



BASICS/Bangladesh Urban EPI Project

BASICS/Bangladesh, House 15, Road 103, Gulshan, Dhaka
BASICS Delivery Order: Number : 21
USAID Contract Number: HRN-6006-Q-00-3032-00

Quarterly Report
January - March, 1997

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BASICS

Quarterly Progress Report

Country: Bangladesh

Program: Urban EPI Project

Fiscal Year: 1997

Quarter # 2: from January 1, 97 to March 31, 1997

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LIST OF ACRONYMS

EPI	Expanded Program on Immunization
BASICS	Basic Support For Institutionalizing Child Survival
MOH&FW	Ministry of Health and Family Welfare
MOLG/RD	Ministry of Local Government and Rural Development
USAID	United States Agency for International Development
PHC	Primary Health Care
FP	Family Planning
CC	City Corporation
MUN.	Municipality
NGO	Non-government Organization
AFP	Acute Flaccid Paralysis
NNT	Neo-natal Tetanus
NND	Neo-natal Death
NID	National Immunization Day
DCC	Dhaka City Corporation
CCC	Chittagong City Corporation
KCC	Khulna City Corporation
RCC	Rajshahi City Corporation
BITA	Bangladesh Institute of Theater Arts
LQAS	Lot Quality Assurance Sampling
DSFP	Disease Surveillance Focal Person
USO	Urban Surveillance Officer
DSFP	Disease Surveillance Focal Persons
LSO	Local Surveillance Officer
NIPHP	National Integrated Population and Health Project

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Highlights

- Progress has been made in the implementation of 'Slum Strategy' during the first quarter of 1997. With the completion of mapping in the selected slums in selected sites, steps are now being taken to reorganize (where needed) the existing EPI centers and increase the demand for EPI services. Ward Committees are being formed in the selected Municipalities under the leadership of the concerned Ward Commissioners to work out the Plan of Action in the concerned slums. Notable progress in this respect has been accomplished in Comilla, Chandpur, Sylhet and Jessore Municipalities and Khulna City Corporation.
- In Dhaka city, a meeting of the Zonal Health and FP Coordination Committee of Zones 7 and 8 has been scheduled for the 2nd of April where the LQAS findings in the major slums of the two Zones are planned to be shared. In addition, the meeting will be used to discuss possible interventions to improve access to and demand for EPI services.
- In Chittagong city, Bangladesh Institute of Theater Arts (BITA) completed a total of twenty shows of EPI message related community theater as part of the 'Community Approach' for raising awareness among the slum dwellers.
- The National EPI Disease Surveillance Training of Trainers and Coordinators was held in BARD, Comilla from January 19 to 23, 1997. In addition to a number of hand-picked Trainers from the various Divisions, all the Urban Operations Officers and the Urban Technical Officer of BASICS participated in the Training.
- The second tier training on EPI Disease Surveillance for Disease Surveillance Focal Persons (DSFP) and Local Surveillance Officers (LSO) has been planned and already started in all the Divisions. It is expected that by early June of this year this training will be fully completed.
- Monthly Surveillance reporting has started with the joining of the Urban Surveillance Officers (05) in the four City Corporations. This is a significant achievement given the fact that reporting of AFP, NNT and Measles cases in the urban areas has always been weak.
- Meetings were held to review performance during the National Immunization Days (NID) held in December 8, 96 and January 8, 97 in Chittagong City Corporation, Khulna City Corporation, Dhaka Division Municipalities and Barisal Municipality. Results of these meetings will be utilized in planning future NIDs.

- Routine EPI Coverage (January-December, 96) for the urban areas was found to be : BCG 92%; OPV/DPT3 83%; Measles 81% and TT2+ (Pregnant women) 80%. The BCG-Measles drop-out for the same period was registered to be 12% (for details see Annex-1).
- The National EPI Coverage Evaluation Survey, 97 was held from February 25 to March 8, 97. A total of five UOOs participated actively from BASICS' side as Trainer/Survey Coordinator. For details of the Survey, see Annex-2.
- Written examination for 512 candidates against 24 posts of Health/Medical Officers in Municipalities were arranged in March, 97. A total of 386 candidates actually appeared. Recruitment process is expected to end by June, 97. This recruitment will result in a significant increase in municipal capacity to manage primary health care programs.
- Recruitment of new vaccinators is going on in many Municipalities some of which are Laksham, Chandpur, Jessore, Barisal Municipalities and Khulna city Corporation. EPI Basic Training in Jessore to the newly recruited vaccinators have been planned from May 11 to 15, 1997.
- Updating of Municipal EPI Control Board in the various Municipalities is being undertaken by the UOOs. In Dhaka Division, 8 Municipalities have been provided with the necessary materials for this. It is expected that with this, monitoring of Routine EPI services will be considerably improved.
- Khulna city Corporation and six other Municipalities have assumed responsibility of their EPI Recurrent Costs from January 97. With this latest readjustment, only about 10% of the Municipalities or a total of 09 Municipalities and City Corporations are now receiving operational costs from the Project.
- BASICS has prepared Results package describing its future role in Bangladesh during the National Integrated Population & Health Project (NIPHP). NIPHP is the new USAID-GOB bilateral health and population Project. It is expected to start July 97 and end June 2004. BASICS will expand its role from supporting only Urban EPI to supporting wider range of Child Survival activities.

BASICS/Bangladesh
Quarterly Progress Report
January-March, 1997.

A. ACHIEVEMENTS BY OBJECTIVES

Objective 1: Assist the GOB to develop and implement strategies to extend supply and demand for EPI, with special emphasis on the urban poor.

1.1. Slum Strategy

Slum Strategy is progressing considerably in Khulna City Corporation, Jessore, Comilla, Chandpur and Sylhet Municipalities. It has to be mentioned here that involvement of the UOOs in the EPI Disease Surveillance Training throughout the country, Finalization of Municipal EPI Workplans for 97 and Second Round of NID had left with them very little time to spare for the Slum Strategy. However, by early June when the Training is expected to be completed, UOOs will be able to achieve more progress on Slum Strategy.

1.2. Slum mapping

Final blow-up maps for two slums of KCC and slum maps of Jessore are being prepared as the finishing maps of slums under Slum Strategy in the Division. The maps show slums and their size, number of EPI centers, services provided by other Organizations, etc. which will be a powerful tool for planning and organizing EPI sessions in the selected slums.

1.3. Coordination between partners

EPI and FP Coordination Committee Meetings in the DCC Zones suffered significantly because of internal shuffling of staff in DCC in January, 97. However, the situation is improving and already 3-4 Zones have resumed this activity. It should be mentioned here that though such Coordination Committees have been formed in almost all the CCs and Municipalities, the Committees have not been meeting regularly. It is advised that UOOs take some special drives to ensure that this really happens.

1.4. Local Communication approach

Bangladesh Institute of Theatre Arts (BITA) completed a total of 20 shows of 'Community Theater' in the selected slums of Chittagong city in March, 97. UOOs of Rajshahi Division are planning to involve a renowned local folk singer and his team for creating demand of EPI services in the selected slums of Rajshahi city and Saidpur Municipality. For the purpose, they have sent a request to BASICS/Dhaka to provide them with a copy of the script developed by BITA in Chittagong.

Another innovative thinking of the UOOs of Rajshahi Division is the idea of including a 60 min. Lecture plus Film/Video shows in the Adolescence Girls' Education Program of some NGOs in the slums where they are working. This will specially help in the practice of WHO's TT 5 Dose Schedule in the Division.

Objective 2: Assist GOB to strengthen Urban Disease Surveillance.

2.1 Training on EPI Disease Surveillance

The National EPI Disease Surveillance Training for Trainers was held from January 19 to 23, 1997 in BARD, Comilla. The training prepared a total of 40 Trainers who are to be assigned with the responsibility of conducting the same Training throughout the country to the Disease Surveillance Focal Persons and Local Surveillance Officers. In line with the planning made at that time, the Disease Surveillance Training in the Divisions have already started and are expected to be completed by early June of this year.

2.2 Report on the Formative Research on Disease Surveillance

The Final Report on the Formative Research on EPI Disease Surveillance has been printed and is being prepared for distribution. The findings are expected to help design the communication messages in order to boost the Disease Surveillance activities in the country.

2.3. Disease Surveillance Monthly Reporting

With the joining of the Urban Surveillance Officers (05 in all) in the four City Corporations of the country, EPI Disease Surveillance Reporting has started in these areas on a new footing. The USOs are now reporting monthly from December, '96 directly to BASICS/Dhaka and include cases that are reported as well as investigated by them or a Local Surveillance Officer.

2.4. National Field guide for Disease Surveillance Focal Points has been printed and distributed.

Objective 3: Assist GOB to achieve and sustain 85% EPI coverage with emphasis on the urban poor.

3.1. Sharing of results of LQAS in DCC Zones 7 and 8

Steps have been taken to ensure that the findings of LQAS in Zones 7 and 8 of DCC are announced in the next meeting of the EPI and FP Coordination Committee of the two Zones. This meeting is scheduled to be held on 02.04.1997. The meeting will also provide an opportunity to involve all the partners together or decide with them whether to sit separately in order to put a Plan of Action to increase the EPI coverage in the slums of the area. This to be achieved through possible relocation of the existing EPI centers, strengthening supervision as well as increasing the demand for EPI services through revitalizing social mobilization. (For LQAS Findings see Annex-3).

It is to be mentioned here that groundwork for conducting a third LQAS in Dhaka city have already been started. The Zone selected for the purpose is Saidabad of DCC because of its considerable slum population.

3.2. Review of Third NID

National Immunization Days' Performance were reviewed in a number of places like Chittagong and Khulna cities, Barisal and some Municipalities of Dhaka Division. It is hoped that the results will significantly help in better planning NIDs in the future. Side by side, these meetings are indicators of the growing interest in EPI from the side of the CCs and Municipalities.

3.3. Routine EPI Coverage

The Routine Urban EPI Coverage for the period January-December, 1996 is as follows :

BCG 92%, OPV/DPT3 83%, Measles 81% and TT2 + (Pregnant women) 80%. Highest and lowest Measles coverage were 120 & 58% in Barisal Div. & DCC respectively. BCG-Measles drop-out rate was highest (19%) in Khulna While the lowest of -3% was in Barisal Division. Routine EPI Coverage Report by Division for the period is in Annex - 1.

3.4. National Coverage Evaluation Survey, 97

The National Coverage Evaluation Survey, 97 was held from February 25 to March 8. In all, five UOOs actively participated in the Survey as Trainer/Survey Coordinator. Details of the Survey findings are in Annex - 2.

Objective 4 : To assist GOB to strengthen the capacity of MOLG/RD, City Corporations and Municipalities to plan, coordinate and monitor urban child health services in general and EPI services in particular.

4.1. Municipal EPI Workplan

The UOOs completed their individual Municipal EPI Workplans for 1997 during the Quarter. In addition, each Division now has one consolidated Divisional Urban EPI Workplan. These developments will contribute to organize the EPI activities in the different Municipalities in a systematic and organized manner throughout the year. In addition, preparation and adoption of EPI Workplans by the CCs and Municipalities will grow a sense of ownership of EPI Program among them.

4.2. Municipal health manpower capacity

In March 1997, 386 candidates sat for a written examination for a total of 24 posts of Health Officers/Medical Officers in as many Municipalities. Once these posts are filled, which is going to be very soon, health activities in general in the Municipalities of the country are expected to get a major thrust which will hopefully bring other Municipalities in the same stream as well.

In addition, new vaccinators are also recruited in various places like Khulna City Corporation, Barisal, Chandpur, Laksham, etc. Kurigram Municipality of Rajshahi Division is also on its way of recruiting 2 vaccinators in the coming days. Once all these staff are in their respective places, EPI activities will gather added speed and confidently run towards Program sustainability.

4.3. EPI Training of new staff

Review and updating of the Manual for EPI Basic Training of Health Assistants/Field-Workers is going to take some more time. In the meantime, UOOs are selecting the most essential components of HA's/FW's field-works and arranging locally Training with the help of the District Civil Surgeon's Office to keep the newly-recruited vaccinators engaged in EPI works. This is applicable for Khulna City Corporation and Barisal, Jessore, Chandpur, Laksham, etc. Municipalities.

Kishoreganj Municipality of Dhaka Division has successfully held EPI Refresher Training from March 2 to 6, 97 for a total of 32 field-workers and supervisors from Health, FP, NGOs and the Municipality itself.

Objective 5 : Assist City Corporations and selected Municipalities to assume responsibility for the recurrent costs for EPI services, by Project end.

5.1. Responsibility of EPI Recurrent Costs

Khulna City Corporation and six other Municipalities of the Division have assumed full responsibility of EPI Recurrent cost from January, 97. With this latest readjustment, only about 10% of the Municipalities or a total of 09 from among the 88 Municipalities and City Corporations are now receiving operational costs from the Project.

B. MONITORING AND EVALUATION

Based on set Indicators, the achievements of Urban EPI Project have been evaluated up to the end of March, 97 (Annex-4). BASICS/Dhaka has by now received the major part of Municipal EPI Information from the field and is starting to prepare a simple user-friendly database to process and analyze the collected data.

Annex - 1 : Routine Urban Immunization Coverage

**Urban EPI/Bangladesh
Immunization Coverage
Cumulative (Jan-Dec.'96)**

LOCATION	Annual Target		BCG		DPT/OPV3		Measles		Drop-out Rate	TT2+ (PW)	
	Children 0 - 11 months	Pregnant Women	Doses	% Cov.	Doses	% Cov.	Doses	% Cov.	% BCG-Measles	Doses	% Cov.
Chittagong Division	71702	86230	92624	129	83344	116	82200	115	11	97796	113
Dhaka Division :	181162	217868	130995	72	115760	64	109805	61	16	125059	57
Dhaka Division - DCC	50820	61118	59509	117	52197	103	50213	99	16	68165	112
Dhaka City Corporation	130342	156750	90960	70	81926	63	75326	58	17	68468	44
Khulna Division	42404	50994	35646	84	30261	71	28869	68	19	35570	70
Rajshahi Division	53394	64210	59556	112	55908	105	56401	106	5	71524	111
Barisal Division	11473	13797	13469	117	12584	110	13816	12	-3	15136	110
Bangladesh Country (Urban)	360135	433099	332290	92	297857	83	291091	81	12	345085	80

Source : CEIS, EPI-HQ, Mohakhali, Dhaka.

**Annex - 2 : Preliminary findings of National Coverage Evaluation
Survey, 1997.**

Preliminary Results from the EPI Coverage Evaluation Survey Bangladesh, 1997

	Infant Antigens										Valid measles <52 weeks*	% Card Retention	
	Valid Doses Received at <12 Months of Age				Fully Vaccinated	BCG Scar	Dropout DPT1-3	Dropout DPT1-Measles	% Invalid				
	BCG	DPT3	OPV3	Measles					DPT1	Measles			
Barisal	93.4	72.5	71.6	71.1	64.5	92.9	15.7	20.1	3.4	3.1	94.9	75.4	
Chittagong	80.0	57.6	58.1	51.4	43.8	72.4	14.5	26.7	7.0	6.3	91.5	51.9	
Dhaka	86.2	60.5	60.5	45.7	38.6	85.2	18.4	29.7	4.3	13.8	85.7	51.9	
Khulna	93.8	75.4	74.4	73.5	63.5	84.4	9.5	14.5	5.0	5.3	95.7	75.4	
Rajshahi	93.9	74.1	74.1	71.2	62.3	89.2	8.6	17.2	9.1	3.0	95.0	60.4	
National (weighted)	87.9	65.7	65.7	58.5	50.6	83.3	13.7	23.4	6.2	7.4	91.3	58.4	
Urban	93.8	74.3	74.3	62.9	58.1	85.7	12.1	17.6	4.5	11.6	91.0	61.9	
DCC	87.7	61.6	61.6	69.2	48.3	82.5	12.3	14.4	6.2	4.8	92.4	67.8	
* % who received valid doses when <12 months old among all children who received valid doses													
	Tetanus Toxoid								Born Protected	Dropout TT1-TT2	Neonatal Care		
	TT1	TT2	TT3	TT4	TT5								
Barisal	85.2	77.1	42.9	20.5	8.6	74.8	9.5	25.2					
Chittagong	83.8	76.7	43.3	25.2	11.9	68.6	8.5	32.9					
Dhaka	65.2	56.7	25.2	11.9	4.8	51.0	13.1	41.9					
Khulna	85.2	77.6	29.5	13.3	2.9	70.0	8.9	39.5					
Rajshahi	90.7	82.7	36.9	15.0	2.3	75.7	8.8	36.0					
National (weighted)	80.1	72.2	34.5	16.9	6.0	65.6	10.1	36.7					
Urban	84.8	81.0	43.3	29.0	13.3	72.4	4.5	59.0					
DCC	90.6	81.6	33.0	15.1	7.1	71.7	9.9	75.9					

Preliminary Results from the 1997 EPI Coverage Evaluation Survey

NID Coverage (OPV and Vit A)							
	NID1	NID2	Vit A	Median Age (months)	Interquartile Range (months)	% Male	Registration
Barisal	96.6	89.2	95.3	26	(14-38)	49.3	79.0
Chittagong	94.3	90.9	87.1	30	(17-40)	46.2	64.2
Dhaka	94.2	90.7	85.1	17	(11-35)	55.8	66.0
Khulna	95.3	93.2	95.4	27	(15-41)	44.0	66.0
Rajshahi	94.8	93.4	93.0	26	(15-38)	44.8	77.8
National (weighted)	94.7	91.6	89.5			48.8	69.4
Urban	95.5	95.1	87.2	25	(14-38)	51.9	76.9
DCC	94.2	87.0	90.5	26	(14-40)	47.9	30.0

**Annex - 3 : LQAS Findings in the Major Slums of DCC Zones 7
and 8.**

SURVEY FINDINGS IN MAJOR SLUMS OF DCC ZONE#7 & 8

INDICATOR	Zone -7	Zone-8
CARD RETENTION	115 (72%)	245 (77%)
BCG COVERAGE BY ONE YEAR	147 (93%)	307 (96%)
DPT3 COVERAGE BY ONE YEAR	119 (74%)	273 (85%)
MEASLES BY ONE YEAR	101 (63%)	195 (60%)
BCG-MEASLES DROP-OUT RATE	31%	36%
FULLY IMMUNIZED BY ONE YEAR	101 (63%)	191 (58%)
TT 2 OF 15-49 YRS. WOMEN	130 (81%)	281 (88%)
% KNOW REASON FOR TT VACCINATION	72 (45%)	129 (40%)
% KNOW NUMBER OF REQUIRED TT DOSES TO BE FREE FROM TETANUS FOR LIFE**	43 (27%)	117 (37%)
NUMBER OF SLUMS SURVEYED	10	20
NUMBER OF CHILDREN (11-23 MONTHS) SURVEYED	160	320
NUMBER OF WOMEN (15-49 YRS.) SURVEYED	160	320

Source : LQAS in Major Slums of DCC Zone# 7 & 8, in 1996.

SURVEY FINDINGS IN 10 MAJOR SLUMS OF DCC ZONE# 7

INDICATOR	REJECTED SLUMS
CARD RETENTION	3 and 7.
DPT2 COVERAGE BY ONE YEAR	5
DPT3 COVERAGE BY ONE YEAR	5
MEASLES	None
MEASLES BY ONE YR. OF AGE	3, 5 and 10.
FULLY IMMUNIZED	3 and 5.
FULLY IMMUNIZED BY ONE YEAR OF AGE	3, 5 and 10.

SURVEY FINDINGS IN 10 MAJOR SLUMS OF DCC ZONE# 7

INDICATOR	REJECTED SLUMS
CARD RETENTION	1,3,4,5,6,7 and 8.
TT 3 OF 15-49 YRS. WOMEN	3,4,5,7,8,9 and 10.
TT 4 OF 15-49 YRS. WOMEN	All 10 slums.
TT 5 OF 15-49 YRS. WOMEN	All 10 slums.
% KNOW REASON FOR TT VACCINATION	2,3,4,5,7 and 10.
% KNOW NUMBER OF REQUIRED TT DOSES TO BE FREE FROM TETANUS FOR LIFE	All slums except no. 6.

Source : LQAS in 10 Major Slums of DCC Zone# 7, 1996.

SURVEY FINDINGS IN 20 MAJOR SLUMS OF DCC ZONE# 8

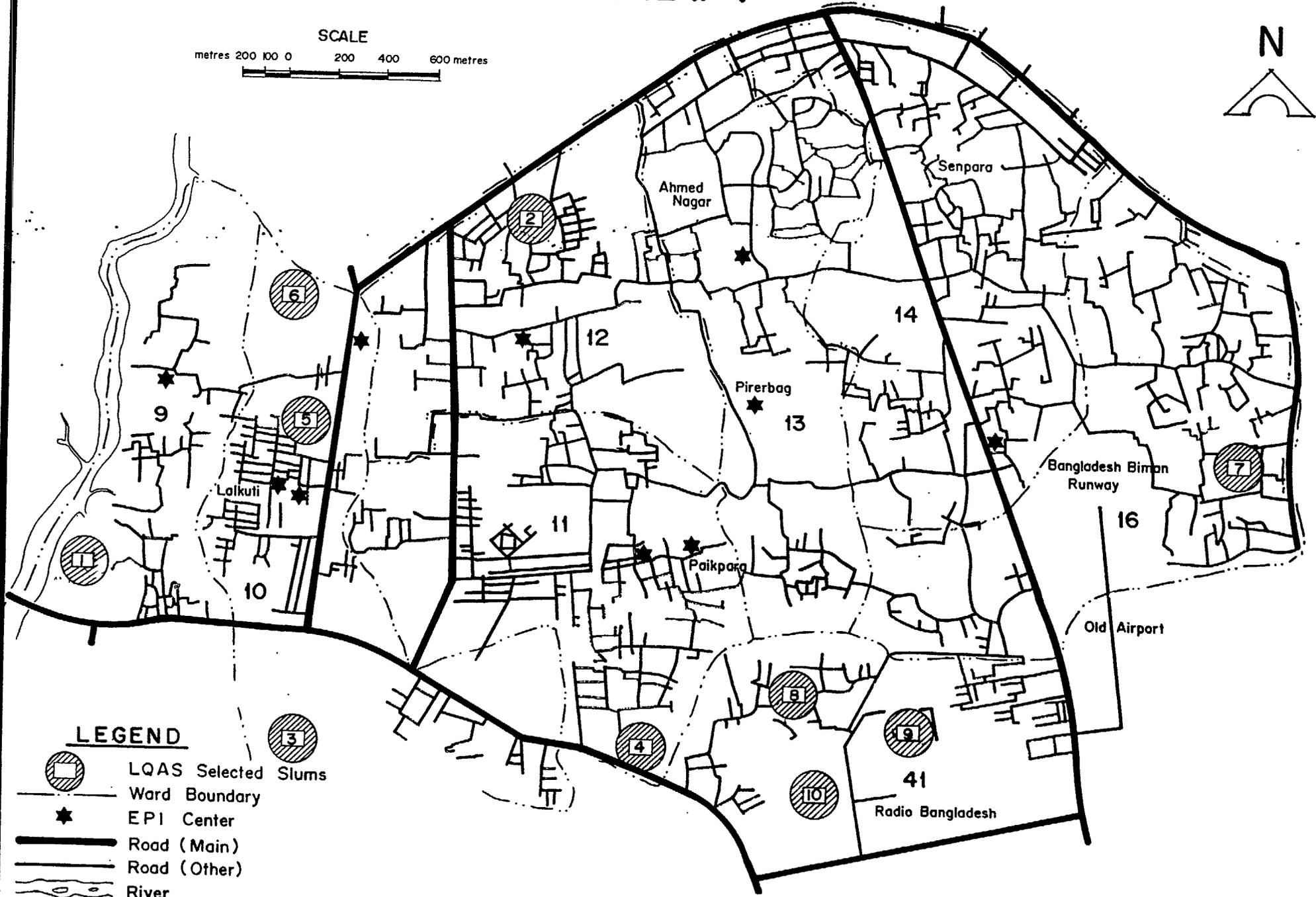
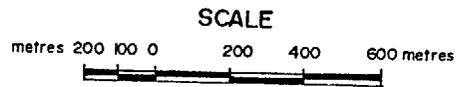
INDICATOR	REJECTED SLUMS
CARD RETENTION	2 and 16.
DPT2 COVERAGE BY ONE YEAR	13
DPT3 COVERAGE BY ONE YEAR	13
MEASLES	13,16 and 20.
MEASLES BY ONE YR. OF AGE	2,7,13,16 and 20.
FULLY IMMUNIZED	2,13,16 and 20.
FULLY IMMUNIZED BY ONE YEAR OF AGE	2, 5,7,13,16 and 20.

SURVEY FINDINGS IN 20 MAJOR SLUMS OF DCC ZONE# 8

INDICATOR	REJECTED SLUMS
CARD RETENTION	1,2,7,8,11,13,14,15 and 16.
TT 3 OF 15-49 YRS. WOMEN	3,4,5,10,13,15,17,18,19 and 20.
TT 4 OF 15-49 YRS. WOMEN	All except 11.
TT 5 OF 15-49 YRS. WOMEN	All slums.
% KNOW REASON FOR TT VACCINATION	3,4,5,6,9,10,12,13,14 and 17.
% KNOW NUMBER OF REQUIRED TT DOSES TO BE FREE FROM TETANUS FOR LIFE	All slums except 1,2,11 and 12.

Source : LQAS in 20 Major Slums of DCC Zone# 8, 1996.

DHAKA CITY CORPORATION - ZONE # 7



LEGEND

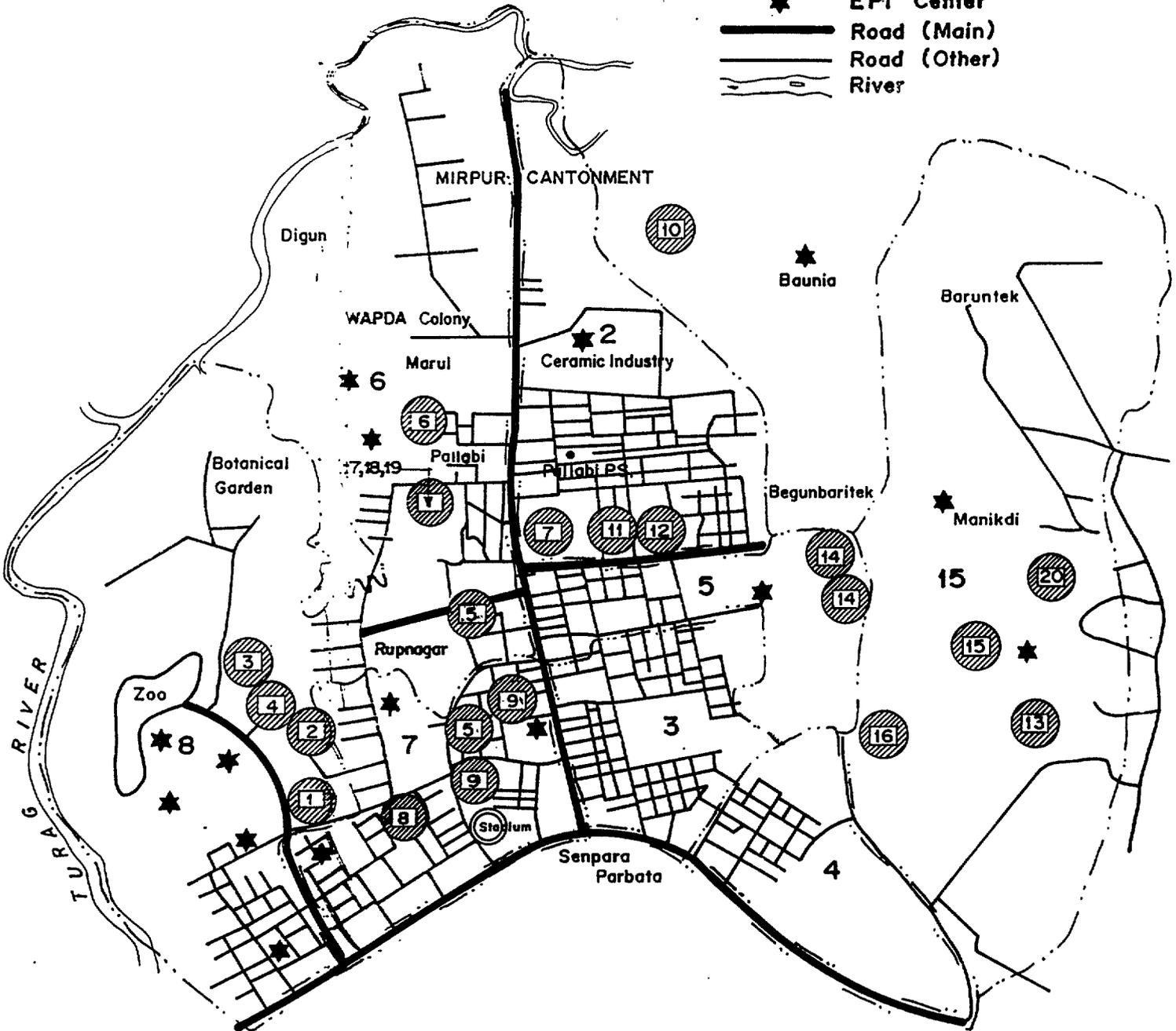
-  LQAS Selected Slums
-  Ward Boundary
-  EPI Center
-  Road (Main)
-  Road (Other)
-  River

DHAKA CITY CORPORATION-ZONE # 8



LEGEND

-  LQAS Selected Slums
-  Ward Boundary
-  EPI Center
-  Road (Main)
-  Road (Other)
-  River



Complete list of slums surveyed in Zone# 7 & 8

Zone # 7

- 01) Harirampur
- 02) Janata Housing
- 03) Gaider tek
- 04) Kallanpur bostee
- 05) South Bisil
- 06) Almaser bostee

- 07) Sagorika bostee

- 08) BNP bostee

- 09) Jam-e-masjid bostee
- 10) Sarderertek bostee

Zone # 8

- 01) Sarong Bari bostee
- 02) Beribadh bostee
- 03) Box Nagar bostee
- 04) Block-B Malgunir bostee
- 05) Sec-7 bostee, Sec-6 C&C bostee, Sec-G
- 06) Pallabi Road-19, Pallabi Extension, Arefabad, Arambagh, Shealbari, Sec-2G.
- 07) Pallabi Sec-12, Sultan Mollar bostee, Pallabi bostee, Mess bostee, Sec-2F.
- 08) Sec-2 Box Nagar, Shealbari Residential Area.
- 09) Sec-6B, Sec-2/D
- 10) Hindupara, Idrisertek, Burirtek, Sarkar Bari bostee, Uttor Kalsi.
- 11) 12-Dho Hospital camp, 12-Dho 511 bostee, 12-Dho Bosteebari.
- 12) 12-Dho No.388 bostee, 12-Dho Balurmah bostee
- 13) Dhamal Court
- 14) Murapara camp, Millat camp and School camp.
- 15) No.1 and 5 Bhashantek
- 16) No. 3 Bhashantek
- 17) Duaripara Sec-2
- 18) Duaripara Sec-2
- 19) Duaripara Sec-2
- 20) No. 1 Bhashantek (Lala Shorai)

N.B. In the case of Zone# 8, there are more than one slum under one and same number. The reason for this is that a worker usually looks after a cluster of slums situated in close vicinity and the decision was to include all his/her Eligible Couples (ELCO) in the Survey.

Annex - 4 : BASICS-Bangladesh Project Evaluation

BASICS-BANGLADESH PROJECT EVALUATION

Objective #1 : Increase supply and demand especially among the urban poor.

Indicator	Baseline	Target for FY97	Status as of March, '97
Slum Strategy developed.	NA	Major cities and municipalities to identify slums, do mapping and collect baseline information.	Maps have been completed in selected municipalities. Steps are now being taken to reorganize (where necessary) the existing EPI centers and increase demand for EPI services among the slum dwellers.
% of one year olds in slum areas with measles immunization.	46% *	To achieve 60%.	Per findings of 1995 LQAS in Khulna, Rajshahi and Chittagong City Corporations, the measles coverage under one yr. of age stands at 83%,70% and 56% respectively in the slums. In addition, LQAS has been completed in the major slums of Zones 7 and 8 of DCC where measles under one stands at 63 & 61% respectively.
% of gap in measles coverage among one year olds in slum & non-slum areas.	29% **	15%	As per the LQAS findings of Khulna, Chittagong and Rajshahi these are 1%, 12% and 12% respectively.

* Slum only Survey, Dhaka, 1993.

** Result of comparison between Slum only Survey and Coverage Evaluation Survey in DCC - both done in 1993.
(65-46/65x100 = 29%)

Objective #2 : Strengthen urban disease control surveillance system.

Indicator	Baseline	Target for FY97	Status as of March.,97.
Disease surveillance focal points identified.	10 CCs and Municipalities (11%) have Disease Surveillance focal points.	50% of district-level municipalities identified disease surveillance focal points.	Per decision at the National level, it has been decided that the Chief Health Officers of CCs and Health/Medical Officers of Mun. (where available) will act as the Disease Surveillance Focal Person in their respective units. Those Municipalities with no Health/Medical Officer, the concerned Civil Surgeon /Thana Health & FP Officer will act as the Focal Person. Training of National Trainers in this regard has already been completed and that of the DSFPs and LSOs are virtually on the way to completion throughout the country. USOs of BASICS (5 in all) are now posted in the 4 CCs.
% of disease surveillance reports received on time.	NA	Assist GOB in developing a Plan of Action to improve disease surveillance in coordination with WHO.	Since December, 96, Monthly Disease Surveillance Reports are being received from the USOs. Data on AFP reported cases is not yet available.

**Objective #2 : Strengthen urban disease control surveillance system.
(Contd.....)**

Indicator	Baseline	Target for FY97	Status as of March, '97
% of AFP cases investigated.	NA	Same as above.	No data is available nationally, however, almost 100% of the AFP cases reported by the USOs are now investigated by them or an LSO.

Objective #3 : Achieve and sustain 85% EPI coverage in all municipalities.

Indicator	Baseline	Target for FY97	Status as of March, 97.
% of one year olds in urban areas fully-immunized.	64% *	70% of urban one year olds to be fully immunized.	Per LQAS findings of Khulna, Rajshahi and Chittagong cities, 78%, 69% and 60% respectively are fully immunized by one year of age. The LQAS findings in DCC Zones 7 & 8 (major slums only) show this to be at 63 and 58% respectively. The National Coverage Survey conducted recently by EPI-HQ shows that 58% of the surveyed children in urban areas were completely vaccinated by one year of age.
% targeted urban population immunized during each planned NID.	81% - NID1* 90% - NID2	100% 100%	99% and 102% achieved in urban areas during the 3rd NID held in 1996 and 1997.**

* National Coverage Evaluation Survey, 1995.

** Reported Coverage for 3rd NID held in 96 & 97.

Objective #4 : Assist GOB to strengthen capacity of LGRDC, CCs and municipalities to plan, coordinate and monitor urban child health services especially immunization.

Indicator	Baseline	Target for FY97	Status as of March, '97
MO-LGRDC has a DD and the municipalities have their own HOs to look after municipal immunization.	11 out of 120 municipalities have own Health Officers	20 out of 120 municipalities have own Health Officers	A total of 386 candidates for 24 posts of Medical Officers in as many Municipalities sat for a written examination in early March of this year. The scripts have since been verified and the next steps are on line with the expectation that the final Appointment letters in this regard will be sent out to the selected candidates by end May, 97. With this, almost 50% of the 88 CCs and Muns. that are under the umbrella of the Urban Immunization Program will be having in place a Health or Medical Officer.

Objective #5 : By the end of the Project, cities and selected municipalities will have developed and implemented a plan for sustaining recurrent costs for EPI services.

Indicator	Baseline	Target for FY97	Staus as of March, '97
CCs and municipalities have workplans with budget for EPI.	0%	80%	Thanks to the untiring efforts of the UOOs, in 1997, for the second year in a row, Municipal EPI Workplans have been worked out and finalized in all the City Corporations and Municipalities of the Project.
CCs and municipalities assume responsibilities for EPI recurrent costs.	32% at June,95 which is the end of PIL-62 period.	60% of the CCs and municipalities to assume this responsibility.	From January 97, 'Khulna City Corporation and six other Municipalities of the Division have assumed full responsibility of their EPI Recurrent costs. With this, only about 10% of the Muns. or a total of 09 from the 88 Muns. and CCs are now receiving operational costs from the Project.

Annex-5: Annual Workplan Progress Updated Time Line

COUNTRY: BANGLADESH
 PROJECT: BASICS Urban EPI
 COUNTRY/PROJECT CODE: BD 01
 BEGIN/END DATES: JULY 1, 1994 - SEPTEMBER 30, 1998

WORKPLAN FOR PROJECT YEAR 4 (FY 97)
 OCTOBER 1, 1996 - SEPTEMBER 30, 1997

October 10, 1996

ACT#	ACTIVITIES	END DATE	KEY PERSONS	O	N	D	J	F	M	A	M	J	J	A	S	EXPECTED OUTPUTS	Progress as of 3/31/97
FIELD PROJECT MANAGEMENT AND STAFF																	
0.1	The Chief of Party will oversee the planning, management, implementation, monitoring and evaluation of all project activities, as well as continuing to be an integral part of the national government EPI team <i>(1 TDY x 2 weeks) Y. Tawfik to BASICS/HQ</i>	On-going	BASICS CR	X	X	X	X	X	X	X	X	X	X	X	X	Quarterly and annual reports describing progress and problems implementing planned programs.	On going
0.2	Finalize PY4 workplan and budget	10/31/96	BASICS/D BASICS/HQ	X												PY4 workplan is finalized	Completed
0.3	Provide financial support to the National EPI Project and selected municipalities for EPI operational cost and other special activities.	On-going	BASICS/D UOOs	X	X	X	X	X	X	X	X	X	X	X	X	EPI routine sessions are conducted. Municipalities gradually paying for EPI rec. cost.	On going
0.4	Contract 6 administrative assistants to implement the Local Fund System	31/12/96	BASICS/D		X	X										Local fund management system is functioning.	5 have been hired and are helping UOOs in local fund management
0.5	Assist in conducting Customers Survey to determine USAID Projects direction beyond 1997.	03/31/97	BASICS/D BASICS/HQ UOOs	X	X											BASICS completed its portion of the Customers Survey	Completed
0.5	Design project vision, objectives and indicators beyond PY4 as part of NIPHP (New Integrated Pop. & Health Project) <i>(3 TDY x 3 weeks) J. Davis/ S. Solter/J. Lesar</i>	03/31/97	BASICS/D BASICS/HQ	X	X	X	X	X	X							BASICS vision, objectives and Indicators described for NIPHP	Completed
BASICS PURPOSE NO. 1																	
Assist the GOB to improve and sustain EPI delivery system in cities & selected municipalities, with special emphasis on urban poor																	
1.1	Continue to assist CCs and Mun. to implement & coordinate the identified strategy to assure access & raise demand for EPI services among the urban poor. <i>(1TDY x 2 weeks) M. Rasmuson/ K. Bhattacharyya</i>	9/30/97	BASICS/D UOOs	X	X	X	X	X	X	X	X	X	X	X	X	Maps for selected mun. completed, coordination committees functioning & communication interventions implemented.	Maps completed in most selected municipalities, coordination committees started
1.2	Evaluate the developed strategy in selected slums	9/30/97	BASICS/D UOOs											X	X	A report describing lessons learned and modifications needed for wider scale implementation of strategy	Not yet done

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WORKPLAN FOR PROJECT YEAR 4 (FY 97)
 OCTOBER 1, 1996 - SEPTEMBER 30, 1997

October 10, 1996

ACT#	ACTIVITIES	END DATE	KEY PERSONS	O	N	D	J	F	M	A	M	J	J	A	S	EXPECTED OUTPUTS	Progress as of 3/31/97
Objective 2: Assist the GOB to strengthen urban disease surveillance system																	
2.1	Assist the EPI project to develop a plan of action for improving disease surveillance based on the "data for action" strategy identified and described during PY3.	12/31/96	BASICS\ID UOOs	X	X											A national plan of action developed to improve surveillance system	Completed in coordinaton with WHO & EPI Project
2.2	Assist EPI project to implement the disease surveillance plan of action at national and divisional level with emphasis on urban areas.	9/30/96	BASICS\ID UOOs			X	X	X	X	X	X	X	X	X	X	USOs recruited, Dis. Surv. Guidelines produced, national & divisional trainers trained.	USO recruited, guidelines produced and TOT completed. Training for focal points is in process.
2.3	Identify care seeking behaviors and barriers to case detection and reporting by the community	1/31/97	BASICS\ID UOOs	X	X	X	X									Community & health staff behaviours regarding case reporting/detection are better understood	Completed and report produced
2.4	Develop communications interventions for improving case identification and reporting among the community and health workers	7/31/97	BASICS\ID					X	X	X	X	X				Communications materials developed Radio series produced	Progressing
2.5	Assist municipalities to develop local sentinal reporting system to improve case detection and disease control.	on-going	BASICS\ID UOOS	X	X	X	X	X	X	X	X	X	X	X	X	Better identification of target cases	On going
Objective 3: Assist GOB to achieve and sustain 85% EPI Coverage in urban areas																	
3.1	Provide assistance to the National EPI Program and municipalities to ensure that EPI services are provided according to established standards	On-going	BASICS\ID UOOs	X	X	X	X	X	X	X	X	X	X	X	X	EPI services provided according to standards	On going
3.2	Provide technical assistance to the National EPI Program in implementing the social mobilization strategy with particular emphasis on urban poor.	On-going	BASICS\ID	X	X	X	X	X	X	X	X	X	X	X	X	Communication interventions implemented in the field	On going
3.3	Continue support NIDs in urban areas with emphasis on quality of service and the link between NID efforts and sustaining regular EPI services, including Dis. Surveillance	On-going	BASICS\ID UOOs	X	X	X	X	X	X	X	X	X	X	X	X	Polio immunization coverage is higher in urban areas; Inclusion of surveillance messages in NIDs	NID has been conducted successfully on Dec. 8, '96 and Jan. 8, '97

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COUNTRY: BANGLADESH

PROJECT: BASICS Urban EPI

COUNTRY/PROJECT CODE: BD 01

BEGIN/END DATES: JULY 1, 1994 - SEPTEMBER 30, 1998

WORKPLAN FOR PROJECT YEAR 4 (FY 97)

OCTOBER 1, 1996 - SEPTEMBER 30, 1997

October 10, 1996

ACT#	ACTIVITIES	END DATE	KEY PERSON	O	N	D	J	F	M	A	M	J	J	A	S	EXPECTED OUTPUTS	Progress as of 3/31/97
	BASICS PURPOSE NO. 2 To assist cities and selected municipalities to assume ownership role in planning, coordinating, implementing & monitoring urban child health services																
	Objective 4: Assist the GOB to strengthen the capacity of MOLGRD, City Corporations and municipalities to plan, coordinate, and monitor urban child health services in general and EPI services in particular.																
4.1	Support the Interministerial Committee between the MOHFW & the MOLGRD and assist with the implementation action.	on-going	BASICS\ID	X	X	X	X	X	X	X	X	X	X	X	X	Semi annual meetings of the committee	Committee met on Feb. 4, '97
4.2	Support the Capacity Building Working Group of the Interministerial Committee	on-going	BASICS\ID	X	X	X	X	X	X	X	X	X	X	X	X	Bimonthly meetings of the working group	Committee met on March 19, '97
4.3	Motivate municipal authorities to fill sanctioned positions for health, especially Medical Officers.	on-going	BASICS\ID UOos	X	X	X	X	X	X	X	X	X	X	X	X	20 municipalities have recruited MOs	Recruitment of 23 MOs is in process
4.4	Motivate MOHFW to depute MOs to selected municipalities which currently can not afford to recruit their own MOs.	on-going	BASICS\ID	X	X	X	X	X	X	X	X	X	X	X	X	10 municipalities have MOs deputed from MOHFW	6 MOs have been deputed
4.5	Conduct 2 EPI management training workshops for selected staff at MOLGRD, City Corporations, Municipalities, Medical Officers and UOos.	07/31/97	BASICS\ID UOos						X				X			40 participants trained on basic management of urban EPI programs	Not yet done, postponed till MOs are recruited
4.6	Conduct IEC Workshops for urban Mid-level health managers to develop their capacity to organize effective communication activities	07/30/97	BASICS\ID UOos							X	X	X				Forty participants trained in conducting effective communications programs	Not yet done
4.7	Support in-country training in selected technical areas e.g. disease surveillance, communications skills, OR.	On-going	BASICS\ID					X	X	X	X	X	X	X	X	Selected staff & counterparts will be trained in identified technical areas	Disease surveillance training was conducted in Jan. '97
4.8	Support refresher/basic training for municipal health managers and staff.	on-going	BASICS\ID UOos	X	X	X	X	X	X	X	X	X	X	X	X	Municipal vaccinators trained.	On going
	Objective 5: Assist City Corporations and selected municipalities to assume responsibility for the recurrent cost for EPI services, by project end.																
5.1	Identify the recurrent cost needed to implement urban EPI programs in CCs and selected municipalities. Encourage CCs & municipalities to include a line item for EPI in their budgets to pay for EPI recurrent cost.	9/30/97	BASICS\ID UOos					X	X	X	X	X	X	X	X	More CCs and Mun. assume responsibility for EPI recurrent cost	75 out of 88 municipalities are fully paying for EPI recurrent cost

COUNTRY: BANGLADESH		WORKPLAN FOR PROJECT YEAR 4 (FY 97)												October 10, 1996			
PROJECT: BASICS Urban EPI		OCTOBER 1, 1996 - SEPTEMBER 30, 1997															
COUNTRY/PROJECT CODE: BD 01																	
BEGIN/END DATES: JULY 1, 1994 - SEPTEMBER 30, 1998																	
ACT#	ACTIVITIES	END DATE	KEY PERSON	O	N	D	J	F	M	A	M	J	J	A	S	EXPECTED OUTPUTS	Progress as of 3/31/97
Objective 6: Perform selected activities to help identify BASICS role in Bangladesh beyond 1997.																	
6.1	Coordinate with USAID, Cooperating Agencies and NGOs to identify technical needs which can be filled by BASICS (1 TDY x 3 weeks) R. Waldman	9/30/97	BASICS\ID BASICS\HQ UOOs	X	X	X	X	X	X	X	X	X	X	X	X	Potential role for BASICS in Bangladesh beyond 1997 identified	On going
MONITORING AND EVALUATION																	
7.1	Design and maintain a simple data base system to monitor progress in selected indicators for each objective. (1 TDY x 2 weeks) D. Pyle	9/30/97	BASICS\ID BASICS\HQ	X	X	X	X	X	X	X	X	X	X	X	X	Identified indicators are measured, Project progress monitored	Indicators identified, simple forms have been distributed to UOOs. Data is being collected.
7.2	Conduct LQAS in selected CCs & municipalities	on-going	UOOs BASICS\ID				X	X	X	X	X	X	X	X	X	Weak performing areas identified and measures taken to improve their performance	LQAS completed in Zones 7 & 8 of Dhaka City
TRAINING AND STAFF DEVELOPMENT																	
8.1	Support regional training and study tours for selected counterparts and staff.	09/30/97	BASICS\ID BASICS\HQ								X	X	X	X	X	Selected Counterparts Exposed to other systems for providing EPI & PHC services	Based on USAID/Dhaka request. This activity has not been conducted
HEADQUARTERS SUPPORT																	
9.1	Provide administrative and technical support to BASICS/Dhaka, as well as holding regular cluster meetings	On-going	BASICS\HQ	X	X	X	X	X	X	X	X	X	X	X	X		
9.2	Provide field accounting support to Local Staff and Country Advisor (1 TDY x 1 week) J. Yang/C. Church	On-going	BASICS\HQ	X	X	X	X	X	X	X	X	X	X	X	X		
PROCUREMENT																	
	BASICS will procure 4 vehicles and 400 bicycles, 6 desk top computers, 1 lap top computer, 1 photo copy machine						X	X	X	X							Purchase order for 4 vehicles has been placed