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ANALYSIS OF SMILING SUN FRANCHISE PROGRAM SURVEY DATA TO INFORM DECISION MAKING FOR THE NGO HEALTH SERVICE DELIVERY PROJECT

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Submitted to: Scott Stewart, AOR
Office of Health Systems
Bureau for Global Health

Melissa Jones
Director of Office of Population, Health, Nutrition and Education
Bangladesh

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Abt Associates Inc. | 4550 Montgomery Avenue, Suite 800 North | Bethesda, Maryland 20814
T: 301.347.5000 | F: 301.652.3916 | www.abtassociates.com

Broad Branch Associates | Development Alternatives Inc. (DAI) | Futures Institute
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ACRONYMS

ANC	Antenatal Care
HFG	Health Finance and Governance Project
MCH	Maternal and child health
NGO	Non-governmental Organization
NHSDP	NGO Health Service Delivery Project
PNC	Postnatal Care
Prob	Probability
SSFP	Smiling Sun Franchise Project
USAID	United States Agency for International Aid

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EXECUTIVE SUMMARY

Introduction

The Smiling Sun Franchise Program (SSFP) was a USAID funded program to support a network of NGOs in Bangladesh to deliver a package of health services, with a focus on maternal and child health. The 2012 Impact Evaluation Report showed that while utilization of family planning, antenatal care (ANC), and vaccination in rural areas served by SSFP increased in general between 2008 and 2011 at a comparable rate to other rural areas, the market share of SSFP declined. In order to inform planning and targeting of outreach and communication messages, the Health Finance and Governance Project (HFG) has undertaken an analysis to assess who accessed care, who did not access care, and who accessed care at SSFP facilities for selected services.

Objectives

The purpose of this analysis is to determine what variables are associated with households' decisions on whether they sought care, and, if they did seek care, where they sought care. The analysis utilizes data collected for the baseline (2008) and endline (2011) household surveys conducted in the evaluation of SSFP. The baseline and endline reports for the evaluation of SSFP focused on overall utilization rates, utilization at SSFP sites, SSFP market share, and the equity in utilization, all for a selected set of services[1]. We seek to augment these analyses by determining the profile of households where people were in need of seeking a particular kind of service, and either:

1. did not seek care;
2. sought care at a SSFP facility; or
3. sought care at another type of facility (private, informal, or public).

Services of interest include ANC visits, skilled attendance at birth, family planning, and measles vaccination.

In addition, we analyze respondents' knowledge of Smiling Sun clinics:

1. Stratified by wealth and demographic variables;
2. Stratified by whether they sought care at Smiling Sun (among those who sought care);
3. Stratified by whether they sought care at all (among those who should have sought care – e.g., ANC for pregnant women);
4. Assess if those going to private services knew about the Smiling Sun franchise.

Thirdly, we present an analysis of the continuity of care. For example, we assess the proportion of women who sought ANC care who also sought care at delivery, whether their children received measles vaccination, and so on. We do this in general for all women, and then specifically for SSFP.

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1 The analysis of the 2011 endline survey, for example, focused on modern contraception, ANC, and DPT-3/Penta-3 services

Methods

These analyses make use of data collected in household surveys conducted by MEASURE Evaluation as part of their impact evaluation of the SSFP. The 'baseline' survey was conducted in 2008, and the 'endline' evaluation was conducted in 2011. The 2008 baseline survey collected data from a representative sample of 6,330 women of reproductive age in project areas, and 6,789 women in comparison areas, while the 2011 endline survey collected data from 8,741 women in rural project areas, 7,679 women in rural comparison areas, 6,063 women in urban project areas, and 1,830 women in urban comparison areas. Comparison areas were selected for geographic proximity to areas served by SSFP facilities, with catchment areas defined by the government. For purposes of this report, we focus on data from SSFP catchment areas in order to reflect knowledge and behaviors of respondents with generally good access to SSFP facilities. We also conduct all analyses separately for rural and urban areas.

Service utilization measures are divided into (1) need for services (if relevant), (2) use of services, and (3) use of services at SSFP versus other sites (note that the questionnaire did not include questions related to why respondents chose an SSFP clinic).

Standard methods for analyzing household survey data are employed. When comparing demographic variables across categories, we performed an ANOVA F-Test, which indicates if the mean value of the variable in at least one of the categories of respondents is statistically significantly different from the mean value in one of the other categories of respondents. In addition, we use multivariate methods (logistic regression or multinomial probit regression) to determine what variables were independently associated with care seeking behaviors.

For the continuity of care analysis, we report the average proportions with 95% confidence intervals. The results should be interpreted as order-of-magnitude associations between the likelihood of seeking one type of care compared to another.

Limitations

The analyses related to skilled attendance at birth need to be interpreted with caution. Only about 16% (52 out of 327) of SSFP clinics had emergency obstetric care and offered delivery services in their facilities. Respondents from the areas served by these facilities could not be identified in the dataset; thus, all women in SSFP areas are included, even though only a small proportion of them may have had actual access to SSFP clinics for skilled attendance at birth. Further, barring more detailed data, all married women not pregnant or sterilized were assumed to potentially need family planning services. This may overstate need, since some of these women may have been trying to conceive.

Results

Knowledge of SSFP in the 2011 survey: **In rural areas, 74% of women correctly identified the Smiling Sun Franchise logo, and 85% of women in urban areas correctly identified the Smiling Sun Franchise logo.** Using logistic regression, we found that in rural areas:

- Households with greater wealth were more likely to correctly identify SSFP,
- Younger respondents (under 17) or older respondents (over 40 years of age) were less likely to correctly identify SSFP than were women between the ages of 17 and 39,
- Women with some literacy were much more likely to have heard of SSFP,
- Women who had given birth to more children were less likely to correctly identify SSFP.

The same variables were found to be associated with having heard of SSFP in urban areas, except for age. Additionally, in urban areas, women who had a job at the time of the survey, were a member of an organization, or had ever had a child die were more likely to correctly identify SSFP.

Service utilization in the 2008 and 2011 surveys: ANC, skilled attendance at birth, family planning, and measles vaccination represent four distinct categories of services. ANC had moderate coverage via facility- and outreach-based mechanisms; skilled attendance at birth had low levels of coverage (with very limited provision by SSFP providers); family planning is offered both via outreach and from clinics and had slightly higher coverage than ANC (especially if we consider that some 'uncovered' women probably did not desire to have family planning). Measles vaccination, although offered at fixed-site facilities, was predominantly provided via outreach, and had high levels of coverage.

In 2011, women not accessing services tended to be poorer, less educated, and married younger than women that did access services when not controlling for other variables. These variables tend to go hand-in-hand (e.g., less educated, poor women are more likely to marry at a young age), and for certain services some of these variables emerged as more important than others (See Table ES1). However, these commonalities reflect the need to target these women if coverage is to increase.

We found important exceptions to these generalizations. **SSFP family planning and measles vaccination services reached a greater proportion of poor women than did SSFP ANC and skilled attendance at birth services,** suggesting that outreach or close-to-home services may be better at reaching these populations than facility-based services.

Compared to the characteristics of women in the 2008 survey, respondents in the 2011 survey that reported attending SSFP clinics were married at an older age and were more likely to be literate. While explained in part by increases in literacy and delayed marriage in society overall, this suggest that over the period 2008 to 2011, **SSFP did not successfully target illiterate women or women who married at a young age,** since the changes in literacy and age at marriage increase less over the time period among women who did not seek services at all.

Table ES1: Likelihood of Women Attending SSFP vs. Not Seeking Care in Multinomial Probit Regression, by Service Type and Urban or Rural Area

Variable	Rural areas				Urban areas			
	ANC	Birth	Family planning	Measles vaccine	ANC	Birth	Family planning	Measles vaccine
Woman from a household with many people	–		–	–			+	
Woman was not living with her husband at time of survey			N/A				N/A	
From a wealthier household	+	+	–	+		+	–	+
Woman was older at the time of the survey		–	–	+		–	M	
Woman started living with her husband at an older age		+	–		+	+		
Woman had more children			–					–
Woman has basic literacy	+				+	+		
Woman was Muslim (compared to any other religion)	–					–		
Woman was a member of a civil society organization at time of survey			+		+		+	
Woman had a job at the time of the survey	+							
Woman has had a child die			–					

- : indicates that women with this characteristic were more likely to not seek care than they were to seek care at SSFP.

+: indicates that women with this characteristic were more likely to seek care at SSFP than they were to not seek care at all.

M: indicates mixes results or trend is not consistent over all categories of the measure.

Blank: indicates there was not a statistically significant association at $p<0.05$ between this variable and utilization at SSFP (as compared to not seeking care).

N/A: indicates this variable was not available for the analysis.

Variables in **boldface** were found to be significant in at least three of the eight analyses performed.

Women who were members of civil society organizations were more likely to seek services at SSFP sites for many of these services (again, measles vaccination is an exception). This may mean that SSFP at some point collaborated with these organizations for outreach or educational information campaigns. This may have been an effective means of reaching women through institutions they had built trust in, and thus reaching important audiences and increasing utilization. However, enrollment in these organizations appears to have declined over time, and alternative means of reaching women may need to be sought.

For both ANC and skilled attendance at birth, women were more likely to attend an SSFP clinic for their first pregnancy than they were for their second or later pregnancy, especially for the period 2010 to 2011. This may indicate that SSFP had started to build a new market among younger women or it may indicate that women are not returning to SSFP for pregnancies after their first pregnancy. If the latter reason is the true reason, it indicates that more effort is needed to, for example, increase the quality of these services to encourage client loyalty.

Table ES2 summarizes the results of multinomial probit regressions for utilization of SSFP as compared to utilization of private sector providers (not including other NGO providers). Across almost all service

categories, **wealthier women and women who married later in life, all else equal, were more likely to seek care at a private provider than at SSFP.** Women's ability to read was found statistically significant for fewer services than when we compared literacy to seeking services at all, but when significant, literate women were more likely to attend services at a private provider than at SSFP. However, for several services, women who were members of a civil society organization were more likely to attend SSFP than a private provider.

Table ES2: Characteristics of Women Attending SSFP vs. Seeking Care at a Private Provider in Multinomial Probit Regression, by Service Type and Urban or Rural Area

Variable	Rural areas				Urban areas			
	ANC	Birth	Family planning	Measles vaccine	ANC	Birth	Family planning	Measles vaccine
Woman from a household with many people			-				+	
Woman was not living with her husband at time of survey	-		N/A				N/A	
From a wealthier household	-		-	-	-	-	-	
Woman was older at the time of the survey			M				+	
Woman started living with her husband at an older age	-		-		-		-	-
Woman had more children								
Woman has basic literacy		-		-			-	
Woman was Muslim (compared to any other religion)								
Woman was a member of a civil society organization at time of survey	+	+			+		+	
Woman had a job at the time of the survey								
Woman has had a child die								

- : indicates that women with this characteristic were more likely to seek care at a private provider than they were to seek care at SSFP.

+: indicates that women with this characteristic were more likely to seek care at SSFP than they were to seek care at a private provider.

M: indicates mixes results or trend is not consistent over all categories of the measure.

Blank: indicates there was not a statistically significant association at $p<0.05$ between this variable and utilization at SSFP (as compared to seeking care at a private provider).

N/A: indicates this variable was not available for the analysis.

Variables in **boldface** were found to be significant in at least three of the eight analyses performed.

Continuity of care in the 2011 survey: Of the services assessed in this analysis, skilled attendance at birth and PNC had the lowest coverage among respondents.

In rural areas, over 85% of women who received ANC, skilled attendance at birth, or family planning also had their children receive measles vaccine and Vitamin A. Of women who had their child vaccinated against measles, only 55% received ANC when they were pregnant with their child. Findings are similar, although with higher percentages, in urban areas. The likelihood of respondents reporting receiving multiple services from SSFP providers is lower than the likelihood of them receiving multiple services from any source. Among women who did not receive ANC at SSFP sites, over 60% of women in urban areas, and over 33% in rural areas, who attended an SSFP facility for measles vaccination or family planning did not receive any ANC. There appears to have been a lack of continuity of maternal and child health (MCH) care within the SSFP network.

Discussion

Based on these analyses, we make the following recommendations:

- An assessment of measles vaccine (and likely all vaccination programs as well as Vitamin A distribution) strategies and implementation methods is in order. While the strategies and implementation methods used for vaccines may not be fully applicable to other services, there still may opportunities for learning.
- Family planning services were the only services to exhibit a pro-poor utilization pattern. Assessing how SSFP's family planning program was able to reach poorer women may be helpful in increasing the utilization of other services among poorer women.
- These two points are supported by the continuity of care analysis. Different coverage levels in themselves are a point for learning and action, but the inability of SSFP to provide holistic MCH care may be a point of action. For example, 60% of urban women who had their child vaccinated against measles at an SSFP site never had ANC when pregnant with that child. Obviously, ANC cannot be provided retrospectively, but an opportunity for increasing ANC use for future pregnancies may be possible.

While reaching the poor was an important objective for SSFP, reaching women with greater wealth also remains important, since these women are more likely to be able to pay for services. Especially in rural areas, there is still substantial unmet need even among the wealthiest women for ANC, family planning, and skilled delivery at birth, indicating that market expansion is still possible. While it may not be possible or desirable to draw women away from other service providers, the methods, strategies, and characteristics of other providers can be assessed to determine why women from wealthier households are choosing these service providers.

This report is intended as a review of existing data to help profile the characteristics of users and potential users of SSFP clinics. The endline survey occurred over 2 years ago, and changes in usage patterns may have occurred since that time. Continuing to track user characteristics over time will help inform further planning, outreach, and communication messages. Since this report only utilized existing data, a fully comprehensive picture of all factors that influence patients' demand for services could not be drawn; further studies on the characteristics of facilities that draw, and retain, patients is needed, as well as further work on the influence of fees charged for services and how changing socioeconomic and demographic characteristics over time affect patients' preferences.

1. INTRODUCTION

The Bangladesh Smiling Sun Franchise Program (SSFP) was a United States Agency for International Development (USAID) funded health service delivery program. It operated through a network of NGO providers, which deliver a package of essential health services to areas under-served by governmental providers. In various forms, this program has existed since the 1990s, and is currently being continued as the NGO Health Service Delivery Project (NHSDP). With a focus on maternal and child health (MCH) services, family planning, and other basic health services, SSFP had the dual objectives of serving poor segments of the population and increasing the sustainability of the NGOs to provide these services.

The SSFP Impact Evaluation Report showed that while utilization of family planning, antenatal care (ANC), and vaccination in rural areas served by SSFP increased in general between 2008 and 2011 at a comparable rate to other rural areas, the market share of SSFP declined. In urban areas, utilization of family planning and ANC declined in general at a similar level in both SSFP areas and other urban areas, while utilization of vaccination increased at similar levels in both areas. There was little evidence of a change in SSFP market share in urban areas over the period 2008 to 2011. Utilization data provided by the SSFP for ANC, skilled attendance at birth, and postnatal care (PNC) provided at their sites showed that service utilization, in absolute terms, grew from February 2009 to January 2010, but remained relatively stable after that period. This suggests that, while utilization increased at SSFP sites, it did not grow in proportion to increased population and/or demand for services.

In order to inform planning and improve targeting of outreach and communication messages, the Health Financing and Government Project (HFG), in consultation with staff from NHSDP, undertook an analysis of existing data to assess who accessed care, who did not access care, and who accessed care at SSFP facilities for selected services.

1.1 Study Purpose

The purpose of this analysis is to determine what variables are associated with households' decisions on where they seek care. The analysis will look at the baseline (2008) and endline (2011) household surveys conducted as part of the evaluation of the Smiling Sun Franchise Project (SSFP). Each survey will be assessed separately to see if variables' associations remain (relatively) similar or not over the time period.

The baseline and endline reports for the evaluation of SSFP focused on overall utilization rates, utilization at SSFP sites, SSFP market share, and the equity in utilization, all for a selected set of services[2]. We seek to augment these analyses by determining the demographic profile of households[3] where people were in need of seeking a particular kind of service, and either:

2 The analysis provided for the 2011 endline survey, for example, focused on modern contraception, ANC, and DPT-3/Penta-3 services.

3 Demographic is defined for this report in terms of marketing analyses, not in terms of epidemiologic or other scientific specialties. That is, we are assessing if measureable and observable characteristics of respondents are similar or different across categories of comparisons, but not assessing any causal relationship between the variables.

1. did not seek care;
2. sought care at a SSFP facility; or
3. sought care at another type of facility (private, informal, or public).

Thus, the analysis will help to sketch a profile of women and children using and not using SSFP and other health services. This can help to shape outreach and BCC campaigns, and inform NGO health services operators as to areas where they are reaching target audiences, and types of households or people where their services are not demanded. The analysis will not be able to explicate reasons why people did or did not demand SSFP services, nor will it explicate actions that may be taken to increase uptake.

The four types of care being assessed include: antenatal care (ANC) visits, skilled attendance at birth, measles immunizations, and family planning. After the initial data analysis, three categories of care were dropped from the analysis: sick child visits, receipt of Vitamin A, and post-natal care (PNC). There were too few sick child visits to run meaningful analyses. The results for receipt of vitamin A are very similar to those for measles vaccination, and their inclusion would be repetitive of the results presented here for measles vaccination. The results for PNC were very similar to the results for skilled attendance at birth.

In addition, we provide an analysis of respondents' knowledge of Smiling Sun clinics:

1. Stratified by wealth and demographic variables;
2. Stratified by whether they sought care at Smiling Sun (among those who sought care);
3. Stratified by whether they sought care at all (among those who should have sought care - e.g., ANC for pregnant women);
4. Assess if those going to private services knew about Smiling Sun.

(Note that the questionnaire did not include questions related to why respondents chose an SSFP clinic.)

Thirdly, we present an analysis of the continuity of care. This analysis assesses the extent to which the seven types of care are sought by the same women. For example, we assess the proportion of women who sought ANC care who also sought care at delivery, whether their children received measles vaccination, and so on. We do this in general for all women, and then specifically for SSFP. The latter analysis includes only women who sought care at an SSFP facility for each type of care; that is, it assesses whether women who sought ANC care at an SSFP clinic also got care at delivery at an SSFP clinic, and so on.

This report is organized as follows. First, we present a brief overview of the methods used for the analysis. Then we present the results for each of the three analyses described above, starting with knowledge of SSFP, moving to the continuity of care analysis, and ending with the analyses of the four types of care. In each case, the main body of the text presents the main findings of the analysis, with detailed tables of the results presented separately in Annexes for those interested in understanding more detail. A brief discussion, comparing the results of the different analyses, concludes this report.

2. METHODS

These analyses make use of data collected in household surveys conducted by MEASURE Evaluation as part of their USAID-funded impact evaluation of the SSFP. The 'baseline' survey was conducted in June through August 2008, and the 'endline' evaluation was conducted in June to September 2011. Both surveys were conducted in urban and rural areas, and in SSFP facility catchment areas and areas outside SSFP facility catchment areas. The 2008 baseline survey collected data from a representative survey of 6,330 women of reproductive age in project areas, and 6,789 women in comparison areas, while the 2011 endline survey collected data from 8,741 women in rural project areas, 7,679 women in rural comparison areas, 6,063 women in urban project areas, and 1,830 women in urban comparison areas. Comparison areas were selected for geographic proximity to areas served by SSFP facilities, with catchment areas defined by the government. For purposes of this report, we focus on data from SSFP catchment areas in order to reflect knowledge and behaviors of respondents with generally good access to SSFP facilities. We also conduct all analyses separately for rural and urban areas under the assumption that grouping them together would conceal important differences in knowledge and behaviors between these two areas.

We first identified the variables to be used in the analysis. These are sorted into two types: demographic variables and service utilization variables. Demographic variables include variables that could be used to identify people for marketing campaigns or that may influence whether and where they utilize services. Service utilization variables are outcome measures of whether and where respondents (or their children) used services.

Demographic variables are grouped into seven major categories:

1. Household characteristics (number of residents in a household, male or female head of household, and household wealth index);
2. Female respondents' age and residence (age of respondent, age when respondent started living with her first husband, and length of time living at current residence);
3. Female respondents' education (ever attended school or Madrasha, ability to read);
4. Female respondents' religious and civic associations (religion and membership in a civic organization);
5. Female respondents' employment (currently has a job);
6. Female respondents' childbearing and child death (number of living children, has had a child die);
7. Child's demographic characteristics (age, sex);

Service utilization measures are divided into (1) need for services (if relevant), (2) use of services, and (3) use of services at SSFP vs. other sites. Need for service was defined as follows for each type of service:

i. ANC: all women who were pregnant were assumed to have need for ANC;

ii. skilled attendance at birth: all women who had a live birth were assumed to have had need for a skilled attendant at birth;

iii. PNC: all women who had a live birth were assumed to have need for PNC;

iv. measles vaccine: all children were assumed to have need for measles vaccine after 8 months of life;

v. vitamin A supplementation: all children were assumed to have need for vitamin A supplementation after 8 months

vi. family planning: all married women not pregnant or sterilized were assumed to potentially need family planning services[4]. Note that for family planning; some of the women not using family planning may have been trying to get pregnant; thus, the estimated 'need for services' will include some women that did not desire family planning. However, the survey questions did not allow the exclusion of these women.

It is also noted that the analyses related to skilled attendance at birth need to be interpreted with caution. Only about 16% (52 out of 327) of SSFP clinics offered emergency obstetric care and skilled birth attendance in their facilities. Respondents from the areas served by these facilities could not be isolated in the dataset; thus, all women in SSFP areas are included, even though only a small proportion of them may have had actual access to SSFP clinics for facility-based delivery. Also note that SSFP sites without emergency obstetric care typically do not offer delivery services, and 85% of respondents with skilled attendance by an SSFP provider did so at an SSFP facility (we are unable to determine if the 15% who reported skilled attendance by an SSFP provider at home lived in the catchment area of an SSFP emergency obstetric care site or not).

Annex 1 provides a summary of the variables used, how they are measured, and notes and clarification of the variables. It should be noted that many of the variables were measured at the time of the survey, and not at the time when respondents had need or made use of services.

Annex 2 provides summary statistics of the demographic and service utilization statistics.

2.1 Statistical Analyses

All analyses presented reflect weighted averages accounting for the survey sample design and linearized standard errors appropriate for the survey design (unless otherwise noted). Survey weights were provided along with the data from Measure Evaluation. As a check to our analyses, when we report measures that were also reported in the Measure Evaluation report, we compare the two findings to ensure that our analysis finds the same results as their analysis. The results of these checks are reported as footnotes in our analysis.

When comparing demographic variables across categories, we performed ANOVA F-Tests, which indicate if the mean value of the variable in at least one of the categories of respondents (e.g., did not seek ANC, sought ANC but not at a SSFP facility for their last visit, and sought ANC at SSFP for their last ANC visit) is statistically significantly different from the mean value in one of the other categories of respondents. In the example given, there are three pair-wise comparisons possible (did not seek care vs. sought care at SSFP; did not seek care vs. sought care at a non-SSFP facility; and, sought care at SSFP vs. sought care at a non-SSFP facility); the ANOVA F-Tests assess if at least one of these three pair-wise comparisons attains statistical significance. We use an $\alpha = 0.05$ for determination of statistical significance.

4 Variables measuring if women were practicing exclusive breastfeeding in the first six months of their child's life were not available in the survey

We also conducted a logistic regression to determine factors associated with respondents correctly identifying SSFP, controlling for other variables. Variables were checked for multicollinearity. A categorical variable's overall inclusion in the model was assessed based on the Wald F-test.

To assess variables associated with service utilization, we conduct bivariate (unadjusted) comparsions for three time periods: the baseline survey period (women who had given birth between 2003-2008), endline survey period (women who had given birth between 2006-2011) and late endline period (2010-2011). In addition to the unadjusted analysis, we conducted a multinomial probit regression to determine associations with respondents' care seeking behavior. Again, variables were checked for multicollinearity, and categorical variables' overall inclusion in the model were assessed based on the Wald F-test. The coefficients of the multinomial probit model have been converted from z-scores into probabilities for ease of understanding and to allow comparison of the magnitude of differences.

Multinomial analysis allows for analyzing outcome variables that have multiple discrete categories. For example, instead of modeling factors associated with whether people seek care or not, we can model if people did not seek care, sought care at SSFP, sought care at a government facility, sought care at a private provider, sought care at another NGO, or sought care at a hospital or private clinic or hospital simultaneously. In all cases, we report 'sought care at a SSFP facility' as the reference category, with the difference in the probability of seeking (or not seeking) care at another type of provider as compared to the probability of seeking care at a SSFP facility reported in the results.

For the continuity of care analysis, we report the average proportion of care seekers with 95% confidence intervals. The results should be interpreted as order-of-magnitude associations between the likelihood of seeking one type of care compared to another.

3. RESULTS

3.1 Knowledge of SSFP

Annex 3 provides detailed tables of the results reported here. In rural areas, 74% of women correctly identified the Smiling Sun Franchise logo, and 85% of women in urban areas correctly identified the Smiling Sun Franchise logo. Table 1 provides a summary of the findings. Details on the bivariate analysis are presented in Table 3.1 and for the logistic analysis in Table 3.3.

Table 1: Variables Associated with SSFP Knowledge in Different Analyses (2006 – 2011)

Variable	Rural SSFP Areas		Urban SSFP Areas	
	Bivariate Results	Logistic Regression Results	Bivariate Results	Logistic Regression Results
Household Characteristics				
Greater number of residents in household				
Female not with husband				
Wealthier household	+	+	+	+
Woman Respondent Characteristics				
Older age	-	M	-	
Older age when started living with first husband	+		+	
Longer length of residence	-		-	
Education				
Ever attended school / Madrasha	+	N/A	+	N/A
More than primary school OR can read/write letter	+	+	+	+
Religion (Islam vs. any other religion)				
Membership in organization (any reported)				+
Has job (%)	+			+
More living children	-	-	-	-
Has had a child die	-		-	+
Ever used modern family planning (%)	+	N/A	+	N/A
Child Characteristics				
Age of youngest child (if child is under 5)		N/A		N/A
Child is female (%)		N/A		N/A
Illness (diarrhea or cough) in last two weeks (%)		N/A		N/A
Utilization variables				
Made an ANC visit	+	N/A	+	N/A
Had skilled attendance at birth	+	N/A	+	N/A
Family Planning (currently using)				
Using modern method	+	N/A	+	N/A
Using traditional method	-	N/A		N/A

Variable	Rural SSFP Areas		Urban SSFP Areas	
	Bivariate Results	Logistic Regression Results	Bivariate Results	Logistic Regression Results
Youngest child received measles vaccine		N/A	+	N/A
Youngest child received Vitamin A in last six weeks	+	N/A	+	N/A
Made a sick child visit (among sick children)		N/A		N/A

- : Women with this characteristic were less likely to correctly identify SSFP
+ : Women with this characteristic were more likely to correctly identify SSFP
M: Indicates mixed results or trend is not consistent over all categories of the measure
Blank: Association between variable and correctly identifying SSFP not statistically significant at $p<0.05$
N/A: Variable not available for analysis

Greater wealth and literacy are consistently associated with correctly identifying SSFP across analysis and settings. When assessed by wealth quintile (Table 3.2), we see that about 65% of the women in the poorest quintile in rural areas had heard of SSFP, compared to 83% of women in the wealthiest quintile. In urban areas, we see that about 74% of the women in the poorest quintile correctly identified SSFP, compared to 92% of women in the wealthiest quintile. In urban areas, women with some literacy had 3.41 times greater odds of correctly identifying SSFP than women who could not read at a basic level.

Women who had more children were consistently less likely to correctly identify SSFP across analyses and settings.

Women who had correctly identified of SSFP were on average about 3 years younger (about 31 years old) than women who did not (about 34 years old) in rural areas, but in logistic regression, we find that the youngest respondents (under 17) or older respondents (over 40 years of age) were less likely to correctly identify SSFP than were women between the ages of 17 and 39.

Women who had utilized services of any kind and from any type of provider were in general more likely to have heard of SSFP than women who had need for a service but did not utilize the service[5], although exceptions exist. First, women in rural areas using traditional family planning methods were less likely to have heard of SSFP than women who were not using family planning (there was no association for this variable in urban areas). Women in rural who had their child vaccinated against measles were just as likely to have heard of SSFP as women who did not have their child vaccinated against measles (in urban areas, these women were more likely to have heard of SSFP). Finally, women who took their child for a sick visit in the two weeks before the survey were just as likely to have heard of SSFP as women who did not take their child for a sick visit; the low percentage overall of women who had a sick child in the last two weeks may help explain this result.

Table 3.4 presents knowledge about SSFP amongst women who utilized services in the NGO or private sector. Over 85% of women from urban areas who utilized an NGO or private provider had heard of SSFP, indicating that knowledge may not be a substantive barrier to usage among women attending these sectors for MCH services. In rural areas, this relation is less clear. While 87% of women who attended the NGO or private sector for ANC or skilled attendance at birth had heard of SSFP, only 55% of women who took their child to the NGO or private sector for measles vaccination had heard of SSFP.

5 These variables were not included in the logistic regression due to collinearity with the demographic variables, and with each other.

3.2 Continuity of Care

Annex 4 provides detailed tables of the results reported here. The tables present data on the percentage of respondents that received two related types of services; for example in Table 4.1, 27% of women that had at least one ANC visit (from any type of provider) also had a skilled attendant at birth (from any type of provider); on the other hand, of the women that had a skilled attendant at birth, 83% had received at least one ANC visit (Table 4.4 presents the same analysis for urban areas). The initial coverage rate for each type of service is listed at the top of Tables 4.1 and 4.3 for rural and urban areas, respectively. Tables 4.2 and 4.5 repeat this analysis (for rural and urban areas, respectively), but limited only to SSFP providers. Thus, in Table 4.2, 4% of women who had their last ANC visit at SSFP had a skilled SSFP attendant at birth, while 61% of women who had a skilled SSFP attendant at birth attended SSFP for their last ANC visit.

As noted above, only a small proportion of SSFP clinics provided delivery care, which may, to some large extent, explain the results found below.

Sick child care is not considered in this analysis due to the low number of respondents.

Continuity of care pathways in rural areas for attendance at any provider (Table 4.1):

- There is little continuity between use of antenatal care and skilled attendance at birth. Only 27% of women[6] who had an ANC visit went on to have a skilled attendant assist at the delivery, and 26% of ANC users had at least one PNC visit.
- Of the children vaccinated or who obtained Vitamin A, only 17%-18% of those children's births were assisted by a skilled attendant.
    - Thus, deliveries among women who attend ANC at least once and where there is a skilled attendant present account for 14.5% of all births (out of the 18% of deliveries that are assisted by a skilled attendant, over 80% of women had at least one ANC visit).
- Over 85% of women who received ANC, had a skilled attendant at delivery, or received family planning also had their children receive measles vaccine and Vitamin A, but of women who had their child vaccinated against measles, only 55% received ANC when they were pregnant with their child. Given that coverage of vaccination is very high, this may represent a plausible route for education about future pregnancies.

Continuity of care pathways in rural areas for SSFP (Table 4.2):

- The likelihood of respondents receiving multiple services from SSFP providers is lower than the likelihood of them receiving multiple services from any source. *This implies a lack of holistic MCH care within the SSFP network.*
    - Only 4% of rural women who went to an SSFP facility (of any kind) for ANC returned for the birth of their child (this is likely because very few SSFP facilities in rural areas offered delivery services). Less than half returned to SSFP vaccinate their child against measles or receive Vitamin A.
    - 53% of women delivering at an SSFP facility had a PNC visit at an SSFP facility.

[6] The 27% has the denominator of women attending ANC at all (which was 54% of women in rural areas, as seen in the first row of Table 4.1).

- The greatest overlap in service use is seen between receipt of measles vaccine and Vitamin A.
- Less than half of women who attend SSFP facilities for family planning receive other services from SSFP (e.g., 33% for ANC, 45% for measles vaccine).

Continuity of care pathways in urban areas for attendance at any provider (Table 4.4):

- As in rural areas, the weakest continuity is observed between antenatal and skilled attendance at birth. Just over half (53%) of women who had an ANC visit go on to have a skilled attendant at birth. However, over 90% of women with assisted delivery had at least one ANC visit. Of children who are vaccinated or receive Vitamin A, only 44%-45% were born with assistance from a skilled attendant.
- Coverage of vaccination is very high and may represent a plausible route for education about care during future pregnancies.

Continuity of care pathways in urban areas for SSFP (Table 4.5):

- The likelihood of urban respondents receiving multiple services from SSFP providers is lower than the likelihood of them receiving multiple services from any source, although continuity between services is higher than it is in rural areas. *There still appears to have been a lack of holistic MCH care within the SSFP network.*
    - Only 10% of women who went to an SSFP facility for ANC returned for the birth of their child (again, not all facilities offered assisted deliveries). Less than half returned to SSFP to receive Vitamin A for their child, and one-third for family planning.
    - 68% of women delivering at an SSFP facility had a PNC visit at an SSFP facility.
- The greatest overlap in services received is seen between measles vaccine and Vitamin A, but these rates are lower than they are in rural areas.

Other sources of care among SSFP users in rural areas (Table 4.3):

- Two-thirds of women who attended an SSFP facility for ANC but not for deliveries did not have skilled care when they gave birth, while 21% sought care at a hospital (public or private).
- About half of women who attended an SSFP facility for reproductive health service (ANC, skilled attendance at birth, or family planning) but not for measles vaccination had their child immunized via a government provider.
- Among women who attended SSFP for another service (ANC, skilled attendance at birth, or measles vaccination), over half of those women who did not attend an SSFP facility for family planning went to a private provider for family planning.
    - Since 42% of women who attended an SSFP facility for ANC also received family planning services at an SSFP provider, this indicates that 31% of women who attended an SSFP facility for ANC received family planning at a private facility.
- Over one-third of women who attended an SSFP facility for measles vaccination or family planning did not receive ANC at all (if they did not receive it at an SSFP site).

Other sources of care for SSFP users in urban areas (Table 4.6):

- Over 80% of women who attended an SSFP facility for ANC but not for deliveries did not have skilled care when they gave birth, while 10% sought care at a hospital (public or private).

- Between 70% and 80% of women who attended an SSFP facility for another service (ANC, skilled attendance at birth, or family planning) but not for measles vaccination had their child immunized via a government provider; however the majority of women who attended an SSFP facility for another service also had their child receive a measles vaccine at an SSFP clinic (Table 4.5).
- Among women who attended SSFP for another service (ANC, skilled attendance at birth, or measles vaccination), 35% to 45% of those women who did not attend an SSFP facility for family planning went to a private provider for family planning.
- Over 60% of women who attended an SSFP facility for measles vaccination or family planning, but who did not receive ANC from an SSFP facility, did not receive ANC at all.

4. SERVICE UTILIZATION

In this section, we explore variables associated with not using a particular health service, using a particular health service at any facility, and using a particular health service at an SSFP facility. All these analyses are limited to the sample defined as 'in need' of the service. Four services are explored: ANC, skilled attendance at delivery, family planning, and measles vaccination.

Each section contains a descriptive table summarizing where women sought care, comparing the full endline sample (women who had given birth between 2006 and 2011) to the subsample of women who had given birth in the year and a half period prior to the survey (2010-2011). Utilization of SSFP facilities had been increasing in the period before the start of 2010; at the beginning of 2010, utilization rates plateaued (especially for deliveries), so assessing this later period reflects the time when SSFP facilities had attained the highest utilization.

Each section below then presents a table that summarizes the results of the unadjusted (bivariate) and adjusted (multivariate) analyses performed. Statistical associations for each of the three time periods are presented: for the baseline period (women who had given birth between 2003-2008), endline period (women who had given birth between 2006-2011) and late endline period (2010-2011). Note that the 2010 to 2011 sample is smaller, since it is constituted only by part of the respondents in the 2011 survey, and thus we have less power to detect differences across the variables than in the other two analyses. The tables indicate if there were statistically significant associations ($p<0.05$) between each demographic predictor variable and the utilization of the service. They also show the direction of the association (if there is a statistically significant association). Thus, a negative symbol for "Greater number of residents in household" indicates that women from larger households were less likely to seek care than women from smaller households. A result of "M" indicates mixed results; for the bivariate analyses this indicates that the variable had a positive association with utilization either at a site other than SSFP or with SSFP, and a negative association with the other type of provider.

The multinomial probit columns compare not utilizing the given service with utilizing SSFP. Thus a negative sign indicates that the variable was associated with a lower probability of utilizing SSFP than of not seeking service at all, while a positive sign indicates that the variable was associated with a higher probability of utilizing SSFP than of not seeking service at all. A results of "M" indicates mixed results; for example the "M" for older age for urban areas in Table 7 is because younger (under the age of 22) and older (over the age of 40) respondents were less likely to seek care at SSFP than to not receive care at all than were women aged 22 to 40 (see Annex 7, Table 7.7 for the specific results).

A final section provides an overall assessment of the results for all four service types, focusing on the results from the multinomial probit models.

4.1 Results for Antenatal Care

Table 2 provides information of the overall coverage of ANC and where ANC care was sought among women in the SSFP catchment areas for two time periods: average for 2006 to 2011 and the average for 2010 to 2011. During the 5 year period 2006-2011, 54% of pregnant woman in rural areas sought ANC at least once (18% at SSFP for their last ANC visit), and 75% of pregnant women in urban areas sought ANC at least once (18% at SSFP for their last ANC visit). Among women seeking ANC, 33% sought care at SSFP in rural areas[7], and 24% in urban areas. Overall coverage in the 2010-11 time period compared to the full period was 3 percentage points higher in rural areas and 5 percentage points higher in urban areas. However, the proportion of people receiving ANC from SSFP was similar in the two time periods considered.

Table 2: ANC Utilization by Category

Where care was sought	Rural		Urban	
	Among those pregnant during the 5 years prior to 2011 survey	Among those pregnant during the 1.5 years prior to the 2011 survey	Among those pregnant during the 5 years prior to the 2011 survey	Among those pregnant during the 1.5 years prior to the 2011 survey
N	3,761	1,238	2,419	783
No ANC sought	46%	43%	25%	20%
ANC at home or informal provider	4%	5%	2%	3%
ANC in government sector	15%	15%	16%	17%
ANC at other NGO	2%	3%	11%	15%
ANC at private provider (non-clinic)	4%	5%	5%	5%
ANC at hospital (public or private clinic/hospital)	11%	13%	22%	22%
ANC at SSFP	18%	17%	18%	19%
Total	100%	100%	100%	100%

Notes: Columns may not add up to 100% due to rounding

[7] Measure Evaluation reported 29% over the last three years; this is close to our measure over the last 5 years.

Table 3 provides a summary of the main analyses assessing ANC utilization; more details on all of these analyses can be found in Annex 5, including the relative size of the differences in utilization (for the bivariate analyses) or the size of the coefficients (for the multinomial probit models). The interpretation of Table 3 is provided at the beginning of the service utilization section.

Table 3: Summary of Analyses Assessing Utilization of ANC

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Bivariate			Multinomial Probit*	Bivariate			Multinomial Probit*
	2003-2008	2006-2011	2010-2011	2006-2011	2003-2008	2006-2011	2010-2011	2006-2011
Reference table in Annex 5	5.3	5.1	5.2	5.6	5.3	5.1	5.2	5.7
Household Characteristics								
Greater number of residents in household	-	-		-				
Female not with husband		M				-		
Wealthier household	+	+	+	+	+	+	+	
Woman Respondent Characteristics								
Older age	-	-			-	-		
Older age when started living with first husband	+	+			+	+	+	+
Longer length of residence	-	-	-			M		
Education								
Ever attended school/Madrasha	+	+	+	N/A	+	+	+	N/A
More than primary school OR can read / write letter	+	+	+	+	+	+	+	+
Religion (Islam vs. any other religion)		-		-	-	M		
Membership in organization (any reported)	+	M			+	M		+
Has job (%)		+		+	-	-		
More living children	-	-	-			-	-	
Has had a child die	-	-			-	-		

- : Women with this characteristic were less likely to seek care
+ : Women with this characteristic were more likely to seek care
M: Indicates mixed results or trend is not consistent over all categories of the measure
Blank: Association between variable and seeking care not statistically significant at $p<0.05$
N/A: Variable not available for analysis
* Comparing association between not seeking care and seeking care at SSFP

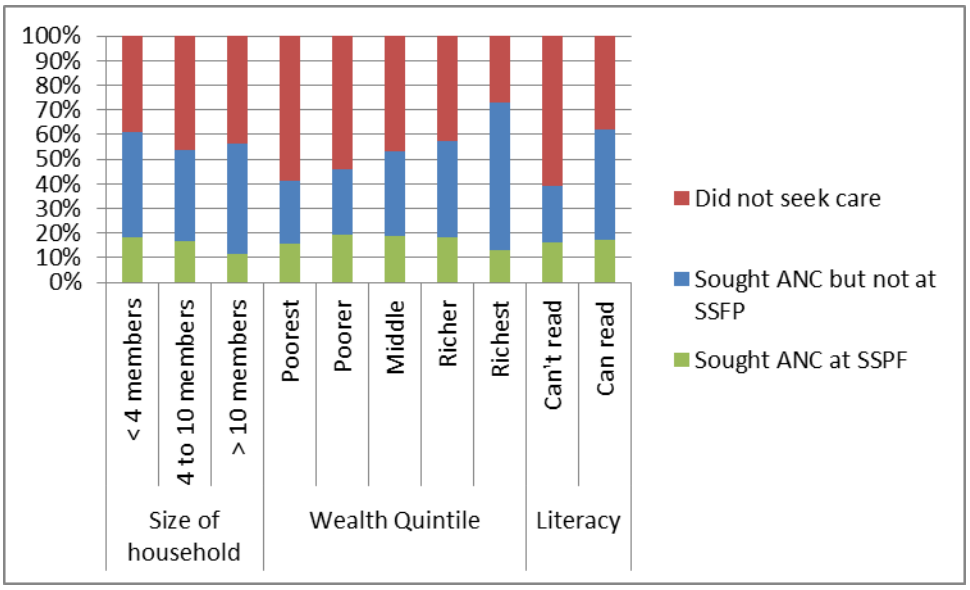
In rural areas, the poorest women, women from larger households, and women who cannot read are most likely not to seek any ANC. Wealthier women and women with basic literacy are more likely to seek care at SSFP than not seek care. However, wealthier women are also more likely to seek care at other types of facilities (private sector and hospitals) than seek care at SSFP (Annex Table 5.6). The figure below illustrates care seeking behavior based on these three variables.

Over the three time periods assessed, SSFP gradually served a slightly higher proportion of poorer women, although this is not a statistically significant change. On the other hand, women giving birth in the 1.5 years before the survey are better educated than all women giving birth in the 2011 survey; the

proportion of women attending SSFP who had basic education increased as time went on. This may reflect overall increases in education among women in Bangladesh.

Women's enrollment in civil society organizations in general is declining over time. In the 2003-2008 period, 41% of women attending SSFP were members of a civic organization, statistically significantly more than women seeking ANC elsewhere or not at all. The proportion of women seeking ANC at SSFP that were members of a civil society organization declined to 37% in 2006-2011, and 32% for the period 2010-2011. In the past, women may have heard of SSFP via their involvement in these civic organizations, but over time participation has declined, and women attending SSFP are no longer more likely to be a member of a civic organization.

Figure 1: Care Seeking Behaviors for ANC for Three Variables (Rural Areas)



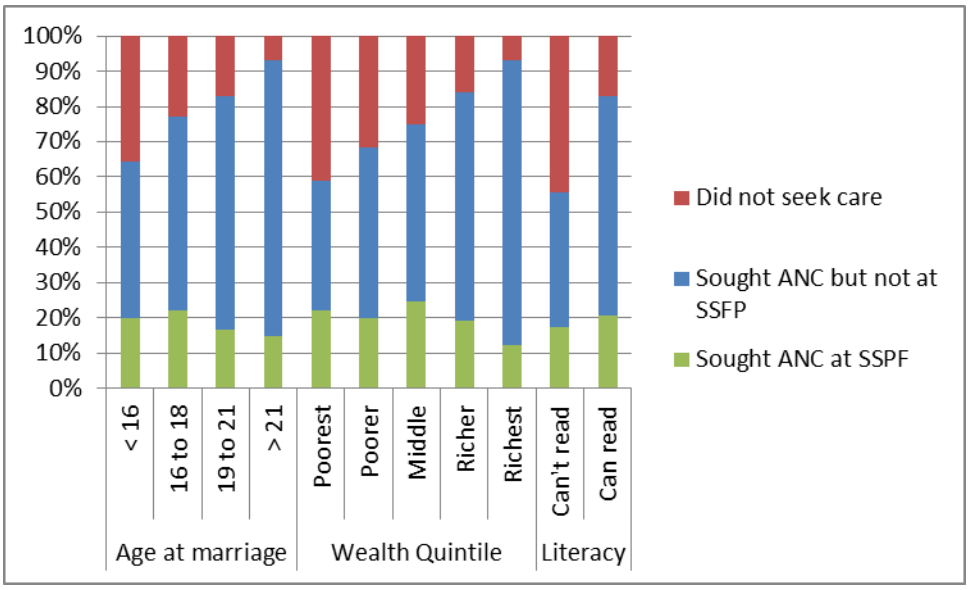
*81% of women fell into the group with 4 to 10 members; they had the largest unmet need for ANC and were slightly less likely to seek care at SSFP than women with smaller households.

**39% of women were in the lowest 2 wealth quintiles, and had the largest unmet need.

***32% of women did not have basic literacy and were both less likely to attend SSFP clinics and not seek ANC at all.

In urban areas, wealthier women, women who first married at an older age, and women with basic literacy are all more likely to seek ANC at SSFP than not seek ANC, but are also more likely to seek care at other types of facilities (private sector and hospitals) than seek care at SSFP. The figure below illustrates care seeking behavior based on these three variables.

Figure 2: Care Seeking Behaviors for ANC for Three Variables (Urban Areas)



*Women who are older at marriage were more likely to seek care but less likely to seek care at SSFP facilities but only represent 15% of women; targeting women who already have children may also be important.

**40% of women were in the lowest 2 wealth quintiles, and have the largest unmet need.

***27% of women did not have basic literacy and were both less likely to attend SSFP clinics and not seek ANC at all.

In the period 2003-2008, over 40% of women in urban areas seeking ANC at SSFP facilities belonged to a civic organization / NGO organization (Annex Table 5.3). This proportion has declined over time, as have overall rates of women belonging to these organizations. Finding alternative 'grassroots' or 'word-of-mouth' means of informing women about services may be needed to re-capture this market base. However, from these data it is not clear how women are making decisions about if and where to seek care.

Women attending SSFP in the 1.5 years before the 2011 survey are better educated than all women attending SSFP for the period 2006-2011; however, the proportion of women not seeking ANC that were illiterate did not change. Again, this may be reflective of general trends in women's education in Bangladesh.

Note that these results do not change substantively if assessing only people who correctly identified SSFP (Annex Table 5.4).

Annex Table 5.5 presents results for components of the asset wealth index. The findings for ANC are similar to the findings for all other services; the discussion of these results is included in the overall description of the service utilization analyses at the end of this section.

4.2 Results for Skilled Attendance at Birth

Table 2 provides information of the overall coverage of skilled attendance at birth and where skilled attendance at birth was sought for two time periods: average for 2006 to 2011 and the average for

2010 to 2011. During the 5 year period 2006-2011, only 18% of pregnant woman in rural areas sought skilled attendance at birth (1% at SSFP), and 44% of pregnant women in urban areas gave birth with a skilled attendant (2% at SSFP). Among women who had skilled attendance at birth, 6% sought care at SSFP in rural areas, and 5% in urban areas (compared with 16% of SSFP facilities offering assisted delivery services although the urban/rural breakdown of these facilities is not available to us). Overall coverage in the most recent time period compared to the full period was 4 (rural areas) to 5 (urban areas) percentage points higher. However, the proportion of people having skilled attendance at birth from SSFP was similar in the two time periods considered.

Table 4: Type of Delivery Care by Category

Type of delivery care	Rural		Urban	
	5 years prior to the 2011 survey	1.5 years prior to the 2011 survey	5 years prior to the 2011 survey	1.5 years prior to the 2011 survey
N	3,761	1,238	2,419	783
No skilled attendant at delivery	82%	78%	56%	51%
Delivery at home with skilled provider	2%	2%	4%	4%
Delivery in government sector facility	5%	6%	6%	7%
Delivery at other NGO	1%	1%	5%	7%
Delivery at hospital (public or private clinic/hospital)	10%	13%	27%	28%
Delivery at SSFP clinic	1%	1%	2%	3%
Total	100%	100%	100%	100%

Notes: Columns may not add up to 100% due to rounding

Table 5 provides a summary of the main analyses assessing skilled attendance at birth utilization; more details on all of these analyses can be found in Annex 6, including the relative size of the differences in utilization (for the bivariate analyses) or the size of the coefficients (for the multinomial probit models). The interpretation of Table 5is provided at the beginning of the service utilization section.

Table 5: Summary of Analyses Assessing Rates of Skilled Attendance at Birth

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Bivariate			Multinomial Probit*	Bivariate			Multinomial Probit*
	2003-2008	2006-2011	2010-2011	2006-2011	2003-2008	2006-2011	2010-2011	2006-2011
Reference table in Annex 6	6.3	6.1	6.2	6.6	6.3	6.1	6.2	6.7
Household Characteristics								
Greater number of residents in household								
Female not with husband								
Wealthier household	+	+	+	+	+	+	+	+
Woman Respondent Characteristics								
Older age	-	-		-		M	M	-
Older age when started living with first husband	+	+	+	+	+	+	+	+
Longer length of residence	-	-	M			-		

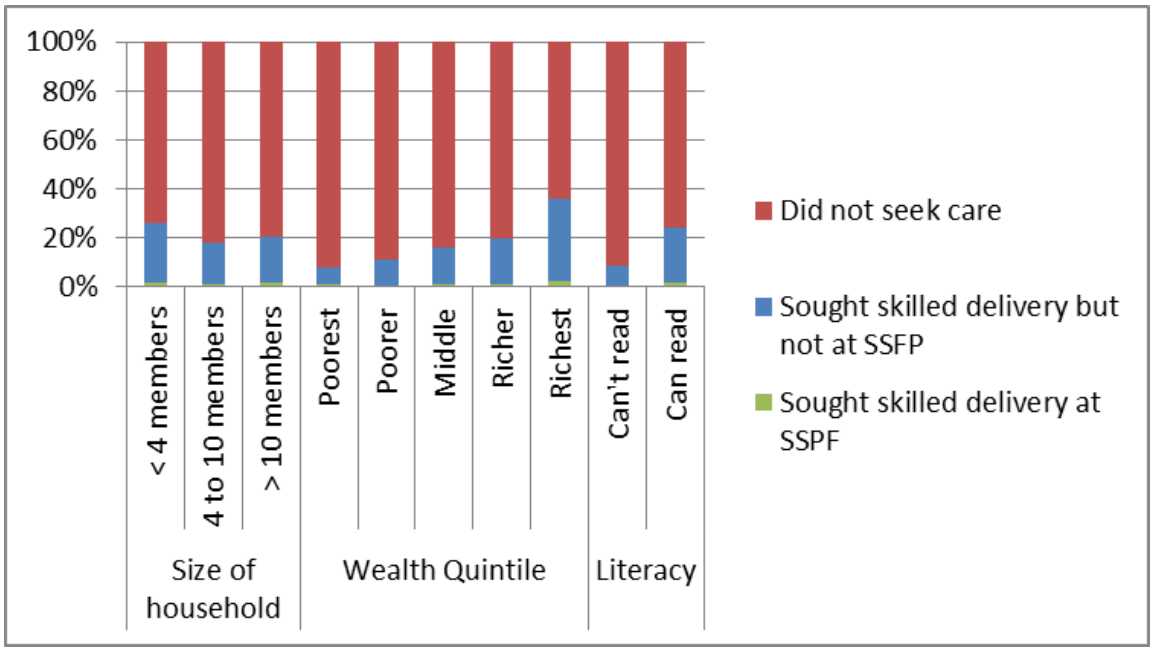
Variable	Rural SSFP Areas				Urban SSFP Areas			
	Bivariate			Multinomial Probit*	Bivariate			Multinomial Probit*
	2003-2008	2006-2011	2010-2011	2006-2011	2003-2008	2006-2011	2010-2011	2006-2011
Education								
Ever attended school / Madrasha	+	+	+	N/A	+	+	+	N/A
More than primary school OR can read / write letter	+	+	+		+	+	+	+
Religion (Islam vs. any other religion)		-			-	-	-	-
Membership in organization (any reported)		-	M		M	-	-	
Has job (%)					M	-		
More living children	M	-			-	-	-	
Has had a child die	-	-			M	-	-	

- : Women with this characteristics were less likely to seek care
+ : Women with this characteristic were more likely to seek care
M: Indicates mixed results or trend is not consistent over all categories of the measure
N/S: Association between variable and seeking care not statistically significant at $p<0.05$
N/A: Variable not available for analysis
* Comparing association between not seeking care and seeking care at SSFP

In rural areas, women who did not seek any skilled delivery care tended to be older and were married at a younger age compared to those seeking delivery care at SSFP. The wealthiest women were more likely to deliver at an SSFP facility. The figure below illustrates care seeking behavior based on selected variables. It also highlights the overall relatively low coverage rates for assisted delivery.

SSFP facilities appeared to have starting reaching poorer women in the last year and a half before the 2011 survey compared to the full five years before that survey. Women seeking delivery care at SSFP in the 1.5 years before the 2011 survey tended to be giving birth to their first child, indicating that many of the women attending SSFP for delivery did so for their first child. Reaching women who already have children may be an important target audience.

Figure 3: Care Seeking Behaviors for Assisted Delivery for Three Variables (Rural Areas)



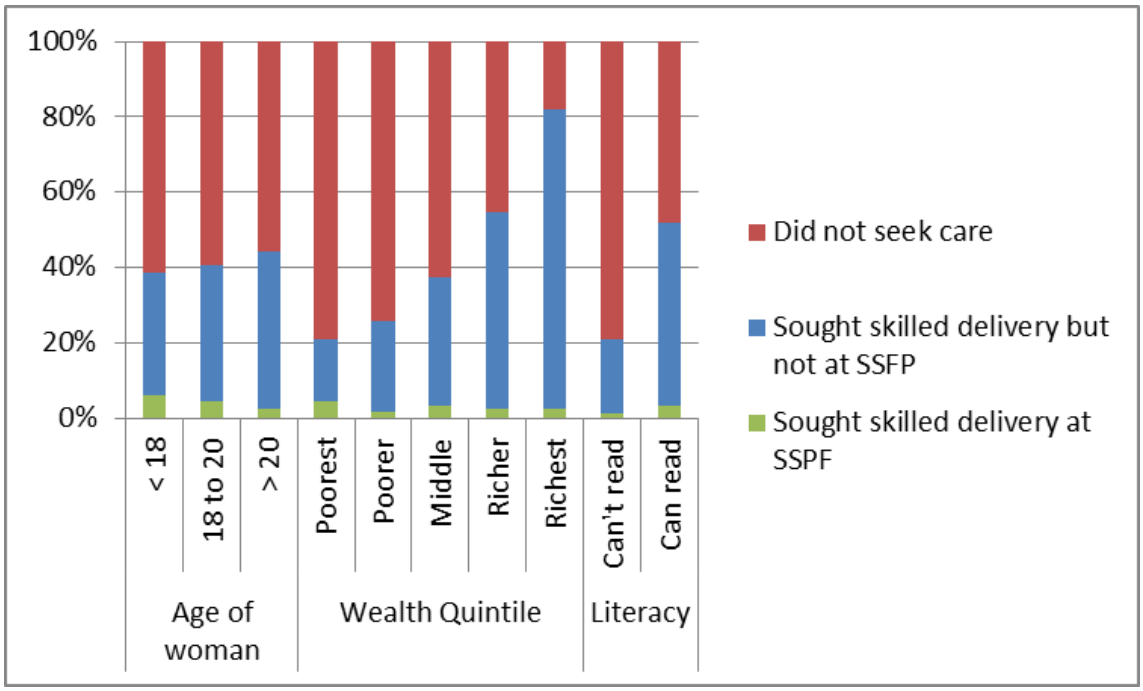
*39% of women were in the lowest 2 wealth quintiles, and had the largest unmet need.

**32% of women did not have basic literacy and were less likely to attend SSFP clinics than have assisted delivery at home, with a government (non-hospital) provider, or in a hospital (of any ownership).

In urban areas, wealthier women were more likely to have skilled attendance from other types of service providers than to seek delivery care from SSFP, while the wealthiest women were more likely to deliver at SSFP than not have a skilled attendant assist with their delivery. Muslim women and women over 20 years of age were slightly more likely to not have skilled attendance than they were to attend an SSFP facility, while those women who married at a later age and were literate were more likely to attend an SSFP facility than not have an assisted delivery. The figure below illustrates care seeking behavior based on these selected variables.

In urban areas, as with rural areas, women attending SSFP were likely to be giving birth to their first child.

Figure 4: Care Seeking Behaviors for Assisted Delivery for Three Variables (Urban Areas)



*Women over 20 years of age represent 85% of respondents and were slightly less likely to seek care at an SSFP facility compared with not receiving care than younger women.
**19% of women were in the lowest wealth quintile, have the largest unmet need, but in general were more likely to attend an SSFP facility than to seek care at other types of care providers.
***27% of women did not have basic literacy and were both less likely to attend SSFP clinics and not seek ANC at all.

While in general results are similar to those for ANC, there are fewer apparent changes over time in skilled attendance at birth rates. This may be due to the lower coverage rates and slower change over time in the coverage rates.

Note that these results also do not change substantively if assessing only people who correctly identified SSFP (Table 6.4).

4.3 Results for Family Planning

During the 5 year period covered by the survey, 73% of woman potentially in need of family planning in rural areas had accessed modern methods (20% at SSFP facilities), and 78% of woman potentially in need of family planning in urban areas had accessed modern methods (13% at SSFP facilities). Among women using a modern method, about 27% sought care at SSFP in rural areas, and about 17% in urban. A further 7-14% of women were employing traditional methods. Table 6 summarizes care seeking for modern family planning methods over the five years prior to the 2011 survey, and over the year and a half prior to that survey. Coverage of modern methods appears to be increasing over the time periods assessed, and in urban areas part of this increase was likely coming from SSFP providers. However, other private sector providers increased their market share the most in both rural and urban areas.

Table 6: Source of Family Planning Care by Category

Where care was sought	Rural		Urban	
	5 years prior to the 2011 survey	1.5 years prior to the 2011 survey	5 years prior to the 2011 survey	1.5 years prior to the 2011 survey
N	6,038	748	4,310	469
No family planning used	27%	25%	22%	17%
Traditional method used	13%	10%	14%	7%
Family planning from government sector	15%	14%	9%	8%
Family planning from other NGO	1%	1%	4%	5%
Family planning from other private	23%	31%	36%	45%
Family planning from hospital or private clinic	<1%	<1%	2%	2%
Family planning from SSFP	20%	19%	13%	16%
Total	100%	100%	100%	100%

Notes: Columns may not add up to 100% due to rounding error

Table 7 provides a summary of the main analyses assessing family planning utilization; more details on all of these analyses can be found in Annex 7, including the relative size of the differences in utilization (for the bivariate analyses) or the size of the coefficients (for the multinomial probit models). The interpretation of Table 7 is provided at the beginning of the service utilization section.

Table 7: Summary of Analyses Assessing Source of Family Planning

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Bivariate			Multinomial Probit*	Bivariate			Multinomial Probit*
	2003-2008	2006-2011	2010-2011	2006-2011	2003-2008	2006-2011	2010-2011	2006-2011
Reference table in Annex 7	7.3	7.1	7.2	7.6	7.3	7.1	7.2	7.7
Household Characteristics								
Greater number of residents in household		-	-	-				+
Female not with husband	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wealthier household	-	-	M	-	M	M	M	-
Woman Respondent Characteristics								
Older age	-	-		-	-	-		M
Older age when started living with first husband	M	M	M	-	M	M	M	
Longer length of residence	-	-			-	-		

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Bivariate			Multinomial Probit*	Bivariate			Multinomial Probit*
	2003-2008	2006-2011	2010-2011	2006-2011	2003-2008	2006-2011	2010-2011	2006-2011
Education								
Ever attended school / Madrasha	M	+		N/A	M	+		N/A
More than primary school OR can read / write letter	M	+			M	+		
Religion (Islam vs. any other religion)		-			M	M	M	
Membership in organization (any reported)	+	+		+	+	M	M	+
Has job (%)								
More living children	M	M		-	M	M	+	
Has had a child die	-	-		-	-	-		

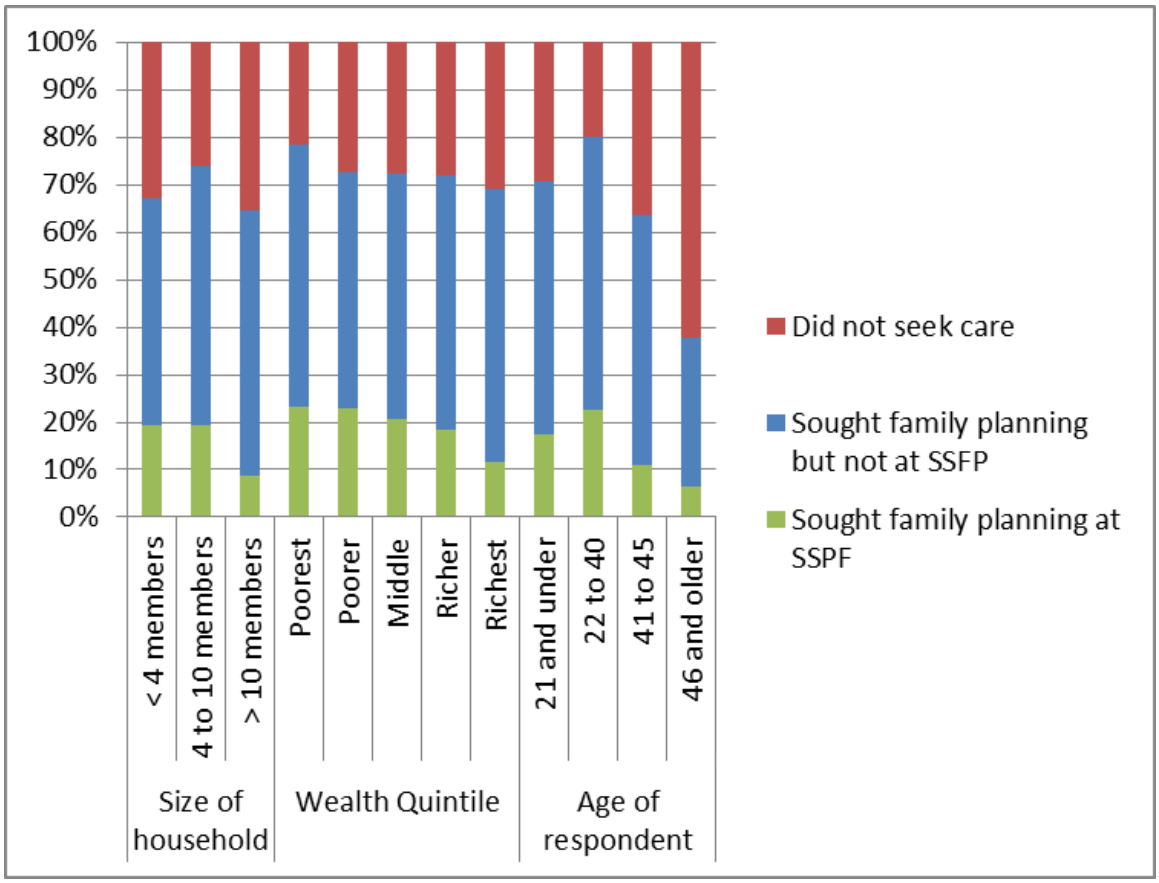
- : Women with characteristic of variable less likely to seek care
+ : Women with characteristic more likely to seek care
M: Indicates mixes results or trend is not consistent over all categories of the measure
Blank: Association between variable and seeking care not statistically significant at $p<0.05$
N/A: Variable not available for analysis
* Comparing association between not seeking care and seeking care at SSFP

In rural areas, a large number of variables were found to be statistically significant, and these indicate that those using SSFP clinics were more likely to come from a distinct subset of the population – poorer, smaller to mid-size households, younger, less than 6 children, and belonging to a civil society organization– than those not using modern methods. However, the distinction between those visiting SSFP and those visiting other providers was much less apparent (Annex table 7.6). Further, many of the associations are not apparent in the 2010-2011 time period. This may be due to the smaller sample size. Being from a smaller household was not associated with accessing a modern method at SSFP in the baseline survey, indicating that SSFP may have had some success reaching women from smaller households after 2008.

The likelihood that a woman was not using modern FP methods is similar across wealth quintiles, but older women make much less use of modern methods. A higher proportion of women accessing a modern method at SSFP belonged to a civil society organization in the baseline period than in the endline period. Similar to ANC, this may indicate that civil society organizations may be becoming a less useful means of reaching women over time. This finding is also true in urban areas.

Education was not found to be associated with accessing family planning in the 2010-2011 period, nor was it found statistically significant in the multinomial probit regression. The results may indicate that literacy is becoming less of a barrier to accessing a modern method, and that SSFP was been particularly adept at reaching illiterate women with modern family planning methods.

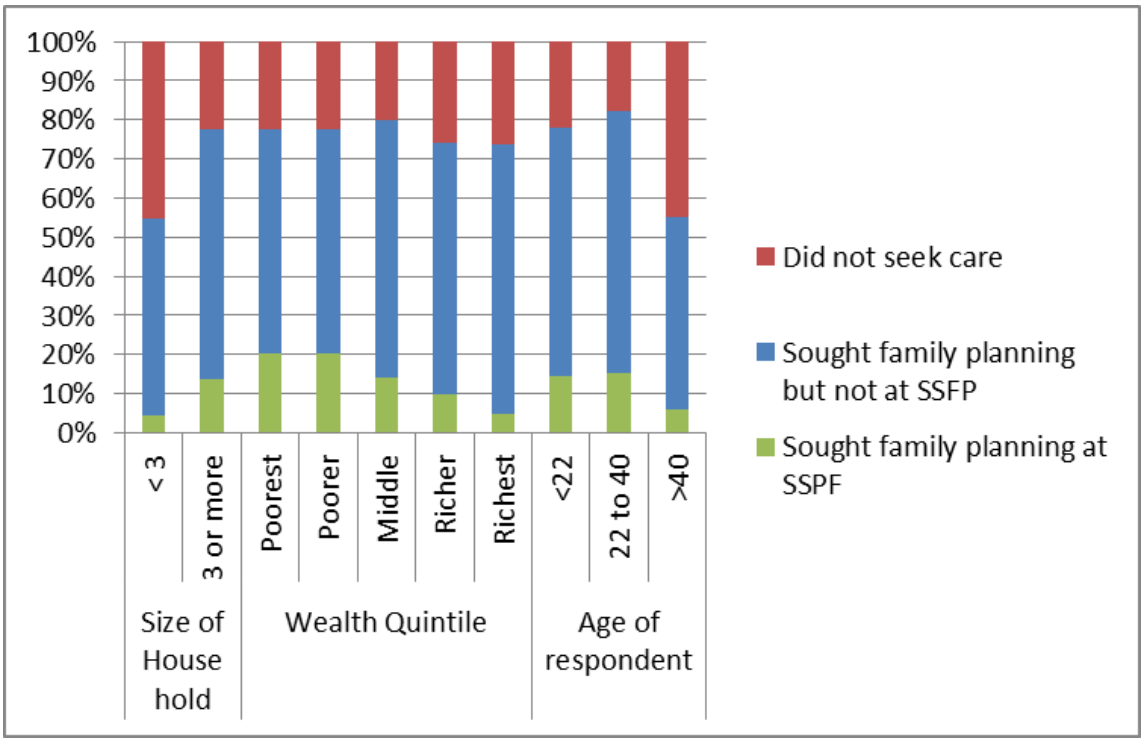
Figure 5: Care Seeking Behaviors for Family Planning for Three Variables (Rural Areas)



*4% of women were in households with more than 10 member; 81% were in households with 4 to 10 members.
**37% of women were in the lowest two wealth quintiles
***64% of women were aged 22 to 40 and had the lowest 'unmet' need.

In urban areas, SSFP reached a greater proportion of women from less wealthy households with family planning than women from wealthier households. Women aged 22 to 40 years of age were the most likely to use a modern family planning method among the age classes considered; SSFP had lower coverage among women aged 41 to 45 than among younger women, and the lowest coverage among women over the age of 45 (possibly due to low demand among these women). The figure below illustrates care seeking behavior based on these selected variables.

Figure 6: Care Seeking Behaviors for Family Planning for Three Variables (Urban Areas)



*Likely women in small households were more likely to be trying to get pregnant.
**68% of women were aged 22 to 40 and had the lowest 'unmet' need.

Annex 7 provides detailed tables of the results reported here.

Note that these results also do not change substantively if we assess only people who correctly identified SSFP (Table 7.4).

4.4 Results for Measles Vaccination

During the 5 year period covered by the 2011 survey, 91% of children in need of measles vaccination in rural areas had received the vaccine (31% at SSFP facilities), and 90% of children in urban areas had received measles vaccination (20% at SSFP facilities). Among children receiving the measles vaccine, about 34% sought care at SSFP in rural areas, and about 22% sought care at SSFP in in urban areas. Table 8 summarizes receipt of measles vaccinations over five years prior to the survey, and over the year and a half prior to the survey. Note that unlike any of the other services assesses in this report, coverage for measles vaccine in rural areas was lower in the 1.5 years prior to the 2011 survey than it was over the entire 5-year period prior to the survey; there was no decrease observed in urban areas. The fall in coverage in rural areas was attributable to decreased use of SSFP providers.

Table 8: Source of Measles Vaccination by Category

Where care was sought	Rural		Urban	
	5 years prior to the 2011 survey	1.5 years prior to the 2011 survey	5 years prior to the 2011 survey	1.5 years prior to the 2011 survey
N	2,945	918	1,900	551
No measles vaccine received	9%	14%	10%	10%
Measles vaccine received from government (not clinic or hospital)	47%	47%	23%	23%
Measles vaccine received from NGO (not clinic or hospital)	0%	0%	7%	7%
Measles vaccine received from clinic, hospital, or private practitioner	9%	9%	30%	30%
Measles vaccine received from SSFP static clinic	3%	4%	10%	10%
Family planning from SSFP mini-clinic or joint session	31%	26%	20%	20%
Total	100%	100%	100%	100%

Notes: Columns may not add up to 100% due to rounding error

Table 9 provides a summary of the main analyses assessing measles vaccine coverage; more details on all of these analyses can be found in Annex 8, including the relative size of the differences in utilization (for the bivariate analyses) or the size of the coefficients (for the multinomial probit models). The interpretation of Table 9 is provided at the beginning of the service utilization section.

Table 9: Summary of Analyses Assessing Source of Measles Vaccine

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Bivariate			Multinomial Probit*	Bivariate			Multinomial Probit*
	2003-2008	2006-2011	2010-2011	2006-2011	2003-2008	2006-2011	2010-2011	2006-2011
Reference table in Annex 8	8.3	8.1	8.2	8.6	8.3	8.1	8.2	8.7
Household Characteristics								
Greater number of residents in household				-				
Female not with husband								
Wealthier household	+	+	+	+	+	+	+	+
Woman Respondent Characteristics								
Older age		-		-				
Older age when started living with first husband	+	+			+	+	+	

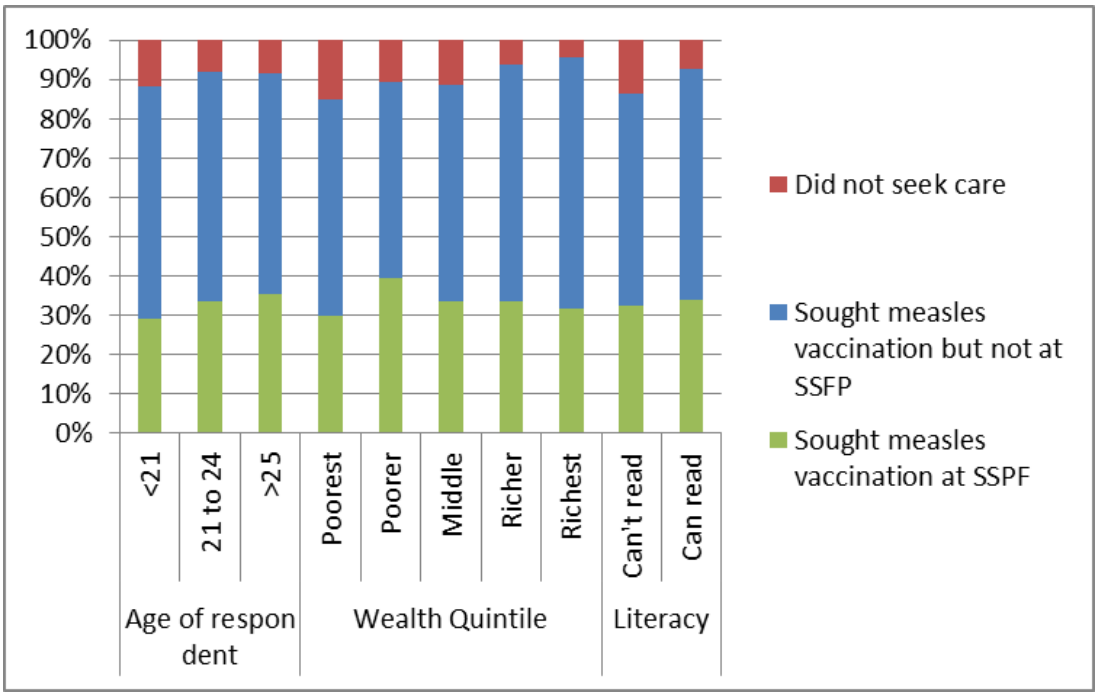
Variable	Rural SSFP Areas				Urban SSFP Areas			
	Bivariate			Multinomial Probit*	Bivariate			Multinomial Probit*
	2003-2008	2006-2011	2010-2011	2006-2011	2003-2008	2006-2011	2010-2011	2006-2011
Longer length of residence						M		+
Education								
Ever attended school / Madrasha	+	+	+	N/A	+	+	+	N/A
More than primary school OR can read / write letter	+	+	+		+	+	+	
Religion (Islam vs. any other religion)						-	-	
Membership in organization (any reported)			M					
Has job (%)					-	-		
More living children						M		-
Has had a child die			-		-	-		

- : Women with this characteristic were less likely to seek care for their children
+ : Women with this characteristic were more likely to seek care for their children
M: Indicates mixed results or trend is not consistent over all categories of the measure
N/S: Association between variable and seeking care not statistically significant at $p<0.05$
N/A: Variable not available for analysis
* Comparing association between not seeking care and seeking care at SSFP

In rural areas, size of the household, wealth, and age of the child's caretaker were the only predictors of receipt of measles vaccine found to be statistically significant in multivariate regression analysis. The relatively few variables found to be significant may reflect the success of outreach methods in providing measles vaccine to a broad population, because they provide greater access to more population subgroups than facility-based interventions. This also seems to be reflected in the high coverage rates obtained. SSFP reached a similar proportion of children of caretakers without basic literacy as those with literacy, but there remained greater unmet need among children of illiterate caretakers. The figure below illustrates receipt of measles vaccine based on selected variables.

SSFP vaccination programs tended to serve the poor (but not the poorest) populations. Low wealth scores are still associated with not receiving measles vaccination in both rural and urban areas. The results in rural areas also do not appear to change substantively over the three time periods assessed; receipt of measles vaccine was uniformly high across the three time periods. Note also that other NGOs did not provide any measles vaccination in these rural areas during the period of the 2011 survey.

Figure 7: Care Seeking Behaviors for Measles Vaccine for Three Variables (Rural Areas)

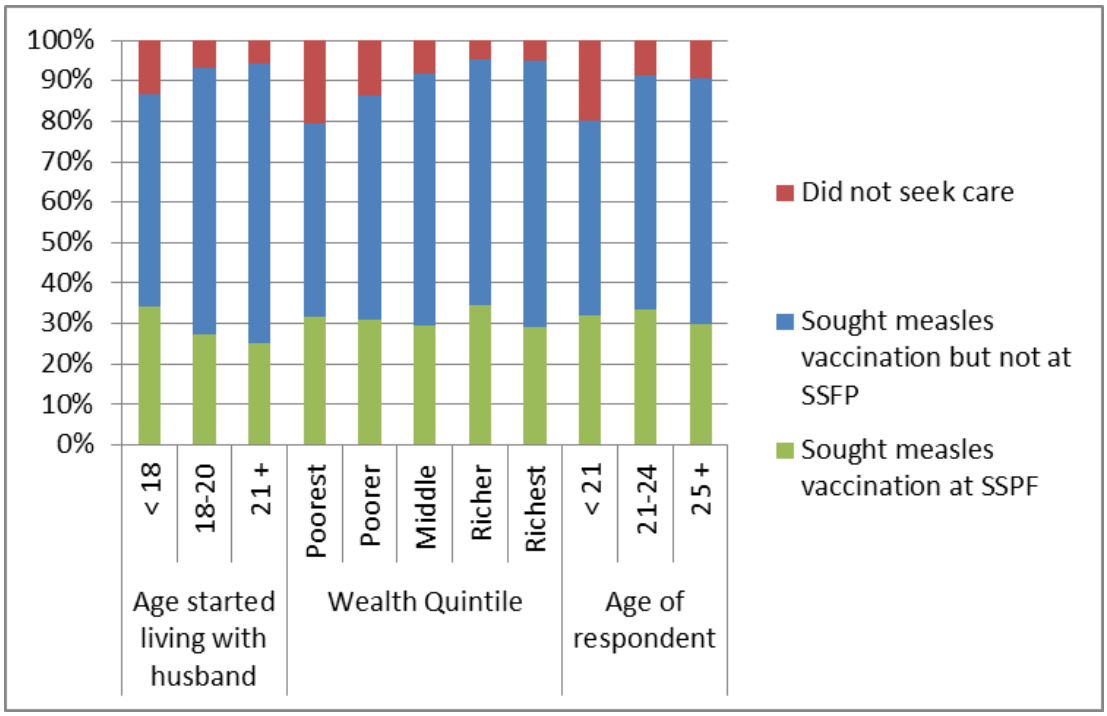


*26% of women were under 21 years of age and had the greatest unmet need (just over 10% of their children did not receive a measles vaccination).
**32% of women did not have basic literacy and had greater unmet need than women with basic literacy; a similar proportion of women between the two groups accessed SSFP.

In urban areas, SSFP provided measles vaccines to a relatively consistent proportion of eligible children across wealth groups. As household wealth increased, the proportion of children being vaccinated increased, but families were increasingly likely to seek vaccination services from other providers. Thus, SSFP served a larger proportion of poor families who sought measles vaccine services, and a smaller proportion of wealthy families who sought measles vaccines.

Children of caretakers who married at a younger age or were younger at the time of the survey also were less likely to receive measles vaccine as compared to their counterparts. Women who had more children were less likely to have their child vaccinated than women with fewer children; more efforts could be made to reach these women. The figure below illustrates receipt of measles vaccine based on these selected variables.

Figure 8: Care Seeking Behaviors for Measles Vaccine for Three Variables (Urban Areas)



*57% of women started living with their husbands before they were 18 years of age; they had the greatest unmet need but their children were also more likely to receive a measles vaccination from SSFP.

**Unlike in rural areas, SSFP did not disproportionately reach poorer women with measles vaccination, but rather have a pretty even coverage across the wealth quintiles.

***Women under 21 years of age represented 11% of respondents and had the greatest unmet need.

Note that these results also do not change substantively if assessing only people who correctly identified SSFP (Table 8.4).

4.5 Results for All Service Utilization Categories Assessed

4.5.1 Identifying and Reaching the Poor

One of the goals of SSFP was to serve poor segments of the population. This section is intended to help inform the identification or targeting of poor segments of the population, based on relatively easily observable measures. Overall, in rural areas, a household not having electricity (and possibly not having large furniture items) appears to proxy well for poverty. In urban areas, not having finished floors and not having a television may be good targeting indicators.

The results that follow focus on ANC and are presented in more detail in Annex Table 5.5. However, the findings are generally consistent across all four services included in these analyses.

For rural areas, around half of households had electricity, but women attending ANC somewhere besides SSFP clinics were more likely to have electricity than women not attending ANC or attending ANC at an SSFP clinic. About one-third of respondents reported owning a working television, but women attending ANC somewhere besides SSFP clinics were again more likely to report having a working television. Other variables that are good proxies for poverty include:

- Household does not have a mobile phone
- Household does not have a large furniture item in the house (such as a table, as shown in Annex Table 5.5, but similarly applicable to armoire, cabinet, etc.)
- House does not have a finished floor.

For urban areas, a greater proportion of wealthy respondents had water piped into the house or yard and flush toilets, indicating that their absence may be useful indicators for targeting. However, almost all households had electricity, meaning this is not a useful indicator for targeting in urban areas. In general, the other variables found useful for targeting in rural areas apply to urban areas as well. The bottom of Annex Table 5.5 indicates that not having finished floors and not having a television may be good targeting indicators in urban areas.

4.5.2 Summary and Comparison of Variables Associated with Utilization Across the Four Services Assessed

In 2011, women not accessing services tended to be poorer, less educated, and married younger than women that did access services when not controlling for other variables (See Table 10). These variables tend to go hand-in-hand (e.g., less educated, poor women are more likely to marry at a young age)[8], and for certain services some of these variables emerged as more important than others (See Table 10). However, these commonalities reflect the need to target these women if coverage is to increase. Comparing the characteristics of women in the 2008 survey to those responding in the 2011 survey shows that women attending SSFP clinics were of similar relative wealth in the two surveys. However, respondents in the 2011 survey that reported attending SSFP clinics were married at an older age and were more likely to be literate than respondents in the 2008 survey. While explained in part by increases in literacy and delayed marriage in society overall, this suggest that over the period 2008 to 2011, SSFP less successfully targeted illiterate and early-married women, since the improvements in literacy and age at marriage were less pronounced over the time period among women who did not seek services at all. Similar variables – e.g., wealth and education (along with greater parity) – were also associated with women having heard of SSFP, further strengthening the argument that disadvantaged women are both not accessing care and less likely to know it is available.

Table 10: Characteristics of Women Attending SSFP vs. Not Seeking Care in Multinomial Probit Regressions, by Service Type and Urban or Rural Area

Variable	Rural areas				Urban areas			
	ANC	Birth	Family planning	Measles vaccine	ANC	Birth	Family planning	Measles vaccine
Woman from a household with many people	-		-	-			+	
Woman was not living with her husband at time of survey			N/A				N/A	
From a wealthier	+	+	-	+		+	-	+

[8] Note, however, that in many cases the correlation between these variables was low enough to still include them in the multinomial probit regressions.

Variable	Rural areas				Urban areas			
	ANC	Birth	Family planning	Measles vaccine	ANC	Birth	Family planning	Measles vaccine
household								
Woman was older at the time of the survey		-	-	+		-	M	
Woman started living with her husband at an older age		+	-		+	+		
Woman had more children			-					-
Woman has basic literacy	+				+	+		
Woman was Muslim (compared to any other religion)	-					-		
Woman was a member of a civil society organization at time of survey			+		+		+	
Woman had a job at the time of the survey	+							
Woman has had a child die			-					

- : indicates that women with this measure were more likely to not seek care than they were to seek care at SSFP.
+: indicates that women with this measure were more likely to seek care at SSFP than they were to not seek care at all.
M: indicates mixed results or trend is not consistent over all categories of the measure.
Blank: indicates there was not a statistically significant association at $p<0.05$ between this variable and utilization at SSFP (as compared to not seeking care).
N/A: indicates this variable was not available for the analysis.
Variables in **boldface** were found to be significant in at least three of the eight analyses performed.

We found important exceptions to these generalizations. SSFP family planning and measles vaccination services reached a greater proportion of poor women than did SSFP ANC and delivery care services, suggesting that outreach or close-to-home services may be better at reaching these populations than facility-based services. Women from poorer households, compared to women from wealthier households, were more likely to utilize family planning services at SSFP clinics than they were not to seek family planning services. Similarly, in rural areas, SSFP family planning services appear to have had some success in reaching women who married at an earlier age. Also in rural areas, older women were more likely to have their child vaccinated at an SSFP site than younger women, which contrasts with most of the other services examined.

Women who were members of civil society organizations were more likely to seek services at SSFP sites for many of these services (again, measles vaccination is an exception). This may mean that SSFP at some point collaborated with these organizations for outreach or educational information campaigns. This may have been an effective means of reaching women through institutions they had built trust in, and thus reaching important audiences and increasing utilization. However, enrollment in these organizations appears to have declined over time, and alternative means of reaching women may need to be sought.

For both ANC and skilled attendance at birth, women were more likely to attend an SSFP clinic for their first pregnancy than they were for their second or later pregnancy, especially for the period 2010 to 2011. This is especially true when women attending SSFP are compared with women not seeking care. This may indicate that SSFP had started to build a new market among younger women or it may indicate that women are not returning to SSFP for pregnancies after their first pregnancy. If the latter reason is the true reason, it indicates that more effort is needed to, for example, increase the quality of these services to encourage client loyalty.

Table 11 summarizes the results of multinomial probit regressions for utilization of SSFP as compared to utilization of private sector providers (not including other NGO providers). Across almost all service categories, wealthier women and women who married later in life, all else equal, were more likely to seek care at a private provider than at SSFP. Women's ability to read was less likely to be a statistically significant predictor than in the analyses above, but when significant, literate women were more likely to attend services at a private provider than at SSFP. For several services, women who were members of a civil society organization were more likely to attend SSFP than a private provider. Otherwise, very few variables were associated with seeking care at SSFP clinics as opposed to private providers. The remaining exception is that older women and women from larger households were more likely to seek family planning at SSFP clinics than at private providers in urban areas.

Table 11: Characteristics of Women Attending SSFP vs. Seeking Care at a Private Provider in Multinomial Probit Regression, by Service Type and Urban or Rural Area

Variable	Rural areas				Urban areas			
	ANC	Birth	Family planning	Measles vaccine	ANC	Birth	Family planning	Measles vaccine
Woman from a household with many people	-		-	-			+	
Woman was not living with her husband at time of survey			N/A				N/A	
From a wealthier household	+	+	-	+		+	-	+
Woman was older at the time of the survey		-	-	+		-	M	
Woman started living with her husband at an older age		+	-		+	+		
Woman had more children			-					-
Woman has basic literacy	+				+	+		
Woman was Muslim (compared to any other religion)	-					-		
Woman was a member of a civil society			+		+		+	

Variable	Rural areas				Urban areas			
	ANC	Birth	Family planning	Measles vaccine	ANC	Birth	Family planning	Measles vaccine
organization at time of survey								
Woman had a job at the time of the survey	+							
Woman has had a child die			-					

- : indicates that women with this measure were more likely to seek care at a private provider than they were to seek care at SSFP.
+: indicates that women with this measure were more likely to seek care at SSFP than they were to seek care at a private provider.
M: indicates mixed results or trend is not consistent over all categories of the measure.
Blank: indicates there was not a statistically significant association at $p<0.05$ between this variable and utilization at SSFP (as compared to seeking care at a private provider).
N/A: indicates this variable was not available for the analysis.
Variables in boldface were found to be significant in at least three of the eight analyses performed.

4.6 Discussion

In these analyses, we have provided in-depth descriptions of the population characteristics of people accessing care at SSFP providers, not accessing care, and accessing care at other provider types for ANC, skilled attendance at birth, family planning, and measles vaccination. The results lend themselves to some important conclusions. First, an assessment of measles vaccine (and likely all vaccinations as well as Vitamin A distribution) strategies and implementation methods could help inform the delivery of other services. Measles vaccination reached the highest coverage level of the services surveyed both in gross terms and in terms of SSFP coverage, and at relative equal rates across wealth measures. While the strategies and implementation methods may not be fully applicable to other services (e.g., ANC and skilled delivery at birth may be less amenable to outreach or campaigns), there still may opportunities for learning applicable to other services. Further, there may exist the possibility of using vaccine outreach as a platform for demand generating activities related to other services.

There may still be opportunities for learning that could be applied to other services. Further, there may exist the possibility of using vaccine outreach as a platform for generating demand for other services.

Second, family planning services were the only services to exhibit a pro-poor utilization pattern. There appears, however, to have been more competition in the supply of family planning products than there was for measles vaccination. SSFP family planning reached about 20% of women in the poorest wealth quintile in both urban and rural areas, which was less than the roughly 30% reached for measles vaccination and roughly comparable to SSFP's coverage of ANC in that wealth quintile. On the other hand, there was also much less unmet 'need' for family planning than there was for ANC in the poorest wealth quintile. Thus, assessing how SSFP's family planning program was able to reach poorer women may be helpful in increasing the utilization of other services among poorer women.

These two points are supported by the continuity of care analysis. SSFP's weaknesses in holistically addressing the spectrum of reproductive and MCH concerns may be a point of action. While we might expect that women will 'shop around' for services and select different providers for different kinds of health care based on price, need, preference, proximity, etc., the fact that a substantial proportion of women who receive services at SSFP for one kind of serve do not get other kinds of services represents an opportunity to bring these women into the health system more fully (and an opportunity for

providers to increase the use of their services). However, this may not always be a straightforward process. For example, Annex Table 4.6 shows that 60% of urban women who had their child vaccinated against measles at an SSFP site never had ANC when pregnant with that child. Obviously, ANC cannot be provided retrospectively, but an opportunity for increasing ANC use for future pregnancies may be possible.

While the relative wealth of women using SSFP services has not changed markedly over time, in more recent years, it appears that SSFP has started to serve a clientele that is more literate and more likely to have married at a later age. Thus, for example, while the proportion of illiterate women overall was smaller in 2011 than it was in 2008, it still represented 35% (in urban areas) to 46% (in rural areas) of all women, and illiteracy constitutes an important barrier for women needing services. Further, literate women and women that marry at a later age are also more likely to seek services in the private (and other) sectors – in this example, illiterate women represent a substantial block of the population that are relatively under-served for some of the health services addressed in this analysis, and often are not well served by other sectors. An important exception may be measles vaccination, where literacy was not associated with care seeking. While knowledge of SSFP was generally fairly high in SSFP catchment areas, illiteracy was consistently associated with a lack of knowledge of SSFP, indicating that these women could be more successfully reached.

While reaching the poor was an important objective for SSFP, reaching women with greater wealth also remains important, since these women are more likely to be able to pay for services and thus aid the financial sustainability of NGOs in the network of SSFP providers. These analyses have shown that, with the exception of family planning, wealthier women are more likely to use other service providers, notably private (non-NGO) providers and hospitals, than they are to visit SSFP, and unmet need is lower among women from wealthier households. A few conclusions can be drawn from these observations. First, especially in rural areas, these is still substantial unmet need even among the wealthiest women for ANC, family planning, and skilled delivery at birth, indicating that market expansion is still possible. The unmet need among women from relatively wealthy households (those in the middle- and upper-middle quintiles) also tends to be greater than among women from the wealthiest households. Second, while it may not be possible or desirable to draw women away from other service providers, the methods, strategies, and characteristics of other providers can be assessed to determine why women from wealthier households are choosing these service providers. Some of these methods, strategies, and characteristics may be adaptable to SSFP facilities.

This report is intended as a review of existing data to help profile the characteristics of users and potential users of SSFP clinics. The endline survey occurred over 2 years ago, and changes in usage patterns may have occurred since that time. Continuing to track user characteristics over time will help inform further planning, outreach, and communication messages. Since this report only utilized existing data, a fully comprehensive picture of all factors that influence patients' demand for services could not be drawn; further studies on the characteristics of facilities that attract, and retain, patients is needed, as well as further work on the influence of fees charged for services and how changing socioeconomic and demographic characteristics over time affect patients' preferences.

ANNEX 1: SUMMARY OF VARIABLES USED FOR THESE ANALYSES

Table 1.1: Variable Definitions

Domain	Sub-domain	Variable	How measured	Notes
Household Characteristics		Number of residents in household	Number of people reported to usually live in household	Measured at time of survey, not at time when care was sought
		Female not living with husband or head of household	Reported sex of head of household, currently separated, divorced, widowed, OR deserted	
		Wealth index	Quintiles based on fixed assets in the household; separate indices calculated for urban and rural districts. We use the same quintiles as used in the Measure report.	
Woman's (respondent for woman's questionnaire) characteristics	Age and residence	Age	Age of respondent calculated based on reported birth year	Measured at time of survey, not at time when care was sought
		Age when started living with first husband	Age in years as reported by respondent	Subject to recall bias; based on woman's report. Age is calculated based on reported year of birth, while this variable is based on woman's stated age.
		Length of residence	Number of years as reported by respondent; if respondent reported they always lived at this residence, then equal to age	Highly correlated with age when started living with first husband; at time of survey, not necessarily at time of seeking / needing service
	Education	Ever attended school/Madrasha	Dummy variable = 1 if woman reported attending either	These two variables are highly correlated
		More than primary school OR can read	Dummy variable = 1 if woman reported	

Domain	Sub-domain	Variable	How measured	Notes
		/ write letter (%)	attending more than primary school or reports she can read or write a letter (easily or with difficulty)	
	Religious / civic associations	Religion	Dummy variable = 1 if religion is Islam, otherwise 0 (for Hinduism, Buddhism, Christian, other)	Vast majority of respondents were Muslim (93%), further breakdowns result in category numbers that are too small for more analysis
		Membership in organization	Dummy variable = 1 if respondent reported being member of ANY organization (Grameen Bank, BRAC, etc.)	28% of respondents reported being in 1 of 8 organizations; further breakdowns resulted in small numbers in each strata; at time of survey, not necessarily at time of seeking / needing service
	Employment	Has job	Dummy variable = 1 if reported having job that pays either cash or in-kind	2% of women with job reported not receiving cash; For now, included as having job; unlikely to influence results; has job at time of survey, not necessarily at time of seeking / needing service
	Childbearing and child death	Number of living children	Reported number of children still alive whether they live with woman or not	Correlated with age
		Has had a child die	Dummy variable = 1 if woman has ever had a child born alive later die	Number of dead children not considered
Child characteristics (for questions related to children)	Demographic	Age of youngest child (if child is under 5)	Age at last birthday as reported by the mother / caretaker	Do not consider other children for this analysis; age at time of survey
		Child is female	Dummy variable = 1 if child is female	
Health service utilization	Antenatal care	Need for service	Dummy variable = 1 if gave birth in the last 5 years	Reassessed with truncated timeline (last 1.5 years) in additional analysis

Domain	Sub-domain	Variable	How measured	Notes
		Receipt of service	Dummy variable = 1 if respondent reported they had ANY medical checkup while pregnant	Subsequent analysis looks at if sought care at qualified site
		Receipt of service at SSFP site	Dummy variable = 1 if LAST antenatal care visit was at SSFP	Only measured for last antenatal care visit during pregnancy
	Skilled attendance at birth	Need for service	Dummy variable = 1 if gave birth in the last 5 years	Reassessed with truncated timeline (last 1.5 years) in additional analysis
		Receipt of service	Dummy variable = 1 if respondent reported they gave birth with doctor, nurse, midwife, paramedic, or family welfare visitor	Subsequent analysis looks at where care was sought
		Receipt of service at SSFP site	Dummy variable = 1 if delivered at SSFP static clinic	
	Family planning	Currently using modern method	Categorical variable = 1 if woman reports currently using modern method (as defined in survey) and = 2 if using traditional method	Women that report they are trying to get pregnant excluded
		Currently using modern method received at SSFP	Dummy variable = 1 if reported to have received contraception at SSFP	Only among those using modern method
	Measles vaccine	Child received measles vaccine	Dummy variable = 1 if reported to have received at least 1 measles vaccine	Among children at least 1 year old and up to 5 years old at time of survey; based either on vaccination card or mother / caretaker recall; consider only youngest child in this analysis
		Child received measles vaccine at SSFP	Dummy variable = 1 if reported to have received last vaccine from SSFP static or mobile site	
	Vitamin A	Child received vitamin A in last 6 months	Dummy variable = 1 if child reported to have received vitamin A in last six months	Among children at least 6 months old and up to 5 years old at time of survey; based on mother / caretaker recall; consider only youngest child in this
		Child received vitamin A in last 6 months at SSFP	Dummy variable = 1 if child reported to have received vitamin A in last six months from	

Domain	Sub-domain	Variable	How measured	Notes
			SSFP static or mobile site	analysis
	Sick child visits	Need for services: Illness (diarrhea or cough) in last two weeks (%)	Dummy variable = 1 if child had diarrhea or illness with cough in last two weeks, as reported by mother / caretaker	Limited number of illnesses reported
		Sought care for sick child	Dummy variable = 1 if care was sought from any source	Among children reported to be sick with diarrhea or cough
		Sought care for sick child at SSFP	Dummy variable = 1 if care sought at SSFP	
Knowledge of SSFP	Recognition	Has heard of SSFP	Dummy variable = 1 if respondent has seen AND correctly identified Smiling Sun logo	Only measure of knowledge of SSFP available in survey
Type of health service provider		Where care was sought	0 = No care sought 1 = Care at home (with medical or non-medical person) or informal sector (homeopath, traditional healer / kabiraj, trained traditional birth attendant, untrained traditional birth attendant), not reported, or not known 2 = Care at public sector (all except hospital) 3 = Care at other NGO (not SSFP) 4 = Care at private provider (qualified doctor, village doctor, or pharmacist) 5 = Care at hospital (public or private) 6 = Care at SSFP (any)	For probit regression analysis. Need to retain sufficient numbers in each strata

ANNEX 2: SUMMARY STATISTICS FOR RESPONDENTS INCLUDED IN THE SURVEY

Table 2.1: Summary Statistics

Variable	Overall Sample	By Location (SSFP only)			Rural Areas			Urban Areas		
		Urban	Rural	Prob > F	SSFP area	NOT SSFP area	Prob > F	SSFP area	NOT SSFP area	Prob > F
N (female respondents)	24,313	6,063	8,741		8,741	7,679		6,063	1,830	
Household Characteristics										
Number of residents in household	5.1 (0.03)	5.0 (0.07)	5.2 (0.06)	0.03*	5.2 (0.06)	5.2 (0.06)	0.56	5.0 (0.07)	5.1 (0.07)	0.66
Female not with husband (% of all households)	14% (0.3%)	14% (0.8%)	13% (0.6%)	0.05	13% (0.6%)	13% (0.6%)	0.66	14% (0.8%)	18% (1.8%)	0.07
Wealth Index quintile (1 to 5)	3.1 (0.03)	3.0 (0.06)	3.1 (0.05)	0.69	3.1 (0.05)	3.2 (0.05)	0.18	3.0 (0.06)	3.1 (0.13)	0.94
Woman Respondent Characteristics										
Age	31.9 (0.08)	31.7 (0.16)	31.7 (0.13)	0.92	31.7 (0.13)	32.2 (0.14)	0.007**	31.7 (0.16)	31.9 (0.31)	0.75
Age when started living with first husband (reported)	15.9 (0.04)	16.6 (0.09)	15.7 (0.06)	<0.001**	15.7 (0.06)	15.7 (0.06)	0.83	16.6 (0.09)	16.5 (0.15)	0.70
Length of residence	16.6 (0.15)	13.9 (0.32)	18.0 (0.18)	<0.001**	18.0 (0.18)	18.5 (0.19)	0.13	13.9 (0.32)	13.8 (0.57)	0.85
Education										
Ever attended school / Madrasha (%)	65% (0.1%)	71% (1.1%)	63% (1.0%)	<0.001**	63% (1.0%)	62% (0.9%)	0.79	71% (1.1%)	73% (2.3%)	0.42
More than primary school OR can read / write letter (%)	58% (0.6%)	65% (1.2%)	54% (1.0%)	<0.001**	54% (1.0%)	54% (1.0%)	0.87	65% (1.2%)	66% (2.4%)	0.81
Religion (% Islam)	93% (0.6%)	92% (1.3%)	95% (0.8%)	0.07	95% (0.8%)	91% (1.2%)	0.02*	92% (1.3%)	91% (2.1%)	0.63

Variable		Overall Sample	By Location (SSFP only)			Rural Areas			Urban Areas		
			Urban	Rural	Prob > F	SSFP area	NOT SSFP area	Prob > F	SSFP area	NOT SSFP area	Prob > F
Membership in organization (any reported) (%)		28% (0.6%)	27% (1.3%)	29% (1.1%)	0.14	29% (1.1%)	29% (1.0%)	0.87	27% (1.3%)	23% (2.5%)	0.19
Has job (%)		12% (0.5%)	21% (1.0%)	7% (0.5%)	<0.001**	7% (0.5%)	7% (0.6%)	0.97	21% (1.0%)	25% (2.4%)	0.15
Number of living children		2.6 (0.03)	2.2 (0.07)	2.7 (0.06)	<0.001**	2.7 (0.06)	2.7 (0.06)	0.90	2.2 (0.07)	2.3 (0.11)	0.61
Has had a child die (%)		20% (0.4%)	16% (0.7%)	21% (0.5%)	<0.001**	21% (0.5%)	22% (0.6%)	0.46	16% (0.7%)	15% (1.3%)	0.42
Ever used modern family planning (%)		85% (0.4%)	88% (0.5%)	83% (0.7%)	<0.001**	83% (0.7%)	84% (0.7%)	0.60	88% (0.5%)	90% (0.8%)	0.04*
Child Characteristics											
N (youngest child)		9,800	3,664	2,370		3,664	3,073		2,370	693	
Age of youngest child (if child is under 5)		2.0 (0.2)	2.0 (0.3)	1.9 (0.3)	0.20	1.9 (0.3)	2.1 (0.3)	0.006**	2.0 (0.3)	2.0 (0.5)	0.70
Child is female (%)		48% (0.5%)	49% (1.1%)	49% (0.8%)	0.75	49% (0.8%)	47% (0.9%)	0.14	49% (1.1%)	47% (1.9%)	0.35
Illness (diarrhea or cough) in last two weeks (%)		26% (0.6%)	25% (1.1%)	26% (1.2%)	0.55	26% (1.1%)	27% (1.1%)	0.34	25% (1.2%)	27% (2.6%)	0.53
Utilization Variables											
ANC visit	n	10,050	2,419	3,761		3,761	3,171		2,419	699	
	(%)	60% (1.0%)	75% (1.5%)	54% (1.6%)	<0.001**	54% (1.6%)	52% (1.7%)	0.35	75% (1.5%)	75% (3.1%)	0.99
	(% SSFP for last visit)§	7% (0.4%)	18% (1.4%)	18% (1.3%)	0.95	18% (1.4%)	5% (0.8%)	<0.001**	18% (1.3%)	8% (1.3%)	<0.001**

Variable		Overall Sample	By Location (SSFP only)			Rural Areas			Urban Areas		
			Urban	Rural	Prob > F	SSFP area	NOT SSFP area	Prob > F	SSFP area	NOT SSFP area	Prob > F
Skilled attendance at birth with doctor, nurse, midwife, paramedic, or family welfare visitor	n	10,050	2,419	3,761		3,761	3,171		2,419	699	
	(%)	27% (1.0%)	44% (1.8%)	18% (1.1%)	<0.001**	18% (1.1%)	20% (1.2%)	0.23	44% (1.8%)	45% (3.8%)	0.79
	(%SSFP) §	1% (0.2%)	3% (0.4%)	1% (0.2%)	0.002**	1% (0.2%)	0.5% (0.2%)	0.05*	3% (0.4%)	2% (0.6%)	0.23
Family Planning (currently using)	n	18,521	4,731	6,567		6,567	5,767		4,731	1,456	
	(Modern %)	59% (0.5%)	63% (0.9%)	58% (0.1%)	<0.001**	58% (1.0%)	57% (0.8%)	0.56	63% (0.9%)	62% (1.6%)	0.78
	(Traditional %)	13% (0.3%)	14% (0.6%)	12% (0.6%)	0.04*	12% (0.6%)	13% (0.5%)	0.32	14% (0.6%)	14% (1.2%)	0.70
	(%SSFP) §	16% (0.6%)	12% (0.9%)	19% (1.2%)	<0.001**	19% (1.2%)	3% (0.5%)	<0.001**	12% (0.9%)	4% (0.9%)	<0.001**
Youngest child received measles vaccine	n	7,937	1,900	2,945		2,945	2,523		1,900	569	
	(%)	91% (0.5%)	90% (1.6%)	90% (0.8%)	0.48	90% (0.8%)	92% (0.7%)	0.15	90% (1.6%)	90% (0.9%)	0.67
	(%SSFP) §	22% (1.2%)	30% (2.0%)	34% (2.5%)	0.23	34% (2.5%)	4% (0.7%)	<0.001**	30% (2.0%)	11% (2.0%)	<0.001**
Youngest child received Vitamin A in last six weeks	n	5,518	2,155	3,363		3,363	2,854		2,155	643	
	(%)	81% (0.5%)	80% (1.1%)	81% (0.9%)	0.37	81% (0.9%)	81% (0.9%)	0.85	80% (1.1%)	83% (1.9%)	0.20
	(%SSFP) §	20% (1.2%)	28% (2.0%)	30% (2.2%)	0.50	30% (2.2%)	3% (0.7%)	<0.001**	28% (2.0%)	8% (3.1%)	<0.001**

Variable		Overall Sample	By Location (SSFP only)			Rural Areas			Urban Areas		
			Urban	Rural	Prob > F	SSFP area	NOT SSFP area	Prob > F	SSFP area	NOT SSFP area	Prob > F
Sick child visit (among sick children)	n	2,570	578	955		955	859		578	178	
	(%)	46% (1.2%)	47% (2.5%)	46% (1.9%)	0.63	46% (1.9%)	47% (2.2%)	0.68	44% (3.5%)	47% (2.5%)	0.43
	(%SSFP) §	0.4% (0.1%)	1% (0.4%)	<1% (0.1%)	0.06	<1% (0.1%)	<1% (0.1%)	0.36	1% (0.4%)	1% (0.6%)	0.60

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

§ Percentage of total population that sought care or received services at SSFP center (not percentage of those who sought care)

Standard errors are listed in parenthesis

ANNEX 3: RESULTS FOR KNOWLEDGE OF SSFP

Table 3.1: Demographic Characteristics of People Who Correctly Identified SSFP vs. Those Who Did Not

Variable	Rural SSFP Areas			Urban SSFP Areas		
	Did NOT Identify SSFP	Identified SSFP	p-value	Did NOT Identify SSFP	Identified SSFP	p-value
N (female respondents)	2,376	6,365		871	5,192	
Household Characteristics						
Number of residents in household	5.3 (0.08)	5.2 (0.07)	0.14	4.9 (0.11)	5.0 (0.07)	0.17
Female not with husband (% of all households)	13% (0.9%)	12% (0.6%)	0.23	19% (1.6%)	14% (0.9%)	0.004**
Wealth Index quintile (1 to 5)	2.8 (0.05)	3.2 (0.05)	<0.001**	2.5 (0.09)	3.1 (0.06)	<0.001**
Woman Respondent Characteristics						
Age	34.1 (0.23)	30.9 (0.16)	<0.001**	34.3 (0.40)	31.3 (0.18)	<0.001**
Age when started living with first husband (reported)	15.2 (0.08)	15.8 (0.06)	<0.001**	15.6 (0.13)	16.7 (0.09)	<0.001**
Length of residence	20.7 (0.34)	17.0 (0.20)	<0.001**	15.8 (0.70)	13.6 (0.30)	<0.001**
Education						
Ever attended school / Madrasha (%)	46% (1.5%)	68% (1.1%)	<0.001**	46% (2.4%)	76% (1.1%)	<0.001**
More than primary school OR can read / write letter (%)	37% (1.3%)	60% (1.2%)	<0.001**	37% (2.4%)	71% (1.3%)	<0.001**
Religion (% Islam)	95% (1.1%)	95% (0.9%)	0.71	91% (2.2%)	92% (1.2%)	0.32
Membership in organization (any reported) (%)	29% (1.6%)	29% (1.2%)	0.94	26% (2.5%)	27% (1.3%)	0.68
Has job (%)	6% (0.7%)	8% (0.6%)	0.02*	21% (2.1%)	21% (1.0%)	0.91
Number of living children	3.2 (0.10)	2.5 (0.07)	<0.001**	2.8 (0.15)	2.1 (0.07)	<0.001**
Has had a child die (%)	28% (1.2%)	19% (0.6%)	<0.001**	23% (1.5%)	15% (0.6%)	<0.001**
Ever used modern family planning (%)	77% (1.3%)	85% (0.7%)	<0.001**	80% (1.5%)	89% (0.5%)	<0.001**
Child Characteristics						
N (youngest child)	815	2,849		259	2,111	
Age of youngest child (if child is under 5)	1.8 (0.5)	2.0 (0.3)	0.05	2.0 (1.0)	2.0 (0.3)	0.90
Child is female (%)	48% (2.2%)	49% (0.8%)	0.69	50% (3.4%)	49% (1.1%)	0.72

Variable		Rural SSFP Areas			Urban SSFP Areas		
		Did NOT Identify SSFP	Identified SSFP	p-value	Did NOT Identify SSFP	Identified SSFP	p-value
Illness (diarrhea or cough) in last two weeks (%)		27% (1.9%)	26% (1.2%)	0.56	27% (3.3%)	24% (1.1%)	0.46
Utilization variables							
ANC visit	n	843	2,918		263	2,156	
	(%)	38% (2.5%)	59% (1.7%)	<0.001**	58% (3.9%)	78% (1.4%)	<0.001**
	(% using SSFP for last visit)§	4% (0.8%)	21% (1.5%)	<0.001**	2% (1.0%)	20% (1.4%)	<0.001**
Skilled attendance at birth with doctor, nurse, midwife, paramedic, or family welfare visitor	n	843	2,918		263	2,156	
	(%)	11% (1.3%)	20% (1.3%)	<0.001**	33% (4.3%)	46% (1.8%)	0.003**
	(% using SSFP) §	<1% (0.1%)	1.4% (0.3%)	<0.001**	0% (N/A)	3% (0.5%)	<0.001**
Family Planning (currently using)	n	1,689	4,878		607	4,124	
	(Modern%)	48% (1.6%)	61% (1.0%)	<0.001**	53% (2.4%)	64% (1.0%)	<0.001**
	(Traditional%)	16% (1.3%)	11% (0.6%)	<0.001**	16% (1.5%)	14% (0.7%)	0.14
	(% using SSFP) §	6% (0.1%)	23% (1.3%)	<0.001**	4% (1.0%)	14% (1.0%)	<0.001**
Youngest child received measles vaccine	n	647	2,298		211	1,689	
	(%)	89% (1.7%)	91% (0.8%)	0.22	80% (3.2%)	91% (0.8%)	<0.001**
	(% using SSFP) §	14% (1.8%)	39% (2.8%)	<0.001**	10% (2.3%)	33% (2.1%)	<0.001**
Youngest child received Vitamin A in last six weeks	n	744	2,619		239	1,916	
	(%)	77% (1.8%)	82% (0.9%)	0.003*	72% (3.0%)	81% (1.1%)	0.003**
	(% using SSFP) §	12% (1.8%)	35% (2.4%)	<0.001**	11% (2.5%)	31% (2.0%)	<0.001**
Sick child visit (among sick children)	n	218	737		66	512	
	(%)	49% (3.5%)	45% (2.1%)	0.34	57% (7.9%)	46% (2.4%)	0.18
	(% using SSFP) §	0% (N/A)	<0.3% (0.002)	0.08	0% (N/A)	1.2% (0.5%)	0.02*

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

§ Percentage of total population that sought care or received services at SSFP center (not percentage of those who sought care)

Standard errors are listed in parenthesis

Table 3.2: People Who Correctly Identified SSFP Stratified by Wealth Quintile

Variable	Rural SSFP Areas	Urban SSFP Areas
	Identified SSFP	Identified SSFP
Wealth Quintile		
1	65% (2.6%)	74% (2.8%)
2	70% (2.2%)	81% (1.7%)
3	74% (2%)	86% (1.4%)
4	77% (1.9%)	88% (1.3%)
5	83% (1.3%)	92% (1.2%)

Standard errors are listed in parenthesis

Table 3.3: Determinant of People who Correctly Identified SSFP - Results of Logistic Regression

Variable		Rural Areas			Urban Areas	
		Odds ratio	p-value	Variable	Odds ratio	p-value
N (female respondents)		3,383			2,026	
Household Characteristics						
Number of residents in household (vs. less than 3)				vs. less than three		
	3 to 4 members	1.05 (0.15)	0.755	3 to 6 members	1.33 (0.27)	0.162
	5 to 12 member	0.97 (0.16)	0.859	7 to 9 member	1.11 (0.29)	0.674
	13 to 14 members	0.50 (0.23)	0.137	10 or more members	1.93 (0.83)	0.128
	15 or more members	1.12 (0.72)	0.862			
Female not with husband (vs. male head of household)		0.90 (0.11)	0.393		1.12 (0.19)	0.486
Wealth Index quintile (vs. poorest quintile)				vs. poorest quintile		
	2	1.03 (0.15)	0.819	2	1.28 (0.26)	0.210
	3	1.14 (0.18)	0.399	3	1.81 (0.38)	0.005**
	4	1.43 (0.24)	0.036*	4	1.79 (0.36)	0.004**
	5	1.76 (0.30)	0.001**	5	1.96 (0.54)	0.015*
Woman Respondent Characteristics						
Age (vs. under 17 years of age)				vs. under 17 years of age		
	17 to 29	2.06 (0.44)	0.001**	17 to 29	0.90 (0.31)	0.769
	30 to 39	2.23 (0.54)	0.001**	30 to 39	1.39 (0.53)	0.385
	40 and over	1.53 (0.38)	0.089	40 and over	0.88 (0.33)	0.741
Age when started living with first husband (vs. less than 14)					1.05 (0.02)	0.059
	14 to 18	1.18 (0.12)	0.093			
	19 to 23	0.77 (0.14)	0.156			
	23 and over	0.65 (0.29)	0.330			
More than primary school OR can read / write letter (vs. cannot read)		1.55 (0.18)	<0.001**		3.42 (0.53)	<0.001**

Variable	Rural Areas			Urban Areas	
	Odds ratio	p-value	Variable	Odds ratio	p-value
Religion (Islam vs. not)	1.33 (0.32)	0.248		1.50 (0.37)	0.097
Membership in organization (any reported) (vs. none)	1.04 (0.12)	0.718		1.61 (0.28)	0.005**
Has job (vs. no job)	1.33 (0.23)	0.089		1.38 (0.20)	0.025*
Number of living children	0.93 (0.03)	0.015*		0.91 (0.04)	0.025*
Has had a child die (vs. all children still alive)	0.95 (0.09)	0.617		1.40 (0.21)	0.028*
Constant	0.76 (0.25)	0.407		0.39 (0.23)	0.115

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

§ Percentage of total population that sought care or received services at SSFP center (not percentage of those who sought care)

Standard errors are listed in parenthesis

Table 3.4: Percentage of People Who Correctly Identified SSFP Among Those Attending a Private or NGO Clinic (Out of Home Care)

Variable		Rural SSFP Areas	Urban SSFP Areas
		Identified SSFP	Identified SSFP
ANC (last ANC check-up)	n	638	781
	%	87% (1.7%)	90% (1.7%)
Skilled attendance at birth	n	714	1,054
	%	87% (1.6%)	91% (1.3%)
Family Planning	n	2,337	2,557
	%	74% (1.9%)	87% (1.2%)
Measles Vaccine	n	16	320
	%	55% (16.4%)	91% (2.3%)
Vitamin A	n	9	279
	%	66% (17.5%)	91% (3.4%)
Sick Child Visit	n	398	223
	%	77% (2.5%)	86% (3.8%)

Standard errors are listed in parenthesis

ANNEX 4: RESULTS FOR CONTINUITY OF CARE ANALYSES

Rural areas

Table 4.1: Continuity of Care from any Service Delivery Site (Rural)

Service	Of those that received this type of care, the percentage that also received:					
	ANC Care (n=2,060; C=54%)	**Delivery (n=714; C=18%)**	**Post-natal care for infant (n=651; C=17%)**	**Measles Vaccine (n=2,578; C=90%)**	**Vitamin A (n=2,638; C=30%)**	**Family Planning (n=2,378; C=70%)**
ANC care	100%	83% (80%-86%)	84% (81%-88%)	55% (52%-58%)	55% (52%-59%)	54% (50%-57%)
Delivery	27% (24%-30%)	100%	82% (78%-86%)	18% (15%-20%)	17% (15%-20%)	16% (14%-19%)
Post-natal care for infant	26% (23%-29%)	76% (72%-80%)	100%	16% (14%-18%)	17% (14%-19%)	15% (12%-17%)
Measles Vaccine	92% (90%-94%)	95% (92%-97%)	94% (92%-97%)	100%	92% (90%-94%)	91% (89%-93%)
Vitamin A	86% (84%-88%)	85% (81%-88%)	83% (79%-86%)	88% (87%-90%)	100%	85% (83%-87%)
Family Planning	76% (73%-79%)	74% (70%-78%)	74% (70%-78%)	83% (81%-85%)	83% (81%-85%)	100%

C= coverage

Table 4.2: Continuity of Care from SSFP Sites (Rural)

Service	Of those that received this type of care, the percentage that also received from SSFP:					
	ANC care (n=633)	**Delivery (n=52)**	**Post-natal care for infant (n=33)**	**Measles Vaccine (n=949)**	**Vitamin A (n=978)**	**Family Planning (n=314)**
ANC care	100%	61% (46%-75%)	64% (48%-80%)	25% (20%-30%)	25% (20%-29%)	33% (28%-39%)
Delivery	4% (2%-6%)	100%	89% (77%-100%)	1% (<1%-1%)	1% (<1%-2%)	1% (<1%-2%)
Post-natal care for infant	2% (1%-4%)	53% (33%-73%)	100%	<1% (<1%-1%)	<1% (<1%-1%)	<1% (<1%-1%)
Measles Vaccine	47% (38%-55%)	26% (11%-41%)	19% (5%-32%)	100%	83% (80%-87%)	45% (37%-52%)

Service	Of those that received this type of care, the percentage that also received from SSFP:					
	ANC care (n=633)	Delivery (n=52)	Post-natal care for infant (n=33)	Measles Vaccine (n=949)	Vitamin A (n=978)	Family Planning (n=314)
Vitamin A	42% (35%-50%)	26% (11%-42%)	17% (3%-32%)	80% (76%-83%)	100%	41% (34%-48%)
Family Planning	42% (36%-48%)	21% (6%-37%)	13% (<1%-36%)	34% (30%-39%)	34% (29%-39%)	100%

Table 4.3: Other Places Respondents Who Sought Care from SSFP Went for Services (Rural)

Where did people who sought ANC care at SSFP go for … if they did not go to SSFP sites?

Delivery		Measles Vaccine		Family planning	
Number	477	Number	240	Number	321
No delivery care sought	67%	Did not receive a measles vaccine	12%	No family planning sought	16%
Delivery care at home or another home with skilled attendant	5%	Government (not hospital)	51%	Traditional method	11%
Government (not hospital)	5%	Other NGO (not hospital)	15%	Government (not hospital)	9%
Other NGO	2%	Clinic/ hospital /private doctor	21%	Other NGO	5%
Hospital (public or private)	21%			Private sector	54%
				Hospital (public or private)	5%

Where did people who sought delivery care at SSFP go for … if they did not go to SSFP sites?

ANC		Measles Vaccine		Family planning	
Number	19	Number	30	Number	50
No ANC care sought	13%	Did not receive a measles vaccine	21%	No family planning sought	17%
ANC at home or informal sector	6%	Government (not hospital)	51%	Traditional method	7%
Government (not hospital)	25%	Other NGO (not hospital)	6%	Government (not hospital)	8%
Other NGO	0%	Clinic/ hospital /private doctor	21%	Other NGO	5%
Private sector	16%			Private sector	63%
Hospital (public or private)	40%			Hospital (public or private)	0%

Where did people who received measles vaccination at SSFP go for … if they did not go to SSFP sites?

ANC		Delivery		Family planning	
Number	418	Number	621	Number	428
No ANC care sought	34%	No delivery care sought	61%	No family planning sought	10%
ANC at home or informal sector	5%	Delivery care at home or another home with skilled attendant	4%	Traditional method	10%
Government (not hospital)	14%	Government (not hospital)	5%	Government (not hospital)	12%
Other NGO	12%	Other NGO	3%	Other NGO	6%
Private sector	7%	Hospital (public or private)	26%	Private sector	57%
Hospital (public or private)	28%			Hospital (public or private)	5%

Where did people who received family planning at SSFP go for … if they did not go to SSFP sites?

ANC		Delivery		Measles Vaccine	
Number	253	Number	394	Number	229
No ANC care sought	39%	No delivery care sought	69%	Did not receive a measles vaccine	15%
ANC at home or informal sector	6%	Delivery care at home or another home with skilled attendant	5%	Government (not hospital)	47%
Government (not hospital)	21%	Government (not hospital)	6%	Other NGO (not hospital)	15%
Other NGO	13%	Other NGO	2%	Clinic/ hospital /private doctor	23%
Private sector	3%	Hospital (public or private)	17%		
Hospital (public or private)	18%				

Urban areas

Table 4.4: Continuity of Care from Any Service Delivery Site (Urban)

Service	Of those that received this type of care, the percentage that also received:					
	ANC care (n=1,828; C=75%)	Delivery (n=1,054; C=44%)	Post-natal care for infant (n=885; C=37%)	Measles Vaccine (n=1,651; C=90%)	Vitamin A (n=1,690; C=28%)	Family Planning (n=1,787; C=76%)
ANC care	100%	91% (89%-93%)	93% (91%-95%)	76% (73%-79%)	75% (72%-79%)	76% (73%-79%)
Delivery	53% (50%-57%)	100%	91% (89%-93%)	44% (41%-48%)	45% (41%-48%)	43% (39%-47%)
Post-natal care for infant	45% (42%-49%)	76% (72%-79%)	100%	38% (34%-41%)	37% (33%-41%)	37% (33%-40%)
Measles Vaccine	92% (90%-94%)	94% (92%-96%)	94% (92%-96%)	100%	92% (90%-93%)	90% (89%-92%)
Vitamin A	83% (81%-85%)	84% (82%-87%)	82% (80%-85%)	88% (86%-90%)	100%	83% (80%-85%)
Family Planning	85% (83%-87%)	84% (81%-87%)	86% (83%-88%)	91% (89%-93%)	90% (88%-92%)	100%

C= coverage

Table 4.5: Continuity of Care from SSFP Sites (Urban)

Service	Of those that received this type of care, the percentage that also received from SSFP:					
	ANC care (n=479)	Delivery (n=69)	Post-natal care for infant (n=62)	Measles Vaccine (n=576)	Vitamin A (n=607)	Family Planning (n=140)
ANC care	100%	71% (57%-85%)	81% (69%-92%)	33% (28%-38%)	27% (22%-32%)	37% (31%-42%)
Delivery	10% (7%-14%)	100%	78% (67%-89%)	5% (3%-7%)	4% (2%-5%)	4% (2%-7%)
Post-natal care for infant	10% (7%-14%)	68% (54%-82%)	100%	5% (3%-7%)	4% (2%-5%)	4% (2%-7%)
Measles Vaccine	57% (49%-65%)	71% (57%-85%)	80% (68%-91%)	100%	69% (64%-74%)	50% (42%-57%)
Vitamin A	44% (37%-52%)	45% (31%-59%)	48% (33%-64%)	69% (64%-74%)	100%	45% (38%-52%)
Family Planning	33% (29%-38%)	26% (15%-38%)	31% (19%-44%)	27% (23%-32%)	26% (22%-31%)	100%

Table 4.6: Other Places Respondents Who Sought Care from SSFP Went for Services (Rural)

Delivery		Measles Vaccine		Family Planning	
Number	762	Number	460	Number	457
No delivery care sought	82%	Did not receive a measles vaccine	11%	No family planning sought	31%
Delivery care at home or another home with skilled attendant	2%	Government (not hospital)	82%	Traditional method	9%
Government (not hospital)	5%	Other NGO (not hospital)	0%	Government (not hospital)	21%
Other NGO	<1%	Clinic/ hospital /private doctor	7%	Other NGO	2%
Hospital (public or private)	10%			Private sector	36%
				Hospital (public or private)	2%

Where did people who sought delivery care at SSFP go for … if they did not go to SSFP sites?

ANC		Measles Vaccine		Family Planning	
Number	33	Number	33	Number	51
No ANC care sought	25%	Did not receive a measles vaccine	9%	No family planning sought	29%
ANC at home or informal sector	6%	Government (not hospital)	71%	Traditional method	7%
Government (not hospital)	29%	Other NGO (not hospital)	0%	Government (not hospital)	16%
Other NGO	0%	Clinic/ hospital /private doctor	20%	Other NGO	2%
Private sector	18%			Private sector	44%
Hospital (public or private)	22%			Hospital (public or private)	2%

Where did people who received measles vaccination at SSFP go for … if they did not go to SSFP sites?

ANC		Delivery		Family planning	
Number	818	Number	1,070	Number	639
No ANC care sought	60%	No delivery care sought	87%	No family planning sought	23%
ANC at home or informal sector	4%	Delivery care at home or another home with skilled attendant	2%	Traditional method	12%
Government (not hospital)	16%	Government (not hospital)	2%	Government (not hospital)	19%
Other NGO	3%	Other NGO	1%	Other NGO	5%
Private sector	4%	Hospital (public or private)	8%	Private sector	39%
Hospital (public or private)	14%			Hospital (public or private)	2%

Where did people who received family planning at SSFP go for … if they did not go to SSFP sites?

ANC		Delivery		Measles Vaccine	
Number	525	Number	394	Number	229
No ANC care sought	65%	No delivery care sought	88%	Did not receive a measles vaccine	14%
ANC at home or informal sector	5%	Delivery care at home or another home with skilled attendant	1%	Government (not hospital)	80%
Government (not hospital)	17%	Government (not hospital)	4%	Other NGO (not hospital)	<1%
Other NGO	4%	Other NGO	1%	Clinic/ hospital /private doctor	6%
Private sector	3%	Hospital (public or private)	6%		
Hospital (public or private)	6%				

ANNEX 5: RESULTS FOR ANTENATAL CARE

Table 5.1: Demographic Characteristics of People in Need of ANC Care, Accessing Care, and Accessing Care at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value
N (female respondents)	1,701	1,427	633		591	1,349	479	
Household Characteristics								
Number of residents in household	5.8 (0.08)	5.7 (0.10)	5.3 (0.11)	<0.001**	5.3 (0.11)	5.3 (0.10)	5.3 (0.14)	0.81
Female not with husband (% of all households)	8% (0.8%)	10% (1.0%)	6% (1.2%)	0.05*	14% (1.7%)	9% (0.9%)	11% (1.6%)	0.005**
Wealth Index quintile (1 to 5)	2.7 (0.05)	3.4 (0.06)	2.9 (0.09)	<0.001**	2.3 (0.07)	3.3 (0.08)	2.7 (0.09)	<0.001**
Woman Respondent Characteristics								
Age	27.2 (0.19)	25.7 (0.17)	26.0 (0.26)	<0.001**	27.2 (0.27)	26.5 (0.18)	25.8 (0.28)	0.002**
Age when started living with first husband (reported)	15.8 (0.09)	16.6 (0.09)	16.0 (0.12)	<0.001**	16.0 (0.13)	17.7 (0.13)	16.9 (0.16)	<0.001**
Length of residence	13.5 (0.28)	10.9 (0.33)	12.6 (0.38)	<0.001**	10.5 (0.52)	9.3 (0.32)	11.5 (0.56)	<0.001**
Education								
Ever attended school / Madrasha (%)	65% (1.7%)	86% (1.2%)	75% (2.7%)	<0.001**	59% (2.3%)	86% (1.3%)	81% (2.0%)	<0.001**
More than primary school OR can read/write letter (%)	56% (1.7%)	79% (1.4%)	67% (2.1%)	<0.001**	52% (2.4%)	81% (1.5%)	76% (2.2%)	<0.001**
Religion (% Islam)	97% (0.7%)	95% (1.2%)	95% (1.4%)	0.02*	95% (1.2%)	92% (1.6%)	95% (1.3%)	0.05*
Membership in organization (any reported) (%)	32% (1.7%)	27% (1.8%)	37% (2.6%)	0.004*	29% (2.5%)	24% (1.7%)	34% (2.4%)	0.001**

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value
Has job (%)	5% (0.5%)	7% (0.8%)	7% (1.6%)	0.01*	21% (2.1%)	16% (1.3%)	18% (2.0%)	0.03*
Number of living children	4.6 (0.17)	3.6 (0.20)	3.3 (0.33)	<0.001**	4.1 (0.32)	2.6 (0.28)	3.1 (0.42)	<0.001**
Has had a child die (%)	19% (1.2%)	13% (1.1%)	16% (1.5%)	<0.001**	16% (1.6%)	10% (0.9%)	11% (1.7%)	0.002**

*Statistically significant at $p < 0.05$
**Statistically significant at $p<0.01$
Standard errors are listed in parenthesis

Table 5.2: Demographic Characteristics of People in Need of ANC Care Since 2010, Accessing Care, and Accessing Care at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value
N (female respondents)	534	510	194		155	467	161	
Household Characteristics								
Number of residents in household	6.1 (0.14)	6.0 (0.13)	5.6 (0.16)	0.08	5.5 (0.24)	5.5 (0.11)	5.7 (0.21)	0.61
Female not with husband (% of all households)	6% (1.3%)	6% (1.1%)	5% (1.7%)	0.68	9% (2.3%)	7% (1.2%)	12% (2.7%)	0.22
Wealth Index quintile (1 to 5)	2.7 (0.08)	3.4 (0.09)	2.8 (0.12)	<0.001**	2.1 (0.10)	3.2 (0.09)	2.6 (0.12)	<0.001**
Woman Respondent Characteristics								
Age	24.8 (0.32)	24.2 (0.30)	23.8 (0.50)	0.19	25.1 (0.60)	25.0 (0.27)	24.5 (0.50)	0.67
Age when started living with first husband (reported)	16.2 (0.14)	16.6 (0.12)	16.3 (0.18)	0.16	16.0 (0.24)	17.8 (0.16)	17.2 (0.23)	<0.001**
Length of residence	11.7 (0.47)	9.9 (0.51)	10.1 (0.63)	0.02*	8.2 (0.78)	8.2 (0.43)	9.9 (0.93)	0.26
Education								
Ever attended school /	72% (2.3%)	87% (2.0%)	80% (3.3%)	<0.001**	54% (3.8%)	87% (1.8%)	84% (2.7%)	<0.001**

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value
Madrasha (%)								
More than primary school OR can read / write letter (%)	62% (2.4%)	81% (2.3%)	71% (3.6%)	<0.001**	51% (3.8%)	83% (2.0%)	80% (3.0%)	<0.001**
Religion (% Islam)	97% (1.2%)	96% (1.3%)	97% (1.3%)	0.63	93% (2.6%)	91% (1.9%)	96% (1.6%)	0.05
Membership in organization (any reported) (%)	28% (2.3%)	25% (2.1%)	32% (3.7%)	0.11	28% (4.1%)	23% (2.3%)	29% (3.6%)	0.23
Has job (%)	2% (0.6%)	4% (0.9%)	2% (1.1%)	0.09	12% (2.7%)	10% (1.6%)	13% (2.8%)	0.64
Number of living children	4.5 (0.48)	2.5 (0.35)	1.3 (0.78)	<0.001**	3.8 (0.50)	1.9 (0.54)	2.3 (0.80)	0.03*
Has had a child die (%)	16% (1.7%)	12% (1.7%)	14% (2.6%)	0.21	17% (3.1%)	10% (1.5%)	9% (2.6%)	0.07

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

Standard errors are listed in parenthesis

Table 5.3: Demographic Characteristics of People in Need of ANC Care Since from 2001 to 2006, Accessing Care, and Accessing Care at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value
N (female respondents)	1,459	1,025	537		440	1,456	558	
Household Characteristics								
Number of residents in household	6.0 (0.09)	6.0 (0.12)	5.5 (0.11)	<0.001**	5.3 (0.12)	5.5 (0.12)	5.4 (0.11)	0.58
Female not with husband (% of all households)	8% (0.9%)	10% (1.2%)	7% (1.1%)	0.10	9% (1.5%)	9% (0.7%)	9% (1.2%)	0.92
Wealth Index quintile (1 to 5)	2.6 (0.06)	3.6 (0.06)	3.0 (0.08)	<0.001**	2.1 (0.07)	3.3 (0.08)	2.7 (0.08)	<0.001**
Woman Respondent Characteristics								
Age	27.7 (0.21)	25.9 (0.24)	26.1 (0.28)	<0.001**	27.3 (0.36)	26.0 (0.20)	24.8 (0.24)	<0.001**

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value
Age when started living with first husband (reported)	15.5 (0.11)	16.4 (0.13)	15.7 (0.12)	<0.001**	15.2 (0.24)	16.9 (0.16)	15.9 (0.23)	<0.001**
Length of residence	14.3 (0.34)	11.0 (0.30)	13.3 (0.50)	<0.001**	9.4 (0.53)	9.0 (0.36)	10.2 (0.41)	0.08
Education								
Ever attended school / Madrasha (%)	52% (2.0%)	82% (1.4%)	70% (2.7%)	<0.001**	49% (2.5%)	79% (1.6%)	73% (2.4%)	<0.001**
More than primary school OR can read / write letter (%)	43% (1.9%)	75% (1.6%)	61% (2.7%)	<0.001**	38% (2.6%)	74% (1.8%)	66% (2.5%)	<0.001**
Religion (% Islam)	95% (1.1%)	94% (1.2%)	95% (1.4%)	0.87	98% (0.8%)	91% (1.5%)	96% (1.1%)	<0.001**
Membership in organization (any reported) (%)	35% (1.6%)	33% (2.0%)	41% (2.7%)	0.04*	37% (2.8%)	34% (1.8%)	43% (2.8%)	0.02*
Has job (%)	5% (0.7%)	6% (0.9%)	7% (1.4%)	0.67	29% (2.8%)	21% (1.5%)	23% (2.3%)	0.04*
Number of living children	4.7 (0.18)	3.6 (0.28)	4.3 (0.35)	0.003**	3.4 (0.24)	2.9 (0.33)	3.0 (0.40)	0.40
Has had a child die (%)	25% (1.5%)	14% (1.2%)	17% (1.8%)	<0.001**	25% (2.2%)	13% (1.0%)	21% (1.9%)	<0.001**

*Statistically significant at $p < 0.05$
**Statistically significant at $p<0.01$
Standard errors are listed in parenthesis

Table 5.4: Demographic Characteristics of People in Need of ANC Care, Accessing Care, and Accessing Care at SSFP Facilities Among Those Who Identified SSFP

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value
N (female respondents)	1,167	1,147	604		479	1,204	473	
Household Characteristics								
Number of residents in household	5.7 (0.09)	5.6 (0.11)	5.3 (0.11)	0.01*	5.3 (0.12)	5.3 (0.10)	5.4 (0.14)	0.77
Female not with husband (% of all households)	8% (1.0%)	11% (1.1%)	6% (1.2%)	0.01*	14% (1.8%)	8% (0.9%)	11% (1.6%)	0.003**
Wealth Index quintile (1 to 5)	2.8 (0.06)	3.5 (0.07)	2.9 (0.09)	<0.001**	2.4 (0.08)	3.4 (0.07)	2.8 (0.09)	<0.001**
Woman Respondent Characteristics								
Age	26.7 (0.22)	25.7 (0.18)	25.9 (0.26)	<0.001**	26.9 (0.30)	26.5 (0.19)	25.8 (0.28)	0.02*
Age when started living with first husband (reported)	15.9 (0.09)	16.8 (0.10)	16.0 (0.12)	<0.001**	16.1 (0.14)	17.8 (0.14)	16.9 (0.16)	<0.001**
Length of residence	13.0 (0.33)	10.6 (0.33)	12.5 (0.38)	<0.001**	10.0 (0.54)	9.2 (0.33)	11.3 (0.56)	0.002**
Education								
Ever attended school / Madrasha (%)	72% (1.8%)	89% (1.0%)	76% (2.1%)	<0.001**	64% (2.4%)	88% (1.2%)	82% (2.0%)	<0.001**
More than primary school OR can read / write letter (%)	63% (1.9%)	83% (1.4%)	68% (2.0%)	<0.001**	58% (2.6%)	84% (1.3%)	77% (2.3%)	<0.001**
Religion (% Islam)	97% (0.8%)	95% (1.3%)	95% (1.5%)	0.06	96% (1.3%)	92% (1.6%)	95% (1.3%)	0.05*
Membership in organization (any reported) (%)	31% (1.9%)	27% (1.8%)	37% (2.8%)	0.02*	30% (2.5%)	25% (1.7%)	34% (2.4%)	0.001**
Has job (%)	5% (0.6%)	7% (0.9%)	8% (1.7%)	0.007**	22% (2.2%)	15% (1.3%)	18% (2.0%)	0.01*
Number of living children	4.1 (0.20)	3.2 (0.23)	3.3 (0.33)	0.005**	3.6 (0.30)	2.5 (0.33)	3.0 (0.44)	0.03*
Has had a child die (%)	16% (1.2%)	12% (1.2%)	16% (1.5%)	0.01*	15% (1.6%)	9% (1.0%)	11% (1.7%)	0.002**

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

Standard errors are listed in parenthesis

Table 5.5: Wealth Characteristics of People in Need of ANC Care, Accessing Care, and Accessing Care at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value	Did NOT seek ANC care	Sought ANC care not at SSFP	Sought ANC care at SSFP (last visit)	p-value
N (female respondents)	1,701	1,427	633		591	1,349	479	
Household Characteristics								
Water piped into house or yard (%)	0.7% (0.3%)	1.1% (0.6%)	2.0% (1.1%)	0.38	27% (3.5%)	39% (3.3%)	30% (3.5%)	<0.001**
Flush toilet in house or yard (%)	3% (0.5%)	9% (1.2%)	3% (0.7%)	<0.001**	23% (3.3%)	36% (2.9%)	28% (3.7%)	<0.001**
Household has electricity (%)	42% (2.6%)	59% (2.5%)	45% (3.2%)	<0.001**	90% (1.5%)	93% (1.4%)	92% (1.7%)	0.02*
Household has a working television (%)	22% (1.5%)	41% (2.1%)	28% (2.9%)	<0.001**	52% (2.5%)	75% (1.9%)	67% (2.6%)	<0.001**
Household has a mobile phone (%)	72% (1.4%)	81% (1.5%)	75% (2.6%)	<0.001**	81% (1.5%)	91% (1.0%)	84% (2.3%)	<0.001**
Household has a table (%)	66% (1.7%)	78% (1.5%)	73% (2.2%)	<0.001**	55% (2.6%)	77% (1.7%)	71% (2.5%)	<0.001**
House has a finished floor (%)	8% (0.9%)	22% (1.7%)	9% (1.5%)	<0.001**	53% (3.5%)	71% (2.7%)	56% (3.5%)	<0.001**
House has finished walls (%)	71% (2.7%)	72% (2.5%)	70% (3.6%)	0.70	80% (2.7%)	89% (1.7%)	80% (2.5%)	<0.001**
Wealth quintile	**Piped water**	**Flush toilet**	**Electricity**	**Television**	**Mobile Phone**	**Table**	**Finished Floor**	**Finished Walls**
Rural								
1	0.8%	0.7%	6.1%	0.4%	37.9%	13.6%	0.0%	46.0%
2	0.6%	0.4%	24.0%	3.6%	65.6%	66.7%	0.4%	64.6%
3	0.4%	1.7%	42.6%	12.0%	89.0%	84.2%	0.8%	69.3%
4	0.8%	3.7%	86.7%	48.4%	94.9%	93.1%	6.4%	77.3%
5	2.4%	21.5%	96.8%	84.9%	99.1%	97.9%	60.8%	88.7%
Urban								
1	12.4%	6.5%	65.7%	10.8%	53.4%	29.7%	11.1%	56.8%
2	28.1%	14.7%	99.6%	53.7%	88.4%	49.0%	47.9%	77.7%
3	38.1%	24.2%	99.8%	86.1%	96.6%	80.2%	76.0%	87.6%
4	44.3%	40.2%	100.0%	92.7%	99.6%	92.4%	97.8%	97.0%
5	60.8%	71.6%	100.0%	98.9%	100.0%	99.3%	99.3%	100.0%

Table 5.6: Results of Multinomial Probit Regression for ANC Care (Results Expressed as Probabilities) for Rural Areas Only

Variable	Compared to seeking care from an SSFP facility, the probability that women sought care from the sources below was:					
	Did not seek ANC care	Home / Informal	Government	NGO (non-SSFP)	Private Sector	Government Hospital or Private clinic or hospital
Size of household (compared to less than 4 members)						
4 to 10 members	2.6%	-2.3%	-2.2%	-0.4%	<0.1%	0.1%
10 or more members	6.8%**	-17.6%*	1.6%	-2.6%	0.2%	0.1%
Female not with husband (vs. with)	4.1%	-6.5%	0.9%	-0.8%	0.3%**	0.5%
Wealth (vs. poorest quintile)						
2	-3.6%	-7.4%	-2.9%	0.1%	-0.1%	-0.1%
3	-3.6%	-15.6%	-20.0%	-31.3%	-38.4%	-37.8%
4	-5.0%*	-2.7%	0.6%	2.2%	<0.1%	0.5%
5	-8.5%**	-2.2%	1.7%	9.0%**	0.4%**	3.6%**
Age of respondent (vs. under 19)						
19 to 29	-1.1%	2.5%	-4.0%	-2.2%	<0.1%	-0.1%
30 to 39	0.5%	2.5%	-2.8%	-3.8%*	<0.1%	-0.2%
40 and above	5.3%	4.0%	-8.4%	-3.5%	<0.1%	-0.1%
Age when started living with husband (change per year)	-0.2%	-0.7%	0.7%	0.1%	<0.1%**	0.1%**
Female has basic literacy (vs. does not)	-4.7%**	1.2%	3.1%	0.1%	0.1%	0.4%*
Religion = Islam (vs. any other)	6.0%**	-5.3%	-2.8%	-0.7%	0.2%	0.3%
Member of any organization (vs. not)	-3.0%	-3.2%	-2.0%	1.0%	-0.1%**	-0.2%*
Has a job (vs. not)	-6.9%*	-0.6%	-3.6%	-0.5%	-0.1%	<0.1%

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

NS = Variable as a whole was not statistically significant; NA = Variable was not available for this analysis because it perfectly predicted the outcome for at least one type of health facility class

Length of time living at residence, number of children, ever had a child die, and ever attended school dropped due to co-linearity or lack of significance across all service delivery types.

Table 5.7: Results of Multinomial Probit Regression for ANC Care (Results Expressed as Probabilities) for Urban Areas Only

Variable	Compared to seeking care from an SSFP facility, the probability that women sought care from the sources below was:					
	Did not seek ANC care	Home / Informal	Government	NGO (non-SSFP)	Private Sector	Government Hospital or Private clinic or hospital
Female not with husband (vs. with)	0.5%	-7.0%**	-3.1%	0.8%	-0.3%	-1.3%
Wealth (vs. poorest quintile)						
2	-0.3%	3.9%	2.1%	4.8%	0.4%	2.8%*
3	-1.0%	2.5%	-3.9%	2.7%	0.3%	4.7%**
4	-1.5%	2.7%	-0.8%	5.8%	1.2%*	11.1%**
5	-2.1%	2.1%	0.6%	11.2%*	4.5%**	20.8%**
Age of respondent (vs. under 21)						
21 to 34	0.4%	1.5%	-0.8%	-1.5%	0.2%	1.5%
35 and above	0.6%	-5.2%	-3.4%	-7.0%	<0.1%	0.5%
Age when started living with husband (change per year)	-0.2%**	<0.1%	0.2%	-0.6%	0.1%**	0.3%*
Female has basic literacy (vs. does not)	-3.7%**	-3.9%*	-0.9%	-4.0%	0.2%	0.8%
Member of any organization (vs. not)	-1.6%**	0.3%	0.3%	-3.8%	-0.3%*	-1.7%**

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

NS = Variable as a whole was not statistically significant; NA = Variable was not available for this analysis because it perfectly predicted the outcome for at least one type of health facility class

Length of time living at residence, number of children, ever had a child die, size of household, religion, job status, and ever attended school dropped due to co-linearity or lack of significance across all service delivery types

ANNEX 6: RESULTS FOR SKILLED ATTENDANCE AT BIRTH

Table 6.1: Demographic Characteristics of People in Need of Skilled Delivery Care, Accessing Care, and Accessing Care at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value
N (female respondents)	3,047	662	52		1,365	985	69	
Household Characteristics								
Number of residents in household	5.7 (0.07)	5.5 (0.13)	5.5 (0.53)	0.34	5.3 (0.08)	5.4 (0.13)	5.3 (0.21)	0.61
Female not with husband (% of al households)	8% (0.6%)	11% (1.4%)	8% (3.1%)	0.15	11% (1.1%)	10% (1.2%)	9% (4.2%)	0.78
Wealth Index quintile (1 to 5)	2.8 (0.05)	3.7 (0.07)	3.4 (0.33)	<0.001**	2.4 (0.06)	3.7 (0.07)	2.8 (0.20)	<0.001**
Woman Respondent Characteristics								
Age	26.6 (0.14)	25.5 (0.29)	24.1 (0.83)	<0.001**	26.5 (0.27)	26.8 (0.18)	24.2 (0.28)	0.004**
Age when started living with first husband (reported)	15.9 (0.07)	17.1 (0.13)	17.3 (0.36)	<0.001**	16.2 (0.08)	18.3 (0.17)	17.5 (0.34)	<0.001**
Length of residence	12.9 (0.22)	9.9 (0.41)	10.8 (1.48)	<0.001**	10.7 (0.52)	9.0 (0.32)	9.4 (1.01)	0.001**
Education								
Ever attended school / Madrasha (%)	71% (1.4%)	90% (1.5%)	78% (7.1%)	<0.001**	69% (1.6%)	90% (1.3%)	92% (3.4%)	<0.001**
More than primary school OR can read / write letter (%)	62% (1.3%)	85% (1.9%)	75% (7.7%)	<0.001**	62% (1.6%)	87% (1.4%)	87% (5.0%)	<0.001**
Religion (% Islam)	97% (0.7%)	93% (1.6%)	91% (6.2%)	0.04*	96% (0.8%)	89% (1.9%)	91% (3.4%)	<0.001**
Membership in organization (any reported) (%)	33% (1.4%)	23% (2.0%)	31% (6.8%)	0.004**	32% (1.8%)	20% (1.7%)	29% (6.0%)	<0.001**

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value
Has job (%)	6% (0.5%)	7% (1.3%)	2% (1.7%)	0.05	20% (1.5%)	14% (1.4%)	13% (4.2%)	0.005**
Number of living children	4.3 (0.17)	2.8 (0.20)	1.6 (0.33)	<0.001**	3.6 (0.27)	2.5 (0.31)	2.0 (1.00)	0.03*
Has had a child die (%)	17% (0.9%)	12% (1.4%)	10% (4.7%)	0.003**	14% (1.1%)	8% (1.0%)	9% (3.4%)	0.001**

*Statistically significant at $p < 0.05$
**Statistically significant at $p<0.01$
Standard errors are listed in parenthesis

Table 6.2: Demographic Characteristics of People in Need of Skilled Attendance at Birth Care Since 2010, Accessing Care, and Accessing Care at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value
N (female respondents)	951	263	24		402	346	35	
Household Characteristics								
Number of residents in household	6.0 (0.11)	5.9 (0.17)	5.8 (0.67)	0.93	5.6 (0.13)	5.5 (0.14)	5.3 (0.28)	0.45
Female not with husband (% of all households)	6% (0.9%)	7% (1.5%)	7% (4.2%)	0.68	7% (1.5%)	9% (1.7%)	14% (6.1%)	0.50
Wealth Index quintile (1 to 5)	2.8 (0.07)	3.7 (0.09)	2.9 (0.44)	<0.001**	2.3 (0.07)	3.5 (0.09)	2.5 (0.24)	<0.001**
Woman Respondent Characteristics								
Age	24.6 (0.24)	24.1 (0.37)	22.3 (0.96)	0.06	24.8 (0.31)	25.3 (0.31)	22.5 (0.87)	0.01*
Age when started living with first husband (reported)	16.2 (0.09)	17.1 (0.17)	17.1 (0.36)	<0.001**	16.4 (0.12)	18.4 (0.21)	17.6 (0.39)	<0.001**
Length of residence	11.1 (0.36)	9.2 (0.54)	12.0 (1.84)	0.009**	9.3 (0.48)	7.8 (0.51)	8.2 (1.48)	0.10

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value
Education								
Ever attended school / Madrasha (%)	76% (1.7%)	91% (2.1%)	87% (8.9%)	<0.001**	61% (2.3%)	91% (1.6%)	96% (3.8%)	<0.001**
More than primary school OR can read / write letter (%)	66% (1.8%)	87% (2.4%)	87% (8.9%)	<0.001**	63% (2.3%)	89% (1.7%)	90% (5.7%)	<0.001**
Religion (% Islam)	97% (0.8%)	95% (1.6%)	93% (6.8%)	0.26	95% (1.4%)	89% (2.4%)	92% (4.8%)	0.02*
Membership in organization (any reported) (%)	30% (1.7%)	20% (2.5%)	34% (10.7%)	0.003**	30% (2.5%)	20% (2.7%)	24% (6.6%)	0.008**
Has job (%)	3% (0.6%)	3% (1.4%)	0% (N/A)	0.98	12% (1.9%)	10% (1.7%)	12% (5.4%)	0.62
Number of living children	3.6 (0.36)	3.0 (0.79)	0 (N/A)	0.48	3.4 (0.50)	1.2 (0.54)	0 (N/A)	0.003**
Has had a child die (%)	15% (1.3%)	11% (2.0%)	11% (5.9%)	0.18	14% (1.7%)	8% (1.6%)	10% (5.1%)	0.04*

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

Standard errors are listed in parenthesis

Table 6.3: Demographic Characteristics of People in Need of Skilled Attendance at Birth Since from 2001 to 2006, Accessing Care, and Accessing Care at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value
N (female respondents)	2,383	613	25		1,423	1,003	28	
Household Characteristics								
Number of residents in household	5.9 (0.08)	6.0 (0.14)	7.0 (0.59)	0.13	5.3 (0.09)	5.5 (0.13)	5.8 (0.70)	0.07
Female not with husband (% of all households)	8% (0.8%)	10% (1.4%)	27% (9.6%)	0.08	8% (0.8%)	10% (0.9%)	8% (5.6%)	0.36
Wealth Index quintile (1 to 5)	2.8 (0.05)	3.7 (0.07)	3.5 (0.33)	<0.001**	2.4 (0.05)	3.7 (0.08)	3.2 (0.34)	<0.001**
Woman Respondent Characteristics								
Age	27.1 (0.16)	25.6 (0.30)	26.8 (1.82)	<0.001**	25.8 (0.20)	26.2 (0.21)	24.6 (0.93)	0.14
Age when started living with first husband (reported)	15.7 (0.09)	16.6 (0.15)	16.2 (0.41)	<0.001**	15.6 (0.09)	17.5 (0.17)	16.7 (0.58)	<0.001**
Length of residence	13.6 (0.27)	10.8 (0.40)	12.3 (2.13)	<0.001**	9.7 (0.41)	8.8 (0.34)	8.1 (1.48)	0.14
Education								
Ever attended school / Madrasha (%)	61% (1.7%)	84% (1.8%)	77% (8.6%)	<0.001**	61% (1.8%)	87% (1.4%)	89% (5.1%)	<0.001**
More than primary school OR can read / write letter (%)	52% (1.7%)	78% (2.0%)	69% (10.8%)	<0.001**	53% (1.9%)	83% (1.5%)	84% (6.7%)	<0.001**
Religion (% Islam)	95% (0.9%)	94% (1.3%)	100% (N/A)	0.20	95% (0.8%)	90% (2.0%)	94% (3.9%)	0.04*
Membership in organization (any reported) (%)	36% (1.5%)	33% (2.5%)	27% (8.9%)	0.25	40% (1.8%)	32% (2.0%)	42% (9.1%)	0.001**
Has job (%)	5% (0.6%)	8% (1.2%)	3% (3.3%)	0.14	26% (1.8%)	19% (1.5%)	32% (9.0%)	0.003**
Number of living children	4.5 (0.16)	3.4 (0.33)	5.0 (0.49)	0.007**	3.3 (0.23)	2.4 (0.30)	0.7 (0.32)	<0.001**
Has had a child die (%)	21% (1.1%)	14% (1.5%)	10% (7.5%)	<0.001**	21% (1.2%)	11% (1.2%)	21% (8.0%)	0.001**

*Statistically significant at $p < 0.05$
**Statistically significant at $p<0.01$
Standard errors are listed in parenthesis

Table 6.4: Demographic Characteristics of People in Need of Skilled Attendance at Birth, Accessing Care, and Accessing Care at SSFP Facilities AMONG THOSE WHO IDENTIFIED SSFP

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value
N (female respondents)	2,296	571	51		1,190	897	69	
Household Characteristics								
Number of residents in household	5.6 (0.08)	5.4 (0.14)	5.5 (0.53)	0.38	5.3 (0.08)	5.4 (0.13)	5.3 (0.21)	0.55
Female not with husband (% of all households)	8% (0.7%)	11% (1.5%)	8% (3.1%)	0.13	11% (1.1%)	10% (1.3%)	9% (4.2%)	0.81
Wealth Index quintile (1 to 5)	2.9 (0.06)	3.8 (0.07)	3.5 (0.33)	<0.001**	2.5 (0.06)	3.7 (0.07)	2.8 (0.20)	<0.001**
Woman Respondent Characteristics								
Age	26.3 (0.15)	25.5 (0.29)	24.0 (0.83)	<0.001**	26.3 (0.17)	26.8 (0.23)	24.2 (0.73)	0.002**
Age when started living with first husband (reported)	16.0 (0.07)	17.3 (0.14)	17.3 (0.36)	<0.001**	16.3 (0.08)	18.4 (0.17)	17.5 (0.34)	<0.001**
Length of residence	12.5 (0.22)	9.7 (0.42)	10.7 (1.49)	<0.001**	10.5 (0.38)	9.0 (0.35)	9.4 (1.01)	0.008**
Education								
Ever attended school / Madrasha (%)	76% (1.4%)	92% (1.4%)	80% (7.1%)	<0.001**	73% (1.6%)	91% (1.1%)	92% (3.4%)	<0.001**
More than primary school OR can read / write letter (%)	68% (1.4%)	88% (1.8%)	76% (7.6%)	<0.001**	67% (1.6%)	89% (1.3%)	87% (5.0%)	<0.001**
Religion (% Islam)	96% (0.8%)	95% (1.5%)	90% (6.3%)	0.23	96% (0.8%)	89% (1.8%)	91% (3.4%)	<0.001**
Membership in organization (any reported) (%)	33% (1.4%)	23% (2.2%)	30% (6.8%)	<0.001**	33% (1.8%)	20% (1.7%)	29% (6.0%)	<0.001**
Has job (%)	6% (0.6%)	8% (1.5%)	2% (1.8%)	0.04*	20% (1.5%)	14% (1.4%)	13% (4.2%)	0.01*
Number of living children	3.9 (0.15)	2.8 (0.38)	1.6 (0.91)	0.002**	3.3 (0.27)	2.4 (0.35)	2.0 (1.00)	0.08
Has had a child die (%)	15% (0.9%)	10% (1.4%)	8% (4.4%)	0.002**	13% (1.1%)	8% (1.0%)	9% (3.4%)	<0.001**

*Statistically significant at $p < 0.05$
**Statistically significant at $p<0.01$
Standard errors are listed in parenthesis

Table 6.5: Wealth Characteristics of People in Need of Skilled Attendance at Birth, Accessing Care, and Accessing Care at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value	Did NOT seek skilled delivery care	Sought skilled delivery care not at SSFP	Sought skilled delivery care at SSFP (last visit)	p-value
N (female respondents)	3,047	662	52		1,365	985	69	
Household Characteristics								
Water piped into house or yard (%)	0.8% (0.4%)	2.3% (1.0%)	5.4% (4.2%)	0.15	29% (3.0%)	42% (3.5%)	26% (6.2%)	<0.001**
Flush toilet in house or yard (%)	4% (0.6%)	11% (1.7%)	5% (2.2%)	<0.001**	23% (2.6%)	44% (2.9%)	32% (7.1%)	<0.001**
Household has electricity (%)	45% (2.3%)	65% (2.8%)	65% (9.7%)	<0.001**	90% (1.7%)	96% (0.8%)	89% (4.0%)	<0.001**
Household has a working television (%)	26% (1.5%)	48% (2.1%)	52% (2.9%)	<0.001**	57% (2.0%)	82% (1.5%)	62% (6.6%)	<0.001**
Household has a mobile phone (%)	73% (1.2%)	89% (1.6%)	90% (5.1%)	<0.001**	82% (1.1%)	94% (0.9%)	85% (4.1%)	<0.001**
Household has a table (%)	69% (1.4%)	83% (1.7%)	69% (7.4%)	<0.001**	61% (1.9%)	83% (1.7%)	68% (5.3%)	<0.001**
House has a finished floor (%)	10% (0.9%)	29% (2.4%)	26% (7.1%)	<0.001**	54% (3.2%)	78% (2.2%)	58% (7.7%)	<0.001**
House has finished walls (%)	70% (2.3%)	76% (2.8%)	56% (10.8%)	0.03*	81% (2.3%)	92% (1.3%)	79% (5.4%)	<0.001**

Table 6.6: Results of Multinomial Probit Regression for Skilled Attendance at Birth (Results Expressed as Probabilities) for Rural Areas Only

Variable	Compared to seeking care from an SSFP facility, the probability that women sought care from the sources below was:				
	Did not seek skilled delivery care	Delivery at home with skilled attendant	Government (non-hospital)	NGO (non-SSFP)	Government Hospital or Private clinic or hospital
Size of household (compared to less than 4 members)					
4 to 9 members	0.001%	4.6%	-0.1%	0.6%	-1.8%
10 or more members	0.001%	4.7%	-2.4%	1.5%	-5.3%
Wealth (vs. poorest quintile)					
2	0.001%	4.1%	1.5%	7.5%**	6.4%
3	-0.003%	-5.9%	0.3%	0.8%	5.4%
4	-0.01%	-23.2%	-2.6%	-2.3%	-8.2%
5	-0.05%**	-10.8%	-1.0%	6.0%	6.8%
Age of respondent (per 5 years of age older)	0.001%**	4.9%**	0.8%	-1.7%	2.5%
Age when started living with husband (change per 5 years)	-0.004%**	-5.3%	-1.7%	0.3%	-0.8%
Female has basic literacy (vs. does not)	0.001%	10.4%**	1.8%*	-0.4%	6.8%*
Religion = Islam (vs. any other)	-0.001%	-20.9%*	-8.7%	-23.5%**	-9.0%
Member of any organization (vs. not)	0.001%	-7.6%	-1.5%	2.4%	-6.6%*

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

NS = Variable as a whole was not statistically significant; NA = Variable was not available for this analysis because it perfectly predicted the outcome for at least one type of health facility class

Length of time living at residence, number of children, ever had a child die, and ever attended school dropped due to co-linearity or lack of significance across all service delivery types.

Table 6.7: Results of Multinomial Probit Regression for Skilled Attendance at Birth (Results Expressed as Probabilities) for Urban Areas Only

Variable	Compared to seeking care from an SSFP facility, the probability that women sought care from the sources below was:				
	Did not seek skilled delivery care	Delivery at home with skilled attendant	Government (non-hospital)	NGO (non-SSFP)	Government Hospital or Private clinic or hospital
Size of household (compared to less than 4 members)					
4 to 9 members	0.002%	-1.8%	-7.2%	-1.0%	-3.0%
10 or more members	-0.004%	-0.2%	-6.3%	-0.9%	-7.1%
Wealth (vs. poorest quintile)					
2	0.014%	3.0%	12.8%**	4.9%**	6.4%*
3	0.008%	4.0%**	9.8%	4.8%**	8.0%**
4	0.00%	4.4%**	13.4%**	5.2%**	9.8%**
5	-0.10%*	4.2%**	14.9%**	5.9%**	10.7%**
Age of respondent (vs. under 18 years of age)					
18 to 20 years of age	0.014%	3.8%	11.3%	-0.6%	-2.6%
Over 20 years of age	0.017%*	3.8%	12.5%*	0.7%	4.4%
Age when started living with husband (change per 5 years)	-0.046%**	-4.1%*	-2.8%	-2.6%	0.5%
Female has basic literacy (vs. does not)	-0.130%**	6.2%*	-0.5%	-7.4%*	-1.4%
Religion = Islam (vs. any other)	0.016%*	-1.5%	-6.9%	-3.7%**	-4.7%

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

NS = Variable as a whole was not statistically significant; NA = Variable was not available for this analysis because it perfectly predicted the outcome for at least one type of health facility class

Length of time living at residence, number of children, ever had a child die, size of household, religion, job status, and ever attended school dropped due to co-linearity or lack of significance across all service delivery types.

ANNEX 7: RESULTS FOR FAMILY PLANNING

Table 7.1: Demographic Characteristics of People in Need of Family Planning, Accessing Modern Method, and Accessing Modern Method at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value
N (female respondents)	1,653	3,243	1,142		925	2,798	587	
Household Characteristics								
Number of residents in household	5.6 (0.10)	5.4 (0.07)	5.1 (0.08)	<0.001**	5.1 (0.11)	5.1 (0.08)	5.1 (0.10)	0.95
Female not with husband (% of all households)	Female headed household excluded from analysis							
Wealth Index quintile (1 to 5)	3.2 (0.06)	3.1 (0.05)	2.8 (0.07)	<0.001**	3.2 (0.08)	3.2 (0.06)	2.5 (0.07)	<0.001**
Woman Respondent Characteristics								
Age	34.2 (0.30)	30.9 (0.18)	29.9 (0.25)	<0.001**	34.7 (0.44)	30.8 (0.17)	29.7 (0.31)	<0.001**
Age when started living with first husband (reported)	15.4 (0.08)	15.8 (0.06)	15.4 (0.09)	<0.001**	16.4 (0.14)	16.8 (0.10)	16.1 (0.15)	<0.001**
Length of residence	20.6 (0.35)	17.0 (0.25)	16.2 (0.31)	<0.001**	16.0 (0.53)	12.7 (0.35)	13.6 (0.61)	0.001**
Education								
Ever attended school / Madrasha (%)	60% (1.4%)	66% (1.3%)	64% (2.0%)	0.005**	68% (1.8%)	77% (1.2%)	70% (2.2%)	<0.001**
More than primary school OR can read / write letter (%)	51% (1.3%)	57% (1.3%)	54% (2.0%)	<0.001**	62% (1.9%)	72% (1.4%)	61% (2.5%)	<0.001**

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value
Religion (% Islam)	96% (0.8%)	94% (1.0%)	95% (1.3%)	0.02*	92% (1.6%)	91% (1.4%)	97% (0.8%)	<0.001**
Membership in organization (any reported) (%)	27% (1.5%)	33% (1.4%)	38% (2.2%)	<0.001**	27% (1.9%)	27% (1.6%)	40% (2.6%)	<0.001**
Has job (%)	5% (0.6%)	7% (0.8%)	7% (0.9%)	0.19	19% (1.7%)	18% (1.1%)	22% (2.3%)	0.23
Number of living children	3.3 (0.12)	3.1 (0.10)	3.7 (0.14)	<0.001**	2.7 (0.13)	2.4 (0.11)	3.2 (0.18)	<0.001**
Has had a child die (%)	29% (1.3%)	18% (0.8%)	17% (1.2%)	<0.001**	21% (1.4%)	13% (0.8%)	17% (1.7%)	<0.001**

*Statistically significant at $p < 0.05$
**Statistically significant at $p<0.01$
Standard errors are listed in parenthesis

Table 7.2: Demographic Characteristics of People in Need of Family Planning Modern Method who gave Birth in 2010, Accessing Modern Method, and Accessing Modern Method at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value
N (female respondents)	183	427	138		80	305	84	
Household Characteristics								
Number of residents in household	6.3 (0.21)	6.1 (0.15)	5.4 (0.17)	0.002**	5.5 (0.26)	5.3 (0.13)	5.1 (0.23)	0.50
Female not with husband (% of all households)	Female headed household excluded from analysis							
Wealth Index quintile (1 to 5)	2.9 (0.12)	3.0 (0.09)	2.6 (0.13)	0.01*	2.6 (0.17)	3.1 (0.09)	2.5 (0.16)	<0.001**

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value
Woman Respondent Characteristics								
Age	25.2 (0.45)	24.9 (0.31)	24.4 (0.53)	0.50	24.7 (0.59)	25.2 (0.33)	24.7 (0.62)	0.69
Age when started living with first husband (reported)	16.2 (0.17)	16.6 (0.13)	15.8 (0.24)	0.009**	17.1 (0.39)	17.8 (0.20)	17.0 (0.34)	0.04*
Length of residence	11.3 (0.62)	11.0 (0.54)	11.8 (0.78)	0.67	8.9 (0.82)	7.9 (0.51)	9.8 (1.12)	0.23
Education								
Ever attended school / Madrasha (%)	77% (3.8%)	80% (2.0%)	76% (3.9%)	0.48	81% (4.5%)	84% (2.5%)	77% (4.5%)	0.44
More than primary school OR can read / write letter (%)	70% (3.9%)	71% (2.6%)	69% (4.4%)	0.88	77% (4.7%)	80% (2.5%)	70% (5.1%)	0.26
Religion (% Islam)	94% (1.8%)	95% (1.2%)	98% (1.5%)	0.27	92% (3.1%)	91% (2.2%)	98% (1.2%)	0.01*
Membership in organization (any reported) (%)	27% (3.9%)	32% (2.7%)	30% (3.5%)	0.65	31% (5.1%)	20% (2.7%)	42% (6.2%)	<0.001**
Has job (%)	2% (1.3%)	3% (0.5%)	4% (1.5%)	0.87	16% (4.1%)	11% (1.9%)	12% (3.6%)	0.66
Number of living children	4.7 (1.59)	4.4 (0.52)	4.8 (0.74)	0.93	0.5 (0.50)	2.7 (0.54)	3.7 (0.99)	<0.001**
Has had a child die (%)	15% (2.7%)	13% (1.8%)	18% (3.9%)	0.39	14% (3.8%)	11% (1.8%)	10% (3.5%)	0.69

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

Standard errors are listed in parenthesis

Table 7.3: Demographic Characteristics of People in Need of Family Planning Care Since from 2001 to 2006, Accessing Modern Method, and Accessing Modern Method at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value
N (female respondents)	1,560	1,984	966		873	2,467	586	
Household Characteristics								
Number of residents in household	4.9 (0.15)	4.7 (0.15)	5.0 (0.16)	0.40	5.2 (0.10)	5.1 (0.07)	5.2 (0.12)	0.49
Female not with husband (% of all households)	Female headed household excluded from analysis							
Wealth Index quintile (1 to 5)	3.3 (0.06)	3.2 (0.05)	2.8 (0.06)	<0.001**	3.2 (0.08)	3.2 (0.07)	2.8 (0.08)	<0.001**
Woman Respondent Characteristics								
Age	34.4 (0.28)	29.9 (0.23)	30.7 (0.31)	<0.001**	32.4 (0.35)	29.3 (0.18)	28.6 (0.34)	<0.001**
Age when started living with first husband (reported)	15.5 (0.10)	15.7 (0.09)	15.1 (0.13)	<0.001**	16.0 (0.14)	16.4 (0.12)	15.5 (0.11)	<0.001**
Length of residence	18.4 (0.37)	16.2 (0.33)	18.0 (0.44)	<0.001**	13.5 (0.51)	11.2 (0.33)	12.5 (0.46)	0.001**
Education								
Ever attended school / Madrasha (%)	56% (1.8%)	64% (1.7%)	52% (2.1%)	<0.001**	67% (2.2%)	73% (1.4%)	67% (2.3%)	0.003**
More than primary school OR can read / write letter (%)	49% (1.9%)	56% (1.6%)	42% (2.1%)	<0.001**	61% (2.4%)	67% (1.6%)	58% (2.4%)	0.001**
Religion (% Islam)	95% (0.9%)	93% (1.2%)	94% (1.4%)	0.13	92% (1.7%)	90% (1.4%)	97% (0.8%)	<0.001**
Membership in organization (any reported) (%)	31% (1.5%)	35% (1.5%)	47% (2.0%)	<0.001**	35% (2.1%)	36% (1.6%)	46% (2.6%)	<0.001**
Has job (%)	5% (0.7%)	7% (0.8%)	7% (1.0%)	0.07	23% (1.7%)	26% (1.4%)	27% (2.2%)	0.22

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value
Number of living children	3.4 (0.13)	3.1 (0.12)	4.0 (0.14)	<0.001**	2.6 (0.14)	2.4 (0.12)	3.5 (0.26)	<0.001**
Has had a child die (%)	24% (1.3%)	18% (1.2%)	23% (1.7%)	<0.001**	24% (1.5%)	17% (0.9%)	20% (1.7%)	<0.001**

*Statistically significant at p < 0.05
**Statistically significant at p<0.01
Standard errors are listed in parenthesis

Table 7.4: Demographic Characteristics of People in Need of Family Planning Care, Accessing Modern Method, and Accessing Modern Method at SSFP Facilities AMONG THOSE WHO IDENTIFIED SSFP

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value
N (female respondents)	1,121	2,294	1,044		757	2,434	566	
Household Characteristics								
Number of residents in household	5.6 (0.12)	5.3 (0.08)	5.1 (0.08)	<0.001**	5.0 (0.13)	5.1 (0.08)	5.1 (0.10)	0.93
Female not with husband (% of all households)	Female headed household excluded from analysis							
Wealth Index quintile (1 to 5)	3.3 (0.07)	3.2 (0.06)	2.8 (0.07)	<0.001**	3.3 (0.09)	3.3 (0.06)	2.6 (0.07)	<0.001**
Woman Respondent Characteristics								
Age	32.8 (0.38)	30.2 (0.21)	29.9 (0.26)	<0.001**	33.9 (0.50)	30.5 (0.18)	29.5 (0.31)	<0.001**
Age when started living with first husband (reported)	15.6 (0.09)	16.0 (0.07)	15.5 (0.10)	<0.001**	16.6 (0.16)	17.0 (0.08)	16.1 (0.15)	<0.001**
Length of residence	19.1 (0.41)	16.2 (0.28)	16.2 (0.32)	<0.001**	15.3 (0.56)	12.4 (0.33)	13.5 (0.61)	0.001**

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value	Did NOT seek modern family planning care	Sought modern family planning care not at SSFP	Sought modern family planning care at SSFP	p-value
Education								
Ever attended school / Madrasha (%)	67% (1.2%)	71% (1.3%)	65% (2.1%)	0.01*	74% (2.0%)	81% (1.2%)	72% (2.3%)	<0.001**
More than primary school OR can read / write letter (%)	59% (1.8%)	64% (1.4%)	56% (2.1%)	<0.001**	69% (2.1%)	76% (1.3%)	63% (2.6%)	<0.001**
Religion (% Islam)	96% (0.9%)	94% (1.1%)	95% (1.4%)	0.04*	92% (1.5%)	92% (1.4%)	97% (0.8%)	0.001**
Membership in organization (any reported) (%)	26% (1.8%)	33% (1.6%)	37% (2.2%)	<0.001**	27% (1.9%)	27% (1.6%)	40% (2.6%)	<0.001**
Has job (%)	6% (0.7%)	8% (1.0%)	7% (1.0%)	0.23	20% (1.9%)	18% (1.1%)	22% (2.3%)	0.18
Number of living children	2.9 (0.14)	2.7 (0.11)	3.6 (0.15)	<0.001**	2.4 (0.15)	2.2 (0.10)	3.1 (0.18)	<0.001**
Has had a child die (%)	26% (1.5%)	17% (0.9%)	16% (1.2%)	<0.001**	19% (1.5%)	12% (0.7%)	17% (1.7%)	<0.001**

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

Standard errors are listed in parenthesis

Table 7.5: Wealth Characteristics of People in Need of Family Planning Care, Accessing Modern Method, and Accessing Modern Method at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT seek family planning care	Sought family planning care not at SSFP	Sought family planning care at SSFP (last visit)	p-value	Did NOT seek family planning care	Sought family planning care not at SSFP	Sought family planning care at SSFP (last visit)	p-value
N (female respondents)	1,653	3,243	1,142		925	2,798	587	
Household Characteristics								
Water piped into house or yard (%)	0.7% (0.3%)	2.0% (1.1%)	7.1% (5.3%)	0.38	29% (3.1%)	43% (3.5%)	30% (7.3%)	<0.001**
Flush toilet in house or yard (%)	4% (0.5%)	11% (1.9%)	4% (2.7%)	<0.001**	24% (2.9%)	46% (3.0%)	32% (7.7%)	<0.001**
Household has electricity (%)	43% (2.3%)	63% (3.2%)	61% (9.6%)	<0.001**	90% (1.7%)	97% (0.7%)	89% (4.7%)	<0.001**
Household has a working television (%)	26% (1.6%)	47% (3.0%)	50% (9.0%)	<0.001**	58% (2.3%)	84% (1.5%)	61% (7.2%)	<0.001**
Household has a mobile phone (%)	72% (1.3%)	89% (1.9%)	89% (5.7%)	<0.001**	83% (1.3%)	95% (0.8%)	88% (4.6%)	<0.001**
Household has a table (%)	69% (1.5%)	83% (2.1%)	68% (8.3%)	<0.001**	63% (2.1%)	84% (1.8%)	69% (5.2%)	<0.001**
House has a finished floor (%)	8% (0.9%)	27% (2.6%)	23% (6.9%)	<0.001**	54% (3.3%)	79% (2.1%)	58% (8.2%)	<0.001**
House has finished walls (%)	70% (2.4%)	74% (3.3%)	57% (10.3%)	0.19	82% (2.4%)	93% (1.1%)	79% (6.1%)	<0.001**

Table 7.6: Results of Multinomial Probit Regression for Family Planning Modern Method (Results Expressed as Probabilities) for Rural Areas Only

Variable	Compared to seeking care from an SSFP facility, the probability that women sought care from the sources below was:					
	Did not seek family planning care	Traditional method	Government (non-hospital)	NGO (non-SSFP)	Private Provider	Government Hospital or Private clinic or hospital
Size of household (per 1 more person in household)	0.8%**	0.3%	0.2%	0.03%	0.3%*	-0.001%
Wealth (vs. poorest quintile)						
2	1.4%	-0.6%	-3.0%*	-0.3%	0.4%	-0.03%
3	3.2%	-0.4%	-0.7%	-0.4%	2.3%	0.03%
4	4.1%*	1.9%	-1.9%	0.1%	5.2%**	0.02%
5	9.1%**	4.5%**	-0.4%	0.0%	11.3%**	0.3%*
Age of respondent (compared to under 22 years of age)						
22 to 40	6.2%**	8.2%	13.0%	0.6%	3.0%**	0.1%
41 to 45	5.9%*	16.0%**	4.6%	-0.2%	-2.5%	1.1%*
46 and older	21.4%**	20.1%**	0.9%	0.0%	-4.2%**	0.1%
Number of children (compared to 2 or fewer)						
3 to 5 children	1.2%	2.2%	1.4%	0.6%	-1.4%	0.004%
6 or more children	11.1%**	6.2%**	4.0%	0.5%	-1.9%	0.03%
Age at marriage (per 1 year increase in age)	0.6%*	0.2%	0.5%*	0.1%	0.7%**	0.01%*
Female has basic literacy (vs. does not)	-0.02%	-1.1%	-1.0%	-0.3%	1.4%	-0.05%**
Member of any organization (vs. not)	-3.9%**	-1.3%	-0.3%	-0.4%	-0.7%	-0.03%
Woman has had a child die (vs. not)	5.2%**	2.1%*	1.5%	0.05%	0.6%	0.03%

*Statistically significant at $p < 0.05$
**Statistically significant at $p<0.01$
NS = Variable as a whole was not statistically significant; NA = Variable was not available for this analysis because it perfectly predicted the outcome for at least one type of health facility class
Length of time living at residence, number of children, ever had a child die, and ever attended school dropped due to co-linearity or lack of significance across all service delivery types.

Table 7.7: Results of Multinomial Probit Regression for Family Planning Modern Method (Results Expressed as Probabilities) for Urban Areas Only

Variable	Compared to seeking care from an SSFP facility, the probability that women sought care from the sources below was:					
	Did not seek family planning care	Traditional Method	Government (non-hospital)	NGO (non-SSFP)	Private Provider	Government Hospital or Private clinic or hospital
Size of household (compared to less than 3 members)						
3 or more members	-17.5%**	-12.6%**	-11.5%*	-3.1%	-10.4%*	-11.5%*
Wealth (vs. poorest quintile)						
2	0.6%	-0.4%	-7.5%**	-0.7%	2.9%	-1.9%
3	1.5%	6.0%*	-2.2%	3.4%	10.4%**	1.7%
4	4.6%**	8.2%**	-2.2%	3.7%	13.0%**	7.9%
5	5.9%**	14.8%**	-4.3%	5.8%	16.6%**	9.5%*
Age of respondent (vs. under 22 years of age)						
22 to 40 years of age	-4.0%*	3.6%	0.6%	1.9%	-5.8%**	3.9%
Over 40 years of age	6.4%**	21.4%**	4.9%*	1.3%	-9.1%**	12.0%*
Age when started living with husband (change per 1 year)	0.1%	0.4%	-0.4%	-0.3%	0.8%**	-0.3%
Female has basic literacy (vs. does not)	-0.7%	0.9%	2.5%	-2.5%	3.3%*	0.4%
Member of organization (vs. not)	-3.2%**	-5.7%**	1.7%	-2.1%	-6.1%**	-1.2%

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

NS = Variable as a whole was not statistically significant; NA = Variable was not available for this analysis because it perfectly predicted the outcome for at least one type of health facility class

Length of time living at residence, number of children, ever had a child die, size of household, religion, job status, and ever attended school dropped due to co-linearity or lack of significance across all service delivery types.

ANNEX 8: RESULTS FOR MEASLES VACCINATION

Table 8.1: Demographic Characteristics of People in Need of Measles Vaccination, Accessing Vaccination, and Accessing Vaccination at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value
N (female respondents)	276	1,688	981		196	1,114	590	
Household Characteristics								
Number of residents in household	5.6 (0.13)	5.6 (0.08)	5.6 (0.12)	0.97	5.3 (0.18)	5.3 (0.10)	5.1 (0.11)	0.54
Female not with husband (% of all households)	11% (1.9%)	9% (0.8%)	10% (1.1%)	0.32	10% (1.9%)	10% (0.8%)	12% (1.1%)	0.46
Wealth Index quintile (1 to 5)	2.4 (0.09)	3.1 (0.06)	2.9 (0.08)	<0.001**	2.3 (0.13)	3.1 (0.08)	3.0 (0.09)	<0.001**
Woman Respondent Characteristics								
Age	26.8 (0.40)	26.7 (0.80)	27.6 (0.22)	0.002**	27.0 (0.57)	27.2 (0.18)	26.9 (0.30)	0.64
Age when started living with first husband (reported)	15.4 (0.19)	16.1 (0.09)	16.1 (0.10)	0.001**	16.0 (0.24)	17.4 (0.15)	16.8 (0.15)	<0.001**
Length of residence	13.0 (0.51)	12.5 (0.29)	13.3 (0.32)	0.14	10.8 (0.78)	9.6 (0.38)	11.7 (0.57)	0.003**
Education								
Ever attended school / Madrasha (%)	62% (3.5%)	77% (1.5%)	73% (1.8%)	<0.001**	64% (3.8%)	80% (1.6%)	81% (1.9%)	<0.001**
More than primary school OR can read / write letter (%)	52% (3.4%)	70% (1.6%)	65% (2.0%)	<0.001**	57% (3.8%)	75% (1.8%)	74% (2.3%)	<0.001**

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value
Religion (% Islam)	97% (1.3%)	96% (0.9%)	96% (1.2%)	0.59	97% (1.6%)	91% (1.6%)	94% (1.1%)	0.003**
Membership in organization (any reported) (%)	31% (3.1%)	32% (1.7%)	34% (2.1%)	0.60	31% (4.2%)	26% (1.9%)	29% (2.4%)	0.34
Has job (%)	6% (1.7%)	7% (0.9%)	6% (0.9%)	0.61	28% (3.7%)	18% (1.5%)	18% (1.8%)	0.03*
Number of living children	5.1 (0.28)	4.6 (0.19)	4.4 (0.19)	0.14	4.0 (0.38)	3.2 (0.33)	4.2 (0.23)	0.04*
Has had a child die (%)	20% (2.6%)	14% (1.0%)	15% (1.5%)	0.06	17% (2.5%)	8% (1.1%)	11% (1.4%)	0.004**

Statistically significant at $p < 0.05$
**Statistically significant at $p<0.01$
Standard errors are listed in parenthesis

Table 8.2: Demographic Characteristics of People in Need of Measles Vaccination Since 2010, Accessing Vaccination, and Accessing Vaccination at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value
N (female respondents)	132	512	274		73	299	179	
Household Characteristics								
Number of residents in household	5.7 (0.13)	5.8 (0.08)	5.7 (0.12)	0.96	5.0 (0.19)	5.4 (0.16)	5.2 (0.17)	0.27
Female not with husband (% of all households)	7% (2.2%)	8% (1.4%)	11% (2.5%)	0.45	7% (2.8%)	8% (1.6%)	11% (2.4%)	0.44
Wealth Index quintile (1 to 5)	2.6 (0.14)	3.2 (0.08)	3.0 (0.11)	<0.001**	2.0 (0.16)	3.3 (0.09)	3.1 (0.13)	<0.001**

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value
Woman Respondent Characteristics								
Age	25.5 (0.60)	24.6 (0.24)	25.4 (0.40)	0.10	24.4 (0.82)	25.6 (0.29)	25.9 (0.53)	0.31
Age when started living with first husband (reported)	16.0 (0.22)	16.4 (0.14)	16.3 (0.14)	0.22	16.3 (0.37)	18.1 (0.23)	17.5 (0.25)	<0.001**
Length of residence	11.6 (0.71)	10.3 (0.39)	11.0 (0.58)	0.27	8.7 (1.05)	7.6 (0.46)	9.5 (0.75)	0.07
Education								
Ever attended school / Madrasha (%)	65% (4.2%)	84% (2.0%)	84% (2.4%)	<0.001**	66% (6.4%)	86% (2.1%)	85% (2.5%)	0.01*
More than primary school OR can read / write letter (%)	61% (3.9%)	79% (2.2%)	74% (3.0%)	<0.001**	59% (5.9%)	82% (2.3%)	80% (3.0%)	<0.001**
Religion (% Islam)	95% (2.3%)	95% (1.2%)	95% (1.8%)	0.99	98% (1.7%)	90% (2.3%)	93% (1.9%)	0.003**
Membership in organization (any reported) (%)	25% (4.2%)	23% (2.1%)	36% (3.6%)	0.006**	29% (6.9%)	23% (2.7%)	25% (4.0%)	0.75
Has job (%)	6% (2.2%)	5% (1.2%)	6% (1.5%)	0.68	17% (5.1%)	12% (2.1%)	17% (3.0%)	0.22
Number of living children	5.2 (0.70)	5.0 (0.44)	4.7 (0.50)	0.83	3.8 (0.45)	2.3 (0.59)	2.9 (0.37)	0.06
Has had a child die (%)	21% (3.8%)	9% (1.3%)	14% (2.3%)	0.004**	12% (3.9%)	8% (1.8%)	7% (2.0%)	0.46

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

Standard errors are listed in parenthesis

Table 8.3: Demographic Characteristics of People in Need of Measles Vaccination from 2001 to 2006, Accessing Vaccination, and Accessing Vaccination at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value
N (female respondents)	335	1,114	833		250	1,044	616	
Household Characteristics								
Number of residents in household	4.6 (0.35)	4.5 (0.17)	5.0 (0.29)	0.28	5.3 (0.16)	5.4 (0.13)	5.4 (0.11)	0.94
Female not with husband (% of all households)	22% (5.9%)	27% (4.0%)	26% (4.9%)	0.74	10% (1.9%)	10% (0.9%)	9% (1.3%)	0.78
Wealth Index quintile (1 to 5)	2.5 (0.09)	3.2 (0.06)	3.0 (0.08)	<0.001**	2.0 (0.08)	3.1 (0.07)	3.1 (0.10)	<0.001**
Woman Respondent Characteristics								
Age	27.9 (0.39)	27.3 (0.25)	27.2 (0.23)	0.27	26.9 (0.43)	26.4 (0.21)	26.4 (0.30)	0.57
Age when started living with first husband (reported)	15.5 (0.17)	16.0 (0.12)	15.6 (0.11)	0.005**	15.4 (0.17)	16.4 (0.15)	16.5 (0.17)	<0.001**
Length of residence	14.3 (0.62)	13.1 (0.39)	14.0 (0.44)	0.13	9.8 (0.64)	9.1 (0.38)	9.8 (0.43)	0.25
Education								
Ever attended school / Madrasha (%)	49% (3.5%)	69% (1.9%)	65% (2.5%)	<0.001**	50% (3.4%)	76% (1.8%)	77% (2.0%)	<0.001**
More than primary school OR can read / write letter (%)	38% (3.2%)	62% (1.9%)	56% (2.6%)	<0.001**	42% (3.2%)	70% (1.9%)	70% (2.4%)	<0.001**
Religion (% Islam)	93% (2.0%)	95% (1.1%)	95% (1.2%)	0.41	96% (1.6%)	92% (1.5%)	95% (1.1%)	0.07
Membership in organization (any reported) (%)	38% (3.6%)	36% (2.0%)	36% (2.3%)	0.86	39% (3.4%)	38% (1.9%)	37% (2.9%)	0.97
Has job (%)	7% (1.8%)	6% (0.8%)	7% (1.1%)	0.96	31% (3.4%)	25% (1.9%)	22% (1.9%)	0.05*
Number of living children	5.3 (0.28)	4.9 (0.17)	4.7 (0.23)	0.27	4.0 (0.38)	3.5 (0.29)	3.6 (0.32)	0.55
Has had a child die (%)	24% (2.9%)	18% (1.5%)	17% (1.6%)	0.08	23% (3.0%)	13% (1.1%)	12% (1.4%)	0.006**

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

Standard errors are listed in parenthesis

Table 8.4: Demographic Characteristics of People in Need of Measles Vaccination, Accessing Vaccination, and Accessing Vaccination at SSFP Facilities AMONG THOSE WHO IDENTIFIED SSFP

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value
N (female respondents)	202	1,201	895		154	966	569	
Household Characteristics								
Number of residents in household	5.5 (0.16)	5.5 (0.09)	5.6 (0.13)	0.92	5.3 (0.22)	5.3 (0.10)	5.1 (0.11)	0.44
Female not with husband (% of all households)	11% (2.2%)	9% (0.9%)	10% (1.0%)	0.67	9% (2.3%)	10% (1.1%)	12% (1.6%)	0.30
Wealth Index quintile (1 to 5)	2.6 (0.11)	3.3 (0.07)	3.0 (0.08)	<0.001**	2.3 (0.14)	3.2 (0.08)	3.0 (0.09)	<0.001**
Woman Respondent Characteristics								
Age	26.1 (0.43)	26.3 (0.20)	27.5 (0.23)	<0.001**	26.6 (0.60)	27.0 (0.20)	26.9 (0.28)	0.77
Age when started living with first husband (reported)	15.6 (0.21)	16.3 (0.10)	16.2 (0.10)	0.005**	16.1 (0.28)	17.5 (0.14)	16.9 (0.15)	<0.001**
Length of residence	12.2 (0.57)	11.9 (0.30)	13.1 (0.35)	0.02*	10.6 (0.87)	9.4 (0.38)	11.6 (0.54)	0.002**
Education								
Ever attended school / Madrasha (%)	70% (4.0%)	83% (1.4%)	75% (1.8%)	<0.001**	68% (4.5%)	84% (1.5%)	82% (1.8%)	0.002**
More than primary school OR can read / write letter (%)	61% (4.0%)	77% (1.6%)	66% (2.0%)	<0.001**	63% (4.4%)	80% (1.7%)	75% (2.2%)	<0.001**
Religion |(% Islam)	97% (1.4%)	96% (1.1%)	96% (1.3%)	0.53	96% (2.1%)	92% (1.7%)	95% (1.2%)	0.10
Membership in organization (any reported) (%)	31% (3.6%)	31% (1.9%)	34% (2.1%)	0.68	34% (4.8%)	27% (1.9%)	29% (2.5%)	0.34
Has job (%)	7% (2.0%)	8% (1.2%)	6% (0.9%)	0.63	30% (4.2%)	17% (1.5%)	18% (1.8%)	0.01*
Number of living children	4.5 (0.32)	4.2 (0.21)	4.3 (0.18)	0.77	3.5 (0.38)	2.9 (0.33)	4.4 (0.23)	0.002**
Has had a child die (%)	16% (2.5%)	11% (1.0%)	15% (1.5%)	0.05	14% (3.0%)	7% (1.1%)	11% (1.5%)	0.004**

*Statistically significant at $p < 0.05$

**Statistically significant at $p<0.01$

Standard errors are listed in parenthesis

Table 8.5: Wealth Characteristics of People in Need of Measles Vaccination, Accessing Vaccination, and Accessing Vaccination at SSFP Facilities

Variable	Rural SSFP Areas				Urban SSFP Areas			
	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value	Did NOT receive measles vaccine	Received measles vaccine not at SSFP	Received measles vaccine at SSFP	p-value
N (female respondents)	276	1,688	981		196	1,114	590	
Household Characteristics								
Water piped into house or yard (%)	0.7% (0.6%)	1.2% (0.5%)	0.8% (0.4%)	0.71	23% (3.8%)	38% (3.5%)	34% (3.8%)	<0.001**
Flush toilet in house or yard (%)	3% (1.3%)	6% (0.9%)	5% (1.1%)	0.09	24% (4.1%)	32% (2.9%)	36% (3.5%)	0.03*
Household has electricity (%)	33% (3.5%)	53% (2.5%)	48% (3.8%)	<0.001**	84% (4.5%)	94% (1.3%)	94% (1.2%)	0.05
Household has a working television (%)	22% (3.1%)	33% (1.9%)	30% (2.5%)	0.003**	51% (4.4%)	70% (2.1%)	72% (2.4%)	<0.001**
Household has a mobile phone (%)	69% (3.1%)	77% (1.3%)	76% (1.8%)	0.06	79% (2.8%)	89% (1.3%)	88% (1.4%)	0.005**
Household has a table (%)	61% (3.3%)	73% (1.6%)	73% (1.8%)	<0.001**	55% (4.4%)	75% (1.9%)	73% (2.2%)	<0.001**
House has a finished floor (%)	7% (1.6%)	14% (1.3%)	13% (1.7%)	<0.001**	48% (4.8%)	69% (3.0%)	62% (3.6%)	<0.001**
House has finished walls (%)	64% (4.1%)	71% (2.7%)	74% (3.4%)	0.08	78% (4.6%)	89% (1.7%)	82% (2.3%)	<0.001**

Table 8.6: Results of Multinomial Probit Regression for Measles Vaccination (Results Expressed as Probabilities) for Rural Areas Only

Variable	Compared to seeking care from a SSFP, the probability that a child received a measles vaccine from the sources below was:		
	Did not receive measles vaccine	Government	Clinic or hospital (any ownership) or private doctor
Size of household (per 1 more person in household)	1.1%**	-0.004%	-0.3%
Wealth (vs. poorest quintile)			
2	-5.6%**	-5.3%*	-1.4%
3	-3.7%	-1.6%	1.3%
4	-8.9%**	-0.5%	2.1%
5	-7.2%**	0.4%	5.9%*
Age of respondent (compared to under 21 years of age)			
21 to 24	-7.0%**	-2.1%	-0.4%
25 and older	-14.2%**	-4.9%**	-1.2%
Female has basic literacy (vs. does not)	-0.9%	0.7%	4.0%*

*Statistically significant at $p < 0.05$
**Statistically significant at $p<0.01$
NS = Variable as a whole was not statistically significant; NA = Variable was not available for this analysis because it perfectly predicted the outcome for at least one type of health facility class
Length of time living at residence, number of children, ever had a child die, and ever attended school dropped due to co-linearity or lack of significance across all service delivery types.

Table 8.7: Results of Multinomial Probit Regression for Measles Vaccination (Results Expressed as Probabilities) for Urban Areas Only

Variable	Compared to seeking care from a SSFP, the probability that a child received a measles vaccine from the sources below was:			
	Did not receive measles vaccine	Government	NGO (non-SSFP)	Clinic or hospital (any ownership) or private doctor
Wealth (vs. poorest quintile)				
2	-7.7%*	-1.7%	3.3%	2.1%
3	-10.7%**	-1.9%	7.9%**	3.2%
4	-18.9%**	-6.1%*	1.7%	-1.6%
5	-18.9%**	-15.1%**	-1.0%	4.3%
Age of respondent (vs. under 21 years of age)				
21 to 24 years of age	-7.2%	3.7%	4.2%	-1.7%
Over 24 years of age	-5.5%	4.6%	6.4%*	2.9%
Age when started living with husband (vs. less than 18 years of age)				
18 to 20	-1.3%	1.9%	2.1%	6.5%**
21 and over	-1.9%	2.0%	1.8%	4.3%
Length of residence at house (for every 1 year longer)	-0.3%*	-0.3%**	-0.2%**	-0.3%*
Number of children (for every 1 additional child)	12.0%**	4.9%	0.03%	-11.4%
Has a job (vs. not)	2.0%	-7.5%**	1.3%	-1.1%

*Statistically significant at $p < 0.05$
**Statistically significant at $p<0.01$
NS = Variable as a whole was not statistically significant; NA = Variable was not available for this analysis because it perfectly predicted the outcome for at least one type of health facility class
Length of time living at residence, number of children, ever had a child die, size of household, religion, job status, and ever attended school dropped due to co-linearity or lack of significance across all service delivery types.

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