



Play safe with Sisimpur: an evaluation of a child injury prevention intervention in Bangladesh

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ABSTRACT

For children under the age of 18 in Bangladesh, road traffic injuries, drowning, animal bites, poisonous substances, falls, burns, and electrocutions and fire-related burns pose significant and serious risk and are a leading cause of mortality, especially in rural areas. Despite this, there is limited evidence of what works to increase children's knowledge of injury prevention and decrease incidents of unintentional injury. This study addresses this gap by presenting findings from an evaluation of *Play Safe with Sisimpur*. Leveraging the popularity of *Sisimpur*, the Bangladeshi co-production of *Sesame Street*, *Play Safe with Sisimpur* employed a school-based child-to-child and adult-to-adult mentorship model, designed to improve injury prevention knowledge and promote behavior change. Child survey results demonstrate a significant change between baseline and end line in the knowledge of children related to injury prevention and treatment for burns, electrocution, falls, household hazards, playing safe, road traffic injuries, and water safety. Adult mentee survey results demonstrate a significant change between baseline and end line in the knowledge of adult mentees related to injury prevention and treatment of animal injuries, burns, falls, household hazards, and road traffic injuries.

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It is widely acknowledged that unintentional injuries in young children is a significant public health challenge, particularly in middle and low-income countries (World Health Organization, 2008). Unintentional injuries, which include injuries due to road traffic injuries, drowning, poisoning, animal bites, burns, and electrocution, are a leading cause of injury and death for children globally, though incident rates are significantly higher in low-income countries. For children under the age of 18, road traffic injuries, drowning, and fire-related burns are among the top 10 leading causes of death. The risks for serious injury or death due to unintentional injuries are particularly high for children due to their small stature and developing cognitive abilities that may not match their physical abilities. Smaller airway size increases the danger of aspiration and thinner skin means an infant's skin burns more deeply than an adult's skin. For poisonous substances, the toxicity is far greater in children because of their smaller mass (World Health Organization, 2008).

The public health crisis of unintentional injuries among children is especially pronounced in Bangladesh (Rahman et al., 2004). For children in Bangladesh, a child's home and immediate surroundings are the most common sites for unintentional injuries, where more than 50% of all injuries occurred, followed by streets and highways and water reservoir (Chowdhury et al., 2009). For injuries leading to death, in Bangladesh, drowning was found to be the leading cause of death for children 1-9 years old (Table 1) and 26% of all deaths in children between the ages of 1 and 4 years are due

to drowning (Talab et al., 2016). A national survey found 80% of drowning among children aged under 5 years happened within 20 meters of the family home. (Rahman et al., 2009; World Health Organization, 2014). Rural Bangladeshi children tend to have much higher drowning rates than those in urban areas, where many child drowning deaths occur in fishing communities that rely on non-motorized watercraft for water transport (World Health Organization, 2008; Rahman et al., 2006).

While the thousands of waterways in Bangladesh pose serious risks for rural children, roadways are also a major source of child injury. Globally, road traffic injuries (RTIs) are now the leading cause of death for children and young adults aged 5–29 years (World Health Organization, 2018). Global data on RTIs aligns with findings from Bangladesh that highlights the high rates of RTIs, high exposure of risk factors among school children, particularly in rural areas where the incident rate of RTIs was found to be three times higher in rural than urban areas (Baset et al., 2012; Kamran Ul et al., 2016)

Animal bites pose another significant risk of unintentional injury to children in Bangladesh. An estimated 200,000 animal bite cases are reported each year, with the majority of the victims rural children under 15 years of age (Ghosh et al., 2016; Hossain et al., 2011), giving Bangladesh the third highest mortality rate among rabies-endemic countries (Bhuiyan et al., 2019).

Table 1. Bangladesh: Injury mortality rate (per 100,000 children) by cause, age group and sex (World Health Organization, 2008).

	Boys				Girls			
	<1	1-4	5-9	10-14	<1	1-4	5-9	10-14
All unintentional	94.6	91.7	51.2	32.7	82.5	99.0	36.6	5.1
Road traffic injuries			4.1	12.2		7.4	9.5	2.9
Burns	17.3	1.8				0.7	0.5	
Drowning	19.9	89.9	31.2	6.6	9.7	83.6	21.9	
Falls	8.4		2.0	4.9	36.0	3.3		2.2
Poisoning ¹²								
Suffocation	31.6		2.1		24.0			
Other unintentional	17.3		11.8	9.1		0.8		2.8

The risk of unintentional injury due to ingesting poisonous substances, falls, burns, and electrocutions disproportionately affect young children in Bangladesh. In a retrospective study of child poisoning in Dhaka, preschool-age boys had the highest incident rates of unintentional injuries due to ingesting poisonous substances, burns, and electrocution among all cases of injury (Bhuiyan et al., 2019). Research has shown that rural children under five in Bangladesh are at the highest risk of unintentional injury due to poisoning, falls, as well as thermal, electrical and other causes of burn injuries (Mashreky et al., 2010; Talab et al., 2016; Wadhvaniya et al., 2016). Rural children in Bangladesh are at a higher risk of burns because of the high rates of cooking in an open place, use of the traditional kerosene lamp, and unlikelihood of a household with a separate kitchen (Mashreky et al., 2010).

Overview of *Play Safe with Sisimpur*

While the public health challenges posed by unintentional child injury are significant, there is limited evidence of what works in Bangladesh or other low-middle income contexts to increase children's knowledge of injury prevention and decrease incidents of unintentional injury (Mecrow et al., 2015; Pant et al., 2015; Rahman et al., 2012; Rivara, 2012). Scholars have noted that the implementation of effective interventions at scale is the only way to decrease death and disability across the globe (Hyder, 2019). Given this, Sesame Workshop, the non-profit behind *Sesame Street* and its international co-productions, with extensive success in developing effective public health interventions for young children globally through a variety of implementation methods, including television and radio broadcast and classroom based interventions using both print and video content (Khulisa Management Services, 2005; Consultores en Investigación y Comunicación (CINCO), 2009; Borzekowski & Macha, 2010; Céspedes et al., 2012; Bickford et al., 2017), developed *Play Safe with Sisimpur* in an effort to reduce rates of unintentional child injury in Bangladesh.

In 2016, with funding and expertise from the AO Foundation¹ and the AO Alliance Foundation, Sesame Workshop created *Play Safe with Sisimpur*, aimed at reducing the incidence of targeted preventable traumatic injuries among children ages 3-8 by improving children's knowledge, attitudes, and behaviors related to safe play and injury prevention strategies. Leveraging the popularity of *Sisimpur*, the Bangladeshi co-production of *Sesame Street*, *Play Safe*

with *Sisimpur* employed a school-based child-to-child mentorship model to empower children to raise awareness in their communities and educate other children, wherein children ages 12-14 mentored children younger children (ages 3-8) on injury prevention strategies. The program also reached parents and caregivers through an adult mentorship model, as well as first responders in the community with adult-facing messages that focus on creating safe physical environments, proper injury prevention strategies, and immediate response and treatment of children's injuries. In total, the program trained 336 teachers, 2011 kid mentors, 2487 adult mentors, and 219 first responders across 56 schools in Upazila Raipura, Narsingdi District (Figures 1 and 2).

Sesame Workshop and Sesame Workshop Bangladesh (SWB), in consultation with the Centre for Injury Prevention and Research (CIPR) and AO-recommended experts, developed engaging, age-appropriate, and locally relevant messaging to help children and their caregivers avoid safety risks and prevent injuries. Specifically, the co-created curriculum addressed falls and fracture prevention, road traffic safety, water and fire safety and each theme had both child-facing and adult-facing messages, as well as response/treatment suggestions in the event of an injury. SWB, in partnership with Village Education Resource Center (VERC) and the Center for Injury Prevention and Research Bangladesh (CIPRB), implemented the program across 56 schools in Upazila Raipura. Based on VERC's relationship with the community and previous experience implementing in Narsingdi District, Sesame Workshop, SWB, and VERC selected Upazila Raipura for implementation of *Play Safe with Sisimpur*. Using a combination of community-based and mass media interventions to raise awareness and create support for injury and accident prevention, *Play Safe* content included ten Muppet video segments, ten live action films, dubbed relevant global content, one public service announcement (PSA), and 28 print materials (storybooks, mentor guidebooks, pamphlets, and activity sheets).

Evaluation design

To evaluate the effectiveness of *Play Safe with Sisimpur* in improving injury prevention knowledge and promoting behavior change of children and their families in identifying dangerous situations, Sesame Workshop commissioned D3 Systems, Inc. (D3) to conduct a mixed-methods impact

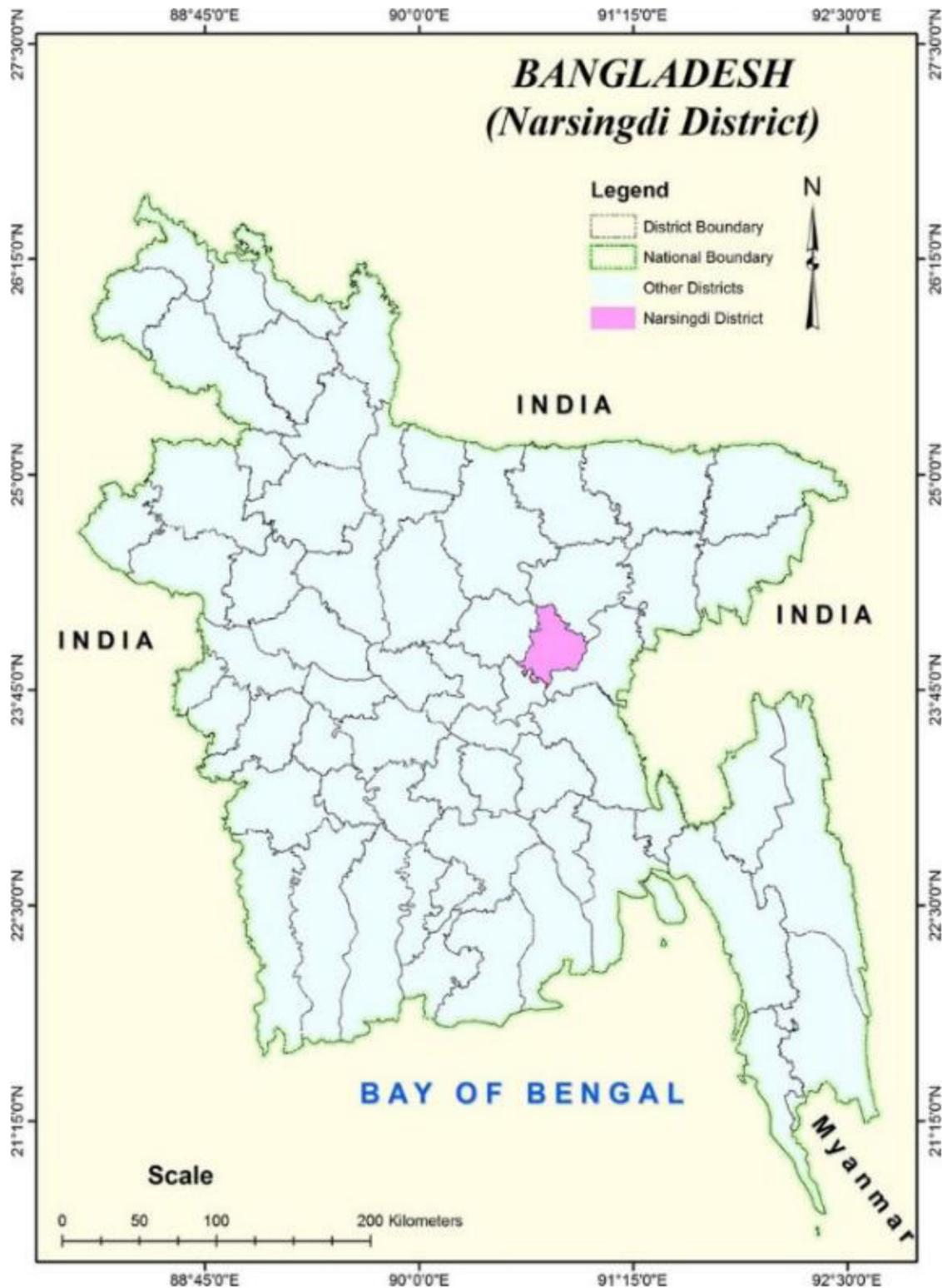


Figure 1. Map of Narsingdi District, Bangladesh (Kabir & Rainis, 2014).

evaluation of the project and D3 partnered with Dhaka-based Org Quest. The mixed-methods evaluation design includes a single-group pre-post comparison through quantitative knowledge surveys.² Findings from the quantitative results were further investigated by in-depth interviews, ethnographies, and focus-group discussions. This study collected and analyzed data on water safety, falls, burns, road traffic injuries, household hazards, animal injuries, and

electrocution. D3 conducted 10 in-depth interviews with school facilitators, four (4) focus group discussions with doctors, pharmacists and first responders, and five (5) ethnographic home observations.

D3 conducted the baseline evaluation in August 2017, before the program was launched. The program ended in December of 2017 and D3 completed the end line evaluation in January 2018. Subsequently, there was about a one-

UPAZILA MAP
UPAZILA RAIPURA
DISTRICT NARSINGDI



Figure 2. Upazila Raipura implementation areas (Government of the People's Republic of Bangladesh, 2020)

month gap period between the end of the program and the end line surveys. This one-month gap between the program ending and end line survey was a result of final term exams (preventing interviewers from coming to the schools) between November 20 – December 20 and children being out of school for winter holidays. For both rounds of data collection, D3 implemented two identical quantitative baseline surveys including a Child Survey and Adult Mentee Survey.

Survey design

The child and adult mentee quantitative knowledge surveys were administered at baseline and end line. For both the child and adult surveys, the questionnaire covered injury prevention topics part of *Play Safe with Sisimpur* content: water safety, falls, burns, road traffic injuries, household hazards, animal injuries, and electrocution and machine injuries. Qualitative tools for adult mentors, school facilitators, and first responders focused implementation of curriculum and materials and the prevalence of common injuries. An observational measure collected specific to the storage of dangerous objects, open flames, and other common household hazards.

Sampling

The *Play Safe with Sisimpur* end line evaluation was conducted in Upazila Raipura in the Narsingdi district in January 2018. For the end line, two probability-based

quantitative surveys used in baseline data collection were conducted; one with adult mentees ($n=671$) participating in the program and one with children ($n=1175$) attending one of the 56 *Play Safe with Sisimpur* schools in Upazila Raipura.

For the baseline, D3 randomly selected 1,288 children (23 from each of the 56 schools) for the primary sample. A separate list of 1,288 randomly selected children was also provided as replacements. Both sample lists assigned a unique Child Identification Number to each child which interviewers were required to document for validation purposes. For the end line, D3 used the achieved sample from baseline as the frame ($n=1,329$) including a list of randomly selected replacements ($n=989$). Interviewers also conducted extra interviews from the replacement list to ensure the final number of complete interviews matched the target sample while accounting for potential case removal due to inconsistencies in data cleaning. A total of 1,177 child interviews were completed at end line. For the end line survey, there were no child replacements.

For the baseline, D3 used simple random sample to select 750 adult mentees (ages 18+) for the primary sample and a separate list of 4,250 adult mentees as the replacement sample. The list of 4,250 adult mentees was provided by Sesame Workshop Bangladesh and served as the sample frame. Each of adult mentee from both the primary and replacement list previously agreed to participate in the *Play Safe with Sisimpur* project and live in different villages across the Narsingdi district. For the end line, D3 used the achieved sample of adult mentees at baseline ($n=776$) as the sample

list. All 776 of these adult mentees participated in the baseline survey. A list of randomly selected replacements ($n = 3,850$) was also created.

D3 also conducted 10 in-depth interviews with school facilitators, four focus group discussions, with first responders, and five home observations.

Results

To statistically compare knowledge outcomes between baseline and end line, the analysis used McNemar's nonparametric test on the weighted data. Substantive survey questions were recoded for testing, with 1 as the "correct response" and 2 grouped as all other possible responses for each injury related question including survey non-response.

Child respondents

For the child survey, there was a significant ($p < 0.001^3$) difference in the proportion of children who answered a question correctly in 36 of the 37 questions (Table 2). The child survey results demonstrate a significant overall change between baseline and end line in the knowledge of children related to injury prevention and treatment for burns, electrocution, falls, household hazards, playing safe, road traffic injuries, and water safety.

Adult mentees

For the adult mentee survey, there was a significant ($p < 0.0016^6$) difference in the proportion of adult mentees who answered a question correctly in 24 of the 33 questions. These results demonstrate a significant change between baseline and end line in the knowledge of adult mentees related to injury prevention and treatment of animal injuries, burns, falls, household hazards, and road traffic injuries (Table 3).

Study strengths and limitations

The primary limitation of this study is the lack of a true control group for both the child and adult mentee samples which would attribute any statistically significant differences in key outcome indicators between baseline and endline to the *Play Safe with Sisimpur* program. However, given that this program was a pilot program and that change in knowledge between baseline and end line increased significantly for both children and adult mentees, there is substantial evidence to attribute this change to the program.

Discussion

Despite the high rates of unintentional injury and death for young children in Bangladesh, especially for those living in rural communities (Rahman et al., 2004), to date, very little rigorous research has been conducted on childhood injury prevention interventions in Bangladesh. In responding to

this knowledge gap (Pant et al., 2015), this evaluation provides evidence of the effectiveness of *Play Safe with Sisimpur* in delivering innovative forms of injury prevention content to improve injury prevention knowledge and promote behavior change of children and their families in identifying dangerous situations. Because evidence shows that for young children in Bangladesh, 50% of all unintentional injuries occur in a child's home and immediate surroundings (Chowdhury, et al., 2009), *Play Safe with Sisimpur* focused on improving child and adult mentees' injury prevention knowledge to support a reduction in the unintentional hazards often present in and around children's homes.

Child and adult mentees who participated in *Play Safe with Sisimpur* demonstrated significant improvements in injury prevention knowledge in between baseline and end line. Injury prevention knowledge improved significantly in children for key indicators on burns, electrocution, falls, household hazards, playing safe, road traffic injuries, and water safety. For adult mentees, injury prevention knowledge improved significantly on measures specific to animal injuries, burns, falls, household hazards, and road traffic injuries. Given data indicating the prevalence of injury in rural Bangladeshi children due to these situations, these changes in knowledge represent an important first step in reducing the prevalence of injury or death due to unintentional injuries.

While outcomes for adult mentees did not change significantly between baseline and endline, this was primarily due to high baseline knowledge. For adult mentees, this included questions on wearing seatbelts and helmets, learning to swim, adult supervision of children while swimming, and electrocution. As mentioned previously, high baseline knowledge around wearing seatbelts and helmets may reflect participants' understanding of the importance of these preventive measures but limited ability to access to helmets or vehicles with working seatbelts.

While the evaluation design prioritized measuring changes in injury prevention knowledge in child and adult mentees who received *Play Safe with Sisimpur*, the evaluation also measured behavior change between baseline and endline to triangulate results from the quantitative study and to assess application of the newly acquired knowledge. Qualitative interviews with adult mentors revealed that they held positive views of the program's implementation, agreeing that it was resulting in noticeable behavior changes within their community. One adult mentor described her opinion regarding the reduced incidence of child injuries in the area:

Everyone has observed that child injury rates have reduced because all have become more aware. For example, now people have surrounded holes with fences. One day, a four-year-old boy named [redacted] was about to fall in this hole and because of a fence, that child was saved. So, everyone was discussing how because of the program, [redacted] was saved from falling in the hole. (Participant 1423, 24 November 2017)

Similarly, demonstrating application of knowledge gained through *Play Safe with Sisimpur*, an adult mentor shared one valuable lesson learned through the program's

Table 2. Child mean change in knowledge by question⁴.

Topic	Question	Chi-Square ⁵	Asymp. Sig.
Burns	If child gets burned, they can get a scar.	75.514	0.000
	Staying away from fire and hot objects in the kitchen.	64.446	0.000
	If a child gets burned, it is ok to not tell an adult.	254.755	0.000
	If a child gets burned, it is important to put tap/normal room temperature water on the burn area.	60.031	0.000
	Which of the following objects will not cause a burn to a child if they touch it?	181.351	0.000
	What kind of water should we pour over your friend's burned hand to help him/her?	198.547	0.000
	What should we do if our clothes or body catches on fire?	564.613	0.000
Electrocution	If you accidentally get electrocuted by a high-voltage line or electrical wire, where should you go to help?	40.593	0.000
Falls	Children can fall while climbing trees when it is raining.	71.760	0.000
	If a child falls, they can break a bone.	35.629	0.000
	If a child is doing sports without protection (like a helmet) it is ok.	312.859	0.000
	Keeping the floors clean.	29.250	0.000
	If a child falls while playing, it is important to stop playing and tell an adult.	54.400	0.000
	Imagine that your friend asks you to climb a tree to reach and grab a fruit from the top. The tree is high. What should you do?	216.744	0.000
	If a child is flying a kite and it gets stuck somewhere high, what should the child do to retrieve the kite?	266.700	0.000
Household Hazards	How should we keep the floors in our house?	72.301	0.000
	If you want to drink some liquid from a bottle, what do you do before?	198.721	0.000
Playing Safe	Which of the following signs is a 'danger sign'?	156.620	0.000
	When you are playing, what does 'staying safe' mean to you?	269.283	0.000
	If you were playing and you weren't sure if something is safe or not safe, what should you do?	351.820	0.000
	If children break a bone or get burned by accident, who should they go to first?	24.138	0.000
	It is dangerous for children to brush their teeth.	0.998	0.318
	Children can get hurt from watching their favorite cartoon on tv.	15.947	0.000
	Can you tell me which of the following places is not dangerous to play near?	77.651	0.000
Road Traffic Injuries	Which of the following should you NOT play with?	341.742	0.000
	Children crossing the road without an adult can be dangerous.	80.541	0.000
	Children can get hurt playing in the middle of the road.	90.369	0.000
	If a child is in a car accident, they won't get hurt.	261.816	0.000
	Driving with the seat belt fastened.	220.191	0.000
	Holding hands with an adult when crossing the road.	73.301	0.000
	Riding a bike with a helmet.	159.429	0.000
	What is the correct way for Bahadur and Halum to cross roads on their way to school?	150.280	0.000
	When a child is in a moving car on the road, where is the best place to keep their head and hands?	131.268	0.000
	When crossing roads what should children never do?	410.145	0.000
Water Safety	What type of clothes should be worn at night to walk around?	228.902	0.000
	When children play near or with water, it is important to always have an adult watching them.	64.042	0.000
	If a child falls into the water, what should be done to get him/her out from the water?	197.205	0.000

community activities which resulted in community members resuscitating and saving a young girl after she drowned: "Recently, a 10-year-old girl, [redacted], drowned in the water but after bringing her out of the water and holding her legs up and head down, we shook her as we learned from the training of this program and the girl became well" (Participant 2362, 25 November 2017). Given that drowning is the leading cause of death for children under 9 in Bangladesh (World Health Organization, 2008), these findings suggest encouraging behavioral changes related to increased knowledge around water safety.

Participating teachers also shared experiences reinforcing of observed behavior changes, including students' increased empowerment because of knowledge gained through *Play Safe with Sisimpur* and its engaging media content. As one assistant teacher described:

We have been able to teach [the children] as we learned in training. We also have been able to teach them with joy. It is easy to learn with the aid of video presentation. Kids tell us about harmful and injurious things if these exist when they notice them on the playing ground. One side of our school

ground is lower than the other side. They told us to fix this part of the field. (Participant 674, 25 November 2017)

As the above description indicates, through *Play Safe with Sisimpur* video content, participating children learned how to identify hazardous situations and knew the importance of telling an adult so that the hazard could be addressed. In addition, community health care professionals reported declines in drownings, burns, and animal injuries in young children since *Play Safe with Sisimpur* was implemented. They noted that barriers to care are primarily economic, limited knowledge, medical misconceptions, and the severity of the injury.

In addition to qualitative interviews, the evaluation team conducted household visits with participating families. Observational data showed that floors were generally clean and dry, and medicine and household chemicals were out of children's reach. Household hazards like hanging electrical cords and knives on the floor was still prevalent among sample households. Given adult mentees' high baseline on injury prevention knowledge around electrocution relative

Table 3. Adult mentee change in knowledge by question⁷.

Topic	Question	Chi-Square ⁸	Asymp. Sig.	Exact Sig. (2-tailed)
Animal Injuries	Animals are part of our everyday lives. Which of the following is the most important thing children should do with animals to stay safe?	20.082	0.000	
	If a child gets bitten by a snake, who is the best person to ask for help and seek treatment from?	110.960	0.000	
	If a child gets bitten by a dog, which of the following is the correct way to treat the bite? Playing with animals is dangerous.	110.406	0.000	
Burns	Playing in the kitchen is dangerous.	46.313	0.000	
	Burns and scalds can lead to a permanent scar or even disability or death.	24.453	0.000	
	It is difficult for children to tell if a certain object is hot just by looking at it.	28.058	0.000	
	If a child is burned, it is important to always go to a doctor first.	16.163	0.000	
	If a child gets burned, it is important to put tap/normal room temperature water on the burn area.	18.726	0.000	
	In case of burn, how long should the water be poured on the affected area?	46.667	0.000	
	There are many types of burns and sometimes they can become very severe/dangerous especially for young children. What should you do after applying water to the affected area?	71.837	0.000	
Electrocution	Where is the correct place to keep an electric switch board, multiple plugs, cables etc.?			.007 ⁹
	Sometimes children are injured by electrical lines. How do you separate an electrocuted person from the electric line?			.000 ⁴
Falls	A fall can lead to a strain, fracture, or broken bone.	25.813	0.000	
	Doing sports without protection (such as a kneelet or helmet) is dangerous.	39.383	0.000	
	Keeping floors clean can prevent a child from a dangerous fall.	1.633	0.201	
	Doing sports with protection (such as a kneelet or helmet) can prevent injury in children.	23.881	0.000	
Household Hazards	If a child falls while playing, it is important to stop playing and go see a doctor.	31.720	0.000	
	Where do you typically store household cleaning supplies?	132.458	0.000	
	There are many types of dangerous chemicals and liquids in and around the house. How should you keep a poisonous substance in a bottle to prevent an accident?	153.806	0.000	
Road Traffic Injuries	Which of the following signs is a 'danger sign'?	28.834	0.000	
	Climbing over road barriers can easily lead to traffic injury.	64.995	0.000	
	Children who cross roads without an adult can easily get a traffic injury.	26.449	0.000	
	Children who play in the middle of roads can easily be injured.	26.224	0.000	
	A traffic injury can lead to disability and even death.	9.025	0.003	
	Driving with seat belt fastened and cycling with a helmet is necessary to avoid traffic injuries.	44.298	0.000	
	Wearing a helmet on a motorcycle can prevent serious injuries to a child.	7.843	0.005	
	It is hard for children to wear a seat belt in a car or to put on a helmet while driving a bike. ¹⁰	5.932	0.015	
Water Safety	It is difficult for children to find and remember to wear a helmet while cycling. ¹¹	6.750	0.009	.004 ⁴
	We cross roads many times during the day. What should we do when we cross roads?			
	What type of clothes should be worn at night while walking outside?	127.851	0.000	
	It is difficult for children to learn how to swim.	0.000	1.000	
	When children play near or with water, it is necessary to always have an adult watching.			.057 ⁴

to the continued presence of hanging electrical cords observed during home visits, more research is needed to understand this disconnect.

Conclusion

The risks of unintentional injuries present a public health crisis, for which young children are especially vulnerable. In rural communities in Bangladesh, young children are especially susceptible to severe injury or death due to drowning, road traffic injuries, animal bites, ingesting poisonous substances, burns, and electrocution. *Play Safe with Sisimpur* demonstrates the value of a multimedia intervention, targeting both children and adults to support knowledge and behavior changes, as a means of creating an enabling environment to reduce the threat of unintentional injury to children's healthy development. Implementing effective interventions at scale is the only way to decrease unintentional injury (Hyder, 2019), and more rigorous research is needed in this field to demonstrate the long-term causal effects of child injury prevention interventions like *Play Safe with Sisimpur*. The initial evidence presented here indicates

the short-term relationship between a school-based intervention leveraging engaging multimedia media content, community events, and peer-to-peer mentoring in improving knowledge outcomes specific to injury prevention as well as reported incidents of child injury in the community.

Notes

1. The AO is the premier innovator in the surgical treatment of bone fractures and disorders. Innovation at the AO goes from bench to bedside, including basic research, product development, clinical validation, and valorization. The AO provides continuing support to the AO Alliance Foundation, a developmental non-profit organization dedicated to improving fracture care in low and middle income countries.
2. Through on a competitive RFP process, Sesame Workshop selected D3 Systems to lead the evaluation based on their proposed design, experience leading evaluation projects globally with a diversity of partners, and experience leading evaluations in South Asia specifically, including evaluations of both health and education interventions.
3. Bonferroni correction, alpha = 0.05, m = 37
4. McNemar Test
5. Continuity corrected

6. Bonferroni correction, $\alpha = 0.05$, $m = 32$
7. McNemar Test
8. Continuity corrected
9. Binomial distribution used
10. In Narsingdi district, most cars did not have seatbelts. Adult responses to this question may indicate that the question was not properly contextualized, and parents could be saying it is in fact hard, because they are not available for children, or any passengers, to wear.
11. Similar to the issues of seatbelts, adult responses to this question may indicate that the question was not properly contextualized. Parents mentioned that helmet wearing was very uncommon due to cost and availability, so parents may be agreeing that wearing a helmet is difficult/hard because they are thinking about the accessibility of it.
12. Did not collect information about the nature of injury.

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