Government of the People's Republic of Bangladesh
Ministry of Local Government, Rural Development &
Cooperatives
Local Government Division
Urban Primary Health Care Services Delivery Project
Project Management Unit

Consulting Services for:
Urban Primary Health Care Services Delivery Project
Service Package No. S-4.1 (Operations Research)

Seventh Quarter Progress Report
(January - March, 2017)

Submitted by:

International Centre for Diarrhoeal Disease Research, Bangladesh
(icddr,b)

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1. Introduction

This report has been prepared in fulfillment of the requirements mentioned in the contract agreement of the project "Primary Health Care Services Delivery Project (Urban Health and Demographic Surveillance System); Service Package No. S-4.1 (Operations Research)". According to the Terms of Reference, "Quarterly Progress Report should be submitted within 21 days after the end of each quarter".

For understanding the population, health and socioeconomic problems prevailing in the slums, currently, available data are necessary but not sufficient to deal with these problems. So, there is a need to establish a data collection system (Health and Demographic Surveillance System) for capturing data from the slum population of Bangladesh, which will enable monitoring the health, demographic and socioeconomic indicators, and facilitating the evaluation of intervention programs.

icddr,b has been the pioneer institute to develop and maintain Health and Demographic Surveillance Systems (HDSS). Currently, icddr,b has three rural HDSSs and two urban disease surveillances in place. Dedicated to saving lives through research and treatment, icddr,b addresses some of the most critical health concerns facing by the world today, ranging from neonatal survival to HIV/AIDS.

2. Goal of the Assignment

The goal of the project is to set up a Health and Demographic Surveillance System in the selected slums of Dhaka and Gazipur City (See Map, Figure 1: Location of Slums). More specifically, the project is aimed to establish a data collection system to assess the levels of fertility, mortality, migration, marriage and divorce, family planning, violence against women, morbidity, sickness care, health expenditure, migration and mobility determinants of health, and knowledge/prevalence of non-communicable diseases and risk factors.

The outcomes are: population profile with measures of fertility, mortality, migration, marriage and divorce along with four publishable manuscripts based on the survey data [health expenditure, migration and mobility determinants of health, health seeking behaviour (MNCH), family planning, violence against women, and knowledge/prevalence of non-communicable diseases and risk factors].

The milestones achieved during the seventh quarter of the study (January-March 2017) were: a) HDSS fourth round- Data collection, repeated visits to absentee households and data cleaning/field verification; b) Pretesting/finalization of questionnaire, computer program for data collection, data collection and data cleaning/field verification- Knowledge/prevalence of non-communicable diseases and risk factors; and c) Report preparation- Health seeking behaviour: maternal, neonatal & child health including family planning, adolescent reproductive health, violence against women.

3. Project Activities

The following activities were carried out by icddr,b during the seventh quarter of the study (January- March, 2017) (See Activities/Events, Figure 2: Time Line of Activities/Events).

The activities were:
1. HDSS fourth round- Data collection
2. HDSS fourth round- Repeated visits to absentee households
3. HDSS fourth round - Data cleaning/field verification
4. HDSS fifth round- Data collection
5. HDSS fifth round- Repeated visits to absentee households
6. HDSS fifth round- Data cleaning/field verification
7. Report preparation- Health seeking behaviour: maternal, neonatal and child health, including family planning, adolescents' reproductive health, violence against women
8. Data Collection and Data Cleaning/Field Verification- Knowledge/prevalence of non-communicable diseases and risk factors
9. Report preparation- Knowledge/prevalence of non-communicable diseases and risk factors
10. Report preparation- HDSS annual report, 2016

3.1 Data Collection - HDSS Fourth Round

As mentioned in earlier reports, Field Research Coordinator with support from three Field Research Assistants prepared three monthly work plans for 15 female Field Workers for visiting 30,000 households to collect HDSS data; one additional female Field Worker was kept for leave coverage. Each Field Worker was assigned to visit about 40 households every day to complete her assigned area within three months (Oct 24, 2016 to Jan 23, 2017). The Field Workers also carried printouts of household listing in addition to data in the Tab to find the *bari*s. Once a *bari* was identified, the Field Workers entered the slum name, area name and *bari* number into the Tab to verify the record with the printouts.

Every day, a Field Worker visited her assigned households and performed roll call, with the help of database loaded earlier in the portable devices (Tab). This was to detect events, if any event had occurred for any household member since her last visit. In case of any event, the interviewers entered the identification number into the portable devices and selected basic information from the database.

3.2 Repeated Visits to Absentee Households - HDSS Fourth Round

During the HDSS data collection, some households did not have eligible respondents to provide the information. These households were visited again in the next day (morning or lunch time) and were interviewed, if eligible respondent was found. The remaining absentee households were visited again after the completion of the third round HDSS data collection (Nov 1, 2016 to Jan 31, 2017).

3.3 Data Cleaning/Field Verification - HDSS Fourth Round

Although some logics had been incorporated into the data collection program, some errors were detected in the data during the preparation of frequency tables. As mentioned earlier, every type of logic was not introduced in the data collection program as it would slow down the data collection process. So, there were some errors in the data file, and the data cleaning continued for longer than it was originally expected (Nov 1, 2016 to Jan 31, 2017).

3.4 Data Collection - HDSS Fifth Round

For HDSS fifth round, the data collection procedure was similar to those of previous rounds. The Field Research Coordinator, with support from three Field Research Assistants, prepared three monthly work plans for 15 female Field Workers for visiting 30,000 households; one additional female Field Worker was kept for leave coverage. Each Field Worker was assigned to visit about 40 households every day to complete her assigned area within three months (started on Jan 24, 2017, ongoing).

3.5 Repeated Visits to Absentee Households - HDSS Fifth Round

During the HDSS data collection, some households did not have eligible respondents to provide the information. These households were visited again in the next day (morning or lunch time) and were interviewed, if eligible respondent was found. The remaining absentee households were visited again after the completion of the HDSS round (Feb 1, 2017, ongoing).

3.6 Data Cleaning/Field Verification - HDSS Fifth Round

Although some logics had been incorporated into the data collection program, some errors were detected in the data during the preparation of frequency tables. As mentioned earlier, every type of logic was not introduced in the data collection program as it would slow down the data collection process. So, there were some errors in the data file, and the data cleaning continued for longer than it was originally expected (Feb 1, 2017, ongoing).

3.7 Draft report preparation- Health seeking behaviour: maternal, neonatal and child health, including family planning, adolescents' reproductive health, violence against women

The survey report on health seeking behaviour: maternal, neonatal and child health, including family planning, adolescents' reproductive health, violence against women was divided into seven sections including the introduction. The sections are: maternal and child health, children health seeking behaviour and childhood immunization, family planning, HIV/AIDS and sexually transmitted diseases (STDs), women empowerment and violence against women, and adolescent sexual and reproductive health (Feb 1 to Mar 31, 2017).

3.8 Data Collection and Data Cleaning/Field Verification- Knowledge/prevalence of non-communicable diseases and risk factors

Although some logics had been incorporated into the data collection program, some errors were also detected in the data during preparation of frequency tables (using statistical package). However, it was not recommended to introduce every type of logic to the data collection program as it would slow down the data collection process. So, some errors were detected through logical checks program, and the data were cleaned using existing records and field visits (Jan 8 to Feb 21, 2017).

3.9 Report preparation- Knowledge/prevalence of non-communicable diseases and risk factors

The survey report on Knowledge/prevalence of non-communicable diseases and risk factors was divided into five chapters including the introduction. The second chapter discussed the methods and procedures, while the third chapter on statistical analysis, and fourth chapter deals on discussion and conclusion (Feb 22 to Mar 31, 2017).

3.10 Report preparation – HDSS annual report 2016

The HDSS report was divided into eight chapters including the introduction. The second chapter discussed the methods and procedures, while the third chapter was on population change, fourth chapter deals with mortality, fifth chapter on fertility, sixth chapter on marriage/divorce, seventh chapter on safe motherhood practices, eighth chapter on migration and ninth chapter on fertility regulation (Mar 1 to 31, 2017).

4. Comparative Statement on Activities Planned and Accomplished

During the seventh quarter of the study (January- March 2017), it was planned to complete the fourth round HDSS data collection, repeated visits for fourth round HDSS data to absentee households, data cleaning/field verification, start data collection of HDSS fifth round, preparation of report of NCD risk factors and preparation of annual report of HDSS- 2016. In fact, the 'Knowledge/prevalence of non-communicable diseases risk factors' survey took a longer time (three weeks) than it was originally planned, which caused delay in preparing the report.

5. Conclusion

During the seventh quarter of the study, it was planned to complete the fourth round HDSS data collection on Oct 23, 2016, start the fifth round HDSS data collection on Jan 24, 2017, to prepare report of the 'Health seeking behaviour: maternal, neonatal and child health, including family planning, adolescents' reproductive health, violence against women', prepare report of the 'Knowledge/prevalence of non-communicable diseases risk factors' survey, and prepare annual report of the 'HDSS- 2016'; NCD risk factors and HDSS- 2016 reports took three weeks longer time than expected due to data cleaning. However, fifth round HDSS data collection began in time and it is continuing.

Figure 1: Location of Slums: Dhaka North, Dhaka South and Gazipur City Corporations
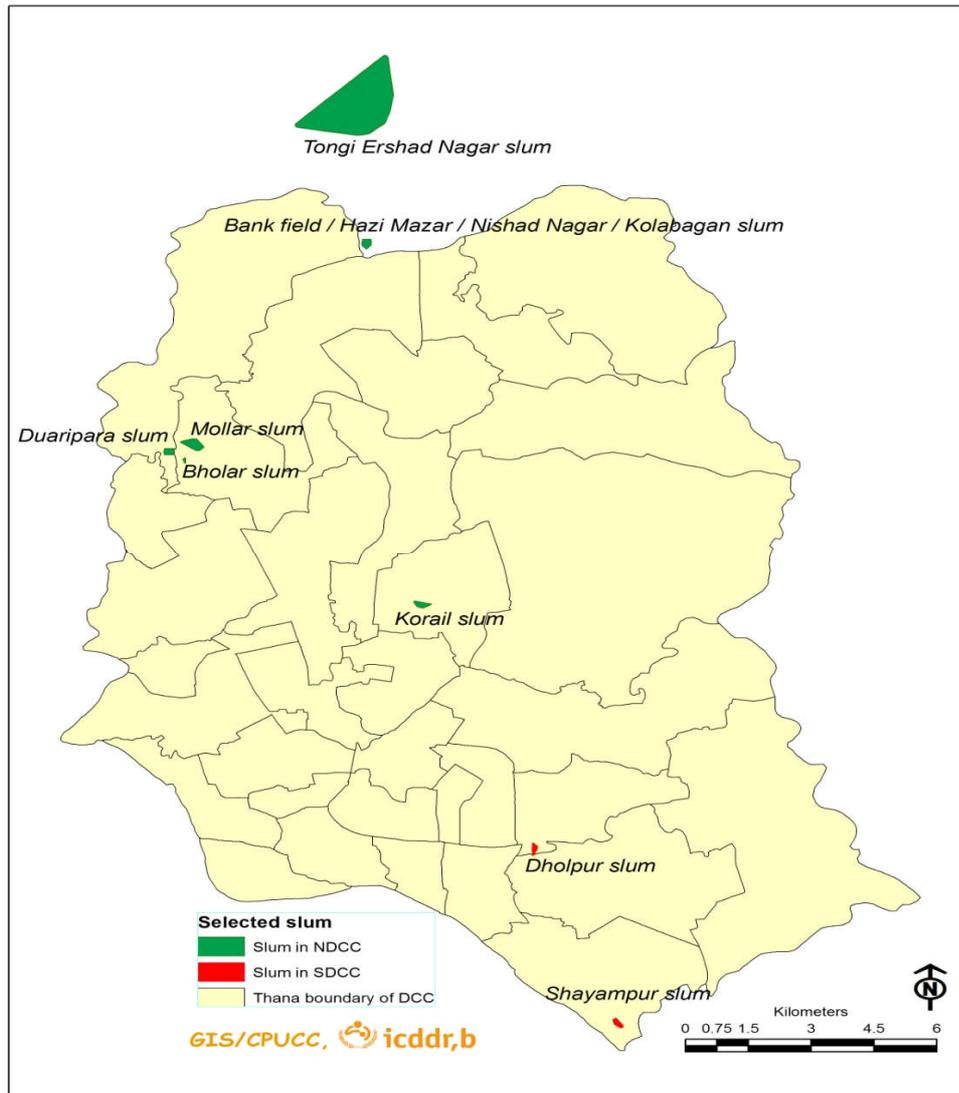
Figure 2: Time Line of Activities/Events (January-March, 2017)

Activities/Events	Jan			Feb				Mar				
	8-15	16-23	24-31	1-7	8-14	15-21	22-28	1-7	8-14	15-21	22-28	29-31
1. HDSS fourth round- Data collection	▉	▉										
2. HDSS fourth round- Repeated visits to absentee households	▉	▉	▉									
3. HDSS fourth round- Data cleaning/field verification	▉	▉	▉									
4. HDSS fifth round- Data collection			▉	▉	▉	▉	▉	▉	▉	▉	▉	+
5. HDSS fifth round- Repeated visits to absentee households				▉	▉	▉	▉	▉	▉	▉	▉	+
6. HDSS fifth round- Data cleaning/field verification				▉	▉	▉	▉	▉	▉	▉	▉	+
7. Draft report preparation- Health seeking behaviour: maternal, neonatal and child health, including family planning, adolescents' reproductive health, violence against women				▉	▉	▉	▉	▉	▉	▉	▉	
8. Data collection and data cleaning/field verification- Knowledge/prevalence of non-communicable diseases and risk factors	▉	▉	▉	▉	▉	▉						
9. Draft report preparation- Knowledge/prevalence of non-communicable diseases and risk factors							▉	▉	▉	▉	▉	▉
10. Report writing- HDSS 2016								▉	▉	▉	▉	▉

Note: ⁺Ongoing.