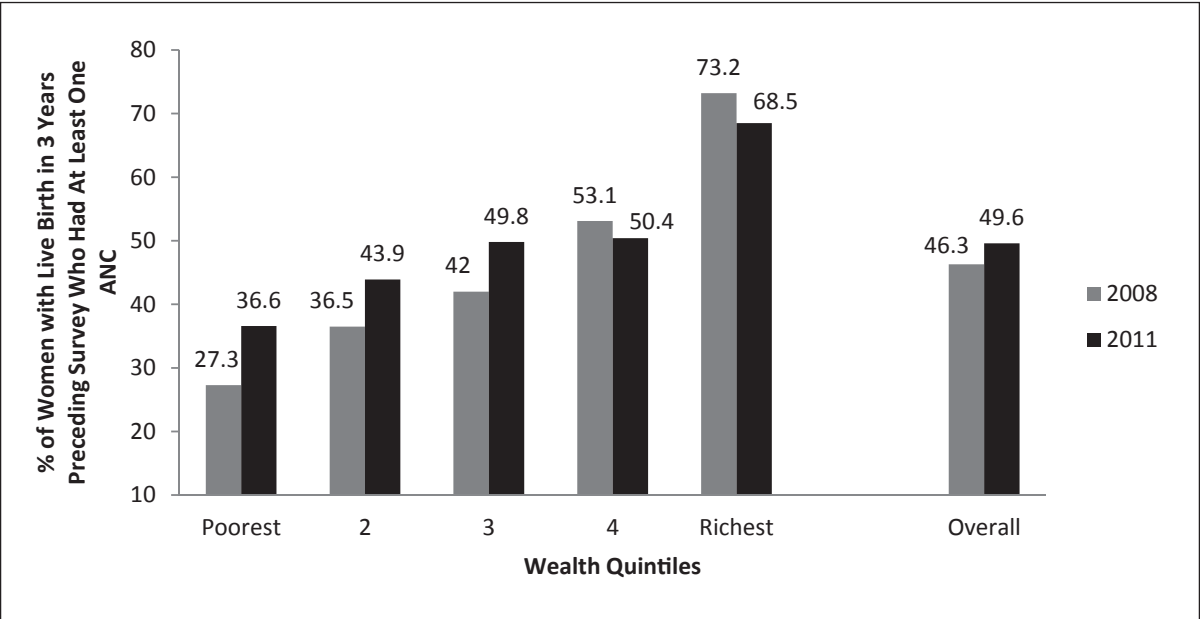
As can be seen graphically in Figure 4, Smiling Sun providers witnessed a decline in their market share for antenatal care from almost 36 percent in 2008 to just over 29 percent in 2011. According to *t*-test results, this was a statistically significant drop.

Figure 4. Source of Antenatal Care (From Any Provider) in BSSFP Rural Project and Comparison Areas, 2008 and 2011.
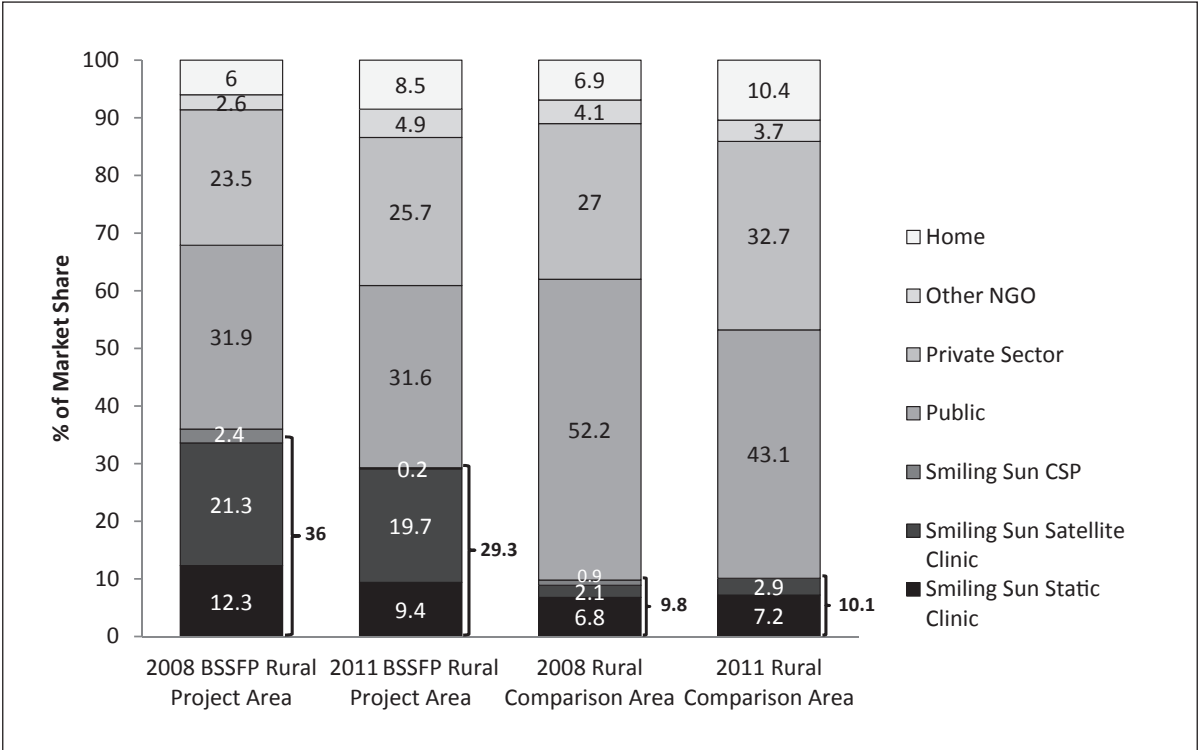
This decline in market share is evident in all the Smiling Sun service delivery channels. The Upazila Health Complex is manned by a medical doctor, and was the most widely used source of ANC among all public providers (Table 4). As is evident in Table 4, more women were going to private providers for ANC in 2011 relative to 2008 in both project and comparison areas. The proportion of women receiving ANC at home from non-medically trained providers increased in 2008 and 2011 in both project and comparison areas by four and five percentage points, respectively.

Table 4. Source of Antenatal Care (From Any Provider), BSSFP Rural Project and Comparison Areas, 2008 and 2011

Percentage distribution of last births in the three years preceding the survey that received antenatal care, by sources of ANC services, in rural project and comparison areas, 2008 and 2011.

	BSSFP Rural Project Areas		Rural Comparison Areas	
Sources of ANC	2008	2011	2008	2011
Home	5.8	8.5	6.8	10.4
From medically trained provider	5.6	4.3	6.0	4.6
From non-medically trained provider	0.2	4.2	0.8	5.8
Public Sector	31.9	31.6	52.2	43.1
Hospital Medical College	4.5	3.5	4.8	3.5
Family Welfare Centre (FWC)	7.5	7.7	15.9	13.9
Upazila health complex	12.9	12.2	18.4	15.3
Other public	7.0	8.2	13.1	10.4
Smiling Sun	36.1	29.3	9.8	10.1
Static clinic	12.3	9.4	6.8	7.2
Satellite clinic	21.3	19.7	2.1	2.9
CSP/Depotholders	2.4	0.2	0.9	0.0
Other NGOs	2.6	4.9	4.1	3.7
Private	23.5	25.7	26.8	32.6
Total	100	100	100	100
N	1,036	1,322	1,035	1,037

<u>**DPT-3/Penta-3 Vaccination**</u>

The percentage of children who received three doses of DPT-3/Penta-3 increased from 89.4 to 94.6 in project areas and from 89.2 to 95.6 in comparison areas (Figure 5). Coverage had increased considerably among each of the socio-economic quintiles in 2011 as seen in Figure 6. The largest increase was among the poorest wealth quintile, for which the vaccination rate increased from roughly 81 percent to over 94 percent between the baseline and endline surveys. Comparison areas also experienced an increase in coverage of DPT-3 across all socio-economic quintiles. Once again, impact estimates using DID models suggest that the changes in vaccination rates in project areas were similar to those observed in comparison areas served primarily by the public sector.

Figure 5. DPT-3/Penta-3 Vaccination Rates among Children Age 12-23 Months in BSSFP Rural Project and Comparison Areas, 2008 and 2011.
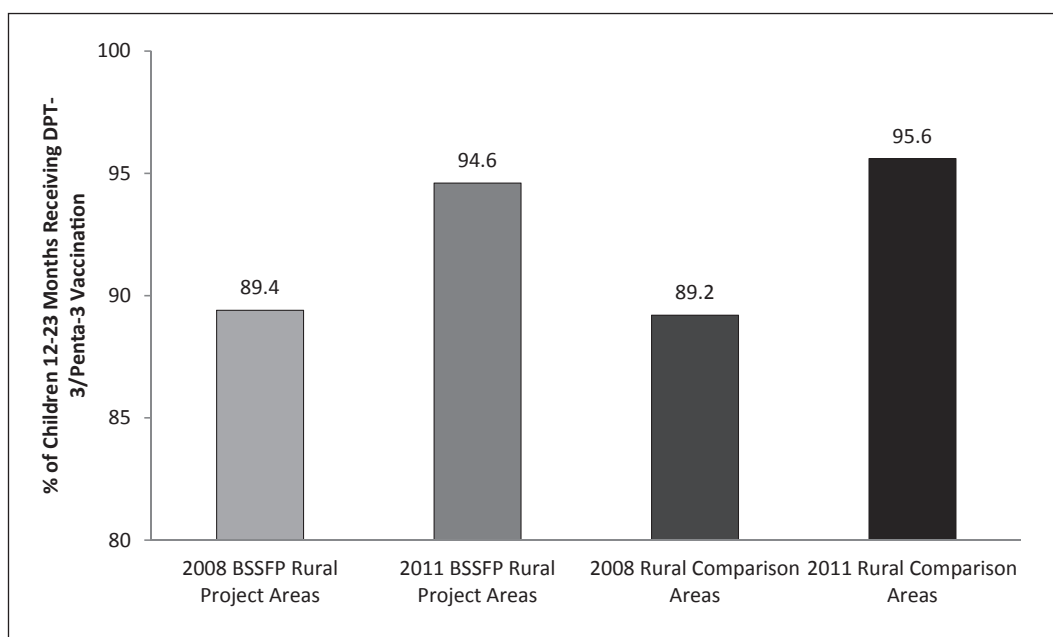
Figure 6. DPT-3/Penta-3 Vaccination Rates among Children Age 12-23 Months by Wealth Quintiles, BSSFP Rural Project Areas, 2008 and 2011.
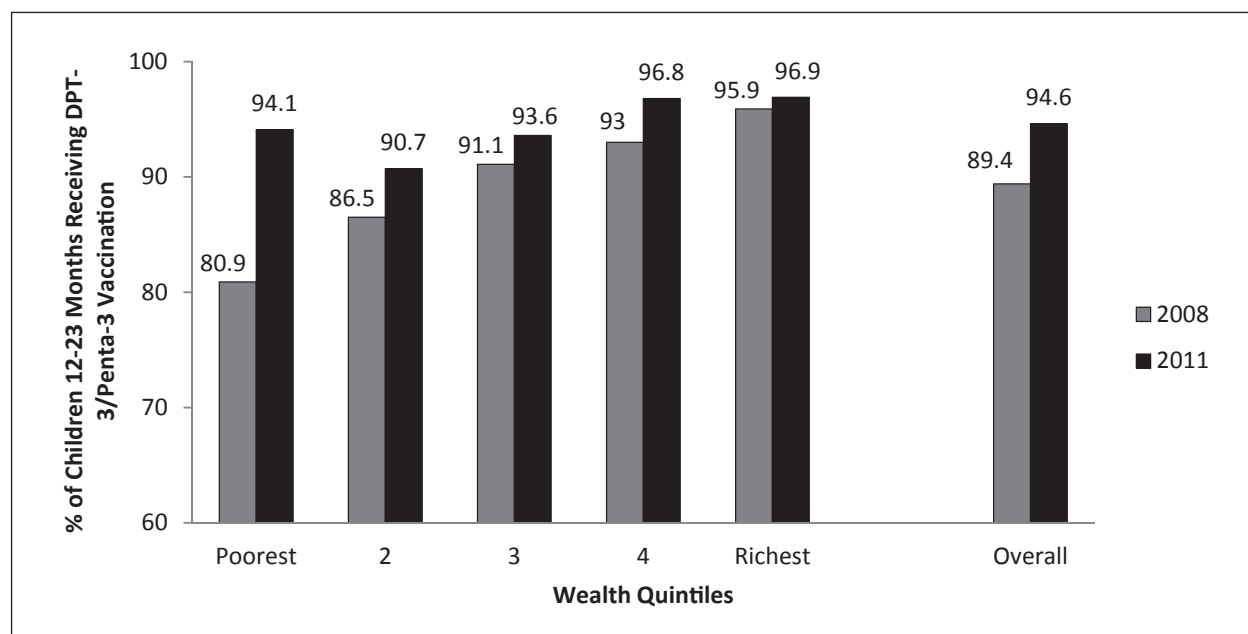
As is graphically clear in Figure 7, the Smiling Sun program experienced a substantial fall in its market share in provision of DPT-3/Penta-3 in project areas from almost 46 percent to 35.5 percent. According to *t*-test results, this decline was statistically significant. The government's market share in provision of DPT-3 in project areas increased significantly from 54 to close to 64 percent between 2008 and 2011. In comparison areas, the public sector was the provider for over 97 percent of DPT-3/Penta-3 vaccinations during the three-year period.

Figure 7. Source of DPT-3/Penta-3 Vaccination, BSSFP Rural Project and Comparison Areas, 2008 and 2011.
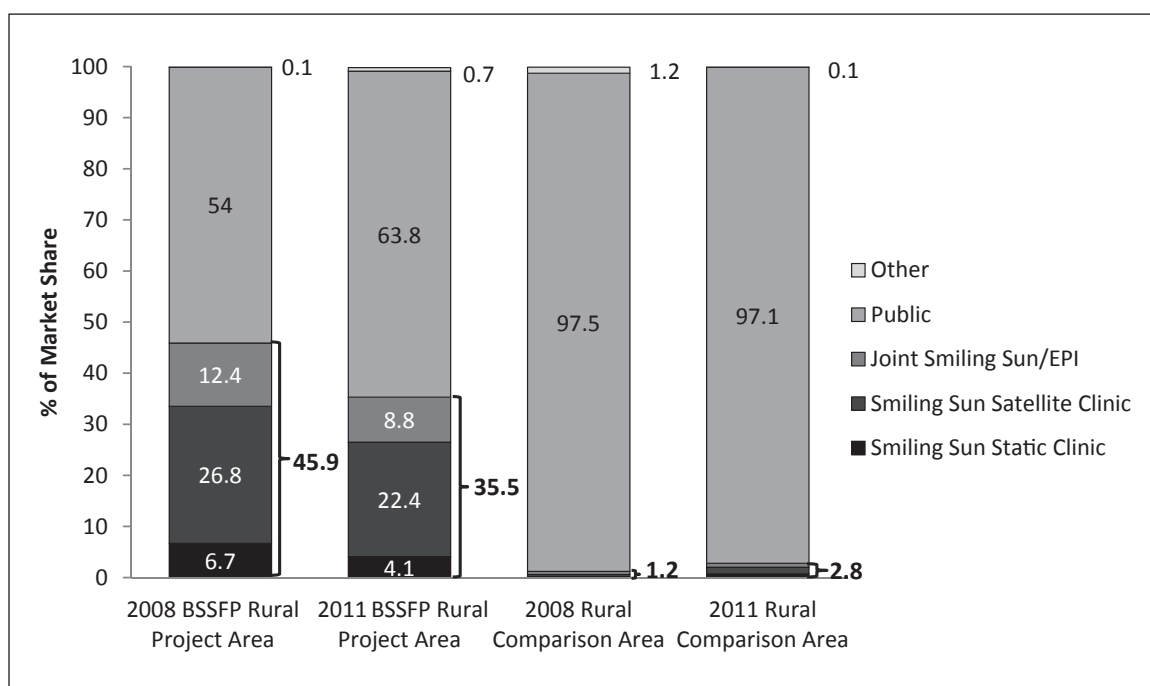
3.2 Urban

Contraceptive Use

In BSSFP urban project areas, use rate of any contraception increased from 67.6 to 68.8 percent between the baseline and endline surveys (Table 5). In comparison areas, the increase in overall contraceptive use rate was slightly greater, from 68.7 to 70.5 percent. Use rate of modern contraception, however, declined marginally in both project and comparison areas in 2011, suggesting, that the increase in overall contraceptive use over 2008-2011 was attributable to an increase in use of traditional methods. In project areas, use of modern methods declined from 58.8 to 57.3 percent between 2008 and 2011. Comparison areas also recorded a decline in use of modern contraception, from 59.8 to 58.2 percent. The DID model suggests no significant difference in changes in modern method use rates observed in project and comparison areas.

Table 5. Contraceptive Use by Method, BSSFP Urban Project and Comparison Areas

Percent distribution of currently married women age 15-59 by contraceptive method currently used in urban project and comparison areas, 2008 and 2011.

	BSSFP Urban Project Areas		Urban Comparison Areas	
	2008	**2011**	**2008**	**2011**
Any method	67.6	68.8	68.7	70.5
Any modern method	58.8	57.3	59.8	58.2
Pill	29.8	27.3	33.2	27.8
IUD	0.6	0.8	0.5	0.7
Injectables	12.5	13.0	10.5	11.6
Condom	9.1	9.2	9.3	11.3
Female sterilization	4.5	4.8	4.1	4.3
Male sterilization	0.9	0.8	1.1	1.0
Implants	1.4	1.3	1.0	1.5
Traditional methods	8.7	11.6	8.9	12.3
Number of women (N)	5,133	5,633	1,288	1,392

The use rate of different methods remained more or less unchanged between 2008 and 2011 in project areas with the exception of the dominant method, the oral contraceptive pill, which declined from about 30 to 27 percent. This is not unique to BSSFP project areas but appears to be a national phenomenon as suggested by findings of the latest 2011 BDHS. The use pattern of all methods is similar in project and comparison areas in 2011, except for condoms. As far as use rate of modern contraception by social-economic background is concerned, there was equity in use in both 2008 and 2011 in urban project areas (Figure 8*)*.

Figure 8. Modern Contraceptive Use by Wealth Quintiles in BSSFP Urban Project Areas, 2008 and 2011.
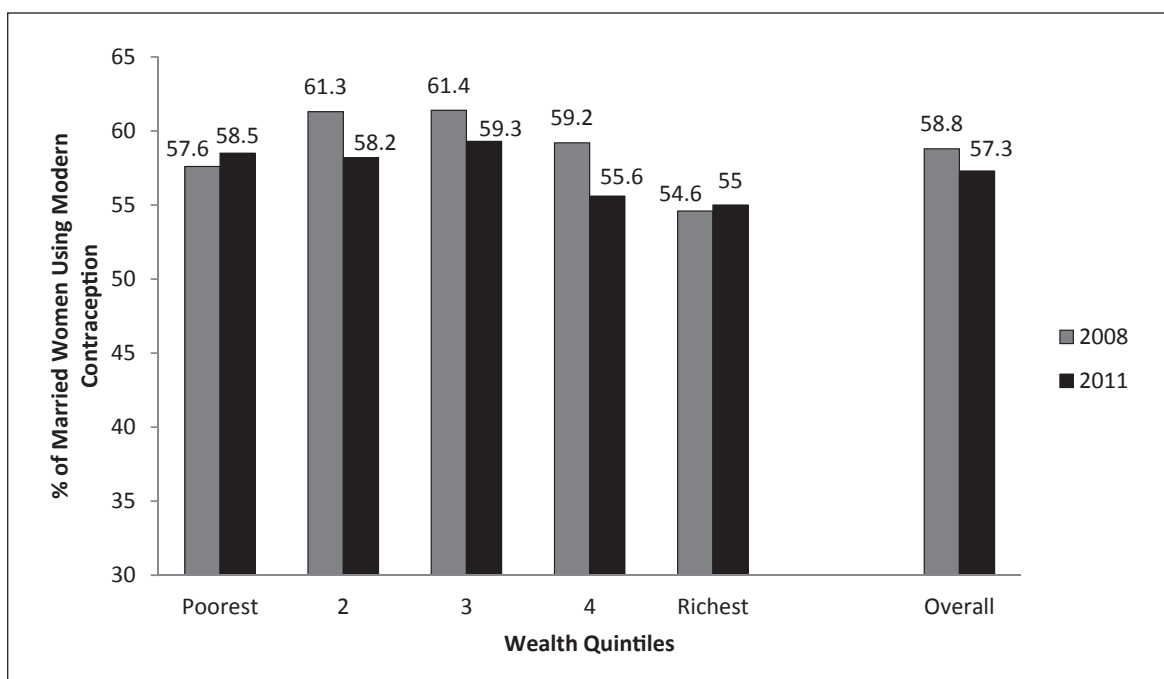
Out of all users of modern contraception in BSSFP project areas in 2011, roughly a fifth (18.4 percent) went to Smiling Sun providers (Figure 9). This represents a marginal decline in Smiling Sun's market share from the 2008 level of 19.2 percent. *T*-test shows that the decline was not statistically significant. The private sector, comprising mainly pharmacies, is the primary provider of family planning services in BSSFP project areas although this sector seems to have lost some of its market share to public sector providers and to other NGOs in 2011, as seen in Figure 9.

Figure 9. Source of Supply of Modern Contraceptives in BSSFP Urban Project and Comparison Areas, 2008 and 2011.
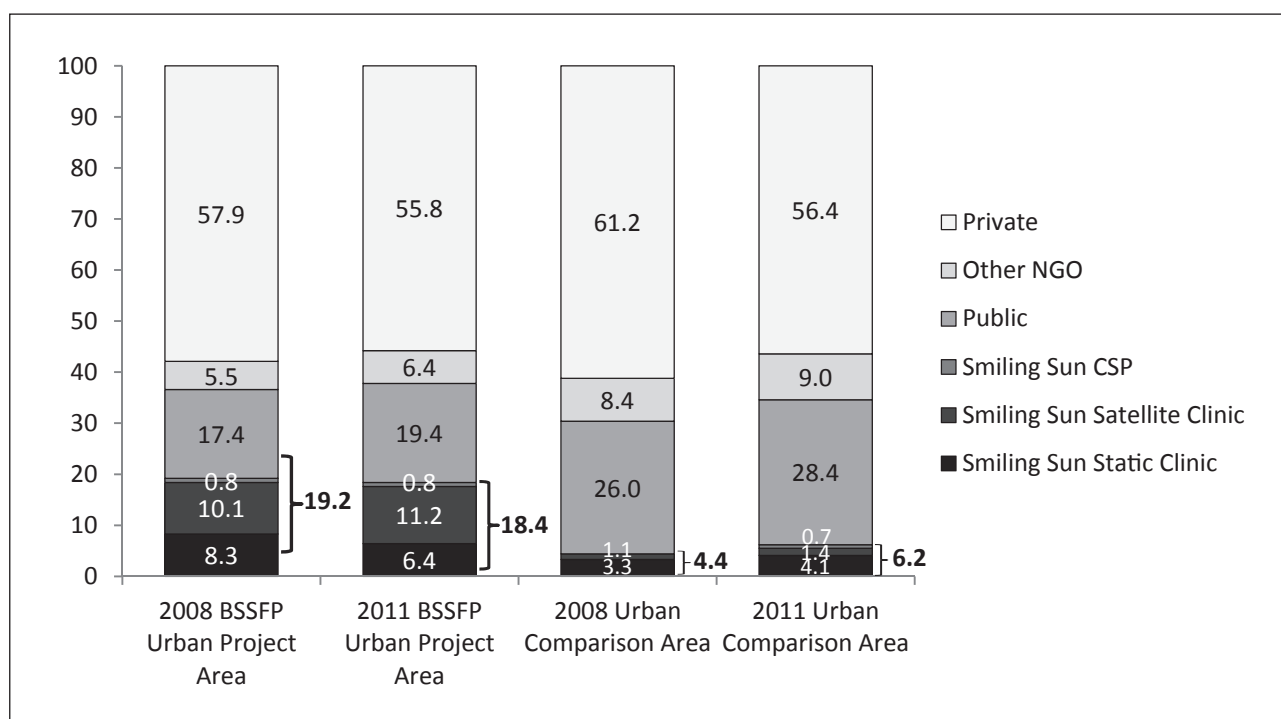
Antenatal Care

As seen in Table 6, antenatal care from any provider declined from roughly 84 to 80 percent in project areas. The comparison areas also experienced a decline in ANC from any provider from around 81 to 78 percent. Antenatal care from a MTP declined from around 79 to 75 percent in urban project areas and from roughly 77 to 72 percent in comparison areas. The DID models shows no significant difference in changes in ANC observed in project and comparison areas.

Table 6. Antenatal Care, BSSFP Urban Project and Comparison Areas, 2008 and 2011

Percent distribution of last live births in the three years preceding the survey that received at least one antenatal care service by ANC provide in BSSFP urban project and comparison areas, 2008 and 2011.

	Any ANC	ANC by MTP	Medically Trained Provider			Non-Medically Trained Provider			No One	% Total	N
			Qualified doctor	Nurse/ midwife/ paramedic/ FWV	CSBA/ MA/ SACMO	HA/ FWA	TBA/ CHW	Village Doctor/ Other			
2008 Urban BSSFP Project Areas	83.6	79.4	49.0	30.3	0.1	3.0	-	1.2	16.4	100	1,563
2008 Urban Comparison Areas	81.5	77.5	48.7	28.5	0.3	2.4	-	1.9	18.2	100	385
2011 Urban BSSFP Project Areas	79.8	75.1	44.9	30.2	0.0	-	4.7	0.0	20.2	100	1,471
2011 Urban Comparison Areas	77.8	71.9	46.4	25.5	0.0	-	5.6	0.3	22.2	100	434

CHW — Community Health Worker includes Health Assistants, Family Welfare Assistants, BRAC, and other NGO providers. FWV=Family Welfare Visitor; CSBA=Community Skilled Birth Attendant; MA=Medical Assistant; SACMO=Sub-Assistant Community Medical Officer.

Between 2008 and 2011, coverage of ANC declined among all wealth quintiles in urban project areas (Figure 10). Unlike use of contraception, there is marked inequity (although smaller compared to rural areas) in utilization of antenatal care by socio-economic background which persisted over the 2008-2011 period. In 2011, about 60 percent from the poorest wealth quintile in BSSFP project areas had received at least one ANC session compared with 95 percent from the richest category.

Figure 10. Antenatal Care from a Medically Trained Provider by Wealth Quintiles, BSSFP Urban Project Areas, 2008 and 2011.
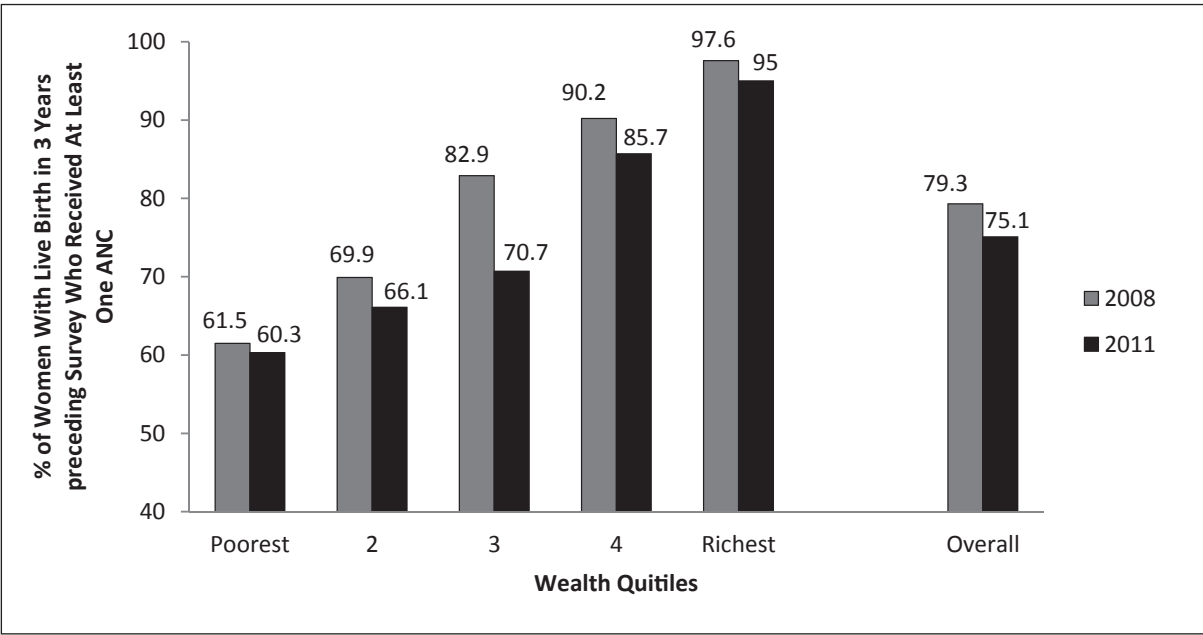
Over a quarter of all women in urban project areas receiving at least one ANC service had done so from a Smiling Sun provider, although the exact market share declined from roughly 27 to 24 percent between 2008 and 2011 (Figure 11). This decline is attributable to a decline in utilization of Smiling Sun satellite clinics from 10.6 to 7.1 percent. However *t*-test results suggest that the decline was not statistically significant.

Figure 11. Source of Antenatal Care (From Any Provider), BSSFP Urban Project and Comparison Areas, 2008 and 2011.
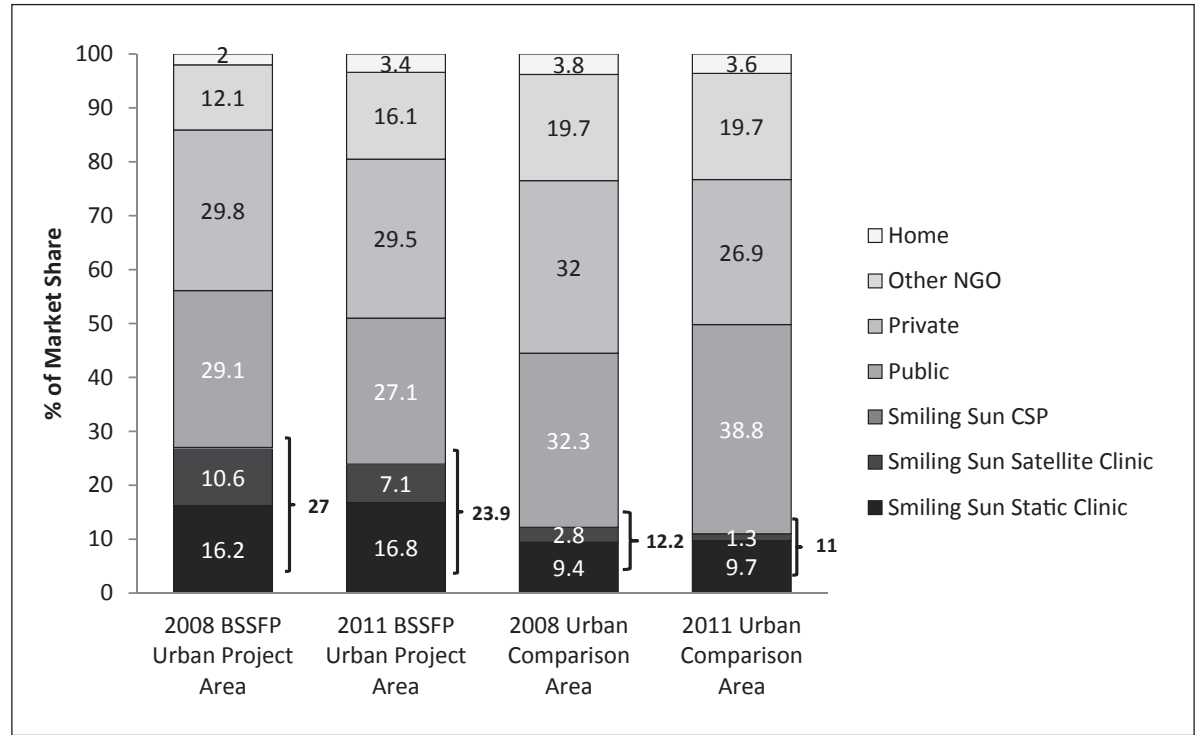
Table 7. Source of Antenatal Care (From Any Provider), BFFSP Urban Project and Comparison Areas, 2008 and 2011

Percentage distribution of last births in the three years preceding the survey that received ANC, by sources of ANC in BSSFP urban project and comparison areas, 2008 and 2011.

	BSSFP Urban Project Areas		Urban Comparison Areas	
Sources of ANC	2008	2011	2008	2011
Home	2.0	3.4	3.8	3.6
From medically trained provider	1.9	2.1	3.4	1.5
From non-medically trained provider	0.1	1.3	0.4	2.1
Public sector	29.1	27.1	32.3	38.8
Hospital Medical college	8.9	6.6	8.1	6.8
Family Welfare Centre (FWC)	0.8	1.7	3.1	2.7
Upazila health complex	2.8	2.4	2.6	5.9
Other public	16.6	16.4	18.5	23.4
Smiling Sun	27.0	23.9	12.2	11.0
Static clinic	16.2	16.8	9.4	9.7
Satellite clinic	10.6	7.1	2.8	1.3
CSP/Depotholders	0.2	0.0	0.0	0.0
Other NGOs	12.1	16.1	19.7	19.7
Private	29.8	29.5	32.0	26.9
Total	100.0	100.0	100.0	100.0
N	1,307	1,174	314	338

DPT-3/Penta-3 Vaccination

Overall coverage of DPT-3/Penta-3 increased from 91.6 to over 94 percent in BSSFP urban project areas between the baseline and endline surveys (Figure 12). The coverage rate in comparison areas remained largely unchanged at around 94 percent over the 2008-2011 period. Coverage of DPT-3/Penta-3 increased considerably among the poorest socio-economic quintile in 2011, as seen in Figure 13, thus reducing the level of inequity in DPT-3 coverage in 2011. Comparison areas experienced a similar increase in coverage of this vaccination across socio-economic quintiles. The DID model suggests that there was no statistical difference in changes in DPT-3/Penta-3 vaccination rates in project areas compared to the changes observed in comparison areas.

Figure 12. DPT-3/Penta-3 Vaccination Rates among Children Age 12-23 Months in BSSFP Urban Project and Comparison Areas 2008 and 2011.
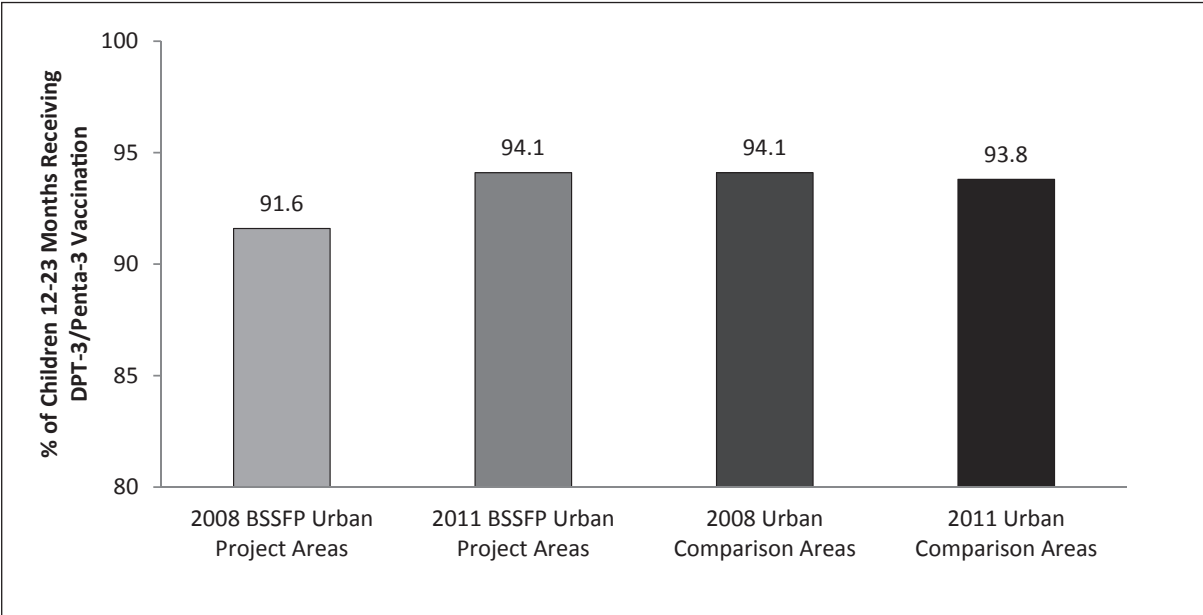
Figure 13. DPT-3/Penta-3 Vaccination Rates among Children Age 12-23 Months by Wealth Quintiles, BSSFP Urban Project Areas, 2008 and 2011.
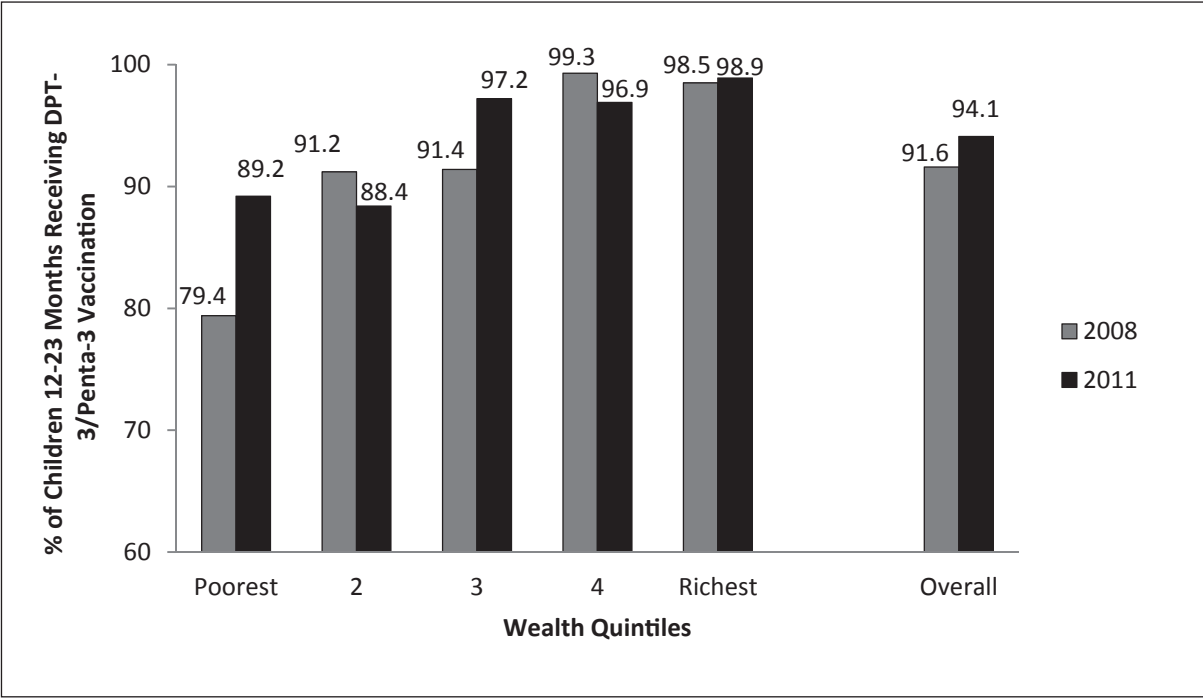
Figure 14 indicates that the Smiling Sun program experienced an increase in market share in provision of this vaccination in urban project areas from 32 to 35 percent, although it was not a statistically significant increase. Even in comparison areas, Smiling Sun's market share increased from a little over 10 to 14 percent.

Figure 14. Source of DPT-3/Penta-3 Vaccination, BSSFP Urban Project and Comparison Areas, 2008 and 2011.
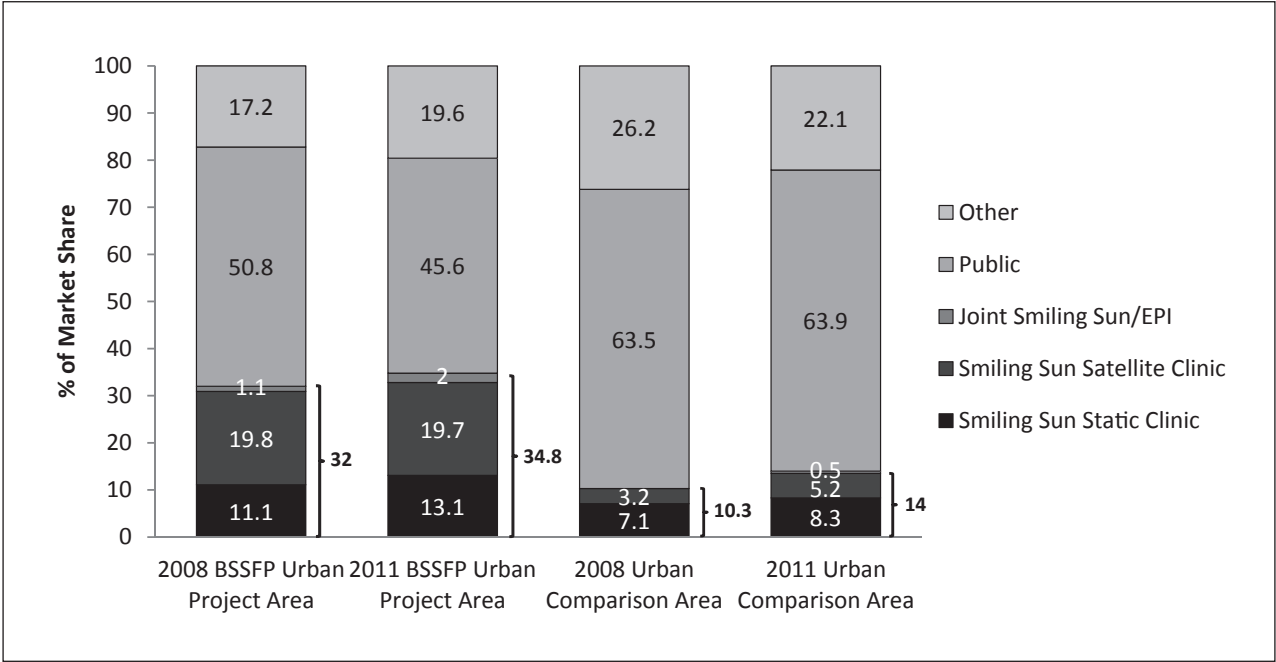
4. DISCUSSION

To begin with, it is worth re-emphasizing that this evaluation essentially compares changes in utilization of health services in project areas exposed to a program (the BSSFP) and comparison areas where some alternative program was operating. In other words, the impact evaluation results indicate what, if any, additional impact the BSSFP program has had over and above the alternative programming to which it was compared. Another important point is that conventional impact evaluation measures the effect of a program or intervention on a beneficiary population based on the assumption that the baseline project and comparison populations have no program exposure. This particular BSSFP evaluation was not a classical case in the sense that the populations in both project and comparison areas had prior program exposure. Before the inception of BSSFP in 2007, the project areas were served by USAID funded NGO health service delivery programs in various forms since the 1990s. These are crucial facts that need to be taken into account while interpreting the findings of this impact evaluation.

4.1 Rural Results

Smiling Sun does not have an extensive infrastructure for service provision like the government program; nor does it offer services for free like the public health sector does. Despite these programmatic differences, BSSFP was able to increase the use rate of contraception, antenatal care, and DPT-3/Penta-3 vaccination in rural project areas to similar levels recorded in non-project areas served by the government program.

Several explanations may be put forward to explain the decline in Smiling Sun's market share in provision of contraception, antenatal care, and DPT-3/Penta-3 vaccination in rural project areas. Perhaps the single most important factor is recent strengthening of the government program. Positions that were previously vacant have been filled through the recruitment of additional FWAs who are salaried employees involved in community mobilization and provision of door-step services. Pricing of BSSFP services were increased twice across the NGO network, once in 2008 and yet again in 2010. This plausibly had a negative impact on Smiling Sun's market share in 2011 relative to 2008 given that other NGOs are gaining prominence and government sector services are provided for free. An assessment of BSSFP's pricing strategy and policy is needed in order to understand whether pricing has adversely affected Smiling Sun's market share. Promotional activities did suffer in the course of the transition from the NSDP to the BSSFP program when the focus was on cost-recovery. Another important explanation is the decline in vaccination sessions which used to be a strategic point for attracting potential clients for other services like contraceptive use and ANC. This decline in vaccination sessions may have affected other services.

Anecdotal evidence suggests that women are increasingly leaning towards medical doctors for ANC. Many doctors who are employed in the public program also offer private services — familiarity and interpersonal relationships perhaps motivate women to seek services from these providers. During the transition from the NSDP program, a system whereby service providers and CSPs visited pregnant women to encourage them to seek antenatal care (preferably at Smiling Sun facilities) had deteriorated.

The Bangladesh immunization program is a success story in the global context. It was further strengthened recently through recruitment of additional Health Assistants who support the EPI sessions. As a result, BSSFP does not need to assist the national immunization program as much through the joint EPI/SS sessions. This has pulled down Smiling Sun's overall market share in provision of DTP-3/Penta-3 in rural project areas.

4.2 Urban Results

Between 2008 and 2011, use rate of modern contraception and antenatal care declined marginally in BSSFP urban project areas. A similar decline was observed in comparison areas. The decline in contraceptive use was primarily driven by a decline in use of the oral contraceptive pill that happens to be the dominant method in the country. Over 70 percent of pill users in urban areas obtain their supplies from pharmacies where SMC has the largest market share. Contraceptive use may have been affected by a change in a popular brand of oral pill marketed by SMC.

The reasons for the decline in use of ANC are not well understood by the investigators despite a series of discussions held with USAID/Bangladesh and the implementing partner of Smiling Sun, Chemonics. At the request of MEASURE Evaluation, Chemonics conducted focus group discussions at BSSFP sites in order to shed light on the dynamics surrounding use of ANC. The participants categorically mentioned increased prices and a preference for doctors as leading factors for lower utilization of BSSFP providers for ANC. Smiling Sun has indeed experienced a high turnover rate of doctors. These results explain why Smiling Sun's market share in ANC has been declining but does not necessarily elucidate the reasons for the declining trend in overall use of ANC in urban project and comparison areas.

In urban project areas, prominence of Smiling Sun as a source of family planning methods and antenatal care declined. Other NGOs are increasingly becoming important players in provision of FP-MCH services in urban Bangladesh, in particular, ANC services, which had taken over some of the market share of the dominant provider, the private sector, in 2011. The Urban Primary Healthcare Project (UPHCP-2) which ran from 2005 to 2011, was a notable provider of health services in urban Bangladesh with a focus on targeting the poor. BRAC's maternal and new born care project, known as MANOSHI, was operational from 2007-2011, and covered approximately eight million urban residents. This program offered door-step services to expecting mothers. The BSSFP urban program does not have a fieldworker component and relied solely on static and satellite clinics.

The government immunization program in urban Bangladesh is not as extensive as that in rural areas which explains the increase in Smiling Sun's market share in provision of DPT-3/Penta-3 in urban project areas. The EPI program in urban areas is under MOLGRD by constitution as opposed to being under the MOHFW in rural areas. The MOLGRD does not have adequate human resources to provide vaccination services the way the MOHFW does. This is a niche BSSFP could perhaps fill by strategically organizing satellite sessions and promoting use of its static sites.

One of the primary objectives of BSSFP was to improve sustainability of the NGO service delivery program. By 2011, BSSFP achieved 41 percent recovery of recurrent costs and is aiming for 45 percent by the end of 2012. No other USAID supported program prior to BSSFP had achieved cost recovery of more than 19 percent. In addition, local NGOs' management and program capacity have been strengthened under this project to the extent that 6 out of the 26 participating NGOs have been identified to have the sound institutional capacity needed to be eligible for direct management of USAID funds.

The improvement in financial sustainability of BSSFP NGOs was achieved partly by raising user fees twice for most services within a three-year period. This could be an important reason for the decline in BSSFP market share in providing all three services.

Over the years, the GOB's achievements in increasing use of family planning and vaccination nationwide have been remarkable. The recent strengthening of the government service delivery program through additional staff recruitment has drawn a larger proportion of service users to seek these services from the public sector, especially in the rural areas. This necessitates the need for a thorough review of whether BSSFP needs to graduate out from some geographic locations that may no longer be underserved in the absence of BSSFP.

5. LESSONS LEARNED

BSSFP is operating in a dynamic environment and is by no means the sole provider of health services in the catchment areas. Many of the underserved areas where BSSFP has been assigned to work by GOB were identified to be underserved in the 1990s. Changes in socio-economic conditions of the catchment population, strengthening of public sector and other NGO programs and entry of new private sector providers into the market are among the factors that will determine the impact that BSSFP can make in the areas it operates in. It is imperative to have periodic systematic reviews to assess whether the BSSFP operational areas need to be modified to better serve the poor and the underserved.

BSSFP had two primary objectives—raising NGO sustainability by increasing cost recovery while at the same time expanding service volume, particularly to the poor. These objectives may be in conflict when cost recovery is aimed through price increases of public health services in a setting where the same services are made available by the public sector for free, and a large segment of the population is economically constrained to pay for health services. The decline in the proportion of health services sought by users seeking services from BSSFP providers could partly be a response to price increases of Smiling Sun services. The mandate to serve the poor and at the same time to improve program sustainability can perhaps be better achieved through cost containment and not price hikes.

6. RECOMMENDATIONS

- Given the shift in the program's focus from cost recovery to expanding the volume of quality service provision, particularly for the poor, there is a need to assess the pricing policy and structure that BSSFP followed. Whether the levels of user fees charged affect the image of the Smiling Sun Program and impact service seeking needs to be examined carefully. The program should critically evaluate the price levels and structure in order to make it more responsive to community needs.

- The program may need to make changes to its operational areas. The public sector program has been strengthened, particularly in the rural areas, through recruitment of staff and this may have filled the public sector service provision gap in some areas where BSSFP is serving.

- Explore cost containment approaches to improve NGO program sustainability. Partnerships may be forged both with the public sector in filling area specific critical service delivery gaps in the GOB health systems, and with the private sector through innovative initiatives involving third party payment. This approach can contain cost and at the same time expand the reach of the program.

- The program needs to assess community perception of BSSFP as a health service source for the poor. Less than 10 percent of the catchment population was in possession of health benefit cards which entitle them to free or subsidized services at BSSFP. Others who are seeking services but are unable to pay the full fee have to substantiate that they satisfy the criteria for entitlement to subsidized payments at the time they seek care. It is not clear whether the community is comfortable with this approach, especially when services are offered for free at public sector sources.

- Further examine why the use of ANC and BSSFP's market share in providing ANC have been declining and develop appropriate strategies to improve ANC coverage.

- Behavioral Change and Communication component to help the program to increase overall health care utilization, which is the ultimate goal of USAID irrespective of whether users are going to Smiling Sun, government or private providers BSSFP's focus on cost recovery demanded expanding income generating health services, perhaps at the cost of promotional activities that raise demand for basic health services like family planning, ANC, and child vaccinations.

7. REFERENCES

Anderson J., Emmet W., Bhuiya A., Rashid P., & Jacobs T. (2010). *USAID/Bangladesh Smiling Sun Franchise Program: Mid-Term Assessment.* USA: Global Health Technical Assessment Project.

Bertrand M., Duflo E., & Mullainathan S. (2004). How Much Should We Trust Difference in Differences Estimates? *Quarterly Journal of Economics*, 119(1):249-275.

Lance P., Angeles G., & Islam S. (2009). *2008 Baseline Urban Bangladesh Smiling Sun Franchise Program Evaluation Survey.* Dhaka, Bangladesh and Chapel Hill, NC, USA: Mitra and Associates and MEASURE Evaluation.

Lance P., Angeles G., & Hayat Khan M.S. (2009). *2008 Baseline Rural Bangladesh Smiling Sun Franchise Program Evaluation Survey.* Dhaka, Bangladesh and Chapel Hill, NC, USA: Associates for Community and Population Research and MEASURE Evaluation.

Lance P., Angeles G., & Hayat Khan M.S. (2006). *2005 Rural NGO Service Delivery Program Evaluation Survey.* Dhaka, Bangladesh and Chapel Hill, NC, USA: Associates for Community and Population Research and MEASURE Evaluation.

National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. (2012). *Bangladesh Demographic and Health Survey 2011: Preliminary Report.* Dhaka, Bangladesh and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ICF International.

National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. (Forthcoming). *Bangladesh Demographic and Health Survey 2011: Final Report.* Dhaka, Bangladesh and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ICF International.

8. ANNEX LISTING

Annex A – Additional Tables

Annex B – Scope of Work

Annex C – Implementation of BSSFP 2008 Baseline and 2011 Endline Surveys

Annex D – Smiling Sun's definition of 'Poor'

Annex E – Map of Bangladesh showing distribution of Smiling Sun static clinics

Annex F – BSSFP Questionnaire

ANNEX A — ADDITIONAL TABLES

Rural Results

Table A.1. Current Use of Modern Contraception by Wealth Quintile

Percent of currently married women using modern method of contraception by wealth quintiles in rural BSSFP project and comparison areas, 2008 and 2011.

Wealth Quintile	Rural BSSFP Project Areas		Rural Comparison Areas	
	2008	2011	2008	2011
Lowest	49.6	58.2	47.5	55.0
Second	54.3	53.6	51.7	56.6
Middle	51.8	52.2	54.1	51.8
Fourth	48.3	50.9	52.2	52.9
Highest	45.0	45.2	43.2	45.3
Total	**49.7**	**51.7**	**49.3**	**51.7**
Number	6,005	8,213	6,437	7,183

Table A.2. Antenatal Care Use by Wealth Quintile

Percent distribution of last births in the three years preceding the survey for which mothers sought antenatal care by wealth quintiles in rural BSSFP project and comparison areas, 2008 and 2011.

Wealth Quintile	Rural BSSFP Project Areas		Rural Comparison Areas	
	2008	2011	2008	2011
Lowest	34.9	45.3	30.8	41.6
Second	42.7	50.4	40.8	46.6
Middle	48.6	57.8	47.7	51.1
Fourth	58.0	59.0	57.7	61.3
Highest	77.3	72.2	72.7	73.4
Total	**52.1**	**56.7**	**50.4**	**55.9**
Number	1,990	2,330	2,055	1,855

Table A.3. DPT-3/Penta-3 Vaccination Rate among Children by Wealth Quintile

Percent of children 12-23 months of age who received DPT-3/Penta-3 vaccination by wealth quintiles in rural BSSFP project and comparison areas, 2008 and 2011.

Wealth Quintile	Rural BSSFP Project Areas		Rural Comparison Areas	
	2008	2011	2008	2011
Lowest	80.9	94.1	84.0	91.6
Second	86.5	90.7	85.3	94.1
Middle	91.1	93.6	88.8	97.6
Fourth	93.0	96.9	94.4	95.6
Highest	95.9	96.9	93.0	98.6
Total	**89.4**	**94.6**	**89.2**	**95.6**
Number	633	765	618	615

Table A.4. BSSFP Market Share of Modern Contraception by Wealth Quintile

Percent of currently married women using modern contraception who got their supplies from a BSSFP health facility/provider by wealth quintiles in rural BSSFP project and comparison areas, 2008 and 2011.

Wealth Quintile	Rural BSSFP Project Areas		Rural Comparison Areas	
	2008	2011	2008	2011
Lowest	43.3	32.5	6.7	5.4
Second	43.5	37.8	5.3	6.1
Middle	36.4	31.3	5.3	4.5
Fourth	31.6	28.1	3.6	5.4
Highest	22.6	19.7	3.2	3.0
Total	**35.4**	**30.0**	**4.7**	**4.8**
Number	2,995	4,271	3,194	3,740

Table A.5. Market Share of ANC by Wealth Quintile

Percent distribution of last births in the three years preceding the survey for which mothers sought antenatal care from a BSSFP health facility/provider by wealth quintiles in rural BSSFP project and comparison areas, 2008 and 2011.

Wealth Quintile	Rural BSSFP Project Areas		Rural Comparison Areas	
	2008	2011	2008	2011
Lowest	45.6	34.6	9.1	16.8
Second	47.3	37.3	15.2	9.9
Middle	44.4	35.5	13.9	11.1
Fourth	33.0	27.8	10.1	8.8
Highest	22.3	16.5	5.1	7.5
Total	**36.1**	**29.3**	**9.8**	**10.1**
Number	1,036	1,322	1,035	1,037

Table A.6. Market Share of DPT-3/Penta-3 by Wealth Quintile

Percent of children 12-23 months of age who received DPT-3/Penta-3 vaccination from a BSSFP health facility/provider by wealth quintiles in rural BSSFP project and comparison areas, 2008 and 2011.

Wealth Quintile	Rural BSSFP Project Areas		Rural Comparison Areas	
	2008	2011	2008	2011
Lowest	55.3	29.3	0	4.5
Second	38.6	55.3	1.6	2.8
Middle	47.0	30.0	0.7	2.4
Fourth	46.8	36.3	3.4	2.5
Highest	42.1	31.3	0.5	2.2
Total	**45.9**	**35.5**	**1.2**	**2.8**
Number	565	723	552	588

Urban Results

Table A.7. Current Use of Modern Contraception by Wealth Quintile

Percent of currently married women using modern method of contraception by wealth quintiles in urban BSSFP project and comparison areas, 2008 and 2011.

Wealth Quintile	Urban BSSFP Project Areas		Urban Comparison Areas	
	2008	2011	2008	2011
Lowest	57.6	58.5	60.1	59.7
Second	61.3	58.2	57.6	65.2
Middle	61.4	59.3	64.0	57.0
Fourth	59.2	55.6	63.4	55.7
Highest	54.6	55.0	53.6	54.6
Total	**58.8**	**57.3**	**59.8**	**58.2**
Number	5,133	5,633	1,288	1,680

Table A.8. Antenatal Care Use by Wealth Quintile

Percent distribution of last births in the three years preceding the survey for which mothers sought antenatal care by wealth quintiles in urban BSSFP project and comparison areas, 2008 and 2011.

Wealth Quintile	BSSFP Project Areas		Comparison Areas	
	2008	2011	2008	2011
Lowest	66.5	65.9	59.2	64.6
Second	76.8	73.5	81.6	77.9
Middle	87.7	76.2	80.0	73.3
Fourth	92.9	89.8	97.6	80.2
Highest	98.5	95.4	95.2	94.5
Total	**83.6**	**79.8**	**81.5**	**77.8**
Number	1,563	1,471	385	434

Table A.9. DPT-3/Penta-3 Vaccination Rate among Children by Wealth Quintile

Percent of children 12-23 months of age who received DPT-3/Penta-3 vaccination by wealth quintiles in urban BSSFP project and comparison areas, 2008 and 2011.

Wealth Quintile	Urban BSSFP Project Areas		Urban Comparison Areas	
	2008	2011	2008	2011
Lowest	79.4	89.2	87.4	83.2
Second	91.2	88.4	96.8	97.4
Middle	91.4	97.2	88.3	93.8
Fourth	99.3	96.9	100.0	93.6
Highest	98.5	98.9	100.0	100.0
Total	**91.6**	**94.1**	**94.1**	**93.8**
Number	498	484	108	140

Table A.10. BSSFP Market Share of Modern Contraception by Wealth Quintile

Percent of currently married women using modern contraception who got their method from a BSSFP health facility/provider by wealth quintiles in urban BSSFP Project and Comparison areas, 2008 and 2011.

Wealth Quintile	Urban BSSFP Project Areas		Urban Comparison Areas	
	2008	2011	2008	2011
Lowest	23.2	26.1	4.0	11.0
Second	23.8	27.1	5.8	5.3
Middle	22.3	18.1	6.7	6.6
Fourth	14.7	14.0	3.0	5.0
Highest	12.3	7.9	2.3	3.2
Total	**19.1**	**18.5**	**4.4**	**6.2**
Number	3,036	3,325	772	984

Table A.11. BSSFP Market Share in ANC Provision in Urban Areas by Wealth Quintiles

Percent distribution of last births in the three years preceding the survey for which mothers sought antenatal care from a BSSFP health facility/provider by wealth quintiles in urban BSSFP project and comparison areas, 2008 and 2011.

Wealth Quintile	Urban BSSFP Project Areas		Urban Comparison Areas	
	2008	2011	2008	2011
Lowest	37.3	36.2	10.3	23.3
Second	33.6	24.4	12.6	10.0
Middle	28.6	30.1	16.8	10.2
Fourth	24.5	21.7	17.2	6.6
Highest	12.3	11.8	3.0	6.8
Total	**27.0**	**23.9**	**12.2**	**11.0**
Number	1,307	1,174	314	338

Table A.12. BSSFP Market Share of DPT-3/Penta-3 Vaccination by Wealth Quintiles

Percent of children 12-23 months of age who received DPT-3/Penta-3 vaccination from a BSSFP health facility/provider by wealth quintiles in urban BSSFP project and comparison areas, 2008 and 2011.

Wealth Quintile	Urban BSSFP Project Areas		Urban Comparison Areas	
	2008	2011	2008	2011
Lowest	30.3	37.9	3.0	20.5
Second	29.4	36.1	9.5	19.9
Middle	34.4	30.3	18.0	13.0
Fourth	31.6	40.1	11.9	7.0
Highest	34.4	30.0	9.6	11.5
Total	**32.0**	**34.8**	**10.3**	**14.0**
Number	444	456	100	131

ANNEX B — SCOPE OF WORK

The Bangladesh Smiling Sun Franchise Program (BSSFP) Baseline and Endline Surveys and Impact Evaluation

I. Rationale

The Bangladesh Smiling Sun Franchise Program (BSSFP) is a USAID-funded health and family planning program that aims to deliver family planning and a broad package of maternal and child health-focused essential services through a network of clinics administered by a series of NGOs. It is the most recent phase of an evolving series of interventions that began with separate urban and rural components (called, respectively, the Urban Family Health Partnership [UFHP] and Rural Service Delivery Partnership [RSDP]) before being consolidated into the successor National Service Delivery Program (NSDP).

This family of programs was originally motivated in part by an apparent "plateau" to the total fertility rate evident from the early 1990s: progress in reducing total fertility had stalled at around 3.4 by roughly 1993. This plateau came after nearly two decades of steady declines in the total fertility rate under a family planning delivery model, the cornerstone of which was door-to-door delivery of services.

USAID/Bangladesh designed the UFHP and RSDP to deliver family planning and a broad package of maternal and child health services through a facility-based (as opposed to door-to-door) model, offering in essence a "one-stop shopping" approach that sought to address fertility directly (through provision of family planning services) and indirectly (by addressing broader family health). This basic logic carried over to the NSDP, which consolidated the urban (UFHP) and rural (RSDP) components under one administrative umbrella.

The BSSFP is the successor to the NSDP. It retains much of the basic delivery model and set of interventions (i.e., the range of family planning and health services offered) of the NSDP. An important new feature is a shift toward a franchise model with a more explicit self-sustainability/cost-recovery mandate. Furthermore, while the NSDP program had involved some activities geared toward branding its symbol (referred to as the "Smiling Sun"), the BSSFP will involve more intense health communications activities designed to establish the "Smiling Sun" symbol as a brand associated with clean, courteous, and reliable delivery of effective health care, thus rendering it as a vehicle for a franchise model of health care delivery.

As was the case with the monitoring and evaluation surveys that accompanied the UFHP, RSDP and NSDP programs, USAID and the program managers wish to track the performance of the BSSFP at the population level. A series of surveys, designed to provide insight at the population level into the performance of the indicators related to program objectives, will thus be implemented.

The 2011 BSSFP Endline Survey will yield a representative sample of program communities, as well as similar non-program comparison communities, that provide a picture of population level circumstances (in terms of key project-related indicators) at the end of the first phase of the BSSFP. Comparison with the 2008 BSSFP Baseline Survey allows for identification of changes in critical programmatic areas, thus enabling the establishment of clearer priorities than would be possible in the absence of such information. Comparison between program communities and comparison communities allows assessment of the degree to which indicator changes over time (i.e., from the 2008 Baseline survey to the current 2011 Endline survey) in program areas reflect change that can be ascribed to the program. The information yielded from these comparisons will be used in planning the next phase of the BSSFP.

II. Survey Objectives

The 2008 BSSFP Baseline and the 2011 BSSFP Endline surveys capture circumstances at the population level in program and comparison areas by providing the levels of key health—and family planning—related indicators that the program seeks to influence. In conjunction with the 2008 BSSFP Baseline Survey data, the 2011 Endline Survey allows for tracking of changes in these key performance-related indicators over time from the pre- to post-implementation periods.

The survey instrument supports a wide range of indicators associated with the use of family planning, child health, and the use of maternal and child health services (particularly related to pregnancy, early life health and health care demand). The survey module also includes many questions related to branding and the impact of the health communications efforts.

III. Study Design

The 2008 Baseline and 2011 Endline surveys were designed for comparability and to support fully the tracking of key performance-related indicators.

III.A. Survey Domains

The 2008 and 2011 surveys provide representative indicators at the project and non-project comparison area level in rural and urban areas. In addition, the sampling scheme employed (described in greater detail below) allows for the production of representative indicators for more specific domains within project areas. In rural project areas, these more specific project domains are:

- Rural project areas of Dhaka Division;
- Rural project areas of Chittagong and Sylhet Divisions;
- Rural project areas of Khulna and Barisal Divisions;
- Rural project areas of Rajshahi Divisions.

For urban areas, these more specific project domains are:

- Project areas of Dhaka City Corporation;
- Project areas of Chittagong City Corporation;
- Project areas of the remaining City Corporations;
- Project areas of District and Thana Municipalities.

There is one additional domain for both rural and urban areas:

- Urban areas where the BSSFP is not operating; and
- Rural areas where the BSSFP is not operating.

The definitions of these more specific needs were driven by the programmatic and policy priorities of USAID and BSSFP. The Endline Survey revisits the communities included in the baseline sample, thus allowing for the calculation of indicators for the same set of domains.

III.B. Sampling

Sample Sizes

Sampling for the 2011 BSSFP Endline Survey was based on the same multi-stage, cluster-based design employed for the 2008 BSSFP Baseline Survey. For the baseline, BSSFP project catchment areas were selected for inclusion in the sample. Then, samples of households within each of these catchment areas were selected for inclusion in the sample. Finally, all ever-married women age 10-49 in these households were interviewed.

The target sample sizes were designed to capture with a desired degree of accuracy and power changes to certain key indicators. As in past efforts to monitor impact of the NSDP, the two key indicators are:

- The contraceptive prevalence rate; and
- Use of antenatal care by women with a birth in the preceding three years.

These indicators are central in the sense that capturing them accurately and with acceptable power was the guiding consideration in determining appropriate sample sizes. The appropriate sample size was calculated for each indicator, and the overall sample size was determined by the binding constraint between (i.e., largeness of the sample sizes indicated by) the two calculations.

Specifically, in rural areas, the sample sizes were designed to be large enough to detect at the overall project area level a 7.5 percent change between the baseline survey and any follow-up in antenatal care use for births in the past three years with 95 percent confidence and 80 percent power, while the sample sizes in the specific rural project domains were large enough to capture a 7.5 percent change over time (i.e., between the baseline and any follow-up survey) in contraceptive prevalence rate with 95 percent confidence and 80 percent power. In urban areas, where antenatal care usage is higher and thus less of a constraint (in terms of requiring large sample sizes to achieve accuracy and power along the lines just described), the sample sizes were designed to be large enough to capture at the level of the specific project domains a 7.5 percent change over time in either antenatal care use in the preceding three years or the contraceptive prevalence rate.

To determine these required sample sizes, it was necessary to gather prior information (about the prevalence of these indicators and the number of women per household who might be able to supply information about each indicator) and to impose some parameters on the sampling process (such as the target number of households to be interviewed in each cluster). For the 2008 BSSFP Baseline Survey, the indicator levels and the target number of households were estimated based on information from the 2005 NGO Service Delivery Program Evaluation Surveys. For the 2011 BSSFP Endline Survey, prior estimates of indicator levels as well as the target number of women per household eligible to provide information for each indicator were obtained for each domain using the 2008 BSSFP Baseline Survey. The 2008 BSSFP Baseline Survey was employed for this purpose because it provides the most recent and relevant insights into the likely endline values of the indicators in the 2011 BSSP Endline Survey.

Once this information was obtained, well-known sampling formulas which had been calibrated to reflect this prior information, as well as other sampling parameters (such as the 2005 and 2008 estimates of the design effect, which is driven in large part by the number of households per cluster), provided the sample size of women required for each indicator in each domain. Crucially, these sample size determination formulas assume that the clusters selected for interview in the baseline survey will be revisited in subsequent follow-up waves of data collection. This approach implies a correlation of outcomes between baseline and follow up simply because the same communities included in 2008 are revisited for interview.

For the baseline sample size, the required sample size of women was then multiplied by the estimated number of women per household in each domain who were eligible to provide information on that indicator, yielding the total household sample size for each indicator in each domain. The sampling priorities described in the second paragraph of this section then determined the household sample size for each domain. The number of clusters per domain was then obtained by dividing this figure by the number of households to be targeted for interview in each cluster and rounding up to the nearest cluster. In the endline sample size, the number of households per cluster was modified in some cases. This change occurred because some clusters within a domain did not provide the expected number of households or eligible women within those households.

Finally, all calculations of required sample size for the 2011 BSSFP Endline Survey were corrected to account for non-response rates encountered in the course of the 2008 BSSFP Baseline Survey.

Sampling Procedures

The sampling procedures that occurred for the baseline study were rather straightforward. First, a sample frame of BSSFP catchment areas was constructed; it included the location and population of each catchment area. These catchment areas served as the primary sampling units (PSU) for this study. Samples of these catchment areas were then selected with probability proportional to household population size. For a randomly selected sample of these selected project PSUs, the nearest catchment area where a government clinic was operating and the BSSFP was not was selected for inclusion as a non-project comparison PSU. In rural areas, where the required number of project PSUs was exceeded by the number of non-project comparison PSUs, a comparison PSU was sought for each selected project PSU and, for a selected subset of selected project PSUs, the two nearest comparison areas were selected. The endline survey revisits the clusters selected at baseline, but selects new households for inclusion in the sample.

Teams from the survey research firm involved in this study then entered each catchment area selected for interview and conducted a thorough household listing. Then, starting from the northwest corner of each selected catchment area, a sample of households was randomly selected for interview.

Each selected household was then administered a household-level instrument that captured environmental and socioeconomic circumstances within that household. Each ever-married woman aged 10-49 in the household was then selected to receive an instrument that captured her contraceptive use, birth history, mother and child-related health experiences and use of health services, and perceptions of her health care environment. Finally, environmental circumstances in the PSU itself were gauged through a community-level instrument. This was administered to knowledgeable community-level informants.

III.C. Questionnaires

There were three questionnaires: household, ever-married woman aged 10-49, and community. Collectively, these capture the health and health-related behaviors of respondent women and their children (as well as their attitudes toward health care expenditures and their health care environment), the socioeconomic and environmental setting of their households, and the circumstances of their larger community setting.

The household instrument includes:

- A roster of usual household members, including the age, relationship to the head of the household, gender, and eligibility for more in-depth interview (i.e., whether they are an ever-married woman aged 10-49) of each usual member of the household;

- Water sources for drinking and dishwashing;
- Toilet facilities;
- Ownership of any of a series of assets (electricity, almirah [wardrobe], table, bench or chair, watch or clock, cot or bed, working radio, working television, bicycle, motorcycle, sewing machine, telephone/mobile phone, etc.);
- Main building materials of the residence (e.g. roof material);
- Tenure status of the household;
- Property and living space.

All of the information beyond the roster is solicited in order to build a wealth-index that allows comparison of programmatic indicators across socioeconomic strata.

The ever-married women's instrument includes:

- The woman's basic background characteristics (tenure in current residence, age, marital status, media exposure, NGO membership);
- Labor market participation;
- Birth history;
- Number of births and current pregnancy status;
- Current use and sources of family planning;
- Use of antenatal care, tetanus toxoid vaccination, and other indicators of health care utilization during pregnancy with the last child;
- Delivery assistance and early life care for the last birth;
- Breastfeeding and other nutritional practices applied to the last birth;
- Vaccination (BCG, Polio, DPT, Measles, Pentavalent) status and Vitamin A supplementation for all births in the preceding five years;
- Recent acute respiratory infection and treatment for all children born in the preceding five years;
- Recent diarrhea and treatment for all children born in the preceding five years;
- Knowledge of and attitudes toward health providers, including specific programs/brand names.

The focus on diarrhea and acute respiratory infection is due to the large role that these conditions play in neo-natal and early-childhood mortality and morbidity in Bangladesh.

Finally, the community-level instrument includes:

- Community type and distance to Thana headquarters and the nearest markets;
- Common types of transport and travel time to Thana headquarters (a good indicator of accessibility, given distance to Thana headquarters);
- Road surface type;
- Economic activities;
- Telephone service, electricity and water sources;
- Active NGOs and similar organizations and the programs they offer;
- Distance to the nearest primary school, madrasha, high schools, post office, and cinema;
- Distance to sources of family planning;
- A thorough roster of health care providers servicing the community.

The community-level instrument provides a relevant snapshot of the circumstances prevailing in BSSFP communities and nearby non-program comparison areas.

IV. BSSFP Impact Evaluation

The BSFP impact evaluation is based on the 2008 BSSFP Baseline and the 2011 Endline surveys. The surveys were designed to allow impact evaluation of the BSSFP program.

Three specific issues will be examined for the impact evaluation:

- The impact of BSSFP to increase use of modern contraceptive use, antenatal care use and child vaccination rate at least to the use level observed in comparison areas;
- Equity in use of the above three services by socio-economic groups; and
- The market share of BSSFP in providing health services in project areas.

Method for Impact Evaluation: Difference in Differences Model

The benchmark model for our evaluation of the impact of the BSSFP on use of services is the difference-in-differences model. Classically, this model identifies the impact of a program as the difference between a sample of participants and a comparison of non-participants in terms of the trends that each experienced in an outcome from a baseline point of observation before that program has been implemented to a point of assessment after it has been implemented. Graphically, consider the following scenario:
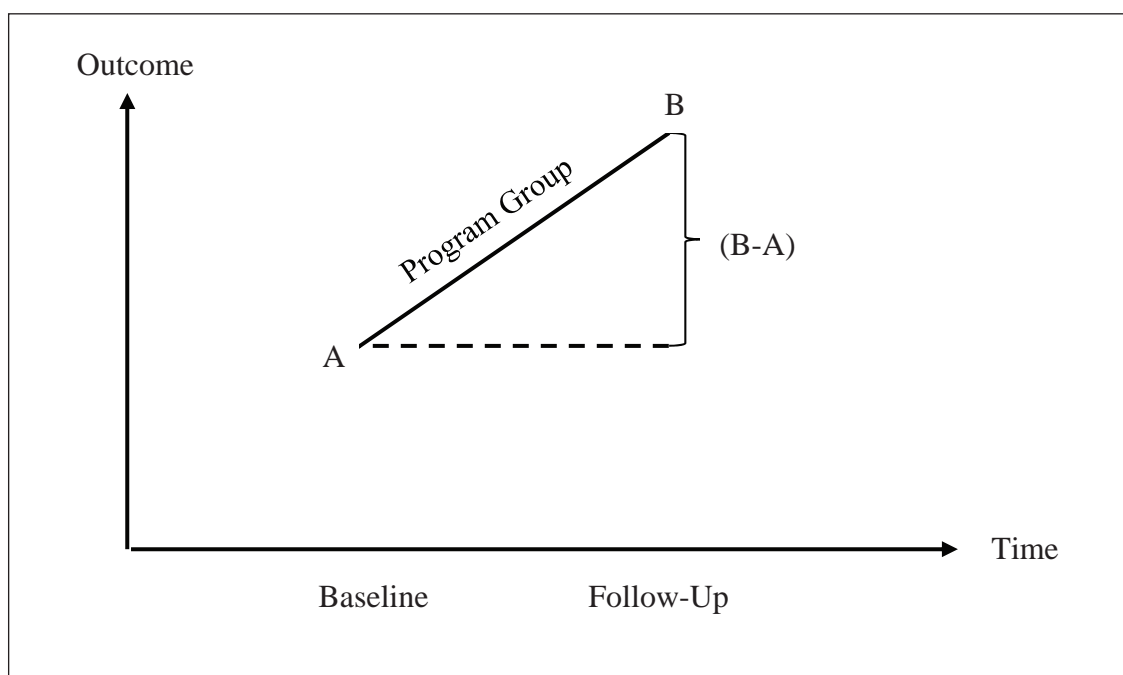
In this graph we see the trajectory (from A to B) in the outcome of interest (again, in our application the focus has been on use of services) for the program group between a baseline moment of observation (ideally, before the program is implemented) and follow-up point after the program has been implemented. One might be tempted to ascribe to the program the change over time B-A observed for this program group. The problem with doing so is that some change in the outcome might have occurred even in the absence of the program. To address this possibility, the difference-in-differences model looks to the experiences of a non-program group to provide some indication of what might have happened to the program group had they not been exposed to the program:
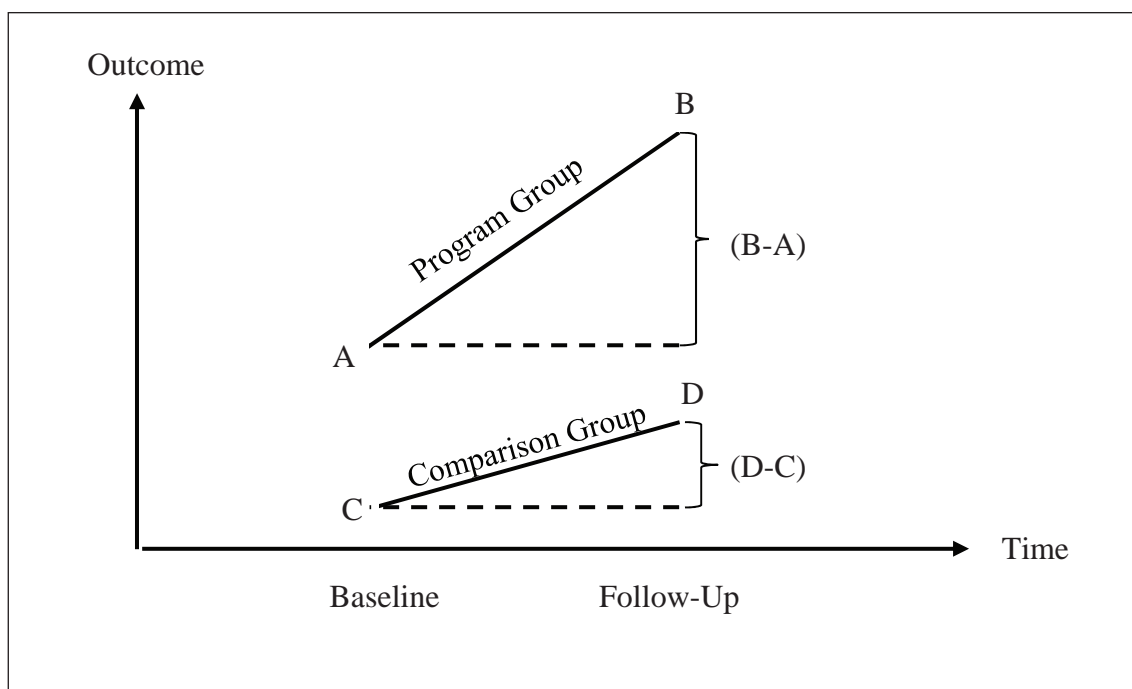
Here we see the experiences of a comparison group not exposed to the program. That comparison group experienced a change in the outcome over time of D-C. The difference-in-differences model estimates the program effect as the change over time that the program group experienced (B-A) minus our estimate of the change they might have experienced based on the actual experience of a comparison group not exposed to the program, (D-C). Program impact is thus (B-A)-(D-C). The justification for this is the assumption (referred to as the "parallel trend assumption") that the program group would, in the absence of the program, have experienced a trend parallel to that of the comparison group:
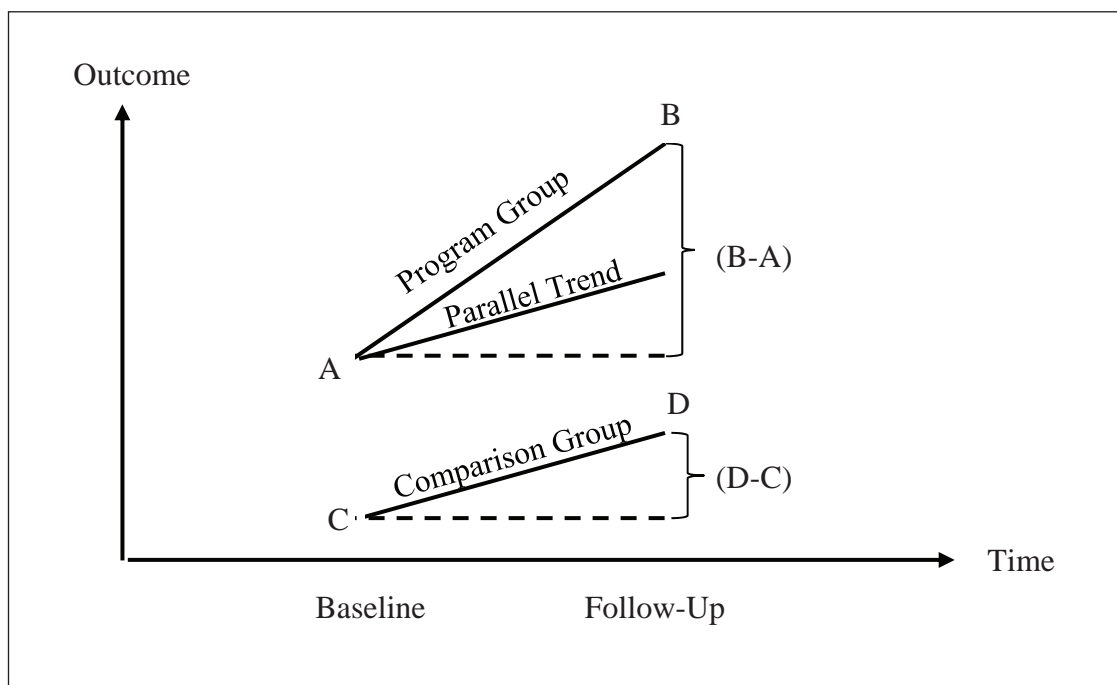
Of course, if the parallel trend assumption is violated the difference-in-differences model could yield inaccurate inferences regarding program impact. This is illustrated below by the dotted line, which represents the actual trajectory that the program group would have experienced in the absence of program exposure:
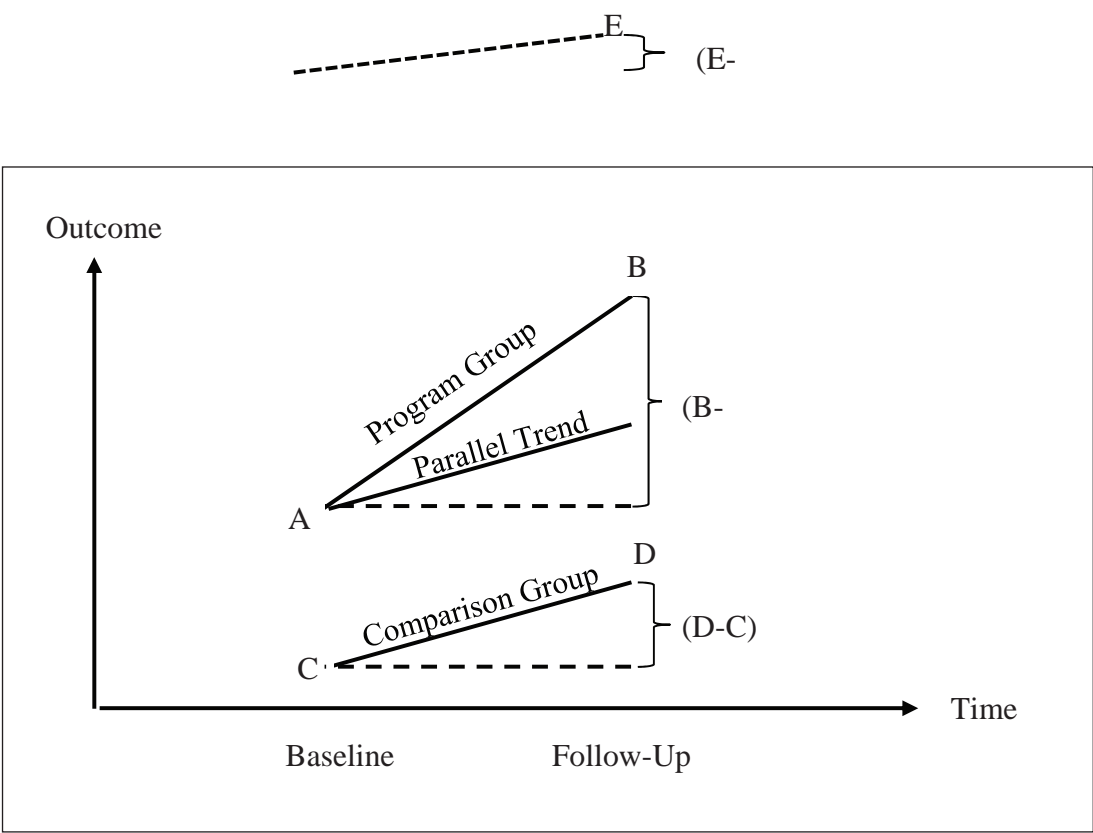
As you can see, in the graph above the difference-in-differences model would estimate the alternative trajectory for the program group as D-C, when in fact their change in the absence of the program would have been far less at E-A. This will lead to an underestimate of program impact by a margin of (D-C)-(E-A).

The usual solution to this is to control for differences in the trend experienced by the comparison group and what the program group would have experienced in the absence of the program with a regression version of the difference-in-differences model that controls for changes in time in observed factors that might drive such a divergence in the "no program" trend. That is exactly what we did.

Before proceeding, recall the data design behind this evaluation. Data was collected for a 2008 baseline and 2011 endline. These two waves of data were, collectively, longitudinal at the cluster level: in each wave we revisited the same clusters but drew fresh samples of households and, thus, women. We were able to observe from the outset whether each of the clusters was destined to serve as a BSSFP catchment area, or not.

We estimated the regression model

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

where

i indexes individual women respondents;

j indexes communities;

$$t = \begin{cases} 1 \text{ if the observation is drawn from the follow-up survey and} \\ 0 \text{ if the observation is drawn from the baseline survey;} \end{cases}$$

$$P_j = \begin{cases} 1 \text{ if the cluster j is exposed to the BSSFP and} \\ 0 \text{ if the cluster is not exposed to the BSSFP ;} \end{cases}$$

X_{ijt} is a vector of the characteristics of woman i in community j at time t.

The terms in this regression each offer a key control for the difference-in-differences model. $\beta_1 \cdot P_j$ controls for fixed differences between the program and comparison groups. $\beta_2 \cdot t$ represents the common time trend between the program and comparison groups. $\beta_3 \cdot P_j \cdot t$ captures the program impact (it is the difference in *observed* trend between the program and comparison groups.) (Impact evaluation results for subgroups like the poor were generated by regression models that included interactions between indicator variables for membership in these subgroups and these first three terms.) Finally, the term X_{ijt} offers a control for factors that might otherwise provide the source for a violation of the parallel trend assumption. In practice, we controlled for age, education and socioeconomic status.

The impact evaluation models were estimated as a linear probability model. This allowed the estimation coefficients to have a direct behavioral interpretation (so, for instance, the estimate of $\beta_3, \hat{\beta}_3$ is a direct estimate of program impact). Fixed effects were introduced for each cluster in an effort to control for potential bias to the estimates of the standard errors (Bertrand et al., 2004). Finally, to address the heteroskedasticity problems inherent with the linear probability model, we estimated the standard errors by cluster-based bootstrapping.

Sources

Bertrand M., Duflo E., & Mullainathan S. (2004). How Much Should We Trust Differences-in-Differences Estimates? *Quarterly Journal of Economics*, 119(1):249-275.

ANNEX C — IMPLEMENTATION OF BSSFP 2008 BASE-LINE AND 2011 ENDLINE SURVEYS

RURAL 2008 Baseline Survey

Sample Design

The rural component of the 2008 BSSFP baseline survey used a representative sample of households in program areas. In addition, a sample was drawn from rural non-program areas (areas outside of BSSFP catchment locations). The purpose of including a sample of comparison areas was to distinguish the effects of the BSSFP from other forces acting simultaneously within rural areas. The comparison areas were chosen for their similarity to BSSFP operational areas. Specifically, they were adjacent to the BSSFP project areas but outside the operational scope of the BSSFP.

The rural component of the 2008 BSSFP baseline survey was intended to provide estimates for six sample domains: the four divisions in which the project operates;[1] the rural BSSFP project as a whole; and rural non-project comparison areas. The domains (representing Sylhet/Chittagong, Barisal/Khulna, Dhaka, and Rajshahi) roughly correspond to rural areas of the six divisions of the country.

Representative samples of project and comparable non-project populations were drawn using a stratified two-stage cluster sampling method. In the first stage, a total of 190 clusters were selected from BSSFP areas with probability proportional to size (PPS). In the second stage, households within those clusters were selected to yield a sample of representative ever-married women aged 10-49 in project areas. A cluster was defined as the area covered by a BSSFP satellite or static clinic. Of the chosen project clusters, 29 were selected from the Barisal and Khulna divisions, 49 from Dhaka, 29 from Rajshahi, and 83 from Chittagong and Sylhet.

A total of 212 non-project comparison clusters were selected from areas adjoining BSSFP areas using a similar sampling strategy. Of the non-project clusters, 55 were selected from Dhaka, 32 from Khulna and Barisal, 32 from Rajshahi, and 93 from the Chittagong and Sylhet divisions. For selecting a non-project cluster corresponding to a selected project cluster, a village was randomly selected from adjoining villages (where BSSFP is absent), and then a randomly chosen segment of that village was chosen as a non-project cluster.

For every selected cluster from BSSFP project and non-project comparison areas, 200 to 250 households were listed, proceeding from the Northwest corner of the area. From each project cluster, 36 households were systematically selected with the expectation that at least 32 eligible women (ever-married and aged 10-49 years) would be found for interviews. Similarly, from each comparison cluster, 34 households were systematically selected with the expectation that at least 30 eligible women would be found for interviews. Ultimately, 6,330 women were interviewed from BSSFP areas and 6,789 were interviewed from non-project areas.

---

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

Implementation of the Survey

The 2008 rural component of the BSSFP survey was implemented by Associates for Community and Population Research (ACPR), a research firm located in Dhaka. A three member research team from ACPR, 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. Technical assistance was provided by MEASURE Evaluation, a USAID-funded project implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill.

Survey Instruments

The BSSFP baseline survey was a multi-level study designed to illustrate circumstances at the community, household, and individual level. Three instruments were used for the survey:

- Household listing schedule;
- Household and women's questionnaire; and
- Community questionnaire.

These survey instruments were initially developed by MEASURE Evaluation before being reviewed by USAID/Dhaka and translated and pretested by ACPR. The questionnaires were initially developed in English and then translated into Bangla.

Household Listing Schedule

The household listing schedule was used to conduct household listing operations in each cluster area in order to systematically select the required number of households from each.

Training and Fieldwork

Training and Fieldwork for Household Listing and Community Survey

Field staff for the household listing phase of the survey were recruited in the first week of June, 2008 and trained at ACPR from June 15 to June 18, 2008. Listing operations and community surveys were conducted from June 19 to August, 2008. Thirteen teams, each consisting of one supervisor and two listers, were deployed for the listing operation and community survey.

Pretesting

The women's questionnaire was pre-tested three times: first on June 18, and then on June 27 and June 28, 2008. For the pretest, male and female interviewers were trained at ACPR. Interviews were then conducted in the Gazipur areas of Dhaka under the observation of ACPR's research team members, MEASURE Evaluation, USAID/Dhaka, and BSSFP staff. Altogether, 30 questionnaires were completed. 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

During the second week of June, 2008, field staff for the main survey were recruited. Recruitment criteria included educational attainment, experience in other surveys, and the ability to spend three weeks in training and at least three months in the field. Training for the main survey was conducted at a rented

venue for 19 days from June 28 to July 16, 2008, including two days for field practice. Training consisted of lectures on the objectives and methodology of the survey, interviewing techniques, how to complete the questionnaire, and detailed discussions on the different topics covered in the questionnaire. Group discussions and mock interviews between participants were used to gain practice in asking questions. Those with satisfactory performance in the course were selected for fieldwork. Those whose performance was considered superior were selected as supervisors.

Fieldwork commenced on July 19, 2008 and was completed on October 23, 2008. It was carried out by 15 interview teams. Each team consisted of one male supervisor and one female supervisor, four female interviewers, and one field assistant. Fieldwork was done in four phases. ACPR fielded five 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 fieldwork by visiting teams in the field. Moreover, a survey expert from MEASURE Evaluation also visited teams in the field.

Data Processing

Data processing commenced at the ACPR office in Dhaka in mid-July of 2008 and was completed on November 3, 2008. All the completed questionnaires for the survey were returned to the data processing cell of ACPR. Data processing operations consisted of office editing, data entry, and editing inconsistencies found by computer programs. The data were processed on 11 microcomputers working in double shifts, carried out by 22 data entry operators and two data entry supervisors. The data entry and editing programs were written in the software program CSPro 2.6. To minimize error, a double data entry procedure was followed.

Response Rates

Table C.1 shows response rates for the survey. A total of 6,909 households in project areas and 7,311 households in non-project areas were selected for the sample. Of these, 6,435 project and 6,769 non-project households were successfully interviewed. The reasons for the shortfall were that the dwellings were either vacant or the inhabitants were absent for an extended period during the time that they were visited by the interview teams. About 94 percent of households were successfully interviewed. In these households, 6,761 of project and 7,247 of non-project women were identified as eligible for the individual interviews (i.e., ever-married women aged 10 to 49 years), and interviews were completed for 6,330 project and 6,789 non-project women. The main reason for non-response among eligible women was the failure to find them at home despite repeated visits to the households. Response rates were similar in BSSFP project and non-project areas in all geographic divisions.

Table C.1. Results of Household and Individual Interviews

Number of households, number of interviews, and response rates according domain, BSSFP project and comparison areas, 2008.

	Project areas					Non-project areas
	Dhaka division	Chittag-ong/Sylhet division	Khulna/ Barisal division	Rajshahi division	Total project areas	
Household sampled	1,766	3,055	1,044	1,044	6,909	7,311
Household found	1,755	3,051	1,039	1,044	6,889	7,239
Household interviewed	1,630	2,841	992	972	6,435	6,769
Household response rate (%)	92.9	93.1	95.5	93.1	93.4	93.5
Eligible women found	1,679	3,073	1,029	980	6,761	7,247
Eligible women interviewed	1,557	2,881	965	927	6,330	6,789
Eligible women response rate (%)	92.7	93.8	93.8	94.6	93.6	93.7

URBAN 2008 Baseline Survey

Implementation of the Survey

The 2008 Urban BSSFP Baseline Survey was implemented by Mitra and Associates, a research firm located in Dhaka. A team headed by S.N. Mitra was responsible for implementing the survey. Technical assistance was provided by MEASURE Evaluation, a USAID-funded project implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill.

Sample Design

For sampling purposes, urban project areas were classified into four strata: project areas in the Dhaka City Corporation; project areas in the Chittagong City Corporation; project areas in the remaining City Corporations; and project areas in district and upazila municipalities. Additionally, a sample of non-project areas formed a fifth stratum intended to serve as a comparison group for project samples. The comparison sample was drawn from areas adjacent to but outside of BSSFP catchment areas where the government was working.

Household samples were chosen from 156 clusters in project areas. A cluster was equivalent to a mahalla or part of a mahalla. Table C.2 provides the number of selected clusters by strata. Of the 156 clusters from project areas, 30 were located in Dhaka City Corporation; 36 were located in Chittagong City Corporation; 25 were drawn from the rest of the City Corporation areas; and 65 were from district and thana Municipalities. In non-project areas, household samples were drawn from 43 clusters.

A household listing operation was carried out in all selected clusters. The resulting lists of households were used as the sampling frame for the selection of households in the second stage of sampling. On average, 37 households were selected from each cluster in BSSFP project areas, and 34 households were selected from each cluster in comparison areas, using an equal probability systematic sampling technique.

A total of 25 out of 26 clusters were covered in the remaining City Corporations (RCC) statistical domain. Data collection was not possible in one selected cluster in the RCC areas, as it turned out not to be covered by the project at the time. At the time the problem was identified, 13 clusters remained to be interviewed in the RCC domain. The sample size was thus raised from 37 to 41 for each of these remaining 13 clusters.

Table C.2. Sample Sites for the Urban BSSFP Baseline Survey (PSUs)

Project Areas	Sample Sites
Dhaka City Corporation	30
Chittagong City Corporation	36
Remaining City Corporations	25
District and Thana Municipalities	65
Total Number of Project Areas	156
Non-Project Comparison Areas	43
Total Sample	199

Survey Instruments

Three instruments were used for the urban component of the 2008 BSSFP Baseline Survey:

- Household listing schedule;
- Household and women's questionnaire; and
- Community questionnaire.

Household Listing Schedule

The household listing schedule was used to conduct the household listing operation in each cluster area in order to systematically select the required number of households from each cluster.

Training and Fieldwork

The pretest interviews for the household and women's questionnaire were conducted from June 18 to 25, 2008. An interviewing team comprised of six members, including one male supervisor, one female supervisor, and four female interviewers, conducted the pre-testing. The team members were trained on the survey instruments and methodology for three days (June 15 to 17, 2008) at the Dhaka office of Mitra and Associates. Following that, the teams conducted interviews at various urban locations in the field under the observation of senior staff from Mitra and Associates.

For every cluster (mahalla), 250 to 350 households were listed by proceeding in a systematic fashion from the northwest corner of the mahalla or similar well-defined locality. Household listing work was completed over a period of three months, in three phases. The work commenced on June 20, 2008, and was completed on September 10, 2008.

A total of eight listing teams were deployed for the listing operation, with each team consisting of two members. In addition, two supervisors were deployed to check/verify the work of the listing teams. Training for the listers and mappers was conducted at the Dhaka office of Mitra and Associates over the course of three days (from June 17-19, 2008).

Training for the interviewing teams was conducted at Mitra and Associates for 16 days, from June 29 to July 20, 2008. All of the key personnel on the survey team and other senior professionals from Mitra and Associates were engaged in conducting the training. Representatives from MEASURE Evaluation, University of North Carolina at Chapel Hill, also participated in the training. Training initially consisted of lectures on questionnaire completion, with mock interviews conducted between participants to gain experience in asking questions. Toward the end of the training, participants spent one day conducting practice interviews in various places close to Dhaka. Trainees whose performance was considered superior were selected as supervisors.

Fieldwork for the main survey of eligible respondents was conducted from July 21 through September 30, 2008. Eight interviewing teams were deployed to carry out the fieldwork. Each team consisted of one male supervisor, one female editor, four female interviewers, and one field logistical assistant. Four male interviewers were also employed for conducting the community interviews.

Four quality control officers were employed to oversee the work of the interviewing teams. In addition to the quality control officers, senior professionals of Mitra and Associates were sent to the field to monitor the data collection work.

Data Processing

All questionnaires were returned for processing at the Dhaka offices of Mitra and Associates. Processing consisted of office editing, coding of open-ended questions, data entry, and editing inconsistencies found by the computer programs. Six data entry operators were employed to enter data from the questionnaires into the computer. In addition to the data entry operators, one data entry supervisor was employed to oversee the work of the operators. The BSSFP data entry programs were written in CSPro (The Census and Survey Processing System). The data entry work started on August 31, 2008 and was completed by the end of October 2008.

Response Rates

Table C.3 provides response rates for the survey. A total of 7,286 households were selected for interview—5,824 in project areas and 1,462 in non-project areas. Of these, 7,274 households were occupied (5,812 in project areas and 1,462 in non-project areas). Among the occupied households, 6,991 (96.1 percent) were interviewed; 5,574 (95.9 percent) in project areas and 1,417 (96.9 percent) in non-project areas.

Table C.3. Results of Household and Individual Interviews

Number of households, number of interviews,and response rates according domain, BSSFP project and non-project areas, 2008

	Project Areas					Non-project areas
	Dhaka City Corpora-tion	Chittagong City Cor-poration	Rest of the City Cor-porations	District and Upazila Municipal-ities	Total project areas	
Households sampled	1,110	1,332	977	2,405	5,824	1,462
Households found	1,109	1,331	967	2,405	5,812	1,462
Households interviewed	1,013	1,295	939	2,327	5,574	1,417
Household response rate (%)	91.3	97.3	97.1	96.8	95.9	96.9
Eligible women found	1,082	1,425	993	2,468	5,968	1,515
Eligible women interviewed	983	1,339	922	2,301	5,545	1,392
Eligible women response rate (%)	90.9	94.0	92.8	93.2	92.9	91.9

A total of 7,483 eligible respondents, ever-married, aged 10 to 49 years, were identified among the successfully contacted households (5,968 in project areas and 1,515 in non-project areas). Of the eligible women, 6,937 (92.7 percent) were interviewed; 5,545 (92.9 percent) in project areas and 1,392 (91.9 percent) in non-project areas. Response rates were nearly identical in BSSFP Project and non-BSSFP areas. The principal reason for non-response was the failure to find potential respondents at home at the time of interview.

RURAL 2011 Endline Survey

Sample Design

The rural component of the 2011 BSSFP Endline Survey used a representative sample of households in program areas. In addition, a sample was drawn from rural non-program areas (areas outside of BSSFP catchment locations). The purpose of including a sample of comparison areas was to distinguish the effects of the BSSFP from other forces acting simultaneously within rural areas. The comparison areas were chosen for their similarity to BSSFP operational areas. Specifically, they were adjacent to the BSSFP project areas but outside the operational scope of the BSSFP.

The rural component of the 2011 BSSFP Endline Survey was intended to provide estimates for six sample domains: the four divisions in which the project operates,[2] the rural BSSFP project as a whole, and rural non-project comparison areas. The domains (representing Sylhet/Chittagong, Barisal/Khulna, Dhaka, and Rajshahi) roughly correspond to rural areas of the six divisions of the country.

Representative samples of project and comparable non-project populations were drawn using a stratified two-stage cluster sampling method. In the first stage, a total of 185 clusters were selected from BSSFP areas with probability proportional to size (PPS). In the second stage, households within those clusters were

---

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

selected to yield a sample of representative ever-married women aged 10-49 in project areas. A cluster was defined as the area covered by a BSSFP satellite or static clinic. Of the chosen project clusters, 29 were selected from the Barisal and Khulna divisions, 48 from Dhaka, 29 from Rajshahi, and 79 from Chittagong and Sylhet (Table C.4).

A total of 207 non-project comparison clusters were selected from areas adjoining BSSFP areas using a similar sampling strategy. Of the non-project clusters, 54 were selected from Dhaka, 32 from Khulna and Barisal, 32 from Rajshahi, and 89 from the Chittagong and Sylhet divisions. For selecting a non-project cluster corresponding to a selected project cluster, a village was randomly selected from adjoining villages (where BSSFP is absent), and then a randomly chosen segment of that village was chosen as a non-project cluster.

For every selected cluster from BSSFP project and non-project comparison areas, 200 to 250 households were listed, proceeding from the northwest corner of the area. From each project cluster, 36-46 households were systematically selected with the expectation that at least 32 eligible women (ever-married and aged 10-49 years) would be found for interviews. Similarly, from each comparison cluster, 34 households were systematically selected with the expectation that at least 30 eligible women would be found for interviews. Ultimately, 8,240 women were interviewed from BSSFP areas and 7,245 were interviewed from non-project areas.

Table C.4. Sample Sites (PSUs) for the Rural BSSFP Endline Survey

Domain	Number of Clusters	Households Per Cluster	Total Number of Households
BSSFP areas in rural areas of Dhaka Division	48	44	2,112
BSSFP areas in rural areas of Chittagong and Sylhet Divisions	79	46	3,634
BSSFP areas in rural areas of Khulna and Barisal Divisions	29	43	1,247
BSSFP areas in rural areas of Rajshahi Division	29	43	1,247
Rural project area totals	185	-	8,240
Rural non-project control areas	207	35	7,245

Implementation of the Survey

The 2008 rural component of the BSSFP survey was implemented by Associates for Community and Population Research (ACPR), a research firm located in Dhaka. A three-member research team from ACPR, 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. Technical assistance was provided by MEASURE Evaluation, a USAID-funded project implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill.

Survey Instruments

The BSSFP Endline Survey was a multi-level study designed to illustrate circumstances at the community, household, and individual levels. Three instruments were used for the survey:

- Household listing schedule;
- Household and women's questionnaire; and
- Community questionnaire.

These survey instruments were initially developed by MEASURE Evaluation before being reviewed by USAID/Dhaka and translated and pretested by ACPR. The questionnaires were initially developed in English and then translated into Bangla.

Household Listing Schedule

The household listing schedule was used to conduct household listing operations in each cluster area in order to systematically select the required number of households from each.

Training and Fieldwork

Training and Fieldwork for Household Listing and Community Survey

Field staff for the household listing phase of the survey were recruited in the first week of March, 2011 and trained at ACPR from March 13-18, 2011. Listing operations and community surveys were conducted from March 20-June 05, 2011. Eighteen teams, each consisting of one supervisor and two listers, were deployed for the listing operation and community survey.

Pretesting

The women's questionnaire was pre-tested two times: first on March 10-12, and then on March 15-16, 2011. For the pretest, male and female interviewers were trained at ACPR. Interviews were then conducted in the Mohammadpur and Keranigonj areas of Dhaka and Daudkandi area of Comilla under the observation of ACPR's research team members, MEASURE Evaluation, USAID/Dhaka, and BSSFP staff. Altogether, 40 questionnaires were completed. 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 March, 2011, field staff for the main survey were recruited. Recruitment criteria included educational attainment, experience in other surveys, and the ability to spend three weeks in training and at least three months in the field. Training for the main survey was conducted at a rented venue for 18 days from March 20 to April 08, 2011, including two days for field practice. Training consisted of lectures on the objectives and methodology of the survey, interviewing techniques, how to complete the questionnaire, and detailed discussions on the different topics covered in the questionnaire. Group discussions and mock interviews between participants were used to gain practice in asking questions. Those with satisfactory performance in the course were selected for fieldwork. Those whose performance was considered superior were selected as supervisors.

Fieldwork commenced on April 18, 2011 and was completed on August 10, 2011; it was carried out by 18 interview teams. Each team consisted of one male supervisor and one female supervisor, five female interviewers, and one field assistant. Fieldwork was done in five phases. ACPR fielded six quality control teams, consisting of two people each, to monitor the field activities of the interview teams. In addition, research team members from ACPR monitored the fieldwork by visiting teams in the field. Moreover, a survey expert from MEASURE Evaluation also visited teams in the field.

Data Processing

Data processing commenced at the ACPR office in Dhaka on May 07, 2011, and was completed on September 15, 2011. All 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 12 microcomputers working in double shifts, carried out by 21 data entry operators and two data entry supervisors. 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.

Response Rate

Table C.5. 2011 BSSFP Endline Survey

Rural project area sample sizes.

Domains	Households Interviewed	HH Response Rate	Ever Married Women Aged 10-49 Interviewed	Individual Response Rate
Dhaka division	2,072	98.2	2,189	95.1
Chittagong/Sylhet division	3,501	97.6	3,885	95.3
Khulna/Barisal division	1,234	99.0	1,334	96.0
Rajshahi division	1,226	98.2	1,333	96.5
Project total	**8,033**	**98.1**	**8,741**	**95.6**
Comparison areas	7,111	98.2	7,679	95.5

URBAN 2011 Endline Survey

Sample Design

For sampling purposes, urban project areas were classified into four strata: project areas in the Dhaka City Corporation, project areas in the Chittagong City Corporation, project areas in the remaining City Corporations, and project areas in district and Upazila municipalities. Additionally, a sample of non-project areas formed a fifth stratum intended to serve as a comparison group for project samples. The comparison sample was drawn from areas adjacent to but outside of BSSFP catchment areas where the government was working.

Household samples were chosen from 156 clusters in project areas. A cluster was equivalent to a mahalla or part of a mahalla. Table C.6 provides the number of selected clusters by strata. Of the 156 clusters from project areas, 30 were located in Dhaka City Corporation; 36 were located in Chittagong City Corporation; 25 were drawn from the rest of the City Corporation areas; and 65 were from District and Thana Municipalities. In non-project areas, household samples were drawn from 43 clusters.

A household listing operation was carried out in all selected clusters. The resulting lists of households were used as the sampling frame for the selection of households in the second stage of sampling. On average, 37 households were selected from each cluster in BSSFP project areas, and 40 households were selected from each cluster in comparison areas, using an equal probability systematic sampling technique.

Table C.6. Sample Sites (PSUs) for the 2011 Urban BSSFP Endline Survey

Domain	Number of Clusters	Households Per Cluster	Total Number of Households
BSSFP areas in the Dhaka City Corporation	30	37	1,110
BSSFP areas in the Chittagong City Corporation	36	37	1,332
BSSFP areas in the rest of the City Corporations	25	39	975
BSSFP areas in the District Municipalities and Thana/Upazila Municipalities	65	37	2,405
Urban project area totals	156	-	5,822
Urban non-project control areas	43	40	1,720

Implementation of the Survey

The 2011 urban component of BSSFP survey was implemented by Associates for Community and Population Research (ACPR), a research firm located in Dhaka. A three-member research team from ACPR, 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. Technical assistance was provided by MEASURE Evaluation, a USAID-funded project implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill.

Survey Instruments

The BSSFP Endline Survey was a multi-level study designed to illustrate circumstances at the community, household, and individual levels. Three instruments were used for the survey:

- Household listing schedule;
- Household and women's questionnaire; and
- Community questionnaire.

These survey instruments were initially developed by MEASURE Evaluation before being reviewed by USAID/Dhaka and translated and pretested by ACPR. The questionnaires were initially developed in English and then translated into Bangla.

Household Listing Schedule

The household listing schedule was used to conduct household listing operations in each cluster area in order to systematically select the required number of households from each.

Training and Fieldwork

Training and Fieldwork for Household Listing and Community Survey

Field staff for the household listing phase of the survey were recruited in the first week of March, 2011 and trained at ACPR from March 13-18, 2011. Listing operations and community surveys were conducted from March, 20-June 05, 2011. Eighteen teams, each consisting of one supervisor and two listers, were deployed for the listing operation and community survey.

Pretesting

The women's questionnaire was pre-tested two times: first on March 10-12, and then on March 15-16, 2011. For the pretest, male and female interviewers were trained at ACPR. Interviews were then conducted in the Mohammadpur and Keranigonj areas of Dhaka and Daudkandi area of Comilla under the observation of ACPR's research team members, MEASURE Evaluation, USAID/Dhaka, and BSSFP staff. Altogether, 40 questionnaires were completed. 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 March, 2011, field staff for the main survey were recruited. Recruitment criteria included educational attainment, experience in other surveys, and the ability to spend three weeks in training and at least three months in the field. Training for the main survey was conducted at a rented venue for 18 days from March 20 to April 08, 2011, including two days for field practice. Training consisted of lectures on the objectives and methodology of the survey, interviewing techniques, how to complete the questionnaire, and detailed discussions on the different topics covered in the questionnaire. Group discussions and mock interviews between participants were used to gain practice in asking questions. Those with satisfactory performance in the course were selected for fieldwork. Those whose performance was considered superior were selected as supervisors.

Fieldwork commenced on April 18, 2011 and was completed on August 10, 2011; it was carried out by 18 interview teams. Each team consisted of one male supervisor and one female supervisor, five female interviewers, and one field assistant. Fieldwork was done in five phases. ACPR fielded six quality control teams, consisting of two people each, to monitor the field activities of the interview teams. In addition, research team members from ACPR monitored the fieldwork by visiting teams in the field. Moreover, a survey expert from MEASURE Evaluation also visited teams in the field.

Data Processing

Data processing commenced at the ACPR office in Dhaka on May 07, 2011, and was completed on September 15, 2011. All 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 12 microcomputers working in double shifts, carried out by 21 data entry operators and two data entry supervisors. 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.

Response Rate

Table C.7. 2011 BSSFP Endline Survey

Urban project area sample sizes.

Domains	Households Interviewed	HH Response Rate	Ever Married Women Aged 10-49 Interviewed	Individual Response Rate
Dhaka City Corporation	1,047	94.4	1,046	93.7
Chittagong City Corporation	1,305	98.0	1,465	97.9
Rest of the City Corporations	946	97.0	1,027	96.3
District & Thana Municipalities	2,352	97.8	2,525	96.0
Project Total	**5,650**	**97.1**	**6,063**	**96.1**
Comparison Areas	**1,682**	**97.8**	**1,830**	**95.9**

ANNEX D — SMILING SUN'S DEFINITION OF "POOR"

Selection of poorest of the poor (POP) is done through Participatory Rapid Appraisal (PRA), where community mapping and a wealth ranking survey is conducted and the nine indicators stated below are considered:

- Family has no land, resides on others' land.
- Due to financial hardship, not able to send children to school.
- Food or equivalent money is not available for more than one day at home.
- There is no means to earn a livelihood.
- Monthly income is less than 2,100 BDT in rural areas.
- Dependent, divorced, or widowed with little income.
- Low income with a high number of dependents in family.
- Irregular daily income.
- Those who do not have any fixed assets.

Selection of the poor is done through PRA, where community mapping and a wealth ranking survey are conducted and the eight indicators stated below are considered:

- Family has land less than 20 decimal.
- Food is not available for more than three days at home.
- Family has no more than one income earner for livelihood.
- Monthly income is less than 4,000 BDT in rural areas.
- Dependent, divorced, or widowed with little income or unable to earn a livelihood.
- Low income with a high number of dependents in family.
- Irregular daily income.
- People who have fixed assets, the value of which is not more than 25,000 BDT.

ANNEX E — MAP OF BANGLADESH SHOWING DISTRIBUTION OF SMILING SUN STATIC CLINICS

USAID
FROM THE AMERICAN PEOPLE

Smiling Sun Franchise Program

Smiling Sun Franchise Program

Coverage
64 Districts
325 Static Clinics

= Urban (187)
= Rural (138)
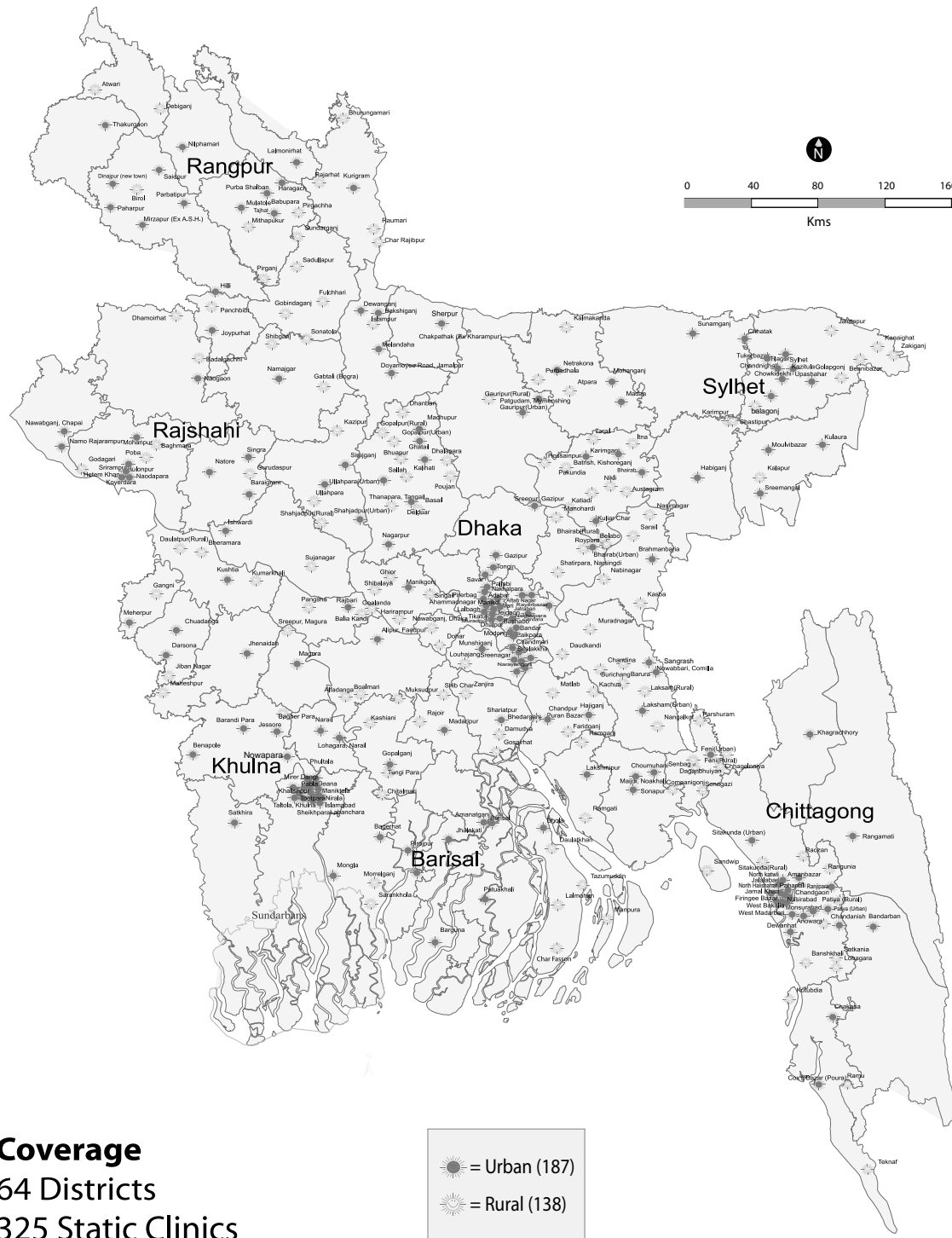
Distibution of 325 Static Clinics

ANNEX F – BSSFP QUESTIONNAIRE

BANGLADESH SMILING SUN FRANCHISE PROGRAM (BSSFP) ENDLINE SURVEY 2011

HOUSEHOLD AND WOMAN'S QUESTIONNAIRE

ASSOCIATES FOR COMMUNITY AND POPULATION RESEARCH
3/10, Block A, Lalmatia
DHAKA-1207
TELEPHONE: 9114784, 8117926, FAX: 8153321
E-MAIL: acpr@bangla.net

MEASURE Evaluation
USA

IDENTIFICATION	
DIVISION .... (BARISAL=1; CHITTAGONG=2; DHAKA=3; KHULNA=4; RAJSHAHI=5; SYLHET=6)	☐ ☐☐ ☐☐
DISTRICT _____	
UPAZILA _____	
UNION/WARD _____	
VILLAGE/MOHALLA/BLOCK_____	
CLUSTER NUMBER..	☐☐☐☐
HOUSEHOLD NUMBER...	☐☐☐
NAME OF THE HOUSEHOLD HEAD _____	

DOMAIN: **URBAN**   **RURAL**
   01 = DHAKA CITY CORPORATION   06   DHAKA DIVISION
   02 = CHITTAGONG CITY CORPORATION   07   CHITTAGONG/SYLHET DIVISION
   03 = REST CITY CORPORATION   08   KHULNA BARISAL DIVISION
   04 = DISTRICT AND UPAZILA   09   RAJSHAHI DIVISION
        MUNICIPALITIES   10   RURAL NON PROJECT
   05 = URBAN NON PROJECT

☐☐

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

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

TOTAL PERSONS IN HOUSEHOLD	☐☐
TOTAL ELIGIBLE WOMEN	☐☐
LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE	☐☐

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

INFORMED CONSENT

Hello. My name is_____. I come from _____, a private research organization located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the health of women and children for the (Smiling Sun Franchise Program). The survey is funded by the United States Agency for International Development. The data will be examined by firms in Bangladesh and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. We would very much appreciate your participation in this survey. As part of the survey we would first like to ask some questions about your household. This information will help us to plan health services. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 8 and 10 minutes to complete. Whatever information you provide will be kept strictly confidential. It will be used for program evaluation purposes and will be seen only by staff and researchers at the organizations mentioned.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important. If you wish to know more about your rights as a participant in this study you may write the Institutional Review Board at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400 U.S.A., or call, collect if necessary, 001-919-966-3012. If you have further questions regarding the nature of this study you may contact (Associates for Community and Population Research 3/10, Block-A, Lalmatia, Dhaka-1207 or phone 8117926 OR 9114784)

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

Signature of interviewer: _____Date:_____

RESPONDENT AGREES TO BE INTERVIEWED........ 1   RESPONDENT DOES NOT AGREE TO BE
                                        ↓   INTERVIEWED ....2 →END

HOUSEHOLD QUESTIONNAIRE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	WOMAN ELIGIBILITY
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) sleep here last night?	How old is (NAME)? (IF LESS THAN 1 YEAR, RECORD '00' YEAR	FOR ALL AGED 10 YEARS OR ABOVE What is the current marital status of (NAME)?**	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN, USUAL RESIDENTS (Q4=2), (Q5=1) (Q7 = AGE 10-49) (Q8=1 OR 2)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			M 1 F 2	YES 1 NO 2	YES 1 NO 2	IN YEARS	CM 1 FM 2 NM 3	01
01								
02			1 2	1 2	1 2		1 2 3	02
03			1 2	1 2	1 2		1 2 3	03
04			1 2	1 2	1 2		1 2 3	04
05			1 2	1 2	1 2		1 2 3	05
06			1 2	1 2	1 2		1 2 3	06
07			1 2	1 2	1 2		1 2 3	07
08			1 2	1 2	1 2		1 2 3	08
09			1 2	1 2	1 2		1 2 3	09
10			1 2	1 2	1 2		1 2 3	10
11			1 2	1 2	1 2		1 2 3	11
12		4	1 2	1 2	1 2		1 2 3	12
13			1 2	1 2	1 2		1 2 3	13
14			1 2	1 2	1 2		1 2 3	14
15			1 2	1 2	1 2		1 2 3	15
16			1 2	1 2	1 2		1 2 3	16
17			1 2	1 2	1 2		1 2 3	17
18			1 2	1 2	1 2		1 2 3	18
19			1 2	1 2	1 2		1 2 3	19
20			1 2	1 2	1 2		1 2 3	20

TICK HERE IF CONTINUATION SHEET USED	☐	
Just to make sure that I have a complete listing:		
10) Are there any other persons such as small children or infants that we have not listed?	YES ☐ ->	Go back to household schedule and enter new members in the household schedule.
11) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?	YES ☐ ->	Go back to household schedule and enter new members in the household schedule.
12) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES ☐ ->	Go back to household schedule and enter new members in the household schedule.
13. Total number of women circled in column (9)	☐	

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW

05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER

09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

** CODE FOR Q.8
MARITAL STATUS:
1 = CURRENTLY MARRIED
2 = FORMERLY MARRIED
(DIVORCED/WIDOWED/SEPARATED/DESERTED)
3 = NEVER MARRIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

14.	What is the main source of drinking water for members of your household?	**Piped water**
		Piped into dwelling 11
		Piped to yard/plot 12
		Public tap/stand pipe.............13
		Tubewell or borehole 21
		DUG well
		Protected well........................31
		Unprotected well 32
		Water from Spring
		Protected spring....................41
		Unprotected spring................42
		Rainwater 51
		Tanker truck 61
		Cart with small tank...............71
		Surface water (River/Dam/
		  Lake/pond/stream
		  /canal/irrigation channel) 81
		Bottled water 91
		Other_____96
		(Specify)
			15
			
			15

14a.	What is the main source of water used by your household for other purposes such as cooking and hand washing?	**Piped water** Piped into dwelling ....11 Piped to yard/plot ....12 Public tap/stand pipe.............13 Tubewell or borehole ....21 **DUG well** Protected well........................31 Unprotected well ....32 **Water from Spring** Protected spring....................41 Unprotected spring................42 Rainwater ....51 Tanker truck ....61 Cart with small tank...............71 Surface water (River/Dam/Lake/pond/stream/canal/irrigation channel)...............81 Other_____96 (Specify)	
15.	What kind of toilet facility do members of your household usually use?	**Flush or pour flush toilet** Flush to piped sewer system . 11 Flush to septic tank ....12 Flush to pit latrine..................13 Flush to somewhere else ....14 Flush don't know where ....15 **Pit latrine** Pit latrine with slab ....22 Pit latrine without slab/open pit23 Bucket toilet...........................31 Hanging toilet/hanging latrine 41 No facility/bush/field ....51 Other_____96 (Specify)	**17**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
16.	Do you share this toilet with other households?	Yes .... 1 No 2			
17.	Does your household have: Read out		Yes	No	
		Electricity	1	2	
		Working radio	1	2	
		Working television	1	2	
		Mobile telephone	1	2	
		Non mobile telephone ...	1	2	
		Refrigerator	1	2	
		Almirah or wardrobe	1	2	
		Table	1	2	
		Chair	1	2	
		Watch	1	2	
		Bicycle	1	2	
		Motorcycle/tempo	1	2	
		Animal-drawn cart	1	2	
		Car/truck/bus/microbus .	1	2	
		Boat with A motor	1	2	
		Rickshaw/Van	1	2	
		Sewing machine	1	2	
		Electric fan	1	2	
		DVD/VCD player	1	2	
		Water pump	1	2	
18.	Main material of the floor **RECORD OBSERVATION**	**Natural Floor** Earth/sand .... 11 **Rudimentary Floor** Wood planks .... 21 Palm/bamboo .... 22 **Finished floor** Parquet or polished wood ...... 31 Ceramic tiles/Mosaic .... 32 Cement .... 33 Carpet .... 34 Other_____96 (Specify)			
18A.	Main material of the roof **RECORD OBSERVATION**	**Natural roofing** No roof .... 11 Thatch/palm leaf .... 12 **Rudimentary roofing** Bamboo .... 21 Wood planks .... 22 Cardboard .... 23 **Finished roofing** Tin .... 31 Wood .... 32 Ceramic Tiles/Tally .... 33 Cement .... 34 Roofing shingles .... 35 Other_____96 (Specify)			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
18B.	Main material of the exterior walls **RECORD OBSERVATION**	**Natural Walls** No walls .... 11 Cane/Palm/Trunks................. 12 Dirt .... 13 **Rudimentary walls** Bamboo with mud.................. 21 Stone with mud .... 22 Plywood .... 23 Cardboard.............................. 24 **Finished walls** Tin .... 31 Cement .... 32 Stone with lime/cement .... 33 Bricks .... 34 Wood planks/shingles............ 35 Other_____96 (Specify)	
19.	Does your household own any homestead? **IF 'NO', PROBE:** Does your household own homestead in any other places?	Yes .... 1 No... 2	
19A	Does your household own any land (other than the homestead land)?	Yes .... 1 No... 2	→Women ques.
19B	How much land does your household own (other than the homestead land)? Amount _____ Specify unit_____	☐☐ ☐☐ Acres Decimals Above 100 acres .... 9995 Don't know 9998	

IDENTIFICATION

DIVISION _____

DISTRICT _____

UPAZILA _____

UNION/WARD _____

VILLAGE/MOHALLA/BLOCK _____

CLUSTER NUMBER _____

HOUSEHOLD NUMBER _____

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____

DOMAIN : **URBAN**   **RURAL**
01 DHAKA CITY CORPORATION   06 DHAKA DIVISION
02 CHITTAGONG CITY CORPORATION   07 CHITTAGONG/SYLHET DIVISION
03 REST CITY CORPORATION   08 KHULNA BARISAL DIVISION
04 DISTRICT AND UPAZILA   09 RAJSHAHI DIVISION
   MUNICIPALITIES   10 RURAL NON PROJECT
05 URBAN NON PROJECT

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

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

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

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

INTRODUCTION AND CONSENT

INFORMED CONSENT

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

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important. If you wish to know more about your rights as a participant in this study you may write the Institutional Review Board at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400 U.S.A., or call, collect if necessary, 001-919-966-3012. If you have further questions regarding the nature of this study you may contact (ACPR 3/10, Block-A, Lalmatia, Dhaka-1207 or phone 8117926 OR 9114784)

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

Signature of interviewer: _____Date:_____

RESPONDENT AGREES TO BE INTERVIEWED........ 1   RESPONDENT DOES NOT AGREE TO BE
                             ↓   INTERVIEWED ....2 →END

SECTION 1. RESPONDENT BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTED	HOUR .... ☐☐ MINUTES .... ☐☐	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? (IF LESS THAN 1 YEAR, RECORD '00' YEAR)	NUMBER OF YEARS...................... ☐☐ ALWAYS.....................................95	
103	In what month and year were you born?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR........................... 9998	
103A	How old were you at your last birthday? COMPARE AND CORRECT 103 AND /OR 103A IF INCONSISTENT	AGE IN COMPLETED YEARS .... ☐☐	
104	Are you now married, separated, deserted, widowed, divorced or have you never been married?	CURRENTLY MARRIED .... 1 SEPARATED... 2 DESERTED .... 3 DIVORCED... 4 WIDOWED .... 5 NEVER MARRIED.................................. 6 → END	END
105	Were you married once or more than once?	Married once... 1 Married more than once 2	
105A	How old were you when you started living with your (first) husband?	AGE IN YEARS .... ☐☐	
106	Have you ever attended school/madrasha?	Yes, school ....1 Yes, Madrasha ....2 Yes, both ....3 No 4	→ 106B → 106D
106A	What type of school have you last attended?	School... 1 Madrasha.. 2	

FINAL ENG BSSFP 2011 WOMEN QUESTIONNAIRE   9

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106B.	What is the highest class you completed? **IF NO CLASS WRITE 00**	Class.. ☐☐	
106C	**Interviewer: CHECK 106B and circle in appropriate code:**	**PRIMARY(00-05) ....1** **SECONDARY OR HIGHER ....2** →	**107**
106D	Can you read and write a letter?	YES, EASILY.................................... 1 YES, WITH DIFFICULTY .... 2 NOT AT ALL ....3 →	108
107	Do you usually read a newspaper or magazine?	YES .... 1 NO .... 2 →	108
107A	How often do you read newspaper or magazine: every day, at least once a week, or less than once a week?	EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK 3	
108	Do you usually listen to the radio?	YES .... 1 NO .... 2 →	109
108A	How often do you listen to the radio: every day, at least once a week, less than once a week?	EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK 3	
109	Do you usually watch television?	YES .... 1 NO .... 2 →	110
109A	How often do you watch television: every day, at least once a week, less than once a week?	EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK 3	
110	What is your religion?	ISLAM .... 1 HINDUISM .... 2 BUDDHISM .... 3 CHRISTIANITY .... 4 OTHER_____ 6 (SPECIFY)	
111	Do you belong to any of the following organizations? Such as: Grameen Bank? BRAC? BRDB? Mother's Club? Proshika? ASHA? TMSS? Any other organization (such as micro credit)?	YES NO GRAMEEN BANK........................ 1 2 BRAC.. 1 2 BRDB.. 1 2 MOTHER'S CLUB .... 1 2 PROSHIKA .... 1 2 ASHA.. 1 2 TMSS.. 1 2 OTHER_____1 2 (SPECIFY)	
112	**Now I would like to ask you some questions about your work.** **As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.** Are you currently doing any of these things or any other work?	YES ....1 NO ....2 →	201
112A	What is your occupation, that is, what kind of work do (did) you mainly do? Verbatim:_____ _____ _____	☐☐	
112B	Are you paid in cash or kind for this work or are you not paid?	CASH ONLY...1 KIND ONLY ....2 CASH AND KIND ....3 NOT PAID..4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ....1 NO 2	▶204
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ....1 NO 2	▶203
202A	How many sons live with you? And how many daughters live with you? **IF NONE, RECORD "00".**	SONS AT HOME .... ☐☐ DAUGHTERS AT HOME.............. ☐☐	
203	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ....1 NO 2	▶204
203A	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? **IF NONE, RECORD "00".**	SONS ELSEWHERE .... ☐☐ DAUGHTERS ELSEWHERE .... ☐☐	
204	Have you ever given birth to a boy or girl who was born alive but later died? **IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?**	YES ....1 NO 2	▶205
204A	In all, how many boys have died? And how many girls have died? **IF NONE, RECORD "00".**	BOYS DEAD................................. ☐☐ GIRLS DEAD .... ☐☐	
205	**INTERVIEWER: SUM ANSWERS TO 202A, 203A, and 204A, AND ENTER TOTAL.** **IF NONE, RECORD "00".**	**TOTAL...** ☐☐	
205A	**INTERVIEWER:CHECK Q.205:** Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐⏐↓ NO ☐→ **PROBE AND CORRECT** **201-205 AS NECESSARY**		
206	**Interviewer: Check Q.205 and circle in appropriate code**	One or more births.....................................1 No births 2	▶**219**

Now I would like to ask you about all the children to whom you have given birth. I would also like to know about all the children who have died. Start with the child born first. LIST THE NAMES OF ALL THE CHILDREN IN Q. 207. IF THE CHILD WAS NOT NAMED OR DIED BEFORE BEING NAMED, THEN WRITE 'NO NAME'. IF THERE IS A MULTIPLE BIRTH, THEN USE DIFFERENT LINES FOR EACH BIRTH.

207 What name was given to your (first /next) baby? (RECORD NAME) Birth history number	208 Were any of these births twins?	209 Is (NAME) a boy or a girl?	210 In what month and year was (NAME) born? (Probe) What is his/her birthday?	211 Is (NAME) still alive?	212 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLE-TED YEARS. IF LESS THAN 1 YEAR, WRITE 00.	213 IF ALIVE: Is (NAME) living with you?	214 IF DEAD: How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	215 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	YES....... 1 NO........ 2	BOY....... 1 GIRL...... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO....... 2 →214	AGE IN YEARS ☐☐	YES......1 NO ....2 NEXT CHILD	DAYS....... 1 ☐☐ MONTHS . 2 ☐☐ YEARS..... 3 ☐☐	
02	YES....... 1 NO........ 2	BOY....... 1 GIRL...... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO....... 2 →214	AGE IN YEARS ☐☐	YES......1 NO ....2 →215	DAYS....... 1 ☐☐ MONTHS . 2 ☐☐ YEARS..... 3 ☐☐	YES ....1 ADD BIRTH NO ....2 NEXT BIRTH
03	YES....... 1 NO........ 2	BOY....... 1 GIRL...... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO....... 2 →214	AGE IN YEARS ☐☐	YES......1 NO ....2 →215	DAYS....... 1 ☐☐ MONTHS . 2 ☐☐ YEARS..... 3 ☐☐	YES ....1 ADD BIRTH NO ....2 NEXT BIRTH
04	YES....... 1 NO........ 2	BOY....... 1 GIRL...... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO....... 2 →214	AGE IN YEARS ☐☐	YES......1 NO ....2 →215	DAYS....... 1 ☐☐ MONTHS . 2 ☐☐ YEARS..... 3 ☐☐	YES ....1 ADD BIRTH NO ....2 NEXT BIRTH
05	YES....... 1 NO........ 2	BOY....... 1 GIRL...... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO....... 2 →214	AGE IN YEARS ☐☐	YES......1 NO ....2 →215	DAYS....... 1 ☐☐ MONTHS . 2 ☐☐ YEARS..... 3 ☐☐	YES ....1 ADD BIRTH NO ....2 NEXT BIRTH
06	YES....... 1 NO........ 2	BOY....... 1 GIRL...... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO....... 2 →214	AGE IN YEARS ☐☐	YES......1 NO ....2 →215	DAYS....... 1 ☐☐ MONTHS . 2 ☐☐ YEARS..... 3 ☐☐	YES ....1 ADD BIRTH NO ....2 NEXT BIRTH
07	YES....... 1 NO........ 2	BOY....... 1 GIRL...... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO....... 2 →214	AGE IN YEARS ☐☐	YES......1 NO ....2 →215	DAYS....... 1 ☐☐ MONTHS . 2 ☐☐ YEARS..... 3 ☐☐	YES ....1 ADD BIRTH NO ....2 NEXT BIRTH
08	YES....... 1 NO........ 2	BOY....... 1 GIRL...... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO....... 2 →214	AGE IN YEARS ☐☐	YES......1 NO ....2 →215	DAYS....... 1 ☐☐ MONTHS . 2 ☐☐ YEARS..... 3 ☐☐	YES ....1 ADD BIRTH NO ....2 NEXT BIRTH
09	YES....... 1 NO........ 2	BOY....... 1 GIRL...... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO....... 2 →214	AGE IN YEARS ☐☐	YES......1 NO ....2 →215	DAYS....... 1 ☐☐ MONTHS . 2 ☐☐ YEARS..... 3 ☐☐	YES ....1 ADD BIRTH NO ....2 NEXT BIRTH
10	YES....... 1 NO........ 2	BOY....... 1 GIRL...... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO....... 2 →214	AGE IN YEARS ☐☐	YES......1 NO ....2 →215	DAYS....... 1 ☐☐ MONTHS . 2 ☐☐ YEARS..... 3 ☐☐	YES ....1 ADD BIRTH NO ....2 NEXT BIRTH
11	YES....... 1 NO........ 2	BOY....... 1 GIRL...... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO....... 2 →214	AGE IN YEARS ☐☐	YES......1 NO ....2 →215	DAYS....... 1 ☐☐ MONTHS . 2 ☐☐ YEARS..... 3 ☐☐	YES ....1 ADD BIRTH NO ....2 NEXT BIRTH

| 12 | YES .... 1 NO........ 2 | BOY........1 GIRL.......2 | MONTH ☐☐ YEAR ☐☐☐ | YES .....1 NO.......2 ↓ 214 | AGE IN YEARS ☐☐ | YES......1 NO ....2 ↓ 215 | DAYS .... 1 MONTHS . 2 YEARS..... 3 ☐☐ ☐☐ | YES ....1 ADD BIRTH ← NO ....2 NEXT BIRTH |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
216.	Have you had any live births since the birth of (Name of last birth)? **IF YES, RECORD BIRTH(S) IN TABLE**	YES .... 1 NO.. 2	
217.	Interviewer: Compare 205 with number of births in history above and mark: Numbers are same ☐ ↓ Check: For each birth (210):Year of birth is recorded .... ☐ For each living child (212): Current age is recorded .... ☐ For each dead child (214): Age at death is recorded .... ☐ For age at death 12 months or 1 yr. (214): Probe to determine exact number of months .... ☐	Numbers are different ☐ **(Probe and reconcile 207 to 215)**	
218	**Interviewer: Check 210 and enter the number of births since April 2006 (Baishak 1413)** **IF NONE, RECORD `O'** ☐		
219	**Interviewer: Check Q. 104 and circle in appropriate code.**	**CURRENTLY MARRIED .... 1** **SEPARATED .... 2** **DESERTED.. 3** **DIVORCED .... 4** **WIDOWED 5**	→ **301**
220	Are you pregnant now?	YES ....1 NO.. 2 UNSURE 8	→ 301
220A	How many months pregnant are you? **(IN COMPLETED MONTHS).**	MONTHS..☐☐	

SECTION 3. CONTRACEPTION

NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY.

	METHOD	301. HAVE YOU HEARD ABOUT (METHOD)? (READ OUT)	301A. HAVE YOU EVER USED (METHOD)?
01	FEMALE STERILIZATION, LIGATION	YES .... 1 NO 2	HAVE YOU EVER HAD AN OPERATION TO AVOID HAVING ANY MORE CHILDREN? YES .... 1 NO 2
02	MALE STERILIZATION, VASECTOMY	YES .... 1 NO 2	HAS YOUR HUSBAND EVER HAD AN OPERATION TO AVOID HAVING ANY MORE CHILDREN? YES .... 1 NO 2
03	PILL	YES .... 1 NO 2	YES .... 1 NO 2
04	IUD	YES .... 1 NO 2	YES .... 1 NO 2
05	INJECTIONS	YES .... 1 NO 2	YES .... 1 NO 2
06	IMPLANTS/ NORPLANTS	YES .... 1 NO 2	YES .... 1 NO 2
07	MALE CONDOM	YES .... 1 NO 2	YES .... 1 NO 2
08	FEMALE CONDOM	YES .... 1 NO 2	YES .... 1 NO 2
09	DIAPHRAGM	YES .... 1 NO 2	YES .... 1 NO 2
10	FOAM/JELLY	YES .... 1 NO 2	YES .... 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM)	YES .... 1 NO 2	YES .... 1 NO 2
12	SAFE PERIOD, COUNTING DAYS, CALENDAR, RHYTHM METHOD	YES .... 1 NO 2	YES .... 1 NO 2
13	WITHDRAWAL	YES .... 1 NO 2	YES .... 1 NO 2
14	HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS FOR AVOIDING PREGNANCY? (SPECIFY)	YES .... 1 NO 2	YES .... 1 NO 2

302	**Interviewer: Check Q.301A and circle in appropriate code.**	**Not a single yes (Never used)..1** **At least one Yes (Ever used)....2**	**305**
303	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES .... 1 NO 2	**310**
304	What have you used or done? **Interviewer: correct Q. 301 & Q. 301 A**	Name of Method:_____	
305	**Interviewer: Check Q.301A (01) and circle in appropriate code.**	**Women sterilized .... 1** **Women not sterilized...................... 2**	**308B**
306	**Interviewer: Check Q.104 and circle in appropriate code.**	**Separated/deserted/divorced/widowed .... 1** **Currently married............................ 2**	**401**

307	Interviewer: Check Q.220 and circle in appropriate code.	Yes (Pregnant).................................1 No (Not pregnant or unsure) 2	→ 310
308	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES .... 1 NO 2	→ 310
308A 308B	Which method are you using? **CIRCLE '01' FOR FEMALE STERILIZATION.**	FEMALE STERILIZATION ....01 MALE STERILIZATION ....02 PILL..03 IUD/C-T ....04 INJECTIONS..05 IMPLANTS/NORPLANT ....06 MALE CONDOM ....07 FEMALE CONDOM ....08 DIAPHRAGM ....09 FOAM/JELLY ....10 OTHER MODERN METHOD.................... _____ 95 (SPECIFY) LACTATIONAL AMENORRHEA METHOD (LAM) ....11 SAFE PERIOD..12 WITHDRAWAL ....13 OTHER TRADITIONAL METHOD 96 _____ (SPECIFY)	 **401**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIPS

309	Where did you obtain (CURRENT METHOD) the last time?
	
	 Where did the sterilization take place?
	
	 (NAME OF PLACE/NAME OF WORKER)
	
	 _____
	 (LOCATION)
		PUBLIC SECTOR
		 HOSPITAL/MEDICAL COLLEGE 11
		 FAMILY WELFARE CENTRE.............12
		 UPAZILA HEALTH COMPLEX 13
		 MCWC 14
		 RURAL DISPENSARY/
		     COMMUNITY CLINIC.....................15
		 SATELLITE CLINIC/
		     EPI OUTREACH SITE 16
		 HA..17
		 FWA...18
		 SMILING SUN
		 STATIC (VITAL / ULTRA) CLINIC 21
		 SATELLITE (MINI) CLINIC 22
		 COMMUNITY SERVICE PROVIDER
		 (CSP)/DEPOTHOLDER 23
		 OTHER NGO
		 MARIE STOPES CLINIC/HOSPITAL ..30
		 UPHCP 31
		 HOSPITAL/ CLINIC 32
		 SATELLITE CLINIC 33
		 FIELDWORKER 34
		 DEPOTHOLDER 35
		 PRIVATE MEDICAL SECTOR
		 PRIVATE HOSPITAL/ CLINIC.............41
		 QUALIFIED DOCTOR 42
		 VILLAGE DOCTOR 43
		 PHARMACIST/PHARMACY................44
		 TRADITIONAL HEALER/ KABIRAJ.....45
		 SHOP...51
		 OTHER _____ 96
		 (SPECIFY)
		 DON'T KNOW 98
			401 →

310	Do you know of a place where you can obtain a method of family planning?	YES..1 NO...2	→ 401

310A	Where can you get the method?	**PUBLIC SECTOR**
		 HOSPITAL/MEDICAL COLLEGE .... A
		 FAMILY WELFARE CENTRE.............. B
		 UPAZILA HEALTH COMPLEX C
		 MCWC .... D
		 RURAL DISPENSARY/
		     COMMUNITY CLINIC..................... E
		 SATELLITE CLINIC/
		     EPI OUTREACH SITE.....................F
		 HA...G
		 FWA... H
		 SMILING SUN
		 STATIC (VITAL / ULTRA) CLINIC I
		 SATELLITE (MINI) CLINIC ....J	

		COMMUNITY SERVICE PROVIDER (CSP) DEPOTHOLDER .... K
		OTHER NGO
		   MARIE STOPES clinic/hospital L
		   UPHCP ....M
		   HOSPITAL/ CLINIC .... N
		   SATELLITE CLINIC ....O
		   FIELDWORKER .... P
		   DEPOTHOLDER ....Q
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC.............. R
		   QUALIFIED DOCTOR .... S
		   VILLAGE DOCTOR ....T
		   PHARMACIST/PHARMACY................. U
		   TRADITIONAL HEALER/ KABIRAJ...... V
		SHOP... W
		OTHER _____ X
		                (SPECIFY)
		DON'T KNOW .... Y	

SECTION 4. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Now we would like to talk about possible problems that a woman might face when she is going to have a child. What are the complications or problems during pregnancy that may threaten the life of the mother? What are the complications or problems during delivery that may threaten the life of the mother? What are the complications or problems during post-delivery that may threaten the life of the mother?	SEVERE HEADACHE/BLURRY VISION/ HIGH BLOOD PRESSURE ....A EDEMA/PRE-ECLAMSIA ....B CONVULSION/ECLAMSIA.............................C EXCESSIVE VAGINAL BLEEDING ....D FOUL-SMELLING DISCHARGE WITH HIGH FEVER.....................E JAUNDICE..F TETANUS .... G BABY'S HAND OR FEET COME/ BABY IN BAD POSITION.........................H PROLONGED LABOR .... I OBSTRUCTED LABOR .... J RETAINED PLACENTA ....K TORN UTERUS..L OTHER _____ X (SPECIFY) DON'T KNOW ....Y	
402.	**Interviewer: Check Q. 218 and circle in appropriate code.**	**One or more births in April, 2006 or later .... 1** **No births in April, 2006 or later.** → 601	
403.	**Interviewer: Check Q210 and enter line number in Q.404 & name and survival status in Q.405 of your youngest child who born after April, 2006 (Baishak, 1413) or later. If twin write the name and line no. of youngest one.**		
404	LINE NUMBER FROM 207	**LAST BIRTH** LINE NUMBER........................ ☐☐	
405	FROM 207 AND 211	NAME _____ LIVING ☐ DEAD ☐	
	Now I would like to ask you some questions about the health of your youngest child who born in the last five years.		
406	When you were pregnant with (NAME), did you see anyone for a medical checkup?	YES..1 NO ....2 DON'T KNOW..8 → **406E**	
406A	Whom did you see? Any one else? (MULTIPLE RESPONSE) PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**HEALTH PROFESSIONAL** QUALIFIED DOCTOR......................................A NURSE/MIDWIFE/PARAMEDIC ....B FAMILY WELFARE VISITOR.......................... C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) .... D MA/SACMO..E HEALTH ASSISTANT (HA) ....F FAMILY WELFARE ASSISTANT (FWA).........G **OTHER PERSON** TRAINED TBA.. H UNTRAINED TBA..I UNQUALIFIED DOCTOR.................................. J VILLAGE DOCTOR ....K TRADITIONAL HEALER/ KABIRAJ ....L BRAC SHASTHA SEBIKA ....M OTHER SHASTHA SEBIKA .... N OTHER FIELD WORKER ....O OTHER ....X (SPECIFY)	
406B	How many months pregnant were you when you first received medical checkup i.e., antenatal care for this pregnancy?	MONTHS .... ☐☐ DON'T KNOW..98	
406C	How many times did you receive a medical checkup during this pregnancy?	NO. OF TIMES .... ☐☐ DON'T KNOW..98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

406D	Where did you get your (last) antenatal checkup?
	
	_____
	(NAME OF PLACE)
	
	_____
	(LOCATION)
		HOME
		MEDICAL PERSON AT HOME 01
		NON-MEDICAL PERSON AT HOME............. 02
		PUBLIC SECTOR
		HOSPITAL/MEDICAL COLLEGE................... 11
		FAMILY WELFARE CENTRE 12
		UPAZILA HEALTH COMPLEX....................... 13
		MCWC.. 14
		RURAL DISPENSARY/
		   COMMUNITY CLINIC 15
		SATELLITE CLINIC/
		   EPI OUTREACH SITE 16
		HA 17
		FWA 18
		SMILING SUN
		STATIC (VITAL / ULTRA) CLINIC................... 21
		SATELLITE (MINI) CLINIC............................ 22
		COMMUNITY SERVICE PROVIDER (CSP)/
		DEPOTHOLDER 23
		OTHER NGO
		MARIE STOPES CLINIC/HOSPITAL............. 30
		UPHCP.. 31
		HOSPITAL/CLINIC.. 32
		SATELLITE CLINIC....................................... 33
		FIELDWORKER 34
		DEPOTHOLDER 35
		PRIVATE MEDICAL SECTOR
		PRIVATE HOSPITAL/CLINIC 41
		QUALIFIED DOCTOR.................................... 42
		VILLAGE DOCTOR.. 43
		PHARMACIST/PHARMACY 44
		HOMEOPATH 45
		TRADITIONAL HEALER/ KABIRAJ 46
		TRAINED TRADITIONAL BIRTH ATTENDANT
		(TTBA).. 47
		UNTRAINED TRADITIONAL BIRTH
		ATTENDANT (UTBA).................................... 48
		
		OTHER 96
		(SPECIFY)
		DON'T KNOW 98	

406E	During this pregnancy, were any of the following tested or measured? Such as: A. Weight? B. Height? C. Blood pressure (put a cuff on your arm with air pumped into it)? D. Urine? E. Blood? F. Eye for anemia?	YES NO DK WEIGHT 1 2 8 HEIGHT 1 2 8 BLOOD PRESSURE1 2 8 URINE 1 2 8 BLOOD 1 2 8 EYE FOR ANEMIA 1 2 8	
407	During the time you were pregnant with (NAME OF LAST CHILD) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES .... 1 NO .... 2 DON'T KNOW 8	▸ **407D**
407A	How many TT injections did you receive during this pregnancy?	NUMBER .... ☐ DON'T KNOW....................................... 8	
407B	From whom/where did you receive the most recent TT injection?	**HOME** MEDICAL PERSON AT HOME .... 01 NON-MEDICAL PERSON AT HOME...............02 **PUBLIC SECTOR** HOSPITAL/MEDICAL COLLEGE.................... 11 FAMILY WELFARE CENTRE .... 12 UPAZILA HEALTH COMPLEX........................ 13 MCWC.. 14 RURAL DISPENSARY/ COMMUNITY CLINIC .... 15 SATELLITE CLINIC/EPI OUTREACH SITE.... 16 HA .... 17 FWA .... 18 **SMILING SUN** STATIC (VITAL / ULTRA) CLINIC.................. 21	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		SATELLITE (MINI) CLINIC...............................22 COMMUNITY SERVICE PROVIDER (CSP)/ DEPOTHOLDER ....23 **OTHER NGO** MARIE STOPES clinic/hospital.....................30 UPHCP...31 HOSPITAL/ CLINIC.......................................32 SATELLITE CLINIC.......................................33 FIELDWORKER ....34 DEPOTHOLDER ....35 **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC ....41 QUALIFIED DOCTOR....................................42 VILLAGE DOCTOR..43 PHARMACIST/PHARMACY ....44 TRADITIONAL HEALER/ KABIRAJ ....46 OTHER ....96 (SPECIFY) DON'T KNOW 98	
407C	**INTERVIEWER: CHECK 407A AND TICK IN APPROPRIATE BOX**	2 OR MORE ☐ OTHER ☐ TIMES ↓ (SKIP TO409) ↓	
407D	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	Yes..1 No ....2 Don't know 8	►409
407E	Before this pregnancy, how many other times did you receive a tetanus injection? **IF 7 OR MORE TIMES, RECORD '7'.**	TIMES ☐ DON'T KNOW 8	
407F	In what month and year did you receive the last tetanus injection before this pregnancy?	Month .... ☐☐ DK Month ....98 Year .... ☐☐☐☐ DK Year..9998	►409
407G	How many years ago did you receive that tetanus injection?	Years ago................................... ☐☐ .	
409	Did you take any iron tablet or iron syrup during this pregnancy? SHOW TABLET/SYRUP.	YES .... 1 NO .... 2 DON'T KNOW 8	

410	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	**HEALTH PROFESSIONAL** QUALIFIED DOCTOR.....................................A NURSE/MIDWIFE/PARAMEDIC....................B FAMILY WELFARE VISITOR........................ C COMMUNITY SKILLED BIRTH ATTENDANTS (CSBA) .... D MA/SACMO...E HA ....F FWA .... G **OTHER PERSON** TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) .... H UNTRAINED TBA (DAI) ....I VILLAGE DOCTOR....................................... J HOMEOPATH ....K TRADITIONAL HEALER/ KABIRAJ ....L BRAC SHASTHA SEBIKA ....M OTHER SHASTHA SEBIKA .... N OTHER FIELD WORKER .... O RELATIVES ....P NEIGHBOUR/FRIENDS……………………....... Q OTHER..X (SPECIFY) NO ONE ....Z	▶ 411
410a	Were any of these smiling sun providers?	YES ....1 NO 2	▶ 411
410b	Which one was smiling sun providers? Anyone else? **PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.**	QUALIFIED DOCTOR ....A NURSE/MIDWIFE/PARAMEDIC ....B FAMILY WELFARE VISITOR (FWV) .... C OTHER..X (SPECIFY)	
411	Where did you give birth to (NAME)? _____ (NAME OF PLACE) _____ (LOCATION)	**HOME** YOUR HOME ....11 OTHER HOME ....12 **PUBLIC SECTOR** HOSPITAL/MEDICAL COLLEGE..................21 UPAZILA HEALTH COMPLEX.....................22 MATERNAL AND CHILD WELFARE CENTER (MCWC) ....23 FAMILY WELFARE CENTER ....24 **NGO SECTOR** SMILING SUN STATIC (VITAL / ULTRA) CLINIC ....31 MARIE STOPES CLINIC/HOSPITAL.............32 UPHCP ....33 OTHER NGO HOSPITAL/ CLINIC ....34 **PRIVATE SECTOR** PVT. HOSPITAL/CLINIC.............................41 OTHER ....96 (SPECIFY)	**413** ▶
	Now I would like to ask you some specific questions about what was done with ___ immediately (Name) **following birth.**		
412.	What was used to cut the cord?	Blade from delivery bag.........................1 Blade from other source ....2 Bamboo strips ....3 Scissor ....4 Other_____............6 (Specify) Cord was not cut ....5 Don't know 8	▶ 412D
412A.	Was the _____sterilized or boiled (instrument) before the cord was cut?	Yes...1 No ....2 Don't know 8	

412B	Was anything applied to the cord immediately after cutting and tying it?	Yes..1 No ....2 Don't know 8	→ 412D
412C	What was applied to the cord after it was cut and tied? Anything else?	Antibiotics (powder/ointment) .... A Antiseptic (Detol/Savlon/Hexisol) ....B Spirit/alcohol ....C Mustard oil with garlic ....D Chewed rice .... E Turmeric juice/powder ....F Ginger juice...G Shidur..H Boric powder .... I Gentian violet (Blue ink)................................J Talcum powder ....K Mustard oil…………………………………….L Ash/Burnt Soil/Goat Dung........................... M Other_____.................... X (Specify) Don't know...Y	
412D.	How long after (name) was born was the body wiped (dried)?	Minutes.. ☐☐ Not wiped... 95 Died before wiped .... 96 Don't know.. 98	
412E.	How long after (name) was born was the body wrapped?	Minutes.. ☐☐ Not wrapped .... 95 Died before wraped .... 96 Don't know.. 98	
412F	How long after delivery was (name) bathed for the first time? **If less than one day, record in hours** **If less than one week record in days.**	Immediatley ……………………0 00 Hours.................................... 1 ☐☐ Days .... 2 Weeks .... 3 Died before bath .... 997 Don't know 998	
413	After (name) was born, did any medical persons check on your health?	YES..1 NO 2	→ 414
413A	How long after the delivery did the first check take place? IF LESS THAN ONE DAY RECORD HOURS IF LESS THAN ONE WEEK RECORD DAYS	HOURS...1 DAYS .... 2 ☐☐ WEEKS...3 DON'T KNOW.......................................998	

413B	WHO CHECKED ON YOUR HEALTH AT THAT TIME?
	
	PROBE FOR MOST QUALIFIED PERSON
		HEALTH PROFESSIONAL
		   QUALIFIED DOCTOR 01
		   NURSE/MIDWIFE/PARAMEDIC 02
		   FAMILY WELFARE VISITOR.........................03
		   Community Skilled Birth Attendants (CSBA)...04
		   MA/SACMO 05
		   HEALTH ASSISTANT (HA) 06
		   FAMILY WELFARE ASSISTANT (FWA).........07
		OTHER PERSON
		   TRAINED TBA 08
		   UNTRAINED TBA...09
		   VILLAGE DOCTOR 10
		   HOMEOPATH 11
		   TRADITIONAL HEALER/ KABIRAJ 12
		   BRAC SHASTHA SEBIKA 13
		   OTHER SHASTHA SEBIKA 14
		   OTHER FIELD WORKER 15
		
		OTHER _____ 96
		          (SPECIFY)	

413C	WHERE DID THIS FIRST CHECK TAKE PLACE?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL WRITE THE NAME OF THE PLACE.
		HOME
		   MEDICAL PERSON AT HOME 01
		   NON-MEDICAL PERSON AT HOME 02
		PUBLIC SECTOR
		   HOSPITAL/MEDICAL COLLEGE....................11
		   FAMILY WELFARE CENTRE 12
		   UPAZILA HEALTH COMPLEX.......................13
		   MATERNAL AND CHILD WELFARE
		     CENTER (MCWC)..14	

		RURAL DISPENSARY/
		   COMMUNITY CLINIC.....................15
		SATELLITE CLINIC/
		   EPI OUTREACH SITE.............................16
		HEALTH ASSISTANT (HA) 17
		FAMILY WELFARE ASSISTANT (FWA).........18
		SMILING SUN
		   STATIC (VITAL / ULTRA) CLINIC 21
		   SATELLITE (MINI) CLINIC.............................22
		   COMMUNITY SERVICE PROVIDER (CSP)
		   DEPOTHOLDER 23
		OTHER NGO
		   MARIE STOPES clinic/hospital 30
		   UPHCP 31
		   HOSPITAL/CLINIC 32
		   SATELLITE CLINIC..33
		   FIELDWORKER 34
		   DEPOTHOLDER 35
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC.........................41
		   QUALIFIED DOCTOR 42
		   VILLAGE DOCTOR 43
		   PHARMACIST/PHARMACY............................44
		   Homeopath 45
		   TRADITIONAL HEALER/ KABIRAJ 46
		   TRAINED TRADITIONAL BIRTH
		   ATTENDANT (TTBA) 47
		   UNTRAINED TRADITIONAL BIRTH
		   ATTENDAN (UTBA) 48
		OTHER 96
		      (SPECIFY)
		DON'T KNOW..98	

	(NAME OF PLACE) (LOCATION)		
414	AFTER (NAME) WAS BORN DID ANY MEDICAL PERSONS CHECK ON YOUR BABY'S HEALTH?	YES...1 NO ....2 DON'T KNOW..8	➤**415** ➤**415**
414A	HOW MANY DAYS OR WEEKS AFTER THE DELIVERY DID THE FIRST CHECK TAKE PLACE? IF LESS THAN ONE DAY RECORD HOURS IF LESS THAN ONE WEEK RECORD DAYS	HOURS...1 DAYS ....2 ☐☐ WEEKS...3 DON'T KNOW......................................998	

414B	WHO CHECKED ON YOUR BABY'S HEALTH AT THAT TIME?
	
	PROBE FOR MOST QUALIFIED PERSON
		HEALTH PROFESSIONAL
		   QUALIFIED DOCTOR 01
		   NURSE/MIDWIFE/PARAMEDIC 02
		   FAMILY WELFARE VISITOR.........................03
		   Community Skilled Birth Attendants (CSBA)...04
		   MA/SACMO 05
		   HEALTH ASSISTANT (HA) 06
		   FAMILY WELFARE ASSISTANT (FWA).........07
		OTHER PERSON
		   TRAINED TBA 08
		   UNTRAINED TBA...09
		   VILLAGE DOCTOR 10
		   HOMEOPATH 11
		   TRADITIONAL HEALER/ KABIRAJ 12
		   BRAC SHASTHA SEBIKA 13
		   OTHER SHASTHA SEBIKA 14
		   OTHER FIELD WORKER 15
		
		OTHER _____ 96
		      (SPECIFY)	

414C	WHERE DID THIS FIRST CHECK TAKE PLACE?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL WRITE THE NAME OF THE PLACE.
	
	(Name of place)
		HOME
		   MEDICAL PERSON AT HOME 01
		   NON-MEDICAL PERSON AT HOME 02
		PUBLIC SECTOR
		   HOSPITAL/MEDICAL COLLEGE....................11
		   FAMILY WELFARE CENTRE 12
		   UPAZILA HEALTH COMPLEX........................13
		   MATERNAL AND CHILD WELFARE CENTER
		   (MCWC)...14
		   RURAL DISPENSARY/
		      COMMUNITY CLINIC.................................15
		   SATELLITE CLINIC/
		      EPI OUTREACH SITE................................16
		   HEALTH ASSISTANT (HA) 17
		   FAMILY WELFARE ASSISTANT (FWA).........18
		SMILING SUN	

	_____ (Location)	STATIC (VITAL / ULTRA) CLINIC ....21 SATELLITE (MINI) CLINIC...........................22 COMMUNITY SERVICE PROVIDER (CSP)/ DEPOTHOLDER ....23 **OTHER NGO** MARIE STOPES clinic/hospital ....30 UPHCP ....31 HOSPITAL/CLINIC ....32 SATELLITE CLINIC......................................33 FIELDWORKER ....34 DEPOTHOLDER ....35 **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC.........................41 QUALIFIED DOCTOR ....42 VILLAGE DOCTOR ....43 PHARMACIST/PHARMACY............................44 Homeopath ....45 TRADITIONAL HEALER/ KABIRAJ ....46 TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) ....47 UNTRAINED TRADITIONAL BIRTH ATTENDAN (UTBA) ....48 OTHER ....96 (SPECIFY) DON'T KNOW...98	
415	Did you ever breastfeed (NAME)?	YES..1 NO...2	➤ **501**
415A.	How long after birth did you first put (NAME) to the breast? **IF LESS THAN 1 HOUR, RECORD "00" HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.**	IMMEDIATELY ....000 HOURS...............................1 DAYS 2	□□
415B.	Was_____ given colostrum immediate after (name) his/her birth?	Yes .... 1 No... 2	
415c.	In the first three days after delivery, was_____ (name) given anything to drink other than breast milk?	Yes .... 1 No... 2	➤ **415E**
415D.	What was _____ given to drink? (name) Anything else?	Milk (Other than breast milk)................A Plain water..B Sugar/Mishri/Glucose water.................C Gripe water ....D Sugar-salt-water solution ....E Fruit juice ....F Infant formula....................................... G Tea/Infusions ....H Honey .... I Mustered Oil .... J Coffee ....K Other_____ ....X (Specify)	
415E.	**Interviewer: check Q. 405 and circled in appropriate code.**	**Living... 1** **Died... 2**	➤**415G**
415F.	Are you still breastfeeding (NAME)?	YES..1 NO 2	➤**501**
415G	For how many months did you breastfeed (NAME)? **IF LESS THAN 1 MONTH, RECORD "00".**	MONTHS .... □□ DON'T KNOW.....................................98	

501	**ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE April 2006 (BAISHAK 1413) IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.** **(IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).**

		LAST BIRTH	NEXT-TO-LAST BIRTH
502	LINE NUMBER FROM 207	LINE NUMBER ☐☐	LINE NUMBER ☐☐
503	FROM 207 AND 211	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 503 IN NEXT TO LAST COLUMN; OF NEW QUESTION OR, IF NO MORE BIRTHS, GO TO 601)
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES, May I see it please?	YES, SEEN ....1 (SKIP TO 506) ← YES, NOT SEEN ....2 (SKIP TO 508) ← NO CARD 3	YES, SEEN ....1 (SKIP TO 506) ← YES, NOT SEEN ....2 (SKIP TO 508) ← NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES...1 (SKIP TO 508) ← NO..2 (SKIP TO 508) ←	YES...1 (SKIP TO 508) ← NO ....2 (SKIP TO 508) ←

| 506 | (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
 (2) WRITE "44" IN "DAY" COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED | GOV'T CLINIC/HOSPITAL=01, FWA=02, HA=03, SMILING SUN STATIC (VITAL / ULTRA) CLINIC=04, SMILING SUN SATELL. (MINI) CLINIC=05, JOINT SMILING SUN -EPI SESSION=06, MARIE STOPES CLINIC/HOSPITAL=07, UPHCP = 08, OTHER NGO HOSPITAL/CLINIC=09 PRIVATE HOSPITAL/CLINIC =10, PRIVATE DOCTOR=11, GOVT. SATELLITE CLINIC=12, OTHER =96; | GOV'T CLINIC/HOSPITAL=01, FWA=02, HA=03, SMILING SUN STATIC (VITAL / ULTRA) CLINIC=04, SMILING SUN SATELL.(MINI) CLINIC=05, JOINT SMILING SUN -EPI SESSION=06, MARIE STOPES CLINIC/HOSPITAL=07, UPHCP = 08, OTHER NGO HOSPITAL/CLINIC=09, PRIVATE HOSPITAL/CLINIC =10, PRIVATE DOCTOR=11, GOVT. SATELLITE CLINIC=12, OTHER =96; |

		DAY	MON	YEAR	SO.	DAY	MON	YEAR	SO.
	BCG								
	POLIO0 (POLIO given at birth)								
	POLIO 1								
	POLIO 2								
	POLIO 3								
	DPT 1								
	DPT 2								
	DPT 3								
	MEASLES								
	Hepatitis B1								
	Hepatitis B2								
	Hepatitis B3								
	Pentavalent 1								
	Pentavalent 2								
	Pentavalent 3								

506A	Did your child (NAME) receive any polio vaccine from National Immunization Day (NID)? IF YES, How many times did you receive from NID campaign? RECORD '00' IF NOT RECEIVED	TIMES.. ☐☐	TIMES.. ☐☐

		LAST BIRTH	NEXT-TO-LAST BIRTH
		LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐
507	Has (NAME) received any vaccinations that were not recorded on this card? RECORD "YES" ONLY IF RESPONDENT MENTIONS BCG, POLIOO-3, DPT 1-3, MEASLES, HEP-B1-B3 AND/OR PENTA 1-3 VACCINE(S)	YES.......................................1 (SKIP TO 514) ← (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING DAY COLUMN IN 506) NO.......................................2 (SKIP TO 514) ← DON'T KNOW.........................8	YES.......................................1 (SKIP TO 514) ← (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING DAY COLUMN IN 506) NO ....2 (SKIP TO 514) ← DON'T KNOW.........................8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.......................................1 NO.......................................2 (SKIP TO 514) ← DON'T KNOW.........................8	YES.......................................1 NO ....2 (SKIP TO 514) ← DON'T KNOW.........................8
509	Please tell me if (NAME) received any of the following vaccinations:		
509A	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	YES.......................................1 NO.......................................2 (SKIP TO 510) ←	YES.......................................1 NO ....2 (SKIP TO 510) ←
509B	From where did (NAME) receive the BCG vaccination?	GOV'T CLINIC/HOSPITAL ....01 FWA.......................................02 HA.......................................03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC....................04 SMILING SUN SATELL.(MINI) CLINIC 05 JOINT SMILING SUN -EPI SESSION................................06 MARIE STOPES CLINIC/HOSPITAL .....07 UPHCP ....08 OTHER NGO HOSPITAL/CLINIC ....09 PRIVATE HOSPITAL/CLINIC.................10 PRIVATE DOCTOR..............................11 GOVT. SATELLITE CLINIC....................12 OTHER _____96 (SPECIFY)	GOV'T CLINIC/HOSPITAL ....01 FWA.......................................02 HA.......................................03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC....................04 SMILING SUN SATELL.(MINI) CLINIC 05 JOINT SMILING SUN -EPI SESSION................................06 MARIE STOPES CLINIC/HOSPITAL .....07 UPHCP ....08 OTHER NGO HOSPITAL/CLINIC ....09 PRIVATE HOSPITAL/CLINIC.................10 PRIVATE DOCTOR..............................11 GOVT. SATELLITE CLINIC....................12 OTHER _____ 96 (SPECIFY)
510	Polio vaccine that is, drops in the mouth?	YES.......................................1 NO.......................................2 (SKIP TO 510C) ← DON'T KNOW.........................8	YES.......................................1 NO ....2 (SKIP TO 510C) ← DON'T KNOW.........................8
510A	How many times did (NAME) receive polio vaccine from a clinic?	NUMBER OF TIMES ....☐	NUMBER OF TIMES ....☐
510B	From where did (NAME) receive the last polio vaccination?	GOV'T CLINIC/HOSPITAL ....01 FWA.......................................02 HA.......................................03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC....................04 SMILING SUN SATELL.(MINI) CLINIC ....05 JOINT SMILING SUN -EPI SESSION................................06 MARIE STOPES CLINIC/HOSPITAL .....07 UPHCP ....08 OTHER NGO HOSPITAL/CLINIC ....09 PRIVATE HOSPITAL/CLINIC.................10 PRIVATE DOCTOR..............................11 GOVT. SATELLITE CLINIC....................12 OTHER _____96 (SPECIFY)	GOV'T CLINIC/HOSPITAL ....01 FWA.......................................02 HA.......................................03 SMILING SUN STATIC (VITAL / ULTRA) CLINIC....................04 SMILING SUN SATELL.(MINI) CLINIC ..05 JOINT SMILING SUN -EPI SESSION................................06 MARIE STOPES CLINIC/HOSPITAL .....07 UPHCP ....08 OTHER NGO HOSPITAL/CLINIC ....09 PRIVATE HOSPITAL/CLINIC.................10 PRIVATE DOCTOR..............................11 GOVT. SATELLITE CLINIC....................12 OTHER _____ 96 (SPECIFY)
510C	How many times did (NAME) receive polio vaccine from National Immunization Day?	NUMBER OF TIMES ....☐☐ NEVER....................................00	NUMBER OF TIMES ....☐☐ NEVER 00

		LAST BIRTH LINE NUMBER .... ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER .... ☐☐
511	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES..1 NO..2 (SKIP TO 512) ← DON'T KNOW...8	YES..1 NO ....2 (SKIP TO 512) ← DON'T KNOW...8
511A	How many times?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐

511B	From where did (NAME) receive the last DPT vaccination?	GOV'T CLINIC/HOSPITAL 01
		FWA..02
		HA..03
		SMILING SUN STATIC
		  (VITAL / ULTRA) CLINIC......................04
		SMILING SUN SATELL. ..(MINI) CLINIC 05
		JOINT SMILING SUN -EPI
		SESSION...06
		MARIE STOPES CLINIC/HOSPITAL 07
		UPHCP 08
		OTHER NGO HOSPITAL/CLINIC 09
		PRIVATE HOSPITAL/CLINIC.................10
		PRIVATE DOCTOR................................11
		GOVT. SATELLITE CLINIC....................12
		OTHER _____96
		(SPECIFY)
			GOV'T CLINIC/HOSPITAL 01
			FWA..02
			HA..03
			SMILING SUN STATIC
			  (VITAL / ULTRA) CLINIC......................04
			SMILING SUN SATELL.(MINI) CLINIC .05
			JOINT SMILING SUN -EPI
			SESSION...06
			MARIE STOPES CLINIC/HOSPITAL 07
			UPHCP 08
			OTHER NGO HOSPITAL/CLINIC 09
			PRIVATE HOSPITAL/CLINIC.................10
			PRIVATE DOCTOR................................11
			GOVT. SATELLITE CLINIC....................12
			OTHER _____ 96
			(SPECIFY)

512	An injection to prevent measles?	YES..1 NO..2 (SKIP TO 513) ← DON'T KNOW...8	YES..1 NO ....2 (SKIP TO 513) ← DON'T KNOW...8

512A	From where did (NAME) receive the measles vaccination?	GOV'T CLINIC/HOSPITAL 01
		FWA..02
		HA..03
		SMILING SUN STATIC
		  (VITAL / ULTRA) CLINIC......................04
		SMILING SUN SATELL. ..(MINI) CLINIC 05
		JOINT SMILING SUN -EPI
		SESSION...06
		MARIE STOPES CLINIC/HOSPITAL 07
		UPHCP 08
		OTHER NGO HOSPITAL/CLINIC 09
		PRIVATE HOSPITAL/CLINIC.................10
		PRIVATE DOCTOR................................11
		GOVT. SATELLITE CLINIC....................12
		OTHER _____96
		(SPECIFY)
			GOV'T CLINIC/HOSPITAL 01
			FWA..02
			HA..03
			SMILING SUN STATIC
			  (VITAL / ULTRA) CLINIC......................04
			SMILING SUN SATELL. ..(MINI) CLINIC 05
			JOINT SMILING SUN -EPI
			SESSION...06
			MARIE STOPES CLINIC/HOSPITAL 07
			UPHCP 08
			OTHER NGO HOSPITAL/CLINIC 09
			PRIVATE HOSPITAL/CLINIC.................10
			PRIVATE DOCTOR................................11
			GOVT. SATELLITE CLINIC....................12
			OTHER _____ 96
			(SPECIFY)

513.	A HEP.B vaccination, which is an injection given in the right thigh, sometimes given at the same time as DPT?	YES..1 NO..2 (SKIP TO 513C) ← DON'T KNOW...8	YES..1 NO ....2 (SKIP TO 513C) ← DON'T KNOW...8
513A.	How many times was a HEP B vaccination received?	No .of times ....☐ Don't know..................................8	No .of times ....☐ Don't know..................................8

		LAST BIRTH LINE NUMBER .... ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER .... ☐☐

513B.	From where did (name) receive the Hepatitis B vaccination?	GOV'T CLINIC/HOSPITAL 01
		FWA 02
		HA...03
		SMILING SUN STATIC
		  (VITAL / ULTRA) CLINIC 04
		SMILING SUN SATELL.(MINI) CLINIC 05
		JOINT SMILING SUN -EPI
		SESSION..06
		MARIE STOPES CLINIC/HOSPITAL 07
		UPHCP 08
		OTHER NGO HOSPITAL/CLINIC 09
		PRIVATE HOSPITAL/CLINIC.................10
		PRIVATE DOCTOR 11
		GOVT. SATELLITE CLINIC....................12
		OTHER 96
		(SPECIFY)
			GOV'T CLINIC/HOSPITAL 01
			FWA 02
			HA...03
			SMILING SUN STATIC
			  (VITAL / ULTRA) CLINIC 04
			SMILING SUN SATELL. ..(MINI) CLINIC 05
			JOINT SMILING SUN -EPI
			SESSION..06
			MARIE STOPES CLINIC/HOSPITAL 07
			UPHCP 08
			OTHER NGO HOSPITAL/CLINIC 09
			PRIVATE HOSPITAL/CLINIC.................10
			PRIVATE DOCTOR 11
			GOVT. SATELLITE CLINIC....................12
			OTHER 96
			(SPECIFY)

513C.	A Pentavalent vaccination, that is, an injection given in the right thigh, sometimes given at the same time as polio drop?	Yes...1 No ....2 (SKIP TO 514) Don't know 8	Yes...1 No ....2 (SKIP TO 514) Don't know 8
513D.	How many times was a Pentavalent vaccination received?	Number of times .... Don't know 8	Number of times .... Don't know 8

513E	From where did (name) receive the Pentavalent vaccination?	GOV'T CLINIC/HOSPITAL 01
		FWA 02
		HA...03
		SMILING SUN STATIC
		  (VITAL / ULTRA) CLINIC 04
		SMILING SUN SATELL.(MINI) CLINIC 05
		JOINT SMILING SUN -EPI
		SESSION..06
		MARIE STOPES CLINIC/HOSPITAL 07
		UPHCP 08
		OTHER NGO HOSPITAL/CLINIC 09
		PRIVATE HOSPITAL/CLINIC.................10
		PRIVATE DOCTOR 11
		GOVT. SATELLITE CLINIC....................12
		OTHER 96
		(SPECIFY)
			GOV'T CLINIC/HOSPITAL 01
			FWA 02
			HA...03
			SMILING SUN STATIC
			  (VITAL / ULTRA) CLINIC 04
			SMILING SUN SATELL. ..(MINI) CLINIC 05
			JOINT SMILING SUN -EPI
			SESSION..06
			MARIE STOPES CLINIC/HOSPITAL 07
			UPHCP 08
			OTHER NGO HOSPITAL/CLINIC 09
			PRIVATE HOSPITAL/CLINIC.................10
			PRIVATE DOCTOR 11
			GOVT. SATELLITE CLINIC....................12
			OTHER 96
			(SPECIFY)

514	In the last 6 months, has (NAME) received any Vitamin A?	YES..1 NO..2 (SKIP TO 515) DON'T KNOW..8	YES..1 NO ....2 (SKIP TO 515) DON'T KNOW..8

514A	From where did (NAME) receive vitamin A?	GOV'T CLINIC/HOSPITAL 01
		FWA 02
		HA... 03
		SMILING SUN STATIC
		  (VITAL / ULTRA) CLINIC 04
		SMILING SUN SATELL. ..(MINI) CLINIC 05
		JOINT SMILING SUN -EPI
		SESSION.. 06
		MARIE STOPES CLINIC/HOSPITAL 07
		UPHCP 08
		OTHER NGO HOSPITAL/CLINIC 09
		PRIVATE HOSPITAL/CLINIC................. 10
		PRIVATE DOCTOR 11
		GOVT. SATELLITE CLINIC.................... 12
		OTHER 96
		(SPECIFY)
			GOV'T CLINIC/HOSPITAL 01
			FWA 02
			HA...03
			SMILING SUN STATIC
			  (VITAL / ULTRA) CLINIC 04
			SMILING SUN SATELL. ..(MINI) CLINIC 05
			JOINT SMILING SUN -EPI
			SESSION..06
			MARIE STOPES CLINIC/HOSPITAL 07
			UPHCP 08
			OTHER NGO HOSPITAL/CLINIC 09
			PRIVATE HOSPITAL/CLINIC.................10
			PRIVATE DOCTOR 11
			GOVT. SATELLITE CLINIC....................12
			OTHER 96
			(SPECIFY)

515.	Has _____ had diarrhea (name) in the last 2 weeks?	YES..1 NO..2 (SKIP TO 516) DON'T KNOW..8	YES..1 NO ....2 (SKIP TO 516) DON'T KNOW..8

		LAST BIRTH	NEXT-TO-LAST BIRTH
		LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐
515A.	Now I would like to know how much _____ (name) was given to drink during the diarrhea (including breast milk) Was he/she given less than usual to drink. about the same amount, or more than usual to drink? If less, probe: was he/she given much less than usual to drink or somewhat less?	Much less ....1 Somewhat less ....2 About the same ....3 More ....4 Nothing to drink ....5 Don't know..................................8	Much less ....1 Somewhat less ....2 About the same ....3 More ....4 Nothing to drink ....5 Don't know..................................8
515B.	When_____ had diarrhea, (name) was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? If less, probe was he/she given much less than usual to eat or somewhat less?	Much less ....1 Somewhat less ....2 About the same ....3 More ....4 Stopped food ....5 Never gave food ....6 Don't know..................................8	Much less ....1 Somewhat less ....2 About the same ....3 More ....4 Stopped food ....5 Never gave food ....6 Don't know..................................8
515C.	Did you seek advice or treatment for the diarrhea from any source?	Yes...1 No...2 (Skip to 515E)	Yes...1 No...2 (Skip to 515E)

515D.	Where/whom did you seek advice or treatment most recently?
	
	Probe to identify each type of source and circle the appropriate codes
	
	If unable to determine if a hospital health center or clinics is public or private medical write the name of the place
	
	_____
	(Name of Places)
		HOME
		 MEDICAL PERSON AT HOME.......... 01
		 NON-MEDICAL PERSON AT HOME. .02
		PUBLIC SECTOR
		 HOSPITAL/MEDICAL COLLEGE........11
		 FAMILY WELFARE CENTRE 12
		 UPAZILA HEALTH COMPLEX............13
		 MCWC 14
		 RURAL DISPENSARY/
		    COMMUNITY CLINIC....................15
		 SATELLITE CLINIC/
		    EPI OUTREACH SITE....................16
		 HA..17
		 FWA...18
		 SMILING SUN
		 STATIC (VITAL / ULTRA) CLINIC 21
		 SATELLITE (MINI) CLINIC..................22
		 COMMUNITY SERVICE PROVIDER
		 (CSP)/ DEPOTHOLDER 23
		OTHER NGO
		 MARIE STOPES clinic/hospital 30
		 UPHCP 31
		 HOSPITAL/ CLINIC 32
		 SATELLITE CLINIC..............................33
		 FIELDWORKER 34
		 DEPOTHOLDER 35
		PRIVATE MEDICAL SECTOR
		 PRIVATE HOSPITAL/CLINIC..............41
		 QUALIFIED DOCTOR 42
		 VILLAGE DOCTOR 43
		 PHARMACIST/PHARMACY...............44
		 HOMEOPATH 45
		 TRADITIONAL HEALER/ KABIRAJ 46
		SHOP...51
		FRIENDS/RELATIVES 52
		OTHER _____96
		                   (SPECIFY)
		DON'T KNOW..98
			HOME
			 MEDICAL PERSON AT HOME.......... 01
			 NON-MEDICAL PERSON AT HOME. .02
			PUBLIC SECTOR
			 HOSPITAL/MEDICAL COLLEGE........11
			 FAMILY WELFARE CENTRE 12
			 UPAZILA HEALTH COMPLEX............13
			 MCWC 14
			 RURAL DISPENSARY/
			    COMMUNITY CLINIC....................15
			 SATELLITE CLINIC/
			    EPI OUTREACH SITE....................16
			 HA..17
			 FWA...18
			 SMILING SUN
			 STATIC (VITAL / ULTRA) CLINIC 21
			 SATELLITE (MINI) CLINIC..................22
			 COMMUNITY SERVICE PROVIDER
			 (CSP)/ DEPOTHOLDER 23
			OTHER NGO
			 MARIE STOPES clinic/hospital 30
			 UPHCP 31
			 HOSPITAL/ CLINIC 32
			 SATELLITE CLINIC..............................33
			 FIELDWORKER 34
			 DEPOTHOLDER 35
			PRIVATE MEDICAL SECTOR
			 PRIVATE HOSPITAL/CLINIC..............41
			 QUALIFIED DOCTOR 42
			 VILLAGE DOCTOR 43
			 PHARMACIST/PHARMACY...............44
			 HOMEOPATH 45
			 TRADITIONAL HEALER/ KABIRAJ 46
			SHOP...51
			FRIENDS/RELATIVES 52
			OTHER _____ 96
			                   (SPECIFY)
			DON'T KNOW..98

515E.	DOES _____ STILL (NAME) HAVE DIARRHEA?	YES...1 NO...2 DON'T KNOW...........................8	YES...1 NO ....2 DON'T KNOW...........................8

		LAST BIRTH				NEXT-TO-LAST BIRTH			
		LINE NUMBER .... ☐☐	Yes	No	DK	LINE NUMBER .... ☐☐	Yes	No	DK
515F.	Was he/she given any of the following to drink at any time since he/she started having the diarrhea? Such as:								
	a. A fluid made from a special saline packet called ORS packet?	A fluid made from a special saline packet	1	2	8	A fluid made from a special saline packet	1	2	8
	b. Homemade sugar-salt-water solution (laban gur)?	Homemade sugar-salt-water solution (laban gur)?	1	2	8	Homemade sugar-salt-water solution (laban gur)?	1	2	8
	c. Zinc syrup?	Zinc syrup?	1	2	8	Zinc syrup?	1	2	8
	d. Zinc tablets?	Zinc tablets?	1	2	8	Zinc tablets?	1	2	8
515G.	Was anything (else) given to treat the diarrhea?	YES...1 NO..2 (SKIP TO 516) ← DON'T KNOW...8				YES ....1 NO ....2 (SKIP TO 516) ← DON'T KNOW 8			

515H	What (else) was given to treat the diarrhea?
	
	 Anything else?
	
	 Record all treatments given.
		Pill/Capsule/Syrup
		 Antibiotic.................................... A
		 Antimotility .... B
		 Other(Not antibiotic, antimotility
		  or zinc)...................................C
		 Unknown pill or syrup ....D
		 Injection
		 Antibiotic.................................... E
		 Non antibiotic........................... F
		 Unknown injection ....G
		 (IV) intravenous ....H
		 Home remedy/herbal medicine .. I
		 Other_____ . X
		 (Specify)
						Pill/Capsule/Syrup
						 Antibiotic.................................... A
						 Antimotility .... B
						 Other(Not antibiotic, antimotility
						  or zinc) C
						 Unknown pill or syrup ....D
						 Injection
						 Antibiotic.................................... E
						 Non antibiotic........................... F
						 Unknown injection ....G
						 (IV) intravenous ....H
						 Home remedy/herbal medicine...I
						 Other_____ . X
						 (Specify)			

516.	Has _____ had an illness with a (name) cough at any time in the last 2 weeks?	YES...1 NO..2 (SKIP TO 517) ← DON'T KNOW...8				YES ....1 NO ....2 (SKIP TO 517) ← DON'T KNOW 8			
516A	When _____ had an illness (name) with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES...1 NO..2 (SKIP TO 517) ← DON'T KNOW...8				YES ....1 NO ....2 (SKIP TO 517) ← DON'T KNOW 8			
516B	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	Chest only .... 1 Nose only .... 2 Both... 3 Other_____ ... 6 (Specify) Don't know.................................... 8				Chest only .... 1 Nose only .... 2 Both... 3 Other_____ ... 6 (Specify) Don't know 8			
516C	Did you seek advice or treatment for the illness from any source?	Yes...1 No..2 (Skip to 517) ←				Yes...1 No ....2 (Skip to 517) ←			

		LAST BIRTH	NEXT-TO-LAST BIRTH
		LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐

516D	Where/whom did you seek advice or treatment most recently?
	
	Probe to identify each type of source and circle the appropriate codes
	
	If unable to determine if a hospital health center or clinics is public or private medical write the name of the place
	
	_____
	(Name of Places)
		HOME
		 MEDICAL PERSON AT HOME.............. 01
		 NON-MEDICAL PERSON AT HOME.....02
		PUBLIC SECTOR
		 HOSPITAL/MEDICAL COLLEGE........11
		 FAMILY WELFARE CENTRE 12
		 UPAZILA HEALTH COMPLEX............13
		 MCWC 14
		 RURAL DISPENSARY/
		    COMMUNITY CLINIC....................15
		 SATELLITE CLINIC/
		    EPI OUTREACH SITE....................16
		 HA..17
		 FWA...18
		SMILING SUN
		 STATIC (VITAL / ULTRA) CLINIC 21
		 SATELLITE (MINI) CLINIC.................22
		 COMMUNITY SERVICE PROVIDER
		 (CSP)/ DEPOTHOLDER 23
		OTHER NGO
		 MARIE STOPES clinic/hospital 30
		 UPHCP..31
		 HOSPITAL/ CLINIC 32
		 SATELLITE CLINIC..............................33
		 FIELDWORKER 34
		 DEPOTHOLDER 35
		PRIVATE MEDICAL SECTOR
		 PRIVATE HOSPITAL/CLINIC..............41
		 QUALIFIED DOCTOR 42
		 VILLAGE DOCTOR 43
		 PHARMACIST/PHARMACY................44
		 Homeopath 45
		 TRADITIONAL HEALER/ KABIRAJ 46
		SHOP..51
		FRIENDS/RELATIVES 52
		OTHER _____96
		                    (SPECIFY)
		DON'T KNOW...98
			HOME
			 MEDICAL PERSON AT HOME........... 01
			 NON-MEDICAL PERSON AT HOME. .02
			PUBLIC SECTOR
			 HOSPITAL/MEDICAL COLLEGE........ 11
			 FAMILY WELFARE CENTRE 12
			 UPAZILA HEALTH COMPLEX............ 13
			 MCWC... 14
			 RURAL DISPENSARY/
			    COMMUNITY CLINIC 15
			 SATELLITE CLINIC/
			    EPI OUTREACH SITE 16
			 HA 17
			 FWA 18
			SMILING SUN
			 STATIC (VITAL / ULTRA) CLINIC.......21
			 SATELLITE (MINI) CLINIC................. 22
			 COMMUNITY SERVICE PROVIDER
			 (CSP)/ DEPOTHOLDER................... 23
			OTHER NGO
			 MARIE STOPES clinic/hospital 30
			 UPHCP.. 31
			 HOSPITAL/ CLINIC............................. 32
			 SATELLITE CLINIC............................. 33
			 FIELDWORKER 34
			 DEPOTHOLDER 35
			PRIVATE MEDICAL SECTOR
			 PRIVATE HOSPITAL/CLINIC 41
			 QUALIFIED DOCTOR........................ 42
			 VILLAGE DOCTOR............................ 43
			 PHARMACIST/PHARMACY 44
			 Homeopath.. 45
			 TRADITIONAL HEALER/ KABIRAJ 46
			SHOP 51
			FRIENDS/RELATIVES 52
			OTHER _____ 96
			                    (SPECIFY)
			DON'T KNOW 98

516E	IS _____ STILL SICK WITH (NAME) A COUGH?	YES...1 NO...2	YES ....1 NO 2
517		GO BACK TO 503 IN THE NEXT COLUMN, OR IF NO OTHER BIRTHS, GO TO 601.	GO BACK TO 503 IN THE NEXT COLUMN, OR IF NO OTHER BIRTHS, GO TO 601.

SECTION 6: KNOWLEDGE ABOUT HEALTH SERVICES/PROVIDERS

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	If you need health services what is the first name of the clinic/hospital that comes to your mind? The second name (choice)? The third name (choice)? (Ask for first 3 names/choices. Please probe but not prompt. Use codes from the list below. If no clinic/hospital mention write 98 in box.) GOVT. HOSPITAL…..01 GREEN UMBRELLA CLINIC …….. ....02 SMILING SUN CLINIC ....03 MARIE STOPES CLINIC/HOSPITAL.. ....04 UPHCP..05 PRIVATE CLINIC ....06 PRIVATE DOCTOR CHAMBER ....07 PHARMACY ....08 VILLAGE DOCTOR ....09 OTHER NGO..10 OTHER _____ ....96 (SPECIFY) Don't Know……………………………………….98	First name (choice) Second choice Third choice	
601A	Have you ever seen the following symbol before? Please tell me which provider it stands for? **(SHOW CARD WITH GREEN UMBRELLA, EmOC, SMILING SUN AND MARIE STOPES logo)**	(see table below)	

	Seen and correctly identified provider	Seen and correctly identified as Smiling Sun NGO	Seen but identify as other NGO/ Tells nothing	Not seen
A. GREEN UMBRELLA	1		3	4
B. EmOC	1		3	4
C. SMILING SUN	1	2	3	4
D. MARIE STOPES	1		3	4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601B.	**Interviewer: Check Q. 601A (C) and circle in appropriate code.**	**Code 1 OR 2 of Smiling sun (C) is circled ....1** **Code 1 OR/AND 2 of smiling sun (C) is not circled 2**	▶ 603
602	Where have you seen this SMILING SUN symbol? Any others?	ON TELEVISION (IN AN ADVERTISEMENT)............A ON TELEVISION (IN A DRAMA) ....B ON A POSTER.. C ON A PAMPHLET OR BROCHURE ....D ON A BILLBOARD SIGN/SIGN BOARD....................E ON A SIGN AT A HEALTH CLINIC............................F BANNAR ....G OTHER ....X (SPECIFY)	
602A	What comes to your mind when you think or see of the Smiling Sun?	GOOD QUALITY RELATED ....A BAD QUALITY RELATED..B REASONABLE PRICE/VALUE RELATED .... C HIGH PRICE/VALUE RELATED................................D LIKING RELATED..E DISLIKING RELATED..F GOOD BEHABIOUR…………………………………G UNPLEASANT BEHAVIOUR…………………………H CLEANLINESS ……………………………………….I UNCLEANLINESS ……………………………………J PROMOTIONAL ACTIVITIES RELATED ....K ALL TYPES OF HEALTH SERVICES AVAILABLE ...L ALL HEALTH SERVICES NOT AVAILABLE ....M OTHER ....X (SPECIFY)	
602B.	Have you received a green health benefit card (HBC) from Smiling Sun clinic? IF YES. May I see it please?	Yes, seen ....1 Yes, not seen ....2 No card received ....3 Don't know 8	603
602C.	While visiting smiling sun clinic for health services do you carry that health card?	YES...1 NO...2 Never visits Smiling Sun clinic 3	
603	Now I would like to ask you some questions about temporary or satellite clinics. In some places, there is a temporary clinic set up for a day or part of a day in someone's house, a community building or in a school. Are	YES...1 NO...2 DON'T KNOW/CAN'T REMEMBER...........................8	611

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	you aware of any such clinics in this area?		
603A	During the last 3 months, was there any such clinic in this area?	YES ....1 NO ....2 DON'T KNOW/CAN'T REMEMBER 8	611
604	Where was the temporary/satellite health clinic held? What type of temporary/satellite clinic was this? Name: _____ Location:_____	SMILING SUN SATELLITE (MINI) CLINIC ....1 GOVERNMENT SATELLITE CLINIC.......................2 OTHER ....6 (SPECIFY) DON'T KNOW 8	605
604A	Are you aware of any SMILING SUN temporary or satellite clinic held in this area during the last 3 months? (SHOW SMILING SUN LOGO IF NECESSARY) Name: _____ Location:_____	YES ....1 NO 2	▶ 611

605.	What services are available at this SMILING SUN temporary/satellite health clinic?
	
	Any others?
		FAMILY PLANNING
		   CLINICAL METHOD .... A
		   NON-CLINICAL METHOD ....B
		   TREATMENT/ADVICE FOR SIDE EFFECTS C
		MATERNAL HEALTH
		   ANC... D
		   PNC..E
		   TT..F
		CHILD HEALTH
		   EPI ....G
		   DIARRHEA TREATMENT/ORS........................... H
		   ARI TREATMENT I
		   VITAMIN A .... J
		   ILLNESSES (GENERAL) .... K
		   OTHER CHILD CARE...L
		OTHER REPRODUCTIVE HEALTH
		 TREATMENT OF RTI/STD ....M
		GENERAL HEALTH.. N
		OTHER.. X
		          (SPECIFY)
		DOES NOT KNOW .... Y	

606.	Did anybody inform you in advance about the SMILING SUN temporary/satellite clinic?	YES ....1 NO 2	▶ 607

606A.	Who mainly told you?
	
	NAME: _____
		HEALTH PROFESSIONAL
		   QUALIFIED DOCTOR.......................................01
		   NURSE/MIDWIFE/PARAMEDIC.......................02
		   FAMILY WELFARE VISITOR 03
		   MA/SACMO...04
		   HA 05
		   FWA 06
		   GOVT. SATELLITE CLINIC WORKER 07
		   SMILING SUN
		   STATIC (VITAL / ULTRA) CLINIC WORKER ...08
		   SATELLITE (MINI) CLINIC WORKER 09
		   COMMUNITY SERVICE PROVIDER(CSP)/
		   DEPOTHOLDER..10
		   COMMUNITY MOBILIZER/ Service Promoter..11
		
		OTHER PERSON
		   TRAINED TRADITIONAL BIRTH
		   ATTENDANT (TTBA) 12
		   UNTRAINED TBA (DAI) 13
		   VILLAGE DOCTOR..14
		RELATIVE...15
		NEIGHBOR 16
		OTHER..96
		           (SPECIFY)	

607.	Have you gone to this smiling sun temporary satellite clinic in the last 3 months?	YES ....1 NO 2	▶ 611

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

607A.	What service(s) have you used at this SMILING SUN temporary/satellite clinic during your most recent visit in the last 3 months?
	
	Any others?
		FAMILY PLANNING
		   CLINICAL METHOD .... A
		   NON-CLINICAL METHOD .... .B
		   TREATMENT/ADVICE FOR SIDE EFFECTS ... C
		MATERNAL HEALTH
		   ANC.. D
		   PNC.. .E
		   TT..F
		CHILD HEALTH
		   EPI ....G
		   DIARRHEA TREATMENT/ORS........................ H
		   ARI TREATMENT I
		   VITAMIN A ....J
		   ILLNESSES (GENERAL) .... K
		   OTHER CHILD CARE...L
		OTHER REPRODUCTIVE HEALTH
		 TREATMENT OF RTI/STD ....M
		GENERAL HEALTH.. N
		OTHER... X
		(SPECIFY)	

608.	How long did it take for you to get to this SMILING SUN temporary clinic?	HOURS ☐☐ MINUTES ☐☐ NO TIME 0000 DON'T KNOW/CAN'T REMEMBER 9998	
609.	Once you arrived at the SMILING SUN temporary/satellite clinic, how long did you have to wait until you were treated?	HOURS ☐☐ MINUTES ☐☐ NO WAIT 0000 DON'T KNOW/CAN'T REMEMBER 9998	
610.	You said that you have received _____ (mentioned 607A) services during your most recent visit to the SMILING SUN temporary/satellite clinic. Did you pay for this service?	YES ....1 NO..2	▶ **611**
610A.	Did you pay the amount that you were asked to pay or did you pay more or less or on credit?	Same amount...1 More...2 Less..3 Credit..4	
611	Now I want to ask you some questions about your familiarity with clinics and hospitals in this area from where you can get health or family planning services. Do you know of any clinic/hospital in this area where you can get health or family planning services?	YES ....1 NO..2	▶ **618**

612	What type of hospital/ clinic was this
	(SHOW SMILING SUN LOGO IF NECESSARY)
	
	Name: _____
	
	Location:_____
		PUBLIC SECTOR
		   HOSPITAL/MEDICAL COLLEGE 11
		   FAMILY WELFARE CENTRE.............................12
		   UPAZILA HEALTH COMPLEX 13
		   MCWC 14
		   RURAL DISPENSARY/COMMUNITY CLINIC 15
		SMILING SUN
		   STATIC (VITAL / ULTRA) CLINIC 21
		OTHER NGO
		   MARIE STOPES CLINIC/HOSPITAL..... 31
		   UPHCP ……………………………………………32
		OTHER HOSPITAL/CLINIC…………………….....33
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL /CLINIC.............................41
		OTHER...96
		(SPECIFY)
		DON'T KNOW 98
			▶ 613

612A	Are you aware of any SMILING SUN clinic? (**SHOW SMILING SUN LOGO IF NECESSARY**) Name: _____ Location:_____	YES ....1 NO..2	▶ **618**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

613.	What services are available at this SMILING SUN hospital/clinic?
	
	Any others?
		FAMILY PLANNING
		  CLINICAL METHOD .... A
		  NON-CLINICAL METHOD .... B
		  TREATMENT/ADVICE FOR SIDE EFFECTS ... C
		MATERNAL HEALTH
		  ANC.. D
		  PNC.. .E
		  TT...F
		CHILD HEALTH
		  EPI ....G
		  DIARRHEA TREATMENT/ORS......................... H
		  ARI TREATMENT I
		  VITAMIN A ....J
		  ILLNESSES (GENERAL) .... K
		  OTHER CHILD CARE...L
		OTHER REPRODUCTIVE HEALTH
		  TREATMENT OF RTI/STD ....M
		GENERAL HEALTH.. N
		OTHER.. X
		              (SPECIFY)
		DOES NOT KNOW .... Y	

614.	Have you ever gone to this SMILING SUN hospital/clinic?	YES..1 NO...2	▶ 618
614A.	Have you gone to this smiling sun hospital/clinic in the last 3 months?	YES...1 NO..2	▶ **618**

614B.	What services have you used at this smiling sun hospital/clinic during your most recent visit in the last 3 months?
	
	Any others?
		FAMILY PLANNING
		  CLINICAL METHOD .... A
		  NON-CLINICAL METHOD ....B
		  TREATMENT/ADVICE FOR SIDE EFFECTS C
		MATERNAL HEALTH
		  ANC.. D
		  PNC...E
		  TT...F
		CHILD HEALTH
		  EPI ....G
		  DIARRHEA TREATMENT/ORS........................... H
		  ARI TREATMENT I
		  VITAMIN A ....J
		  ILLNESSES (GENERAL) .... K
		  OTHER CHILD CARE...L
		OTHER REPRODUCTIVE HEALTH
		  TREATMENT OF RTI/STD ....M
		GENERAL HEALTH.. N
		OTHER.. X
		              (SPECIFY)	

615.	How long did it take for you to get to this hospital/clinic?	HOURS ☐☐ ………….. MINUTES ☐☐ NO TIME ....0000 DON'T KNOW/CAN'TREMEMBER 9998	
616.	Once you arrived at the hospital/clinic, how long did you have to wait until you were treated?	HOURS ☐☐ ………….. MINUTES ☐☐ NOTIME ....0000 DON'T KNOW/CAN'TREMEMBER 9998	

617.	You said that you have received _____
	                      (mentioned in 614B)
	  services during your most recent visit. Did you pay for this service?
		YES..1
		NO...2
			▶ 618

617A.	Did you pay the amount that you were asked to pay or did you pay more or less or on credit?	Same anount...1 More ....2 Less...3 Credit...4	
618.	**Interviewer: Check Q. 607 and Q.614 and circle in appropriate code.**	**Code 1 of Q.607 and Q.614 is circled ....1** **Code 1 of Q.607 or Q.614 is circled ....2** **Code 1 of Q.607 and Q.614 is not circled..............3**	▶ **620**
619	What are the benefits you perceive when you seek services from the Smiling Sun Hospital/ clinic and/or Smiling Sun satellite clinic?	TRAINED PROVIDER……………………............. A HIGH QUALITY SERVICES………………............. B NEAREST FACILITY…………………….............. C ESSENTIAL CARE…………………………..... ..... D REASONABLE PRICE………………………….E LESS WAITING TIME ....F OTHER .... X (SPECIFY)	
619A	What are the favourable points that come to your mind when you think of the Smiling Sun Hospital/clinic and/or Smiling Sun satellite clinic?	SAFETY NET EXIST………………………............. A SOCIAL SERVICE…………………………............. B. BUILD HEALTH AWARENESS…………… C	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		CONTRIBUTE TO ENSURE GOOD HEALTH FOR ALL. .... D OTHER.. X (SPECIFY)	
619B	In general which economic group come to smiling sun Hospital/clinic for health care services?	UPPER CLASS…………………….…..................1 MIDDLE CLASS……………………. ....2 LOWER CLASS ....3 POOR OR POP……………………. ....4 ALL CLASS……………………….........................5	
620.	Is there anybody in your area from whom you can get health information or supplies of pills, condoms, vitamin A or ORS?	YES ....1 NO..2 DON'T KNOW/CAN'T REMEMBER 8	626
620A.	Who is she? Which organization does she belong to? Name: _____ Location: _____ Anybody else? Name: _____ Location: _____	SMILING SUN CSP/DEPOTHOLDER .... A BRAC SHASTHASHABIKA..................................... B GOV'T F.P. WORKER .... C GOV'T HEALTH WORKER .... D OTHER NGO WORKER .... E OTHER .... X (SPECIFY) DON'T KNOW .... Y	
621.	CHECK 620A: IF THE RESPONDENT MENTIONED THE NAME OF ONLY ONE PROVIDER, THEN ASK QUESTIONS 622-625 IN COLUMN 1. IF THE RESPONDENT MENTIONED MORE THAN ONE PROVIDER'S NAME, THEN ASK THE QUESTIONS 622-625 IN COLUMN 1 FOR THE FIRST PROVIDER AND THEN ASK 622-625 IN COLUMN 2 FOR THE OTHER PROVIDER		

622. In the last three months, did you receive any information from her on health or family planning? YES.. 1 NO .... 2 → 623	622. In the last three months, did you receive any information from her on health or family planning? YES ....1 NO..2 → 623
622A. What information did you receive? FAMILY PLANNING ....A TREATMENT/ADVICE FOR SIDE EFFECTS..............B MATERNAL HEALTH...C CHILD HEALTH..D DIARRHEA TREATMENT/ORS ....E ARI TREATMENT.. F VITAMIN A...G ILLNESSES (GENERAL)..H OTHER CHILD CARE .... I TREATMENT OF RTI/STD..J GENERAL HEALTH ....K OTHER _____ X (SPECIFY) DOES NOT KNOW..Y	622A. What information did you receive? FAMILY PLANNING..A TREATMENT/ADVICE FOR SIDE EFFECTS ....B MATERNAL HEALTH .... C CHILD HEALTH .... D DIARRHEA TREATMENT/ORS...................................E ARI TREATMENT ....F VITAMIN A .... G ILLNESSES (GENERAL) .... H OTHER CHILD CARE...I TREATMENT OF RTI/STD .... J GENERAL HEALTH...K OTHER _____ X (SPECIFY) DOES NOT KNOW ....Y
623. In the last three months, did you receive any family planning and health services from her? YES... 1 NO .... 2 → 624	623. In the last three months, did you receive any family planning and health services from her? YES ....1 NO..2 → 624
623A. What services did you receive? ORAL PILL..A CONDOM ....B OTHER FP METHOD ....C ORS...D VITAMIN A.. E CHILD HEALTH... F OTHER_____ _____ X (SPECIFY)	623A. What services did you receive? ORAL PILL ....A CONDOM...B OTHER FP METHOD .... C ORS .... D VITAMIN A ....E CHILD HEALTH ....F OTHER_____ _____ X (SPECIFY)
624. In the last three months, has she referred or told you to go to any satellite or static clinic for health and family planning services YES... 1 NO .... 2 → 625	624. In the last three months, has she referred or told you to go to any satellite or static clinic for health and family planning services YES ....1 NO..2 → 625

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP

	624A. For what service did she referred?
	
	FAMILY PLANNING
	   CLINICAL METHOD .... A
	   NON-CLINICAL METHOD.................................... .B
	   TREATMENT/ADVICE FOR SIDE EFFECTS.......... C
	MATERNAL HEALTH
	   ANC ....D
	   PNC ....E
	   TT .... F
	CHILD HEALTH
	   EPI ....G
	   DIARRHEA TREATMENT/ORS ....H
	   ARI TREATMENT... I
	   VITAMIN A...J
	   ILLNESSES (GENERAL)..K
	   OTHER CHILD CARE L
	OTHER REPRODUCTIVE HEALTH
	  TREATMENT OF RTI/STD.................................... M
	GENERAL HEALTH ....N
	OTHER _____ X
	                         (SPECIFY)
			624A. For what service did she referred?
			
			FAMILY PLANNING
			   CLINICAL METHOD ....A
			   NON-CLINICAL METHOD ....B
			   TREATMENT/ADVICE FOR SIDE EFFECTS C
			MATERNAL HEALTH
			   ANC.. D
			   PNC...E
			   TT..F
			CHILD HEALTH
			   EPI .... G
			   DIARRHEA TREATMENT/ORS.............................. H
			   ARI TREATMENT I
			   VITAMIN A .... J
			   ILLNESSES (GENERAL) ....K
			   OTHER CHILD CARE L
			OTHER REPRODUCTIVE HEALTH
			  TREATMENT OF RTI/STD .... M
			GENERAL HEALTH... N
			OTHER _____ X
			                         (SPECIFY)	

	625. In the last three months, has she visited you in your house to talk to you about family planning and health services or given you any pill, condom, vitamin A or ORS? YES.. 1 NO 2		625. In the last three months, has she visited you in your house to talk to you about family planning and health services or given you any pill, condom, vitamin A or ORS? YES .... 1 NO..2	
	INTERVIEWER: GO BACK TO 622 IN NEXT COLUMN OR IF NO MORE PROVIDER GO TO 624		GO TO 626	
626	CHECK FACE SHEET (DOMAIN) AND TICK IN APPROPRIATE BOX: Code 01,02,03,04,06,07,08,09= [ ] Code 05, 10 = [ ] Smiling sun areas Comparison areas (SKIP TO 628)			
627	Have you ever attended a meeting by a service promoter / community mobilizer (NAME OF COMMUNITY MOBILIZER/SERVICE PROMOTER)?		YES...1 NO..2 → 628	628
627A	What was the meeting about?		NEWLYWED MEETING .... A PREGNANCY CARE .... B PNC…………………………………………C Breastfeeding……………………………D FAMILY PLANNING................................ E CHILD HEALTH .... F STDS/RTI...G NUTRITION ....H OTHER _____ ... X (SPECIFY)	
627B	When was the last time that you attended a meeting? IF LESS THAN ONE MONTH AGO, WRITE '00'.		MONTHS AGO .... [ ][ ] DON'T KNOW/CAN'T REMEMBER 98	

628	RECORD THE TIME.	HOUR .... [ ][ ] MINUTES .... [ ][ ]	

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

Comments about Respondent:

_____
_____
_____
_____
_____
_____

Comments on Specific Questions:

_____
_____
_____
_____
_____

Any Other Comments:

_____
_____
_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

_____

_____

NAME OF SUPERVISOR:_____
DATE:_____

EDITOR'S OBSERVATIONS

_____

_____

_____

_____

_____

NAME OF SUPERVISOR: _____

DATE:_____

TR-12-89