Japan International Cooperation Agency Safe Motherhood Promotion Project: Phase II

Impact Study on Community Support Group

1. Background

The Government of Bangladesh is committed to achieve the Millennium Development Goals (MDGs) and has re-affirmed its obligation in different strategic papers. Reproductive health has been identified as an area of high priority in the Health, Population and Nutrition Sector Programme (HPNSDP 2011-2016) to meet the MDG goals 4 and 5. The operational plan of maternal, neonatal and child health has identified the priority areas, that includes improvement of the quality of EmOC services from all levels of hospitals, social and community mobilization, revitalization of Community Clinics (CC) and improved participation of community for CC management through establishment of community groups.

Japan has been supporting the targets and strategies of the Government of Bangladesh in achieving the Millennium Development Goals (MDGs). To this effect, the Japan International Cooperation Agency (JICA), an executing agency of Japan's Official Development Assistance (ODA), gives priority to strengthening social sector, in particular, the areas of health, medical care and primary education. As for the health sector, JICA puts importance on the improvement of the basic health conditions through focusing its efforts on the maternal and child health, and infectious diseases. JICA provides technical cooperation to these two health sector priorities, taking advantage of its own experiences and achievements in the world.

1.1. Safe Motherhood Promotion Project I

With the view to reducing maternal and neonatal mortality, JICA has supported the Government of Bangladesh to implement the Safe Motherhood Promotion Project (SMPP) at Norshingdi district on pilot basis from July 2006 to June 2011. The project was aimed at establishing an effective safe motherhood service delivery system to improve the availability and utilization of quality services for women during pregnancy and child birth. To achieve the objectives and outputs, the project had both facility and community level interventions. The terminal evaluation indicates that the project has achieved its purpose.

1.2. Safe Motherhood Promotion Project II

On successful completion of SMPP phase I and in recognition of its achievements, the Government of Bangladesh (GoB) has requested JICA to expand the SMPP project (SMPP phase II) in other districts, especially the low performing and hard to rich districts. As such, JICA has decided to expand its technical assistance to **Shatkhira** district (main intervention district). JICA supports implementation of 5S/Kaizen/TQM at selected public health facilities to improve quality of services. SMPP is also providing technical support to the Revitalization of Community Clinic (CC) Project to develop the Community Groups and Community Support Groups for operationalization and management of CC. A cluster randomized trial is also designed in collaboration with ICDDR,B under the SMPP phase II to evaluate impact of community intervention.

The SMPP phase II interventions have been designed taking the good practices identified in Narsingdi and Chowgacha models. The goal of the SMPP phase II is to improve the maternal and neonatal health status in Bangladesh. The purpose is to expand the approaches to improve maternal and neonatal health (MNH) service quality and utilization in align with Health, Population, and Nutrition Sector Development Program (HPNSDP). The project has designed its activities focusing on the following three outputs:

- Function of the coordination platform of MNH activities among stakeholders is enhanced at national level
- Process of good practices and lessons learnt extracted from the Project are disseminated in the country
- Appropriate and replicable local implementation mechanisms of maternal, neonatal and child health (MNCH) minimum package and approaches under the Upazila Health System (UHS) are defined

1.3. Social capital study

In collaboration with the Osaka University, Japan, SMPP has been testing the impact of Community Support Groups (CG) on social capitals in one upazila (Kalaroa) of Satkhira district. It is a cluster-randomize controlled trial with Community Clinic (CC) as cluster. In total there are 12 unions at the upazila. Out of them, one union was excluded from the study because it did not have any CC. In total there were 21 CCs in 11 upazilas. All the 21 CCs were randomized (through permuted block randomization) to allocate 10 CCs for intervention and 11 CCs for comparison. The name of the CCs by unions and their population are given in table 1.

Table 1. Name of Unions, Community Clinics and population by areas

	Intervention area			Comparison area	
Union	Community	Population	Union	Community	Population
	Clinic			Clinic	
Sonabaria	Ram Krishnapur	6,273	Karagachi	Hatatgonj	7,502
Jugikali	Bamankali	5,892	Joynagar	Dhandia	5,630
Chandanpur	Boyerdanga	8,781	Halatola	Domdom	8,160
Dayara	Dayara	8,456	Jugikali	Ofapur	5,086
Dayara	Chotosolimpur	7,516	Jalalabad	Jalalabad	5,358
Halatola	Halatola	8,350	Sonabaria	Vadiali	6,730
Karalkata	Singa	6,000	Karalkata	Nakila	8,879
Jalalabad	Batra	6,971	Kusudanga	Mohammadpur	6,810
Kusudanga	Paniquria	5,681	Langolzara	Talkupi	6,540
Karagachi	Kakdanga	7,223	Chandanpur	Kadpur	8,235
-	-		Chandanpur	Hijaldi	9,327
Total.		71 142			7(533
Total:		71,143			76,522

The intervention for the social capital study is development of CSGs by the Community Groups (CG) attached with each of the community clinics. All the intervention area CG members will be trained on how to manage the community clinics as well as to develop CSGs under them (about 3 CSGs per CC area). On the other hand, in the comparison areas the CG members will only be trained only on management of CCs but not on development of CSGs. It is, therefore, expected that the CGs in intervention areas will develop the CSGs, as per government guideline (3 CSGs per CC), by their own efforts. On the other hand, in the comparison areas the CGs will not develop the CSGs as they do not have the knowledge and skills to do this. The objectives of the social capital study is to evaluate the impact of CSG intervention on social capital.

The impact of CSGs on social capital will be measured by the following indicators:

Individual-level (cognitive social capital)

- Altruism: willingness to help others

- Cooperation: willingness to collaborate with others
- Risk lovingness: tendency to take risk-taking behaviours

Community-level (structural social capital)

- Collective action
- Community organizations
- Institutional network

This design has created an opportunity to simultaneously evaluate the impact of CSGs on limited maternal and neonatal health indicators (especially the behavioural aspects). The baseline survey is designed to collect baseline data on selected maternal and neonatal health indicators from both the areas (intervention and comparison).

2. Objective of baseline survey

The proposed study will be conducted under the background of the social capital study, which is a cluster randomized community trial and is being conducted at Kalaroa Upazila of Satkhira district. The current data collection will be an extension of the parent study with the aim to assess the impact of CSGs on maternal and neonatal health seeking behaviour of recently delivered women.

This study is designed to collect baseline information from both the intervention and comparison areas to understand the current situation of maternal and neonatal health seeking behaviour of recently delivered women. The specific objectives are to:

- Determine utilization of obstetric care services (such as ANC, PNC, use of skilled birth attendants for delivery, institutional delivery rate etc.)
- Assess utilization of EmOC service during obstetric complications (met need)
- Understand the current practices related to essential newborn care
- Compare the baseline information of intervention area with those of comparison area

3. Indicators

This randomized trial will evaluate the changes in following indicators as a consequence of development of CSGs by the CGs after controlling for all the confounding factors:

- Proportion of targeted women received 4 or more ANC by skilled providers (Community Skilled Birth Attendants [C-SBA], Family Welfare Visitor [FWV], Nurse, Doctors)
- Proportion of deliveries attended by skilled birth attendants (C-SBA, FWV, Nurse, Doctors)
- Proportion of deliveries conducted at the health facilities including CC
- Proportion of women with complications during pregnancy/delivery/postpartum period utilized EmOC services (met need)
- Proportion of targeted women received PNC within 42 days of delivery by skilled providers
- Proportion of newborn babies received Essential Newborn Care within 24 hours

4. Methodology:

4.1. Study design:

A cross-sectional study is designed to collect baseline data from both the intervention and comparison areas. Information would be collected from the target group at a single point in time to understand the status of the indicators one year prior to the survey.

4.2. Study population:

The target group for this study will be the women who had a live birth between 1 June 2011 and 31 May 2012 and permanently reside at intervention and comparison areas.

4.3. Sample size:

The ultimate goal of the study is to determine the significance of changes (between baseline and endline) in the selected indicators that may have occurred due to intervention at the intervention area compared to the comparison area. To estimate the minimum sample size to detect the changes in indicators, with 80% power and 95% confidence level, following formula has been used. A sample size of 1,420 from each of the intervention and comparison areas is required (table 1) [total sample size is 2,840]. Table 2 shows the desired minimum sample size for the study for selected indicators.

$$n = \frac{[Z_{\alpha} \sqrt{P_0Q_0 + Z_{\beta} \sqrt{P_1Q_1}}]^2}{(P_0 - P_1)^2}$$

Where,

n = Desired sample size for each area

Z = Standard normal deviate [1.96 for 5% level of significance]

 α = Level of significance [0.05]

 β = Type II error [0.20 and Z $_{\beta}$ = 0.84]

 P_0 = Baseline prevalence of the indicator

 $Q_0 = (1 - P_0)$

 P_1 = Anticipated prevalence of the indicator after intervention

 $Q_1 = (1 - P_1)$

Table 2: Sample size for selected indicators at 80% power and 95% confidence level

Sl	Indicators	Baseline prevalence§	Anticipated endline prevalence	Desired sample size	Sample size after adjustment for design effect (1.5)
1	4 or more ANC	29%	35%	945	1,418
2	Delivery by SBA	38%	45.6%	658	987
3	Delivery at institution	33%	39.6%	830	1,245
4	Met need	83%	95%	103	155
5	Proportion of women supported by community	3%	15%	86	129
6	PNC within 42 days of delivery	37%	44.4%	688	1,032
7	Proportion of women received skilled care for neonatal sickness	59%	71%	245	368

[§]Baseline data of Satkhira district, SMPP 2

4.4. Sampling method and selection of sample:

Data will be collected from both the intervention and comparison areas separately. The project data indicates that total population in the intervention and comparison areas are 71,143 and 76,522 respectively (total population: 147,665) [data by CARE CDO, Kalaroa]. Given the population size, the expected number of births in a year in intervention and comparison areas would be about 1,352 and 1,454 respectively (total births: 2,806). This estimate is based on Crude Birth Rate (CBR) 19 per 1000 population, a conservative estimate from the recent BDHS 2011 findings {CBR as per BDHS is 22.6

per 1000 population}. We have considered a lower estimate, because this area (Khulna division) is a better performing area as regards to health and family planning indicators in the country.

It has been decided to include all the eligible women (census data) both in the intervention and comparison areas, because if we consider cluster sampling the required sample size would be near to the number of eligible women living in the study area.

4.5. Data collection tool:

This study will use a structured questionnaire to collect relevant data from the study subjects. We propose to use the modified baseline survey questionnaire of SMPP 2 to collect data as it is already field tested (see annex 1 for data collection tool).

4.6. Data collection method:

Once sample is selected for the study, data will be collected by a group (n=21) of trained data collectors through face to face interview using the questionnaire. The data collectors will be trained on the objectives and contents of the questionnaire including the interview technique, selection of target group etc. However, hypothesis of the study would be masked to the data collectors to avoid interviewer (information) bias. The field activities will be supervised by two/three supervisors experienced in field activity. Each of the data collectors will interview 8-10 women daily and the data will be checked by the supervisors for consistency and omissions in the evening. All the field-up questionnaires will then be sent to the headquarters through the district office for processing.

4.7. Data analyses plan:

Baseline data will be primarily analyzed to calculate the indicators for intervention and comparison areas separately using the descriptive statistics. Baseline socio-demographic characteristics will also be looked at for comparison between intervention and comparison areas. At this stage there is no plan to analyze the data using analytic statistics. However, difference-in-difference statistics, after controlling for potential confounding factors, will be used to see the impact of intervention on the selected indicators once the endline data is collected, tentatively after 2 years.

5. Timeline for the survey

The estimated time required for the study would be 3 months (December 2012 to February 2013). Field data collection would be completed by the middle of December 2012. The draft will be prepared by the end of January. Following Gantt chart shows the activities and timeline.

Table 3. Timeframe for the study

SI	Activity		Dec	: '12			Jan	'13	W4 W1 W2 W3 W			
SI AC	Activity	W1	W2	W3	W4	W1	W2	W3	W4			
1	Preparation of data collection tool											
2	Recruitment of data collectors											
3	Training of data collectors											
4	Field data collection (Phase II)											
5	Data entry and cleaning											
6	Data analysis and construction of tables											
7	Report writing and submission of draft report											
8	Feedback from SMPP											
9	Updating and submission of the final report											

Data collection plan:

- No. of data collectors: 21 (one each for each CC)

No. of supervisors: 3Travel days: 1 day

- Training for data collectors: 2 days

- Data to be collected per day: 8-10 (average 9)

- Estimated duration of data collection: 3 weeks (including training and data collection time)

Detail data collection plan is need to be prepared

Following table shows CC wise population, estimated births (eligible women), and number of days required for data collection etc.

						Data collection		
SI.No	Name of Union	Name of CC	Intevention/ Comparison	Population	Estimated births	Days required	Travel & training	Total days
2	Chondonpur	Hizoldi	Comparison	9,327	177	18	3	21
3	Chondonpur	Kadpur	Comparison	8,235	156	17	3	20
7	Halatala	Domdom	Comparison	8,160	155	16	3	19
8	Jalalabad	Jalalabad	Comparison	5,358	102	11	3	14
10	Joynagor	Dhandia	Comparison	5,630	107	11	3	14
11	Jugikali	Ofapur	Comparison	5,086	97	10	3	13
14	Karagaci	Hotatgonj	Comparison	7,502	143	15	3	18
15	Karalkata	Nakila	Comparison	8,879	169	17	3	20
18	Kusudanga	Mohamadpur	Comparison	5,075	96	10	3	13
19	Langolzara	Tolkupi	Comparison	6,540	124	13	3	16
20	Sonabaria	Vadiali	Comparison	6,730	128	13	3	16
1	Chondonpur	Boyardanga	Intervention	8,781	167	17	3	20
4	Dayara	Dayara	Intervention	8,456	161	17	3	20
5	Dayara	Sotosalimpur	Intervention	7,516	143	15	3	18
6	Halatala	Halatala	Intervention	8,350	159	16	3	19
9	Jalalabad	Batra	Intervention	6,971	132	14	3	17
12	Jugikali	Bamankali	Intervention	5,892	112	12	3	15
13	Karagaci	Kakdanga	Intervention	7,223	137	14	3	17
16	Karalkata	Singa	Intervention	6,000	114	12	3	15
17	Kusudanga	Paniquria	Intervention	5,681	108	11	3	14
21	Sonabaria	Ramkrisnopur	Intervention	6,273	119	12	3	15

Total: 147,665 2,806

6. Plan for the end-line survey

There will be end-line survey conducted by the SMPP in 2015 to evaluate the impact of SMPP intervention. The data and findings of this baseline survey will be compared with those of the end-line survey. It is noted that the same methodology and variables will be used for end-line survey to ensure the comparability.

Baseline Survey: Impact of CSG on MNH care seeking Behavior, Kalaroa, Satkhira

Questionnaire for data collection Target group: Women who had a live birth during 1st September 2011 to $31^{\rm st}$ August 2012

Safe Motherhood Promotion Project-2, JICA

Baseline Survey: Impact of CSG on MNH Care seeking Behavior, Kalaroa, Satkhira

Fact sheet

	Identification	
UNION		
CC Name		
	=1, COMPARISON AREA=2	
VILLAGE		
RESPONDENT'S NAME	: <u> </u>	
	INTERVIEWER VISITS	
DATE OF INVERVIEW		
INTERVIEWER'S NAME		
RESULT CODE*		
*RESULT CODES:		
1 COMPLETI 2 NOT AT HO 3 POSTPONE 4 REFUSED 5 RESPONDE 6 OTHERS_	DME	

List of all Community Clinics

List of all Unions:

Unions	Code
Sonabaria	1
Jugikali	2
Chandanpur	3
Dayara	4
Halatola	5
Karalkata	6
Jalalabad	7
Kusudanga	8
Karagachi	10
Joynagar	11
Langolzara	12

Intervention area		Comparison area	a
Community Clinics	Code	Community Clinics	Code
Ram Krishnapur	1	Hatatgonj	11
Bamankali	2	Dhandia	12
Boyerdanga	3	Domdom	13
Dayara	4	Ofapur	14
Halatola	5	Jalalabad	15
Singa	6	Vadiali	16
Batra	7	Nakila	17
Paniquria	8	Mohammadpur	18
Chotosolimpur	9	Talkupi	19
Kakdanga	10	Kadpur	20
-		Hijaldi	21

Informed consent

(Please read to respondent before asking any question for the interview)
Assalamaliakum/Adab,
My name is
We are conducting a research to improve the maternal and neonatal health services in your area. In this regard I would like to ask you some questions about your experiences during delivery and post-partum period.
There is no possible risk if you agree to participate in this interview, although some of the questions are personal. However, all the information that you will provide will be kept strictly confidential; your name will not be used and you will not be identified in any way. This interview may take approximately 20 minutes to complete. Your participation is absolutely voluntary and there is no penalty for nonparticipation. You are free to ask any question, you may refuse to be in this interview process, you may refuse to answer any question in the interview; and you may stop the interview at any point.
Do you have any questions? Do you agree to take your interview now? Yes=1 No = 2
If no, stop here and go to the next person for interview.
Interviewer's Signature: Date:

Section 1: Background Characteristics

No.	Questions and Filters	Coding Categories	Go to
100.	Have you delivered a child between 1st June 2011 to 31st May 2012?	Yes	Terminate interview
100a.	When did you deliver your last child?	Month Year	
100b.	What is the name of your youngest child?	Name:	
100c.	How old is your child (name)?	Months. □ Died	► 100d
100d.	At what age (Baby's name) died?	Months	
101.	How old are you?	Age (in completed years)	
102.	What is your religion?	Islam	
103.	Have you ever attended any school?	Yes	→105
104.	What is the highest class you have completed? (If none write 00 in box)	Class	
105.	What is your main occupation? (What kind of work do you mainly do?)	Housewife (HH works)	
106.	What is your current marital status?	Currently married. 1 Separated. 2 Divorced. 3 Widowed. 4	
107.	Have your husband ever attended any school?	Yes	→109
108.	What is the highest class has your husband completed? (If none write 00 in box)	Class	

No.	Questions and Filters	Coding Categories	Go to
109.	What is the main occupation of your	Unemployed	
	husband? (What kind of work does he	NGO job02	
	mainly do?)	Business03	
		Teacher04	
		Professional (Doctor/Engineer/Advocate) 05	
		Other Govt. job06	
		Agriculture works07	
		Garments Worker08	
		Handicrafts	
		Poultry/cattle raising10	
		Skilled Laborer11	
		Unskilled Laborer12	
		Student13	
		Beggar14	
		Military service15	
		Rickshaw/van puller16	
		Fisherman 17	
		Retired18	
		Living abroad19	
		Other96	
		(Specify)	
110.	What is your monthly family income (from		
	all sources)?	Taka	
111.	How many living children do you have?		
		Total	
	If none write "0" in box.	Male: Female:	

SECTION 2: ANTENATAL CARE (ANC)

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Go to
201.	Have you received any ANC during last pregnancy?	Yes	→ 205
202.	How many times did you receive antenatal check up during your last pregnancy?	Times	
203.	Who provided ANC to you? (Multiple answer)	Qualified Doctor. A MA/SACMO. B Nurse. C FWV. D Paramedic. E CSBA. F Village doctor. G TTBA. H TBA/Dai. I Other X (Specify)	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Go to
204.	Where did you get the ANC checkup?	District/Sadar hospital A	
		MCWCB	
	(Multiple answer)	UHCC	
		FWCD	
		Community clinic E	
		Govt. Satellite clinicF	
		NGO clinic/Satellite clinicG	
		Private hospital/clinicH	
		Qualified doctor's chamberI	
		At home	
		Non-Qualified Doctor's ChamberK	
		OtherX	
		(Specify)	
205.	Did you experience any problem/	Yes 1	
	complication during your last pregnancy?	No2 -	→ 301
		_	
205a.	What type of problems/complication you	High fever A	
2004.	faced during your last pregnancy?	Severe headache/ blurred visionB	
		Swellings of hands and face	
		Severe abdominal pain	
	(Multiple answers)	Convulsions/fit E	
		Any amount of vaginal bleedingF	
		Reduced movement of the babyG	
		OtherX	
206	Did 1 1 1	(Specify)	_
206.	Did you go to any health facility during	Yes1	
	last pregnancy complications?	No2 -	→ 301
206a.	Which facility did you visit during last	District/Sadar HospitalA	
	pregnancy complication?	MCWCB	
		UHCC	
	(Multiple answers)	FWCD	
		Community clinicE	
		Govt. satellite clinicF	
		NGO clinic/satellite clinicG	
		Private hospital/clinicH	
		Qualified Doctor's ChamberI	
		PharmacyJ	
		Non-Qualified Doctor's ChamberK	
		OtherX	
		(Specify)	

SECTION 3: DELIVERY CARE

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Go to
301.	Who conducted your last delivery?	Qualified Doctor01	
		MA/SACMO 02	
		Nurse03	
		FWV	
		Paramedic	
		CSBA	
		TTBA07	
		TBA/Dai	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Go to
		Mother In-laws/Relative09	
		None	
		Other96	
302.	What was the mode of delivery?	Normal 1	
302.	What was the mode of derivery.	Cesarean section	
		Instrumental delivery	
		Others6	
303.	Where did you deliver your last child?	Home01	
		District/Sadar Hospital02	
		MCWC	
		UHC04	
		FWC05	
		NGO clinic/hospital06	
		Private clinic/hospital07	
		Other96	
		(Specify)	
304.	Did you have any problem during	Yes 1	
304.	delivery of your last baby?		401
	derivery or your last baby:	No2 ·	401
304a.	What type of problem did you face	Excessive vaginal bleedingA	
	during your last birth?	Severe headache and blurred visionB	
		Convulsions/fit	
		Prolonged labour (labour pain for more	
		than 12 hours)	
		Obstructed laborE	
		Mal presentation (if any other part of	
		the baby other than the head is seen	
		in the birth passage, like buttocks,	
		hand, foot or cord)F	
		Retained placenta (placenta is not	
		1 4	
		expelled within 30 minutes after	
		delivery of the baby)	
		Foul smelling or greenish discharge	
		from vaginaH	
		No labor painI	
		Leaking membrane before delivery	
		Other X (Specify)	
		(Specify)	
305.	Did you go to any health facility during	Yes	
	delivery complications?	No2 -	→ 401
305a.	Which facility did you visit during delivery complications?	District/Sadar HospitalA	
		MCWCB	
		UHC C	
		FWCD	
		Community clinic E	
		Govt. satellite clinicF	
		NGO clinic/satellite clinicG	
		Private hospital/clinicH	
		1 11vaic 110spitai/ciiiiic	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Go to
		Qualified Doctor's Chamber I	
		PharmacyJ	
		Non-Qualified Doctor's ChamberK	
		OtherX	
		(Specify)	

SECTION 4: POSTNATAL CARE

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Go to
401.	Did you have any physical checkup	Yes1	
	within 42 days of delivery?	No2 →	402
401a.	Where did you have your physical	District/Sadar hospital A	
	checkup after the last delivery?	MCWCB	
		UHCC	
		FWC D	
	(Multiple answers)	Community clinic E	
		Govt. Satellite clinicF	
		NGO clinic/Satellite clinic G	
		Private hospital/clinicH	
		Qualified doctor's chamberI	
		At homeJ	
		Village doctor's chamberK	
		Non-Qualified Doctor's ChamberL	
		OtherX	
4011	What are a standard of the sta	Qualified Doctor	
401b.	Who provided PNC to you?	MA/SACMOB	
		Nurse	
	(Multiple answers)	FWVD	
	(Withtiple answers)	Paramedic	
		CSBAF	
		Village doctorG	
		TTBAH	
		TBA/DaiI	
		OtherX	
402.	Did you have any	Yes	
	problems/complications during	No	501
	postpartum period of your last delivery?	110	
402a.	What type of problems/complications did	FeverA	
	you face during postpartum period?	Foul smelling vaginal dischargeB	
		Excessive vaginal bleedingC	
	(Multiple answers)	Severe lower abdominal painD	
		Fits/convulsion E	
		Retained placenta (placenta is not	
		expelled within 30 minutes after	
		delivery of the baby)F	
		OtherX	
403.	Did you go to any health facility desire	Yes	
403.	Did you go to any health facility during		501
	complications/problems of postpartum	No2 →	301
402 -	period?	District/Coden Heavitel	
403a.	Which facility did you visit during	District/Sadar HospitalA	
	problems/complications of postpartum	MCWCB	
	period?	UHCC	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Go to
		FWCD	
		Community clinicE	
	(Multiple answers)	Govt. satellite clinicF	
		NGO clinic/satellite clinicG	
		Private hospital/clinicH	
		Qualified Doctor's ChamberI	
		PharmacyJ	
		Non-Qualified Doctor's ChamberK	
		OtherX (Specify)	
404.	Did your baby have any problems/	Yes1	
1011	complications within 28 days after birth?	No2—	501
	complications within 20 days after offth:	1102	501
404a.	What type of problems/complications did	Lethargy A	
	your baby have?	ConvulsionB	
	your outly have.	Jaundice (yellow colored palm and soles). C	
	(Multiple answers)		
	(munipic answers)	Respiratory distress (difficult & fast breathing)D	
		Repeated vomitingE	
		Skin infectionF	
		Cord infection (redness and discharge) G	
		Poor sucking and feedingH	
		FeverI	
		Hypothermia (low body temperature) J	
		Eye infection (discharge of pus from eyes)K	
		DiarrheoaL	
		Don't knowY	
		OtherX	
		Other X (Specify)	
405	B:1 :	37	
405.	Did you receive any treatment for your	Yes1	501
	baby's problem?	No2—	501
405a.	Who treated your baby during	Qualified MBBS Doctor A	
403a.		MA/SACMOB	
	complications?		
		NurseC	
		FWVD	
		ParamedicE	
		CSBAF	
		Village doctorG	
		TTBAH	
		TBA/DaiI	
		OthersX	
		OthersX (Specify)	
405b.	Which facility did you visit for your	OthersX (Specify) District/Sadar HospitalA	
405b.	Which facility did you visit for your baby's problems/complications?	OthersX (Specify) District/Sadar HospitalA MCWCB	
405b.	1	Others	
405b.	1	Others	
405b.	1	Others	
405b.	baby's problems/complications?	Others	
405b.	baby's problems/complications?	Others X (Specify) District/Sadar Hospital	
405b.	baby's problems/complications?	Others X (Specify) A District/Sadar Hospital A MCWC B UHC C FWC/USC D Community Clinic E Govt. satellite clinic F	
405b.	baby's problems/complications?	Others X (Specify) District/Sadar Hospital A MCWC B UHC C FWC/USC D Community Clinic E Govt. satellite clinic F NGO clinic G	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Go to
		PharmacyK	
		Village doctor's chamberL	
		Other (Specify):X	

SECTION 5: ESSENTIAL NEWBORN CARE

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Go to
501.	Was the baby dried (wiped) immediately after delivery?	Yes1	
		No2	
		Died immediate after birth3	
		Don't know7	
502.	Was the baby wrapped in cloth after	Yes1	
	drying?	No2	
		Don't know7	
503.	How long after birth was the baby	Within 6 hours1	
	bathed?	Within 6-24 hours	
		Within 2-3 days3	
		After 3 days4	
		Died before bath5	
		Don't know7	
504.	Was anything applied to the cord	Yes1	<u></u>
	7 8 11	No2	→505
		Don't remember7	
504a.	What was applied?	Antibiotic powder/ointment A	Ť
00.00	11	Antiseptic (Detol/Savlon/Hexasol)B	
		Spirit/AlcoholC	
		Mustard oil	
	(Multiple answers)	SindurE	
		Boric powderF	
		Talcum powderG	
		Ash/burnt soilH	
		Coconut oilI	
		Other V	
		OtherX (Specify)	
505.	How long after birth the baby was	Don't knowY Never breast fed0	
303.	1	Within 30 minutes	
	(name) put to breast?		
		More than 30 minutes but within a day2	
		More than a day	
506	Did you sive the behavior lecture (the	Don't remember	
506.	Did you give the baby colostrum (the first liquid/milk that comes out from the	Yes	
		No2	
507	breast)?	V	
507.	Did you give baby anything else to	Yes1 _	+
	drink (such as, water, honey, mustered	No	500
	oil etc.) before initiation of breast	Don't remember7	▶509
7 00	feeding?		
508.	What are those?	Water A	
		HoneyB	
		Misri/Sugar waterC	
	(Multiple engryens)	Mustard oilD	
	(Multiple answers)	Fruit juice	
		Powder milk/Baby formulaF	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Go to
		Cow milkG	
		Other liquid H	
		OtherX	
		(Specify)	
509.	Did you give anything else other than	Yes1	
	breast milk during the first 6 months of	No2	
	birth?	Don't remember7	

Thank the mother and finish the interview