The Uttar Pradesh Technical Support Unit

Community Behaviour Tracking Survey: Results of the First Round

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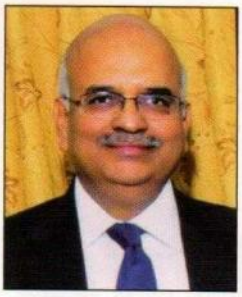
ALOK RANJAN
I.A.S.

Government of Uttar Pradesh
Lal Bahadur Shastri Bhawan
Lucknow - 226 001
Email : csup@nic.in



MESSAGE

Maternal and child health is central to the goals of Government of Uttar Pradesh; the primary objectives are to reduce the maternal mortality ratio, infant mortality rate and the total fertility rate. It was on that basis that the Government of Uttar Pradesh engaged with the Bill & Melinda Gates Foundation to provide techno-managerial assistance through the establishment of a comprehensive Technical Support Unit (TSU) focussed on supporting the GoUP to reach its health and nutrition goals. With the Foundation's support, in November 2013, the University of Manitoba, Canada has established the TSU, embedded within the GoUP. One of the main functional elements of the TSU is to create concurrent monitoring systems using surveys, dashboards and feedback loops to effect mid-course corrections.

This data from the first round of Community Behaviour Tracking Survey (CBTS), designed and implemented by the TSU, is timely and useful, particularly in this year, which is declared as the Year of Mother-Child. This report has highlighted the challenges of moving from a very low baseline to the state goals of achieving better health outcomes. Although the data is from the 100 Blocks of the 25 high priority districts, the findings have implications beyond these geographies. We hope that this data will be used by the district and block health officials to implement specific plans for the improvement of health and nutrition in their geographies.

(Alok Ranjan)
Chief Secretary
Government of Uttar Pradesh

Arvind Kumar
Principal Secretary

Medical Health & FamilyWelfare Deptt.
Room No. 515-516,
Vikas Bhawan, Lucknow

MESSAGE

Since its establishment in November 2013, the Uttar Pradesh Technical Support Unit (UP-TSU) has been providing an integrated and embedded techno-managerial support to improve the planning, implementation and monitoring of health programmes in 25 high priority districts (HPDs) of the state. The TSU is providing implementation support at the community and facility levels through its Community Resource Persons & Block Community Supervisors (BCS) and Nurse Mentors, respectively. The state monitoring systems are being strengthened with the TSU's support in improving the quality and use of HMIS/MCTS data. This data from the TSU's Community Behaviour Tracking Survey (CBTS) will further help in validating the service coverage data from the HMIS and making mid-course corrections in the programme implementation at the district and block levels.

Most of the data collected in the CBTS are available for the first time at the Block levels – for the 100 of the 294 Blocks in the 25 HPDs. The survey covers a wide range of indicators across the reproductive, maternal, newborn, child and adolescent health (RMNCH+A) spectrum, covering a large proportion of ASHA areas and beneficiaries. Adequate sample sizes have made it possible to understand the inequities across smaller geographies and population sub-groups. While the data highlights some of the challenges of creating adequate demand and behaviour change in the communities, it also highlights the need to respond to the supply side gaps, particularly in terms of the delivery points, first referral units, as well as skills and practices of the health care providers. We hope that the district and block health officials in the 25 HPDs will be able to move the indicators towards better health outcomes, with the support from the TSU.

(Arvind Kumar)
Principal Secretary (Medical & Health)
Government of Uttar Pradesh

Amit Kumar Ghosh
I.A.S.
Mission Director

National Health Mission
Uttar Pradesh
Vishal Complex, 19-A, Vidhan Sabha Marg,
Lucknow - 226 001
Email : mdupnrhm@gmail.com

MESSAGE

The Uttar Pradesh Technical Support Unit (UP TSU) has established concurrent monitoring systems in the 100 Blocks of 25 high priority districts (HPDs) of the state, in the form of Village Health Index Register (VHIR) summaries, case sheet summaries and the Community Behaviour Tracking Surveys (CBTS). While the former two support the quality and use of HMIS/MCTS, the CBTS helps in validating the service statistics captured in the HMIS. The first round of the CBTS, which is also a baseline for the 100 TSU focussed Blocks, have been successfully completed and the key findings are summarized in this brief report.

The CBTS affirms the importance of strengthening the quality and quantity of frontline worker interactions (ASHAs, AWWs, ANMs) related to RMNCH+A in both the antenatal and postnatal periods. The integration of ANC services, at least BP and haemoglobin measurement, with the routine immunization programs in the state could provide an opportunity to reach targets for full ANC care and identify and track women for high risk pregnancies.

Increasing institutional delivery continues to be a priority in the state and it is evident that concerted efforts are required to diagnose and address the supply and demand gaps in the 45 Blocks where the home deliveries are more than 40%. Conversely, the 7 blocks where the institutional delivery rate is greater than 80% provide a great opportunity to understand what is programmatically working well that can potentially be integrated into other blocks in the state. It is also important to ensure that planning for adolescent girls is integrated into all aspects of RMNCH+A programming. Overall, from an equity perspective, it may also be important to target specific population groups and blocks that may be experiencing the greatest need and may be the most vulnerable to poor outcomes due to social factors.

(Amit Kumar Ghosh)
Mission Director
National Health Mission
Government of Uttar Pradesh

DR. VIJAY LAXMI
DIRECTOR GENERAL

DIRECTORATE OF MEDICAL & HEALTH
LUCKNOW

MESSAGE

This report on the key findings from the Community Based Behaviour Tracking Survey (CBTS), designed and implemented by the Uttar Pradesh Technical Support Unit (UP TSU) provides important information on the current status of several of the RMNCH+A indicators at the block level, for the 100 TSU blocks of 25 high priority districts (HPDs) of the state. While the state has made progress in many of these coverage and behavioural indicators, these indicators continue to be lower than the state average in the 25 HPDs. Concerted efforts are needed to improve the delivery of RMNCH+A services, the skills and capabilities of our FLWs and care providers, and to improve the availability of essential drugs, equipment and supplies in public health facilities.

I urge the district and block health officials of these 100 TSU Blocks to use this data to improve the health outcomes by equally focussing on the community health workers, facility improvements and systems for data, supplies etc.

My sincere thanks to UP TSU for making this data available for further planning and implementation of key RMNCH+A strategies.

Director General (Medical Health)
Government of Uttar Pradesh

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Executive Summary

The Uttar Pradesh Technical Support Unit (UP TSU) designed a periodic rolling short sample survey, the Community Behaviour Tracking Survey (CBTS), to meet the data requirements for evidence-based program planning including review at sub-district levels which are not currently being provided by other household surveys. The UP TSU implemented the 1st round of the CBTS in 100 Blocks of the 25 High Priority Districts (HPDs) and will facilitate the use of this data for program management, tracking outcomes, validating HMIS/MCTS and affecting mid-course corrections in strategies/service delivery mechanisms. The following summary provides an overview of the CBTS data collection which was completed in February 2015.

The CBTS includes five demographic groups that are relevant for RMNCH+A (Reproductive, Maternal, Newborn, Child, and Adolescent health) programming: (1) women delivered in the past 2 months; (2) mothers with children age 3-5 months; (3) mothers with children age 6-11 months; (4) mothers with children age 12-23 months; and (5) adolescent girls age 13-19 years. Sample sizes and the survey questionnaires varied across survey groups. The number of eligible respondents interviewed is outlined by survey group in Table 1.

Table 1. Respondents Interviewed and Response Rate

Results	Group 1	Group 2	Group 3	Group 4	Group 5
# of eligible respondents interviewed	57,778	44,196	49,722	52,110	52,375
Response Rate (%)	80	76	77	77	99

Maternal and Newborn Health: Only 4% of the women who delivered in the past 2 months received all three components of recommended antenatal care (ANC) (3 or more ANC check-ups, 2 TT injections, and 100 IFA tablets). While most (71%) pregnant women received 2 TT injections, only 13% received 3 or more ANC check-ups. As well, the ANC check-ups often did not include critical elements for detecting high risk pregnancies. For example, 37% of recently delivered mothers had an ANC check-up in their 3rd trimester of pregnancy, but only 24% had their blood pressure assessed and 26% had their haemoglobin level checked. Clearly the platforms exist for administering antenatal immunizations (TT) and these can be leveraged to improve the other components of ANC.

Increasing institutional delivery rates is a priority for the state. Women contacted by an ASHA during pregnancy were more likely to plan facility deliveries, and a greater proportion of women who planned to deliver in a facility had an institutional delivery. Yet only 57% of the mothers delivered in the past 2 months reported that an ASHA visited them at home during pregnancy. It may be important for the TSU Community Resource Persons (CRPs) to focus greater attention on strengthening the quantity and quality of ASHA visits in order to influence institutional delivery rates in the focus blocks. Sixty-three percent of the women who delivered had an institutional delivery (52% in government facilities and 11% in private facilities) while 37% reported home deliveries.

Postnatal and newborn care is poor regardless of setting. Only 37% reported that an ASHA visited them at home within 24 hours of delivery or discharge from facility. The neonatal mortality rate estimated in the 100 TSU focus blocks was 29.9 per 1,000 live births (95% CI: 28.4 - 31.5). Improvements in postnatal care provide an incredible opportunity to decrease childhood mortality as more than 50% of child deaths occur in the first month of life (SRS, 2013).

Infant and Young Child Feeding Practices: Of mothers delivered in the past 2 months only 22% initiated

breastfeeding within 1 hour of birth. When women with children age 3-5 months were asked if the child was given anything other than breastmilk in the past 24 hours, 53% responded in the negative. Only 16% of the children age 6-11months were both breastfed and were given complementary feedings in a separate bowl/plate. Promotion of exclusive breastfeeding and the timely introduction of complementary feeding are critical to prevent acute and chronic malnutrition in children. Opportunities to address these gaps through Village Health and Nutrition Days (VHNDs) and strengthening quality and coverage of ASHA home visits throughout the first 2 years of life should be assessed and programs implemented.

Childhood Immunization: Overall, 54% of the children age 12-23 months were fully immunized (BCG, 3 doses of DPT and measles vaccine) and 12 % had not received any primary vaccines. Only 4 TSU focus blocks had achieved a full immunization rate of ≥80% among children age 12-23 months, and for 20 blocks, the full immunization rate was <40%.

Childhood Pneumonia and Diarrhoea Treatment: During the last episode of diarrhoea for children aged 0 to 23 months, a third received oral rehydration solution (ORS), 19% received zinc, and only 10% received both zinc and ORS. Overall, 73% of children aged 0-23 months were treated with an antibiotic when they last had symptoms of pneumonia (all of difficulty breathing or chest in-drawing, cough and fever).

Family Planning: The prevalence of modern contraceptive use among women interviewed was 14% (0.3% IUCD, 1% female sterilization and 12% other methods). Unmet need for spacing (wanting another child after 3 years) was 19% and unmet need for limiting (do not want additional children) was 28%. In 25 TSU focus blocks, the proportion with unmet need for family planning (spacing and limiting) was over 60%. Counselling for family planning was poor with only 15% of women delivered in the last 2 months and 20% of women with children age 3-5 months reporting having received any counselling or advice on family planning during their pregnancy. There is incredible opportunity to improve supply of modern methods of family planning in order to reduce the unmet need for family planning.

Adolescent Health: Currently 55% of adolescent girls (13-19 years) attend school, college, or university. The coverage for the Government of India's *Weekly Iron Folic Supplementation* (WIFS) programme is very low, with <3% of adolescent girls having received weekly IFA tablets in the month prior. Only 3% of adolescent girls reported that they had bought sanitary napkins from ASHA/AWW/ANM in the 6 month period. Of the women who had delivered in the past 2 months 3 % were age 15-19 years and of these, 38% had an unmet need for family planning (limiting and spacing). This highlights the need to ensure that planning for adolescent girls is incorporated into all aspects of RMNCH+A programming.

Implications and Recommendations: The 1st round of the CBTS affirms the importance of strengthening the quality and quantity of frontline worker interactions (ASHA, AWWs, ANMs) related to RMNCH+A. At the facility level, beyond encouraging women to stay for 48 hours postpartum, it is important to strengthen the specific health promotion interactions in that period between ANMs / SNs and women and their families related to family planning, breastfeeding, complementary feedings, and immunizations. Overall, from an equity perspective, it may also be important to target specific population groups and blocks that may be experiencing the greatest need and may be the most vulnerable to poor outcomes due to social and supply factors.

The Uttar Pradesh Technical Support Unit

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INTRODUCTION

Background

Concurrent monitoring systems, that are independent of the routine data collected by the service providers, are required to validate the routine data systems as well as to provide population-based indicators for reviewing program gaps and to take corrective actions. The Uttar Pradesh Technical Support Unit (UP TSU), the details of which is provided in Annexure A, has established periodic rolling short sample surveys, called the Community Behaviour Tracking Survey (CBTS) to support the Government of Uttar Pradesh (GoUP), to provide concurrent monitoring data. The CBTS is designed to meet the data requirements for evidence-based program planning and review at sub-district levels that are not being provided by the national surveys. They are meant to be short, focused, and semi-annual. The UP TSU implements them in the 100 Blocks of the 25 HPDs in the state for three years and will facilitate the use of this data in program management, tracking outcomes, validating HMIS/MCTS and affecting mid-course corrections in strategies/service delivery mechanisms.

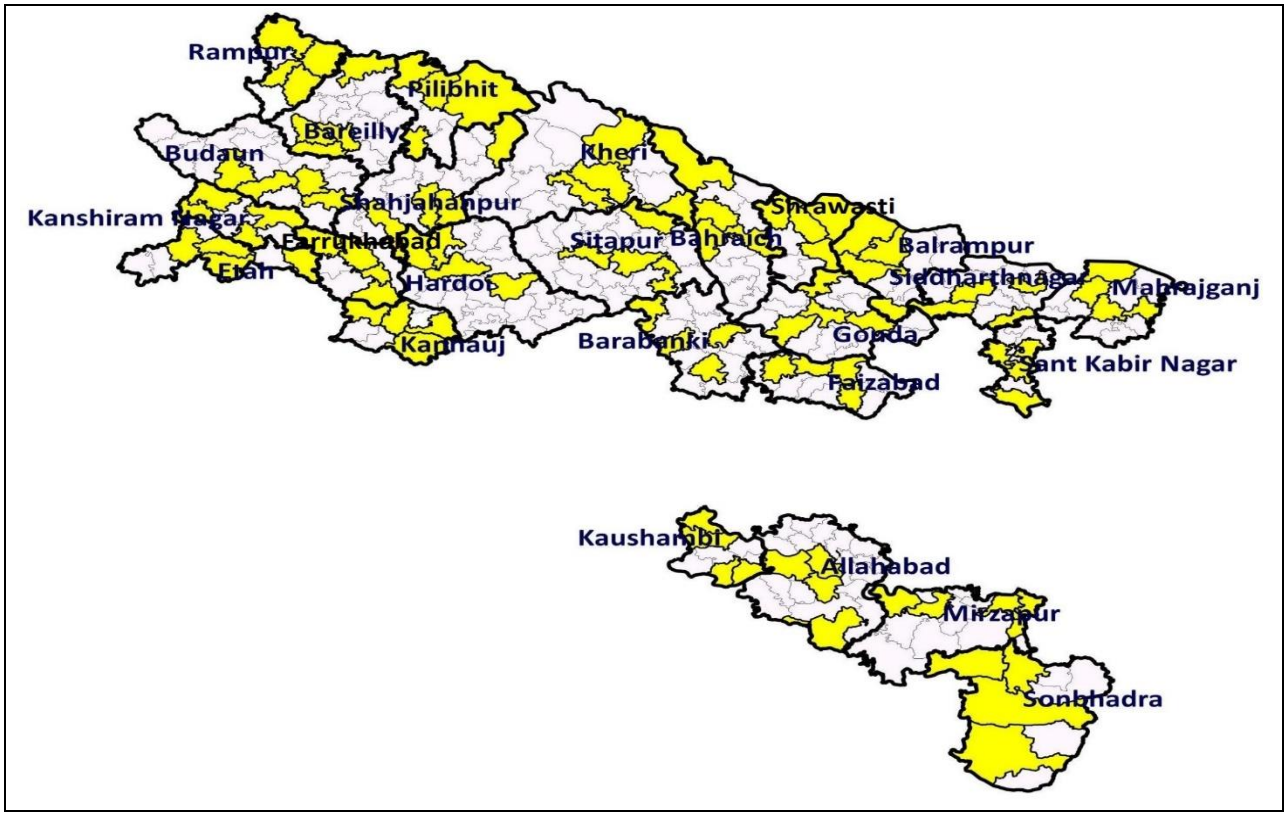
Survey groups

In order to obtain more recent information as well as to avoid recall bias, the CBTS includes five demographic groups that are relevant for the RMNCH+A indicators measurement:

Group 1: women delivered in the past 2 months
Group 2: mothers with children age 3-5 months
Group 3: mothers with children age 6-11 months
Group 4: mothers with children age 12-23 months and
Group 5: girls age 13-19 years.

Sample sizes and the survey questionnaires varied across survey groups such that we get precise measurement of indicators relevant for each group. In order to facilitate the availability of data in real-time, smart mobile phones were used for asking the questions and recording the responses instead of paper-based questionnaires. The field data collection was carried out by 30 teams placed in five zones. Each team consisted of 6 field researchers supported by 1 field supervisor. The data collection teams were trained for 10 days, including 3 days of field practice. The fieldwork was completed in 9 months from April 2014 to February 2015. Since most of the data collection was completed in 2014, the reference period for this first round of CBTS is denoted in this report as 2014. The CBTS design is detailed out in Annexure B and the survey questionnaires are available in Annexure C. The 100 Blocks where the CBTS was implemented are as per Map 1.

Map 1: The 100 TSU focus Blocks in 25 high priority districts of Uttar Pradesh



Sample coverage

The details of sample coverage are given in Table 1. Of the 19,071 ASHA areas listed in the 100 Blocks, 11,664 or 61% were randomly sampled for the survey Group 1. Two-thirds (67%) of the 11,664 ASHA areas originally sampled for Group 1 were also randomly selected for Group 2. Similarly, 42% and 24% of the ASHA areas selected for Group 1 were also selected for Group 3 and Group 4, respectively. A total of over 2.3 million households were covered with an average of 201 households per ASHA area. Size of the selected ASHA areas ranged from 10 households to 1684 households. In Group 1, interviews were completed with 57,788 women out of 72,054 recently delivered women identified, with a response rate of 80%. Most of the non-response in this Group was because an identified eligible woman was not available at home for interviews, 35% of those who could not be interviewed had not returned from the facility or the mothers' home after delivery and another 32% had returned after delivery but were temporarily not available at home when

Table 1. Sample coverage, CBTS, 2014

Results	Group 1 Women delivered in the past 2 months	Group 2 Mother with children 3-5 months	Group 3 Mother with children 6-11 months	Group 4 Mother with children 12-23 months
# of ASHA areas selected	11664	7791	4933	2829
# of households listed	2332389	1630367	997292	558176
# of eligible women identified	72054	58411	64952	67888
# of eligible women interviewed	57788	44196	49722	52110
Response rate (%)	80	76	77	77
Mean # of eligible women identified per ASHA area	6	7	13	24

the field researcher visited. Other reasons for non-response included child's age being out of range and mobile application related issues. There were no refusals to participate in the survey. The response rate for other groups remained almost the same at 77%. The major reasons for non-response in these groups included the mother's non-availability at home at the time of the survey visit and the child's age being out of range.

One of the reasons for non-response in Group 1 was that the mother had died after the delivery. A total of 127 women who had delivered in the past 2 months were reported to have died after delivery.

The average number of mothers identified per ASHA area for various survey groups varied from 6 to 24. The sample of adolescent girls were from a total of 2539 ASHA areas (22% of the originally selected 11,664 ASHA areas), where a total of 53,319 were identified. The response rate was 99%.

Respondent profile

Table 2 provides the percentage distribution of respondents in different survey groups according to selected background characteristics. The background characteristics of the adolescent girls covered in the survey are presented later under adolescent health.

Nearly 40% of the women delivered in the past 2 months were under age 25 and this proportion was much lower at 30% for women with children age 12-23 months. Only 3% of the women delivered in the past 2 months were under age 20 years. The average age of the respondents was almost the same at 26 years in all the five survey groups. A large majority (around 80%) of the respondents were Hindu. Little over a quarter (27%) of the respondents belonged to scheduled castes (SC) and tribes (ST), with a large proportion (47%) belonging to other backward castes (OBCs). The religious and caste composition of the samples do not vary much across the survey groups.

Table 2. % distribution of respondents by selected background characteristics, CBTS, 2014

Characteristics	Mothers delivered in the past 2 months	Mothers with children 3-5 months	Mothers with children 6-11 months	Mothers with children 12-23 months
Age (years)				
<20	2.5	1.7	1.3	0.8
20-24	37.1	35.4	33.2	29.0
25-29	40.6	43.7	44.3	46.4
30-34	14.0	13.8	14.8	16.6
35+	5.9	5.3	6.4	7.3
Mean	25.8	26.0	26.3	26.7
Median	25.0	25.0	26.0	26.0
Residence				
Usual resident	89.6	89.2	91.1	92.6
Visitor	10.4	10.8	8.9	7.4
Religion				
Hindu	81.4	80.1	80.2	80.9
Non-Hindu	18.6	19.9	19.8	19.1
Caste/Tribe				
SC/ST	27.5	27.0	26.6	26.9
OBC	46.4	46.9	46.7	46.5
Other	26.1	26.1	26.7	26.6
Literacy				
Literate	42.2	40.1	39.8	39.4
Illiterate	57.8	59.9	60.2	60.6
BPL Card				
Yes	21.7	21.0	20.1	19.6
No	78.3	79.0	79.9	80.4
SHG member				
Yes	1.1	1.2	1.0	1.1
No	98.9	98.9	99.0	98.9
Number	**57788**	**44196**	**49722**	**52110**

Overall, 58%-61% of the respondents were illiterate and about a fifth had a BPL (below poverty line) card. Only about 1% of the respondents, across the survey groups, reported membership in any self help group (SHG).

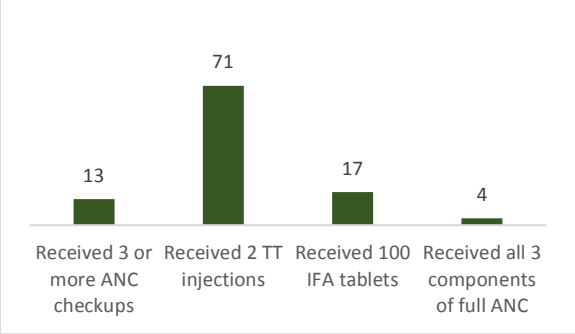
MATERNAL AND NEWBORN HEALTH

In this section, the CBTS results on the coverage and utilization of critical maternal and newborn health services for the women who delivered in the 2 months prior to the survey are presented.

Antenatal care

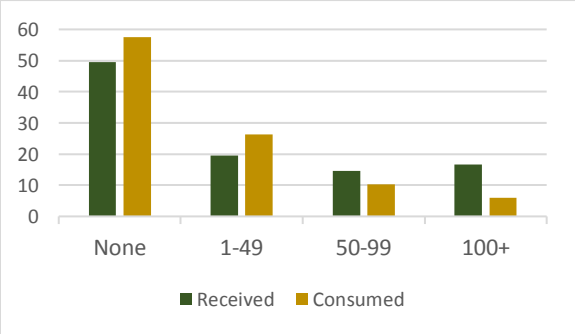
GoI (Government of India) recommends that every pregnant woman receive at least 3 antenatal check-ups, 2 tetanus toxoid (TT) injections and 100 iron and folic acid (IFA) tablets. In the 100 TSU focus Blocks of Uttar Pradesh, only 4% of the women who had delivered in the past 2 months received the above three elements that constitute full antenatal care (ANC) (Figure 1).

Figure 1: % of women who delivered in the past 2 months who received specific ANC services, CBTS, 2014



While most (71%) pregnant women received 2 TT injections, the coverage for the other two components of full ANC was very poor, suggesting a missed opportunity. There is a greater need to integrate the critical ANC services with the routine immunization sessions at the village level. The consumption of 100 IFA tablets was poorer – only 6% of the recently delivered mothers reported having consumed 100 IFA tablets, although 17% said they received them (Figure 2).

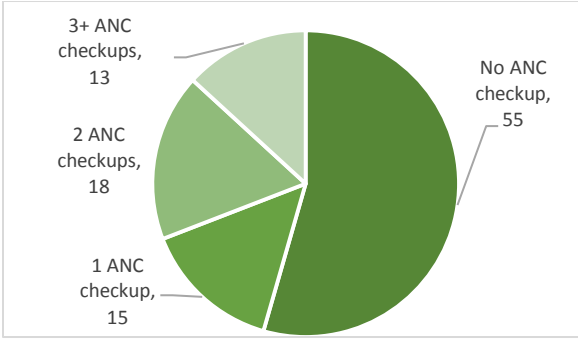
Figure 2: % of women who delivered in the past 2 months according to the number of IFA tablets received and consumed during pregnancy, CBTS, 2014



The ANC check-ups are critical in screening the women for high risk pregnancies. It is recommended that each ANC check-up should include, at minimum, blood pressure and haemoglobin measurement. While 37% of the recently delivered mothers had an antenatal check-up in their third trimester of pregnancy, 24% and 26% respectively had their BP and haemoglobin levels checked.

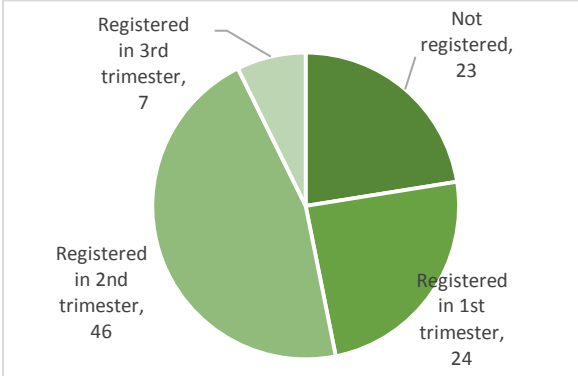
Most (55%) recently delivered mothers did not receive any antenatal check-up (Figure 3).

Figure 3: % distribution of women who delivered in the past 2 months according to the number of ANC check-ups either in a facility or VHND, CBTS, 2014



Pregnancy registration within the first trimester was very low at 24%, even though more than three-fourths (77%) of the pregnancies were registered (Figure 4).

Figure 4: % distribution of women who delivered in the past 2 months according to the trimester in which their pregnancy was registered, CBTS, 2014



There are substantial Block variations in the antenatal care coverage (Table 3): 20% and 40% of the TSU focus Blocks have achieved 80% coverage threshold for 2 TT injections and pregnancy registrations, respectively. In comparison, the coverage for 3 or more antenatal care check-ups, 100 IFA tablets and registration in the first trimester is less than 40% in almost all the Blocks.

Table 3: Distribution of 100 Blocks according to the percentage of women who delivered in the past 2 months who received specific ANC services, CBTS, 2014

ANC service	<40%	40-59%	60-79%	80+%
% received any ANC check-up	34	53	13	0
% received 2 TT injections	0	14	66	20
% received 3 ANC check-ups	100	0	0	0
% received 100 IFA tablets	94	6	0	0
% registered	0	2	53	45
% registered in first trimester	99	1	0	0

Literacy seems to be a critical factor for greater coverage of critical ANC services (Table 4). For instance, the literate women are twice as likely to receive 3 or more ANC check-ups than the illiterate (18% versus 9%).

Membership in a local self help group is also likely to increase the coverage for IFA tablets and early registration. None of the other demographic and background characteristics seem to be significantly associated with the coverage for critical ANC services.

ASHA interactions during pregnancy

Only 57% of the mothers delivered in the past 2 months reported that any ASHA had visited them at home during pregnancy, with an average of 1.8 visits per pregnant woman, including an average of 1 visit during the last trimester.

Birth planning

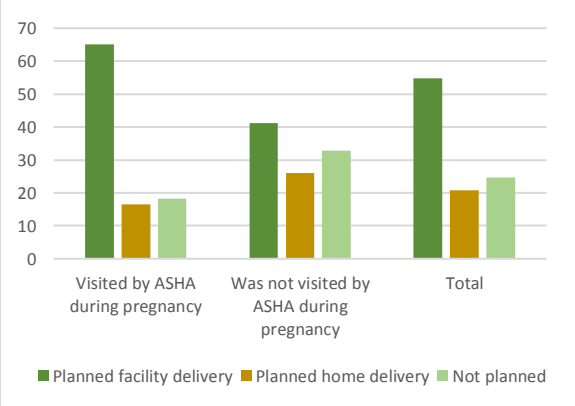
Overall only 55% of the women delivered in the past 2 months had plans to deliver in a health facility, 21% had planned to deliver at home

Table 4: % of women who delivered in the past 2 months who received specific ANC services according to selected background characteristics, CBTS, 2014

Characteristics	% had 3+ ANC	% received 100 IFA tablets	% registered in 1st trimester	N
Age				
<20 years	11.5	11.8	25.9	1420
20-24 years	15.9	18.0	27.4	21433
25-29 years	12.4	16.9	24.2	23450
30-34 years	10.4	14.9	20.1	8080
35+ years	8.1	10.8	16.4	3405
Residential status				
Usual resident	12.8	16.5	24.2	51798
Visitor	16.7	16.9	26.0	5990
Religion				
Hindu	12.8	17.3	24.8	47052
Non-Hindu	14.8	13.2	22.8	10736
Caste/Tribe				
SC/ST	10.1	15.0	23.7	15867
OBC	12.8	17.2	24.6	26813
Other	16.9	16.9	24.9	15108
Literacy				
Illiterate	9.4	14.0	21.3	33395
Literate	18.3	20.1	28.6	24393
Has BPL Card				
Yes	13.8	16.6	25.8	12555
No	13.0	16.5	24.0	45233
SHG membership				
Yes	12.2	20.3	27.4	650
No	13.2	16.5	24.4	57138
Total	**13.2**	**16.5**	**24.4**	**57788**

and the remaining one-fourth did not plan the place of delivery (Figure 5). The women who were contacted by an ASHA during pregnancy were more likely to plan facility deliveries than those who were not contacted by her (65% compared with 40%).

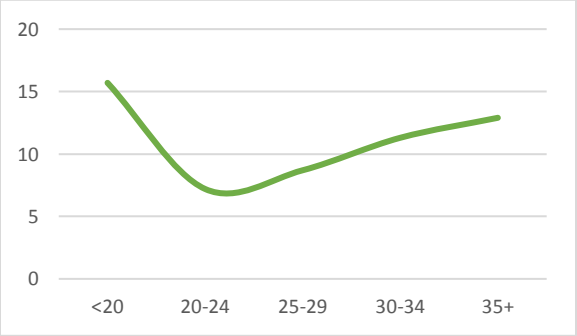
Figure 5: % distribution of women who delivered in the past 2 months according to where they planned to deliver and whether they were contacted by the ASHA during pregnancy, CBTS, 2014



Abortion

Overall, 9% of the women interviewed reported that their pregnancy resulted in an abortion during the 2 months prior to survey. The survey did not collect information on if the abortion was spontaneous or induced, and the pregnancy month in which abortion occurred. Women under age 20 years and women age 35+ years are more likely to have experienced abortion in the past 2 months (Figure 6).

Figure 6: % of women who experienced a spontaneous or induced abortion in the past 2 months, CBTS, 2014

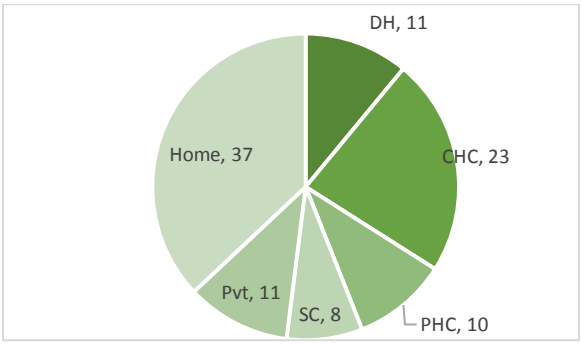


The proportion of women who had experienced an abortion was 15% or greater in 8 of the 100 Blocks: Kaneli in Kaushambi (15%), Paraspur in Gonda (16%), Baheri in Bareilly (16%), Barhapur in Farukkabad (17%), Milak in Rampur (20%), and 3 Blocks in Allahabad district – Chaka (23%), Karchana (25%), and Kotawan (29%). The proportion of women who experienced abortion was <5% in 20 Blocks, 5-9% in 47 Blocks and 10-14% in 25 Blocks.

Delivery care

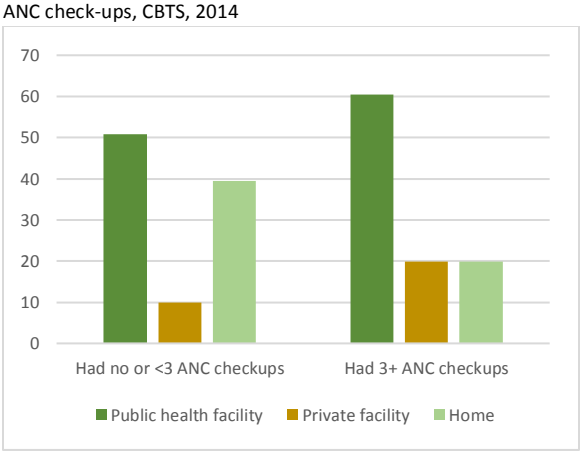
Of the 52,615 women whose pregnancy resulted in a delivery, 63% had an institutional delivery (52% in government facilities and 11% in private facilities) and the remaining 37% a home delivery (Figure 7). Nearly a fourth (23%) of the deliveries occurred in Community Health Centres (CHCs), with almost an equal proportion at the District Hospitals (DH, 11%), Primary Health Centres (PHC, 10%) and sub centres including other public facilities (SC, 8%).

Figure 7: % distribution of women who delivered in the past 2 months according to place of delivery, CBTS, 2014



The women who had 3 or more ANC check-ups, either in a facility or VHND, were more likely to deliver in a facility than the others (Figure 8).

Figure 8: % distribution of women who delivered in the past 2 months according to place of delivery and whether they had 3+ ANC check-ups, CBTS, 2014



Similarly, the mothers not visited by an ASHA during pregnancy were more likely to have a home delivery than the others (Figure 9).

A greater proportion (87%) of those who had a plan to deliver in a facility had an institutional delivery than those who had a plan to deliver at home (12%) or did not have any birth planning (51%) (Figure 10).

Literacy and membership in SHGs have the greatest impact on institutional deliveries (Table 5). While nearly three-fourths of literate women (74%) had an institutional delivery, this proportion was little over half (55%) among the illiterate women. There was an 8 percentage point difference in the institutional delivery

Figure 9: % distribution of women who delivered in the past 2 months according to place of delivery and whether were visited by ASHA during pregnancy, CBTS, 2014

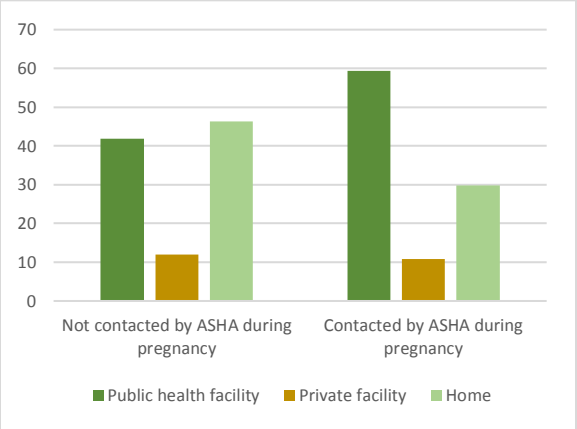
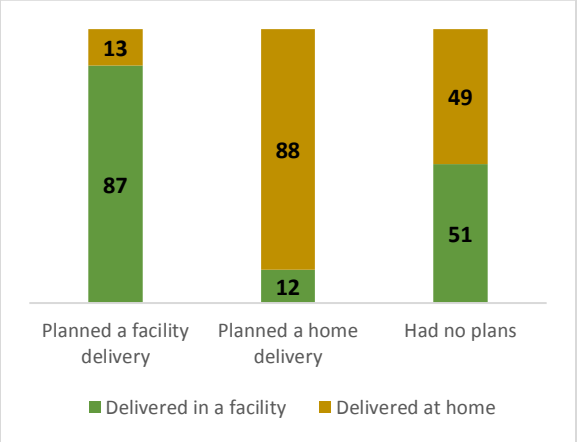


Figure 10: % distribution of women who delivered in the past 2 months according to place of delivery and where they had planned to deliver, CBTS, 2014



rates between the members and non-members of an SHG (71% and 63%, respectively). The older women were more likely to deliver at home than the younger: 30% for women age 20-24 compared with 43-49% among women age 30 and above.

The proportion institutional deliveries is greater among Hindus than non-Hindus (64% versus 59%), among those who did not belong to either SC, ST or OBC than the SC/ST/OBC (66% versus 61%), and visitors than usual residents (69% versus 63%). Interestingly, there was no difference in the institutional delivery by BPL card except that those who did not have a BPL card were somewhat more likely to deliver in a private facility.

Table 5: % distribution of women who delivered in the past 2 months according to place of delivery and selected background characteristics, CBTS, 2014

Characteristics	Public health facility	Private facility	Home	N
Age (years)				
<20	51.7	14.5	33.8	1197
20-24	56.3	13.4	30.3	19882
25-29	50.9	10.5	38.6	21400
30-34	47.9	8.8	43.3	7171
35+	43.8	7.2	49.0	2965
Residence status				
Usual resident	51.9	10.8	37.2	46811
Visitor	53.8	14.8	31.3	5804
Religion				
Hindu	53.5	10.8	35.7	42720
Non-Hindu	46.3	13.2	40.5	9895
Caste/Tribe				
SC/ST	53.3	7.9	38.8	14550
OBC	52.3	11.2	36.6	24579
Other	50.6	15.2	34.2	13486
Literacy				
Literate	58.2	16.0	25.9	22301
Illiterate	47.7	7.8	44.5	30314
Has BPL Card				
Yes	55.4	9.2	35.4	11597
No	51.2	11.9	36.9	41018
SHG membership				
Yes	59.4	11.8	28.9	544
No	52.1	11.3	36.7	52071
Total	**52.2**	**11.3**	**36.6**	**52615**

The proportion delivered in a private facility was twice as high among the literate women as it was among the illiterate (16% compared with 8%).

Of the 100 TSU focus Blocks, only 7 had achieved an institutional delivery rate of 80% and above, and another 7 had very low institutional delivery rates of <40% (Figure 11).

The latter 7 Blocks with the lowest institutional delivery rates include Tulsipur of Balrampur district (34%), Khuniyaon of Sidharth Nagar district (35%), Dadrol and Bhawal Khera of Shahajahanpur district (36% and 35%, respectively), Jamunuha of Shrawasti district (38%), Bhamora of Bareilly district (36%), and Chopan of Sonbhadra district (32%) (Map 2). Interestingly, 3 of the 7 Blocks with >80% of institutional delivery rate are in Faizabad district (Sohwal – 89%, Masauda – 87% and Bikapur –

Map 2: The 100 TSU Blocks in 25 high priority districts of Uttar Pradesh, according to institutional delivery rate for the deliveries in the 2 months prior to survey, CBTS, 2014

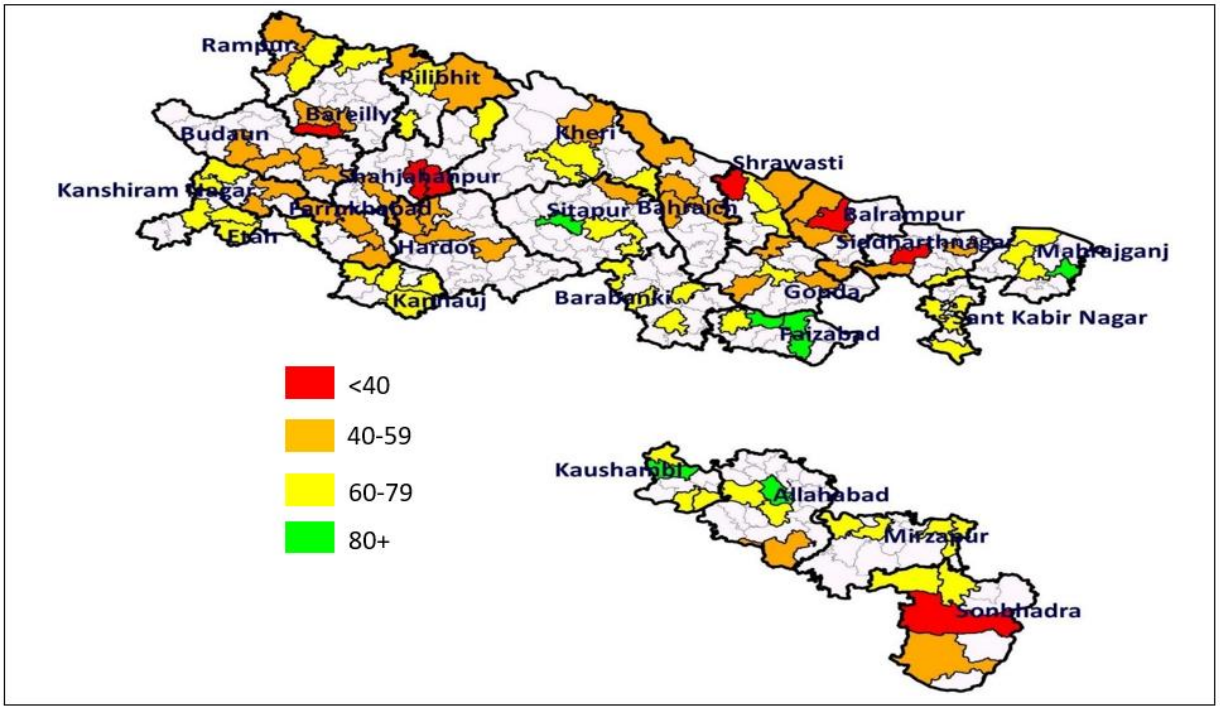
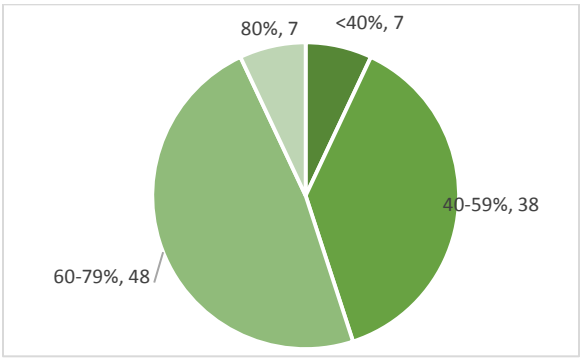


Figure 11: Distribution of the 100 Blocks according to the proportion of institutional deliveries, CBTS, 2014



93%). The other 4 such Blocks include Kairabad of Sitapur district (81%), Siswa of Maharajganj district (82%), Kotawan of Allahabad district (81%), and Siratu of Kaushambi district (81%).The two sets of Blocks (those with 80% or more institutional delivery – the "high" category Blocks and those with <40% institutional delivery – the "low" category Blocks) differ substantially in the composition of the recently delivered women (Table 6). Literacy is the greatest discriminating factor between the two categories of Blocks: the literacy rate among the recently delivered women in "high" category Blocks being substantially higher than the literacy rate among those in "low" category Blocks (57% compared with 29%). Although the SHG membership overall was very low, the recently delivered mothers in "high" category Blocks were twice as likely to be members of SHGs as those in "low" category Blocks.

Similarly, the recently delivered mothers in the Blocks where institutional delivery rate is high were more likely to have received three or more ANC check-ups either in a facility or at a VHND, were more likely to have received home visit by an ASHA and were more likely to have planned an institutional delivery (Figure 12).

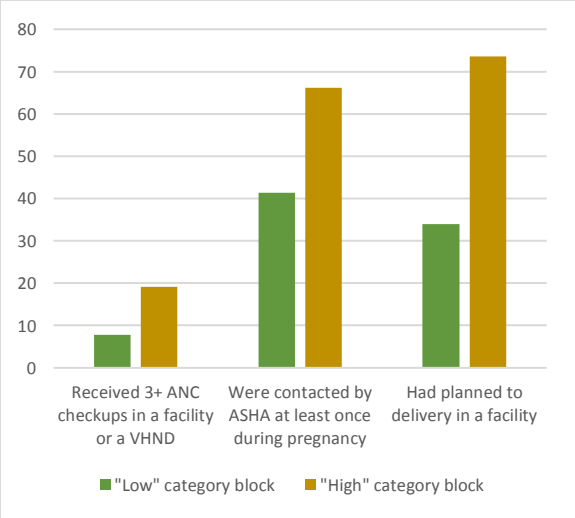
Overall, 2% of the deliveries in the 2 month-period prior to the survey resulted in still births and 5% had a C-section. Still births were reported more by mothers who delivered in a private facility (4%) compared to those who

delivered in a public health facility or at home (2% each).

Table 6: % distribution of women who delivered in the past 2 months in the Blocks with "low" and "high" institutional deliveries, according to selected background characteristics, CBTS, 2014

Characteristics	"Low" category Blocks	"High" category Blocks
Age		
<20 years	2.1	1.5
20-24 years	33.7	40.6
25-29 years	40.4	41.9
30-34 years	16.5	12.1
35+ years	7.4	3.9
Mean	26.3	25.5
Residence status		
Usual resident	91.9	87.2
Visitor	8.1	12.8
Religion		
Hindu	78.7	87.7
Non-Hindu	21.3	12.3
Caste/Tribe		
SC/ST	25.1	32.7
OBC	53.4	43.4
Other	21.6	23.9
Literacy		
Literate	28.7	56.8
Illiterate	71.3	43.2
Has BPL Card		
Yes	20.0	25.9
No	80.0	74.1
SHG membership		
Yes	0.9	1.8
No	99.1	98.2
Number	**3857**	**4365**

Figure 12: % of women who delivered in the past 2 months in the "low" and "high" categories of Blocks who received specific ANC services, CBTS, 2014



The C-section rate was about 5 times more among those delivered in a private facility than those delivered in a public health facility (25% compared with 5%).

After describing each complication, women in the survey were asked if they had experienced any specific complications during delivery. Overall, 44% of the recently delivered mothers reported any of the 10 problems described (Table 7), and this proportion was the highest (58%) among those who delivered in a private facility and the least (38%) among those who had a home delivery. However, we do not know if the reason women delivered in a facility was because of the complication. It may be noted here that these are self-reported problems and to that extent are clinically not verified.

Table 7: % of women who delivered in the past 2 months who had specific problems during delivery, according to place of delivery, CBTS, 2014

Problem	Public health facility	Private facility	Home	Total
Premature labour	13.4	17.5	11.8	13.3
Preterm/premature rupture of membrane	10.2	15.1	7.5	9.7
Excessive bleeding before delivery	4.4	7.4	3.1	4.2
Prolonged labour (>12 hours)	18.0	25.9	13.6	17.3
Obstructed labour	27.1	31.4	22.0	25.7
Breech/ mal presentation	5.3	15.5	3.2	5.7
Excessive bleeding immediately after delivery	5.5	5.5	4.8	5.3
Convulsions	7.0	9.6	6.7	7.2
High BP	4.4	6.3	3.3	4.2
Sepsis/Fever	11.1	11.1	11.5	11.3
Any	**44.4**	**58.3**	**37.6**	**43.5**
Number	**27437**	**5936**	**19242**	**52615**

The most commonly reported problem was obstructed labour (26%), followed by prolonged labour for over 12 hours (17%), premature labour (13%) and sepsis or fever (11%). In addition, the women who delivered in a private facility reported relatively more frequently the problems of preterm/premature rupture of membrane (15%), and breech/mal presentation (16%). We do not know if these women had

experienced these problems before they ended up in a private facility for delivery, as this data was not collected in the survey.

Birth registration

In the CBTS, all recently delivered mothers were asked if their child's birth was registered with the civil registration system and the results are presented in Figure 13. Overall, 59% reported that their child's birth was registered with the civil registration system and this proportion ranged from 46% for those born in the past 2 months to 64% among children age 6-23 months.

Postnatal and new-born care

Overall, only 24% of the recently delivered mothers reported that the child was given skin to skin contact (Kangaroo mother care), and this proportion was 27% among those delivered in public health facilities, and 20% each among those delivered in a private facility or at home.

Postnatal care in facilities appeared to be poor as only 12% of the recently delivered mothers who did not have C-section stayed at the facility for at least 48 hours: 11% in public health facilities and 13% in private facilities.

Post-natal home visits by ASHAs

Post-natal care (PNC) at home too appeared to be poor as only 37% of the recently delivered mothers reported that an ASHA had visited them at home within 24 hours after delivery or within 24 hours after returning from facility in case of institutional delivery (Figure 14). This proportion increased to over 70% when the child was about 2 months old.

The proportion of recently delivered mothers receiving a PNC home visit by an ASHA within 24 hours was poor at less than 40% in 60 of the 100 Blocks, and the proportion was between 40% and 60% in the remaining 40 Blocks.

Figure 13: % of recently delivered women who reported that their child's birth was registered with the civil registration system, CBTS, 2014

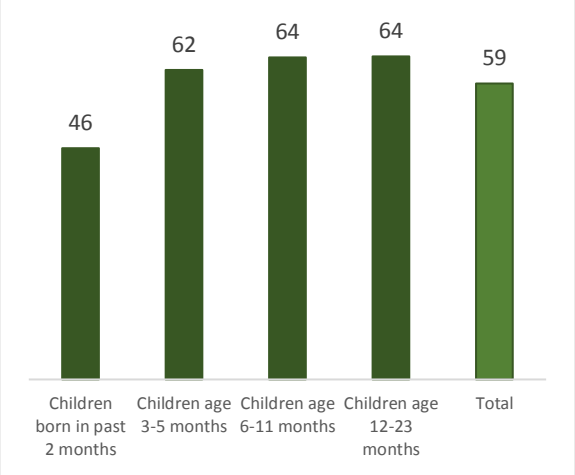
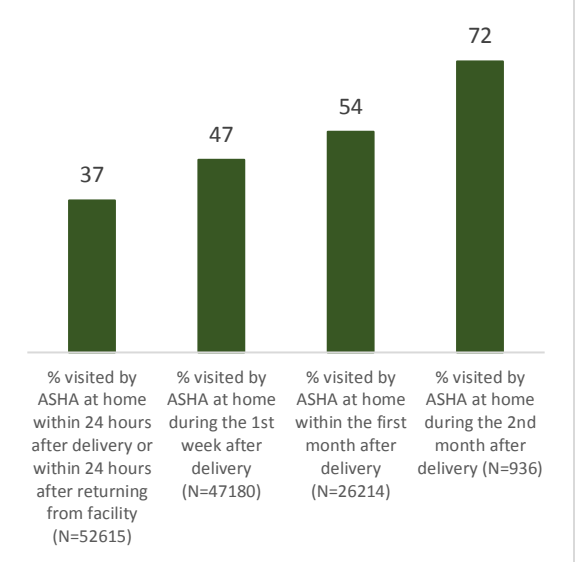


Figure 14: % of women who delivered in the past 2 months who received home visits by the ASHA during the postnatal period, CBTS, 2014



New-born care at home

Only 41% of the recently delivered mothers reported that they did not apply anything to the cord stump of the child, and this proportion does not differ much between those who were visited by an ASHA at home during the postnatal period or not.

Overall, 61% of mothers had not bathed the newborn within the first 3 days of birth. This proportion was greater among those visited at

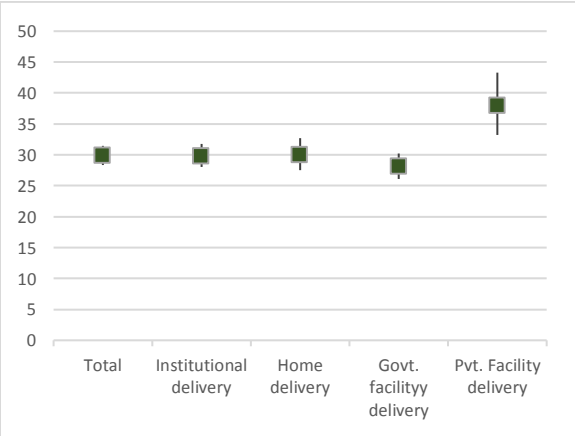
home by an ASHA within 24 hours of birth than those who were not (68% versus 57%).

Neonatal mortality

Based on a survival analysis of births during the two months prior to the survey, the neonatal mortality (death during the first 28 days of life) in the 100 TSU focus Blocks was estimated to be 29.9 per 1,000 live births (95% CI: 28.4-31.5) (Figure 15). These estimates are based on a total of 51,421 live births in the 2 months preceding the survey, and a total of 1535 deaths.

The CBTS seems to have under-estimated the neonatal mortality rate, when compared with the state level estimates from either the 2012-13 Annual Health Survey (49 neonatal deaths per 1,000 live births) or from the 2013 Sample Registration System (35 neonatal deaths per 1,000 live births). Considering that the CBTS does not seem to have missed the women who had delivered in the past 2 months (an average of 6 per ASHA area), the estimates from this survey probably reflects the estimates for the more recent periods (2 months prior to the survey) compared to either the AHS (for the three year period preceding the survey) or the SRS (12 months period prior to the survey).

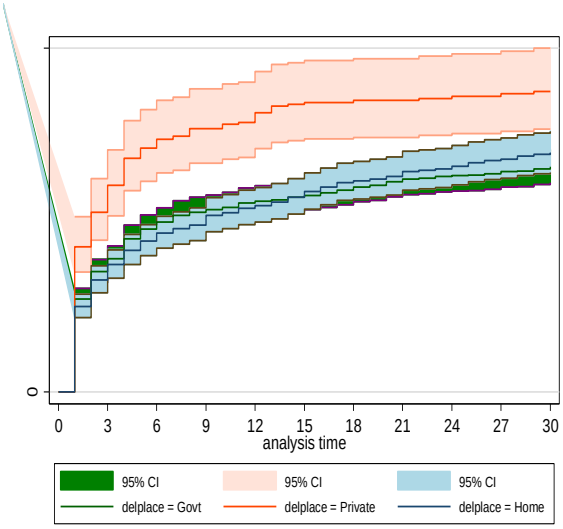
Figure 15: Estimates of neonatal mortality among live births during the two months prior to survey, by place of delivery, CBTS, 2014



Neonatal mortality for the past 2 months was the same among those delivered in a health facility (29.8, 95% CI: 28.0-31.8) and among those delivered at home (30.0, 95% CI: 27.5-32.7). However, the estimated neonatal mortality was significantly lower among deliveries in government health facilities (28.1, 95% CI: 26.1-30.2) than among deliveries in private health facilities (37.9, 95% CI: 33.2-43.3).

The Kaplan-Meier failure estimates, which are used here to measure the proportions of children dying after a certain amount of time after birth, plotted in Figure 16, separately for each place of delivery, suggest that the chances of dying on each day, including the day of birth, is significantly greater among the children delivered in a private facility than those in a government health facility or at home.

Figure 16: Kaplan-Meier failure estimates among live births during the two months prior to survey, by place of delivery, CBTS, 2014



The neonatal mortality estimate is significantly greater among children whose mothers reported any delivery complication (38.2 per 1000 live births), whose mothers were not visited by an ASHA at home within 24 hours after delivery or after returning from the facility (33.2 per 1000 live births) (Table 8).

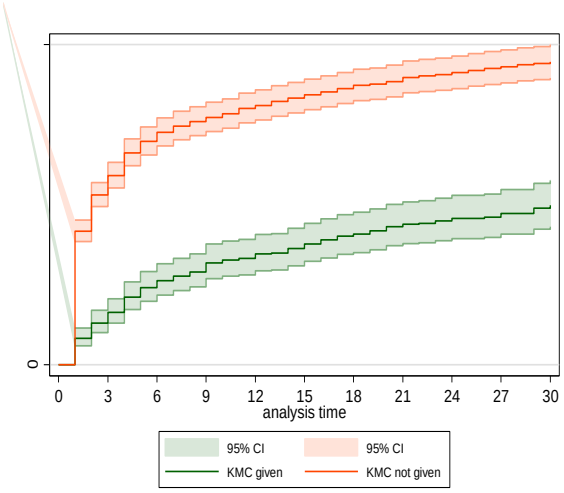
Table 8: Estimated neonatal mortality rates among live births in the past 2 months according to selected background characteristics, CBTS, 2014

Characteristics	Neonatal mortality	95% confidence interval	
		Low	High
Delivery complications			
Any	37.7	35.1	40.4
None	24.0	22.2	25.9
Skin to skin contact			
Yes	17.1	14.8	19.7
No	33.8	32.0	35.7
Visited by ASHA <24 hrs			
Yes	24.8	22.6	27.1
No	33.0	31.0	35.1
Age (years)			
<20	41.9	31.3	55.9
20-29	29.1	27.4	30.8
30+	31.9	28.5	35.8
Religion			
Hindu	30.5	28.9	32.3
Non-Hindu	27.0	23.8	30.6
Caste/Tribe			
SC/ST	30.3	27.5	33.4
OBC	29.9	27.7	32.2
Other	29.5	26.6	32.7
Literacy			
Literate	27.5	25.3	29.8
Illiterate	31.7	29.6	33.8
Total	**29.9**	**28.4**	**31.5**

Non-Hindus and children of literate mothers had significantly lower neonatal mortality rates (27.2 and 27.8, respectively). There were no large differences in neonatal mortality by caste/tribe.

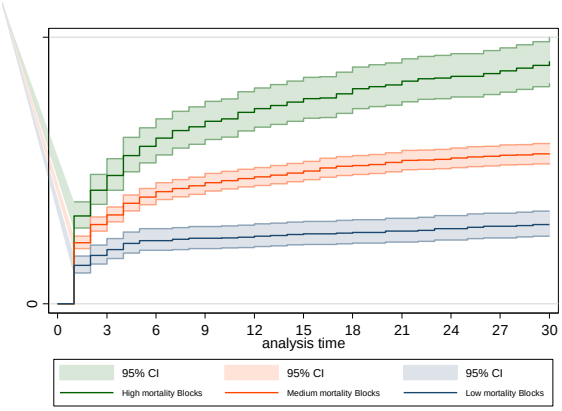
The largest difference in neonatal mortality was observed according to whether the child received skin to skin contact soon after delivery. The neonatal mortality estimate was almost twice as high among those who did not receive skin to skin contact as among those who received it (34.2 versus 18.0). It is important to note that this included all deliveries and did not control for any high risk complications (i.e. APH, prematurity, pre-eclampsia / eclampsia, infection, prolonged labour, birth asphyxia). Newborns born to mothers with complications experience difficulty adjusting to extra-uterine life and often require some form of resuscitation (making skin to skin not possible). As well, neonatal mortality is often highest among high risk newborns and therefore it is difficult to determine the significance of these results (Figure 17).

Figure 17: Kaplan-Meier failure estimates among live births during the two months prior to survey, according to whether the child received skin to skin contact, CBTS, 2014



There were large variations in the neonatal mortality rates across the 100 TSU focus Blocks. However, due to small sample sizes and the resulting high standard errors, the reasons for these variations could be explored only by grouping these blocks. These Blocks were grouped into three categories – low (with an estimated neonatal mortality rate of <20), medium (with an estimated neonatal mortality rate of 20-40) and high (with an estimated neonatal mortality rate of >40). The estimated neonatal mortality rate in the 20 Blocks included in the "high" category was 48 per 1000 live births (CI: 43.7-52.8) compared with an estimated rate of 15.7 per 1000 live births (CI: 13.4-18.4) in the 20 Blocks included in the "low" category. The "medium" category blocks had an estimated neonatal mortality rate of 29.8 (CI: 27.9-31.8), very close to the estimate overall. As seen in Figure 18, these three groups of Blocks differ significantly in the proportion of children dying on each day of exposure, denoted by the Kaplan-Meier failure estimates.

Figure 18: Kaplan-Meier failure estimates among live births during the two months prior to survey, according to whether the child received skin to skin contact, CBTS, 2014



The lists of 20 each of the "low" and "high" category Blocks are provided in Table 9.

Table 9: List of 20 Blocks each with "low" and "high" neonatal mortality estimates, CBTS, 2014

Low category		High category	
District	Block	District	Block
Hardoi	Bawan	Hardoi	Barkhani
Faizabad	Masauda	Allahabad	Koraon
Faizabad	Bikapur	Allahabad	Kotawan
Faizabad	Sohwal	Allahabad	Karchana
Phililbit	Maurari	Shrawasti	H. Rani
Philibit	Bisalpur	Shrawasti	Ikauna
Philibit	Amariyar	Shrawasti	Sirsa
Sonbhadra	Myorepur	Kasganj	Dundwara
Sant Kabir Nagar	Belhar Kala	Kasganj	Soron
Sant Kabir Nagar	Khalilabad	Kasganj	Sidhpura
Gonda	Mankapur	Kasganj	Kasganj
Shahajahanpur	Dadrol	Bahraich	Shivpur
Maharajganj	Maharajganj	Bahraich	Mahsi
Maharajganj	Siswa	Etah	Sakeet
Maharajganj	Laxmipur	Sitapur	Biswan
Maharajganj	Nautanwa	Balrampur	Hariya S.
Budaun	Ujhani	Badaun	Jagat
Farrukhabad	Kaimganj	Barielly	Qyara
Kannauj	Chibramau	Gonda	Rupaidea
Kheri	Phulbehar	Kaushambi	Kara

The three groups of Blocks significantly differed in terms of place of delivery (home deliveries were more in "high" category Blocks) and home visits by ASHAs within 24 hours after delivery or after returning from the facility (a lower proportion of women received such PNC home visits by ASHAs in the "high" category Blocks) (Table 10). The three groups of Blocks also differed significantly in terms of age of the mother ("high" category Blocks had greater proportion of women age 30+ years delivered in the past 2 months) and maternal literacy (a significantly greater proportion of recently delivered mothers were literate in "low" category Blocks).

Table 10: % distribution of women delivered in the past 2 months in Blocks with different levels of estimated neonatal mortality rates, according to background characteristics, CBTS, 2014

Characteristics	High	Medium	Low
Place of delivery			
Government facility	50.9	51.0	57.1
Private facility	9.9	11.7	10.3
Home	39.2	37.4	32.6
Delivery complications			
Any	46.7	41.0	45.2
None	53.3	59.0	54.8
Skin to skin contact			
Yes	23.1	23.6	23.7
No	76.9	76.4	76.3
Visited by ASHA <24 hrs			
Yes	34.2	37.4	40.9
No	65.8	62.6	59.1
Age (years)			
<20	2.5	2.2	2.2
20-29	76.5	78.4	80.8
30+	21.0	19.4	16.9
Religion			
Hindu	82.7	80.1	83.1
Non-Hindu	17.4	19.9	16.9
Caste/Tribe			
SC/ST	26.3	28.4	26.9
OBC	51.0	44.0	50.8
Other	22.7	27.6	22.3
Literacy			
Literate	38.3	42.2	47.6
Illiterate	61.7	57.8	52.4
Total	**9759**	**31131**	**10531**

Interestingly, the three groups of Blocks did not differ much in terms of the proportion of children who received skin to skin contact, religion, caste/tribe and experience of any complications that were seen significantly related to neonatal mortality earlier in Table 8.

INFANT AND YOUNG CHILD FEEDING PRACTICES

Undernutrition is a contributing factor in 45% of all deaths in children under five years and the effects of undernutrition are largely irreversible after the age of two years. Adoption of optimal infant and young child feeding (IYCF) practices in first two years of life is recommended, failing

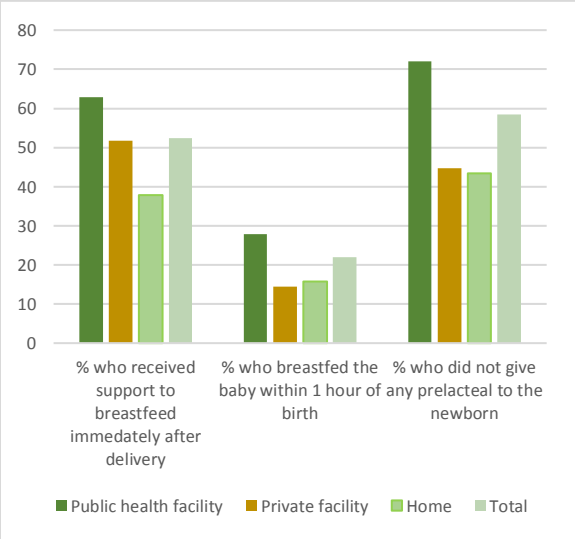
which the nutritional status becomes non-responsive to further interventions and efforts. The recommended IYCF practices include immediate initiation of breastfeeding after birth, exclusive breastfeeding for the first 6 months, continued breastfeeding for two years or beyond, and timely and age appropriate complementary feeding starting at 6 months. In this section, the CBTS results on the prevailing practices with regard to the IYCF among women with children under age 2 months, 3-5 months, 6-11 months and 12-23 months are presented.

Early initiation of breastfeeding

Overall, 52% of the recently delivered mothers reported that they received support to breastfeed immediately after delivery, and this proportion was greater among those delivered in a public health facility (63%) compared with those delivered in a private facility (52%) or at home (38%) (Figure 19).

Only 22% of the recently delivered mothers reported that they breastfed the child within 1 hour of birth: 28% among those delivered in a public health facility, 14% of those delivered in a private facility and 16% of those delivered at home. There was no difference in the proportion who breastfed the child within 1 hour of birth by sex of the child.

Figure 19: % of women delivered in the past 2 months who received breastfeeding support, breastfed the newborn immediately after the birth, and did not give pre-lacteals, according to place of delivery, CBTS, 2014



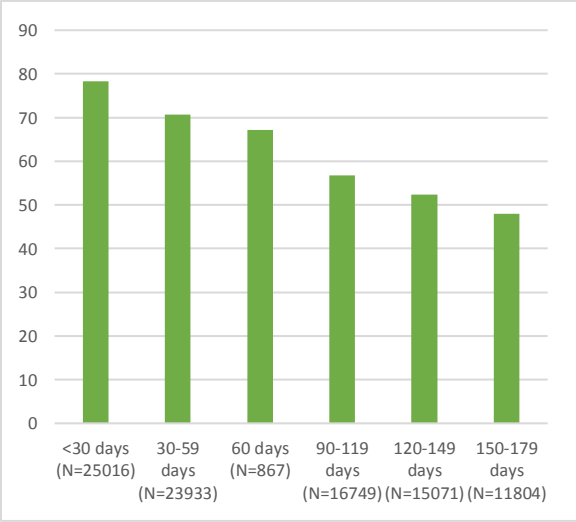
Women were asked if anyone gave the child anything such as honey, water, tea, jaggery or ghutti before giving breastmilk for the first time. Fifty-nine percent reported that nothing was given to the child before the first breastmilk, and this proportion was much lower for those delivered in a private facility or at home (~44%). There was no difference in this proportion by sex of the child.

Exclusive breastfeeding

When asked if the child was given anything other than breastmilk (including water) in the past 24 hours, 74% of the women delivered in the past 2 months responded in the negative, and this proportion was 53% for women with a child age 3-5 months.

The exclusive breastfeeding rate dropped steeply from 78% for children under 1 month to 48% for children age 5-6 months (Figure 20). It may be noted here that the survey did not include women who had children between the ages 61- 89 days.

Figure 20: % of children under age 6 months who are exclusively breastfed during the 24 hours preceding to the survey, by current age of the child, CBTS, 2014



Interestingly, exclusive breastfeeding rate did not differ much according to the maternal characteristics (Table 11), except for literacy, this time, in a negative way. The literate women were less likely to exclusively breastfeed their 3-5 month old children than the illiterate (50% compared with 55%). This proportion was somewhat lower among the young mothers under age 20, and those who do not belong to SC/ST/OBC. The non-Hindu children were somewhat more likely to be exclusively breastfed.

Table 11: % of children age 3-5 months exclusively breasted in the 24 hours preceding the survey, by selected background characteristics, CBTS, 2014

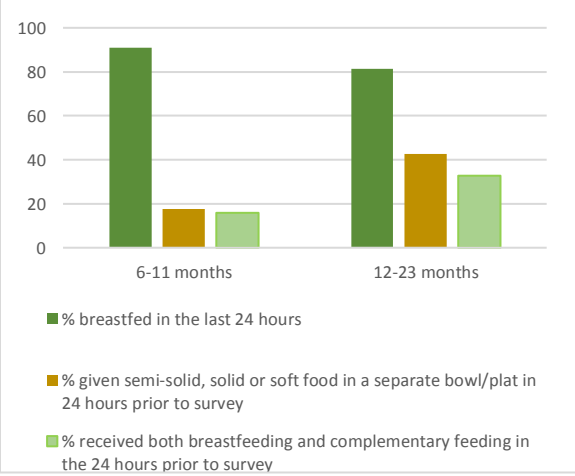
Characteristics	%	N
Mother's age		
<20 years	48.1	761
20-24 years	52.3	15637
25-29 years	53.8	19330
30-34 years	51.8	6108
35+ years	52.0	2360
Religion		
Hindu	52.2	35384
Non-Hindu	55.3	8812
Caste/Tribe		
SC/ST	54.1	11952
OBC	53.9	20739
Other	49.4	11505
Mother's literacy		
Literate	49.7	17705
Illiterate	54.8	26491
Has BPL Card		
Yes	52.0	9267
No	53.0	34929
Mother's membership in SHG		
Yes	52.0	508
No	52.8	43688
Total	**52.8**	**44196**

Overall, 32% and 33% of the women who delivered in the past 2 months and those who have a child age 3-5 months, respectively, reported that the ASHA or AWW or ANM had advised them, at least once in the past 30 days, that they should not give anything other than breastmilk (not even water) to the child for 6 months. However, the proportion exclusively breastfeeding did not differ much among those who did or did not receive such advice from the frontline workers, suggesting the need to improve the quality of counselling by the frontline health workers.

Timely and age appropriate complementary feeding

In the CBTS, the mothers of children age 6-23 months were asked if they breastfed the child in the past 24 hours – either daytime or night time, and how many times the child was given any semi-solid, solid or soft food in a separate bowl/plate in the last 24 hours. Overall, 91% of the mothers of children age 6-11 months reported that the child was breastfed in the last 24 hours and 18% reported that the child was given complementary feeding in a separate bowl/plate in the last 24 hours. Thus only 16% of the children age 6-11 months were both breastfed and given complementary feeding in a separate bowl/plate as recommended (Figure 21). The continued breastfeeding was 81% among children age 12-23 months, and 43% in this age group received recommended complementary feeding. However, only one-third of the children age 12-23 months received both breastfeeding and complementary feeding.

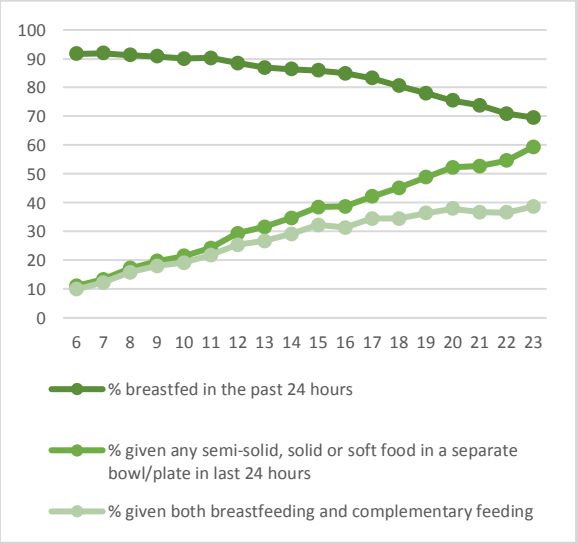
Figure 21: % of children age 6-11 and 12-23 months who were breastfed and given complementary feeding in the 24 hours prior to survey, CBTS, 2014



The feeding practices for children age 6-23 months, according to the age of the child in

months are provided in Figure 22. The breastfeeding rate dropped steeply after the child is age 15 months, but the complementary feeding rate did not increase as sharply. Even at age 23 months, 2 in 5 children were not provided complementary feeding in a separate bowl/plate, and only 2 in 5 children received the recommended breastmilk and complementary feeding. The percentage of children who did not receive breastfeeding as well as complementary feeding in the 24 hours prior to the survey was 9% overall. Interventions for early introduction of complementary feeding, along with breastfeeding, is critical to prevent stunting among children in the state.

Figure 22: % of children age 6-23 months who are breastfed in the24 hours preceding the survey and were given any semi-solid, solid or soft food in a separate bowl during the 24 hours preceding to the survey, by current age of the child, CBTS, 2014



Mothers of children age 6-11 months were asked if any ASHA visited them at home to talk about the child when the child was 5-8 months old. Little more than half (52%) reported such a visit by an ASHA. However, only 23% of the mothers of children age 6-11 months received any counselling/advice on age appropriate complementary feeding in the month prior to the survey, and this proportion was 20% for the mothers which a child age 12-23 months.

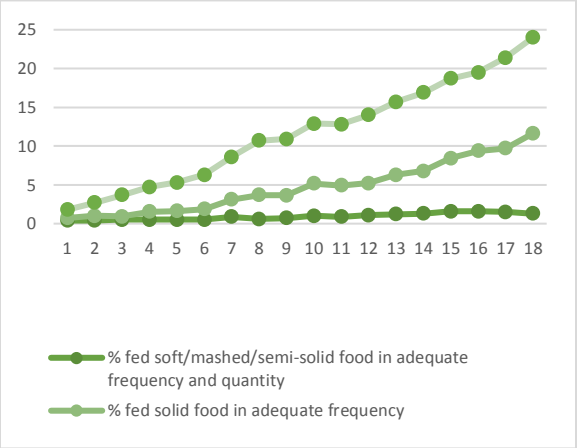
The mothers who received counselling/advice on age appropriate complementary feeding were more likely than the others to provide continued breastfeeding along with complementary feeding to the child: 23% compared with 14% among children age 6-11 months and 41% compared with 31% among children age 12-23 months.

Poor practices related to the introduction of complementary feeding seems to be secular: the population subgroups based either on age, religion, caste, literacy, BPL status, SHG membership or the sex of the child, did not differ much in the proportion of children age 6-11 and 12-23 months receiving breastfeeding and complementary feeding (Table 12). This further indicates the need for concerted efforts to bring about changes in the deep rooted cultural practices.

In the CBTS, information on the food type and quantity of each soft/ mashed/ semi-solid meal given to the child was sought from mothers, the quantity in terms of full, half or less than half of a 250 ml bowl that was shown to the mother during the interview. Three or more meals of half or full bowl of 250 ml each was considered adequate frequency and quantity for children age 6-23 months. For the meals involving solid food, the information on quantity was not asked. Children who received at least 4 of the 7 food items (fats and oils, pulses and legumes, green leafy/other vegetables, fruits, cereals and millets, milk and milk products, egg and animal products) were considered as receiving adequate variety. Accordingly, only 1% or less proportion of children age 6-23 months received complementary feeding with adequate frequency and quantity, with very little variation by age of the child (Figure 23).

The proportion of children who received adequate variety of food increased steeply from less than 2% among children age 6 months to 24% among children age 23 months. The proportion of children who received minimum acceptable diet (adequate quantity in adequate

Figure 23: % of children age 6-23 months who received adequate frequency, quantity and variety of complementary feeding in the 24 hours preceding the survey, by current age of the child, CBTS, 2014



frequency, adequate diversity of foods and continued breastfeeding) was <1% overall.

Table 12: % of children age 6-11 and 12-23 months who were breastfed and given complementary feeding in the 24 hours prior to the survey, by selected background characteristics, CBTS, 2014

	6-11 months		12-23 months	
Characteristics	%	N	%	N
Mother's age				
<20 years	14.4	651	30.2	397
20-24 years	17.1	16496	32.5	15119
25-29 years	16.3	22033	33.6	24155
30-34 years	13.8	7365	31.7	8639
35+ years	12.0	3177	30.9	3800
Religion				
Hindu	16.1	39897	32.8	42162
Non-Hindu	15.2	9825	32.6	9948
Caste/Tribe				
SC/ST	16.4	13199	34.7	14044
OBC	15.5	23233	32.5	24208
Other	16.1	13290	31.2	13858
Mother's literacy				
Literate	18.8	19799	34.1	20526
Illiterate	14.0	29923	31.9	31584
Has BPL Card				
Yes	14.5	10007	30.3	10213
No	16.3	39715	33.3	41897
SHG membership				
Yes	16.0	512	38.1	554
No	15.9	7829	32.7	51556
Sex of the child				
Male	15.9	26159	32.4	27370
Female	15.9	23563	33.2	24720
Total	**15.9**	**49722**	**32.8**	**52110**

The 100 Blocks where the CBTS is conducted do not vary much in terms of the IYCF indicators except for the proportion of children <2 months and 3-5 months exclusively breastfed (Table 13).

Almost all the Blocks are in <40% category for early initiation of breastfeeding among children <2 months, and continued breastfeeding along with complementary feeding among children age 6-23 months.

Table 13: Distribution of the 100 Blocks according to the specific IYCF indicators, CBTS, 2014

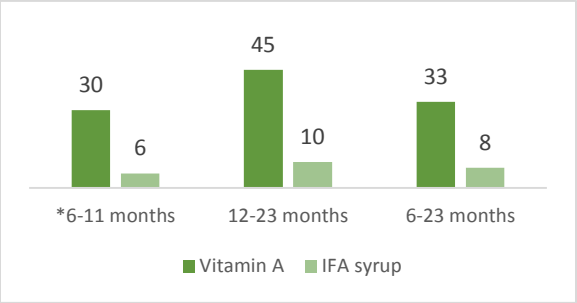
IYCF indicator	<40%	40-59%	60-79%	80%+
Immediate breastfeeding rate (<2 months)	98	2	0	0
Exclusive breastfeeding rate (<2 months)	4	13	44	39
Exclusive breastfeeding rate (3-5 months)	36	26	25	13
Breastfeeding+ Complementary feeding (6-11 months)	99	1	0	0
breastfeeding+ Complementary feeding (12-23 months)	76	23	1	0

Vitamin A and IFA supplementation

The national programme envisages high coverage of 9 doses of Vitamin A among children age 9 months to 5 years. While the first dose is given along with Measles vaccine, the subsequent doses are given twice a year, observed as *Bal Swasthya Poshan Mah*, observed in June and December every year. The national guidelines for the control of iron deficiency anaemia among children age 6 months to 5 years sets a goal of providing iron and folic acid syrup to children age 6-60 months bi-weekly – the first dose to be administered by the ANM during the VHND and the subsequent doses by the parents under the supervision of the local ASHA. In CBTS, the mothers of children age 6-23 months were asked if the child received Vitamin A dose and IFA syrup in the past 6 months. Overall, 33% of the children age 9-23 months received Vitamin A: 30% and 45% among children age 9-11 and 11-23 months, respectively (Figure 23). However, only 8% of the children age 6-23 months received IFA syrup

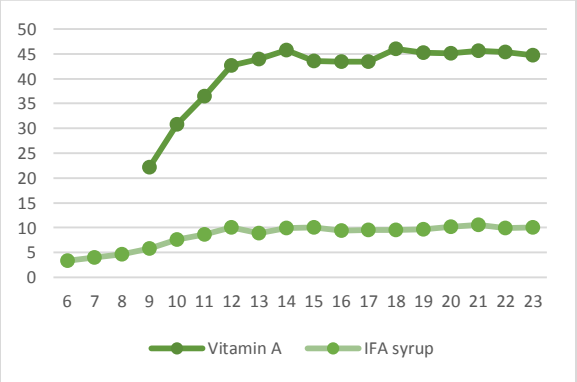
in the past 6 months, this proportion being 6% among children age 6-11 months and 10% among children age 12-23 months.

Figure 24: % of children age 6-23 months who received Vitamin A and IFA syrup during the 6 months prior to the survey, CBTS, 2014
*Vitamin A coverage for age 9-11 months



Vitamin A coverage in the past 6 months increased steeply from 22% for children age 9 months to 43% for children age 12 months, and stabilized thereafter (Figure 25). The coverage for IFA syrup also increased sharply from 3% at age 6 months to 10% at age 12 months, and stabilized thereafter.

Figure 25: % of children age 6-23 months who received Vitamin A and IFA supplementation in the past 6 months, by current age of the child, CBTS, 2014



CHILDHOOD IMMUNIZATION

In CBTS, mothers of children age 12-23 months were asked if the child received specific vaccinations (BCG, DPT and measles), and the responses were verified, wherever possible, from the immunization cards. If the card was not available, the mother's response was recorded. In case of BCG, the mother's response was verified by checking the scar. Children who received BCG, three doses of DPT and measles vaccine were considered as fully immunized.

In only 35% of the cases, the immunization details were recorded after verifying the card, indicating a poor availability of cards or poor recording of information in the cards (Table 14). The proportion card seen was relatively lower among children of young (<20 years, 27%) or older (age 35+ years, 24%), among the visitors (15%), non-Hindu (28%), and among the illiterate (30%). Children of SHG member mothers were more likely to have their cards with immunization details than the others (45% against 35%).

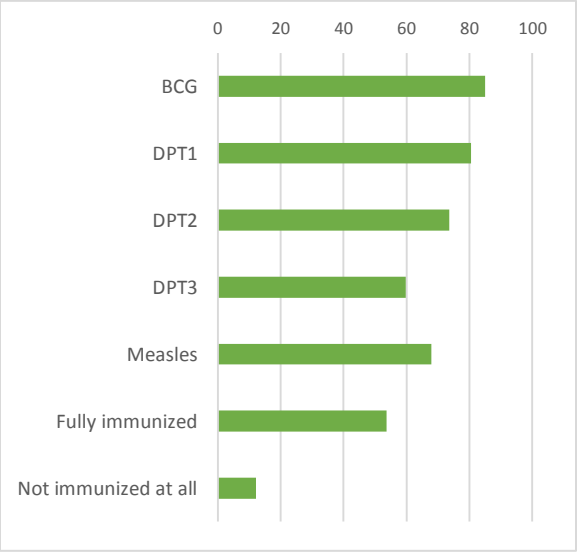
Table 14: % of children age 12-23 months whose immunization details were available on cards, according to selected background characteristics, CBTS, 2014

Characteristics	%	N
Age		
<20 years	27.2	397
20-24 years	38.6	15119
25-29 years	36.0	24155
30-34 years	30.7	8639
35+ years	24.4	3800
Residence status		
Usual resident	36.5	48256
Visitor	15.3	3854
Religion		
Hindu	36.5	42162
Non-Hindu	28.4	9948
Caste/Tribe		
SC/ST	35.5	14044
OBC	35.5	24208
Other	33.6	13858
Literacy		
Literate	42.8	20526
Illiterate	29.9	31584
Has BPL Card		
Yes	35.7	10213
No	34.8	41897
SHG membership		
Yes	45.3	554
No	34.9	51556
Sex of the child		
Male	36.0	27390
Female	33.8	24720
Total	**35.0**	**52110**

Overall, 54% of the children age 12-23 months were fully immunized (received BCG, 3 doses of DPT and measles) and 12% had not received

any of the BCG, DPT and measles vaccines (Figure 26).

Figure 26: % of children age 12-23 months who received specific vaccines as per the card or mother's recall, CBTS, 2014



While 85% of the children had received BCG, only 68% had received measles, a drop out of about 17% of children. Similarly, 81% had received the first dose of DPT, but only 60% received the third dose, a 21 percentage point drop out from first to third dose.

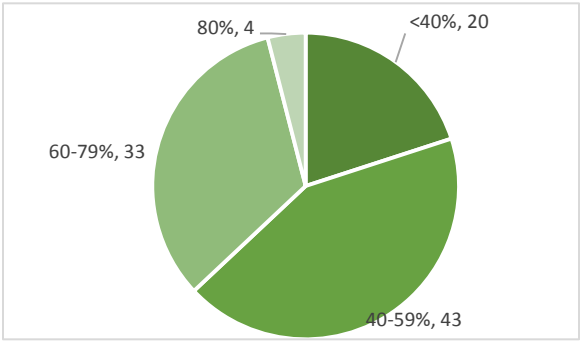
The proportion fully immunized is relatively lower among children of mothers under age 20 years (42%), children of mothers age 35 years and above (43%), non-Hindus (44%), and the illiterate (46%) (Table 15).

Of the 100 TSU focus Blocks, only 4 had achieved a full immunization rate of 80% and above, among children age 12-23 months, and 20 had very poor full immunization rates of <40% (Figure 27). The 20 worst performing Blocks in this regard included all the 4 TSU focus Blocks of Bahraich (22-35%) and Shrawasti (22-35%) districts; 3 of the 4 TSU focus Blocks of Balrampur district (28-31%); two Blocks each of Hardoi, Kanshiram Nagar (29-32%), and Sitapur (29-30%) districts; and 1 Block each of Badaun (33%), Etah (37%) and Sonbhadra (39%) districts (Map 3). The 4 Blocks with a full immunization rate of 80% and above included: Robertsganj in Sonbhadra (83%), Bikapur in Faizabad (83%), Kotawan in Allahabad (81%), and Maurari in Philibit (81%).

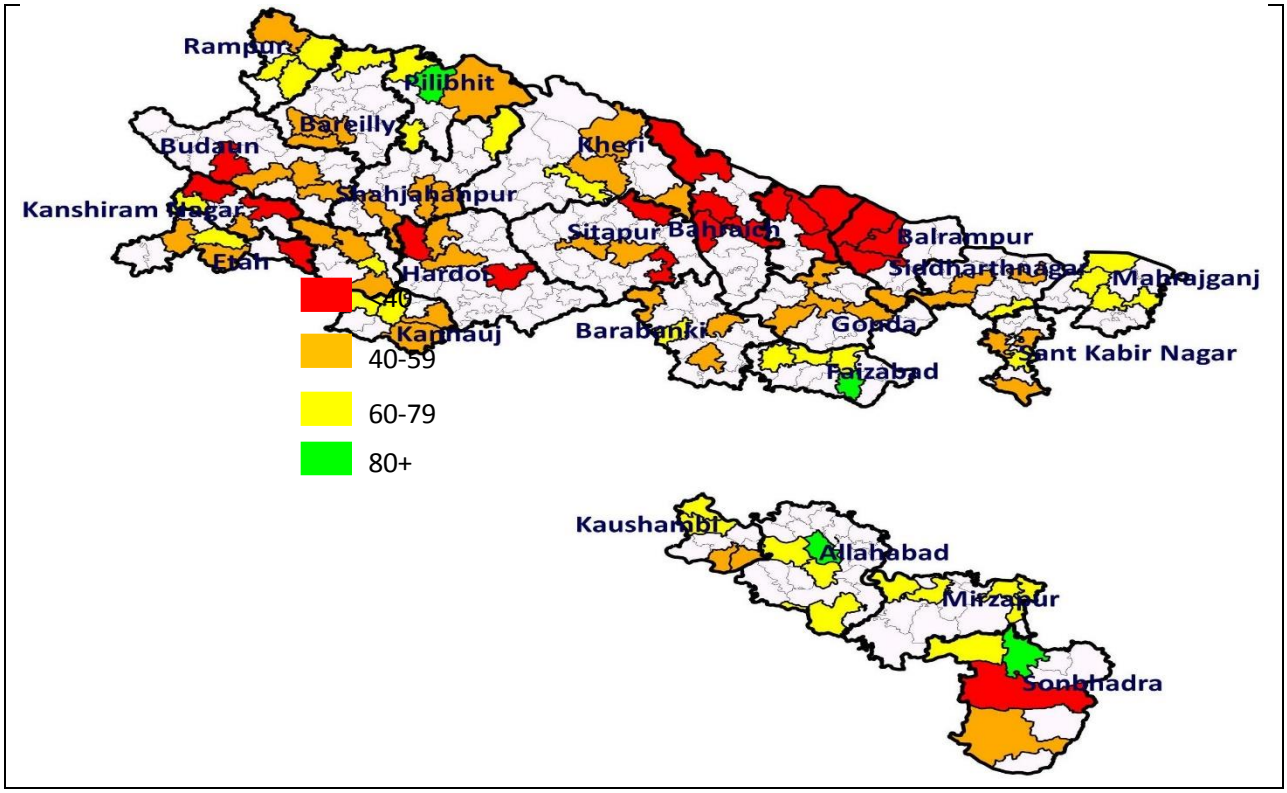
Table 15: % of children age 12-23 months fully immunized, according to selected background characteristics, CBTS, 2014

Characteristics	%	N
Age		
<20 years	42.3	397
20-24 years	57.5	15119
25-29 years	54.6	24155
30-34 years	49.8	8639
35+ years	43.1	3800
Religion		
Hindu	56.0	42162
Non-Hindu	43.9	9948
Caste/Tribe		
SC/ST	53.1	14044
OBC	53.0	24208
Other	55.6	13858
Literacy		
Literate	65.9	20526
Illiterate	45.8	31584
Has BPL Card		
Yes	53.7	10213
No	53.7	41897
SHG membership		
Yes	63.0	554
No	53.6	51556
Sex of the child		
Male	54.8	27390
Female	52.5	24720
Total	**53.7**	**52110**

Figure 27: Distribution of the 100 Blocks according to the proportion of children age 12-23 months fully immunized, CBTS, 2014



Map 3: The 100 TSU Blocks in 25 high priority districts of Uttar Pradesh, according to full immunization rate among children age 12-23 months, CBTS, 2014



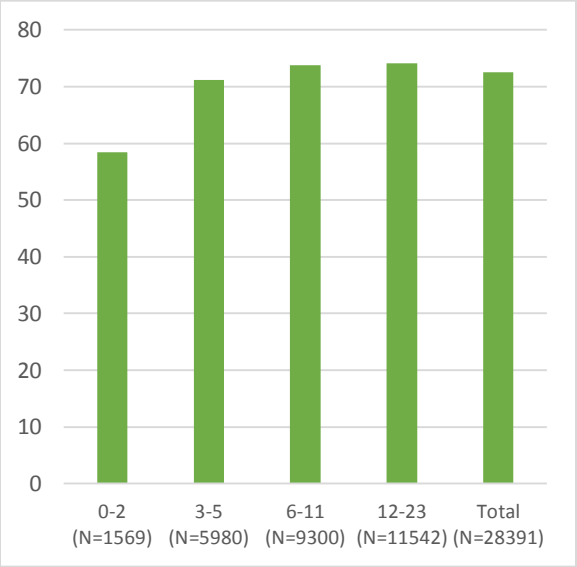
CHILDHOOD PNEUMONIA AND DIARRHOEA TREATMENT

In the CBTS, mothers were asked what was given to the child when s/he had diarrhoea last time. Only a third of the children received ORS during the last episode of diarrhoea, 19% received zinc and 10% received both zinc and ORS (Figure 28). These proportions increase with the age of the child.

The mothers were also asked if the child was treated with an antibiotic when s/he last had symptoms of difficulty in breathing or chest in-drawing, along with cough and fever, and the results are presented in Figure 29. Overall, 73% of the children were treated with an antibiotic when they last had symptoms of pneumonia and this proportion ranged from 58% among children under age 2 months to 74% each among children age 6-11 and 12-23 months.

Figure 28: % of children age 0-23 months who were given zinc and ORS during the last episode of diarrhoea, CBTS, 2014

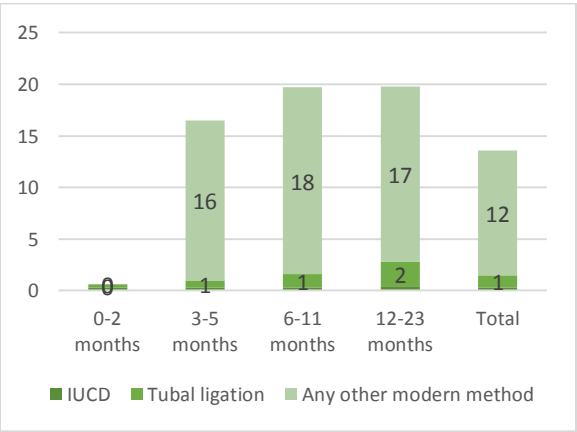
Figure 29: % of children age 0-23 months who were treated with antibiotic during the last episode of symptoms of pneumonia, CBTS, 2014



FAMILY PLANNING

In CBTS, women were asked if they accepted an IUCD or tubal ligation after the birth of the child and if they were currently using any other modern method to delay or avoid getting pregnant. Accordingly, the modern contraceptive prevalence among the women interviewed was 14%, including 0.3% using IUCD, 1% using female sterilization and 12% using other modern family planning methods such as condoms, pills, injectable, etc. (Figure 30).

Figure 30: % of recently delivered mothers who are currently using any modern family planning method, according to the method and age of the last child, CBTS, 2014



The current modern contraceptive use among the recently delivered mothers did not vary greatly by the selected background characteristics, except that membership in a SHG and literacy appeared to be important factors in the use of family planning (Table 16). Members of an SHG were more likely to be currently using a modern family planning method than the non-members (19% versus 14%). Similarly, a greater proportion of literate women were currently using a modern family planning method than the illiterate (15% compared with 12%).

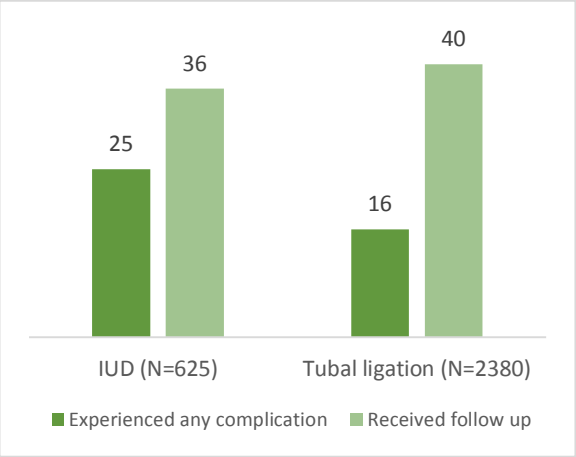
Table 16: % of recently delivered mothers currently using any modern family planning method, according to selected background characteristics, CBTS, 2014

Characteristics	%	N
Age		
<20 years	8.5	3229
20-24 years	13.5	68685
25-29 years	14.3	88968
30-34 years	12.7	30192
35+ years	12.0	12742
Religion		
Hindu	13.9	164495
Non-Hindu	12.3	39321
Caste/Tribe		
SC/ST	12.7	55062
OBC	13.6	94993
Other	14.5	53761
Literacy		
Literate	15.3	82423
Illiterate	12.4	121393
Has BPL Card		
Yes	12.1	42042
No	14.0	161774
SHG membership		
Yes	18.6	2224
No	13.5	201592
Sex of the last child[1]		
Male	14.4	103329
Female	13.6	94124
Total	**13.6**	**203816**

[1]Excludes 6363 women who had a still birth or an abortion

Information on complications and follow up was collected for the acceptors of IUCD and tubal ligation (Figure 31). Overall, 25% of IUCD acceptors and 16% of the tubal ligation acceptors reported having experienced any complication, and only 36% and 40% of the acceptors of these methods, respectively, had received a follow up within a month after the acceptance.

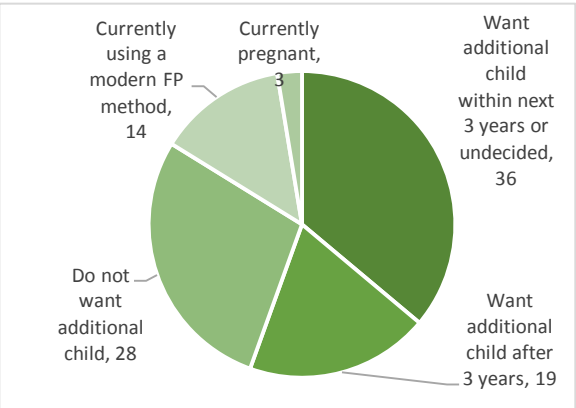
Figure 31: % of acceptors of IUD and tubal ligation who experienced any complication and who received a follow up within a month after accepting the method, CBTS, 2014



All the current non-users of modern family planning methods and currently non-pregnant women were asked if they or their husbands wanted to have any more children. Those who wanted additional children were also asked how many years later they wanted another child. Based on their responses, women were classified as those have an unmet need for limiting (do not want additional children) and spacing (want another child after 3 years) methods of family planning.

Overall, 36% of the women (or their husbands) want additional children soon (20%) or are undecided (16%) about it (Figure 32). Twenty-

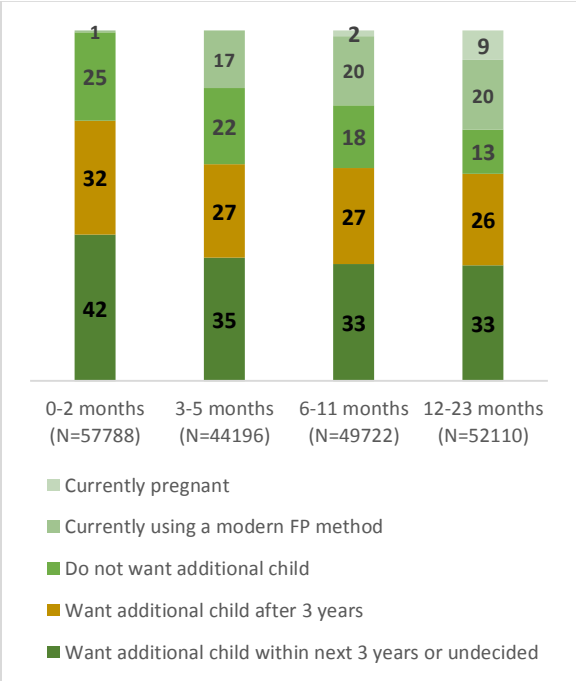
Figure 32: % Distribution of the recently delivered mothers according to the current unmet need for spacing and limiting methods, CBTS, 2014



eight percent of the women (or their husbands) do not want additional children, thus having an unmet need for limiting methods. Another 19% want additional child after 3 years, thus having an unmet need for spacing methods.

A relatively greater proportion of women who delivered in the 2 months prior to the survey wanted or were undecided about an additional child (42%) (Figure 33). At the same time, the unmet need for family planning is the greatest in this group (58%), suggesting a greater need for interventions to link them to services. Even among the other groups, the unmet need for spacing and limiting is equally large, ranging from 38% among women with the youngest child age 12-23 months to 48% among women with the youngest child age 3-5 months.

Figure 33: % distribution of recently delivered women according to unmet need for family planning and age of the youngest child, CBTS, 2014



Overall, only 15% and 20% of the women delivered in the past 2 months and women with children age 3-11 months, respectively, reported that they received any counselling or advice on family planning during their pregnancy. The current use of modern

contraceptive methods was greater among those who received any advice or counselling on family planning during the pregnancy (15% against 5%).

Of the 100 Blocks where the CBTS was implemented, the proportion with unmet need for family planning (spacing + limiting) was over 60% in 25, less than 40% in 19 and between 40%-59% in 46 Blocks. The 25 Blocks where the unmet need is greater than 60% are provided in Table 17.

Table 17: List of 25 Blocks where the % with unmet need for family planning (spacing + limiting) is greater than 60%, CBTS, 2014

District	Block	%	N
Bahraich	Chitaura	64.7	2167
Bahraich	Shivpur	63.5	1912
Bahraich	Mihirpurwa	61.8	2337
Barabanki	Sirouli	63.9	1841
Barabanki	Sidhhaur	63.5	1917
Barabanki	Nindura	62.6	1930
Etah	Sheetalpur	63.3	1726
Etah	Nidhauli	62.1	1724
Etah	Aliganj	60.6	1808
Faizabad	Bikapur	62.9	1826
Faizabad	Rudauli	62.0	2073
Faizabad	Masauda	61.8	1945
Hardoi	Ahirori	66.9	2320
Hardoi	Bawan	65.1	2164
Hardoi	Shahabad	64.5	2423
Hardoi	Barkhani	64.1	2348
Kanshiram Nagar	Soron	63.2	1962
Kannauj	Chibramau	62.2	1991
Kannauj	Kannauj	61.7	1936
Kannauj	Talgram	61.7	1753
Kheri	Lakhimpur	61.2	2062
Kheri	Isanagar	60.4	1949
Sitapur	Biswan	69.0	2303
Sitapur	Behta	64.4	2607
Sitapur	Khairabad	61.4	2114

ADOLESCENT HEALTH

Profile of adolescent girls

Of the total 52,375 adolescent girls interviewed, 83% were Hindus, 24% belonged to scheduled caste or tribe, and 26% belonged to households that had a BPL card (Table 18). Seventeen percent do not know how to read and write, and 18% had never been to a school.

Currently 55% of the girls age 13-19 years attend school, college or university. While the proportion ever been to school is almost constant by age, the proportion attending school/college/university declines sharply with age, from 67% among girls age 13 to 48% among girls age 18 years (Figure 34). The proportion of girls attending school/ college/university is much lower among the non-Hindus and among the SC/ST (Figure 35).

Table 18: % distribution of adolescent girls interviewed according to selected background characteristics, CBTS, 2014

Characteristics	%
Current age (in years)	
13	12.6
14	16.4
15	20.3
16	16.8
17	12.8
18	15.7
19	5.3
Mean	15.69
Religion	
Hindu	83.0
Non-Hindu	17.0
Caste/Tribe	
SC/ST	23.6
OBC	49.4
Other	27.0
Literacy	
Literate	82.8
Illiterate	17.2
Ever been to school	
Yes	81.7
No	18.3
Currently attending school/college/University	
Yes	54.8
No	45.2
Has BPL Card	
Yes	25.9
No	74.1
SHG membership	
Yes	0.5
No	99.5
Number	**52375**

Iron and folic acid supplementation

In order to reduce the prevalence and severity of anaemia among adolescent girls and boys age 10-19 years, the GoI has launched Weekly Iron Folic Supplementation (WIFS) programme

Figure 34: % of adolescent girls interviewed who have ever been to school and currently going to school, according to current age, CBTS, 2014

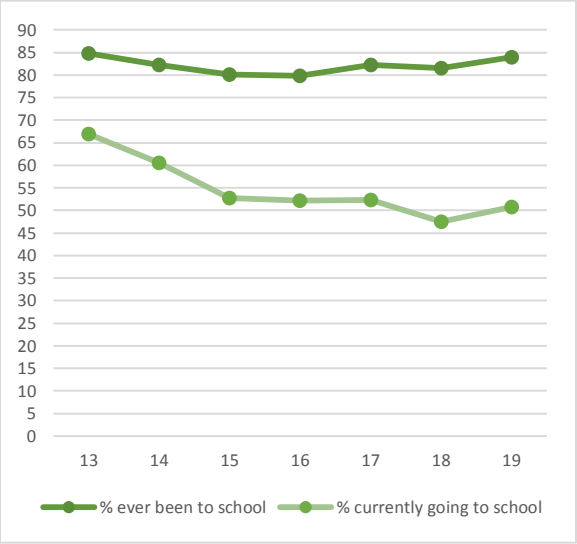
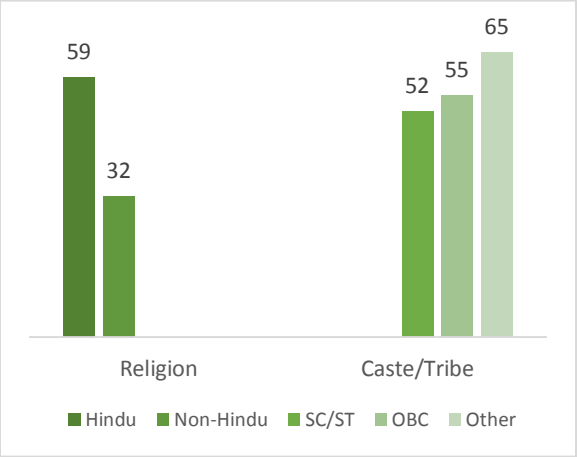
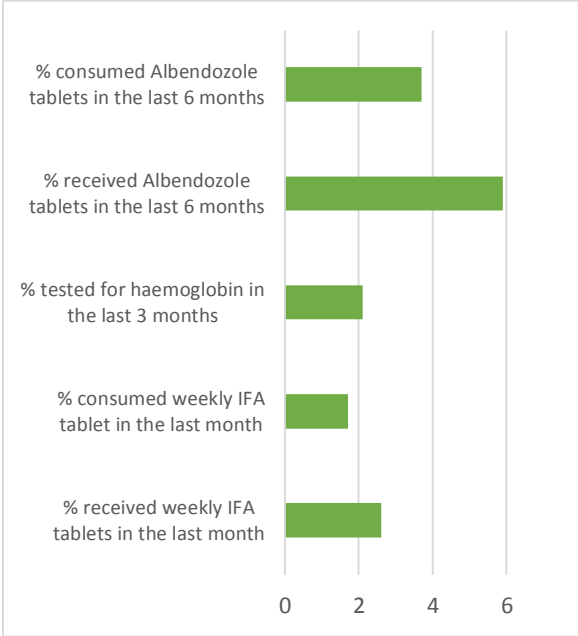


Figure 35: % of adolescent girls interviewed who are currently in school/ college/ University according to religion and caste/tribe, CBTS, 2014



targeting school going adolescents (girls and boys) enrolled in Government/Government aided /Municipal schools in standards 6th through 12th as well as out of school adolescent girls. The intervention includes supervised weekly iron-folic acid supplements of 100 mg elemental iron and 500 ug folic acid using fixed day approach. The other components of WIFS program include screening for anaemia, referral of moderate and severe anaemia, and biannual deworming (Albendozol 400 mg), six months apart to control helminthic infestation. The coverage for these elements of the program is extremely low in the 100 Blocks where CBTS was conducted (Figure 36). There are no substantial differences by the current school/college/university enrolment (data not shown here).

Figure 36: % of adolescent girls age 13-19 years who received various components of WIFS programme, CBTS, 2014



Menstrual hygiene

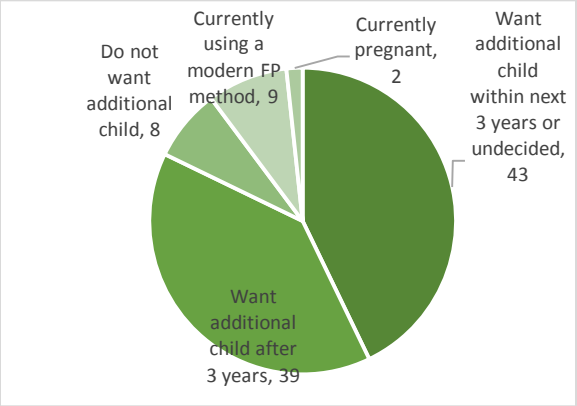
Under the *Rashtriya Kishor Swasthya Karyakram* (RKSK), the GoI has introduced the menstrual hygiene promotion scheme under which a pack of 6 sanitary napkins is provided under the NRHM's brand 'Freedays'. The napkins are sold to the adolescent girls at Rs. 6 per pack by the local ASHA, and the latter gets incentives per pack sold. In the CBTS, the adolescent girls were asked if they ever bought sanitary napkins from ASHA/ANM/AWW in the last 6 months, for which only 3% responded in the affirmative.

Child-bearing and contraceptive use among girls age 15-19

As shown previously in Table 2, nearly 3% of the women who had delivered in the 2 month-period prior to CBTS were age 15-19 years. Of these 1,420 adolescent girls, 16% had an abortion, and 4% had a still birth.

Of the total 3229 recently delivered women age 15-19, 2% were currently pregnant, 9% were using a modern FP method, and nearly half had an unmet need for limiting (8%) and spacing (30%) births (Figure 37).

Figure 37: % Distribution of the recently delivered mothers age 15-19 years according to the current unmet need for spacing and limiting methods, CBTS, 2014



ANNEXURE A

ABOUT UTTAR PRADESH TECHNICAL SUPPORT UNIT

Established by University of Manitoba in November 2013, with the financial assistance from Bill & Melinda Gates Foundation, the Uttar Pradesh Technical Support Unit (UP TSU) with a goal to support the government to increase the efficiency, effectiveness and equity in the delivery of RMNCH+A services in the state. To achieve the goal, several key objectives have been established for the TSU, including: supporting leadership to focus more on outcomes; improving the performance of front-line workers (FLW); improving facility performance, coverage and quality of care; enhancing accountability systems [internal and external] to ensure quality of service delivery at scale; and improving overall planning, policy formulation and coordination. The TSU is focused on achieving seven major objectives, five in health and two in agriculture/financial inclusion. They are to:

1. Strengthen FLW skills/capabilities
2. Build skills/ capabilities of primary care providers
3. a) Improve health system management capabilities and b) support other critical health system level improvements
4. Support better stewardship of the private sector
5. Help to improve external accountability
6. Improve agricultural productivity by improving indigenous state capacity to conduct research into critical areas, and support innovations in agricultural extension and dissemination of technologies, leading to enhanced income at smallholder farm level in Eastern UP
7. Enhance financial inclusion by improving government to person payments

About 80% of the TSU's effort is focused on achieving Objectives 1, 2 and 3a, with the goal of "activating" the government system to improve interactions between FLWs and households and communities and improve the quality of care at first level clinics and referral units up to district level. These activities are performed by the state, district and block level staff support. Objective 3b, 4, and 5 are less intensive in nature but can be catalytic – a combination of policy changes, planning, guidelines and coordination activities that could reduce the bottlenecks that contribute to critical HR gaps, infrastructure or supply chain issues; support the government to be a better steward of private provision and kick start NRHM's framework of external accountability. These activities are primarily performed by the state level staff.

Given Uttar Pradesh's large population, the TSU activities are appropriately scaled according to need and geography to ensure the achievement of state-level improvements in health outcomes. accordingly, the UP TSU provides both direct and diffused techno-managerial support at various levels of health system. The direct support is delivered in 100 prioritized blocks in the 25 high priority districts of the state. In order to affect change at the block level, the UP TSU provides techno-managerial support at the higher levels of health system too by providing planning and implementation support at the district and state levels.

The UP TSU is a consortium of several organizations, led by University of Manitoba, Winnipeg, Canada. The consortium members include: BBC Media Action, Centre for Advocacy and Research, Clinton Health Access Initiative, EngenderHealth, India Health Action Trust, Janani, John Snow Inc., King George's Medical University, Marie Stopes India and University of Manitoba.

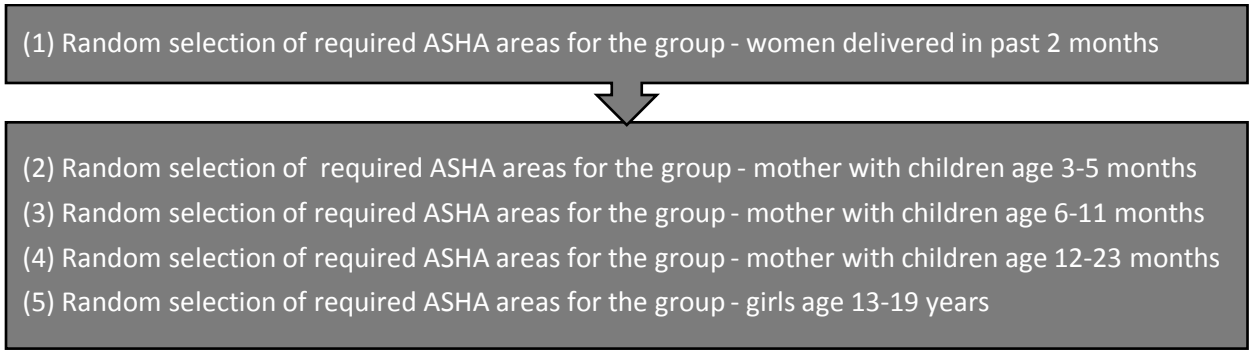
ANNEXURE B
SURVEY DESIGN

Sample design

With an objective of providing block level estimates of key indicators, the required sample size per block has been estimated for each survey group based on the observed value of key indicator and expected magnitude of change in the indicator between rounds. Considering the current large inter-district variations in the indicator levels, the required sample varied by district.

In the CBTS, the catchment area of an ASHA is considered as the primary sampling unit (PSU). In each block, a systematic random sample of the required number of PSUs based on the sample size requirement and current crude birth rate in the respective district of the block for women who delivered in the past 2 months, the first survey group was selected from a sampling frame consisting of all ASHA areas in the block. The required number of PSUs for the other survey groups was selected from the already selected ASHA areas for the first survey group. The required number of ASHA areas for the adolescent girls' group is estimated using the age-sex data from the 2011 census.

The schematic presentation of the selection process of ASHA areas for the various study groups is as follows:



Sample identification

During the survey, after reaching the selected ASHA area, the field interviewer first determined the boundary of the PSU. With a random start, the interviewer visited the entire households within the designated area and provided a number to each household. In order to identify the respondents for each survey group a screening questionnaire was administered to all the households depending on the survey groups to be included from the selected ASHA area. Subsequently, depending on the inclusion criteria, all the identified and consented eligible respondents in each survey group were interviewed. However, for the survey group of adolescent girls we fixed xx number to be interviewed from each ASHA area depending on the inclusion criteria.

Indicators measured in CBTS

Two types of indicators are measured in CBTS: output and outcome. Output indicators measure the activities on the part of the FLWs/health facilities, whereas the outcomes measure the behavior/utilization of services on the part of the mothers/households. A total of 50 indicators are measured through CBTS – 17 output and 33 outcome indicators. The number of indicators is the highest at 36 for the first survey group (mothers delivered in the past 2 months), and the lowest at 5 indicators for the girls aged 13-19 years.

Survey tools

The survey tools used in the CBTS included a screening questionnaire for mapping and listing all the households in the selected PSUs. This screening questionnaire was mainly used to identify the eligible respondents for various

survey groups. A questionnaire each was used for the mother who delivered during the past two months, for mother who has children aged 3-5 months, for mother who has children aged 6-11 months, for mother who has children aged 12-23 months, and for girls aged 13-19 years. Information relating to selected background characteristics, pregnancy outcome, details of antenatal, delivery, and postnatal care, breast feeding practices including supplements, occurrence of childhood diseases and treatment, childhood immunizations, family planning use, and unmet need for family planning were included in the appropriate questionnaires for different groups of mothers interviewed. Similarly, the questionnaire for adolescent girls included background characteristics and the details of adolescent health services.

Survey quality assurance

Protocols were established and implemented in order to reduce the potential non-sampling errors in CBTS. These protocols included the following:

1. Standardization of the interview method – how to ask the questions and how to record the responses – through an interviewers' manual that was used for training the field research teams
2. Back checks: During the field data collection period in each block, the field supervisor visited at least 2 completed PSUs per interviewer and verified the following:
    a. Whether the interviewer had visited the PSU at the reported date
    b. Whether the interviewer had visited the selected ASHA area
    c. Whether the interviewer has covered approximately all the households within the boundary of ASHA area – this was carried out through visiting at random the households in the periphery of the area
    d. Whether the interviewer has missed any eligible respondent in the ASHA area – by visiting randomly the households that did not have any eligible respondent
    e. We verify the geocodes for the location of interview

If there was error in any of the above criteria, the data collection in that PSU was repeated. In addition to the regular back checks by the TSU field supervisors, the external monitoring, learning and evaluation consortium led by Sambodhi teams also did the back checks and regularly shared their findings with the TSU regarding the CBTS data quality.

ANNEXURE C
SURVEY QUESTIONNAIRES

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Uttar Pradesh-Technical Support Unit

Community Behaviour Tracking Survey

QUESTIONNAIRE FOR WOMEN DELIVERED IN THE PAST TWO MONTHS

A: IDENTIFICATION	
DISTRICT _____	☐☐
COMMUNITY DEVELOPMENT BLOCK _____	☐☐☐
NAME OF SUB CENTRE _____	☐☐☐
NAME OF THE VILLAGE _____	☐☐☐
NAME OF ASHA _____	☐☐☐☐
NAME OF WOMAN _____	
ADDRESS _____	
INTERVIEW DATE _____	
NAME OF THE INVESTIGATOR _____	☐☐☐

B: WOMAN'S BACKGROUND CHARACTERISTICS

Q. NO.	QUESTIONS AND FILTERS	CODING	SKIP TO
1	How old are you? RECORD IN COMPLETED YEARS	Age in completed years ..... ☐☐	
2	Do you usually stay here or are you a visitor to this place?	Usual resident ..... 1 Visitor 2	
3	What is your religion?	Hindu ..... 1 Muslim ..... 2 Others 96	
4	To which caste or tribe do you belong to? Is this a scheduled caste, a scheduled tribe, other backward class or none of them?	Scheduled caste ..... 1 Scheduled tribe ..... 2 Other backward class ..... 3 None of them ..... 4 Don't know 98	
5	Can you read and write?	Yes ..... 1 No 2	→ 7
6	What is the highest standard you completed? RECORD 00 IF NEVER ATTENDED SCHOOL	STANDARD ..... ☐☐	
7	Does your household have Below Poverty Line (BPL) card? Can I see it?	Yes, seen BPL card ..... 1 Yes, not seen BPL card ..... 2 No BPL card 3	
7A	Are you a member of SHG/mahila mandal?	Yes ..... 1 No 2	

Q. NO.	QUESTIONS AND FILTERS	CODING	SKIP TO
8	When did you have your last pregnancy termination?	☐☐ ☐☐ ☐☐☐☐ DD MM YYYY	

C: ANTENATAL CARE AND BIRTH PREPAREDNESS

Q NO	QUESTIONS AND FILTERS	CODING	SKIP TO
Now I would like to ask you some questions about the antenatal care during your most recent pregnancy.			
9	Did you register this pregnancy with ASHA or the ANM?	Yes .....1 No .....2 → 11	
10	In which month of your pregnancy did you register with ASHA or ANM?	Pregnancy month ..... ☐	
11	Did you ever go to any health facility/doctor/VHND for an antenatal check-up during this pregnancy?	Yes .....1 No .....2 → 16	
12	How many times did you receive antenatal check-up in a facility/VHND during this pregnancy?	TIMES ..... ☐☐	
13	How many times did you receive antenatal check-up in a facility/VHND during the last 3 months of your pregnancy?	TIMES ..... ☐☐	
14	During the last 3 months of your pregnancy, was your blood pressure checked?	Yes .....1 No .....2 Don't know.....98	
15	During the last 3 months of your pregnancy, was your blood checked for haemoglobin level?	Yes .....1 No .....2 Don't know.....98	
16	How many times did you receive a TT injection during this pregnancy? **RECORD 0 IF NONE**	TIMES ..... ☐	
17	How many IFA tablets did you receive during this pregnancy? **RECORD 000 IF NONE**	TABLETS..... ☐☐☐	
18	How many IFA tablets did you consume during this pregnancy? **RECORD 000 IF NONE**	TABLETS..... ☐☐☐	
19	During this pregnancy, did any ASHA visit you at home to talk to you about your pregnancy and child birth?	Yes .....1 No .....2 → 22	
20	How many times did an ASHA visit you at home during this pregnancy?	TIMES ..... ☐☐	
21	How many times did an ASHA visit you at home during the last 3 months of this pregnancy?	TIMES ..... ☐☐	
22	During this pregnancy, did you receive any counselling / advice on family planning?	Yes .....1 No 2	
23	During this pregnancy where did you plan to deliver: at home or at any health facility?	At health facility.....1 At home.....2 Not planned 3	
24	Did you or your family identify in advance a vehicle you would use to reach health facility for delivery or in case of emergency?	Yes .....1 No 2	
25	What was the outcome of this pregnancy?	Abortion .....1 → 41 Still birth ....2 Live birth 3	
26	Where did you deliver? **CODE ONLY ONE**	District Hospital.....1 CHC.....2 BPHC.....3 PHC/APHC .....4 SC.....6 UHC/UFWC.....5	

Q NO	QUESTIONS AND FILTERS	CODING	SKIP TO
		Other public hospital .....7 Private hospital/clinic .....8 Home .....9 Others 96	
27	Who conducted this delivery? CODE ONLY ONE	Doctor .....1 LHV .....2 ANM .....3 Staff Nurse .....4 Other 96	
28	IF HOME DELIVERY, ASK: Did you take misoprostol tablet (SHOW THE TABLET) immediately after delivery of the baby?	Yes .....1 No 2	
29	During delivery, did you experience any of the following problems? DESCRIBE THE PROBLEMS TO THE RESPONDENT [Yes =1, No =2]	Premature labour .....1 2 Preterm/premature rupture of membrane .....1 2 Excessive bleeding before delivery .....1 2 Prolonged labour(>12 hours .....1 2 Obstructed labour .....1 2 Breech/mal presentation/ .....1 2 Excessive bleeding immediately after delivery .....1 2 Convulsions .....1 2 High BP .....1 2 Sepsis/fever 1 2	
30	ASK, IF ANY YES IN Q29, ELSE GO TO Q31 Where were you treated for these problems? [Yes =1, No =2]	Same facility as the place of delivery .....1 2 District Hospital .....1 2 CHC – FRU .....1 2 CHC- non FRU .....1 2 BPHC .....1 2 PHC/APHC .....1 2 Private facility-CemoC .....1 2 Private facility-non-CemoC .....1 2 Other .....1 2 Not gone anywhere 1 2	
31	Was the delivery normal, caesarean or assisted?	Normal .....1 Caesarean .....2 Assisted 3	
	IF Q25=2 (STILL BIRTH GO TO Q36)		
32	Child registered with civil registration system?	Yes .....1 No 2	

D: POST NATAL AND NEW-BORN CARE

Q NO	QUESTIONS AND FILTERS	CODING	SKIP TO
33	Did you receive any support to breastfeed immediately after delivery?	Yes .....1 No 2	
34	How many hours after delivery did you first put your child to the breast? RECORD 00 IF WITHIN ONE HOUR.	HOURS..... ☐☐	
35	Did you or anyone else give the child anything such as honey, water, tea, jaggary, ghutti before giving breast milk for the first time?	Yes .....1 No 2	
36	After delivery, how many hours did you stay in the hospital? (WILL BE CALLED FROM Q31)	HOURS..... ☐☐	
37	Did any ASHA visit you at home within 24 hours after the delivery or within 24 hours after you returned from the facility?	Yes .....1 No 2	

Q NO	QUESTIONS AND FILTERS	CODING	SKIP TO
38	How many times did the ASHA visit you at home during the first week after delivery?	Number of times ..... ☐☐	
39	How many times did the ASHA visit you at home within the first month after delivery? RECORD '00' IF NONE	Number of times ..... ☐☐	
40	How many times did the ASHA visit you at home during the 2nd month after delivery? RECORD 00 IF NONE	Number of times ..... ☐☐ Not applicable … 97	
41	After the birth of this child/abortion, did you receive any counselling/ advice on family planning?	Yes .....1 No 2	IF ABORTION /STILL BIRTH, GO TO 61
42	Did any ASHA or ANM identify your child as weak?	Yes. .....1 No .....2 → 45	
43	What did she tell you about your child? [Yes =1, No =2]	Premature .....1 2 Low birth weight.....1 2 Did not tell anything .....1 2 Other (Specify).....1 2	
44	Was the child treated?	Yes .....1 No 2	
45	Is the child alive?	Yes .....1 → 48 No 2	
46	When did the child die?	☐☐☐☐☐☐☐☐ DD MM YYYY	
47	According to you, what were the reasons for the child's death? RECORD VERBATIM	_____	
48	What is/was the sex of the child?	Male..... 1 Female.....2	IF CHILD DIED, GO TO 61
49	Did you apply anything to the cord stump of the child?	Yes .....1 No 2	
50	How many days after birth did you first bathe the baby?	Days ..... ☐☐ Not yet bathed.....94 Don't know.....98	
51	Did your child ever suffer from fever?	Yes .....1 No .....2 → 53	
52	Did the child receive injection (gentamycin) for the last episode of fever?	Yes .....1 No 2	
53	Was the child given skin to skin contact (Kangaroo mother care)?	Yes .....1 No 2	
IF CHILD IS NOT ALIVE (Q. NO. 45=2) GO TO Q61			
54	Did the child ever have diarrhoea?	Yes .....1 No .....2 → 56	
55	What was given to your child when s/he had diarrhoea the last time? [Yes =1, No =2]	Zinc .....1 2 ORT 1 2	

Q NO	QUESTIONS AND FILTERS	CODING	SKIP TO
56	Was the child ever had following symptoms of Pneumonia? **[Yes =1, No =2]**	Difficulty in breathing or chest in-drawing .....1 2 Cough .....1 2 Fever.....1 2	**IF YES IN ALL, ASK 57, OTHERWISE GO**
57	Was [NAME] treated with an antibiotic when s/he had these symptoms the last time?	Yes .....1 No .....2 Don't know.....98	
58	Was your child screened by a medical doctor for any of following: **[Yes =1, No =2]**	Birth defects.....1 2 Development delays.....1 2 Deficiency.....1 2 Disease 1 2	
59	Was your child given anything other than breastmilk (including water) in the past 24 hours?	Yes .....1 No 2	
60	In past 30 days, were you ever advised by the ASHA or ANM or AWW that you should not give anything other than breastmilk (not even water) to the child for 6 months?	Yes .....1 No 2	

E: REPRODUCTIVE HEALTH AND FAMILY PLANNING

Q NO	QUESTIONS AND FILTERS	CODING	SKIP TO
61	Have you accepted an IUCD or tubal ligation after termination of this pregnancy? **IF TUBAL LIGATION ACCEPTED, DON'T ASK Q65, Q66**	None .....1 → 65 IUCD.....2 Tubal ligation.....3 Not Applicable .....4 → END	
62	When, after termination of this pregnancy, did you accept this method of family planning?	☐☐☐☐☐☐☐☐ DD MM YYYY	
63	Did you receive any **follow-up care** within a month after you accepted this method?	Yes.....1 No 2	
64	Did you experience any complication related to this method?	Yes.....1 No 2	
65	**ASK, IF NOT ACCEPTED TUBAL LIGATION** Do you or your husband want to have any more children?	Yes.....1 No .....2 Undecided 95	END
66	How long do you want to wait for the next child?	Years ..... ☐☐ Undecided 95	

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Uttar Pradesh-Technical Support Unit

Community Behaviour Tracking Survey

QUESTIONNAIRE FOR WOMEN WITH CHILDREN AGE 3-5 MONTHS

A: IDENTIFICATION	
DISTRICT _____	☐☐
COMMUNITY DEVELOPMENT BLOCK _____	☐☐☐
NAME OF SUB CENTRE _____	☐☐☐
NAME OF THE VILLAGE _____	☐☐☐
NAME OF ASHA _____	☐☐☐☐
NAME OF WOMAN _____	
ADDRESS _____	
INTERVIEW DATE _____	
NAME OF THE INVESTIGATOR _____	☐☐☐

B: WOMAN'S BACKGROUND CHARACTERISTICS

Q. NO.	QUESTIONS AND FILTERS	CODING	SKIP TO
1	How old are you? RECORD IN COMPLETED YEARS	Age in completed years ..... ☐☐	
2	Do you usually stay here or are you a visitor to this place?	Usual resident.....1 Visitor 2	
3	What is your religion?	Hindu .....1 Muslim.....2 Others.....96	
4	To which caste or tribe do you belong to? Is this a scheduled caste, a scheduled tribe, other backward class or none of them?	Scheduled caste.....1 Scheduled tribe .....2 Other backward class .....3 None of them .....4 Don't know 98	
5	Can you read and write?	Yes .....1 No .....2 ⟶	7
6	What is the highest standard you completed? RECORD 00 IF NEVER ATTENDED SCHOOL	STANDARD ..... ☐☐	
7	Does your household have Below Poverty Line (BPL) card? Can I see it?	Yes, seen BPL card .....1 Yes, not seen BPL card .....2 No BPL card.....3	
7A	Are you a member of SHG/mahila mandal?	Yes 1	

Q. NO.	QUESTIONS AND FILTERS	CODING	SKIP TO
		No 2	
8	a. What is the name of your last child? RECORD NAME_____ b. When was (NAME) born?	DD MM YYYY ☐☐ ☐☐ ☐☐☐☐	
9	What is the sex of the child?	Male ..... 1 Female 2	
10	Was [NAME] registered with civil registration system?	Yes ..... 1 No 2	

C: INTERACTION WITH FRONT LINE WORKERS, EXCLUSIVE BREASTFEEDING AND CHILD HEALTH

Q. NO.	QUESTIONS AND FILTERS	CODING	SKIP TO
Now I would like to ask you some questions about your child.			
11	During the last 3 months, did any ASHA visit you at home to talk to you about [NAME]?	Yes ..... 1 No 2	▶13
12	How many times did an ASHA visit you at home during the last 3 months?	TIMES ..... ☐☐	
13	During this pregnancy, did you receive any counselling / advice on family planning?	Yes ..... 1 No 2	
14	After the birth of this child, did you receive any counselling/ advice on family planning?	Yes ..... 1 No 2	
15	Did [NAME] ever have diarrhoea?	Yes ..... 1 No 2	▶17
16	What was given to [NAME] when s/he had diarrhoea the last time? **[Yes =1, No =2]**	Zinc ..... 1 2 ORT 1 2	
17	Was the child ever had following symptoms of Pneumonia? **[Yes =1, No =2]**	Difficulty in breathing or chest in-drawing ..... 1 2 Cough ..... 1 2 Fever 1 2	**IF YES IN ALL, ASK 18; OTHERWISE GO TO 19**
18	Was [NAME] treated with an antibiotic when s/he had these symptoms the last time?	Yes ..... 1 No ..... 2 Don't know 98	
19	Was [NAME] screened by a medical doctor for any of following: **[Yes =1, No =2]**	Birth defects ..... 1 2 Development delays ..... 1 2 Deficiency ..... 1 2 Disease 1 2	
20	Was [NAME] given anything other than breastmilk (including water) in the past 24 hours?	Yes ..... 1 No 2	
21	In past 30 days, were you ever advised by the ASHA or ANM or AWW that you should not give anything other than breastmilk (not even water) to the child for 6 months?	Yes ..... 1 No 2	

D: REPRODUCTIVE HEALTH AND FAMILY PLANNING

Q NO	QUESTIONS AND FILTERS	CODING	SKIP TO
22	Have you accepted an IUCD or tubal ligation after the birth of this child? **IF TUBAL LIGATION ACCEPTED, DON'T ASK Q26, Q27, Q28**	None .....1 → 26 IUCD.....2 Tubal ligation .....3 Not Applicable .....4 → END	
23	When, after the birth of the child, did you accept this method of family planning?	☐☐☐☐☐☐☐☐ DD MM YYYY	
24	Did you receive any **follow-up care** within a month after you accepted this method?	Yes.....1 No 2	
25	Did you experience any complications related to this method?	Yes.....1 No 2	
26	**ASK, IF NOT ACCEPTED IUCD** Are you currently using any other modern method to delay or avoid getting pregnant?	Yes.....1 No 2	
27	**ASK, IF NOT ACCEPTED TUBAL LIGATION** Do you or your husband want to have any more children?	Yes.....1 No .....2 Undecided.....95	END
28	How long do you want to wait for the next child?	Years ..... ☐☐ Undecided.....95	

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Uttar Pradesh-Technical Support Unit

Community Behaviour Tracking Survey

QUESTIONNAIRE FOR WOMEN WITH CHILDREN AGE 6-11 MONTHS

A: IDENTIFICATION	
DISTRICT _____	☐☐
COMMUNITY DEVELOPMENT BLOCK _____	☐☐☐
NAME OF SUB CENTRE _____	☐☐☐
NAME OF THE VILLAGE _____	☐☐☐
NAME OF ASHA _____	☐☐☐☐
NAME OF WOMAN _____	
ADDRESS_____	
INTERVIEW DATE _____	
NAME OF THE INVESTIGATOR _____	☐☐☐

B: WOMAN'S BACKGROUND CHARACTERISTICS

Q. NO.	QUESTIONS AND FILTERS	CODING	SKIP TO
1	How old are you? RECORD IN COMPLETED YEARS	Age in completed years ..... ☐☐	
2	Do you usually stay here or are you a visitor to this place?	Usual resident.....1 Visitor 2	
3	What is your religion?	Hindu .....1 Muslim.....2 Others.....96	
4	To which caste or tribe do you belong to? Is this a scheduled caste, a scheduled tribe, other backward class or none of them?	Scheduled caste.....1 Scheduled tribe.....2 Other backward class .....3 None of them.....4 Don't know.....98	
5	Can you read and write?	Yes .....1 No 2	→7
6	What is the highest standard you completed? RECORD 00 IF NEVER ATTENDED SCHOOL	STANDARD ..... ☐☐	
7	Does your household have Below Poverty Line (BPL) card? Can I see it?	Yes, seen BPL card .....1 Yes, not seen BPL card .....2 No BPL card.....3	
7A	Are you a member of SHG/mahila mandal?	Yes 1	

Q. NO.	QUESTIONS AND FILTERS	CODING	SKIP TO
		No 2	
8	c. What is the name of your last child? RECORD NAME_____ d. When was (NAME) born?	☐☐☐☐☐☐☐☐ DD MM YYYY	
9	What is the sex of the child?	Male ..... 1 Female..... 2	
10	Was [NAME] registered with civil registration system?	Yes ..... 1 No 2	

C: CHILD HEALTH AND NUTRITION

Q NO	QUESTIONS AND FILTERS		CODING		SKIP TO
Now I would like to ask you some questions about your child.					
11	Have you breastfed [NAME] in the past 24 hours – either day time or night time?		Yes ..... 1 No 2		
12	In last 24 hours, how many times was [NAME] given any semi-solid, solid or soft food in a separate bowl/plate?		TIMES ..... ☐☐		IF 00, GO TO 14
13	Now, I would like to ask you about the type and quantity of food that was consumed by [NAME] in each of his/her meal. **ASK THE MOTHER AND RECORD RESPONSES TO 13b TO 13d, ABOUT EACH MEAL SEPARATELY STARTING WITH THE LAST MEAL THE CHILD HAD**				
	13a. Meal #	13b. Was the food eaten by [NAME] in this meal soft/mashed/semi-solid or solid?	13c. How much did [NAME] consume in this meal? **SHOW THE BOWL TO THE RESPONDENT AND RECORD, ASK THE AMOUNT AND RECORD**	13d.What was/were included in this meal? **[Yes=1, No =2]**	
	1	Soft/mashed/ semi-solid.....1 Solid.....2 **IF 2, GO TO 13d**	Full.....1 Half.....2 Less than half.....3	Fats and oils..... 1 2 Pulses and legumes..... 1 2 Green leafy/ other vegetables. ..... 1 2 Fruits..... 1 2 Cereals and millets..... 1 2 Milk and milk products ..... 1 2 Egg and animal products 1 2	
	2	Soft/mashed/ semi-solid.....1 Solid.....2 **IF 2, GO TO 13d**	Full.....1 Half.....2 Less than half.....3	Fats and oils..... 1 2 Pulses and legumes..... 1 2 Green leafy/ other vegetables ..... 1 2 Fruits..... 1 2 Cereals and millets..... 1 2 Milk and milk products. ..... 1 2 Egg and animal products 1 2	

	3	Soft/mashed/ semi-solid.....1 Solid.....2 **IF 2, GO TO 13d**	Full.....1 Half.....2 Less than half.....3	Fats and oils.....1 2 Pulses and legumes.....1 2 Green leafy/ other vegetables .....1 2 Fruits.....1 2 Cereals and millets.....1 2 Milk and milk products .....1 2 Egg and animal products 1 2	
	4	Soft/mashed/ semi-solid.....1 Solid.....2 **IF 2, GO TO 13d**	Full.....1 Half.....2 Less than half.....3	Fats and oils.....1 2 Pulses and legumes.....1 2 Green leafy/ other vegetables .....1 2 Fruits.....1 2 Cereals and millets.....1 2 Milk and milk products .....1 2 Egg and animal products 1 2	
	5	Soft/mashed/ semi-solid.....1 Solid.....2 **IF 2, GO TO 13d**	Full.....1 Half.....2 Less than half.....3	Fats and oils.....1 2 Pulses and legumes.....1 2 Green leafy/ other vegetables .....1 2 Fruits.....1 2 Cereals and millets.....1 2 Milk and milk products .....1 2 Egg and animal products 1 2	
	6	Soft/mashed/ semi-solid.....1 Solid.....2 **IF 2, GO TO 13d**	Full.....1 Half.....2 Less than half.....3	Fats and oils.....1 2 Pulses and legumes.....1 2 Green leafy/ other vegetables .....1 2 Fruits.....1 2 Cereals and millets.....1 2 Milk and milk products .....1 2 Egg and animal products 1 2	

14	How many times vaccination against diphtheria, whooping cough and tetanus given to [NAME]? **RECORD 9, IF DON'T KNOW**	a. Number of DPT given..... ... b. Recorded from Card .....1 By recall 2	
15	Did [NAME] receive a Vitamin A dose in the past 6 months?	Yes .....1 No .....2 Don't know.....98	
16	Did [NAME] receive IFA syrup in the past 6 months?	Yes .....1 No .....2 Don't know.....98	
17	Did [NAME] ever have diarrhoea?	Yes .....1 No 2	→ 19
18	What was given to [NAME] when s/he had diarrhoea the last time? **[Yes =1, No =2]**	Zinc .....1 2 ORT 1 2	
19	Was the child ever had following symptoms of Pneumonia? **[Yes =1, No =2]**	Difficulty in breathing or chest in-drawing/ .....1 2 Cough .....1 2 Fever.....1 2	**IF YES IN ALL, ASK 20; OTHERWISE GO**
20	Was [NAME] treated with an antibiotic when s/he had these symptoms the last time?	Yes .....1 No .....2 Don't know.....98	
21	Was [NAME] ever screened by a medical doctor for any of following: **[Yes =1, No =2]**	Birth defects .....1 2 Development delays.....1 2 Deficiency 1 2	

		Disease..... 1 2	
22	During the period 5-8 months after delivery, did any ASHA visit you at home to talk to you about [NAME]?	Yes .....1 No 2	
23	During the last 1 month, did you receive any counselling/ advice on age appropriate complementary feeding?	Yes .....1 No 2	

D: REPRODUCTIVE HEALTH AND FAMILY PLANNING

Q NO	QUESTIONS AND FILTERS	CODING	SKIP TO
24	Have you accepted an IUCD or tubal ligation after the birth of this child? **IF TUBAL LIGATION ACCEPTED, DON'T ASK Q28, Q29, Q30, Q31, Q32**	None .....1 → 30 IUCD.....2 Tubal ligation.....3 Not Applicable .....4 → END	
25	When, after the birth of the child, did you accept this method of family planning?	☐☐☐☐☐☐☐☐ DD MM YYYY	
26	Did you receive any **follow-up care** within a month after you accepted this method?	Yes.....1 No 2	
27	Did you experience any complications related to this method?	Yes.....1 No 2	
28	Are you currently using IUCD to delay pregnancy?	Yes.....1 → 31 No 2	
29	When did you remove IUCD, after its acceptance?	☐☐☐☐☐☐☐☐ DD MM YYYY	
30	**ASK, IF NOT ACCEPTED IUCD** Are you currently using any other modern method to delay or avoid getting pregnant?	Yes.....1 No .....2 Currently pregnant 3	
31	**ASK, IF NOT ACCEPTED TUBAL LIGATION** Do you or your husband want to have any more children?	Yes.....1 No ... 2 Undecided 95	END
32	How long do you want to wait for the next child?	Years ..... ☐☐ Undecided 95	

CONFIDENTIAL

Uttar Pradesh-Technical Support Unit

Community Behaviour Tracking Survey

QUESTIONNAIRE FOR WOMEN WITH CHILDREN AGE 12-23 MONTHS

A: IDENTIFICATION	
DISTRICT _____	☐☐
COMMUNITY DEVELOPMENT BLOCK _____	☐☐☐
NAME OF SUB CENTRE _____	☐☐☐
NAME OF THE VILLAGE _____	☐☐☐
NAME OF ASHA _____	☐☐☐☐
NAME OF WOMAN _____	
ADDRESS _____	
INTERVIEW DATE _____	
NAME OF THE INVESTIGATOR _____	☐☐☐

B: WOMAN'S BACKGROUND CHARACTERISTICS

Q. NO.	QUESTIONS AND FILTERS	CODING	SKIP TO
1	How old are you? RECORD IN COMPLETED YEARS	Age in completed years ..... ☐☐	
2	Do you usually stay here or are you a visitor to this place?	Usual resident.....1 Visitor 2	
3	What is your religion?	Hindu .....1 Muslim.....2 Other (specify _____96	
4	To which caste or tribe do you belong to? Is this a scheduled caste, a scheduled tribe, other backward class or none of them?	Scheduled caste.....1 Scheduled tribe.....2 Other backward class .....3 None of them.....4 Don't know.....98	
5	Can you read and write?	Yes .....1 No 2	→ 7
6	What is the highest standard you completed? **RECORD 00 IF NEVER ATTENDED SCHOOL**	STANDARD ..... ☐☐	
7	Does your household have Below Poverty Line (BPL) card? Can I see it?	Yes, seen BPL card .....1 Yes, not seen BPL card .....2 No BPL card.....3	
7A	Are you a member of SHG/mahila mandal?	Yes 1	

Q. NO.	QUESTIONS AND FILTERS	CODING	SKIP TO
		No 2	
8	a. What is the name of your last child? RECORD NAME_____ b. When was (NAME) born?	☐☐☐☐☐☐☐☐ DD MM YYYY	
9	What is the sex of the child?	Male ..... 1 Female..... 2	
10	Was [NAME] registered with civil registration system?	Yes ..... 1 No 2	

C: CHILD HEALTH AND NUTRITION

Q NO	QUESTIONS AND FILTERS	CODING	SKIP TO
Now, I would like to ask you some questions about your child.			
11	Have you breastfed [NAME] in the past 24 hours – either day time or night time?	Yes ..... 1 No 2	
12	In last 24 hours, how many times was [NAME] given any semi-solid, solid or soft food in a separate bowl/plate?	TIMES..... ☐☐	IF 00, GO TO 14.
13	Now, I would like to ask you about the type and quantity of food that was consumed by [NAME] in each of his/her meal. **ASK THE MOTHER AND RECORD RESPONSES TO 13b TO 13d, ABOUT EACH MEAL SEPARATELY STARTING WITH THE LAST MEAL THE CHILD HAD**		

13a. Meal #	13b. Was the food eaten by [NAME] in this meal soft/mashed/semi-solid or solid?	13c. How much did [NAME] consume in this meal? **SHOW THE BOWL TO THE RESPONDENT AND RECORD, ASK THE AMOUNT AND RECORD**	13d. What was/were included in this meal? **[Yes =1, No =2]**
1	Soft/mashed/ semi-solid.....1 Solid.....2 **IF 2, GO TO 13d**	Full.....1 Half.....2 Less than half.....3	Fats and oils..... 1 2 Pulses and legumes..... 1 2 Green leafy/ other vegetables ..... 1 2 Fruits..... 1 2 Cereals and millets..... 1 2 Milk and milk products ..... 1 2 Egg and animal products 1 2
2	Soft/mashed/ semi-solid.....1 Solid.....2 **IF 2, GO TO 13d**	Full.....1 Half.....2 Less than half.....3	Fats and oils..... 1 2 Pulses and legumes..... 1 2 Green leafy/ other vegetables ..... 1 2 Fruits..... 1 2 Cereals and millets..... 1 2 Milk and milk products ..... 1 2 Egg and animal products 1 2
3	Soft/mashed/ semi-solid.....1 Solid.....2 **IF 2, GO TO 13d**	Full.....1 Half.....2 Less than half.....3	Fats and oils..... 1 2 Pulses and legumes..... 1 2 Green leafy/ other vegetables ..... 1 2 Fruits/ ..... 1 2 Cereals and millets..... 1 2 Milk and milk products ..... 1 2 Egg and animal products 1 2
4	Soft/mashed/	Full.....1	Fats and oils..... 1 2

Q NO	QUESTIONS AND FILTERS			CODING	SKIP TO
		semi-solid.....1 Solid.....2 **IF 2, GO TO 13d**	Half.....2 Less than half.....3	Pulses and legumes.....1 2 Green leafy/ other vegetables .....1 2 Fruits.....1 2 Cereals and millets.....1 2 Milk and milk products .....1 2 Egg and animal products 1 2	
	5	Soft/mashed/ semi-solid.....1 Solid.....2 **IF 2, GO TO 13d**	Full.....1 Half.....2 Less than half.....3	Fats and oils.....1 2 Pulses and legumes.....1 2 Green leafy/ other vegetables .....1 2 Fruits.....1 2 Cereals and millets.....1 2 Milk and milk products .....1 2 Egg and animal products 1 2	
	6	Soft/mashed/ semi-solid.....1 Solid.....2 **IF 2, GO TO 13d**	Full.....1 Half.....2 Less than half.....3	Fats and oils.....1 2 Pulses and legumes.....1 2 Green leafy/ other vegetables .....1 2 Fruits.....1 2 Cereals and millets.....1 2 Milk and milk products .....1 2 Egg and animal products 1 2	
14	Was a BCG vaccination against tuberculosis, given to [NAME] as an injection in the arm or shoulder that usually causes a scar? CHECK THE CHILD'S IMMUNIZATION CARD, SCAR AND RECORD			Yes (card seen)..... 1 Yes (mother's recall)..... 2 No 3	
15	How many times was [NAME] given vaccination against diphtheria, whooping cough and tetanus? RECODE 9, IF DON'T KNOW			a. Number of DPT given..... ... ☐ b. Recorded from Card .....1 By recall 2	
16	Was an injection against measles given to [NAME] at right arm/ shoulder?			Yes (card seen ..... 1 Yes (mother's recall)..... 2 No 3	
17	Did [NAME] receive a Vitamin A dose in the past 6 months?			Yes .....1 No .....2 Don't know.....98	
18	Did [NAME] receive IFA syrup in the past 6 months?			Yes .....1 No .....2 Don't know.....98	
19	Did [NAME] ever have diarrhoea?			Yes .....1 No .....2 →	21
20	What was given to [NAME] when s/he had diarrhoea the last time? **[Yes =1, No =2]**			Zinc .....1 2 ORT 1 2	
21	Was the child ever had following symptoms of Pneumonia? **[Yes =1, No =2]**			Difficulty in breathing or chest in-drawing .....1 2 Cough .....1 2 Fever.....1 2	**IF YES IN ALL, ASK 22; OTHERWISE GO TO 23**
22	Was [NAME] treated with an antibiotic when s/he had these symptoms the last time?			Yes .....1 No .....2 Don't know.....98	

Q NO	QUESTIONS AND FILTERS	CODING	SKIP TO
23	Was [NAME] ever screened by a medical doctor for any of following: **[Yes =1, No =2]**	Birth defects ..... 1 2 Development delays..... 1 2 Deficiency ..... 1 2 Disease..... 1 2	
24	During the last 1 month, did you receive any counselling/ advice on age appropriate complementary feeding?	Yes .....1 No 2	

D: REPRODUCTIVE HEALTH AND FAMILY PLANNING

Q NO	QUESTIONS AND FILTERS	CODING	SKIP TO
25	Have you accepted an IUCD or tubal ligation after the birth of this child? **IF TUBAL LIGATION ACCEPTED, DON'T ASK Q29, Q30 & Q31**	None .....1 IUCD.....2 Tubal ligation.....3 Not Applicable 4	▶ 29 ▶END
26	When, after the birth of the child, did you accept this method of family planning?	☐☐☐☐☐☐☐☐ DD MM YYYY	
27	Did you receive any **follow-up care** within a month after you accepted this method?	Yes.....1 No 2	
28	Did you experience any complications related to this method?	Yes.....1 No 2	
29	**ASK, IF NOT ACCEPTED IUCD** Are you currently using any other modern method to delay or avoid getting pregnant?	Yes.....1 No .....2 Currently pregnant 3	
30	**ASK, IF NOT ACCEPTED TUBAL LIGATION** Do you or your husband want to have any more children?	Yes.....1 No .....2 Undecided 95	END
31	How long do you want to wait for the next child?	Years ....☐☐ Undecided 95	

Uttar Pradesh - Technical Support Unit
India Health Action Trust,
404 , 4th Floor , Ratan Square , Vidhan Sabha Marg, Lucknow – 226001
Handfone : 9554498765 | Ph.: 0522-4922350 Ext :226 | Fax : 0522-4931778 |
Website: www.ihat.in