

Validation Study Report

on

Performance of ComSS Intervention, Moulvibazar

Implemented by: Partners in Health and Development (PHD)

under

Joint GoB-UN MNH Initiative

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1. EXECUTIVE SUMMARY

The study has been conducted to validate the field performance data of the ComSS Intervention that is being implemented by Partners in Health and Development (PHD) under the Joint GOB-UN MNH Initiative, in Moulvibazar district of Sylhet division.

PHD contracted the Department of Anthropology, Shahjalal University of Science and Technology for carrying out the study.

Highlights of the study findings are as follows:

Place of last delivery: Delivery at Hospital and Clinic was nearly 46% while 54.3% delivery was occurred at Home.

Assisting person during last Delivery: 62.3% delivery cases were occurred with the assistance of Doctor, Nurse, CSBA and FWV. On the other hand, 37.7% delivery was done with the presence of traditional birth attendents and others attendants like relatives.

ANC received during pregnancy: 93% of the women took ANC during their pregnancy, which is a very good sign for ensuring Maternal and Neonatal health. Only 7% of them did not receive any ANC.

3rd ANC received during pregnancy: 24.8% of the women received 3rd ANC during pregnancy, 33.3% received 4th ANC and nearly 8% kept themselves out from receiving any ANC.

Person Provided ANC: More than 51% ANC has been received from only the Doctors. Nearly 10% never went to anyone for taking the services.

Place of ANC Receiving: 73.7% ANC received from different Hospitals and clinics. 26.3% ANC received from other places like Satellite Clinics and NGO facilities.

Neonatal danger sign: Nearly 5% women could explain about 6 danger signs of neonates. 13.3 % could explain about 2 signs and nearly 15% could say about any one of the six signs.

Danger signs of Mother during pregnancy/ delivery: Nearly 15% of the mother could explain maximum 3 danger signs while nearly 10% have mentioned all of those. And nearly 45% of the respondent could not memorize even a single one.

PNC received within 42 days: Nearly 60% women received PNC within the 42 days of the delivery.

Person provided PNC: 88.5% PNC was received from the skilled persons like as Doctors, Nurse and FWV. 11.5% PNC has been given by Midwives, HA and others like BRAC health worker and pharmacist etc.

Birth planning before last delivery: 68% of the respondents planned for the last birth and nearly 32% did not plan.

2. INTRODUCTION

Partners in Health and Development (PHD) have been implementing ComSS interventions (*Providing Support for Quality Planning, Implementation and Monitoring of Community Support System (ComSS) Intervention*) under Joint GOB-UN MNH Initiative in Moulvibazar District since May 2009.

The ComSS is a mechanism for establishing a system at the community level, through collective efforts of the people, which aims to raise voice of poor people for services they entitle to and mobilise them to access services; provide support to the pregnant women and the newborns during any obstetric emergency to prevent maternal and neonatal deaths. Community members individually meet together, assess their own situation, identify resources, design interventions, implement and monitor the interventions, and they are accountable to their own communities. The community support system dedicate to:

- Foster an enabling environment in the community, and ultimately at the household level for improve home care, support women in accessing EOC services, facilitate timely referral of women with obstetric complications to an appropriate EOC facility;
- Create awareness among community/family about danger signs of obstetric complications and availability of services at different facilities
- Advocate and act to eliminate superstitions and social barriers that restrict women to receive services from public health system
- Oversee community, family support and participation in accessing GOB services by the poor communities especially by the women and children and support service providers for improve responsiveness

ComSS intervention stands on strengthening capacity of Community Clinic Management Committees (CCMGs) of 114 Community Clinics covering 710,342 populations out of 1,767,784 in the district. CCMGs deployed 171 Community Health Volunteers (CHV) to sensitise families and provide education, information on improve home care pregnant women and the newborns and monitor home-based activities.

The community Health Volunteers keeps records of services they provide, intake of services from service centers and outcome of each pregnancy and deliveries. The report suggests extraordinary achievement in terms of service intakes compared to other nearby districts and the country as a whole. Monitoring data indicated very negligible errors with the base reports. This study has been conducted under the above project with a basic purpose to validate the performance reports that have been regularly produced by the project.

3. RATIONALE OF THE STUDY

Maternal and neonatal mortality in Bangladesh are estimated as 320 per 100,000 and 44 per 1,000 live births respectively. Neonatal mortality accounts for over 66% of overall infant deaths. Bangladesh has made significant progress over the last few decades in achieving MDGs 4 and 5. IMR has been reduced from 87 to 65 and MMR declined by 22% during the last decade with indicators showing a positive trend. The Bangladesh Maternal Health Services and Maternal Mortality Survey, 2001 estimates maternal mortality ratio (MMR) for 1998-2001 to be between 320 and 400 per 100,000 live births, with marked geographic variations.

Though antenatal care (ANC) and coverage has improved in Bangladesh, only 34% of pregnant women attained required ANC services. The proportion of women seeking post partum care from a trained provider is very low, both in rural and urban areas. It is estimated that 85% of births take place at home and only 20% of women have the decision-making authority about who will deliver their babies and where, leaving these critical decisions to husbands or other family members. Skilled attendants attend to only 14% of births and knowledge about life-threatening conditions of pregnancy and delivery is still extremely low. These are the figures that reflect the overall national maternal, neonatal and child health situation. But these have marked geographic variations from one division to another. For the consecutive years, it has been estimated by the Bangladesh Demographic Health Survey (BDHS) that health indicators of Sylhet division is always lower than the national figures and than that of other divisions of the country as well. For example, as per BDHS 2007, women received any ANC in Sylhet is 54%, whereas the national figure is 60% and the same for Khulna, Rajshahi and Chittagong is 71%, 65% and 60% respectively. Again, the percentage of 2nd or more doses TT in Sylhet is 50%, whereas the national figure is 60% and the same for Khulna, Rajshahi and Chittagong is 60%, 59% and 55% respectively.

However, while analyzing the regular performance reports of the said project of Moulvibazar, PHD management noticed that some of the indicators are remarkably higher than the situation stated earlier. Initially, PHD thought the matter as over-reporting from the field. To cross-check the data, PHD team physically visited the fields, verified the performance reports and found that this is not a matter of over-reporting. There were very insignificant inconsistencies among the data of recording, reporting and the actual status of the fields. Then PHD has taken a decision to validate the field performance data by a third party for more authentications.

4. OBJECTIVES OF THE STUDY

The overall objective of the study is to validate the ComSS reports in terms of places of delivery and persons who assisted in deliveries within the last three months.

SPECIFIC OBJECTIVES:

Specific objectives of the study were to:

- Verify the place of delivery
- Know whether the person assisted during delivery was skilled or unskilled
- Verify ANC and PNC status of the respondents including the care givers
- Awareness of the respondents about pregnancy and neonatal danger signs
- Awareness and adaptation of birth planning advocated by ComSS
- Patterns of marriage age in relation to number of children of respondents

5. STUDY AREA

Seven Upazilas of Moulvibazar district have been selected as the study area, where 54 unions have been included out of 67 and 747 villages have been selected out of 2134. And among 138 active Community Clinics, 114 have been included in the study.

6. METHODS OF THE STUDY

Two types of sources have been used to complete the study: Primary sources and the Secondary sources. Among the secondary sources, different research reports and project briefing papers conducted by the respective projects in different times are mentionable. And as a source of Primary data, in-depth interviews have been conducted by a team of 8 investigators using an open ended questionnaire, which was the only research tool used in the study.

PREPARING RESEARCH TOOLS: Two objectives were given priority in developing the questionnaire: 1) to sort out the place of last delivery that occurred within the last three months or 90 days, and 2) whether the supportive members during the delivery were skilled or unskilled. Along with these, the questionnaire also comprised few questions on demographic information. Besides this, a consent form has also been formed.

SAMPLING: Simple Random Sampling method has been used to select 210 samples. Data has been collected in three days from 7 Upazilas of the district. Working areas of total 25 CHVs (Community Health Volunteers) have been selected and the study population was 1,375 (25X55) as one CHV covers 55 pregnant woman. As Moulvibazar Sadar and Srimangal Upazila are comparatively larger among all other Upazilas, 5 CHVs have been selected from each of these two upazilas and 3 CHVs from each of other 5 upazillas.

As we know that the Correction of sample size for small population is:

$$n_c = n/1+(n/N)=210/\{1+(210/1375)\}=182$$

Here, the corrected sample size is 182. So, the selected sample size 210 sounds so far good.

Here, n_c = corrected sample size, N = Study Population and n = Calculated sample size

The type of the interview was **Standardized, open-ended interview** –where the same open-ended questions have been asked to all interviewees. This approach facilitates faster interviews that could be more easily analyzed and compared. In total 210 interviews have been done in the field. From 12 October 2010 to 14 October 2010 data collection has been done in the field.

RESEARCH ETHICS: As research ethics is a very important aspect of the study, a consent form was used for each respondent during the investigation session. In that form the cause of selecting respondent, confidentiality, risk or benefits of participating were clearly mentioned. As a symbol of the consent, signature of the respondent or finger print was taken in the consent form.

SELECTION OF THE INVESTIGATORS: Eight investigators were selected for collecting data from the field. In the team there were 7 undergraduate students of Anthropology and one ex-field worker. The respondents were selected on the basis of their Rapport build up capability and good speaking skill as well as politeness and hardworking mentality. Among 30 candidates 8 were chosen on the basis of those skills in a briefing session of this study.

TRAINING OF THE INVESTIGATORS: On the 12th October, 2010, all those investigators were given training in the UNFPA office at Moulvibazar. Beside that in every evening during the data collection, work updates and progress were taken from them in the office and tried to minimize mistakes in the field and making optimal outcomes.

DATA ENTRY: 3 Data Entry Operators were also appointed for data entry. From October 15, 2010 to October 16, 2010 data entry was done in the **SPSS- Statistical Package for the Social Sciences**. Different variables were designed to have a good understanding about the data as well as its validity.

7. FINDINGS OF THE STUDY

RESPONDENTS' AGE OF MARRIAGE IN RELATION TO NUMBER OF CHILDREN:

As part of the investigation, some demographic information has been collected. From the table-1 it is seen that most of the women (57%) are getting married between the ages of 15-19 years. The vital feature is that still 10.5% women have seen to get married before they are getting 15 years old. Within 19 years 67% women are getting married and becoming mother. The study shows that among the 463 children of the 210 mothers, 58.7% are coming from the marriage age group 15-19.

TABLE 1: RESPONDENTS' AGE OF MARRIAGE IN RELATION TO NUMBER OF CHILDREN

Age marriage of	Number of children	% Of Number of children	Number of women	% of number of women
<15	58	12.5%	22	10.5%
15-19	272	58.7%	120	57.1%
20-24	111	24.0%	57	27.1%
25-29	21	4.5%	10	4.8%
25+	1	0.2%	1	0.5%
Total	463	100	210	100

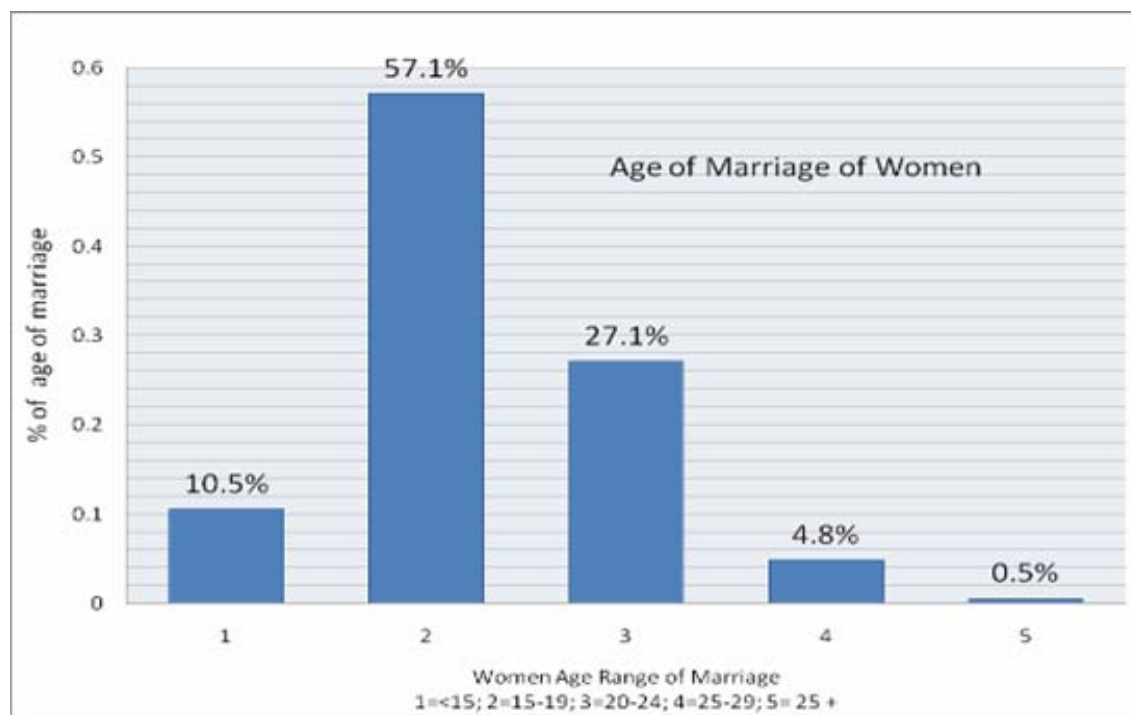


TABLE 2: FERTILITY TENDENCY IN MOULVIBAZAR

Respondent Age	Number of Children			Total	% of the Total
	1-3	4-6	7-9		
<15	1	0	0	1	0.2
15-19	33	4	0	37	8.0
20-24	119	0	0	119	25.7
25-29	101	54	0	155	33.5
30-34	37	52	0	89	19.2
35-39	17	23	0	40	8.6
40-40+	5	0	17	22	4.8
Total	313	133	17	463	100.0

TABLE 3: FEATURE OF CHILD NUMBER

Range of Number of children	1-3	4-6	7-9	Total
Total	313	133	17	463
% of the Total	67.6%	28.7%	3.7%	100

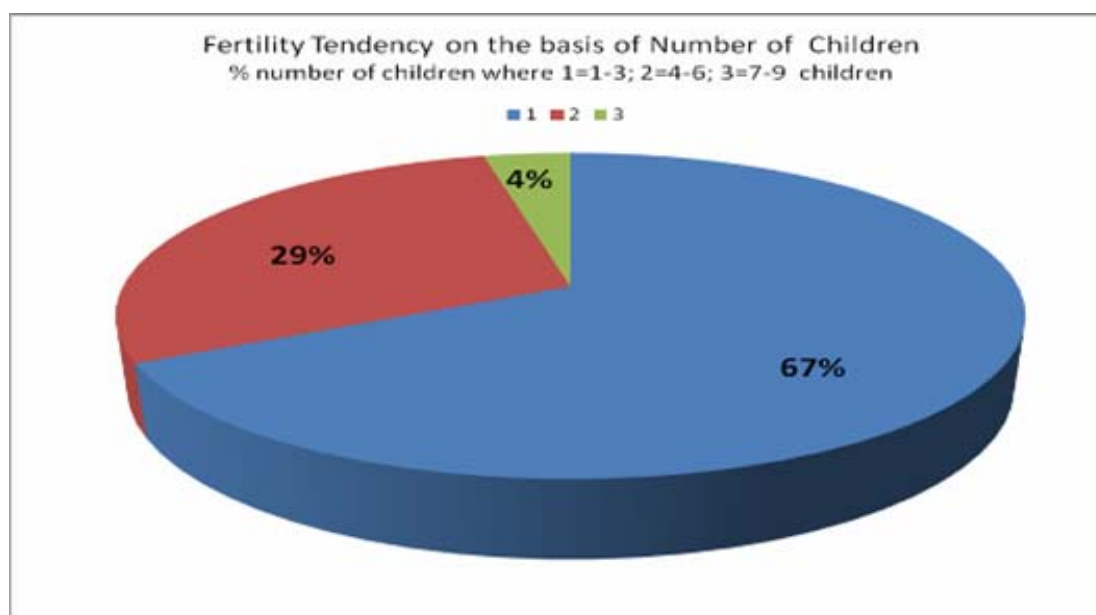


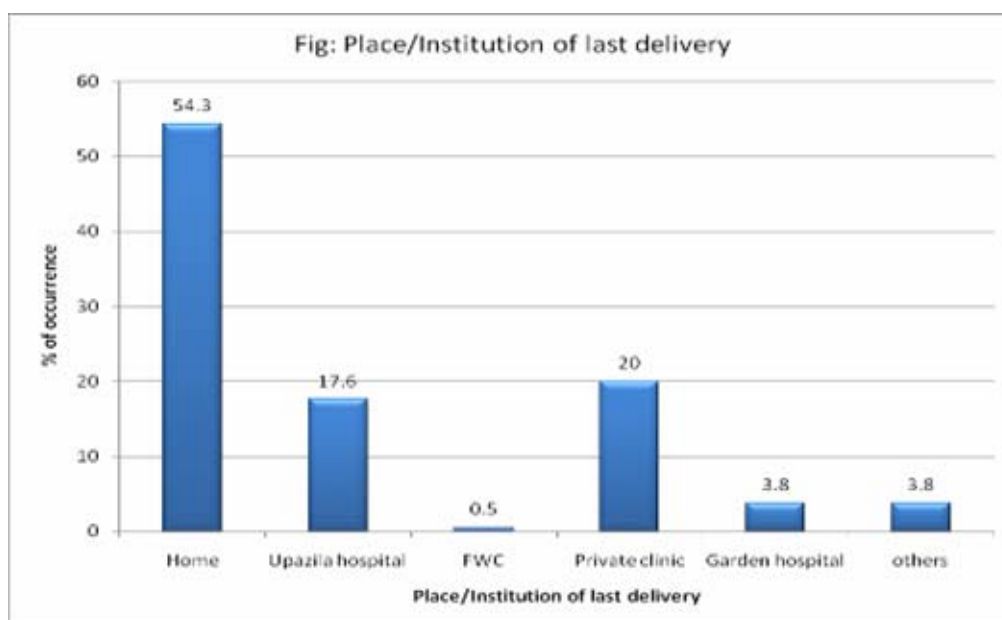
Table 2 showing a relationship status between the age of respondent and the children number carried by them in each age range. From the table 3 it is much clearer that nearly 68% families having children 1-3 and 29% having children 4-6 that exposes a greater tendency of fertility in the study area.

PLACE OF LAST DELIVERY

The data table shows that **54.3%** delivery occurred at **Home** and in total **Hospital and Clinic based delivery** was **nearly 42%**. Private clinic is in the 2nd position (17.6%) and Upazila Hospital is getting the third priority. FWC seems to be in the lowest (0.5%) position for delivery. Besides these, people choose few other non-listed places that have been included as other options like MCWC, Marie Stopes and Christian Mission Hospital.

TABLE 4: PLACE/INSTITUTION OF LAST DELIVERY

Place/Institution	Frequency	Percent (%)
Home	114	54.3
Upazila hospital	37	17.6
FWC	1	0.5
Private clinic	42	20
Garden hospital	8	3.8
others	8	3.8
Total	210	100



ASSISTING PERSON DURING LAST DELIVERY:**TABLE 5: ASSISTING PERSON DURING LAST DELIVERY**

Supportive Person	Frequency	Percent
Doctor	61	29
Nurse	30	14.3
FWV	17	8.1
CSBA	9	4.3
Midwife	51	24.3
Doctor & Nurse	7	3.3
HA	1	0.5
Others	27	12.9
No one	7	3.3
Total	210	100



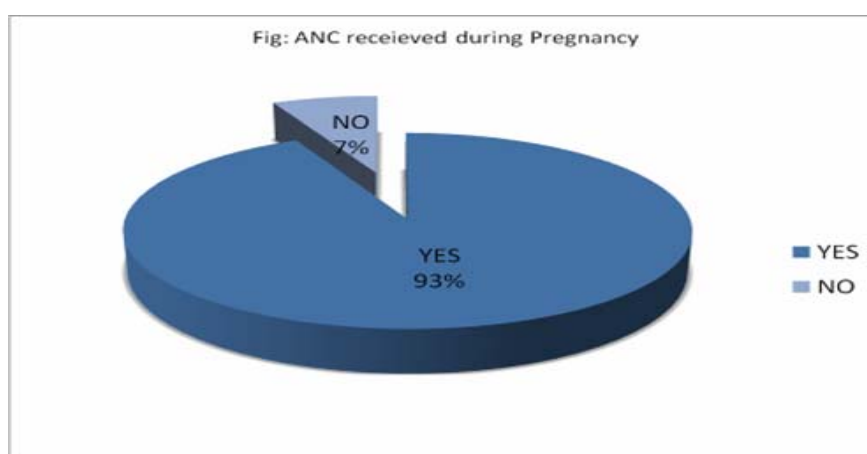
The graph shows that in total **62.3%** delivery cases were occurred with the presence of Doctor, Nurse, CSBA and FWV as assisting person. On the other hand, **37.7%** delivery was done with the presence of birth attendants like Midwives, HA and others. In most of the deliveries at home, other assisting persons like assistant of Midwives, mother, mother-in-law, elder female person of the family or village doctor who are known as skilled to them. Midwife (**24.3%**) seems to have much popularity among the people in the garden area as delivery assistant. But it is not clear either these Midwives are certified skilled birth attendants or not as there were no question in the questionnaire. Though the response is mostly coming for the Doctor category it is needed

to study further very clearly which persons are known as doctor to them. Either all mentioned are at least MBBS doctors or they are village doctors, pharmacist or simply known as village doctors. Hopefully there are important scopes to study further very carefully.

ANC RECEIVED DURING PREGNANCY:

TABLE: 6 ANC RECEIVED DURING PREGNANCY

Response	Frequency	Percent
YES	195	92.9
NO	15	7.1
Total	210	100

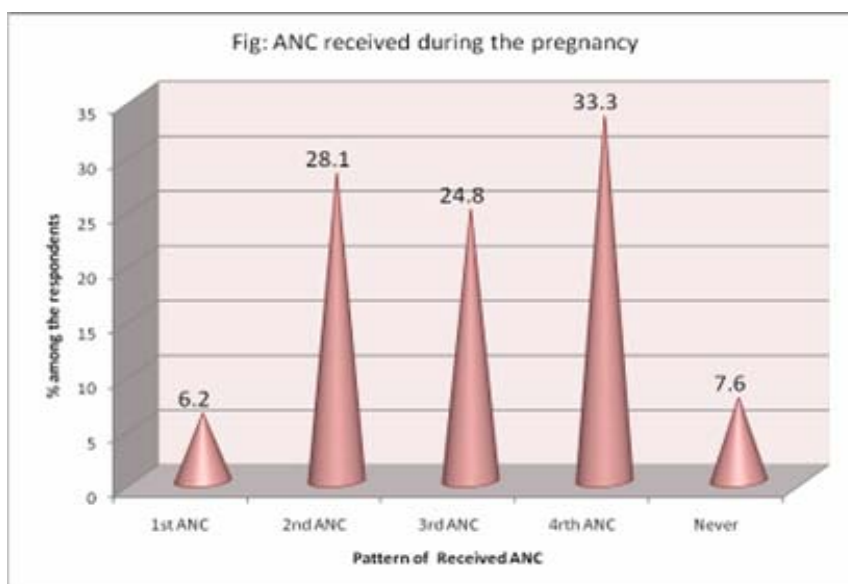


It is seen that 93% of the women took ANC during their pregnancy which is a very good sign for ensuring Maternal and neonatal health. Only 7% of them didn't receive any ANC.

NUMBER OF ANC RECEIVED

TABLE 7: 3RD ANC RECEIVED DURING PREGNANCY

Number of ANC received	Percent
Never	7.6
1 st ANC	6.2
2 nd ANC	28.1
3 rd ANC	24.8
4 th ANC	33.3
Total	100

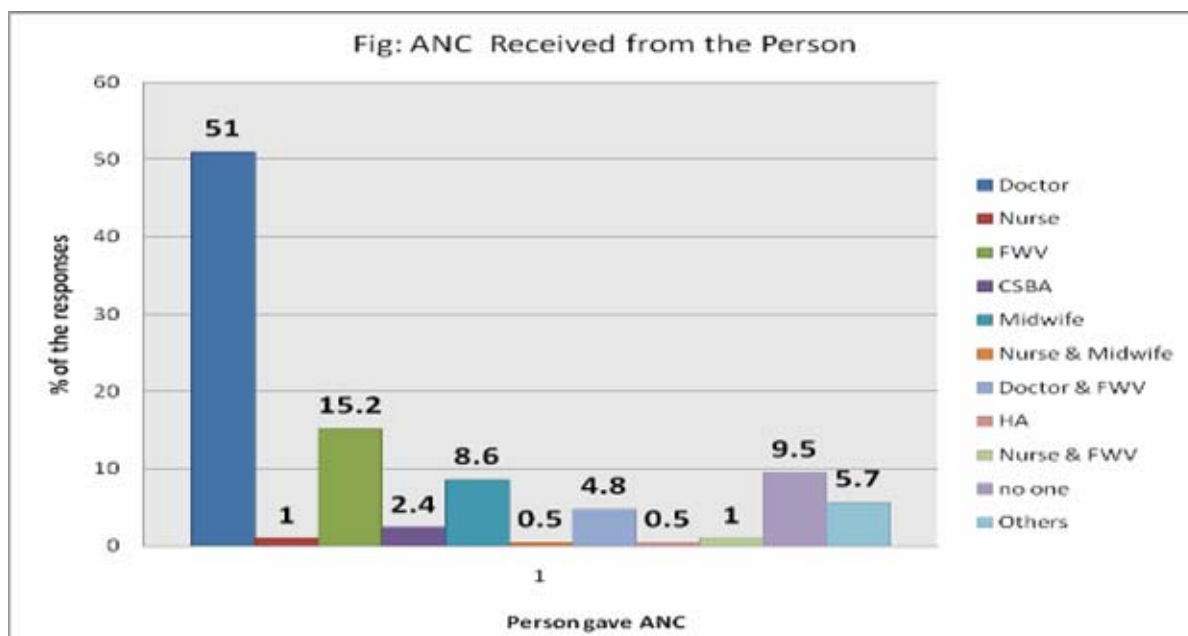


The data shows that 24.8% of the women received 3rd ANC during pregnancy. 33.3% received 4th ANC. Nearly 8% kept themselves out from receiving any ANC.

ANC PROVIDED BY

TABLE 8: PERSON PROVIDED ANC

ANC Provider	Frequency	Percent
Doctor	107	51
Nurse	2	1
FWV	32	15.2
CSBA	5	2.4
Midwife	18	8.6
Nurse & Midwife	1	0.5
Doctor & FWV	10	4.8
HA	1	0.5
Nurse & FWV	2	1
others	12	5.7
No one	20	9.5
Total	210	100



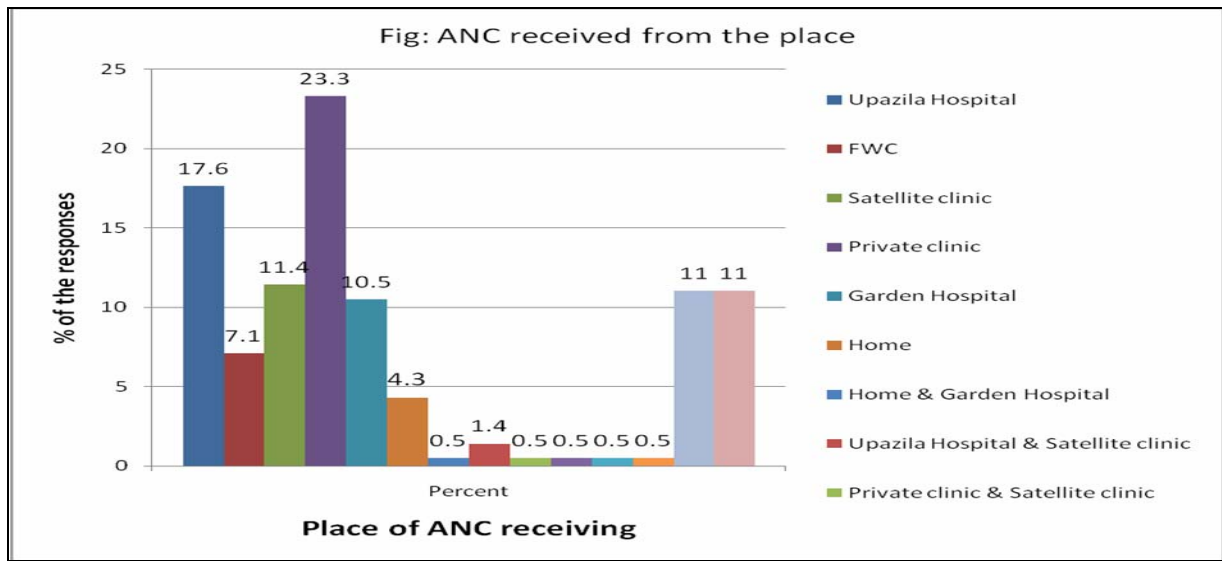
This segment explains that 51% ANC is received from Doctors. Nearly 20% from FWV, 10% from Midwives and 3% from CSBA. Nearly 10% never went to anyone of above mentioned those. The data of the table expresses that nearly 85% of them received ANC from the listed group either combined or separated. BRAC health Worker (SK), private chamber, Pharmacist are mentioned by the respondents which are grouped as 'others' who provided ANC.

ANC RECEIVED FROM THE PLACE:

TABLE 9: PLACE OF ANC RECEIVING

Place of ANC receiving	Frequency	Percent
Upazila Hospital	37	17.6
FWC	15	7.1
Satellite clinic	24	11.4
Private clinic	49	23.3
Garden Hospital	22	10.5
Home	9	4.3
Home & Garden Hospital	1	0.5
Upazila Hospital & Satellite clinic	3	1.4
Private clinic & Satellite clinic	1	0.5
FWC & Satellite clinic	1	0.5
Upazila Hospital, Satellite clinic & FWC	1	0.5
Home & Satellite clinic	1	0.5
Others	23	11
No where	23	11
Total	210	100

Total **73.7% ANC** received from different Hospitals and clinics. **26.3% ANC received from other places**. It is found that **Private clinics (23.3%)** are feasible for them to receive ANC. Upazila Hospital (17.6%) and Garden Hospital (10.5%) seems also having priority to them. It's should also be noted that 11% of them went nowhere to receive ANC. Beside these, in other places category, it is found that this area women for receiving ANC from Smiling Sun Clinic, BRAC Hospital, Indoor Hospital, Community clinic, Marie Stopes, MCWC, Christian Mission Hospital and BRAC Center (EPI).



BIRTH PLANNING BEFORE LAST DELIVERY:

TABLE 10: BIRTH PLANNING

Birth planning	Frequency	Percent
YES	143	68.1
NO	67	31.9
Total	210	100

68% of the respondents planned for the last birth and nearly 32% did not plan.

TABLE 11: PREPARATION FOR THE LAST DELIVERY

Preparation taken for the last delivery	Frequency	Percent
1. Fund raised	35	16.7
2. Transport arranged	52	24.8
3. Blood donor was ready	43	20.5
4. Collected Cell no of Health worker	24	11.4
No plan	55	26.2
Other	1	0.5
Total	210	100

Nearly **74%** was prepared for the delivery while nearly 26% had no preparation. Transport got the highest (25%) priority and then blood donor (21%). It is mentionable that Fund raising getting lesser priority to them though it could be a great support for them during delivery. In other cases, they said about their communication with doctors and other experienced and skill persons in the village like BRAC health worker, assistant of Midwife and follow up by senior female person closer to them.

PNC RECEIVED WITHIN 42 DAYS:**TABLE 12: PNC RECEIVED WITHIN 42 DAYS**

PNC within 24 days	Frequency	Percent
YES	121	57.6
NO	89	42.4
Total	210	100

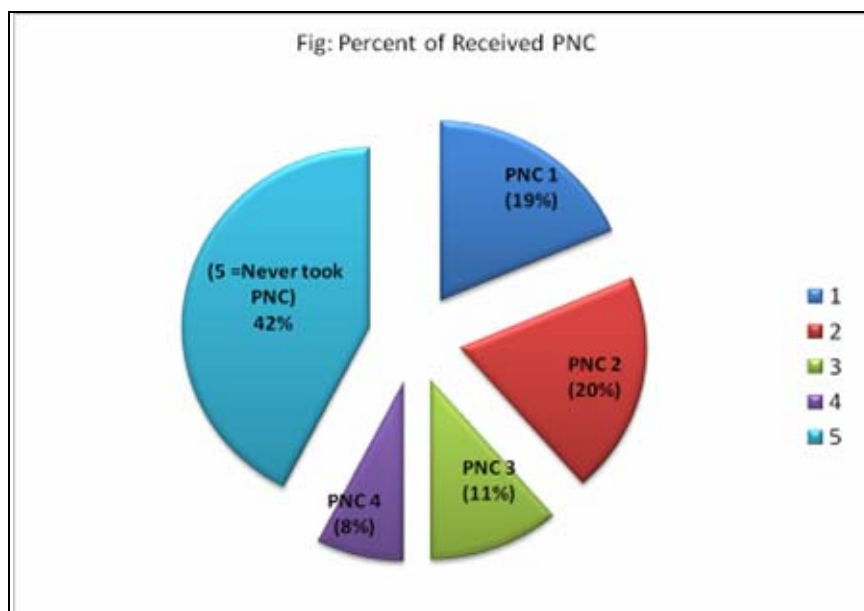


TABLE 13: NUMBER OF RECEIVED PNC

Number of Received PNC	Frequency	Percent
1	39	18.6
2	42	20
3	24	11.4
4	16	7.6
Never	89	42.4
Total	210	100

The data of the **table 12** explores that nearly 60% women received PNC within the 42 days of the delivery.

In total 58% respondents received **PNC**. From the **table 13** it has become clearer that about receiving PNC awareness is lesser here. **42% never received PNC**. And gradually from PNC 1 to PNC 4, PNC 4 (nearly 20% to 8%) got lesser priority too!

KIND OF NEONATAL CARE TAKEN AFTER BIRTH:**TABLE 14: NEONATAL CARE TAKEN**

Neonatal Care Taken	Frequency	Percent
Any ONE of the 3 Neonatal Care (1. Drying & wrapping after birth, 2. Breast feeding within 30 minutes, 3. Delay bathing after 72 hours/ 03 days.)	32	15.2 %
Any TWO among 3 care with different combination	77	36.7%
Care 1, 2 & 3 taken altogether	79	37.6%
Others	8	3.8%
Not Mentioned	14	6.7%
Total	210	100

The **table 14** explores that 37.6% of the babies received 3 neonatal cares (1. Drying & wrapping after birth, 2. Breast feeding within 30 minutes, 3. Delay bathing after 72 hours/ 03 days) all together. And nearly another 37 % received 2 cares combined with different combination among those three cares. Nearly 10% could not mention anything among those three Neonatal cares. And nearly 4% mentioned about other types of caring like giving honey or milk rather than breast feeding by the mother. A few number mentioned about hot water bath of the baby or cutting hair very soon after the birth of the baby.

KNOWLEDGE ON DANGER SIGN:

Our main objective is to know % of women can explain pregnancy related danger sign and neonatal danger signs. We were specifically interested to see % of women can articulate at least 1 sign of both types. From table 15 it is seen that 5% women could explain about 6 danger signs of neonates. 13.3 % could explain about 2 signs and nearly 15% could say about any one of the six signs wanted to know in the questionnaire.

TABLE 15: NEONATAL DANGER SIGN MENTIONED BY MOTHERS

Neonatal Danger sign	Frequency	Percent
1	30	14.3
2	28	13.3
3	21	10.0
4	19	9.0
5	6	2.9
6	10	4.8
Other	11	5.2
Not a single one	85	40.5
Total	210	100

The fact is that 40.5% could not say any one about those and 5% said about **other** things like Diarrhea, Pneumonia and listening problem etc.

DANGER SIGNS OF MOTHER DURING PREGNANCY/ DELIVERY:

TABLE 16: DANGER SIGNS OF MOTHER

Number of Dancer sign mentioned by respondents	Frequency	Percent
1	23	11.0
2	27	12.9
3	31	14.8
4	17	8.1
5	19	9.0
Not a single one	93	44.3
Total	210	100

Nearly 15% of the mother could explain maximum 3 danger signs while nearly 10% have mentioned all of those. And nearly **45%** of the respondent could not memorize even a single one.

PERSON PROVIDED PNC:**TABLE 17: PNC PROVIDED BY:**

PNC Provider	Frequency	Percent
Doctor	65	31
Nurse	12	5.7
FWV	9	4.3
Midwife	14	6.7
Doctor & Nurse	9	4.3
Doctor, Nurse & FWV	1	0.5
Ex FWV	1	0.5
FWV & HA	1	0.5
None	89	42.4
other	9	4.3
Total	210	100

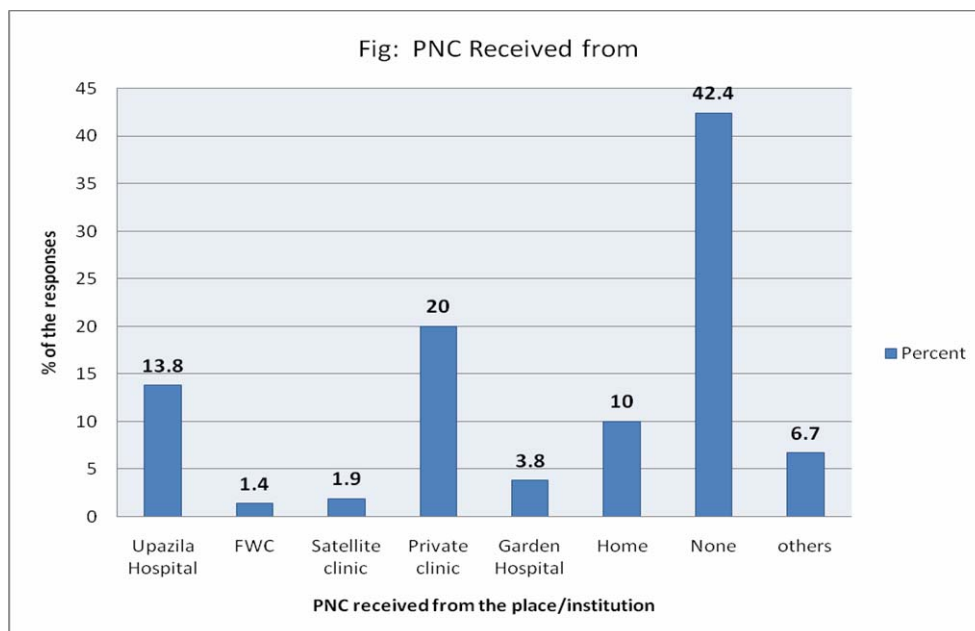
The **table 17** clarifies that **11.5% PNC** has been given by **Midwives, HA** and others. And **88.5% PNC** was received from the skilled persons like as Doctors, Nurse, FWV. In other categories, pharmacist, village doctor, BRAC Health worker are mentioned by them.

INSTITUTION/PLACE OF PNC:**TABLE 18: PNC RECEIVED FROM THE PLACE/ INSTITUTION**

PNC Received from the place / Institution	Frequency	Percent
Upazila Hospital	29	13.8
FWC	3	1.4
Satellite clinic	4	1.9
Private clinic	42	20
Garden Hospital	8	3.8
Home	21	10
None	89	42.4
others	14	6.7
Total	210	100

Data from **table 18** explores that **42.4%** didn't receive PNC at all. 10% of them received at home and 6.7% from other places while **40.9%** received PNC from hospitals and clinics. Beside these, in other places category, it is found that this area women for receiving PNC from Smiling

Sun Clinic, BRAC Hospital, Indoor Hospital, Community clinic, Merry Stoop, Matri-Mongol, Christian Mission Hospital and BRAC Center (EPI).



MATERIALS USED DURING LAST DELIVERY AT HOME:

TABLE 19: MATERIALS USED DURING HOME DELIVERY

Material used	Frequency	Percent
Cotton	14	6.7
Thread	19	9
Cord cutting blade	24	11.4
Hot Water	25	11.9
Soap	32	15.2
Delivered outside	96	45.7
Home		
Total	210	100

54% cases used listed materials except Plastic paper. It is to be mentioned that **46%** delivery occurred outside home. Most of them said about using old cloths.

8. TIME FRAMEWORK OF THE STUDY

Tasks/Days	Day-1	Day-2	Day-3	Day-4	Day-5	Day-6	Day-7	Day -8	Day-9	Day-10
Tools development										
Training										
Data Collection										
Data Entry										
Data Analysis & Reporting										

9. LIMITATIONS

- Most of the study areas were remote in terms of communication
- Most of the investigators were male
- Few respondents were absent during data collection and as a result alternative samples for few cases had to be selected

10. CONCLUSION

1. The study results show that there are no significant variances among the recording, reporting and field status data. Almost all indicators are more or less similar to the actual situation at the field level practices by the beneficiaries and the amounts of variances that do exist are too negligible to consider. From this finding, it can be concluded that the project MIS i.e. recording and reporting system is being maintained properly with regular update of information.
2. The most striking feature that the study revealed is the performance of the project, which is much higher than the regional and national figure. Sylhet division is considered as one of the low performing region, topographically hard-to-reach, people are conservative. Therefore, health indicators for this region always remain significantly lower than some other divisions as well as the national performance. However, the project has achieved performances of some indicators that are not only higher than the national performance, but also than any other divisions of the country. For example, the national performance of 'Any ANC' is 56% (BDHS 2004) and it is 48% in Sylhet division and the highest 61% in Khulna division. But, the project performance is 93%, which is 37%, 45%, and 32% higher than the national, Sylhet itself and the highest performing Khulna division respectively.
3. Further investigation is very much essential to find out the factors that are associated with remarkable high performance of ComSS intervention. The effectiveness of the ComSS model itself might be the root cause for this success. If so, this model should be tested and widely replicated in other low performing similar areas of the country to achieve MDG 4 and 5.
4. The study has a general observation about early marriage that is still prominent in the country, which is also a strong barrier for preventing maternal mortality and morbidity. It is seen that most of the women (57%) are getting married between the ages of 15-19 years and 58.7% of them are becoming mothers. Although this is almost similar to the national figure of the women who have begun childbearing (59%), the burning concern is that still 10.5% women have seen to get married before they are getting 15 years old. Therefore, the issues of delayed marriage and delayed pregnancy have to be addressed at the national level as well as in the design of all maternal health related projects in the country, as the adolescents are the most vulnerable to maternal health problems.

11. Bibliography

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12. Appendix

Sample Questionnaire

01. Name of the respondent:
02. Name of Spouse:
03. Address of respondent:
04. Age of respondent:
05. Age of Spouse:
06. Age at Marriage:
07. No. of living Children:
08. Date of Birth of last living Child:

09. Danger signs during pregnancy and delivery: Bleeding during pregnancy. Sevier headache and blurred vision Prolonged labor High fever. Eclampsia Others: 01.....2.....3.....
10. Did you receive any ANC during pregnancy period? Yes No if answer is yes how many times? 01 02 03 04

11. From whom you received ANC during pregnancy? Doctor. Nurse. FWV. CSBA. Midwife. . Private Clinic.... Others. 01..-----02----- 03-----

12. From where you received checkup? Upazila Hospital FWC Satellite clinic. Private Clinic Pharmacy. Home Others: 01.....02.....03.....

13. Did you do birth planning during the last delivery? Yes No

14. If answer is yes what type of preparation you took? Fund raised Transport arrange blood donor was ready Collected mobile number of Health worker Others.01.....02.....03.....04.....

15. Where did you delivered your last baby? Home. Upazila hospital FWC Private Clinic Others. 01.....02.....03.....

16. During labor who was present to assist the delivery? Doctor. Nurse. FWV. CSBA Midwife. Others.01....02.....03.....04.....
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17. what are materials you have used during delivery at home

Plastic sheet Cotton rail Cord cut blade Hot water. Soup

Others. 01.....02.....03.....04.....

18. What kind of neonatal care you have taken after birth?

Drying & wrapping after birth Brest feeding within 30 minuets Delay bathing after
72 hours/ 03 days. Others.

01.....02.....03.....04.....

19. What are the neonatal danger signs? Fever and low temperature can not breast feeding
Lethargy Respiratory distress Convulsion .others. 01.....unbilical cord
infection.....03.....04.....

20. Did you received any postnatal care within 42 days after delivery?

Yes. No.

If answer is yes how many times? 01 02 03 04

21. From whom you received postnatal care ? Doctor Nurse FWV CSBA
Midwife Others. 01 02 03 04

22. From where took you checkup? Upazila Hospital FWC Satellite clinic. Others.
01.....02..... ..03..... . 04.. ..