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SAVE THE CHILDREN
BANGLADESH FIELD OFFICE
CHILD SURVIVAL 8
BASELINE SURVEY REPORT

Agency for International Development

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Glossary

ALRI	Acute Lower Respiratory Infection
CDO	Community Development Organizer
CHO	Community Health Organizer
CS	Child Survival
FHA/PVC	Bureau for Food and Humanitarian Assistance/ Office for Private and Voluntary Cooperation
K&P	Knowledge and Practice
MCH	Maternal and Child Health
MOH	Ministry of Health
ORS	Oral Rehydration Salts
PHC	Primary Health Care
PVO CSSP	Private Voluntary Organization/ Child Survival Support Program
SCF/BFO	Save the Children/Bangladesh Field Office
TBA	Traditional Birth Attendant
USAID	U.S. Agency for International Development

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EXECUTIVE SUMMARY

A Knowledge and Practice (K & P) Survey was carried out in 26 villages of Nasirnagar Thana, Brahmanbaria District of Bangladesh from February 1st to February 15, 1993. The survey was accomplished through cooperation among Save the Children Bangladesh Field Office, SCF/Headquarters and Johns Hopkins University Child Survival Support Program (PVO CSSP). The objective of the survey was to obtain baseline information on the health knowledge and practices of mothers with children under two years of age.

A Child Survival (CS) VIII project is being implemented by SCF/Bangladesh, a PVO with Headquarters in Westport/USA. The project is receiving US \$765,000 in A.I.D. funding from the Bureau for Food and Humanitarian Assistance/Office of Private and Voluntary Cooperation (FHA/PVC) to implement CS activities from September 30, 1992 to September 30, 1995.

The standardized survey questionnaire designed by the Johns Hopkins University PVO CSSP was refined by SCF/Bangladesh and SCF/Headquarters - it was based on a standardized format which A.I.D. is requiring of all PVO Child Survival projects. The field team received training in 30 cluster sample surveys facilitated by the PVO CSSP Survey Trainer David Newberry and SCF/Headquarters representative Loren Galvao. The training was conducted so that the SCF/ Bangladesh staff further can carry out this type of survey to measure project progress. The survey was accomplished in 15 days.

Major findings include: 68% of mothers started breastfeeding during the first eight hours after delivery; exclusive breastfeeding below 4 months of age was 43.2%; 25% of mothers reported that their child had received Vitamin A capsules; less than half of the mothers were treating diarrhea with either ORS or SSS; 61% of the mothers whose child had ALRI in the last 2 weeks sought treatment; the Immunization Overall Drop-out Rate [(BCG - Measles)/BCG x 100] was 57.97%; the contraceptive prevalence rate was 9.3%; 20.7% of the mothers visited a health site for prenatal care; the mother herself cut and tied the cord in 40.1% of the deliveries and TBAs in 45.1% of the deliveries in this sample; Women's Saving's Groups membership was 9.7% and 16.4% of mothers were able to read.

SCF/Bangladesh will use the survey results and recommendations in the design of the detailed implementation plan (DIP) for this CS VIII Child Survival project.

I. INTRODUCTION

A. Background information

Bangladesh is located in Southern Asia and has a total area of 57,295 sq. miles with a population of 116.6 million. The per capita GNP is \$200, with birth rate 39 per 1,000 population, population annual growth rate of 2.5% and a total fertility rate of 4.8 per woman. The infant mortality rate is 101 and the contraceptive prevalence is 31% (Source: UNICEF 1993).

Save The Children Federation Bangladesh Field Office (SCF/BFO) started to implement Child Survival activities in the middle 1980's: CSI from 1985 through 1988 and CS IV from 1988 through 1993. The CS VIII implementation started in September, 1992 to include Maternal Health/Family Planning (30%), Empowerment of Women (20%), Nutrition (20%), Immunization (10%), ORT (8%), ARI (5%), Vitamin A (5%) and Malaria Control (2%).

The IMR in the proposed project population most likely exceeds the national rate. BFO data indicates that for the old villages in Nasirnagar, the 1990 under-5 mortality rate exceeded 150 and the Infant Mortality Rate 120. The MotherCare Study in Nasirnagar documented low birth weight, prematurity, neonatal infections and obstetric complications to be major causes of death among very young infants. Nationally, 95% of deliveries are carried out at home, in the absence of trained personnel (source: NIPORT, 1989). Exclusive breastfeeding and weaning are almost nonexistent (unpublished study; Bangladesh National Breastfeeding campaign). Nationally, 95% of the population is aware of ORS but only 30% use it. Child and maternal malnutrition and Vitamin A deficiency are widespread. BFO data shows that in CS IV villages of Nasirnagar, proportions of malnourished children aged 0-11 months, 12-23 months and 24-35 months are 52%, 80% and 91% respectively. Night blindness was reported for 1.56% of the children aged 6 months to 6 years old in the Chittagong division (source: IPHN/UNICEF, 1989) which might be comparable to the CSVIII area. Women's status in these traditional rural societies is very low and the female literacy rate is about 10% in Nasirnagar (source: Bangladesh Government data, 1991).

B. Intervention area

Save The Children's Bangladesh Field Office proposed in its application for Child Survival VIII to cover a total population of 174,652 in eight unions (five unions of Nasirnagar Thana in Brahmanbaria District and three unions of Rangunia Thana in Chittagong District). The proposal was reviewed in April of 1992 by A.I.D. and it was agreed that the population to be covered would be of approximately 150,000 in seven unions (5 in Nasirnagar and 2 in Rangunia).

The BFO has now revised its plans, shifting all seven unions to Nasirnagar Thana and continuing working in Rangunia only in

four villages (previous CSIV areas). The main reason for this geographic shift is the volatile political situation which has developed in Rangunia since April, 1992: this would hinder effective programming and possibly result in insecurity to staff. Furthermore, a recent needs assessment and feasibility study supports the shift in emphasis from Rangunia to Nasirnagar for developmental as well as political reasons: logistic and transport systems are more accessible and efficient in Rangunia; basic services such as public health care, schools, electric power and irrigation are widely available in the area; literacy rates are higher; other development NGOs are initiating programs in Rangunia.

The project population will be covered in two phases. In the first year, the project will cover a population of roughly 124,000 (approximately 111,000 in Nasirnagar and 13,000 in Rangunia). In the second year, coverage will be extended to over approximately 26,000 people in Nasirnagar.

This baseline survey encompasses 6 unions, which is comprised of 26 villages, and a population of 64,264. The seventh union will have a baseline survey in the second year of project implementation. The overlapping area for CS IV and CS VIII (population of 58,977) was surveyed in the Final K&P survey for CS IV in a two day period following the 300 household interviews completed for CSVIII. In the overlapping area there is already some infrastructure in place.

The villages in the intervention area are either Muslim or Hindu, with Muslim population predominating. The women tend to marry very young although the legal age for marriage is now 18 years in Bangladesh.

C. Objectives of the survey

A standardized survey was carried out following an agreement between SCF and the PVO Child Survival Support Program (CSSP) at John Hopkins University. Subsequent arrangements were made by the project staff in collaboration with SCF to bring David Newberry, a survey trainer from PVO CSSP and Dr. Loren Galvao of SCF/Westport to Bangladesh to train the project staff in carrying out the survey. The SCF/BFO core staff would be adequately trained to conduct future Rapid K & P surveys with a minimum of external assistance.

The objectives of the survey are to provide SCF/BFO with knowledge and practice baseline information in the new impact area about the following issues:

* Mothers' knowledge (mothers of children under two) regarding: maternal care, family planning, appropriate weaning practices and nutrition, diarrheal disease control, immunizations, Vitamin A supplements and management of ARI.

* Mothers' practices related to the intervention areas mentioned above. The survey also attempts to assess women's empowerment by evaluating women's literacy levels, membership in Women's Saving's groups and participation in Income Generation Activities.

* Target groups for health education messages.

* Immunization card coverage rate of children (12-23 months) with BCG, DPT, OPV, and measles vaccine.

* Card coverage rate with Tetanus Toxoid (TT) of mothers of children under two

D. Schedule of activities

Dec/92-Jan/93

Communication and coordination with survey trainers prior to their arrival at project site.

January 31/93

Dr. Loren Galvao's arrival

February 1/93

David Newberry's arrival

February 1-3

Orientation to project and preliminary training of project coordinators - Core Team formation

Finalizing the questionnaire - 48 questions

Translation of the questionnaire into Bengali

Logistic preparation and preparation of materials

Training Preparation and assignments

February 4-6

Training of supervisors (4th)

Training of interviewers and supervisors (5th)

Field (Pilot) test of the teams & questionnaire including a debriefing and hand tabulations (6th)

Final adjustments and reproduced questionnaire

February 7-8

Data collection (two days) 300 interviews of 48 questions

Data entry files written for Epi/Info5 software program (7th)

February 8

Trained the supervisors in hand tabulation of data

February 9

Data entry into Epi/Info5 software program initiated - first 150 interviews completed

February 10
Initiation of Report Writing/Finalizing data entry (300 entered)

February 11
Data analysis and debriefing.

February 11
Feedback of the data to SCF/BFO staff and USAID

February 12
Report writing

February 13
Departure of David Newberry

February 14
Report Writing/Discussion with BFO Health staff

February 15
Finalized Draft Report

February/93
Feedback by SCF/BFO CS program manager to communities surveyed

II. METHODOLOGY

A. The questionnaire

The standardized survey questionnaire was designed by CSSP Johns Hopkins with assistance of US and international experts for the various intervention areas. Frequent discussions were held with SCF/Headquarters, SCF/BFO and CSSP survey trainer to further customize and finalize the standard questionnaire according to the actual CSVIII project interventions and the project area. The questionnaire was administered to mothers aged 14 to 45 with a child of under 24 months of age.

The questionnaire was composed of 48 questions.

Q# 1-2 deal with demographic data (age) and Women's Savings Group Membership.

Q# 3-5 collect data regarding mother's occupation and care takers

Q# 6-7 collect data on main health problem in the household and health care cost for last month in that household.

Q# 8-13 deal with breastfeeding and other nutrition practices

Q# 14-17 deal with growth monitoring and Vitamin A

Q# 18-25 deal with diarrheal disease control (practice and knowledge).

Q# 26-29 deal with ARI

Q# 30-37 child and mother immunization

Q# 38-46 child spacing and maternal care

Q# 47-48 mother's literacy

To assess "Women's Empowerment" an attempt was made by asking the questions on Women's Savings Groups membership, participation in Income Generation Activities and Literacy levels.

The questionnaire was first written in English and then translated into Bengali, the official language in Bangladesh. A translated version was presented to interviewers and supervisors during training. This was further refined for clarity of the intent of the questions.

B. Determination of sample size

The sampling methodology followed the 30 cluster sampling according to the WHO/EPI model.

For the determination of the sample sizes, the following formula was used

$$n = z^2 pq/d^2$$

where n = the sample size, z = statistical certainty chosen p = coverage rate; level of knowledge, and q = 1-p, d = degree of precision.

The sample size was set up in the following way: the degree of precision (d) was set up at 0.1 and the p was set up at 0.5. Thus, the resulting minimum sample size was 210, which was increased at 300.

The number of clusters was 30 with a sample size equal to 300. Thus, for each cluster ten mothers with children under two years of age were interviewed.

C. Selection of sample

The following methodology was used: the sampling interval was calculated by dividing the total population by 30; and using a random number as a starting point 30 clusters were chosen.

The starting point for each cluster was determined in the following manner: the center of the village was located and a random direction was selected. The households were counted towards that direction and the first household was randomly selected among them as a starting point household. The second and subsequent households were the ones which were nearest to the previous one, following always the same direction previously set by the team.

For each cluster, 10 mothers were interviewed in both intervention area. Due to time constraints, in cases that the mother was not available at the time of the interview another household was chosen (the household nearest to the last household).

D. Method of Data Analysis

The data analysis was performed in two different ways: by hand and by computer. The tabulation by hand was performed to allow field staff to understand completely all the steps of the survey process. The use of computer was performed for a more refined data analysis.

The data entry and analysis was done by computer using EPI/INFO 5.1 and Lotus. The data was also exported from Lotus to SPSS program for further use by BFO. For the data analysis frequencies were generated and some cross tabulations. BFO project staff will further develop other cross tabulations.

III. THE SURVEY

A. Training

There were 10 supervisors (project officers) and 15 female interviewers (community health workers and students), whose training lasted three days (including the pilot test). The training was carried out in Bengali by the Project Manager, the Senior Program Officer and the Computer System Manager.

The training included the purpose of the survey, sample size, sampling methodology, starting point, understanding of the meaning of each question and how to ask each question. Role plays were used to familiarize the interviewers with the technique to be used. Each interviewer was expected to role play the entire questionnaire 3 times and conducted three household interviews each during the field exercise.

The tasks of the supervisors and interviewers were also outlined. The three main tasks of the supervisors were to:

1. Select the starting point
2. Observe one interview each day

3. Check the questionnaires for accuracy and completeness and sign each when finished as their approval assurance

Finally, the interviewers and supervisors went out into a project area (that had not been selected as one of the 30 clusters) to interview 3 mothers for the pilot test. A debriefing session was held to deal with any questions that had arisen during the afternoon and to re-emphasize important points in preparation for data gathering the following day. Staff were available for input throughout the entire training process. The debriefing session after the pilot test was conducted by the Project Manager, the Senior Program Officer and Computer System Manager.

B. The interviews

The supervisors assured, during the data collection, an observation of an interview for each interviewer per day. They verified the questionnaire in order to check out its quality.

There were concerns for sensitive questions contained in the questionnaire, namely the maternal care questions on birth spacing, prenatal care and delivery. For this reason, the surveyors decided only to select female interviewers in order to make sure that the mothers interviewed were comfortable answering the questions thus assuring the reliability of the data. The male supervisors were asked to withdraw from all interviews just before the interviewer began the sensitive questions on maternal care. The three female supervisors were expected to remain throughout the entire interview.

IV. SURVEY RESULTS

A. Results of baseline survey

AGE CHILD |

MEAN AGE 9.06 MONTHS

AGE MOTHER |

MEAN AGE 26.02 YEARS

AGE RANGE FOR MOTHERS: 15 YEARS TO 45

AGE RANGE FOR CHILDREN: 0 MONTHS TO 23 MONTHS

Socio - Economic Characteristics

1.b Women's Savings Groups Membership	n=	%
yes	29	9.7
no	270	90.3
total	299	100.0
3. Do you work away from home?	n=	%
yes	16	5.4
no	283	94.6
total	299	100.0
4. Do you do any income generating work?	n	%
yes	31	10.3
no	269	89.7
total	300	100.0
5. Who takes care of (name of child) while you are away from home?	n=	%
N=441 (multiple answers possible)		
a. mother takes child with her	41	9.3
b. husband/partner	41	9.3%
c. older children	136	30.8
d. other relatives	112	25.3
e. neighbors/friends	96	22
f. maid	13	2.9
g. nursery school	2	0.4
h. never away from home	0	0

6. What is the main health problem in this household?

N=493

	n=	%
a. respiratory (cough, wheezing)	153	31
b. fever, convulsions	110	22.3
c. vomiting, diarrhea	94	19.1
d. OB/GYN (female problems)	9	1.8
e. rheumatoid & joint problems	65	13.2
f. other	62	12.6

7. How much did this family spend last month for health services?

n	= 245	
Sum	= 28221.00	TAKA
Mean	= 115.19	TAKA
Standard Deviation	= 220.67	
Range	= 0 to 1600	TAKA

Breastfeeding/ Nutrition

8. Are you breastfeeding (name of child)?

	n=	%
yes	296	98.7
no	4	1.3
total	300	100.0

9. Have you ever breast-fed (name of child)?

	n=	%
yes	4	100

10. After delivery, when did you breastfeed for the first time?

N=300

	n	%
1. During the first 1 hour	115	38.7
2. 1 to 8 hours	88	29.3
3. 8 to 72 hours	53	17.7
4. More than three days	40	13.3
4. Do not remember	4	1.3

11. a. Are you giving (name of child) water or sweetened water?

	n=	%
yes	159	53.0
no	141	47
total	300	100.0

b. Are you giving the child cow milk, goat milk or formula?

	n	%
yes	92	30.8
no	207	69.2
total	299	100.0

c. Are you giving (name of child) semisolid foods such as rice, gruels, porridge or formula?

	n=	%
yes	135	45.2
no	164	54.8
total	299	100.0

d. Are you giving (name of child) fruits or juices?

	n=	%
yes	109	36.5
no	190	63.5
total	299	100

e. Are you giving (name of child) carrot, squash, mango or papaya?

	n=	%
yes	85	28.5
no	213	71.5
total	298	100.0

f. Are you giving (name of child) leafy green vegetables, such as spinach?

	n=	%
yes	98	32.7
no	202	67.3
total	300	100.0

g. Are you giving (name of child) meat or fish?

	n=	%
yes	62	20.7
no	237	79.3
total	299	100.0

h. Are you giving (name of child) lentils or beans?

	n=	%
yes	85	28.4
no	214	71.6
total	300	100

i. Are you giving (name of child) eggs?

	n=	%
yes	68	22.7
no	232	77.3
total	300	100.0

12. When should a mother start adding foods to breastfeeding? N=300
- | | n= | % |
|--|-----|------|
| 1. start adding between 4 and 6 months | 69 | 23.1 |
| 2. start adding earlier than 4 months | 16 | 5.4 |
| 3. start adding 6 months or later | 153 | 51.1 |
| 4. doesn't know | 61 | 20.4 |
13. What should those additional foods to breastfeeding be? N=475
(multiple answers possible)
- | | n | % |
|----------------------------------|-----|------|
| a. doesn't know | 40 | 8.4 |
| b. gruels, porridge, chatu, rice | 186 | 39.2 |
| c. lentils, egg, meat, fish | 60 | 12.6 |
| d. fruits & vegetables | 112 | 23.6 |
| e. other | 77 | 16.2 |
14. Has (name of child) ever been weighed?
- | | n= | % |
|-------|-----|------|
| yes | 1 | 0.3 |
| no | 299 | 99.7 |
| total | 300 | 100 |
15. Does the child have a growth monitoring/promotion card?
- | | n= | % |
|-------|-----|-------|
| yes | 2 | 0.8 |
| no | 292 | 99.3 |
| total | 294 | 100.0 |

Vitamin A

16. Has (name of child) ever received vitamin "A" capsules?
- | | n= | % |
|-------|-----|-----|
| yes | 75 | 25 |
| no | 225 | 75 |
| total | 300 | 100 |
17. Why are vitamin "A" capsules given to a child?
n=299
- | | n= | % |
|-------------------------------|-----|------|
| 1. to make child strong | 33 | 11.0 |
| 2. to prevent night blindness | 107 | 37.8 |
| 3. unknown reasons | 159 | 53.2 |

Diarrheal Diseases

18. Children who had diarrhea during the last two weeks?
- | | n | % |
|-------|-----|------|
| yes | 86 | 28.7 |
| no | 214 | 71.3 |
| total | 300 | 100 |
19. During (name of child)'s diarrhea did you breast-feed?
- N=86
- | | n | % |
|------------------------|----|------|
| 1. more than usual? | 9 | 10.5 |
| 2. same as usual? | 41 | 47.7 |
| 3. less than usual? | 32 | 37.2 |
| 4. stopped completely? | 3 | 3.5 |
| 5. child not breastfed | 1 | 1.2 |
20. During (name of child)'s diarrhea, did you provide (name of child) with fluids other than breast-milk?
- N=86
- | | n | % |
|------------------------------|----|------|
| 1. more than usual? | 6 | 7 |
| 2. same as usual? | 15 | 17.4 |
| 3. less than usual? | 17 | 19.8 |
| 4. stopped completely? | 9 | 10.5 |
| 5. exclusively breastfeeding | 39 | 45.3 |
21. During (name of child)'s diarrhea, did you continue to provide (name of child) with solid/semisolid foods?
- N=86
- | | n | % |
|------------------------------|----|------|
| 1. more than usual? | 2 | 2.3 |
| 2. same as usual? | 13 | 15.1 |
| 3. less than usual? | 15 | 17.4 |
| 4. stopped completely? | 15 | 17.4 |
| 5. exclusively breastfeeding | 41 | 47.7 |
22. When (name of child) had diarrhea, what treatments, if any, did you use?
(multiple answers possible)
- N=114
- | | n | % |
|--|----|------|
| a. nothing | 12 | 10.5 |
| b. ORS sachet | 20 | 14.3 |
| c. sugar-salt solution | 7 | 6.1 |
| d. cereal based ORT | 11 | 9.6 |
| e. anti-diarrhea medicine or antibiotics | 51 | 44.7 |
| f. other | 13 | 11.4 |

23. What signs/symptoms would cause you to seek advice or treatment for (name of the child)'s diarrhea?
(multiple answers possible) N=597

	n	%
a. doesn't know	19	3.2
b. vomiting	119	19.9
c. fever	65	10.9
d. dry mouth, sunken eyes, decreased urine output (dehydration)	53	8.9
e. diarrhea of profuse and prolonged duration	142	23.8
f. blood in stool	10	1.7
g. loss of appetite	15	2.5
h. weakness or tiredness	125	20.9
i. other	49	8.2

24. What are important actions you should take if (name of child) has diarrhea?
(multiple answers possible)

N=395

	n	%
a. doesn't know	16	6.3
b. initiate fluids rapidly	10	2.5
c. give the child more to drink than usual	11	2.8
d. give the child smaller more frequent feeds	17	4.3
e. proper mixing and administration of ORS	120	30.4
f. take child to hospital/health center	175	44.3
g. feed more after diarrhea episode so child can gain weight	6	1.5
h. withhold fluids	1	.25
i. withhold foods	2	.5
j. other	37	9.4

25. What are important actions a mother should take when a child is recovering from diarrhea?
(multiple answers possible)

N=363

	n	%
a. doesn't know	42	11.6
b. give the child smaller more frequent feeds	67	18.5
c. more foods than usual	39	10.7
d. give foods with high caloric content	122	33.6
e. other	93	25.6

Acute Respiratory Illness

26. Has child been ill with cough or difficult breathing in the last two weeks?

	n	%
yes	106	35.3
no	194	64.7
total	300	100

27. Did child experience rapid (fast) difficult breathing (dyspnea) when ill?

	n	%
yes	98	93.3
no	7	6.7
total	105	100

28. Did you seek treatment for child when ill with these respiratory problems?

	n	%
yes	60	60.6
no	39	39.4
total	99	100.0

29. What are the signs/symptoms of respiratory infection that would cause you to take child to a health facility? (multiple answers possible) N=544

	n	%
a. doesn't know	16	2.9
b. fast or difficult breathing	208	38.2
c. chest indrawing	122	22.4
d. loss of appetite	13	2.4
e. fever	62	11.4
f. cough	94	17.3
g. other	29	5.3

Immunizations

30. Has (name of child) ever received any immunizations?

Distribution of Children by Ever Received any Vaccine

	Received					
	Yes		No		Does not know	
	Number	Percent	Number	Percent	Number	Percent
Age in months						
Upto 11	67	37.0%	112	61.9%	2	1.1%
12 to 23	76	64.4%	42	35.6%		

31. At what age should (name of child) receive measles vaccine?

MONTHS	Freq	Percent
1	1	0.3%
2	6	2.0%
3	20	6.7%
4	4	1.3%
5	12	4.0%
6	13	4.4%
7	1	0.3%
8	3	1.0%
9	24	8.1%
10	1	0.3%
11	0	0.0%
12	2	0.7%
18	1	0.3%
24	1	0.3%
99(do not know)	209	70.1%
Total	298	100

32. Can you tell me the main reason why pregnant women need to be vaccinated with tetanus toxoid vaccine?

N=299

	n	%
1. to protect both mother/newborn against tetanus	114	38.1
2. to protect <u>only</u> the woman against tetanus	61	20.4
3. to protect <u>only</u> the newborn against tetanus	15	5
4. doesn't know or other	109	36.4

33. How many tetanus toxoid injections does a pregnant woman need to protect the newborn infant from tetanus?

N=299

	n	%
1. one	11	3.7
2. two	91	30.4
3. more than two	124	41.5
4. none	1	0.3
5. doesn't know	72	24.1

34. Children who have an immunization card

	n	%
yes	81	27.2
no	217	72.8
total	298	100.0

35. Immunization coverage recorded on child's immunization card was cross tabulated with age of the child using SPSS program. The results of immunization coverage of children 12-23 are given below:

Distribution of Children Immunized by Card

	No		Yes	
	Number	Percent	Number	Percent
BCG				
Upto 11	142	78.5%	39	21.5%
12 to 23	89	74.8%	30	25.2%
OPV1				
Upto 11	139	76.8%	42	23.2%
12 to 23	88	73.9%	31	26.1%
OPV2				
Upto 11	156	86.2%	25	13.8%
12 to 23	95	79.8%	24	20.2%
OPV3				
Upto 11	165	91.2%	16	8.8%
12 to 23	96	80.7%	23	19.3%
DPT1				
Upto 11	139	76.8%	42	23.2%
12 to 23	86	72.3%	33	27.7%
DPT2				
Upto 11	157	86.7%	24	13.3%
12 to 23	92	77.3%	27	22.7%
DPT3				
Upto 11	166	91.7%	15	8.3%
12 to 23	94	79.0%	25	21.0%
Measles				
Upto 11	173	95.6%	8	4.4%
12 to 23	98	82.4%	21	17.6%

Dropout Rates

OVERALL DROP OUT RATE (BCG - Measles)/BCG X 100)

$$69 - 29/69 \times 100 = 57.97\%$$

DPT1 - DPT3 DROP OUT RATE (75 - 40)/75 x 100 = 46.7%

OPV1 TO OPV3 DROP OUT RATE (73 - 39)/73 x 100 = 47%

Maternal Care

36. Mothers who have a maternal health card
N=299

	n	%
yes	39	13.0
lost it or none	260	87.0

37. Mothers who have received TT vaccinations (according to the maternal health card) N=39

	n	%
one	7	17.9
two or more	31	79.5
none	1	2.6

38. Are you pregnant now? N=299

	n	%
yes	8	2.7
no	291	97.3

39. When do you want to have your next child? n=299

	n	%
Less than 2 years	17	5.9
2 to three years	26	9.0
Three or more years	86	29.7
No more children	81	27.9
Doesn't know	80	27.6

40. Are you currently using any method to avoid/postpone getting pregnant? n=291

	n	%
yes	27	9.3
no	264	90.7

41. What is the main method you or your husband are using now to avoid/postpone getting pregnant?

	n	%
1. tubal ligation/vasectomy	7	25.9
2. vasectomy		
3. Norplant		
4. Injections	7	25.9
5. pill	10	37.0
6. IUD	1	2.7
7. barrier method/diaphragm		
8. condom	2	7.4
9. foam/gel		
10. Other		
TOTAL	27	100%

42. How soon after a woman knows she is pregnant should she see a health professional (physician, nurse, midwife)? Multiple responses possible N=315

	n	%
1. first trimester, 1-3 months	72	22.9
2. middle of pregnancy, 4-6 months	72	22.9
3. last trimester, 7-9 months	23	7.3
4. no need to see health worker	45	14.3
5. doesn't know	103	32.7

43. What foods are good for a pregnant woman to eat to prevent pregnancy anemia? N=421
(multiple answers possible)

	n	%
a. doesn't know	78	18.5
b. proteins rich in iron (eggs, fish, meat)	172	40.1
c. leafy green vegetables, rich in iron	47	11.2
d. Iron tablets	42	10.0
e. Other	82	19.5

44. When you were pregnant with (name of child) did you visit any health site (dispensary/health center, aid post) for pregnancy/prenatal care?

	n	%
yes	62	20.7
no	238	79.3
total	300	100.0

45. During (name of child)'s pregnancy, was the amount of food you ate. n=300

	n	%
1. more than usual?	31	10.3
2. same as usual?	83	27.7
3. less than usual?	180	60.0
4. doesn't know	6	2.0

46. At the delivery of (name of child), who tied and cut the cord? N=319 (Multiple responses possible)

	n	%
1. yourself	128	40.1
2. family member	35	11.0
3. traditional birth attendant	144	45.1
4. health professional (physician, nurse or midwife)	9	2.8
5. other	3	0.9

47. What was the highest educational level you attained? N=300

	n	%
1. NONE	246	82.0
2. 1 to 5 years	46	12.0
3. 6 to 8 years	12	4.0
4. 9 or more years	5	2.0

48. Can you read this sentence?

	n	%
yes	49	16.4
no	250	83.6
total	299	100.0

Distribution of Children by Exclusive Breastfeeding

	Exclusive breastfeeding			
	No		Yes	
	Number	Percent	Number	Percent
Age in months				
Upto 3	50	56.8%	38	43.2%
4 to 23	187	88.2%	25	11.8%

Distribution of Children by Weaning Practice

	Weaning practice			
	No		Yes	
	Number	Percent	Number	Percent
Age in month				
Upto 3	66	75.0%	22	25.0%
4 to 6	19	50.0%	19	50.0%
7 to 23	20	11.5%	154	88.5%

B. Summary of results

Age Distribution

In Bangladesh age determination for mothers may be a problem. The interviewers were carefully trained to establish the correct age of mothers using a historical calendar. For under-two children age determination is not a problem; mothers could remember the Bangla dates and from that the supervisors could translate those into European style dates using diaries which contained Bangla and English dates.

The mean age of 9.06 months shows a good baseline cohort for most child survival interventions including immunizations. 181 (60.3 %) of children are between 0-11 months.

The mean age of mothers in the survey was 26.02 years. The range in mother's age was 15 to 45 years. It was noted that there were seven mothers in the 40 and older age group which may show an extended upper age curve. It should be noted that the strata from which some of the reported findings are drawn is small and the precision is less.

Socio - Economic Characteristics

Women's Savings group rate of membership was only 9.7%. This reflects the baseline nature of the new impact area and a general lack of intervention work by any groups in these areas. Socio-economic status and growing empowerment of the women may bring rapid change over the life of this project. Working away from the home was done only by 5.4% of the mothers interviewed. The most frequent caretaker of children under two years in age was older siblings. Other relatives and neighbors were also frequently used as caretakers of small children.

Health Situation and Estimated Expenditure for Health Care

Major, most recent (last two weeks) health problems occurring in the households interviewed include: respiratory, fever, diarrhea/vomiting and disabling joint problems. Among the "other" category scabies and skin infections were the main problems. OB/GYN was a small percentage probably because women were not asked directly and usually they do not consider their health problems as a real problem. The household's total estimated expenditure for health services was about 30,000 Taka for the last month. Excluding those who recovered without spending money, the average household expenditure was 161 Taka per household for health services. The potential use for such funds may be worth assessing over the next three years of the CSVIII project period.

Breastfeeding/Nutrition

98.7% of the mothers declare they breastfeed their children. Exclusive breastfeeding below 4 months was reported by 43.2% in this sample. 25% of the mothers started weaning practices when child was below 4 months of age; 50% of the mothers started weaning when child was between 4 and 6 months; 11.5% of children between 7 and 23 months were still being exclusively breastfed.

In general the survey findings show moderate levels of knowledge and practices related to nutrition and health. The mothers in this sample began nursing their babies during the first 8 hours by 68% and 85.3% began nursing their child within the first 72 hours.

Mother's knowledge about proper age to start weaning was found to be low, only 23.1%. The majority thought that weaning should begin 6 months or later (51.1%). The introduction of semisolid and solid foods with appropriate ingredients for protein was 12.6, for carbohydrates was 39.2 and fruits and vegetables was 23.6%. Further cross tabulation is recommended for this question.

Vitamin A

Only 25% of mothers reported their child had received vitamin A capsules but 37.8% knew that vitamin A would prevent night blindness.

Growth Monitoring

2 (0.7%) children out of the 294 children in the sample had a growth monitoring card. One child was weighed. Growth monitoring is not a component of the CSVIII project.

Diarrheal Disease

28.7% (86) of the children in the sample had diarrhea in the last two weeks. The seasonality of diarrheal disease was reported to be low during survey period. About 14.3% of mothers whose children had diarrhea used ORS packages and 6.1% used sugar-salt solution. A high ratio of mothers (44.7%) used medicine and treatment for their child's diarrhea. Respectively, 37.2% and 19.8% of the mothers whose children had diarrhea gave less breastmilk and less liquid.

8.9% of the mothers in the sample knew that dry mouth, sunken eyes, and decreased urine output are important symptoms of their children's diarrhea. Profuse and prolonged diarrhea was identified as danger signs of dehydration by 23.8% and "weakness"

was given by 21% of mothers. For the knowledge about what are the important actions when a child is recovering from diarrhea 33.6% of the mothers declare they give foods with high caloric content. "Other" actions was given by 25.6% of the respondents. Many of these observations focused on home treatment and good care was frequently identified as necessary action for recovery. Further cross tabulation is recommended for the ORT usage rate.

Acute Respiratory Illness

The prevalence rate for ARI was found to be 35.3%. SCF staff reported that the current season is considered low for ARI. The ALRI rate of complication was reported in 93.3% of the cases (98/105). 61% (60 out of 98) of the mothers whose children had ALRI sought treatment when their child was ill. Thirty eight percent reported that they would take their child to a health facility if they had fast or difficult breathing.

Immunizations

Only 27% of the children had immunization cards. According to hand tabulation, 18.3% (55/299) of the immunization cards were lost.

8.1% of the mothers in the sample knew that a child should be immunized against measles at nine months of age. While many mothers gave incorrect estimates, 70% did not know the correct age for measles immunization. 61.8% of the mothers in the sample did not know the main reason why a pregnant woman needs to be vaccinated against tetanus. 38.1% of the mothers in the sample declared that two injections were needed to protect a newborn against tetanus.

17.6% of the children (12-23 months) were immunized for Measles, by card only. The card immunization coverage for OPV3 was 19.3% and for DPT1 it was 27.7%. The dropout rate (DPT1-DPT3/DPT1 x 100) was 46.7% and the overall dropout rate (BCG - Measles/BCG x 100) was 57.97%. These findings are based on a small substrata of only 81 children with cards.

Maternal Care

13.0% of the mothers had a TT immunization card. According to the hand tabulation 30.2% of the TT immunization cards were lost. Among the mothers who had a maternal health card 79.5% (31/39) received two or more TT vaccinations.

67.0% of the mothers in the sample (excluding the pregnant women) did not want to have a child in the next three years. Among the mothers who want to space their next child, 90.7% are not using a modern method to avoid/postpone the pregnancy. The contraceptive prevalence rate is 9.3%. The numerator is 27 (the number of women using contraceptives) and

the denominator is 291 (the number of women in the sample minus the number of pregnant women).

77.2% of the mothers in the sample did not know when they should see a health professional when they know they are pregnant. 61.3 of the same women did identify protein foods, green leafy vegetables and iron tablets are important item of food which are good for a pregnant woman. 20.7% of all the mothers visited a health center when they were pregnant. 27.7% of the mothers in the sample ate during their pregnancy same as usual. 60% of all mothers surveyed reported eating less than usual during their pregnancy. At the delivery 40% of the mothers in this sample cut and tied their own cord at delivery. In 45.1% of the deliveries in this sample, TBAs cut and tied the cord.

Education and Literacy

82.0 of all mothers surveyed, did not receive any formal education. Only 16.4% were able to read.

C. Implications of the baseline data for the project

These data provide useful information for the future of the child survival project.

Women's Empowerment

Strengthening of the existing Women's Savings Groups and formation of new groups should be emphasized given the small percentage of members of WSG's in this sample. 9.7% of mothers are already members of WSG's; this has not been organized by SCF. It might be useful to know further about the nature of those groups and what strategy would be appropriate for SCF to work with them. Only 5.4% of the mothers are involved with some sort of income generating activities. It might be useful to further investigate the participants' socio-economic status. For planning Economic Development activities further collaboration with the Economic Development and Food Production Sectors should strongly emphasize targeting the most vulnerable groups and defining a strategy on how to better reach those groups. The extremely low literacy levels reported also call for further qualitative studies to prioritize and to define educational interventions that would be adequate for this project such as life skills training and child protective behaviors.

To assess Women's Empowerment during the development of indices child interactive behavioral skills could be included.

Breastfeeding/Nutrition

Breastfeeding practices do not seem to be a problem since 98.7% of the mothers were breastfeeding. In this sample the number of mothers who breastfed in the first eight hours was considered to be good (68%). The practice of breastfeeding in the first eight hours should be encouraged through continuous and innovative health education interventions.

Exclusive breastfeeding was 43.2%. Health education should strongly focus on increasing this rate.

There was some concern with the weaning practices. Mother's knowledge about proper age to start weaning was found to be low. Although 50% of mothers started weaning when the child was between 4 and 6 months, there was also concern with supplementation given that 11.5% of children between 7 and 23 months were still being exclusively breastfed. The weaning practices and food supplementation call for innovative health education activities. Further qualitative studies could be conducted to provide directions on the most effective educational interventions.

Vitamin A

Vitamin A capsules distribution should be one of the priorities for this intervention. Strong collaboration with MOH, UNICEF and IPHN is recommended.

Integration with the SCF/BFO Agriculture sector is highly recommended; kitchen gardens could be one of the activities. Through non-formal education families could be taught about Vitamin A rich food.

Growth Monitoring

Growth Monitoring will not be one of the interventions of the CSVIII project but if members of Women's Savings Groups demonstrate interest in this intervention, growth monitoring cards, scales and training will be provided to those groups.

Diarrhea Control

Twenty nine percent of the mothers interviewed reported that their child had an episode of diarrhea in the past two weeks; this is a significant percentage given that this is not considered the high season for diarrhea. Use of ORS packages and SSS was low in this sample. A considerably higher percentage of mothers whose child had diarrhea gave less breastmilk and liquids when child was ill. These results call for a special emphasis on diarrhea management in the CS intervention area. The ORT use, conditions that require medication and referral as well as preventive measures (such as education on water and sanitation)

should have a strong focus when developing a strategy for Diarrheal Disease Control. Health education activities may be conducted by community health workers and through the Women's Savings groups.

Acute Respiratory Illness

An initial assessment on the local resources for ARI referral is highly recommended. Based on this assessment an appropriate delivery system can be developed. Health education messages might be directed to mothers with emphasis on early detection of ARI and to health workers on diagnosis and competent treatment with antibiotics.

Immunizations

The number of TT immunization cards and children's Immunization cards was very low in this sample; a high percentage of cards were lost. Geographic and socio-cultural factors may affect card retention in the project area. Furthermore, the coverage by card may not reflect the true picture of the immunization coverage. Based on these issues, the main implications for the immunization intervention would be the following: a) increased coverage; b) emphasis on decreasing drop-out rates; and c) exploration of alternative ways of recording immunizations. SCF past experience with BCG as a marker is an example of an alternative way of "recording" immunizations. Culturally appropriate options could be a subject for further research.

All the messages in the immunization intervention should be emphasized. The knowledge about immunizations was low specially for Measles immunization. Many mothers (62%) did not know why they should be immunized against tetanus.

Careful assessment of all related factors for immunization such as actual number of immunization sessions and related factors should be assessed. A close relationship with the MOH structure will be extremely important for the positive outcomes of this intervention.

Maternal Care/Family Planning

The data presents a compelling reason for a strong Maternal Care and Family Planning component. The previous experience of SCF/BFO with the MotherCare project will facilitate the start-up of the maternal health intervention. A TBA training program and training of nurse midwives in case-management could be key interventions in Maternal Care. Emergency funds for obstetrical complications could be raised through the WSG's. Project staff should ensure a continuous strong relationship with all levels of referral for maternal care.

Although 67% of the mothers did not want to have another baby in the next three years, 90.7% were not using any contraceptive method. The reasons behind this lack of control women have over their own fertility deserve further exploration and a sensitive approach on the part of project staff. Moreover, condom use was extremely low in this sample (only two users). Project staff reported that a strong emphasis will be placed on Family Planning. The male population will also be targeted through innovative educational interventions by male health workers. It is highly recommended that an initial assessment of the contraceptive supplies in the area be performed and a further assurance of continuous supplies determined. Exploration of linkages with MOH and other institutions should be one of the key approaches.

A high percentage of the mothers in the sample did not know when they should first seek prenatal care (77.2%). Only 20.7% visited a health site for prenatal care. Health education messages should place strong focus on the importance of prenatal care. WSGs could also promote prenatal care.

Knowledge on what mothers should eat or take to prevent pregnancy anemia was good. The project should ensure the availability of iron tablets in the project area.

60% of the women in this sample ate less than usual during pregnancy. Based on observation of mothers in other SCF/BFO impact areas, the main reasons why pregnant women usually eat less than usual are that they "have fear of a difficult delivery due to the fact that the child would become too big" or due to other pregnancy symptoms such as nausea. The underlying cause could be the actual lack of financial resources or cultural beliefs. Health education will be carefully designed to address those issues as well as income generating activities. Further anthropological studies could be conducted if this practice does not change with the interventions throughout this project.

Malaria

For the Malaria intervention (only 2% of all interventions) a further assessment on the local resources available to prevent Malaria was recommended. Based on this assessment interventions should be planned.

D. National Data

Immunization levels from this survey can not be statistically compared with the national figures because the project immunization coverage is based on the immunization card and at national levels the immunization coverage is based on card and history. The immunization levels reported in this survey are for all children 12-23 months with immunization cards in this

sample. The number of immunization cards available was low and a high percentage of cards was lost.

The BCG coverage for the national rate is 86%; DPT3 is 69% and Measles 65% (Source: UNICEF, 1992).

For the Family Planning activity the national contraceptive prevalence rate is 31% (source: UNICEF, 1993) while for survey area is 9.3%. The fact that in this survey the mothers of children under two years old are interviewed may bias the sample suggesting very low contraceptive prevalence rates when compared to national rates.

Female literacy at the national level is 22% (source: UNICEF, 1993) while in this sample 16.4% of mothers were able to read. Government data also suggests that for Nasirnagar the literacy level is lower than the national levels: 10%.

V. FEEDBACK SESSIONS/ARRANGEMENTS

There was one feedback session held with SCF/BFO staff and the USAID representative in the SCF/Bangladesh Field Office in Dhaka. The feedback session was attended by the Field Office Director, the CSVIII Program Manager, the Senior Program Officer, the Computer Systems Manager, the JHU CSSP survey trainer, the SCF/Headquarters representative, Red Barnett Economic Development Program Manager and the Program Administrator.

A feedback session to field-based staff in Nasirnagar was planned for February 1993. The field staff will further provide feedback to the communities surveyed.

VI. SURVEY COSTS

A baseline survey for the expansion area (CSVIII) and a final evaluation survey (CS IV) were conducted simultaneously. Costs from line 1 through line 6 are 50% of the total cost for both surveys.

1.	Preparation of activities	\$274.
2.	Survey Training	\$ 47.
3.	Travel, fuel	\$224.
4.	Data Collection (interviewers)	\$374.
5.	Miscellaneous	\$ 65.
6.	Report/Forms Printing Cost	\$ 65.
	Subtotal:	\$1,049.
7.	Travel costs: airfare for SCF home office representative	\$1,959.45
8.	Local travel, meals and lodging for home office representative January 31 - February 18	\$1,217.84
	Total:	\$4,226.29

FVO Child Survival Knowledge & Practice Questionnaire
SAVE THE CHILDREN (USA) BANGLADESH FIELD OFFICE

IDNUM: _____

All questions are to be addressed to the mother with a child under two (less than 24 months old)

Interview date	___/___/93	Reschedule interview	___/___/93
	(dd/mm)		(dd/mm)
Community or Village	_____		
Cluster Number	_____	Household Number	_____
Interviewer's name and Signature	_____		
Cluster Number	_____	Household Interview Number	_____
Supervisor's signature	_____		
Community	_____		

1. Name and age of the mother
 - a. Name _____ Age (years) _____
 - b. Member of a Women's Savings Group YES ___ NO ___
2. Name and age of the child under two years old

Name _____

Birth date ___/___/___ (dd/mm/yy) Age in months _____

Mother's Occupation

3. Do you work away from home? (6 or more hours for 3 or more days a week)
 1. yes []
 2. no []
4. Do you do any "income generating work"? (multiple answers possible; record all answers)

a. nothing	[]
b. handicraft, embroidery, weaving	[]
c. Post harvest food processing	[]
d. Agricultural products for sale	[]
e. Vegetables and basic food production	[]
f. Live stock and poultry production	[]
f. servant/services	[]
g. Small trading, shop keeper,	[]
h. salaried worker	[]
i. other (specify) _____	[]

5. Who takes care of (name of child) while you are away from home? (who the regular caretaker of this child?)
(multiple answers possible; record each one)
- a. mother takes child with her
 - b. husband/partner
 - c. older children
 - d. mother-in-law
 - d. other relatives
 - e. neighbors/friends
 - f. maid
 - g. nursery school
 - h. never away from home
6. What is the main health problem of this household?
- 1. respiratory (cough, wheezing)
 - 2. fever, convulsions
 - 3. vomiting, diarrhea
 - 4. OB/GYN (female problems)
 - 5. rheumatoid & joint problems (aches and pains)
 - 6. other (specify) _____
7. How much did the last illness in this household cost to treat (including drugs and travel costs)?
- 1. currency amount [_ - , - - - . - -]
 - 2. doesn't know []

Breastfeeding/Nutrition

8. Are you breastfeeding (name of child) now?
- 1. yes ----> go to 11
 - 2. no
9. Have you ever breast-fed (name of child)?
- 1. yes
 - 2. no ----> go to 11
10. After the delivery, when did you breast-feed (name of child) for the first time?
- 1. during the first hour after delivery
 - 2. from 1 to 8 hours after delivery
 - 3. more than 3 days after delivery
 - 4. do not remember
11. a. Are you giving (name of child) water or sweetened water?
- 1. yes
 - 2. no
 - 3. doesn't know
- b. Are you giving (name of child) cow milk, goat milk, or formula?
- 1. yes
 - 2. no
 - 3. doesn't know

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- c. Are you giving (name of child) semisolid foods such as rice, gruels, porridge or semolina?
 1. yes []
 2. no []
 3. doesn't know []
- d. Are you giving (name of child) fruits or juices?
 1. yes []
 2. no []
 3. doesn't know []
- e. Are you giving (name of child) carrot, squash, mango or papaya?
 1. yes []
 2. no []
 3. doesn't know []
- f. Are you giving (name of child) leafy green vegetables, such as spinach?
 1. yes []
 2. no []
 3. doesn't know []
- g. Are you giving (name of child) meat or fish?
 1. yes []
 2. no []
 3. doesn't know []
- h. Are you giving (name of child) lentils?
 1. yes []
 2. no []
 3. doesn't know []
- i. Are you giving (name of child) eggs?
 1. yes []
 2. no []
 3. doesn't know []
12. When should a mother start adding foods to breastfeeding?
 1. start adding between 4 and 6 months []
 2. start adding earlier than 4 months []
 3. start adding 6 months or later []
 4. doesn't know []
13. What should those additional foods to breastfeeding be?
 (multiple answers possible; record all answers)
 a. doesn't know []
 b. gruels/porridge/chatu/rice []
 c. lentils/egg/meat/fish []
 d. fruits/vegetables []
 e. other (specify) _____ []

Growth Monitoring

14. Has (name of child) ever been weighed?
1. yes []
2. no []
3. don't know []
15. Does (name of child) have a growth monitoring/promotion card?
1. yes [] (must see card)
2. lost card []
3. no []
16. Has (name of child) ever received Vitamin "A" capsules?
1. yes []
2. no []
3. don't know []
17. Why is Vitamin "A" capsules given?
1. To make the child strong []
2. to prevent night blindness []
3. doesn't know []
4. Others, specify _____

Diarrheal Diseases

18. Has (name of child) had diarrhea during the last two weeks?
1. yes []
2. no [] ----> go to 23
3. doesn't know [] ----> go to 23
19. During (name of child)'s diarrhea did you breast-feed
(read the choices to the mother)
1. more than usual? []
2. same as usual? []
3. less than usual? []
4. stopped completely? []
5. child not breastfed []
20. During (name of child)'s diarrhea, did you provide (name of
child) with fluids other than breast-milk
- (read the choices to the mother)
1. more than usual? []
2. same as usual? []
3. less than usual? []
4. stopped completely? []
5. exclusively breastfeeding []
21. During (name of child)'s diarrhea, did you continue to provide
(name of child) with solid/semisolid foods
- (read the choices to the mother)
1. more than usual? []
2. same as usual? []
3. less than usual? []
4. stopped completely? []
5. exclusively breastfeeding []

22. When (name of child) had diarrhea, what treatments, if any, did you use? (multiple answers possible; record all answers)
- a. nothing []
 - b. ORS sachet []
 - c. sugar-salt solution []
 - d. cereal based ORT/barley water []
 - e. infusions or other fluids []
 - f. anti-diarrhea medicine or antibiotics []
 - g. other specify _____ []
23. What signs/symptoms would cause you to seek advice or treatment for (name of the child)'s diarrhea? (multiple answers possible; record all answers)
- a. doesn't know []
 - b. vomiting []
 - c. fever []
 - d. dry mouth, sunken eyes, decreased urine output (dehydration) []
 - e. diarrhea of prolonged duration []
 - f. blood in stool []
 - g. loss of appetite []
 - h. weakness or tiredness []
 - i. other (specify) _____ []
24. What actions should you take if (name of child) has diarrhea? (multiple answers possible; record all answers)
- a. doesn't know []
 - b. initiate fluids rapidly []
 - c. give the child more to drink than usual []
 - d. give the child smaller more frequent feeds []
 - e. proper mixing and administration of ORS []
 - f. take child to the hospital/health center []
 - g. feed more after diarrhea episode so that child can re-gain weight []
 - h. withhold fluids []
 - i. withhold foods []
 - j. other (specify) _____ []
25. What are important actions a mother should take when a child is recovering from diarrhea? (multiple answers possible; record all answers)
- a. doesn't know []
 - b. give the child smaller more frequent feeds []
 - c. more foods than usual []
 - d. give foods with high caloric content/good food []
 - e. other (specify) _____ []

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Respiratory Illness

26. Has (name of child) been ill with cough or difficult breathing in the last two weeks?
1. yes []
2. no [] ----> go to 29
27. Did (name of child) experience rapid (fast) difficult breathing (dyspnea) when ill?
1. yes []
2. no [] ----> go to 29
3. doesn't know [] ----> go to 29
28. Did you seek treatment for (name of child) when ill with these respiratory problems?
1. yes []
2. no []
29. What are the signs/symptoms of respiratory infection that would cause you to take (name of child) to a health facility? (Multiple answers possible; record all answers)
a. doesn't know []
b. fast or difficult breathing []
c. chest indrawing []
d. loss of appetite []
e. fever []
f. cough []
g. other (specify) _____ []

Immunizations

30. Has (name of child) ever received any immunizations?
1. yes []
2. no []
3. doesn't know []
31. At what age should (name of child) receive measles vaccine?
1. specify in months [___/___]
2. doesn't know [] (99)
32. Can you tell me the main reason why pregnant women need to be vaccinated with tetanus toxoid vaccine?
1. to protect both mother/newborn against tetanus []
2. to protect only the woman against tetanus []
3. to protect only the newborn against tetanus []
4. doesn't know or other []
33. How many tetanus toxoid injections does a pregnant woman need to protect the newborn infant from tetanus?
1. one []
2. two []
3. more than two []
4. none []

5. doesn't know []

34. Do you have an immunization card for (name of child)?
1. yes [] (must see card)
 2. lost it [] ----> go to 36
 3. never had one [] ----> go to 36

35. Look at the vaccination card and record the dates of all the immunizations in the space below (dd/mm/yy)

BCG		-- / -- / --
OPV	1st	-- / -- / --
	2nd	-- / -- / --
	3rd	-- / -- / --
DPT	1st	-- / -- / --
	2nd	-- / -- / --
	3rd	-- / -- / --

Measles -- / -- / --

MATERNAL CARE

36. Do you have a TT immunization card for you?
1. yes (must see card) []
 2. lost it ----> go to 38 []
 3. no ----> go to 38 []

37. Look at the TT immunization card and record the number of TT vaccinations in the space below:

1. one []
2. two or more []
3. none []

38. Are you pregnant now?
 1. yes ---> go to 42
 2. no
39. When do you want to have your next child?
 1. less than 2 years
 2. 2 to 3 years
 3. 3 or more years
 4. does not know
40. Are you currently using any method to avoid/postpone getting pregnant?
 1. yes
 2. no ---> go to 42
41. What is the main method you or your husband are using now to avoid/postpone getting pregnant?
 1. tubal ligation
 2. vasectomy
 3. Norplant
 4. injections
 5. pill
 6. IUD
 7. barrier method/diaphragm
 8. condom
 9. foam/gel
 10. exclusive breast-feeding
 11. other
42. How soon after a women knows she is pregnant should she see a health professional (physician, nurse, midwife)? (probe for months)
 1. first trimester, 1-3 months
 2. middle of pregnancy, 4-6 months
 3. last trimester, 7-9 months
 4. no need to see health worker
 5. doesn't know
43. What foods or other items are good for a pregnant woman to eat or take to prevent pregnancy anemia?
 (multiple answers possible; record all answers)
 a. doesn't know
 b. proteins rich in iron (eggs, fish, meat)
 c. leafy green vegetables, rich in iron
 d. iron tablets
 d. other (specify) _____

44. When you were pregnant with (name of child) did you visit any health site (dispensary/health center, aid post) for pregnancy/prenatal care?

- 1. yes []
- 2. no []

45. During (name of child)'s pregnancy, was the amount of food you ate

(read the choices to the mother)

- 1. more than usual? []
- 2. same as usual? []
- 3. less than usual? []
- 4. doesn't know []

46. At the delivery of (name of child), who tied and cut the cord?

- 1. yourself []
- 2. family member []
- 3. traditional birth attendant []
- 4. health professional (physician, nurse or midwife) []
- 5. other (specify) _____ []
- 6. doesn't know []

47. What was the highest educational level you attained?

- 1. 0 []
- 2. 1 to 5 years does not read []
- 3. 6 to 8 years []
- 4. 9 or more years []

48. Can you read this this sentence?

- 1. yes []
- 2. no []

এস.সি/বি.এফ.ও- সি.এস-

8

৮

আই.ডি. নং

সেভ দি চিলড্রেন (ইউ. এস. এ)
বাংলাদেশ ফিল্ড অফিস

মায়ের
শিশু প্রতিরক্ষা বিষয়ক জ্ঞান ও আচরণ
বিষয়ক জরীপ প্রশ্নপত্র

(প্রশ্নপত্রটি শুধুমাত্র দুই বৎসরের কম বয়সী শিশুর মায়াদের
সাক্ষাৎকারের জন্য ব্যবহৃত হবে)

সাক্ষাতের তারিখ: ----- / ----- / -----,
দিন মাস সন

সাক্ষাতকার গ্রহণকারীর নাম:-----
স্বাক্ষর:-----
পরিদর্শকের নাম:-----
স্বাক্ষর:-----

গ্রাম:-----
পুঙ্খ নং:-----
ক্রমিক নং:-----

– পরিচিতি ও আনুষ্ঠানিক বিষয়কঃ–

১। (ক) শিশুর মায়ের নামঃ-

বয়সঃ-

বৎসর

(খ) মা কোন সঙ্ঘীয়দলের সদস্য কিনা? - (১) হ্যাঁ (২) না

২। (ক) শিশুর নামঃ-----

(খ) শিশুর জন্ম তারিখঃ-----/-----/-----/ (দিন/মাস/সন)

(গ) শিশুর বয়স (পরিপূর্ণ মাসে)ঃ-----মাস

৩। আপনি বাড়ীর বাহিরে দূরে কোথাও কোন কাজ করেন কি? (দৈনিক ৬-৭ ঘন্টা করে সপ্তাহে অন্ততঃ ৩ বা ততোধিক দিন) (১) হ্যাঁ (২) না

৪। আপনি উপার্জনের জন্য কোন আয় মূলক কাজ করেন কি? (একাধিক উত্তর সম্ভব, সব ক'টি লিপিবদ্ধ করুন)

- (১) না
- (২) হস্ত শিল্প সূচীকর্ম, তাঁত/বুনন
- (৩) শস্য প্রকৃষাজাত করণ (ফসল কাটার পর)
- (৪) ফসল/শাকসজ্জি বিক্রয়
- (৫) বিক্রয়ের জন্য খাদ্যদ্রব্য/শাকসজ্জী উৎপাদন
- (৬) গবাদি পশু এবং হাঁসমুরগীর খামার করা
- (৭) চাকুরী/ভৃত্য
- (৮) ক্ষুদে ব্যবসা, দোকান করা
- (৯) বেতনভুক্ত কোন কাজ করা
- (১০) অন্য কোন কাজ, লিখুনঃ-

৫। আপনি ঘরের/বাড়ীর বাইরে কোথাও গেলে (শিশুর নাম) কে কে রাখে/দেখাশোনা করে?
(একাধিক উত্তর সম্ভব, সবগুলো লিপিবদ্ধ করুন)

- (১) মা শিশুকে সাথে করে নিয়ে যান
- (২) স্বামী/সঙ্গী
- (৩) বড় ছেলে- মেয়ে
- (৪) শাশুড়ী
- (৫) অন্য কোন আত্মীয়/স্বজন
- (৬) প্রতিবেশী/বন্ধু
- (৭) কাজের মেয়ে/চাকরানী
- (৮) বাচ্চাদের স্কুলে পাঠিয়ে দেন
- (৯) সাধারণতঃ বাড়ীর বাহিরে যান না

৬। আপনার পরিবারে প্রধান স্বাস্থ্য সমস্যা কি? (কি ধরনের অসুখ সাধারণতঃ লেগেই থাকে/বেশী হয়)

- (১) সর্দি-কাশি জার্তীয়/শ্বাস জনিত রোগ
- (২) জ্বর, খিচুনি
- (৩) দাঙ্গ -বমি/ পেটের অসুখ
- (৪) স্ত্রী রোগ
- (৫) বাত-ব্যথা- বেদনা
- (৬) অন্যান্য, লিখুনঃ-

৭। গত মাসে আপনার পরিবারে অসুখ-বিসুখের চিকিৎসায় কত টাকা খরচ হয়েছে (ঔষধ পথ্য - ডাক্তার এবং যাতায়াত সহকারে)?

- (১)টাকা
- (২) জানিনা

- বুকের দুধ খাওয়ানো/পষ্টি বিষয়ক-

৮। আপনি কি (শিশুর নাম) কে এখনও বুকের দুধ খাওয়াচ্ছেন?

- (১) হ্যাঁ - - - -> ১০ নং প্রশ্নে যান
- (২) না

৯। আপনি কি কখনো (শিশুর নাম) কে বুকের দুধ দিয়েছেন?

- (১) হ্যাঁ
- (২) না - - -> ১১ নং প্রশ্নে যান

১০। প্রসবের কতক্ষণ/কত সময় পর সর্বপ্রথম আপনি (শিশুর নাম) কে বুকের দুধ খেতে দিয়েছেন?

- (১) প্রসবের ১ ঘন্টার মধ্যে
- (২) প্রসবের পর ১ থেকে ৮ ঘন্টার মধ্যে
- (৩) প্রসবের পর ৮ঘন্টা থেকে ৩ দিনের মধ্যে
- (৪) প্রসবের ৩দিনের পরে
- (৫) মনে নেই

১১। (ক) আপনি কি (শিশুর নাম) কে পানি/চিনির বা মিথ্রির পানি খাওয়ান/দিচ্ছেন?

(১) হ্যাঁ

(২) না

(খ) আপনি কি (শিশুর নাম) কে গরু/ছাগল/টিনের দুধ খাওয়ান/দিচ্ছেন?

(১) হ্যাঁ

(২) না

(গ) আপনি কি (শিশুর নাম) কে আধা শক্ত/নরম খাবার যেমন পায়ের, চাউলের গুড়ো, সুজি-
খাওয়ান/ খেতে দেন?

(১) হ্যাঁ

(২) না

(ঘ) আপনি কি (শিশুর নাম) কে কোন ফল/ফলের রস খাওয়ান/ খেতে দেন?

(১) হ্যাঁ

(২) না

(ঙ) আপনি কি (শিশুর নাম) কে পেপে, আম, মিষ্টি কুমড়া, গাজর ইত্যাদি খাওয়ান/খেতে দেন?

(১) হ্যাঁ

(২) না

(চ) আপনি কি (শিশুর নাম) কে সবুজ শাকসব্জী যেমন পালংশাক/পুইশাক- খাওয়ান/ খেতে দেন?

(১) হ্যাঁ

(২) না

(ছ) আপনি কি (শিশুর নাম) কে মাছ-মাংস খাওয়ান/খেতে দেন?

(১) হ্যাঁ

(২) না

(জ) আপনি কি (শিশুর নাম) কে ডাল খাওয়ান/ খেতে দেন?

(১) হ্যাঁ

(২) না

(ঝ) আপনি কি (শিশুর নাম) কে ডিম খাওয়ান/ খেতে দেন?

(১) হ্যাঁ

(২) না

- ডায়রিয়া বিষয়ক -

১৮। গত ২ সপ্তাহের মধ্যে কখনো (শিশুর নাম) এর ডায়রিয়া/পাতলা পায়খানা হয়েছিল কি?

- (১) হ্যাঁ
- (২) না - - - > ২৩ নং প্রশ্নে যান
- (৩) জানিনা - - - > ২৩ নং প্রশ্নে যান

১৯। (শিশুর নাম) এর পাতলা পায়খানা/ডায়রিয়ার সময় আপনি কি (শিশুর নাম) কে বুকের দুধ খাইয়েছিলেন?

(উত্তর গুলো মা কে পড়ে শোনান)

- (১) সচরাচরের চেয়ে বেশী ?
- (২) সচরাচরের মতই ?
- (৩) সচরাচরের চেয়ে কম?
- (৪) বন্ধ করেছিলেন ?
- (৫) বাচ্চা বুকের দুধ খেতনা

২০। (শিশুর নাম) এর পাতলা পায়খানার সময় (শিশুর নাম) কে বুকের দুধ ছাড়া আর অন্য কোন পানীয়/তরল খাবার দিয়েছিলেন কি?

(উত্তর গুলো মাকে পড়ে শোনান)

- (১) সচরাচরের চেয়ে বেশী পরিমাণে
- (২) সচরাচরের মতই
- (৩) সচরাচরের চেয়ে কম পরিমাণে
- (৪) সম্পূর্ণ বন্ধ করে দিয়েছিলেন
- (৫) শুধুমাত্র বুকের দুধই দিয়েছিলেন

২১। (শিশুর নাম)-এর পাতলা পায়খানার সময়ে, যে সব শক্ত বা আধা শক্ত খাবার (শিশুর নাম) কে খাওয়াচ্ছিলেন সে সব খাওয়ানো কি চালিয়ে গিয়েছিলেন?

(উত্তর গুলো মা কে পড়ে শোনান)

- (১) আরও বেশী পরিমাণে খাইয়েছিলেন
- (২) একই পরিমাণে খাইয়েছিলেন
- (৩) সচরাচরের চেয়ে কম পরিমাণে খাইয়েছিলেন
- (৪) সে সব খাবার বন্ধ করে দিয়েছিলেন
- (৫) শুধুমাত্র বুকের দুধই দিয়েছিলেন

২২। (শিওর নাম)-এর পাতলা পায়খানার সময় কোনও/কি কি চিকিৎসা করেছিলেন?

(একাধিক উত্তর সম্ভব, সবগুলোই লিপিবদ্ধ করুন)

- (১) কোন চিকিৎসা করান নি
- (২) পেকেটের স্যালাইন
- (৩) লবন-ওড়ের সরবত
- (৪) চাউলের গুড়ো/শস্যকনা/বার্লি রোধে
- (৫) স্যালাইন বা অন্য কোন ইনজেকশন
- (৬) পায়খানা বন্ধ করার কোন ঔষধ বা এন্টিবায়োটিক
- (৭) অন্যান্য, লিখুন -

২৩। (শিওর নাম) এর পাতলা পায়খানা হলে কি কি লক্ষণ/উপসর্গ দেখলে উপদেশ বা চিকিৎসার প্রয়োজন মনে করবেন/চিকিৎসা করতে নিয়ে যাবেন?

(একাধিক উত্তর সম্ভব, সবগুলো লিপিবদ্ধ করুন)

- (১) জ্ঞানিনা
- (২) বমি
- (৩) জ্বর
- (৪) মুখ শুকনো, চোখ বসে যাওয়া, প্রস্রাব কমে যাওয়া
- (৫) পাতলা পায়খানা (অনেক দিন) চলতে থাকলে
- (৬) পায়খানার সংগে রক্ত
- (৭) খাবারে অরুচী
- (৮) ক্লান্তি ও দুর্বলতা
- (৯) অন্যান্য, লিখুন

২৪। (শিওর নাম) এর ডায়রিয়া/পাতলা পায়খানা হলে আপনি কি কি করবেন?

(একাধিক উত্তর সম্ভব, সবগুলো লিপিবদ্ধ করুন)

- (১) জ্ঞানিনা
- (২) সত্বর প্রচুর পানীয়/তরল খাবারের ব্যবস্থা
- (৩) শিওকে বেশী করে পানি খেতে দিবেন
- (৪) শিওকে অল্প করে বারে বারে খেতে দিবেন
- (৫) সঠিক ভাবে ভৈরী করে খাবার স্যালাইন দিবেন
- (৬) হাসপাতালে/স্বাস্থ্য কেন্দ্রে নিয়ে যাবেন
- (৭) ডায়রিয়া ভাল হলে বাস্তব স্বাস্থ্য ফিরে পাবার জন্য বেশী করে খাওয়াবেন
- (৮) পানীয় বন্ধ করে দিবেন
- (৯) খাবার বন্ধ করে দিবেন
- (১০) অন্যান্য লিখুন-

২৫। শিশু পাতলা পায়খানা থেকে ভাল হয়ে উঠলে একজন মায়ের কি কি ব্যবস্থা নেওয়া উচিত?

(একাধিক উত্তর সম্ভব, সবগুলো লিপিবদ্ধ করুন)

- (১) জ্ঞানিনা
- (২) শিশুকে অল্প করে বারে বারে খাওয়াবেন
- (৩) সাধারণের চেয়ে বেশী পরিমাণে খাওয়াবেন
- (৪) বেশী শক্তিদায়ক খাবার/ডাল ভাল খাবার দিবেন
- (৫) অন্যান্য, লিখুনঃ

— শ্বাসকষ্ট বিষয়ক —

২৬। গত দুই সপ্তাহের মধ্যে (শিশুর নাম) এর কাশি-কিংবা শ্বাস কষ্ট জনিত অসুখ হয়েছিল কি?

- (১) হ্যাঁ
- (২) না - - - - -> ২৯ নং প্রশ্নে যান

২৭। উক্ত অসুস্থতার সময় (শিশুর নাম) কি দ্রুত ভাবে শ্বাস নিতে এবং শ্বাস নিতে কষ্ট হতো?

- (১) হ্যাঁ
- (২) না - - - - -> ২৯ নং প্রশ্নে যান
- (৩) জ্ঞানিনা - - - - -> ২৯ নং প্রশ্নে যান

২৮। (শিশুর নাম) এর শ্বাস কষ্ট জনিত অসুখের সময় চিকিৎসা করিয়েছিলেন কি?

- (১) হ্যাঁ
- (২) না

২৯। (শিশুর নাম)-এর শ্বাস কষ্ট জনিত কি কি লক্ষণ বা উপসর্গ দেখলে তাকে চিকিৎসার জন্য স্বাস্থ্যকেন্দ্রে নিয়ে যাবেন/ যাওয়া উচিত?

(একাধিক উত্তর সম্ভব, সবগুলো লিপিবদ্ধ করুন)

- (১) জ্ঞানিনা
- (২) দ্রুত শ্বাস নেওয়া অথবা শ্বাস নিতে কষ্ট হওয়া
- (৩) শ্বাস নিতে বুকের মাংস/খাঁচা ভিতরে ঢুকে যাওয়া
- (৪) খাবারে অরুচী
- (৫) জ্বর
- (৬) কাশি
- (৭) অন্যান্য লিখুনঃ-

- টিকা বিষয়ক -

৩০। (শিশুর নাম) কে কখনো কি কোন টিকা/ইন্জেকশন দিয়েছেন/দেওয়া হয়েছে?

- (১) হ্যাঁ
- (২) না -/-
- (৩) জানিনা

৩১। কত বয়সে (শিশুর নাম) এর হামের টিকা নেওয়া উচিত (নিয়েছে)?

- (১) -- মাস বয়সে
- (২) জানিনা

৩২। আপনি কি আমাকে বলতে পারেন গর্ভবতী মা'দের কেন টিটানাস টপ্পয়েড (টিটি) ইন্জেকশন নেওয়া উচিত?

- (১) মা ও নবজাত শিশুকে ধনুষ্টংকার রোগ থেকে রক্ষা করার জন্য
- (২) শুধু মাত্র মাকে ধনুষ্টংকার রোগ থেকে রক্ষা করার জন্য
- (৩) শুধুমাত্র নবজাত শিশুকে ধনুষ্টংকার রোগ থেকে রক্ষা করার জন্য
- (৪) জানিনা বা অন্যান্য

৩৩। নবজাত শিশুকে ধনুষ্টংকার রোগ থেকে রক্ষা করার জন্য গর্ভবতী মাকে কয়টি টিটানাস টপ্পয়েড ইন্জেকশন নিতে হয়?

- (১) ১টি
- (২) ২টি
- (৩) ২টির বেশী
- (৪) একটিও না
- (৫) জানিনা

৩৪। (শিশুর নাম) এর টিকার কার্ড আছে কি?

- (১) হ্যাঁ -> (অবশ্যই কার্ডটি দেখতে হবে)
- (২) ছিল, হারিয়ে গিয়েছে - - - -> ৩৬ নং প্রশ্নে যান
- (৩) কখনোই ছিল না - - - -> ৩৬ নং প্রশ্নে যান

৪১। গর্ভনিরোধের জন্য আপনি বা আপনার স্বামী এখন অন্য নিয়ন্ত্রণের কোন পদ্ধতি ব্যবহার করছেন?

- (১) লাইগেশন
- (২) ভেসেকটমি
- (৩) নরপ্র্যাট
- (৪) ইনজেকশন
- (৫) বড়ি
- (৬) আই. ইউ. ডি/কপার-টি
- (৭) ডায়াফ্রাম
- (৮) কনডম
- (৯) ফোম/জেল
- (১০) অন্যান্য, লিখুনঃ-

৪২। গর্ভের কতমাসের সময় একজন গর্ভবতী মা একজন স্বাস্থ্য বিশেষজ্ঞের (ডাক্তার, নার্স-মিড ওয়াইফ) সংগে দেখাকরা উচিত/পরামর্শ করা উচিত? (খুটিয়ে জিজ্ঞেস করুন গর্ভের কত মাসের সময়)

- (১) গর্ভের প্রথম ৩ মাসের মধ্যে, ১-৩ মাস
- (২) গর্ভের মাঝামাঝি অবস্থায়, ৪-৬ মাস
- (৩) গর্ভের শেষ ৩ মাসের সময়, ৭-৯ মাস
- (৪) স্বাস্থ্য কর্মির সংগে পরামর্শের প্রয়োজন নাই
- (৫) জানিনা

৪৩। গর্ভকালীন সময়ে রক্ত স্বচ্ছতা/শূন্যতা রোধ করার জন্য একজন গর্ভবতী মায়ের কি ধরনের খাবার বা অন্য কিছু গ্রহণ করা প্রয়োজন?

- (১) জানিনা
- (২) আয়রন সমৃদ্ধ আমিষ জাতীয় খাবার (ডিম, মাছ, মাংস)
- (৩) আয়রন সমৃদ্ধ সবুজ শাকসব্জী
- (৪) আয়রন রুড়ি
- (৫) অন্যান্য, লিখুনঃ-

৪৪। (শিশুর নাম) গর্ভে থাকাকালীন সময়ে গর্ভকালীন যত্নের ব্যাপারে কখনো 'কি কোনও স্বাস্থ্য/মাতৃ কেন্দ্রে (ডিসপেনসারী, স্বাস্থ্যকেন্দ্র, হেলথ পোস্ট) গিয়েছিলেন?

- (১) হ্যাঁ
- (২) না

৫/৭

৪৫। (শিঙুর নাম) গর্ভে থাকাকালীন সময়ে আপনি কি রকম খেয়েছিলেন?

(উত্তর গুলো মাকে পড়ে শোনান)

- (১) সচরাচরের চেয়ে বেশী
- (২) সচরাচরের মতই
- (৩) সচরাচরের চেয়ে কম
- (৪) জানিনা/মনে নেই

৪৬। জন্মের সময় (শিঙুর নাম) এর নাড়/নাভী কেটেছিল ও বেঁধেছিল কে?

- (১) আপনি নিজে
- (২) পরিবারের কেহ
- (৩) দাইমা
- (৪) কোন স্বাস্থ্য কর্মি (ডাক্তার, নার্স, মিডওয়াইফ)
- (৫) অন্যকেহ, লিখুন-
- (৬) জানিনা

৪৭। আপনি কত বৎসরের শিক্ষা সম্পন্ন করেছেন?

- (১) ০
- (২) ১-৫ বৎসর
- (৩) ৬-৮ বৎসর
- (৪) ৯ বা ততোধিক বৎসর

৪৮। আপনি কি এই লেখাটি পড়তে পারেন?

- (১) হ্যাঁ
- (২) না

‘এই সাক্ষাতকারে আপনার
সার্বিক সহযোগিতার জন্য
আপনাকে আন্তরিক ধন্যবাদ’।

TRAINING AGENDA

DAY 1
February 4, 1993

Focus: Training of Supervisors

<u>Time</u>	<u>Activity</u>
1:30-2:00	Introductions
2:00-2:20	State purpose & objectives of the K & P survey (D.N., L.G.)
2:20-2:30	Present time frame of the survey activity, analysis of results, report writing and feedback to community and staff (D.N., L.G.)
2:30-3:00	Read the questionnaire
3:00-4:00	Review sampling methodology, sample size and household selection/Role play (Nazmul)
4:00-4:15	Break
4:15-4:30	Review of starting point/Role play (Nazmul)
4:30-5:15	Explain purpose of each question (Najma)
5:15-5:30	Review role of supervisors/Assignments (Afzal)

DAY 2
February 5, 1993

Focus: Training of Supervisors and Interviewers

<u>Time</u>	<u>Activity</u>
8:30-9:00	Review day before and Introductions
9:00-9:20	State Purpose of the K&P survey (D.N., L.G.)
9:20-9:30	Present the time frame of the survey activity, analysis of results, report writing and feedback to community staff (D.N., L.G.)
9:30-10:00	Read questionnaire
10:00-10:30	Explain purpose of each question (Najma)
10:30-10:45	Break

10:45-11:45	Review questions and how to code/mark responses (Afzal)
11:45-12:30	Review consistency of language, and the presentation of the questions. Group exercise, prepare lexicon (Najma and Afazal)
12:30-1:30	Role play/Interviews
1:30-2:00	Lunch
2:00-2:30	Review sampling methodology and starting point (Nazmul)
2:30-3:45	Review data tables and analysis procedures (Nazmul)
3:45-4:00	Break
4:00-5:00	Demonstration of bad and good interview/Role plays (Najma and Afzal)
5:00-5:30	Review role of supervisors and interviewers/ Review check list
5:30-6:00	Date/Venue Report/Site Assignment

DAY 3

February 6, 1993

Time	Activity
9:00-12:00	Field test/Each supervisor and interviewer completes at least 3 surveys in test area.
12:00-1:00	Lunch
1:00-3:00	Discussion/Review field activities, each team member presents constraints and lessons learned.
3:00-3:30	Pending issues/ Wrap-up

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