

USAID -Concern-Municipality Partnership

Child Survival Program  
Saidpur and Parbatipur Municipality,  
Bangladesh.

**Entry Grant period: A review report**

(EG period: October 1998- September 2000)

**25 June 2001**

Faisal Ahmed Khan  
Dr. A.K.M.Musha  
Dr. Shahnewaz Alam Khan

In collaboration with CSP team in Saidpur and Parbatipur

---

*The views expressed herein the report are those of the authors and do not necessarily reflect the opinion of USAID/BHR/PVC.*

## Table of Contents

	<u>Page</u>
Acknowledgement -----	ii
Review Team -----	iii
Acronyms -----	iv
Glossary of Terms-----	v
Executive Summary-----	vi
1. Introduction-----	1
2. Entry grant phase of Child survival program-----	1
3. Objectives of the review-----	2
4. Methodology-----	2
5. Limitations of study -----	3
6. Findings of the review-----	3
6.A. Findings of Parbatipur Project-----	4
6.B. Findings of Saidpur Project-----	13
7. Immediate Impact of the review-----	22
8. Recommendations-----	23
References-----	24
Annexure-----	25

## Acknowledgements

On behalf of the Entry Grant review team I would like to extend our gratitude firstly to the Chairman and Commissioners of Saidpur and Parbatipur municipality who extended their wholehearted support for successful completion of the study. Special attributes are due to all persons and organizations who voluntarily contributed with information during the review. We are grateful to Dr. Sharif Md. Bazlul Haque, Saidpur Municipality Medical Officer, the Ward Health Committee members, Rural Medical Practitioners, schoolteachers of both municipalities and organizations like 50 Bed Hospital, MCWC, Upazilla (Thana) Health Complex at Saidpur and Upazilla (Thana) Health Complex, LAMB hospital and BRAC health center at Parbatipur.

We would like to extend our gratitude specifically to Commissioners, Municipal health staff, and Concern staff, without their support it would have not been a successful review.

We gratefully acknowledge the contribution of Ms. Breda Gahan, CSP Health Backstop for her valuable suggestions in report preparation.

We would also like to give special thanks to Imran Ansari the Regional Manager and other staff of Northern Regional Program of Concern Bangladesh who provided continuous management and administrative support to the team while undertaking the study.

Finally our sincere thanks are due to USAID who supported Concern Bangladesh in implementing the Child Survival Program (CSP).

.....  
.....

## **Review Team**

### **Overall Program:**

1. Faisal Ahmed Khan – Research Officer, Child Survival Program, Concern
2. Dr. A.K.M.Musha - Program Coordinator, Child Survival Program, Concern
3. Dr. Shahnewaz A. Khan - Program Manager, Health & Nutrition Dept, Concern

### **Saidpur Project:**

#### **Concern**

1. Dr. Nakul Kumar Biswas -Project Manager
2. Kaiser Pervez Ashrafi -Research Assistant
3. Lovely Yeasmin - Field Trainer
4. Rafiquzzaman - Field Trainer
5. Siddika Khatun - Field Trainer
6. Mustafiza Hossain - Field Trainer
7. Hosne-Ara Lipi - Field Trainer

#### **Municipality**

1. Dr. SM. Bazlul Haque- Medical Officer
2. Mominul Islam- Supervisor
3. All staff of Health Department

### **Parbatipur Project**

#### **Concern**

1. Dr. Parvez S. Ahmed –Project Manager
2. Jamal Uddin- Research Assistant
3. Tahmina Haque – Field Trainer
4. Shawkot Hossain- Field Trainer
5. Mahamudunnabi – Field Trainer
6. Mahbuba Siddiqua-Field Trainer

#### **Municipality**

1. Md. Mofizuddin – Supervisor (Municipality)
2. Abu Taher Khan – Supervisor (THC)
3. Abdus Sattar PK - Supervisor (THC)
4. All Health Staff working in Municipality.

### **KPC Data Entry**

**Saidpur - Kaiser Pervez Ashrafi, Research Assistant**

**Parbatipur -Jamal Uddin, ResearchAssistant**

## **Acronyms**

ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCC	Behavior Change Communication
BRAC	Bangladesh Rural Advancement Committee
CHV	Community Health Volunteer
COSAS	Coverage Survey Analysis System
CS	Child Survival
CSP	Child Survival Program
DIP	Detailed Implementation Plan
DPT	Diphtheria, Pertussis, Tetanus
EPI	Expanded Program on Immunization
EPI FA	EPI Facility Assessment
FGD	Focus Group Discussion
FPAB	Family Planning Association of Bangladesh
FT	Field Trainer (Concern CSP)
FWV	Family Welfare Visitor
GoB	Government of Bangladesh
HICAP	Health Institution Capacity Assessment Process
IMCI	Integrated Management of Childhood Illnesses
IOCH	Immunization and Other Child Health Project
KPC	Knowledge, Practice and Coverage Survey
LAMB	Lutheran Aid to Medicine in Bangladesh
MCHC	Maternal and Child Health Care
MCWC	Maternal and Child Welfare Centre
MO	Medical Officer
MHC	Municipal Health Committee
MNT Campaign	Measles and Neonatal Tetanus campaign
MOHFW	Ministry of Health and Family Welfare
MOLGRD	Ministry of Local Government, Rural Development
MSH	Management Sciences for Health
NGO	Non-Government Organization
NID	National Immunization Day
OJT	On Job Training
OPV	Oral Polio Vaccine
PHC	Primary Health Care
PLA	Participatory Learning and Action
PPS	Probability Proportional to size
PVO	Private Voluntary Organization
RA	Research Assistant (Concern CSP)
RMP	Rural Medical Practitioner
TBA	Traditional Birth Attendant
THC	Thana Health Complex
THFPO	Thana Health and Family Planning Officer
TT	Tetanus Toxoid
UFHP	Urban Family Health Partnership
UNICEF	United Nations Children's Fund
USAID/BHR/PVC	United States Agency for International Development/ Bureau of Humanitarian Response/ Private Voluntary Cooperation
WHC	Ward Health Committee
WHO	World Health Organization

**Glossary of Terms and Definitions**

Bengali	Original Bangla speaking inhabitant of Bangladesh
Bihari	Urdu speaking minority ethnic group, originally from Bihar in India, and now domiciled in Bangladesh
Imam	Islamic minister who leads religious services in the mosque
Kabiraj	Traditional physician who deals in/uses herbal medicine for treatment. Some also perform exorcisms.
RMP	There are 2 types- trained and untrained Rural Medical Practitioners. Trained doctors have completed RMP training. Untrained have no academic background. They formerly worked as health assistants in the Railway Hospital.
Thana	Administrative rural sub-district
Ward	Administrative division of a municipal/urban area

## **Executive Summary**

### **1. Introduction**

Concern Bangladesh was awarded a USAID/BHR/PVC Entry Grant for the development of a Child Survival Program (CSP) in two urban locations – Mymensingh and Saidpur Municipalities of Bangladesh. The 2-year Child Survival Entry Grant Program (October 1998-September 2000) was initiated in Mymensingh and Saidpur in Partnership with the Municipalities on October 1998. After the change of power through municipality election in Mymensingh, the new cabinet denied to endorse the program and raised unrealistic demands. Concern Bangladesh regrettably withdrew from the Mymensingh at the end of Year 1 Entry Grant period on 29/9/99, and started operation in Parbatipur Municipality following discussions with USAID.

This paper outlines the results and outcomes of activities undertaken by the Child Survival teams at both Saidpur and Parbatipur in the Entry Grant period. Although the Entry Grant period completed in September of 2000, field data for the Entry Grant review work was collected in April/May 2001.

### **2. Objectives of the review**

- To assess the improvement in municipality management system to implement the health activities.
- To assess the improvement of service coverage and quality provided by the municipality.
- To assess the effectiveness of health promotion structures initiated by the program.
- To identify key issues and problems which need to address for further developing the program.
- To further develop the existing monitoring system of the program.
- To train the field based Concern as well as the municipal teams on the review process.

### **Following are the areas explored in the review:**

- I. State of improvements in the Municipal health management system
- II. Level of improvements in coverage and quality of health activities: EPI, vitamin A, Maternal and newborn care and IMCI.
- III. Status of the development of Community Health Promotion structure.

### **3. Methodology**

A. In order to get necessary information both qualitative and quantitative research techniques were applied. The review adopted following different kinds of investigations:

- ? **Mini Knowledge, Practice and Coverage (KPC) survey**
- ? **EPI center observation and secondary data analysis**
- ? **Mini Participatory Learning and Action (PLA) study**
- ? **FGDs with TBAs and Volunteers and Municipal health staff:**
- ? **Key Informant Interview with municipality representatives and managers of health institutions.**

### **B. Data Collection and Analysis**

Concern and Municipal teams jointly conducted the study. Questionnaire development, field test, and orienting the staff on the questionnaire- all were conducted at the field.

**KPC data** was processed in and analyzed through computerized SPSS program. For EPI valid/effective coverage analysis COSAS program was used. The data collected through qualitative instruments were analyzed comparing the responses of the varied stakeholders.

## **4. FINDINGS OF THE REVIEW:**

### **4.A. PARBATIPUR PROJECT**

#### **1. Health Service Management in Parbatipur Municipality**

- Thana Health Complex (THC) has been providing support to Municipality for EPI services from 32 outreach sites. There has been a considerable improvement in coordination between THC and Municipality at institutional level and also at field level.
- Municipal representatives are more supportive to the health department. Commissioners often visit outreach centers to encourage staff in their work.
- Municipality has developed a comprehensive work plan with support from Concern for current year.
- Although the THC staff in the Parbatipur Municipality provides family planning services at Satellite centers, CSP is not providing effective support for this intervention.
- Staff supervision is the weakest area needs immediate attention. The health staff often fail to perform at optimum level due to shortage of supplies.

#### **2. Service Coverage and quality**

##### **2.1 Immunization and Vitamin A**

- EPI coverage has improved considerably during this period both in terms of quantity and quality. Considerable improvement observed in full coverage (93% compared to 85% in baseline) and in retention of cards.
- Excellent improvement has been observed in valid/effective EPI coverage. It has increased to 88% from 49% at baseline.
- The full coverage for vitamin A is quite low.
- There has been a considerable improvement in the area of knowledge and skill of staff regarding immunization after the institutional training and on the job training from Concern.
- Although reporting and maintaining records are quite well, registration of children and women are not maintained regularly by the staff.

##### **2.2. Maternal and Newborn care**

- There is marked increase in ANC coverage within a short period.
- The number of recent hospital delivery has increased. The number of delivery assisted by trained TBAs has also increased.
- Coverage of family planning increased considerably from 45.2% to 52.7%.
- There is significant improvement of TBA's knowledge and skill for maternal and newborn care. Besides home delivery TBAs are providing advice to pregnant women and mothers on ANC, PNC, vaccination, breast-feeding, family planning and Vitamin A.
- TBAs are more active in referral of complicated deliveries to hospital. But often failed to motivate the family members. Special efforts to motivate the family members through involving WHCs, community leaders and peer groups should be undertaken.

##### **2.3 Integrated Management of Childhood Illness (IMCI)**

- Concern CSP has changed its strategy regarding IMCI. It has shifted its focus from facility based IMCI to its community component i.e on educating caretakers for improved home care and detection of danger signs for early referral in case of Diarrhoea, Pneumonia and Malnutrition.
- TBAs and some active CHVs are providing message to the community on selected interventions.

### **3. Community health promotion structure and it's impact**

- 43% mothers get information from health staff.
- Highest percentages of mothers (22.8%) get advice on ANC from their family members especially from the husband. On the other hand for family planning advice they considered health staff are the prime source(36.7%).
- Though TBAs and volunteer's role is insignificant in promoting ANC and family planning but their role has been considered important in promoting overall maternal and child health services (18.1% combined).
- Community and religious groups (TBA, CHV, Teachers, Imams) and structures like WHCs are involved in community health promotion. It needs more attention to develop an effective supervision and monitoring system.

### **4.B. SAIDPUR PROJECT:**

#### **1. Health Service Management**

- EPI service is being provided by the Municipality through it's own staff. Thana health complex is providing support with vaccines, equipments and some other logistics.
- Neither municipality nor the THC provides family planning services in municipally area. 2 NGOs (UFHP, FPAB) provide this service.
- Health department has now adequate space to work comfortably. Municipality has allocated a two-storied building to the health department.
- Saidpur Municipality recently appointed a Medical Officer to coordinate and manage health activities. Field staff are still working on temporary basis with irregular salary. Health staff now do their monthly action plan.
- Transportation is a big problem to the health staff especially to those of the females.

#### **2. Service Coverage and Quality**

##### **2.1.1 Immunization and Vitamin A**

- Full EPI coverage increased slightly from 77.9% to 80.3% but the valid /effective EPI coverage increased a lot from 42.7% to 70.4%.
- When mothers were asked about the vaccination of their children 95.8% replied positive but 92% of children found to have the BCG scar which is quite lower than the baseline coverage (98.1%).
- The full coverage for vitamin A is low (66.9%) but better than that of Parbatipur (55%).
- Health staff knowledge and skill on EPI and vitamin A has greatly improved. Most of the staff provide vaccination and vitamin A maintaining standard protocol. Although staff are not regular in updating child registration but their reporting and record keeping is good.
- Supervision is the weakest area here like Parbatipur and the logistics are supplied to the health workers but not regularly.

##### **2.2 Maternal And Newborn Care**

- ANC coverage has markedly increased from 57.9% to 69.3%.
- Delivery by trained TBA has increased tremendously to 53.7% from 17.6 % in baseline.
- Hospital delivery has increased compared to baseline.
- More than fifty percent (52.1%) of women having complication during labour attended hospital.
- Family planning coverage has a slight fall.
- TBA knowledge and skill on clean delivery, recognition of danger signs have significantly improved after the training. TBAs are also involve here like Parbatipur in promoting ANC, PNC, Breast feeding, Immunization for both mother and child.
- It needs more active steps to develop an effective referral lineage between the TBAs and hospitals.

## Concern Bangladesh Child Survival Program

- Though the municipal staff have link with TBAs but there is no effective supervision and monitoring mechanism developed yet for all the TBAs trained so far.

### **2.3. Integrated Management of Childhood Illness (IMCI)**

- In Saidpur initiatives and progress in this intervention is almost same as Parbatipur. The promotion of appropriate home care, and early referral for IMCI interventions needs a well-designed strategy.

### **3. Community health promotion structure and it's impact.**

- 46.4 % mothers get information from health staff (table 32).
- Unlike Parbatipur health workers have very insignificant role in promoting ANC and family planning. One interesting finding is that in Saidpur highest percentages (26% for ANC and 18% for family planning) of mothers respond that they have received services from their own motivation (table 30 &31). This is a bit confusing and it was not explored how they are motivated to take services.
- Though TBAs have a significant role in promoting ANC than family planning where volunteers are very ineffective to promote both the services. Respondents valued volunteers greatly in promoting over all maternal and child health services (12.2%) ranked after the health workers (table 32).
- NGOs (UFHP and FPAB) have a significant contribution in promoting ANC and family planning in Saidpur (table 30&31).
- Community groups and structures are also involved like Parbatipur. It also needs more attention to develop an effective supervision and monitoring system.

### **Recommendations**

- CSP started in Parbatipur a year after it started in Saidpur. But in many areas, there have been substantial improvement observed in the Parbatipur municipality. One of the important reasons is the active involvement of stakeholders including the municipality cabinet in the program compared to Saidpur. Saidpur project should give more attention to increase the level of involvement of the cabinet and other stakeholders in the program.
- In order to develop an effective urban health system, advocacy should be a priority at national level jointly with the stakeholders like IOCH/MSH, USAID, and other organizations work for urban institution development.
- CSP should seek the way of supporting municipalities to solve their financial constraints within the current program design.
- Continuous effort should be made to motivate the municipal cabinet to recruit health staff and to allocate necessary resources to run the program. Unless they have regular staff in the department CSP would not be successful as expected.
- It is observed that community demand for health services has greatly increased. It is very important to focus on the service providers now. Health Institutions and hospitals are to be effectively addressed to ensure better services.
- Program exerted tremendous effort in organizing community groups; activate ward level community structures ensuring the participation of the Municipality and the community. It is now very important to develop an effective supervision system to maximize their efforts and to monitor the progress. There is an opportunity prevails to develop a Community Based Monitoring (CBM) system for its regular performance assessment.
- TBAs showed a great potential to contribute to the program goal. CS program should involve the WHC and other community groups to support the TBAs in their effort to refer the complicated deliveries. It is also very important to take active initiatives to ensure the hospital access of the poor people. Sweeper community's problem must be dealt with a great empathy.
- Sanitation is considered a big problem in all WHCs in both the municipalities. CSP needs to address this issue somehow with its own resources or mobilizing others.

## 1. Introduction

Concern Bangladesh was awarded a USAID/BHR/PVC Entry Grant for the development of a Child Survival Program (CSP) in two urban locations – Mymensingh and Saidpur Municipalities of Bangladesh. The 2-year Child Survival Entry Grant Program (October 1998-September 2000) was initiated in Mymensingh and Saidpur in Partnership with the Municipalities on October 1998. After the change of power through municipality election in Mymensingh, the new cabinet denied to endorse the program and raised unrealistic demands. Concern Bangladesh regrettably withdrew from the Mymensingh at the end of Year 1 Entry Grant period on 29/9/99, and started operation in Parbatipur Municipality following discussions with USAID. **For full details of events to date see the CSP First Annual Report (Oct.'98 - Sept. '99).**

During entry grant period a 4-year DIP had been developed collaboratively with Saidpur and Parbatipur Municipal partners followed by an extensive baseline research (KPC, PLA, HICAP, EPI Facility Assessment at both places) for the period of October 2000 to September 2004 and was submitted to USAID/ BHR/PVC. DIP has been awarded subsequently.

This paper outlines the results and outcomes of activities undertaken by the Child Survival teams at both Saidpur and Parbatipur in the Entry Grant period. The review work is considered to be a monitoring process of the program, which is aimed to get substantial information in order to necessary review and revise the activities planned for DIP. Although the Entry Grant period completed in September of 2000, field data for the Entry Grant review work was collected in April/May 2001.

## 2. Entry Grant (EG) phase of Child Survival Program

### Program Goal<sup>1</sup>

The ultimate goal of the project is to develop a sustainable and comprehensive Municipality Health Service in Saidpur and Parbatipur.

### Program Purpose

To strengthen the municipality's capacity to deliver specific child survival activities which are of good quality and can be sustained within the existing health service providers' resources.

### Program Strategy

**Three main strategies** are:

1. To develop the management capacity of municipality managers and supervisors via training, facilitation, and participatory planning exercises and meetings.
2. To develop the technical capacity of the municipality staff on selected Child Survival activities via training and workshops, on-the-job mentoring, and with the development of a staff support system.
3. To strengthen the municipality's community approach through training, facilitation and supporting health committees resulting in a community based health promotion process.

**Program outputs:** There are four Program Outputs<sup>2</sup>:

- A developed Municipality Health Planning and Management System.
- Institutionalised and well managed activities (on selected interventions as above).
- A sustainable Community Health Promotion System
- Competent and independent Municipality staff and supervisors.

---

<sup>1</sup> Goal and Purpose and some of the outputs have been changed in DIP following recommendations from the DIP reviewers and operational partners in municipalities.

<sup>2</sup> One more output is added with these in DIP.

The Entry Grant CS interventions that had been planned under this program and their relative program investments are given below.

<u>Interventions</u>	<u>Program Investment</u>
Expanded Program on Immunization (EPI) (Children <1 and women of reproductive age)	14%
Vitamin -A	14%
Integrated Management of Childhood Illnesses (IMCI)	20%
Safe delivery	25%
Community Health Promotion	27%

### 3. Objectives of the review

- To assess the improvement in municipality management system to implement the health activities.
- To assess the improvement of service coverage and quality provided by the municipality.
- To assess the effectiveness of health promotion structures initiated by the program.
- To identify key issues and problems which need to address for further developing the program.
- To further develop the existing monitoring system of the program.
- To train the field based Concern as well as the municipal teams on the review process.

In identifying the areas to be explored through the review, the Entry Grant Logical Framework was carefully examined. Through a series of meetings and discussion sessions with key CSP individuals, review areas were revealed.

The “process” of the review is considered equally important to the findings and outputs. Involving municipal partners has been considered as a great effort in the development of municipal health managers and staff’s capacity in the survey techniques and monitoring procedure of a health program.

Following are the areas explored in this review:

- I. State of improvements in the Municipal health management system
- II. Level of improvements in coverage and quality of health activities: EPI, vitamin A, Maternal and newborn care and IMCI.
- III. Status of development of Community Health Promotion structure

### 4. Methodology

The targets that were set in the Entry Grant proposal was of a mix of quantitative and qualitative indicators. In order to get necessary information on both areas of the program, qualitative and quantitative research techniques were applied.

The review adopted following different kinds of investigations in selected target groups as mentioned against each:

#### **A. Mini Knowledge, Practice and Coverage (KPC) survey:**

To see the impact of the program to the end beneficiary level, surveys were undertaken. With a reduced 17 question from the baseline KPC questionnaire appropriate for this purpose were applied. Concern Field Trainers together with the health staff of the respective ward carried out the survey in their respective working areas.

CSP took the same sample design followed for baseline KPC surveys conducted in August (Saidpur) and October (Parbatipur) 1999.

## Concern Bangladesh Child Survival Program

The desired sample size was 420 mothers aged 15-49 years in each municipality. Practically 423 women in Saidpur and 422 women in Parbatipur were interviewed.

Following WHO developed and recommended 30 clusters sampling procedure, cluster/Mahallas from each of the municipality areas using PPS systematic random sampling method were selected. Then from each selected cluster, starting from a random point and by visiting contiguous households from a randomly selected direction, 14 mothers aged 15-49 years, of which 7 having a child aged between 12-23 months and other 7 having child of age between 0 – 11 months were interviewed.

### **B. EPI center observation and secondary data analysis:**

9 EPI centers- 4 outreach centers and 1 fixed center in Saidpur and 4 outreach centers in Parbatipur- were observed. Using a checklist developed for the review purpose this assessment was done. Secondary information from the previous records was also searched. Concern Field Trainers were also interviewed.

### **C. Mini Participatory Learning and Action (PLA) study:**

9 PLA sessions- 5 in Saidpur and 4 in Parbatipur - were conducted with a checklist and protocol to know specific information on the quality of services and effectiveness of the community health promotion structure from mothers and fathers of young child. Each Concern Field Trainer undertook the PLA sessions in their respective working areas/Wards with assistance of one municipal health staff and one community health volunteer or TBA. Different communities such as Bengali slum women, Bihari camp residents, fathers groups and vulnerable communities such as sweepers were selected for the PLAs.

### **D. FGDs with TBAs, Volunteers and Municipal health staff:**

Focus Group Discussions (FGD) were conducted with the TBA, Volunteer groups and municipal health staff. Research Assistants at both the projects facilitated these discussions.

### **E. Key Informant Interview**

#### **a) Interview with municipal health managers:**

To know information on the development of municipal health management system, key Informant interview were taken up. Group discussion with the CSP team and municipal health staff were arranged for this purpose.

#### **b) Interview with the managers at the health facilities**

To see the patient flow to the hospitals, development of referral mechanism and to develop the quality of services provided by the health facilities, discussion and meeting with the managers of health facilities was conducted. Informal discussion was also held with the THFPO and Health Inspectors in Parbatipur and Saidpur.

### **F. Data Collection and Analysis**

Concern and Municipal teams jointly conducted the study. Both the team members were trained and oriented initially on the quantitative and qualitative research techniques used for the review purpose. Questionnaire development, field test, orientation on the questionnaire- all were conducted at the field.

**KPC data** was processed in and analyzed through computerized SPSS program. For EPI valid/effective coverage analysis COSAS program was used.

The information collected through qualitative instruments were analyzed comparing the responses of the varied stakeholders.

## **5. Limitations of the study**

- This review was entirely done by CSP team members: Concern and Municipal health teams in Saidpur and Parbatipur. Therefore there is a chance of biasness in the reporting.
- Although CSP started working in Saidpur in October 1998 and in Parbatipur October 1999, KPC baseline surveys were conducted in August 1999 in Saidpur and in October 1999 in Parbatipur. Therefore it is too early to measure the impact in the community level.
- To know the management aspect of the municipal health, objective assessment was carried out leaving the sensitive areas. CSP at this stage did not feel it necessary to do the Capacity assessment through Appreciative Inquiry again when only a year and half ago this assessment was conducted at both the municipalities.

Concern Bangladesh Child Survival Program

- 9 mini PLA sessions- 5 in Saidpur and 4 in Parbatipur, were arranged in the particular communities ie in disadvantaged and vulnerable areas. Therefore information from the PLAs could not be representative of the whole population of the municipality.

## **6. FINDINGS OF THE REVIEW**

The findings have been furnished separately for Parbatipur and Saidpur based on the areas decided to explore through the review.

### **6.A. PARBATIPUR PROJECT**

#### **1. Health Service Management in Parbatipur Municipality**

- Thana Health Complex (THC) has been providing support to Municipality for EPI services from 32 outreach sites. 10 out of 14 health staff working in the municipality are from the THC office.
- There has been a considerable improvement in coordination between THC and Municipality at institutional level and also at field level. Coordination meetings of health staff are now held regularly in municipality office to review their previous month's work and to plan for the next month. Coordination with other stakeholders is also gradually increasing.
- Municipal representatives are more supportive to the health department. Commissioners often visit outreach centers to encourage the staff. The Chairman of Parbatipur recently advised his secretary to include at least one health agenda important for discussion in the management meeting. Municipality is planning to recruit a Medical Officer and two field staff for the health department.
- Municipality has developed a comprehensive work plan for health service with support from Concern for current year. Before initiation of CSP there were virtually no work plans in the municipality except the support plan done by IOCH.
- Health staff also did not have any work plan before. They are preparing monthly work plan now in conjunction with the respective Concern Field Trainers and following accordingly.
- There is no fixed EPI center in the Parbatipur municipality. Municipality and Concern are active in negotiating with local and district level MoH to establish one.
- Although the THC staff in the Parbatipur Municipality provides family planning services at Satellite centers, CSP is not providing effective support in this intervention yet. Satellite centers for ANC and family planning are arranged with EPI sessions once in every month in each ward.
- Staff supervision is the weakest area needs immediate attention. Supervisors are irregular in their job and they have not adequate supervision skill. The health staff often fail to perform at optimum level due to shortage of supplies.

**Case study: Special effort in NID**

Parbatipur is a major railway junction. 6 rail lines provide links with Saidpur to the north, Rajshahi and Khulna south, Dinajpur to the west, and Dhaka in the south-east. Railway station has been used a temporary station for many of the poorest families and floating population.

After the First round of 8th NID, 15 November 2001 at the time of child to child searching many children were found near the railway station who were not provided polio vaccines. This surprised the municipal-CSP team. In searching the reason they found that during the NID, many of the mothers went across Hili border to India by morning train bringing their minor children for smuggling goods. They return back to the station after the dusk.

Keeping it in mind municipality opened a special center at the railway station in the second round of 8<sup>th</sup> NID (17 December). It started early in the morning at about 6 o'clock and kept it open up to ten at night. The first train goes to the way of Hili at 8 in the morning and the last one returned at 8.45 P.M. Four volunteers were divided into two groups to look after the two sides of the station. The team astoundingly identified many children who never had received polio vaccines. As the day over and night fall, flocks of women started returning from the border. A total of 83 new children were readily found not attended by any polio eradication team in the Parbatipur municipality or outside.

Md.Shoukat Hossain,  
Field Trainer  
Parbatipur CSP

**2. Service Coverage and quality**

**2.1 Immunization And Vitamin A**

**2.1.1 Immunization coverage**

- EPI and Vitamin A coverage has improved considerably during this period both in terms of quantity and quality. Considerable improvement observed in full coverage (93% compared to 85% in baseline) and retention of cards.
- Excellent improvement has been observed in valid/effective EPI coverage<sup>3</sup>. It has increased to 88% form 49% at baseline.
- Drop out rate has also reduced.

Comparison of Baseline and Review results are furnished in the tables below.

**Table 1: status of immunization coverage, retention of cards and BCG scar**

Indicator	Baseline KPC		EG Review	
	Number	Percent	Number	Percent
<b>Immunization:</b>				
Yes	206	98.1	209	99.5
No	4	1.9	1	.5
Total	210	100.0	210	100.0
<b>Retention of cards:</b>				
Yes	130	63.1	178	84.8
No	72	35.0	32	15.2
Total	206	100.0	210	100.0
<b>BCG Scar:</b>				

Concern Bangladesh Child Survival Program

Scar on left upper arm	186	88.6	206	98.6
No scar	20	9.5	4	1.4
Child not available	4	1.9		
Total	210	100.0	210	100.0

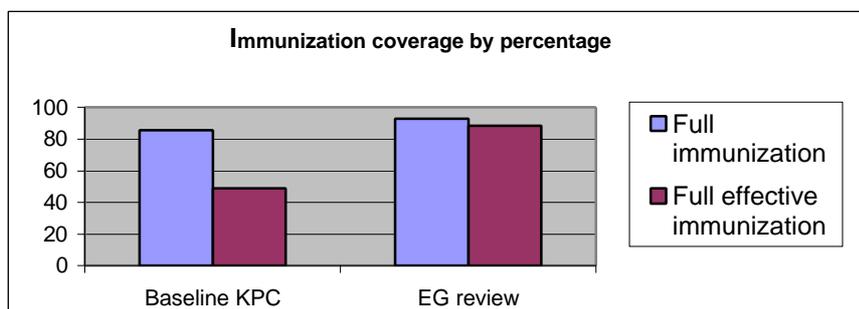
**Table 2: Percentage of children 12-23 months who had received specific vaccines at any time before the survey, by whether the information was from a vaccination card or from the mother**

Characteristics	Percentage of children who received									No. of children
	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Polio4	Measles	
KPC baseline	95.7	94.8	93.9	91.9	95.2	93.9	91.4	79.5	87.6	210
EG review	99.5	99.0	99.0	99.0	99.0	98.0	99.0	96.7	97.6	210

**Table 3: comparison of full and effective immunization between baseline and EG review.**

Type of survey	Full coverage	Full effective coverage <sup>3</sup>
Baseline KPC	85.8	49
EG Review	93.0	88.6

**Figure A: immunization coverage**



**Table 4: Comparison of dropout rates between the surveys of baseline and EG review.**

Dropout	Calculation and Results (percent)	
	Baseline KPC	EG review
BCG to Measles	201-184=17/201=8.5%	208-205=3/208=1%
DPT 1 to Measles	199-184= 15/199= 7.5%	208-205=3/208= 1%
DPT 1 to DPT 3	199- 193=6/199= 3.0%	208-208= 0/208= 0%
DPT 3 to Measles	193-184= 9/193=4.7%	208-205= 3/208= 1%

### 2.1. 2 Vitamin A supplementation

- Data of Vitamin A supplementation cannot be compared with the baseline information. Baseline data was collected differently. The full coverage for vitamin A is quiet low. Vitamin A is usually provided during NIDs.

<sup>3</sup> Effective coverage refers to those of taken vaccines following proper intervals between doses which only can ensure protection against six diseases.

Concern Bangladesh Child Survival Program

These doses of vitamin A are not recorded in the vaccination card and mothers might forget about the Vitamin A doses. This may be a probable cause of low coverage.

**Table 5: Vitamin A supplementation at the Entry Grant review survey**

Entry Grant review		
Whether received appropriate vitamin A doses according to age	Number	Percent
Received	141	55
not received	115	45
Total ( who are eligible to receive)	256	100.0

**2.1.3 Technical skill of staff and Quality of EPI & vitamin A services**

- There has been a considerable improvement in the area of knowledge and skill of staff regarding immunization after the institutional training and on the job field support from Concern. Staff know the consequences of unhygienic practices, importance of reducing the left out or dropout rate.
- Sterilization is done by the staff at their home. It could not be possible to observe their skill in this area. Though there may arise question about proper sterilization but surprisingly incidence of abscess after vaccination is rare.
- Following of non- touch technique during vaccination, changing of ice packs, washing hands before starting vaccination are being practiced well.
- Although administration of vaccines with appropriate doses was maintained but in some instances it was observed during the review that BCG vaccine was provided with incorrect dose.
- Health staff are now counseling mothers on the next dose and advising them to keep the vaccination card.
- Although reporting and record keeping is quiet well, the staff do not registrar children and women regularly.

**2.2. Maternal and Newborn care**

**2.2.1. ANC , delivery & family planning**

- There is marked increase in ANC coverage. TT coverage in last pregnancy has decreased from the based line status. One of the reasons may be that during baseline, staff used to provide TT vaccines to all pregnant women even to those who completed 5-dose schedule. But now they are following the 5-dose schedule where whoever completed the schedule need not to take vaccine any more.
- Another important finding is that the number of home delivery has increased and there is a slight fall in numbers of hospital delivery in Table 8. But Table 9 shows the number of recent (after May 2000) hospital delivery has increased. The number of delivery assisted by trained TBAs has also increased.
- Coverage of Family planning has increased during this period from 45.2% to 52.7%.

**Table 6: Comparison of ANC services between baseline and EG review.**

Characteristics	Baseline KPC		EG review	
	Number	Percent	Number	Percent
ANC during last pregnancy				
Yes	257	60.9	287	68.3
No	165	39.1	133	31.7
Total	422	100.0	420	100.0

**Table 7: percentage of women received TT during pregnancy and retention of TT card.**

Characteristics	Baseline KPC		EG review	
	Number	Percent	Number	Percent
<b>TT received in last pregnancy:</b>				
Received <sup>4</sup>	193	91.0	187	89.0
Not received	19	9.0	23	11.0
5 doses covered previously				
Total	212	100.0	210	100.0
<b>Whether had TT card:</b>				
Yes	73	37.8	130	61.9
No	120	55.5	80	38.1
Total	193	100.0	210	100.0
<b>TT dose received during last pregnancy (who received):</b>				
1	50	25.9	101	54
2	114	59.1	80	42.8
3 +	29	15.0	6	3.2
Total	193	100.0	187	100.0

**Table 8: Comparison in place of delivery between the surveys of baseline and EG review.**

Characteristics	Baseline KPC		EG review	
	Number	Percent	Number	Percent
<b>Place of delivery:</b>				
Home	320	75.8	321	76.4
Hospital/Clinic	102	24.2	99	23.6
Total	422	100.0	420	100.0

**Table 9: Trends in the place of delivery**

Characteristics	EG review			
	Before May 2000 <sup>5</sup>		After May 2000 <sup>6</sup>	
	Number	Percent	Number	Percent
Home	171	81.4	150	71.4
Hospital/Clinic	39	19.6	60	28.6
Total	210	100.0	210	100.0

**Table 10: Percentage of delivery assisted by Trained and untrained TBAs.**

Last delivery assisted by:(deliveries conducted at home)	Baseline KPC		EG review	
	Number	Percent	Number	Percent
Trained TBA	35	8.3	74	22.3
Untrained TBA	201	47.6	140	42.2

**Table 11: percentage of contraception use between baseline KPC and EG review surveys.**

<sup>4</sup> Many women who covered 5 doses previously were also received new doses in the last pregnancy.

<sup>5</sup> “Before May” refers to those have children aged 12-23 months.

<sup>6</sup> “After May” refers to those have children 0-11 months.

Use of Contraception	Baseline KPC		EG review	
	Number	Percent	Number	Percent
Currently using	189	45.2	221	52.7
Not using + currently pregnant	229	54.8	198	47.2
Total	418	97.00	419	100.0

### 2.2.2 TBA service on Maternal & New born care:

- There is significant improvement of TBA's knowledge and skill on maternal and newborn care. TBAs are now aware of avoiding harmful practices.
- Besides home delivery TBAs provide advise to pregnant women and mothers on ANC, PNC, vaccination, breast-feeding, family planning and Vitamin A.
- TBAs are more active in referral of complicated deliveries to hospital. But often failed to motivate the family members for referral.
- TBAs alone are less effective for increased referral during complication. Special efforts to motivate the family members of pregnant women for referral during complication through involving WHCs, community leaders, peer groups should be undertaken.
- TBA supervision system is not yet well developed.
- Though TBAs are visiting the health centers during their training, effective referral linkage between TBAs and hospitals has not yet been established.

**Case study: Strengthening TBAs role could save people's life.**

Rahima, a TBA of Kulipara, Parbatipur received training from the CSP program. She noticed a pregnant woman in her community who could not even sit or stand properly. The pregnancy was at the advance stage at that time. After checking Rahima identified that the women had complicated situation of the pregnancy. She referred the mother to hospital to do check up as early as possible. She also asked her not to make her delivery done at home. The women did not follow her advice due to not only she was very poor but also she has her husband handicapped for last six months.

Rahima was called by the neighbors a few days later when it starts the labor. She felt that the child's is mal-presented and legs to be presented first. When she understood that it would not be possible for the family to take her to hospital, she brought a MBBS doctor from the Railway hospital. Unfortunately when he saw it a very poor man's house, technically avoid the situation and departed the place saying that everything would be all right. After the women gave birth a still baby, her placenta was retained.

Understanding the critical situation of the women, Rahima arranged to bring the woman to the LAMB hospital with her own money and effort. She survived.

Mahmudurnabi Prince, Field Trainer  
Parbatipur CSP

### 2.3 Integrated Management of Childhood Illness (IMCI)

In Bangladesh IMCI has recently been adopted at the national level and gradually been taken down to the field for implementation. It is now in piloting stage in some parts of the country.

Following are the findings on IMCI intervention:

- Concern CSP has changed it's strategy regarding IMCI. It has shifted it's focus from facility based IMCI to it's community component i.e on educating caretakers for improved home care and for detection of danger signs for early referral in case of Diarrhoea, Pneumonia and Malnutrition.
- TBAs have been trained and are involved in providing information to mothers during their visit to post natal period on pneumonia, diarrhoea and malnutrition.
- Volunteers have also been trained on selected IMCI interventions. Unlike TBAs, Volunteers have no well-defined strategy for providing health information on these diseases.
- Municipality staff and other Community group's involvement are still limited.
- Efforts of quality improvement in hospitals through improved coordination need to be strengthened.
- Health workers are not well trained on selected IMCI components.

### 3. Community health promotion structure and it's impact

- In response to the source of health information mothers responded differently for different interventions but when asked about information source for overall maternal and child health they valued the municipality health staff most. 43% mothers get information from health staff.
- Highest percentages of mothers (22.8%) get advice on ANC from their family members especially from the husband. On the other hand for family planning advice they considered health staff are the prime source(36.7%).
- Though TBAs and volunteer's role is insignificant in promoting ANC and family planning but their role has been considered important in promoting over all maternal and child health services (18.1% combined). Though it is too early to measure their effectiveness, it is important to think about the way of increasing their effectiveness.
- 23% pregnant women never received advice on ANC and over 11% mothers do not get family planning information from any source.
- *One interesting finding observed in both Saidpur and Parbatipur during the KPC survey for review, when mothers were asked about their source of health information specially that of ANC most of them mentioned their husband's name. It seems a bit paradoxical to the research team when husbands came up as the most important impediment for complicated women in reaching to hospitals.*

**Case study: another success story of TBA.**

*The TBA, Halima received training from CSP program recently. She has been serving in the powers house colony area for long. She knows danger signs of pregnancy and when to refer pregnant women to hospital after the training which gave her extra weight in the community.*

*She had been taking care of a pregnant woman who was only 18 years old and that was her first pregnancy. The lady was very short and physically weak. Her husband was day labor and could not feed his wife well. In identifying her short stature Halima advised her not to let her delivery happen at home. Her husband and mother in laws however did not listen her advice.*

*On the very day of labor, Halima was called by the mother in law again. It had already been 12 hours passed since the labor started and her situation was going to be severe. At that point she managed to convince her husband and mother in law that if they did not bring the woman, she would die. The woman's husband went to the rickshaw stand and brought a rickshaw van/flat rickshaw. The lady was taken to the LAMB hospital and the child was delivered through cesarean section. It was a baby girl born and the family members expressed gratitude to Halima for her timely advice.*

**Table 12: Who advised mother to do antenatal check up: multiple responses**

Categories	Frequency	Percent
Health Worker	76	16.6
Volunteer	15	3.3
TBAs	20	4.4
Family Members	104	22.8
RSDP worker	1	.2
Neighbor	60	14.5
Self	50	10.9
Doctor	5	1.1
Electronic media	5	1.1
NGO worker	3	.7
LAMB hospital	1	.2
BRAC	8	1.8
Nobody has given advise	109	23.9
Total		100.0

**Table 13: Who provide mothers education on family planning: multiple responses**

Concern Bangladesh Child Survival Program

Categories	Frequency	Percent
Health Workers	180	36.7
Volunteers	17	3.5
TBAs	29	5.9
Family members	71	14.5
Neighbors	37	7.6
Govt. Family Planning worker	2	.4
Self	39	8.0
Doctor	7	1.4
From electronic media	13	2.7
NGO worker	1	.2
Hospital staff	2	.4
LAMB hospital staff	28	5.7
From Dinajpur medical College hospital	1	.2
BRAC clinic	4	.8
UHC/31 bed govt hospital staff	2	.4
Nobody provides advice	57	11.6
Total		100.0

**Table 14: Where from community people receive health education on maternal and childcare:**  
multiple responses

Categories	Frequency	Percent
Health Worker	243	43.3
Volunteer	39	7.0
TBAs	62	11.1
Family members	42	7.5
Neighbor	31	5.5
Govt. FP worker	1	.2
Self	22	3.9
Nurse	1	.2
Doctor	8	1.4
Electronic media	22	3.9
NGO worker	3	.5
Hospital	2	.4
LAMB hospital	66	11.8
Dinajpur Medical College hospital	1	.2
BRAC	4	.7
Upazilla Health Complex hospital	2	.4
Nobody provides advice	12	2.1
Total		100.0

### Municipality health staff

- With the support from TBAs and Volunteers Municipality staff are providing information on maternal and child health issues beyond their usual focus on EPI. It has just started and not yet become a regular practice.
- Health staff used to run outreach centers alone before. They now involve TBAs and volunteers at the outreach centers. In special days like NIDs and MNT campaign, other community groups like RMPs, local clubs, schools and mosques are also assisting health staff in the accomplishment of responsibilities.

## Concern Bangladesh Child Survival Program

- Health staff are not well trained on behaviour change communication.

### Community health volunteers (CHVs)

- 86 CHVs have so far been trained. They are supporting municipality staff mostly in routine EPI session and NIDs.
- In CHV selection and training, CS Program was more responsive to Municipality's need of developing a cadre of volunteers for supporting NIDs and EPI routine activities.
- Though some of the CHVs are very active in providing health messages to their neighbors and help them in their health needs but others are less active.
- Female CHVs are more active than their male counterparts.
- In CHV training content, all of the CSP interventions are included except family planning.
- Supervision and monitoring of CHV activities is yet to be developed.

#### ***Case study: Commitment and willingness of a volunteer made a difference***

*Shamol (age 25) is an active volunteer of CSP of Parbatipur municipality. CSP identified him as a volunteer and provided with training on particular issues of volunteer's activity. It happened in March 2001 when in one night Shamol was sleeping, his mother wake him up at about 1.30 and informed him that they had a pregnant woman suffering from delivery complications since evening at their neighborhood area. The situation of the woman was worse by then. She already had an early ruptured of membrane and having excessive bleeding. Husband of the women is a day labor and was away from home to work in another district. She had been living with a young nephew of her husband. This family was migrated from the village recently and living in a straw hut in the periphery of the Natunbazar area.*

*As soon as Shamol came to know the situation after subsequent discussion with the TBA, he understood that the mother should be taken to LAMB hospital immediately. But the hospital is about four kilometers away from the Parbatipur town. Except rickshaws/ tricycles there is no transport to reach to the hospital. Shamol went out to find a flat rickshaw. There were no rickshaws at that hour in the rickshaw stand. He went back to his community and found a rickshaw pullers house and wakes him up from sleep. He requested him to assist him in bringing the woman to hospital. It takes 45 minutes to get the mother to the hospital. Health staff at LAMB knew Shamol and they immediately admitted the women and started taking care of her without asking anything about money. They came out with a girl baby in the morning. Both mother and child were alive and well.*

*Zamal Uddin  
Research Assistant  
Parbatipur CSP*

### Ward Health Committee

- All 9 Ward health committees have been formed. Except initial few committees, community participation was well ensured.
- Community people highly appreciated the formation of Ward Health Committees.
- WHC meetings are held regularly with the support from Concern Field Trainers.
- WHC discussion and initiatives are not limited in program interventions. Besides CSP interventions WHC members are increasingly active in solving other problems like sanitation, garbage disposal etc. CSP staff should effectively facilitate the meeting to encourage solving their problem through local resources.
- WHCs appeared to be very helpful for the municipal staff. They now can share their problems with Commissioners and other members of the community in the WHC meetings.

***Case study: convergence of activity increased collaboration***

*Safe motherhood day was observed recently in Parbatipur combined with all stakeholders with the leadership of municipality. Previously THC organized this sort of day observation and as the health complex is four kilometers away from the town and the municipal authority were not interested about these activities, little was responded by the municipal people.*

*In this day observation, responsibilities along with financial support were shared by different stakeholders. Municipality provided banners and mikes, Health department mobilized WHCs, TBAs and volunteers to participate in the rallies, THC provided speaker and microphones, LAMB hospital supplied with Caps and Concern arranged some entertainment.*

*All 9 WHCs set out rallies in their respective Ward and gathered finally at the front of the municipality. A big rally was then set forth to cover the whole municipality crating a huge enthusiasm among the community people. A total of 600 people participated in the rally. A discussion meeting was subsequently organized at the premises of primary school.*

Rina Salam  
Field Trainer  
Parbatipur project

**RMP, Teacher, Imam, other community groups**

- RMP, Teacher, Imam and other community group's involvement is still limited in NID and other day observation. CSP in incrementally involving the groups in the program.

**Other media used for health promotion**

- Communities enjoyed the folk songs arranged by municipality supported by Concern. They could recognize the information disseminated by the folk media.

**4. Community Perspective on health service**

- Community people are overall happy with the EPI service provided by the municipality. They have a mixed opinion about the conducting household registration by the municipality staff.
- Some mothers informed that previously health staff used to come to their house and distribute contraceptive methods; recently they do not come to houses.
- Besides EPI service, most of the community mothers want other maternal and child health services from the municipality, or at least municipality would make arrangement for them.
- All of them have problem in referring patients to hospitals. In most of the cases attending doctors and nurses demand money. Sometimes they do not behave well. Poor are always neglected. CSP needs to work with the health facilities.

## 6. B. SAIDPUR PROJECT

### 1. Health Service Management

- Municipality provides EPI services through it's own staff. Thana health complex supports with vaccines, equipments and some other logistics.
- The EPI service has improved a lot from the time CSP started. Staff are more motivated and encouraged. Their knowledge and skill about their work has improved. Volunteers and TBAs are now supporting health workers. They are assisting health staff in the outreach sessions and also in motivating mothers from the community.
- Saidpur Municipality recently appointed a Medical Officer to coordinate and manage health activities. Field staff are still working on temporary basis. Municipality cabinet feels the need for permanent staff but unable to employ due to financial problems.
- Coordination meetings are now being arranged in the municipal health office. All health institutions and NGOs have been informed recently by the Chairman to provide a monthly progress report of their activities to the health department. Problems and issues relating to EPI work are discussed in the coordination meeting.
- Health staff are now doing their monthly action plan. They did not have any work plan before.
- There is no annual health plan of the municipality like in Parbatipur.
- Neither municipality nor the THC provides family planning services in municipally area. 2 NGOs ( UFHP, FPAB) are providing this service.
- Municipal health staff have problems in getting salaries.
- Transportation is a big problem to the health staff especially to those of the female one. They are to move their respective working areas. Provision is kept in the DIP to provide Motor cycles/bicycles to health staff but still not provided to municipality. Because of the cultural reason female staff are reluctant to ride bicycles. Alternative ways need to be sought to fill this gap.

#### **Case study: institutional change needs sustained support of mentors**

*Salary for the health staff of Saidpur municipality was outstanding for a number of months recently. Health staff were frustrated and de-motivated. To the health staff salary is very important whatever the amount is, because most of them are very poor and have no other alternative to live on. Most of them have had a big amount of debt to their neighborhood grocery stores. Staff became irregular in attending office in recent times. Performance of their work was also declining profoundly in recent months.*

*Attempts were taken to solve the situation by CSP at different times. In fact, Saidpur municipality has been experiencing a low ever tax/revenue collection from the town. Although the pressure from the Government recently accelerated to improve tax collection status, it did not show major change. City dwellers tend to pass up tax payment and the municipal authorities were not hard enough with its residents because of the political reason. They did not want to do any thing which could cause of loosing votes.*

*Lastly, in January 2001 a workshop was organized by Concern with the municipal representatives. Among others, constraints causing from salary issue was discussed with the cabinet. The cabinet then decided that whatever the dues are, staff salary would be provided regularly from then on. The difficulties with the outstanding salary will be solved gradually. Salary of the health staff have been providing regularly since then.*

Nakul Kumar Biswas  
Project Manager  
Saidpur project

## 2. Service Coverage and Quality

### 2.1 Immunization and Vitamin A

#### 2.1.1 Immunization coverage

- Full EPI coverage increased slightly from 77.9% to 80.3% and the valid /effective EPI coverage increased a lot from 42.7% to 70.4%.
- When mothers were asked about the vaccination of their children, 95.8% replied positive but 92% of children found to have the BCG scar which is quite lower than the baseline coverage (98.1%).
- Left out rate and BCG to Measles drop out rate have also increased.

**Table 15: Status of immunization coverage, retention of cards and BCG scar**

Indicator	Baseline KPC		EG Review	
	Number	Percent	Number	Percent
<b>Immunization:</b>				
Yes	207	97.2	204	95.8
No	6	2.8	9	4.2
Total	213	100.0	213	100.0
<b>Retention of cards:</b>				
Yes	138	66.7	183	85.9
No	69	33.3	30	14.1
Total	207	100.0	213	100.0
<b>BCG Scar:</b>				
Scar on left upper arm	203	98.1	196	92.0
No scar	4	1.9	17	8.0
Total	207	100.0	213	100.0

**Table 16: Percentage of children 12-23 months who had received specific vaccines at any time before the survey, by whether the information was from a vaccination card or from the mother**

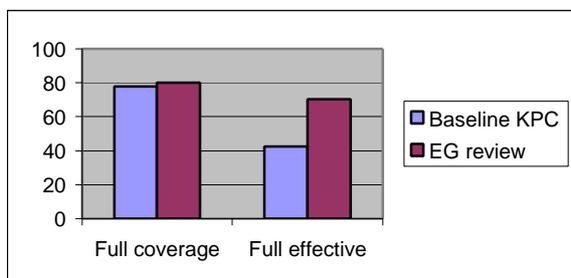
Characteristic	Percentage of children who received									No. of children
	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Polio4	Measles	
KPC baseline	95.3	94.4	93.0	87.8	97.2	94.4	87.3	73.2	80.8	213
EG review	95.8	95.8	93.4	86.3	95.8	93.4	86.3	77.8	82.8	213

**Table 17: Comparison of full and effective immunization between baseline and EG review**

Categories	Full coverage	Full effective coverage <sup>7</sup>
Baseline KPC	77.9	42.7
EG Review	80.3	70.4

<sup>7</sup> Effective coverage refers to those of taken vaccines following proper intervals between doses which can only ensure protection against six diseases.

**Figure B: Immunization coverage**



**Table 18: Comparison of dropout rates between the surveys of baseline and EG review.**

Dropout	Calculation and Results (percent)	
	Baseline KPC	EG review
BCG to Measles	$203 - 172 = 31/203 = 15.3$ percent	$203-168 = 35/203 = 17$ percent
DPT 1 to Measles	$201 - 172 = 29/201 = 14.4$ percent	$203-168 = 35/203 = 17$ percent
DPT 1 to DPT 3	$201 - 187 = 14/201 = 7.0$ percent	$203-183 = 20/203 = 9.4$ percent
DPT 3 to Measles	$187 - 172 = 15/187 = 8.0$ percent	$183-168 = 18/183 = 9.4$ percent

### 2.1.2 Vitamin A supplementation coverage

- Data of Vitamin A supplementation cannot be compared with the baseline information as baseline data was collected differently. The full coverage for vitamin A is quite low (66.9%) but better than that of Parbatipur (55%).

**Table 19: Vitamin A supplementation at the Entry Grant review survey**

Entry Grant review		
Whether received appropriate vitamin A doses according to age	Number	Percent
Received	164	66.9
Not received	81	33.1
Total (who are eligible to receive)	245	100.0

### 2.1.3 Staff skill and quality of vaccination and vitamin A service

- In Saidpur sterilization of needles and syringe is done centrally at the municipal health office now. Health department has lack of water supply and shortage of stoves/burners. Equipments are very old and need replacement. It becomes usual practice that female members would do the sterilization work even where more than forty percent of the health workers are male.
- Health Workers are not doing household registration at the community level for last few months and targets for outreach centers are not being fixed properly though almost all the health workers know the rule of target fixing. They however maintain tally sheets, register books and monthly report forms properly.
- Overall situation of the Cold Chain maintenance is very good. Health staff are following standard procedure. The Thana Health Office sometimes does not supply thermometers with the vaccine carrier causing difficulty in monitor the temperature. In that case frozen icepacks are used as indicator for desired temperature.

## Concern Bangladesh Child Survival Program

- Health staff follow the proper procedure to administer vaccines and vitamin A as per the EPI standard guidelines. This has improved a lot after the training received from CSP.
- Municipality staff collect information on AFP, Neonatal Tetanus and Measles from volunteers and TBAs but overall disease surveillance system is very weak.
- Health staff are doing very well in counseling. Especially after the refreshers training they are now informing mothers about side effects, when to come again for the next dose and on preserving the vaccination cards. Screening of mothers and children's immunization status done properly before administering vaccines.
- Supervisor prepares his monthly supervision plan now. He made supervisory visit to the outreach sites but not regular. There is no transport facility for the supervisor. Supervisor received training on "Supportive Supervision". Overall finding is that Supervision system is gradually improving.
- Logistics are supplied to the health workers but not regularly. Vitamin A, reporting forms, needles, and syringe are not adequately supplied from the Thana Health Complex. Vaccines are also supplied from Thana Health authority's office. Usually there is delay in supplying vaccines to the municipality on the EPI days.

## 2.2 Maternal And Newborn Care

### 2.2.1 ANC, Delivery & family planning

- ANC coverage has markedly increased from 57.9% to 69.3%. TT coverage during last pregnancy has decreased here is Saidpur also. The probable cause might be same as explained in Parbatipur.
- Delivery by trained TBA has increased tremendously to 53.7% from 17.6 % in baseline.
- Alike Parbatipur number of home delivery has also increased here shown in table: 24. But if we analyse the table: 25 the finding is same like Parbatipur. The hospital delivery has increased compared to baseline.
- More than fifty percent (52.1%) of women having complication during labour attended hospital.
- Family planning coverage has a slight fall. Municipality staff are not providing the service. Municipality need to coordinate the service more effectively or to provide it by it's own staff with the support from THC.

#### **Case study: Linkage and networking of community health resources synergies efforts to child survival**

TBAs and Volunteers play an important role for health in the Saidpur municipality areas. There were TBAs in the municipalities whose work were never been supervised and monitored, and there were volunteers who were never guided by any individual or organization before Concern started CSP. They worked without any supportive supervision mechanism. CSP started to develop a TBA and volunteer supported supervision system. TBAs and Volunteers were selected and trained. They were linked to the respective municipal staff of each ward. Relevant municipality staff provides necessary supports to his/her TBAs and volunteers. 20 municipal staff are now supervising 191CHVs activities. In Saidpur 74 TBA's works are guided by 9 female municipal staff who had also attended training along with the TBAs.

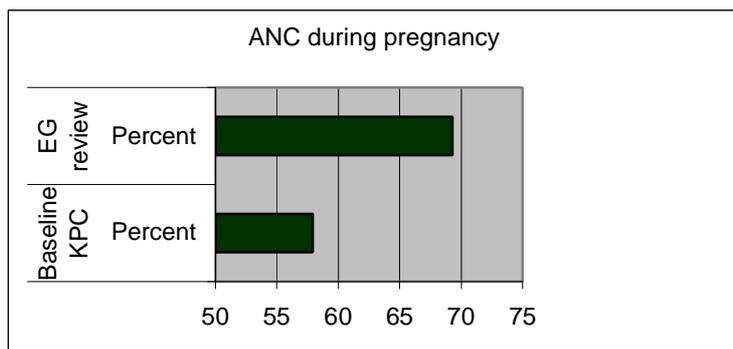
For any occasion TBAs and Volunteers are now called upon by the health staff; and TBAs, and Volunteers are also seeking support of health staff whenever they feel necessary. One instance of system development is that recently two TBAs came to their respective municipal health staff for seeking advice on birth spacing. Four of their previously served mothers asked suggestion to them on methods. Municipal staff brought them to me. I then took both TBAs and municipal staff to Family Planning Association of Bangladesh (FPAB) Saidpur office and introduced with the officials and staff. Similarly, health staff are now advising TBAs to avoid conducting risk deliveries and referring to hospitals.

Siddika Khatun Fancy, Field Trainer  
Saidpur project

**Table 20: Comparison of ANC services between baseline and EG review.**

Characteristics	Baseline KPC		EG review	
	Number	Percent	Number	Percent
ANC during pregnancy				
Yes	246	57.9	293	69.3
No	179	42.1	130	30.7
Total	425	100.0	423	100.0

**Figure C: ANC services during pregnancy**



**Table 21: Number of antenatal checkup received by women interviewed**

Number of ANC visit	Frequency	Percent
1	86	29.4
2	83	28.3
3	53	18.1
4	26	8.9
5	17	5.8
6	5	1.7
7	10	3.4
8	6	2.0
9	1	.3
10	2	.7
12	3	1.0
14	1	.3
Total	293	100.0

**Table 22: Percentage of women received TT during pregnancy and retention of TT card.**

Characteristics	Baseline KPC		EG review	
	Number	Percent	Number	Percent
<b>TT received in last pregnancy:</b>				
Received <sup>8</sup>	192	90.6	163	77.6
Not received	20	9.4	38	18.1
5 doses covered previously			9	4.3
Total	212	100.0	210	100.0
<b>Whether had TT card:</b>				
Yes	95	49.5	146	69.5
No	97	50.5	64	30.5

<sup>8</sup> Many women who covered 5 doses previously were also received new doses in the last pregnancy.

Total	192	100.0		
<b>TT dose received during last pregnancy:</b>				
1	93	48.4	116	68.2
2	83	43.2	46	27.1
3 +	16	8.3	8	4.7
Total	192	100.0	170	100.0

**Table 23: classification of TT receipt status in lifetime**

Number of TT taken in lifetime	Number	Percent
Taken 5 doses following the appropriate intervals between doses.	50	24.0
Taken 5 or more doses but did not follow proper intervals	76	36.5
Under process of completion	84	40.0
Total	210	100.0

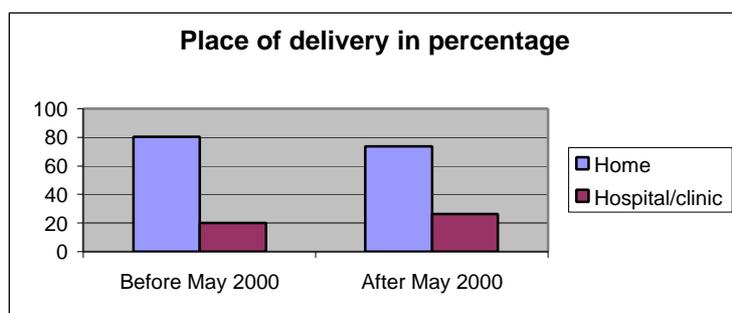
**Table 24: Comparison in place of delivery between the surveys of baseline and EG review.**

Characteristics	Baseline KPC		EG review	
	Number	Percent	Number	Percent
Home	318	74.8	325	77.0
Hospital/Clinic	107	25.1	98	23.0
Total	425	100.0	423	100.0

**Table 25: Trends in the place of delivery**

Characteristics	EG review			
	Before May 2000		After May 2000	
Place of delivery	Number	Percent	Number	Percent
Home	171	80.3	154	73.7
Hospital/Clinic	42	19.7	55	26.3
Total	213	100.0	210	100

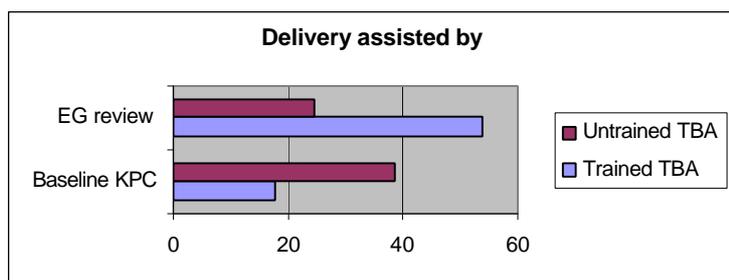
**Figure D: Place of delivery**



**Table 26: Percentage of delivery assisted by Trained TBAs and Untrained TBAs in the baseline and EG review.**

Last delivery assisted by:	Baseline KPC		EG review	
	Number	Percent	Number	Percent
Trained TBA	75	17.6	173	53.7
Untrained TBA	164	38.6	79	24.5

**Figure E: Percentage of delivery assisted by Trained TBAs and untrained TBAs**



**Table 27: Percentage of obstetric complication faced during last pregnancy (of those mothers having children aged between 0-23 months at the time of survey)**

Obstetric complication	Ever face in life (Baseline KPC)		in last pregnancy (EG review)	
	Number	Percent	Number	Percent
Yes	105	24.7	66	15.6
No	320	75.3	357	84.4
Total	425	100.0	423	100.0

**Table 28: What did the pregnant women do during obstetric complications: multiple responses**

Categories	Number	Percent
Went to hospital	24	52.1
TBAs were called on	2	4.3
Neighbors were sought	1	2.2
Nurse's support were taken	6	13.0
Went to homeopath doctor	1	2.2
Doctor's advice were taken	5	10.9
Have not taken any measure	3	6.5
Nobody given advice	4	8.7
Total cases		100.0

**Table 29: percentage of contraceptive use- comparison between baseline KPC and EG review surveys.**

Use of Contraception	Baseline KPC		EG review	
	Number	Percent	Number	Percent
Currently using	179	42.6	179	42.3
Not using + currently pregnant	241	57.4	244	57.7
Total	420	100.0	423	100.0

### 2.2.2 TBA service on maternal and newborn care

- 86 TBAs have been trained so far by the CS program. 25 TBAs who were trained by Concern or other organizations before have also been provided with refreshers. Resource persons from MOH at local level are invited as facilitators at the training.
- TBA knowledge and skill on clean delivery, recognition of danger signs has significantly improved after the training. TBAs are also involve here like Parbatipur in promoting ANC, PNC, Breast feeding, immunization for both mother and child.

- In communities especially in Bihari camps TBAs are considered as an important resource. During PLA session some community informed that there was no maternal and child mortality in their community during last one year.
- Efforts have been made to introduce the TBAs with the health facilities during the training for practical demonstration and through TBA workshop but it need more active steps to develop an effective referral linage.
- Though the municipal staff have link with TBAs in their respective wards to guide and provide them support and some TBAs are members of the WHCs to inform their activities to the meeting but there is no effective supervision and monitoring mechanism developed yet for all the TBAs trained so far.

### 2.3 Integrated Management of Childhood Illness (IMCI)

- In Saidpur initiatives and progress in this intervention is almost same as Parbatipur. The promotion of appropriate home care, and early referral for IMCI interventions needs a well-designed strategy.
- Unlike volunteers, TBAs involvement here is also a bit organized like Parbatipur. Providing specific messages on this intervention through the TBAs during their visit to mothers after delivery seems to have a greater chance of success. These efforts need proper monitoring.
- Addressing the referral centres for quality improvement is inadequate. Attempts of involving the Private providers are in a preparatory stage.

#### **Case study: Training and continuous on job support can make a difference**

After the training received from Concern, TBAs came to know the danger signs of a pregnancy and when to refer patients to hospitals. They have also been introduced to the local health centres existing in Saidpur municipality.

Field Trainer Babu was informed by the municipal staff Tahura that one of her supported TBAs named Zarina recently referred 4 high risk mothers to LAMB hospital and Rangpur medical college hospital. She said to Babu “She never had referred any mother to hospital before she received training. Although she would have been financially benefited if she had handled those cases, but now she is mentally committed and believes that this will increase her credibility in the community”. Zarina said to Tahura that she would definitely conducted those deliveries at home if would not received training from CSP, although many of the danger signs like excessive bleeding and taking prolong hours were predominantly seen to those cases”. Overall impression of TBAs that referral to 50 bed hospital and Maternity has recently been increased in the municipality area. But these hospitals do not have operation facilities and for EOC they are to send mothers to LAMB or Rangpur hospital. But there is no good transportation system to carry women to those hospitals.

Rafiqzaman Babu  
Field Trainer  
Saidpur project

### 3. Community health promotion structure and it's impact.

- Like Parbatipur, in response to the source of health information mothers here also responded differently for different interventions (table 30 & 31) but when asked about their information source for overall maternal and child health they also valued the municipality health staff most. 46.4 % mothers get information from health staff (table 32).
- Unlike Parbatipur health workers have very insignificant role in promoting ANC and family planning. One interesting finding is that in Saidpur highest percentages (26% for ANC and 18% for family planning) of mothers respond that they have received services from their own motivation (table 30 & 31). This is a bit confusing and it was not explored how they were motivated to take services.
- Though TBAs has a significant role in promoting ANC than family planning where volunteers are very ineffective to promote both the services. Respondents valued volunteers greatly in promoting over all maternal and child health services (12.2%) ranked after the health workers (table 32).

Concern Bangladesh Child Survival Program

- NGOs (UFHP and FPAB) have a significant contribution in promoting ANC and family planning in Saidpur (table 30&31).
- Like Parbatipur family members are also considered as important source of advice for ANC and family planning.

**Table 30: Who advised for Antenatal check up: multiple responses**

Categories	Number	Percent
Health worker <sup>9</sup>	33	9.9
Volunteer	1	.3
TBAs	34	10.2
Family members	84	10.2
Kanchan Samity/UFHP	19	5.7
Neighbor	30	9.0
Govt FP Worker	5	1.5
Self	87	26.0
Nurse	2	.6
Doctor	19	5.7
Electronic media	1	.3
NGO worker	3	.9
FPAB worker	3	.9
Maternity	1	.3
CMH hospital	3	.9
Nobody given advice	9	2.7
Total responses	334	100.0

**Table 31: Who provides messages on family planning: multiple responses**

Categories	Number	Response
Health Worker	18	5.1
Volunteer	1	.3
TBAs	11	3.1
Family members	51	14.4
UFHP worker	45	12.7
Neighbor	34	9.6
Govt FP worker	26	7.4
Self	64	18.1
Nurse	1	.3
Doctor	12	3.4
Electronic media	22	6.2
NGO worker	7	2.0
FPAB worker	8	2.3
Maternity	6	1.7
Have not taken any measure	7	2.0
LAMB hospital	1	.3
CMH hospital	2	.6
BRAC	1	.3
Nobody has given advice	36	10.2
Total cases		100.0

**Table 32: Who provides information on maternal and child health to community people:  
Multiple responses**

<sup>9</sup> Sometimes respondents could not specify clearly from which hospital or which NGO they were assisted by. Health worker category may also include family planning staff of govt who are also working for the municipality.

## Concern Bangladesh Child Survival Program

Categories level	Number	Percent
Health Worker	244	46.4
Volunteer	64	12.2
TBAs	16	3.0
Family members	25	4.8
UFHP workers	26	4.9
Neighbor	24	4.6
Govt. FP worker	7	1.3
Self	29	5.5
Nurse	1	.2
Doctor	4	.8
Electronic media	24	4.6
NGO worker	4	.8
FPAB worker	8	1.5
Maternity	1	.2
Concern DO	1	.2
Scout/Club	1	.2
BRAC	2	.4
CSP health promotion activities	3	.6
Nobody gives advice	42	8
Total		100.0

### Municipality health staff:

The findings in Saidpur and Parbatipur are almost similar.

- Like Parbatipur, health staff are also providing information on maternal and child health issues beyond their usual focus on EPI. They used to provide health messages through house-to-house visit and in groups.
- Health staff are not well trained on behaviour change communication.
- Relation among health staff, TBA and Volunteers needs to be stronger for effective health promotion
- Municipality staff have no referral linkage with the hospitals or health centres.

### Community health volunteers (CHVs)

- CHVs are more active in health promotion here in Saidpur than Parbatipur.
- 106 CHVs have so far been trained. They are supporting municipality staff in routine EPI session and NIDs. They are also providing health messages on selected interventions in the community especially to their neighbors and taking active part in patient referral.
- Volunteers have no formal relation with the health institutions for patient referral.
- Like Parbatipur, Female CHVs are more active than their male counterparts.
- Though the respective field trainer and municipality staff arrange bi-monthly volunteer meetings to support and monitor their activities, WHCs role is insignificant in supervising and monitoring their activities.

### Ward Health Committees (WHCs)

- All the 15 Ward health committees have been formed. Most of the committees are active and performing well in mobilizing the community for health action.
- Like Parbatipur, WHC meetings are held regularly with the support from Concern Field Trainers.
- In the WHCs problems and constraints of EPI work are being discussed and shared with others. Support of other community people are sought by the WHCs.
- Some of the WHCs have strong role in coordinating the health services in their ward though structured monitoring system of health activities by the WHCs yet to be developed.
- Though one TBA and one volunteer is member of each WHC, there is a lack of coordination between the volunteers, TBAs and the WHCs.
- Sanitation problem is the highest priority to all WHCs. They seek support from Concern to solve the problem.

## **Rural Medical Practitioners (RMPs), Teacher, Imam, other community groups**

- Like Parbatipur RMP, Teacher, Imam and other community group's involvement is still limited in NID and other day observation.

## **Other media used for health promotion**

- Saidpur CS project organizes folk songs to disseminate health messages to address the poorest section of the community living in slums and camps. There are around 30 such slums where the project organizes the folk song during different health issue days and weeks. It seems an interesting media to the people though the effectiveness has not been evaluated yet.

## **4. Community perspective on health service provided by Saidpur municipality**

- Community mothers are satisfied with the EPI services provided by municipality. Outreach centers are good for them to get services nearest to their home.
- People are satisfied with the health staff. Health staff often visit their community to give them information on EPI services but they do not register their child regularly.
- In one of the sweeper communities where PLA session conducted, have only one TBA in their area to conduct deliveries. She has not yet been trained by CSP because it is difficult to include a sweeper TBA with other TBAs in the training. Alternative ways need to be sought to train and to provide support to other TBAs of the sweeper communities.
- The attitude of Doctors and Nurses of hospitals is one of the important impediments to get the services. They are not available at the time of necessity. Poor women do not get appropriate attention.
- Bengali mothers informed that TBAs are now performing better than before. They are referring complicated cases to hospitals.
- Husbands and mother-in-laws are sometimes reluctant to send their wives to hospital because of the cultural reason and financial constraints. Husbands do not want their wives delivered by male doctors. Motivation and awareness raising initiative for male groups and mother-in-laws need to be strengthened.

## **7. Immediate impact of the study**

- One of the major objectives of the review is to orient and train Concern and municipal staff on the participatory research and monitoring techniques. They were involved in the study from the onset of the study design. Municipal health staff and Field Trainers supported by TBAs and Volunteers collectively conduct KPC surveys, PLA and FGDs.
- Municipal staff, TBAs, Volunteers and Concern staff had a great opportunity to know the result of their effort and community people's opinion.
- The study mirrored the situation to them and helped identify the areas where more support is needed. They also understood the limitations they have and the skill they need to provide support more efficiently to the community people.

## **8. Recommendations**

## Concern Bangladesh Child Survival Program

- CSP started implementing in Parbatipur a year after it started in Saidpur. But in many areas, there have been substantial improvement observed in the Parbatipur municipality. One of the important reasons is the active involvement of municipality cabinet in the program compared to Saidpur. Saidpur project should give more attention to increase the level of involvement of the cabinet in the program.
- A dissemination seminar ought to be conducted later on to share the findings with the respective partners in order to let them know the findings of the study and if necessary reset targets and activities.
- CSP should seek the way of supporting municipalities to solve their financial constraints within the current program design.
- In order to develop an effective urban health system, advocacy should be a priority at national level jointly with the stakeholders like IOCH/MSH, USAID, and other organizations work for urban institution development.
- Continuous effort should be made to motivate the municipal cabinet to recruit health staff and to allocate necessary resources to run the health program. Unless they have regular staff in the department CSP would not be successful as expected.
- It is observed that community demand for health services has greatly increased. It is very important to focus on the service providers. Health Institutions and hospitals are to be effectively addressed to ensure better services.
- Program exerted tremendous effort in organizing community groups; activate ward level community structures ensuring the participation of the Municipality and the community. It is now very important to develop an effective supervision system to maximize their efforts and to monitor the progress. There is an opportunity prevails to develop a Community Based Monitoring (CBM) system for its regular performance assessment. The Ward Health Committees formed in each of the 15 and 9 Wards of Saidpur and Parbatipur respectively could be utilized as a platform to collect and analyze information to measure the progress of their effort.
- There should be an explicit behavior change communication strategy for the program that will guide the Concern and Municipality staff to optimize their efforts.
- TBA program shows a great potential to contribute to the program goal. CS program should involve the WHC and other community groups to support the TBAs in their effort to refer the complicated deliveries. It is also very important to take initiatives to ensure the hospital access of the poor people. Sweeper community's problem must be dealt with a great empathy.
- Special attention should be given to ensure more involvement of the volunteers in promoting maternal and child health care rather involve them only in supporting municipality staff in EPI and NIDs.
- Sanitation is considered a big problem in all WHCs in both the municipalities. CSP needs to address this issue somehow with its own resource or mobilizing others.

## REFERENCES

1. Concern Bangladesh: DIP first semester report (October 2000-March-2001).
2. Entry Grant Child Survival Program (CSP) final report –Concern Bangladesh, October 2000.
3. Exposure visit to CARE India - Learning from West Bengal's INHP program, Concern Bangladesh Child Survival Program, March 2001.
4. Report on the workshop of Traditional Birth Attendants- Saidpur and Parbatipur municipalities.
5. Effect of Folksong in information dissemination and Community awareness on CSP interventions- Zamal Uddin Ahmed, Parbatipur.
6. Review of municipal health Information system – Zamal Uddin Ahmed, Parbatipur.
7. Guidelines and Terms of References for Ward Health Committee formation ,and selection and working procedure for RMPs, volunteers, TBAs, Imams etc.
8. Associates for Community and Population Research (ACPR) Concern –Saidpur Municipality Child Survival Program: KPC Baseline survey report 1999 Hayat Khan M.S et al.
9. Associates for Community and Population Research (ACPR) Concern –Parbatipur Municipality Child Survival Program: KPC Baseline survey report 1999 Hayat Khan M.S et al.
10. Concern Bangladesh: Organizational Development Unit (ODU) Health Institution Capacity Assessment Process (HICAP) –assessment of Saidpur Municipality health department through Appreciative Inquiry, October 1999.
11. Concern Bangladesh: Organizational Development Unit (ODU) Health Institution Capacity Assessment Process (HICAP) –assessment of Parbatipur Municipality health department through Appreciative Inquiry, March 2000.
12. Concern Bangladesh: Organizational Development Unit (ODU) Participatory Learning and Action research (PLA) in Saidpur municipal area ,September 1999.
13. Associates for Family Health Research (AFHR): PLA in Parbatipur on Child Survival Program. April 2000
14. Research Evaluation Associates for Development (READ): Study of EPI Facility Assessment of the existing Capacities of the Municipalities with regard to EPI services in Saidpur and Parbatipur Urban areas (Municipalities) March-April 2000.
15. USAID-Concern Bangladesh- Municipality Child Survival Program. Concern USA, Detailed Implementation Plan (DIP)
16. Concern Bangladesh, Quadrangulation of baseline researches-Child survival Program. Faisal Ahmed Khan et al.
17. USAID Survey Trainers Guide + appendices: for PVO Child Survival Project Rapid Knowledge, Practice and Coverage Surveys, April 1998.
18. Concern Bangladesh CSP - EPI survey data analyzed with the COSAS statistical program for Saidpur and Parbatipur Municipalities, Faisal Ahmed Khan et al ( November 1999).
19. Concern Bangladesh CSP- Municipality profile for Saidpur and Parbatipur Municipalities, Sharmin Sultana and Zamal Uddin Ahmed.
20. Concern Bangladesh CSP – Entry Grant First year annual report, 1999.
21. Robert Northrup- Working with the Private Sector to achieve Child Survival Goals –Evidence from an Operation Research Study in Rural Bihar, India '97.
22. MOHFW- Health and Population Sector Program 1998-2003: Program Implementation Plan March 1998
23. Bangladesh Demographic and Health Survey (BDHS)- Mitra and Associates, 1996-97
24. World Bank- Towards an urban strategy for Bangladesh 1999.
25. Municipal Ordinance 1977 (revised in 1998) Ministry of Local Government, Rural Development and Cooperatives (MOLGRDC)
26. MOHFW. Health and Population Sector Strategy No.5. Government of Bangladesh January 1997.

**Annexer-1.A**

**GROUP A** ( for mothers having children aged between 0-11 months)

**Serial No**

--	--	--

**CHILD SURVIVAL PROGRAM**

CONCERN BANGLADESH -- SAIDPUR AND PARBATIPUR MUNICIPALITY

Entry Grant Review

**QUESTIONNAIRE**  
**FOR MINI**  
**KNOWLEDGE, PRACTICE AND COVERAGE SURVEY**

<b>SAMPLE IDENTIFICATION</b>	
Municipality: _____ (Saidpur 1 Parbatipur 2)	Ward: _____
Mohollah / Cluster name : _____	Cluster Number _____
<u>Household Number</u>	
Name of Household head _____	

### Section 1

#### BACKGROUND INFORMATION

Starting time: \_\_\_\_\_

		RESPONSE			
101	Please tell me the name of your child ?	Name:			
102.	What is the age of your child? (Record age from card if available)	Date of birth of the child  <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			

### Section 2

#### Vitamin A

201. Write information on vitamin 'A' capsule received below as per the card and from mother's information .

Dose	Received	Date of immunization (dd/mm/yy)
1 <sup>st</sup>	Yes 1    No 2	____/____/____
2 <sup>nd</sup>	Yes 1    No 2	____/____/____
Whether the child got necessary vitamin A as per its age?		Yes-1 No-2 NA -3 ( child's age is below 9 months)

### Section 3

#### SAFE DELIVERY AND BIRTH SPACING

		RESPONSE	
301.	Do you have a TT card ?	Yes    1 No    2	
302.	Did you receive TT during the last pregnancy?	Yes    1 No    2 5 doses were completed earlier    3	
303.	If taken, how many doses of TT did you receive in last pregnancy?	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 20px;"></td> </tr> </table> Doses	
304	How many doses of TT you have received in your life? (Get all doses mother received in her life from		

Concern Bangladesh Child Survival Program

		RESPONSE	
	card and recalling memory. Take month or even year if other information in not available.)		
305	Did you receive any ANC before the birth of this child?	Yes 1 No 2	
306	If yes, how many ANC visit you made during last pregnancy?	Number of visits <input type="text"/>	
307	Who advised you to do check up?	Health Worker 1 Volunteer 2 TBA 3 Others-----	
308	Where did your last delivery happen?	Home 1 Hospital /private clinic 2	
309	If at home,who delivered your baby?	Family member 01 TBA Trained 02 TBA untrained 03 Health professional/doctor 04 Nurse/midwife 05 Health worker 06	
310	Did you face any obstetric complication in last pregnancy?	Yes 1 No 2	
311	If yes, what did you do then?	Verbatim: _____ _____	
312	Whether using any contraception?	Yes 1 No 2 Currently pregnant 3	
313	Who provide you with information on family planning/ where from you receive information on family Planning?	Health Worker 01 Volunteer 02 TBA 03 Others-----	
314	Who provide you with information on maternal and child health care/Where from you get information related to general maternal and child health care?	Health Worker 01 Volunteer 02 TBA 03 Others-----	

Interview ending Time: \_\_\_\_\_

Name of interviewer/Field Trainer \_\_\_\_\_

Name of Municipal staff/volunteer \_\_\_\_\_ -

**Annexer-1.B**

**GROUP B** ( for mothers having children aged between 12-23 months)

Serial No

--	--	--

**CHILD SURVIVAL PROGRAM**

CONCERN BANGLADESH -- SAIDPUR AND PARBATIPUR MUNICIPALITY

Entry Grant Review

**QUESTIONNAIRE**  
**FOR MINI**  
**KNOWLEDGE, PRACTICE AND COVERAGE SURVEY**

SAMPLE IDENTIFICATION	
Municipality: _____ (Saidpur 1 Parbatipur 2)	Ward: _____
Mohollah / Cluster name : _____	Cluster Number
<u>Household Number</u>	
Name of Household head _____	

**Section 1**

**BACKGROUND INFORMATION**

**Starting time:** \_\_\_\_\_

		RESPONSE			
<b>101</b>	Please tell me the name of your child ?	Name: _____			
<b>102.</b>	What is the age of your child? (Record age from card if available)	Date of birth of the child  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			

**Section 2**

**EPI**

		RESPONSE	
<b>201</b>	Has (name of the child) ever received any immunization?	Yes	1
		No	2
<b>202</b>	Do you have any immunization card for (name of child)?	Yes	1
		No	2

203. Record the receipt and dates of all the immunizations in the space below by looking at the vaccination card and from mother's information.

Vaccines	Dose	Received	Date of immunization (dd/mm/yy)
BCG		Yes 1    No 2	____/____/____
Polio	1 <sup>st</sup>	Yes 1    No 2	____/____/____
	2 <sup>nd</sup>	Yes 1    No 2	____/____/____
	3 <sup>rd</sup>	Yes 1    No 2	____/____/____
DPT	1 <sup>st</sup>	Yes 1    No 2	____/____/____
	2 <sup>nd</sup>	Yes 1    No 2	____/____/____
	3 <sup>rd</sup>	Yes 1    No 2	____/____/____
Measles		Yes 1    No 2	____/____/____

		RESPONSE	
204.	Is there a BCG scar on the left upper arm of the child?	Yes No	1 2
205	Has the child received all necessary vaccines?	Yes No	1 2
206	Has the child got a full effective coverage?	Yes No	1 2

### Vitamin A

201. Write information on vitamin 'A' capsule received bellow as per the card and from mother's information .

Dose	Received	Date of immunization (dd/mm/yy)
1 <sup>st</sup>	Yes 1    No 2	____/____/____
2 <sup>nd</sup>	Yes 1    No 2	____/____/____
3 <sup>nd</sup>	Yes 1    No 2	____/____/____
4 <sup>nd</sup>	Yes 1    No 2	____/____/____
Has the child got necessary vitamin A as per its age?		Yes-1 No-2

### Section 3

### SAFE DELIVERY AND BIRTH SPACING

		RESPONSE	
301.	Do you have a TT card ?	Yes No	1 2
302.	Did you receive TT during the last pregnancy?	Yes No 5 effective dose were completed earlier	1 2 3
303.	If taken, how many doses of TT did you receive in last pregnancy?	<input type="text"/>	
304	How many doses of TT you have received in your life? (Get all doses mother received in her life from card and recalling memory. Take month or even year if other information in not available )	(dd/mm/yy)  Number of doses <input type="text"/> Is this mother fully immunized? Yes No Under process	

Concern Bangladesh Child Survival Program

		RESPONSE	
			1 2 3
305	Did you receive any ANC before the birth of this child?	Yes No	1 2
306	If yes, how many ANC visit you made during last pregnancy?	Number of visits <input type="text"/>	
307	Who advised you to do check up?	Health Worker Volunteer TBA Others-----	1 2 3
308	Where did your last delivery happen?	Home Hospital /private clinic Other _____ (Specify)	1 2 6
309	If at home, who delivered your baby?	Family member TBA Trained TBA untrained Health professional/doctor Nurse/midwife Health worker	01 02 03 04 05 06
310	Did you face any obstetric complication in last pregnancy?	Yes No	1 2
311	If yes, what did you do then?	Verbatim: _____ _____	
312	Whether using any contraception?	Yes No Currently pregnant	1 2 3
313	Who provide you with information on family planning/ where from you receive information on family planning?	Health Worker Volunteer TBA Others-----	01 02 03
314	Who provide you information on maternal and child health care/Where from you get information related to maternal and child care?	Health Worker Volunteer TBA Others-----	01 02 03

Interview End Time: \_\_\_\_\_

Name of interviewer/Field Trainer \_\_\_\_\_

Name of municipal staff/Volunteer \_\_\_\_\_

Date \_\_\_\_\_

Entry Grant review-2001

## **Annexure- 2**

### Child Survival Program

### Entry Grant Review

### EPI service quality observation format at outreach sites/fixed centers

**Guide note:** Field Trainers will observe the center and fill the structured/closed questions after their return from the centers. They will also write their valuable comments on the open ended question. Objective of this review is to know information on the improvements made since the CSP started (Saidpur in October 1998 and Parbatipur in October 1999) and the gaps lies behind underdevelopment in any of the following areas. Field Trainers will carry their usual EPI activity observation checklist with them during the session observation to check whether all necessary procedures are followed by the Health staff.

**Name of municipality** \_\_\_\_\_

**Name of FT** \_\_\_\_\_

#### **Preparation work:**

1. Where steam sterilization done?

Home \_\_\_\_\_ Centrally \_\_\_\_\_

2. Is the sterilization done correctly?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Center starting time properly followed

Yes \_\_\_\_\_ No \_\_\_\_\_

4. If no, why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Make a general comment on the overall improvements and gaps in the sterilization work

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Record keeping/registration:**

6. Does the health worker bring all necessary record/ report / forms?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. If no, why?

\_\_\_\_\_  
\_\_\_\_\_

8. Does the health worker screen the child and mothers immunization status properly?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Does the health worker write vaccination dates on the vaccination card and returned it to mothers and write in the registration book properly?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Is the target of children and mother for this center is correctly fixed? ( know whether they know the rule of target fixing and check whether last month's drop out and left outs are included in today's target)

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Does the health worker do the child and mother registration in the community regularly?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Make overall comments on the improvements and gaps in the record keeping system

---

---

---

---

---

13. Make overall comments on the status and gaps in the target fixing system

---

---

---

---

### **Cold Chain**

14. Is cold chain properly maintained?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. Make overall comments on the improvements and gaps of the cold chain work.

---

---

---

---

### **Injection technique**

16. Is injection techniques properly practiced?

Yes \_\_\_\_\_ No \_\_\_\_\_

17. Make overall comment on the status and gaps of the injection technique

---

---

### **Disease Surveillance**

18. Does the health worker ask the parents who come to the center about AFP ( polio), measles cases and neo-natal tetanus cases and death in their locality/collect information on those?

Yes \_\_\_\_\_ No \_\_\_\_\_

19. Does the health worker collect those information during their registration at the community?

Yes \_\_\_\_\_ No \_\_\_\_\_

20. If no, why ? Give comments

---

---

---

### **Counseling**

21. Does the health worker explain the side effects, how to manage at home and assure the clients/mothers?

Yes \_\_\_\_\_ No \_\_\_\_\_

22. Does the health worker explain when to come back for the next dose and measles vaccine?

Yes \_\_\_\_\_ No \_\_\_\_\_

23. Does the health worker tell to preserve the vaccination card?

Yes \_\_\_\_\_ No \_\_\_\_\_

24. Give comments on this and on what is the level of knowledge of staff what they had been trained

---

---

---

### **Disposal of waste**

25. Were the team followed the proper procedure in the disposal of garbage activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

26. Give comments on the status of garbage disposal activities

---

---

---

---

---

**Time of Closing**

27. Were the team waits at the vaccine center up to the publicly known center closing time?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Training**

28. Do the health staff have sufficient training on their work?

Yes \_\_\_\_\_ No \_\_\_\_\_

They need more training/refreshers on (Field Trainers opinion) \_\_\_\_\_

---

**Supervision**

29. Do the health staff get sufficient supervision from their department?

FT's opinion

---

---

---

**Logistics**

30. Do the health staff have all necessary logistics they need to perform their work properly?

Yes \_\_\_\_\_ No \_\_\_\_\_

31. If no, what logistics are not supplied?

**Overall**

Write overall comments on the improvements so far made to the EPI work since CSP started and the areas where more improvements are necessary. (take extra page if necessary. Get some success stories)

---

### **Annexer-3**

#### **Child Survival Program**

#### **Entry Grant Review**

#### **Guideline for mini PLA with the community mothers and fathers**

Following areas are to be explored. Those are explained in question form to help guide the facilitator. The facilitator will however follow the proper procedure and technique particularly appropriate for PLA research methodology.

##### **Part A :** (about vaccination services)

- Have you got your child vaccinated recently?
- From where you got your child vaccinated?
- Are you satisfied with the services provided to you?
- Your opinion about the service quality

##### **Part B:** (relating to municipal Health Workers)

- Where from you receive messages on maternal and child health?
- When you last met your health worker?
- Did s/he recently visit your house?
- Did s/he register your and your child's name recently?
- What was the behavior/attitude of the health worker/how she dealt with you?
- Did s/he inform you on any messages of maternal and child health?

##### **Part C:**(relating to Volunteers)

- Any body except the health worker provides you with health messages/ inform you about vaccination/ motivate to take polio tica?
- Do you know who is s/he? Where does s/he live? What his/her name?
- What is your opinion about her/him? Is s/he a good person? Do you like him/her?
- Do you know about a health program the municipality recently launched?
- Do you know the activities of CSP?
- Do you know that CSP selected a volunteer from your community and trained him/her on different child and maternal health issues and prepared him/her on how to give health messages to the community mothers and fathers?
- What health messages/information did s/he give you recently/ how they helped you in any health problems?
- What are the support you expect from her/his more?
- CSP will be selecting and training more volunteers from your area/community. Who you think would be the best selection?

##### **Part D:** (relating to TBAs)

- Any women or child in your area died in last 1 year (for Saidpur )/ 6 months (for Parbatipur) owing to delivery complications?
- Who delivered your/ your neighbor/ your relative's child recently?
- How did she perform?(if it was delivered by a TBA).
- Has she got training from CSP?
- You find any change in her behavior after the training received from CSP?
- How is she behaving with you now?
- Is she giving messages also on taking ANC services, TT, nutrition intake to pregnant women?
- Is there any case in your area that any pregnant woman were referred to hospital at the time of labor/at difficult situation/complicated cases?
- What is the overall situation of pregnancy in your area? Do you find any difference?

Concern Bangladesh Child Survival Program

- How this trained TBA can perform in a better way you think?
- How you community people can help the TBAs so that they can perform their role more effectively?

Part E : (relating to Ward Health Committee)

- Do you know any thing about the formation of community forums like WHCs in your area?
- How you think this can assist you in informing you with health messages and overall health improvement?
- Do you feel any changes in the health related activities in your area? Has it been increased recently?
- Is any body to your knowledge is a member of this WHC?
- Your recommendation for a effective WHC
- Your recommendation for an effective community health promotion methodology through WHC.

## **Annexer-4**

### **Child Survival Program Entry Grant Review Checklist for KII /FGD with the Municipal Health Managers**

---

- Overall impression on the program
- Any improvements happen in the health activities after the starting of CSP
- What are the major constraints to the municipal health departments?
- What are the recommendations

Information will be collected in the following specific areas in order to explore the Municipal Health Management status.

#### 1. Planning

- Do you have annual plan?
- Do they have regular monthly plan?
- How do they prepare it?
- Do the plan correspond their work objectives?
- Is it participatory?

#### 2. Supervisor

- Do the supervisors have supervision plan?
- Are they regular in supervisory visit?
- Do the supervisors provide feedback to the staff for improvements?
- Do the Supervisor discuss about the problems faced by the staff and try to solve the problems?
- Do the staff regularly sit with the staff to discuss about the progress and problems faced by the staff?

#### 3. Monitoring

- Do the staff do the registration properly?
- Do they fix their targets correctly?
- Do they fill-up their forms and reports correctly?
- Do the supervisors analyze the information and take measures for improvement on a regular basis?

#### 4. Personnel

- Do the municipality have an organogram for the health department?
- How many posts are filled against the sanctioned post?
- Do the staff know about the job description –formal /informal?
- Do they staff get their salary regularly?

#### 5. Logistics and equipments

- Do the staff have sufficient and functional equipments?
- Do the staff get sufficient logistics supply?

## Child Survival Program Monthly Activity Report

Project: Saidpur

Month:

Year: 2001

Sl.	Output	Indicator/ Activity	Current Month		Comments	Annual	
			Target	Achieved		Target	Achieved
1	Developed Municipality Health Planning system	1.1 Monthly review/ planning meeting of Municipality Health Staff					
		1.2 # of health staff prepare their monthly workplan					
		1.3 # of health staff adhere to their monthly plan					
		1.4 Municipality Health Committee(MHC) meeting					
		1.5 # of EPI outreach & fixed centers organized by municipality health department.					
		1.6 # of sessions observed and on job Training (OJT) provided to Municipality Health Staff on quality CS service delivery at out reach/ fixed sites (EPI/ Vit-A ORS/FP)					
2	Institutionalized and well managed CS activities	2.1 # of observed/supported sessions maintained cold chain					
		2.2 # of observed/supported sessions maintained sterility and hygiene					
		2.3 # of observed sessions maintain accurate reporting and recording					
		2.4 # observed sessions administered vaccine following prescribed protocol.					
		2.5 # observed sessions administered vitamin A following prescribed protocol.					
3	A sustainable community health promotion system	3.1 # of health education sessions organized by Municipality Health Staff					
		3.2 # of health education sessions provided OJT					
		3.3 # of Ward Health Committee (WHC) formed					
		3.4 # of Ward Health Committee (WHC) meeting organize					
		3.5 # of WHC members attended the meeting					
		3.6 # of WHC meeting attended/supported by FTs					
		3.7 # of Community Health Volunteers (CHVs) trained					
		3.8 # of volunteer meetings / refresher training sessions organized					
		3.9 # of volunteer meetings / refresher training sessions Supported by FTs					
		3.10 # of CHVs attended meeting / training					
		3.11 # of TBAs trained					
		3.12 # of TBAs refresher session organize					
		3.13 # of TBAs attended the refresher training					
4	Competent and independent municipality staff and supervisors	4.1 # Monthly refresher training of Municipal Health Staff on priority CS interventions (IMCI/EPI/Vit-A/ORS/FP)					
		4.2 # of supervisory visits by the Supervisors at Outreach / Fixed centres					
		4.3 # of supervisory visits by the Supervisors during health promotion at community					
		4.4 OJT of Municipal health supervisors on supervision techniques at out reach / fixed centers					
		4.5 OJT of Municipal health supervisors on supervision techniques at outreach / fixed service delivery / community health promotion sites.					
5	Improved CS Program and Management	5.1 Monthly review and planning meeting of CSP staff at project level.					
		5.2 Monthly refresher training of CSP staff on program and management issues					
		5.3 Quarterly coordination meeting of CSP staff at regional level					
		5.4 Monthly regional management meeting					
		5.5 Bimonthly coordination meeting of CSP managers at national level					

Program Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*OJT On job training  
 \*\*FT Field Trainer  
 \*\*MHC Municipal Health Committee  
 \*\*WHC Ward Health Committee  
 \*\*CHV Commun. Health Volunteer  
 \*\*FP Family Planning

\*\*ORS Oral rehydration Salt  
 \*\*TBA Traditional birth Attendant  
 \*\*Vit.A VitaminA  
 \*\*CS Child Survival  
 \*\*CSP Child Survival Program  
 \*\*IMCI Integreted Management of Childhood Illness

## Concern Bangladesh Child Survival Program

- Is there a functioning and effective system of logistics management?

### 6. Coordination

- Do the staff meet the stakeholders regularly in their working areas?
- What do they do during the meeting ?
- Do the municipality health department sit with the stakeholders on a regular basis for improving service delivery?
- Do the municipality involve all the relevant stakeholders in their health activities?
- Do they plan jointly and monitor the progress?
- Do the municipality has developed any formal system of referral with formal institutions?

### 7. Municipality commitment for the health service

- Do the municipality cabinet discuss health issues regularly at their monthly meeting?
- Do the members of the cabinet know clearly about their role for health clearly?
- Do the municipality Chairman and Commissioners are more active for health in the community?

## Annexer-5

### **Entry Grant Review**

#### **Checklist for interview with Key Informants/ Health Managers at the health facility/ referral centers**

---

1. Overall impression on the CSP program
2. Overall impression on the program and activities with TBAs.
3. Overall impression on the TBA training methodology,
4. Utilization of TBAs in the maternal and newborn health improvements and reduction of maternal and child death.
5. Awareness about the utilization of other community health resources (volunteers, RMPs ) in the referral activities.
6. Any improvements in the referral/patient flow to the hospitals for ANC, pregnancy complications and delivery since the CSP started?
7. What are the major constraints you think community have in establishing a formal TBA referral system?
8. What are the major constraints you have to start a Formal TBA/volunteer/others referral system?
9. What is your general suggestion in the establishment of a functional referral system?
10. How CSP can get a quality service from the hospitals if any mother or child is referred to there?
11. How CSP can assist Hospitals in the development of quality services.
12. How change in the behaviour of the staff can be improved?
13. Which are the areas where we can complement our works more.

## **Annexer-6**

### **Child Survival Program**

#### **Entry Grant Review**

#### **Guidelines for the FGDs with TBAs, CHVs and MHS**

Discussion/FGD will be held with 1 TBA group, 1 CHV group and Municipal health staff in each of the municipalities. Following guideline to be used for this purpose. This guideline however needs to be adopted as per the nature of groups.

#### **FGD with TBAs**

1. Do you think you can work more efficiently in the community after receiving the training?
2. How this training is helping you?
3. Are you getting regular support from Municipal staff, volunteers?
4. Who supervise your work and provide necessary supports?
5. Besides delivery do you provide any other health supports to the community /especially to the pregnant mothers?
6. What are those services?
7. What other support community expect from you and volunteers?
8. What are the biggest constraints of the community to transfer complicated mothers to hospitals/health centres?
9. What are the support they need from you and the volunteers?
10. Do you face any problem in identifying risk mothers?
11. Do you face any problem in referring mothers to hospitals?
12. What those problems are?
13. What support you need to overcome those problems?
14. What are the supports you need from the program to deal efficiently with this problem?

\* Get some success story of the TBA work.

#### **FGD with Volunteers**

1. Do you think the training provided to you were efficient?
2. How are you utilizing those leaning in the community?
3. Which are the areas where you are supporting?
4. Do you provide advice and important health messages to your community at the time of necessity?
5. Do you arrange regular health information sessions in the community to deliver health messages?
6. Do the people of your come to you and seek your advise and support when they are in any health problem?
7. Do you know the TBAs of your area?
8. Do you have regular contact with the health staff of your area?
9. Do you have regular contact with the TBAs of your area?
10. How you think you can provide better support to the community?
11. What support you need from municipal staff to work more effectively?
12. How you think community mothers can get more information on health?
13. Have you refer any mother or children to doctors/ hospitals recently?
14. Do you get all necessary support from the Health facilities/hospitals?

## Concern Bangladesh Child Survival Program

15. How you think we can develop a better linkage system between volunteers and hospitals?
16. We will be identifying and providing training to more Volunteers. Who you think will be best selection? ( who want to work only for people with out any financial benefit and who have a good access and relation to the community)
17. What is your overall impression and suggestion for the activities related with Volunteers?

\* Get some success story from the volunteer's activities

### **FGD with Municipal staff**

1. What are the problems you face to undertake you work properly?
2. What are the problems you face in the EPI services?
3. What are the problems you face in the registration system/work?
4. What are the problems you face in the community visit?
5. What are the Problems You face in the utilization of TBAs
6. What are the problems you face in the utilization of Volunteers
  
7. What are the problems you face in the dissemination of health messages in the municipalities?
8. What are the problems you face in the supervision of TBAs and Volunteers work?
9. What support you need in the development of a TBA and Volunteer supervision system?
10. Are you getting necessary supports from the municipality?
11. What more support you need from municipality?
12. Who are the other people in the community can assist you?
13. What other support you need from CSP?
14. What are the roles you expect from WHC?
15. How WHC can assist you in the overall health improvement of your area?
16. Who you think would be the member of the WHCs?
  
17. Do you have any problem in referring mothers and children to hospitals/ clinics?  
What are those problems?
  - Do hospital staff know you?
  - How they behave with you?
18. How we can establish a useful referral system?