Political Commitment of Immunization Programme in Bangladesh

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The Political Commitment For Immunization

This chapter attempts to study the notions, views and activities of politicians, belonging to the government and political parties, NGOs, local government, and private agencies. This chapter also includes study on religious groups, youth and women groups and cultural bodies. This study also includes agencies like foreign donors, research organisations and international bodies on EPI. Political commitment towards continuation of immunisation programmes is important for the overall sustainability of EPI in Bangladesh. It is important to understand the level of commitment and perceptions of the leaders, policy makers, professional groups and policy makers belonging to different institutions referred to above in relation to EPI. Their commitment and perceptions way influence the immunisation programme in Bangladesh.

A study carried out by Nichter in India (1995) found varied perceptions and contentious views among the politicians, academics and religious groups about the justification and effectiveness of immunisation. They considered the EPI an intrusion from the outside world into their national territory. Such perceptions and contentious views may be counter-productive as it can easily polarize the community people, posing barriers towards an effective and sustainable EPI programme. It is not unlikely that similar views and perceptions persist in Bangladesh. Nichter also discussed how views of immunisation programmes were related to issues of foreign policy and national identity. He reported that in 1987 there was heated controversy in the Indian national press about an Indo-U.S. vaccine programme. The United States was accused in the press of using the Indian population as guinea-pigs for vaccine trials. The accusation was made despite the fact that the vaccines proposed to be used had undergone tests in the U.S. and that the India's Department of Biotechnology had set up a strict ethical review process. Without a strong radical commitment it is difficult to handle such events intervening with the sustainability of immunisation programme.

Government health policy: An historical account

Bangladesh, established in 1971, inherited a system of basic health care, which was more curative than preventive in nature. A culture of free entitlement was laboriously nourished with little attention to system sustainability. Like in most other developing countries, the initial plans of the newly independent country failed to visualize the need for a change in approach. Emphasis on immunisation only emerged after emphasis on preventive health care has been firmly established as a national policy.

Given the need to build up an appropriate health infrastructure several major objectives for the health sector were drawn up in the **First Five Year Plan (1973–78)**. These objectives were to: (1) establish a health infrastructure in all rural thanas to control and (2) eradicate communicable diseases, (3) develop and expand training facilities for doctors, nurses, para-medical personnel, (4) expand the hospital and clinic facilities, and (5) increase production of essential drugs and medicines . The first FYP was followed by the **The Two Year Plan (1978-80)**. It stated that the major health problems of Bangladesh arise out of common preventable infections that are aggravated by poverty, ignorance and unsanitary living conditions. Diarrhoeal diseases, respiratory infections and widespread malnutrition constitute a significant proportion of morbidity particularly among infants and young children. Its major aims largely followed those of the FFYP.

Bangladesh became a signatory to the WHO/UNICEF sponsored 'Global Strategy of Health for All by 2000', and the related PHC strategy was enunciated in 1978. In September 1979 the Bangladesh Planning Commission in a document entitled, "Preliminary Thoughts On A Perspective Plan of Bangladesh for 1980-2000", proposed some basic human needs. These provisions were put in terms of 'staple food, minimum housing with sanitation, coarse cloth and elementary health care for every citizen. These were proposed for consideration on top of the government's agenda for the next 20 years. In its proposed strategy, the Perspective Plan recommended: (a) development of integrated health service covering promotive, preventive and curative aspects of health services and population control, (b) universal coverage and accessibility,

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* Health sector allocations over the different plan periods are detailed in Table __. It should be mentioned that although EPI was launched in 1979, the 2nd accelerated phase of the programme was launched in 1985.

(c) full utilisation of para-professional resources supported by a well structured referral system, and (d) promotion of indigenous research. It emphasised increased community participation in improving the health environment and the control of communicable diseases.

The Second Five Year Plan (1980 – 85) document viewed the health care system of the country as 'traditionally curative and urban biased'. It observed that the shortage of resources has restricted the coverage of health care to only about 25 percent of the population. Suggestions were made stating that "preventive and promotive health care should continue to remain entirely financed from public funds". As a community participation strategy, the plan document ensured, among others, the raising of voluntary health workers. **The Third Five Year Plan (1985-90)** made an attempt to more explicitly re-orient priorities by emphasizing the need to build better infrastructure, responsive to the needs of Primary Health Care. During the Third FYP the second phase of the Expanded Programme on Immunization (EPI) against six major diseases of tuberculosis, tetanus, diphtheria, polio, whooping cough and measles was undertaken. It had a strong social mobilisation component, with the objective of immunising 85% children under 1 year of age and pregnant mothers by the end of the Plan period. **The Fourth Five Year Plan (1990-95)** envisaged a primary health care service to be provided through a 3 tier system. These were community based service performed through village level volunteers. These services were provided at tge satellite clinic in the ward having its own manpower, at health and family planning centres in the union.

The plan put emphasis on the primary health care programmes, including MCH, immunisation and health education. The Fourth FYP document reconfirmed continued commitment to the EPI programme. It emphasized full scale and effective involvement of field level and supervisory staff including doctors. It mentioned that efforts would be made to sustain and effectively maintain the national capability for delivering immunisation services through an integrated service of health and family planning workers, multi-sectoral approach and close supervision and monitoring.

The Fifth Five Year Plan (1997-2000), formulated by the new government of the party that led the movement for independence in 1971, started with the premise that no comprehensive health

policy had been formulated earlier. The government decided to give highest priority to the formulation of a national health policy. The Fifth Five Year Plan sets the following objectives:

- increased coverage of PHC services for achieving 'Health for All by 2000';
- adequate production, supply and distribution of essential drugs, vaccines and other diagnostic and therapeutic equipment;
- prevention and control of communicable/non-communicable diseases; and
- encouraging private sector to invest and participate in health care facilities.

The Fifth FYP's mottoes are: 'Health for All', Eradication of Polio, Reproductive Health Care for All Women, Eradication of Leprosy and Universal Child Immunization. The government accepted the Primary Health Care approach as a strategy to achieve the goal of Health for All. PHC was proposed to be provided through a four tier system at community, ward, union and thana levels. The Immunization and other related programmes are proposed to be further expanded and strengthened to assist in controlling communicable/non-communicable diseases effectively. The prioritised programmes for implementation during the FFYP include among others eradication of polio (by 2000), elimination of measles (by 2010), leprosy and neo-natal tetanus (by 2000). The Plan also reveals that vaccines against hepatitis B, meningitis and mumps would be added to the EPI arsenal, and the production of vaccines at home would be initiated.

Table 4.1 gives allocations in different plan periods for the overall health sector and that for immunizations. It shows that both the overall and immunisation allocations have been increasing over time. The allocation for immunisation in the current plan has jumped significantly form the previous period.

Table 4.1: Financial Outlays For Health Sector & Immunization In The National Plans

(Tk. in million)

Plans	Health Sector Total	Sub-sector wise Allocation/Expenditure	Allocation for Immunization Programme
1st Five Year Plan (1973-78)	1,336.70	Total Health Services: 59% Infra-structure development: 12% (Hospitals/Clinics) Other Health Programmes: 29%	No separate allocation for Immunization
Two Year Plan (1978-80)	1,180.00	Rural Health Services: 744.21 (Infra-structure) Manpower Development: 248.76 Public Health Services: 16.10 Stores & Supplies: 8.60 Military Health Service: 24.12 Misc. Programme: 10.20	Project undertaken for local production of Tetanus and Diphtheria Toxoid. Expanded Programme for Immunization launched as a scheme in 1979
2nd Five Year Plan (1980-85)	2,880.00	Allocation for 1980-82: 1099.2 1982-83: 1983-84: 1984-85: 558.9 562.0 659.9	First phase of EPI continues/concludes in '85
3rd Five Year Plan (1985-90)	5,500.00	PHC & Ancillary Services: 2,750.8 PHC supportive Programme: 1,295.7 Health Manpower Development: 558.3 Hospital/Clinics: 804.3 Other General Programmes 90.9 55.00	EPI (2nd Phase): (1985-93) Project cost up to 1990: 220.0 1990-93: 1,542.3 1,762.3
4th Five Year Plan (1990-95)	10,670.00	Primary Level: 5,671.90 Secondary/Tertiary Level 3,213.10 Manpower Development: 1,154.00 Drug, Biological & Equipments: 422.50 Misc. Programme: 208.50 Tk. 10,670.00 million	EPI (3rd Phase): (1993-96) Estimated cost: 1,880.0 Allocation in 1993-94: 165.0 1994-95: 854.8 1995-96: 214.4 (GoB contribution during 1993-96 is Tk. 600 million)
5th Five Year Plan (1997-2002)	62,272.42	Primary Level: 34,250 Secondary Level: 6,227 Tertiary Level: 8,718 Manpower Development: 9,341 Drug, Biochemical & Equipment: 3,114 Misc. : 622 62,272 (Allocation for spilled over project: Tk. 15000 million)	Proposed for EPI (1995-2000): 4103.5

Legal provision & Local Government policy on immunization

Articles of the 1972 Constitution of Bangladesh described the State's responsibility towards the provision of basic needs to its citizens. Five out of 12 such mandated jobs concerned public health. Public health care thus became a constitutional obligation of the government, which is reflected in the planning process. Thus provision of essential health care to its people has been the pronounced goal of every successive government in Bangladesh.

In the rural areas, vaccination is provided directly by the public sector health infrastructure. For the urban areas, however, vaccination has traditionally been provided by the municipal authorities. The municipalities were mandated to carry out curative measures against outbreak of contagious diseases in epidemic proportions and also take preventive measures by way of vaccination. The Municipal System came into being here in 1863, with the establishment of the first municipality in Chittagong followed by Dhaka and Jessore. The current number of municipalities stands at about 120 in the country including the four City Corporations of Dhaka, Chittagong, Rajshahi and Khulna.

A 1960 Model Regulation of the municipalities authorized them to form a number of sub-committees to properly implement the tasks of, among others, vaccination and epidemic control. The Municipalities were mandated to provide vaccination to animals as well. Under Article 68, Clause 3 of the Municipal Ordinance, 1977 of Bangladesh, a Paurasabha (Municipality) may, in the prescribed manner, frame and implement schemes for the prevention and control of infectious diseases. Municipalities have been extensively involved in the EPI programme. The 4th phase EPI programme assigned a special role for the municipalities and city corporations of the local government machinery. Allocations proposed for these local government institutions during the 4th phase of EPI are given in Table 4.2.

Table: 4.2 Allocation For Immunization For Local Government Institutions (4th Phase)

Type of Municipality	Number	Allocation (Tk. in million per annum)
City Corporation Municipality	4	3.14
Special Category Municipality	3	0.025
A1 Category Municipality	17	0.02
A2 Category Municipality	19	0.015
B Category Municipality	28	0.012
C Category Municipality	54	0.008

Political parties and their stand on immunization

Making provisions for universal health care has always been a political pledge of almost all the political parties in this country, less than a dozen of which have effective nationwide network.

The Awami League, the party that led the country to independence, had prioritised reconstruction of the war ravaged health infrastructure. This has been reflected in the First Five Year Plan (1973-78) document of the country, signed by the then Prime Minister and founder of the nation - Bangabandhu Sheikh Mujibur Rahman.

The 19 point (political) programme of President General Ziaur Rahman began following his ascendancy to power in 1975. In 1976 this programme was further explained stressing the need of minimum medical care for every citizen. Addressed the UN General Assembly at its 40th Anniversary session in 1985. The then President General H.M. Ershad declared: "We cannot let the vigorous efforts made for child survival through several potential methods go in vain. Their survival and development is our future investment. In this context, we strongly emphasize that the goal of universal child immunisation by 1990 be pursued more vigorously."

Ershad came to power through a military coup d'etat in March 1982. Within a couple of years, the new regime started to face opposition in the streets, particularly from the students, and was confronted with the question of legitimacy. The immunisation programme with its world-wide emphasis had come at an opportune time for him. The genuinenss of Ershad's 'commitment' to immunisation was qustionable. Whether such a commitment to immunisation was a motivated to gain credibility for his 'illegal' regime both nationally and internationally, again whether it is a

matter of research. was a sincere effort to the cause of children in the country deserve to be investigated*.

The Bangladesh Nationalist Party (BNP), founded by General Ziaur Rahman ruled the country prior to Ershad and later in 1991-96. In their manifesto BNP pledged to work for the success of 'Health for All by 2000'. The Jatiyo Party, whose Chairperson General Ershad ruled the country during 1981-90, pledged to establish a modern health-care system in the country. In the 1996 election, the election manifesto of the ruling Awami League, headed by late Sheikh Mujib's daughter Sheikh Hasina, among others pledged that detailed programmes would be taken up to ensure health for all. This programme, according to the manifesto, would be initiated to promote low cost health care facilities for the poor and destitute, and to modernize the indigenous health care system.

The manifestation of maximum commitment from the leaders was seen during 1990 when a new phase of EPI programme was launched with a carefully planned social mobilisation programme. On request from the then Executive Director of UNICEF James P. Grant. President Ershad granted three minutes of prime commercial time for children on radio and TV everyday to promote EPI. The successive heads of state and government also gave special messages to the nation on EPI/NID launching days.

The political parties' real commitment to health, and particularly immunisation is gauged by their conduct. *Hartal* (complete stoppage of work and transportation) is a popular form of protest practiced by opposition political parties against the government in power in Bangladesh. Such protest has been in vogue since the time of the great language movement of 1952 and is still a common form of protest. On 8 January 1998, the opposition Bangladesh Nationalist Party (BNP) called for a hartal to protest some 'wrong-doing' by the government led by the Awami League. The day was earlier declared by EPI as a National Immunization Day (NID) and all preparations had been made for the observance of NID. In spite of all appeal made by the government and

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* In fact, a number of reform measures were indeed undertaken during the era of Ershad. The Drug Policy (Chowdhury, 19) is such an example. Ershad before his fall in 1990 also worked on a health policy for Bangladesh but this could not be implemented because of opposition from the medical professionals.

UNICEF to shift the hartal by a day, the hartal was observed. There was another hartal called by the same party on June 15, 1998. It coincided with the visit to Dhaka by a top US official Mr. Bill Richardson. The BNP called off the strike at the request of the American Ambassador to Bangladesh. In 1996, when BNP was in power, the Awami League had also called hartal on a NID. These instances only show the kind of emphasis given to immunisation by the political parties.

Religious leaders and immunization

The religious and minority groups have been supportive of the basic health care policies of the government. As such, no resentment has been heard from any quarter on the immunisation activities. During its 2nd phase, the EPI managed to get public statements in support of the immunisation programme from religious leaders (Abed et al., 1991). Mr. Yunus Sikdar, the Principal of Madrassa-e-Alia, Dhaka, said,

> I feel I should make people aware of the fact that this immunisation programme is very important and everyone should go for it.

Swami Aksharananda, a Hindu religious leader and the Principal of Ram Krishna Mission said,

> The death rate of mothers and children is very high in the rural areas, as EPI has not yet adequately covered the rural areas. The role of EPI should further be strengthened and extended to the doorsteps of the people.

Sri Visuddananda Mahathero, the President of Bauddha Krishti Prochar Sangha, said,

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

Alliance building in EPI

As part of the strategy allowing flexibility in the vertical structure of EPI, alliance building with potential partners was initiated by government in 1989. Besides involvement of different

government departments, NGOs, youth, cultural and voluntary organisations were brought into collaborative partnership.

Collaboration with NGOs

The Expanded Programme on Immunisation (EPI) has possibly been the most effective manifestation of collaboration between the government and NGOs in the country. Without large scale NGO involvement, the EPI would not have been such a success. Initially, NGOs were to provide support during the first year of programme intensification beginning in 1986. Soon this approach was found to be inadequate as the first year was spent mainly in preparing materials, organising basic training, establishing outreach vaccination sessions and orienting community leaders. Therefore, NGO support was extended up to 1995. We now briefly review specific contributions of NGOs and international organisations.

BRAC

BRAC, the largest national NGO, has assisted the government in five major areas.

Assistance in creating demand: For each of the 147 EPI thanas under BRAC's responsibility, a BRAC team member exclusively worked on EPI for one year. One of the activities was to organise meetings in each village before the scheduled immunisation day in order to increase awareness about vaccination.

Assistance in planning and advocacy exercises: Before immunisation started in a thana or union, advocacy and planning exercises were organised with government officials and local elite. BRAC workers facilitated by helping the local EPI staff in organizing these meetings, where the whole operation of the EPI was discussed.

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

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 thana level coordination committees for EPI and it participated at the weekly EPI staff meetings in Dhaka and provided feedback.

Assistance in research and monitoring: The organisation 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 (RED) of BRAC conducted independent coverage surveys. They undertook in-depth studies on people's perception of six EPI diseases and vaccination, and another on the profile of EPI volunteers. Results from such studies were transmitted to EPI for further actions (Chowdhury, 1992).

CARE

CARE, an international US funded NGO, initiated its TICA (Training Immunizers in the Community Approach) programme in 1986-87 to assist in implementing EPI more effectively. Their efforts were geared towards developing the competencies of government personnel, specially assisting in local-level planning and in the training, management and supervision of EPI staff. CARE facilitated implementation through staff assignments, logistical support monitoring, social mobilisation and awareness building. The organisation concentrated its efforts in 96 thanas 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.

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 evaluations revealed that 100 percent of the community leaders and 95 percent of the mothers were familiar with EPI. It further revealed that nearly 75 percent of these leaders and more than a half of the mothers could correctly identify three or more EPI 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. The TICA training has been immensely useful in enhancing the competencies of the EPI field personnel.

Rotary International

The Rotary Club joined hands with WHO and UNICEF in 1984 to achieve the objective of saving children's lives through immunisation especially with polio vaccine in their PolioPlus programme.

There are presently 92 Rotary Clubs in Bangladesh with a total membership of over 2,500 individuals representing various professions in commercial and industrial sectors. For all Rotarians, the PolioPlus Programme was a firm commitment and they were determined to meet the challenge of immunising all children. Rotary had provided all Polio vaccines needed in Bangladesh. However, PolioPlus is far more than the provision of vaccine alone. Rotarians set examples by holding meetings, workshops and seminars to spread the message of immunisation. They also held rallies, walkathons and paraded to establish EPI as a visible national priority.

BASICS

EPI coverage in urban areas initially lagged behind and the gap between rural and urban immunisation rates was a cause of concern. Thus an urban EPI project was initiated in 1988 to support the national EPI project with funding from USAID. In 1995, the project was brought under the global USAID health project "BASICS" (Tawfik et al., 1997).

BASICS focused their efforts in four broad areas of activities. These were: (a) strengthening human resources at city and municipal levels; (b) improving coordination at these levels; (c) ensuring financial security for EPI; and (d) creating the necessary policy environment in these activities.

BASICS has been able to motivate the municipalities to have acquired Medical Officers (MOs) in place to manage their EPI and health programmes. Medical Officers act as the most senior health personnel responsible for managing urban health. There are now 43 MOs in 41 municipalities.

BASICS has also contributed to the decision that led the city corporations and municipalities to take up their responsibility for meeting EPI recurrent costs. Such willingness and ability of the cities and municipalities are an indication of their growing commitment to health issues and their feeling of ownership of the EPI programme. This has been considered a necessary component of the urban EPI Project in order to ensure sustainability of EPI activities at the local level.

Voluntary Health Services Society (VHSS)

VHSS is an umbrella organisation of health sector NGOs in Bangladesh. It played a major role in publishing an official newsletter of the programme, by the name of 'Tika - Dak' in Bangla and 'Bangladesh Tika Bulletin' in English. A statistical bulletin 'Tika Barta" was also published by VHSS. It held several rallies and fora with a view to promoting the campaign. It also carried out several performance reviews of the programme.

Cultural Organizations

We are for Children

A group of entertainment stars named 'We are for children' allowed their image for free use in the promotion of EPI. Its members included leading national film and TV stars such as Shabana, Asaduzzaman Noor, Babita and Bipasha as well as singers and other popular stars. They posed for posters, addressed rallies, toured outlying areas and appeared in television spots.

Sport Stars

Football is the most popular sports in the country. Captains of the two major rival teams, the Abahani and the Mohammadans, came together to pose in the same poster for promoting EPI. The EPI's 'star attraction' climaxed in September 1989 with the arrival of UNICEF's special ambassador for sports, international cricket star Imran Khan. He received wide coverage in print

and electronic media and drew huge crowds while appearing in public places like the football stadium. At every occasion, he spoke about immunisation. Dhaka club hosted a fund raising dinner with him, the proceeds of which was donated to EPI.

Film Stars

UNICEF very successfully involved leading male and female film stars of the country in EPI promotion. The involvement culminated in the presence of what was initially a low profile visit of Audrey Hepburn - the international film star of the yester-years. The largest single gathering of film stars took place at the national film studio in Dhaka. Her visit coincided with the UN Day. She addressed the gathering, which turned out to be the largest ever in Bangladesh on UN Day. She called for yet better efforts for giving the children of the world a better chance.

Commercial Enterprises

The popularity of EPI and multi-dimensional facilities attached with it attracted commercial enterprises too. Although no large scale sponsorship or donations were forthcoming, some enterprises came forward to project EPI on their products. The Dhaka Match Industries was the first to put the EPI's 'Moni' Logo on the back of each match box. Bata Shoe Company donated space on their signs and shoe stands. Fisons Bangladesh Limited arranged displays and posters to 20,000 pharmacies carrying their products. Bangladesh Auto Cars Limited painted 'Moni' Logo on the body of their transports. Other notable enterprises were Kodak, General Electric Company and Lever Brothers, which put EPI logo in their products.

WHO

WHO provided short-term consultants, fellowships, group educational activities and local cost subsidy for surveys. Field guides, investigation forms, training materials were prepared to suit the local needs. The WHO national consultants worked closely with Divisional Deputy Director (Health) to strengthen surveillance activities. Periodic assessment of progress of polio eradication activities and quality assessment of polio case investigation in rural communities is another area of WHO assistance. WHO also coordinated the EPI programme evaluations and reviews and made arrangements for the certification of Bangladesh as a 'polio free country' by bringing appropriate

team when required. WHO also assisted the government in developing its surveillance system as well as developing appropriate guidelines for all technical issues related to the programme.

The Role of UNICEF

UNICEF initiated its assistance to EPI in 1979. During the period 1979 to 1985, UNICEF was the key partner in the development of EPI programme, through the provision of vaccines, cold chain equipment and cash support (allowances) for staff training. This assistance was used mainly for the establishment of vaccination centres at fixed government and NGO establishments.

During the period July 1985 to June 1989, UNICEF's commitment was in supplying cold chains equipment, logistics, and also for physical facilities of EPI Headquarters and district stores. UNICEF also supported the local operation costs for EPI, cost of communication and social mobilisation staff training as well as technical assistance to the project. UNICEF's contribution during the period from July 1989 to December 1992 was mainly to cover the capital costs of vaccination, cold chain equipment, vaccines as well as costs of training, social mobilisation and programme communication.

In the late eighties, UNICEF was active in promoting the achievement of the target of 80% immunisation coverage and thus towards the goal of UCI by 1990. In collaboration with other donors, UNICEF has supported GoB in carrying out a national Coverage Evaluation Survey (CES) on a yearly basis since 1991 to assess 'actual' vaccination coverage status among the target population.

It will not be an exaggeration to say that the jump of immunisation coverage from 2% in 1986, to 62% in 1991 would not have been possible without UNICEF. For the promotion of EPI in Bangladesh this was achieved through a very pro-active role played by UNICEF In every aspect of EPI the role of UNICEF was very prominent. Mr. Cole P. Dodge the UNICEF Resident Representative in Dhaka took this as his personal challenge and mobilised all resources and influences at his disposal to make the programme a success. An important role played by UNICEF was in influencing policies at the highest level of the state for EPI. The frequent visits to Dhaka by Mr. James P. Grant, the charismatic Executive Director of UNICEF, helped convince the then

military dictator General H. M. Ershad the need to give EPI a special status in his regime's agenda. The bringing in of superstars like Audrey Hepburn and Imran Khan by UNICEF only augmented demand and public interest in the programme.

The other strategy taken by Dodge was to keep important leaders in the government and NGO sectors regularly briefed on the progress of EPI in the country. Box 4.1 gives such a briefing note sent to Mr. F. H. Abed of BRAC. Such a briefing on a regular basis kept EPI high on the agenda of implementing agencies.

Box 4.1: Sample of a UNICEF briefing note on EPI

03 March 1990
H&N/MS/2050/90

Mr. F H Abed
Executive Director
BRAC
66 Mohakhali, Dhaka

Dear Mr. Abed

UCI Status in Bangladesh

I would like to take this opportunity to bring you up to date on the status of implementation of Universal Child Immunization (UCI) in Bangladesh.

1. The latest information we have received from the EPI Project Office suggests that the Government of Bangladesh has further consolidated its effort to achieve UCI by end 1990. As a result the pace of implementation has gained momentum in this past year. This has resulted an increase in coverage of 49% of DPT-3 as of December 1989. The graphs, received from the EPI Project Office showing 1989 coverage are attached.

2. All 460 Upazilas (except for 3 in Hill Tracts Region), and 85 Paurasabhas are providing immunisation services through extensive outreach sites by a team consisting of Health Assistant (HA) and a Family Welfare Assistant (FWA). The EPI outreach sites are becoming a vantage point in the village, for delivery of integrated MCH services including contraceptives, ORS and high potency vitamin-A capsules.

3. The Minister-in-Charge of Health and Family Planning has issued an instruction to all concerned to intensify supervision at all levels and to work one additional day per week in all wards in order to cover the backlog, drop-out and missed cases.

4. The cold chain problem has been resolved in Upazilas where there is no electricity by providing gas refrigerators. Increased emphasis has been given to local level planning to solve problems for inaccessible and offshore areas where the normal outreach operational strategy is not feasible. To increase the frequency of contact with newborns and children of 9-12 months for measles vaccination, the outreach strategy was revised.

5. Social mobilisation efforts have been stepped up at the central, district and upazila levels. The Government has assigned the responsibility of promoting and monitoring UCI to Deputy Commissioners. Implementation of UCI is being reviewed regularly in the monthly District Development Coordination Committee meetings, where local level measures for overcoming constraints affecting the programme are initiated.

6. Poster endorsements of the programme by the President, First Lady, TV and film personalities and sports stars have helped encourage sectional agencies, community leaders, volunteers, NGOs and students in dissemination of information about the UCI programme.

7. The Minister-in-Charge of Education has issued a letter to all teachers of primary and secondary schools urging them to provide support for EPI social mobilisation activities and to involve students in communicating EPI messages to parents and other community members.

8. The Ministry of Religious Affairs has issued directives to imams of the country to provide local level support for awareness building about child survival and development activities. A total of 200,000 information packs on Child Care in Islam has been distributed to the imams through the Upazila parishad, along with the letter from the Ministry of Religious Affairs.

9. The recent visits of sports star Imran Khan and film actress Audrey Hepburn gave a boost to overall country awareness of the immunisation programme.

10. There has been increased support from NGOs, in the effort towards mobilisation of people and skill development for front line workers. Efforts of Rotary International, BRAC, RDRS, BWHC, AKF, CARE and VHSS are worth mentioning in this regard, although many others are contributing a great deal as well. ADAB Bangladesh has issued 12,000 Journals devoted entirely to UCI. The quarterly newsletter 'Tika Dak', being published by VHSS, has contributed significantly in disseminating technical and programme messages to UCI allies.

11. As part of the Information Ministry support through the mass media, the BTV and Bangladesh Radio, is committed to telecast/broadcast child survival and development messages, especially on EPI, during prime public advertising time.

With service availability assured and creation of awareness on the importance of child immunisation, the challenge ahead is to ensure full coverage of the urban population and all disadvantaged groups. There is still much to do in achieving UCI by 1990 and sustaining the programme beyond that. We count on your support in the months ahead in social mobilisation and other UCI intensification efforts side by side with the Government's endeavor.

With best regards, I remain,

Sincerely,

Cole P Dodge
UNICEF Representative
in Bangladesh