

# Immunization Newsletter

(July-December, 2015)

"Immunize to Save Your Child"  
Immunization Platform of  
Civil Society in Bangladesh (IPCSB)  
website : [www.ipcsb-bd.org](http://www.ipcsb-bd.org)



Dignitaries of the Dissemination Seminar of Operations Research Findings of Invalid Dose

## Editorial Note



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I am delighted to let all know that Immunization Platform of Civil Society in Bangladesh (IPCSB) is publishing 2nd Immunization newsletter, July to December 2015.

EPI in Bangladesh has been recognized for its sustained high vaccination coverage. Valid fully vaccination coverage by the age of 12 months in all urban areas is 78.8 % (Coverage Evaluation Survey, 2014). Yet there are considerable deficit of valid dose of immunization. In this context, Bangladesh Breastfeeding Foundation (BBF) with the support of EPI, MOLGRD, MOHFW, Gavi the Vaccine Alliance & CRS has established a civil society platform named IPCSB on 7th December, 2014 to strengthen and support government in EPI activities. This newsletter of IPCSB contains research findings on barriers of valid doses in Dhaka city, key activities of IPCSB, vitamin A campaign observation by the member organizations, success stories etc.

I express my sincere gratitude to the members of the platform and also IPCSB secretariat at BBF for their support and contribution in publishing this newsletter. We look forward to getting all your support to further strengthen and upgrade the immunization activity in Bangladesh.

  
Dr. S. K. Roy

## Dissemination seminar on "Barriers of valid dose of immunization among children aged 12 months in the selected urban areas of Dhaka City Corporation":

A Dissemination Seminar on "Barriers of valid dose of immunization among children aged 12 months in the selected urban areas of Dhaka City Corporation" was held on 30th December, 2015 at 10.30 am in the CIRDAP International Conference Centre. The Chief Guest of this Seminar was Madam Roxana Quader, Additional Secretary (PH & WH), Ministry of Health and Family Welfare and was chaired by Dr. Habib Abdullah Sohel, Director, PHC & Line Director, MNC&AH, DGHS. Md. Helal Uddin, Joint Chief (Planning), Ministry of Health and Family Welfare; Brig Gen Dr. S. M. M. Saleh Bhuiyan, Chief Health Officer, Dhaka North City Corporation; Dr. Md. Quamrul Islam, Director, Institute of Public Health Nutrition & Line Director, National Nutrition Services; were present as special guests.

Masuda Begum, General Secretary, IPCSB welcomed all the participants. Study findings were presented by Dr. S. K. Roy, Senior Scientist & Chairman, IPCSB. In his presentation it was found that loss of vaccination card, parents time unavailability on the recommended day, move to another place, parents unawareness of date, vaccinators gave dose even they knew about invalid dose were the major findings.

Remarks were given by the participants of the seminar. Vote of thanks was given by Dr. S. M. Mohiuddin Kamal, Joint Secretary, IPCSB



Participants in the Dissemination Seminar of IPCSB

## About Immunization Platform of Civil Society in Bangladesh (IPCSB)

In August 2011, Gavi initiated to fund the Gavi Civil Society Constituency to create national CSO platforms in Gavi-priority countries. Their efforts are coordinated through 20 member Steering Committees who are HSS, advocacy and immunization champions and professionals. The Steering Committee nominated CRS to manage the grant on their behalf. Twenty three platforms (countries) have been established with more than 4,000 members.

Bangladesh Breastfeeding Foundation (BBF) was awarded the Gavi CSO Constituency Project in Bangladesh by bidding process on December 2013. Immunization Platform of Civil Society in Bangladesh (IPCSB) has been established and launched by Bangladesh Breastfeeding Foundation (BBF) in December 2014 with the support of Ministry of Health and Family Welfare (MOHFW), EPI, Ministry of Local Government and Rural Development (MOLGRD), Gavi the Vaccine Alliance & Catholic Relief Services (CRS). The platform consisted of seventeen members and 21 auxiliary members.



Launching Ceremony of IPCSB

## Objectives

The objective of this platform is to strengthen the Health Systems of the Government of Bangladesh in achieving excellence of immunization.

## Vision

Have the highest level of immunization coverage in Bangladesh in a joint effort with the government of Bangladesh and the Civil Society organization platform.

## Mission

Increase immunization coverage in area of low coverage, increase effort of CSO members, mass awareness, and training program for immunization service provider, research, knowledge sharing, policy implementation and advocacy.

## Key activities of IPCSB during July-December, 2015:

### 1. Meetings of Central Executive Committee (CEC) of IPCSB

The Central Executive Committee represents the highest tier of Civil Society Organization of urban immunization program and they are the ruling entity as well as the implementing stakeholders. The present CEC committee is consisted of 12 members. They give direction to the platform regarding present work plan, future activities, planning of training programs for the members to strengthen the capacity of the platform etc. There were three CEC meetings of IPCSB had been held from July to December 2015. Several decisions were taken in those meetings like CSO recruitment through EOI, inclusion of IPCSB in ICC and LCG etc. The committee collaborates with government to achieve the goal, find ways for the sustainability of the platform.



CEC members in the General Meeting



## 2. EPI Training

A two days training on EPI was organized for the member organizations of IPCSB from 28th to 29th, 2015 October in the IPH Conference room, IPH building, Mohakhali, Dhaka. The training was organized and supported by BBF and facilitated by EPI. Total 32 participants from member organizations received the training. Facilitators of this training had expertise on different sectors of EPI program. Dr. Md. Tajul Islam A. Bari, PM, EPI & Surveillance was one of the facilitators of the training program. Learning objectives were Disease Surveillance, Immunization Schedule, Cold Chain System and Injection Safety, AD Syringes, Safety Box, Organizing EPI Session & Vaccination Techniques etc.



Training session was conducted by Dr. Md. Tajul Islam A. Bari, PM, EPI & Surveillance



A vaccination camp conducted by the participants



Session taken by Dr. S.M. Mohiuddin Kamal, Joint Secretary, IPCSB



Participants and Facilitators of Resource Mobilization & Governance Training

## 3. Training on Resource Mobilization and Governance

A two days training on Resource Mobilization & Governance for the member organization of IPCSB was organized from 28-29th November, 2015 at the IPHN Conference room (Third floor), IPHN building, Mohakhali, Dhaka. Total 33 participants from member organizations of IPCSB received the training. Two CEC members and one member from secretariat received the training from Nairobi, Kenya. They replicated the training to the other members of IPCSB. Thereby, the two days training sessions were facilitated by Dr. S. M. Mohiuddin Kamal, Joint Secretary, IPCSB and Suraya Bintay Salam, Program Manager, BBF. Learning objectives were Networking, Ownership and Membership Management, Managing Conflict of Interest, Sustainability, Resource Mobilization etc.



EOI published in the reknowned daily newspaper

#### 4. Expansion the membership of IPCSB in Dhaka City Corporation:

To expand the platform membership BBF published an EOI in the reknowned daily newspaper on 28.10.15, mentioning the criteria for general membership. Several EOI Selection Committee meetings were held for the selection of the general members. After the primary selection of the organizations, physical visit was conducted. Finally, 2 organizations were selected and it has been decided 3 organizations from auxiliary members will be the general member of IPCSB.

#### 5. Welcome Meeting for the new members of IPCSB

The Welcome Meeting for the new members of IPCSB was held on 15th December, 2015 at 11 am in IPH Conferencing Room (1st Floor), IPH building, Mohakhali Dhaka. Central Executive Committee (CEC) members and the new members attended the meeting. CEC members welcomed the new members with flowers. Masuda Begum, General Secretary, IPCSB presented the welcome address; Dr. Purabi Ahmed, Vice chairman, IPCSB gave a short description of activities of IPCSB from January to December, 2015. All the present CEC members shared some experience of IPCSB and the new members also shared their experience regarding their working sectors. Dr. S. K. Roy, Chairman IPCSB gave a presentation about past, present and future of IPCSB. By this presentation the new members had a clear concept about the platform. Presented new members explained that all of them are very much excited to be a part of IPCSB.

The meeting was finished by giving thanks to all by Md. Habibur Rahman, Joint Secretary, IPCSB.



CEC &amp; General Members in the Welcome Meeting

#### 6. Training on Project Management for Development Professionals (PMD):

The training on Program Management for Development Professionals was organized from 7th December, to 11th December, 2015 at Nairobi, Kenya. It was a 5 days training for professionals 'supported by Catholic Relief Services (CRS). From Central Executive Committee (CEC) of IPCSB, Ms. Masuda Begum, General Secretary and from the secretariat of IPCSB, Ms. Samina Israt, Program Manager, Gavi CSO Constituency, BBF received the training.



During group work of PMD Training



## 7. Operations research on Barriers of valid dose of immunization among children aged 12 months in the selected urban areas of Dhaka City Corporation"

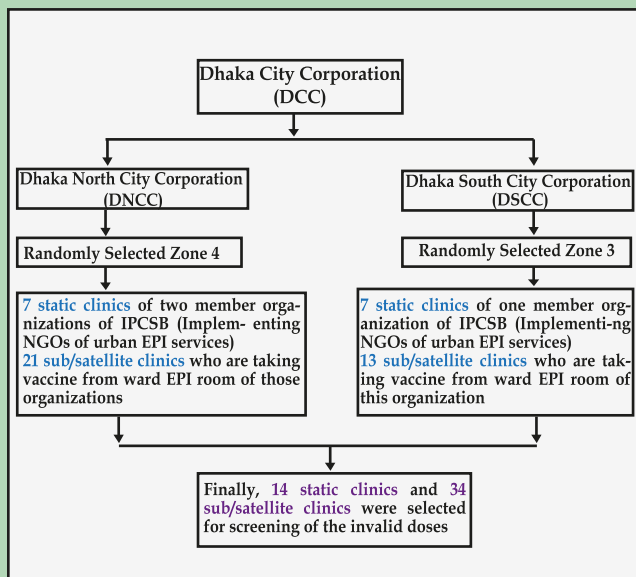
**Objective:** To investigate the barriers of valid dose of immunization in children aged 12 months in urban area.

**Methodology:** Study design: The study was a cross sectional study and was conducted randomly selected 14 static and 34 satellite clinics in Dhaka North and South City Corporation.

### Target population:

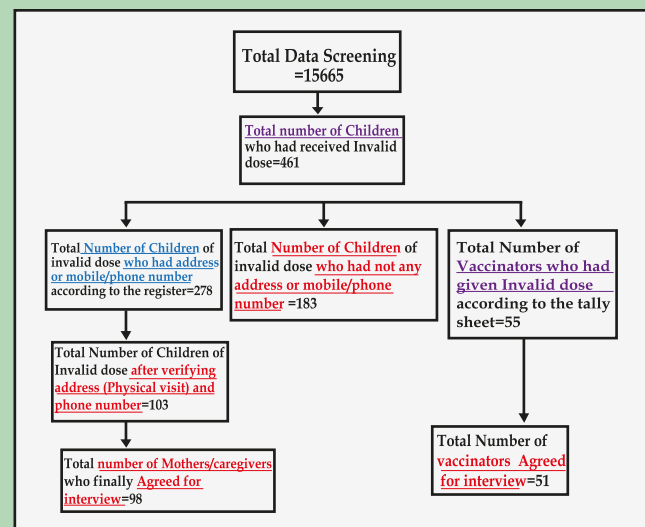
- Mothers/caregivers whose children (date of birth during 1st January to 31st December, 2013) had completed full dose of vaccine by the age of 12 months and taken one or more invalid dose of vaccination (n=461)
- Vaccinators who were given invalid dose (n=55)

### Study Area:



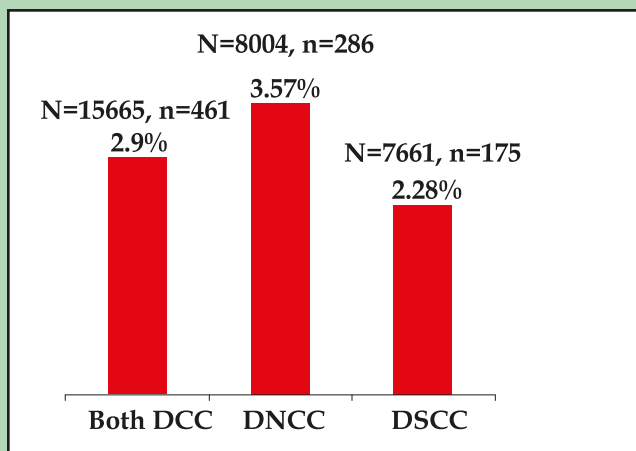
**Study Duration:** The study duration was from November, 2014 to November, 2015

### Overall Screening Process:

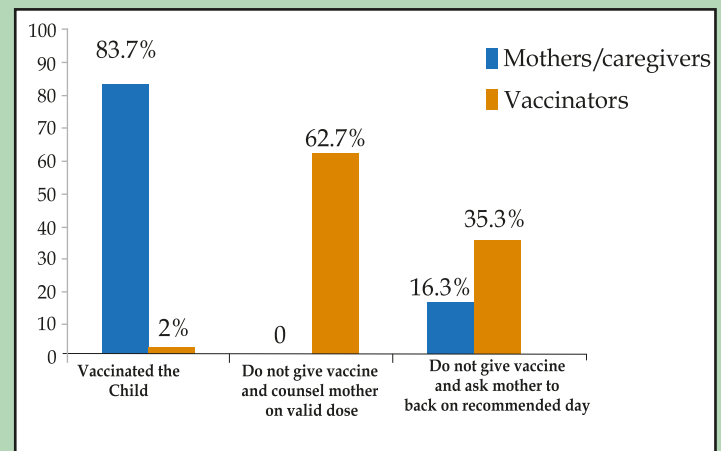


### Results:

#### Incidence of invalid dose in Both DCC, DNCC and DSCC



#### Responses of vaccinators in early arrival of children, reported by mothers/caregivers and vaccinators



## Reasons for invalid doses, reported by mothers/caregivers and vaccinators

Reason for invalid dose	Mothers, N=98 n (%)	Vaccinators, N=51 n(%)	*p-value
Loss of vaccination card	3 (3.1)	33(64.7)	.000
Parents time unavailability on the recommended day	4(4.1)	12(23.5)	.001
Move to another place	17 (17.3)	2(4)	.014
Parents unawareness of date	10 (10.2)	24(41.2)	.000
Vaccinator unawareness	-	11(21.6)	
Taken vaccine according to the written day in the card or advised by the vaccinators	12(12.3)	-	-
EPI center close on that day	2(2)	-	-
Fear of inadequate supply of vaccine	2 (2%)	-	-
Hazy writing in the card	1(1%)	-	-
Don't remember	25(25.5)	-	-
Mother denied the early dose	9(9.2)	-	-

## Knowledge of the vaccinators on invalid dose and immunization, N=51

### Define invalid dose :

All vaccinators could define the invalid dose

### Information on invalid of Vaccines:

All vaccinators could tell when penta 1, penta 2, penta 3 and MR are invalid

## Summary findings:

Major barriers of invalid dose are:

1. loss of vaccination card,
2. parents time unavailability on the recommended day,
3. move to another place,
4. parents unawareness of date,
5. vaccinators gave dose even they knew invalid

## Recommendations:

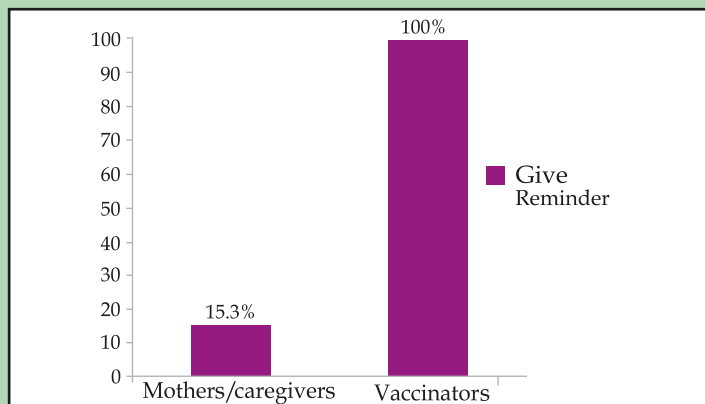
### Vaccinators:

1. Early information to mothers on confirmation of vaccination date.
2. Supportive supervision is needed during EPI sessions
3. Need to establish institutional monitoring system.
4. Incentives to the vaccinators for overtime.
5. Register should be checked by the vaccinator when mother or caregiver does not bring the card.
6. Need strong coordination between MOLGRD and MOHFW to improve vaccination.

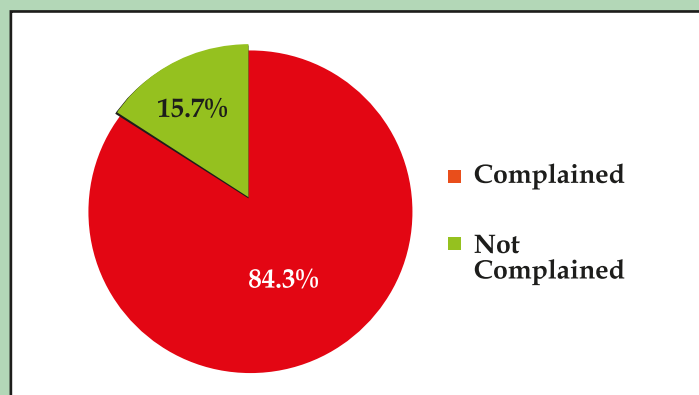
### Mothers/caregivers:

1. Counseling on importance of valid dose.
2. Inform date of dosing and ensure with mother
3. Help to retain vaccination card.

## Vaccinators/Health workers gave reminder before the vaccination day, reported by mothers/caregivers and vaccinators



## Overtime work due to inadequate staff, reported by vaccinators, N=51





## Immunization Activities by the IPCSB member organizations

### KMSS:

KMSS conducted total 30 EPI sessions in static clinics and 40 EPI sessions in satellite clinic per week, Ninety BCC activities per week and conducted 12 monthly follow up meetings with the doctors, field workers, paramedics during last six months. They also counselled the adolescent, pregnant, lactating mothers about TT vaccine, ANC and PNC period.

### UTPS:

From July to December, 2015 UTPS completed total 32 group meetings with adolescent girls, newly married women, ANC mother and their mother and mother in law on EPI valid dose, card preservation, vaccination on proper time, and on Adverse Events Following Immunization (AEFI) in different places. UTPS had 2-3 days EPI sessions in the static clinics and everyday in the satellite clinics. During the EPI sessions they counseled the mothers, monitored growth of the children and conducted total 120 court yard meetings with the mothers.

### DAM:

DAM served total 15,261 EPI patients. They gave total 3,210 BCG; 3,189 Polio/ Measles; 2,658 Penta 1; 2,529 Penta 2; 2,965 Penta 3 and 1,872 TT vaccines, conducted 694 EPI sessions in Comprehensive Reproductive Health Care Center (CRHCC) & other satellite clinics and also completed one training and 6 orientation programs on EPI.

### CWFD:

CWFD had 2-3 days EPI sessions in their static and satellite clinics. CWFD have done 250 meetings with the Smiling Sun Community Support Groups and community people and community leaders. The objectives of those meetings were to create awareness about EPI services among the mass people.

### Nari Maitree:

According to the micro plan Nari Maitree provided routine immunization services and gave the EPI related information in the Health Education Sessions of the satellite clinics in the "Moghbar" slum area. They also had camps where EPI sessions have been conducted 3 days per week.

### RADDA MCH-FP:

RADDA MCH-FP centre have done EPI sessions 6 days per week in the static clinics and one day per week or fortnight in the satellite clinics. Moreover, they visited community households, held courtyard meetings, group meetings and gave phone calls to all individual guardians before scheduled vaccination date to reduce the dropout rate.



Vaccination during EPI session

### PSTC:

Per week PSTC have done 2 EPI sessions and at the immunization day they counseled the ANC and PNC mothers, monitored the growth of the child and diagnosed the malnourished children. From the satellite clinic usually they conducted 31-32 Health Education Sessions per month and the major topics of those health sessions were nutrition, tuberculosis, diarrhea, personal hygiene and invalid doses.

### Swanirvar Bangladesh:

Swanirvar Bangladesh had conducted total 570 EPI Sessions at 7 Static Clinics and 1236 EPI Sessions through 76 Satellite Clinics under 7 Urban Surjer Hashi Clinics in the Dhaka North City Corporation during the period of July-December, 2015. Swanirvar organized monthly meeting with stakeholders/ partner organizations and BCC & group meeting with Community and target groups of ANC & PNC mothers.

**BAMANEH:**

BAMANEH had 10 EPI sessions in static clinics and 38 EPI sessions in satellite clinics per month. They listed the child aged 0-6 months and visited their house to remind the vaccination date and held court yard meetings with ANC and PNC mother to create awareness about immunization.



Vaccination during EPI session

**FACES:**

FACES conducted one EPI session per week in the static clinic and counseled mothers during EPI session, gave reminder about the vaccination date and visited household if they fail to come on the date. They had also conducted 3-4 campaigns per month on "Hepatitis-B" in the schools and distributed leaflet.

**BRAC:**

BRAC conducted social mobilization activities to accelerate Immunization in Dhaka City Corporation. In this regard, in urban slums of DCC, BRAC's field workers organized 1,767 spouse forums with 14,805 participants, 845 Women Support Group (WSG) meetings with 6,777 participants, 574 maternal, neonatal and child health (MNCH) committee meetings with 5,158 participants and 2,569 expected date of delivery (EDD) mothers meeting with 35,724 participants.

**BAPSA:**

BAPSA had conducted 2-3 days EPI session at static clinic in a week and fortnightly or monthly in satellite clinic. From July- December, 15 they had conducted total 560 EPI sessions in static & satellite clinics. In the community level they had conducted 291 EPI Health Education Session.

**Faith & Hope Welfare Association:**

In the static clinics Faith & Hope Welfare Association have conducted EPI sessions 1 day per week. They searched and listed the ANC mothers by the volunteers and aware them about the vaccination during ANC period. They also checked the vaccination card during household visits and gave them reminder about the vaccination dates.

**SAMAHAR:**

Health workers of SAMAHAR has visited the household to check the EPI card of the children, gave reminder about vaccination date and referred them to the nearest centers. They had also distributed leaflet on EPI date during Vitamin- A campaign and conducted 6 court yard meetings per month and 2 group meetings with the community leaders on nutrition, hygiene and neonatal care during last six months.

**FPAB:**

FPAB is conducting Expanded Program for Immunization (EPI) program in every weeks through its 32 clinics. Children from 0-2 years are covered against six fatal diseases under this program. Pregnant and 15-49 years aged women are covered under TT Injection. We are also providing BCG, Penta, PCV, OPV, MR (Rubela), Ham, IPV etc. During this period July 2015 to December 2015 we have conduct 1664 EPI sessions. 1487 Reproductive Health Promoters (RHPs) have conducted 8922 group meeting/courtyard meetings in the project areas in each month. These RHP are also referred EPI clients to the community clinics in the fixed date. FPAB implements this program in collaboration with City Corporation and GOB.



## Vitamin A campaign observation by the IPCSB member organizations

### I. Unity Through Population Service (UTPS)

UTPS observed Vitamin A Campaign at 32 Satellite clinics, 10 small NGO Clinics and 46 temporary center under the technical and financial support of DNCC, Ward Councilor, UPHCSDP to observe the campaign. Their coverage areas were 10, 11, and 16 DNCC Ward. There were 22459 numbers of children who took Vitamin A capsule and 289 numbers of employees who took part in this campaign. They have conducted Group Meeting and have done meeting with community leaders, IPC, Miking, Brochure Distribution and Banner Display to promote Vitamin A Campaign.

### II. Radda MCH-FP Centre

Radda MCH-FP Centre observed Vitamin A Campaign with the technical and financial support of Institute of Public Health Nutrition (IPHN), National Nutrition Services (NNS) and DNCC. Their coverage areas were ward no. 2, 3, 5, 8 and 15 under zone 2 and of DNCC. About 2984 children of 6-11 months aged and 21,187 children of 12-59 months aged received Vitamin A capsule. Moreover, they have organized two days miking during the campaign day at Volvo Bus Stand in Mirpur. RADDA participated at the Central advocacy meeting at DNCC, zonal advocacy meeting of Zone 2, DNCC and conducted IPC in the community.



Vitamin A Campaign observation by  
Radda MCH-FP Centre



Vitamin A Campaign observation by  
Swanirvar Bangladesh

### III. Swanirvar Bangladesh

Swanirvar Bangladesh observed Vitamin A Campaign at 1985 Satellite clinics, 55 static Clinics. They got the technical and financial support of DCC in 66 satellite clinic and 1919 in UHC to observe the campaign. They have distributed 45,450 blue capsules for children aged 6-11 months and 2,92,757 red capsules for 12-59 months of children. They have conducted Advocacy Meeting, Miking, Leaflet Distribution and Banner Display to promote Vitamin A Campaign.

### IV. Dhaka Ahsania Mission (DAM)

Vitamin A plus campaign program was organized by Urban Primary Health Care Service Delivery Project (DNCC, PA-5) of DAM, Uttara, Dhaka and COCC, PA-1, Comilla on 14 November/2015 in coordination with MOHFW. A total of 4,960 children of 6-11 months age groups were provided blue color and 15,030 children of 12-59 months age group were provided red color vitamin A capsul. Chief Health Officer of DNCC Brig. Gen. Dr. S. M. M. Saleh Bhuiyan and Assistant Health Officer of DNCC Dr. Azizunnessa visited the different centers on that



Vitamin A Campaign observation by DAM

### V. Khulna Mukti Seba Sangstha (KMSS)

KMSS observed Vitamin A Campaign with the technical and financial support of UPHCSDP and DNCC at 276 numbers of places. There were 76,603 numbers of children who took Vitamin A capsule and 459 numbers of employees who took part in this campaign. Their coverage areas were ward no: 06, 07 & 08 of DNCC, 30, 31, 32, 33, 34, 35, 36, 37 & 43 of DSCC. They did miking, distributed leaflets, arranged group meeting, advocacy meeting, user forum meeting and IPC to promote Vitamin A Campaign.



Vitamin A Campaign observation by KMSS

### VII. Association for Prevention of Septic Abortion, Bangladesh (BAPSA)

BAPSA observed Vitamin A Campaign with the technical and financial support of Dhaka South City Corporation, Zone-3, & UPHCSDP, PA-3, BAPSA. In total the campaign was conducted at 160 places and their coverage areas were Ward No. 22, 23, 24, 27, 28 & 29. Total 45,470 numbers of children were given vitamin A capsule by 480 numbers of employees. To promote the Vitamin A campaign, BAPSA conducted miking at mosque, visited door to door and school to create awareness among mass people.

### VIII. SAMAHAR

SAMAHAR observed Vitamin A Campaign under the technical and financial support of DSCC. Their coverage areas were Shjahanpur, Shohidbagh, and Shantibagh. They have distributed 121 blue capsules for children aged 6-11 months and 865 red capsules for 12-59 months of children. 25 employees took part in this campaign. They have conducted Group Meeting, Miking, Leaflet Distributing and Door to door visit to promote Vitamin A Campaign.

### IX. BAMANEH

BAMANEH observed vitamin A Capsule Campaign by distributing 702 blue capsules for children aged below 1-6 months and 6370 red capsules for 12-59 months of children at Satellite Clinic. In addition, at Static Clinic 332 blue capsules and 2024 red capsules were provided among 1-6 months and 12-59 months children respectively.



Vitamin A Campaign observation by BAPSA

### VI. BRAC

BRAC worked together with the government in Dhaka City Corporation to observe Vitamin-A week campaign in November-2015. Under the MANOSHI project of BRAC we have observed this week in Dhaka City Corporation. Seven hundred sixty six field workers of thirty two branch offices was involved for distribution of Vitamin - A capsule to under five years age children. Below one year's got blue colored capsule and above one year aged children got red colored Vit-A capsule. This week 766 field workers of BRAC distributed 168,817 Vitamin -A capsule to the children of below 5 years.



## Success stories of the member organizations

### UTPS

#### Motivation of Amina

Amina has a child named Roni and he is 18 months old. He is the only child of his parents. Now he is playing at balcony with other children of the Pora bosti slum. His mother observes this with lot of joy. But three years ago the situation was reversed.

Amina is a house wife and her husband Md Ramizuddin is a rickshaw puller. Three and half years ago she delivered a female child named Rima. Rima was very healthy. Amina did not vaccinate her after birth. But at the age of six months she was suffering from fever and cough. Her parents took some medicines from nearest pharmacy without visiting a doctor. They gave medicines regularly but her condition was deteriorating day by day. After ten days, they took her to the Child hospital for better treatment. But it was too late. Rima died due to Pneumonia two days after admission at hospital. "Why I don't listen to the clinic doctor" Amina screamed.



Roni and his mother

One field worker of the clinic of UTPS named Sabina visited that house with a physician. She told Amina that if she vaccinated her child according to her advice, this situation would not happen. Physician suggested her that in next pregnancy she should take routine ANC check up and should start vaccination just after birth. According to the advice Amina vaccinated Roni in proper schedule and completed vaccination at the age of 15 months. Now she gives advice about vaccine to newly mothers voluntarily and thus she plays a valuable role to save under five child against vaccine preventable diseases.

### Swanirvar Bangladesh Prevention is better than cure

Aklima aged 23 is very much happy with her baby now, though 3 years ago the situation was different.

In 2011, Aklima was getting treatment for pulmonary tuberculosis at Shewrapara Surjer Hashi Clinic and that time she became pregnant. She received Antenatal Care from the clinic and had been followed up routinely by the health worker. Finally, she gave birth to a healthy baby girl without any complication.

But Aklima denied to vaccinate her child and she said "Although I was vaccinated during my childhood but I have tuberculosis now, so vaccine has no effectiveness."

However, one of the service promoter of the clinic failed to make her understood regarding the child vaccination. Then the service provider informed Clinic Manager and Paramedic of Shewrapara Surjer Hashi Clinic and they visited Aklima's house to meet with her husband and in-laws. First time they also disagreed to vaccinate the child but after three face to face consecutive counseling on importance of vaccination, how vaccine protects newborn, Aklima and her family agreed to immunize the child. Eventually, the Clinic Manager and Paramedic became successful to complete the scheduled vaccination program for the baby even its nine months old cousin who had not been vaccinated too due to family's misconception but both of the children took vaccine.

Now Aklima's baby is 3 years old and doesn't have any vaccine preventable diseases. Moreover, she got so much inspired that she is advocating in her area to vaccinate each child to secure their future life.

## Vaccination schedule of EPI

Age of vaccination	Name of vaccine	Name of Disease
6 Weeks	BCG	Childhood Tuberculosis
	Penta (Hib) OPV PCV	Diphtheria, Whooping cough Tetanus, Hepatitis -B, Haemophilus Influenzae -b, Poliomyelitis
10 Weeks	Penta (Hib) OPV PCV	
14 Weeks	Penta (Hib) OPV IPV	
18 Weeks	PCV	
9 Months	MR	Measles & Rubella
15 Months	MR	



### Acknowledgement

**Umme Jannat**  
Desk Editor  
Member, IPCSB

I am confident that all concerned persons engaged in immunization including the EPI Director, WHO, UNICEF would find this newsletter useful. As part of Immunization Platform of Civil Society in Bangladesh (IPCSB) I must congratulate members of the platform, specially the members of the newsletter editorial committee and would like to thank BBF secretariat of IPCSB to provide technical support in making this newsletter a knowledge sharing and advocacy tool for improving immunization status of Bangladesh. Any of your suggestions would highly appreciated.

### Newsletter Committee

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Dr. Sebekun Nahar sweet, Member, IPCSB  
Ms. Khurshid Jahan, Director, BBF  
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