

for interview using quota sampling methodology. Data were collected through individual interviews using a structured questionnaire with both open- and close-ended questions. Data were also collected by field observations on the activities of the committees. Secondary data from the minutes of meetings, work plans, and registers were also analyzed. Data were processed and analyzed using the EPI Info statistical software package.

Results: Over 70% of the respondents could mention the most important purpose of formation of the zonal committees, i.e. the zonal committee is intended to strengthen promotional activities, establish coordination among the government and non-governmental organizations, and establish a regular exchange of service statistics and information on health services at the zone level. The main health problems perceived by the respondents were lack of safe drinking water and sanitation facilities, unplanned growth of slums, improper garbage cleaning and drainage system, mosquitoes, and environmental pollution. About 67% of the scheduled zonal committee meetings were held, and on an average, 62% of the members attended the meetings. It revealed from the study that the committees contributed in coordinating implementation of national measles and neonatal tetanus campaign and National Immunization Day at the local level. Important activities were initiated and were partially implemented. These include reorganization of service-delivery points to bring services close to the slum dwellers and minimizing gaps and overlaps, installation of incinerators for clinical waste disposal, and formation of the ward committees.

Conclusion: The zonal committee was found to be an effective forum for mobilizing support from service providers and community leaders in planning and coordinating delivery of urban health services:

International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), GPO Box 128, Dhaka 1000, Bangladesh



Improving Availability of and Access to an Essential Health Services Package in Urban Dhaka, Bangladesh

SU Alamgir, Cristobal Tuñón, SE Arifeen, AH Baqui, MA Bhuiyan, and J Uddin

Objective: Improve access to and the availability of essential health services, and also improve the use of individual clinics and overall use at the zone level by reorganizing the government and non-governmental organization (NGO) facilities. The urban primary healthcare (PHC) facilities are managed by multiple organizations, i.e. two directorates of the Government; NGOs; Dhaka City Corporation; Ministry of Local Government, Rural Development and Cooperatives; and the for-profit commercial sector. In the government and NGO facilities, clients rarely obtain a combination of essential services. The distribution of these facilities is not optimal and results in some areas with "excess" of facilities often providing similar services while other areas are underserved, resulting in less access to service, creation of missed opportunities, and increase in cost of service provision and use.

Methodology: The Urban Extension Project (UEP) of ICDDR,B implemented an intervention in two zones of the Dhaka City Corporation (DCC). The UEP developed a methodology as a part of this intervention for reorganizing the government and NGO facilities in the two zones. The methodology was based on the locally available data (inventory, mapping, service use) and participatory workshops involving managers and decision-makers of the government and NGO facilities. The workshop for Zone 3 was held in August 1996 and that of Zone 8 in November 1996. The workshops resulted in specific ward-wise redistribution plans which had four elements: (1) relocation of certain facilities, (2) bringing facilities and/or services preferably under one roof, (3) expansion of the range of services, and (4) improving referral among the neighbouring facilities. A mid-term evaluation was recently conducted.

Results: The findings of the evaluation indicate that reorganization is possible using a participatory planning methodology. Six of the 14 specific recommendations for changes have already been implemented in Zone 3, whereas 7 of the 14 specific recommendations have so far been implemented in Zone 8. Improvement in service

use was also observed, which indicates the possibility of improving the use of facilities at the clinic and the zone level after the reorganization of facilities.

Conclusion: Redistribution plans of the PHC facilities based on the intervention methodology can significantly reduce inadequacies, gaps and overlaps of essential services, and improve access to and the availability of essential services in the urban areas.

International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), GPO Box 128, Dhaka 1000, Bangladesh



Health Promotion Campaigns and Urban Women in Bangladesh

Cristobal Tuñón, Md. Abdul Quaiyum, Nazma Begum, and Selina Amin

Objective: Assess differences in awareness about ongoing health promotion campaigns among urban women.

Methodology: Sociodemographic information and data on awareness of recent health promotion campaigns were collected from respondents in the stratified multistage cluster sample of households from the Panel Survey based on the population in the Bakshi Bazar, Lalbagh and Rayer Bazar areas of Dhaka city. Samples of 525 and 2,636 women with children aged less than five years were interviewed in slum and non-slum areas after the National Immunisation Days (NIDs) in June 1995 and in June 1996 respectively. Subsequently in March 1997, a random sample of 601 women from the same panel was interviewed after the launching of a national campaign to promote the use of MCH-FP clinic.

Results: Over 60% knowledge of the slum women, in contrast to only 23% of the non-slum women, said that they had never seen or heard about the logo of the clinic promotion campaign at that stage. There were also significant differences among the slum and non-slum women in terms of their awareness of the national immunization day campaign. While 44% of the women in the non-slum areas linked the NID campaigns with polio prevention and eradication, only 25% made this link in the slum areas. Nearly 90% of those who were aware of the clinic promotion campaign had acquired this information from TV. In contrast, less than a third of the slum dwellers had heard about NIDs from TV messages. The main source of information about NIDs among slum dwellers are clinic outreach staff delivering domiciliary services, friends, relatives, and neighbours.

Conclusion: The majority of the women interviewed were aware of both campaigns. The most established immunization campaigns were better known by both slum and non-slum dwellers. As expected, the proportion of women who knew about the clinic promotion campaigns was greater in the non-slum areas. Nevertheless, most slum and non-slum dwellers mentioned TV as their source of information about the clinic promotion campaign. The findings suggest links between awareness and access to TV. The more mature immunisation campaigns revealed contrasting findings about the sources of information of the slum and non-slum women. Although television was the most frequent source of information mentioned by all respondents, there were significant differences among the slum and non-slum dwellers. The findings suggest the use of combined channels of communication in health promotion campaigns to reach slum women.

International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), GPO Box 128, Dhaka 1000, Bangladesh

