



IOCH

Immunization and Other Child Health Project

**Coverage Evaluation of the SNID Campaign- 2002 in
the Peri-urban Areas of Dhaka City Corporation
(Demra, Matuail, Shyampur, Beraid, Dakshin Khan,
Satarkhul and Uttar Khan Unions)
September 2002**

Survey Report No. 84

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Acronyms

BCC	Behavior Change Communication
BCG	Bacillus of Calmette and Guerin
CES	Coverage Evaluation Survey
COSAS	Coverage Survey Analysis System
DPT	Diphtheria, Pertussis and Tetanus
EPI	Expanded Program on Immunization
FWC	Family Welfare Center
IOCH	Immunization and Other Child Health
Mahallah	Smaller localities (smaller than a village)
MOHFW	Ministry of Health and Family Welfare
Mouza	Smallest administrative locality in an Upazila
MSH	Management Sciences for Health
NGO	Non Governmental Organization
NID	National Immunization Day
OPV	Oral Polio Vaccine
SNID	Sub-national Immunization Day
TT	Tetanus Toxoid
WHO	World Health Organization

SUMMARY RESULTS

Background

To sustain the interruption of wild poliovirus transmission, the Government of Bangladesh conducted Sub-national Immunization Days (SNIDs) on August 10 and September 14, 2002 in selected high-risk areas, including city corporations and municipalities. To evaluate the coverage of the SNIDs, the GOB and the partners requested IOCH to conduct 9 coverage evaluation surveys in the selected urban and rural high risk areas, including peri-urban areas of Dhaka City Corporation (DCC). Accordingly, a 30-cluster coverage evaluation survey was conducted in the Demra, Matuail, Shyampur, Beraid, Dakshin Khan, Satakhul and Uttar Khan unions of the peri-urban areas of DCC in September 2002.

Objectives

The overall objective of the survey was to assess the coverage of SNIDs- 2002 in the peri-urban areas of DCC. The specific objectives were to:

- a) assess the coverage levels of OPV and Vitamin A administered during the SNID campaign- 2002;
- b) find out reasons for not receiving OPV from SNID sites;
- c) assess the completeness of child-to-child search during the SNIDs; and
- d) compare the coverage levels of the SNIDs with those of the 10th NIDs.

Methodology

The survey employed the WHO recommended 30-cluster survey methodology that has been widely used in many developing countries to assess immunization coverage. In all, 30 clusters were randomly selected from Demra, Matuail, Shyampur, Beraid, Dakshin Khan, Satakhul and Uttar Khan unions of the peri-urban areas of Dhaka City Corporation following PPS sampling procedures. A list of the selected clusters is provided in Annex- A and their locations are shown on the maps in page 7. From each cluster, 7 children 0 – 59 months were selected and interviewed. A standard questionnaire was used to document the immunization status of the children 0 - 59 months during SNIDs and other related information. The data were collected by the experienced Field Investigators of the Survey Team of the IOCH. Data processing and analysis were done by the Monitoring & Evaluation Unit of the IOCH using EpiInfo.

Coverage levels of the SNIDs- 2002

OPV and Vitamin A coverage: 78% of the children 0 –59 months received OPV in both the rounds of the SNIDs- 2002. The coverage for OPV in the 1st round was 88%; while it was 87% in the 2nd round. Vitamin A capsules were given to 78% of the eligible children (12 – 59 months of age). Besides, 5 ineligible children (out of 210) were wrongly administered vitamin A, as they were under one year on the 1st round SNID day.

Comparison of coverage levels between SNIDs- 2002 and the 10th NIDs: The coverage of both OPV and Vitamin A during the SNIDs- 2002 were significantly lower than those of the 10th NIDs which took place in January and March 2002. The coverage of OPV in both the rounds of the SNIDs- 2002 was 17 percentage points lower than that of the 10th NIDs. Vitamin A coverage of the SNIDs- 2002 was 10 percentage points lower than that of the 10th NIDs.

Sources of OPV during the SNIDs- 2002: Most of the children received OPV from the SNID sites (86% in the 1st round and 82% in 2nd round). Only 2% children received OPV during child-to-child search in the 1st round and 7% in the 2nd round.

Distance of SNID sites: All the SNID sites were located within 10 minutes walking distance from the homes of the children.

Households visited during child-to-child search in the 2nd round of the SNIDs: 62% of the households were visited by the health workers during child-to-child search in the 2nd round, as reported by the parents/respondents. However, only 36% households were found with date of visitation (by the workers during child-to-child search) written on the door or wall. And among the households marked with visitation date, the family members of 3% of the households did not know that their households were visited by the health workers during child-to-child search.

Sources of information of the SNIDs- 2002: Majority of the parents learned about the SNIDs-2002 from miking (48%), followed by relatives and neighbors (39%). Television as a source of information was cited by 38% of the parents; while 11% came to know about the SNIDs from IPC done by GOB workers.

Reasons for not receiving OPV from the SNID sites: The primary reasons for not receiving OPV from the SNID sites included: lack of information of SNIDs (35% in the 1st round and 25% in the 2nd round), preoccupation of the parents on the SNID day (21% in the 2nd round), and children waited at home to be vaccinated by health workers during child-to-child search (7% in the 1st round and 21% in the 2nd round).

Conclusions and recommendations

22% of the children 0–59 months did not receive OPV in both the rounds of the SNIDs. 38% of the households were not visited by the health workers/volunteers during child-to-child search in the 2nd round of the SNIDs, and 64% households were found not marked with visitation date of the workers during child-to-child search on the door or wall of the house.

- **Area specific innovative strategies suitable to local situation have to be undertaken during the next SNIDs/NIDs to reach to the left out children. These may include, but not limited to, the following:**
 - **detailed microplanning for each activity;**
 - **use of updated map in microplanning and child-to-child search;**
 - **adequate orientation training of volunteers and workers;**
 - **adequate number of SNID/NID sites in with required number of health workers and volunteers;**
 - **using masque miking, as well as Imam of the masque during Jumma Pray;**
 - **special team at railway station, bus stand, ferry-ghat etc. for traveling children**
 - **evening NID/SNID sites for working mothers; and**
 - **special mobile teams at night to vaccinate homeless and floating children.**

- ❑ *Supervision of field workers during child-to-child search needs to be further strengthened to ensure that each and every household is visited and properly marked by the workers*
- ❑ *More attention should be given to high risk areas and traveling population*

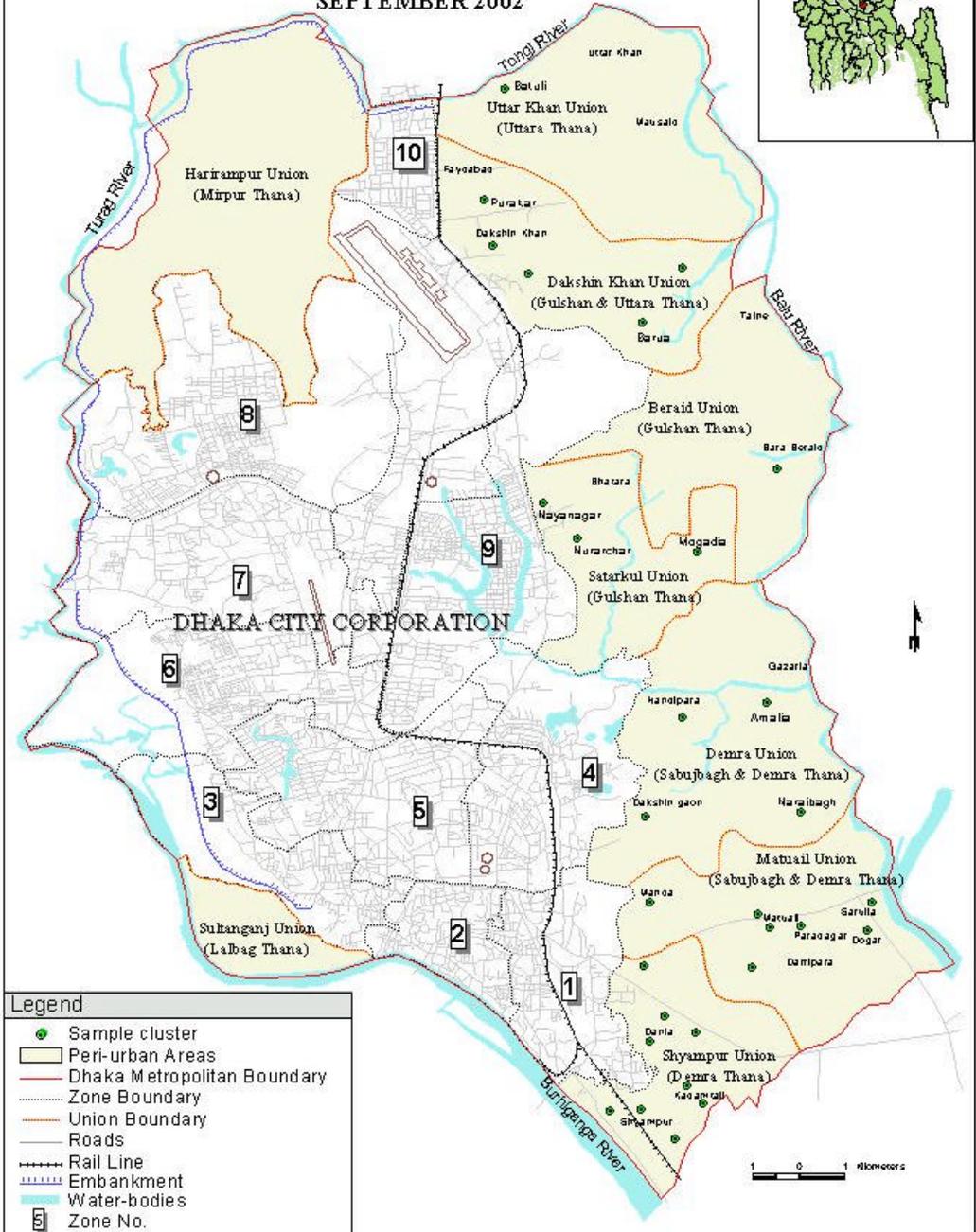
Lack of information of SNIDs as a primary reason for not receiving OPV from the SNID sites was cited by majority of the parents (35% in the 1st round and 25% in the 2nd round). Also, a number of children (7% in the 1st round and 21% in the 2nd round) waited at their homes to be vaccinated by the health workers during child-to-child search.

- ❑ *Communication activities need to be strengthened through mass media, such as television and radio, as well as through IPC by the health workers and volunteers during next SNIDs/NIDs*
- ❑ *Parents should be encouraged to attend the fixed NID/SNID sites/center and discouraged to wait at home to get their children vaccinated by the health workers during child-to-child search*

22% of the children did not receive Vitamin A during the 1st round of the SNIDs- 2002. Besides, Vitamin A capsules were administered wrongly to 5 ineligible children (out of 210) who were <1 year of age on the day of 1st round SNID.

- ❑ *Special attention should be given to:*
 - *ensure that each and every eligible child 12–59 months receives Vitamin A;*
 - *the exact age group to limit shortage (better screening for age); and*
 - *no Vitamin A capsules should be given to the parents to administer them to their children either at NID site or in their homes.*

**SNID COVERAGE EVALUATION SURVEY IN THE
PERI-URBAN AREAS OF DHAKA CITY CORPORATION
SURVEY 2
SEPTEMBER 2002**



Prepared by : IOCH / M/S H

TABLES AND FIGURES

Table 1: Coverage of OPV and Vitamin A during the SNIDs-2002

N=210

Round	OPV (%)	Vitamin A (%)
1 st round	88	78
2 nd round	87	-
Both rounds	78	-
Any round	99	-

Table 3: Comparison of the coverage of the SNIDs-2002 with the 10th NIDs

N=210

Rounds	OPV (%)		Vit. A (%)	
	SNIDs-2002	NIDs-2002	SNIDs-2002	NIDs-2002
1 st round	88	97	78	88
2 nd round	87	99	-	-
Both rounds	78	95	-	-
Any rounds	99	100	-	-

Table 2: Sources of OPV during the SNIDs-2002

Sources of OPV	1st Round		2nd Round	
	#	%	#	%
NID site	181	86	171	82
Child to child search	4	2	15	7
Mobile Team	-	-	-	-
Not received	25	12	24	11
Total	210	100	210	100

**Table 4: Time required to reach the SNID site by mode of transportation
(N=210)**

Time required	Mode of transportation	
	Walking	
	#	%
1-5 Min.	200	95
5-10 Min.	10	5

Table 6: Households visited during the child-to-child search of the 2nd round of the SNIDs

Variables	Number	Percent
Households visited	130	62
Households not visited	80	38
Total	210	100

Table 7: Date of child-to-child search for 2nd round was written on the door or wall of the house

Status	Number	Percent
Written	76	36
Not written	134	64
Total	210	100

Table 8: Actual visitation status of the households with the date of child-to-child search written on the door or wall of the house

Actual visitation status	Number	Percent
Visited	74	97
Not visited	2	3
Total	76	100

Chart 1: Sources of information about the SNID campaign

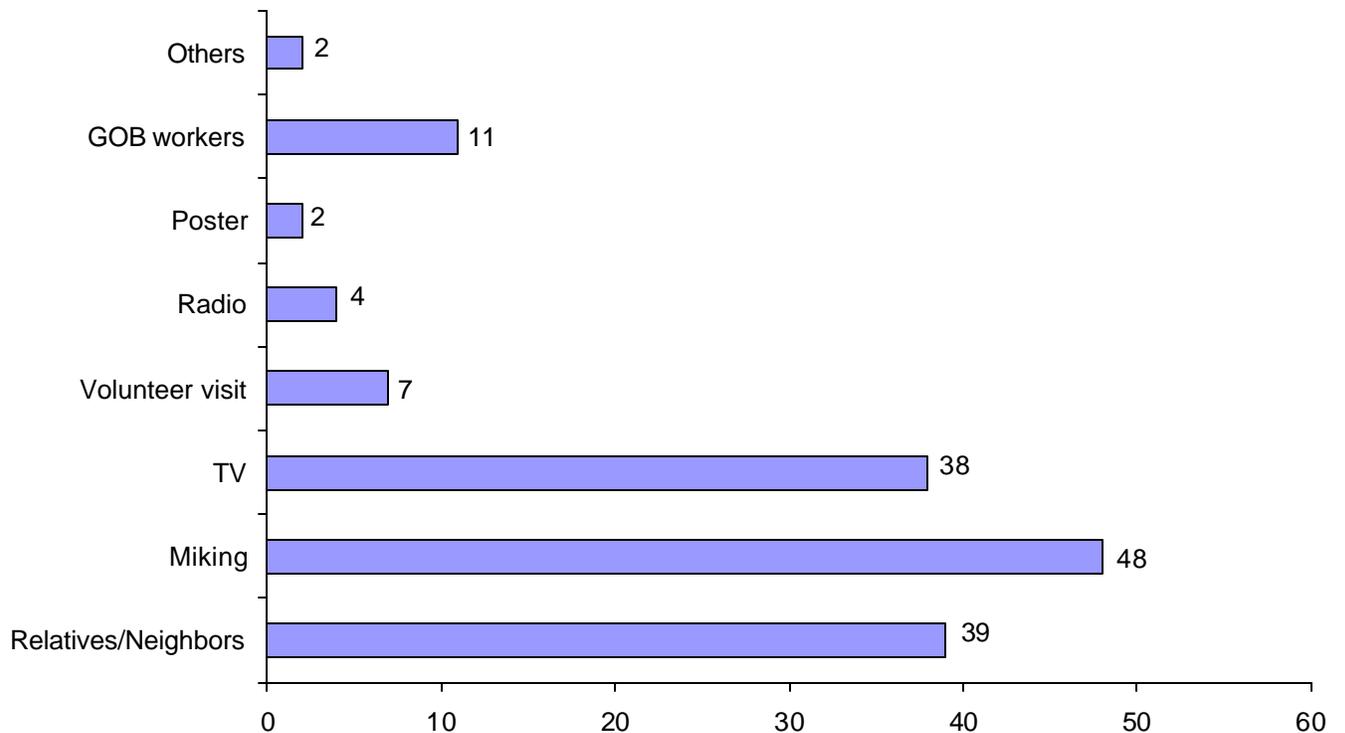


Table 9: Reasons for not receiving of OPV from SNID sites

Reasons	1 st Round (%) (N=29)	2 nd Round (%) (N=39)
Did not know about SNID	35	25
Forgot the date	10	3
Traveling on SNID day	3	-
Too busy	-	21
No vaccinator available	3	3
Child was sick, and not taken to immunization center	8	-
Child was sick, and was taken to immunization center but not given by vaccinator	3	-
Fear of side-effect	-	3
Waited for house visit during C-to-C search	7	21
Religious/social barrier	14	7
Child away from home	10	10
Others	7	7

List of Selected Clusters for the Survey

Union	Mouza Name	Mahalla Name	Total HH	Total Pop.	Cluster No.	
Demra	Amalia	Amalia	341	1837	1	
	Narai bagh	Narai bagh	764	4272	2	
	Dakshin gaon	Manikdi	335	2167	3	
	Nandi para	Paschim nandi para	626	3220	4	
Matuail	Dogar	Dogar	2493	11759	5	
	Jokka	Paschim box nagar	659	3344	6	
	Matuail	Matuail	3978	22234	7, 8	
	Para dagar	Para dagar	2358	12367	9	
	Sarulia	Tengra	3609	14924	10	
	Manda	Manda	4644	21570	11	
	Shyam pur	Ail bahar	Ali bahar	828	2984	12
Dhania		Dhania	8803	45853	13, 14, 15	
		Kutub khali	2428	12364	16	
		Kajlar par	530	3002	17	
Kadam tali		Kadam tali	491	2815	18	
		Purba Kadam tali	298	1538	19	
Shyampur		Shyampur pal para	2605	12738	20	
Beraid		Bara kathal dia	Bara kathal dia	203	1145	21
Dakshin khan		Barua	Barua	1121	6442	22
		Dakshin khan	Kawlar	1507	8658	23
		Gawair	1192	6220	24	
		Dakshin khan	1649	9138	25	
	Purakar	Purakar	2143	9862	26	
Satarkhul	Bhatara	Naya nagar	1820	8719	27	
		Nurer chala	2302	11165	28	
	Satar kul	Mogadia	109	726	29	
Uttar Khan	Uttar khan	Batuli	202	1136	30	

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