Report

Impact Assessment of Bochagonj CHW project

Submitted To,

Good Neighbors Bangladesh

Submitted By,

NielsenIQ

The Nielsen Company (Bangladesh) Limited

Acknowledgement

With great pleasure, joy and enthusiasm, I am writing this acknowledgment page for the report of "Impact Assessment for Bochaganj CHW project" for Good Neighbors Bangladesh. We, the study team, believe this work would not have been possible without the cordial support from Good Neighbors Bangladesh.

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Yours sincerely,

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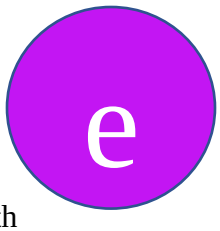
Glossary

Acronyms	
ANC	Ante Natal Care
BDHS	Bangladesh Health Survey
BMRC	Bangladesh Medical Research Council
CAPI	Computer Administered Personal Interview
CC	Community Clinic
CDP	Community Development Project
CHCP	Certification of Health Care Provider
CHW	Community Health Worker
CM	Community
FGD	Focused Group Discussion
FP	Family Planning
FWA	Family Welfare Assistant
FWC	Family Welfare Centers
FWV	Family Welfare Visitor
GNB	Good Neighbors Bangladesh
GOV	Government
HA	Health Assistant
HBS	Hepatitis B Surface antigen
IQC	Independent Quality Controller
IRB	Institutional Review Board
IUD	Intra-Uterine Devices
KOICA	Korea International Cooperation Agency
LAM	Lactational Amenorrhea Method
MBBS	Bachelor of Medicine, Bachelor of Surgery
MCWC	Maternal & Child Welfare Centre
MDG	Millennial Development Goals
MMR	Maternal Mortality Ratio
MNCH	Maternal, Neonatal & Child Health
MNH	Maternal & Neonatal Health
NMR	Neonatal Mortality Ratio
NGO	Non-Government Organization
PNC	Post Natal Care
RDW	Recently Delivered Women
SACMO	Sub Assistant Community Medical Officers
SBA	Skilled Birth Attendants
SDG	Sustainable Development Goals
TBC	Telephone Back Check
TTBA	Trained Traditional Birth Attendant
UH&FWC	Union Health & Family Welfare Centre

Executive Summary



Implemented by Good Neighbors Bangladesh (GNB), the Community Health Workers (CHWs) project is a larger scale in Bochaganj, Dinajpur supported by Korea International Cooperation Agency (KOICA). The title of this project is 'Improvement of Maternal and Neonatal health through Community Health Workers Mobilization in Bochagnaj, Bangladesh' and the project implementation area was Nafanagar & Ishania Union, Bochaganj Upazila, Dinajpur, Bangladesh. This was a 3-year duration project from January 2019 to December 2021. Now that the project is almost at the end of its project cycle, GNB initiated an impact assessment study to understand the project impact on the beneficiaries of its intervention. The purpose of the Impact Assessment was to measure the impact of the project by conducting an end-line survey and comparing it with baseline survey results. Also, for a better understanding on the project impact over the lives of the people of the project intervention area, the study also adopted case-control method and included a control area (Atgaon) which was a nearby union of the intervention locations. Thus the study was conducted in three union of Bochaganj upazila under Dinajpur district namely Nafanagar, Ishania and Atgaon. The findings of this study will contribute to understand the project impact over the beneficiaries, to assess the strengths and weaknesses of the project and to design the implementation plan for future project intervention to improve the Maternal and Neonatal health in Bangladesh. It will also enable to design future coherent program intervention among partners.

In this assessment, both quantitative and qualitative methods were used. Three different profiles were interviewed in the quantitative study, including Recently Delivered Women (RDW), CHW and household members of the RDW. For the qualitative study, Focus Group Interviews (FGI) were conducted with the CHWs. The interviewees were assessed based on their sociodemographic characteristics, knowledge on ANC (Ante Natal Care) and PNC (Pre-Natal Care), danger signs of delivery, pregnancy and newborn care, family planning methods etc. The assessment of the target respondents has been done care on two categories. **i.)** Comparison between Intervention area (Ishania and Nafanagar) and Control area (Atgaon), **ii.)** Comparison between baseline and end-line data. The quantitative survey included a total of 1640 sample for three different profiles (RDW 750, Family Members of RDW 750 and CHW 140). The qualitative survey included Focused Group Interview (FGI) with the CHWs however for the qualitative, Nielsen was only responsible for the English translation of the transcription.

The quantitative data was collected using CAPI software. For data analysis, Nielsen used Descriptive statistics (frequency, percentage) to describe the socioeconomic characteristics of the respondents as well as to describe overall findings of the study. The findings provide estimates by intervention and comparison areas as well as by baseline and end-line data. Significance test were done for the key indicators of the study by using two proportion z-test that allows to compare two

proportions (intervention-Control and Baseline-End-line) of the sample. The difference is shown by presenting P value of the significant test results.

Key Findings

Intervention (Project Area) and Control (Comparison Area)

- The study found that 100% of the RDW from intervention area heard about ANC, whereas the proportion was only 35.6% RDW from control area.
- An overwhelming proportion of the RDW (95.2%) knew about the required number of ANC visits as four times which was only 25.2% RDW from the control area.
- The proportion of the RDW was found much higher (99.6%) in the intervention area compared to the RDW from the control area (27.6%) who heard about the danger signs of pregnancy.
- Almost all the RDW (98.8%) from the intervention area knew about the danger signs during delivery which found 18.4% of RDW from the control area.
- Almost all the RDW from the intervention area (99.2%) heard about PNC which was much lower among the RDW from the control area (15.6%).
- All the RDW (100%) in intervention area and 79.6% from control area heard about family planning methods.
- All the RDW (100%) from intervention area and around three-fourth (77.2%) RDW from control area made ANC visits during their last pregnancy
- For more RDW, the place of last delivery was Home in control area (24.4%) compared to the RDW from intervention area (11.8%)
- The study obtained a higher proportion of the RDW in intervention area (91%) against only around one-third (30.8%) of RDW who performed PNC in their last pregnancy.
- The use of family planning methods was found higher in intervention area (92%) compared to the control area (87.8%)
- Majority of the RDW (91.6%) stated the activities to be **"very good",** and rest of 8.4% of the RDW stated it as **"good".**

Baseline (Pre) and End-line (Post) Comparison

- All the RDWs both in baseline and end-line survey reportedly heard about ANC
- More RDW in end-line survey were found to know about danger signs of pregnancy compared to the baseline survey (baseline: 94%, end-line: 99.6%).
- the higher proportion of RDW in end-line survey (98.8%) had knowledge about danger signs during delivery compared to the RDW in baseline survey (94.3%)
- The proportion was higher in end-line survey (99.2%) compared to the baseline survey (96.1%) who heard about PNC

- Majority of the RDW from the end-line (88.5%) mentioned that they should go for checkup within 24 hours after delivery, while this was mentioned by only 27.2% RDW during the baseline survey.
- In both baseline and end-live survey, all the RDW reportedly knew about the family planning methods and the proportion in each case was 100%.
- An overwhelming proportion of the RDW (97.8%) in end-line survey mentioned that they got to know about ANC and danger signs during pregnancy from CHW while 94.3% in baseline mentioned about family member/ neighbor/ friends
- all the RDW in end-line survey (100%) and 96.3% from the baseline, had ANC visits during their last delivery
- In terms of having ANC four times, the higher proportion of the RDWs in end-line survey (56.4%) had ANC four times compared to the baseline survey (43.5%).
- Majority of the RDW (80%) in end-line survey received ANC services from CPD clinic,
- In baseline survey 22.2% of the RDWs had delivery at home which was found 11.8% in end-line survey
- The proportion of the RDWs increased to 91% in end-line survey from 64.7% in baseline survey who had PNC during last delivery.
- Almost all the RDWs from both baseline and end-line survey reportedly fed colostrum to their newborn (Baseline: 99.1%, End-line: 100%).
- The use of family planning methods was found much higher in end-line survey (87.8%) compared to the baseline survey (68%)
- majority of the RDW in end-line survey marked it as "Very Good" while only 3.4% RDW had this opinion during the baseline survey.
- Wide majority of the CHW were found to be "Very Satisfied" in end-line survey (95.7%) which was found 69.6% in baseline.

Key Indicator Analysis

RDW Indicators	Project Area			Project Area		
	Intervention Area n=500	Control Area n=250	P Value	Baseline n=563	End-line n=500	P Value
% of RDW Ever heard about ANC	500 (100%)	89 (35.6%)	0.000*	563 (100%)	500 (100%)	-
% of RDW who performed ANC in their last delivery	500 (100%)	193 (77.2%)	0.000*	542 (96.3%)	500 (100%)	0.000*
% of RDW who had ANC more than 4 times	424 (84.8%)	55 (22%)	0.000*	245 (43.5%)	424 (84.8%)	0.000*

RDW Indicators	**Project Area**			**Project Area**		
	Intervention Area n=500	**Control Area n=250**	**P Value**	**Baseline n=563**	**End-line n=500**	**P Value**
% of RDW Heard of Danger sign during pregnancy	498 (99.6%)	69 (27.6%)	0.000*	529 (94.0%)	498 (99.6%)	0.000*
% of RDW Ever heard about PNC	496 (99.2%)	39 (15.6%)	0.000*	541 (96.1%)	496 (99.2%)	0.001*
% of RDW who had PNC	455 (91.0%)	77 (30.8%)	0.000*	364 (64.7%)	455 (91.0%)	0.000*
% of RDW who delivered in "public" facility (not home)	107 (21.4%)	46 (18.4%)	0.34	94 (16.7%)	107 (21.4%)	0.05*

*P value less than or equal to 0.05 denotes significant different exist between the result of baseline & end-line and intervention & control area

Family Members	Project Area			Project Area		
Indicators	**Intervention n=500**	**Control n=250**	**P Value**	**Baseline n=563**	**End-line n=500**	**P Value**
% of HM who think that a pregnant woman should delivered in facility (not home)	376 (75.2%)	51 (20.4%)	0.000*	332 (58.9%)	346 (69.2%)	0.000*

*P value less than or equal to 0.05 denotes significant different exist between the result of baseline & end-line and intervention & control area

Introduction

1

1.1 Background

Improving the well-being of mothers, infants, and children is an important public health goal. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The objectives of the Maternal, Neo-natal, and Child Health topic area address a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families. Maternal and child health is one of the most important issues in a developing country like Bangladesh. Bangladesh has made significant improvements in the health of women and children and has achieved its Millennium Development Goal (MDG) 4 (to reduce child mortality) and is on track to MDG 5a (to reduce maternal mortality).[1] Improvement of the health and mortality situation has been possible due to the successful implementation of large-scale public health programs. Bangladesh has also mapped out the actions to be undertaken by different Ministries to achieve SDG 3- "Good health and well-being", in line with the 7th Five Year Plan (7thFYP), with a view to reduce the maternal mortality ratio to less than 70 per 100,000 live births and reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births.[2] However, Infant and Maternal and child mortality rate and ill health is still highly vehement in Bangladesh. This is often due to delays in decision making, delays in accessing transportation and receiving services at the facility level. Bangladesh is still faced with high maternal mortality ratio (MMR), standing at 23.672 deaths per 1000 live births in 2020.[3] Only 47% of women with a live birth get to make four or more ANC (Ante Natal Care) visits during their pregnancy and urban women are more likely than rural women to have made four or more antenatal visits (59% compared with 43%), and 52% women get PNC (Post Natal Care). However, according to the BDHS defined ANC quality where all the basic components of ANC are considered, only 18% women receive good quality ANC.[4] Despite the actions taken in the 7th FYP to achieve SDG 3, the target on reduction of maternal mortality and utilization of related reproductive services provided by skilled health personnel remains unmet, and the progress in reduction of neonatal mortality ratio (NMR) lag with the proportion still being 19.1% in 2019.[5]

[1] Ministry of Health and Family Welfare, Bangladesh, Partnership for Maternal, Newborn & Child Health, WHO, World Bank and Alliance for Health Policy and Systems Research. (2015). Success Factors for Women's and Children's Health: Bangladesh.

[2] Accessed at: https://idl-bnc-idrc.dspacedirect.org/bitstream/handle/10625/57094/IDL-57094.pdf

[3] https://www.macrotrends.net/countries/BGD/bangladesh/infant-mortality-rate

[4] National Institute of Population Research and Training (NIPORT), and ICF. 2019. Bangladesh Demographic and Health Survey 2017-18: Key Indicators. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, and ICF.

[5] https://data.worldbank.org/indicator/SH.DYN.NMRT?end=2019&locations=BD&start=1960

To contribute to the existing context of maternal, child health and the health strategy of the Government of Bangladesh and to implement GNBs health agenda, they have introduced Community Health Workers (CHWs) project in a larger scale in Bochaganj, Dinajpur supported by KOICA. The title of this project is 'Improvement of Maternal and Neonatal health through Community Health Workers Mobilization in Bochagnaj, Bangladesh' and the target area is 01 no. Nafanagar & 02 no Ishania Union, Bochaganj Upazila, Dinajpur, Bangladesh. This is a 3-year duration project from January 2019 to December 2021.

1.2 Project Description

Health is universally recognized an important aspect of human development, and GNB's health program aimed at providing an essential health service package for women, children and the poor, reaching the underprivileged and deprived community. Through this project, GNB implements their health service by deploying their frontline community health service providers to give door to door service to the community people. GNB Health has reached the destitute community through community health workers (CHWs) who provide and ensure door to door health service by facilities guardian, promote MNH services, do a home visit, cluster meeting and awareness session in the community.[6] The project has the following objectives:

1) Improvement of health facilities and support the equipment

- Renovate 2 Family Welfare Centers (FWCs) and 7 Community Clinics (CCs) in Nafanagar and Ishania Union.

- Recruit 3 Skilled Birth Attendants (SBAs) in each union and support appropriate medical equipment to FWC to supports local women to receive high-quality antenatal care (ANC) & postnatal care (PNC) and safe facility-based delivery.

2) Increasing access to essential quality maternal-child health service - - Mobilize 70 CHWs in each union to provide home-visit service, find new pregnant and register them to public health facility.

- Strengthen the links between CHWs and SBAs to structure referral system with immediate in emergency.

- All data collected by CHW, and SBAs is reported to heath facility.

3) Promotion of community's awareness of maternal-child health care

- Mobilize patronage committee (UH&FWC committee) for advocacy activity.

[6] Accessed at http://gnbangla.org/health-2/

- Conduct 140 family group monthly meeting organized by each CHW to improve awareness of maternal-child health.

- Carry out diverse type of campaigns (contactless campaign (TV advertisement, Audio mess, leaflet distribution and signboard installation) for public to aware the importance of maternal-child health care.

1.3 Objectives of the Assessment

The overall objective of the End-line evaluation of the Bochaganj CHW project was to measure the impact of the project on the beneficiaries by conducting an end-line survey and comparing it with baseline survey results.

Specific objectives

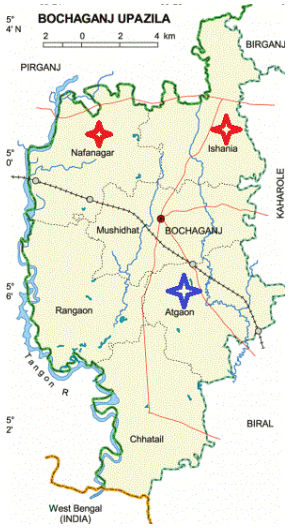
- Assess the health seeking behavior among the recently delivered Women (RDW) and their family members
- Understand the knowledge and practice of the service utilization of maternal health among the RDW and their family members
- Understand the range of services provided by the Community Health Workers (CHW) to improve the maternal health services in the community
- Document lessons learned, and promising practices of the interventions to inform future programming.
- Generate recommendations which might contribute to designing the implementation plan for any future likeminded projects by GNB and other government and non-government organizations.

Methodology

2

2.1 Study Sites

Geographically, this study covered three (3) Unions under Bochaganj Upazila of Dinajpur District in Bangladesh. The study sites included the unions where the project had intervention and for a better understanding on the project impact, the study also included a control area which is a nearby union of the intervention locations. The study included Nafanagar and Ishania unions as Intervention areas (Red marked in the map) and Atgaon union as the control areas (Blue marked in the map).



2.2 Study Approach

The study used a combination of quantitative and qualitative approach of data collection. The quantitative part of the survey includes interview with the Recently Delivered Women (RDW), family members of RDW and Community Health Workers (CHW) using a semi-structured questionnaire. The qualitative part included Focus Group Interview (FGI) with the Community Health Workers (CHW) who works in the community to deliver the maternal health services in the community.

The study followed a case-control method to better understand the project impact on the beneficiaries. Therefore, a nearby union of the intervention locations has been selected where the study will be conducted using the same indicators.

2.3 Quantitative Method

Interview with the Recently Delivered Women (RDW) and their family Members:

The quantitative survey included Household survey with the RDW and their family members and survey with the CHW at convenient place (Workplace/ household). The sample distribution for these categories in the respective study sites were as follows:

Table 2: Quantitative Sample distribution

Methods	Respondents	Sample Size			Total
		Ishania (Intervention)	Nafnagar (Intervention)	Atgaon (Control)	

Quantitative	Recently Delivered Women	250	250	250	**750**
	Household Members	250	250	250	**750**
Total for RDW and Family Members		**500**	**500**	**500**	**1500**

Sample Selection Procedure:

- GNB provided a list of 885 RDW from two intervention unions (Ishania 457, Nafanagr 428) and a list of 381 RDW from control union.
- Systematic random sampling was done to get required sample from the lists
- For interview with the family members, one family member (Mother-in-law / husband) was selected from the families of selected RDW.

Interview with the Community Health Workers (CHW):

GNB worked with 154 CHW in two intervention areas. From them, 140 CHWs was included in this study for interview. As the interviews with the CHWs were conducted only with the listed CHWs who worked with GNB, there were no interviews with CHWs from control union. The sample distribution for CHW will be as follows:

Methods	Respondents	Sample Size			Total
		Ishania (Intervention)	Nafnagar (Intervention)	Atgaon (Control)	
Quantitative	Community Health Workers (CHW)	71	69	-	140
Total respondent for CHW		**71**	**69**	**-**	**140**

Mode of Quantitative Data Collection

The quantitative survey was conducted using CAPI (Computer Administered Personal Interview) software and the programming was done in SurveyToGo STG platform.

2.3.1 Qualitative Method

Focus Group Discussions (FGIs) was conducted with the CHW for collecting qualitative data in order to collect in-depth information regarding the impact assessment study objectives. A total of 6 FGDs were conducted under this study. The FGIs were conducted by GNB and Nielsen was responsible to translate the FGI into English. Nielsen collected the field notes and audio recordings from GNB and translated them.

2.4 Field Work

The fieldwork for the study was conducted from August 19, 2021 to September 02, 2021 with the cooperation from Good Neighbors Bangladesh. It should be noted that the project team at the project sites has provided all kind of supports including providing the list of RDW, CHW for the successful completion of the field work.

A total of four teams (6 members in each team – 5 interviewers and 1 supervisor) were responsible for collecting data within the stipulated timeline. In terms of employing data collectors, focus was given on data collectors who had previous exposure in the study areas as well as on similar studies. The field staffs were given adequate training on the techniques of data collection, on the data collection instruments and on the techniques of using CAPI device and software. A 4-day long training for survey enumerators were arranged. The respondents who performed satisfactorily were selected for the study.

The qualitative survey has been conducted by the mediator deployed by the GNB team, and the respondents were randomly selected by GNB. After the FGDs, Nielsen collected the field notes and audio recordings from GNB. An experienced transcriber and translator from Nielsen then did the transcription of the discussion in Bengali and English.

2.5 Quality Assurance and Data Monitoring Mechanism

Continuous supervision and monitoring were carried out at all stages of the data collection to ensure the quality of the collected data, i.e. during data collection and data cleaning.

(i) Pre-field Quality Control

Recruitment of the field team

Before fieldwork started, first emphasis was put on recruiting the qualified and experienced field teams. The recruitment was made from the existing panel of the interviewers considering previous working experience in the relevant field. Nielsen recruited more than required number of interviewers so that it can deploy only those members who performed better in the training.

Training of the field team

The training of the field teams was conducted for three (3) days to the field interviewers in order to get quality interviewers with the same wavelength of knowledge and procedures.

All the relevant team members from field operations, core research team, and all the recruited interviewers participated in the training. The supervisors took part in the training and maintained

their respective teams and followed up with them for maintaining timeliness in the training. Secondly, they played active roles during mock calls. They supervised the performance of the team members and reported to the field operations teams and core research team which helped to identify and finally select the quality data collectors for the study.

(ii) Quality Control during data collection

Back Check

With regard to persons appointed, Nielsen appointed layers of staff for quality check. Nielsen deployed supervisors with each team who was responsible for looking after the activities of each of the interviewers. They were the first contact point for the interviewers for any problem, issue, or support needed. Around 20% of the completed interviews were randomly back checked by the supervisors of their respective teams in daily basis. They did not check the entire interview however as per the Nielsen guideline they will check the mentionable head.

Further, Nielsen deployed quality controllers to check the quality of the data of completed the interviews following the pre-designed checklist. They checked around 20% of all completed interviews randomly.

Quality Control in CAPI Devices

CAPI method allowed the team to check real time data and provide feedback on daily basis.

(iii) Post-field Quality Control

As this study was administered using CAPI devices, therefore there were no options of office editing of the completed schedules. However, once the data collection was done, the field operations team quickly checked all the schedule and primary editing was done based on the telephonic back check with the respondents. After correcting the data, the corrected data file was sent to the data management team. Some logical checks were done by the senior team members from the data management team.

2.6 Data Processing

As the quantitative survey was conducted in CAPI therefore there were no need of data entry separately. After the data collection is completed, the data was extracted from the server and was transferred to SPSS format for data processing. After primary editing and cleaning, a cleaned data set was prepared. Once the clean data was available, variable labels and value labels was assigned for each variable. The data cleaning and validation was done by the backend programmers. The analysis team then analyzed the data under the guidance of the expert panel. Descriptive statistics were used as appropriate (frequency, mean, standard deviation, etc.) to describe the socioeconomic characteristics of the respondents as well as to describe overall findings of the study.

Analysis has been done to provide estimates by intervention and control areas and also by baseline and end-line survey findings. Significance test was also run to check whether any major difference found in terms of key indicators of the project between intervention & control area and also of the Baseline & End-line data. The difference has been shown by presenting P value of the significant test results. For this process, GNB provided some pre-defined indicators that represent the impact more significantly. The significant tests were done for those indicators and result has been presented accordingly.

2.7 Ethical Consideration

In order to protect the right of the respondents, prior to approaching them for the detailed interview, their oral consent to participate in the interviews was obtained. They were provided full and correct information regarding the purpose of the study, nature of information required, benefits of the study, confidentiality to be maintained and freedom to be exercised by the respondents during the interviews.

2.8 Limitations

One of the major limitations of the study was the study could not follow the planned timeline due to countrywide lockdown for the COVID-19 situation.

Findings of the Study

3

The findings of the study have been presented in three parts as suggested by GNB as follows:

Part 1. (Intervention and Control Area) Post Comparison

Part 2. (Project Area) Baseline (Pre)/End-lien (Post) Comparison

Part 3. Indicator Analysis (Project & Comparison Area) / Pre/Post Change Comparison with Significant Tests

Part 1. Project & Comparison Area / Post Comparison

A. RESULTS FROM INTERVIEWS WITH RDW (Intervention/Control Area)

This section presents results from the survey conducted with RDW. A total of 750 RDW as interviewed for this study. 250 women were interviewed from Atgaon (control area), 250 women were interviewed from Ishania (intervention area) and 250 women were interviewed from Nafnagar (intervention area). So, a total of 500 women from the intervention area and 250 women from control area were interviewed. The following findings are shown based on Control Area (Atgaon) and Intervention area (Ishania and Nafanagar).

(i) Sociodemographic of the RDW:

Among the women surveyed, the mostly found education level was "secondary incomplete" both in Intervention (45.0%) and control area (33.2%). And little above one-third (33.2%) of the RDW's from control area has "secondary incomplete". The proportion of the RDWs who had educational level secondary or above was 33.4% in intervention area while it was found 23.2% in control area. Around two fifth (41.2%) of the RDW from Intervention area had one-child, and 43.6% RDW from control area had 1 child. A small number of RDW's (1.2% and 3.6% from Intervention and Control area respectively) has more than four children.

Table 1: Sociodemographic of the RDW

Indicators	Area	
	Intervention (n=500)	Control (n=250)
Highest level of education acquired.		
No education	16 (3.2%)	24 (9.6%)
Primary incomplete	51 (10.2%)	53 (21.2%)

Indicators	Area	
	Intervention (n=500)	Control (n=250)
Primary complete	41 (8.2%)	32 (12.8%)
Secondary incomplete	225 (45.0%)	83 (33.2%)
Secondary or above	167 (33.4%)	58 (23.2%)
Marital status		
Married	499 (99.8%)	250 (100.0%)
Widowed	1 (0.2%)	
Occupation		
Housewife	468 (93.6%)	240 (96.0)
Student	11 (2.2%)	4 (1.6)
Tailor	7 (1.4%)	1 (0.4%)
Private service	5 (1.0%)	1 (0.4)
Others (day labour, govt service small trader, CHW, teacher)	9 (1.8%))	4 (1.8%)
Number of Children		
1 Children	206 (41.2%)	109 (43.6%)
2 Children	218 (43.6%)	87 (34.8%)
3 Children	70 (14.0%)	45 (18.0%)
4+ Children	6 (1.2%)	9 (3.6%)
Total	500 (100%)	250 (100%)

(ii) Status of decision making by RDW on health care and other affairs

In regard to decision making **on health care and other affairs, the findings** shows that a very small number of RDW in both study sites (6% and 3.2% in Intervention and Control area respectively) independently were able to decide the place for their own health care. Most of the women from both sites (94% and 96% from intervention and control area respectively) depended on their household members to decide the place of healthcare. However, around three-fourths (72.2%) of the RDW from intervention were able to visit healthcare alone as opposed to a little less than three-fifth (58%) from control area.

Table 2: Status of decision making on health care and other affairs

Indicators	Project Area	
	Intervention (n=500)	**Control (n=250)**
Deciding place of treatment		
Self	30 (6.0%)	8 (3.2%)
Other household members	470 (94.0%)	240 (96.0%)
Both together	-	1 (0.4%)
All together	-	1 (0.4%)
Can visit health care alone		

Yes	361 (72.2%)	145 (58.0%)
No	139 (27.8%)	105 (42.0%)

(iii) Background characteristics of the husbands of the RDW

The study found that the mostly reported educational level was secondary or above for them in both intervention (36%) and control area (25.2%). Regarding the occupation they had, the mostly reported occupation was found to be Farmer in both intervention (27.4%) and control (27.6%) area.

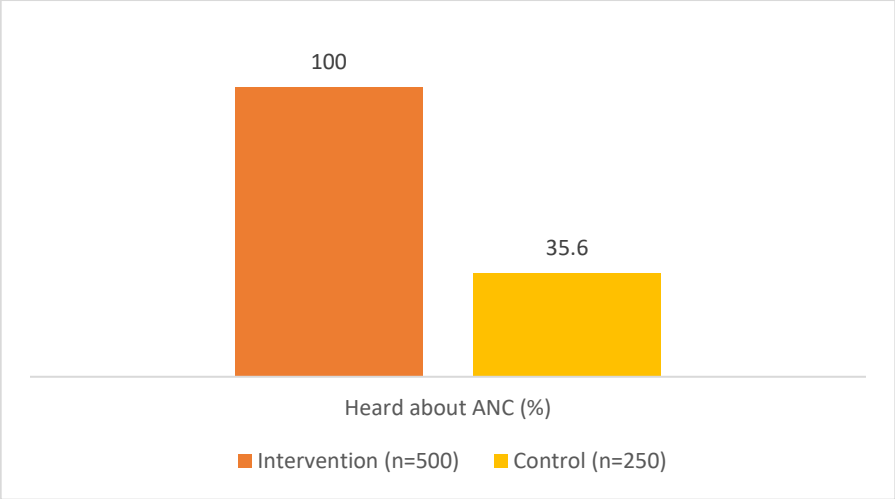
Table 3: Status Background characteristics of RDW's husbands

	Area	
	Intervention (n=500)	**Control (n=250)**
Education level of RDWs' husbands		
No education	28 (5.6%)	27 (10.8%)
Primary incomplete	86 (17.2%)	57 (22.8%)
Primary complete	50 (10.0%)	43 (17.2%)
Secondary incomplete	156 (31.2%)	60 (24.0%)
Secondary or above	180 (36.0%)	63 (25.2%)
Occupation of RDWs husbands		
Farmer	137 (27.4%)	69 (27.6%)
Day labor)	63 (12.6%)	37 (14.8%)
Govt. service	17 (3.4%)	8 (3.2%)
Private service	60 (12.0%)	23 (9.2%)
Small business	33 (6.6%)	10 (4.0%)
Business	59 (11.8%)	32 (12.8%)
Rickshaw/Van puller	20 (4.0%)	7 (2.8%)
Auto bike/CNG/Tempoo driver	13 (2.6%)	8 (3.2%)
Bus/Truck driver	18 (3.6%)	6 (2.4%)
Fisherman	-	2 (0.8%)
Carpenter	14 (2.8%)	4 (1.6%)
Mason	43 (8.6%)	24 (9.6%)
Others (garments worker, doctor, imam, unemployed etc)	23 (4.6%)	20 (8%)

(iv) Knowledge of RDW on ANC and danger signs during pregnancy

The study found that 100% of the RDW from intervention area heard about ANC, whereas the proportion was only 35.6% RDW from control area who heard about ANC.

Figure 1: RDWs who heard about ANC



To assess the knowledge of the RDWs regarding the information they heard about ANC, the RDW who heard about ANC were asked to mention what they knew about ANC. The mostly known information was found to need regular checkup mentioned by 96.6% and 69.7% in intervention and control areas respectively. The finding represents a higher knowledge of the RDW from the intervention area compared to the RDW from the control area for almost all the information related to the ANC as shown in table below.

As for pregnancy checkups, almost all the RDW (99.8%) in the intervention area and only around half the RDW (48%) from the control area knew about pregnancy check-ups. An overwhelming proportion of the RDW (95.2%) knew about the required number of ANC visits as four times which was only around one-fourth (25.2%) RDW from the control area.

The proportion of the RDW was found much higher (99.6%) in the intervention area compared to the RDW from the control area (72.4%) who heard about the danger signs of pregnancy. Regarding the specific components of danger signs of pregnancy, the proportion of the RDW in intervention area was much higher compared to the control area for almost all components.

Table 4: Status RDWs knowledge on ANC and danger signs during pregnancy

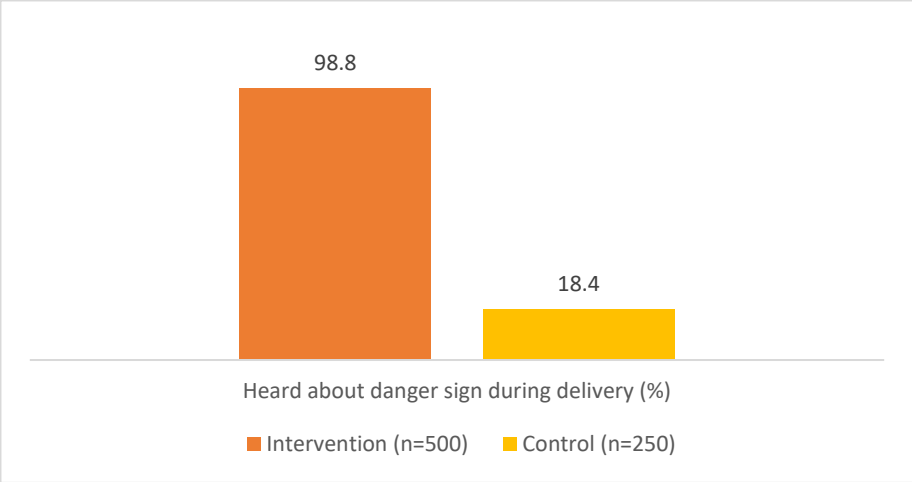
Indicators	**Project Area**	
	Intervention (n=500)	**Control (n=89)**
Information heard about ANC (multiple response)		
Needs regular check up	483 (96.6%)	62 (69.7%)
Needs to take TT vaccine	260 (52.0%)	17 (19.1%)
Needs to take iron tablet	337 (67.4%)	36 (40.4%)
Needs to visit the doctor at hospital for check-up)	321 (64.2%)	12 (13.5%)
Needs to measure the weight	262 (52.4%)	29 (32.6%)
Needs to do ultrasound gram	327 (65.4%)	27 (30.3%)

Indicators	Project Area	
	Intervention (n=500)	Control (n=89)
Should take nutritious food	434 (86.8%)	43 (48.3%)
Restricted to lift heavy items	314 (62.8%)	23 (25.8%)
Should take adequate rest	231 (46.2%)	23 (25.8%)
Needs to have food frequently	135 (27.0%)	9 (10.1%)
Others (drink adequate water, rest, calcium tablet)	3 (0.6%)	
RDW heard about pregnancy check-up	Intervention (n=500)	Control (n=250)
Yes	499 (99.8%)	120 (48.0%)
No	1 (0.2%)	130 (52.0%)
No. of ANC visits during pregnancy should be done	Intervention (n=499)	Control (n=120)
One time	-	6 (5.0%)
Two times	5 (1.0)	31 (25.8%)
Three times	16 (3.2)	25 (20.8%)
Four times	475 (95.2)	31 (25.8%)
More than 4 times	3 (0.6)	4 (3.3%)
Don't know		23 (19.2%)
Heard of Danger sign during pregnancy	Intervention (n=500)	Control (n=250)
Yes	498 (99.6%)	69 (27.6%)
No	2 (0.4%)	181 (72.4%)
Information heard about danger signs during pregnancy	Intervention (n=498)	Control (n=69)
Bleeding	440 (88.4%)	22 (31.9%)
Headache/blurred vision	408 (81.9%)	45 (65.2%)
Severe fever	322 (64.7%)	18 (26.1%)
Severe abdomen pain	293 (58.8%)	23 (33.3%)
Convulsion	409 (82.1%)	22 (31.9%)
Oedema in hands and legs	207 (41.6%)	26 (37.7%)
Others (Vomiting, Shortage of water, Blurred vision, Jaundice, Low / High blood pressure, placenta comes out, loss of appetite)	13 (2.6%)	2 (2.8%)

(v) Knowledge about danger signs during delivery of the RDW

The survey revealed that almost all the RDW (98.8%) from the intervention area knew about the danger signs during delivery. This proportion was less than one-fifths (18.4%) of RDW from the control area.

Figure 2: RDW who heard about danger signs during delivery



Among the surveyed women in the intervention and control who knew about the danger signs during delivery, the knowledge was assessed on the type of danger signs. The finding shows that the knowledge of the RDW from intervention area was much higher compared to the knowledge level of RDW from control area. The most commonly found knowledge in both study area was about excessive bleeding which was 90.1% in intervention area against only 25% in control area.

Table 5: Status: Knowledge of the danger signs of delivery

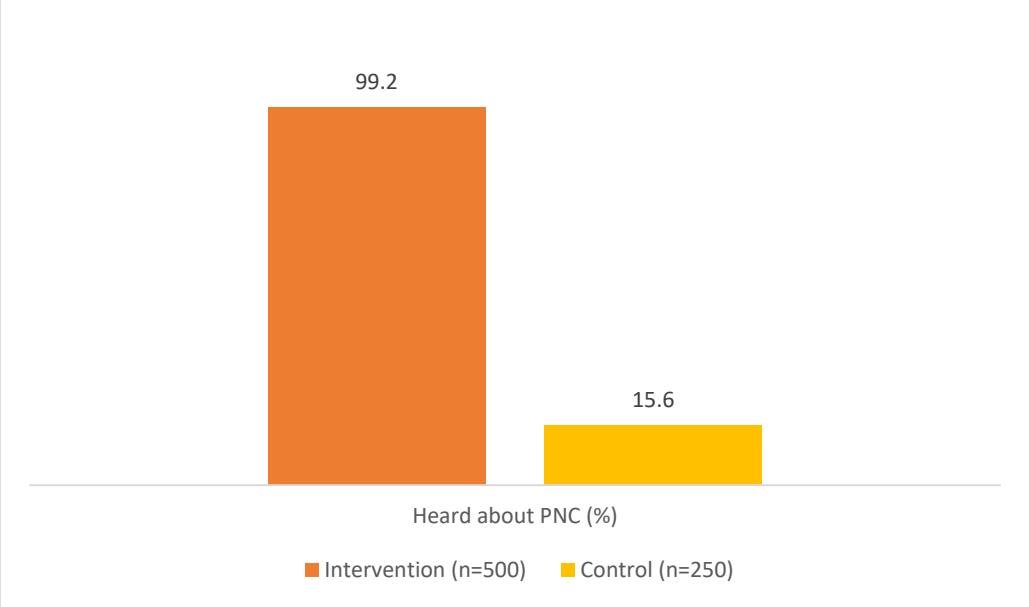
Indicators	**Project Area**	
	Intervention (n=494)	Control (n=46)
Type of danger signs		
Excessive bleeding	449 (90.9%)	25 (54.3%)
Prolonged Labor pain (>12 hours	362 (73.3%)	15 (32.6%)
Convulsion	394 (79.8%)	22 (47.8%)
Swelling of feet or face	207 (41.9%)	16 (34.8%)
Baby's hand or feet came out first	325 (65.8%)	17 (37.0%)
Others (fever, water break, epilepsy, headache, abdominal pain, cervical cancer)	9 (1.8%)	4 (8.7%)
Information known about safe delivery		
Decide where to deliver	384 (76.8%)	31 (12.4%)
Decide who will conduct the delivery	291 (58.2%)	14 (5.6%)
Ensure a person for newborn care	198 (39.6%)	3 (1.2%)
To purchase/procure a safe delivery kit	107 (21.4%)	4 (1.6%)
Ensure emergency transport)	367 (73.4%)	27 (10.8%)
Savings for emergency	404 (80.8%)	35 (14.0%)
Check up during pregnancy	200 (40.0%)	24 (9.6%)
Take TT vaccination	110 (22.0%)	11 (4.4%)
To take Iron tablet	149 (29.8%)	23 (9.2%)

Indicators	Project Area	
	Intervention (n=494)	Control (n=46)
Know the danger signs of pregnancy	104 (20.8%)	3 (1.2%)
Know the danger signs of newborn	93 (18.6%)	2 (0.8%)
Extra food	145 (29.0%)	29 (11.6%)
Take adequate rest	124 (24.8%)	24 (9.6%)
Not to do heavy work	175 (35.0%)	33 (13.2%)
Arrange a well-lighted and airy delivery place	55 (11.0%)	2 (0.8%)
Prepare two pieces of cloth	87 (17.4%)	2 (0.8%)
Identify Blood Donor	145 (29.0%)	4 (1.6%)
Others (Collect necessary phone numbers, select accompany, don't know)	4 (0.8%)	

(vi)Knowledge of RDW about PNC and place to visit for receiving PNC services

The findings of this study revealed that almost all the RDW from the intervention area (99.2%) heard about PNC which was much lower among the RDW from the control area (15.6%).

Figure 3: RDWs who heard about PNC



Regarding the information about PNC, again the knowledge of the RDW from intervention area was found higher compared to the RDW from control area. The mostly known information about PNC was "**Should go for check up by the doctor within 24 hours after delivery"** in intervention area mentioned by 88.5% of the RDWs. On the other hand, the RDW from control area mostly mentioned about **"Mother should take more water and nutritious food after delivery"** mentioned by 79.5% of the RDW**.** However, although this was mentioned by most of the RDW in

control area, the proportion was higher for this component was also higher in intervention area (80.2%).

Table 6: Status RDWs knowledge about PNC and places to visit for receiving PNC services

Indicators	Area	
	Intervention (n=496)	Control (n=39)
	N (%)	N (%)
Information known about PNC		
Mother should take vitamin A capsule within 42 days of delivery	346 (69.8%)	9 (23.1%)
Should go for check up by the doctor within 24 hours after delivery	439 (88.5%)	11 (28.2%)
Mother and child should be kept warm	329 (66.3%)	16 (41.0%)
Mother should take more water and nutritious food after delivery	398 (80.2%)	31 (79.5%)
Keep mother in mental peace	135 (27.2%)	3 (7.7%)
Mother should visit the doctor three times after the delivery	198 (39.9%)	7 (17.9%)
Others (Have to vaccinate the child / Have to vaccinate the child within 42-day, family planning, colostrum, measure height and weight)	4 (0.8%)	1 (2.6%)
No. of PNC should be done	**Intervention (n=500)**	**Control (n=250)**
One time	21 (4.2%)	21 (8.4%)
Two times	41 (8.2%)	12 (4.8%
Three times	87 (17.4%)	2 (0.8%)
Four times	348 (69.6%)	2 (0.8%)
Do not remember/Don't know	3 (0.6%)	213 (85.2%)

(vii) Knowledge of RDW on newborn care

The RDW from the intervention area was found to be aware of the issues of newborn care and they could mention the relevant issues in a higher proportion compared to the RDW from the control area as shown in table below. Around two-thirds of the respondents (64%) from control area mentioned that they did not know about any issue of newborn care.

As for the RDW's knowledge regarding the danger signs of their newborn, all the danger signs were mentioned by proportionately higher respondents from the intervention area than the control area. The mostly found sign as mentioned by 82.4% of the RDW in intervention area was **Difficulties in taking breath and chest stroking** which was known to only 12% of the RDW from control area. On the other hand, the mostly known information in control area was fever or cold in body mentioned by 16.4% of the RDW whereas this information was known to around

78.2% of the RDW from intervention area. The proportion of the respondents who did not know about any danger sign was 76% in control area.

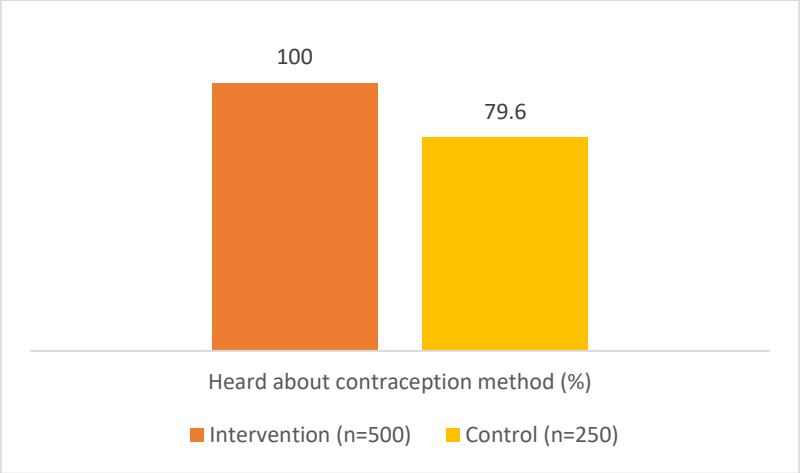
Table 7: Status: RDWs knowledge of newborn care

Indicators	Project Area	
	Intervention (n=500)	Control (n=250)
Information known about newborn care		
Dry and Wrap with clean and warm cloth	400 (80.0%)	25 (10.0%)
Breastfeeding within 1 hour of childbirth	452 (90.4%)	40 (16.0%)
Cut the cord with clean blade	282 (56.4%)	12 (4.8%)
Take care about eyes	167 (33.4%)	7 (2.8%)
Keep baby about dry	273 (54.6%)	29 (11.6%)
Bathe within 72 hours of birth	301 (60.2%)	13 (5.2%)
Do not trim head hair within 1 month	236 (47.2%)	10 (4.0%)
If shows any complications, then go to doctor	283 (56.6%)	30 (12.0%)
Take special care when underweight	148 (29.6%)	11 (4.4%)
Do not remember/Don't know	-	160 (64.0%)
Information known about danger signs of newborn		
Could not pull breast milk	391 (78.2%)	31 (12.4%)
fever or cold in body	359 (71.8%)	40 (16.0%)
Convulsion	278 (55.6%)	6 (2.4%)
belly button ripe	401 (80.2%)	19 (7.6%)
Difficulties in taking breath and chest stroking	412 (82.4%)	30 (12.0%)
Jaundice	15 (3.0%)	-
Others (fever, abdominal pain, pneumonia, skin rash, anemia. Diarrhea, vomiting)	10 (2%)	1 (0.4%)
Do not remember/Don't know	1 (0.2%)	190 (76.0%)

(viii) Knowledge of RDW about family planning methods

As per the survey findings, all the RDW (100%) in intervention area and less than four-fifths of the RDW (79.6%) from control area heard about family planning methods.

Figure 4: RDWs who heard about Family planning methods (contraceptive methods)



The most commonly known method of family planning in both study sites were oral pill (99.8% and 97% in intervention and control area respectively).

Table 8: Status knowledge about family planning methods

Indicators	Project Area	
	Intervention (n=500)	**Control (n=199)**
Information known about family planning (contraception method)		
Oral pill	499 (99.8%)	193 (97.0%)
Condom	381 (76.2%)	72 (36.2%)
Injection	473 (94.6%)	146 (73.4%)
Implant/Norplant	446 (89.2%)	94 (47.2%)
IUD/Coper-T	342 (68.4%)	37 (18.6%)
Female sterilization	210 (42.0%)	22 (11.1%)
Male sterilization	30 (6.0%)	2 (1.0%)
Safe period	36 (7.2%)	10 (5.0%)
Abstain	11 (2.2%)	2 (1.0%)
Withdrawal	7 (1.4%)	2 (1.0%)
Lactational amenorrhea Method (LAM)	3 (0.6%)	-

(ix) Source of information of the RDW about ANC and danger signs during pregnancy, safe delivery plan, PNC, newborn care and danger signs of newborn, and counselling for using FP methods

The survey sought to know the source of information of ANC, PNC, danger signs of pregnancy/delivery, newborn care and danger signs and family planning (FP) methods. It was found that almost all the RDW from intervention area got to know about all the mentioned issues (Table below) from the CHW in intervention area. The study also revealed that the RDW from the control area had to rely on the information from the informal sources like family / neighbors / relatives. The CHW were found to be a strong source of knowledge in intervention area and as the

control area did not have CHW they mostly got information from family / neighbors / relatives who might not be as knowledgeable and experienced as CHW.

Table 9: Source of knowledge of ANC, PNC, Newborn care and danger signs, safe delivery and FP methods.

Indicators	**Project Area**	
	Intervention (n=499)	Control (n=120)
Source of ANC knowledge		
CHW	488 (97.8%)	-
Family members/Neighbor/friend	239 (47.9%)	56 (46.7%)
Media (TV/Radio /Paper	101 (20.2%)	25 (20.8%)
CM	69 (13.8%)	
FWV	56 (11.2%)	11 (9.2%)
Field worker	47 (9.4%)	33 (27.5%)
MBBS doctor	42 (8.4%)	21 (17.5%)
FWA	35 (7.0%)	11 (9.2%)
Village doctors	33 (6.6%)	10 (8.3%)
HA	14 (2.8%)	6 (5.0%)
MBBS doctor	20 (4.0)	
CHCP	19 (3.8%)	12 (10.0%)
Nurse	17 (3.4%)	-
MBBS doctor	15 (3.0%)	6 (5.0%
Paramedic	12 (2.4%)	-
SACMO	6 (1.2%)	4 (3.3%)
TTBA	10 (2.0%)	2 (1.7%)
Poster/banner signboard/brochure/leaflet	8 (1.6%)	1 (0.8%)
Nurse/Midwife	5 (1.0%)	3 (2.5%)
MBBS doctor	5 (1.0%)	1 (0.8%)
Paramedic	1 (0.2%)	-
Not applicable		1 (0.8%)
Source of PNC knowledge	**Intervention (n=500)**	**Control (n=250)**
CHW	481 (96.2%)	
Family members/Neighbor/friend	222 (44.4%)	118 (47.2%)
MBBS doctor	61 (12.2%)	27 (10.8%)
Media (TV/Radio /Paper	88 (17.6%)	47 (18.8%)
CM	69 (13.8%)	
FWV	53 (10.6%)	10 (4.0%)
Village doctors	31 (6.2%)	31 (12.4)

Field worker	53 (10.6%)	32 (12.8%)
FWA	25 (5.0%)	2 (0.8%)
Nurse	20 (4.0%)	1 (0.4%)
CHCP	18 (3.6%)	6 (2.4%)
MBBS doctor	11 (2.2%)	9 (3.6%)
TTBA	11 (%)2.2	4 (1.6%)
HA	8 (1.6%)	5 (2.0%)
SACMO	4 (0.8%)	1 (0.4%)
Nurse/Midwife	10 (2.0%)	2 (0.8%)
MBBS doctor	5 (1.0%)	-
MBBS doctor	12 (2.4%)	-
Paramedic	12 (2.4%)	-
Poster/banner signboard/brochure/leaflet	4 (0.8%)	6 (2.4%)
From own working experiences	1 (0.2%)	-
Not applicable	1 (0.2%)	86 (34.4%)
Source of safe delivery knowledge		
CHW	489 (97.8%)	1 (0.4%)
Family members/Neighbor/friend	232 (46.4%)	56 (22.4%)
Media (TV/Radio /Paper	91 (18.2%)	18 (7.2%)
CM	63 (12.6%)	
FWV	54 (10.8%)	8 (3.2%)
Field worker	53 (10.6%)	28 (11.2%)
MBBS doctor	49 (9.8%)	17 (6.8%)
Village doctors	36 (7.2%)	10 (4.0%)
FWA	23 (4.6%)	3 (1.2%)
Nurse	22 (4.4%)	1 (0.4%)
HA	10 (2.0%)	2 (0.8%)
CHCP	19 ((3.8%)	4 (1.6)
SACMO	5 (1.0%)	1 (0.4%)
Nurse/Midwife	5 (1.0%)	1 (0.4%)
MBBS doctor	10 (2.0%)	11 (4.4%)
MBBS doctor	4 (0.8%)	1 (0.4%)
Paramedic	1 (0.2%)	
MBBS doctor	15 (3.0%)	
Paramedic	12 (2.4%)	1 (0.4%)
TTBA	15 (3.0%)	3 (1.2%)
Poster/banner signboard/brochure/leaflet	3 (0.6%)	3 (1.2%)
Not applicable		148 (59.2%)

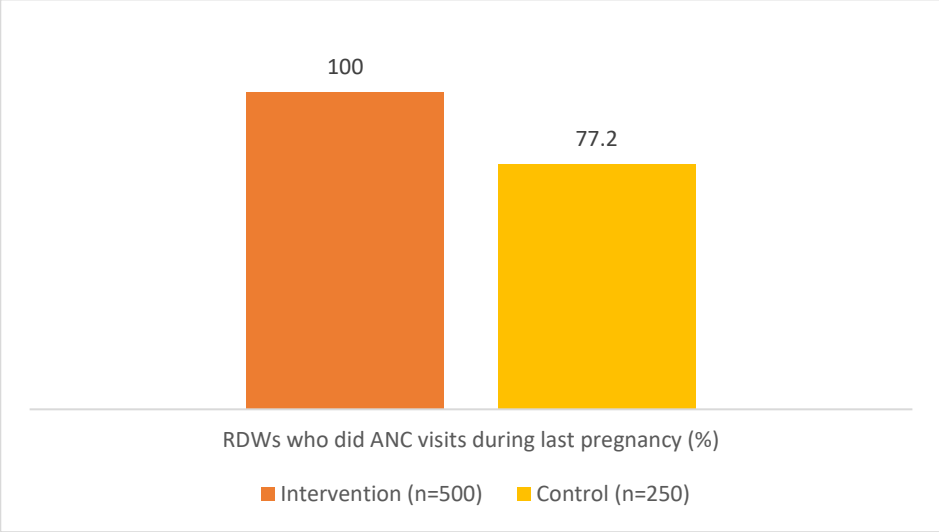
Knowledge source of newborn care and danger signs		
CHW	486 (97.2%)	1 (0.4%)
Family members/Neighbor/friend	224 (44.8%)	56 (22.4%)
Media (TV/Radio /Paper	86 (17.2%)	12 (4.8%)
CM	75 (15.0%)	-
MBBS doctor	62 (12.4%)	21 (8.4%)
FWV	54 (10.8%)	5 (2.0%)
Field worker	50 (10.0%)	17 (6.8%)
FWA	35 (7.0%)	4 (1.6%)
Village doctors	33 (6.6%)	11 (4.4%)
Nurse	31 (6.2%)	3 (1.2%)
MBBS doctor	19 (3.8%)	
TTBA	18 (3.6%)	5 (2.0%)
CHCP	17 (3.4%)	1 (0.4%)
Paramedic	17 (3.4%)	
Poster/banner signboard/brochure/leaflet	7 (1.4%)	2 (0.8%)
HA	8 (1.6%)	3 (1.2%)
SACMO	8 (1.6%)	3 (1.2%)
Nurse/Midwife	14 (2.8%)	2 (0.8%)
MBBS doctor	15 (3.0%)	5 (2.0%)
MBBS doctor	3 (0.6%)	-
Learnt from the book given by the BRAC worker		1 (0.4%)
From own experiences	1 (0.2%)	
Not applicable	1 (0.2%)	155 (62.0%)
Don't know		2 (0.8%)
Counselling for using FP methods (Contraceptive methods)	**Intervention (n=440)**	**Control (n=184)**
CHW	393 (89.3%)	-
Family members/Neighbor/friend	161 (36.6%)	110 (59.8%)
CM	51 (11.6%)	-
FWV	39 (8.9%)	17 (9.2%)
MBBS doctor	37 (8.4%)	20 (10.9%)
Field worker	35 (8.0%)	22 (12.0%)
Village doctors	33 (7.5%)	28 (15.2%)
FWA	29 (6.6%)	4 (2.2%)
Nurse	22 (5.0%)	-
TTBA	15 (3.4%)	1 (0.5%)

CHCP	12 (2.7)	2 (1.1%)
No one	11 (2.5%)	9 (4.9%)
Paramedic	8 (1.8%)	-
Others (HA, SACMO, Nurse/midwife/paramedic etc)	22 (5.1%)	14 (7.5%)

(x) ANC visits by RDW and facilities visited for ANC during last pregnancy

Figure below shows that all the RDW (100%) from intervention area and around three-fourth (77.2%) RDW from control area made ANC visits during their last pregnancy which reflects the increased practice in having ANC visits by the RDW in intervention area compared to the control area.

Figure 5: RDWs who did ANC visits during their last pregnancy



The proportion of the RDW who received four ANC during their last pregnancy was much higher in intervention area (56.4%) compared to the control area (18.7%). Majority of the RDW (81.2%) from intervention area received ANC from **UH&FWC** whereas the RDW from control area mostly mentioned about **Private clinics/hospitals (38.9%).**

Table 10: Number of ANC visits and facilities used for ANC visits by RDW during last pregnancy

Indicators	**Project Area**	
	Intervention (n=500)	Control (n=193)
No. of ANC visits by RDW		
One time	7 (1.4%)	30 (15.5%)
Two times	26 (5.2%)	53 (27.5%)
Three times	43 (8.6%)	53 (27.5%)

Indicators	Project Area	
	Intervention (n=500)	Control (n=193)
Four times	282 (56.4%)	36 (18.7%)
Five times or more	142 (28.4%)	19 (9.8%)
Can't remember	-	2 (1.0%)
Facilities used for ANC visits		
Satellite clinics	-	14 (7.3%)
Community clinics	22 (4.4%)	25 (13.0%)
UH&FWC	406 (81.2%)	26 (13.5%)
UHC	43 (8.6%)	41 (21.2%)
District hospital/sadar hospital	36 (7.2%)	18 (9.3%)
MCWC	-	2 (1.0%)
Medical college hospital	2 (0.4%)	1 (0.5%)
NGO satellite clinics	24 (4.8%)	26 (13.5%)
NGO clinics/hospital	6 (1.2%)	9 (4.7%)
Private clinics/hospitals	280 (56.0%)	75 (38.9%)
Doctor's chamber	22 (4.4%)	30 (15.5%)
Others	1 (0.2%)	9 (4.7%)

(xi) RDW experience of complications in the last pregnancy

As per the findings of this study, around one fifth of the RDWs from both intervention and control area experienced complications in their last pregnancy (Intervention: 20.8%, Control: (21.2%)

Figure 6:: RDW having complications in their last pregnancy

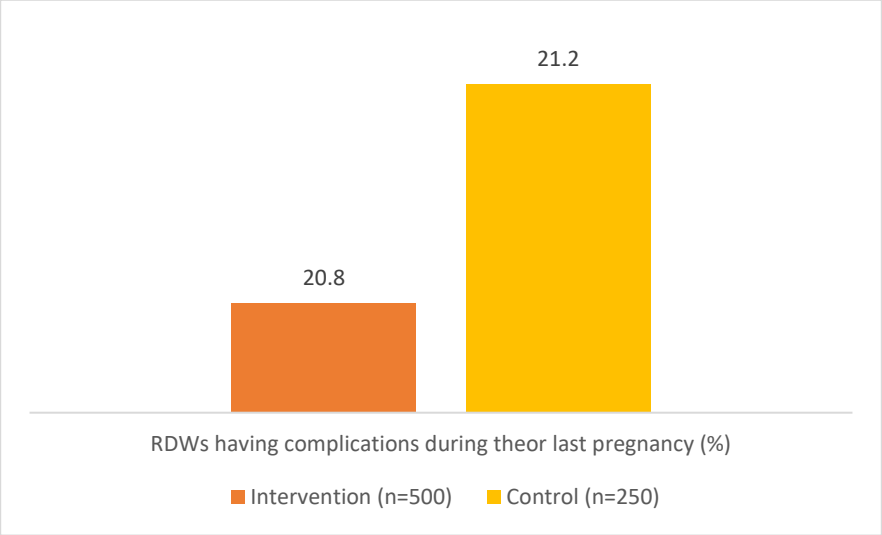


Table 11: RDW's experience of complications in their last pregnancy

Indicators	Project Area	
	Intervention (n=104)	Control (n=53)
Type pf complications faced		
Blurred Vision	29 (27.9%)	2 (3.8%)
Severe Headache	32 (30.8%)	11 (20.8%)
Severe Fever	15 (14.4%)	11 (20.8%)
Bleeding	34 (32.7%)	4 (7.5%)
No movement of baby	23 (22.1%)	6 (11.3%)
Swelling of Face	10 (9.6%)	6 (11.3%)
Swelling of Hands	15 (14.4%)	8 (15.1%)
Extreme vomiting	22 (21.2%)	17 (32.1%)
Severe abdominal pain	63 (60.6%)	24 (45.3%)
Asthma	2 (1.9%)	
Received treatment for complications		
Yes	90 (86.5%)	42 (79.2%)
No	14 (13.5%)	11 (20.8%)
Place of receiving treatment	**Intervention (n=90)**	**Control (n=42)**
Community clinics		1 (2.4%)
UH&FWC	29 (32.2%)	3 (7.1%)
UHC	5 (5.6%)	8 (19.0%)
District hospital/sadar hospital	7 (7.8%)	2 (4.8%)
MCWC	1 (1.1%)	
Medical college hospital	1 (1.1%)	
NGO clinics/hospital	2 (2.2%)	
Private clinics/hospitals	52 (57.8%)	19 (45.2%)
Doctor's chamber	10 (11.1%)	10 (23.8%)
Others	1 (1.1%)	

(xii) Place of last delivery and the person assisted the delivery

For both intervention and control area, the place of the last delivery was found to be private clinic/hospital (Intervention: 56.2%, Control: 51.6%). GNB clinic was mentioned by 2.2% of the RDW from intervention area.

Table 12: Place of last delivery and person assisted in the delivery

Indicators	Project Area	
	Intervention (n=500)	Control (n=250)
Place of last delivery		
Private clinic/hospital	281 (56.2%)	129 (51.6%)
UHC	63 (12.6%)	21 (8.4%)
Own home	59 (11.8%)	61 (24.4%)

Indicators	Project Area	
	Intervention (n=500)	Control (n=250)
District sadar hospital	36 (7.2%)	22 (8.8%)
NGO clinic/hospital	35 (7.0%)	3 (1.2%)
My natal home	7 (1.4%)	10 (4.0%)
Community clinic	4 (0.8%)	-
UH&FWC	2 (0.4%)	3 (1.2%)
MCWC	1 (0.2%)	-
Medical college hospital	1 (0.2%)	-
GNB	11 (2.2%)	1 (0.4%)
Person Conducted last delivery		
MBBS doctor	310 (62.0%)	151 (60.4%)
Nurse/Midwife	54 (10.8%)	7 (2.8%)
FWA	3 (0.6%)	3 (1.2%)
CHCP	3 (0.6%)	
SACMO	-	9 (3.6%)
Paramedic	30 (6.0%)	1 (0.4%)
CHW	16 (3.2%)	
Nurse	28 (5.6%)	8 (3.2%)
TTBA	32 (6.4 %)	41 (16.4%)
TBA	5 (1.0%)	8 (3.2%)
Relatives	8 (1.6%)	
Mother	7 (1.4%)	6 (2.4%)
Village Doctor	2 (0.4%)	3 (1.2%)
Neighbor	1 (0.2%)	9 (3.6%)
Family members	1 (0.2%)	4 (1.6%)

(xiii) Status of delivery-related complications

According to the survey findings, around 26% of the RDW in intervention area and 23.2% of the RDW from control area had complications in their last delivery.

Figure 7: RDW's having complications in their last delivery

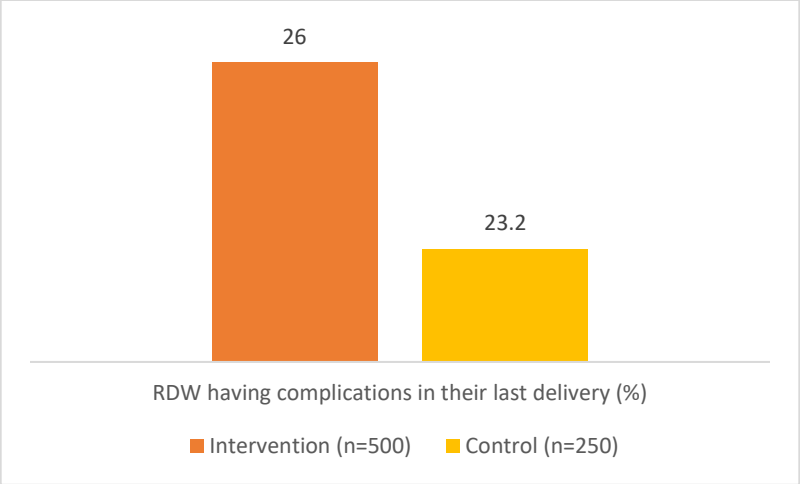


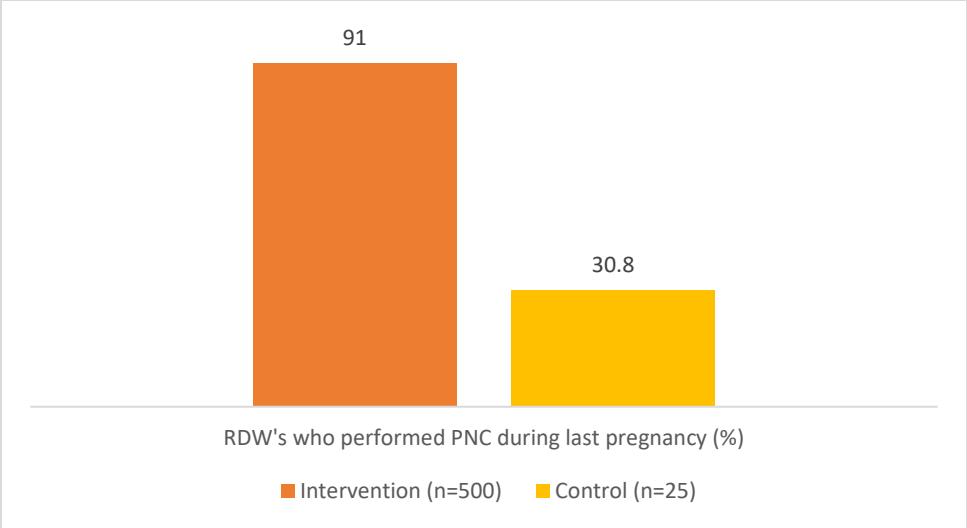
Table 13: Complications faced during last delivery

Indicators	Area	
	Intervention (n=130)	Control (n=58)
Complications faced during last delivery		
Labor pain lasted more than twelve hours	49 (37.7%)	20 (34.5%)
Profuse bleeding after delivery)	44 (33.8%)	5 (8.6%)
Convulsions	25 (19.2%)	6 (10.3%)
Hand/feet prolapsed	21 (16.2%)	3 (5.2%)
Severe headache/blurred vision	19 (14.6%)	4 (6.9%)
Water broke	15 (11.5%)	3 (5.2%)
High fever	9 (6.9%)	9 (15.5%)
Had to do Caesar	9 (6.9%)	21 (36.2%)
There was no pain	7 (5.4%)	1 (1.7%)
Others (high blood pressure, retained placenta, abdominal pai, difficult breathing, anemia etc)	20 (15.6%)	7 (11.9%)

(xiv) Status of PNC among RDW

The study obtained a much higher proportion of the RDW in intervention area (91%) against only around one-third (30.8%) of RDW who performed PNC in their last pregnancy.

Figure 8: RDW who performed PNC in their last pregnancy



The RDWs from intervention areas performed PNCs more times compared to the RDW from control area. Most of the RDW from intervention area (57.4%) had PNC visits three or more times which was found among only 13% of the RDWs from control area. The most common place of PNC visits were private clinics/hospitals mentioned by half (51%) of the RDW in intervention area and by 70.1% of the RDW from control area. UH&FWC was visited by around half (51.2%) women from intervention area for PNC visits. It is to be noted that the respondents were given multiple choice option for answering the questions related to the place of PNC visits.

Table 14: Status of PNC among RDW

Indicators	**Project Area**	
	Intervention (n=455)	Control (n=77)
No. of PNC visits		
One time	53 (11.6%)	27 (35.1%)
Two times	141 (31.0%)	40 (51.9%)
Three or more times	261 (57.4%)	10 (13.0%)
Place of PNC visits		
Private clinics/hospitals	232 (51.0%)	54 (70.1%)
UH&FWC	233 (51.2%)	2 (2.6%)
UHC	49 (10.8%)	9 (11.7%)
District hospital/sadar hospital	29 (6.4%)	9 (11.7%)
Satellite clinics		1 (1.3%)
Community clinics	13 (2.9%)	-
MCWC	2 (0.4%)	-
Medical college hospital	4 (0.9%)	-
NGO satellite clinics	1 (0.2%)	-
NGO clinics/hospital	5 (1.1%)	2 (2.6%)
Doctor’s chamber	13 (2.9%)	2 (2.6%)

Indicators	Project Area	
	Intervention (n=455)	Control (n=77)
Others	4 (0.9)	1 (1.3%)

(xv) Practice on newborn and child health care by RDW

According to this study, almost all the RDW both in intervention area (100%) and control area (98.4%) fed colostrum to their newborn child however the proportion was little less in control area.

Table 15: Practice on newborn and child health care by RDW

Indicators	Project Area	
	Intervention (n=500)	Control (n=250)
Complications within 28 days of birth		
No illness	287 (57.4%)	144 (57.6%)
Cold/cough	76 (15.2%)	45 (18.0%)
Fever	51 (10.2%)	33 (13.2%)
Skin rash/ Mashipishi'	37 (7.4%)	11 (4.4%)
Pneumonia	12 (2.4%)	2 (0.8%)
Difficult or fast breathing	10 (2.0%)	7 (2.8%)
Poor sucking or feeding	9 (1.8%)	
Dissention of abdomen	8 (1.6%)	7 (2.8%)
Diarrhea	6 (1.2%)	2 (0.8%)
Jaundice	6 (1.2%)	
Yellow skin/palm/feet/eye color (jaundice)	5 (1.0%)	2 (0.8%)
Plus, bleeding, or discharge from the umbilical cord	5 (1.0%)	2 (0.8%)
Skin lesions or blisters	5 (1.0%)	1 (0.4%)
Others (Convulsions/spasms/rigidity, Red or swollen eyes with pus, feels cold, doesn't cry etc.)	19 (3.8%%)	21 (8.4%)
Treated for illness	**Intervention (n=212)**	**Control (n=106)**
Yes	150 (70.8%)	92 (86.8%)
No	62 (29.2%)	14 (13.2%)
Place visited for treatment	**Intervention (n=126)**	**Control (n=92)**
Doctor's chamber	52 (41.3%)	28 (30.4%)
Satellite clinics	-	6 (6.5%)
Community clinics	1 (0.8%)	1 (1.1%)
UH&FWC	10 (7.9%)	8 (8.7%)
UHC	7 (5.6%)	6 (6.5%)
District hospital/sadar hospital	13 (10.3%)	15 (16.3%)
MCWC	4 (3.2%)	6 (6.5%)
Medical college hospital	2 (1.6%)	1 (1.1%)

Indicators	Project Area	
	Intervention (n=500)	Control (n=250)
NGO clinics/hospital	2 (1.6%)	2 (2.2%)
Private clinics/hospitals	37 (29.4%)	20 (21.7%)
Others	3 (2.4%)	4 (4.3%)

(xvi) Coverage of vaccination with at least one dose of vaccines

As per the study findings, almost all the RDW from both study sites (99.4% and 100% from intervention and control area respectively) reported that their child received at least one dose of vaccine.

This study also assessed vaccination coverage (at least one dose) among children. The **table below** shows status of child vaccination by types of vaccine received.

Table 16: Coverage of vaccine with at least one dose of vaccine received.

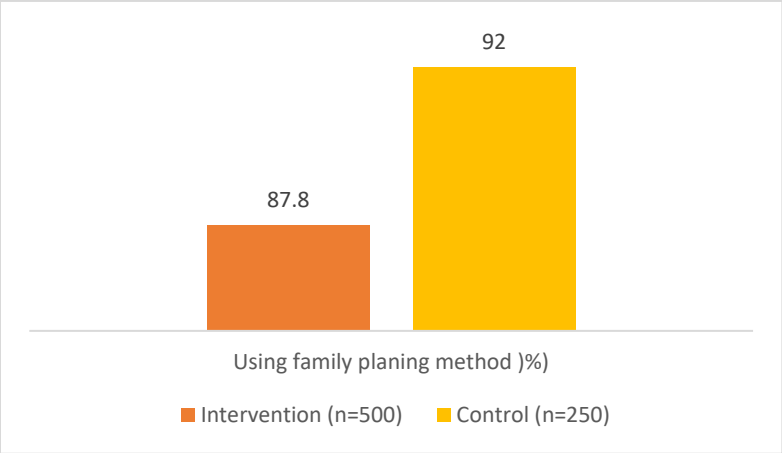
Indicators		Project Area	
		Intervention (n=494)	Control (n=250)
BCG	Yes	494 (100.0%)	250 (100.0%)
PENTA-1	Yes	493 (99.8%)	250 (100.0%)
	Not Applicable	1 (0.2%)	-
-1(PCV-1)	Yes	493 (99.8%)	250 (100.0%)
	Not Applicable	1 (0.2%)	-
1(OPV-1)	Yes	493 (99.8%)	250 (100.0%)
	Not Applicable	1 (0.2%)	
-2 (PENTA-2)	Yes	485 (98.2%)	248 (99.2%)
	Not Applicable	9 (1.8%)	2 (0.8%)
-2(PCV-2)	Yes	(98.4%)	(99.2)%
	Not Applicable	(1.6%)	(0.8%)
2(OPV-2)	Yes	485 (98.2%)	248 (99.2%)
	Not Applicable	9 (1.8%)	2 (0.8%)
PENTA-3	Yes	455 (92.1%)	241 (96.4%)
	No	1 (0.2%)	-
	Not Applicable	38 (7.7%)	9 (3.6%)
PCV-3	Yes	455 (92.1%)	241 (96.4%)
	Not Applicable	39 (7.9%)	9 (3.6%)
OPV-3	Yes	455 (92.1%)	241 (96.4%)
	Not Applicable	39 (7.9%)	9 (3.6%)
MR-1	Yes	183 (37.0%)	108 (43.2%)
	No	1 (0.2%)	-
	Not Applicable	310 (62.8%)	142 (56.8%)
MR-2	Yes	15 (3.0%)	3 (1.2%)

Indicators		Project Area	
		Intervention (n=494)	Control (n=250)
	No	1 (0.2%)	-
	Not Applicable	478 (96.8%)	247 98.8%)

(xvii) Status of use of family planning methods

The RDWs were asked whether they were using any family planning methods delaying or stopping the pregnancy. A proportion of 87.8% RDW in intervention area and 92% RDW in control area reportedly were using family planning methods at the time of survey.

Figure 9: RDW who used family planning methods



Among the RDW who were using family planning methods, the mostly reported method was Oral pill both in intervention area (61%) and in control area (68.5%)

Table 17: Type of family planning methods used by the RDW

Indicators	Project Area	
	Intervention (n=439)	Control (n=184)
Family planning method used		
Oral pill	268 (61.0%)	126 (68.5%)
Condom	51 (11.6%)	13 (7.1%)
Injection	70 (15.9%)	19 (10.3%)
Implant/Norplant	34 (7.7%)	14 (7.6%)
IUD/Coper-T	1 (0.2%)	3 (1.6%)
Female sterilization	12 (2.7%)	3 (1.6%)
Safe period	1 (0.2%)	4 (2.2%)
Abstain	-	1 (0.5%)
Withdrawal	2 (0.5%)	1 (0.5%)

(xviii) RDW's opinion about CHW activities:

This section of the findings is presented only for intervention area as there was not CHW activities were done in control area.

The study thrived to know the opinion of the RDW regarding the CHW activities in the intervention area. Majority of the RDW (91.6%) stated the activities to be **"very good",** and rest of 8.4% of the RDW stated it as **"good".**

Upon asking the reason of their opinion, the study revealed the delivering home service (**Come home to provide services**) was the mostly found reason of being CHW very good or good to. Availability as and when needed was another common reasons stated by majority of the RDWs (90.4).

Table 18: RDW's opinion regarding CHW activities

Indicator	Area Intervention (n=500)
Opinion of CHW activities	
Very good	458 (91.6%)
Good	42 (8.4)
Reason for their opinion	
Come home to provide services	497 (99.4%)
Skilled	161 (32.2%)
Available when needed	452 (90.4%)
Well behavior	425 (85.0%)
Familiar	177 (35.4%)
Listen carefully about the problem and try to solve it	347 (69.4%)
Take less money	117 (23.4%)
Provide good advice	305 (61.0%)
Everyone is becoming aware	2 (0.4%)

(xix) RDW's self-sufficiency (during and after delivery)

One of the important areas for this study was to know about the self-sufficiency of RDWs during and after delivery. The findings of the study have revealed that around four-fifths of the RDW in intervention area (79.4%) strongly agreed to be able to take care of them themselves during pregnancy which was found 48% in control area. For the other components as shown in table below the RDWs from intervention area were found to have more self-sufficiency compared to the RDWs from control area as the higher proportion of the RDW from intervention area were strongly agreed with the given statements.

Table 19:: RDW's self-efficiency during delivery

Indicators		Project Area	
		Intervention (n=500)	Control (n=250)
Q901. (I can take care of myself while I am pregnant)	Strongly agree	397 (79.4%)	120 (48.0%)
	Agree	93 (18.6%)	81 (32.4%)
	Neither Agree or disagree	2 (0.4%	34 (13.6%)
	Disagree	2 (0.4%)	11 (4.4%)
	Strongly Disagree	6 (1.2%)	4 (1.6%)
Q902. I know how to get good medical care by health facility while I am pregnant	Strongly agree	390 (78.0%)	86 (34.4%)
	Agree	110 (22.0%)	92 (36.8%)
	Neither Agree or disagree	-	35 (14.0%)
	Disagree	-	31 (12.4%)
	Strongly Disagree	-	6 (2.4%)
Q903. I can tell the doctors and nurses who are working with me about any problem that I am having during my pregnancy	Strongly agree	380 (76.0%)	91 (36.4%)
	Agree	117 (23.4%)	90 (36.0%)
	Neither Agree or disagree	3 (0.6%)	39 (15.6%)
	Disagree	-	26 (10.4%)
	Strongly Disagree	-	4 (1.6%)
	Base	500 (100%)	250 (100%)
Q904. I want to be active in the planning of my care during childbirth	Strongly agree	386 (77.2%)	114 (45.6%)
	Agree	114 (22.8%)	83 (33.2%)
	Neither Agree or disagree	-	35 (14.0%)
	Disagree	-	15 (6.0%)
	Strongly Disagree	-	3 (1.2%)

Alike the findings for the self-sufficiency during the pregnancy, the study found to have more self-efficacy among the RDW from intervention area compared to the RDW from control area for after delivery activities. The proportion of the RDW was much higher in intervention areas than control areas who were strongly agreed with the given statements.

Table 20: RDWs self-efficiency after delivery

Indicators		Project Area	
		Intervention (n=500)	Control (n=250)
Q1301. I will be able to get to my postpartum checkups	Strongly agree	382 (76.4%)	43 (17.2%)
	Agree	115 (23.0%)	114 (45.6%)
	Neither Agree or disagree	2 (0.4%)	61 (24.4%)
	Disagree	1 (0.2%)	31 (12.4%)
	Strongly Disagree		1 (0.4%)

Indicators		Project Area	
		Intervention (n=500)	Control (n=250)
Q1302. I can take good care of my baby	Strongly agree	395 (79.0%)	109 (43.6%)
	Agree	104 (20.8%)	88 (35.2%)
	Neither Agree or disagree	1 (0.2%)	35 (14.0%)
	Disagree	-	15 (6.0%)
	Strongly Disagree	-	3 (1.2%)
Q1303. If my baby gets sick, I will be able to take him/her to a health facility	Strongly agree	386 (77.2%)	110 (44.0%)
	Agree	111 (22.2%)	77 (30.8%)
	Neither Agree or disagree	3 (0.6%)	46 (18.4%)
	Disagree	-	12 (4.8%)
	Strongly Disagree	-	5 (2.0%)
Q1304. When I take my baby to a health facility, I will be able to explain any problems that the baby is having to the doctor or the nurse.)	Strongly agree	386 (77.2%)	102 (40.8%)
	Agree	113 (22.6%)	94 (37.6%)
	Neither Agree or disagree	1 (0.2%)	34 (13.6%)
	Disagree	-	17 (6.8%)
	Strongly Disagree	-	3 (1.2%)
Q1305. I will be able to take my baby to a health facility for checkups	Strongly agree	380 (76.0%)	94 (37.6%)
	Agree	120 (24.0%)	93 (37.2%)
	Neither Agree or disagree	-	39 (15.6%)
	Disagree	-	19 (7.6%)
	Strongly Disagree	-	5 (2.0%)

(xx) Social response, social capital, social equity of RDW

In terms of the Social response, the intervention area was found to have more social response compared to the control area as shown in table below.

Table 21: Social response of RDW

		Project Area	
		Intervention (n=500)	**Control (n=250)**
Q1501. If someone in this community had a death in their family, the community will come together to support them while they mourn.)	Strongly agree	409 (81.8%)	139 (55.6%)
	Agree	91 (18.2%)	89 (35.6%)
	Neither Agree or disagree	-	18 (7.2%)
	Disagree	-	4 (1.6%)
	Strongly agree	377 (75.4%)	80 (32.0%)

Q1502. When there is a problem in this community, people come together to discuss how it should be solved	Agree	123 (24.6%)	130 (52.0%)
	Neither Agree nor disagree	-	31 (12.4%)
	Disagree	-	7 (2.8%)
	Strongly Disagree	-	2 (0.8%)

Also, to understand their social equity, the RDW were if making groups decisions by the community is good for their households. As found from the study**,** a proportion of 71.4% of the RDWs in intervention area and around 18.4% from control were strongly agreed to this question.

Table 22: RDW's social equity

Indicators		**Project Area**	
		Intervention (n=500)	**Control (n=250)**
		N (%)	**N (%)**
Q1701. When community groups make decisions, they are leasing and good for most of the households in this community	Strongly agree	357 (71.4%)	46 (18.4%)
	Agree	138 (27.6%)	94 (37.6%)
	Neither Agree or disagree	5 (1.0%)	66 (26.4%)
	Disagree		25 (10.0%)
	Strongly Disagree		19 (7.6%)
	Base	500 (100%)	250 (100%)

The RDWs were asked several questions to understand their social capital. The table below presents the findings that were obtained from the survey.

Table 23: RDW's social capital

Indicators		**Project Area**	
		Intervention (n=500)	Control (n=250)
I typically accept advice from others in this community	Strongly agree	369 (73.8%)	58 (23.2%)
	Agree	121 (24.2%)	136 (54.4%)
	Neither Agree or disagree	5 (1.0%)	40 (16.0%)
	Disagree	2 (0.4%)	14 (5.6%)
	Strongly Disagree	3 (0.6%)	2 (0.8%)
People in the community share new knowledge with their neighbors if they learn something new	Strongly agree	383 (76.6%)	70 (28.0
	Agree	117 (23.4%)	126 (50.4%)
	Neither Agree or disagree	-	41 (16.4%)
	Disagree	-	11 (4.4%)
	Strongly Disagree	-	2 (0.8%)
This is a close-knit community (i.e., people	Strongly agree	356 (71.2%)	52 (20.8%)
	Agree	142 (28.4%)	116 (46.4%)

Indicators		Project Area	
		Intervention (n=500)	Control (n=250)
in this community have close personal relationships with each other	Neither Agree or disagree	2 (0.4%)	63 (25.2%)
	Disagree	-	14 (5.6%)
	Strongly Disagree	-	5 (2.0%)
In this community, I have someone with whom I can share my problems	Strongly agree	362 (72.4%)	56 (22.4%)
	Agree	135 (27.0%)	114 (45.6%)
	Neither Agree or disagree	2 (0.4%)	54 (21.6%)
	Disagree	1 (0.2%)	19 (7.6%)
	Strongly Disagree	-	7 (2.8%)
My neighbors sometimes come to me to share their problems and get help	Strongly agree	335 (67.0%)	61 (24.4%)
	Agree	159 (31.8%)	121 (48.4%)
	Neither Agree or disagree	6 (1.2%)	48 (19.2%)
	Disagree	-	14 (5.6%)
	Strongly Disagree	-	6 (2.4%)
There are people in this community who show strong leadership	Strongly agree	349 (69.8%)	41 (16.4%)
	Agree	147 (29.4	78 (31.2%)
	Neither Agree or disagree	3 (0.6%)	100 (40.0%)
	Disagree	1 (0.2%)	22 (8.8%)
	Strongly Disagree	-	9 (3.6%)
The community-based associations such as Patronage Committee in this community is very active	Strongly agree	334 (66.8%)	30 (12.0%)
	Agree	145 (29.0%)	107 (42.8%)
	Neither Agree or disagree	20 (4.0%)	74 (29.6%)
	Disagree	1 (0.2%)	23 (9.2%)
	Strongly Disagree		16 (6.4%)
The leaders of community-based associations such as Patronage Committee respond to this community's concern	Strongly agree	322 (64.4%)	28 (11.2%)
	Agree	158 (31.6%)	101 (40.4%)
	Neither Agree or disagree	19 (3.8%)	79 (31.6%)
	Disagree	1 (0.2%)	26 (10.4%)
	Strongly Disagree		16 (6.4%)
I participate in activities held by any community-based associations.	Strongly agree	329 (65.8%)	30 (12.0%)
	Agree	153 (30.6%)	85 (34.0%)
	Neither Agree or disagree	14 (2.8%)	44 (17.6%)
	Disagree	3 (0.6%)	66 (26.4%)
	Strongly Disagree	1 (0.2%)	25 (10.0%)

Indicators		Project Area	
		Intervention (n=500)	Control (n=250)
I attend the meetings of any government or NGO-initiated community development group	Strongly agree	317 (63.4%)	28 (11.2%)
	Agree	153 (30.6%)	92 (36.8%)
	Neither Agree nor disagree	26 (5.2%)	43 (17.2%)
	Disagree	4 (0.8%)	53 (21.2%)
	Strongly Disagree		34 (13.6%)
I participate in activities held by any government or NGO-initiated community development group	Strongly agree	322 (64.4%)	31 (12.4%)
	Agree	149 (29.8%)	82 (32.8%)
	Neither Agree nor disagree	24 (4.8%)	47 (18.8%)
	Disagree	5 (1.0%)	50 (20.0%)
	Strongly Disagree		40 (16.0%)

(xxi) Common values, Community attachment, Community capacity of RDW

To understand the common values of the RDW, they were asked if People in their community share the same ideas on how village matters should be managed. A proportion of 69% for the RDW was strongly agreed with the statement while the proportion was 16% in control area.

Table 24: Common values of RDW

		Project Area	
		Intervention (n=500)	**Control (n=250)**
People in this community share the same ideas on how village matters should be managed	Strongly agree	345 (69.0%)	40 (16.0%)
	Agree	139 (27.8%)	124 (49.6%)
	Neither Agree or disagree	16 (3.2%)	52 (20.8%)
	Disagree	-	25 (10.0%)
	Strongly Disagree	-	9 (3.6%)

Table 25: Community Attachment of RDW

		Project Area	
		Intervention (n=500)	**Control (n=250)**
Being member of this community is part of who I am	Strongly agree	356 (71.2%)	52 (20.8%)
	Agree	138 (27.6%)	102 (40.8%)
	Neither Agree or disagree	6 (1.2%)	31 (12.4%)
	Disagree		39 (15.6%)
	Strongly Disagree		26 (10.4%)
	Base	500 (100%)	250 (100%)

Regarding the opinion of the RDW regarding the community capacity, it was found more RDW from intervention area compared to the control area were strongly agreed with statements provided to understand the community capacity. The findings show more capacity of the community in intervention area compared to the control area as opined by the RDW.

Table 26: Community capacity

Indicators		Project Area	
		Intervention (n=500)	Control (n=250)
I have the ability to contribute to this community's mother and child health service development	Strongly agree	351 (70.2%)	70 (28.0%)
	Agree	131 (26.2%)	101 (40.4%)
	Neither Agree or disagree	18 (3.6%)	43(17.2%)
	Disagree	-	24 (9.6%)
	Strongly Disagree	-	12 (4.8%)
People in this community have the capacity to make positive changes by coming together	Strongly agree	358 (71.6%)	53 (21.2%)
	Agree	139 (27.8%)	110 (44.0%)
	Neither Agree or disagree	3 (0.6%)	52 (20.8%)
	Disagree		27 (10.8%)
	Strongly Disagree		8 (3.2%)
This community needs assistance from others outside the community in order to make positive changes	Strongly agree	362 (72.4%)	54 (21.6%)
	Agree	126 (25.2%)	100 (40.0%)
	Neither Agree or disagree	11 (2.2%)	68 (27.2%)
	Disagree	1 (0.2%)	19 (7.6%)
	Strongly Disagree	-	9 (3.6%)
People in this community should work together to develop the community 's mother and child health service	Strongly agree	382 (76.4%)	87 (34.8%)
	Agree	114 (22.8%)	95 (38.0%)
	Neither Agree or disagree	3 (0.6%)	37 (14.8%)
	Disagree	1 (0.2%)	18 (7.2%)
	Strongly Disagree	-	13 (5.2%)

B. RESULT FROM THE INTERVIEWS WITH HOUSEHOLD MEMBERS OF RDW (Control and intervention area)

To understand the family support in health seeking behavior the survey included interview with the husbands / Family members of the RDW. This section elaborates the findings of the interviews done with the husband / family members of the RDW.

(i) Sociodemographic characteristics of the Family members of RDW

In terms of education of the household members interviewed, the study found that the household members mostly with no education both in intervention area (33.3%) and in control area (46.4%). of the husbands from the intervention and control area respectively did not acquire any education. Around one-seventh (15% and 14.4% in intervention and control area respectively) of the husband from both study areas had acquired education above the secondary level. Over one-ninth (91.8%) of the husbands from intervention area were married, while a little less than one-ninth (88.8%) from control area were marries. In terms of occupation, around one-fourth (25.6%) and less than one-fifth (17.6%) husbands from intervention and control area were farmers. Unemployed husbands were more common in the control area with a little less than one-fifth (19.2%) and significantly less common in the intervention area at 2.4% of the total population. As for the household head of the RDWs, around two-fifth (37.6%) and a little over one-third (32.4%) referred to themselves as the household head from intervention and control area respectively.

Table 27: Sociodemographic of the family members of RDW

Indicators	Project Area	
	Intervention (n=500)	Control (n=250)
Relationship with RDW		
Wife	202 (40.4%)	85 (34.0%)
Daughter-in-law	256 (51.2%)	142 (56.8%)
Daughter	5 (1.0%)	7 (2.8%)
Sister	1 (0.2%)	1 (0.4%)
Sister-in-law	6 (1.2%)	5 (2.0%)
Sister-in-law	29 (5.8%)	9 (3.6%)
Sister-in-law	1 (0.2%)	-
Mother	-	1 (0.4%)
Education level		
No education	166 (33.2%)	116 (46.4%)
Primary incomplete	118 (23.6%)	39 (15.6%)
Primary complete	33 (6.6%)	17 (6.8%)
Secondary incomplete	108 (21.6%)	42 (16.8%)
Secondary or above	75 (15.0%)	36 (14.4%)
Marital Status		
Married	459 (91.8%)	222 (88.8%)
Divorced	1 (0.2%)	-
Widowed	40 (8.0%)	28 (11.2%)
Occupation		
Farmer	128 (25.6%)	44 (17.6%)
Day labor	61 (12.2%)	24 (9.6%)
Govt. service	4 (0.8%0	3 (1.2%)

Indicators	Project Area	
	Intervention (n=500)	Control (n=250)
Private service	14 (2.8%)	6 (2.4%)
Small business	24 (4.8%)	5 (2.0%)
Business	15 (3.0%)	11 (4.4%)
Mason	12 (2.4%)	8 (3.2%)
Unemployed	12 (2.4%)	48 (19.2%)
Rickshaw/Van puller	8 (1.6%)	3 (1.2%)
Bus/Truck driver	6 (1.2%)	1 (0.4%)
Does not work as got old	6 (1.2%)	1 (0.4%)
Carpenter	5 (1.0)	1 (0.4%)
Auto bike/CNG/Tempoo driver	3 (0.6%)	2 (0.8%)
Others (fisherman, imam, maid, police, cattle raiser etc)	11 (2.2%)	6 (2.4%)
Household head		
Respondent himself/herself	188 (37.6%)	81 (32.4%)
Any other member of the household	312 (62.4%)	169 (67.6%)

(ii) Opinion of Family members about responsibilities at the time of complication of a pregnant woman and preferred place of delivery

The family members were asked about the roles and responsibilities of a household head on perceiving danger signs during pregnancy. "**Moving to the area where there is an available health care facility"** was found to be the mostly mentioned option that the household head should do both in intervention area (67.2%) and in control area (35.2%).

As much as around one-third (30.8%) husbands from the control area admitted to not knowing about their roles and responsibilities.

Regarding the place of delivery, the respondents were asked to mention the place according to their preferences and a maximum of three responses were taken. The mostly found preferred place of delivery was UHC (80.2%) in intervention area followed by Private clinic/hospital (62.8%). On the other hand, in control area, the mostly found preferred place of delivery as mentioned by the FM was Home (79.6%) followed by UHC (65.2%). The findings reflect more awareness of the FM in intervention areas compared to the control area for safe delivery.

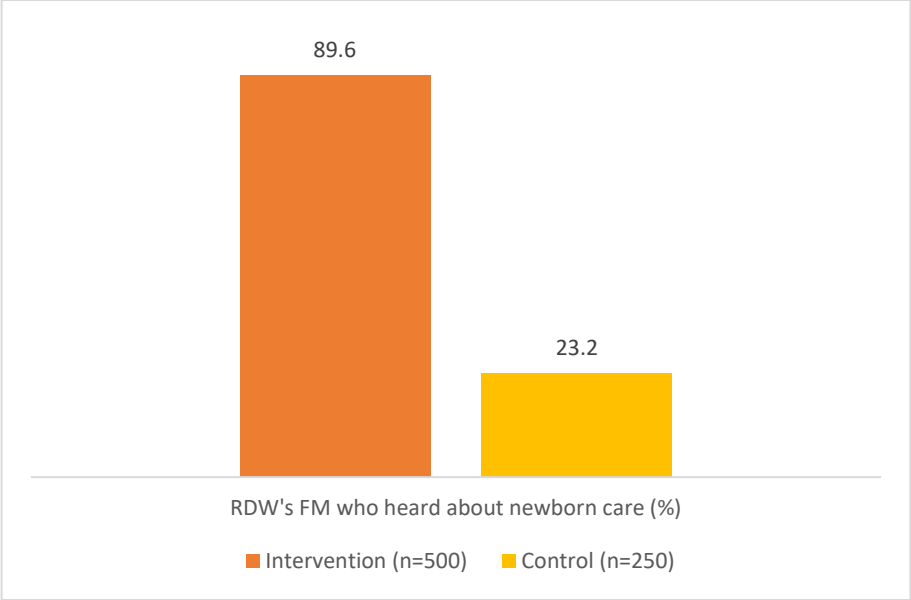
Table 28: Responsibility of RDW's family members during pregnancy complication and preferred delivery place

Indicators	Project Area	
	Intervention (n=500)	Control (n=250)
Responsibility during pregnancy complication		
Moving to the area where there is an available health care facility	336 (67.2%)	88 (35.2%)
Do not remember/Don't know	1 (0.2%)	77 (30.8%)
To arrange necessary transportation facility	93 (18.6%)	18 (7.2%)
Arrange required amount of money	30 (6.0%)	13 (5.2%)
Call the doctor of nearest village	19 (3.8%)	32 (12.8%)
Take care of the patient to reduce the sufferings	15 (3.0%)	5 (2.0%)
Consult the nearest pharmacy for treatment/medication	3 (0.6%)	12 (4.8%)
Others (Identify the caregiver to accompany the patient, consult pharmacy, call birth attendant)	3 (0.6%)	5 (2%)
Preferred place of delivery		
Own home	124 (24.8%)	199 (79.6%)
My natal home	36 (7.2%)	78 (31.2%)
Community clinic	109 (21.8%)	19 (7.6%)
UH&FWC	64 (12.8%)	15 (6.0%)
UHC	401 (80.2%)	163 (65.2%)
District sadar hospital	325 (65.0%)	179 (71.6%)
MCWC	72 (14.4%)	6 (2.4%)
Medical college hospital	59 (11.8%)	12 (4.8%)
Private clinic/hospital	314 (62.8%)	150 (60.0%)
NGO clinic/hospital	262 (52.4%)	17 (6.8%)
GNB Hospital	3 (0.6%)	2 (0.8%)
Where it would be better to take	-	1 (0.4%)

(iii) Knowledge of RDW's FM on newborn care

The findings of the study revealed that around nine-tenths (89.6%) of the FM of intervention area were aware about newborn care for which the proportion was only 23.2% in control area.

Figure 10:: RDW's family members who heard about newborn care.



The study also sought to know the FM's knowledge on newborn care and danger sings. Around four fifths of the FM in intervention area (79.1%) which was 52.1% in the control area. The study found the higher awareness level among the Family member in the intervention area compared to the control area as for almost all the issues related to the newborn care was found to be known by the more respondents from the intervention area.

Also, majority of the FM from intervention area (89.6%) reportedly heard about the danger signs of a newborn against only 23.2% of the FMs in control area.

Table 29: Knowledge of RDW's Family members s on newborn care

Indicators	**Project Area**	
	Intervention (n=468)	Control (n=71)
Information known about newborn care		
Dry and wrap with clean and warm cloth	370 (79.1%)	37 (52.1%)
Breastfeeding within 1 hour of childbirth	377 (80.6%)	43 (60.6%)
Cut the cord with clean blade	163 (34.8%)	19 (26.8%)
Take care of eyes	91 (19.4%)	7 (9.9%)
Keep baby's cord should dry	138 (29.5%)	30 (42.3%)
Bathe 72 hours after the baby is born	140 (29.9%)	15 (21.1%)
Do not trim head hair within 1 month	130 (27.8%)	8 (11.3%)
If any complications appear then go to doctor	190 (40.6%)	25 (35.2%)
Take special care when underweight	40 (8.5%)	5 (7.0%)
Heard about danger signs of a newborn	**Intervention (n=500)**	**Control (n=250)**
Yes	448 (89.6%)	58 (23.2%)
No	52 (10.4%)	192 (76.8%)

Indicators	Project Area	
	Intervention (n=468)	Control (n=71)
Danger signs of newborn	**Intervention (n=448)**	**Control (n=58)**
Could not pull breast milk	242 (54.0%)	44 (75.9%)
Fever or freezing in body	347 (77.5%)	38 (65.5%)
Convulsion	206 (46.0%)	13 (22.4%)
Belly button ripe	223 (49.8%)	17 (29.3%)
Difficulties in taking breath and Chest stroking	324 (72.3%)	29 (50.0%)
Jaundice	6 (1.3%)	
Diarrhea	4 (0.9%)	
Measles	3 (0.7%)	
HBS	3 (0.7%)	
Others (Weakness, vomit, cold etc)	5 (1%)	

(iv) FM' knowledge on CHW project activities of GNB

The questions for CHW activates were asked to the respondents from the intervention area only. As found from the study all the family members (100%) interviewed in this study, knew about GNB's CHW activities. Of them a proportion of 66.3% of the FMs attended any meetings organized by CHWs. Among those who attended the meetings from the intervention area (n=327), over nine-tenth (93%) mentioned about discussing regarding pregnancy care, around four-fifth (81%) mentioned delivery care, and a little less than three fourth (67%) mention newborn care.

Table 30: Knowledge of RDW's family members on CHW activities

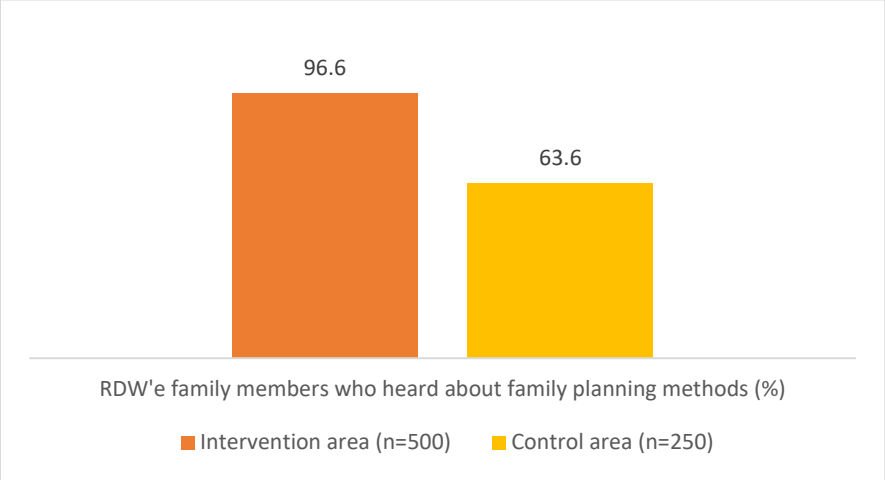
Indicators	Area
	Intervention (n=493)
Attended meetings organized by CHWs	
Yes	327 (66.3%)
No	166 (33.7%)
Topic of discussion at CHW meetings	
Pregnancy care	304 (93.0%)
Delivery care	265 (81.0%)
Postnatal care	238 (72.8%
Newborn care	219 (67.0%)
Family planning	223 (68.2%)
Vaccinations	223 (68.2%)
Counselling	143 (43.7%)
General patient services	73 (22.3%)
Nutrition	47 (14.4%)
Sanitation and home hygiene	32 (9.8%)
Have to stay clean	1 (0.3%)

Indicators	Area Intervention (n=493)
Don't know	1 (0.3%)

(v) Knowledge of Family Members on family planning methods

The study found that wide majority of the family members in intervention area (96.6%) knew about family methods. The proportion was much lowers in control area as found a proportion of 63.6% family members from the control area.

Figure 11: RDW's family members who heard about family planning methods



The most commonly known methods of family planning among almost all the family members were Oral pill in both intervention (96.9%) and control (96.9%) area. intervention and control area.

Table 31: Knowledge on family planning methods

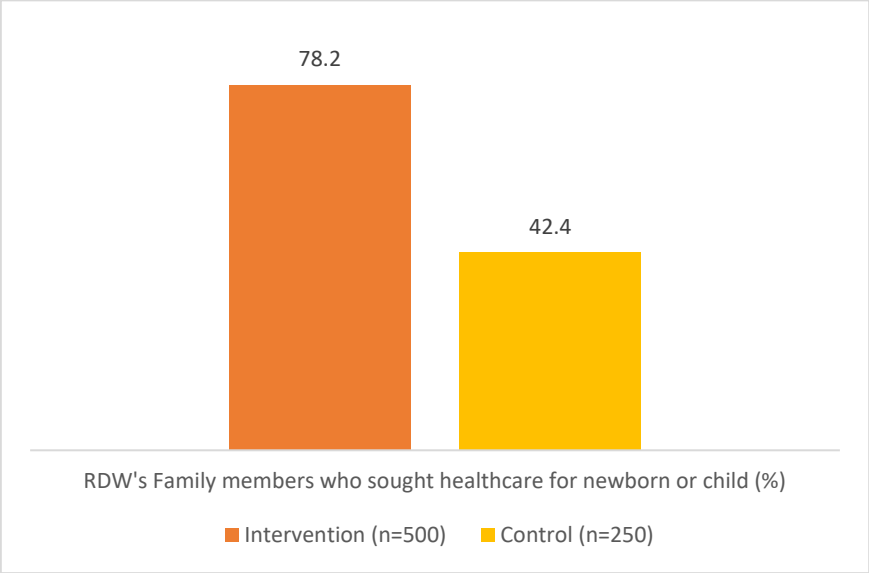
Indicators	Project Area Intervention (n=483)	Control (n=159)
Method of family planning		
Oral pill	468 (96.9%)	156 (98.1%)
Condom	297 (61.5%)	85 (53.5%)
Injection	428 (88.6%)	132 (83.0%)
Implant/Norplant	278 (57.6%)	104 (65.4%)
IUD/Coper-T	206 (42.7%)	37 (23.3%)
Female sterilization	147 (30.4%)	30 (18.9%)
Male sterilization	21 (4.3%)	13 (8.2%)
Safe period	26 (5.4%)	6 (3.8%)
Abstain	17 (3.5%)	1 (0.6%)
Withdrawal	5 (1.0%)	1 (0.6%)

Indicators	Project Area	
	Intervention (n=483)	Control (n=159)
Lactational amenorrhea Method (LAM)	-	1 (0.6%)

(vi) Healthcare seeking for a newborn or child.

While asking the family members whether they would seek health care for their newborn or child. In response, 78.2% of the family members from intervention area mentioned that they would seek while in control area only a handful proportion (2.4%) of the family members mentioned about willingness to seek health care.

Figure 12: RDW's family members who sought healthcare for their newborn or child.



The most commonly visited place as reported by the family members for the newborn care was found to be **UH&FWC** mentioned by a higher proportion of the respondents (57.03%). On the other hand, the most visited place for control area was Private clinics/hospitals mentioned by around by 50.9% of the family members.

Table 32: Place visited by RDW's family members for healthcare of newborn or child

Indicators	Area	
	Intervention (n=391)	Control (n=106)
Satellite clinics	1 (0.3%)	3 (2.8%)
Community clinics	17 (4.3%)	5 (4.7%)
UH&FWC	223 (57.03%)	3 (2.8%)
(UHC)	102 (26.1%)	36 (34.0%)
District hospital/sadar hospital)	65 (16.6%)	28 (26.4%)
MCWC	19 (4.9%)	5 (4.7%)
Medical college hospital	7 (1.8%)	-

NGO satellite clinics	4 (1.0%)	-
NGO clinics/hospital	19 (4.9%)	2 (1.9%)
Private clinics/hospitals	176 (45.0%)	54 (50.9%)
Doctor's chamber	148 (37.9%)	34 ((32.1%)
Others, please specify	9 (2.3%)	1 (0.9%)

(vii) Family Member's knowledge on project activities of GNB

The study also investigated the knowledge of RDW's husbands from intervention area (n=500) regarding GNB's project activities. It was found that all interviewed husbands (100%) from intervention area were aware of GNB's project activities.

Almost everyone (97%) mentioned maternal and health care, a little less than four-fifth (76.6) mentioned child education and protection, and around half (49.2%) mentioned children's patronage.

Table 33: Knowledge of RDW's family members on CHW activities of GNB

Indicators	Project Area
	Intervention (n=500)
Knowledge of GNB activities	
Children's patronage	246 (49.2%)
Child Education & Protection	383 (76.6%)
Maternal and Child Health Care	485 (97.0%)
WASH Program	54 (10.8%)
Empowering women through income generating activities through cooperatives	119 (23.8%)
through cooperatives	55 (11.0%)
Youth mobilization	1 (0.2%)
Provide good advice	1 (0.2%)
Provide loan	1 (0.2%)

(viii) Social response and social support, of family members of the RDW

The study also investigated the social response and social support of the household members of the RDW. To understand their social response, the RDW's husbands were asked if their community would come together to mourn if someone from their family had died. A little less than one-ninth (87.2%) from the intervention area strongly agreed and a little under three-fourth (67.6%) just agreed to this question. To understand their social support, the household members were also asked if they would support their pregnant family members in getting to their due health care services from health care facilities. To answer this, around almost all the household members (99.6%) from intervention area and a little over four-fifth (83.2%) from control area had strongly agreed. Thus, the **table below**, shows that social response is higher in the intervention area, however social support among both areas is similarly high in both areas.

Table 34: Social response of the family members of the RDW

Indicators		Area	
		Intervention (n=500)	Control (n=250)
If someone in this community had a death in their family, the community will come together to support them while they mourn.	Strongly agree	436 (87.2%)	169 (67.6%)
	Agree	62 (12.4%)	61 (24.4%)
	Neither agree nor disagree	1 (0.2%)	6 (2.4%)
	Disagree	1 (0.2%)	13 (5.2%)
	Strongly Disagree		1 (0.4%)
When there is a problem in this community, people come together to discuss how it should be solved	Strongly agree	385 (77.0%)	137 (54.8%)
	Agree	109 (21.8%)	85 (34.0%)
	Neither Agree or disagree	3 (0.6%)	13 (5.2%)
	Disagree	2 (0.4%)	8 (3.2%)
	Strongly Disagree	1 (0.2%)	7 (2.8%)

Table 35: Social support of the family members of the RDW

Indicator		Project Area	
		Intervention (n=500)	Control (n=250)
During your wife/ daughter-in-law's last pregnancy (or current pregnancy), did you support her to get health service from the health facilities?)	Yes	495 (99.0%)	179 (71.6%)
	No	5 (1.0%)	71 (28.4%)
After your wife/ daughter-in-law's childbirth, did (or will) you support her to visit and get the health service from the health facilities?)	Yes	493 (98.6%)	194 (77.6%)
	No	7 (1.4%)	56 (22.4%)
If your family member is pregnant, will you support her to visit and get the health service from the health facilities?	Yes	498 (99.6%)	208 (83.2%)
	No	2 (0.4%)	42 (16.8%)
When you decided that your wife/daughter-in-law should get the health service during/after, did you and your family members have discussion?)	Yes	495 (99.0%)	184 (73.6%)
	No	5 (1.0%)	66 (26.4%)
Will you recommend your neighbors (pregnant women or her family member) to go and get the health service?	Yes	457 (91.4%)	206 (82.4%)
	No	43 (8.6%)	44 (17.6%)

(ix) Common values, Community attachment, Community capacity of the household members of RDW

In order to unearth the community attachment of the household members of the RDW, they were asked if the people in their community share same ideas on how village matters should be managed.

Above three-fifth (64%) strongly agreed and around two-fifth (39.2%) just agreed in the intervention and control area respectively. However, a little over one-tenth (12%) from the control area had also disagreed. Again, to understand their community attachment, the household members were asked if being a member of this community is a part of who they are. From the intervention area, around three-fourth (74%) strongly agreed, while in the control area, only around one-third (30.4%) strongly agreed and a little over one-tenth (12%) disagreed. Thus, the intervention area has more community attachment and common values as per the result of this study **(table 41 and table 41)**.

Table 36:Common values of the family members of RDW

Indicators		Project Area	
		Intervention (n=500)	Control (n=250)
People in this community share the same ideas on how village matters should be managed	Strongly agree	320 (64.0%)	76 (30.4%)
	Agree	158 (31.6%)	98 (39.2%)
	Neither Agree or disagree	18 (3.6%)	29 (11.6%)
	Disagree	4 (0.8%)	30 (12.0%)
	Strongly Disagree		17 (6.8%)

Table 37: Community attachment of the household members of RDW

Indicators		Project Area	
		Intervention (n=500)	Control (n=250)
Being member of this community is part of who I am	Strongly agree	370 (74.0%)	80 (32.0%)
	Agree	123 (24.6%)	64 (25.6%)
	Neither Agree or disagree	6 (1.2%)	16 (6.4%)
	Disagree	1 (0.2%)	48 (19.2%)
	Strongly Disagree	-	42 (16.8%)

Lastly, the study sought to also assess the community capacity of the household members of the RDW. When they were asked if they had the ability to contribute to their community's mother and child health service development, a little less than three-fourth (68%) and around two-fifth (39.2%) has strongly agreed from the intervention and control area respectively. Further, they were also asked if their community needs assistance from others outside the community in order to make positive changes. In answer to this, a little less than three-fourth (69%) and a little less than two-fifth (37.2%) respectively had strongly agreed from the intervention and control area respectively.

Table 38: Community capacity of the family members of RDW

Indicators		Area	
		Intervention (n=500)	Control (n=250)
I have the ability to contribute to this	Strongly agree	340 (68.0%)	98 (39.2%)
	Agree	142 (28.4%)	68 (27.2%)

Indicators		Area	
		Intervention (n=500)	Control (n=250)
community's mother and child health service development	Neither Agree or disagree	16 (3.2%)	17 (6.8%)
	Disagree	2 (0.4%)	31 (12.4%)
	Strongly Disagree	-	36 (14.4%)
People in this community have the capacity to make positive changes by coming together	Strongly agree	314 (62.8%)	60 (24.0%)
	Agree	174 (34.8%)	113 (45.2%)
	Neither Agree nor disagree	9 (1.8%)	15 (6.0%)
	Disagree	3 (0.6%)	30 (12.0%)
	Strongly Disagree	-	32 (12.8%)
This community needs assistance from others outside the community in order to make positive changes	Strongly agree	345 (69.0%)	93 (37.2%)
	Agree	142 (28.4%)	84 (33.6%)
	Neither Agree or disagree	10 (2.0%)	36 (14.4%)
	Disagree	3 (0.6%)	24 (9.6%)
	Strongly Disagree	-	13 (5.2%)
People in this community should work together to develop the community 's mother and child health service	Strongly agree	342 (68.4%)	133 (53.2%)
	Agree	144 (28.8%)	64 (25.6%)
	Neither Agree or disagree	14 (2.8%)	18 (7.2%)
	Disagree	-	23 (9.2%)
	Strongly Disagree	-	12 (4.8%)

Part 2. Project Area Pre/Post Comparison Analysis

This section represents the comparative analysis of the findings from the interview with the RDW from the baseline and end-line survey. In the baseline, a total of 563 RDW were interviewed, and in the end line, a total of 500 RDW were interviewed from the intervention area (Ishania and Nafanagar).

A. RESULTS FROM THE INTERVIEW WITH THE RDW (PRE/POST Comparison)

(i) Sociodemographic characteristics of the RDW

Most of the RDWs belong to the age group 2-24 years both in baseline and end-line survey.

In terms of education, the survey revealed that the mostly found educational level of the RDW was secondary incomplete both in baseline (41.6%) and end-line survey (45%) however the proportion was slightly higher in end-line. Around one-third of the RDWs had education Secondary or above with a proportion 31.8% in baseline and 33.4% in end-line survey.

"Housewife" was the most common occupation found for majority of the RDWs both in baseline (94.8%) and end-line (93.6%) survey. As for monthly expenditure, the higher proportion of the RDW reported to have a monthly income less than BDT 10, 000; the proportion was 53.5% in baseline and 52.45 in end-line. On the other hand, 61.6% RDW reported to have their monthly income between BDT 10,000-20,000 in baseline and 58.4% in end-line survey.

Table 39: Sociodemographic characteristics of the RDW

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Age in years		
Less than or equal to 19	120 (21.3%)	87 (17.4%)
20-24	178 (31.6%)	194 (38.8%)
25-29	141(25%)	117 (23.4%)
30-35	89 (15.8%)	74 (14.8%)
More than or equal to 35	35 (6.2%)	28 (5.6)
Level of education		
No education	21 (3.7%)	16 (3.2%)
Primary incomplete	71 (12.6%)	51 (10.2%)
Primary complete	58 (10.3%)	41 (8.2%)
Secondary incomplete	234 (41.6%)	225 (45.0%)
Secondary or above	179 (31.8%)	167 (33.4%)
Marital Status		
Married	560 (99.5%)	499 (99.8%)

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Separated	1 (0.2%)	
Abandoned	1 (0.2%)	
Widowed	1 (0.2%)	1 (0.2%)
Occupation		
Housewife	534 (94.8%)	468 (93.6%)
Day labor		2 (0.4%)
Govt. service	5 (0.9%)	3 (0.6%)
Private service	9 (1.6%)	5 (1.0%)
Small trader	9 (1.6%)	2 (0.4%)
Student	6 (1.1%)	11 (2.2%)
Tailor	-	7 (1.4%)
Community health worker	-	1 (0.2%)
Teacher	-	1 (0.2%)
Monthly expenditure		
less than 10000	301 (53.5%)	262 (52.4%)
10000-20000	249 (44.2%)	213 (42.6%)
more than 20000	13 (2.3%)	25 (5.0%)
Monthly income		
less than 10000	131 (23.3%)	139 (27.8%)
10000-20000	347 (61.6%)	292 (58.4%)
More than 20000	85 (15.1%)	69 (13.8%)

(ii) Status of decision making by RDW on health care and other affairs

In regards of decision-making regarding health care and other affairs, majority of the RDW (94.7%) in end-line survey mentioned about taking decision by other household members while this proportion was 55.8% in bassline survey. The comparison between baseline and end-line has revealed that more RDW from the end-line survey could visit health care alone. As per the table below, around three-fourths (72.2%) of RDW from the end-line claimed to be able to visit health care facilities on their own, while more than half of the RDW (51.3%) from the baseline shared that they could not do so.

Table 40: Decision making status of the RDW regarding healthcare and other affairs

Indicators	Project Area	
	Baseline (n=563)	**End-line (n=500)**
Deciding place of treatment		
Self	55 (9.8%)	30 (6.0%)
Other household members	314 (55.8%)	470 (94.0%)
Both together	194 (34.5%)	-

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Can visit healthcare alone		
Yes	274 (48.7%)	361 (72.2%)
No	289 (51.3%)	139 (27.8%)

(iii) Background characteristics of the husbands of the RDW

Regarding the educational level of the husbands of the RDW, the mostly reported education level by the RDW was Secondary or above in end-line survey (36%) while it was Secondary incomplete in baseline survey (29.3%).

Farmer was found to be the most common occupation of the RDW's husbands in end-line survey (27.4%) while "day laborer" was mostly mentioned by the RDW in baseline survey (30.6%).

Table 41: Background characteristics of RDW's husbands

	Project Area	
	Baseline (n=563)	End-line (n=500)
Level of education of RDW's husband		
No education	35 (6.2%)	28 (5.6%)
Primary incomplete	110 (19.5%)	86 (17.2%)
Primary complete	88 (15.6%)	50 (10.0%)
Secondary incomplete	165 (29.3%)	156 (31.2%)
Secondary or above	164 (29.1%)	180 (36.0%)
Not applicable	1 (0.2%)	
Occupation of RDW's husband		
Farmer	120 (21.3%)	137 (27.4%)
Day labor)	172 (30.6%)	63 (12.6%)
Govt. service	15 (2.7%)	17 (3.4%)
Private service	68 (12.1%)	60 (12.0%)
Small business	40 (7.1%)	33 (6.6%)
Business	61 (10.8%)	59 (11.8%)
Rickshaw/Van puller	12 (2.1%)	20 (4.0%)
Auto bike/CNG/Tempoo driver	22 (3.9%)	13 (2.6%)
Bus/Truck driver	14 (2.5%)	18 (3.6%)
Carpenter	13 (2.3%)	14 (2.8%)
Mason	20 (3.6%)	43 (8.6%)
Garments worker	4 (0.7%)	6 (1.2%)
Unemployed	-	4 (0.8%)
Others (Imam, Religious Leader, Mechanic, Veterinarian)	2 (0.4%)	12 (2.6%)

(i) Knowledge of RDW on ANC and danger signs during pregnancy

All the RDWs both in baseline and end-line survey reportedly heard about ANC.

While asking the RDWs about the type of information they knew about ANC, wide majority of the respondents in end-line survey mentioned to have regular checkup (96.6%) while the mostly mentioned component in baseline survey was "should take nutritious food (95%). More than half of the RDW in end-line survey (52%) mentioned about taking TT vaccine while this proportion was only 6.6% in baseline survey.

More RDW in end-line survey were found to know about danger signs of pregnancy compared to the baseline survey (baseline: 94%, end-line: 99.6%). The findings shows that more RDW in end-line survey mentioned about all the components of danger signs in pregnancy compared to the baseline survey as shown in table below. "Bleeding" was mostly mentioned danger sign of pregnancy both in baseline and end-line however the proportion was 88.4% in end-line survey against 60.7% in baseline survey.

Table 42: Knowledge of RDW about ANC and danger signs during pregnancy

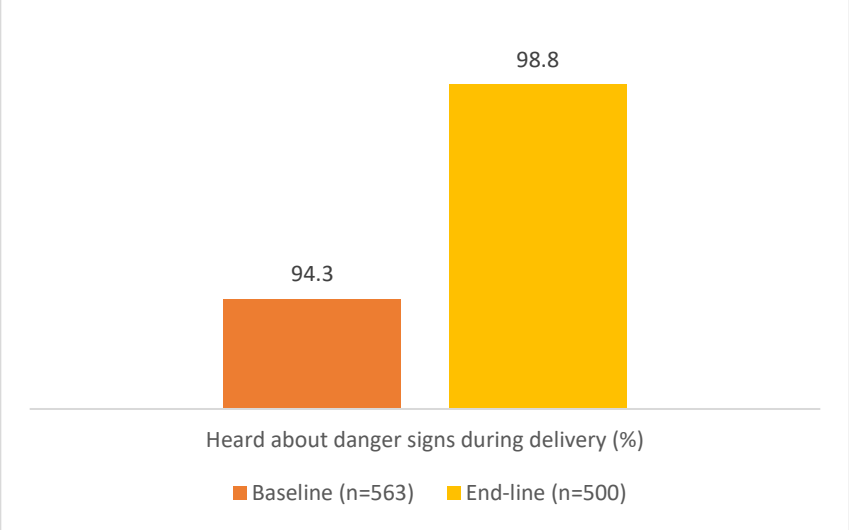
Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Ever heard about ANC		
Yes	563 (100)	500 (100)
Type of information known about ANC		
Needs regular check up	513 (91.1%)	483 (96.6%)
Needs to take TT vaccine	37 (6.6%)	260 (52.0%)
Needs to take iron tablet	324 (57.5%)	337 (67.4%)
Needs to visit the doctor at hospital for check-up)	117 (20.8%)	321 (64.2%)
Needs to measure the weight	93 (16.5%)	262 (52.4%)
Needs to do ultrasound gram	185 (32.9%)	327 (65.4%)
Should take nutritious food	535 (95.0%)	434 (86.8%)
Restricted to lift heavy items	506 (89.9%)	314 (62.8%)
Should take adequate rest	447 (79.4%)	231 (46.2%)
Needs to have food frequently	220 (39.1%)	135 (27.0%)
Needs to drink more water	4 (0.7%)	2 (0.4%)
Others, please specify	8 (1.4%)	1 (0.2%)
RDW who know about danger signs of pregnancy		
Yes	529 (94.0%)	498 (99.6%)
No	34 (6.0%)	2 (0.4%)
Information known about the danger signs of pregnancy		
Bleeding	321 (60.7%)	440 (88.4%)
Headache/blurred vision	285 (53.9%)	408 (81.9%)
Severe fever	147 (27.8%)	322 (64.7%)

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Severe abdomen pain	216 (40.8%)	293 (58.8%)
Convulsion	292 (55.2%)	409 (82.1%)
Oedema in hands and legs	200 (37.8%)	207 (41.6%)
Others, please specify	9 (1.75)	13 (2.6%)

(ii) Knowledge about danger signs during delivery of the RDW

By comparing the baseline and end-line data, the study found the higher proportion of RDW in end-line survey (98.8%) had knowledge about danger signs during delivery compared to the RDW in baseline survey (94.3%)

Figure 13: RDW who heard about the danger signs during delivery



Alike the findings on the danger signs of pregnancy, the RDW from end-line survey was found more knowledgeable compared to the RDW from baseline survey for almost aa the issues of danger signs. The table below shows that the most commonly known danger signs during delivery was "excessive bleeding," known by 90.9% of RDW in end-line survey which was 68.2%) in baseline survey.

Regarding the planning needed for safe delivery, the mostly mentioned aspect was "savings for emergency" mentioned by 80.8% during the end-line and 88.8% of the respondents in baseline survey.

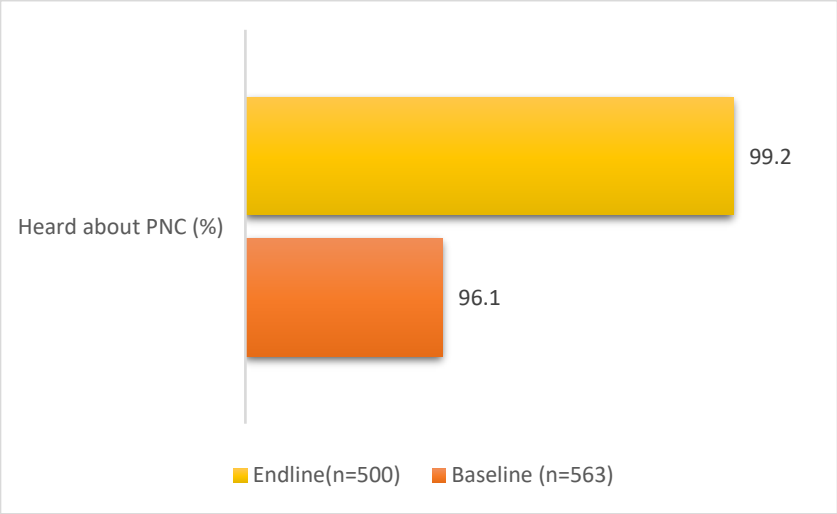
Table 43: Knowledge of the RDW about danger signs during delivery

Indicators	Project Area	
	Baseline (n=561)	End-line (n=500)
Information known about danger signs during delivery		
Excessive bleeding	361 (68.2%)	449 (90.9%)
Prolonged Labor pain (>12 hours	193 (36.5%)	362 (73.3%)
Convulsion	318 (60.1%)	394 (79.8%)
Swelling of feet or face	63 (11.9%)	207 (41.9%)
Baby's hand or feet came out first	243 (45.9%)	325 (65.8%)
Others, please specify	-	9 (1.8%)
Planning needed for safe delivery		
Decide where to deliver	317 (56.5%)	384 (76.8%)
Decide who will conduct the delivery	163 (29.1%)	291 (58.2%)
Ensure a person for newborn care	77 (13.7%)	198 (39.6%)
To purchase/procure a safe delivery kit	44 (7.8%)	107 (21.4%)
Ensure emergency transport)	425 (75.8%)	367 (73.4%)
Savings for emergency	498 (88.8%)	404 (80.8%)
Check up during pregnancy	203 (36.2%)	200 (40.0%)
Take TT vaccination	20 (3.6%)	110 (22.0%)
To take Iron tablet	212 (37.8%)	149 (29.8%)
Know the danger signs of pregnancy	21 (3.7%)	104 (20.8%)
Know the danger signs of newborn	18 (3.2%)	93 (18.6%)
Extra food	320 (57.0%)	145 (29.0%)
Take adequate rest	309 (55.1%)	124 (24.8%)
Not to do heavy work	324 (57.8%)	175 (35.0%)
Arrange a well-lighted and airy delivery place	13 (2.3%)	55 (11.0%)
Prepare two pieces of cloth	95 (16.9%)	87 (17.4%)
Identify Blood Donor	40 (7.1%)	145 (29.0%)
Others, please specify	12 (2.1%)	3 (0.6%)
Don't know	5 (0.9%)	1 (0.2%)

(iii) Knowledge of RDW about PNC and place to visit for receiving PNC services

As shown in the figure below, the proportion was higher in end-line survey (99.2%) compared to the baseline survey (96.1%) who heard about PNC.

Figure 14: RDW who heard about PNC



The comparison between baseline and end-line survey reveals improvement of the knowledge regarding PNC among the RDW during the end-line survey. Majority of the RDW from the end-line (88.5%) mentioned that they should go for checkup within 24 hours after delivery, while this was mentioned by only 27.2% RDW during the baseline survey.

In terms of the required number of PNC visits, the findings shows that the RDWs during the end-line survey mentioned about more frequent PNC visits compared to the RDW during baseline survey. Three times as the required number of PNC was mostly mentioned number of PNC in baseline survey by 30.6% of the RDW. On the other hand, most of the RDW in end-line survey mentioned about four times as the required number of PNC.

While asking the respondents to mention places about where to visit for PNC, the RDW in baseline survey mostly mentioned about UHC (83.3%). However, the mostly mentioned place in end-line survey was found to be CPD clinics, GNB mentioned by more than three-fourths of the RDW (78.4%).

Table 44: Knowledge of the RDW regarding PNC and places to visit to receive PNC

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Information heard about PNC		
Mother should take vitamin A capsule within 42 days of delivery	44 (8.2%)	346 (69.8%)
Should go for check up by the doctor within 24 hours after delivery	146 (27.2%)	439 (88.5%)
Mother and child should be kept warm	251 (46.7%)	329 (66.3%)
Mother should take more water and nutritious food after delivery	520 (96.8%)	398 (80.2%)

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Keep mother in mental peace	295 (54.9%)	135 (27.2%)
Mother should visit the doctor three times after the delivery	120 (22.3%)	198 (39.9%)
Others, please specify	-	4 (0.8%)
Required no. of PNC visits		
One time	37 (6.6%)	21 (4.2%)
Two times	122 (21.7%)	41 (8.2%)
Three times	172 (30.6%)	87 (17.4%)
Four times	68 (12.1%)	348 (69.6%)
Five or more times	61 (10.8%)	-
Do not remember/Don't know	103 (18.3%)	3 (0.6%)
Knowledge on where to go, if there is any postpartum danger complication		
Community Clinics	23 (4.6%)	76 (15.2%)
UH&FWC	38 (7.6%)	398 (79.6%)
UHC	415 (83.3%)	302 (60.4%)
District hospital/sadar hospital	290 (58.2%)	298 (59.6%)
MCWC	23 (4.6%)	56 (11.2%)
Medical college hospital	69 (13.9%)	49 (9.8%)
NGO clinics/hospital	1 (0.2%)	43 (8.6%)
Private clinics	333 (66.9%)	292 (58.4%)
Doctor's chamber	103 (20.7%)	132 (26.4%)
Pharmacy	4 (0.8%)	6 (1.2%)
Do not remember/Don't know	1 (0.2%)	1 (0.2%)

(iv) Knowledge of RDW on newborn care

To assess the knowledge of the RDW about the aspects of newborn care, they were asked to mention what they heard about newborn care. "Breastfeeding with in 1 hour of childbirth" was found to be the mostly mentioned response mentioned by almost similar proportion of the RDW both in baseline and end-line survey (Baseline: 90.9%, End-line: 90.4%). However, considering all aspects, the RDW was to have more knowledge in end-line survey, compared to the baseline survey.

Table 45: RDW knowledge on newborn care

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Information known about newborn care		
Breastfeeding within 1 hour of childbirth	512 (90.9%)	452 (90.4%)
Dry and wrap with clean and warm cloth	499 (88.6%)	400 (80.0%)
Cut the cord with clean blade	289 (51.3%)	282 (56.4%)

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Take care about eyes	57 (10.1%)	167 (33.4%)
If shows any complications, then go to doctor	221 (39.35%)	283 (56.6%)
Bathe within 72 hours of birth	219 (38.9%)	301 (60.2%)
Do not trim head hair within 1 month	140 (24.9%)	236 (47.2%)
Keep baby about dry	104 (18.5%)	273 (54.6%)
Take special care when underweight	42 (7.5%)	148 (29.6%)
Others, please specify	23 (4.1%)	5 (1.0%)
Do not remember/Don't know	1 (0.2%)	-
Danger signs of a newborn		
Difficulties in taking breath and chest stroking	470 (84.1%)	412 (82.4%)
fever or cold in body	464 (83.0%)	359 (71.8%)
Could not pull breast milk	119 (21.3%)	391 (78.2%)
Convulsion	126 (22.5%)	278 (55.6%)
belly button ripe	66 (11.8%)	401 (80.2%)
Others, please specify	26 (4.7%)	25 (5.0%)
Do not remember/Don't know	21 (3.8%)	1 (0.2%)

(v) Knowledge of RDW about family planning methods

In both baseline and end-live survey, all the RDW reportedly knew about the family planning methods and the proportion in each case was 100%.

Almost all the RDW from both the baseline (99.5%) and end-line (99.9%) mentioned about "Oral pill" as a known method of family planning. However, for all other methods, the RDW from end-line survey was found to have more knowledge compared to the baseline survey. Condom as a method was known to 76.2% of the RDW in end-line survey which was 62.3% in baseline.

Table 46: RDW's knowledge on family planning methods

	Project Area	
	Baseline (n=563)	End-line (n=500)
Known family planning methods		
Oral pill	560 (99.5%)	499 (99.8%)
Condom	350 (62.2%)	381 (76.2%)
Injection	506 (89.9%)	473 (94.6%)
Implant/Norplant	479 (85.1%)	446 (89.25)
IUD/Coper-T	170 (30.2%)	342 (68.4%)
Female sterilization	262 (46.5%)	210 (42.05%)
Male sterilization	171 (30.4%)	30 (6.0%)
Safe period	29 (5.2%)	36 (7.2%)
Abstain	1 (0.2%)	11 (2.2%)
Withdrawal	36 (6.4%)	7 (1.4%)
Lactational amenorrhea Method (LAM)		3 (0.6%)

(vi) Source of information of the RDW about ANC and danger signs during pregnancy, safe delivery plan, PNC, newborn care and danger signs of newborn, and counselling for using FP methods

An overwhelming proportion of the RDW (97.8%) in end-line survey mentioned that they got to know about ANC and danger signs during pregnancy from CHW. On the other hand, majority of the RDW (94.3%) in baseline mentioned about family member/ neighbor/ friends as the source of information about ANC and danger signs during pregnancy.

Alike the information about ANC and danger signs during pregnancy, for all other information related to safe delivery plans, PNC, new-born care and danger signs of newborn, family planning methods, CHW was the source of information to wide majority of the RDW in end-line survey as shown in table below. In baseline survey, for all this information, the respondents mostly mentioned about the family member/ neighbor/ friends as the source.

The findings represent an effective role of the CHW in information dissemination. As there was no CHW in baseline survey, the RDWs has to rely on more informal sources however, after the project the RDWs were able to get information from trained and experienced health workers.

Table 47: source of information on ANC and danger signs of pregnancy, safe delivery plan, PNC, newborn care, counselling for FP methods

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Source of information about ANC and danger signs of pregnancy		
FWA	86 (15.3%)	35 (7.0%)
HA	37 (6.6%)	14 (2.8%)
CHCP	41 (7.3%)	19 (3.8%)
FWV	54 (9.6%)	56 (11.2%)
SACMO	5 (0.9%)	6 (1.2%)
Nurse/Midwife	17 (3.0%)	5 (1.0%)
MBBS doctor (Gov)	24 (4.3%)	15 (3.0%)
MBBS doctor (NGO)	4 (0.7%)	5 (1.0%)
Paramedic/Nurse	107 (19.0%)	1 (0.2%)
Field worker	191 (33.9%)	47 (9.4%)
MBBS doctor (GNB)	2 (0.4%)	20 (4.0%)
Paramedic/Medical assistant	5 (0.9%)	12 (2.4%)
CHW	82 (14.6%)	488 (97.8%)
CM	3 (0.5%)	69 (13.8%)
MBBS doctor (Private)	200 (35.5%)	42 (8.4%)
Nurse	73 (13.0%)	17 (3.4%)
TTBA	2 (0.4%)	10 (2.0%)
TBA	1 (0.2%)	-
Village doctors	17 (3.0%)	33 (6.6%)

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Family members/Neighbor/friend	531 (94.3%)	237 (47.5%)
Media (TV/Radio /Paper	60 (10.7%)	100 (20.0%)
Poster/banner signboard/brochure/leaflet	17 (3.0%)	8 (1.6%)
Others, please specify	30 (5.3%)	3 (0.6%)
Source of Information regarding safe delivery plans		
FWA	77 (13.7%)	23 (4.6%)
HA	22 (3.9%)	10 (2.0%)
CHCP	29 (5.2%)	19 (3.8%)
FWV	57 (10.1%)	54 (10.8%)
SACMO	8 (1.4%)	5 (1.0%)
Nurse/Midwife	16 (2.8%)	5 (1.0%)
MBBS doctor (Gov)	17 (3.0%)	10 (2.0%)
MBBS doctor (NGO)	4 (0.7%)	4 (0.8%)
Paramedic/Nurse	114 (20.2%)	1 (0.2%)
Field worker	183 (32.5%)	53 (10.6%)
MBBS doctor (GNB)	3 (0.5%)	15 (3.0%)
Paramedic/Medical assistant	11 (2.0%)	12 (2.4%)
CHW	67 (11.9%)	489 (97.8%)
CM	1 (0.2%)	63 (12.6%)
MBBS doctor (Private)	207 (36.8%)	49 (9.8%)
Nurse	90 (16.0%)	22 (4.4%)
TTBA	2 (0.4%)	15 (3.0%)
TBA	2 (0.4%)	
Village doctors	7 (1.2%)	-
Family members/Neighbor/friend	534 (94.8%)	232 (46.4%)
Media (TV/Radio /Paper	77 (13.7%)	91 (18.2%)
Poster/banner signboard/brochure/leaflet	21 (3.7%)	3 (0.6%)
Others, please specify	26 (4.6%)	-
Not applicable	5 (0.9%)	-
Source of Information of PNC		
FWA	71 (13.1%)	25 (5.0%)
HA	21 (3.9%)	8 (1.6%)
CHCP	20 (3.7%)	18 (3.6%)
FWV	50 (9.2%)	53 (10.6%)
SACMO	4 (0.7%)	4 (0.8%)
Nurse/Midwife	31 (5.7%)	10 (2.0%)
MBBS doctor (Gov)	23 (4.3%)	11 (2.2%)
MBBS doctor (NGO)	6 (1.1%)	5 (1.0%)
Paramedic/Nurse	80 (14.8%)	

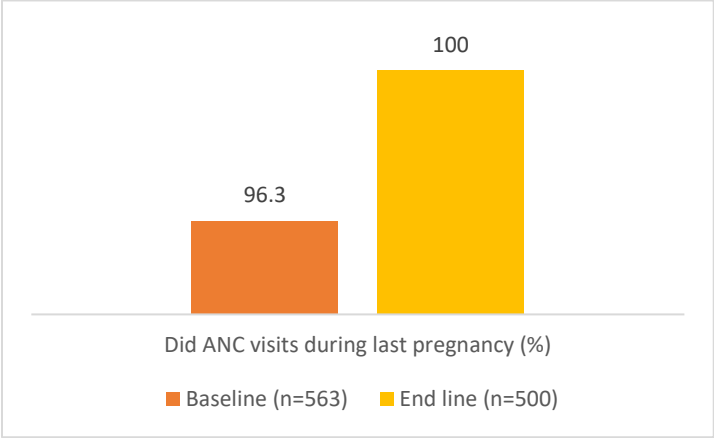
Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Field worker	162 (29.9%)	53 (10.6%)
MBBS doctor (GNB)	5 (0.9%)	12 (2.4%)
Paramedic/Medical assistant	7 (1.3%)	12 (2.4%)
CHW	51 (9.4%)	481 (96.2%)
CM		69 (13.8%)
MBBS doctor (Private)	196 (36.2%)	61 (12.2%)
Nurse	118 (21.8%)	20 (4.0%)
TTBA	4 (0.7%)	11 (2.2%)
TBA	1 (0.2%)	-
Village doctors	16 (3.0%)	-
Family members/Neighbor/friend	517 (95.6%)	222 (44.4%)
Media (TV/Radio /Paper	54 (10.0%)	88 (17.6%)
Poster/banner signboard/brochure/leaflet	10 (1.8%)	4 (0.8%)
Others, please specify	17 (3.1%)	1 (0.2%)
Not applicable		1 (0.2%)
Source of Information on newborn care and danger signs of newborn		
FWA	58 (10.3%)	35 (7.0%)
HA	71 (12.6%)	8 (1.6%)
CHCP	16 (2.8%)	17 (3.4%)
FWV	38 (6.8%)	54 (10.8%)
SACMO	3 (0.5%)	8 (1.6%)
Nurse/Midwife	32 (5.7%)	14 (2.8%)
MBBS doctor (Gov)	19 (3.4%)	15 (3.0%)
MBBS doctor (NGO)	6 (1.1%)	3 (0.6%)
Paramedic/Nurse	65 (11.6%)	
Field worker	160 (28.5%)	50 (10.0%)
MBBS doctor (GBN)	4 (0.7%)	19 (3.8%)
Paramedic/Medical assistant	6 (1.1%)	18 (3.6%)
CHW	50 (8.9%)	486 (97.2%)
CM	1 (0.2%)	75 (15.0%)
MBBS doctor (Private)	205 (36.5%)	62 (12.4%)
Nurse	141 (25.1%)	31 (6.2%)
TTBA	5 (0.9%)	18 (3.6%)
TBA	1 (0.2%)	
Village doctors	19 (3.4%)	33 (6.6%)
Family members/Neighbor/friend	526 (93.6%)	224 (44.8%)
Media (TV/Radio /Paper	63 (11.2%)	86 (17.2%)
Poster/banner signboard/brochure/leaflet	28 (5.0%)	7 (1.4%)
Others, please specify	14 (2.5%)	1 (0.2%)

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Not applicable	1 (0.2%)	
Source of Information on family planning methods		
FWA	76 (19.9%)	29 (6.6%)
HA	10 (2.6%)	3 (0.7%)
CHCP	11 (2.9%)	12 (2.7%)
FWV	21 (5.5%)	39 (8.9%)
SACMO	1 (0.3%)	1 (0.2%)
Nurse/Midwife	11 (2.9%)	2 (0.5%)
MBBS doctor (Gov)	8 (2.1%)	2 (0.5%)
MBBS doctor (NGO)		3 (0.7%)
Paramedic/Nurse	11 (2.9%)	1 (0.2%)
Field worker	50 (13.1%)	35 (8.0%)
MBBS doctor (GBN)		6 (1.4%)
Paramedic/Medical assistant	5 (1.3%)	8 (1.8%)
CHW	34 (8.9%)	392 (89.3%)
CM	-	51 (11.6%)
MBBS doctor (Private)	42 (11.0%)	37 (8.4%)
Nurse	29 (7.6%)	22 (5.0%)
TTBA	3 (0.8%)	15 (3.4%)
TBA	-	4 (0.9%)
Village doctors	21 (5.5%)	33 (7.5%)
Family members/Neighbor/friend	293 (76.9%)	160 (36.4%)
No one	14 (3.7%)	10 (2.3%)
Others, please specify		3 (0.7%)

(vii) ANC visits by RDW and facilities visited for ANC during last pregnancy

As found from the survey, all the RDW in end-line survey (100%) and 96.3% from the baseline, had ANC visits during their last delivery.

Figure 15: RDW who did ANC during last pregnancy



As for the number of ANC visits by RDW, findings show that ANC visits were done by more RDW during the end-line survey compared to the baseline survey. In terms of having ANC four times, the higher proportion of the RDWs in end-line survey (56.4%) had ANC four times compared to the baseline survey (43.5%).

While asking the respondents from where they received ANC check-ups, majority of the RDW (81.2%) in end-line survey mentioned about UH&FWC while the mostly mentioned place of receiving ANC in baseline was private clinics/hospitals mentioned by 65.7% of the RDWs.

Table 48: ANC visits by RDW and facilities used for ANC

Indicators	**Project Area**	
	Baseline (n=563)	End-line (n=500)
No. of ANC visits done		
None	21 (3.7%)	
One time	81 (14.4%)	7 (1.4%)
Two times	100 (17.8%)	26 (5.2%)
Three times	86 (15.3%)	43 (8.6%)
Four times	245 (43.5%)	282 (56.4%)
More than four times	-	142 (28.4%)
Can't remember	30 (5.3%)	-
Facilities used for ANC visits	-	
Satellite clinics	5 (0.9%)	-
Private clinics/hospitals	347 (65.7%)	280 (56.0%)
Doctor's chamber	135 (25.6%)	22 (4.4%)
Others, please specify	107 (20.3%)	1 (0.2%)
UH&FWC	89 (16.9%)	406 (81.2%)
UHC	95 (18.0%)	43 (8.6%)
District hospital/sadar hospital	9 (1.7%)	36 (7.2%)
MCWC	18 (3.4%)	

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Medical college hospital	2 (0.4%)	2 (0.4%)
NGO satellite clinics	-	10 (2.0%)
NGO clinics/hospital	4 (0.8%)	6 (1.2%)

(viii) RDW experience of complications in the last pregnancy

During the baseline survey, 16% of the RDWs and during the end-line, 20.8% RDWs were found to have complications during their last pregnancy. The mostly reported complication faced by the RDWs was severe abdominal pain mentioned by 44.2% RDW in baseline and 60.6% women in end-line survey. Among the RDWs, who faced complications 86.5% of them in end-line survey and 96.7% in baseline survey received treatment for their pregnancy complications. Most of the RDWs mentioned private clinics/hospitals as a place for receiving treatment for pregnancy complications both in baseline (51.7%) and end-line survey (57.8%). However, around one-third (32.2%) of the RDWs from the end-line survey also mentioned CPD, GNB clinics.

Table 49: RDW's experience of complications during last pregnancy

Indicators	Project Area	
	Baseline (n=77)	End-line (n=104)
Type of complications faced		
Blurred Vision	6 (7.8%)	29 (27.9%)
Severe Headache	12 (15.65)	32 (30.8%)
Severe Fever	11(14.3%)	15 (14.4%)
Bleeding	11 (14.3%)	34 (32.7%)
No movement of baby	8 (10.4%)	23 (22.1%)
Swelling of Face & hands	8 (10.4%)	18 (17.3%)
Extreme vomiting	11 (14.3%)	22 (21.2%)
Severe abdominal pain	34 (44.2%)	63 (60.6%)
Asthma	-	2 (1.9%)
Got treatment for complications		
Yes	87 (96.7%)	90 (86.5%)
No	3 (3.3%)	14 (13.5%)
Facilities used for getting treatment		
Community clinics	1 (1.1%)	
UH&FWC	3 (3.4%)	29 (32.2%)
UHC	7 (8.0%)	5 (5.6%)
District hospital/sadar hospital	1 (1.1%)	7 (7.8%)
MCWC	1 (1.1%)	1 (1.1%)
Medical college hospital	-	1 (1.1%)
NGO clinics/hospital	-	2 (2.2%)
Private clinics/hospitals	45 (51.7%)	52 (57.8%)

Indicators	Project Area	
	Baseline (n=77)	End-line (n=104)
Doctor's chamber	30 (34.5%)	10 (11.1%)
Others, please specify	6 (6.9%)	1 (1.1%)

(ix) Place of last delivery and the person assisted the delivery

The end-line surveys found reduce in home delivery compared to the baseline survey and it came down by half. In baseline survey 22.2% of the RDWs had delivery at home which was found 11.8% in end-line survey which indicates an increase in facility delivery after the implementation of the project. The mostly reported facility in end-line survey was Private clinic/hospital mentioned by 56.2% of the RDWs while it was Medical college hospital in baseline survey (59.3%).

Table 50: Place of last delivery and person assisted the delivery

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Place of last delivery		
At home	125 (22.2%)	66 (13.2%)
Public Facilities	94 (16.7)	107 (21.4%)
NGO and Others (Private clinic/hospital)	344 (61.1%)	327 (65.4%)
Person assisted in last delivery		
FWA	1 (0.2%)	3 (0.6%)
CHCP		3 (0.6%)
FWV	8 (1.4%)	
Nurse/Midwife	68 (12.1%)	54 (10.8%)
MBBS doctor (Gov)	19 (3.4%)	310 (62.0%)
MBBS doctor (NGO)	12 (2.1%)	-
Paramedic/Nurse	9 (1.6%)	30 (6.0%)
CHW	-	16 (3.2%)
MBBS doctor (Private)	304 (54.0%)	
Nurse	22 (3.9%)	28 (5.6%)
TTBA	35 (6.2%)	32 (6.4%)
TBA	75 (13.3%)	5 (1.0%)
Others	10 (1.8%)	19 (3.8%)

(x) Status of delivery-related complications

Around one-tenth (9.2%) of the RDWs in baseline and 26% of the RDWs from in end-line survey faced complications during their last pregnancy. The mostly reported complication drung delivery was mentioned "Labor pain lasted more than twelve hours" by 31.4% of the RDWs in baseline and 37.7% RDWs in end-line survey.

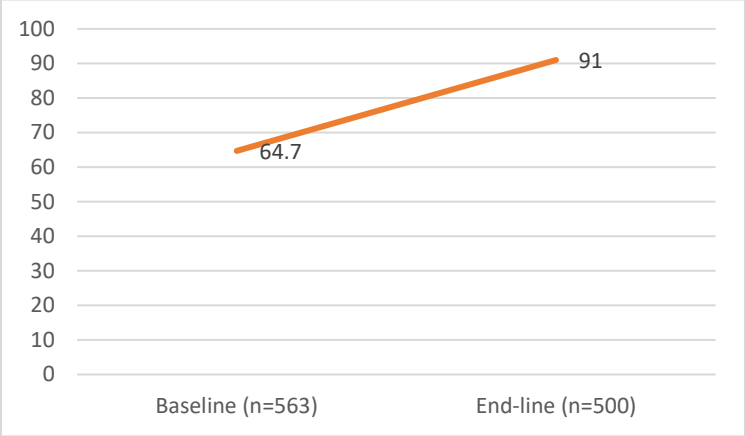
Table 51: Status of delivery related complications of RDW

Indicators	Project Area	
	Baseline (n=35)	End-line (n=130)
Labor pain lasted more than twelve hours	11 (31.4%)	49 (37.7%)
Profuse bleeding after delivery)	7 (20.0%)	44 (33.8%)
Severe headache/blurred vision	4 (11.4%)	19 (14.6%)
High fever	2 (5.7%)	9 (6.9%)
Hand/feet prolapsed	2 (5.7%)	21 (16.2%)
Convulsions	3 (8.6%)	25 (19.2%)
Others, please specify	8 (22.9%)	51 (39.2%)

(xi) Status of PNC among RDW

The end-line survey came up with a remarkable increase in the practice of performing PNC visit by the RDWs in end-line survey. The proportion of the RDWs increased to 91% in end-line survey from 64.7% in baseline survey.

Figure 16: RDW who performed PNC during last delivery



In terms of the number of PNC visits, the RDWs in end-line survey were likely to have more PNCs compared to the RDWs from the baseline survey. The proportion of the RDW who received PNC three or more times was much higher in end-line survey (52.2%) than the baseline survey (39.1%).

The respondents were asked to mention the place from where they received PNC and they were given multiple choice options to response. The mostly reported place in baseline was private clinics/hospitals mentioned by 72.4% of the RDWs. However, in end-line survey, similar proportion of the respondents mentioned about CPD, GNB clinics and private clinics/hospitals (51% for both places).

Table 52: Status of PNC among RDW

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
No. of PNCs performed		
None	199 (35.3%)	45 (9.0%)
One time	75 (13.3%)	53 (10.6%)
Two times	67 (11.9%)	141 (28.2%)
Three or more times	220 (39.1%)	261 (52.2%)
Can't remember	2 (0.4%)	
Facilities used for PNC visit		
Community clinics	-	13 (2.9%)
UH&FWC	4 (1.1%)	233 (51.2%)
UHC	59 (16.3%)	49 (10.8%)
District hospital/sadar hospital	6 (1.7%)	29 (6.4%)
MCWC	6 (1.7%)	2 (0.4%)
Medical college hospital	1 (0.3%)	4 (0.9%)
NGO satellite clinics	-	1 (0.2%)
NGO clinics/hospital	2 (0.6%)	5 (1.1%)
Private clinics/hospitals	262 (72.4%)	232 (51.0%)
Doctor's chamber	13 (3.6%)	13 (2.9%)
Others, please specify	23 (6.4%)	4 (0.9%)

(i) Practice on newborn and child health care by RDW

Almost all the RDWs from both baseline and end-line survey reportedly fed colostrum to their newborn (Baseline: 99.1%, End-line: 100%).

The RDW's were asked what complications their newborn faced within 28 days of birth and in response, most of the RDWs both in baseline and end-line survey mentioned that their newborn had no illness / complications (Baseline: 57.2%, End-line: 57.4%). However, 16.7% newborn in baseline and 15.2% in end-line survey had problem with cold/cough. In terms of the places of having treatment for the illness, the mostly found response was Doctor's chamber both in baseline (44.2%) and end-line (40.9%) survey. However, around one-tenth of the respondents (7.9%) mentioned about UH&FWC in end-line survey.

Table 53: Practice on newborn and child healthcare by RDW

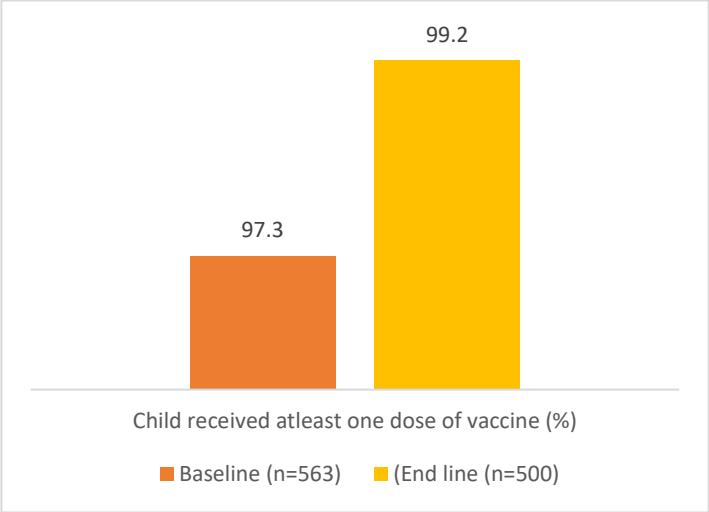
Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Complications within 28 days of birth		
No illness	322 (57.2%)	287 (57.4%)
Cold/cough	94 (16.7%)	76 (15.2%)
Fever	73 (13.0%)	51 (10.2%)
Difficult or fast breathing	12 (2.1%)	10 (2.0%)

Indicators	Project Area	
	Baseline (n=563)	End-line (n=500)
Pneumonia	11 (2.0%)	12 (2.4%)
Poor sucking or feeding	7 (1.2%)	9 (1.8%)
Yellow skin/palm/feet/eye color (jaundice)	33 (5.9%)	5 (1.0%)
Plus, bleeding, or discharge from the umbilical cord	3 (0.5%)	5 (1.0%)
Skin lesions or blisters	18 (3.2%)	5 (1.0%)
Convulsions/spasms/rigidity	2 (0.4%)	1 (0.2%)
Lethargy/unconsciousness	1 (0.2%)	-
Red or swollen eyes with pus	16 (2.8%)	2 (0.4%)
Baby feels cold	-	1 (0.2%)
Baby doesn't cry	1 (0.2%)	-
Doesn't pass urine	-	4 (0.8%)
Doesn't pass stool	6 (1.1%)	3 (0.6%)
Continuous vomiting	6 (1.1%)	-
Dissention of abdomen	28 (5.0%)	8 (1.6%)
Difficult to wake	1 (0.2%)	1 (0.2%)
Skin rash/'Mashipishi'	52 (9.2%)	37 (7.4%)
Diarrhea	4 (0.7%)	6 (1.2%)
Breast stroking	2 (0.4%)	2 (0.4%)
Others, specify	11 (2.0%)	11 (2.2%)
Treated for illness	-	
Yes	206 (85.5%)	151 (70.9%)
No	35 (14.5%)	62 (29.1%)
Facilities used for treating illness	-	
Doctor's chamber	91 (44.2%)	52 (40.9%)
Private clinics/hospitals	55 (26.7%)	38 (29.9%)
Community clinics	-	1 (0.8%)
UH&FWC	2 (1.0%)	10 (7.9%)
UHC	18 (8.7%)	7 (5.5%)
District hospital/sadar hospital	7 (3.4%)	13 (10.2%)
MCWC	3 (1.5%)	4 (3.1%)
Medical college hospital	3 (1.5%)	2 (1.6%)
NGO clinics/hospital	-	2 (1.6%)
Others, please specify	54 (26.2%)	3 (2.4%)

(ii) Coverage of vaccination with at least one dose of vaccines

By comparing the baseline and end-line survey results, it was found that the proportion of the RDWs was higher in end-line survey (99.2%) compared to the baseline (97.3%) who reported that their children received at least one dose of vaccine.

Figure 17:: RDW whose child received at least one dose of vaccine



This study also assessed vaccination coverage (at least one dose) among children. The table below shows that almost all the RDW from both baseline (100%) and end-line (100%) survey got their child vaccinated. The coverage for BCG vaccine for both baseline and end-line survey was 100%, and that of PENTA-1 is a little over nine-tenth (91.4%) and 99.8% in baseline and end-line survey respectively. The lowest coverage of vaccine was seen for MR-2, which is given by only 3% of the RDW's child in the end-line survey.

Table 54:Coverage of vaccines with at least dose of vaccine received

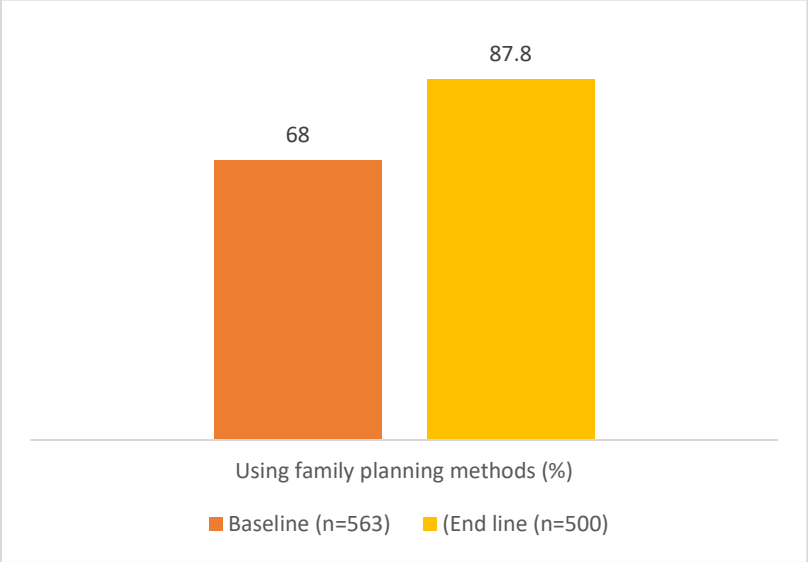
Indicators		**Project Area**	
		Baseline (n=548)	End-line (n=494)
BCG	Yes	548 (100.0%)	494 (100.0%)
PENTA-1	Yes	501 (91.4%)	493(99.8%)
	No	47 (8.6%)	-
	Not Applicable		1 (0.2%)
-1(PCV-1)	Yes	499 (91.1%)	493 (99.8%)
	No	49 (8.9%)	
	Not Applicable		1 (0.2%)
1(OPV-1)	Yes	501 (91.4%)	493 (99.8%)
	No	47 (8.6%)	
	Not Applicable		1 (0.2%)
-2 (PENTA-2)	Yes	450 (82.1%)	485 (98.2%)
	No	98 (17.9%)	
	Not Applicable		9 (1.8%)
-2(PCV-2)	Yes	450 (82.1%)	486 (98.4%)
	No	98 (17.9%)	
	Not Applicable	-	8 (1.6%)

Indicators		Project Area	
		Baseline (n=548)	End-line (n=494)
2(OPV-2)	Yes	448 (81.8%)	485 (98.2%)
	No	100 (18.2%)	
	Not Applicable	-	9 (1.8%)
PENTA-3	Yes	388 (70.8%)	455 (92.1%)
	No	160 (29.2%)	1 (0.2%)
	Not Applicable		38 (7.7%)
PCV-3	Yes	386 (70.4%)	455 (92.1%)
	No	162 (29.6%)	
	Not Applicable		39 (7.9%)
OPV-3	Yes	384 (70.1%)	455 (92.1%)
	No	164 (29.9%)	
	Not Applicable		39 (7.9%)
MR-1	Yes	117 (21.4%)	183 (37.0%)
	No	431 (78.6%)	1 (0.2%)
	Not Applicable		310 (62.8%)
MR-2	Yes	-	15 (3.0%)
	No	-	1 (0.2%)
	Not Applicable	-	478 (96.8%)

(iii) Status of use of family planning methods

The use of family planning methods was found much higher in end-line survey (87.8%) compared to the baseline survey (68%) as shown in figure below:

Figure 18:: RDW's who used family planning methods



The mostly used method of family planning was oral pill in both baseline (48.8%) and end-line survey (61%).

Table 55: Methods of family planning used by RDW

Indicators	Project Area	
	Baseline (n=383)	End-line (n=439)
Methods of family planning used		
Oral pill	187 (48.8%)	268 (61.0%)
Condom	35 (9.1%)	51 (11.6%)
Injection	39 (10.2%)	70 (15.9%)
Implant/Norplant	57 (14.9%)	34 (7.7%)
IUD/Coper-T	5 (1.3%)	1 (0.2%)
Female sterilization	32 (8.4%)	12 (2.7%)
Safe period	16 (4.2%)	1 (0.2%)
Withdrawal	11 (2.9%)	2 (0.5%)
Lactational amenorrhea Method (LAM)	1 (0.3%)	

(iv) RDW opinion about CHW activities

While asking the RDWs whether the CHW visited their household in last one month of preceding the survey, it was found that almost all the RDW's from the end-line (99%) were visited by a CHW in last one month, while the same was shared by only around two-fifths (39.7%) of the RDWs from the baseline.

As for the RDW's opinion regarding CHW activities, majority of the RDW in end-line survey marked it as "Very Good" while only 3.4% RDW had this opinion during the baseline survey. When asked the reason behind their opinion, almost all the RDW from the end-line (99.4%) stated that their opinion was due to the home service provided by the CHW, and a proportion of 60% of the RDWs from baseline mentioned 'well behavior" by the CHWs.

Table 56: RDW's opinion on CHW activities

Indicators	Project Area	
	Baseline (n=174)	End-line (n=500)
CHW visited in last one month		
Yes	69 (39.7%)	495 (99.0%)
No	105 (60.3%)	5 (1.0%)
No. of visits in the last one month		
1	44 (63.8%)	99 (20.0%)
2	20 (29.0%)	210 (42.4%)
3	4 (5.8%)	116 (23.4%)
4	1 (1.4%)	44 (8.9%)
5	-	19 (3.8%)

Indicators	Project Area	
	Baseline (n=174)	End-line (n=500)
6	-	5 (1.0%)
7	-	2 (0.4%)
RDW's opinion of CHW activities		
Very good	6 (3.4%)	458 (91.6%)
Good	95 (54.6%)	42 (8.4%)
Fairly	40 (23.0%)	-
Don't know / Can't Remember	33 (19.0%)	-
Reason for their opinion		-
Come home to provide services	39 (38.6%)	497 (99.4%)
Skilled	12 (11.9%)	161 (32.2%)
Available when needed	25 (24.8%)	452 (90.4%)
Well behavior	62 (61.4%)	425 (85.0%)
Familiar	36 (35.6%)	177 (35.4%)
Listen carefully about the problem and try to solve it	14 (13.9%)	347 (69.4%)
Take less money	2 (2.0%)	117 (23.4%)
Provide good advice	83 (82.2%)	305 (61.0%)
Others (specify)	1 (1.0%)	(0.4%)

B. RESULT FROM THE INTERVIEWS WITH CHWS (Pre/ Post comparison)

This section elaborates the information found from the interviews with the CHW in the baseline and end-line survey. A comparative analysis has been done with the data found from the 138 interviews conducted with the CHWs during the baseline survey, and the 140 interviews conducted with the CHWs in the end-line survey.

(i.) Socio economic demographic characteristics of the CHW

As found from the survey, most of the surveyed CHWs were found to belong the age group 30-39 in baseline and end-line survey (46.4% in each survey). The mostly found educational level was Secondary as mentioned by 52.2% CHWs in baseline and 48.6% CHWs in end-line survey. Majority of them were found to be married in both baseline (97.1%) and end-line survey (98.6%). almost all the RDW (97.1% and 98.6% respectively) were married.

Table 57: Sociodemographic characteristics of CHW

Indicators	Project Area	
	Baseline (n=138)	**End-line (n=140)**
Age of CHW		
20-29	72 (52.2%)	63 (45.0%)

Indicators	Project Area	
	Baseline (n=138)	End-line (n=140)
30-39	64 (46.4%)	65 (46.4%)
40-49	2 (1.4%)	12 (8.6%)
CHW's level of education		
Secondary (Class 6-10)	72 (52.2%)	68 (48.6%)
Higher Secondary (Class 11-12)	48 (34.8%)	49 (35.0%)
Degree/Honors (Class 13-15)	18 (13.0%)	19 (13.6%)
Masters (Class 16)	-	4 (2.9%)
Marital status	-	-
Married	134 (97.1%)	138 (98.6%)
Separated	1 (0.7%)	-
Divorced	1 (0.7%)	-
Widowed	2 (1.4%)	2 (1.4%)
Other income generating activity	-	-
Yes	32 (23.2%)	33 (23.6%)
No	101 (73.2%)	107 (76.4%)
No response	5 (3.6%)	

(ii.) Correct knowledge of CHWs on MNCH

The CHWs were asked different questions during both baseline and end-line survey to assess the correctness of their knowledge regarding MNCH. The end-line survey revealed the higher proportion of CHW in end-line survey (100%) compared to the baseline survey who were able to mention the correct number of ANC checkups as four times that should be done.

Regarding the danger signs of pregnancy, more than three-fifths (63.6%) of the CHWs in end-line survey mentioned all the issues listed in the survey tools while only 13.8% of the CHWs did so in baseline survey. Similarly, regarding the danger signs of newborn, all the listed issues were mentioned by 74.3% CHWs in end-line survey against only 25.9% CHWs in baseline survey. When asked about the lasting of IUD, majority of the CHWs from the end-line survey (90.7%) said '10 years" which was mentioned by 54.3% CHWs in baseline survey. The proportion of the CHWs was much higher in end-line survey (100%) compared to the baseline survey who correctly mentioned the normal blood pressure of an adult as 120/80mmHg.

Table 58: Knowledge of RDW on MNCH

Indicators	Project Area	
	Baseline (n=138)	End-line (n=140)
No. of ANC checkups should be done		
Three times	3 (2.2%)	-

Indicators	Project Area	
	Baseline (n=138)	End-line (n=140)
Four times	128 (92.8%)	140 (100.0%)
Five or more	7 (5.1%)	
Base	138 (100%)	140 (100%)
Danger signs of pregnancy		
Severe headache	9 (6.5%)	9 (6.4%)
Loss of appetite	83 (60.1%)	37 (26.4%)
Blurred vision	11 (8.0%)	5 (3.6%)
Bleeding	16 (11.6)	-
All of the above	19 (13.8%)	89 (63.6%)
Danger signs of newborn		
Difficulty in sucking breast milk	17 (12.6%)	-
Vomiting	69 (51.1%)	32 (22.9%)
Umbilical infection	5 (3.7%)	4 (2.9%)
Hard to breathe or movement of the muscles between the ribs	9 (6.7%)	-
All of the above	35 (25.9%)	104 (74.3%)
Knowledge on IUD's lasting		
2 years	18 (13.0%)	5 (3.6%)
4 years	22 (15.9%)	3 (2.1%)
6 years	17 (12.3%)	1 (0.7%)
8 years	6 (4.3%)	4 (2.9%)
10 years	75 (54.3%)	127 (90.7%)
Normal blood pressure on an adult		
110/70mmHg	30 (21.7%)	
120/80mmHg	82 (59.4%)	140 (100.0%)
120/100mmHg	17 (12.3%)	
120/110mmHg	9 (6.5%)	

(iii.) Knowledge of CHWs on their responsibilities and objectives of CHW project

When the CHWs were asked about what subject they received their training, majority of the CHWs (87%) from the baseline survey mentioned not receiving any training. While almost all the CHWs from the end-line mentioned receiving various training like pregnancy care, newborn care, delivery care etc. during the end-line survey. Overwhelming proportion of the CHWs from the end-line survey identified the objective of CHW project as Reducing maternal and child death rate (97.9%) and Taking care of mother and child (91.4%). In baseline survey, the proportion for these two options was 59.9% and 5.1% respectively. More than one-third of the CHWs in baseline survey were not familiar with the objectives of CHW project.

Table 59:knowledge of the CHW regarding their responsibility and the objectives of the CHW project.

Indicators	Project Area	
	Baseline (n=138)	End-line (n=140)
Training subject		
Pregnancy care	13 (9.4%)	140 (100.0%)
Delivery care	13 (9.4%)	136 (97.1%)
Postnatal care	10 (7.2%)	135 (96.4%)
New-born care	13 (9.4%)	138 (98.6%)
Family planning	9 (6.5%)	138 (98.6%)
Vaccination	-	114 (81.4%)
Counselling	11 (8.0%)	122 (87.1%)
General patient services	7 (5.1%)	128 (91.4%)
Nutrition	13 (9.4%)	129 (92.1%)
Sanitation and hygiene	-	104 (74.3%)
Didn't get training	120 (87.0%)	-
Objective of CHW project		-
Reducing maternal and child death rate	82 (59.9%)	137 (97.9%)
Taking care of mother and child	7 (5.1%)	128 (91.4%)
Don't know	48 (35.0%)	-

(iv.) Information provided by CHWs on pregnancy and delivery care

The CHWs provided different varieties of information on pregnancy and delivery care. While asking them about the information they provided on pregnancy, 61.5% CHW from the baseline shared that they advised pregnant women to drink enough water and eat nutritious food, while this was mentioned by almost all the CHWs (99.3%) from the end-line survey. As for the information about delivery care, almost all the CHWs (98.6%) in end-line survey advised pregnant women to manage emergency contact numbers of healthcare facility providers which was found 24.6% in baseline.

Table 60: Information provided by CHWs about pregnancy and delivery care

Indicators	Project Area	
	Baseline (n=138)	**End line (n=140)**
Information provided on pregnancy		
The pregnant should drink enough water and eat nutritious food (Vitamin A, B, C)	75 (61.5%)	139 (99.3%)
Suggestion for ANC check-up	63 (51.6%)	134 (95.7%)
The pregnant should take enough rest	40 (32.8%)	139 (99.3%)
The pregnant should avoid heavy lifting	35 (28.7%)	127 (90.7%)

Indicators	Project Area	
	Baseline (n=138)	End line (n=140)
Don't know	8 (6.6%)	
Information provided about delivery care		
Managing emergency contact number of health care facility providers	34 (24.6%)	138 (98.6%)
Delivery at the healthcare center	33 (23.9%)	136 (97.1%)
Managing vehicles/van	33 (23.9%)	137 (97.9%)
Others	23 (16.7%)	22 (15.7%)
Don't know	37 (26.8%)	
Information provided about newborn care		
Advice of feeding colostrum immediately after the delivery	47 (34.1%)	140 (100.0%)
Frequently breastfeeding	46 (33.3%)	133 (95.0%)
Advice of maintaining cleanliness of newborn	41 (29.7%)	138 (98.6%)
About bathing baby after 3 days of delivery	28 (20.3%)	114 (81.4%)
Others	15 (10.9%)	17 (12.1%)
Don't know	18 (13.0%)	
Information provided about family planning methods		
Avoiding pregnancy before 18 years old	26 (18.8%)	139 (99.3%)
Others	14 (10.1%)	6 (4.3%)
Don't know	32 (23.2%)	

(v.) Challenges faced by CHWs in performing their work

Upon comparing the challenged faced by the CHWs during the baseline (n=119) and end-line (n=140) survey, our findings show that over three-fifth (68.1%) CHWs from the baseline survey mentioned lack of training as a challenge, which came down at 2.9% in the end-line survey.

Table 61: Challenges faced by CHW in performing their work

Indicators	Project Area	
	Baseline (n=119)	End-line (n=140)
Lack of training/ knowledge	81 (68.1%)	4 (2.9%)
Lack of equipment	20 (16.8%)	57 (40.7%)
Lack of coordination with health department	20 (16.8%)	6 (4.3%)
Lack of communication with health facility center	19 (16.0%)	5 (3.6%)
Lack of feedback on performance	17 (14.3%)	8 (5.7%)
Lack of time to do work	7 (5.9%)	2 (1.4%)
Lack of motivation	11 (9.2%)	19 (13.6%)
Inadequate salary/remuneration	12 (10.1%)	33 (23.6%)
Lack of physical security	9 (7.6%)	15 (10.7%)

Indicators	Project Area	
	Baseline (n=119)	End-line (n=140)
No job security	7 (5.9%)	21 (15.0%)
Lack of supervision	11 (9.2%)	-
Lack of local supports	8 (6.7%)	18 (12.9%)
Lack of coordination with community members	10 (8.4%)	3 (2.1%)
Other (specify)	23 (19.3%)	32 (22.9%)

(vi.) CHWs' professional relationships status with their supervisors, patronize committee members and eligible couples

The study findings represent a better and improved relationship of the CHW with others involved with their activities in end-line survey compared to the baseline survey. This improvement was remarkably seen in end-line survey with almost all the persons and committee members as shown in table below. In baseline survey 69.6% CHW reportedly had very good relations with their Supervisor which was increased to 98.6% in end-line survey.

Table 62: CHW's professional relationship with their supervisor, patronize committee members and eligible couples.

Indicators	Project Area	
	Baseline (n=138)	End-line(n=140)
Relation with supervisor		
Very good	96 (69.6%)	138 (98.6%)
Good	41 (29.7%)	2 (1.4%)
Fairly	1 (0.7%)	-
Relation with patronize committee members		
Very good	65 (47.1%)	118 (84.3%)
Good	67 (48.6%)	22 (15.7%)
Fairly	4 (2.9%)	-
Relation with patronize committee members		
Very good	73 (52.9%)	120 (85.7%)
Good	63 (45.7%)	20 (14.3%)
Fairly	2 (1.4%)	
Relation with eligible couples		
Very good	73 (52.9%)	120 (85.7%)
Good	63 (45.7%)	20 (14.3%)
Fairly	2 (1.4%)	

(vii.) CHWs level of satisfaction in working with GNB

The survey sought to know and compare the CHW's level of satisfaction in working with GNB during both baseline and end-line survey. Wide majority of the CHW were found to be "Very Satisfied" in end-line survey (95.7%) which was found 69.6% in baseline.

Table 63: CHW's level of satisfaction in working with GNB

Indicators	Project Area	
	Baseline (n=138)	End-line (n=140)
Very satisfied	96 (69.6%)	134 (95.7%)
Somewhat satisfied	3 (2.2%)	-
Satisfied	33 (23.9%)	6 (4.3%)
Somewhat dissatisfied	1 (0.7%)	-
Extremely dissatisfied	1 (0.7%)	-
No comments	3 (2.9%)	-

C. RESULTS FROM THE INTERVIEW WITH FAMILY MEMBERS OF THE RDW (pre/post Comparison)

This section compares the data of the household members (husbands) of the RDW from the baseline and end-line survey. During the baseline, 564 household members were interviewed, and in the end line, 500 household members have been interviewed from the intervention area (Ishania and Nafanagar).

(i) Sociodemographic characteristics of the family members of the RDW

Regarding the educational level of the family members of the RDWs, in baseline survey the mostly found educational level was secondary incomplete (28.2%). However, in end-line survey around one-third of the family members (33.2%) had no education. The reason behind this could be the categorical differences of the respondents. In baseline, the family members included husbands of the RDW while in end-line the family members included other members also along with husband like in-laws.

Table 64: Sociodemographic analysis of the RDW's family members

Indicators	Project Area	
	Baseline (n=564)	End-line (n=500)
Level of education		
No education	79 (14.0%)	166 (33.2%)
Primary incomplete	123 (21.8%)	118 (23.6%)
Primary complete	82 (14.5%)	33 (6.6%)
Secondary incomplete	159 (28.2%)	108 (21.6%)
Secondary or above	121 (21.5%)	75 (15.0%)
Marital Status		
Married	541 (95.5%)	459 (91.8%)
Separated	3 (0.5%)	3 (0.3%)
Abandoned	1 (0.2)	1 (0.1%)
Divorced		1 (0.1%)
Widowed	19 (3.4%)	59 (5.5%)
Occupation		
Farmer	143 (25.4%)	125 (25.0%)
Day labor	150 (26.6%)	59 (11.8%)
Govt. service	9 (1.6%)	4 (0.8%)
Private service	39 (6.9%)	14 (2.8%)
Small business	26 (4.6%)	24 (4.8%)
Business	58 (10.3%)	15 (3.0%)
Rickshaw/Van puller	7 (1.2%)	8 (1.6%)
Auto bike/CNG/Tempoo driver	22 (3.9%)	3 (0.6%)
Bus/Truck driver	10 (1.8%)	6 (1.2%)
Fisherman	1 (0.2%)	1 (0.2%)
Carpenter	20 (3.5%)	5 (1.0%)
Mason	13 (2.3%)	12 (2.4%)
Garments worker	1 (0.2%)	-
Unemployed	18 (3.2%)	12 (2.4%)
Housewife	46 (8.2%)	
Others, please specify	1 (0.2%)	212 (42.4%)
Relationship with RDW		
Wife	424 (75.2%)	202 (40.4%)
Daughter-in-law	115 (20.4%)	256 (51.2%)
Daughter	15 (2.7%)	5 (1.0%)
Sister	2 (0.4%)	1 (0.2%)
Grand daughter	2 (0.4%)	-
Sister-in-law / Brother -in-law	5 (0.9%)	6 (1.2%)
Others, please specify	1 (0.2%)	30 (6.0%)
Household head		

Indicators	Project Area	
	Baseline (n=564)	End-line (n=500)
Respondent himself/herself	430 (76.2%)	188 (37.6%)
Any other member of the household	134 (23.8%)	312 (62.4%)

(ii) Opinion of family members about responsibilities at the time of complication of a pregnant woman and preferred place of delivery

By comparing the baseline and end-line survey results, it was revealed that the proportion of the family members was higher in baseline survey (40.6%) who preferred "Own Home" as the place of delivery of the RDW compared to the end-line survey (24.8%).

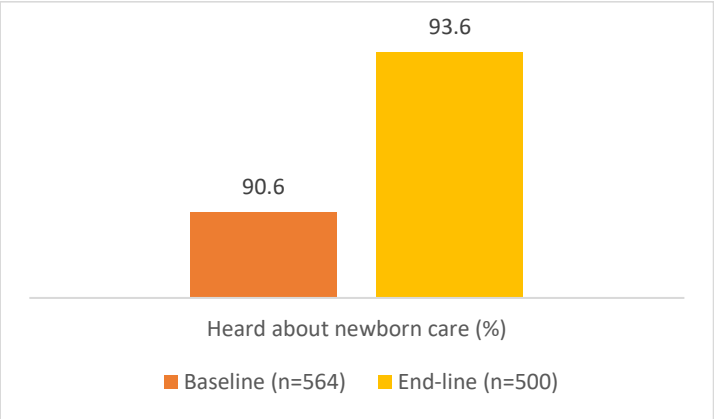
Table 65: Preferred place of delivery of the RDW's family members.

	Project Area	
	Baseline (n=564)	End-line (n=500)
Own home	232 (41.1%)	154 (30.8%)
Community clinic	-	109 (21.8%)
UH&FWC	20 (3.5%)	64 (12.8%)
UHC	401 (71.1%)	401 (80.2%)
District sadar hospital	250 (44.3%)	325 (65.0%)
MCWC	12 (2.1%)	72 (14.4%)
Medical college hospital	77 (13.7%)	59 (11.8%)
Private clinic/hospital	348 (61.7%)	314 (62.8%)
NGO clinic/hospital	21 (3.7%)	262 (52.4%)

(iii) Knowledge of RDW's family members on newborn care

As per the figure below, the knowledge of newborn care was found more prevalent among the family members of the RDW during the end-line (93.6%), than the baseline (90.6%).

Figure 19: RDW's family members who knew about newborn care



When asked about newborn care, it was found that the family members of the RDWs were more or less familiar with the issues about newborn care both in baseline and end-line survey. The mostly found response as found from both baseline and end-line was "Breastfeeding within 1 hour of childbirth" (Baseline: 86.7 %, end-line: 79.1%).

The proportion was found to be higher in end-line survey (89.6%) compared to the baseline survey who heard about danger signs of newborn.

Table 66: Knowledge of the RDW's family members on newborn care

Indicators	Project Area	
	Baseline (n=511)	End-line (n=568)
Type of Information known about newborn care		
Dry and wrap with clean and warm cloth	434 (84.9%)	370 (79.1%)
Breastfeeding within 1 hour of childbirth	443 (86.7%)	377 (80.6%)
Cut the cord with clean blade	228 (44.6%)	163 (34.8%)
Take care of eyes	43 (8.4%	91 (19.4%)
Keep baby's cord should dry	43 (8.4%)	138 (29.5%)
Bathe 72 hours after the baby is born	126 (24.7%)	140 (29.9%)
Do not trim head hair within 1 month	62 (12.1%)	130 (27.8%)
If any complications appear then go to doctor	214 (41.9%)	190 (40.6%)
Take special care when underweight	24 (4.7%)	40 (8.5%)
Others, please specify	10 (2.0%)	2 (0.4%)
Heard about danger signs of newborn		
Yes	487 (86.3%)	448 (89.6%)
No	77 (13.7%)	52 (10.4%)
Type of information known about danger signs of newborn		
Could not pull breast milk	105 (21.6%)	242 (54.0%)
Fever or freezing in body	407 (83.6%)	347 (77.5%)
Convulsion	74 (15.2%)	206 (46.0%)
Belly button ripe	34 (7.0%)	223 (49.8%)
Difficulties in taking breath and Chest stroking	394 (80.9%)	324 (72.3%)
Others, please specify	169 (34.7%)	21 (4.7%)

(iv) Knowledge of RDW's family members on family planning methods

Majority of the family members both in baseline and end-line survey were found to have knowledge about the family planning methods however it was slightly higher in baseline survey (99.3%) compared to end-line (96.6%). From the analysis it could be said that one of the analysis, the higher prevalence of having this knowledge during the baseline was because most of the interviewed family members during the baseline were the RDW's husbands. However, the family

members who knew about the family planning methods, had knowledge about different types of methods both in baseline and end-line as presented in table below:

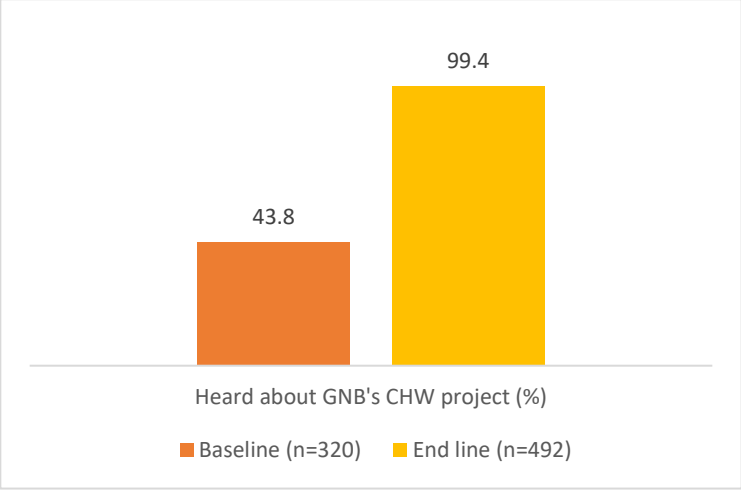
Table 67: Knowledge about family planning methods

	Project Area	
	Baseline (n=560)	End-line (n=483)
Methods of family planning known		
Oral pill	553 (98.8%)	468 (96.9%)
Condom	359 (64.1%)	297 (61.5%)
Injection	434 (77.5%)	428 (88.6%)
Implant/Norplant	350 (62.5%)	278 (57.6%)
IUD/Coper-T	64 (11.4%)	206 (42.7%)
Female sterilization	216 (38.6%)	147 (30.4%)
Male sterilization	180 (32.1%)	21 (4.3%)
Safe period	31 (5.5%)	26 (5.4%)
Abstain	5 (0.9%)	17 (3.5%)
Withdrawal	5 (0.9%)	5 (1.0%)

(v) Knowledge of family members on CHW project activities of GNB

The proportion of the family members was much higher in end-line survey compared to the baseline survey knew about the CHW activities of GNB. The proportion was increased to 99.4% in end-line survey from 43.8% in baseline.

Figure 20: RDW's family members who heard about GNB's CHW activities



Almost all the family members (99.4%) from the end-line survey got home visits by the CHWs in the last one month of preceding the survey, while only around one-third (30%) had received this service in the last month during the baseline survey.

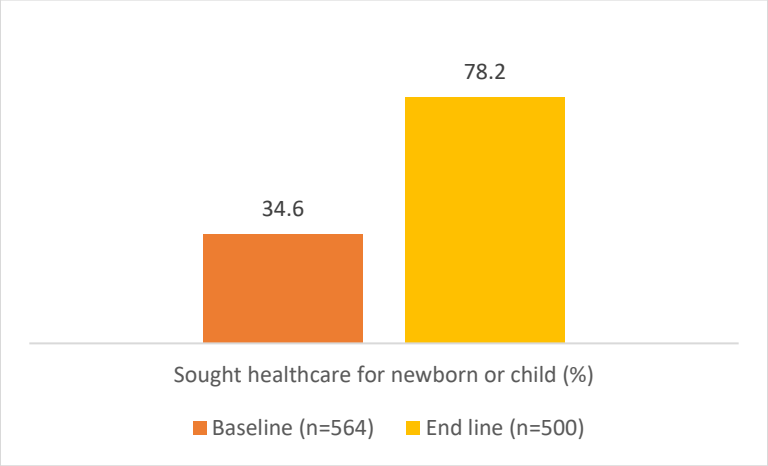
Table 68: Family member's knowledge of CHW activities

Indicators	Project Area	
	Baseline (n=140)	End-line (n=489)
Home visits by CHW during last month		
Yes	42 (30.0%)	486 (99.4%)
No	98 (70.0%)	3 (0.6%)
Base	140 (100%)	489 (100%)
CHW provided services to the family members		
Yes	18 (42.9%)	351 (72.2%)
No	24 (57.1%)	135 (27.8%)
Type of services provided by CHW		
Pregnancy related counseling	5 (27.8%)	289 (82.3%)
Delivery related counseling	3 (16.7%)	270 (76.9%)
Postnatal related counseling	4 (22.2%)	241 (68.7%)
Child health care	5 (27.8%)	244 (69.5%)
Nutritious care	4 (22.2%)	244 (69.5%)
Family planning services	7 (38.9%)	180 (51.3%)
Information and advices regarding mother and child health care	10 (55.6%)	153 (43.6%)
Others, please specify	1 (5.6%)	1 (0.3%)

(vi) Healthcare seeking for a newborn

The proportion if the respondents was found much higher in end-line survey (78.2%) compare to the baseline (34.6%) who sought healthcare for a newborn or child in their household.

Figure 21: RDW's family members who sought healthcare for a newborn of child.



For the respondents who sought newborn care for their child in the family were asked to name the places they visited. The most frequently visited facility for taking newborn care was Doctor's

chamber" visited by a 48.2% of the respondents while it was "Private clinics/hospitals" mentioned by around half of the respondents (50.6%) in end-line survey.

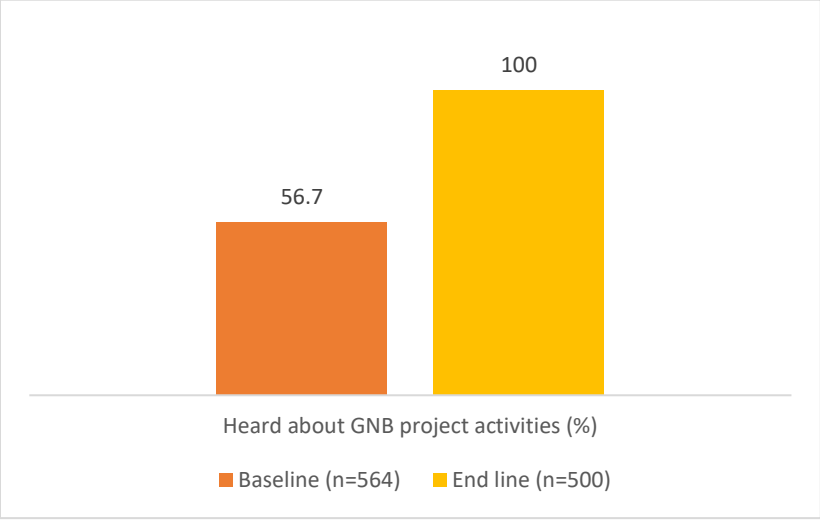
Table 69: Facilities visited by RDW's family members for receiving healthcare for a newborn or child

Indicators	Time Frame	
	Baseline (n=170)	End-line (n=348)
Satellite clinics	-	1 (0.3%)
Community clinics	10 (5.9%)	17 (4.9%)
UH&FWC	4 (2.4%)	11 (3.2%)
UHC	29 (17.1%)	102 (29.35)
District hospital/sadar hospital	14 (8.2%)	65 (18.7%)
MCWC	1 (0.6%)	19 (5.5%)
Medical college hospital	5 (2.9%)	7 (2.0%)
NGO satellite clinics	-	4 (1.1%)
NGO clinics/hospital	-	19 (5.5%)
Private clinics/hospitals	55 (32.4%)	176 (50.6%)
Doctor's chamber	82 (48.2%)	148 (42.5%)

(vii) Knowledge of husbands on GNB project activities

By comparing the baseline as end-line survey data, we have found that all the family members interviewed in the end-line survey (100%) knew about GNB's project activities, while the proportion was 56.7% in baseline survey who were familiar with the CHW activities.

Figure 22: RDW's family members who heard about GNB's project activities



When asked about the type of activities done by GNB, a little less than three fourth (71.8%) and almost all (97%) of the RDW's family members from the baseline (n=319) and end-line (n=500) mentioned maternal and child health care. A little over half (55.5%) and a little over three-fourth

(76.6%) had mentioned child education and protection during the baseline and end-line survey respectively.

Table 70: Knowledge about GNB's project activities.

	Time Frame	
	Baseline (n=319)	**End-line (n=500)**
Children's patronage	178 (55.8%)	246 (49.2%)
Child Education & Protection	177 (55.5%)	383 (76.6%)
Maternal and Child Health Care	229 (71.8%)	485 (97.0%)
WASH Program	10 (3.1%)	54 (10.8%)
Empowering women through income generating activities	20 (6.3%)	119 (23.8%)
Youth mobilization	-	1 (0.2%)
Others, please specify	6 (1.9%)	3 (0.6%)

Part 3. Project Area Pre/Post Comparison Analysis

For analysing the impact of the study over the beneficiaries Nielsen used A two proportion z-test to see the level of significance of the changes. This z score test for two population proportions is used when it is important **to know whether two populations or groups** (e.g., males and females; intervention/control, pre/post) differ significantly on some single (categorical) characteristic - for example, knowledge on ANC/ PNC/ Danger Signds of pregnancy etc. The changes have been shown by presenting p value of each of the changes for the selected indicators. A ***p-value*** less than 0.05 (typically ≤ 0.05) is statistically significant and it indicates significant difference exits.

The significant test result shows that the program has impacted the knowledge and practice of the RDW and their family members significantly in all the indicators both for intervention & control and in baseline and end-line as all the ***p value was found <0.05 as shown in table 71-table 74.*** .

Table 71: Indicator Analysis for RDW (Intervention / Control) post Comparison

RDW	**Project Area**		
Indicators	**Intervention Area n=500**	**Control Area n=250**	**P Value**
% of RDW Ever heard about ANC	500 (100%)	89 (35.6%)	0.000*
% of RDW who performed ANC in their last delivery	500 (100%)	193 (77.2%)	0.000*
% of RDW who had ANC more than 4 times	424 (84.8%)	55 (22%)	0.000*
% of RDW Heard of Danger sign during pregnancy	498 (99.6%)	69 (27.6%)	0.000*
% of RDW Ever heard about PNC	496 (99.2%)	39 (15.6%)	0.000*
% of RDW who had PNC	455 (91.0%)	77 (30.8%)	0.000*
% of RDW who delivered in public facility (not home)	107 (21.4%)	46 (18.4%)	0.34*

*P value less than or equal to 0.05 denotes significant different exist between the result of intervention & control areas

Table 72: Indicator Analysis for RDW (Baseline /End-line) Pre/post Comparison

RDW	**Project Area**		
Indicators	**Baseline n=563**	**End-line n=500**	**P Value**
% of RDW Ever heard about ANC	563 (100%)	500 (100%)	-
% of RDW who performed ANC in their last delivery	542 (96.3%)	500 (100%)	0.000*
% of RDW who had ANC more than 4 times	245 (43.5%)	424 (84.8%)	0.000*
% of RDW Heard of Danger sign during pregnancy	529 (94.0%)	498 (99.6%)	0.000*
% of RDW Ever heard about PNC	541 (96.1%)	496 (99.2%)	0.001*
% of RDW who had PNC	364 (64.7%)	455 (91.0%)	0.000*
% of RDW who delivered in public facility (not home)	94 (16.7%)	107 (21.4%)	0.05*

*P value less than or equal to 0.05 denotes significant different exist between the result of baseline & end-line

The program was able to change the perception of the family members of the RDW as the significant differences was found in terms of their thinking that a pregnant woman should delivered in facility (not home) as shown in table 73 and table 74.

Table 73: Indicator Analysis for FM of RDW (Intervention / Control) post Comparison

Family Members	**Project Area**		
Indicators	**Intervention n=500**	**Control n=250**	**P Value**
% of HM who think that a pregnant woman should delivered in facility (not home)	376 (75.2%)	51 (20.4%)	0.000*

*P value less than or equal to 0.05 denotes significant different exist between the result of baseline & end-line and intervention & control area

Table 74: Indicator Analysis for FM of RDW (Baseline /End-line) Pre/post Comparison

Family Members	**Project Area**		
Indicators	**Baseline n=563**	**Endline n=500**	**P Value**
% of HM who think that a pregnant woman should delivered in facility (not home)	332 (58.9%)	376 (75.2%)	0.000*

*P value less than or equal to 0.05 denotes significant different exist between the result of baseline & end-line and intervention & control area

Discussion and Recommendation

4

The impact assessment found considerable amount of impact of the project's activities over the RDW and their family members. It was found that, due to the CHW activities in the intervention area (Ishania and Nafanagar), the more RDW's were found aware and practicing ANC and PNC visits. The knowledge of danger signs of during pregnancy and delivery are also significantly higher among the RDW of intervention area compared to the control area. Additionally, the household members were also more well-versed regarding the health and well-being of a pregnant women, RDW, newborn or child. Additionally, as understood from the interviews with RDW and household members, the presence of CHW activities also resulted in the intervention area to more significantly higher community attachment increased their community capacity and social support, unlike the control area where these characteristics were relatively weak.

Although the end-line survey came up with positive changes both in knowledge and practice of the respondents however, there are few areas which could be considered for moving forward

- Use the project outcomes coherently with other likeminded projects so that the benefit of program coverage could be enjoyed by more people like the people of the control area who are lagged behind.
- The CHWs are trained by the program and now they are experiences and skilled resource. Collaborate with government health department so that the experiences and skills of these CHWs are utilized properly and they can render their services to more people
- The use of short-acting contraceptive methods like oral pill and injections are high in both intervention and control area compared to long-acting reversible contraceptive and permanent method. Thus, initiatives can be taken and/or advocacy could be done with local service providers to promote safe and long-term contraceptive methods
- The UH&FWC clinics were found to be highly utilized by the people of intervention area. The project needs to establish a monitoring mechanism of the services and equipment so that there are regular patient flow even after the project support is ceased.
- Arrangement of specialized doctor (Could be weekly / monthly/ occasionally) in the SDC especially gynecologist, Child Specialists, general medicine etc. This will simultaneously increase the patient flow in the clinic and work to build trust on those facilities.

ANNEX: Detail Findings of the Study

(Project Area) Ishania & Nafanagar Union Comparison

A. Recently Delivered Women (RDW)

Table 1: Socio-demographic of the RDW

Indicators	Union		
	Nafanagar N=250	**Ishania N=250**	**Total N=500**
Level of education			
No education	5 (2.0%)	11 (4.4%)	16 (3.2%)
Primary incomplete	31 (12.4%)	20 (8.0%)	51 (10.2%)
Primary complete	23 (9.2)	18 (7.2%)	41 (8.2%)
Secondary incomplete	108 (43.2%)	117 (46.8%)	225 (45.0%)
Secondary or above	83 (33.2%)	84 (33.6)	167 (33.4%)
Marital Status			499 (99.8%)
Married	250 (100)	249 (99.6)	1 (0.2%)
Widowed	-	1 (0.4)	
Occupation			
Housewife	239 (95.6%)	229 (91.6)	468 (93.6%)
Student	6 (2.4)	5 (2.0%)	11 (2.2%)
Tailor	-	7 (2.8%)	7 (1.4%)
Private service	3 (1.2%)	2 (0.8%)	5 (1.0%)
Others (day labour, govt service small trader, CHW, teacher)	2 (0.8%)	7 (2.8%)	9 (1.8%))
Number of Children			
1 Children	100 (40%)	106 (42.4%)	206 (41.2%)
2 Children	115 (46%)	103 (41.2)	218 (43.6%)
3 Children	34 (13.6%)	36 (14.4%)	70 (14.0%)
4+ Children	1 (0.4%)	5 (2.0%)	6 (1.2%)

Table2: Status of decision making on health care and other affairs

Indicators	**Union**		**Total N=500**
	Nafanagar N=250	**Ishania N=250**	
Deciding place of treatment			
Self	20 (8.0%)	10 (4.0%)	30 (6.0%)
Other household members	230 (92.0%)	240 (96.0%)	470 (94.0%)
Both together	-	-	-
All together	-	-	-

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Can visit health care alone			
Yes	191 (76.4%)	170 (68%)	361 (72.2%)
No	59 (23.6%)	80 (32%)	139 (27.8%)

Table3: Socio-demographic of the RDW

Indicators	Union		
	Nafanagar N=250	Ishania N=250	Total N=500
Level of education			
No education	5 (2.0%)	11 (4.4%)	16 (3.2%)
Primary incomplete	31 (12.4%)	20 (8.0%)	51 (10.2%)
Primary complete	23 (9.2)	18 (7.2%)	41 (8.2%)
Secondary incomplete	108 (43.2%)	117 (46.8%)	225 (45.0%)
Secondary or above	83 (33.2%)	84 (33.6)	167 (33.4%)
Marital Status			499 (99.8%)
Married	250 (100)	249 (99.6)	1 (0.2%)
Widowed	-	1 (0.4)	
Occupation			
Housewife	239 (95.6%)	229 (91.6)	468 (93.6%)
Student	6 (2.4)	5 (2.0%)	11 (2.2%)
Tailor	-	7 (2.8%)	7 (1.4%)
Private service	3 (1.2%)	2 (0.8%)	5 (1.0%)
Others (day labour, govt service small trader, CHW, teacher)	2 (0.8%)	7 (2.8%)	9 (1.8%))
Number of Children			
1 Children	100 (40%)	106 (42.4%)	206 (41.2%)
2 Children	115 (46%)	103 (41.2)	218 (43.6%)
3 Children	34 (13.6%)	36 (14.4%)	70 (14.0%)
4+ Children	1 (0.4%)	5 (2.0%)	6 (1.2%)

Table 4: Status of decision making on health care and other affairs

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Deciding place of treatment			
Self	20 (8.0%)	10 (4.0%)	30 (6.0%)
Other household members	230 (92.0%)	240 (96.0%)	470 (94.0%)

Both together	-	-	-
All together	-	-	-
Can visit health care alone			
Yes	191 (76.4%)	170 (68%)	361 (72.2%)
No	59 (23.6%)	80 (32%)	139 (27.8%)

Table 5: Status Background characteristics of RDW's husbands

Indicators	**Union**		Total N=500
	Nafanagar N=250	**Ishania N=250**	
Education	14 (5.6%)	14 (5.6%)	28 (5.6%)
No education	38 (15.2%)	48 (19.2%)	86 (17.2%)
Primary incomplete	15 (6.0%)	35 (14.0%)	50 (10.0%)
Primary complete	75 (30.0%)	81 (32.4%)	156 (31.2%)
Secondary incomplete	108 (43.2%)	72 (28.8%)	180 (36.0%)
Secondary or above	14 (5.6%)	14 (5.6%)	28 (5.6%)
Occupation			
Farmer	53 (21.2%)	84 (33.6%)	137 (27.4%)
Day labour)	42 (16.8%)	21 (8.4%)	63 (12.6%)
Govt. service	7 (2.8%)	10 (4.0%)	17 (3.4%)
Private service	36 (14.4%)	24 (9.6%)	60 (12.0%)
Small business	20 (8.0%)	13 (5.2%)	33 (6.6%)
Business	34 (13.6%)	25 (10.0%)	59 (11.8%)
Rickshaw/Van puller	9 (3.6%)	11 (4.4%)	20 (4.0%)
Auto bike/CNG/Tempoo driver	8 (3.2%)	5 (2.0%)	13 (2.6%)
Bus/Truck driver	8 (3.2%)	10 (4.0%)	18 (3.6%)
Carpenter	4 (1.6%)	10 (4.0%)	14 (2.8%)
Mason	19 (7.6%)	24 (9.6%)	43 (8.6%)
Garments worker	3 (1.2%)	3 (1.2%)	6 (1.2%)
Unemployed	3 (1.2%)	1 (0.4%)	4 (0.8%)

Table 6: Knowledge of RDW on ANC and danger signs during pregnancy

Indicators	**Union**		Total N=500
	Nafanagar N=250	Ishania N=250	
Ever heard about antenatal care			
Yes	250 (100.0%)	250 (100.0%)	500 (100.0%)
Information heard about ANC (multiple response)			
Needs regular check up	243 (97.2%)	240 (96.0%)	483 (96.6%)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Needs to take TT vaccine	139 (55.6%)	121 (48.4%)	260 (52.0%)
Needs to take iron tablet	185 (74.0%)	152 (60.8%)	337 (67.4%)
Needs to visit the doctor at hospital for check-up)	147 (58.8%)	174 (69.6%)	321 (64.2%)
Needs to measure the weight	135 (54.0%)	127 (50.8%)	262 (52.4%)
Needs to do ultrasound gram	193 (77.2%)	134 (53.6%)	327 (65.4%)
Should take nutritious food	216 (86.4%)	218 (87.2%)	434 (86.8%)
Restricted to lift heavy items	174 (69.6%)	140 (56.0%)	314 (62.8%)
Should take adequate rest	120 (48.0%)	111 (44.4%)	231 (46.2%)
Needs to have food frequently	69 (27.6%)	66 (26.4%)	135 (27.0%)
Ever heard about danger signs of pregnancy			
Yes	249 (99.6%)	249 (99.6%)	498 (99.6%)
No	1 (0.4%)	1 (0.4%)	2 (0.4%)
Heard about danger signs of pregnancy			
Bleeding	217 (87.1%)	223 (89.6%)	440 (88.4%)
Headache/blurred vision	202 (81.1%)	206 (83.0%)	408 (82.0%)
Severe fever	164 (65.8%)	158 (63.5%)	322 (65. %)
Severe abdomen pain	151 (60.6%)	142 (57.0%)	293 (59.0%)
Convulsion	200 (80.3%)	209 (84.0%)	409 (82.1%)
Oedema in hands and legs	102 (41.0%)	105 (42.2%)	207 (41.6%)
Vomiting	2 (0.8%)	3 (1.2%)	5 (1.0%)
Shortage of water		1 (0.4%)	1 (0.2%)
Blurred vision	1 (0.4%)		1 (0.2%)
Low / High blood pressure		1 (0.4%)	1 (0.2%)
Jaundice	2 (0.8%)	1 (0.4%)	3 (0.6%)
loss of appetite	1 (0.4%)		1 (0.2%)
The placenta comes out	1 (0.4%)		1 (0.2%)
Heard about ANC check-up			
Yes	250 (100.0%)	249 (99.6%)	499 (99.8%)
No	-	1 (0.4%)	1 (0.2%)
Number of ANC visit			
One time	-	-	-
Two times	4 (1.6%)	1 (0.4%)	5 (1.0%)
Three times	14 (5.6%)	2 (0.8%)	16 (3.2%)
Four times	231 (92.4%)	244 (98.0%)	475 (95.2%)
More than 4 times	1 (0.4%)	2 (0.8%)	3 (0.6%)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Mean Average no of times ANC should receive	4	4	4
Source of information			
FWA	8 (3.2%)	27 (10.8%)	35 (7.0%)
HA	11 (4.4%)	3 (1.2%)	14 (2.8%)
CHCP	12 (4.8%)	7 (2.8%)	19 (3.8%)
FWV	37 (14.8%)	19 (7.6%)	56 (11.2%)
SACMO	5 (2.0%)	1 (0.4%)	6 (1.2%)
Nurse/Midwife	3 (1.2%)	2 (0.8%)	5 (1.0%)
MBBS doctor	4 (1.6%)	11 (4.4%)	15 (3.0%)
MBBS doctor	-	5 (2.0%)	5 (1.0%)
Paramedic	-	1 (0.4%)	1 (0.2%)
Field worker	23 (9.2%)	24 (9.6%)	47 (9.4%)
MBBS doctor	8 (3.2%)	12 (4.8%)	20 (4.0%)
Paramedic	5 (2.0%)	7 (2.8%)	12 (2.4%)
CHW	243 (97.2%)	245 (98.4%)	488 (97.8%)
CM	42 (16.8%)	27 (10.8%)	69 (13.8%)
MBBS doctor	26 (10.4%)	16 (6.4%)	42 (8.4%)
Nurse	15 (6.0%)	2 (0.8%)	17 (3.4%)
TTBA	10 (4.0%)	-	10 (2.0%)
Village doctors	22 (8.8%)	11 (4.4%)	33 (7.0%)
Family members/Neighbour/friend	115 (46.0%)	124 (50.0%)	239 (48.0%)
Media (TV/Radio /Paper	45 (18.0%)	56 (22.5%)	101 (20.2%)

Table 7: Knowledge about danger signs during delivery of the RDW

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Knowledge on danger sign during delivery			
Yes	247 (98.8%)	247 (98.8%)	494 (98.8%)
No	3 (1.2%)	3 (1.2%)	6 (1.2%)
Danger sign during delivery (M)			
Excessive bleeding	218 (88.2%)	231 (93.5%)	449 (90.8%)
Prolonged Labor pain (>12 hours	156 (63.1%)	206 (83.4%)	362 (73.2%)
Convulsion	209 (84.6%)	185 (74.9%)	394 (79.7%)
Swelling of feet or face	109 (44.1%)	98 (39.6%)	207 (41.9%)
Baby's hand or feet came out first	159 (64.3%)	166 (67.2%)	325 (65.8%)

Indicators	Union		Total
	Nafanagar N=250	Ishania N=250	N=500
Fever	-	1 (0.4%)	1 (0.2%)
Water Break	1 (0.4%)	2 (0.8%)	3 (0.6%)
Epilepsy	1 (0.4%)	-	1 (0.2%)
Headache	-	1 (0.4%)	1 (0.2%)
Abdominal pain	1 (0.4%)	1 (0.4%)	2 (0.4%)
Cervical cancer	-	1 (0.4%)	1 (0.2%)
Knowledge about safe delivery			
Decide where to deliver	202 (80.8%)	182 (72.8%)	384 (76.8%)
Decide who will conduct the delivery	154 (61.6%)	137 (54.8%)	291 (58.2%)
Ensure a person for newborn care	107 (42.8%)	91 (36.4%)	198 (39.6%)
To purchase/procure a safe delivery kit	59 (23.6%)	48 (19.2%)	107 (21.4%)
Ensure emergency transport)	169 (67.6%)	198 (79.2%)	367 (73.4%)
Savings for emergency	197 (78.8%)	207 (82.8%)	404 (80.8%)
Check up during pregnancy	121 (48.4%)	79 (31.6%)	200 (40.0%)
Take TT vaccination	63 (25.2%)	47 (18.8%)	110 (22.0%)
To take Iron tablet	107 (42.8%)	42 (16.8%)	149 (29.8%)
Know the danger signs of pregnancy	66 (26.4%)	38 (15.2%)	104 (20.8%)
Know the danger signs ofnewborn	60 (24.0%)	33 (13.2%)	93 (18.6%)
Extra food	107 (42.8%)	38 (15.2%)	145 (29.0%)
Take adequate rest	85 (34.0%)	39 (15.6%)	124 (24.8%)
Not to do heavy work	133 (53.2%)	42 (16.8%)	175 (35.0%)
Arrange a well lighted and airy delivery place	28 (11.2%)	27 (10.8%)	55 (11.0%)
Prepare two pieces of cloth	41 (16.4%)	46 (18.4%)	87 (17.4%)
Identify Blood Donor	68 (27.2%)	77 (30.8%)	145 (29.0%)
Source of Information			
FWA	6 (2.4%)	17 (6.8%)	23 (4.6%)
HA	7 (2.8%)	3 (1.2%)	10 (2.0%)
CHCP	11 (4.4%)	8 (3.2%)	19 (3.8%)
FWV	35 (14%)	19 (7.6%)	54 (10.8%)
SACMO	4 (1.6%)	1 (0.4%)	5 (1.0%)
Nurse/Midwife	-	5 (2.0%)	5 (1.0%)
MBBS doctor	5 (2.0%)	5 (2.0%)	10 (2.0%)
MBBS doctor	-	4 (1.6%)	4 (0.8%)
Paramedic	-	1 (0.4%)	1 (0.2%)
Field worker	29 (11.6%)	24 (9.6%)	53 (10.6%)
MBBS doctor	7 (2.8%)	8 (3.2%)	15 (3.0%)
Paramedic	3 (1.2%)	9 (3.6%)	12 (2.4%)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
CHW	248 (99.2%)	241 (96.4%)	489 (97.8%)
CM	36 (14.4%)	27 (10.8%)	63 (12.6%)
MBBS doctor	27 (10.8%)	22 (8.8%)	49 (9.8%)
Nurse	20 (8.0%)	2 (0.8%)	22 (4.4%)
TTBA	14 (5.6%)	1 (0.4%)	15 (3.0%)
Village doctors	23 (9.2%)	13 (5.2%)	36 (7.2%)
Family members/Neighbour/friend	113 (45.2%)	119 (47.6%)	232 (46.4%)
Media (TV/Radio /Paper	40 (16%)	51 (20.4%)	91 (18.2%)
Poster/banner signboard/brochure/leaflet	-	3 (1.2%)	3 (0.6%)

Table 8: Knowledge of RDW about PNC and place to visit for receiving PNC services

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Heard about postnatal care			
Yes	249 (99.6%)	247 (98.8%)	496 (99.2%)
No	1 (0.4%)	3 (1.2%)	4 (0.8%)
Knowledge about postnatal care			
Mother should take vitamin A capsule within 42 days of delivery	192 (77.1%)	154 (62.3%)	346 (69.7%)
Should go for check up by the doctor within 24 hours after delivery	223 (89.5%)	216 (87.4%)	439 (88.5%)
Mother and child should be kept warm	169 (67.8%)	160 (64.7%)	329 (66.3%)
Mother should take more water and nutritious food after delivery	192 (77.1%)	206 (83.4%)	398 (80.2%)
Keep mother in mental peace	74 (29.7%)	61 (24.7%)	135 (27.2%)
Mother should visit the doctor three times after the delivery	96 (38.6%)	102 (41.3%)	198 (39.9%)
Have to vaccinate the child / Have to vaccinate the child wihtin 42 dats	-	1 (0.4%)	1 (0.2%)
Family planning	-	1 (0.4%)	1 (0.2%)
Have to give colostrum	-	1 (0.4%)	1 (0.2%)
The baby's weight, height was measured	-	1 (0.4%)	1 (0.2%)
Ever heard about PNC danger signs			
Yes	247 (98.8%)	248 (99.2%)	495 (99.0%)
No	3 (1.2%)	2 (0.8%)	5 (1.0%)
Knowledge about PNC danger signs			
Bleeding	216 (87.4%)	218 (87.9%)	434 (87.7%)
Headache/blurred in vision	183 (74.0%)	161 (65.0%)	344 (69.5%)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
High fever	153 (61.9%)	139 (56.0%)	292 (59.0%)
Severe abdominal pain	170 (68.8%)	187 (75.4%)	357 (72.1%)
Convulsion	190 (76.9%)	200 (80.6%)	390 (78.8%)
Oedema hands and legs	82 (33.2%)	98 (39.5%)	180 (36.4%)
Blurred vision	-	1 (0.4%)	1 (0.2%)
Anemia	-	2 (0.8%)	2 (0.4%)
The vagina may rupture	-	1 (0.4%)	1 (0.2%)
Sometimes death may occur	-	1 (0.4%)	1 (0.2%)
The body becomes weak	-	1 (0.4%)	1 (0.2%)
Knowledge about PNC visit			
One time	16 (6.4%)	5 (2.0%)	21 (4.2%)
Two times	24 (9.6%)	17 (6.8%)	41 (8.2%)
Three times	56 (22.4%)	31 (12.4%)	87 (17.4%)
Four times	153 (61.2%)	195 (78.0%)	348 (69.6%)
Do not remember/Don't know	1 (0.4%)	2 (0.8%)	3 (0.6%)
Knowledge about if there is any PNC danger complication			
Community Clinics)	22 (8.8%)	54 (21.6%)	76 (15.2%)
UH&FWC	213 (85.2%)	185 (74%)	398 (79.6%)
UHC	127 (50.8%)	175 (70.0%)	302 (60.4%)
District hospital/sadar hospital	136 (54.4%)	162 (64.8%)	298 (59.6%)
MCWC	16 (6.4%)	40 (16.0%)	56 (11.2%)
Medical college hospital	23 (9.2%)	26 (10.4%)	49 (9.8%)
NGO clinics/hospital	30 (12.0%)	13 (5.2%)	43 (8.6%)
Private clinics	178 (71.2%)	114 (45.6%)	292 (58.4%)
Doctor's chamber	80 (32.0%)	52 (20.8%)	132 (26.4%)
Pharmacy	3 (1.2%)	3 (1.2%)	6 (1.2%)
Do not remember/Don't know	1 (0.4%)	-	1 (0.2%)
Source of Information			
FWA	6 (2.4%)	19 (7.6%)	25 (5.0%)
HA	5 (2.0%)	3 (1.2%)	8 (1.6%)
CHCP	12 (4.8%)	6 (2.4%)	18 (3.6%)
FWV	34 (13.6%)	19 (7.6%)	53 (10.6%)
SACMO	4 (1.6%)	-	4 (0.8%)
Nurse/Midwife	3 (1.2%)	7 (2.8%)	10 (2.0%)
MBBS doctor	4 (1.6%)	7 (2.8%)	11 (2.2%)
MBBS doctor	-	5 (2.0%)	5 (1.0%)
Field worker	25 (10.0%)	28 (11.2%)	53 (10.6%)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
MBBS doctor	4 (1.6%)	8 (3.2%)	12 (2.4%)
Paramedic	3 (1.2%)	9 (3.6%)	12 (2.4%)
CHW	242 (96.8%)	239 (95.6%)	481 (96.2%)
CM	43 (17.2%)	26 (10.4%)	69 (13.8%)
MBBS doctor	38 (15.2%)	23 (9.2%)	61 (12.2%)
Nurse	19 (7.6%)	1 (0.4%)	20 (4.0%)
TTBA	11 (4.4%)	-	11 (2.2%)
Village doctors	22 (8.8%)	9 (3.6%)	31 (6.2%)
Family members/Neighbour/friend	112 (44.8%)	110 (44.0%)	222 (44.4%)
Media (TV/Radio /Paper	41 (16.4%)	47 (18.8%)	88 (17.6%)
Poster/banner signboard/brochure/leaflet	-	4 (1.6%)	4 (0.8%)
From own working experiences	-	1 (0.4%)	1 (0.2%)
Not applicable	1 (0.4%)	-	1 (0.2%)

Table 9: Knowledge of RDW on newborn care

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Knowledge about newborn care			
Dry and wrap with clean and warm cloth	190 (76%)	210 (84.0%)	400 (80.0%)
Breastfeeding within 1 hour of childbirth	219 (87.6%)	233 (93.2%)	452 (90.4%)
Cut the cord with clean blade	147 (58.8%)	135 (54.0%)	282 (56.4%)
Take care about eyes	100 (40.0%)	67 (26.8%)	167 (33.4%)
Keep baby about edry	170 (68.0%)	103 (41.2%)	273 (54.6%)
Bathe within 72 hours of birth	152 (60.8%)	149 (59.6%)	301 (60.2%)
Do not trim head hair within 1 month	140 (56.0%)	96 (38.4%)	236 (47.2%)
If shows any complications then go to doctor	139 (55.6%)	144 (57.6%)	283 (56.6%)
Take special care when underweight	89 (35.6%)	59 (23.6%)	148 (29.6%)
Vaccinate	-	3 (1.2%)	3 (0.6%)
Have to check breathing	-	1 (0.4%)	1 (0.2%)
Have to be careful from cold	-	1 (0.4%)	1 (0.2%)
Do not remember/Don't know	-	-	-
Heard about danger signs of newborn			
Could not pull breast milk	205 (82.0%)	186 (74.4%)	391 (78.2%)
fever or cold in body	190 (76.0%)	169 (67.6%)	359 (71.8%)
Convulsion	126 (50.4%)	152 (60.8%)	278 (55.6%)
belly button ripe	196 (78.4%)	205 (82.0%)	401 (80.2%)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Difficulties in taking breath and chest stroking	203 (81.2%)	209 (83.6%)	412 (82.4%)
Jaundice	3 (1.2%)	12 (4.8%)	15 (3.0%)
There might be fever	-	-	-
Abdominal pain	-	1 (0.4%)	1 (0.2%)
Pneumonia	-	2 (0.8%)	2 (0.4%)
Rashes in skin	-	2 (0.8%)	2 (0.4%)
Anemia	-	1 (0.4%)	1 (0.2%)
Diarrhea	-	3 (1.2%)	3 (0.6%)
Vomiting	1 (0.4%)	-	1 (0.2%)
Do not remember/Don’t know	1 (0.4%)	-	1 (0.2%)
Source of information			
FWA	10 (4.0%)	25 (10.0%)	35 (7.0%)
HA	5 (2.0%)	3 (1.2%)	8 (1.6%)
CHCP	9 (3.6%)	8 (3.2%)	17 (3.4%)
FWV	33 (13.2%)	21 (8.4%)	54 (10.8%)
SACMO	7 (2.8%)	1 (0.4%)	8 (1.6%)
Nurse/Midwife	6 (2.4%)	8 (3.2%)	14 (2.8%)
MBBS doctor	5 (2.0%)	10 (4.0%)	15 (3.0%)
MBBS doctor	-	3 (1.2%)	3 (0.6%)
Field worker	26 (10.4%)	24 (9.6%)	50 (10.0%)
MBBS doctor	5 (2.0%)	14 (5.6%)	19 (3.8%)
Paramedic	1 (0.4%)	16 (6.4%)	17 (3.4%)
CHW	242 (96.8%)	244 (97.6%)	486 (97.2%)
CM	48 (19.2%)	27 (10.8%)	75 (15.0%)
MBBS doctor	35 (14.0%)	27 (10.8%)	62 (12.4%)
Nurse	18 (7.2%)	13 (5.2%)	31 (6.2%)
TTBA	18 (7.2%)	-	18 (3.6%)
Village doctors	25 (10.0%)	8 (3.2%)	33 (6.6%)
Family members/Neighbour/friend	111 (44.4%)	113 (45.2%)	224 (44.8%)
Media (TV/Radio /Paper	39 (15.6%)	47 (18.8%)	86 (17.2%)
Poster/banner signboard/brochure/leaflet	-	7 (2.8%)	7 (1.4%)
Learnt from the book given by the BRAC worker	-	-	-
From own experiences	-	1 (0.4%)	1 (0.2%)
Not applicable	-	1 (0.4%)	1 (0.2%)
Don't know	-	-	-

Table 10: Knowledge of RDW about family planning methods

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Ever heard of any FP method			
Yes	250 (100.0%)	250 (100.0%)	500 (100.0%)
No	-	-	-
Types of FP method			
Oral pill	250 (100.0%)	249 (99.6%)	499 (99.8%)
Condom	190 (76.0%)	191 (76.4%)	381 (76.2%)
Injection	240 (96.0%)	233 (93.2%)	473 (94.6%)
Implant/Norplant	227 (90.8%)	219 (87.6%)	446 (89.2%)
IUD/Coper-T	176 (70.4%)	166 (66.4%)	342 (68.4%)
Female sterilization	110 (44.0%)	100 (40.0%)	210 (42.0%)
Male sterilization	10 (4.0%)	20 (8.0%)	30 (6.0%)
Safe period	30 (12.0%)	6 (2.4%)	36 (7.2%)
Abstain	7 (2.8%)	4 (1.6%)	11 (2.2%)
Withdrawal	4 (1.6%)	3 (1.2%)	7 (1.4%)
Lactational amenorrhoea Method (LAM)	-	3 (1.2%)	3 (0.6%)
Counseling received on FP method			
FWA	3(1.3%)	26(11.7%)	29(6.6%)
HA	2(1.0%)	1(0.5%)	3(0.7%)
CHCP	7(3.2%)	5(2.2%)	12(2.7%)
FWV	27(12.3%)	12(5.4%)	39(8.8%)
SACMO	1(0.4%)	-	1(0.2%)
Nurse/Midwife	1(0.4%)	1(0.4%)	2(0.4%)
MBBS doctor	1(0.4%)	1(0.4%)	2(0.4%)
MBBS doctor	-	3(1.3%)	3(0.6%)
Paramedic	-	1(0.4%)	1(0.2%)
Field worker	19(8.7%)	16(7.2%)	35(7.9%)
MBBS doctor	2(0.9%)	4(1.8%)	6(1.3%)
Paramedic	2(0.9%)	6(2.7%)	8(1.8%)
CHW	204(93.5%)	189(85.1%)	393(89.3%)
CM	38(17.4%)	13(5.8%)	51(11.6%)
MBBS doctor	21(9.6%)	16(7.2%)	37(8.40909090909091)
Nurse	19(8.7%)	3(1.3%)	22(5.0%)
TTBA	14(6.4%)	1(0.4%)	15(3.4%)
TBA	3(1.4%)	1(0.5%)	4(0.9%)
Village doctors	26(11.9%)	7(3.1%)	33(7.5%)
Family members/Neighbor/friend	91(41.7%)	70(31.5%)	161(36.6%)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
No one	4(1.8%)	7(3.1%)	11(2.5%)

Table 11: ANC visits by RDW and facilities visited for ANC during last pregnancy

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Perform ANC visit last time			
Yes	250 (100.0%)	250 (100.0%)	500 (100.0%)
No	-	-	-
No. of time visit			
One time	4 (1.6%)	3 (1.2%)	7 (1.4%)
Two times	15 (6.0%)	11 (4.4%)	26 (5.2%)
Three times	21 (8.4%)	22 (8.8%)	43 (8.6%)
Four times	126 (50.4%)	156 (62.4%)	282 (56.4%)
Five times or more	84 (33.6%)	58 (23.2%)	142 (28.4%)
Can't remember	-	-	-
Place of ANC visit			
Satellite clinics	-	-	-
Community clinics	8 (3.2%)	14 (5.6%)	22 (4.4%)
UH&FWC	197 (78.8%)	209 (83.6%)	406 (81.2%)
UHC	19 (7.6%)	24 (9.6%)	43 (8.6%)
District hospital/sadar hospital	22 (8.8%)	14 (5.6%)	36 (7.2%)
MCWC	-	-	-
Medical college hospital	2 (0.8%)	-	2 (0.4%)
NGO satellite clinics	10 (4.0%)	14 (5.6%)	24 (4.8%)
NGO clinics/hospital	2 (0.8%)	4 (1.6%)	6 (1.2%)
Private clinics/hospitals	157 (62.8%)	123 (49.2%)	280 (56.0%)
Doctor's chamber	9 (3.6%)	13 (5.2%)	22 (4.4%)
Others	1 (0.4%)	-	1 (0.2%)

Table 12 75: RDW experience of complications in the last pregnancy

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Facing complications in last pregnancy			
Yes	64 (25.6%)	40 (16.0%)	104 (20.8%)
No	186 (74.4%)	210 (84.0%)	396 (79.2%)
Complications faces			
Blurred Vision	24 (37.5%)	5 (12.5%)	29 (27.8%)
Severe Headache	25 (39.0%)	7 (17.5%)	32 (30.7%)
Severe Fever	8 (12.5%)	7 (17.5%)	15 (14.4%)
Bleeding	24 (37.5%)	10 (25.0%)	34 (32.6%)
No movement of baby	20 (31.2%)	3 (7.5%)	23 (22.1%)
Swelling of Face	6 (9.3%)	4 (10.0%)	10 (9.6%)
Swelling of Hands	11 (17.1%)	4 (10.0%)	15 (14.4%)
Extreme vomiting	10 (15.6%)	12 (30.0%)	22 (21.1%)
Severe abdominal pain	40 (62.5%)	23 (57.5%)	63 (60.5%)
Asthma	2(3.1%)	-	2(1.9%)

Table 13: Place of last delivery and the person assisted the delivery

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Place of delivery			
Own home	31 (12.4%)	28 (11.2%)	59 (11.8%)
My natal home	4 (1.6%)	3 (1.2%)	7 (1.4%)
Community clinic	-	4 (1.6%)	4 (0.8%)
UH&FWC	2 (0.8%)	-	2 (0.4%)
UHC	37 (14.8%)	26 (10.4%)	63 (12.6%)
District sadar hospital	20 (8.0%)	16 (6.4%)	36 (7.2%)
MCWC	1 (0.4%)	-	1 (0.2%)
Medical college hospital	1 (0.4%)	-	1 (0.2%)
Private clinic/hospital	138 (55.2%)	143 (57.2%)	281 (56.2%)
NGO clinic/hospital	14 (5.6%)	21 (8.4%)	35 (7.0%)
GBN	2 (0.8%)	9 (3.6%)	11 (2.2%)
Person who assisted			
FWA	3 (1.2%)	-	3 (0.6%)
CHCP	-	3 (1.2%)	3 (0.6%)
SACMO	-	-	-
Nurse/Midwife	33 (13.2%)	21 (8.4%)	54 (10.8%)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
MBBS doctor	153 (61.2%)	157 (62.8%)	310 (62.0%)
Paramedic	9 (3.6%)	21 (8.4%)	30 (6.0%)
CHW	4 (1.6%)	12 (4.8%)	16 (3.2%)
Nurse	12 (4.8%)	16 (6.4%)	28 (5.6%)
TTBA	24 (9.6%)	8 (3.2%)	32 (6.4%)
TBA	1 (0.4%)	4 (1.6%)	5 (1.0%)
Relatives	2 (0.8%)	6 (2.4%)	8 (1.6%)
Mother	6 (2.4%)	1 (0.4%)	7 (1.4%)
Village Doctor	2 (0.8%)	-	2 (0.4%)
Neighbor	-	1 (0.4%)	1 (0.2%)
Family members	1 (0.4%)	-	1 (0.2%)

Table 14: Status of delivery-related complications and treatment received for the complications

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Facing complications during last delivery			
Yes	84 (33.6%)	46 (18.4%)	130 (26.0%)
No	166 (66.4%)	204 (81.6%)	370 (74.0%)
Complications faced in last delivery			
Profuse bleeding after delivery)	32 (38.0%)	12 (26.0%)	44 (33.8%)
Severe headache/blurred vision	12 (14.2%)	7 (15.2%)	19 (14.6%)
High fever	5 (5.9%)	4 (8.6%)	9 (6.9%)
Hand/feet prolapsed	13 (15.4%)	8 (17.3%)	21 (16.1%)
Convulsions	16 (19.0%)	9 (19.5%)	25 (19.2%)
Labor pain lasted more than twelve hours	29 (34.5%)	20 (43.4%)	49 (37.6%)
Had to do Caesar	7 (8.3%)	2 (4.3%)	9 (6.9%)
There was no labor pain	-	-	-
High blood pressure	1 (1.1%)	1 (2.1%)	2 (1.5%)
Water broke	11 (13.0%)	4 (8.6%)	15 (11.5%)
retained placenta	1 (1.1%)	-	1 (0.7%)
There was severe abdominal pain	-	1 (2.1%)	1 (0.7%)
The baby's position was not right	1 (1.1%)	1 (2.1%)	2 (1.5%)
Anemia	-	1 (2.1%)	1 (0.7%)
Placenta comes out first	1 (1.2%)	-	1 (0.7%)
Severe vomiting	1 (1.2%)	-	1 (0.7%)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Baby was not delivered even after the date was over	1 (1.2%)	1 (2.1%)	2 (1.5%)
difficult breathing	2 (2.3%)	2 (4.3%)	4 (3.0%)
The baby was grown big	1 (1.2%)	-	1 (0.7%)
Anemia	-	-	-
Had Appendicitis Pain	1 (1.2%)	-	1 (0.7%)
Increased diabetes problem	1 (1.2%)	-	1 (0.7%)
Lever problem	1 (1.2%)	-	1 (0.7%)
There were stones in the uterus	-	1 (2.1%)	1 (0.7%)
There was no pain	5 (5.9%)	2 (4.3%)	7 (5.3%)
Get any treatment for any of these complications during last pregnancy			
Yes	57 (89.0%)	33 (82.5%)	90 (86.5%)
No	7 (10.9%)	7 (17.5%)	14 (13.4%)
From where get the treatment			
Community clinics	-	-	-
UH&FWC	18 (31.6%)	11(33.3%)	29 (32.2)
UHC	4(7.0%)	1(3.0%)	5(5.5%)
District hospital/sadar hospital	5(8.7%)	2(6.0%)	7(7.7%)
MCWC	1(1.7%)	-	1(1.1%)
Medical college hospital	1(1.7%)	-	1(1.1%)
NGO clinics/hospital	2(3.5%)	-	2(2.2%)
Private clinics/hospitals	31(54.3%)	21(63.6%)	52(57.7%)
Doctor's chamber	3(5.2%)	7(21.2%)	10(11.1%)
Others	1(1.7%)	-	1(1.1%)

Table 15: Practice on newborn and child health care by RDW

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Feed colostrum to newborn			
Yes	250 (100.0%)	250 (100.0%)	500 (100.0%)
No	-	-	-
Health problems/complications newborn had within 28 days of birth			
Difficult or fast breathing	4 (1.6%)	6 (2.4%)	10 (2.0%)
Pneumonia	5 (2.0%)	7 (2.8%)	12 (2.4%)
Cold/cough	38 (15.2%)	38 (15.2%)	76 (15.2%)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Poor sucking or feedin	-	9 (3.6%)	9 (1.8%)
Yellow skin/palm/feet/eye colour (jaundice)	3 (1.2%)	2 (0.8%)	5 (1.0%)
Plus, bleeding, or discharge from the umbilical cord	2 (0.8%)	3 (1.2%)	5 (1.0%)
Skin lesions or blisters	1 (0.4%)	4 (1.6%)	5 (1.0%)
Convulsions/spasms/rigidity	1 (0.4%)	-	1 (0.2%)
Red or swollen eyes with pus	1 (0.4%)	1 (0.4%)	2 (0.4%)
Baby feels cold	-	1 (0.4%)	1 (0.2%)
Baby doesn't cry	-	-	-
Fever	11 (4.4%)	40 (16.0%)	51 (10.2%)
Doesn't pass urine	3 (1.2%)	1 (0.4%)	4 (0.8%)
Doesn't pass stool	-	3 (1.2%)	3 (0.6%)
Continuous vomiting	1 (0.4%)	-	1 (0.2%)
Dissention of abdomen	4 (1.6%)	4 (1.6%)	8 (1.6%)
Difficult to wake	-	1 (0.4%)	1 (0.2%)
Skin rash/'Mashipishi'	21 (8.4%)	16 (6.4%)	37 (7.4%)
Diarrhoea	5 (2.0%)	1 (0.4%)	6 (1.2%)
Breast stroking	-	2 (0.8%)	2 (0.4%)
No illness	169 (67.6%)	118 (47.2%)	287 (57.4%)
Jaundice	1 (0.4%)	5 (2.0%)	6 (1.2%)
Sores inside the mouth	-	1 (0.4%)	1 (0.2%)
There was sores in the entire body	-	-	-
Baby's bleeding	1 (0.4%)	-	1 (0.2%)
Hernia	-	-	-
The baby was very skinny	1 (0.4%)	-	1 (0.2%)
Used to cry more	1 (0.4%)	-	1 (0.2%)
Treated for illness			
Yes	55 (67.9%)	95 (72.5%)	150 (70.7%)
No	26 (32.1%)	36 (27.4%)	62 (29.2%)
Where go for treatment			
Satellite clinics	-	-	-
Community clinics	1(2.2%)	-	1(0.8%)
UH&FWC	4 (9.1%)	6(7.3%)	10 (7.9%)
UHC	-	7(8.5%)	7(5.6%)
District hospital/sadar hospital	5(11.3%)	8(9.7%)	13(10.3%)
MCWC	-	4(4.8%)	4(3.1%)
Medical college hospital	1(2.2%)	1(1.2%)	2(1.5%)
NGO clinics/hospital	-	2(2.4%)	2(1.5%)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Private clinics/hospitals	17(38.6%)	20(24.3%)	37(29.3%)
Doctor's chamber	14(31.8%)	38(46.3%)	52(41.2%)
Others	3(6.8%)	-	3(2.3%)

Table 16: Coverage of vaccination with at least one dose of vaccines

Indicators	Union		Total N=494
	Nafanagar N=250	Ishania N=244	
Vaccination status of child			
Yes	247 (98.8%)	244 (100.0%)	491 (99.3%)
No	3 (1.2%)	-	3 (0.6%)
Reason for not getting the vaccine			
Fear of side effect	2 (66.6%)	-	2 (66.6%)
Due to business	1 (33.3%)	-	1 (33.3%)
Thought the vaccinator would come home	1 (33.3%)	-	1 (33.3%)
Don't know the vaccination session schedule	1 (33.3%)	-	1 (33.3%)

Table 17: Status of use of family planning methods

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Whether currently using any method			
Yes	218 (87.2%)	221 (88.4%)	439 (87.8%)
No	32 (12.8%)	29 (11.6%)	61 (12.2%)
Method used			
Oral pill	127 (58.2%)	141 (63.8%)	268 (61.0%)
Condom	33 (15.1%)	18 (8.1%)	51 (11.6%)
Injection	34 (15.5%)	36 (16.2%)	70 (15.9%)
Implant/Norplant	19 (8.7%)	15 (6.7%)	34 (7.7%)
IUD/Coper-T	1 (0.4%)	-	1 (0.2%)
Female sterilization	3 (1.3%)	9 (4.0%)	12 (2.7%)
Safe period	-	1 (0.4%)	1 (0.2%)
Abstain	-	-	-
Withdrawal	1 (0.4%)	1 (0.4%)	2 (0.4%)

Table 18: RDW opinion about CHW activities

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Knowledge about CHW of GNB			
Yes	250 (100.0%)	250 (100.0%)	500 (100.0%)
No	-	-	-
Don't know	-	-	-
Did CHW of GNB come to HH within a month			
Yes	245 (98.0%)	250 (100.0%)	495 (99.0%)
No	5 (2.0%)	-	5 (1.0%)
Services received from CHW			
Pregnancy care	232 (94.6%)	237 (94.8%)	469 (94.7%)
Delivery care	198 (80.8%)	206 (82.4%)	404 (81.6%)
Postnatal care	215 (87.7%)	217 (86.8%)	432 (87.2%)
Child health care	187 (76.3%)	208 (83.2%)	395 (79.7%)
Nutritious care	177 (72.2%)	199 (79.6%)	376 (75.9%)
Family planning service	164 (66.9%)	226 (90.4%)	390 (78.7%)
Information and advices regarding mother and child health care	94 (38.3%)	116 (46.4%)	210 (42.4%)
Advice and service about female problem	52 (21.2%)	59 (23.6%)	111 (22.4%)
advice about long-term diseases, such as- high blood pressure, examine diabetes	37 (15.1%)	21 (8.4%)	58 (11.7%)
Mother and child health referral service	20 (8.1%)	22 (8.8%)	42 (8.4%)
Got relief	-	1 (0.4%)	1 (0.2%)

Table 19: RDW Self-efficacy (during delivery, after delivery)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Can cope with the pressure of a normal delivery experience			
Strongly agree	216 (86.4%)	196 (78.4%)	412 (82.4%)
Agree	34 (13.6%)	54 (21.6%)	88 (17.6%)
Neither Agree or disagree	-	-	-
Disagree	-	-	-
Strongly Disagree	-	-	-
Able to tell the health facilities how feel			
Strongly agree	197 (78.8%)	177 (70.8%)	374 (74.8%)
Agree	52 (20.8%)	73 (29.2%)	125 (25%)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Neither Agree or disagree	1 (0.4%)	-	1 (0.2%)
Disagree	-	-	-
Strongly Disagree	-	-	-
Able to get to postpartum checkups			
Strongly agree	201 (80.4%)	181 (72.4%)	382 (76.4%)
Agree	49 (19.6%)	66 (26.4%)	115 (23.0%)
Neither Agree or disagree	-	2 (0.8%)	2 (0.4%)
Disagree	-	1 (0.4%)	1 (0.2%)
Strongly Disagree	-	-	-
Can take good care of baby			
Strongly agree	203 (81.2%)	192 (76.8%)	395 (79.0%)
Agree	46 (18.4%)	58 (23.2%)	104 (20.8%)
Neither Agree or disagree	1 (0.4%)	-	1 (0.2%)
Disagree	-	-	-
Strongly Disagree	-	-	-
Able to take child to a health facility			
Strongly agree	201 (80.4%)	185 (74.0%)	386 (77.2%)
Agree	47 (18.8%)	64 (25.6%)	111 (22.2%)
Neither Agree or disagree	2 (0.8%)	1 (0.4%)	3 (0.6%)
Disagree	-	-	-
Strongly Disagree	-	-	-
Able to explain any problems that the baby is having to the doctor or the nurse			
Strongly agree	195 (78.0%)	191 (76.4%)	386 (77.2%)
Agree	55 (22.0%)	58 (23.2%)	113 (22.6%)
Neither Agree or disagree	-	1 (0.4%)	1 (0.2%)
Disagree	-	-	-
Strongly Disagree	-	-	-
Able to take baby to a health facility for checkups			
Strongly agree	196 (78.4%)	184 (73.6%)	380 (76.0%)
Agree	54 (21.6%)	66 (26.4%)	120 (24.0%)
Neither Agree or disagree	-	-	-
Disagree	-	-	-
Strongly Disagree	-	-	-

Table 20: Social support, Social response, Social capital, Social equity of RDW

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Discussed with husband/mother-in-law on taking care during pregnant			
Yes	248 (99.2%)	249 (99.6%)	497 (99.4%)
No	2 (0.8%)	1 (0.4%)	3 (0.6%)
When needed health facility service husband/mother-in-law support			
Yes	245 (98.0%)	250 (100.0%)	495 (99.0%)
No	5 (2.0%)	-	5 (1.0%)
Ever had any chance to communicate to pursue the need of health facility service			
Yes	-	-	-
No	5 (100.0%)	-	5 (100.0%)
Death in family community come together to support			
Strongly agree	214 (85.6%)	195 (78.0%)	409 (81.8%)
Agree	36 (14.4%)	55 (22.0%)	91 (18.2%)
Neither Agree or disagree	-	-	-
Disagree	-	-	-
Problem in this community people come together to discuss how it should be solved			
Strongly agree	195 (78.0%)	182 (72.8%)	377 (75.4%)
Agree	55 (22.0%)	68 (27.2%)	123 (24.6%)
Neither Agree or disagree	-	-	-
Disagree	-	-	-
Typically accept advice from others in community			
Strongly agree	192 (76.8%)	177 (70.8%)	369 (73.8%)
Agree	57 (22.8%)	64 (25.6%)	121 (24.2%)
Neither Agree or disagree	1 (0.4%)	4 (1.6%)	5 (1.0%)
Disagree	-	2 (0.8%)	2 (0.4%)
Strongly Disagree	-	3 (1.2%)	3 (0.6%)
People in the community share new knowledge with their neighbors			
Strongly agree	200 (80.0%)	183 (73.2%)	383 (76.6%)
Agree	50 (20.0%)	67 (26.8%)	117 (23.4%)
Neither Agree or disagree	-	-	-
Disagree	-	-	-
Strongly Disagree	-	-	-

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
This is a close-knit community with each other			
Strongly agree	181 (72.4%)	175 (70.0%)	356 (71.2%)
Agree	69 (27.6%)	73 (29.2%)	142 (28.4%)
Neither Agree or disagree	-	2 (0.8%)	2 (0.4%)
Disagree	-	-	-
Strongly Disagree	-	-	-
Someone with whom share problems			
Strongly agree	184 (73.6%)	178 (71.2%)	362 (72.4%)
Agree	65 (26.0%)	70 (28.0%)	135 (27.0%)
Neither Agree or disagree	1 (0.4%)	1 (0.4%)	2 (0.4%)
Disagree	-	1 (0.4%)	1 (0.2%)
Strongly Disagree	-	-	-
Neighbors sometimes come to share problems and get help			
Strongly agree	174 (69.6%)	161 (64.4%)	335 (67.0%)
Agree	72 (28.8%)	87 (34.8%)	159 (31.8%)
Neither Agree or disagree	4 (1.6%)	2 (0.8%)	6 (1.2%)
Disagree	-	-	-
Strongly Disagree	-	-	-
People in this community shows strong leadership			
Strongly agree	183 (73.2%)	166 (66.4%)	349 (69.8%)
Agree	66 (26.4%)	81 (32.4%)	147 (29.4%)
Neither Agree or disagree	1 (0.4%)	2 (0.8%)	3 (0.6%)
Disagree	-	1 (0.4%)	1 (0.2%)
Strongly Disagree	-	-	-
CBO such as Patronage Committee is very active			
Strongly agree	168 (67.2%)	166 (66.4%)	334 (66.8%)
Agree	71 (28.4%)	74 (29.6%)	145 (29.0%)
Neither Agree or disagree	11 (4.4%)	9 (3.6%)	20 (4.0%)
Disagree	-	1 (0.4%)	1 (0.2%)
Strongly Disagree	-	-	-
Leaders of CBA such as Patronage Committee respond community's concern			
Strongly agree	163 (65.2%)	159 (63.6%)	322 (64.4%)
Agree	74 (29.6%)	84 (33.6%)	158 (31.6%)

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
Neither Agree or disagree	13 (5.2%)	6 (2.4%)	19 (3.8%)
Disagree	-	1 (0.4%)	1 (0.2%)
Strongly Disagree	-	-	-
Participate in activities held by any CBA			
Strongly agree	165 (66.0%)	164 (65.6%)	329 (65.8%)
Agree	72 (28.8%)	81 (32.4%)	153 (30.6%)
Neither Agree or disagree	11 (4.4%)	3 (1.2%)	14 (2.8%)
Disagree	2 (0.8%)	1 (0.4%)	3 (0.6%)
Strongly Disagree	-	1 (0.4%)	1 (0.2%)
Attend the meetings of any GoB or NGO-initiated community development group			
Strongly agree	155 (62.0%)	162 (64.8%)	317 (63.4%)
Agree	73 (29.2%)	80 (32.0%)	153 (30.6%)
Neither Agree or disagree	21 (8.4%)	5 (2.0%)	26 (5.2%)
Disagree	1 (0.4%)	3 (1.2%)	4 (0.8%)
Strongly Disagree	-	-	-
Participate in activities held by any GoB or NGO-initiated community development group			
Strongly agree	160 (64.0%)	162 (64.8%)	322 (64.4%)
Agree	68 (27.2%)	81 (32.4%)	149 (29.8%)
Neither Agree or disagree	21 (8.4%)	3 (1.2%)	24 (4.8%)
Disagree	1 (0.4%)	4 (1.6%)	5 (1.0%)
Strongly Disagree	-	-	-
Community groups make decisions, they are leasing and good for most of the households in this community			
Strongly agree	181 (72.4%)	176 (70.4%)	357 (71.4%)
Agree	66 (26.4%)	72 (28.8%)	138 (27.6%)
Neither Agree or disagree	3 (1.2%)	2 (0.8%)	5 (1.0%)
Disagree	-	-	-
Strongly Disagree	-	-	-

Table 21: Common values, Community attachment, Community capacity of RDW

Indicators	Union		Total N=500
	Nafanagar N=250	Ishania N=250	
People in this community share the same ideas on how village matters should be managed			
Strongly agree	169 (67.6%)	176 (70.4%)	345 (69.0%)
Agree	65 (26.0%)	74 (29.6%)	139 (27.8%)
Neither Agree or disagree	16 (6.4%)	-	16 (3.2%)
Disagree	-	-	-
Strongly Disagree	-	-	-
Being member of this community is part			
Strongly agree	180 (72.0%)	176 (70.4%)	356 (71.2%)
Agree	66 (26.4%)	72 (28.8%)	138 (27.6%)
Neither Agree or disagree	4 (1.6%)	2 (0.8%)	6 (1.2%)
Disagree	-	-	-
Strongly Disagree	-	-	-
Strongly agree	172 (68.8%)	179 (71.6%)	351 (70.2%)
Agree	63 (25.2%)	68 (27.2%)	131 (26.2%)
Neither Agree or disagree	15 (6.0%)	3 (1.2%)	18 (3.6%)
Disagree	-	-	-
Strongly Disagree	-	-	-
Strongly agree	183 (73.2%)	175 (70.0%)	358 (71.6%)
Agree	65 (26.0%)	74 (29.6%)	139 (27.8%)
Neither Agree or disagree	2 (0.8%)	1 (0.4%)	3 (0.6%)
Disagree	-	-	-
Strongly Disagree	-	-	-
Strongly agree	186 (74.4%)	176 (70.4%)	362 (72.4%)
Agree	61 (24.4%)	65 (26%)	126 (25.2%)
Neither Agree or disagree	3 (1.2%)	8 (3.2%)	11 (2.2%)
Disagree	-	1 (0.4%)	1 (0.2%)
Strongly Disagree	-	-	-
Strongly agree	193 (77.2%)	189 (75.6%)	382 (76.4%)
Agree	53 (21.2%)	61 (24.4%)	114 (22.8%)
Neither Agree or disagree	3 (1.2%)	-	3 (0.6%)
Disagree	1 (0.4%)	-	1 (0.2%)
Strongly Disagree	-	-	-

B. Result from Interview with household members (Union wise)

Table 1: Sociodemographic of the household members of RDW

	Endline Nafanagar(n=250) N (%)	Endline Ishania(n=250) N (%)	Total(n=500) N (%)
Relationship with RDW			
Wife	100 (40.0%)	102 (40.8%)	85 (34.0%)
Daughter-in-law	134 (53.6%)	122 (48.8%)	142 (56.8%)
Daughter	4 (1.6%)	1 (0.4%)	7 (2.8%)
Sister		1 (0.4%)	1 (0.4%)
Sister-in-law		6 (2.4%)	5 (2.0%)
Sister-in-law	11 (4.4%)	18 (7.2%)	9 (3.6%)
Sister-in-law	1 (0.4%)		
Mother			1 (0.4%)
Education			
No education	81 (32.4%)	85 (34.0%)	116 (46.4%)
Primary incomplete	61 (24.4%)	57 (22.8%)	39 (15.6%)
Primary complete	18 (7.2%)	15 (6.0%)	17 (6.8%)
Secondary incomplete	46 (18.4%)	62 (24.8%)	42 (16.8%)
Secondary or above	44 (17.6%)	31 (12.4%)	36 (14.4%)
Marital status			
Married	231 (92.4%)	228 (91.2%)	222 (88.8%)
Divorced	1 (0.4%)		-
Widowed	18 (7.2%)	22 (8.8%)	28 (11.2%)
Occupation			
Farmer	47 (18.8%)	81 (32.4%)	128 (25.6%)
Day labour	33 (13.2%)	28 (11.2%)	61 (12.2%)
Govt. service	2 (0.8%)	2 (0.8%)	4 (0.8%)
Private service	9 (3.6%)	5 (2.0%)	14 (2.8%)
Small business	17 (6.8%)	7 (2.8%)	24 (4.8%)
Business	6 (2.4%)	9 (3.6%)	15 (3.0%)
Rickshaw/Van puller	3 (1.2%)	5 (2.0%)	8 (1.6%)
Auto bike/CNG/Tempoo driver	2 (0.8%)	1 (0.4%)	3 (0.6%)
Bus/Truck driver	4 (1.6%)	2 (0.8%)	6 (1.2%)
Fisherman		1 (0.4%)	1 (0.2%)
Carpenter	3 (1.2%)	2 (0.8%)	5 (1.0%)
Mason	6 (2.4%)	6 (2.4%)	12 (2.4%)
Unemployed	5 (2.0%)	7 (2.8%)	12 (2.4%)
Housewife	112 (44.8%)	79 (31.6%)	191 (38.2%)
Imam		1 (0.4%)	1 (0.2%)

	Endline		
	Nafanagar(n=250) N (%)	Ishania(n=250) N (%)	Total(n=500) N (%)
Teacher		1 (0.4%)	1 (0.2%)
Raising cattle			
Police		1 (0.4%)	1 (0.2%)
Does not work as got old		6 (2.4%)	6 (1.2%)
Veterinarian		1 (0.4%)	1 (0.2%)
Cook in a Auto Mill		1 (0.4%)	1 (0.2%)
Tailor		2 (0.8%)	2 (0.4%)
Village Doctor		1 (0.4%)	1 (0.2%)
Work as maid			
Make sweet in a sweet shop		1 (0.4%)	1 (0.2%)
Member of union parishad	1 (0.4%)		1 (0.2%)
Household head			
Respondent himself/herself	92 (36.8%)	96 (38.4%)	81 (32.4%)
Any other member of the household	158 (63.2%)	154 (61.6%)	169 (67.6%)

Table 2: Opinion of RDW's family members about responsibilities at the time of complication of a pregnant woman and preferred place of delivery

Indicator	Endline		
	Nafanagar(n=250) N (%)	Ishania(n=250) N (%)	Total(n=500) N (%)
Responsibility during pregnancy complication			
Moving to the area where there is an available health care facility	170 (68.0%)	166 (66.4%)	336 (67.2%)
To arrange necessary transportation facility	47 (18.8%)	46 (18.4%)	93 (18.6%)

Indicator	Endline		
	Nafanagar(n=250) N (%)	Ishania(n=250) N (%)	Total(n=500) N (%)
Take care of the patient to reduce the sufferings	3 (1.2%)	12 (4.8%)	15 (3.0%)
Identify the caregiver who will accompany the patient	1 (0.4%)		1 (0.2%)
Arrange required amount of money	17 (6.8%)	13 (5.2%)	30 (6.0%)
Consult the nearest pharmacy for treatment/medication	1 (0.4%)	2 (0.8%)	3 (0.6%)
Call the doctor of nearest village	9 (3.6%)	10 (4.0%)	19 (3.8%)
Take to the hospital			
Take to the Traditional healer (Kabiraj)			
Call the birth attendant			
Talk to the health workers of GNB		1 (0.4%)	1 (0.2%)
Call CHWs, take advice from them and take to hospital	1 (0.4%)		1 (0.2%)
Do not remember/Don't know	1 (0.4%)		1 (0.2%)
Preferred place of delivery			
A=(Own home)	63 (25.2%)	61 (24.4%)	199 (79.6%)
B= (My natal home)	15 (6.0%)	21 (8.4%)	78 (31.2%)
C=(Community clinic)	38 (15.2%)	71 (28.4%)	19 (7.6%)
D=(UH&FWC)	25 (10.0%)	39 (15.6%)	15 (6.0%)
E=(UHC)	203 (81.2%)	198 (79.2%)	163 (65.2%)
F= (District sadar hospital)	174 (69.6%)	151 (60.4%)	179 (71.6%)
G=(MCWC)	32 (12.8%)	40 (16.0%)	6 (2.4%)
H=(Medical college hospital)	25 (10.0%)	34 (13.6%)	12 (4.8%)
I=/ (Private clinic/hospital)	158 (63.2%)	156 (62.4%)	150 (60.0%)
J= (NGO clinic/hospital)	157 (62.8%)	105 (42.0%)	17 (6.8%)
GNB Hospital		3 (1.2%)	2 (0.8%)
Where it would be better to take			1 (0.4%)

Table 3: Responsibility of RDW's household members about newborn care

	Endline		
	Nafanagar(n=250) N (%)	Ishania(n=250) N (%)	Total(n=500) N (%)
Information about newboorn care			
Dry and wrap with clean and warm cloth	158 (67.5%)	212 (90.6%)	37 (52.1%)
Breastfeeding within 1 hour of childbirth	201 (85.9%)	176 (75.2%)	43 (60.6%)
Cut the cord with clean blade	84 (35.9%)	79 (33.8%)	19 (26.8%)
Take care of eyes	56 (23.9%)	35 (15.0%)	7 (9.9%)
Keep baby's cord should dry	87 (37.2%)	51 (21.8%)	30 (42.3%)
Bathe 72 hours after the baby is born	65 (27.8%)	75 (32.1%)	15 (21.1%)
Do not trim head hair within 1 month	67 (28.6%)	63 (26.9%)	8 (11.3%)
If any complications appear then go to doctor	79 (33.8%)	111 (47.4%)	25 (35.2%)
Take special care when underweight	18 (7.7%)	22 (9.4%)	5 (7.0%)
Have to give nutritious foods		1 (0.4%)	1 (0.2%)
Have to give breast milk	1 (0.4%)		1 (0.2%)
Heard about danger signs of newborn			
Yes	230 (92.0%)	218 (87.2%)	448 (89.6%)
No	20 (8.0%)	32 (12.8%)	52 (10.4%)
Danger signs of newborn			
Could not pull breast milk	123 (53.5%)	119 (54.6%)	242 (54.0%)
Fever or freezing in body	181 (78.7%)	166 (76.1%)	347 (77.5%)
Convulsion	107 (46.5%)	99 (45.4%)	206 (46.0%)
Belly button ripe	122 (53.0%)	101 (46.3%)	223 (49.8%)
Difficulties in taking breath and Chest stroking	163 (70.9%)	161 (73.9%)	324 (72.3%)
Jaundice	3 (1.3%)	3 (1.4%)	6 (1.3%)
Measles	1 (0.4%)	2 (0.9%)	4 (0.9%)
Weakness		1 (0.5%)	3 (0.7%)
HBS	3 (1.3%)		3 (0.7%)
Diarrhea	2 (0.9%)	2 (0.9%)	4 (0.9%)
Vomit	1 (0.4%)		1 (0.2%)
Cold		1 (0.5%)	1 (0.2%)

	Endline		
	Nafanagar(n=250) N (%)	Ishania(n=250) N (%)	Total(n=500) N (%)
Hands and feet may be thin		1 (0.5%)	1 (0.2%)
Stomach cramps		1 (0.5%)	1 (0.2)

Table 4: Household member's knowledge on family planning methods

	Endline		
	Nafanagar(n=250) N (%)	Ishania(n=250) N (%)	Total(n=500) N (%)
Heard about family planning methods			
Yes	250 (100.0%)	233 (93.2%)	
No		17 (6.8%)	
Methods of family planning known			
Oral pill	239 (95.6%)	229 (98.3%)	468 (96.9%)
Condom	171 (68.4%)	126 (54.1%)	297 (61.5%)
Injection	227 (90.8%)	201 (86.3%)	428 (88.6%)
Implant/Norplant	156 (62.4%)	122 (52.4%)	278 (57.6%)
IUD/Coper-T	82 (32.8%)	124 (53.2%)	206 (42.7%)
Female sterilization	70 (28.0%)	77 (33.0%)	147 (30.4%)
Male sterilization	9 (3.6%)	12 (5.2%)	21 (4.3%)
Safe period	9 (3.6%)	17 (7.3%)	26 (5.4%)
Abstain	9 (3.6%)	8 (3.4%)	17 (3.5%)
Withdrawal		5 (2.1%)	5 (1.0%)
Lactational amenorrhoea Method (LAM)			

Table 576: Knowledge of RDW's family members on CHW activities

	Endline		
	Nafanagar(n=250) N (%)	Ishania(n=250) N (%)	Total(n=500) N (%)
Attended meetings organized by CHWs			
Yes	168 (68.3%)	159 (64.4%)	327 (66.3%)
No	78 (31.7%)	88 (35.6%)	166 (33.7%)
Topic of discussion at CHW meeting			
Pregnancy care	156 (92.9%)	148 (93.1%)	304 (93.0%)

	Endline		
	Nafanagar(n=250) N (%)	**Ishania(n=250) N (%)**	**Total(n=500) N (%)**
Delivery care	128 (76.2%)	137 (86.2%)	265 (81.0%)
Postnatal care	113 (67.3%)	125 (78.6%)	238 (72.8%
Newborn care	110 (65.5%)	109 (68.6%)	219 (67.0%)
Family planning	112 (66.7%)	111 (69.8%)	223 (68.2%)
Vaccinations	107 (63.7%)	116 (73.0%)	223 (68.2%)
Counselling	73 (43.5%)	70 (44.0%0	143 (43.7%)
General patient services	40 (23.8%)	33 (20.8%)	73 (22.3%)
Nutrition	32 (19.0%)	15 (9.4%)	47 (14.4%)
Sanitation and home hygiene	20 (11.9%)	12 (7.5%)	32 (9.8%)
Have to stay clean		1 (0.6%)	1 (0.3%)
Don't know		1 (0.6%)	1 (0.3%)

Table 6: Household member's seeking health care for newborn child and experience in receiving services

	Endline Nafanagar(n=250) N (%)	Endline Ishania(n=250) N (%)	Total(n=500) N (%)
Sought healthcare for a newborn			
Yes	175 (70.0%)	216 (86.4%)	391 (78.2%)
No	75 (30.0%)	34 (13.6%)	109 (21.8%)
Places visited for seeking healthcare for newborn	**Nafanagar(n=175)**	**Ishania(n=216)**	**Total(n=391)**
A. (Satellite clinics)	N (%)	N (%)	N (%)
B. (Community clinics)	5 (2.9%)	12 (5.6%)	17 (4.3%)
C. (UH&FWC)	109 (62.3%)	114 (52.8%)	223 (57.03%)
D. (UHC)	50 (28.6%)	52 (24.1%)	102 (26.1%)
E. (District hospital/sadar hospital)	44 (25.1%)	21 (9.7%)	65 (16.6%)
F. (MCWC)	9 (5.1%)	10 (4.6%)	19 (4.9%)
G. (Medical college hospital)	4 (2.3%)	3 (1.4%)	7 (1.8%)
H. (NGO satellite clinics)	3 (1.7%)	1 (0.5%)	4 (1.0%)
I. / (NGO clinics/hospital)	8 (4.6%)	11 (5.1%)	19 (4.9%)
K. (Private clinics/hospitals)	89 (50.9%)	87 (40.3%)	176 (45.0%)
L. (Doctor's chamber)	42 (24.0%)	106 (49.1%)	148 (37.9%)
X. (Others, please specify)	2 (1.1%)	7 (3.2%)	9 (2.3%)

Table 7: Household member's knowledge of GNB's project activities

	Endline Nafanagar(n=250) N (%)	Endline Ishania(n=250) N (%)	Total(n=500) N (%)
Heard about GNB project activities			
Yes	250 (100.0%)	250 (100.0%)	500 (100%)
No			
Information heard about GNB project activities			
Children's patronage	101 (40.4%)	145 (58.0%)	246 (49.2%)
Child Education & Protection	150 (60.0%)	233 (93.2%)	383 (76.6%)
Maternal and Child Health Care	242 (96.8%)	243 (97.2%)	485 (97.0%)
WASH Program	19 (7.6%)	35 (14.0%)	54 (10.8%)

	Endline		
	Nafanagar(n=250) N (%)	Ishania(n=250) N (%)	Total(n=500) N (%)
Empowering women through income generating activities through cooperatives	42 (16.8%)	77 (30.8%)	119 (23.8%)
through cooperatives	23 (9.2%)	32 (12.8%)	55 (11.0%)
Youth mobilization		1 (0.4%)	1 (0.2%)
Provide good advice		1 (0.4%)	1 (0.2%)
Provide loan		1 (0.4%)	1 (0.2%)

Table 8: Social response of the household members of the RDW

		Endline		
		Nafanagar(n=250) N (%)	Ishania(n=250) N (%)	Total(n=500) N (%)
Q801. If someone in this community had a death in their family, the community will come together to support them while they mourn.)	**Strongly agree**	239 (95.6%)	197 (78.8%)	436 (87.2%)
	Agree	11 (4.4%)	51 (20.4%)	62 (12.4%)
	Neither Agree or disagree		1 (0.4%)	1 (0.2%)
	Disagree		1 (0.4%)	1 (0.2%)
	Strongly Disagree			
Q802. When there is a problem in this community, people come together to discuss how it should be solved	**Strongly agree**	223 (89.2%)	162 (64.8%)	385 (77.0%)
	Agree	27 (10.8%)	82 (32.8%)	109 (21.8%)
	Neither Agree or disagree		3 (1.2%)	3 (0.6%)
	Disagree		2 (0.8%)	2 (0.4%)
	Strongly Disagree		1 (0.4%)	1 (0.2%)

Table 9: Social support of the household members of the RDW

		Endline		
		Nafanagar(n=250) N (%)	Ishania(n=250) N (%)	Total(n=500) N (%)
Q701. During your wife/ daughter-in-law's last pregnancy (or current pregnancy), did you support her to get health	**Yes**	247 (98.8%)	248 (99.2%)	179 (71.6%)
	No	3 (1.2%)	2 (0.8%)	71 (28.4%)

		Endline Nafanagar(n=250) N (%)	Endline Ishania(n=250) N (%)	Endline Total(n=500) N (%)
service from the health facilities?)				
Q702. After your wife/ daughter-in-law's childbirth, did (or will) you support her to visit and get the health service from the health facilities?)	**Yes**	246 (98.4%)	247 (98.8%)	194 (77.6%)
	No	4 (1.6%)	3 (1.2%)	56 (22.4%)
Q703. If your family member is pregnant, will you support her to visit and get the health service from the health facilities?	**Yes**	250 (100.0%)	248 (99.2%)	208 (83.2%)
	No		2 (0.8%)	42 (16.8%)
Q704. When you decided that your wife/daughter-in-law should get the health service during/after, did you and your family members have discussion?)	**Yes**	249 (99.6%)	246 (98.4%)	184 (73.6%)
	No	1 (0.4%)	4 (1.6%)	66 (26.4%)
Q705. Will you recommend your neighbors (pregnant women or her family member) to go and get the health service?	**Yes**	249 (99.6%)	208 (83.2%)	206 (82.4%)
	No	1 (0.4%)	42 (16.8%)	44 (17.6%)

Table 10: Common values of the household members of RDW

		Endline Nafanagar(n=250) N (%)	Endline Ishania(n=250) N (%)	Endline Total(n=500) N (%)
Q1101. People in this community share the same ideas on how village matters should be managed	**Strongly agree**	190 (76.0%)	130 (52.0%)	320 (64.0%)
	Agree	51 (20.4%)	107 (42.8%)	158 (31.6%)
	Neither Agree or disagree	9 (3.6%)	9 (3.6%)	18 (3.6%)
	Disagree		4 (1.6%)	4 (0.8%)
	Strongly Disagree			

Table 11: Community attachment of the household members of RDW

		Endline Nafanagar(n=250) N (%)	Endline Ishania(n=250) N (%)	Endline Total(n=500) N (%)
Q1201. Being member of this community is part of who I am	**Strongly agree**	202 (80.8%)	168 (67.2%)	80 (32.0%)
	Agree	44 (17.6%)	79 (31.6%)	64 (25.6%)
	Neither Agree or disagree	3 (1.2%)	3 (1.2%)	16 (6.4%)
	Disagree	1 (0.4%)		48 (19.2%)
	Strongly Disagree			42 16.8%)

Table 12: Community capacity of the household members of RDW

		Endline Nafanagar(n=250) N (%)	Endline Ishania(n=250) N (%)	Endline Total(n=500) N (%)
Q1301. I have the ability to contribute to this community's mother and child health service development	**Strongly agree**	197 (78.8%)	143 (57.2%)	340 (68.0%)
	Agree	42 (16.8%)	100 (40.0%)	142 (28.4%)
	Neither Agree or disagree	10 (4.0%)	6 (2.4%)	16 (3.2%)
	Disagree	1 (0.4%)	1 (0.4%)	2 (0.4%)
	Strongly Disagree			
Q1302. People in this community have the capacity to make positive changes by coming together	**Strongly agree**	187 (74.8%)	127 (50.8%)	314 (62.8%)
	Agree	61 (24.4%)	113 (45.2%)	174 (34.8%)
	Neither Agree or disagree	2 (0.8%)	7 (2.8%)	9 (1.8%)
	Disagree		3 (1.2%)	3 (0.6%)
	Strongly Disagree			
Q1303. This community needs assistance from others outside the community in order to make positive changes	**Strongly agree**	192 (76.8%)	153 (61.2%)	345 (69.0%)
	Agree	55 (22.0%)	87 (34.8%)	142 (28.4%)
	Neither Agree or disagree	2 (0.8%)	8 (3.2%)	10 (2.0%)
	Disagree	1 (0.4%)	2 (0.8%)	3 (0.6%)
	Strongly Disagree			
Q1304. People in this community	**Strongly agree**	199 (79.6%)	143 (57.2%)	342 (68.4%)
	Agree	49 (19.6%)	95 (38.0%)	144 (28.8%)

		Endline		
		Nafanagar(n=250) N (%)	Ishania(n=250) N (%)	Total(n=500) N (%)
should work together to develop the community's mother and child health service	**Neither Agree or disagree**	2 (0.8%)	12 (4.8%)	14 (2.8%)
	Disagree			
	Strongly Disagree			

C. Result from Interview with CHWs

Table 1: Socioeconomic demographic of the CHWs

	Union Nafanagar (n=69) N (%)	Union Ishania (n=71) N (%)	Total (n=140) N (%)
Age in years			
20-29	31 (44.9%)	32 (45.1%)	63 (45.0%)
30-39	33(47.8%)	32 (45.1%)	65 (46.4%)
40-49	5(7.2%)	7 (9.9%)	12 (8.6%)
Level of education			
Secondary (Class 6-10)	28(40.6%)	40 (56.3%)	68 (48.6%)
Higher Secondary (Class 11-12)	31(44.9%)	18 (25.4%)	49 (35.0%)
Degree/Honors (Class 13-15)	9(13.0%)	10 (14.1%)	19 (13.6%)
Masters (Class 16)	1(1.4%)	3 (4.2%)	4 (2.9%)
Base	69(100%)	71 (100%)	140 (100%)
Marital Status			
Married	68 (98.6%)	70 (98.6%)	138 (98.6%)
Widowed	1 (1.4%)	1 (1.4%)	2 (1.4%)
Involvement with other income generating activities			
Yes	19 (27.5%)	14 (19.7%)	33 (23.6%)
No	50 (72.5%)	57 (80.3%)	107 (76.4%)

Table 2 Knowledge of CHWs regarding MNCH

	Union Nafanagar (n=69) N (%)	Union Ishania (n=71) N (%)	Total (n=140) N (%)
Knowledge of required no. of ANC visits			
Four times	69 (100.0%)	71 (100.0%)	140 (100.0%)
Number weeks during a pregnancy period for first check-up			
Twelve weeks	3 (4.3%)	2 (2.8%)	5 (3.6%)
Sixteen weeks	66 (95.7%)	69 (97.2%)	135 (96.4%)
Knowledge of danger signs of pregnancy			

	Union		
	Nafanagar (n=69) N (%)	Ishania (n=71) N (%)	Total (n=140) N (%)
Severe headache	8 (11.6%)	1 (1.4%)	9 (6.4%)
Loss of appetite	20 (29.0%)	17 (23.9%)	37 (26.4%)
Blurred vision	4 (5.8%)	1 (1.4%)	5 (3.6%)
None of the above	37 (53.6%)	52 (73.2%)	89 (63.6%)
Knowledge regarding first postnatal care visit after the delivery			
Within 2-3 hours of delivery	1 (1.4%)	1 (1.4%)	2 (1.4%)
Within 24 hours of delivery	68 (98.6%)	70 (98.6%)	138 (98.6%)
Base	69 (100%)	71 (100%)	140 (100%)
Not a danger sign of Pregnancy			
Fever	7 (10.1%)	7 (9.9%)	14 (10.0%)
None of the above	62 (89.9%)	64 (90.1%)	126 (90.0%)
Age child requires exclusive breastfeeding			
Six months	69 (100.0%)	71 (100.0%)	140(100.0%)
Base	69 (100%)	71 (100%)	140 (100%)
Not a danger sign for child			
Vomiting	19 (27.5%)	13 (18.3%)	32 (22.9%)
Umbilical infection	4 (5.8%)		4 (2.9%)
None of the above	46 (66.7%)	58 (81.7%)	104 (74.3%)
Age to take first pentavalent vaccine for child			
At 1.5 months	69 (100.0%)	68 (95.8%)	137 (97.9%)
At 2.5 months		3 (4.2%)	3 (2.1%)
Base	69 (100%)	71 (100%)	140 (100%)
Long term family planning method			
Implant	63 (91.3%)	67 (94.4%)	130 (92.9%)
IUD	69 (100.0%)	65 (91.5%)	134 (95.7%)
Years that IUD lasts			
2 years		5 (7.0%)	5 (3.6%)
4 years		3 (4.2%)	3 (2.1%)
6 years		1 (1.4%)	1 (0.7%)
8 years	1 (1.4%)	3 (4.2%)	4 (2.9%)

	Union		
	Nafanagar (n=69) N (%)	Ishania (n=71) N (%)	Total (n=140) N (%)
10 years	68 (98.6%)	59 (83.1%)	127 (90.7%)
Normal Pressure of an adult person			
120/80mmHg	69 (100.0%)	71 (100.0%)	140 (100.0%)

Table 3: Objectives of CHW project and activities of the CHWs with GNB

	Union		
	Nafanagar(n=69) N (%)	Ishania(n=71) N (%)	Total(n=140) N (%)
Objective of CHW project			
Reducing maternal and child death rate	66 (95.7%)	71 (100.0%)	137 (97.9%)
Taking care of mother and child	62 (89.9%)	66 (93.0%)	128 (91.4%)
Reduce number of home delivery	-	2 (2.8%)	2 (1.4%)
Work with newly married couple	1 (1.4%)		1 (0.7%)
Make the people aware		2 (2.8%)	2 (1.4%)
Work for the development of the locality		2 (2.8%)	2 (1.4%)
Mother and child development	2 (2.9%)		2 (1.4%)
The pregnant women should do check up		1 (1.4%)	1 (0.7%)
Activities of GNB (Multiple response)			
Providing healthcare to pregnant women	68 (98.6%)	69 (97.2%)	137 (97.9%)
Providing healthcare to neonatal child	66 (95.7%)	68 (95.8%)	134 (95.7%)
Reducing maternal and child mortality	63 (91.3%)	67 (94.4%)	130 (92.9%)
Collecting information of pregnant women	60 (87.0%)	53 (74.6%)	113 (80.7%)
Encouraging safe delivery care of pregnant women	58 (84.1%)	54 (76.1%)	112 (80.0%)
Conducting family group meetings	31 (44.9%)	50 (70.4%)	81 (57.9%)
Others (family planning advice, home visits, improving quality etc)		6 (8.4%)	6 (4.2%)
Responsibilities as CHW (multiple response)			

	Union		
	Nafanagar(n=69) N (%)	Ishania(n=71) N (%)	Total(n=140) N (%)
Advice on maternal and child health	69 (100.0%)	71 (100.0)	140 (100.0%)
Encouraging to deliver a child in hospital/healthcare center	68 (98.6%)	68 (95.8)	136 (97.1%)
Collecting information about mother and child health	64 (92.8%)	61 (85.9%)	125 (89.3%)
Others (group discussion, home visit, refer, awareness, prevent home delivery, counselling)		8 (11.2%)	8 (5.6%)

Table 4: Information provided by CHWs on pregnancy and delivery care

	Union		
	Nafanagar(n=69) N (%)	Ishania(n=71) N (%)	Total(n=140) N (%)
Information provided to pregnant women (multiple response)			
The pregnant should drink enough water and eat nutritious food (Vitamin A, B, C)	69 (100.0%)	70 (98.6%)	139 (99.3%)
Suggestion for ANC check-up	67 (97.1%)	67 (94.4%)	134 (95.7%)
The pregnant should take enough rest	69 (100.0%)	70 (98.6%)	139 (99.3%)
The pregnant should avoid heavy lifting	61 (88.4%)	66 (93.0%)	127 (90.7%)
Others (Aware people on vaccination and danger signs, collect blood, arrange money, communication)	1 (1.4%)	5 (7%)	6 (4.2%)
Information provided about delivery (multiple response)			
Managing emergency contact number of health care facility providers	69 (100.0%)	69 (97.2%)	138 (98.6%)
Delivery at the healthcare center	65 (94.2%)	71 (100.0%)	136 (97.1%)
Managing vehicles/van	67 (97.1%)	70 (98.6%)	137 (97.9%)
Keeping the blood donor right	2 (2.9%)	9 (12.7%)	11 (7.9%)
Others (saving money, keep clean clothes, company, health center ready)		11 (15.5%)	11 (7.8%)
Information provided to newly married couples			
About family planning methods	69 (100.0%)	71 (100.0%)	140 (100.0%)

	Union		
	Nafanagar(n=69) N (%)	Ishania(n=71) N (%)	Total(n=140) N (%)
Avoiding pregnancy before 18 years old	69 (100.0%)	70 (98.6%)	139 (99.3%)
Others (suggest taking baby after 20 years of age, advice to see doctor before taking baby, take folic acid before pregnancy)	1 (1.4%)	5 (7%)	6 (4.3%)
Information about provided about newborn			
Advice of feeding colostrum immediately after the delivery	69 (100.0%)	71 (100.0%)	140 (100.0%)
Frequently breastfeeding	67 (97.1%)	66 (93.0%)	133 (95.0%)
Advice of maintaining cleanliness of newborn	69 (100.0%)	69 (97.2%)	138 (98.6%)
About bathing baby after 3 days of delivery	66 (95.7%)	48 (67.6%)	114 (81.4%)
Have to vaccinate timely		3 (4.2%)	3 (2.1%)
Should not catch cold	1 (1.4%)	2 (2.8%)	3 (2.1%)
Make sure that there is no infection in navel		3 (4.2%)	3 (2.1%)
Not cut the hair before a month		2 (2.8%)	2 (1.4%)
Take to the doctor if sick		1 (1.4%)	1 (0.7%)
Have to hold with soft cloth		1 (1.4%)	1 (0.7%)
Have to check whether the baby is taking food		3 (4.2%)	3 (2.1%)
Not to give anything other than breastmilk		1 (1.4%)	1 (0.7%)

Table 5: Challenges faced by CHW in performing their work

	Union		
	Nafanagar(n=69) N (%)	Ishania(n=71) N (%)	Total(n=140) N (%)
Challenges face by CHWs			
Lack of time to do work	2 (2.9%)		2 (1.4%)
Lack of training/ knowledge	3 (4.3%)	1 (1.4%)	4 (2.9%)
Lack of feedback on performance	6 (8.7%)	2 (2.8%)	8 (5.7%)
Lack of motivation	2 (2.9%)	17 (23.9%)	19 (13.6%)

	Union Nafanagar(n=69) N (%)	Ishania(n=71) N (%)	Total(n=140) N (%)
Inadequate salary/remuneration	12 (17.4%)	21 (29.6%)	33 (23.6%)
Lack of physical security	15 (21.7%)		15 (10.7%)
No job security	14 (20.3%)	7 (9.9%)	21 (15.0%)
Lack of equipment	29 (42.0%)	28 (39.4%)	57 (40.7%)
Lack of communication with health facility center	5 (7.2%)	-	5 (3.6%)
Lack of coordination with health department	6 (8.7%)	-	6 (4.3%)
Lack of local supports	5 (7.2%)	13 (18.3%)	18 (12.9%)
Lack of coordination with community members	1 (1.4%)	2 (2.8%)	3 (2.1%)
Face problems in referring the pregnant women	14 (20.3%)	-	14 (10.0%)
Others (communication, doesn't allow to enter home, doesn't listen for being Christian, distant households etc)	12 (17.2%)	6 (8.2%)	18 (12.8%)

Table 6: CHWs' professional relationships status with their supervisors, patronize committee members and eligible couples

	Union Nafanagar(n=69) N (%)	Ishania(n=71) N (%)	Total(n=140) N (%)
Relationship with supervisor			
Very good	68 (98.6%)	70 (98.6%)	138 (98.6%)
Good	1(1.4%)	1 (1.4%)	2 (1.4%)
Relationship with patronize committee members			
Very good	58 (84.1%)	60 (84.5%)	118 (84.3%)
Good	11 (15.9%)	11 (15.5%)	22 (15.7%)
Relationship with eligible couples			
Very good	64 (92.8%)	56 (78.9%)	120 (85.7%)
Good	5 (7.2%)	15 (21.1%)	20 (14.3%)

Table 7: CHWs level of satisfaction in working with GNB

	Nafanagar(n=69) N (%)	Union Ishania(n=71) N (%)	Total(n=140) N (%)
Satisfaction Level			
Very satisfied	68 (98.6%)	66 (93.0%)	134 (95.7%)
Satisfied	1 (1.4%)	5 (7.0%)	6 (4.3%)

Table 8: CHW's Social response

		Union Nafanagar(n=69) N (%)	Union Ishania(n=71) N %	Total(n=140) N %
Q701. If someone in this community had a death in their family, the community will come together to support them while they mourn.	**Strongly agree**	68 (98.6)	57 (80.3%)	125 (89.3%)
	Somewhat agree	1 (1.4%)	14 (19.7%)	15 (10.7%)
	Base	69 (100%)	71 (100%)	140 (100%)
Q702. When there is a problem in this community, people come together to discuss how it should be solved.	**Strongly agree**	66 (95.7%)	52 (73.2%)	118 (84.3%)
	Somewhat agree	3 (4.3%)	19 (26.8%)	22 (15.7%)
	Base	69 (100%)	71 (100%)	140 (100)

Table 9: CHW's social capital

		Union Nafanagar(n=69) N (%)	Union Ishania(n=71) N (%)	Total(n=140) N (%)
Q801. I typically accept advice from others in this community.	**Strongly agree**	62 (89.9%)	46 (64.8%)	108 (77.1%)
	Somewhat agree	7 (10.1%)	25 (35.2%)	32 (22.9%)
Q802. People in the community share new knowledge with their neighbors **if they learn something new**	**Strongly agree**	64 (92.8%)	44 (62.0%)	108 (77.1%)
	Somewhat agree	5 (7.2%)	25 (35.2%)	30 (21.4%)
	Neutral		2 (2.8%)	2 (1.4%)
Q803. This is a close-knit community (i.e., people in this community have close personal relationships with each other	**Strongly agree**	65 (94.2%)	46 (64.8%)	111 (79.3%)
	Somewhat agree	4 (5.8%)	25 (35.2%)	29 (20.7%)
Q804. In this community, I have someone with whom I can share my problems.	**Strongly agree**	65 (94.2%)	52 (73.2%)	117 (83.6%)
	Somewhat agree	4 (5.8%)	19 (26.8%)	23 (16.4%)
Q805. My neighbors sometimes come to me to share their problems and get help.	**Strongly agree**	64 (92.8%)	51 (71.8%)	115 (82.1%)
	Somewhat agree	5 (7.2%)	20 (28.2%)	25 (17.9%)
Q806. There are people in this community who show strong leadership	**Strongly agree**	55 (79.7%)	45 (63.4%)	100 (71.4%)
	Somewhat agree	14 (20.3%)	25 (35.2%)	39 (27.9%)
	Neutral		1 (1.4%)	1 (0.7%)
Q807. The community-based associations such as Patronage	**Strongly agree**	59 (85.5%)	51 (71.8%)	110 (78.6%)
	Somewhat agree	9 (13.0%)	20 (28.2%)	29 (20.7%)

		Union Nafanagar(n=69) N (%)	Ishania(n=71) N (%)	Total(n=140) N (%)
Committee in this community is very active	**Neutral**	1 (1.4%)		1 (0.7%)
Q808. The leaders of community-based associations such as Patronage Committee respond to this community's concern	**Strongly agree**	57 (82.6%)	48 (67.6%)	105 (75.0%)
	Somewhat agree	11 (15.9%)	23 (32.4%)	34 (24.3%)
	Neutral	1 (1.4%)		1 (0.7%)
Q809. I participate in activities held by any community-based associations	**Strongly agree**	59 (85.5%)	49 (69.0%)	108 (77.1%)
	Somewhat agree	10 (14.5%)	22 (31.0%)	32 (22.9%)
Q810. I attend the meetings of any government or NGO-initiated community development group	**Strongly agree**	59 (85.5%)	52 (73.2%)	111 (79.3%)
	Somewhat agree	10 (14.5%)	19 (26.8%)	29 (20.7%)
Q811. I participate in activities held by any government or NGO-initiated community development group	**Strongly agree**	57 (82.6%)	49 (69.0%)	106 (75.7%)
	Somewhat agree	12 (17.4%)	22 (31.0%)	34 (24.3%)

Table 10: Social equity of CHWs

		Union Nafanagar (n=69) N (%)	Ishania(n=71) N (%)	Total(n=140) N (%)
When community groups make decisions, they are leasing and good for most of the households in this community.)	**Strongly agree**	57 (82.6%)	48 (67.6%)	105 (75.0%)
	Somewhat agree	12 (17.4%)	23 (32.4%)	35 (25.0%)

		Union Nafanagar (n=69) N (%)	Ishania(n=71) N (%)	Total(n=140) N (%)

Table 11: Common values of CHWs

		Union Nafanagar (n=69) N (%)	Ishania(n=71) N (%)	Total(n=140) N (%)
Q1001. People in this community share the same ideas on how village matters should be managed	**Strongly agree**	58 (84.1%)	55 (77.5%)	113 (80.7%)
	Somewhat agree	11 (15.9%)	16 (22.5%)	27 (19.3%)

Table 12: Community Attachment

		Union Nafanagar (n=69) N (%)	Union Ishania(n=71) N (%)	Total(n=140) N (%)
Q1101. Being member of this community is part of who I am	**Strongly agree**	59 (85.5%)	52 (73.2%)	111 (79.3%)
	Somewhat agree	10 (14.5%)	19 (26.8%)	29 (20.7%)

Table 13: Agency of CHWs

		Union Nafanagar(n=69) N (%)	Union Ishania(n=71) N (%)	Total(n=140) N (%)
Being member of this community is part of who I am	**Strongly agree**	59 (85.5%)	52 (73.2%)	111 (79.3%)
	Somewhat agree	10 (14.5%)	19 (26.8%)	29 (20.7%)
I can contribute to this community's mother and child health service development	**Strongly agree**	64 (92.8%)	56 (78.9%)	120 (85.7%)
	Somewhat agree	5 (7.2%)	15 (21.1%)	20 (14.3%)
People in this community should work together to develop the community 's mother and child health service	**Strongly agree**	59 (85.5%)	51 (71.8%)	110 (78.6%)
	Somewhat agree	10 (14.5%)	20 (28.2%)	30 (21.4%)