

# Report on MNT Campaign

July 15 - September 14, 2001



BRAC Health Program

Partnership in Saving Newborn Lives, Save The Children (USA)

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*July 15 - September 14, 2001*

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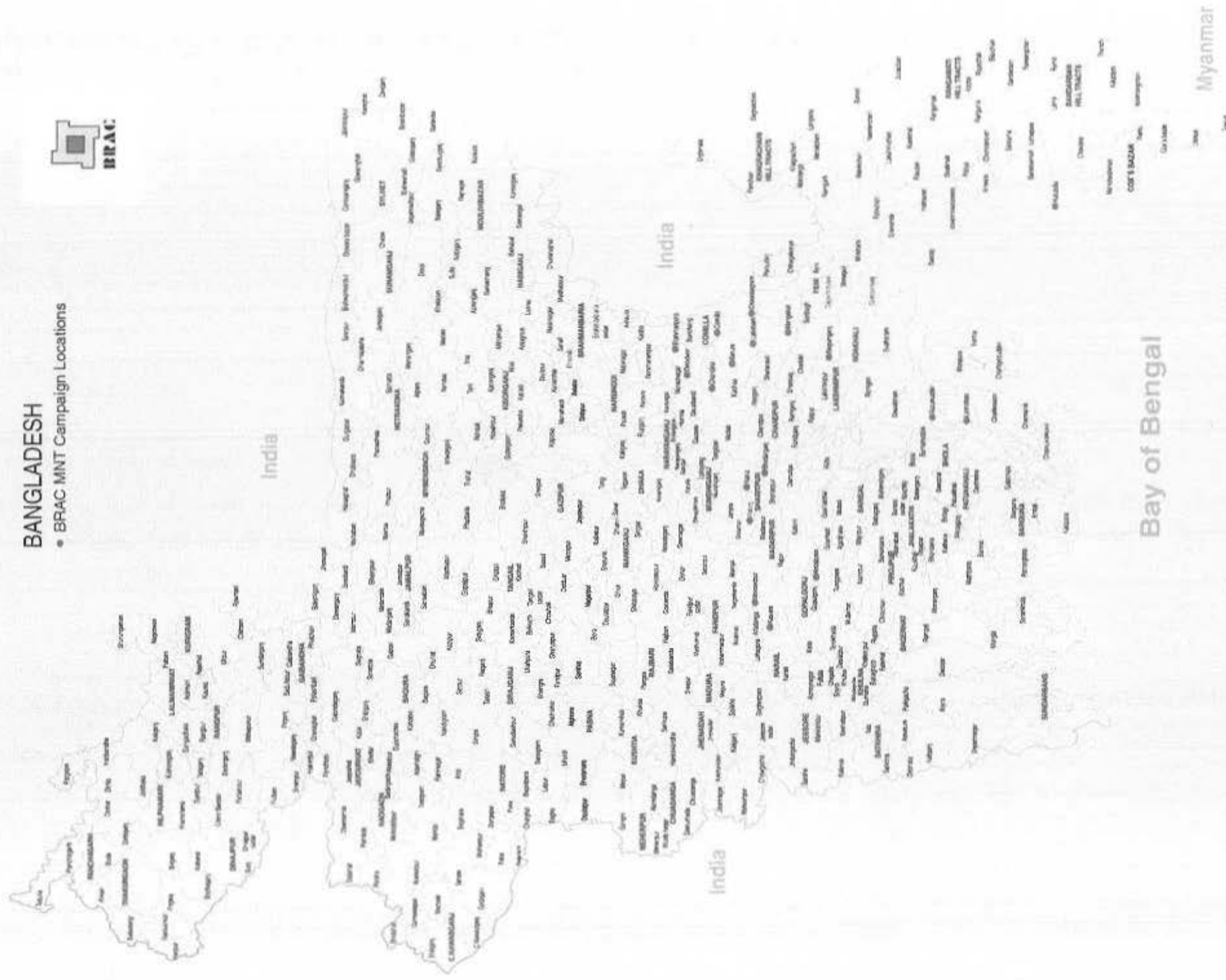
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**BANGLADESH**  
• BRAC MNT Campaign Locations



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## INTRODUCTION & BACKGROUND

The Expanded Program on Immunization (EPI) is a global program, which is directed for the benefit of the entire population. The objectives of the EPI program are to:

- Reduce morbidity, disability and mortality due to six common vaccine-preventable diseases through immunization of women and children
- Eradicate polio
- Reduce maternal and neonatal mortality due to tetanus through immunization of women of reproductive age, and eliminate neonatal tetanus by reducing the incidence of the disease to less than one case per 1000 live births in every district of Bangladesh
- Control measles by reducing the number of cases by 90 percent (compared to 1985 levels) and by reducing the number of measles deaths by 95 percent (also compared to 1985 levels)

Despite of remarkable progress in EPI program, the overall coverage of EPI is not satisfactory. The incidence of vaccine preventable diseases is still high. Polio, measles and neonatal tetanus have already been identified as the major public health problem in Bangladesh.

### *Polio Eradication Initiatives & MNT Campaign*

The government has been observing National Immunization Day (NID) aiming to eradicate poliomyelitis. For several years routine OPV3 coverage remained at 65.7%. The national coverage evaluation survey found that only 66% of children received all 3 valid doses of OPV before their first birthday. The coverage of 9<sup>th</sup> National Immunization Day (NID) rose up to 94.8%. One of the most important reasons for the success of intensified 8<sup>th</sup> and 9<sup>th</sup> NIDs was due to the strong commitment and participation of the government, NGOs and donor partner and most importantly, the community. However, even with 95% coverage approximately 12,50,000 children did not receive both OPV doses.

Following the success of NIDs, the government identified some high-risk areas for more coordinated inputs. As of today, high risk criteria includes low measles and TT coverage, high neonatal mortality rate, incidence of neonatal tetanus observed during last 2 years, TT coverage less than 50%, where cases of Wild Virus found, geographically hard-to-reach pockets etc). In addition, special attention was paid while launching Measles and Neonatal Tetanus (MNT) campaign in high-risk areas with a view to reducing the mortality and morbidity rate significantly due to polio, neonatal tetanus and measles. However, the government has been adopting strategies to observe MNT campaign in three phases - 1<sup>st</sup> round (September 1999), 2<sup>nd</sup> round (August 2000) and 3<sup>rd</sup> round (August - September 2001) and provided TT to all women of 15-49 years, one dose of measles vaccine to children aged 9-35 months (except those who received within a month) and OPV to all < 5 children.

During the 3<sup>rd</sup> round of MNT, BRAC and other partners were involved and worked together for achieving the national goals of EPI. This report depicts the partnership efforts of BRAC on 3<sup>rd</sup> round MNT Campaign along with an elaboration of facilitation process.

## ORGANIZATIONAL BACKGROUND

BRAC, a national private development organization, focuses on the long-term issue of poverty alleviation and empowerment of the poor. BRAC promotes income generation for the poor, mostly landless rural poor, through micro-credit, health, education and training programs. BRAC is now a multifaceted organization with over 25,000 regular staff and 34,000 part-time teachers, working in 50,000 villages in all the 64 districts. BRAC implements its core programs through BRAC Development Program (BDP), BRAC Education Program (BEP) and BRAC Health Program (BHP).

**Health Interventions:** The health programs evolved as one of the core programs aiming at sustained health impact through the reduction of maternal, infant and child mortality and morbidity, fertility, and improvement in the nutritional status of children, adolescents and women. Moreover, it has long and diversified experience in implementing community-based health interventions and significant strengths in cooperation with the public sector and partnership with NGOs and the community. The main feature of BHP is the role played by the Shastho Shebika - the community health worker, who is responsible for making health services and commodities easily accessible to all community members.

### **Shastho Shebika: Mainstay of Health Programs**

*Provides information on various health issues and encourages certain health practices*

*Provides information about source of essential treatment and health services*

*Refers emergency cases to secondary and tertiary clinics*

*Complements the delivery system by linking families with the infrastructure & essential services.*

## BRAC IN PARTERSHIP WITH SNL INITIATIVES

BRAC envisaged the importance of developing partnership with the Public sector and it feels that such co-operation can enhance the development process in terms of strengthening existing programs and also increasing their effectiveness.

### **Partnership Efforts in EPI**

BRAC has been working in partnership with the government and UNICEF since 1985 for achieving EPI goals. Since then it has been playing a vital role in expanding and enhancing the EPI program through social mobilisation, and management support in planning, monitoring and supervision. Evaluation studies done by BRAC and other external agencies revealed that the highest EPI coverage was achieved in areas where BRAC was engaged and assisted its partners.

Currently, BRAC provides support to routine EPI through Shebikas, who disseminates messages on immunization and its sources in the community. In addition to facilitating routine EPI program, BRAC has been involved in observance of NID ad or related initiatives throughout the country aiming to eradicate polio. However, it had played a significant role in mobilizing the community during 8<sup>th</sup> and 9<sup>th</sup> NIDs and involved more than 100,000 Shebikas<sup>1</sup> and 2,037 staff. Reports of independent observers show that

<sup>1</sup> Shebika: all category of paraprofessionals of BRAC Development Program



Shebikas were actively involved in 45% of the centres. In addition, during the 9<sup>th</sup> NID, with the technical and financial assistance from the WHO, BRAC provided MNT orientation to 84,093 Schoolteachers and 86,604 religious leaders/imams in 3,648 unions. These forces were subsequently involved in the Child-to-Child search activities.

#### ***Partnership with SNL Initiative for MNT Campaign***

BRAC, as a new partner of the Save The Children (USA) for Saving Newborn Lives (SNL) Initiatives was involved in MNT campaign for 96 selected unions in 18 Upazilas. During July 15 - September 14, 2001, BRAC implemented MNT campaign activities in high-risk unions by utilizing its existing development networks accordingly. BRAC provided support in 95 unions out of 96 except *Tabgi* of Borhanuddin Upazila under Bhola district. The authority had to postponed the scheduled campaign in *Tabgi* union due to increased political violence and deteriorating flood situation.

BRAC played a significant role in implementing MNT campaign within the time frame of campaign plan. Following are the major areas where BRAC staff intervened:

- Participated in the TOT at the national, regional and upazila level with the government officials and staff
- Participated in all the meetings and relevant committees to disseminate uniform messages across the union
- Acted as a co-facilitator according to the government plan
- Assisted government local health department
- Organized training/orientation for the school teachers, religious leaders and opinion leaders at the local level as per plan
- Organized social mobilization activities like meetings with the religious leaders, schoolteachers to reinforce the MNT efforts.

Undertaking of MNT campaign was a worthwhile stepping-stone to address the predominant public health problems of the high-risk areas.

### **BRAC's STRATEGY**

BRAC adopted three main strategies in facilitating the MNT campaign intervention. Firstly, *BRAC facilitated government functionaries in selected unions for immunizing targeted children and women; secondly, it provided technical assistance and management support to ensure registration of targeted population before launching campaign activities including managing MNT centres in the community and thirdly, an integrated approach to involve all relevant stakeholders.*

Other strategies followed by the campaign implementation process were:

- Establish linkage of BRAC Shastho Shebikas with the nearest facilities to play a central role in health service delivery system.
- Undertake innovative social mobilization by targeting whole community with particular emphasis on women and children.
- Facilitate government functionaries to enhance quality of care through maintaining cold chain properly.

## BRAC-MNT FACILITATOR

In order to facilitate the campaign an initiative, a core training team of 5 senior staff was formed who received TOT at the national level and were placed for this campaign. In addition, 30 experienced Program Organizers were temporarily deployed as MNT Facilitator followed by a special training. Each local team comprised of 3-5 staff, who worked under the guidance of one of the TOT receiver. A senior program professional coordinated the whole team through these five senior staff.

The MNT Facilitators participated in all campaign-related activities organized at various levels. They acted as Co-facilitator of conducting MNT orientation for government functionaries, community leaders and MNT volunteers. They worked together with respective government functionaries to assist them in planning, developing and implementing the campaign-related activities/initiatives. Following are the detailed activities, which they undertook:

- Made individual contacts with Upazila Health & Family Planning Officer (UHFPO), Disease Control/Maternal & Child Health Medical Officers (MOs), Upazila Family Planning Officer (UFPO), Health Inspector (HI), Family Planning Inspector (FPI), Assistant Health Inspector (AHI), EPI Technician, Family Welfare Visitor (FWV), Health Assistant (HA) and Family Welfare Assistant (FWA) and all other relevant stakeholders at the respective upazilas and unions
- Interacted with Union Parishad Chairmen & members, NGOs/CBOs and BRAC development programs to create supportive environment and generate community support to achieve the goals
- Assisted government staff in preparing micro-plan, conducting MNT orientation sessions, registering the targeted population, organizing MNT sessions, preparing MNT reports, session management, Child-to-child search activities, developing joint monitoring plan, ensuring logistics and necessary supplies, preparing vaccine indent, ensuring adequate supply of vaccines at all sites, monitoring/evaluation of on-going activities, report compilation etc.
- Conducted orientation for different segments of community leaders such as religious leaders, teachers, local influential persons and community leaders
- Organized different social mobilization forums in the community in collaboration with government functionaries, MNT volunteers and BRAC staff
- Conducted monitoring visits jointly with government and collected reports of MNT from different camps
- Facilitated service providers to ensure quality of care of EPI services at the MNT outreach sites by providing technical assistance and on-the-job training
- Maintained a good and professional working relation with the GOB and NGO counterparts for facilitating smooth operation of project activities.



## ACCOMPLISHMENT OF CAMPAIGN ACTION PLAN

Activities	Venue/Level	Date/Period	Actors	Stakeholders
National TOT	EPI Hquarters	July 11	EPI Officials	6 BRAC staff
BRAC Staff orientation	BRAC HO	July 28	BRAC TOT Receivers	40 BRAC staff
District coordination	District	July 29		GOB & BRAC
Upazila coordination	Upazila	July 30	MNT Facilitators	GOB & BRAC
Upazila orientation	Upazila	Jul 30-Aug 5	GOB & BRAC Functionaries/ MNT Facilitators	GOB & BRAC
Volunteer selection	Ward/village	August 11-23		Volunteers
Volunteer orientation	Union/ward	August 15-23		Volunteers
Special orientation	Union	August 11-23	MNT Facilitators	Com. leaders
Social mobilization	Ward/village	August 11-23	MNT Facilitators	Community
Registration & IPC	Village	August 11-23	HA, FWA, Volunteers	Child < 5, women 15-49
Review logistics & supplies	Nat./district/ upazila	August 11-23	Concerned BRAC & GOB	Related dept.
Technical support in centre management	Village	August 26- September 4	MNT Facilitators	HA, FWA (GOB Functionaries)
Assist in on-going evaluation	Village	August 26- September 8	MNT Facilitators	HA, FWA & recipients
Assist in collecting report	Village/camp	Sept. 5- 6	MNT Facilitators	HA, FWA (GOB Functionaries)
Assist in report compilation	Upazila/union	Sept. 5-8	MNT Facilitators	HA, FWA (GOB Functionaries)
BRAC inter-program meeting	District/ upazila	August 11-23	TOT Receivers MNT Facilitators	BRAC staff

## MNT ORIENTATION & SOCIAL MOBILIZATION

### *MNT Orientation*

One of the important components of MNT campaign is providing orientation on MNT to the government functionaries and allies. As part of campaign Action Plan, each UHC organized MNT Orientation for health and family planning staff. The staff also facilitated a separate session for 5200 MNT volunteers at union level. BRAC MNT Facilitators assisted to organize these sessions and acted as Co-facilitators to conduct the sessions in their respective working areas.

**Special Orientation:** A one-day special orientation for Religious Leaders, teachers and Influential persons were organised in each union. The local level formal and non-formal leaders and other stakeholders attended the orientation. A total of 3,571 of such stakeholder were brought under this special orientation where on average 38 participants attended.

### ***MNT Volunteer Selection***

One of the key components on MNT was to select volunteers from the community. Volunteers were selected jointly with the government officials/staff in collaboration with community leaders, Ansar VDP and VO members, and Shastho Shebikas & NFPE teachers. In selecting volunteers, Facilitators identified the potential persons. First of all, Facilitators shared their experiences with relevant stakeholders/counterparts and in the village groups for selecting volunteers from the community.

### ***Social Mobilization***

Social mobilization activities have been identified as key component to implement MNT campaign. However, BRAC has considerable experience in health communication at the grassroots. In doing this, it adopted an integrated approach for generating community support. MNT Facilitators organized different forums by using interpersonal channels in many different ways:

- Small group teaching and interpersonal contact
- Organising community meetings
- Use social institutions and development networks
- Networking with local level organisations.

**Institutional Forum:** The existing formal and informal institutions, such as Union Parishad, primary and secondary schools and madrashas were used as unique resources for community mobilization. The participants included primary, secondary and NFPE schoolteachers, imams/religious leaders, UP chairmen/members etc. A total of 22,720 students and teachers and 957 UP Chairmen and members were contacted.

**Organised Forum:** MNT Facilitators organized male and female seminars in the community in collaboration with volunteers, Shebikas and other stakeholders. During the project period, a total of 17,696 persons were contacted for disseminating MNT messages through organizing seminars and group meetings. Mosque forums were also conducted where 1,745 persons attended.

**Organised Group Meeting:** NGO group members/program participants were contacted for disseminating messages on MNT points and date. A total of 5,342 VO members and 778 Vulnerable Group Development (VGD) cardholders were contacted.

**NFPE Teachers & Graduates:** The Non-Formal Primary Education (NFPE) teachers of BEP were involved for mobilising the students and their parents.

**Involvement of NGO/CBOs:** Facilitators coordinated with NGOs and community based organizations (CBOs) to involve local level private development networks to generate community support.

Table-1: Social Mobilization

Name of Forum	Number of Meeting/ Session Held	Number of Participants
<b>Behavior Change Communication at the Community</b>		
Male Seminar (Organized group)	173	2941
Female seminar (Organized group)	145	2632
Meeting with BRAC Village Organization members	260	5342
Imam Mahfil ( <i>religious leaders' meeting</i> )	96	2597
Mosque meeting	45	1745
VGD Card holder Meeting	30	778
Male and Female Group meeting	2400	12125
<b>Institutional Forum at the Community</b>		
Institutional meeting ( <i>Primary, secondary school &amp; madrasa</i> )	302	22720
Union Parishad meeting	96	957
Meeting with FP staff at FWC	72	657
Review meeting at BRAC Regional office	06	186
BRAC inter-program meeting	18	455
Coordination meeting with other NGO	11	189
<b>Orientation of GOB Functionaries &amp; Volunteers</b>		
MNT orientation of government staff	35	1536
Volunteer orientation	155	5200

## MANGEMENT SUPPORT

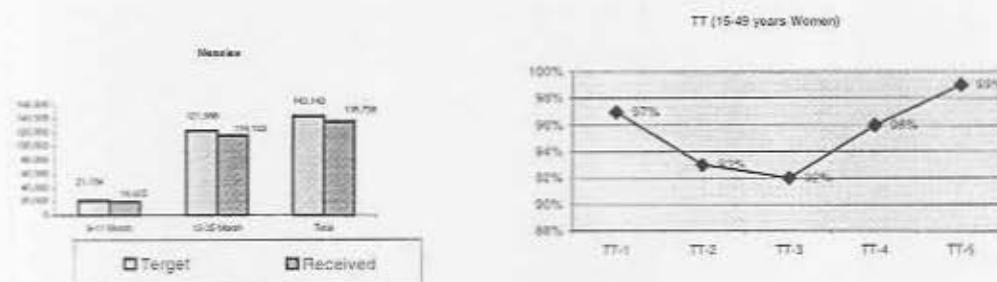
MNT Facilitators assisted government in local level planning, center management, and coordination with different functionaries, collecting and compiling reports, cold chain maintenance and on-going evaluation.

**Assist in Centre Management:** MNT Facilitators provided technical support to the government functionaries at the outreach sites in order to ensure providing quality immunization services. The technical support includes maintaining flow line of the clients, administering vaccines, filling in the formats and registers for record keeping, providing on-the-job training and on-site assistance to the respective teams. Also monitored the cold chain system and vaccine supply status. In case of vaccine shortage they assisted them to make vaccine available. They made a plan and provided indent to ensure that adequate vaccine supplies are in place. In this case, they followed supportive/facilitative supervision process.

**Assist in Reporting:** Each of the vaccination team maintained records by using EPI provided forms and registers. Facilitators assisted UHC in collecting reports from MNT centres as well as report compilation. Also they provided support to ensure that tally sheets are correctly marked as per instruction. Finally, they provided management support to ensure collecting of correct information.

## ACHIEVEMENT STATUS

During the 3<sup>rd</sup> MNT campaign, a total of 135,798 children received measles. Of them children aged 9-11 month and 12-35 months were 19615 and 116,133 respectively. The report shows that 95% of targeted children received measles from MNT center. On the other hand a total of 341,431 women of reproductive age received TT, which means 95% of the targeted women received TT during MNT campaign. Of them TT1, TT2, TT3, TT4 and TT5 received by 59,527, 54,218, 76,770, 78,166 and 72,750 respectively.



Out of 402,190 children (0-59 months) 391,470 children received OPV from MNT centers. Among them 6,428 children received OPV during campaign. The report shows that 97% of targeted children received OPV during campaign.

## SUPERVISION and MONITORING

BRAC senior staff conducted joint monitoring visits with the government assigned officials/staff at the local level. In addition, BRAC head office staff visited the MNT centers and child-to-child search activities to ensure mobilization, center support and supply of vaccine and logistics. These staff also used the checklist and provided feedback accordingly.

## CONSTRAINTS

The staff had to face some realities while working in some of the unions. Traveling hard-to-reach unions such as *Uttar Tarabunia*, *Dakhin Tarabunia*, *Arshinagar*, *Charsensham* unions of Shariatpur district was very difficult due to rivers and char. Moreover, the unrest political situation and flood which affected the lives of Tagbi union of *Borhanuddin* Upazila under Bhola district limited the staff performance in this particular union.

## LESSONS LEARNT

- Involvement of UP Chairmen and Members, Imam leaders, teachers and local community leaders/influential persons enhanced the campaign-related activities for generating community support
- Religious leaders provided support in community mobilization as they were given orientation. During MNT session microphone of the mosques were used by these group to invite people for immunization
- Involving *Chowkidars* of the Union Parishad to mobilize local people and session management is beneficial to strengthen the performances
- Involving school teachers for educating students on MNT for generating support to campaign and use their strengths for mobilizing their parents, guardians of target population and neighboring families
- Networking with existing development organizations/programs/community-based organizations (club, association etc.)/professional organization (Village Doctor/ Farmer/Rickshaw-puller and other professional associations, if available) and other partners and allies for generating support and disseminating messages in the community
- Involving Village Organizations/NGO Groups/Social Institutions for generating community support and creating demands for services
- Participatory plan should be developed with the support of different stakeholders for smooth operation of the campaign
- Coordinated well-planned TEAM EFFORTS work for better PERFORMANCE.



# **Annexure**

**MNT Campaign (3-rd Round)**  
**Report on Measles and TT**

Sl No	Name of Upazilla	Measles						Acheiv ement	TT (15-49 years women)											Acheivem ent (%)	
		Target (Children )			Acheivement				Target						Achievement						
		9-11 Month	12-35 Month	Total	9-11 Month	12-35 Month	Total		%	TT-1	TT-2	TT-3	TT-4	TT-5	Total	TT-1	TT-2	TT-3	TT-4		TT-5
1	Kutubdia	241	1,768	2,009	242	1,667	1,910	95%	638	1,076	1,437	1,577	1,257	5,985	594	1,009	1,363	1,525	1,207	5,698	95%
2	Patong	1,130	6,108	7,238	1,056	5,725	6,821	94%	2229	2,198	3,154	3,907	2,781	14,181	2,096	2,082	2,915	6,541	2,535	16,169	114%
3	Naria	273	801	1,074	267	769	1,036	96%	416	494	636	711	552	2,803	409	468	599	689	535	2,700	96%
4	Vadorgonj	2,803	12,508	15,311	2,541	11,636	14,177	93%	4611	7,002	10,501	8,786	5,062	35,962	4,284	5,951	9,096	7,676	4,588	31,595	88%
5	Comilla Sadar	260	2,012	2,272	270	1,969	2,239	99%	971	1,183	1,861	1,527	1,623	7,185	1,005	1,211	1,820	1,468	1,345	6,849	95%
6	Laksum	1,607	5,971	7,578	1,561	5,684	7,445	98%	3372	4,019	4,804	4,523	5,016	21,794	3,222	3,919	4,744	4,398	4,950	21,233	97%
7	Chandina	314	2,754	3,068	289	2,702	2,991	97%	869	786	1,785	1,876	3,199	8,506	844	781	1,777	1,873	3,201	8,476	100%
8	Barura	244	1,983	2,227	244	1,981	2,225	100%	854	1,448	1,780	1,617	1,465	7,164	853	1,446	1,780	1,617	1,464	7,160	100%
9	Langol cote	595	2,405	3,000	589	2,396	2,985	100%	2415	2,339	2,279	2,961	1,525	18,619	2,381	2,298	2,239	2,043	1,497	10,458	98%
10	Dabiddar	4,504	23,849	28,353	4,357	23,495	27,852	98%	13439	9,789	17,414	18,618	19,699	79,159	12,188	9,134	15,920	17,358	18,255	72,855	92%
11	Brammonpara	696	5,511	6,207	690	5,479	6,159	98%	359	2,511	3,316	3,821	3,757	13,764	3,419	2,465	3,240	3,716	3,682	16,522	120%
12	Choddahgram	772	4,880	5,652	770	4,863	5,633	100%	3264	3,198	4,912	3,759	3,858	18,991	3,261	3,195	4,898	3,754	3,853	18,961	100%
13	Begumgonj	5,577	40,342	45,919	4,783	36,833	41,716	91%	22137	16,263	21,853	19,680	16,741	96,674	19,562	14,253	18,834	17,057	18,849	68,555	92%
14	Tojumuddin	175	1,034	1,209	170	1,005	1,175	97%	421	562	929	1,016	583	3,511	414	543	906	984	563	3,410	97%
15	Lalmohon	306	2,004	2,310	285	2,004	2,289	99%	1187	1,106	1,409	1,239	814	5,755	1,218	1,053	1,378	1,218	780	5,647	98%
16	Muksudpur	1,307	5,904	7,211	1,290	5,686	6,976	97%	3154	3,935	4,459	5,157	4,851	21,556	2,588	3,656	4,266	4,864	4,504	20,498	95%
17	Kashiani	123	1,065	1,188	123	1,056	1,179	99%	292	195	423	776	406	2,886	285	196	417	762	402	2,056	99%
18	Kotalipara	107	887	994	107	883	990	100%	584	364	568	624	548	2,592	594	364	558	623	548	2,589	100%
Total		21,154	121,986	143,140	19,685	116,133	135,798	95%	61,114	58,469	83,586	81,469	73,649	358,287	59,527	54,218	76,770	78,166	72,750	341,431	95%


**MNT Campaign (3-rd Round)**  
**Report on OPV**

SL NO	Name of Upazila	Target for OPV ( 0-59 months)	Children(0-59 Months ) received OPV previously & during Campaign	Children Received OPV during Campaign only		Total Number of children received OPV	Acheivement ( % )
				0-5 Monthly	6--59 Monthly		
1	Kutubdia	6,509	6,184	125	0	6,309	97%
2	Palong	24,666	23,526	751	0	24,277	98%
3	Naria	2,127	2,028	44	0	2,072	97%
4	Vadorgonj	43,855	41,762	619	0	42,381	97%
5	Comilla Sadar	5,575	5,591	96	0	5,687	102%
6	Laksum	18,255	17,869	328	109	18,306	100%
7	Chandina	7,968	7,749	129	0	7,878	99%
8	Barura	5,735	5,713	45	2	5,760	100%
9	Langol cote	8,600	8,606	96	14	8,716	101%
10	Dabiddar	74,259	70,267	783	0	71,050	96%
11	Brammonpara	18,866	18,657	283	0	18,940	100%
12	Choddahgram	17,478	17,058	356	0	17,414	100%
13	Begumgonj	134,454	126,845	1,980	1	128,826	96%
14	Tojumuddin	3,034	2,970	40	0	3,010	99%
15	Lalmohon	5,611	5,534	110	0	5,644	101%
16	Muksudpur	19,441	19,077	359	8	19,444	100%
17	Kashiani	3,137	3,031	101	0	3,132	100%
18	Kotalipara	2,620	2,575	49	0	2,624	100%
Total		402,190	385,042	6,294	134	391,470	97%

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার  
উপজেলা স্বাস্থ্য কমপ্লেক্স  
তজুমদ্দিন, ভোলা।

## সনদপত্র

এই মর্মে প্রত্যয়ন করা যাচ্ছে যে, তজুমদ্দিন উপজেলায় EPI কর্মসূচীর মূল লক্ষ্যকে তরান্বিত করার জন্য গত ২৬/০৮/২০০১ইং তাং থেকে ০৪/০৯/২০০১ইং তারিখ পর্যন্ত এমএনটি ক্যাম্পেপইন পরিচালিত হয়েছে। উক্ত এমএনটি কার্যক্রম সফল বাস্তবায়নে ব্র্যাক-তজুমদ্দিন সার্বিক সহযোগিতা প্রদান করেছে। আমি এমএনটি কার্যক্রমে সংশ্লিষ্ট সকল ব্র্যাক কর্মীদেরকে ধন্যবাদ জ্ঞাপন করছি।

  
(ডাঃ নিত্যানন্দ চৌধুরী)  
উপজেলা স্বাস্থ্য ও পঃ পঃ কর্মসূচী  
তজুমদ্দিন, ভোলা।

গণ প্রজাতন্ত্রী বাংলাদেশ সরকার  
উপজেলা স্বাস্থ্য ও পরিবার কল্যাণ কমপ্লেক্স  
লালমোহন, ভোলা।

## সনদ পত্র

প্রত্যয়ন করা যাইতেছে যে, পুলক চন্দ্র সরকার প্রগ্রাম অর্গানাইজার (মার্কেটিং) ব্র্যাক মহাখালী ঢাকা। বাংলাদেশ থেকে পলিও নির্মূলসহ নিউনেটাল টিউনেস, ও হাম দুরীকরণের লক্ষ্যে এম,এন,টি ক্যাম্পেইনে কার্য সম্পাদনের জন্য সরকারী কর্মীদের সহায়তা প্রদান সহ সক্রিয় অংশ গ্রহনের নিমিত্তে বিগত ৩০-০৭-২০০১ইং তারিখ হইতে ০৬-০৯-২০০১ ইং তারিখ পর্যন্ত অত্র এলাকায় অবস্থান করেন। কার্যক্রমের সফলতার দৃষ্টে


### ক্যাম্পেইনের পূর্বে

- উপজেলা পর্যায়ে মাইক্রোপ্লানিংয়ে সহায়তা করেন।
- উপজেলা পর্যায়ে প্রশিক্ষণে অংশ গ্রহন ও প্রশিক্ষণে সহায়তা করেন।
- স্বচ্ছসেবী নিয়োগে সহায়তা করেন।
- স্বচ্ছসেবী, ভল্যান্টিয়ার্স প্রশিক্ষণ।
- ডিউ মিটিং ও স্কুল মিটিং ভি,জি,টি কর্মীদের কে নিয়ে মিটিং করেন।
- উদীচ্য শিশু ও মহিলাদের রেজিস্ট্রেশনের সহায়তা প্রদান করেন।
- স্থানীয় ইমাম, শিক্ষক, গন্য মান্য ব্যক্তিদের এম,এন,টির উপর ওরিএন্টেশন প্রদান করেন।

### ক্যাম্পেইন চলাকালীন

- ভ্যাকসিন ও অন্যান্য সরঞ্জামাদির ব্যবস্থাপনা করেন।
- ক্যাম্পেইনের কার্যক্রম তত্ত্বাবদানে অংশ গ্রহন করেন।
- ক্যাম্পেইন শেষে
- দৈনন্দিন রিপোর্ট সংগ্রহ এবং সংকলন করে উপজেলা পর্যায়ে প্রেরণে নিশ্চয়তা প্রদানে সহায়তা করেন।
- রিপোর্টিং এ সার্বিক সহায়তা প্রদান করেন।

পরিশেষে ৩০/০৭/২০০১ ইং হইতে ০৬/০৯/২০০১ ইং তারিখ পর্যন্ত দীর্ঘ সময় কাল ধরে এম,এন,টির কার্যক্রমের পূর্ণ সাফলতার জন্য সকল প্রকার কর্মকাণ্ডের সহায়তা ও ব্যবস্থাপনার মাধ্যমে উল্লেখিত কার্যক্রম সুচারু রূপে সম্পাদন ও সফল বাস্তবায়নে অংশ গ্রহন করেন।

  
০৬/০৯/০১  
উপজেলা স্বাস্থ্য ও পঃ দঃ কর্মকর্তা

লালমোহন, ভোলা।