

End Line Evaluation Report Bangladesh December 2020 | BGD2012

End Line Evaluation of Mamota Project Bangladesh

December 2020 | BGD2012

Prepared for



Research Team

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We specially thank the Monitoring, Evaluation, Accountability & Learning (MEAL) Team of Save the Children for their technical direction on designing the methodology and for coordination and management support. We acknowledge the contribution for technical backstopping on designing the tools and for continuous backstopping support during training and data collection.

We express our gratitude to the FIVDB Team for extending cooperation to the survey team during data collection. This support made our task easy and efficient.

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We finally acknowledge the wholehearted support rendered by the respondents from Mamota working areas, key-informants and other respondents despite restrictions in this Covid-19 pandemic situation. Without their time and cooperation, the survey would not be complete and evidential. Their contribution helped us to undertake an informative and rigorous study, which we believe will help Save the Children and the consortium in its future endeavours through the Mamota project in Sylhet district in Bangladesh.

PROJECT SUMMARY

Title	Maternal-Neonatal Health Care and Family Planning (Mamota)Project							
Date of report	December, 2020							
Type of report	Project End line Evaluation							
Author	Dr. Shimul Koli Hossain, Innovision Consulting Private Limited Ahmed S. Ishtiaque, Innovision Consulting Private Limited							
Email	info@innov	vision-bd.com						
Name of the	End Line Evaluation Report on Maternal-Neonatal Health Care and Family							
project		1amota)Projec	ct					
Project Start	Phase 2: 20		D	.000				
and End dates		nuary 2018 to						
Project duration		Phase 2: Three		3: Three	years)			
Project locations:	Phase 2: Co	rict, Banglades ompaniganj, G ompaniganj, G	iowainghat, J		alaganj, C	Golapganj		
Thematic areas	Health and	Health and Nutrition						
Sub themes	Maternal, Neonatal, and Reproductive Health, Maternal, Infant and Young Child Nutrition, Child Health							
Total budget	-	-						
Donor	KOICA an	d Save the Chi	ildren Korea					
		Companigon j	Gowaingha t	Jaintiapu r	Balaga nj	Golabga nj	Total	
	Pregnant women	4,834	8,271	0	3,418	9,404	25,927	
Edward	Children under 1 month	4,334	7,415	0	3,065	8,432	23,246	
Estimated beneficiaries	Sick Newborn	NA	NA	860	NA	NA	860	
	Married WRA (15-49 years of age)	26,670	45,633	0	18,859	51,887	143,049	
	Total	35,838	61,319	860	25,342	69,723	193,082	
Goal (Overall objective of the project)		itilization of M ate in underse				nal and ne	w-born	

EXECUTIVE SUMMARY

The end line evaluation of the second and third phases of the Mamota project was conducted to assess the effectiveness, impact, relevance and sustainability of the Maternal, Neonatal Health-Family Planning (MNH-FP) services provided, to evaluate the supporting mechanisms of local government institutions, such as Union Parishads, assess the capacity of the service providers to deliver quality services and to investigate the health-seeking behaviours of the community. The second phase (2015-2017) of Mamota intervention was implemented in Companigani, Gowainghat and Jaintapur Upazila of Sylhet, whereas the third phase (2018-2020) consisted of handover of activities in Companiganj and Gowainghat upazilas (2018-2019) and intervention in Balaganj and Golapganj upazilas (2018-2020).

Both quantitative and qualitative method were used to conduct the end line evaluation. The quantitative survey was supported with qualitative FGDs, IDIs, checklists and case Studies. The groups that were selected for the survey included (1) women who have given birth within the last 2 years of the study (observing their health-seeking behaviour and the MNH care they received during their last pregnancy, childbirth & postnatal period); (2) women of reproductive age (15-49 years) who were not pregnant at the time of the survey and did not give birth within last 2 years (observing their usage of contraceptives & their knowledge of family planning methods). Moreover, eleven randomly selected UH&FWCs and two UHCs were studied to examine the changes in infrastructural support and improvements on the supply side.

Groups Selected for the Study



women who had aiven births in the last 2 years of the study



women age (15-49) who were not pregnant at the time of the survey and did not give birth in last 2 years

Respondents between 18 - 28 years of age



MNH group



Monthly household expenditure below 10,000 BDT





Study findings suggest that about two-thirds (69.5%) of the respondents of the MNH group and more than one-third (35.7%) of the FP group were between 18 to 28 years of age. The level of education was at the primary level for about two-thirds (65.6%) of the MNH group and more than half (56.2%) of the FP group. The education level of their husbands was found to be (15.0% in the MNH group

and 26.4% in the FP group) even lower. The overall household monthly expenditure was found to be below BDT 10,000 for more than half the respondents in both groups (51.2% in the MNH group and 55.1% in the FP group). On a positive note, it was also found that about two-thirds of the households in both groups (65.3% in MNH group and 63.2% in FP group) had access to a health centres within one kilometre.

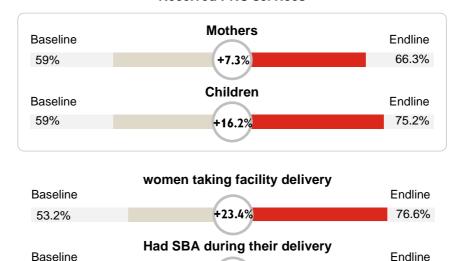
The percentage of women receiving antenatal care at least once during pregnancy by medically trained providers is estimated at 75.5%, which is very close to the national reference value (81.9% according to the BDHS 2017-2018). The percentage of women receiving ANC for four times or more during pregnancy by medically trained providers was found to be 35.0% during the end line survey, which was only 23.0% during the baseline survey.



The percentage of women receiving PNC has improved compared to the baseline and national average values. The baseline survey revealed that, of the women who had delivered at the facilities, about 59.0% along with their new-born children had received PNC. This has increased to 77.1% in the case of mothers and 75.8% in the case of children according to the end line findings. It was found that the percentage of women having deliveries at facilities has decreased from the baseline (53.2% versus 50.31%) when compared with the five upazilas of endline. However, when we compare the findings of recently intervened two upazilas (Balaganj and Golapganj) with the results of the baseline study, it was found to be increased remarkably (53.2% Vs. 76.6%). About 56.9% of women reported having skilled birth attendants (SBAs) present during their deliveries which was reported to be 57.1% during the baseline survey. When these two upazilas in the endline survey was considered, the percentage of women who had their children delivered by skilled birth attendants stood at 80.6%.

The baseline evaluation was conducted in Balaganj and Golapganj upazilas before inception of the third phase of Mamota's activities in those two upazilas. The endline evaluation was conducted in 3 more upazilas in addition to Balaganj and Golapganj. Mamota's activities had been withdrawn from these three upazilas (Companiganj, Gowainghat and Jaintapur) three years prior to the endline survey. Therefore, when we compared the findings of the endline survey (from five upazilas) with that of the baseline survey (from Balaganj and Golapganj) the improvements in indicators were not as much as it was expected to be. However, when we compared the endline findings of Balaganj and Golapganj upazilas with the baseline findings, improvements in most of the indicators were obvious and satisfactory.

Received PNC services

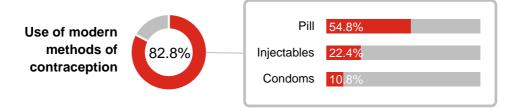


It was found that knowledge of family planning is universal. Use of any methods of contraception was 82.8% and the modern method was 74.7%t. The most widely used contraceptive is the pill (54.8%) followed by injectables (22.4%). Condoms were used by only 10.8% of the respondents' husbands.

+7.4%

64.5%

57.1%



Comparing the end line study data with that of the 2018 baseline survey shows positive improvements in most of the major indicators which includes receiving ANCs for four times or more, percentage of facility delivery, percentage of delivery attended by SBAs, PNC within 24 hours of delivery, knowledge on FP and usage of contraceptives. Overall data from the study suggest that MNH-FP intervention of Mamota Project has induced several positive changes such as the increase in overall awareness and long-term practicing behaviour of the targeted population among the intervention areas.

The key questions for measuring the relevancy, impact, effectiveness and sustainability of the Mamota project interventions were assessed against the findings from the quantitative and qualitative surveys. A systematic and objective assessment of the program design, implementation and results was carried out following OECD/DAC criteria. During the analysis, the project outcome was measured using Likert scale of 1 to 5 and the rationale for assigning each score was obtained by assessing the rationale of the key questions. The results obtained by addressing few questions on relevancy, effectiveness, impact, and sustainability are 5, 4.5, 4.5 and 3.5 respectively.

Many unique lessons were there to learn from this five year-long MNH-FP project. The unique feature of the project is to simultaneously address the supply side and the demand side and to involve the local government with the health system of the community. The study team has identified some of the following lessons which will provide direction in planning of similar type of program in the future

- Addressing supply side (HR, minor renovation of facilities, continuous supply of drugs and other commodities) can increase demand for services;
- Involvement of Union Parishads increase community participation and is very helpful to solve local problems (e.g., boundary wall and electric supply of health facility, patient transportation, etc.)
- Monitoring (supervisory & mentorship visits) and evaluation of a health program is an essential component of quality assurance
- Healthcare providers of the Government (FWVs & SACMOs) were included to share equal burden of work to make the program sustainable

The objective of this evaluation study was to assess the impact, effectiveness, relevancy and sustainability of the project which would help the policymakers to design project in the future in more effective ways. In order to ensure this, some of the recommendations from different stakeholders, include the following:

- To provide 24/7 NVD services, all UH&FWCs must have at least two female paramedics so that
 one can stay at the UH&FWC all time and another can operate satellite clinics at villages;
- A mechanism should be developed to engage the local midwives and trained FWAs in conducting home deliveries as the percentage of home deliveries by SBAs is very low in the targeted upazilas;
- The people of the village along with Union Parishad should arrange emergency transportation systems to transport severely ill patients from communities to health facilities;
- Union Parishads should take part in improving the healthcare system of the union through regular arrangement of UH&FWC management committee meetings and advocacy to use grants from local Government to improve the UH&FWCs' functions;
- Men (husbands and fathers-in-law) happen to be the decision makers for most families.
 Therefore, in the future, men should be included in courtyard meetings to make them aware of MNH:
- Use of modern methods of contraception is very low in the targeted upazilas, especially longacting permanent methods (implants, IUCDs) due to religious barriers and challenges presented in the road to empowerment of women. Policy-makers should take initiatives to involve Imams and religious leaders in dissemination of FP messages. The Ministry of Women and Children Affairs and Ministry of Youth & Sports may pursue accelerated programs in empowering the women of Sylhet district;
- One of the important causes for success of Mamota project was intense monitoring; All Upazilas
 and Union level facilities should be brought under careful monitoring visits to provide quality
 healthcare to the communities. Most of the service providers and policy makers put emphasis
 on monitoring in their interview.
- To endure quality care for underprivileged rural people, the Government needs the support of the Mamota project for the next 2-3 years until all vacant posts are filled up by the Governments paramedics (SACMO & FWV)

The Government of Bangladesh is committed to ending preventable maternal and childhood mortality by 2030. Bangladesh is also a co-signee of Sustainable Development Goals. To attain these commitments, Government efforts alone are not sufficient. The other stakeholders acting in the different sectors in the country should also play their active roles to accelerate the development of the MNH in the country.

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ACRONYMS

ANC	Antenatal Care			
BDHS	Bangladesh Demographic and Health Survey			
BDT	Bangladeshi Taka			
CPR	Contraceptive Prevalence Rate			
DGFP	Directorate General of Family Planning			
EPCMD	Ending Preventable Child and Maternal Deaths			
EPI	Expanded Programme on Immunization			
FGD	Focus Group Discussion			
FIVDB	Friends in Village Development Bangladesh			
FP	Family Planning			
FWA	Family Welfare Assistant			
FWC	Family Welfare Center			
FWV	Family Welfare Visitor			
HH	Household			
HPNSDP	Health, Population and Nutrition Sector Development Program			
HSC	Higher Secondary Certificate			
IDI	In-depth Interview			
IUCD	Intra-Uterine Contraceptive Device			
KII	Key Informant Interview			
KOICA	Korean International Cooperation Agency			
MBBS	Bachelor of Medicine, Bachelor of Surgery			
MCH	Maternal and Child Health			
MDG	Millennium Development Goals			
MICS	Multiple Indicator Cluster Survey			
MMR	Neonatal Mortality Rate			
MNCH	Maternal, Newborn and Child Health			
MNH	Maternal, Neonatal Health			
MO	Medical Officer			
MOHFW	Ministry of Health and Family Welfare			
MT	Medically Trained			
MWRA	Married Women of Reproductive Age			
NGO	Non-Governmental Organization			
NMR	Neonatal Mortality Rate			
ОТ	Operation Theater			
PNC	Postnatal Care			
PPFP	Postpartum Family Planning			

SACMO	Sub-Assistant Community Medical Officer
SBA	Skilled Birth Attendant
SC	Satellite Clinics
SDG	Sustainable Development Goals
SSC	Secondary School Certificate
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
UHC	Upazila Health Complex
UHFWC	Union Health & Family Welfare Centers
UNFPA	United Nations Population Fund
UP	Union Parishad
WHO	World Health Organization

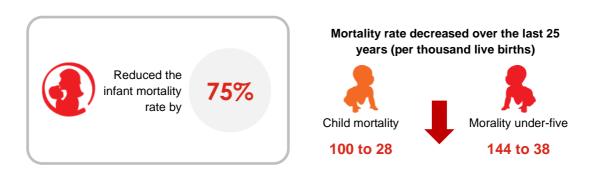


CHAPTER 1: INTRODUCTION

Universally, the physical and mental well-being of a person is acknowledged as a fundamental human right. As such, Article 25 of the Universal Declaration of Human Rights that was drafted in 1948 by the United Nations General Assembly recognizes that every human being has the right to adequate medical care, and that motherhood and childhood are entitled to specialised care. The 'Convention on the Rights of the Child', which was adopted by the United Nations General Assembly in 1989, expands on this proclamation of specialised care required during childhood and stresses on the importance of protecting the rights of children, providing medical support and quality child healthcare, and working towards reducing child mortality and prevention of diseases. In addition, the resolution also places emphasis on the facilitation of supportive conditions that promote children's education and nutrition, family planning, education for parents and cooperation on a global scale to trigger the welfare of children all over the world.

National Commitment

As a signatory of these international resolutions, Bangladesh is obligated to ensure improved health services of its all citizens (Health Policy, 2011). In the spirit of achieving universal health coverage, Bangladesh has committed to end preventable child and maternal deaths by 2030. This pledge, is also in line with the agendas of the Sustainable Development Goals (SDGs) and Ending Preventable Child and Maternal Deaths (EPCMD)¹. In addition, as a signatory to the global partnership on Family Planning 2020 (FP 2020), Bangladesh is also committed to enhance the standard of FP services and to reduce overall fertility to 1.7 children per woman by 2021 through equitably growing the coverage of successful contraception and reducing unmet needs.²



Achievements in health sector of Bangladesh

Bangladesh exceeded expectations by making such a remarkable progress in achieving goals 4 (reduce child mortality) & 5 (improve maternal health) of the Millennium Development Goals. Over the last 25 years (1990 to 2016), Bangladesh has reduced the infant mortality rate by 73 percent, including the reduction of the under-five mortality rate. According to 2014 BDHS figures, child mortality rate has decreased from 100 to 28, and morality under-five has decreased from 144 to 38 per thousand live births.³

In the last few decades, Bangladesh has also made tremendous progress in reducing the Maternal Mortality Ratio (MMR), the rate in 1975 was 600 deaths per 100,000 live births, which was reduced to 176 by 2015⁴. The drive for pre-natal care, the introduction of health vouchers for poverty-stricken mothers, the deployment of community-based skilled birth attendants, and the introduction of the midwifery program by the Government and United Nations Population Fund (UNFPA), other UN and development partners and NGOs in service delivery has contributed towards these achievements. Moreover, it has also become apparent that the traditional norms of giving birth at home is shifting towards facility delivery for the population; facility delivery has been reported to have risen steadily from 12% in the last decade to 37%.5 Moreover, the contraceptive prevalence rate (CPR) has also increased from 8 percent to 62 percent during the period of 1975 - 2018 in Bangladesh

¹ In June 2012, the Governments of Ethiopia, India and the United States of America convened the Child Survival Call to Action in Washington, D.C. to rejuvenate the global child survival movement. Over 178 governments and hundreds of civil societies and faith-based organizations, have signed a pledge vowing to do everything possible to stop women and children from dying of causes that are easily avoidable. Now this commitment called, Ending Preventable Child and Maternal Deaths: A promised Renewed.

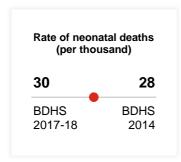
² FP2020 summit

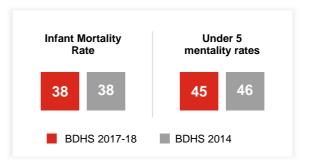
³ Bangladesh Demographic and Health Survey, 2014 and 2017-18

⁴ Bangladesh Maternal Mortality and Health Care Survey (BMMS)- 2016

Existing challenges in health sector of Bangladesh

Despite the significant decline in infant and child mortality rates in Bangladesh, a large number of neonatal deaths in developing countries, including Bangladesh, still remain a major public health concern. The 2017-18 Bangladesh Demographic and Health Survey (BDHS) shows that the rate of neonatal deaths is at 30/1000 live births which is higher if compared to the BDHS 2014 data (28/1000 live births). Moreover, infant mortality rate accounts for 38/1000 live births and under-5 mortality rate for 45/1000 live births in 2017-18, if compared to the estimates of 2014 BDHS which was 38 and 46 per 1000 live births respectively. Although there is only a slight increase in neonatal and under-5 child mortality rates compared to the 2014 BDHS results, it is still an increase.





Therefore, efforts to minimize new born deaths in Bangladesh need to be renewed. Secondary literature indicates that some of the major contributors to maternal and new born deaths in Bangladesh are the absence of skilled birth attendants during childbirths, and the improper and lower frequency of antenatal care visits. Studies on antenatal care in Bangladesh indicate that the frequency of antenatal care visits of women belonging to poor and uneducated families is lower than that of wealthy families. Only 6.5% pregnant women from lowest wealth quintile receive quality ANC compared to 36.7% women of highest wealth quintile⁵. Some studies have shown that mothers in rural areas, have less access to healthy childbirth as good hospitals are scarce. As a result, during pregnancy complications, women have limited opportunity for accessing adequate care⁶. In developing countries such as Bangladesh, the practice of getting medical check-ups during pregnancy is very poor compared to developed countries, where most (97%) of pregnant mothers have access to ANC (Amrin, 2016)⁷. The percentage of women receiving Antenatal Care (ANC) at least once is stated to have increased in Bangladesh, but the rate is still very low compared to developed countries⁸. The number of women receiving Antenatal Care (ANC) at least once has increased from 63.9% to 81.9% during the period 2014-2018, according to BDHS data 2017-18⁹.

Huda et al. (2017) stated in a very recent study that about one-third of pregnancies are still unintended, often due to a lack of family planning and discontinuation or switching of contraceptives. Most women are aware of at least one form of contraception where the most frequently used form is the oral pill (25.4%), followed by injectable (10.7%), condom (7.2%), and IUD (0.6%) according to BDHS 2017-18 which are mostly distributed by Family Welfare Assistants (FWAs) and Family Welfare Visitors (FWVs)¹⁰. However, high rates of vacancies in these service provider positions result in gaps in outreach family planning services.

⁵ Bangladesh Demographic and Health Survey, 2017-18

⁶ Islam and Odland, 2012; Islam et al., 2004; Halim et al., 2011; Pervin et al., 2012

⁷ Amrin, 2016

⁸ Shahjahan et al., 2012

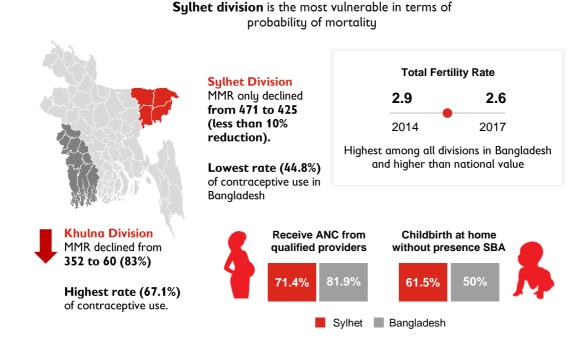
⁹ Bangladesh Demographic and Health Survey 2017-2018, 2019

¹⁰ Bangladesh Demographic and Health Survey 2017-2018, 2019

Regional variation in health services and healthcare situation in Sylhet

While there is a positive shift towards improving Bangladesh's healthcare situation through various interventions, this shift has also led to substantial disparity between different population groups (marginalized versus privileged class) and regions in accessing and using healthcare facilities. Among the eight divisions in Bangladesh, Sylhet has lagged behind in terms of education, maternal & new born healthcare, and family planning facilities compared to other areas, and this trend has not changed significantly over time. Despite its economic advantage over the rest of Bangladesh, Sylhet's health indicators are among the poorest. The government and non-governmental organizations have made numerous attempts to improve the health situation in the Sylhet district, but this has not improved significantly. In addition, the scenario of available healthcare facilities and their use varies among different Upazilas in the Sylhet district. For a longer period of time, Sylhet district has been in a disadvantaged position within Sylhet division. The district of Sylhet is divided into 12 sub-districts or Upazilas, of which Companigonj, Goainghat and Jaintapur are the most backward in terms of educational, healthcare, transportation, infrastructure development, and overall living status.

Moreover, the attempts to reach the marginalized and disadvantaged population living in the remote areas of Sylhet with essential health facilities have been made more difficult by insufficient numbers of healthcare service providers, along with a high rate of vacancies in healthcare personnel positions. Service providers for UH&FWCs and outreach sites in the Sylhet district have gaps in sanctioned vs. vacant positions ranging from 8% to 49% (Human Resource gaps in Sylhet district, 2017).¹¹



Also, women and newborn children are often deprived of required healthcare services. A large number of women in the entire district are reported to have little access to antenatal care (ANC), postnatal care (PNC), skilled birth attendants (SBA) and family planning (FP) services. In the Sylhet district, the adoption of family planning with modern methods is not up to the mark. Using the fragility models, Khan and Awan (2017) found that the probability of mortality varied across divisions, the most vulnerable being the Sylhet division. For instance, in Khulna division, MMR declined

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¹¹ Mamota Project Execution Plan, Phase-2, 2017 (Unpublished Report)

from 352 to 60 (an 83% reduction). During the time period, in Sylhet division MMR only declined from 471 to 425 (less than 10% reduction).¹²

In addition, the Total Fertilitu Rate (TFR) in Sulhet was reduced from 2.9 to 2.6 between the 2014 and 2017 surveys¹³ but it is still the highest among all divisions in Bangladesh and higher than national value. In the case of accessing prenatal care from a medically qualified provider, access to these services by rural women of Sylhet division has declined, although an 8% rise has been seen since 2004 at the national level. Currently, in the Sylhet division, 71.4% of women receive antenatal treatment from qualified providers compared to 81.9% nationally¹⁴. In Bangladesh, childbirth at home without presence of Skilled Birth Attendant (SBA) is still very high (50%), and even higher in the Sylhet division (61.5%), which is higher than the national average¹⁵. For instance, 90.4% of deliveries took place at home and 88.3% of all deliveries occur without a skilled birth attendance in Gowainghat upazila; the rate of home delivery was 85.6% and almost none of them (85.2% of all deliveries) are attended by skilled providers in Companiganj upazila; and 81% of total delivery is carried out by non-qualified providers and delivered at homes in Jointiapur upazila. ¹⁶ Neonatal Mortality Rate (NMR) in Sylhet division was also 28.2% higher in 2014 than national average (28 vs. 39 per 1,000 livebirths)¹⁷.

Moreover, the regional variation in contraceptive usage is very prominent. Between 2014 and 2017, modern method use declined by 2 percentage. Use of contraceptives is highest in Rangpur (59%) and lowest in Chattogram and Sylhet (45%)¹⁸. Among Bangladesh's other divisions, the Sylhet division has the lowest rate of contraceptive use (44.8%) while the Khulna division has the highest rate (67.1%)¹⁹. Although Health, Population and Nutrition Sector Development Program (HPNSDP; 2011-2016) aimed to increase modern methods of contraceptive use to 50% in the Sylhet division, modern methods of contraceptive usage in Sylhet need to be increased by 15% in the next 5 years to do so. On a positive note, Sylhet showed a continuous rise in CPR over the past four years, which was the highest among the other divisions²⁰.

Explanations accounting for Sylhet's poor progress in maternal and child health indicators typically range from its religious conservatism, to its high levels of economic inequity and low levels of female literacy, with more than 35% of women having received no education. In addition, absenteeism in UH&FWCs, insufficient outreach programs, lack of ANC logistics and necessary medicines, high costs of treatment, poor knowledge within the community and minimum involvement of local government in maternal, neonatal health and family planning (MNH-FP) activities etc. are some of the major contributors to the lower rates of key health indicators in Sylhet.

1.2 Background and Objectives of Mamota Project

Taking the situation of healthcare services in the Upazilas of Sylhet district into consideration, and to make an impact on maternal and newborn survival in these remote and underserved areas, Save the Children (SC), with financial support from the Korean International Cooperation Agency (KOICA), engaged a renowned local NGO, Friends in Village Development Bangladesh (FIVDB) to implement the Mamota project activities in order to support the Government in implementing MCH-FP activities at the union level. Save the Children (SC) and FIVDB jointly supports the efforts of Ministry of Health and Family Welfare (MoHFW)), aiming to increase the access of women and new born to quality healthcare and family planning services.

¹² CSO Partnership Program, Mamota Project Execution Plan, Phase-2, 2017

¹³ Bangladesh Demographic and Health Survey 2014 and 2017-2018 ¹⁴ Bangladesh Demographic and Health Survey 2017-2018, 2019

¹⁵ Bangladesh Demographic and Health Survey 2017-2018, 2019

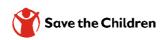
¹⁶ Hossain, November, 2017

¹⁷ CSO Partnership Program, Mamota Project Execution Plan, Phase-2, 2017

¹⁸ Bangladesh Demographic and Health Survey 2017-2018, 2019

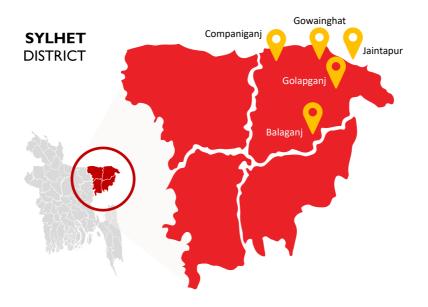
²⁰ Mapping health facilities in Sylhet City Corporation, Bangladesh, January 2014











Overall goal of Mamota Project

The overall goal of the Mamota project is to ensure improved utilization of MNH-FP services in underserved communities of Sylhet district which will ultimately reduce maternal and newborn mortality and morbidity among the target population. Interventions under the Mamota project are based on three major objectives:

- Increased availability of quality MNH-FP services;
- Improved quality of MNH-FP services at the facility and community level; and
- Increased awareness and strengthen support of local government. institutions

Project's major intervention:

- Deploy health service providers and support staffs at upazila and union level facilities;
- Upgrade union level health facilities (Union Health and Family Welfare Centre; UH&FWC) to provide 24/7 normal delivery and newborn care service;
- Provide training and job aids for health service providers;
- Conduct supervisory and mentorship visits with district level managers and professional body (Sylhet Medical College/BPS/OGSB) of Ministry of Health & Family Welfare;
- Strengthen transportation system for emergency cases;
- Creation of emergency fund for transfer of complicated cases;
- Functioning of union education, health and family planning standing committee;
- Functioning of UH&FWC management committee;
- Engage school-based adolescents in raising awareness and promotion of MNH services;
- Conduct advocacy meeting (National/district/Upazila/ union/community level).

Project's outcome

- Upgrade and ensure 24/7 normal delivery at union level health facility;
- Increased access to quality healthcare services (specially, ANC/PNC);
- Increased skilled assistance at delivery (delivery by SBA) and facility delivery;
- Strengthened accessible quality treatment for sick newborns at SCANU;
- Strengthen Union Health & Family Welfare Centers (UHFWC) and UEHFP committees.

In the selected upazilas of the Sylhet district which are disadvantaged, the Mamota project was introduced in three phases to ensure quality health services for pregnant women and newborns, along with family planning services. The end line evaluation covers the catchment areas of health facilities that were upgraded in phase 2 and phase 3 during the period of January 2015 to December 2020. The first phase (2012-2014) of the project started with three (03) upazilas of Habiganj district and Jaintapur upazila in Sylhet district. For the second phase (2015-2017) the project was implemented in three (03) upazilas (Companiganj, Gowainghat and Jaintapur) of Sylhet district. In the third phase (2018-2020), the project activities were extended in two new upazilas (Balaganj and Golapganj) and also kept the two old upazilas (Gowainghat and Companiganj)

Before inception of the second phase of the project, a baseline study was conducted in 2018 to generate baseline values for the key MNH-FP indicators as benchmarks for the project monitoring and evaluation, and to provide an understanding of the present situation of MNH-FP services, which eventually help in reducing maternal and newborn mortality rate in project location very effectively.

1.3 Objectives for End-line Evaluation

This end-line evaluation study of Mamota project was undertaken to assess the impact, effectiveness, relevancy and sustainability of the project which would help the policymakers for designing a project of this sort in future in a more effective way so that the benefits of the project could be sustainable, commendable and ideal. The end-line evaluation study investigated the extent to which the project has been successful in achieving the program objectives. In this end-line report, the project's achievements in terms of increased and improved utilization of structured MNH-FP services and awareness about MNH-FP issues were evaluated.

In light of the overall objective of the end-line survey, the specific objectives were:

- Assessment of Maternal, Neonatal Health-Family Planning (MNH-FP) services in project location and quality of these services;
- Evaluation of supporting mechanism of local govt. institutions, e.g., Union Parishad;
- Measuring the capacity of service providers to support quality services, clinical practices, and referral mechanisms:
- Assessment of the health seeking behaviors and patterns of the community people in the project supported health facility catchment areas; and
- Capturing the lesson for future project design in other vulnerable area.

Based on the information gathered through the end-line survey, it is expected that the evaluation of the issues listed above will enable policymakers to understand the deficiencies in the current MNH-FP framework and the obstacles to accessing these services at the community level. Considering that Sylhet is one of Bangladesh's most underserved districts in terms of key health indicators, it would be best to inform the Government of Bangladesh (GoB) and other development partners of what might be the key areas of potential intervention in this region, given the current situation of the availability and accessibility of MNH-FP services following the involvement of the Mamota project.



CHAPTER 2: METHODOLOGY

2.1 Study Design

The end line evaluation study of Mamota project has used a mixed method approach where both quantitative and qualitative data were collected to assess the impact, effectiveness, relevancy and sustainability of the project. The project's accomplishments, regarding increased and enhanced use of structured MNH-FP services, were measured based on both quantitative (household survey) and qualitative surveys (e.g., FGDs, KIIs, IDIs). The quantitative data were collected from two groups of married women of reproductive age (15-49 years).

On the other hand, a range of qualitative survey methods have been utilised, and the survey was conducted among participants from direct beneficiaries (married women and men of reproductive age), adolescent girls, community leaders and decision makers (Chairman and Members of Union Parishad), service providers, policy makers and other stakeholders. The data gathered from the qualitative survey enabled the study team to gain an in-depth understanding of the demand for MNH-FP services in project locations and the quality of these services offered by the facilities which have been upgraded by the Mamota project. The views and opinions of the targeted beneficiaries regarding their healthcare seeking behaviour and quality of those healthcare services were clearly expressed through the qualitative surveys. Moreover, the qualitative data also highlighted the role and capacity of the local government institutions for ensuring equitable and quality healthcare facilities to the beneficiaries.

2.2 Data Collection

2.2.1 Primary investigation

The primary data were collected through quantitative and qualitative data collection methods. A brief discussion on the survey methods is given below:

2.2.1.1 Quantitative Method

The quantitative survey covered the women of reproductive age group and their corresponding households within the catchment area of the Mamota project, which was implemented between January 2015 to December 2020 period, comprising phase 2 and phase 3 of the programme.

Sampling design for the quantitative survey

The sampling framework for quantitative data collection for the end line evaluation of the Mamota project takes into account the goals and objectives of the project and the evaluation study. In order to ensure that the appropriate information is obtained from particular target groups and based on designed interventions, the sampling strategy takes into consideration the intervention strategies, operational structure of the programme and the key research questions of the quantitative survey.

The quantitative analysis based on the household survey assessed the extent to which the project has been successful in improving the utilization of Maternal, Neonatal Health-Family Planning (MNH-FP) services and awareness about MNH-FP issues in the project locations. In addition, the quantitative study helped to determine the impact of the project on the demand for healthcare services (MNH-FP) within the catchment areas of the program among the target population. Another point of interest in the household survey was to assess the accessibility and quality of MNH-FP services in project locations.

The analysis of the data gathered from the household survey, in context of the key objectives mentioned above, highlights the deficiencies in existing system of MNH-FP services, and the barriers in accessing these services at the community level.

Target individuals for household survey:

For sampling purposes of the quantitative survey, the eligible households were categorized into two main groups.

Households with at least

- A woman aged between15-49 year, with a history of live birth in the last 2 years of the survey
- A currently married woman aged between 15-49 years, not pregnant or has not given birth within the last 2 years of the survey

Selection process of the respondents for the first group: In order to determine the required sample size for the first group of respondents (women aged between15-49 years with a history of live birth in the last 2 years), two different measures of healthcare seeking behaviours in Sylhet division were taken into consideration based on Multiple Indicator Cluster Survey (MICS 2019). The indicators are consistent with main outcome indicators of the Mamota project (as defined in the Annex 11 of the ToR).

Percentage of delivery at a Health facility of women aged between 15-49 years with a history of live birth in the last two years — 40.2% in Sylhet division in 2019.

Percentage of women aged between 15-49 years with a history of live birth in the last 2 years, who have taken at least 4 ANC visits — 30.0% in Sylhet division in 2019.

Selection process of the respondents for the second group: For determining the sample size for the second group of respondents (currently married woman aged between 15-49 years who are not pregnant or has not given birth within the last 2 years), the use of contraceptive among the married couple was taken into consideration.

➤ Percentage of currently married women aged between 15-49 years who are using (or whose partner is using) any mode of modern contraceptive method — 53.1% in Sylhet division in 2019 (MICS);45% according to the baseline study.

Sample Size:

$$n \geq Design \ Effect \ \frac{\left[Z_{\alpha/2}\sqrt{2P(1-P)} + Z_{\beta}\sqrt{P_2(1-P_2) + P_1(1-P_1)}\right]^2}{(P_2-P_1)^2} \ \ (1)$$

For MNCHN indicators, while calculating the sample size, the indicator '% of 4 Antenatal Care (ANC) by Medically Trained (MT) provider will increase 9 percentage point' is used. Here, p1=0.467, p2=0.557. Considering this the sample size for Women aged 15-49 years with a live birth in the last 2 years was calculated using formula (1) above. It gives a sample with size $\underline{n} = 571$

<u>Considerations:</u> p1=0.467, p2=0.557, Z(alpha)=1.64, Z (beta) =0.84 (for 80% power), Nonresponse=5%, Design Effect=1.5, Average Household Size of Sylhet=5, Proportion of 15-49 years women in the total population of Sylhet = 35%

Overall Sample size is **580** for nearly most of the MNCHN indicators relating to the respondent group of mothers having 0-24 years child.

However, this is a subset of the total women of reproductive age group (who are currently married but do not have a child aged 0-24)

$$n \geq Design \ Effect \ \frac{Z^2 \underline{\alpha}}{e^2} \ p \ (1-p) \ \dots \ (2)$$

This formula is used for deciding the sample for the indicators related to overall 15-49 years women (WRA): "% of contraceptive prevalence rate".

<u>Considerations:</u> p = 0.5 (assumed), Z(alpha) = 1.96, Tolerable error (e) =5%, Design Effect=1.5, Average Household Size = 4.5, Proportion of 15-49 years' women in the total population of Sylhet = 35%

For this the total sample size is: **586**

As mentioned above, the Mothers having 0-24 months' children are a subset of 15-49 years' women. For considering Currently married woman aged 15-49 years not pregnant or not given any birth in the last 2 years we will be taking 50% additional sample for this group.

Total Sample:

- Women aged 15-49 years with a live birth in the last 2 years: **580**
- Considering 50% additional sample from currently married woman aged 15-49 years not pregnant or not given any birth in the last 2 years: 290. (total sample for CPR indicators will be 876 with desegregation Women of having 0-24 child and without)
- Total Sample: 876

Sample Selection

The Mamota Project was implemented in three phases. The end line evaluation covered the catchment areas of health facilities that were upgraded in phase 2 and phase 3 during the period of January 2015 to December 2020. In these two phases, the project was implemented in 5 upazilas of Sylhet division.

Table 1: List of Upazilas under different phases of Mamota Project

Phase 2	Phase 3		
2015-17	2018-2019	2018-2020	
Companiganj, Gowinghat and Jaintiapur	Companiganj and Gowinghat	Golapganj and Balaganj	

Table 2: Renovated Facility List by Upazila and Union

		Upazilas			
Facility Type	Companigonj	Gowainghat	Jaintiapur	Balaganj	Golapganj
UHC (Upazila level)	Islmapur Purbo		Jaintiapur	Balaganj	
UH&FWC (Union level)	Islampur Pas. (Parua)	Towakul,	Baurvag,	Boaljur	Bhadeshwar
	Telikhal,	Doubary,	Charikata,	Purbo Gouripur	Budbari Bazar
		Rustompur,	Darbost,	Purbo Poilanpur	Sharifganj
		West Jaflong	Fotehpur		Bagha
					Laxmipasha

The study applied a multi-stage cluster sampling strategy for the quantitative (household) survey, where the households were selected through a stage-by-stage procedure. The quantitative analysis of the end line evaluation covered catchment areas of 21 UH&FWC facilities that were upgraded under the Mamota project in two phases between 2015 and 2020. To begin with, 11 UH&FWCs (at least half) were randomly selected from these 21 renovated UH&FWCs.

The rationale behind selection UH&FWCs in the first stage of sampling was based on the understanding that any individual woman can avail healthcare services from a UH&FWC, and households living in villages around the UH&FWC are more likely to take services from that particular facility. Based on this selection criterion, a sample of 11 UH&FWC facilities were randomly selected out of the 21 renovated UH&FWCs.

Table 3: Selection of Health Facilities

Upazila	Health facilities selected for the study				
Companiganj	Islampur purbo	Telikhal			
Gowainghat	Rustampur	Doubary	Towakul		
Jaintapur	Charikhata	Baurvag			
Balaganj	Purbo gouripur	Boaljur			
Golapganj	Bagha	Bhadeswar			

In the second stage, 2 distant villages and 2 nearby villages from each UH&FWC were selected randomly from the catchment areas of the UH&FWCs. The enumerators visited each household of the villages (2-5 enumerators in each village depending upon the population of the villages) and

categorised married women of reproductive age into two groups: one group (women aged between 15-49 years with a history of live birth in the last 2 years) for MNH data collection, and another group for FP related data collection (married women aged between15-49 years who were not pregnant and have not given birth in the last 2 years). A sample pool of a total of 4790 women was listed (2095 women for the first group and 2696 for the second group). From this sampling framework, 10-15 women were randomly selected from each village (in proportion to the population) using the randomization command of Microsoft Excel. Thus, samples of 485 from the first group and 470 from the second group were obtained.

A point to note, is that due to lower population size and number of UH&FWCs in Companiganj upazila, the sample size for Gowainghat and Balaganj during the inception stage was proposed to be 96 and 57 samples respectively. However, since then we have conducted some additional interviews in Gowainghat (120) and Balaganj (72) upazila. After conducting these additional interviews, the total achieved sample size for the study derived at 896 (as opposed to 876 proposed in the inception report).

Table 4: Achieved sample size

Upazila	No. of	No of	No. of	Population	Sample	Sample	Per	Per
•	Health	Health	Villages	in the	Size	Size	village	village
	Facilities	Facilities	_	Upazila	(MGBLY)	(MWRA)	sample	sample
	(UH&FW	selected		-			(MGBLY	(MWR
	C)	randomly)	A)
Companigonj	3	2	8	25%	80	80	10	10
Gowainghat	5	3	12	22%	120	120	10	10
Jaintiapur	5	2	8	18%	80	80	10	10
Balaganj	4	2	8	13%	72	72	9	9
Golapganj	5	2	8	22%	96	96	12	12
Total	22	11	44		448	448		

^{**}MWRA- Married Women of Reproductive Age who are not Pregnant or has not Given Birth Last 24

2.2.1.2 Observation Checklist

The study team has closely observed 11 UH&FWCs and 2 UHCs from the study locations. Several indicators were selected before conducting the observations, and the performance of healthcare service of the selected UH&FWCs and UHCs were assessed against those indicators. Both qualitative and quantitative data were used to assess those indicators.

2.2.1.3 Qualitative Survey

The end line study of the Mamota project used a range of qualitative methods to get an in-depth understanding of the demand for MNH-FP services in the project locations and the quality of these services offered by the facilities upgraded by Mamota project. It also aimed to collect information regarding the role of local govt. institutions, e.g. Union Parishad as supporting mechanism for accessing required healthcare. Another key objective was to measure the capacity of service providers to support quality services, clinical practices, and referral mechanisms. Overall, the qualitative survey findings highlighted the achievements of the projects in terms of strengthening the healthcare facilities, and availability of quality services, and examined the scope of sustainability of the project activities after the conclusion of the project period.

^{**}MGBLY-Mother who has Given Birth During the Last two Year

Survey Instruments

Different kinds of survey instruments have been deployed for the end line evaluation. A brief description of the survey instruments is given below:

- **Key Informant Interview (KII):** The Key Informant Interviews (KIIs) included the government health service officials (DGFP) and higher officials of the project implementing partners (FIVDB)
- **Focus Group Discussions (FGD):** Given the approach of the study, a qualitative survey instrument such as Focus Group Discussion (FGD) was considered quite appropriate. Since discussions were administered in an interactive group setting, participants talked freely with other group members. FGDs were conducted based on a guideline, where children and adults who are part of the community were invited to join and express their views, opinions and share their experiences.
- In-Depth Interviews (IDI): The rationale for administering in-depth interviews for this end line study was to allow respondents to answer with spontaneity the lead and probe questions in a non-threatening environment (in their own settings). The study team conducted in-depth interviews with the Supervisors at upazila level (Medical Officers, Upazila Family Planning Officers), the health service providers (FWVs, SACMOs, FWAs, FPI and paramedics) at the union level facilities and the FIVDB officials.

Table 5 Distribution of qualitative sample

Method	Respondents/ Units	Number activities/Sample size	Number of Interviews or FGDs
Observation	Facility observation	11 selected UH&FWCs (selected for quantitative sample) including 2 UHC	13 Facility observation
KII and IDI	With service providers, local government representatives (Union Parishad Chairman and Members), local and national level key (e.g., DGFP) stakeholders and experts	Upazila level: MO, UFPO Union level: FWV, SACMO, Paramedic, Technical Officer of FIVDB, FPI and FWA National level: Divisional Director, Sylhet, Director (MCH-S) and DD (MCH); project lead from FIVDB) (4 in total)	14 in each Upazila 4 in national level Total 18 KII/IDI
FGD	With Front line health workers, Community group members, Adolescent girls, Married Male, Female of reproductive age group	With front line health workers (5 FGD) Community group members (1 FGD) Married Male (2 FGD) Female of reproductive age group (3 FGD) Adolescent girls (4 FGD) to assess the Mamata intervention on improving knowledge on adolescent health)	15 FGDs
Case study	who had significantly been benefited from the Mamota intervention	1. Woman receiving ANC from UH&FWC 2. Woman receiving contraceptives from UH&FWC 3. Woman delivered at UH&FWC 4. Woman referred from UH&FWC to higher facility	4 case studies

2.3 Data Analysis

Several descriptive and inferential statistical instruments and techniques have been used to analyse the results of the end-line study. The quantitative data was collected using KOBO Toolbox (an online data collection platform) that stores data in the cloud server and allows to download in MS Excel format. For data management and interpretation, the study used SPSS. Several discussion sessions were held among the team to draw on key messages at the beginning of the data analysis. All data was then analysed systematically.

2.3.1 Evaluation of the End Line Indicators

By analyzing the findings collected from the household surveys, IDIs, KIIs, FGDs and secondary data, the end line indicators were used to evaluate the impact, effectiveness, relevancy and sustainability of the Mamota project interventions. Keeping in mind the goals and objectives of the Mamota project, the quantitative indicators were mainly measured through the household survey data. Qualitative approaches have been used to assess the current structure of healthcare facilities and delivery system. The insights from the KIIs with different stakeholders will help give insight on how to better execute the project activities. For estimates on the national baseline of the Maternal Mortality Ratio (MMR) and Neonatal Mortality Rate (NMR), and comparative analysis, secondary data sources such as the Bangladesh Maternal Mortality Survey 2016 and the Bangladesh Demographic and Health Survey 2017-18 were also used. The following table shows the major end line outcome indicators, along with the source of data for that assessment.

Table 6: Assessment and evaluation of the major end-line indicators

Mamota Project Goals and Objectives	Indicators	Source of data
Goal: Improved utilization of MNH-FP services to reduce maternal newborn	Neonatal mortality rate (NMR)	Secondary Sources; BMMS 2016, BDHS 2017-18
mortality in underserved communities of Sylhet district	Maternal mortality ratio (MMR)	Secondary Sources; BMMS 2016
Objective 1: Increase availability of quality	% of women received any ANC (at least one) by medically trained provider.	Household Survey
MNH-FP services	% of women received 4 ANC by medically trained provider.	Household Survey
	% of women received PNC (Mother) within 24 hours of delivery by medically trained provider	Household Survey
	% of women received PNC (Newborn) within 24 hours of delivery by medically trained provider	Household Survey
	% of delivery conducted by Skilled Birth Attendant (SBA)	Household Survey
	% of delivery held in health facility	Household Survey
	% of married women of reproductive age knew about family planning (postpartum family planning methods)	Household Survey
	% of eligible women used any modern method of contraception (Contraceptive use rate)	Household Survey

Objective 2: Improved quality of MNH-FP services at the facility and community level	% of deliveries in health facilities used Partograph and administered Oxytocin.	In-depth Interviews, baseline study reports
Objective 3: Increased awareness and strengthen	% of functional UH&FWC management committee	FGDs, Key Informant's Interview
support of local government institutions	% of women recall at least two danger signs during pregnancy period	Household Survey
	% of women recall at least two danger signs of newborn	Household Survey

2.2 Ethical Consideration

Within targeted population, the assessment team interviewed a diverse group of women in terms of age (15-49 years), ethnicity, religion, and socio-economic status. Ethical standards were maintained during each interview to ensure the interviewee is giving informed consent for participating in the data gathering process. Moreover, the team ensured that the identities of the interviewees remain confidential. Data protection measures were ensured to protect the identity of all participants, and any other information that may put them or others at risk. Moreover, before starting the interview, the respondents were clearly informed about the goal and objective of the evaluation study. The study team also took the appropriate approvals from Directorate General of Family Planning (DGFP) before starting the data collection in the project locations.

2.3 Limitation of the study

As a total of 44 villages from the catchment areas of 11 Union Health & Family Welfare Centres were randomly selected by the study team, it was difficult, in some cases, to select the list of eligible households from villages due to a lower population size of particular villages. Moreover, due to the remoteness of some locations, commuting in those selected villages was quite difficult for the study team. Some of the respondents also reported inaccessibility in receiving PNC from health centres due to the effects of the COVID-19 pandemic. Overall, given the unprecedented circumstances, respondents found it difficult to give opinions regarding possible areas of improvement and the accessibility status of MNH-FP services in the project locations where the situation has been further exacerbated due to the effects of the pandemic. Moreover, due to the COVID-19 situation, the overall project activities were hampered to a certain degree in the study locations.



CHAPTER 3: FINDINGS OF THE STUDY

The quantitative and qualitative assessment of the project focuses on the key indicators formed during the baseline study. This part of the research attempts to conduct a comparative study against the baseline findings of the previous studies, and the recent quantitative and qualitative findings in order to highlight the key factors which have gone through possible changes (improvements or decline). The quantitative and qualitative assessment will shed some light into the various levels of institutional arrangements on which the Mamota project has been able to make an impact. These findings will help provide insight on the areas which should be focused on if a situation arises where the project may have to be extended; or at the very least, the data from this study can help stakeholders formulate plans of action at the policy level.

3.1. Background Characteristics of Maternal & Newborn Respondents

A demographic profile of the respondents (mothers who gave a live birth within last two years of this survey) was drawn from the results of the quantitative survey in terms of age, level of education, occupation, age of the husband, level of education of the husband, and occupation of the husband. Table-16 in the Annex 2 presents the overall profile of the respondents. The age distribution of the respondents indicates that 70.0% of the respondents belong to the age group of 18-28 years, while 28.2% of the respondents were between 28-38 years Only about 1.0% were 38 years old or above. Furthermore, the data indicates that although about 55.3% of the respondents were in the age group 18-24 when they were married, almost half of the responds (42.7%) were at the age below 18 at the time of their marriage.



70%

Respondents belong to 18-24 years' age group



55.3%

Respondents belong to 18-24 age group at marriage



42.7%

Respondents belong to 'below 18' age group at marriage

Mother's Age

The findings indicate that among the respondents receiving antenatal care (ANC) at least once during pregnancy, there is not much variation based in the age. However, when considering respondents receiving antenatal care three or more times during pregnancy, it was found that the percentage of women doing so decreases drastically with the increasing age of the women; indicating an inverse relationship between the two factors. The results indicate that about 72.0% sampled women of age below 20 years received antenatal care 3 or more times, while only 50.0% respondents of aged 35 or above did the same. A similar trend was also observed among respondents with 4 or more ANC visits, where the number of visits decrease as the average age goes up.



72%

sampled women of age
below 20 years received 3 or
more antenatal care



50%

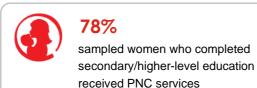
sampled women of age **35 or above** received 3 or more antenatal care

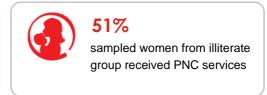
The survey data indicates that there is not much corelation between the age of the respondents, and the percentage of facility deliveries and the assistance of qualified birth attendants as the numbers did not vary much with age. However, the results also suggest that the status of receiving postnatal treatment for mother and newborn children within 24 hours of birth, was found to differ substantially depending on the age of the respondents. It is observed that percentage of receiving PNC is lower for older women and their newborn children. We also have to take into account the opinions of the attendants of the patients in the decision-making process as their previous experiences usually matter when it comes to taking the decision to stay in the hospitals longer, or to leave for home as soon as possible.

Mother's Education

It is found that the educational status of mothers of children under two has a positive impact on the attitude of receiving antenatal care during pregnancy. Women with a higher level of education have been reported to have a higher uptake of ANC. The results show that the educational level of women played an important role in women seeking facility deliveries and assistance of skilled birth

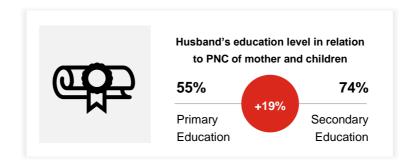
attendants. With the rise in the educational level of mothers, the percentages of facility deliveries and deliveries by skilled birth attendants were found to have increased. Instead of delivering babies at homes, educated mothers generally choose to go to the hospitals and avail the services from a professional caregiver. The results show that the educational level of women is positively associated with in availing postnatal check-up by medically trained service providers within 24 hours of delivery. Most educated mothers choose to get their PNC services immediately after delivery. Around 78.0% of the sampled women who completed secondary or higher-level education reported to have received PNC services. Comparatively, among the women who reported to be illiterate, only about 51.0% of mothers received PNC.





Husband's Education

The findings show a degree of commonality between the level of education of the mother and that of the husbands. The higher level of education among both groups of respondents were found to have a positive impact on women receiving ANC treatment during pregnancy, facility delivery, assistance of professional birth attendant, and postnatal care for mothers and children within 24 hours of delivery (Table-17 in Annex 2). The percentages of both facility deliveries and delivery by skilled birth attendants were found to increase with the increase of husband's education level, just as it was the in case of women.



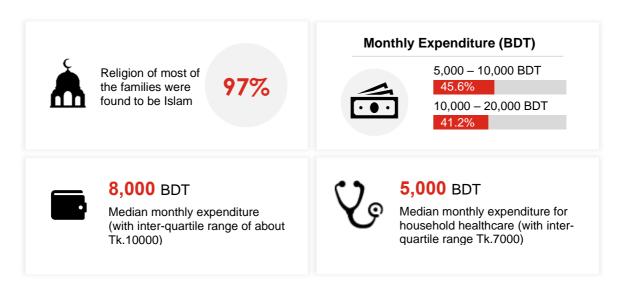
The percentage of receiving postnatal care within 24 hours of delivery for mothers and children was found to increase from 55.0% to 74.0% as the husband's education rose from primary level to higher secondary level respectively. As it is expected that educated husbands are more likely to encourage their wives to avail services from trained service providers, and because in most cases the husbands are the decision makers (above 70%), when it comes to which hospital to go to, when to visit, the necessity of regular check-ups, asking for a trained personnel, deciding if they can afford a private clinic or whether to go to a government health facility, etc., this finding, which indicates about a 20% increase in availing PNC after delivery corresponding with the rise in education level, is understandable.

Number of Children

ANC, facility delivery, presence of SBA during childbirth, and PNC within 24 hours of delivery were found to have a relationship with number of children mothers had. It was found that the women with 2 children or less made more healthcare services/visits during pregnancy and childbirth, than the women who had 2 children or more.

3.2. Household Profile Respondents of the Maternal & Newborn Group

Since the study was conducted in a region of Bangladesh such as Sylhet, as s expected, the religion of most of the families would be Islam (97.0%). Nearly half of the households had a monthly expenditure within in the range of BDT 5000 - 10000 and 41.2% households had a monthly expenditure within the range of BDT 10000 - 20000. The median monthly expenditure is estimated at Tk.8000, with an inter-quartile range of about BDT 10,000. On the other hand, the median monthly expenditure for household healthcare purposes specifically is estimated at BDT 5,000 with an inter-quartile range of Tk.7000 (See table -17, Annex 2).



Among the respondents, about 31.0% reported that Union Health and Family Welfare Centre/Subcentre/RD is the nearest health centre to them, as it was expected to be. On the other hand, about one quarter of the respondents reported that government community clinics were the nearest health centres to them. About 17.0% of the respondents reported that the nearest health centre to them is the Upazila Health Complex. The percentage of respondents with health centres within one kilometre of the respondent's homes was about 41.0%, while a staggering 80.0% of the respondents are found to have access to a health facility within 2 kilometres of their residence. This reflects the accuracy of the sampling design of the survey, and the fact that distance itself is unlikely to be a major hindrance in reaching the clinics. Rather, it is likely that other factors such as lack of proper vehicles and approach roads could pose as a bigger barrier to access in general. The data suggests that about 8.0% of the respondents live in areas where the nearest health facilities are more than 4 kilometres away.

According to the primary data, the percentage of women receiving antenatal care during pregnancy, facility delivery, assistance of professional birth attendants and postnatal care (for mothers and children) within 24 hours of delivery increases as the socio-economic status of the households improves. This implies that during pregnancy, women belonging to wealthier households receive more care, opt for more facility delivery with the assistance of skilled birth attendants, and avail more postnatal care after delivery. It was also found that they occasionally visit private clinics if they are not satisfied with the service, they get from the government clinics. Sometimes they seek second opinions as well.

Moreover, the results also indicate that respondents from the low-income population prefer not to use healthcare facilities due to lack of money. Although the services they can avail from UH&FWCs under the Mamota project are free of cost, the transportation cost associated with visiting UH&FWCs are an added cost for them. Some of them even reported that they view these visits as

a bit of a hassle for them. In addition, respondents from low-income groups also reported that it becomes very difficult for them to afford the hospital expenses when they are referred to the Osmani Medical College Hospital in case of emergencies. In fact, respondents further reported that they often are instantly referred to Osmani, regardless of an emergency. The women of the community reported that they fear private medical hospitals will recommend them to do a caesarean delivery, which will be too expensive for most of them. These are some of the issues that contribute towards discouraging the respondents in the local community to seek services from the UH&FWC facilities.

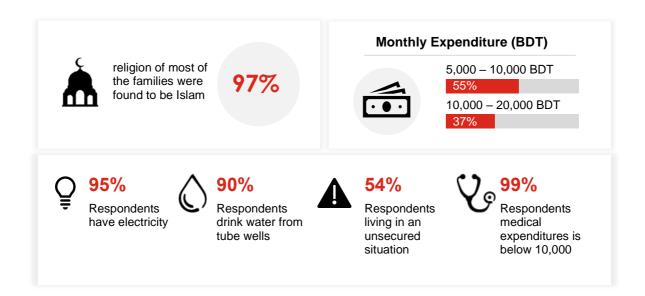
3.3. Background Characteristics of Family Planning Group Respondents

This section provides a brief description of the characteristics of the group of married women of reproductive age (15-49 years) who were not pregnant at the time of the survey and have not given birth within the last two years of the survey. The study collected information of the respondents regarding their current age, educational level, occupation, husband's age, husband's educational level, and husbands' occupation. The demographic profile of the respondents and their husbands is shown in Table 17 in the Annex 2. The age distribution of the respondents indicates that about 44.7% are between the ages of 28-38 years. About 17.2% of the respondents are aged 38 years or above. According to the findings of the study, over half of the respondents were found to have attained primary level education. The findings also indicate that about 14.3% of the respondents have no formal education at all, while18.5% respondents reported that they were illiterate. It was found that 97.9% of the respondents are housewives (See Table-17, Annex 2). Unexpectedly, illiteracy was found to be higher among the husbands (26.4%) than the wives/respondents (18.5%). In terms of the husband's occupation, about 21.5% are found to engage in farming, while29.8% reported to be unskilled labourers, and about 19.4% were found to be skilled labourers (See Table-17, Annex 2).

3.4. Household Profile of Respondents of the Family Planning Group

Similar to the other group of respondents, it was found that about 97.0% of the families are Muslim. Almost all respondents (95.5%) have electricity in their houses and 90.0% access drinking water from tube wells. Regarding condition of food security of the surveyed households, about 54.0% were found to be food insecure. Furthermore, it was found that many of them had taken several loans to meet the demand of food in their households.

The findings indicate that about 55.0% of the households have a monthly expenditure within BDT 10,000. Also, about 37.0% of the households were found to have a monthly expenditure between BDT 10,000 to 20,000. However, among almost all (99%) the respondents, the household healthcare expenditure was found to be below BDT 10,000 (See Table- 21, Annex 2).



Nearly 47.0% of the respondents reported that the Union Health and Family Welfare Centre/Subcentre/RD is the nearest health centre to them, and it is the place they usually visit when required. On the other hand, 33.0% of them reported that government community clinic is the health centre nearest to their homes. About 38.0% of the respondents reported that the health centres is within 1 kilometre of their residence, and 20.0% reported that it was about 2 kilometres from their homes (See Table-21, Annex 2)

3.5 Progress of ANC/PNC Care, Delivery & Skilled Birth Attendance

Interviews with different health service providers from upazila and union helped assess the current situation by gaining insight about the degree of change in the service patterns, communication with the community people, service quality control and monitoring mechanisms, and emergency preparedness the study team gained further insight about the impact of Mamota project interventions, and its effectiveness in ensuring quality maternal and child healthcare services in the community, and whether there has been a positive shift in their relationship with the community leaders and local government bodies for ensuring improved utilization of MNH-FP services in underserved communities of Sylhet district.

This section discusses the status of the main indicators related to maternal and newborn health. Table 7 shows the results of the study in terms of the major indicators related to antenatal care, postnatal care and facility delivery derived from the household survey data. The percentage of women availing antenatal care at least once during pregnancy by a medically trained service provider is estimated at 75.5%, which is very close to the national figure (81.9% of women receive any sort of antenatal care during pregnancy) according to the recently conducted BDHS 2017-2018. The percentage of women receiving ANC 4 times or more during pregnancy by medically trained service providers was found to be 35.0% (n=366) during the end line survey, which was only 22.6% during the baseline survey. The status of women who availed PNC has also improved when compared to the baseline and national average value. 71.1% of the sampled women were found to receive PNC within 24 hours by medically trained service providers, which is higher than the figure (52.1%) reported by the BDHS 2017-2018 and baseline value (59.2%). On the other hand, 75.8% of the newborn received PNC within 24 hours by medically trained service providers, which is also higher than the BDHS data (52.2%) and baseline value (59.2%). Lack of awareness and lack of services in the health centres are identified as the prime causes for not going to health centres for to avail medical services.

Table 7: Major Indicators Comparison Table

	i able /: Ma	jor Indicai	tors Com	nparison Table	
Sl.	Indicators	Balaganj, Golapganj		Companiganj, Gowainghat, Jaintapur, Balaganj, Golapganj	National Value (BDHS 2017- 2018)
Outcome level		Baseline (2018)	End line (2020)	End line (2020)	2016)
1	% of women received at least 1 ANC from a medically trained provider	83.9%	94.85%	75.5%	81.9%
2	% of women received 4 or more ANC from a medically trained provider	22.6%	51.2%	35%	47% (from any provider)
3	% of women delivered at facility	53.2%	76.6%	50.31%	49.6%
4	% of delivery conducted by SBA	57.1%	80.6%	56.91%	52.7%
5a	% of women delivered received PNC within 24 hours of delivery from a medically trained provider	59.2%	72.2%	71.1%	52.1% (within 48 hours of delivery)
5b	% of newborn received PNC within 24 hours of delivery from a medically trained provider	59.2%	80.2%	75.28% (child)	52.2 (within 48 hours of delivery)
6	% of women recall at least two danger signs of pregnancy	46.3%	90.8%	60.6%	
7	% of women recall at least two danger signs of newborn	44.8%	73.8%	49.3%	
8	Contraceptive Prevalence Rate (CPR) –any method		67.5%	82.8%	61.9%
9	Contraceptive Prevalence Rate (CPR)- modern method	75.0%	60.9%	74.68%	51.9%
10	Postpartum Family Planning Rate	75.0%	69.1%	31.3%	

During the end-line survey, it was revealed that, the percentage of women seeking facility delivery has also increased from 53.2% to 76.6% in Balaganj and Golapganj upazila. 80.6% women reported to have been assisted by a skilled birth attendant (SBA) during their delivery, which was reported to be 57.1% during the baseline survey in Balaganj and Golapganj upazila.

Moreover, the status of skilled birth attendance and facility delivery has also improved in the end line survey compared to the baseline and national reference value. The respondents who had deliveries at home and received PNC services from trained service provider (SBA) was found low in the end line study when compared to the baseline and the national value. Moreover, information on

the progress on some other indicators such as deliveries conducted in health facilities where partograph was used and oxytocin was administered, and functionality of UHFWC management committee were collected through qualitative findings (Discussed in chapter 4 and 5).



"The study team came across a respondent from the field visit (Case of Mitu) who recently gave birth to her first child at the Bagha UH&FWC in Sylhet district of Golapganj Upazila. Now she is undertaking PNC service from there and is very pleased with the services of UH&FWC."

(Full case details in annex)

Furthermore, the qualitative findings revealed that, all of the surveyed health service providers in the union level had received training on providing ANC and PNC services to the pregnant women and mothers, as well as on neo-natal and child healthcare services under the Mamota project interventions. Majority of the service providers were found to be well aware of their duties and responsibilities, and reported that their services are mostly related to providing healthcare to reproductive women, pregnant women, adolescent girls and neo-natal care, along with primary healthcare to general people. The health service providers also reported that they are satisfied with training services provided to them under the Mamota project, and that these trainings have helped them to become more efficient at their workplaces.

Opinion from the health service providers: The health service providers mentioned that, due to the Mamota project interventions, the people of the community, especially women are now becoming more inclined towards seeking healthcare from the UH&FWCs. Health services coverage in different parts of a specific union have widened due to the project interventions which have improved the quality of health services in the community significantly. Moreover, collaboration with the community leaders (UP members, Members of Community Clinic, teachers, elites) with the health service providers has also improved the dissemination of healthcare information to the community people. Since the inception of Mamota project, various types of awareness activities such as courtyard meetings with women and their husbands, campaigns, and assemblies have been arranged in the project locations to inform the community people about the project activities and to encourage them to visit the UH&FWC for proper healthcare services. Family Welfare Assistants (FWAs) reported that they visit the communities to create awareness among the women there regarding the importance of ANC, Delivery care, PNC and neonatal healthcare. They also provide counselling services and motivates them to use family planning methods. These days, Satellite Clinics (SCs) are also arranged in different villages of a Union from time to time. Moreover, the findings show that the local people (especially local leaders and elites) are helpful to the service providers in smoothly conducting these services in the community.

The data also suggests that majority of the respondent are well aware of the national instructions regarding COVID-19 safety measures. It was observed that the respondents practiced hygiene measures such as hand washing and wearing a mask far more than maintaining social distance. Interestingly, two respondents were found to know nothing regarding COVID-19 at all. This finding is quite surprising as the government's initiative in the awareness campaign for COVID-19 left no area in Bangladesh untouched (Table 21, annex2).

Before the Mamota project interventions were conducted, most of the community women preferred to receive maternal and child healthcare facilities at home, and most were unaware of the healthcare facilities available to them. Moreover, many were found to be dissatisfied with the services of the UH&FWCs before the Mamota project interventions were conducted, as there was a shortage of healthcare professionals and unavailability of healthcare officials at the centres. Some of the health

service providers further validated this by reporting that a lack of qualified and adequate number of health workers in the UH&FWCs often demotivates the community people to visit the facilities.

In addition, poor transportation and communication system in some of the areas were major factors in contributing towards the unwillingness of the people in the community to seek healthcare services from these health centres. The local UP Chairman and UP members are considering the improvement of the transportation system for the people in the community to ensure proper access to healthcare services from the UH&FWCs/health centres.



Opinions from the female group: The respondents reported that since the inception of Mamota project, they avail maternal and child healthcare services from their nearby UH&FWCs. They are now aware of the ANC and PNC facilities because of the various activities of the Mamota project. Majority of the women respondents acknowledged that, with the support of Mamota, ANC and PNC services are now available at FWCs located in their Unions. Medical services such as antenatal care, delivery service with proper hygienic procedure, regularity of vaccine and vitamin capsules for children, contraceptive pills and iron tablets, treatment for common diseases of children like-diarrhoea, fever and cough all are now available at the UH&FWCs of their locality. They have also reported that they were provided counselling and psychological support services by the Mamota staff regarding the services they need to get, or which they are about to receive. After the Mamota project interventions, some of the women reported that they can now avail the required health services from the nearby UH&FWC without having to take permission from their husband/in-laws. They also reported that their family members are cooperative about seeking services from UH&FWC.



I can now go to the nearby UH&FWC without taking permission from my husband and in-laws. After giving birth to my last two children at home without the presence of a SBA, I gave birth to my third child in this Ramprosad UH&FWC. I also took ANC and PNC services when I was pregnant. Mamota staff have encouraged me on taking ANC/PNC services. I along with my family members are highly satisfied with the services under the Mamota project and they encouraged me to take further health services from there."

--Nazma Begum (26), Charikatha, Jaintapur, Sylhet.



Opinion from the male members: Most of the male respondents reported that, as a part of the Mamota project intervention, during the courtyard meetings the FWAs counselled them about the importance and advantages of availing quality health services from the UH&FWCs and encouraged them to allow their wives in seeking maternal/child healthcare from there.

However, some male respondents of the FGDs were found to still perceived pregnancy and childbirth as a 'natural' phenomenon in a woman life which did not require a healthcare facility or special medical care. In their view it is perfectly

normal to have childbirth take place at home, just as traditionally their mothers and grandmothers had done.



Opinions from the community group members: Findings from the FGDs with the community group members revealed that they have also seen a positive shift in the perception of the male and female community members regarding seeking health care facilities from the UH&FWC. Another issue that was observed by the respondents of the FGDs with community group members was that most of the women who are financially well off prefer going to private clinics as they feel more confident in finding all the services they want, there. They also feel that private clinics treat them better when compared to the behaviour they experience from the government health facilities. However, the people who belong to a lower socioeconomic status, in cases of emergencies, do not have a choice but not to seek medical assistance from government clinics where the service providers may be reluctant to provide them with any quality services. Mamota project inventions have brought some relief to some of these difficulties among the lower income population.



Opinions of the adolescents: The findings from the FGDs with the adolescent girls revealed that the interventions of the Mamota project, have helped the adolescent girls to gain more knowledge about their monthly menstruation issues and importance of maintaining hygiene during periods. They have also reported that they were now aware of the physical and hormonal changes that occur during the adolescence period. According to the adolescent respondents, the Sub-Assistant Community Medical Officer (SACMOs) visit the schools and provide information and counselling services to them regarding these matters. During this COVID-19 pandemic, the healthcare providers of UH&FWCs have also disseminated information regarding the contamination and prevention of COVID-19 to the people of the community.

However, an alarming point to note from the findings of this study data is that about 24.0% of mothers did not receive any ANC services. This could be due to a variety of factors which includes but are not limited to, lack of knowledge/awareness of the mothers, education level, their economic condition to afford the service, the availability of health services (health facility, including proximity of the health centre to their home; health service provider; shortage of medicine; etc.). The finding that about 34.0% of the mothers also did not receive any PNC services at all is yet another cause for alarm. It is imperative to identify whether this result of a lack of education of the mothers, motivation of the attendants to go back home as soon as possible, or the unwillingness of the service providers. Also, it was observed that when availing both ANC and PNC services, majority of the respondents complained that they were not counselled at all regarding the advantages of taking ANC and PNC services. This could be seen as another point for improvement for the UH&FWCs facilities in future.

3.6 Comparison of MNH Indicators in different study locations

Figure 1 illustrates the comparison of the MNH indicators (percentage of mothers who received ANC at least 3 times, mothers who received ANC at least 4 times, percentage of mothers who delivered at facility, percentage of births attended by SBA, and percentage of mothers & newborn children who received PNC) among the intervening Upazilas. Based on the results mentioned in the figure, we can see that the status of all maternal and child healthcare indicators varies among the Upazilas. It was found that Golapganj and Balaganj Upazila occuphad the highest percentage of women receiving ANC services (both at least 3 and at least 4 times) during pregnancy and facility deliveries. It is inferred that if the initial service from any particular clinic is well received by the patients, they will likely keep visiting those facilities for future services.

The findings of the survey will certainly help the project team to devising proper action plans in their respective Upazilas. This will not only help achieve project goals, but in the long run it will also support the government clinics towards achieving a positive reputation among the local community. A positive image among the community leaders and the potential patients goes a long way towards sustainability.

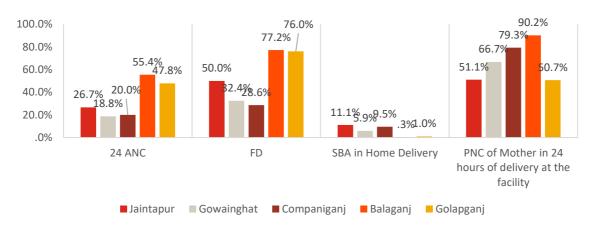


Figure 1: Comparison of MNH Indicators in 4 Intervening Upazilas

3.7 Contraception & Modern Methods Usage

This section discusses the use of contraceptives and contraception methods among the respondents. The respondents (women of reproductive ages (15-49 years) who were not pregnant at the survey point or has not given birth within last two years of the survey) were asked about their knowledge and awareness, and the progress of using modern contraceptive methods was also observed. Furthermore, the family planning services provided by the UH&FWCs were also measured.

The following figure focuses on the major indicators related to the use of contraceptives and contraception methods found in the survey. The household survey data indicates that almost all the respondents were familiar with family planning methods. However, the baseline survey results showed that about 90.0% of the respondents had the knowledge, indicating an increase in the awareness level of the respondents. This could be regarded as a direct impact of the Mamota project interventions. Although most respondents reported gaining the knowledge about the family planning method from their family/relatives/friends, a significant number of respondents also reported gaining the knowledge from UHFWCs (40.0%), from Satellite clinics (21.0%) and from Community Clinics (23.0%). Only a few respondents said they gained the knowledge from mass-media and social media (Table 26, Annex 2).

Baseline findings revealed that about 75.0% of married women in the intervention area were using a form of modern method of contraceptives which has remained same (74.7%) in the end line survey findings. If we disaggregate the data, we can see that this static condition of data is due to a low CPR in Balaganj upazila (50.7%). According to the qualitative finding, the lower rate of contraceptive prevalence in Balaganj was instigated by their desire for taking another baby, migrant husbands, menopause or natural break in menstruation or their preference to not using any method.

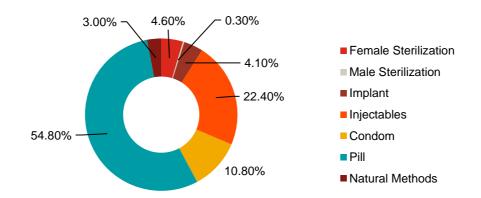


Figure 2: Use of Family Planning Methods

The figure 2 indicates the percentage of women who are currently using different methods of family planning. The analysis of household-level survey data indicates that contraceptive pills are regarded as the most common method of contraception within the intervention areas. It was found that about 54.8% of the respondents were using pills at the time of the survey, which was 49.0% during the baseline survey. The percentage of women using other modern methods within the intervention areas such as implants, injectables and condoms were 4.1%, 22.4% and 10.8% respectively. Among these three methods, the use of injectables was found to be very close to the national level figure, and the use of implants and condoms were found to be slightly higher within the intervention areas the national level figure. It was also observed that about 5.0% of the women adopted the permanent method such as tubectomy within the intervention areas, which was also higher than the figure provided by the BDHS-2017-18 survey. Regarding the source of contraceptives, most of the respondents' access contraceptives from the pharmacy (38.8%), while a significant number of respondents also collect it from the UH&FWC (23.7%).

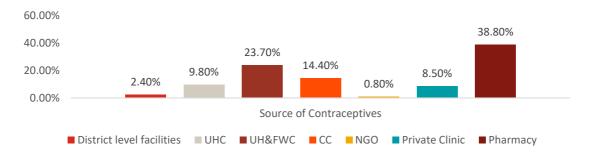


Figure 3: Source of Contraceptives

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Having conceived two months after my marriage, I was told about the progesterone only pill after my first daughter was born. I would then have second daughter less than 15 months after the first. Now, I am on my second postpartum visit to the center, this time however, to be put on the progesterone only pill. I know the benefits and possible side effects of going on the progesterone only pill."

- Hasina (23) (Full case details in the annex)

Postpartum Family Planning (PPFP) usage in Balaganj and Golapganj Upazilas

The study estimates the rate of PPFP usage, along with adoption of the modern contraception methods within the Balaganj and Golapganj Upazilas, as the project interventions have been implemented in these two upazilas both in baseline and end line stages. The options that are currently being practiced more these days among respondents are pills and condoms. In that respect, we find that Balaganj and Golapganj have a higher usage of pills. This could simply be due to the fact that particular clinics have a higher availability of pills and condoms, while others have easier access to injectables. Personal preference of the service providers and their methods of counseling could also play a role in terms of which method is being practiced in certain areas. It would be interesting to look into the financial capacities of respondents in these areas to see if this variation of behaviour is due to the affordability of the contraceptives, accessibility, or something entirely different.

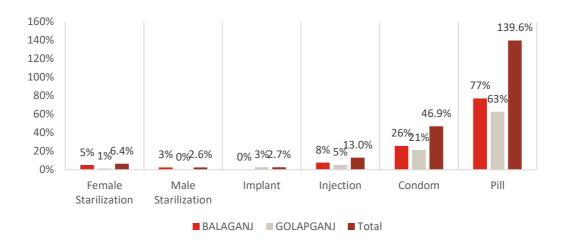


Figure 4: Modern Methods of Contraceptive Usage in Intervening Upazilas (%)



CHAPTER 4: STATUS OF INSTITUTIONAL CAPACITY, SUPPORTING MECHANISM OF LOCAL GOVERNMENT INSTITUTIONS, KEY CONTEXTUAL ISSUES AND BARRIERS FOR VISITING HEALTH CENTRES

Name of the UH&FWC

- 1 Rustampur (Goainghat)
- Doubari (Goainghat)
- 3 Darbost (Jaintapur)
- 4 Charikata (Jaintapur)
- 5 Purbo gouripur (Balaganj)
- 6 Boaljur (Balaganj)

Name of the UHCs

- Balaganj UHC
- 2 Jaintapur UHC

- 7 Islampur (Companiganj)
- 8 Telikhal (Companiganj)
- 9 Budhbari Bazar (Golapganj)
- 10 Bagha (Golapganj)
- 11 Bhadeshwar (Golapganj)

*Name of upazila in parentheses



The study team observed that the current status of the institutional capacity of the health facilities of the UH&FWCs and UHCs to assess the availability and quality of health services in the selected study locations.

The team also noted existing gaps in the quality of the health service delivery system for the rural people in the surveyed UH&FWCs and UHCs. In this regard, 11 UH&FWCs and 2 UHCs in the study locations were closely observed. Several indicators were selected before conducting the observation to create a checklist, and the performance of healthcare service of the UH&FWCs and UHCs were assessed against those indicators.

The main findings of the indicators are described below:

4.1 Status of infrastructural facility in the surveyed UHC and UH&FWC

The study team also examined the infrastructure of the facilities of the health services in the surveyed UHCs and UH&FWCs by assessing the existing conditions of the UHCs and UH&FWCs buildings in terms of the boundary wall, cleanliness, infrastructure of SACMO and FWVs room, adequate space in staff quarters, toilet, status of delivery and recovery room, electricity etc. After the Mamota project interventions, the buildings of the UH&FWCs have been renovated, a delivery/labour room for pregnant women has been established, necessary equipment for a normal delivery have been provided, waiting areas facilities for the patients (bench, chair, playing space for children in the UH&FWC) have been upgraded. Moreover, minor renovation and repair of the staffs' quarters have also been done as a part of the project intervention. The details of the infrastructure of the facilities (Table 24, Annex 2) which have been renovated and upgraded after the Mamota project intervention is given below:



Boundary wall: While observing the status of security of the UHCs and UH&FWCs, it is found that, in both of the two UHCs of Balaganj and Jaintapur, there is boundary wall all around the specific UHC area. However, in case of the UH&FWCs, out of eleven, seven UH&FWCs have boundary walls.



Electricity and Generator: The study team has observed that in all the surveyed UHCs and UH&FWCs there is electricity facility for the smooth operations of the health centers. In case of presence of the generator facility, in the two (02) surveyed UHC, there is generator facility. However, among the surveyed UH&FWCs only 3 have generator facility.



Hygiene and cleanliness: In case of maintaining hygiene and cleanliness in the UHCs and UH&FWCs, it was observed that, in all the surveyed UH&FWCs and UHCs the staffs maintain proper hygiene and the toilets and surrounding area of the health centers are mostly clean.

Status of Labour/delivery room: It was observed that among all the surveyed UHCs and UH&FWCs there is a delivery room. In both of the UHCs, the equipment for the labour/delivery room were deemed adequate to meet the needs of the patients, and proper cleanliness and hygiene was observed to be maintained. Not only the UHCs, all the renovated UHFWCs were also found to have labour rooms and similar equipment. However, whether the adequacy of the labour/delivery room and equipment will meet the demands of the rural patients remain a matter of concern. Findings revealed that, among the surveyed UH&FWCs, only the Doubari (Goainghat) UH&FWC delivery/labour room and equipment were deemed adequate for the patients.

Adjacent staff quarter: All the surveyed UHC and UH&FWC were found to have staff quarters adjacent to the health centres. The living conditions and services were deemed to be in a good state in all of the UH&FWC staff quarters surveyed.

SACMO and FWVs room: It was observed that there is separate room for SACMO and FWVs in all the surveyed UH&FWCs. Almirah, Chair and shelf are the most common equipment observed in their rooms.

4.2 Status of communication and required healthcare information system for the service recipients

Communication (Road and transport facility): The findings of the study show that the roads are in a good state and the rural dwellers can easily go to the UHCs and UH&FWCs without much problem. After the inception of Mamota project, approach roads to the UH&FWCs have been reconstructed considering the sufferings of the rural people in accessing healthcare from the UH&FWCs in these areas. Moreover, the community group leaders (UP Chairman and Members) are also undertaking effective measures to reconstruct and develop the roads for the community people.

Citizens Charter at the UH&FWC and UHC: The citizens charter displaying information regarding the types of health services available for the community people in the respective UHCs and UH&FWCs was found to be available in all the surveyed health centres except the Bagha UH&FWC.

4.3 Status of supporting mechanism of local government institutions

Frequency of UH&FWC management committee meeting: The status of the supporting mechanism of local government institutions to healthcare services was derived by observing the frequency of UH&FWC management committee meetings and the support provided by the Union Parshad. It was found that through the UH&FWC management committee, the local government officials were be associated with health facilities of the respective union/upazila. The study team noted that all the surveyed UH&FWC management committees conduct regular bi-monthly meetings. Moreover, the meetings minutes are also maintained properly for keeping records and references. The findings from the FGDs revealed that the UP Chairmen and the chairmen of the UH&FWC management committees are very helpful in taking quick decision as they have authority to look after and improve all institutions of a union; such as the construction of approach roads to the UH&FWCs, providing grants from local government, etc.

4.4 Status of record keeping system for proper management of the UH&FWC and UHC

It has been observed that all the surveyed UH&FWCs and UHCs properly maintain the registers/records of the regular activities. The concerned staffs also update the registers/record book on amonthly basis. All the surveyed UH&FWCs and UHCs were observed to maintain general patients' register, adolescents' and child's register, ANC, PNC register, Satellite Clinic register, delivery register, FP register, MR register, movement and visiting register, medicines register and referral slips. Findings also revealed that the list of pregnant mothers is registered into the ANC register of the UH&FWC. Prior to this, they have also enlisted into EDD list which have been

maintained in all UHFWCs that linkage with FWA registers and PW registration. Moreover, a monthly delivery report chart (referring to the number of deliveries conducted per month) was observed to be displayed in all the FWCs.

4.5 Status of supply of medicines and other health services

Availability of medicines and health services: The findings show that emergency contraceptive pills, Misoprostol, Iron, Calcium, Folic acid, and oral pills (Apon/Sukhi) were some of the most common medications among the supply of medicines given by the UH&FWCs and UHCs to the people of the community. Moreover, in all of the surveyed UHCs and UH&FWCs, the SACMO's medicine stores were observed to be well ventilated and clean, however, they were also noted to be quite messy. The data shows that the medicine stock register is updated per month by the staffs of the UHCs and UH&FWCs. Nevertheless, findings from the FGDs with the women of the community and IDIs with the UH&FWCs' health service providers indicate that the availability of various types of medicines is not sufficient to meet the demands of the citizens of the community. It was observed that all the surveyed UH&FWCs attended 8 satellite clinic sessions with the people of the community. Other health services provided by the surveyed UHCs and UH&FWCs are given in the table- 25(See annex 2).



From the moment I was brought to UH&FWC for my first childbirth, the paramedic apa was always beside me from admission to till discharge. She was really supportive and gave me a lot of courage during my delivery"

Mitu (22 years); a participant of female group FGD, Bagha Uh&FWC,
 Golapganj Upazila

Impressive behaviour and attitudes of the UH&FWC staffs: The respondents reported that they are quite satisfied with the behaviour of the staffs while visiting the UH&FWCs for seeking healthcare services. The rural poor women also commented that when they go to the private clinics and hospitals, they are not treated equally as well as wealthy patients because of their economic status. The attitude of the doctors and staffs is unsatisfactory and it often becomes a source of extra stress for patients of low economic status. Since the intervention of Mamota project, the behaviour of the staff in the UH&FWCs have improved, and nowthey are more friendly and responsive to the patient's needs and issues, and deals with them with patience. Some of the respondents even said that the behaviours and attitude of the paramedics and staff of the UH&FWCs was so positive that it has motivated them to revisit the centres again.

4.6 Status of manpower in the UH&FWC and UHC

The study team observed that after the inception Mamota project, paramedics have been appointed in each of the UH&FWC. However, the number of SACMO, paramedics and FWVs were deemed insufficient to meet the demands for the healthcare services of the people. It was also found that in some of the surveyed UH&FWCs, MLSS and Aya have been provided from Mamota project. Except the Telikhal UH&FWC (Companyganj), Ayas have been appointed in all of the surveyed 10

UH&FWCs and 2 UHCs. In case of MLSS, in 2 of the surveyed UHCs and 7 of the UH&FWCs, MLSS have been posted by the Mamota project. However, findings show that the MLSS position is vacant in Telikhal FWC (Companyganj), Boaljur FWC (Balaganj), Doubari FWC (Goainghat) and Rustampur FWC (Goainghat).

The in-depth interviews with DGFP (MCH) officials revealed that they face some obstacles in ensuring skilled and adequate manpower at the UH&FWCs. Though DGFP is trying to prepare the health officials by continuously providing them training on MNH-FP, Child Health, Post Abortion Care, long (e.g., EOC training, OT Management training, Midwifery training) and short course training (MCH, Adolescent health, Child health), refresher trainings for doctors and paramedics (SACMOs & FWVs), sometimes the authorities face difficulty in ensuring the FWVs/SACMO's employment/retention at the UH&FWCs. This is probably because, the FWVs/SACMO's usually preferred to work at the UHC and MCWC rather than UH&FWCs after receiving training. Some also moved to other cities to seek better work opportunities. As a result, it is difficult for the authorities to ensure 24/7 presence of a health service provider at all the UH&FWCs, which was also found to be one of the major reasons of the respondents' reluctancy to visit the centres. Moreover, they also acknowledged that the available healthcare services at the UH&FWCs are not sufficient to the needs of the people of the community.

4.7. Challenges in existing service delivery system reported by the service providers

Findings from the qualitative survey with the health service providers also revealed some of the challenges in the existing service delivery system such as:



Lack of manpower: Unavailability of sufficient number of service providers such as FWVs, paramedics at the some UH&FWCs causes serious barrier for the community people to receive proper advice and treatment. The health service providers reported that there is a lack of qualified manpower in the UH&FWCs to respond to the needs of the huge number of patients. Findings from the health service providers also revealed that it becomes difficult for them to attend to 5-6 patients at the same time due to lack of manpower. The paramedic typically tends to attend to the critical patient first in that situation. Sometimes due to lack or absence of skilled manpower they had to refer the critical patients to nearest UHC or to the Sylhet M.A.G Osmani Medical College and Hospital.



Lack of modern medical equipment's and medicines: All the service providers reported that there is an absence of adequate materials and equipment related to MCH in the UH&FWC. In such cases, due to lack of instrument and medicine for safe delivery and baby resuscitation (oxytocin, misoprostol), and also because of the absence of skilled FWVs in UH&FWCs, the paramedics/FWVs/SACMOs refer the patient to the UHC and other private clinics to get such services. Moreover, required medicines are not available except some common medicines (Calcium, iron, Vitamin supplements, medicines for fever, cough etc.). Even the quantity of medicine is not adequate to fulfil the necessary demand of the people which lead to gap between UH&FWCs' staffs and patients. Though some of the medicines are given free of cost to the patients from the UH&FWCs, some are prescribed by the paramedics which the patients have to buy by spending additional money from other dispensaries outside the UH&FWCs. In some cases, the poverty-stricken patients prefer not to buy that prescribed medicine due to shortage of cash.



Short term training is not enough: The trainings which were provided to the paramedics and FWVs under the Mamota project interventions were organized for a short duration (1-2 days). These short-term trainings were reported to be not enough for the health services providers to deal with different types of health issues of the people in the community. Moreover, the service providers also reported difficulties in treating complicated cases. These complications need to be explored further.



Presence of social and cultural barriers in the community: Though a significant number of people in the community have shaken off most of the of cultural and social sigma surrounding the issues, some people still reserve negative sentiments regarding availing healthcare services from the health centres. Due to a lack of awareness, they still rely on home remedies for resolving any health issues, something which can cause serious health damage, and sometimes even the death of patients. Some of the women and their family members still prefer to give birth at home rather than at health centres due to the fear of having to go through acaesarean delivery.



Poor communication and transportation system: Poor communication and transportation system is still considered to be an obstacle in availing health services from the UH&FWCs. Poor people in the rural regions often can't manage any transportation during emergencies. During the rainy season, this situation becomes even worse. Moreover, the UH&FWCs do not provide any ambulance services to the critical patients during emergencies or as referrals.



Lack of funding: In most cases, the Union parishad do not have any emergency fund allocation to deal with these types of emergencies. In some cases, the respected union parishad or LGs cannot provide the required emergency support for the poor families because of the insufficient fund collection and transportation.

However, after the inception of Mamota project, the policymakers reported that, there is a positive shift in ensuring improved healthcare services to the people in remote areas. Mamota has successfully reduced the deficiency of skilled manpower at the UH&FWCs. The project has also provided training to the health service providers on maternal and child health care issues so that the people of the community can access these services at their doorstep and from nearby UH&FWCs. The DGFP officials also reported that Mamota project has renovated the infrastructure of the some of the UH&FWCs such as renovations of delivery room, post-natal or recovery room, paramedics' room, waiting area and toilets. Most importantly, the Mamota project has strengthened the engagement of local government bodies (UP Chairman and UP members) in ensuring quality health services for the community. The DGFP officials and FIVDB coordinators also reported that, the UP bodies of the respective upazila have now become very responsive to the healthcare needs of their community people. In some cases, local chairman and members repaired/constructed the roads so that the rural people can easily visit the UH&FWCs of their unions. Moreover, findings from the IDIs also revealed that local chairman also provided solar panel to some UH&FWCs to back up power supply.



CHAPTER 5: COMPARISON BETWEEN BASELINE AND ENDLINE INDICATORS

Some primary key outcome indicators were selected in both the baseline and endline surveys against which the performance of the project interventions at the study locations and evaluated to compare the outcomes of the baseline and end-line situations. The household survey data has been utilized to estimate the end-line indicators of antenatal care (ANC), postnatal care (PNC), facility delivery (FD), skilled birth attendance (SBA), knowledge of women regarding family planning (FP), women's knowledge on danger sign during pregnancy/delivery/newborn, modern contraceptive usage, method of contraception and functional UH&FWC to assess the present scenario.

Table 8: Comparison between Baseline (July 2018) and End line (October 2020) Data of Mamota Project

	Major Project Indicator	
Indicators	Baseline	End line
≥4 ANC	23%	35%
Place of ANC	62% from doctors' chamber	37% from UH&FWCs, 14.4% from UHCs
Facility Delivery	53.2%	50.31%
Delivery conducted by SBA	57.1%	56.91%
SBA assisted Home delivery	8.4%	13.6%
PNC in 24 hours of	Mother & newborn-59%	77.1% of mothers & 75.8% of
delivery	in case of facility delivery	children received in facility delivery;
	12.4% in case of home delivery	_
	_	5.6% of mothers & 8.2% of
		children received in case of home delivery
Using of FP	75% using modern methods	82.8% using modern methods
Types of contraceptive	Oral pill-49%	Oral pill-54.8%
	Injectables 11.8%	Injectables-22.4%
	Condom- 22.2%	Condom- 10.8%
	Female Sterilization-10.4%	Female Sterilization-4.6%
Knowledge on FP	89.6%	100%

Status of availability and accessibility of quality Maternal-New-born Healthcare Services

The required data to assess the improved quality of maternal and new-born health services after the Mamota project interventions were derived from the household survey and from secondary data with the women respondents who have given birth in the last 2 years during the project implementation period.

The main indicators considered were the percentage of mothers received antenatal care, percentage of deliveries at health facility, use of oxytocin and partograph during normal vaginal delivery at the facilities, percentage of deliveries attended by skilled birth attendant, and percentage of newborn/mother received postnatal care. In addition, knowledge on danger sign and quality of healthcare is also considered as a MNH indicators. Figure 10 shows that the healthcare providers at the UH&FWC have been using partograph and oxytocin in all cases of normal vaginal deliveries.

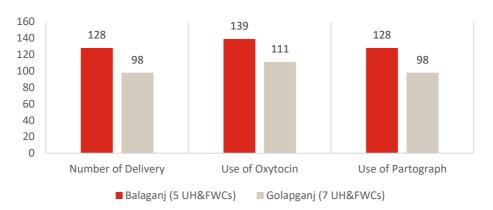
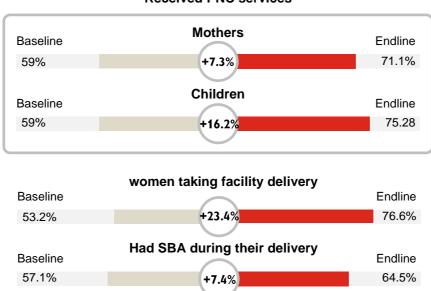


Figure 5: Use of Oxytocin & Partograph during NVD at 12 UH&FWCs in Balaganj and Golapganj (Time period- 24 September, 2020 – 25 October, 2020)

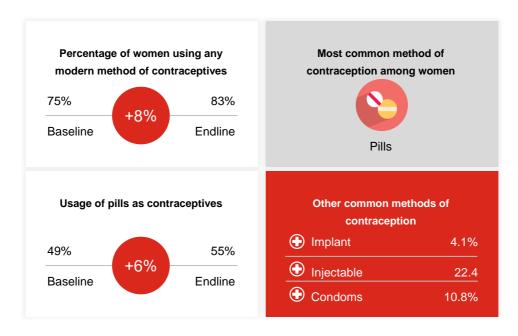
Progress on major MNH and FP indicators

Compared to the baseline, the percentage of women receiving ANC 4 or more times during pregnancy by medically trained service providers is 35.0% (n=366) during the end line survey, which was only 23.0% during the baseline survey. In case of availing PNC services, about 59.0% mothers and new-borns received PNC services within the intervention areas during the baseline study, which has increased to 71.1% in case of mothers and 75.2% of children after the Mamota project interventions. The findings of the end-line survey also revealed that the percentage of women opting for facility deliveries has also increased from 53.2% to 76.6% in Balaganj and Golapganj upazila. 80.6% women reported to have had a skilled birth attendant (SBA) during their delivery, which was reported 57.1% during the baseline survey.





The knowledge on family planning was increased from the baseline (around 90%) to the end line (100%) stage, indicating an increase in the awareness level of the respondents. This could be regarded as a direct impact of the Mamota project interventions. Although most respondents reported gaining the knowledge about the family planning method from their family/relatives/friends, a significant number of respondents also reported gaining the knowledge from UHFWCs (40.0%), from Satellite clinics (21.0%) and from Community Clinics (23.0%).



Baseline findings revealed that about 75.0% of married women in the intervention area were using a form of modern method of contraceptives which has remained same (74.7%) in the end line survey findings. If we disaggregate the data, we can see that this static condition of data is due to a low CPR in Balaganj upazila. The analysis of household-level survey data indicates that contraceptive pills are regarded as the most common method of contraception within the intervention areas. It was found that about 54.8% of the respondents were using pills at the time of the survey, which was 49.0% during the baseline survey. The percentage of women using other modern methods within the intervention areas such as implants, injectables and condoms were 4.1%, 22.4% and 10.8% respectively. Among these three methods, the use of injectables was found to be very close to the national level figure, and the use of implants and condoms were found to be slightly higher within the intervention areas the national level figure

Baseline and End-Line Comparison in Balagani and Golapgani

While comparing the data in the two upazilas (Balaganj and Golapganj) where the project interventions has been implemented both in baseline and end-line stage, a positive change has been observed in the major key indicators (receiving ANC at least once, ANC at least 4 or more times, facility delivery, delivery by SBA, PNC within 24 hours of delivery for both mother and child, knowledge on FP, danger signs of pregnancy and newborn children). The CPR in two upazila has been decreased because of the respondents' expectation for a baby, or their migrant husbands, or menopause etc.





CHAPTER 6: IMPACT, EFFECTIVENESS, RELEVANCY AND SUSTAINABILITY OF MAMOTA PROJECT INTERVENTIONS

In order to assess the relevance and fulfilment of the project objectives, effectiveness, impact and sustainability of the Mamota project interventions, a systematic and objective assessment of the program design, implementation and results was carried out following OECD/DAC criteria²¹. The key questions for measuring the relevancy, impact, effectiveness and sustainability of the Mamota project interventions were assessed against the findings from the quantitative and qualitative survey. During the analysis, the project outcome was marked using Likert scale of 1 to 5 and rationale for assigning each mark is also given in the following table.

²¹ http://www.oecd.org/dataoecd/29/21/2754804.pdf.

Relevance of the project

Relevancy of the project and its intervention in light of the needs and priorities of clients and target groups have been assessed against the following key research questions.

Table 9: key research questions

Key Questions

Is the project doing the right thing?



Score

Findings from the end-line survey reveals that the project has undertaken several measures to meet the health care need of the community people through ensuring awareness of the community regarding health care facilities, increasing health care services such as ANC/PNC/SBA services at the union level UH&FWCs, counselling and psychological support services, providing equipment and manpower in the UH&FWCs, renovation of the UH&FWCs, linkage with the local government bodies to ensure equitable health care services for the community people etc.

Rationale

How important is the relevance or significance of the intervention regarding local and national requirements and priorities?



After the inception of Mamota project, the policymakers reported that, there have been a positive shift in ensuring improved healthcare services for the community people of the remote areas. Mamota has successfully reduced the deficiency of skilled manpower at the UH&FWCs. The project has provided training to the health service providers on maternal and child health care issues so that the people in the community can access these services at their doorstep and from nearby UH&FWCs. The Mamota project has renovated infrastructure of the some of the UH&FWCs at the union level such as renovation of delivery room, post-natal or recovery room, paramedics' room, waiting area and toilets which is contributing to quality healthcare services at the remote level. Most importantly, the Mamota project has strengthened the engagement of local government bodies (UP Chairman and UP members) in ensuring quality health services for the community.

Are the activities and outputs of the programme consistent with the intended impacts and effects?



After the inception of Mamota project, different types of awareness raising sessions such as courtyard meeting with women and their husbands, campaigns, assemblies have been arranged to make the community people aware of the project activities and to encourage them to visit the UH&FWCs. Coverage of health services (ANC/PNC/Facility delivery/SBA) in different parts of a specific union have increased

compared to the national figure than before due to the project interventions which has improved the quality of health services in the community significantly.

Collaboration with the community leaders (UP members, Members of Community Clinic, teachers, elites) with the health service providers also has also improved the dissemination of healthcare information to the community people. Moreover, the local UP Chairman and UP members are considering to improve the transportation system for the community people for ensuring proper access to healthcare facilities from the UH&FWCs/health centres.

Effectiveness of the project

The effectiveness of the project has been assessed through evaluating the success of the project in terms of its outputs and outcomes (taking into account their relative importance)?

Table 10: The effectiveness of the project based on the outputs and outcomes

Did the project achieve its intended outcomes?

Key Questions



Score

The project has achieved its intended outcome through upgrading and ensuring 24/7 normal delivery at union level health facility; has increased access to quality healthcare services (specially, ANC/PNC) at the UH&FWCs, increased skilled assistance at delivery (delivery by SBA) and facility delivery (64.5% women reported to have skilled birth attendant (SBA) during their delivery); strengthened accessible quality treatment for sick newborn children at SCANU; strengthen Union Health & Family Welfare Centres (UH&FWC) and UEHFP committees.

Rationale

Are there any differences in outcomes achieved by different groups



Community men and women with higher educational status were found to have positive impact on receiving ANC and PNC services from a trained service provider. The percentage of postnatal care within 48 hours of delivery for mothers and children was found to increase from 55.0% to 74.0% as the husband's education rose from primary level to higher secondary level. That is about a 20.0% increase in the positive direction. Male-headed households were observed to have higher percentage of receiving antenatal care (ANC) 3-4 or more times during pregnancy. Findings from both baseline and end-line survey also revealed that, the percentage of women receiving ANC/PNC and health facility services

from health centres has increased gradually with the increase of the socio-economic condition of the households.

Are the objectives of the project being achieved?



The project has improved the accessibility and availability of quality MNH-FP services at the facility and community level according to the objectives. It has increased awareness and strengthen support of local government institutions in ensuring equitable health services at the community level.

How big is the effectiveness or impact of the project compared to the objectives planned?



Comparing the end line with the baseline data, most of the indicator (≥4ANC, facility delivery, delivery attended by SBA, Home delivery attended by SBA, PNC within 24 hours of delivery, Knowledge on FP and contraceptive use) shows remarkable improvement. We can conclude that MNH-FP intervention of Mamota has brought remarkable changes in awareness and behaviour of the targeted population in the intervention areas.

Impact of the project

Table 11: Impact of the Project

Key Questions

Does the project contribute to reaching higher level objectives (preferably, goal and objectives)?



Score

The project has increased the availability and accessibility of MNH-FP services, improved the quality of services and increased awareness and

support of community people and local

Rationale

government (Union Parishad).

During the five years of the project interventions, union level health facilities of the government were strengthened by appointing paramedics and supporting staffs to the vacant posts, renovation of infrastructures of the UH&FWCs, augmentation/acceleration of awareness building

activities and bridging between local government and health facilities.

What is the impact or effect of the project in proportion to the overall situation of the target group or those effected?



After the project interventions, findings reveal that more than one-third of the respondents (35.0%) received ANC 4 or more times from medically trained providers; 37.0% received ANC from UH&FWCs and 14.4% from UHCs. More than half of the respondents (50.9%) delivered at facilities. Those who delivered at homes, 13.6% of them received assistance by SBAs, which is significantly high than the national average and even the baseline. In case of facility delivery, more than two third of mothers (66.3%) and three-

fourth of children received post-natal check-up (PNC) within 24 hours of childbirth. 82.8% of the respondents reported to use of modern methods of contraception. The adolescent's girls have gained knowledge about their monthly periodical issues and importance of maintaining hygiene during menstruation. Overall, after the project interventions, the healthcare situation of the study location has remarkably improved.

Sustainability of the project

Table 12: Sustainability of the project

Key Questions

Are the positive effects or impacts sustainable?



Score

The positive effects of the project are still not sustainable. This is because our government is still not prepared to carry on the project interventions. There is a lack of qualified manpower in the UH&FWCs to respond to the demands of the huge number of patients. Findings from the health service providers also revealed that, it becomes difficult for them to attend to 5-6 patients at the same time due to lack of manpower. Sometimes due to lack or absence of skilled manpower they had to refer the critical patients to nearest UHC or to the Sylhet M.A.G Osmani Medical College and Hospital. Moreover, there is an absence of adequate materials and equipment required for MCH-FP. In addition, the local government body (Union parishad) do not have any emergency fund allocation to deal with these types of emergencies.

Rationale

How is the sustainability or permanence of the intervention and its effects to be assessed?



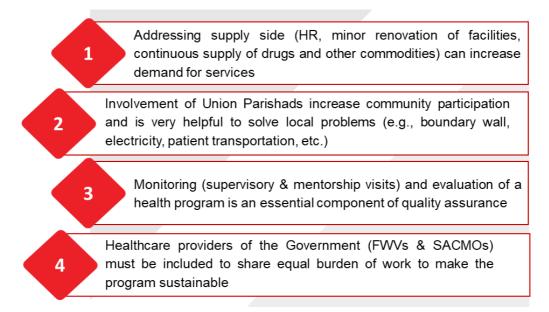
For measuring the sustainability and permanence of the project interventions, the preparation of the government should be assessed. It is important to monitor that whether the healthcare providers are performing their duties appropriately at the union/upazila Accountability of the health service providers should be ensured by their supervisors. The central monitoring system of the UH&FWCs should be stronger and should closely monitor the performance of the health service providers. Community volunteers should be involved for the promotion of UH&FWCs to create motivation among the local community for seeking healthcare from the health centres.



CHAPTER 7: LESSONS LEARNED, CONCLUSIONS AND POLICY RECOMMENDATIONS

7.1. Lessons Learned

From the five-years intervention of the Mamota project, the key lessons that the study team have identified are as follows:



7.2 Conclusion and Policy Recommendation

This study was conducted to investigate the effectiveness, impact, relevance and sustainability of MCH-FP based health project implemented by Save the Children and FIVDB in five upazilas of Sylhet district. The project aimed to increase the availability of and access to MNH-FP services, improve quality of services and increase awareness and the support of community people and local government (Union Parishad). The duration of the project was five years (2015-2020) and during this period, union level health facilities of the Government were strengthened by appointing paramedics and supporting staff to the vacant posts, renovation of infrastructures of the UH&FWCs, augmentation/acceleration of awareness building activities and bridging between local government and health facilities.

From the above discussion in the previous chapters, when we compare the end line survey data with baseline survey (2018), most of the indicator (\geq 4ANC, facility delivery, delivery attended by SBA, home delivery attended by SBA, PNC in 24 hours of delivery, knowledge on FP, contraceptive use, danger signs in pregnancy and newborn children) shows remarkable improvement. We can conclude that MNH-FP intervention of Mamota has brought remarkable changes in awareness and behaviour of the targeted population of intervention areas.

Based on the finding of the study and the relevant analysis derived from it, the following recommendations are suggested to be implemented:

- All UH&FWCs must have at least two female paramedics so that one can stay at the UH&FWC all time and another can do satellite clinic at the villages
- There are still some deliveries being conducted at home without the presence of SBA at the intervening upazilas. To reduce or mitigate the challenges, the SBA assisted delivery should be

increased through capacity development of existing FWV/FWA/HA for conducting deliveries at the home level."

- UH&FWCs should have ambulances to carry referral patients in case of emergencies
- The people of the village along with Union Parishad should arrange an emergency transportation system to transport severely ill patients from the community to health facilities
- Union Parshad should take part in improving healthcare system of the union; they must ensure
 the arrangement of bi-monthly meetings of UH&FWC management committee and must
 monitor the services of UH&FWC and satellite clinics. UP also should allocate Government
 grants to improve the services of UH&FWC
- Men (husbands and fathers-in-law) happen to be the decision makers for most families.
 Therefore, in future, men should be included in courtyard meetings to make them aware on MNH
- Use of modern methods of contraception is very low in the targeted upazilas, especially longacting permanent methods (implant, IUCD) due to religious sentiments and lack of empowerment among women. The policy-makers should take initiatives to involve Imams and religious leaders in dissemination of FP messages. Ministry of Women and Children Affairs and Ministry of Youth may offer accelerated programs in empowering the women of Sylhet district.
- To ensure quality care for underprivileged rural people, the Government needs the support of the Mamota for next 2-3 years, until all vacant posts are filled up by the Governments paramedics (SACMO & FWV)

One of the important causes of success of the Mamota project was intense monitoring. All Upazilas and Union level facilities should be brought under intense monitoring visits if we want to provide quality healthcare to the rural people. Most of the service providers and policy makers put emphasis on monitoring in their interviews.

The government of Bangladesh is committed to ending preventable maternal and childhood mortality by 2030. To attain government's commitments, only public efforts alone are not sufficient. All major stakeholders acting in the different sectors of the country should also play an active role in accelerating the development of the country. The country has achieved significant progress in the health sector with the support of development partners, UN bodies, non-government and private organizations. Currently, the country is in the middle of the 4th health sector program (HPNSP). This is an important period to prepare a meticulous plan for the next health sector program. The support provided by the Mamota project could be an example of a successful GO-NGO endeavour therefore,this evaluation study will help the policy-makers gain valuable insight and pedantically develop a future program.

SCI EVALUATION RESPONSE PLAN

Recommendation	Planned action	Timeline	Responsible
UH&FWC should have minimum two FWVs to provide 24/7 delivery services;	Until the Government can mitigate HR issues, female SACMOs could be trained on midwifery and could be posted to the UH&FWC s providing24/7 NVD services;		
All Government SBAs should be monitored to evaluate the quantity and quality of normal delivery conducted by them. They should be more involved in assisting childbirths that take place at home;			
A strong community based referral system for MCH emergency should be developed with leadership of Union Parishads;			
UH&FWC Management Committees need to strengthened to improve healthcare system of the union			
More awareness building meetings should be conducted to increase usage of modern methods of contraceptives; Men and households' heads should invited to attend these awareness building sessions;			

ANNEX1: SURVEY TOOLS

Sample Survey Questionnaire

Survey Questionnaire - Part A

Mamota Project

(Maternal-Neonatal Health Care and Family Planning)

Household Questionnaire for the Endline Evaluation

Eligibility Criteria for Selection of Households (Part: A)

Household having a mother who has given birth in the last 2 year (mothers having 0-24 years' child) is eligible for collecting data on MNH service and facility delivery.

INFORMED CONSENT	
Hello. I am, have come from Save the Children/FIVDB located Sylhet. They are working with govt. to improve health status in your area. I would like know some information about health services e.g. ANC, PNC and Family Planning that a providing by govt. in your area. This information will help Save the Children to impleme health project in this area very competently. The survey will take approximately 20 minute Whatever information you provide will be kept strictly confidential and will not be shown other persons. The information will be used only for research purpose.	e to are ent es.
Participation in the survey is completely voluntary and depends on your will. You have the freedom for not participating in the survey or you can stop the interview at any point of time But, I hope that you will participate the survey, because your opinion in very much valuate for this survey. I would be very happy if you participate the survey, which are immensed important for proper implementation of the project by the Government of Bangladesh at the Save the Children/FIVDB.	ne. ble ely
May I begin the interview now? ☐s ☐No	
Name of Respondent: Sign of Respondent: Date	ite:
1. Information about interviewer	

1.1	Name and Sign of Interviewer	
1.2	Name and Sign of Supervisor	
1.3	Date of Interview	
1.4	Starting Time	Ending Time

2.1 Information about Study Area

		Name	Code
2.1	Upazila		
2.2	Union		
2.3	Village		
2.4	Ward		
2.5	Household No.		

Part A Respondent's Background including Household Information and Status of ANC, PNC, SBA, Facility Delivery and Knowledge about Danger Sign of Pregnancy

Sect	ion A: Respondent's Background	ast 2 yearsyear) (October 2018-October 2020)
Now	I want to ask you some questions a		
No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is your current age? (Probe by checking date of birth through NID)	Year (full year)	
102	What is your marital status? What was your age at marriage?	Married	
100	what was your ago at mamago:	Year (full year)	
104	Did you study in school or madrasa?	Yes, School	≯ 106
105	What is the highest class you have completed (years of schooling)? (Write 00 for no class passed)	Illeterate	
106	What is your religion?	Agriculture in own land	
107	What is your religion?	Islam 1 Hinduism 2 Buddhism 3 Christian 4 Others 96 (specify)	

108	What is the age of your husband?	
	What is the age of your hasband?	Year (full year)
		Don't know99
109	What is the highest class your	Illiterate1
	husband had completed (years of	No Formal Education2
	schooling)?	Primary 3
		Secondary4
		Graduate 5
		Others6
		Don't know99
110	What is the main occupation of your	Agriculture in own land 1
110	husband?	Agriculture in rented land (Borga)
		2
	[Multiple Answer]	Day laborer/unskilled laborer
		(household, farming, etc.)
		Skilled laborer (long term employee/ carpenter/mason/fisherman/boatman/
		Handicraft)
		Household Work 4
		Own business/Entrepreneurship
		5
		Service holders 6
		Others96
		(specify) (specify)
111	Mobile number (personal or familial)	

(99-do not know, 96 & X-others use for all options)

Sect	ion B: Household Information		
No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Who is the household head?	Husband1	
		Father-in-law2	
		Respondent Heself3	
		Mothe-in-law4	
		Others96	
202	What is the current age of the		
	household head?	Year (full year)	
	(Probe by checking date of birth		
	through NID)		
203	Had the household head attended	Yes, school1	
	School or Madrasha?	Yes, madrasa2	
		Yes, both3	
		No4	205
		Don't know99	205
204	What is the highest class of	Illiterate1	
	household head had completed	Non Formal Education2	
	(years of schooling)?	Primary3	
		Secondary4	
		Graduate5	
		Others96	
		Don't know99	

205	What is the main occupation of the household head? Multiple Add skip instructions in these 3 questions.	Agriculture in own land	
206	How many members are there in your household?		
207	What type of toilet do your household members use?	Sanitary/Pucca/Pit Toilet (waterproof)1 Pucca/Pit toilet (not waterproof)2 Kutch toilet3 Open field4 Others96 (specify)	
208	Does the household have electricity facility?	No Electricity 1 Polly Bidut 2 Solar 3 Others 96	
209	What is the main source of drinking water of the household?	Supply water/tap water from deep tubewell	
210	What is the total amount of land of the household including homestead?	Decimal	
211	What is the amount of annual expenditure of the household? (Monthly)	taka/monthtaka/year	
212	What is the amount of annual health expenditure of the household? (Monthly)	taka/monthtaka/year	
213	Whether the household suffered from food shortage in any point of time during the last two year?	Yes	
214	What is your nearest health centre/hospital? [Multiple Answer]	Medical College Hospital	

		NGO	Health	Centre
			8	
		NGO Clinic	s/Hospitals	9
		Private Hos	spital/Clinic	10
		Doctor's Ch	amber	11
		Others		96
		(Spe	cify)	
215	What is the distance of the	Less than	1 km	1
	nearest health centre/hospital	1 km	2	
	from your home?	2 km	3	
		3 km	4	
		More than	4 km5	
216	How long have you been living in		year	
	this village?		-	

Sect	Section C: Information about ANC, Delivery, PNC, FP & Other Issues				
No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
301	How many living children do you have?	Boy Girl			
302	How many times were you pregnant?	number			
303	Age of last child? Instruction: write day if 0-28 days	Month Day			
304	Where did you give birth to your last child?	Home Facility			
305	For home birth: Why did you not visit facility?				
306	For home Birth: Who conducted the delivery?	SBA			
307	Was your last birth alive?	Yes	309		
308	If no, how old when s/he died? Instruction: write day if 0-28 days	MonthDay			
309	Sex of Youngest Child	Boy			

		Information about ANC	
401	During	Yes 1	
	your last	No2 →	
	pregnancy		402
	, did you		а

any health service as ANC?					
Service as ANC?		receive			
ANC? If yes, how many times did you receive the ANC? More than 4 times		•			
402		service as			
Many 2 times 2 3 times 3 3 4 4 4 4 4 4 4 4					
Many 2 times 2 3 times 3 3 4 4 4 4 4 4 4 4	402	If yes, how	1 time1		
times did you receive the ANC?					
You receive the ANC?		•			
receive the ANC? 403 Where/to whom did you receive ANC? ANC? (multiple answer may come in this section) EMultiple Answer] 404 Who provided you ANC? ANC Were any of these tests done during ANC visit of your last pregnanc y? [Multiple Answer] 405 Were any of these tests done ANC visit of your last pregnanc y? [Multiple Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker) ANC Worker) ANC Worker) ANC Worker in the did not a simple of the health worker (FWA, HA, NGO Worker) ANC Worker in the did not and the simple of the health worker (FWA, HA, NGO Worker) ANC Whom ANC ANCE ANCE ANCE ANCE ANCE ANCE ANCE					
ANC?					
403			Wore than 4 times		
whom did you receive ANC? ANC? (multiple answer may come in this section) [Multiple Answer] 404 Who provided you ANC? Were any of these tests done during ANC visit of your last pregnanc y did any of the health worker (FWA, HA, NGO Worker) Whom Total Part of the see		AINC?			
whom did you receive ANC? ANC? (multiple answer may come in this section) [Multiple Answer] 404 Who provided you ANC? Were any of these tests done during ANC visit of your last pregnanc y did any of the health worker (FWA, HA, NGO Worker) Whom Total Part of the see					
whom did you receive ANC? ANC? (multiple answer may come in this section) [Multiple Answer] 404 Who provided you ANC? Were any of these tests done during ANC visit of your last pregnanc y did any of the health worker (FWA, HA, NGO Worker) Whom Total Part of the see	400	10.0	Madical Callege Heavital		
You receive	403				
receive ANC? (multiple answer may come in this section) [Multiple Answer] 404 Who provided you ANC? 405 Were any of these tests done during ANC visit of your last pregnanc y? [Multiple Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker) [Wuttiple Answer] 407 Weight Monitoring 100		whom did			
ANC? (multiple answer may come in this section) [Multiple Answer] 404 Who provided you ANC? Were any of these tests done during ANC visit of your last pregnanc y? [Multiple Answer] 405 Of John College and		you			
(multiple answer may come in this section) [Multiple Answer] Mo Pivate Hospital/Clinic 10 Doctor's Chamber 11 Others (Specify) 96		receive			
(multiple answer may come in this section) [Multiple Answer] Mo Pivate Hospital/Clinic 10 Doctor's Chamber 11 Others (Specify) 96		ANC?	Union Health & Family Welfare Centre/Sub Centre/RD 5		
Answer may come in this section NGO Health Centre		(multiple			
May come in this section NGO Clinics/Hospitals 9 9 10 10 11 11 12 13 14 15 15 15 15 15 15 15					
MgO Clinics/Hospitals					
Private Hospital/Clinic		-			
Multiple Doctor's Chamber 11 Others (Specify) 96			•		
Multiple Answer Others (Specify) 96		section)			
Answer					
Who provided you ANC?			Others (Specify)96		
provided you ANC?	40.4		00004/01100		
you ANC? Nurse/FWV	404				
Doctor		•			
405 Were any of these tests done during ANC visit of your last pregnanc y? [Multiple Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker)		you ANC?			
Don't Know					
405 Were any of these tests done during			96		
405 Were any of these tests done during			Don't Know99		
of these tests done during ANC visit of your last pregnanc y? [Multiple Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker)	405	Were any	Weight Monitoring1		
tests done during ANC visit of your last pregnanc y? [Multiple Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker)					
during ANC visit of your last pregnanc y? [Multiple Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker) Rutine Urine Test					
ANC visit of your last pregnanc y? [Multiple Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker) [WWA, HA, NGO Worker) Ultrasonogram5 Per abdominal Examination6 Others96 Per abdominal Examination6 Others96					
of your last pregnanc y? [Multiple Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker) Multiple Answer]			Ultrasonogram5		
In ast pregnanc y? [Multiple Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker) Others			Per abdominal Examination6		
[Multiple Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker)		,			
[Multiple Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker)			Othors		
[Multiple Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker)					
Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker)		y?			
Answer] 406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker)					
406 During your last pregnanc y did any of the health worker (FWA, HA, NGO Worker)		[Multiple			
your last pregnanc y did any of the health worker (FWA, HA, NGO Worker)					
pregnanc y did any of the health worker (FWA, HA, NGO Worker)	406	•			
y did any of the health worker (FWA, HA, NGO Worker)		your last	No		
y did any of the health worker (FWA, HA, NGO Worker)		pregnanc			
of the health worker (FWA, HA, NGO Worker)		. •			
health worker (FWA, HA, NGO Worker)					
worker (FWA, HA, NGO Worker)					
(FWA, HA, NGO Worker)					
HA, NGO Worker)					
Worker)		,			
		· ·			
l come to l		,			
1 000		come to			

	visit you at		
407	home?	V 4	
407	Has anybody	Yes	400
	told you to take ANC		409
	or		
	importanc e of ANC?		
408	Who has		
	told you to		
	take		
400	ANC?	Voc	
409	Have you attended	Yes 1 No	
	any		410
	advocacy		а
	meeting		
	(session		
	on health		
	education		
410	Who has		
'''	conducte		
	d the		
	advocacy		
	meeting		
	(session on health		
	education		
)		
410	Have you	Yes1	
а	seen any	No2	
	breastfeed		411
	ing corner		
	at		
	UHFWC?		
	Applicabl e, if		
	received		
	ANC at		
	UHFWC/		
	RD (code		
410	5)	Yes 1	
b	Have you	No2	
	used breastfeed		
	ing corner		
	at		
	UHFWC?		
	Applicabl		
	e, if		
	received ANC at		
	AINO al		

	UHFWC/ RD (code		
411	Have you received TT injection during your last pregnanc y?	Yes	501
412	If yes, from where you received TT?	D' (' (O	

	Information about Facility Delivery & PNC				
501	What is the delivery place of your youngest child?	Medical College Hospital			
502	In case of facility delivery; how long did you stay there after delivery?				
502a	In case of facility delivery; has anybody counselled you or tell you about postpartum family planning (PPFP)?	No2 →			
502b	Have you received or accepted PPFP?	Yes	503		
503	How good was the behavior of the service provider? Applicable, if delivered at UHFWC/RD (code 5)	Good			

504	How was the overall quality of service?	Very Good Good	
	Applicable, if delivered at UHFWC/RD (code 5)	Average Below Average Poor	
504a	Has anybody told you to conduct facility delivery or importance of facility delivery?	Yes	
504b	Who has told you to conduct facility delivery or importance of facility delivery?		
504c	Have you attended any advocacy meeting (session on health education)	Yes	505
504d	Who has conducted the advocacy meeting (session on health education)		
505	During delivery at home, who assisted your delivery at home?	SBA TBA Dai Relatives Others96	
506	Did your child receive any sort of PNC check-up within 24 hours of delivery?	Yes	
507	Did you receive any sort of PNC check-up within 24 hours of delivery?	Yes	
508	In case of Home Delivery did your child receive any PNC check-up within 24 hours?	Yes	
509	In case of Home Delivery did you receive any PNC check- up within 24 hours?	Yes	
510	How long after delivery you were checked up?	days	
511	Who provided you PNC check-up?	SBA CHCP NGO Paramedics FWV/SACMO Doctor Others	
511a	Has anybody told you to take PNC or importance of PNC?	Yes	511c
511b	Who has told you to take PNC or importance of PNC?		
511c	Have you attended any advocacy meeting (health education session on PNC)	Yes	512

	T	T	1
511d	Who has conducted the advocacy meeting (health education session on PNC)		
512	Do you have any idea about	Yes1	
	emergency fund for maternal	No2	
	and child health?		514
512a	What are those?	Transport vehicle1	
	Trial are triess.	Approach roads2	
		Equipment/machineries3	
		Infrastructure development4	
		Infrastructure repair5	
		Maternit Allowance6	
		Allowance from NGO7	
		Don't know96	
		Others99	
513	If yes, have you ever received	Yes1	
	any help from this fund for	No2	
	your check-up?		
513a	Which allowance have you	Transport vehicle1	
0.00	received?	Approach roads2	
	10001104.	Equipment/machineries3	
		Infrastructure development4	
		Infrastructure repair5	
		Maternit Allowance6	
		Allowance from NGO7	
		Don't know96	
		Others99	
514	What is the transport that you	Boat1	
	use to go to health centre?	Van/Rickshaw2	
	-	CNG/Motor Vehicle3	
	[Multiple Answer]	Public Transport4	
		Others96	
514a	Do you have any idea about	Yes1	
	pick-up point?	No2	
514b	Who has told you about pick-		
	up point?		
		t Breastfeeding & Immunization	
515	What did you give your baby	Honey/water1	
	within 1 hour of delivery as first	Breast milk (clostrum)2	
	food?	Formula Milk3	
540	Have you done could	Others96	
516	Have you done exclusive	Yes1	
	breastfeeding?	No2	
	(for the child of aged 6 to 12		
	months)		
E47	(Note: only breastmilk)	Von	
517	Are you maintaining exclusive	Yes1 No	
	breastfeeding? (for the child of	INU	
E40	aged less than 6 months)	Von 4	
518	Whether the child were given	Yes1	
	required immunization as per the guidelines?	No2	
	LIDE ODDOEDDES (I .	i

519	Where did you get your child	Medical College Hospital1	
	immunized?	District Hospital2	
		Mother and Child Welfare Centre 3	
		Upazila Health Complex4	
		Union Health & Family Welfare Centre/Sub	
		Centre/RD5	
		Comunity Clinic6	
		Satellite Climic/EPI Outreach7	
		NGO Health Centre	
		8	
		NGO Clinics/Hospitals9	
		Private Hospital/Clinic10	
		Doctor's Chamber11	
		Others96	
		(Specify)	

(99-do not know, 96 & X-others use for all options)

(99-do not know, 96 & X-others use for all options) Knowledge about Danger Sign of Prgnancy				
520 Do you know about the 5 Yes				
320	danger signs of pregnancy?	No2		
521		DI "		
021	If yes, what are the danger	Headaches and/or blurred vision2		
	signs?	High Fever3		
		Prolong labor4		
	[Multiple Answer]	Convulsion5		
521a	From where you have learnt			
	about the danger sign?			
	about the danger eight.			
522	Do you have any idea about	Yes1		
	neonatal danger signs?	No2		
523	If yes, what are the danger	Not feeding since birth or stopped		
	signs for neonatal?	feeding1		
		Convulsion2		
	[Multiple Answer]	Fast breathing3		
		Fever or hypothermia4		
		Weakness or lethargy5		
		Infection of umbilicus (Omphalitis)6		
		Jaundice 7		
		Pneumonia 8		
		Others 99		
523a	From where you have learnt			
5001	about the danger sign?			
523b	Have you attended any	Yes 1		
	advocacy meeting (health	No2 —	F04	
	education session on danger		524	
	signs of pregnancy period or			
523c	newborn) Who has conducted the			
3230	advocacy meeting (health			
	education session on danger			
	signs of pregnancy period or			
	newborn)			
	,	isiting Health Facility for Maternal & Child		
	Healthcare			
Tioutifour				

	T	
524	What are the barriers in your area for not visiting health facility during ANC/PNC/Delivery?	
525	What are your suggestions to increase access (mother and children) to health facilities?	
	Impact & S	Sustainability Section:
601	What are the services you are getting from the UHFWC?	ANC
602	How has the service changed over the last 5 years?	Improved a lot Improved somewhat Remained the same Deteriorated somewhat Deteriorated a lot N/A
603	What would be your suggestion on how to improve service quality or continue the services?	
	COV	/ID19 Question:
701	What have you heard about COVID19? [Multiple Answer]	Have not heard anything
702	Where are you getting your information from on COVID19? [Multiple Answer]	From UHC UHFWC/RD .2 Community Clinic .3 Satellite clinic .4 Field worker (FWA/SBA) .5 Family & Relatives .6 Mass media (TV, Radio, Paper) Social media (facebook, YouTube) .8 Mobile .9

	Miking10
	Others96

Survey Questionnaire - Part B

Mamota Project

(Maternal-Neonatal Health Care and Family Planning)

Household Questionnaire for the Endline Study

Eligibility of households (Part-B)

Households eligible for capturing information on Family Planning Services which have a married woman who are not currently pregnant or not given birth in the last one year.

	INFORMED CONSENT						
Sylhet. T know sor providing health pr Whateve	Hello. I am, have come from Save the Children/FIVDB located in Sylhet. They are working with govt. to improve health status in your area. I would like to know some information about health services e.g. ANC, PNC and Family Planning that are providing by govt. in your area. This information will help Save the Children to implement health project in this area very competently. The survey will take approximately 20 minutes. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. The information will be used only for research purpose.						
freedom But, I hop for this s importan	for not particip pe that you wil survey. I would	ating in the participate be very h plementat	sule the	rvey or you can e survey, becau by if you particip	stop the interview se your opinion in ate the survey, w	our will. You have the vat any point of time. In very much valuable which are immensely at of Bangladesh and	
May I be	gin the intervie	ew now?	Ϋ́	Js □lo			
Name of	Respondent:			Signature of I	Respondent:	Date:	
l. Inform	ation about in	<u>terviewer</u>					
1.1	Name and Interviewer	signature	of				
1.2	Supervisor's signature	name a	nd				
1.3	Date of Interv	riew					
1.4	Starting time				Ending time		

2.1 Information about Study Area

		Name	Code
2.1	Upazila		
2.2	Union		
2.3	Village		

2.4	Ward	
2.5	Household No.	

Information on Respondent's Background, Reproductive Health and Family Planning Practices

Section A: Respondent's Background (Married women of reproductive age (15-49 years) who are not pregnant or has not given birth within last 24 months) Now I want to ask you some information about you and your family: **QUESTIONS AND FILTERS CODING CATEGORIES SKIP** No. 101 What is your current age? (Crosscheck between 102 and 101) Year (full year) 102 What is your marital status? Married 1 Separated2 Abandoned 3 Divorced 4 Widow 5 103 What was your age at marriage? Year (full year)..... 104 Did you studv in school or Yes. School...... 1 madrasa? Yes, Madrasa......2 Yes. Both 3 No......4 +706 105 What is the highest class you Illiterate.....1 completed (years of schooling)? No Formal Education.....2 Primary 3 Secondary......4 Graduate...... 5 Don't know 99 106 What is your main occupation? Agriculture in own land 1 Agriculture in rented land (Borga)2 Day laborer/unskilled laborer (household, farming, etc.).................. 3 Skilled laborer (long term employee/ carpenter/mason/fisherman/boatman/ Handicraft)... 4 Housewife......5 Own small business/Entrepreneurship6 Service Holders7 ___ 96 Others (specify) (specify) 107 What is your religion? Islam 1 Hinduism.....2 Buddhism......3 Christian 4

Others

_____96

		(specify)	
108	What is the age of your husband?	Year (full year)	
		Don't know99	
109	Had your husband attended School	Yes, school1	
	or Madrasha?	Yes, madrasa2	
		Yes, both3	
		No	-
		Don't know99	111
110	What is the highest class your	Illeterate	
	husband had completed? (Write 00 for no class passed)	No formal education	
	(Write 00 for 110 class passed)	Primary	
		Secondary	
		Graduate	
		Others	
111	Has your husband engaged with	Yes1	
	any economic activities?	No 2–	113
112	What is the main occupation of your husband?	Agriculture in own land	
		Day laborer/unskilled laborer (household, farming, etc.)	
113	Mobile number (personal or familial)		

(99-do not know, 96 & X-others use for all options)

Section B:Household Information					
Nov	v I want to some questions about	your household			
No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
201	Who is the head of the household?	Husband1Father-in-law2Respondent Heself3Mothe-in-law4Others96			
202	What is the current age of the household head? (Please crosscheck between 201 and 202)	Year (full year)			
203	Did the household head study in school or madrasa?	Yes, School 1 Yes, Madrasa 2 Yes, Both 3			

		No4	
		Don't know99	206
204	What is the highest class had the	Illiterate1	
	household head completed	No Formal Education2	
	(years of schooling)?	Primary3	
		Secondary4	
		Graduate5	
		Others6	
005	NAME AND ADDRESS OF THE PARTY O	Don't know99	
205	What is the main occupation of the		
	household head?	Agriculture in rented land (Borga)2	
		Day laborer/unskilled laborer (household,	
		farming, etc.)3	
		Skilled laborer (long term employee/ carpenter/mason/fisherman/boatman/	
		Handicraft)4	
		Housewife5	
		Own small business/Entrepreneurship	
		6	
		Service Holders7	
		Others96	
		(specify) (specify)	
206	How many members are there in		
	your household?	Male	
007	100	O '' /D /D'' T '' / ()	
207	What type of toilet do your	Sanitary/Pucca/Pit Toilet (waterproof)	
	household members use?	Duese/Dit toilet (not watern roof)	
		Pucca/Pit toilet (not waterproof)2 Kutcha toilet	
		Open field4	
		Others96	
		(enocify)	
208	Does the household have	No Electricity1	
	electricity facility?	Polly Bidut2	
	, ,	Solar3	
		Others96	
209	What is the main source of	Supply water/tap water from deep	
	drinking water of the household?	tubewell1	
		Tube well2	
		Dug well/Spring3	
		River/Canal/Lake/Ponds4	
		Others96	
040		(specify)	
210	What is the total amount of land of	Desimal	
	the household including	Decimal	
211	homestead? What is the amount of annual	toko	
211	expenditure of the household?	taka	
212	What is the amount of annual		
Z 1 Z	health expenditure of the	take	
	household?	take Don't know	
213	Whether the household taken	Yes1	
210	loan to meet food demand in any	No2	

	point of time during the last one year?	
214	What is your nearest health centre/hospital?	Medical College Hospital
215	What is the distance of the nearest health centre/hospital from your home?	Less than 1 km 1 km 2 km 3 km 4 km More than 4 km
216	How long have you been living in that village?	years

	Section C: Knowledge, Attitude and Practice (KAP) about Family Planning (FP) and Contraceptive Use					
	I want to ask some questions about knowledge, attitude, practice of FP and contraceptive use (Omit the women whose husbands are currently residing abroad)					
No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
301	Do you know about family planning method?	Yes 1 No 2 —	303			

Whom/where do you know about family planning method?			
Planning method? Mother and Child Welfare Centre	302	1	Medical College Hospital1
Upazila Health Complex		know about family	
Union Health & Family Welfare Centre/Sub Centre/RD		planning method?	Mother and Child Welfare Centre 3
Centre/RD			Upazila Health Complex4
Comunity Clinic			Union Health & Family Welfare Centre/Sub
Satellite Climic/EPI Centre			Centre/RD 5
NGO Health Centre			Comunity Clinic 6
NGO Clinics/Hospitals			Satellite Climic/EPI Centre7
Private Hospital/Clinic			
Doctor's Chamber			NGO Clinics/Hospitals9
Print and electronic media			Private Hospital/Clinic10
Social media			Doctor's Chamber11
Family/friend/relatives			Print and electronic media12
Others			Social media13
Specify			Family/friend/relatives14
Specify			Others 96
Print and Electronic Media			(Specify)
Social Media			` . • • • •
Social Media			
Samily/Friend/Relative			Social MediaN
Others (Specify) 303 According to your opinion, what is the proper age of carrying a baby? 304 Do you know where family planning services are available? Medical College Hospital 1 District Sadar Hospital 2 Mother and Child Welfare Centre 3 Upazila Health Complex 4 Union Health & Family Welfare Centre/Sub Centre/RD 5 Comunity Clinic 6 Satellite Climic/EPI Centre 7 NGO Health Centre 8 NGO Clinics/Hospitals 9 Private Hospital/Clinic 10 Doctor's Chamber 11 Don't Know 99 Others 99 Others 99 305 What services are available there? 306 What services are available there? 307 If yes, then which Medical College Hospital 1			
Specify Spec			
According to your opinion, what is the proper age of carrying a baby? 304 Do you know where family planning services are available? Wedical College Hospital			
opinion, what is the proper age of carrying a baby? 304 Do you know where family planning services are available? Medical College Hospital	303	According to your	(Op 55m)/
proper age of carrying a baby? 304 Do you know where family planning services are available? Wedical College Hospital		,	Year (full year)
Daby? Do you know where family planning services are available? Medical College Hospital			
Do you know where family planning services are available? District Sadar Hospital		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	DOITE KITOW99
family planning services are available? District Sadar Hospital	304	•	Medical College Hospital 1
Mother and Child Welfare Centre	304	I	· ·
Upazila Health Complex			
Union Health & Family Welfare Centre/Sub Centre/RD		are available?	
Centre/RD			
Comunity Clinic 6 Satellite Climic/EPI Centre 7 NGO Health Centre 8 NGO Clinics/Hospitals 9 Private Hospital/Clinic 10 Doctor's Chamber 11 Don't Know 99 Others 96 (Specify) Specify Speci			
Satellite Climic/EPI Centre			
NGO Health Centre			
NGO Clinics/Hospitals			
Private Hospital/Clinic			
Doctor's Chamber			·
Don't Know			
Others			
(Specify) 305 What services are available there? Solution I available th			
What services are available there? What services are available there? Family Planning Methods 1 Immunization/Vaccine 2 Child Health 3 Tetanus Injection 4 Vitamine A Tablet for Children 5 Medicine 6 Others 96 306 Did you ever use government health facilities for healthcare? 307 If yes, then which Medical College Hospital 1			(Specify)
available there? Immunization/Vaccine	305	What convices are	
Child Health	305		
Tetanus Injection		avaliable triefe?	
Vitamine A Tablet for Children			
Medicine			<u>.</u>
Others			
306 Did you ever use government health facilities for healthcare? 307 If yes, then which Medical College Hospital			
government health facilities for healthcare? No2 1307 If yes, then which Medical College Hospital	000	Did	Voc. 4
facilities for healthcare? 307 If yes, then which Medical College Hospital	306	,	
307 If yes, then which Medical College Hospital1	1		I NO 2
		3	110
facilities do vou usually District Sadar Hospital2		3	
Table and less and another	307	facilities for healthcare? If yes, then which	Medical College Hospital1

308	visited for healthcare services? (multiple response) How good was the	Mother and Child Welfare Centre 3 Upazila Health Complex	
308	behavior of the service provider?	Good Average Below Average Poor	
309	How was the overall quality of service?	Very Good Good Average Below Average Poor	
310	What services did you receive from there? Multiple responses	FP	
311	Which transportation do you use generally to go to healthcare?	Boat 1 Van/Rikshaw 2 CNG/Motor Vehicle 3 Others 96	
312	Is there any satellite health clinic/centre in this village or <i>para</i> ?	Yes	
313	Did you visit such a satellite health clinic/centre in the last 6 months?	Yes	315
314	How satisfied are you with family planning services you received from the health centers?	Very Good Good Average Below Average Poor	
315	In last 2 months did any health worker visit you and discuss/distribute family planning methods?	Yes	318
316	If yes, who came?	Government Health worker	

317	During the last six months, how many times did a health worker visit you to talk about family planning or to give you family planning methods?	N umber	
318	Are you currently using any method to avoid or delay pregnancy?	Yes	322
319	If yes, Which method are you using now?	Female Starilization 1 Male Starilization 2 IUCD 3 Implant 4 Injection 5 Condom 6 Pill 7 Abstinence/Natural/ Withdrawl 8 Don't Know 99	
320	If yes, where did you get the current method?	College Hospital	
321	Are you satisfied with their services?	Highly satisfied Satisfied Neutral Unsatisfied Very Unsatisfied	
322	What are the reason for not using FP method?	Want to carry child	
323	Did you experience any side effects for using contraceptives?	Yes	326
324	If yes, did you seek any treatment to overcome the side effects?	Yes1 No2 →	326
325	If yes, where/to whom did you seek the treatment to overcome the side effects?	College Hospital	

		Union Health & Family Welfare Centre/Sub
		Centre/RD5
		Comunity Clinic6
		Satellite Climic/EPI Centre7
		NGO Health Centre8
		NGO Clinics/Hospitals9
		Private Hospital/Clinic10
		Doctor's Chamber11
		Pharmacy12
		Others 96
		(Specify)
326	Does your husband	Yes1
	support you adopting the	No2
	family planning method?	
327	Does any of your family	Husband 1
321		Father-in-law
	members support you	Sister-in-law3
	adopting the family	
	planning method?	Mothe-in-law4
		Others96
328	Did you use this method	Yes1
	spontaneously?	No2
329	Did you want to become	Yes1
	pregnant at the time of	No2
	your last pregnancy?	
		ut Knowledge on Danger Sign of Prgnancy
		iven any birth previously or became pregnant earlier)
330	Do you have any idea	Yes1
	about danger sign	No2
	during pregnancy,	
	delivery and after	
	delivery?	
331	If you what are the	Bleeding1
		Headaches and/or blurred vision2
	danger signs?	
		High Fever
		Prolong labor4
		Convulsion5
331a	From where you have	Medical College Hospital
	learnt about the danger	District Sadar Hospital
	sign?	Mother and Child Welfare Centre
	Sign.	Upazila Health Complex
		Union Health & Family Welfare Centre/Sub
		Centre/RD
		Comunity Clinic
		Satellite Climic/EPI Centre
		NGO Health Centre
		NGO Clinics/Hospitals
		Private Hospital/Clinic
		Doctor's Chamber
•		
		Print and electronic media
		Print and electronic media Social media
		Print and electronic media
		Print and electronic media Social media Family/friends/relatives FWV
		Print and electronic media Social media Family/friends/relatives

		Cianhoord	
		Signboard Mobile/social media	
		Others	
332	Write the correct number		
333	Do you have any idea	of danger signs stated by the respondents Yes1	
333	about neonatal danger	No2	
	signs?	110	
334	If yes, what are the	Not feeding since birth or stopped feeding1	
	dangers signs for	Convulsion2	
	neonatal?	Fast breathing3	
		Fever or hypothermia4	
		Weakness or lethargy5	
		Infection of umbilicus (Omphalitis)6	
		Others99	
334a	From where you have	Medical College Hospital	
	learnt about the danger	District Sadar Hospital	
	sign?	Mother and Child Welfare Centre	
		Upazila Health Complex	
		Union Health & Family Welfare Centre/Sub	
		Centre/RD	
		Comunity Clinic Satellite Climic/EPI Centre	
		NGO Health Centre	
		NGO Clinics/Hospitals	
		Private Hospital/Clinic	
		Doctor's Chamber	
		Print and electronic media	
		Social media	
		Family/friends/relatives	
		FWV	
		FWA	
		Billboard	
		Signboard Mobile/social media	
		Others	
334b	Have you attended any	Yes1	
0040	advocacy meeting	No2 →	
	(health education		335
	session on danger signs		
	of pregnancy period or		
	newborn)		
334c	Who has conducted the		
	advocacy meeting		
	(health education		
	, , , , ,		
		riers of FP and Healthcare services in Eacility	
335		Hers of Fr and Healthcare services in Facility	
333			
	, ,		
335	session on danger signs of pregnancy period or newborn)	riers of FP and Healthcare services in Facility	

336	What are your	
330	suggestions to increase	
	access (mother and	
	children) to health	
	facilities?	
		Impact section:
401	What are the services	ANC1
	you are getting from the	PNC2
	UHFWC?	Delivery 3
		Immunization4
		Medicine5
		Tests6
		Health education7
		Proper referrals8
		Treatment of common illness9
		Child care10
		Received no services11
		N/A88
		Others96
		Specify
402	How has the service	Specify
402	changed over the last 5 years?	Improved a lot
		Improved somewhat
		Remained the same
		Deteriorated somewhat
		Deteriorated a lot
403	What would be your	Don't know
403	suggestion on how to	
	improve service quality?	
		COVID19 Question:
501	What have you heard	Have not heard anything1
	about COVID19?	Have to wash hand2
	(Multiple)	Have to wear mask3
	(Wattiple)	Have to maintain social distance4
		Others96
502	Where are you getting	From UHC1
	your information from on	UHFWC/RD2
	COVID19?	Community Clinic3
	(Multiple)	Satellite clinic4
	(Field worker (FWA/SBA)5
		Family & Relatives6
		Mass media (TV, Radio, Paper)7
		Social media (facebook, YouTube)8
		Others96
	1	Ott1013

Checklists for FGDs and In-depth Survey

1. FGD with direct and indirect beneficiaries including CV/TBA (04)

(Objective: Decision making at HH level) (উদ্দেশ্যঃ HH লেভেলে সিদ্ধান্ত গ্ৰহণ)

Issue 01: Knowledge and services of Mamota Project
(মমতা প্রজেক্টে সম্পর্কিত সেবাসমূহ ও জ্ঞান)

What are the services you have so far received from Mamota project for ANC, PNC and family planning?

ANC, PNC, CAR, Selected Selected (Selected Selected Select

ANC, PNC এবং পরিবার পরিকল্পনার জন্য স্বাস্থ্যকেন্দ্র থেকে এখন পর্যন্ত আপনি কি কি সেবা পেয়েছেন?

- Are you benefited/satisfied with the services?
 আপনি কি সেবাগুলো দ্বারা উপকৃত/ সন্তুষ্ট হয়েছেন?
- ০ Do you get essential drugs/family planning materials from Mamota Project? আপনি ক্ ইউনিয়ন স্বাস্থ্য ও পরিবার কল্যাণ কেন্দ্র থেকে প্রয়োজনীয় ওমুধ / পরিবার পরিকল্পনার সামগ্রী পান?
- Does Mamota frequently carry out urine test, BP measurement, hemoglobin test etc. for ANC and PNC?

ANC এবং PNC এর জন্যইউনিয়ন স্বাস্থ্য ও পরিবার কল্যাণ কেন্দ্র দ্বারা প্রায়ই কি প্রস্রাব পরীক্ষা, ব্লাড প্রেশার পরীক্ষা, হিমোগ্লোবিন পরীক্ষা ইত্যাদি করা হয়?

Issue 02: Motivation to seek services সেবা গ্রহণের অনুপ্রেরণা

- Why do you seek services from health centres?
 আপনি কেন স্বাস্থ্য কেন্দ্রগুলো থেকে সেবা চান?
- Do your family members support you? Explain...
 আপনার পরিবারের সদস্যরা কি আপনাকে সমর্থন করে? কিভাবে ব্যাখ্যা করুন।
- Please explain your experience in receiving services (ANC, delivery, PNC and family planning services)
 ANC, PNC এবং পরিবার পরিকল্পনা সম্পর্কিত যে সেবা পেয়েছেন, সে বিষয়ে আপনার
 - ANC, PNC এবং পারবার পারকল্পনা সম্পাকত যে সেবা পেয়েছেন, সে বিষয়ে আপনার অভিজ্ঞতা ব্যাখ্যা করুন।
- What are the challenges you are facing in receiving services?
 সেবা গ্রহণের ক্ষেত্রে আপনি কি কি প্রতিবন্ধকতার সম্মুখীন হচ্ছেন?

Issue03: Decision making to receive services (Who decides and why) সার্ভিস গ্রহনের সিদ্ধান্ত কে নেন এবং কেন

• Who are usually decides for receiving services at household level?

- পরিবার পর্যায়ে কারা সাধারণত সার্ভিস গ্রহণের জন্য সিদ্ধান্ত নেন?
- Are the family members actively helping the beneficiaries for receiving services?
 পরিবারের সদস্যরা সার্ভিস গ্রহণের জন্য আপনাদের সক্রিয়ভাবে সহায়তা করছেন কি?
- Whether the services of CV are satisfactory?
 কমিউনিটি স্বেচ্ছাসেবীর (CV) সার্ভিস সন্তোষজনক কি?
- How do CV and TBA influence you to seek the services (ANC, delivery, PNC and family planning services)?
 - ANC, PNC এবং পরিবার পরিকল্পনা সম্পর্কিত সেবা পেতে CV এবং TBA আপনাকে কিভাবে প্রভাবিত করেছে?

2. FGD with Community Decision Makers and other Stakeholders (04)

(Objective: Decision making at Community level) (উদ্দেশ্যঃ সামাজিক পর্যায়ে সিদ্ধান্ত গ্রহণ)

Issue 01: Services of the health center supported from Mamota Project মমতা প্রকল্প সমর্থিত স্বাস্থ্য সেন্টারের সার্ভিস সমূহ

- What are the services Mamota project provides?
 ইউনিয়ন স্বাস্থ্য ও পরিবার কল্যাণ কেন্দ্র কি কি সার্ভিস প্রদান করে?
- Who are benefited through Mamota project and how?
 কারাইউনিয়ন স্বায়্থ্য ও পরিবার কল্যাণ কেন্দ্র দ্বারা উপকৃত হয়েছে এবং কিভাবে?
- Whether the essential drugs/family planning materials provided by the health center are sufficient? How?
 সাস্থ্য কেন্দ্র থেকে সরবরাহকৃত প্রয়োজনীয় ওমুধ/ পরিবার পরিকল্পনার উপকরণগুলো পর্যাপ্ত ছিল কিঃ কীভাবে?

Issue 02: Motivation and decision making for promoting health center services স্বাস্থ্য কেন্দ্রের সেবাগুলোর প্রচারণার জন্য অনুপ্রেরনা এবং সিদ্ধান্ত গ্রহণ

- Why do you promote this health service center in your community?
 আপনি কেন আপনার এলাকায় এই স্বাস্থ্য কেন্দ্রটির সার্ভিসগুলোর প্রচারনা করেন?
- What are the challenges of the health center for carrying out the services?
 সার্ভিসগুলা পরিচালনার জন্য স্বাস্থ্য কেন্দ্রকে কি কি প্রতিবন্ধকতার সম্মুখীন হতে হয়?
- How the challenges are overcome? [Community contributions]
 কিভাবে প্রতিবন্ধকতাগুলো কাটানো হয়েছে: [সম্প্রদায়ের ভূমিকা]
- What are the roles you play to address the challenges? [Road construction, supplying drugs, etc.]
 প্রতিবন্ধকতাগুলো সমাধানের জন্য আপনার ভূমিকা কি ছিল? [রাস্তা তৈরী, ঔষধ সরবরাহ ইত্যাদি]
- What are the community contributions to improve health services in your area?
 আপনার এলাকায় স্বাস্থ্যাসেবা উন্নয়নের জন্য জনসমাজের ভমিকা কি কি?
- Your suggestions to improve the quality of services provided by the health center স্বাস্থ্যকেন্দ্রের সেবাগুলোর উন্নতির জন্য আপনার পরামর্শ কি?

Issue 03: Sustainability of the services provided from the health center

স্বাস্থ্য কেন্দ্র থেকে প্রদত্ত সেবাগুলোর স্থায়িত্ব

Whether the existing referral system and practice created by Mamota project is useful for ensuring maternal and child health of the community?
এলাকায় মা এবং শিশু স্বাস্থ্য নিশ্চিত করার জন্য ইউনিয়ন স্বাস্থ্য ও পরিবার কল্যাণ
কেন্দ্রের বিদ্যমান সুপারিশ ব্যবস্থা বা এর অনুশীলন কার্যকর কি?

- Do you think health center should continue supporting the women and newborn baby in future?
 সাস্থ্যকেন্দ্রটির ভবিষ্যতে মা ও নবজাতককে সহয়তা প্রদান করা উচিত বলে আপনি
 - স্বাস্থ্যকেন্দ্রটির ভবিষ্যতে মা ও নবজাতককে সহয়তা প্রদান করা উচিত বলে আপনি মনে করেন কি?
- Do you think if there is no support from Mamota, your community will still get the services?
 - যদি মমতা প্রকল্প থেকে কোনও সমর্থন না পাওয়া যায়, তবে আপনার এলাকাবাসী কি ভবিষ্যতে সেবাগুলো পাবে?
- What will be your role as stakeholder to maintain and continue the present services after the Mamota ends
 - মমতা প্রকল্প শেষ হওয়ার পরে বিদ্যমান সেবাগুলো বজায় রাখতে এবং চালিয়ে যেতে আপনার কী ভূমিকা থাকবে?
- Your overall comments about Mamota project that is under implementation in your community.
 - আপনার এলাকায় চলমান মমতা প্রকল্প সম্পর্কে আপনার সামগ্রিক মন্তব্য কি?

3. Guidelines for Focus Group Discussion of unmarried adolescents (youths aged between 10-19)

FGD I	_ocation: Village	Union	Thana	Zilla: Sylhet
	Time			
Numb	er of adolescents			
Name	of ECD Conductors		Name of notetaker:	Name of
			Name of notetaker:	Nume of
Kecor	dkeeper:			
1	Introduce yourself			
	Tell them a little about the pu	rbose of the FCI)	
2. 3.	•		will not be disclosed and only t	hair restances will he
٦.	considered for this project's ev		will not be disclosed and only t	Hell responses will be
			anyono doce not want to bartis	ibata valuntarilu than
4.			anyone does not want to particle	pate voluntarity, then
_	please let them know that the			
٥.			b) How many are aged be	etween 13-13?
,	c) How many are aged betwe			2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6.			_ b) How many attend madrasas	? c) How many
-	do not attend schools or madr			C / 2
7.			_ b) How many with deceased	father! c) How
_	many with deceased mother?			0.5
8.			mer b) Job c) Lab	
			e) Business f) Other	
9.			nent/care at Union Health and Fo	
			satellite clinics? a) Yesnun	
	No number of adol	lescents c) Nev	er even heard of these places	number of
	adolescents			
	Do you know who are adolesc			
	What are the health issues/pr			
		•	blems that you can face at this o	ıge?
13.	When/if you face problems, w	ho do you share	them with?	
14.	How do you solve those issue	s/problems? Do	you visit healthcare centers at a	ll?
15.	. If not, from whom do you seel	k help from/ to v	vhom do you go to?	
16.	If not, why don't you go to a h	nealthcare cente	r?	
17.	. If you do go to a healthcare c	enter, who takes	you there?	
18.	Which healthcare centers do u	jou visit?		
19.	Do you get the expected/adeq	juate/required tr	eatment there?	
20.	How should adolescents care	for themselves?		
21.	Have you ever received any a	idvice on adolesi	ent health and wellbeing? If yes	, from whom did you
	receive such advice from? Has	a healthcare w	orker ever advised you on such n	natters?
22.	Girls of 13 years of age and a	bove, do you tal	ke folic acid supplements?	
23.	Girls of 15 years of age and a	bove, have you	received TT vaccination (preventi	on of tetanus)?
			women? What is the appropriat	
	men?			J . J .
25.	Do healthcare workers from h	ealthcare center	s visit your school?	
	Do healthcare workers visit yo		3	
	Do they teach you about adol		school?	
	What do you know about Cor			
	What should you do to keep i			
	Who in your family can you o			
	J 1 J J		, J	

- Please hold the microphone up close when anyone is speaking and ask them to state their identity (name, age and school grade) before their response.
- Thank everyone once the session has been concluded and provide light refreshments for everyone.

4. In-depth interviews

4.1 Service Providers (09)

[Objective: Sustainability of the services] [সার্ভিসের স্থায়িত্ব]

1. Name:

ন্যয়ঃ

2. Age: বয়সঃ

3. Educational qualification:

শিক্ষাগত যোগ্যতাঃ

4. Occupation/Status:

(PM)

5. Location:

ঠিকানাঃ

কতদিন ধরে এই সেবা কেন্দ্র কাজ করছেন?

- 6. How do you feel serving the women and newborn baby? নারী এবং নবজাতকের সেবা প্রদান করতে আপনি কেমন বোধ করেন?
- 7. What is the additional knowledge/skill/capacity you have gained from the Mamota project?

মমতা প্রকল্প দ্বারা আপনি অন্যান্য কি জ্ঞান/দক্ষতা/সক্ষমতা অর্জন করেছেন?

- 8. How do you apply that knowledge/skill/capacity?
 আপনি কীভাবে সেই জ্ঞান/ দক্ষতা/ ক্ষমতা প্রয়োগ করেন?
- 9. Do you think the trainings you have taken are sufficient or you need more training? আপনি যে প্রশিক্ষণ নিয়েছেন তা যথেষ্ট বা আপনার আরও প্রশিক্ষণের প্রয়োজন আছে বলে মনে করেন কি?
- 10. Do you think that it is your responsibility to serve the mother and newborn baby? মা এবং নবজাতকের সেবা করা আপনার দায়িত্ব বলে মনে করেন কিং
- 11. Explain the challenges you face to provide services? সেবা প্রদানের ক্ষেত্রে আপনি কি কি প্রতিবন্ধকতার সমুখীন হন?
- 12. How do you overcome the challenges? প্রতিবন্ধকতাগুলো কিভাবে কাটিয়ে উঠেন?
- 13. Are you appreciated by your family members/relatives for your work?
 আপনি কি আপনার কাজের জন্য পরিবারের সদস্য / আত্মীয়দের দ্বারা প্রশংসিত
 হয়েছেন?
- 14. Whether the existing referral system and practice created by Mamota project is useful for ensuring maternal and child health of the community?

এলাকায় মা এবং শিশু স্বাস্থ্য নিশ্চিত করার জন্য মমতা প্রকল্পের বিদ্যমান সুপারিশ ব্যবস্থা বা এর অনুশীলন কার্যকর কি?

- 15. What else Mamota should do for providing better services? উন্নত সেবা প্রদানের জন্য মমতা প্রকল্পের আর কি করা উচিত?
- 16. Will you continue your work after the Mamota project?
 মমতা প্রকল্প শেষে আপনি আপনার কাজ চালিয়ে যাবেন কি?

4.2 UP bodies (Chairman/Member) (05)

[Objective: Knowledge on Health services by Mamota] [উদ্দেশ্যঃ মমতা প্রকল্পের স্বাস্থ্যমেবা সম্পর্কিত জ্ঞানা

1. Name:

ন্যমঃ

2. *Age*:

বয়সঃ

3. Educational qualification:

শিক্ষাগত যোগ্যতাঃ

4. Occupation

(P/A)//8

5. Location

ঠিকানাঃ

- 6. What are the services provided from the health centers in your area? আপনার এলাকায় স্বাস্থ্য কেন্দ্রগুলো থেকে কি কি সেবা প্রদান করা হয়?
- 7. How does the health center provide services? স্বাস্থ্য কেন্দ্র কীভাবে সেবা প্রদান করে?
- 8. Whether the existing referral system and practice created by Mamota project is useful for ensuring maternal and child health of the community?
 এলাকায় মা এবং শিশু স্বাস্থ্য নিশ্চিত করার জন্য মমতা প্রকল্পের বিদ্যমান সুপারিশ ব্যবস্থা বা এর অনুশীলন কার্যকর কি?
- 9. How effective was the service of Mamota project for women/children? নারী / শিশুদের জন্যইউনিয়ন স্বাস্থ্য ও পরিবার কল্যাণ কেন্দ্রের সেবাগুলো কেমন কার্যকর ছিল?
- 10. How do you involve yourself in this service promotion? আপনি কিভাবে এই সেবা প্রচারণায় নিজেকে জড়িত করেন?
- 11. What was UP's contribution to upgrade health facilities in your area? আপনার এলাকায় স্বাস্থ্য সুবিধাগুলো উন্নত করতে ইউনিয়ন পরিষদের অবদান কি ছিল?
- 12. What are the processes for co-ordination between the UP health center and the Upzilla health and family planning administration? What is your role in coordination?

ইউনিয়ন পরিষদ স্বাস্থ্য কেন্দ্র এবং উপজেলা স্বাস্থ্য ও পরিবার পরিকল্পনা প্রশাসনের মধ্যে সমন্বয়ের প্রক্রিয়াগুলি কি কিঃ সমন্বয়ের ক্ষেত্রে আপনার ভূমিকা কি?

13. Ownership of the health center স্বাস্থ্য কেন্দ্রের মালিকানা

14. How often UWC management committee meet and how they solve problem of FWC?

- কতবার UWC পরিচালনা কমিটির মিটিং হয় এবং কীভাবে তারা FWC সমস্যা সমাধান করে?
- 15. How do you continue the health facilities if there is no extra support?
 - অতিরিক্ত সহায়তা না থাকলে কীভাবে আপনি স্বাস্থ্যসেবা চালিয়ে যাবেন?
- 16. Involvement of CVs in the project and your relationship with the CVs.
 প্রকল্পে CV কিভাবে জড়িত এবং CV দের সাথে আপনার সম্পর্ক কেমন?
- 17. Your confidence on CVs to continue the services in absence of Mamota project.
 মমতা প্রকল্পের অনুপস্থিতিতে সেবাগুলো চালিয়ে যেতে CV দের প্রতি আপনার
 আস্থা কেমন?
- 18. What more needs to be done by Mamota to provide better service?
 আরো ভাল সেবা প্রদানের জন্য মমতা প্রকল্পের আরো কি করা দরকার ছিল?
- 19. Your overall comments on the health promotions by the health center.
 স্বাস্থ্যকেন্দ্রের মাধ্যমে স্বাস্থ্য প্রচারণা সম্পর্কে আপনার সামগ্রিক মন্তব্য কি?

4.3 Upazilla-level health and family planning managers (06)

[Objective: Knowledge on Health services by Mamota] [উদ্দেশ্যঃ মমতা প্রকল্পের স্বাস্থ্যসেবা সম্পর্কিত জ্ঞান]

1. Name:

নামঃ

2. Age:

3. Educational qualification:
শিক্ষাগত যোগ্যতাঃ

4. Occupation

(2)27/18

5. Location ঠিকানাঃ

6. কতদিন ধরে এই কেন্দ্রে কাজ করছেন?

- 6. What are the services provided from the health centers in your area? আপনার এলাকায় স্বাস্থ্য কেন্দ্রগুলো থেকে কি কি সেবা প্রদান করা হয়?
- 7. How does the health center provide services? স্বাস্থ্য কেন্দ্র কীভাবে সেবা প্রদান করে?
- 8. Whether the existing referral system and practice created by Mamota project is useful for ensuring maternal and child health of the community?
 এলাকায় মা এবং শিশু স্বাস্থ্য নিশ্চিত করার জন্য মমতা প্রকল্পের বিদ্যমান সুপারিশ ব্যবস্থা বা এর অনুশীলন কার্যকর কি?
 - 9. আপনি কি মমতা প্রকল্প থেকে কোন প্রশিক্ষণ পেয়েছেন? তা কি যথেষ্ট ছিল?
- 9. How effective was the service of Mamota project for women/children? নারী/ শিশুদের জন্য মমতা প্রকল্পের সেবাগুলো কেমন কার্যকর ছিল?
- 10. How do you involve yourself in this service promotion? আপনি কিভাবে এই সেবা প্রচারণায় নিজেকে জডিত করেন?
- 11. What are the processes for co-ordination between the UH & FWC management committee and the Upzilla health and family planning administration? What is your role in coordination?
 - UH & FWC ব্যবস্থাপনা কমিটি এবং উপজেলা স্বাস্থ্য ও পরিবার পরিকল্পনা প্রশাসনের মধ্যে সমন্বয়ের প্রক্রিয়াগুলি কি কিং সমন্বয়ের ক্ষেত্রে আপনার ভূমিকা কিং
- 12. What more needs to be done by Mamota to provide better service?
 আরো ভাল সেবা প্রদানের জন্য মমতা প্রকল্পের আরো কি করা দরকার ছিল?
- 13. What is your back up plan to continue the current services from the UH & FWCs after Mamota project?

মমতা প্রকল্পের শেষে UH & FWC থেকে বর্তমান সেবাগুলো চালিয়ে যাওয়ার জন্য আপনার বিকল্প পরিকল্পনা কী?

14. Your overall comments and recommendations on the Mamota project. মমতা প্রকল্প সম্পর্কে আপনার সামগ্রিক মন্তব্য এবং পরামর্শ কি কি?

Guidelines for collecting/compiling case stories of pregnant women/expecting mothers

- 1. Greet the respondent respectfully
- 2. Explain the purpose behind compiling/composing the case stories
- 3. Please tell the case story respondent that her name and identity will not be disclosed, only her story will be used for evaluation. After transcription, the recorded conversation will be erased. If she consents, only then will the case story be developed, if not she can refrain from participating.
- 4. Name
- 5. Age
- 6. Educational qualification
- 7. At what age did you get married?
- 8. What does your husband do?
- 9. What is his educational qualification?
- 10. What do you do?
- 11. Have you ever used any family planning methods before? If yes, what were they?
- 12. Have you ever been pregnant before? If yes, how many times?
- 13. For how many months have you been pregnant?
- 14. Where was your last child born?
- 15. During your last pregnancy, where did you receive prenatal care?
- 16. In your current pregnancy where are you receiving prenatal care from?
- 17. Who is providing that care?
- 18. Are you satisfied with the service you are getting?
- 19. If yes, why are you satisfied?
- 20. In not, why are you not satisfied?
- 21. Do you receive your medications from the center or do you have to buy them?
- 22. Who accompanies you when you travel back and forth from the center?
- 23. How far away is the service center/care center/healthcare center from your house?
- 24. How do you travel? How much money do you have to spend on transport every time you visit?
- 25. In your current pregnancy have you received tetanus vaccination?
- 26. Where did you receive it from?
- 27. If you haven't taken it for this pregnancy, have you taken it before? If yes, how many tetanus vaccine shots have you taken?
- 28. During this pregnancy, are you experiencing any problems/issues?
- 29. If yes, from whom are you receiving treatment from for it?
- 30. Can you seek medical help or visit a health center without anyone else's consent? Or do you have to take permission from someone else in your family?
- 31. If yes, from whom do you have to take permission from?
- 32. Did you receive all sorts of treatment/care at the heath center?
- 33. Did you get any tests done? (blood, urine, ultrasonogram)? From where did you get them done?
- 34. During your pregnancy, did any healthcare worker come and give you vitamins, iron (blood inducing pills)?
- 35. This time, till now, how many times have you sought prenatal care?
- 36. Have you received any health education regarding the practices and care you should maintain during pregnancy?
- 37. If yes, from whom did you receive it from?
- 38. What should you eat during pregnancy?
- 39. How should you care for yourself during pregnancy? What are the things you should do and what should you avoid?
- 40. Does everyone in your family help and cooperate with you in maintaining these things during your pregnancy?
- 41. Do you face any resistance from your family members while seeking health care or while taking care of yourself? If yes, from whom do you face this resistance from?
- 42. What is the expected date of your delivery?

- 43. Where are you planning to deliver your baby?44. Have you saved up any money for this purpose?
- 45. Have you arranged any transportation for going to the delivery center when your contractions begin?
 46. How/What arrangements have you made?

Union Health and Family Welfare Center Inspection Checklist (If furniture and supplies were provided/arranged by Mamota Project then please write 'M'

Union Health and Family Welfare Center. Upazila:Date
 Transport accessibility: a) There is a road/No road b) Metal road/Dirt road/Brick-soling road of Transportation: Rickshaw/CNG/Van/Car/Bus
2. Boundary Wall: a) There is a wall/No wall b) Completely surrounded/Partly surrounded
3. Citizen Charter (a list of all the services provided by the center): Displayed in front of the center/No displayed
4. Balcony where health education is provided: a) Bench Yes/No b) IEC material: Adequately provided Inadequate
5. Bathroom: Clean/Dirty (Not clean)
6. Assistant community medical officer's room: I. Has been renovated/Has not
II. List all the furniture that has been provided in the room
III. Equipment: a) BP machine — Yes/No b) Stethoscope Yes/No c) Thermometer Yes/No d) Torc Yes/No e) Bathroom scale Yes/No f) Height measuring machine Yes/No
IV. Registrar related questions:
eneral Patients Registrar: a) Yes/No b) Regularly maintained/Not regularly maintained c) In the st month, how many general patients have you (the center) seen? general patients
dolescent Registrar: a) Yes/No b) Regularly maintained/Not regularly maintained c) In the last nonth, how many adolescents have you (the center) cared for? adolescents
hild Registrar: a) Yes/No b) Regularly maintained/Not regularly maintained c) In the last montlow many children have you (the center) cared for? children
atellite: a) How many takes place in a month? b) Does it take place in school Yes/No
ovement Register: a) Yes/No b) Regularly maintained/Not regularly maintained
Vorkers Attendance Register: a) Yes/No b) Regularly maintained/Not regularly maintained
7. FWV Room:
 I. Has been renovated/Has not II. Is the list of pregnant women, along with their phone numbers updated every two months
a) Yes/No b) Is displayed/Not displayed
 III. List all the furniture that has been provided in the room IV. Equipment: a) BP machine — Yes/No b) Stethoscope Yes/No c) Thermometer Yes/No d) Torc
Yes/No e) Bathroom scale Yes/No f) Height measuring machine Yes/No
V. Registrar related questions: xpecting Mothers' or Pregnant women Registrar: a) Yes/No b) Regularly maintained/Not regularl
raintained c) In the last month, how many expecting mothers have you (the center) seen? expecting mothers
NC Registrar: a) Yes/No b) Regularly maintained/Not regularly maintained c) In the last montl ow many mothers have you (the center) given PNC services or care? to? mothers
oral Pill Register: a) Yes/No b) Regularly maintained/Not regularly maintained c) In the last montl now many people have taken oral pills? people

Injectable Register: a) Yes/No b) Regularly maintained/Not regularly maintained c) In the last month, how many people have taken injections? people						
Satellite Register: a) Yes/No b) Regularly maintained/Not regularly maintained						
MR Register: a) Yes/No b) Regularly maintained/Not regularly maintained c) In the last month, how many people have done MR? people						
Inspection Register: a) Yes/No b) Regularly maintained/Not regularly maintained						
 Pharmacist's work: There is a pharmacist/ No pharmacist Store: a) List of furniture b) Have they been organized properly? Yes/No c) Clean/Dirty Method of organizing medicine: a) Have they been organized/arranged according to their date of expiry? Yes/No Register a) Do the stock and disbursement records match? Yes/No b) Has it been kept up to date? Yes/No c) Other Residing at a center: Do you reside in the quarters adjacent to FWV and SACMO center? Yes/No 10. Supply of DDS kits and adequacy: a) How many kits do you receive in a month?kits b) Adequately provided/Inadequate Supply of contraceptives and adequacy: Adequate/Inadequate Misoprostol: There is supply/No supply Iror there is supply/No supply Iror and Folic Acid: a) There is supply/No supply b) Adequate/Not adequate How many 24/7 normal delivery services are provided?number Labor/IUD Room: a) Equipment: Adequate/Inadequate b) Cleanliness: Clean/Dirty Recovery Room: a) Necessary furniture is provided/ Not provided Generator: a) Yes/No b) Functional/ Out of order Running water: Yes/No Toilet: a) Has been renovated/Has not b) Clean/Dirty c) There is water/ No water Residential Facilities: a) Quarters have been renovated/Has not b) Habitable/Inhabitable Auya: a) Yes/No b) Appointed by government/Employed by Mamota Project Aaya: a) Yes/No b) Appointed by government/Employed by Mamota Project Monthly meeting and reporting: a) Conducted/not conducted b) Keeps record/does not keep record FWC management committee meeting: a) Conducted/not conducted b) Keeps record/does not keep record 						
Enumerator/Data Collector's name and date:						

ANNEX 2: FINDINGS TABLE

Table 13: Socio Demographic Status of the Respondents

Indicators	Variables	Frequenc	Percentag
_		y	е
Age Group of the Respondents	Below 18	6	1.2
	18-28	337	69.5
(n=485)	28-38	137	28.2
	38-48	5	1.0
Respondent age	Below 18	207	42.7
at Marriage	18-24	268	55.3
(n=485)	24-30	9	1.9
	30-36	1	.2
Respondents	Illiterate	57	11.7
Educational Status	No Formal Education	28	5.8
(n=485)	Primary	318	65.6
	Secondary	47	9.7
	Graduate	8	1.6
	High Secondary	27	5.6
Age of	Below 18	3	.6
Respondent's	18-28	116	23.9
Husband	28-38	235	48.5
(n=485)	38-48	109	22.5
	48-58	19	3.9
	58 and Above	3	.6
Educational Status	Illiterate	73	15.0
Respondent's	No Formal Education	101	20.8
Husbands (n=485)	Primary	256	52.8
	Secondary	23	4.7
	Graduate	13	2.7
	High Secondary	19	3.9
Main Occupation	Agriculture in Own Land	34	7.0
of the	Agriculture in Rented Land (Borga)	22	4.5
Respondents	Day Laborer/Unskilled Laborer (Household,	167	34.4
Husbands	Farming, Etc.)	,	
(n=485)	Skilled Laborer (Long Term Employee/ Carpenter/ Mason/Fisherman/Boatman/ Handicraft)	86	17.7
	Own Small Business/Entrepreneurship	82	16.9
	Service Holders	40	8.2
	Do not Know	1	.2
	Others (Driver, CNG Driver, etc.)	53	10.9
Household Head	Husband	345	71.1
Status	Father-in-Law	55	11.3
(n=485)	Respondent Herself	9	1.9
,	Mother-in-Law	51	10.5
	Others (Brother, Mother, Father, Brother-in-law, etc.)	25	5.2
Age group of the	18-28	2	.4

Indicators	Variables	Frequenc	Percentag
Household head	28-38	<u>y</u> 3	.6
(Other than	38-48	23	4.7
husband)	48-58	23	4.7
(n=485)	58-68	50	10.3
(11-403)	68-78	21	4.3
	78 and Above	9	1.9
Type of Toilet	Sanitary/Pucca/Pit Toilet (Waterproof)	100	20.6
Use in the	Pucca/Pit Toilet (Not Waterproof)	214	44.1
Respondents'	Kutch Toilet	151	31.1
Households		20	4.1
(n=485)	Open Field	20	4.1
Total Amount of	No Land	32	6.6
Land of the	Less than 20 decimals	288	59.4
Households	20-40 decimals	47	9.7
Including	40-60 decimals	24	4.9
Homestead of the	60-80 decimals	17	3.5
Respondents	80-100	26	5.4
(n=485)	100 and Above	51	10.5
Annual	Below 5000	27	5.6
Expenditure on	5000-10000	221	45.6
Household	10000-20000	200	41.2
(in BDT.)	20000-30000	23	4.7
(n=485)	30000 and Above	14	2.9
Annual	Below 5000	449	92.6
Expenditure on	5000-10000	27	5.6
Health (in BDT)	10000-20000	8	1.6
	20000-30000	1	.2
(n=485)			
Nearest Health	Mother and Child Welfare Centre	8	1.6
Centre/Hospital	Upazila Health Complex	83	17.1
(n=485)	Union Health & Family Welfare Centre/Subcenter/RD	179	36.9
	Community Clinic	166	34.2
	Satellite Clinic/EPI Outreach Centre	23	4.7
	NGO Health Centre	1	.2
	Private Hospital/Clinic	6	1.2
	Doctor's Chamber	9	1.9
	Others (Pharmacy)	10	2.1
Distance of the	Less Than 1 Km	199	41.0
Nearest Health	1 Km	118	24.3
Centre/Hospital	2 Km	68	14.0
from	3 Km	36	7.4
Respondent's	4 Km	26	5.4
Home (n=485)	More Than 4 Km	38	7.8
Religion of the	Islam	472	97.3
Respondents (n=485)	Hinduism	13	2.7

Table 14: Profile of the respondents

Indicators	Variables	Frequenc y (n)	Percentage
Age group of the	Below 18	11	2.3
respondents	18-28	168	35.7
(n=470)	28-38	210	44.7
	38 and above	81	17.2
Schooling of the	Attended School	310	66.0
respondents	Attended Madrasa	20	4.3
(n=470)	Studied both in school & madrasa	3	.6
,	No schooling	137	29.2
Educational	Illiterate	87	18.5
Status (n=470)	No Formal Education	67	14.3
	Primary	264	56.2
	Secondary	44	9.4
	Graduate	1	.2
	Others (HSC)	7	1.5
Occupation of	Housewife	460	97.9
the respondents (n=470)	Day laborer/unskilled laborer (household, farming, etc.)	2	.4
,	Own small business/Entrepreneurship	2	.4
	Service Holders	5	1.1
	Others (Driver,	1	.2
Educational	Illiterate	124	26.4
status of the	No Formal Education	87	18.5
respondents'	Primary	209	44.5
Husbands	Secondary	39	8.3
(n=470)	HSC	5	1.1
,	Graduate	6	1.3
Respondent's husband's	Day laborer/unskilled laborer (household, farming, etc.)	140	29.8
occupation	Own small business/Entrepreneurship	94	20
(Multiple Response, n=470)	Skilled laborer (long term employee/carpenter/mason/fisherman/boatman/Handicraft)	91	19.4
,	Agriculture in own land	65	13.8
	Agriculture in rented land (Borga)	36	7.7
	Service Holders	36	7.7
	Others	32	6.8
Respondents	Islam	458	97.4
Religious Believe (n=470)	Hinduism	12	2.6
Monthly	Below 10000	259	55.1
household	10000-20000	175	37.2
expenditure of	20000-30000	30	6.4
the respondent (n=470)	30000 and Above	6	1.2
Monthly	Below 5000	451	96.0
household	5000-10000	14	3.0
expenditure on	10000-15000	3	.6
health of the	15000 and Above	2	.4

Indicators	Variables	Frequenc y (n)	Percentage
respondent (n=470)			
Household food	Yes	252	53.6
Shortage in any point of time in last 2 years (n=470)	No	218	46.4
Nearest Health	District level facilities	9	1.9
Facility (Multiple	Upazila Health Complex	88	18.7
response, n=470)	Union Health & Family Welfare Centre/Sub, Centre/RD	222	47.2
	Community Clinic	153	32.6
	NGO Health Centre	3	0.6
	Private Hospital/Clinic/chamber	36	7.7
	Pharmacy	42	8.9
	Others	6	1.3
Distance of the	Less than 1 km	180	38.3
nearest health center/hospital	1 km-2 km	198	42.1
from	3 km-4 km	61	13
	More than 4 km	31	6.6

Table 15: Information about ANC, Delivery, PNC, FP & Other Issues

Indicators	Variables	Frequency (n)	Percentage
Number of Children	≤2	271	55.9
	2-4	120	24.8
	≥5-Times	94	19.3
Birth Place of the Last Child of the	Home	238	49.1
Respondent (n=485)	Facility	247	50.9
For home Birth: Who	SBA	32	13.6
conducted the delivery	TBA/Dai	140	58.83
	Relatives	23	9.66
	Mother/Aunty/ Grandmother	34	14.29
	Others (Neighbor/Own delivery)	9	3.8

Table 16: Information about ANC

Indicators	Variables	Frequency (n)	Percentag e
Respondent's ANC Service	Yes	366	75.5
Receiving Status During Last Pregnancy	No	119	24.5
Number of ANC	at least 1	78	21.0
n=366	2-3	160	44.0
	≥4	128	35.0
Where/to whom did	Medical College Hospital	13	3.5

Indicators	cators Variables		Percentag e
Respondents received ANC	District Sadar Hospital	(n) 11	3.0
(MRQ)	Mother and Child Welfare Centre	6	1.6
` '	Upazila Health Complex	53	14.4
	Union Health & Family Welfare	136	37.0
	Centre/Sub, Centre/RD		
	Community Clinic	44	12.0
	Satellite Clinic/EPI Centre	14	3.8
	NGO Health Centre	4	1,1
	NGO Clinics/Hospitals	15	4.1
	Private Hospital/Clinic	141	38.3
	Doctor's Chamber	64	17.4
	Others	2	0.5
Provider of ANC Services	CSBA/CHCP	38	10.3
(MRQ)	PCSBA//Paramedics/Private	20	5.4
(Nurse/FWV	131	35.6
	Doctor/MBBS	272	73.9
	Polli Doctor	6	1.6
	NGO worker	11	3.0
	Don't Know	2	0.5
	Others	3	0.3
Tasks dama duning ANIC n=2		312	84.8
Tests done during ANC n=?	Weight Monitoring	284	77.2
(MRQ)	BP Checking	179	
	Blood Grouping	274	48.6
	Routine Urine Test		74.5
	Ultrasonogram	258	70.1
	Per abdominal Examination	198	53.8
	Others	5	1.4
Home-visit by field worker	Yes	114	23.5
(FWA, HA) n=485	No	371	76.5
Number of visits by field	1-Time	43	8.9
worker=114	2-Times	35	7.2
	≥3-Times	36	7.3
Advice to take ANC or	Yes	280	57.7
importance of ANC n=485	No	205	42.3
Health Education sessions	Yes	62	12.8
attended by the respondents n=? n=485	No	423	87.2
TT Injection Received	Yes	162	33.4
During Last Pregnancy	No	323	66.6
n=485	District level public hospital	6	39.51
	Upazila Health Complex	7	.32
From where they get TT	Union Health & Family Welfare	25	15.43
vaccine	Centre/Sub Centre/RD		
n=162	Community Clinic	18	11.11
	Satellite Clinic/EPI Centre	100	61.73
	NGO & Private Clinics/Hospitals	2	1.23
	Other (home, pharmacy)	4	3
Have you seen any	Yes	97	20.0

Indicators	Variables	Frequency (n)	Percentag e
breastfeeding corner at UH&FWC? n=485	No	388	80.0
Have you used breastfeeding	Yes	43	8.9
corner at UH&FWC? n=97	No	54	11.1

Table 17: Information about PNC Services

Indicators	Variables	Frequency	Percentag
		(n)	е
Distribution of Respondents by	No PNC Received	13	5.26
PNC Received at the facilities	PNC Received within 24	156	63.16
	Hours		
	PNC Received after 24 Hours	78	31.58
Distribution respondents by	Yes	129	50.6
counseling on Family Planning (n=255)	No	126	49.4
Have you received or accepted	Yes	152	59.6
any method of FP(n=255)	No	103	40.4
How was the behavior of the	Very Good	54	21.2
service provider? (n=255)	Good	151	59.2
	Average	38	14.9
	Below Average	5	2.0
	Poor	7	2.7
How was the overall quality of	Very Good	43	16.9
service?	Good	161	63.1
	Average	39	15.3
	Below Average	7	2.7
	Poor	5	2.0
Did your child receive any sort of	Yes	194	75.2
PNC checkup within 24 hours of delivery?	No	64	24.8
Did you receive any sort of PNC	Yes	171	66.3
checkup within 24 hours of delivery?	No	87	33.7
In case of Home Delivery did your	Yes	19	8.2
child receive any PNC checkup within 24 hours?	No	212	91.8
In case of Home Delivery did you	Yes	13	5.6
receive any PNC checkup within 24 hours?	No	218	94.4

Table 18: Information about COVID-19

Table for information about CC (ID 1)				
Indicators	Frequency	Percentage		
Have not heard anything	2	0.4%		
Have to wash hand	459	97.7%		
Have to wear mask	444	94.5%		
Have to maintain social distance	246	52.3%		
Others (Stay Home, Eat Health Food, Keep Clean, etc.)	14	3.0%		

Table 19: The percentage of women who are currently using different modern contraceptive methods.

Indicator	Variable	Frequency (n)	Percentage
Knowledge about	Yes	470	100
family planning method	No	0	00
Source of Information	Medical College Hospital	6	1.3
on Family planning	District Sadar Hospital	5	1.1
Methods (MRQ)	Mother and Child Welfare Centre	5	1.1
	Upazila Health Complex	83	17.7
	Union Health & Family Welfare Centre/Sub, Centre/RD	186	39.6
	Community Clinic	110	23.4
	Satellite Clinic/EPI Centre	100	21.3
	NGO Clinics/Hospitals	14	3
	Private Hospital/Clinic	29	6.2
	Doctor's Chamber	64	13.6
	Print and Electronic Media	2	0.4
	Social Media	29	6.2
	Family/Friend/Relative	252	53.6
	Others (Pharmacy, TV, Reading Book, Family Health Assistant)	25	5.3
Using any	Yes	389	82.8
contraceptives method n=470	No	81	17.2

Table 20: Status of infrastructural facility in the surveyed UHC and UH&FWC

Indicators	Present	Absent
Boundary Wall (all	UHC- 2 (UHC of Balaganj and	UH&FWC - 4 (UH&FWC of
around)	Jaintapur)	Rustampur (Goainghat),
	UH&FWC – 7 (UH&FWC of	Doubari (Goainghat),
	Balaganj (purbo gouripur);	Darbost, (Jaintapur),
	Balaganj(Boaljur), Companiganj	Jaintapur (charikata)
	(Islampur), Companiganj (Telikhal),	
	Golapganj (Budhbari Bazar),	
	Golapganj (Bagha), Golapganj	
	(Bhadeshwar)	
Generator	UHC -2 (Balaganj and Jaintapur)	UH&FWC- 8
	UH&FWC- 3	Rustampur (Goainghat),
	Companiganj (Islampur), Golapganj	Doubari (Goainghat),
	(Budhbari Bazar), Golapganj	Darbost, (Jaintapur),
	(Bhadeshwar)	Jaintapur (charikata),
		Balaganj(purbo gouripur),
		Balaganj(Boaljur),
		Companiganj (Telikhal),
		Golapganj (Bagha)
Hygiene and	UHC-2	
Cleanliness in the toilet	UH&FWC- 11	

and overall health		
center		
Delivery room	UHC-2 UH&FWC-11	
Adjacent staff quarters	UHC – 2 UH&FWC -11	
SACMO and FWV's room	UHC-2 UH&FWC-11	

Table 21: Performance of the UH&FWCS the Month before the Survey

	abte 1	1: Periorn	nunce o	i tile	UHALI	VC3 tile	PIOII	ii belore i	lie Si	urveg	
Name of	Chil	Adolescen	Gener	Ora	Condo	Injectabl	AN	Delivery	PN	MR	Referre
FWC	d	t	al	l pill	m	е	С	conducte	С	don	d cases
	Car		patient					d		е	
	е										
Bhaga	710	105	271	55	30	29	241	31	76	0	2
Bhadeswa	22	47	192	15		14	200	24	70	0	
r											
Budhbari	22	30	248	20		15	125	20	50	0	
Bazar											
Doubari	650	50	500	40		45	142	22	19	0	
Rustampu	100	30	250	40		0	80	10	60		
r											
Islampur	50	30	150	20		13	110	0	30	0	
Telikhal	47	24	148	18		12	107	5	13		
Darbasto	211	0	0	83		29	287	81	87		
Charikata				74		24	297	82	79		
Purba	57	55	100	52		27	138	24	47		
Gouripur											
Boaljur	101	105	100	9		11	169	25	49		
Jaintapur	643	132	900	228		77	981		237	27	
UHC											
Balaganj	827	343	1272	321		141	1048		346	35	
UHC											

Table 22: Comparison between Baseline (July 2018) and Endline (October 2020)
Survey Data of Mamota Project

V ariable/Indicator	Baseline (2018)	End line (2020)
	Survey Method	
Area of study	8 unions of Golapganj & Balaganj Upazila of Sylhet	11unions of Golapganj, Balaganj, Jaintapur, Companiganj and Gowainghat upazila of Sylhet

Study Design	tudy Design Mixed (Quantitative & Qualitative) Interview, Checklist FGD, KII/IDI &			
	case study	case study		
Sample size	385 women of reproductive age having children less than 1 year	485 women of reproductive who given birth a child in 2 years of survey		
	384 women of reproductive age			
	who were not pregnant and had not given birth in 1 year	470 women of reproductive age who were not pregnant and not given birth in 2 years of survey;		
Survey Instrument	Semi structured questionnaires, checklist, guideline	semi structured questionnaires, checklist, guideline		
Method	Multistage clustering	Multistage clustering		
	Demographic Indicator	<u> </u>		
Age of the respondents	70% belongs to 20-29 years & 69% belongs to 20-34 years;	69.5% & 35.7% belongs to18-28 years		
Education	30% completed Secondary level education	65.6% & 56.2% primary, 9.7% & 9.4% completed secondary		
Occupation	Occupation all housewives 97% housewives			
Socioeconomic status	20% households' monthly expenditure ≤10,000	51.2% & 55.1% households' monthly expenditure ≤10,000		
	47% food in secured			
Household ≤1km from Health Center	43.1% &39.6%	65.3% & 63.2%		
Illiteracy of Husband	20.8% & 25.5% in two groups	15% & & 26.4%		

Table 23: The respondent list of the IDIs

Table 201 The respondent tist of the 1215				
Type of Respondent	Sample Size			
Medical Officer	2			
AUFPO	1			
Family Welfare Visitor (FWV)	2			
Paramedics	1			
Sub-Assistant Community Medical Officer (SACMO)	1			
Family Welfare Assistant (FWA)	3			
Technical Officer (FIVDB)	2			
FPI	2			
National Level Actors				
Divisional Director, Sylhet	1			
Director, FIVDB	1			
Director, MCH Services	1			
Deputy Director, MCH services	1			

Table 24: The respondent types of the FGDs

Type of Respondent	Number of FGDs	Location of the FGDs
Frontline Health Workers, (Such as, Family Welfare Assistant Health Assistant, Family Planning Inspector and CHCP) Paramedics, Family Welfare Visitor, and Sub-assistant Community Medical Officer	5	Bagha union of Golapganj, Doubari union of Golapganj, Boaljur union of Balaganj, Darbaste union of Jaintapur, and Telikhal union of Companiganj
Female Group (All were housewife, age range 18-60, average age 34, education level primary to SSC)	3	Darbaste union of Jaintapur, Rustompurunion of Gowainghat and Boaljur union of Balaganj
Married Male Group (Farmers, businessmen, day laborer, Driver, private job holder, age range 20-40 years, average 31 years)	2	Charikata union of Jaintapur and Companiganj UHC
Community Group (UP Chairman, UP Members, Teachers, Retired Govt. Officer, Businessmen)	1	Bhadeshwar union of Golapganj
Adolescent group (Current student and few drop out students from school, age range 12-19)	4	Darbaste union of Jaintapur, Rustompur union of Gowainghat, Bagha union of Golapganj and Telikhal union of Companiganj

ANNEX 3: VOICES FROM THE FIELD

The study team has conducted a total of four (04) case studies with five types of primary beneficiaries. The types of the beneficiary are given below:

- Woman receiving ANC from the UH&FWC
- Woman receiving contraceptives from the UH&FWC
- Woman delivered at the UH&FWC
- Woman referred from the UH&FWC to higher facility

Case-Study: 1 (A Woman received delivery care from UH&FWC)

Mitu, a 22-year-old woman came to Bagha UH&FWC of Golapganj Upazila of Sylhet district for her first post-natal visit. She delivered a baby boy, her first, in Bagha UH&FWC 2 weeks back.

"Though my labour pain started from night, I came here early in the morning as I wanted to wait till daylight arrived" she said. She was brought to the center with a CNG of her husband's friend and was accompanied by her husband and mother-in-law.

"I was received by the paramedic apa as she lives in the staffs' quarter of the center". Mitu had been married for 9 months. Her husband worked in the Middle East and came to the country for marriage but had been unable to return due to the COVID-19 pandemic. She became pregnant soon after marriage and received antenatal care (ANC) from Bagha UH&FWC. This included 4 ANC visits along with a dose of Tetanus Toxoid vaccine (as she had already received the first three doses).

Mitu lives with her in-law's family in a village close to the center. It takes her approximately a 20-minute drive via CNG to get to the center. She had told us that her family members and husband have all been very helpful to her.

"The paramedic apa told me not to lift any heavy objects during my pregnancy. She also told me to eat healthy and take rest during the day" said Mitu who first visited this UH&FWC at 12 weeks of amenorrhea with excessive vomiting. "FWV apa tested my urine sample and detected pregnancy. She also measured my blood pressure, weight and height", she said. Her pregnancy period was relatively uneventful. Furthermore, every time she visited UH&FWC for ANC, she had been accompanied by her husband.

She delivered a full-term baby boy on October 13, 2020 by normal vaginal delivery with episiotomy. "From the moment I was brought to UH&FWC till discharge, the paramedic apa was always beside me," she said. A saline (medical induction of labour) was given to my "shira" and within one hour of admission, I gave birth to my baby", she added. She was taken to the post-natal room just after delivery and was asked to feed the baby colostrum. Born at a weight of 3kg, she gave birth to a healthy baby, who was crying immediately after birth. They returned home one hour after the delivery as her mother-in-law wanted to show her grandson to the rest of the family and neighbors.

"Why did you come today?" I asked her to and she replied: "for post-natal care; I am very much satisfied with UH&FWC's services; I will use services from this center if I need to in the future." She was told to exclusively breastfeed her child till 6 months and was also made aware of post-partum contraception.

Case-Study: 2 (A woman receiving Family Planning Services)

23-year-old woman, named Hasina had been married for 3 years. She has two daughters; the second baby was born at UH&FWC just a month and three days before. Her second postpartum visit to the center, this time however, to be put on the progesterone only pill. A trip to UH&FWC from her home typically takes 5-10 minutes via CNG but today Hasina walked her way to the center for 30 minutes, accompanied by one of her brother-in-laws and his wife. She lives with her husband, who is a tailor and her in-laws comprising of her mother-in-law, her three brother-in-laws and their wives.

Having conceived two months after her marriage, Hasina was told about the progesterone only pill after her first daughter was born. She would then have her second daughter less than 15 months after the first. She had previously not taken contraceptives and when asked why, said that she did not have her husband's approval before as he wanted a second child. The couple had, however, now decided that they would like to wait before having a third child and this time, she had her husband's permission in taking pill, which she had been told to take for 6 months. Hasina did not need permission from her in-laws to go on the pill and they were also content with her having only daughters till now. When asked if they were supportive to her regarding all matters, she said they were. Her husband, however, wants another child, preferably a son 3-4 years later.

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"Do you come to this centre often?" I asked her.
"Yes"
"And do you like it?"
"Yes"
"Why!"
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"The treatment is good and so are the doctors and their behavior", was Hasina's response. She was also content that she never had to wait too long whenever she came to the center. Hasina was also briefed on the benefits and possible side effects of going on the progesterone only pill.

'Are you scared or anxious of taking the pill?' I asked her as a final question. She calmly replied "No". People are often scared of what they do not understand but it had been clear that Hasina was well-informed about her birth control.

Case-Study: 3 (A woman referred for hospital delivery)

Kawla Begum (21) had been married for 9 months. Her husband is a teacher and Kawla is a mother of one child. Kawla is expecting her second child this year and is 6 months pregnant now. She has visited the UH&FWC of Goainghat upazila of Sylhet twice for antenatal checkup during her second pregnancy.

Kawla also used to take antenatal care from Goainghat UH&FWC during her first pregnancy. The first phase of her pregnancy was quite uneventful. Until the nine months of her first pregnancy, she had no complications, except for some common pregnancy related health problems (vomiting, headache, backpain, etc.).

However, while giving birth to her first child, Kawla faced some complications. While sharing her experience of giving birth to her first child, Kawla said, "I became scared and nervous when my delivery date was over and still did not feel any signs of labor pain. I immediately went to the UH&FWC early in the morning because I did not want to take any risk by staying at home"

She was taken with a CNG to the Goainghat UH&FWC that was 1 km away from her home and was accompanied by her husband and family members. From the moment she was brought to UH&FWC the paramedic apa and other staffs were there for Kawla to help her during her delivery. A saline (medical induction of labour) and some tablets for inducing labour pain was given to Kawla.

"Paramedic apa waited for next seven hours after injecting the saline, but I felt no labour pain at all. After seven hours, in the evening my vomiting started and I was not feeling well", she said. Kawla was then sent to Sylhet M.A.G. Osmani Medical College & Hospital for better management of her delivery after getting referred by the paramedic of the Goainghat FWC. Kawla, however, reported that the environment of the Hospital was not very satisfactory and then she was moved to Ragib Medical College & Hospital. There she was again given saline to induce labour pain. "By the grace of Almighty, after 2-3 hours of injecting the saline, my labour pain started and I gave birth to my baby", Kawla said. She delivered a full-term baby by normal vaginal delivery with episiotomy.

Although Kawla had to face some hassle at the very last moment of her delivery and eventually had to give birth to her child at the hospital, she still said that, the paramedic had tried her best to perform her normal delivery and had referred her to the hospital at the right time before any accident occurred. Kawla is very pleased with Doubari (Goainghat) UH&FWC services and

Case-Study: 4 (A women receiving ANC from UH&FWC)

A 35-year-old married woman named Hosna Begum came to Boaljoor UH&FWC of Balaganj upazila in Sylhet district for her fourth (4TH) ANC l visit. Hosna is now experiencing her nine months pregnancy journey and will soon be the mother of her fourth child.

Hosna is about to deliver her fourth child after an eight-year break from giving birth to her third child. She said she lost her first child due to an accident who was18-month-old during the time of death. Later on, she conceived her second child, who is now 10 years old, and her third child is 8 years old now. Without the presence of a skilled birth attendant (SBA), Hosna gave birth to all of her three children by normal vaginal delivery at home. However, her mother-inlaw opposed the idea of giving birth to Hosna's fourth child at the UH&FWC this time in the first place, as she wanted Hosna to give birth to her fourth child at home like her previous children. But Hosna was recommended by the paramedic apa of the UH&FWC to take antenatal check up from the UH&FWC due to her high blood pressure as her family members would not be able to monitor and regulate her blood pressure at home during her pregnancy period.

On the date of interview, Hosna completed her fourth visit to UH&FWC for her antenatal checkup. When she was five months pregnant, she first visited UH&FWC.

"On my first visit to the UH&FWC, this time, I came with my husband and mother-in-law. Here, FWV apa checked a sample of my blood and urine. She also checked my blood pressure, weight and height."

At her first ANC visit for 4th pregnancy to the UH&FWC, Hosna was given calcium and iron supplements and was advised by the paramedic apa not to lift any heavy items during pregnancy period. During her pregnancy, she was also advised to eat nutritious food and take rest. A health card was also issued for Hosna at her first visit to the UH&FWC which included 4 ANC visits along with required vaccinations during pregnancy. Hosna said, she was pleased with the behavior and treatment of the paramedic as the paramedic shared her contact number with Hosna to contact in case of any emergency, if arise.

Taking permission from her husband and mother-in-law, Hosna visited the UH&FWC for the second time along with her brother-in-law's wife when she was on her 7th months of pregnancy. Her third visit took place during her 9th month of pregnancy. Hosna's pregnancy period was relatively uneventful. Furthermore, every time she visited UH&FWC for ANC, she had been accompanied by her husband/family members.

While asking about Hosna's experience of her current pregnancy journey, she said that her inlaw's family members and her husband have all been very helpful to her during this journey. They didn't let her do any heavy works or take any stress. Her brother-in-law's wife was the one who supported and cared for her the most.

When Hosna was asked why she had decided to take services from this UH&FWC, she replied that, her family members and husband were quite concerned about her high blood pressure and heard about the facilities and good treatment of the UH&FWC over here. Moreover, commuting to this UH&FWC is quite hassle free for her. A trip to UH&FWC from her home typically takes 30 minutes via CNG. Moreover, she was also was content with the fact that the treatment was free of cost.

"I am very satisfied with the services of UH&FWC and the behavior of the paramedic apa; if I need to, I will use services from this center in the near future."