

SITUATION ANALYSIS REPORT

Mapping of High-Risk Areas, Service Delivery Points and Modalities, Partners and Logistic Supply in 4 City Corporations



Submitted To:



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Dhaka: January 2023

Situation analysis including mapping of high-risk areas, service delivery points and modalities, partners and logistic supply in 4 City Corporations

Abbreviations and Acronyms

| | |
|---------|--|
| ANC | Antenatal Care |
| BCG | Bacille Calmette-Guérin/Vaccine against Tuberculosis |
| CAPI | Computer-Assisted Personal Interviewing |
| CC | City Corporation |
| CCC | Chattogram City Corporation |
| CEI | Client Exit Interview |
| CHO | Chief Health Officer |
| CMYP | Comprehensive Multi-Year Plan |
| DGHS | Directorate General Of Health Services |
| DNCC | Dhaka North City Corporation |
| DSCC | Dhaka South City Corporation |
| EPI | Expanded Programme on Immunization |
| FGD | Focus Group Discussion |
| FP | Family Planning |
| GCC | Gazipur City Corporation |
| GIS | Geographic Information System |
| GOB | Government Of Bangladesh |
| HDRC | Human Development Research Centre |
| HH | Household |
| HMIS | Health Management Information System |
| HPNSDP | Health Population And Nutrition Sector Development Program |
| HPNSP | Health Population And Nutrition Sector Program |
| HR | Human Resource |
| IPV | Inactivated Poliovirus <i>Vaccine</i> |
| KII | Key Informant Interview |
| MCRHS | Maternal, Child And Reproductive Health Services |
| MICS | Multiple Indicator Cluster Survey |
| MOHFW | Ministry Of Health And Family Welfare |
| MOLGRDC | Ministry Of Local Government, Rural Development And Cooperatives |
| MR | Measles-Rubella |
| NGO | Non-Governmental Organization |
| OPV | Oral Polio |
| PCV | Pneumococcal Vaccine |
| PHC | Primary Health Care |
| PHCC | Primary Health Care Corporation |
| PNC | Postnatal Care |
| PSU | Primary Sampling Unit |
| SBCC | Social And Behaviour Change Communication |
| SDGS | Sustainable Development Goals |
| SIMO | Surveillance and Immunization Medical Officers |
| Td | Tetanus-diphtheria |
| TT | Tetanus Toxoid |
| ULBS | Urban Local Bodies |
| WHO | World Health Organization |

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EXECUTIVE SUMMARY

The Government of Bangladesh (GOB) has been implementing the EPI since 1979 with an aim to prevent infant and child deaths from six vaccine-preventable infectious diseases. The Expanded Program on Immunization (EPI) is one of the most successful public health programs in Bangladesh. While Bangladesh has made significant gains in childhood vaccination coverage, a greater focus on series completion of all recommended EPI vaccines is needed to achieve further gains in attaining the United Nations Sustainable Development Goals (SDGs) - SDG # 3 (to address the goal of universal health coverage (target 3.8), as Bangladesh is behind the SDG goal and targets. The vaccination coverage has remained static at around 80 per cent in a decade or so. The complete vaccination of children in urban areas is 79% whereas the rural coverage is 85%. Eight out of 12 City Corporations achieved less than 80% of full vaccination coverage (FVC) and around 1% of children in urban areas have never been vaccinated. Only 4 City Corporations achieved 80 per cent or above complete vaccination. As such, it is imperative to understand the root causes and factors that influence the uptake of vaccination in urban areas.

The EPI services by the NGOs in the urban areas are presently at risk due to shortages of funds, inadequate human resources, and other related support. Nevertheless, the consequences of not achieving complete childhood vaccination cannot be underestimated because vaccination provides an opportunity to avert millions of deaths and a host of vaccine-preventable diseases among children. The purpose of the assignment was to conduct a situation analysis of children's immunization in 4 City Corporations (Chattogram, Dhaka North, Dhaka South and Gazipur). Including mapping of high-risk groups and underserved areas, service delivery points and modalities. The assessment attempted to identify major challenges and gaps in the immunization services and to explore strategies and solutions that convert to scale to improve immunization equity and coverage, including differences among various vulnerable groups (ethnic groups, slum dwellers, mobile populations etc.).

The assignment adopted a mixed method approach. The quantitative methods focused on analyzing data from the household survey (1091), client exit survey (418), and facility assessment (108), whereas qualitative methods explored the barriers and enablers for the implementation of immunization and PHC programs from the supply and demand point of view. The study adopted a participatory approach to engage all stakeholders (defined participant/audience groups) to ensure inclusive suggestions on possible solutions and recommendations to increase vaccination coverage in the selected City Corporations.

Wards consisting of low-income communities were purposively targeted, considering secondary data suggested that vaccination coverage was reportedly less in these areas. The situation analysis of the surveyed households of the targeted wards confirms the hypothesis that these are low-income areas of the respective cities. In these wards, socio-economically vulnerable households are living, considering types of occupation and educational attainment. The majority of the households in the target area were poor and involved in wage labor or petty business and laborers are significantly less likely to vaccinate their children compared to service holders. Also, nearly one-third of the caregivers did not complete primary education and child vaccination coverage significantly increases with education and it is consistent across the city corporations. Though income level does not show significant change in availing child vaccination. The vaccination coverage among the marginalized communities (the survey covered Bihari: 76.9% and Dalits: 78.3%) is lower (not significant) than average. Also the coverage is lower among the slum dwellers compared to non-slum dwellers. During FGDs, fathers admitted that they believe the children's vaccination is solely the mother's responsibility. They even don't know their vaccination-eligible children vaccinated or not.

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Preserving vaccination card (vaccination records) is challenging for those living slums. Overall, one-third of the caregivers did not have the vaccination card and this rate is significantly higher in slums. Dropout is a key concern in achieving full vaccination coverage among slum dwellers which is caused by the frequent movement from one slum to another. In addition to child's illnesses and large family sizes were associated with higher dropout cases. Also, causes for dropout include lack of knowledge (the possible post effect/side effect of immunization) and awareness of the need for further immunization, age, occupation, and socioeconomic condition of mothers.

- Reported reasons for not receiving BCG, IPV, Penta Vaccine and PCV:
 - The children were unwell. And fearing it is not wise to vaccinate children when they are physically not fine, parents/caregivers did not go to the vaccination center.
 - Earlier experiences of children getting sick deter parents/caregivers from vaccinating eligible children.
 - Due to fear about COVID-19 contamination in the public health care center (vaccination points are overcrowded)
 - Don't know what vaccination was needed when that's why they did not go to the vaccination points.
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- Reported reasons of not receiving TT/TD:
 - The children were unwell. And fearing it is not wise to vaccinate children when they are physically not fine, parents/caregivers did not go to the vaccination centre.
 - Earlier experiences of children getting sick deter parents/caregivers from vaccinating eligible children.
 - Due to fear about COVID-19 contamination in the public health care centre (vaccination points are overcrowded)
 - Don't know what vaccination was needed, so they did not go to the vaccination points.
 - Due to religious reason (unexplained).
- Reasons for missing first polio drops:
 - 72.3% of the households' eligible children missed the first dose of polio due to a lack of knowledge.
 - 15.5% of the households showed negligence.
 - 11% of households did not get their children's first drop because they were unwell then.

Another challenge is to ensure the valid dosage of vaccination. According to the survey findings around 48 per cent of the children did not receive valid dosage. The EPI managers also expressed key concerns around ensuring valid dosage. The EPI managers expressed that the service providers need more training to ensure administration of valid dosage. The caregivers however stated that there should be structured monitoring activity around the EPI service delivery.

25.2 per cent of immunization-related health facilities do not have adequate human resources to operate immunization services and replace if service providers step down from their jobs. The available 75 per cent human resource has to provide services to all the service recipients which indicates that the providers has to put 33.3 per cent more effort to simply provide the required services within the service hours. This limits the opportunity to counsel the caregivers (about the possible side effects of vaccination) or adequately respond to queries by caregivers. Unavailability of vaccination card for distribution is a challenge. In terms of logistics adequacy of storage facility and the ensuring access to some location of some satellite EPI centers is a challenge. The service providers

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also discussed the importance of distributing human resource and EPI centre according to the population distribution. The uneven distribution of resources limit the possibility of achieving a greater coverage utilizing the available resources.

The service environment at the facilities needs to improve. Due workload the service providers cannot counsel the caregivers or respond to their queries properly. Also the service recipients expressed dissatisfaction due to unavailability of basic amenity services and waiting room in the urban EPI centers. The caregiver pointed out the limited awareness campaign as a challenge to achieving greater immunization coverage.

Following are the key recommendations for future EPI service enhancements:

- ⊖ Increase human resources at the PHCs/immunization services. Fill in the vacant posts and reduce the management complications of recruitment. Also, distribute the EPI service providers according to workload.
- ⊖ Train the EPI service providers/health-workers on client management and counselling.
- ⊖ Launch/distribute EPI centers/satellite sites according to the population coverage.
- ⊖ Redistribute the service hours; especially, arrange evening shift for immunization services for targeting children of waged workers or day-laborers.
- ⊖ Increase sensitization/awareness activities among parents and caregivers through engaging mass media (like television channels and FM radio stations), local media (like cable TV channel and wallpaper) and social media (like Facebook).
- ⊖ Socially, child's immunization is perceived as the responsibility of the females. Motivation to engage the males as the caregivers for children's immunization may increase the intent among parents to vaccinate the children.