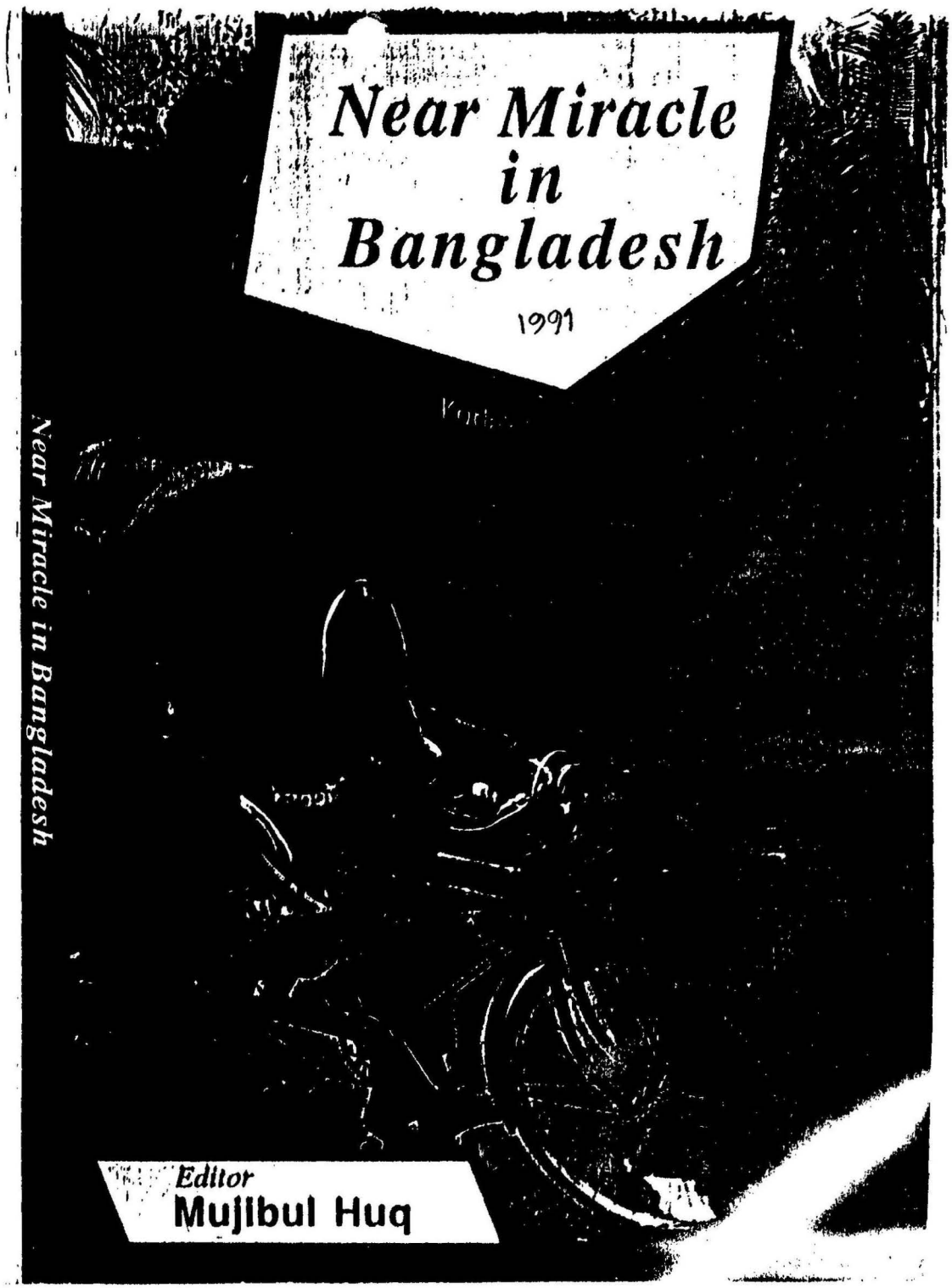
Near Miracle in Bangladesh
1991
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Editor
Mujibul Huq

Chapter 1

Social mobilization for EPI in Bangladesh

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Introduction

In May 1986, a communication plan was formulated to support the Expanded Programme on Immunization in Bangladesh. This plan set out the major steps to be taken in accelerating demand for immunization by bringing together various social allies in a process of social mobilization. As the coverage levels near the goal of Universal Child Immunization, it is worthwhile assessing what went into this mobilization for demand creation since it has been one of the most successful social communication programmes in the history of Bangladesh.

One of the first elements of the communication programme was the search for a symbol which people would recognize and understand easily. Since *moni* is a term of endearment for children of both sexes, a character was drawn to suit the term. Six arrows, symbolizing the six immunizable diseases, and a ring, symbolizing protection, were added.

Moni Logo

However, *moni* was not simply born in an artist's studio. Research was carried out to determine how the main beneficiaries of the EPI would perceive and accept it. *Moni* has, perhaps, been one of the most successful elements of EPI communications. It is simple, appealing and easily identifiable — like a trade mark used to identify and sell commercial products. *Moni* has been placed just about everywhere, to raise awareness and support demand creation.

The multiple uses of the *moni* logo were paralleled only by the multiple partners who came on board to help implement the programme or to create demand for it. Media in Bangladesh was rapidly becoming an instrument for development during the period 1985 to 1990. Much of that development was a direct result of the activities involved in the EPI. Let us take a close look at how this happened.

Multi-partner strategy: EPI and the print media

The introduction of the EPI created an atmosphere which not only formed a nationwide journalists network but encouraged an environment of learning and exchange. The structure of the EPI was rural based and decentralized; therefore, media support was shifted from the capital and predominantly urban areas to include a regional and community focus to allow the mobilization of communities throughout the country.

An initiative was taken in early 1987, bringing together the Press Foundation of Asia, Press Institute of Bangladesh (PIB) and UNICEF which was important in laying down the concept of decentralizing the media through a process of participation. The DevPress project of Association of Development Agencies in Bangladesh (ADAB) launched around this time began to create a network through the monthly distribution of press information packets to the regional media and in the process became the first development features syndicate in the country, a product of EPI.

Soon a core group of Child Survival Development (CSD) supporters in the regional media with roots in the community, began to surface. The orientation of journalists was a crucial component and by 1988 there was a tremendous rise in the media interest level in the programme and EPI headquarters and the support agencies began to handle increasingly articulate queries.

By 1990, EPI was not just more development news filler but a programme worth reporting on and debating. By focussing on the subject, the media automatically built pressure on the operating agencies. Thus the press became a natural ally and a watchdog. The initial poor coverage of

EPI proved to be a positive factor because the national media took up the cause of the programme.

Additional adrenalin was supplied by a new development features syndicate called DevFeatures operated by the Centre for Sustainable Development. Building on accumulated experience, this organization created an active network with over 100 existing community and regional newspapers. Many local newspapers now carry *moni*, the immunization logo, on their pages as part of their commitment to CSD issues.

These activities helped immensely in major national programme initiatives at the community level, such as the National Immunization Weeks (NIWs) in which media support was important in bringing together a large number of EPI partners. EPI has become the most intensively covered health issue in Bangladesh. It was the involvement of almost all sections of society in getting the kid and the needle together that energized the press to go for it.

The electronic media

The support of the electronic media grew out of the links developed while mobilizing the press. In November 1988, UNICEF commissioned the services of a national daily editor to head a team to investigate the possibility of gaining free commercial time on radio and television to air advertisement spots on CSD issues, with special focus on EPI. The editor, who had been a member of the McBride Commission on the New International Information Order, lent prestige to the findings which argued that the cost of allotting free time would be greatly offset by the benefits obtained in better service delivery in the health and welfare sector (Huq *et al*, 1988). The report became an advocacy tool which allowed UNICEF Executive Director, James P.Grant, to successfully ask the President of Bangladesh to grant three minutes of prime commercial time for children on radio and television everyday.

Electronic media advocacy for immunization was supplemented by TV spots produced by BRAC and others which were aired at discount rates. In addition, many regular programmes and documentaries were created on EPI by government television and radio producers themselves. More important, they found slots in programmes dealing with other issues such as family planning and control of diarrhoeal diseases. Not only are health issues getting prominence in the electronic media today, the programmes are becoming more sophisticated and are presented in an integrated manner as a result of initiatives taken for EPI.

Stars for children

Partnerships developed in one sector often lead to alliances in another. For example, the editor of an entertainment weekly and ally in the print media played a major role in organizing a support group of entertainment stars who donated their time and images to assist the cause of children. Called "We are for Children," its members have posed for posters, addressed rallies, toured outlying areas, appeared in television spots and given press interviews to support EPI.

By publicly endorsing EPI they have created a highly visible precedent. The group did not remain limited to immunization but went on to produce advertisements for ORT which, because of their involvement, brought in a host of other partners including many government agencies and private sector outfits. And more recently they have joined hands with BRAC to host the "Festival of the Girl Child," a week-long celebration of the girl in literature and performing arts, the first of its kind in South Asia coinciding with the SAARC Declaration of 1990s as the Decade of the Girl Child.

Community theatre groups of the village and the street variety have also mounted plays in different parts of Bangladesh supporting immunization and linking it with the issue of the girl child. What made a big difference was the fact that well-known theatre stars acted in these plays, giving EPI high visibility and immediate recognition.

Star value was added in other ways too. In a country crazy about football, the captains of the two main rival teams posed for posters and acted in TV spots, saying that while there is "rivalry" in the field there is "unity" when it comes to children's immunization.

But "star" attraction peaked in 1989 when UNICEF Special Ambassador for Sports, international cricket star Imran Khan, visited Bangladesh to promote EPI. The only sports star with a universal South Asian appeal, he visited in September 1989 and what a week it was! The media went wild over him with over 250 articles appearing in various newspapers. He made the nightly news on both national radio and TV with commentary ranging from cricket, his marital plans and of course, children. Even seasonal showers didn't dampen the enthusiasm of thousands who turned up at the Chittagong and Dhaka stadium to watch him. He ran a number of cricket sessions with young players, sponsored by the Cricket Control Board, and talked to huge crowds on the benefits of immunization.

The poster printed for the occasion is still on display in many places and the Dhaka Club not only hosted a fund-raising dinner in his honour, it also auctioned his bat and donated the proceeds to EPI. Rotarians, one

of the most valued partners of the programme through PolioPlus, gave a reception with the Vice President as host, ensuring high level support to the EPI. NGOs held a reception where Imran Khan addressed the city EPI volunteers, providing inspiration and recognition to the contribution made by all NGOs working for EPI.

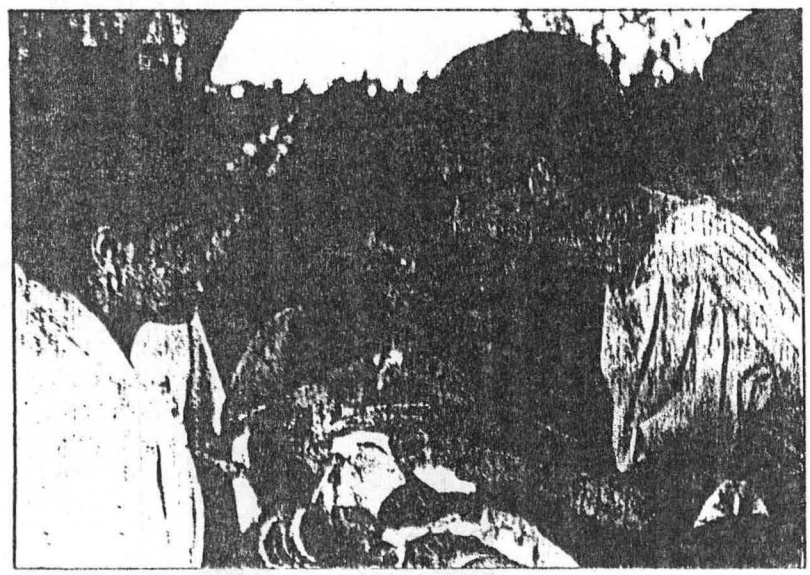
Audrey Hepburn's visit a month later was initially much more low-key but it too became a high profile visit; partly because her films are still extremely popular in Bangladesh and partly because "We are for children" played host to her in Dhaka and made it into a star event. The largest single gathering of film stars in Bangladesh took place at the national film studio where Audrey Hepburn was received by Shabana, the top heroine of Bangladesh, who had taken her TT shots on camera and exhorted mothers to do the same. Today, millions of her fans are immunized in Bangladesh. Addressing Bangladesh's largest ever gathering on UN day, Audrey Hepburn created a sense of togetherness between the UN and the people of Bangladesh, symbolizing the joint effort to give the children of the world a better chance. The visits of these two international stars achieved high visibility, leading to EPI's secure place on the government's agenda. The media coverage became an important input because EPI automatically became a subject for discussion, ultimately influencing decision making.

Corporate mobilization

Various commercial enterprises realised very early on that if they could link themselves with the community, their companies image would also benefit from the positive image of EPI. The first to come on board was Dhaka Match Industries, owned by Swedish Match Company and the Government of Bangladesh. Dhaka Match put the *moni* logo on the back of their "Seven Horse" brand and they continue to sell over 20 million of them every month which are distributed to the most remote parts of Bangladesh. Each time the match is struck, the *moni* emerges, creating the possibility of linking the client and the programme. The match box initiative was the most spectacular success in the field of mobilizing business corporations. In fact, James P. Grant, Executive Director of UNICEF, often carries a sample of this match box to show how alliances with the private sector can be developed to contribute to the cause of children.

The match box bred a wave of enthusiasm and many business houses came forward. Bata company donated space on their signs and shoe boxes. Fisons Bangladesh Limited provided support in the form of counter displays and posters to 20,000 pharmacies carrying their [illegible].

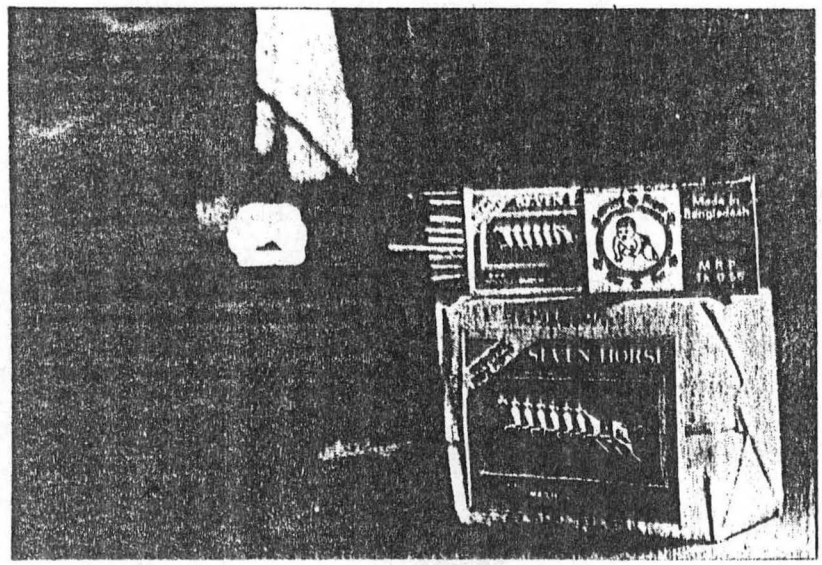
Imran Khan talks to young cricketers, passing on the EPI message as well.



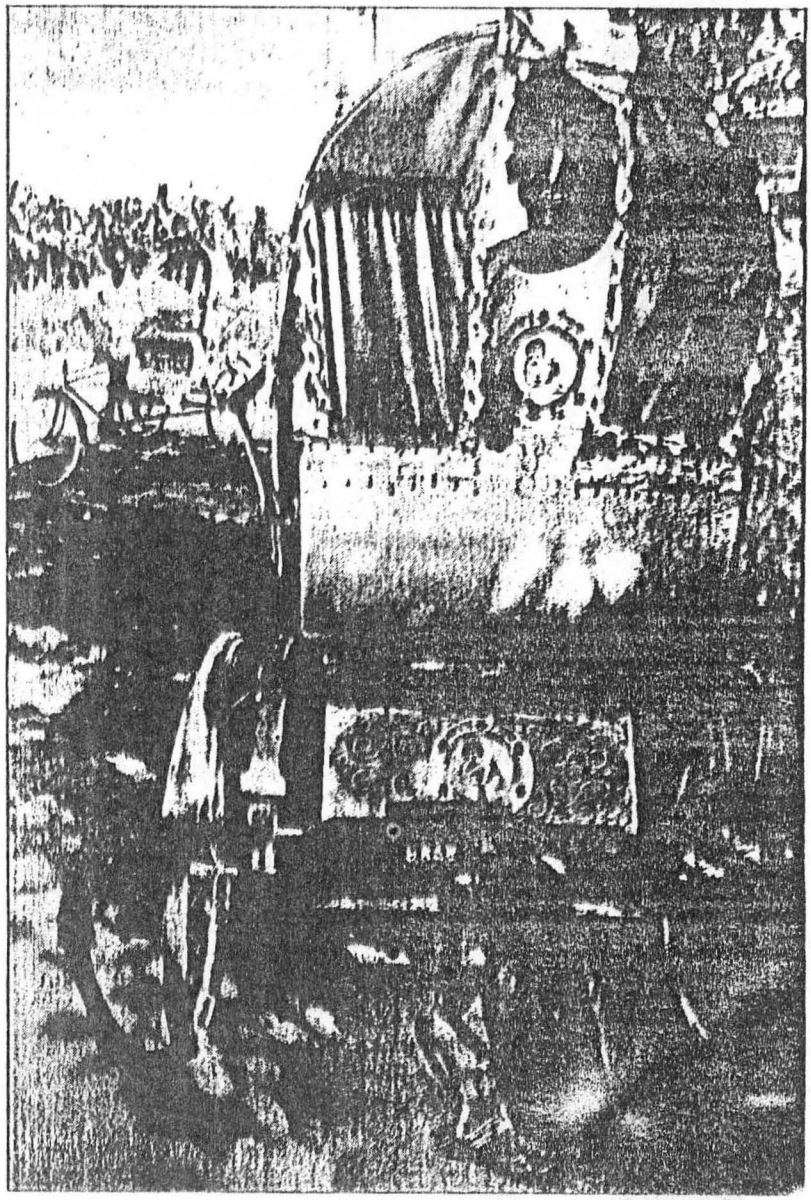
Audrey Hepburn immunizes child with help from Bangladeshi actresses, Shabana and Babita.

School children rally for EPI during a National Immunization Week.

Moni logo on a corporate sign.



Dhaka match continues to produce millions of moni match boxes each month.



Thousands of rickshaws reinforce the message :
"Get your child immunized."

2

Religious leaders speak out

As a conscious citizen, I have many duties and responsibilities to perform. But I lack time and ability. And I feel I should make people aware of the fact that this immunization programme is very important and everyone should go for it. Since I am an educationist, or say, I belong to the community of teachers, if I say a few words to people, they will perhaps listen to me out of their respect. Yes, I can give good counsel in this respect. If my words can help realize this programme on immunization in society and thereby benefit people. I'll certainly do so.

Mowlana Md. Yunus Sikdar
Principal
Madrasha-e-Alia
Dhaka

My words are not for any special religious sect, but for all human beings. This immunization programme should be implemented for the welfare of our country. Still people of our country are superstitious. People should be increasingly exposed to this programme through Radio and TV spots.

Sree Visuddhananda Mahathera
President
Buddha Krishti Prachar Sangha, Dhaka

Illiterate mothers and children often fall prey to diseases due to ignorance. The death-rate of mothers and children is very high in the rural areas, as EPI has not yet adequately covered the rural areas. Despite repeated advertisements over Radio and TV, the poor mother remains ignorant, because she remains busy with household activities. Therefore, the role of EPI should further be strengthened, and extended to the doorsteps of people.

Swami Akshayananda
Principal
Ramkrishna Moth and Mission, Dhaka

Bangladesh Autocars painted the EPI logo on the body of their public transports and Spark Ltd displayed the logo on their giant Kodak billboards. General Electric Company put the logo on their cartons and boxes and Lever Brothers produced a poster free of charge for their sales outlets; linking their products with immunization as well as providing free bars of soap during the floods of 1988. In fact, Dhaka University's Institute of Business Administration has included corporate mobilization in its curriculum, a recognition of the efforts generated by EPI.

Inter-ministerial collaboration

One would not perhaps think of the government agencies as coming on board because EPI is itself a government programme. However, traditionally inter-ministerial efforts have been comparatively limited in Bangladesh. But in the case of EPI, there was a difference. The Ministry of Education launched a project involving the primary schools in EPI social mobilization at the community level. EPI has been included in the agenda of activities listed for the "Education Fortnight," observed every year, and it will soon find its place in the regular curricula of primary and secondary schools. Students have been involved in EPI rallies, follow-up activities with their families and communities and supplementary reading materials are focussing on EPI.

The Ministry of Information has not only given free broadcast time for EPI but produced programmes and news coverage whenever possible to assist the initiative. The Ministry of Religious Affairs has participated in sending 200,000 packets to *Imams* and religious leaders all over the country, requesting support to immunization activities. The Ministry of Post and Telecommunications has issued stamps for UCI, the latest of which will remain in the public domain for years to come. The 20 million stamps will also symbolize the millions of immunizations which must continue if UCI is going to be sustained. The Ministry of Communications has also donated commercial space in the railway stations to put up the *moni* logo.

The Ministry of Local Government and Rural Development (LGRD) has been directly involved in EPI as the municipal authorities are responsible for the immunization activities in the eighty plus municipal areas of Bangladesh. Inter-ministerial and inter-agency co-operation was extended even further during the observance, in the final weeks of 1990, of [illegible] National Immunization Weeks, a push to bring in drop-outs and left

Surveys have shown their positive impact on the national coverage level of immunization.

The Ministry of Social Welfare and Women's Affairs instructed their staff to get involved in EPI social mobilization activities through their vast network in villages. Volunteers became involved in immunization sessions and house-to-house visits to support and promote the programme.

Cabinet Division of the President's Secretariate issued several instructions to Deputy Commissioners (DCs) to get directly involved in monitoring implementation of EPI through the district development coordination committee. Deputy Commissioners were asked to ensure coordination among the social sector agencies of the government and NGOs for proper implementation of the programme. Involvement of Union Parishad Chairmen and Ward members to oversee implementation at the local level was possible largely because of the initiative taken by the DCs. No other social programme has been able to generate so much interest among government officials.

NGOs and other partners

Many organizations including NGOs have contributed extensively to the programme but some of them deserve special mention. The Scouts have inaugurated their own immunization badge and the Girl Guides have arranged to have their headquarter premises used as an immunization site. National Anti-Tuberculosis Association of Bangladesh (NATAB) has put *moni* tin plates on the back of rickshaws all over the country, stickers and posters on ferries, buses and trains and distributed slides on immunization to many cinema halls.

Voluntary Health Services Society (VHSS) has played a major role in publishing *Tika-Dak*, the official newsletter of the programme, and *Tika Barta*, the statistical bulletin. VHSS has also held rallies and fora and oriented many of its members on how to support the programme.

In addition to the above allies there have been many NGO operational partners in the EPI: BRAC, Co-operation for American Relief Everywhere (CARE), Worldview International Foundation (WIF), World Vision, Radda Barnen, Rangpur Dinajpur Rural Services (RDRS) and a host of other agencies have strengthened the immunization programme throughout the country, providing training for vaccinators, managers and communicators; providing immunization services in areas where government services cannot easily reach; providing many of the communication materials and activities which have supported programme expansion; and

mobilizing local talent and resources for the programme. It is doubtful that the immunization programme could have achieved its rapid rise in coverage without the strong support of large and small NGOs throughout Bangladesh. Radda Barnen, World Vision, Aga Khan Foundation deserve to be specially mentioned for their participation in the immunization programme in the Dhaka city, taking local communities as operational units. Similar valuable participation was also extended by the Save the Children Fund (UK) by undertaking immunization work in Khulna.

There are about 150 registered non-government organizations involved in the delivery of health and family planning care in various communities throughout the country. NGOs have a wide range of field-level experience as well as the required physical capacity, the motivational push and a real flare to mobilize people. Three organizations, namely, BRAC,CARE and RDRS provided strategic and extensive support to the EPI, each taking responsibility for certain selected *upazilas*, as follows:

Figure 1: NGO Assistance to EPI.

Organization	Number of *upazila* assisted			Total
	1986-87	1987-88	1988-89	
BRAC	15	47	41	123
CARE	24	31	61	96
RDRS	-	5	19	24

Initially it was planned that these NGOs would provide support during the first year of programme intensification. It was found however, that this was not adequate in building the foundation of the programme. The first year was spent mainly in preparing materials, organizing basic training, establishing outreach vaccination sessions and orienting community leaders. Their support was extended up to 1990 with a view to strengthening activities, such as project monitoring, management of drop-out cases and the generation of analytical information. Refresher training and on-the-job guidance was needed to enable the vaccinators to become fully able to handle the programme at the grassroots level. The continuation of support by NGOs is being considered for the programme ahead.

It would be worthwhile at this juncture to take an in-depth look at the activities of a few of these operational partners to understand how they came to support and strengthen the government programme.

3

Summary of mobilization activities for EPI

President and First Lady	• *Speeches and posters*
Ministers and Secretaries	• *Speeches, appearances and letters*
Cabinet Division	• *Directives for involvement to Divisional and Deputy Commissioners*
Parliamentarians	• *Speeches and letters*
UNICEF Executive Director	• *Meetings and interviews with President, Senior Officials, Radio and TV interviews during numerous visits*
UNICEF Goodwill Ambassadors	• *Visits by Audrey Hepburn and Imran Khan*
UNICEF Board Chairperson,	• *Visits to EPI sites*
UNICEF Representative	• *Extensive travel and public speeches*
EPI Director and Staff	• *Extensive travel and public speeches*
Rotary	• *Financing of polio vacine, numerous seminars on PolioPlus Programme and involvement of youth branch, Rotaract, in social mobilization activities*
Centre for Sustainable Development, PIB, ADAB, WIF and VHSS	• *Numerous training and orientation sessions for NGOs, communicators and special articles, publications, communication materials*
BRAC, CARE, RDRS, VHSS, Radda Barnen, World Vision and other NGOs	• *Field level training, logistics, surveys, mobilization.*

BRAC Involvement in EPI

BRAC is a Bangladeshi NGO which has been working for the development of rural Bangladesh since its inception in 1972. Health is one of the important programmes of BRAC and an important component has been its oral rehydration therapy programme which took BRAC workers to the doors of more than fifteen million households to teach mothers the preparation and use of a home-made ORT solution.

In late 1986, BRAC decided to broaden its activities and include other child survival technologies in addition to ORT. A pilot experiment was taken up in Sonargaon *upazila* to test the capacity of BRAC in carrying out an immunization programme. With vaccines received from EPI and cold chain facilities of the local government, BRAC carried out an immunization programme for children and women. Health workers were trained on how to carry out social mobilization, registration, vaccination and follow-up. Over a period of nearly three months, children and women in two unions of the *upazila* were brought under the programme. The outcome was impressive. Nearly 80 per cent of the children had their third dose of Diphtheria Pertussis Tetanus (DPT) and 90 per cent of mothers had their second dose of TT. This outcome tempted BRAC to take up a larger programme. However, after a review, BRAC decided not to go for any such programme in the future. Why?

As mentioned already, BRAC started a programme in 1980 to teach the preparation and use of a home remedy for diarrhoea and by 1986, mothers in 10 million households were visited by BRAC's own health workers. The treatment taught to households requires no outside assistance or supply. Mothers can deal with it at home. Such a programme is consistent with BRAC's overall goal of empowerment. However, BRAC feels that in an immunization programme, NGOs can only play a "stop gap" role. The government is the only institution which has continuity, and government facilities and services are meant for people. The role of BRAC or any other NGO in this task should be minimal and temporary (Abed and Chowdhury, 1989). With this realization, BRAC decided against going for a larger immunization programme by itself (Abed, 1988).

But it seemed evident that the government did not have the capability of carrying out an effective immunization programme without assistance. The expansion envisaged in the programme would be a difficult job [illegible] well. So BRAC decided to come forward to assist the governm[illegible]ve major areas of both the supply and demand sides of the pro[illegible]:

4

Rotary's PolioPlus programme

Rotary joined hand with WHO and UNICEF in 1984 to achieve the objective of saving children's lives through immunization especially with polio vaccine in our PolioPlus programme.

The are presently 72 Rotary Clubs in Bangladesh having total membership of about 2000 representing various professions as well as commercial and industrial sectors. For all Rotarians, the PolioPlus Programme is a first commitment and they are determined to meet the challenge of immunizing all children even though the task is massive.

Rotarians have been organizing themselves their wives, friends, associates and employees for immunizing children. They have been communicating the message of immunization's benefits in innovative ways, working cooperatively with other agencies and local communities. Part of the work has involved inspiring Rotaractors and Rotary Village Corps to participate in social mobilization for immunization.

At national level, Bangladesh PolioPlus National Immunization Committee has been formed with senior and dedicated Rotarians as members. At Club level, PolioPlus Committees have been formed to undertake work with EPI and/or local health authorities and agencies in planning and implementing action plans for specific areas. This has included support for fixed centres and community level meetings, workshops and seminars to educate people about the benefits of immunization.

Rotary has provided all polio vaccines needed in Bangladesh for immunizing children. However PolioPlus is far more than the provision of vaccine alone. Rotarians have set examples by holding meetings, workshops and seminars to spread the message of immunization. They have also held rallies, walkathons and paraded floats to establish EPI as a visible national priority. They have provided catalytic support through involvement which will lead to the sustainability of the programme with special emphasis on the eradication of polio by the year 2000.

PolioPlus Committee
Rotary International District 328
Bangladesh

1. Assistance in creating demand: BRAC health workers visited each household in the project areas and told mothers about the six diseases and how their children could be saved from these for the rest of their lives through immunization. They told the mothers to use the opportunity when the vaccination team from the government visits their village. Such teaching on immunization was carried out at the same time as BRAC health workers taught mothers about ORT.

Other reinforcements followed. Another team of workers assessed the knowledge of mothers and afterwards the mothers were again instructed about ORT and immunization. BRAC workers also met male villagers and promoted immunization.

For each of the EPI *upazila*s under BRAC's responsibility, a team member exclusively worked on EPI. One of the activities of these team members was to organize meetings in each village before the scheduled immunization day in order to increase awareness about and demand for vaccination. This team remained in each *upazila* for one year.

2. Assistance in planning and advocacy exercises: Before immunization started in an *upazila* or a union, advocacy and planning exercises were organized with government officials and local elites. BRAC workers facilitated by helping the local EPI staff in organizing these meetings. In these meetings, the whole operation of EPI was discussed and decisions were taken regarding the role of various people.

3. Assistance in training: BRAC provided training to mid-level and lower-level government staff on social mobilization and management aspects of EPI. BRAC also selected and trained local volunteers to work for EPI.

4. Assistance in policy formulation: BRAC was represented at the National Steering Committee on EPI which was headed by the Health Secretary. With inputs and feedback provided to this Committee, BRAC assisted the government in formulating and modifying policies on EPI. BRAC was also represented at the *upazila* level coordination committees for EPI and it participated at the weekly EPI staff meeting in Dhaka and provided feedback.

5. Assistance in research and monitoring: BRAC has also undertaken research and evaluation activities on EPI. Through process documentation research, it regularly made observational studies on various aspects of the programme. The Research and Evaluation Division of BRAC conducted independent coverage surveys in BRAC and non-BRAC areas. They undertook an in-depth study on the perception of the people about the EPI diseases and vaccination and another on the profile of EPI volu-

(BRAC, 1988a; 1988b). Results from such studies were fed back to EPI for information and further actions.

In total, BRAC assisted the government in 147 out of 460 *upazilas* of Bangladesh. Very noteworthy is the fact that BRAC's assistance was concentrated in Rajshahi Division where UCI was achieved. BRAC's concerted work, and the similar support from RDRS in the very north of Rajshahi, demonstrate how NGOs and government can happily synchronize to achieve a social programme.

Involvement of CARE in EPI

CARE initiated its TICA (Training Immunizers in the Community Approach) programme in 1986-87 to assist in implementing EPI more effectively through working closely with government personnel at all levels. Their efforts were geared towards developing the competencies of government personnel, specifically assisting in local-level planning of EPI activities and in the training, management and supervision of EPI staff. CARE facilitated implementation through staff assignments, logistical support monitoring, social mobilization and awareness-building. CARE has concentrated its efforts in the 96 *upazilas* in the southern part of Bangladesh under Khulna Division. The programme was administered by their sub-offices located in Khulna and Barisal. It was implemented by a team comprised of one nurse-tutor and one community organizer who are responsible for covering approximately one *upazila* each (Chowdhury and Huda, 1989).

An evaluation of the TICA programme (CARE, 1989) indicates that its contributions to enhancing the effectiveness of government has been significant. Within a span of two years, the coverage of the programme expanded remarkably. The outreach programme contributed to a widespread dissemination of knowledge and a high degree of understanding of EPI. The evaluation revealed that 100 per cent of the community leaders and 95 per cent of the mothers were familiar with EPI, and nearly 75 per cent of these leaders and more than a half of the mothers could correctly identify three or more diseases against which immunization is effective. It is interesting that nearly 75 per cent of the mothers were also aware of the number of injections required for different diseases. Such a high degree of knowledge and awareness was the consequence of intensive field-visits, person-to-person contacts and communications as well as close supervision effected by the TICA programme. TICA training has been immensely useful in enhancing the competencies of the EPI field person-

nel. Nearly three-fourths of all the procedures taught were correctly applied in the vaccination sites. More striking is the fact that the involvement of the community in planning and reaching out for clients contributed to an enhanced coverage and a decrease in drop-outs. This is indeed a significant contribution of the TICA programme.

In order to enhance and strengthen the inter-personal communication skills of the government's Health and Family Welfare field staff, CARE launched a separate, intensive social mobilization activity in 1990. One female community-based health educator has been assigned for each of the five unions to provide on-the-job training to government field staff on inter-personal communication methods for promoting immunization and related primary health care. In total, about 75 health educators are currently working for this purpose in 4 districts of Khulna Division.

Besides offering field-level training to government field staff, TICA's health educators are also facilitating the establishment of functional linkages between Health and Family Welfare field staff and various community groups as well as educational institutions.

CARE's TICA programme provided a new direction and dimension to NGO contributions in national development. The unique feature of the programme lay in developing a sustainable health care system through enhancing the social, managerial and technical competencies of government personnel and in facilitating a more effective partnership between communities and government service providers, ensuring acceptability and effective participation of beneficiaries. The results of the coverage evaluation survey of February 1991, attest to the effectiveness of CARE's contribution in Khulna Division.

National Immunization weeks 1990

In 1990, it was decided that there was a definite need to concentrate on social mobilization for a final drive towards UCI. Since it is difficult to maintain the energy needed for such activities over a long period of time, it was decided that three National Immunization Weeks would be held at the end of September, October and November. During these weeks there was an increase in social mobilization activities but without any change in time, place or frequency of service delivery. During these weeks, an enormous number of activities took place throughout the country: review meetings, rallies, exhibitions, television and radio announcements and new TV spots. All partners concentrated on tracing drop-outs and left-outs.

5

Examples of programme communication strategies/materials

- *moni* logo development and wide dissemination
- TV/radio spots for awareness/demand creation
- 'Miking': Public announcements on place and time of immunization via public address systems on rickshaws, other vehicles and in mosques
- *Imam*: CSD information packets and orientations on EPI
- *Gram* (village) theatre, folk poets
- Posters and rickshaw plates
- Inter-personal communication by vaccinators backed by flip-charts and flash-cards, EPI bookmarks for students
- Site markers and flags for outreach sites and fixed centres

with special emphasis on measles vaccination which was far behind other antigens.

Perhaps the most positive aspects of the programme were the local level initiatives which included a whole array of eye-catching stunts such as boat races, elephant parades, decorated buses and many other types of vehicles which carried EPI banners. There were a few reported incidents of changes to service delivery although clear instructions were given that service should remain the same as always.

An evaluation of National Immunization Weeks has revealed that this was the correct strategy to follow. Coverage levels rose significantly during October to December 1990. Inspite of the fact that the country was raked by political turmoil, the programme carried on. Perhaps never before in the history of Bangladesh did so many allies come together to achieve the goal set for one social programme.

The future of EPI communication

The creation and wide dissemination of the EPI *moni* logo, is part of a planned and researched social marketing strategy. However, it is true that

there has been less emphasis placed on this aspect of planning and research in EPI communication. This was perhaps because of the push to achieve UCI by the end of 1990. This is where a lot more emphasis must be placed if high coverage is going to be sustained. There are many examples from which we can learn.

Research revealed that in urban areas where living patterns and therefore inter-personal communication channels are much different than in rural areas, people were simply not getting information on the place and time of immunization sessions. Further research revealed that miking is an effective method of getting this information to potential beneficiaries and a programme of miking began in Dhaka in 1990 (WIF, 1990a).

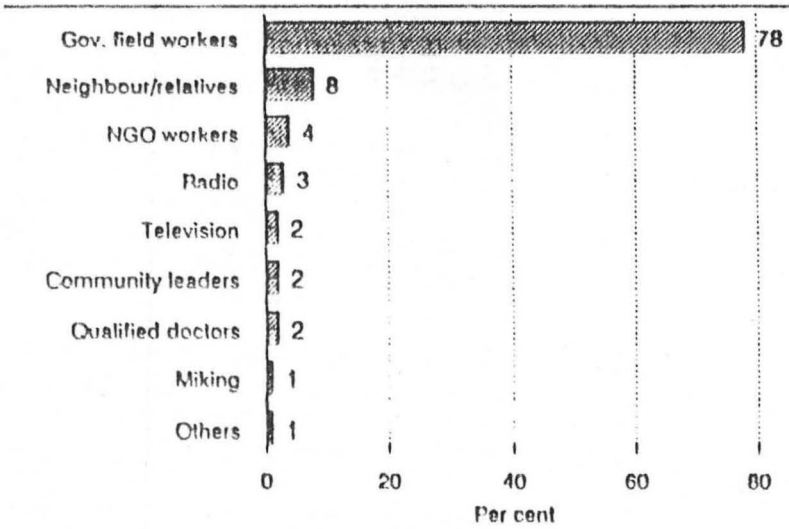
An attempt was made at using *Imams* as a channel for communicating EPI and other child survival and development messages. Two hundred thousand *Imam* information packages were printed and distributed to *Imams* throughout the country with help from the Islamic Foundation and Worldview International Foundation. However, research revealed that there were many bottle-necks in the distribution system, the contents of the information package were too general in nature to be of much help in the EPI and comparatively few *Imams* received a proper orientation on use of the information (WIF, 1990b).

Various studies have revealed that the most popular media in Bangladesh remains poetry and theatre. *Gram* (village) theatre on immunization themes was organized throughout the country and has also been broadcast on television. Assessment of the programme revealed that people readily gained information from this communication form because it is both mass and inter-personal communication.

Posters and signs bearing EPI messages were produced, field-tested and disseminated to *upazila* and union-level health facilities and outreach sites. However, feedback from the field has revealed that there has been an over-reliance on such printed material, that there are bottle-necks in distribution channels and often posters are not used in an effective manner. On the other hand, printed material, such as the *moni* rickshaw plates, appear to be an effective way of raising awareness for immunization services since the message is very much in the public domain, moving all the time, and less destructible than posters.

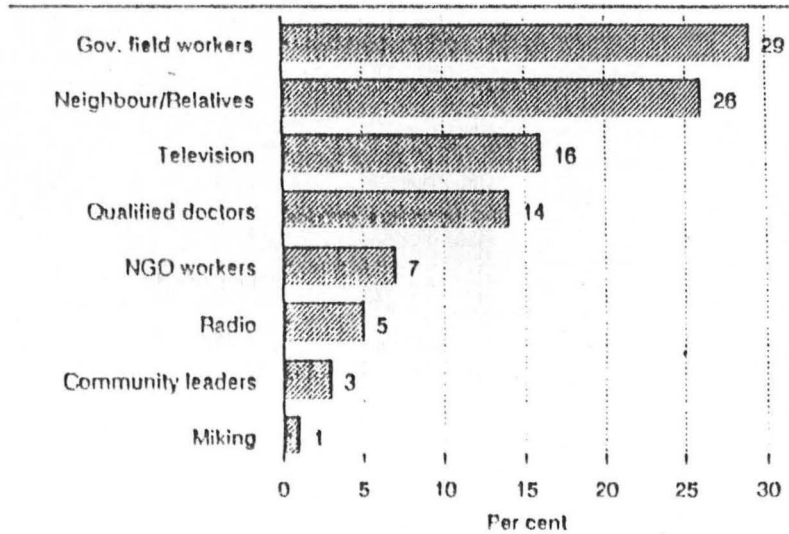
The results of questions on the coverage evaluation survey (EPI, February 1990) provide a new insight into needed future directions (see figure 2 and 3).

Figure 2 : "Who persuaded you to get your child vaccinated ?" (National)



Sample size: 732 mothers.

Figure 3 : "Who persuaded you to get your child vaccinated ?" (Urban)



Sample size: 191 mothers

It is evident from the above that although television has some direct impact in urban areas, the most important source of information and persuasion remains inter-personal.

A number of studies have revealed that television is most important for reaching middle and upper-middle class people in urban areas with EPI messages, people who may be trend-setters or may have influence on national policy. There is some reach of television into urban slums and rural fringe areas but the extent of this reach and impact is not well-known to date. In general, the most popular television formats are dramas and songs. Little information is available about the impact of EPI spots (ACPR, 1990; EPI, 1990; Latif, 1990; VHSS, 1989, WIF, 1988).

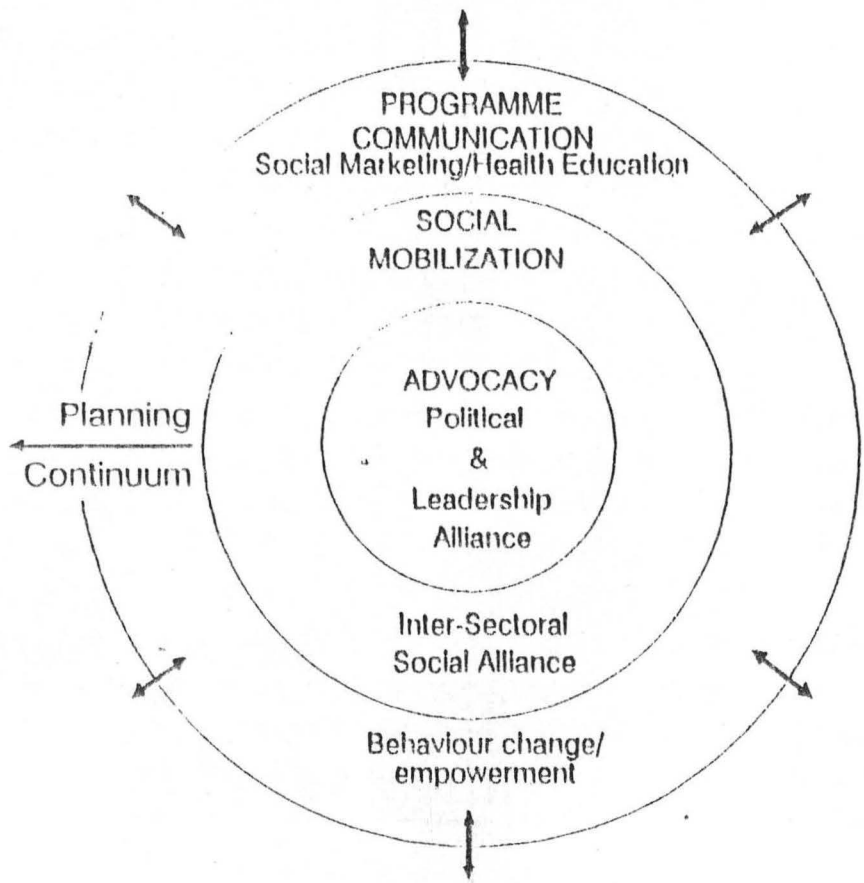
Radio reaches more people than television with EPI messages in rural areas but good data is not available. Radio appears to have about the same importance as television in urban slums. Likewise, drama and song appear to be the most popular radio format (ACPR, 1990). However, even if radio reaches more people, there is anecdotal evidence that it is less attended to than television and therefore has less programme impact.

Vaccinators were trained in social mobilization techniques and flip-charts and flash-cards were created to support their discussion with beneficiaries. This kind of communication is crucial in getting people to return to complete the full course of vaccinations. However, research has revealed that social mobilization training was too general in nature and that much more emphasis must be put on inter-personal communication skills in the future so that vaccinators are more aware that their personal interaction with parents is crucial (ACPR, 1990; EPI, 1990; Latif, 1990; VHSS, 1989, WIF 1988). To this end, those involved in the programme have begun to discuss their plans to rewrite the training module for inter-personal communication and retrain vaccinators in these skills, taking into consideration the integration of other services, such as Vitamin-A, Control of Diarrhoeal Diseases (CDD) and Acute Respiratory Infection (ARI).

Perhaps the most useful programme communication tools have been the EPI site flag and signs. The brightly coloured site flag is a symbol for the EPI which can be seen from far off and villagers proudly display it at village outreach sites where over 80 per cent of the vaccinations take place outside of urban areas. The maintenance of these outreach sites, with there clear communication symbols and participation of villagers, is essential for sustaining the EPI. For the first time on a massive and systematic scale, a government health service has reached out to the villages and has asked villagers to participate in their own health delivery programme.

What is important from the above analysis is that all three elements of the communication strategy had important roles to play: advocacy, social mobilization, and the more planned and researched activities of programme communication/social marketing. The relationship between these elements of the programme are visualized in figure 4.

Figure 4: Programme communication / information model.



Many programmes in Bangladesh and other countries have only dwelt on the outer circle of this communication model and have not properly

prepared the political and social ground through advocacy. The activities of advocacy, social mobilization and programme communication for EPI in Bangladesh have been very creative and instrumental in the achievement of programme goals. Now, with awareness of immunization very high, we must work with government and social partners to refine the communication strategy and the messages in order to sustain and increase coverage levels. Much has been achieved. Many partners have been energized. That energy must now be maintained until parents want immunization for their children as much as they want food, clothing and shelter.

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This book documents the implementation and impact of one of the most successful social programmes in the history of Bangladesh— the expanded programme on Immunization.The lessons to be gleaned from its pages are a must for planners, researchers and implementers in all development programmes.

Mujibul Huq, a former Civil Servant of Bangladesh retired from the topmost Civil Service post of Cabinet Secretary at the end of 1989 after 35 years of government service. He held the post of secretary to the government in various ministries including Communication, Education, Defence, Home Affairs, Local Government and Information. Before coming to the Cabinet Division in 1986, he had a long stint as the senior member of the Planning Commission where his responsibilities included socio-economic infrastructure and overall programming. He is currently the chairman of the Broadcasting Commission which the government has set up to probe and recommend about some aspects of working of TV and Radio. His academic pursuits have taken him to Oxford University, the University of Southern California and Princeton University.

Huq is intimately associated with the work of UNICEF as a Special Advisor and travelled to all districts in Bangladesh to promote EPI at the field level. This commitment led to compiling of this book which grows out of deep commitment to social development.

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