



Activity Report

2014-2017



Centre for Injury Prevention and Research, Bangladesh (CIPRB)
www.ciprb.org

Activity Report 2014-17

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CIPRB acknowledges the partnership with various government, non-government and International development agencies for their support and kind cooperation during 2014-2017

Government Organisations/Institutions



Development Partners



International Development Organisations (INGOs)



Bangladeshi NGOs



Universities



Professional Organisation



Others



Towards an Injury Free Bangladesh

Mission

Our mission is to provide appropriate information, methods, technologies and services for ensuring safety, improving health and promoting social development in Bangladesh and other developing countries.

Vision

That the community, especially the underprivileged in Bangladesh and other developing countries are able to lead healthy and injury free lives in a safe environment.

Values

Research

Innovation

Transparency

Gender Equity

Cultural Diversity

Skilled Workforce

List of Acronyms

ACE	Awareness Community Involvement and Education
BDRCS	Bangladesh Red Crescent Society
BSMMU	Bangabandhu Sheikh Mujib Medical University
CHCP	Community Health Care Provider
CIPRB	Centre for Injury Prevention and Research, Bangladesh
CMES	Centre for Mass Education in Science
CRP	Centre for the Rehabilitation of the Paralysed
EMSB	Emergency Management of Severe Burn
Icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
IDRCB	International Drowning Research Centre, Bangladesh
JICA	Japan International Cooperative Agency
LSTM	Liverpool School of Tropical Medicine
MDA	Mass Drug Administration
MoHFW	Ministry of Health and Family Welfare
MoWCA	Ministry of Women and Children Affairs
MPDR	Maternal and Perinatal Death Review
NTD	Neglected Tropical Disease
RCH	Reproductive Child Health
RNLI	Royal National Lifeboat Institutions
RLSSA	Royal Life Saving Society Australia
SARA	Service Availability and Readiness Assessment
SUE	Surveys for Urban Equity
SMPP	Safe Motherhood Promotion Project
SoLiD	Saving of Lives from Drowning
TASC	The Alliance for Save the Children
TBI	Traumatic Brain Injury
UBC	University of British Columbia
UNFPA	United Nations Population Fund
UNICEF	United National Children Fund
WHO	World Health Organisation

Statement of President



CIPRB has started its journey back in 2005 challenging the exposed risk of injury the people of Bangladesh had been facing. Having been into formal existence following the countrywide national survey on health injury, over the years the organization has crossed the national border and reached out to the global audience efficiently with success.

Although the challenges were many and seemingly insurmountable CIPRB nurtured the palpable sense of optimism since its inception and shouldered the responsibilities in partnership with government agencies. Bangladesh has been in the journey of achieving milestones of health indicators of achieving Sustainable Development Goals where CIPRB has mentionable contributions.

Though our achievements are many, the challenges that we must face now are numerous and increasingly complex. It is therefore important that we identify our priorities of the decades ahead. While it is true that Bangladesh has shown a magnificent capacity to overcome the health adversities, we will continue to face new set of challenges arising out of overpopulation, urbanization and climate change. In Bangladesh and in other countries where we work, the challenges of future will require innovative solutions.

I strongly believe that in order to meet the new challenges of the future, CIPRB will continue to devices innovative solutions meeting the exposed risk of injury and other health problems. CIPRB has been in the process of developing a comprehensive strategy to help the organization's leadership grow and be the agent of change in the arena of public health.

I have trust on the leadership that CIPRB has developed and the innovative mission the organization has set out to make our people healthy.

Professor Muhammad Ghulam Rahman
President

Statement of Executive Director



In all its endeavor, Centre for Injury Prevention and Research, Bangladesh (CIPRB) thrives on a range of public health issues. Success of CIPRB is manifested not in a list of activities or publications but in the robust aspiration, the organization has created among the communities in general and public health actors in particular. At CIPRB, our core mission is to translate insights drawn from multiple comprehensive researches into sustainable and essential solutions to challenge health injuries. Solutions have already covered number of public health issues ranging from road crash injuries to drowning, burns, maternal health, reproductive child health etc.

Over the years the organization has built strong partnership with Government of Bangladesh and other countries and become trusted among the international development partners, UN agencies including Global Think Tanks on Health and range of renowned Universities.

The organization has increasing focus on drowning and innovated multiple solutions applicable in local and global context and affordable to the poorest section of the societies. During this reporting period the organization has attained the authorship of the first ever Global Report on Drowning published by WHO. Number of solutions innovated by CIPRB has now being tested in other parts of the Globe.

The report has portrayed the activities accomplished during the year 20014-17, when the organization has experienced partnership with number of national, international, government and non-government entities. During this reporting period the organization enjoyed functional relationship with the Directorate General of Health Services (DGHS) and conducted country's most comprehensive survey named Bangladesh Health Injury Survey (BHIS) 2016.

CIPRB acknowledge its profound gratitude to the government agencies, development partners,, professional organisations the executive board, the well-wishers including staffs and volunteers working across the country for their continuous support that underpins the story of the success and achievement of the organization accomplished during the reporting period 2014-17.

Professor Dr. AKM Fazlur Rahman
Executive Director

Executive Summary

Centre for Injury Prevention and Research, Bangladesh (CIPRB) - the leading injury prevention organizations in the world has been delivering quality researches and programs throughout Bangladesh, designed to combat injury-based fatalities and morbidities, including drowning, burns, maternal health issues and road traffic injuries. CIPRB's ground breaking work has far reaching impacts, benefiting other countries, particularly in Asia, where similar programs are now in place and saving lives.

Starting with PRECISE - Prevention of Child Injuries through Social Intervention and Education, the organization has articulated the insights and has expanded its research and programs to ensure better health and wellbeing of the most vulnerable group – mothers and children. Over time the organization has set up number of units and engaged approximately 4000 professionals, researchers, field workers and paid volunteers working across Bangladesh.

The organization has been intervening into number of public health issues and got specialization in the areas of *Drowning Prevention, Reproductive Child Health and Capacity building on Burn Management* locally and globally. Since its inception the organization has been implemented number of interventions aimed at creating significant impact on the lives of approximately 50% population of Bangladesh.

CIPRB has established about 1600 *Anchal* where around 51,655 children have been enrolled under the project in three upazilas – Raiganj, Manohardi and Sherpur sadar. In CIPRB intervention area 39,025 eligible children, aged 9 – 48 months, received playpens.

During the reporting period CIPRB has started implementing the ground breaking intervention to reduce the rate of drowning named "Project BHASA" under which a total of 380 'Anchal' were established and enrolled 9500 children; set up 65 *SwimSafe* centres and trained swimming to 10156 children; 750 communities (Anchal Maa, Community Swimming Instructor-CSI and Members of Village Injury Prevention Committee) were provided First Responder training. Under SeaSafe intervention, 214 people were rescued from drowning by Lifeguards; 21 people received First Aid from Lifeguards; about 50,000 school children and 12,000 communities were sensitized on through water safety message.

The organization has started internationally recognized training program titled Emergency Management of Severe Burn (EMSB) for the doctors of Bangladesh and trained 600 doctors and 100 nurses from home and abroad during the reporting period.

During the reporting period the organisation has conducted community based awareness program on road safety in a number of spots in Dhaka Sylhet highway, which were identified as high frequency road crash areas of the country. Under the road safety intervention the communities covering school management committee to the students were brought under the awareness sessions on various aspects of road safety.

Reproductive Child Health (RCH) unit was established during 2010 with the mandate to ensure quality of health status of mother, adolescent and child through capacity building and advocacy based on evidence derived from research and interventions. Since the inception, RCH unit supported 630 pregnant mothers and distributed 22382 Calcium, 55800 Iron & Folic acid, 13068 multivitamins and 196 Delivery kits.

Since the establishment, the organization has attained unique global recognition and remain visible in almost all the international gathering regarding Public Health issues. The organization had mentionable presence in the World Conference on Drowning Conference 2015 held in Penang, Malaysia on 5 November 2015; World Conference on Drowning Prevention 2017 held in Vancouver, Canada during 17 – 19 October 2017.

A delegation of CIPRB attended the Fifth Global Meeting of Nongovernmental Organizations (NGOs) for Road Safety and Road Victims organized by the Global Alliance of NGOs for Road Safety, the Ministry of Transport Malaysia and hosted by the World Health Organization (WHO). The meeting was held during 3–6 April 2017 at the Sama-Sama Hotel, Kuala Lumpur, Malaysia with attendance close to 150 road safety NGOs from over 70 countries.

Staff development initiative is one of the prime focus of the organization, which has been evidenced that three of the staff members obtained Doctor of Philosophy in three different areas of Public Health during this reporting period. In addition number of staffs has received national and international training on multiple issues of Public Health.

The organization had regular meeting of the Governing Body and maintained audited accounts across the reporting period.

Introduction

Centre for Injury Prevention and Research, Bangladesh (CIPRB) is one of the leading injury prevention organizations in the world. Through pioneering research and innovation, CIPRB saves lives by delivering quality programs throughout Bangladesh, designed to combat injury-based fatalities and morbidities, including drowning, burns, maternal health issues and road traffic injuries. CIPRB's ground breaking work has far reaching impacts, benefiting other countries, particularly in Asia, where similar programs are now in place and saving lives. For more detail of the organization please visit <http://www.ciprb.org>.

During 2003-05, a group of young and experienced Public Health Specialists of the country researched out the risk of injuries the people of Bangladesh were exposed and the challenges they were facing through a comprehensive national survey, which gave birth the first ever injury report titled *Bangladesh Health Injury Survey (BHIS) 2005*. The report evidenced that **every day injury kills 83 children under age 18**; 75000 deaths caused due to injury including 30000 children; 30% of the children died between age 1-17; 1,000,000 children suffer from moderate to severe injury; 173,000 children burns leaving 30,000 children lifetime disability.

The extent of injury exposed thereafter led the group of researchers towards ideation and development of an institutional response and subsequently CIPRB was born on 2005 through designing the ground tracking interventions addressing the exposed challenges of injury. To start, the organization identified three areas of intervention i.e. *Safe Home, Safe School and Safe Community* under the program named PRECISE - Prevention of Child Injuries through Social Intervention and Education.

Following successful completion of PRECISE during 2005-09 the organization articulated the insights and has expanded its research and programs to ensure better health and wellbeing of the most vulnerable group – mothers and children. Over time the organization has developed number of units mentioned below and engaged approximately 4000 professionals, researchers, field workers and paid volunteers working across Bangladesh.

- International Drowning Research Centre – Bangladesh (IDRCB)
- Center for Reproductive and Child Health
- Centre for Public Health Sciences & Injury Prevention
- Centre for Education and Training
- Road Transport Injury Research Centre – RTi Centre
- Centre for Burn Prevention and Research

The organization has been intervening into number of public health issues and got specialization in the areas of *Drowning Prevention, Reproductive Child Health and Capacity building on Burn Management* locally and globally. The report has attempted to portray the interventions creating significant impact on the lives of approximately 50% population of Bangladesh that took place under different units during 2014-17. The

findings have been presented under thematic areas titled Injury Prevention, which includes Drowning Prevention, Road Safety, Burn and Poison Prevention; Reproductive and Child Health; Nutrition; Neglected Tropical Disease; Disability & Autism;. During the reporting period the organization has also undertaken number of activities beyond the mentioned thematic areas, which has been presented under the theme other public health issues of the report.

Over time the organization has attained unique global recognition and remain visible in almost all the international gathering regarding Public Health issues, which have been orchestrated under the theme Global Exposure.

Theme One

Injury Prevention

One-A: Drowning Prevention

Drowning is a leading cause of death worldwide. It's a serious, neglected public health threat, claiming the lives of 372,000 people every year. More than 90% of drowning occurs in low and middle-income countries, where people have higher exposure to the risks associated with open water as they go about their daily lives: collecting water, bathing, fishing and playing. Drowning deaths mostly occur in rural areas.

Globally, drowning is the leading cause of death particularly in low- and middle-income countries and the highest drowning rates are among 1-4 years old children. Bangladesh Health and Injury Survey (BHIS) 2005 revealed that almost 17,000 children under 18 die due to drowning each year i.e. 46 a day where children aged 1-4 year are at the highest risk. About 12,000 children of this age group drown annually. Lack of supervision, high exposure to water hazards, lack of awareness and poverty are some of the major risk factors for child drowning in Bangladesh.

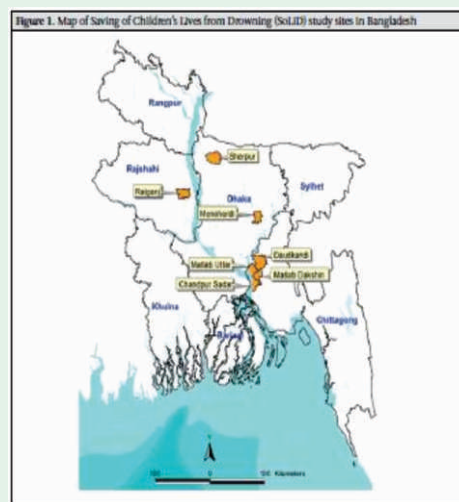
To address the risk of drowning CIPRB has designed and implemented a number of interventions during the reporting period 2014-17 named *Saving of Lives from Drowning (SoLiD)*; *Bangladesh Anchal and SwimSafe (BASS)*; *Project BHASA*; *SeaSafe* and *SwimSafe*. The different interventions with different objectives aiding to reducing the rate of drowning were implemented in different geographical region of the country, which were selected following the prevalence rate and magnitude of the problem. Brief description of the interventions have been mentioned below:

A.1 Saving of Lives from Drowning (SoLiD)

SoLiD project has been initiated to evaluate the cost effectiveness of *Anchal* and *Playpen* to save children aged 1-4 years from drowning. The project has been implemented by the CIPRB and the icddr,b with technical support from Johns Hopkins University and was finance by Bloomberg Philanthropies. After the completion of the research work the intervention has been redesigned as program intervention and renamed as “*Crèches for Child Health and Safety (CreCHeS)*” since 2017.

CIPRB has been implementing the *SoLiD* project in three intervention areas namely Manohardi of Narshindi district, Sherpur Sadar of Sherpur district and Raiganj of Shirajganj district since 2012. The intervention sites of icddr,b are located at Matlab of Chandpur district and Daudkandi of Cumilla district.

The project has rigorously engaged the communities in the respective intervention areas through the formation of Union Injury Prevention Committees (UIPCs) and Village Injury Prevention Committees (VIPC). *SoLiD* also engaged the concerned stakeholder at upazila level through formation of the Advisory



Committees. Accordingly, CIPRB has mobilized about 209 community leaders through 19 UIPCs and 4,927 community leaders through 379 VIPCs during the reporting period.

'Anchal' the community crèche:

'Anchal' is a spacious room located in the house of a matron (the 'Anchal' ma) equipped with charts, toys and other amenities for stimulating social, psychological, health and cognitive development among children. The 'Anchal' ma works with an assistant to provide care for 25 - 30 children 6 days a week within the hours of 9:00 am and 1:00 pm, the peak period when children are most at risk for drowning in rural Bangladesh.

CIPRB has established about 1600 *Anchal* where around 51,655 children have been enrolled under the project in three upazilas – Raiganj, Manohardi and Sherpur sadar.



Anchal Interventions under SoLiD

Playpen:

The playpen is four-sided rigid structure with slats that serves as a barrier to protect the child from the surrounding water hazards and other injuries. It is a useful aid to parental supervision, especially during critical times when mothers are busy with their household chores.

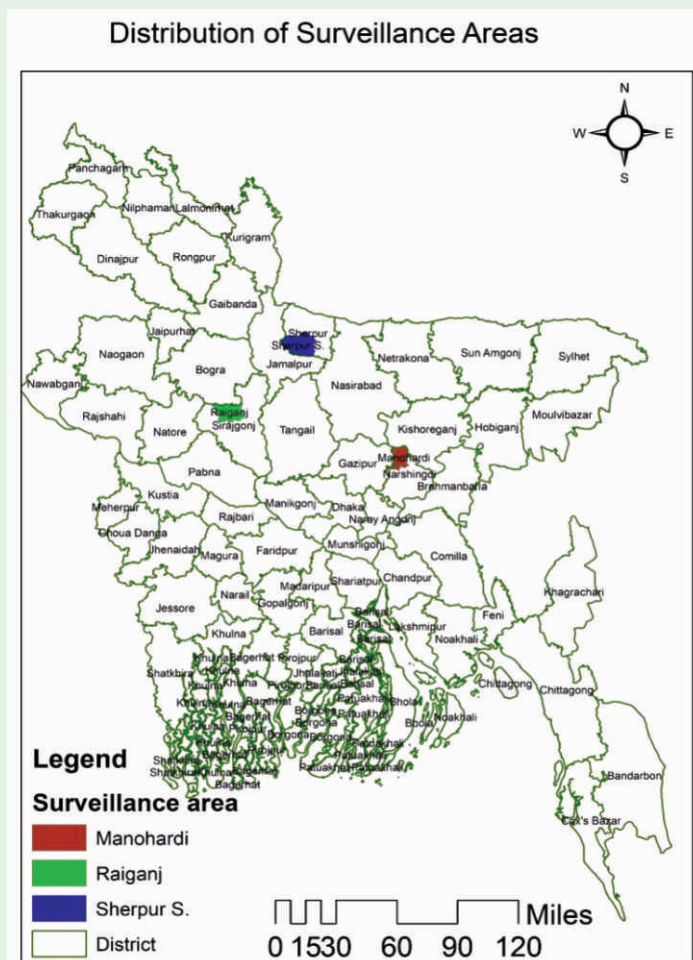
In CIPRB intervention area 39,025 eligible children, aged 9 – 48 months, received playpens.



Playpen Interventions under SoLiD

Surveillance:

Data were collected through six round surveillance on a four months interval during 2013-2016. During the surveillance a total of 135,640 households were visited reaching 612,342 individuals under three upazilas of the SoLiD intervention areas. During the surveillance compliance data on "Anchal" and "Playpen" were also been collected.



SoLiD project intervention visited by Development Partners



Kelly Larson, Program Director, Bloomberg Philanthropies, USA; Dr. Olakunle Alonge, Assistant Scientist, Johns Hopkins International Injury Research Unit; Shirin Wadhvaniya, Project Coordinator, Johns Hopkins international injury Research Unit; Prof. Dr. AKM Fazlur Rahman, Executive Director, CIPRB; Dr. Aminur Rahman, Director-IDRC-B of CIPRB; *SoLiD* team of CIPRB and icddr,b visited activities of *SoLiD* project in Manohordi upazilla on 11th August 2014

Brief result of *SoLiD* Intervention

Project achievement

- 82,000+ children enrolled
- 3,205 crèches established
- 55,790 playpens distributed
- 51 UIPCs and 800 VIPCs formulated
- 1.2million individuals of all ages from 270,000 – 280,000 households placed under injury and demographic surveillance

Effectiveness of *SoLiD* Intervention

- Incidence of drowning was 7 – 8 times lower among children under the crèche intervention on average
- The crèche intervention (with or without other program) saves 63 children lives (per 100,000 population) –About 10,000 under-five children or (294,000 DALYs) saved every year if the crèche is implemented throughout Bangladesh!

Cost Effectiveness of *SoLiD* Intervention

- Average annual cost per child for crèche is 2,080Tk (\$26)
- About 3,000Tk (\$37.5) is needed to run a crèche (*Anchal*) monthly
- Based on WHO CHOICE criteria, a program is cost-effective in Bangladesh if cost per DALY averted (ICER) is between \$1,284 and \$3,853
- ICER for the crèche program is ~\$1,417.16 per DALY averted

Workshop on “*SoLiD*” Sustainability

A series of works were organized under *SoLiD* interventions during 2014-17. The workshops were aimed at influencing the policy actors for sustainability of drowning prevention interventions. One of the workshops on “*SoLiD* Sustainability” was organized on January 24, 2016 at Hotel Amari. The workshop was aimed at sharing the findings and understanding the role of government, development partners and NGOs, INGOs in child drowning prevention activities across the Bangladesh. The workshop was organized when the project was rolled out the two interventions 'Anchal' and *SwimSafe* and supported around 75000 children aged between 9-36 months and evidence showed that 'Anchal' and playpens are effective at preventing drowning deaths of children in rural Bangladesh. The workshop was organized by the *CIPRB* and the *icddr,b*, with support from Johns Hopkins International Injury Research Unit, USA and the Bloomberg Philanthropies.

The workshop was participated by Meher Afroze Chumki MP, Honorable State Minister, Ministry of Women and Children Affairs, Bangladesh as Chief Guests; Professor Adnan A Hyder, International injury Research Unit of Johns Hopkins University as Special Guest. In addition, the seminar was participated by representatives of DGHS, MOHFW, Bangladesh. Participants from development partners and NGOs/INGOs such as WHO, UNICEF, BRAC, JICA, Plan-Bangladesh, Save the Children, Bangladesh.



Sustainability Workshop 2016



Sustainability Workshop 2015

A.2 Bangladesh 'Anchal' and SwimSafe (BASS)

Bangladesh “Anchal and SwimSafe (BASS)” study supported by the Grand Challenges, Canada (Canadian Government) was conducted by CIPRB in partnership with the University of British Columbia; The Alliance for Safe Children (TASC) and International Drowning Research Centre, Bangladesh (IDRCB) during May 2014 – April 2015. The research aimed at examining effectiveness of 'Anchal' and 'SwimSafe' interventions in preventing children from unwanted deaths due to drowning in Bangladesh.



Anthropometry is the use of body measurements to assess and classify nutritional status of an individual. The trained Anchal Maa used to assess the physical growth on a regular basis. If a child identified as malnourished, Anchal Maa counsels the child's mother to give special care of the child or refer the child to the nearest Health Care Centre.

Children are measuring height on wooden board in standing position

Usually 'Anchal' is a 4 hour intervention for children aged 1-5 years old in rural villages having sessions for 6 days a week during 09 hr -13 hr, when parents remain busy in household works. The focus is protecting normal children from injury, with additional Early Childhood Development interventions having sanitation facilities. Evaluation shows that such 'Anchal' were 'highly cost-effective' by WHO CHOICE guidelines and preventing 77% of fatal drowning among the attending children.

Keeping the regular components in place, under the BASS interventions three additional interventions anthropometry, playpens and mainstreaming of children with special needs were provided in 40 'Anchal' from Dhangara union of Raiganj upazila under Siriganj district. A total of 1033 children were supervised by 40 Anchal Maa and 40 Anchal assistants under BASS.

BASS Anchal generated evidence that apart from supervision and early childhood development growth monitoring, screening of cognitive development, disabilities and immunization of enrolled children were feasible through enhancing capacity of Anchal Maas.

Under BASS *SwimSafe* training special intervention were given to teach in water non-contact rescue and lowest age of teaching First Response. The study concludes that Children age 7, 8 and 9 years were able to learn how to provide First Response including CPR.



Dr. Steve Beerman, Principal Investigator of Bangladesh Anchal and SwimSafe (BASS) Project, The University of British Columbia and Dr. Michael Linnan, Technical Director, The Alliance for Safe Children (TASC) visited intervention areas during 28 September to 30 September 2014.

A.3 The Project BHASA: Comprehensive Drowning Reduction Strategy, Barisal

Project BHASA (which means 'float' in Bengali) is a groundbreaking initiative of CIPRB supported Royal National Lifeboat Institutions (RNLI, UK aimed at reducing the rate of drowning in the Barisal Division of Bangladesh. The project is developing a multi-sector and evidence-led strategy to target the most vulnerable people with appropriate and sustainable solutions.

Disasters and water-related risks affect all areas of Bangladesh, with the Barisal Division bearing the highest burden. The Barisal Division is situated in the central-southern region of Bangladesh, where several large rivers converge. With a land mass of 13.5 million km² and a population of over 8 million, the Barisal Division is one of the most vulnerable areas in Bangladesh - all of its six districts are affected by water-related hazards and disasters and thus was covered under project BHASA.



Key objectives of project BHASA

- Reduce rates of drowning in the Barisal Division through an integrated and evidence-based approach, using existing interventions;
- Institutionalise and mainstream intervention activities through partnerships and secure government ownership by the end of year 3;
- Capture project learning to develop guidelines to assist other regions/countries to introduce their own comprehensive drowning reduction strategies.

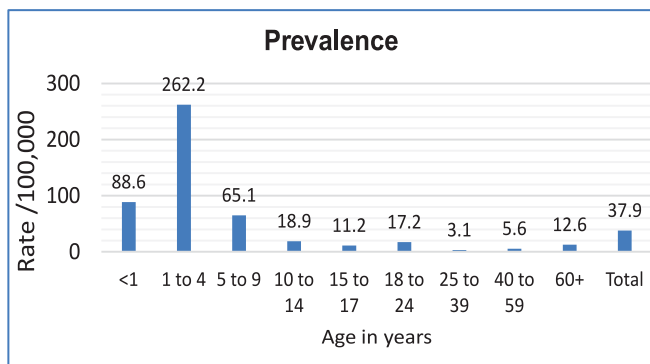
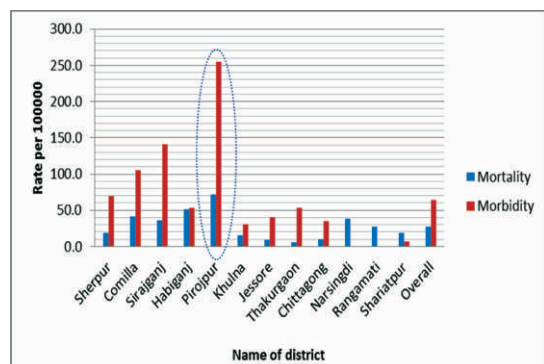
Steps of BHASA implementations

- *Understanding the situation* by conducting the world's largest household survey on drowning (Started on October 2016).
- *Raise awareness of drowning* among stakeholders and establish a multi-sector drowning reduction forum. The forum will coordinate and influence action to address the burden of drowning in the Barisal Division.
- *Create the first comprehensive drowning reduction strategy* in Bangladesh, turning a WHO recommendation into practice.
- *Use evidence to develop, implement and evaluate interventions.* These could include: Swim Safe (survival swimming), Sea Safe (lifeguards), Anchal (crèche), flood rescue, first responders, community awareness and education, school water safety lessons, early warning systems, ferry safety, occupational safety and policy development.
- *Share lessons and findings* to support others in designing and delivering drowning reduction plans.

Baseline Survey conducted under project BHASA

Under the project BHASA, CIPRB in association with The George Institute for Global Health, Australia conducted the baseline survey was surveyed in 92, 616 households in the Barishal division during October, 2016 - February 2017, which received huge response from the community people about drowning and injury related incidents and unfortunate death.

Key finding that help designing the interventions



Interventions of BHASA project during 2017

- **Anchal:** A total of 380 'Anchal' were established where 9500 of children were enrolled.
- **SwimSafe:** A total of 65 SwimSafe centre were set up where 10156 children were trained on swimming.
- **First Responder Training:** A total of 750 participants (Anchal Maa, Community Swimming Instructor-CSI and Members of Village Injury Prevention Committee) were provided First Responder training

Divisional Stakeholder Meeting

Divisional stakeholder meeting on the Implementation of Comprehensive Drowning Reduction Strategy-Barisal, was held on December 05, 2017 at Bangladesh Development Society (BDS) conference room, Barisal. Chaired by Dr. Md. Mahbubur Rahman, Director (Health) Barisal Dr. Aminur Rahman, Director, CIPRB, Mr. Steve Wills, Head of international Program, Royal National Lifeboat Institution (RNLI), UK, Dr. Kamran Ul Baset, Associate Director, CIPRB, Mr. James Vaughan, International Director, RNLI, Mr. Paul Boissier, Chief Executive Officer, RNLI, Prof. Dr. AKM Fazlur Rahman, Executive Director, CIPRB and Dr. Zakia Sultana, Team Leader, BHASA spoke on the dialogue. Civil Surgeons, Upazila Health and Family Planning Officer of Different Upazilas, GO and NGO officials also participated in the workshop.



Partial View of the Divisional Stakeholder Meeting

Dr. Aminur Rahman, Director-CIPRB explained all components of BHASA project and responded to the queries from the participants. He emphasized on coordination among all stakeholders including both NGOs, GOs and Civil Society to scale up the interventions across Barishal.

Professor Dr. AKM Fazlur Rahman, Executive Director, CIPRB during his thanks notation mentioned that Bangladesh was the leading country to reduce diarrhoea through invention of Oral Rehydration Saline (ORS) and hoped that CIPRB would also reduce the rate of death caused by drowning in Bangladesh. In this connection, he sought cooperation and engagement of all stakeholders for successfully implementation of the interventions under project BHASA. Dr. Md. Mahbubur Rahman, Director (Health), Barishal during his closing speech underscored on developing a sustainable policy engaging communities to reduce rate of drowning.

A.4 SeaSafe-Saving Lives on the Beaches

CIPRB and RNLI has jointly developed the SeaSafe project during 2012 following a RNLI scoping visit to Bangladesh in August 2011. Initially a pilot project to assist with the development of the International Lifeguard Manual, it has developed into a coastal drowning prevention initiative which provides a full time lifeguard service, school and community education, and a learn-to-swim program to the local community.

Cox's Bazar the largest sea beach in the world is becoming an increasingly popular tourist hotspot for domestic tourists. Over the last few years there has also been an increase in the numbers of international tourists who come to Bangladesh to visit one of the longest natural beaches in the world. Due to the potentially high risk of drowning at beaches along this stretch of coastline, combined with an experienced national partner and interest and support from local and national authorities, which provided the RNLI with a good testing ground for further development of its interventions, including capturing learning throughout the project, in order to develop a long-term sustainability model which can be replicated in other projects.

The components of SeaSafe projects are:

- Lifeguard Services
- School and Community Water Safety program
- SwimSafe

International Lifeguard Training held at Cox's Bazar

International Lifeguard Training were provided to 12 new volunteer Lifeguards during 13-18 September 2015 at Cox's Bazar. John Powel and Darren Williams were the assessors and master trainer of the training. Lifeguards Md. Osman, Md. Alamgir & Jainal Abedin Botto trained the volunteers instructed by master trainers. In May 2014 a full time lifeguard services were established in Cox's Bazar under the program. Currently, 25 fulltime professional lifeguards are providing services in three the beaches and 100 volunteers were trained in lifesaving.



Participants of International Lifeguard Training

Leadership training courses held at Malaysia

RNLI organized a leadership training courses in Lost Paradise, Penang, Malaysia during November 2015. A total of 27 participants from India, Pakistan, Srilanka, Malaysia, Thailand, Vietnam, Philippines, Fiji, Mauritius, Kenya and Bangladesh attended the international training. Dan Graham, Darren Williams, John Powell and Alexander Joseph Marjoram were the trainers of five courses of the training. Participants received certification on First Aid Training, Future Leaders in Lifesaving, Flood Safety, Organizational Leadership and Aquatic Survival Training.

Mr. Imteaz Ahmed, Manager and Md. Shaifullah Sefat, Supervisor (Community Education) of SeaSafe program of CIPRB attended the leadership training course. About the training Md. Shaifullah Sefat shared that "It was a great achievement to complete the training. I learned many things, which gave me new directions to do my works more effectively." Talking about the training Mr. Imteaz Ahmed expressed that "We met many friends from different countries like us who are dedicating their lives to save people from drowning. We shared our experiences in the training".



Participants of the International on Leadership Training

Success that Encourages



Kamrul was swimming in the water near beach with his friends and suddenly a rip current pushed him off and was about to sink. Lifeguard Kamal noticed the incidence and recued him.

Success that Encourages

Malaika aged about 8 years, daughter of Rtd. Brigadier general Mostafijur Rahman travelled to Cox's Bazar with her family to spend holidays. On 14th May 2014 during 11 a.m. she walked into Sugondha beach for swimming with her parents. Suddenly, she fell on a rip current. The rip current was so strong and fast that pushed her to the deep sea in a moment. One of CIPRB lifeguards, Sukkur (31) observed that someone moving offshore with rip current. Instantly he jumped into the sea and rescued her and provided first aid.



Malaika's family was very happy and expressed gratitude and thanks to SeaSafe lifeguards, especially Mr. Sukkur, who dedicated his life to save lives in the sea. However Mr. Sukkur expressed his satisfaction saying that "I am very much happy to save a life, may Allah help us to do our duty proposer".

Evidence of increasing demand of Lifeguards

"Mohabaruni Snann" (Holy Bath) – a Custom followed by Hindu communities was organized in Cox's Bazar sea beach near the Diabetic Hospital point during 5th April 2016. Thousands of people gathered on the beach throughout the day. SeaSafe has no routine lifeguard service at that point but Tourist Police informed and requested Cox's Bazar CIPRB office to send a group of lifeguards at that point of sea beach to save people

from drowning. CIPRB has managed to send six potential lifeguards who covered that point throughout the festival. SeaSafe manager engaged the other lifeguards to the regular duty points. CIPRB thanked to Tourist Police, Local Administration and organizer for the call and their recognition of Lifeguarding in the sea.



Active Life Guards during the festival

Achievements during the Reporting period 2014-17

- 214 people were rescued from drowning by Lifeguards;
- 21 people received First Aid from Lifeguards;
- About 50,000 school children were sensitized through water safety message;
- Around 12,000 community people received water safety messages.



SeaSafe Intervention in Cox's Bazar Sea Beach

School and Community Water Safety program

School awareness on water safety messages

The intervention was designed to aware school children on water safety messages. The schools were selected based on proximity of water bodies. 6 Community Educators were provided lessons in the class room. Flipchart with various photos and messages were delivered during the session. The messages covered beach safety, inland water safety and land based rescue. Around 50,000 children received water safety messages in Cox's Bazar district.



School Safety Program

Community awareness on water safety

The intervention was designed to create awareness on water safety for local community in Cox's Bazar district. To implement the intervention, risk mapping was done to identify the communities who were vulnerable to drowning. During the risk mapping, communities' need for water safety messages were identified to deliver the effective messages. For example, the community, which was close to river got

different messages from the community that is close to the sea. Around 12,000 community people received water safety messages by the trained community educators.



Community Awareness Program

A.5 SwimSafe-Swimming for Life

Children in Bangladesh learn swimming in an unsafe open water bodies with help of their peers or relatives and without supervision of adults or any qualified swimming instructor. Learning swimming through this process, children often exposes themselves in danger. To combat with this public health burden, CIPRB has implemented the survival swimming teaching program called '*SwimSafe*'.

Under the program CIPRB has set up Portable swimming pool at urban setting and modified Swimming Pool in rural setting with technical support from Bangladesh Swimming Federation during the designing and implementation stages. Since 2005 the '*SwimSafe*' program has been supported by number of development partners i.e. UNICEF, Plan International, Princess Charlene Foundation, Speedo, Royal Life Saving Society Australia (RLSSA), University of British Columbia (UBC), Royal National Lifeboat Institutions (RNLI).

During the reporting period 710 Modified Swimming Pool and 4 Portable Pools were set up. During this period a total of 168,054 children were trained among them 97,729 were boys and 70329 were girls.



Training at Modified Pool



Training at Portable Swimming Pool



Training at Modified Pool

One B: Road Safety

Conduction of expert and advisory meetings

To address the country's current road safety situation, CIPRB conducted series of meetings with renowned and country's leading road safety experts. The meeting guided for generating innovative ideas and effective interventions for addressing worst road safety situation. Meetings were conducted under the leadership of Prof. Dr. Mazharul Hoque, Dean, Faculty of Civil Engineering and founding Director of Accident Research Institute, BUET. Monthly advisory meeting has been conducting in regular basis since 2015

Road Safety Demonstration Project: Speed management and Safe Crossings; “An experience in Dhaka-Sylhet Highway (N2)” in Bangladesh

CIPRB in collaboration with Safe Crossings implemented “Road Safety Demonstration Project: Speed management and Safe Crossings on N2 Highway” in Bangladesh. The demonstration project was implemented in N2 highway during 2014-15 in three location of Dhaka-Sylhet (N2) highway of Bangladesh, which is recognized for world deadliest road in the country. Under the project the following interventions were intervened:

- engineering modifications (bus bay, speed humps, rumble strips and sign marking) for traffic calming,
- education to vulnerable road users and
- engagement of community for road safety awareness



Demonstration project speed calming model



Construction work of Pilot demonstration project

Engineering modifications for traffic calming

The traffic calming adaptations were based on best-practices, applied to the specific situation of the black spots in Bangladesh. After consultation with international experts it was concluded that the first priority was to significantly reduce the speed of fast-moving motorized traffic. To achieve this goal, the selected measures in the program (speed humps, rumble strips, supplemented by signs and markings) were the most effective measures that are relatively low-cost and sustainable. Installing a footbridge for example would have been quite costly and it is questionable how many pedestrians would have used the foot over bridge. The design of the small-scale infrastructural measures was made by leading road safety experts in Bangladesh with the help of Grontmij, a leading engineering company in the Netherlands.

Awareness Community Involvement and Education (ACE) program for vulnerable road users

ACE Program is the best tools to create safe road user and to confirm project sustainability through creating strong local ownership and commitment from local stakeholders. It has been observed that without community involvement and proper training of road user, engineering intervention did not perform at its best. Hence, with the joint participation and contribution from the expert of home and abroad, this comprehensive plan has been prepared and implemented.

Assessment of hazards locations

Many crashes occur at hazardous locations and about 70% of crash fatalities occur in rural highway intersections. Such reality compelled CIPRB to design pilot demonstration project, aimed at reducing the rate of road crash injury, implemented in N2 highway during 2014-15. In the remaining portion of the N2 highway, CIPRB conducted baseline assessment. Based on these, a list of 30 hazards and risky intersections was identified.

Hazardous locations

Significant numbers of crashes are highly concentrated at few locations. Such locations with abnormally high concentration of road crashes are identified as 'Hazardous Road Locations' (HRL). In Bangladesh, about 43 percent of national highway crashes concentrated on 5 percent of the total length, demonstrating that crashes are highly clustered at few sections and they are amenable to targeted and site specific treatments (Hoque, 2006). These hazardous locations could be at an intersection, mid-block section or a short section of the road with a proven history of high crash density.

Visiting N2 Highway

Among the highways of Bangladesh, Dhaka-Sylhet (N2) highway has many black spots and a high number of pedestrian fatalities. This is also one of the deadliest highway in the world. According to some reliable sources, In Bangladesh, majority of the hazardous locations or Black spot are found at this highway.



Measuring speed of motorized vehicles



Collecting stakeholder analysis data

CIPRB research team visited the Ashuganj to Sylhet area of the highway mentioned following a specific methodology with an objective to find hazards risky locations of N2 in terms road condition from engineering perspective, height frequencies of crashes, socio-economic importance of locations, pedestrian behavior, speed of motorized traffic and absence of road safety measures. Based on observation and visit 15 potential locations were identified where intervention of different categories were required. In addition six other locations were identified such as big bazar (Market) where RHD had interventions in four areas.



Risky curve at one of the location

Community engagement

Road Safety Committee (RSC) was formed engaging the concerned community leaders during July 2014 under projects ACE. Key community influential like local government representative, school teacher(s), member of local market committee, religious leader, member of local CNG drivers association, crashes data record keepers were engaged through RSC.



Practical training to the school children on using road

Table-1: Activities conducted during field visit

Engineering perspective	Social perspective	General perspective
Activities conducted: <ul style="list-style-type: none"> • Check local growth and land development • Meet with local RHD • Drawing of sketch map • Speed & pedestrian count 	Collect information on: <ul style="list-style-type: none"> • Road crash record • Importance of the location • Geographical characteristics • Availability of resources 	Activities conducted: <ul style="list-style-type: none"> • Physical observation • Photography

Network meeting with road safety expert

CIPRB organized networking meeting with the theme “Improving road safety situation: Establishing networking and collaborative effort”. Welcoming the participants he underscored the importance of networking and collaborative support for making roads safer. Stating the purpose of the meeting he said that CIPRB was willing to develop a platform of organisations and individuals working on road safety. The meeting went on deciding the following:

- Network meeting would continue and WBB trust would host the next meeting;
- To understand the feasibility and way forward of the network, a primary committee consisting of six members was formed who would be responsible for developing guideline and road map for the networking.



Networking meeting with multi stakeholders

“Bipode Amra” - an Emergency medical service project

“Bipode Amra” - an Emergency medical service project implemented in 20 kilometres areas N1 Dhaka–Chittagong Highways of Daudkandi upazilla of Comilla district. Under this project emergency call center was established and community volunteers were trained on emergency management of road crash victims. In addition trained physicians for road crash management in selected health facilities were provided. CIPRB was involved with the project as research partner.

Celebration of UN Road Safety week in 2015 and 2016

#SaveKidsLives was the tagline for the worldwide official campaign of the Third United Nations Global Road Safety Week held during 4-10 May 2015. The campaign was designed calling for actions to save children's lives on the roads around the world.

Celebrating UN Road Safety Week, series of activities such as advocacy meeting, video show, rally, student awareness program in different schools was conducted by CIPRB.



Rally for celebration of UN Road Safety Week

Drawing competition on the theme "Road Safety" was held among the students of grade VI. Before starting the competition the participants were given instructions on the theme and detailed out the initiatives to be taken for saving themselves from road crashes. CIPRB provided all required equipment for drawing including color pencil, drawing paper, drawing board, marker, eraser etc.



School awareness program

Team capacity building training received

Targeting to build team capacity of RTI research centre, CIPRB member participated in training course on road safety at Delft University, The Netherlands and Indian Institute of Technology (IIT), Delhi.

Special Discussion on Road Safety

"Special Discussion on Partnerships in Road Safety" was organized at the VIP Lounge of Press Club by TraumaLink. Mr. Obaidul Quader, Honorable Minister, Ministry of Road Transport & Bridges of Bangladesh attended the discussion as Chief Guest. The discussion was jointly supported by mPower Social, Bangladesh Red Crescent Society(BDRCS), Centre for Injury Prevention and Research, Bangladesh (CIPRB), Centre for the Rehabilitation of the Paralysed-CRP, Work for a Better Bangladesh (WBB Trust), Jagoree and Nirapod Sarak Chai.



Road Safety Committee meeting



Special discussion on Road Safety

One C: Burn and Poison Prevention

a. Emergency Management of Severe Burn (EMSB) courses

CIPRB has been organising an internationally recognized training program titled Emergency Management of Severe Burn (EMSB) for the doctors of Bangladesh. There is a “golden hour” when patients with severe burn need optimal treatment. EMSB training creates the opportunity that increased number of patients receive this optimal treatment with highest chance of full recovery. More than 600 doctors and 100 nurses from home and abroad were trained till 2017. The EMSB training was supported by the Direct Aid Program (DAP) of Australian High Commission, Interplast Australia & New Zealand and The Australia and New Zealand Burns Association (ANZBA). Under the training program the successful candidates receive International certification on Emergency Management of Severe Burn (EMSB) course from ANZBA and DAP. CIPRB is running this program in Bangladesh since 2008.



Pictorial view of training organized under Emergency Management of Severe Burn (EMSB) program

Exploring feasibility of International Statistical Classification of Diseases and Related Health Problems (ICD 10) coding in an existing injury surveillance system in Bangladesh

Injury is one of the most common causes of mortality and morbidity in Bangladesh as many other middle and low-income country. ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list developed by the World Health Organization (WHO). It is therefore very important to find out the feasibility of using the ICD code in injury studies. The study was designed to explore the feasibility of ICD 10 coding in an existing injury surveillance system in Bangladesh. The study was conducted during January-June 2018 at Raiganj upazila of Sirajganj district. CIPRB developed a user manual for injury data collection based on ICD 10. About 539 injury cases were identified with all fourteen types of injury. Data collection was supervised by doctors by paired up with each data collectors. At the end, we observe that a manual could be developed for nonmedical data collectors and they correctly assigned majority injury cases by using that manual.

Epidemiology of Traumatic Brain (TBI) Injury

TBI is an acute event occurred when an external mechanical force causes brain dysfunction; usually results from a violent blow or jolt to the head or body, or object penetrating the skull. It bears severe consequences on the physical, mental, social and economic area in a patient's life. The economic burden is huge as mainly the productive group of population gets mostly affected by this. CIPRB conducted the study, in Dhaka Medical College Hospital, aimed at determining epidemiology of traumatic injury during January 2016-December 2017. During the three months' a total of 650 cases of traumatic brain injury were identified and necessary information was collected on factors for injury, pre-hospital care, characteristics, economic burden and treatment outcome of injury. A qualitative survey was conducted against the identified cases.

Childhood Poisoning Prevention

In low middle-income countries, pesticide, fuels, pharmaceuticals and cleaning agents are common source of poisoning and accounts for significant number of hospital admission and deaths. Considering such realities CIPRB has developed a community based intervention program with supports from Direct Aid Program (DAP) of Australian High Commission Bangladesh. The study area was Brommogasa union of Raigonj upazila, Sirajganj.

Under this project 17 staff members of CIPRB and 315 Community leaders has received knowledge and skills around the management of poisoning from the Australian experts. 2357 households having 0-6 years' old children, all these households were immediately made safer by the installation of poison prevention safety box. Through, CIPRB's intervention (home counseling among the households and poisoning prevention box), after one-year the remarkable achievement was found - among the children 51 (1.79%) have taken poisonous substances.

Theme Two

Reproductive Child Health (RCH)

Reproductive Child Health (RCH) unit of CIPRB was established during 2010 with the mandate to ensure quality of health status of mother, adolescent and child through capacity building and advocacy based on evidence derived from research and interventions. Since the inception, RCH unit has been providing technical support to government in accelerating the development process of maternal and child health sector in partnership with development partners, concerned stakeholders and professional bodies. Interventions of RCH unit are:

- a. Maternal and Perinatal Death Review (MPDR)
- b. The Making It Happen (Mih2) Program
- c. End line Survey: Safe Motherhood Promotion Project (SMPP): Phase II
- d. Bagan Mayer Jonno Intervention

a. Maternal and Perinatal Death Review (MPDR)

CIPRB has piloted the first ever evidenced based intervention titled “Maternal and Perinatal Death Review (MPDR)” in Bangladesh during 2010 at Thakurgaon district. Following the WHO maternal death surveillance scheme “Beyond the Number” CIPRB has conducted the pilot, which was later expanded in 3 Maternal and Neonatal Health Initiative (MNHI) districts i.e. Jamalpur, Narail and Moulvibazar) during 2011-12.



Professor Dr. Abdul Halim visiting a Training Program

Based on result achieved, DGHS and DGFP expanded the program in 10 districts covering 16.2 million people during October 2013 - September 2015 with technical support of CIPRB in partnership with UNICEF, Bangladesh. The extended districts were 3 MNHI districts (Bagerhat, Sirajganj and Panchagarh), 03 UNICEF hard to research districts (Netrokona Coxesbazar and Bandarban). The interventions covered 70 facilities at Upazila Health Complex (UHC), 10 district hospitals and 11 Maternal and Child Welfare Centers (MCWCs). MPDR has been implementing through district Health and Family Planning units of health system engaging its field level staffs and health care providers. The key activities include death notification (maternal,

neonatal and stillbirth) both at community and facility level. MPDR used as an evidence based tool for monitor and evaluate the progress of maternal and neonatal health required to achieve MDG 4 and 5. MPDR can also be referred as a model for achieving SDG 3 by 2030 in Bangladesh. Achievements under MPDR so far made are:

- 120 maternal death occurred in Moulvibazar where 47 occurred at tea garden areas.



Hon'le Minister, MoHFWF visiting CIPRB stall during Health FAIR at Sirajganj



Honourable Minister, MoSWF visiting CIPRB stall during Health FAIR at Moulvibazar

Key achievements

- 1560 maternal deaths and 13852 stillbirths were reported;
- 4430 verbal autopsies and 2665 social autopsies were conducted at community;
- 1862 facility death reviews conducted at the facilities.



Different training sessions

Facts about training participants under MPDR:

- 6802 health staffs were trained on community death notification;
- 575 health supervisors were trained on verbal and social autopsy;
- 96 health managers at district and upazila level received TOT on MPDR;
- 296 facility staffs received trainings on facility death notification and review.

b. Making It Happen (Mih2) Program

CIPRB implemented Mih2 program aimed at reducing maternal and newborn mortality and morbidity by ensuring the availability of Emergency Obstetric Care (EOC) and Newborn care at facility level by skilled health professionals by training at least 80% of all EOC health care providers in its program areas during 2013-15. Under the program around 800 doctors and nurses were trained on LSS-EOC at different facilities around the country.

c. End line Survey: Safe Motherhood Promotion Project (SMPP): Phase II

CIPRB conducted the end line survey of SMPP Phase II during 2015, which was implemented by MoHFW in Shatkhira and Bagerhat districts supported by JICA. SMPP Phase II aimed at improving health status of pregnant and postpartum women and neonates in the targeted district during five years of implementation. SMPP Phase II interventions were designed following the Best Practices tested while implementing SMPP Phase I interventions in Narshingdi district.

d. Bagan Mayer Jonno Intervention

CIPRB has been implementing a program titled “*Bagan Mayer Jonno*” in collaboration with the Government of Bangladesh and Tea Garden authorities with supports from UNFPA, Bangladesh since February 2016. The program aimed at demonstrating the acceptable and effective program to improve reproductive, maternal and neonatal health for the indigenous population working in five Tea Gardens of Sreemongol and Kamalganj upazilas of Moulvibazar district of Bangladesh. Following successfully progress the program has been expanded in other five Tea Gardens during 2017.



Key Achievements

- 40 Bagan Sebikas were trained;
- 630 pregnant mothers were supported;
- 22382 Calcium, 55800 Iron & Folic acid, 13068 multivitamins and 196 Delivery kits were distributed;
- 1624 adolescent girls were sensitised on early marriage and menstrual hygiene;
- 192 complicated mothers were referred to referral facilities;
- 139 safe deliveries were ensure by professional midwives;
- 165 mothers received PNC from professional midwives.

Training on Life Saving Skills Emergency Obstratic Care (LSS-EOC) organised

CIPRB has organized three days training on LSS-EOC for 32 doctors, nurses and professional midwives from Moulvibazar and Habiganj districts. The training, which has been provided across 15 countries was designed by the LSTM, UK. CIPRB followed the standard guideline of LSTM while conducting the training in Bangladesh. Inaugurated by Superintend of Moulvibazar General Hospital the training was visited by the Deputy Commissioner of Moulvibazar.

Rondi Anderson, International Midwifery Specialist of UNFPA monitored the quality of the training.



Training on LSS-EOC

MPDR National guideline development

CIPRB did advocacy to incorporate the MPDR national guideline with the government health system for national scale up during 2016-17. CIPRB has provided technical support to MoHFW for developing the national guideline, ToT manual and pocket handbook for the health workers. CIPRB also helped conducting the ToT.

Quality assurance in health care

CIPRB has conducted research on behalf of DGHS to explore the quality of health service institutions where the QA scheme was implemented against institutions in Thakurgaon and Jamalpur districts. Specific objectives of the research was to explore awareness of the service provider about the QA scheme, the satisfaction level of patients, cure rate of patients' duration of hospital stay, functional quality of emergency departments, functional quality of laboratories, functional quality of x-ray machines and cleanliness of the hospital.

National Patient Safety Guideline

CIPRB has provided technical support to MoHFW in developing the first ever national guideline for *Patient Safety*. It to mention that *Patient Safety* is relatively a new discipline within the health care professions. The goal of the guideline is to minimize adverse events regarding patient management and eliminate preventable harm in health care.

Community-based detection and surveillance of Gestational Diabetes

World Diabetes Foundation Secretariat located at Denmark has signed a contract with CIPRB to conduct the community based detection and surveillance of Gestational Diabetes Mellitus (GDM) aimed at improving maternal and newborn wellbeing at seven unions of Mirzapur upazilla under Tangail district. The surveillance started on 1st August 2017 will continue till 31st December 2019. This intervention aimed at intensely improve the maternal and newborn wellbeing through detection, follow up and management of GDM among the pregnant mothers in selected areas.

Base-line Survey on existing Knowledge, Attitude and Practice (KAP) of Sexual Reproductive Health and Rights (SRHR)

Sexual and reproductive health and rights (SRHR) is the concept of human rights applied to sexuality and reproduction. SRHR encompass the right of all individuals to reproduction, free from discrimination, coercion, and violence. The sexual and reproductive health for women in Bangladesh is poor. Maternal mortality is unacceptably higher than any other developing countries. The Government of Bangladesh (GOB) began training on menstrual-regulation (MR) for the service providers on a limited scale in 1974 and scaling-up of this service began in 1978. Provisioning of SRH services focusing on safe MR and reduction of unsafe abortion in Bangladesh is being implemented by the SRHR Consortium of Bangladesh. The purpose of the project was to explore existing knowledge, attitudes and practices of Sexual and Reproductive Health and Rights (SRHR) among adolescents, youths, women of reproductive age and males in the catchment areas of the consortium.

The study was conducted in between December 2014 and June 2015. Studies had pointed to a number of reasons why women do not use existing MR services, which were high cost, lack of confidentiality, inconvenient hours and location of services, and an actual or perceived poor quality of care. Cultural taboos, being ashamed and lack of communication skills of adolescent made them not to discuss openly with their parent about sexual and reproductive health issue as explored in the study.

Theme Three

Nutrition

Assessment of SHIKHA Project

Malnutrition in children under two years is a major public health concern in Bangladesh. In order to improve maternal diet practice and to reduce under nutrition among children less than two years, the SHIKHA project has been designed and implemented in the Feed the Future zone of Bangladesh located at 26 upazilas of Barisal and Khulna Division. The multi-faceted program comprises of home visit, health forum, social mobilization and mass media campaign to reach all villages under the intervention areas. Major objectives of the SHIKHA intervention were to improve:

- Diet diversity of pregnant woman;
- Early initiation of breast feeding;
- Exclusive breast feeding from birth through six months;
- Quality and quantity of complementary feeding;
- Hand washing with soap before preparing food and feeding children below 2 years of age.

This study was designed to evaluate and monitor the effect of SHIKHA intervention in order to provide strategic direction for quality improvement. Three cross sectional annual surveys were conducted in three different points of time in order to evaluate the SHIKHA intervention effect i.e. the Baseline during November-December 2013; the Midline during December 2014 - May 2015 and the end line during December, 2015-April, 2016.

The SHIKHA intervention has achieved all the objectives in terms of pregnant women's dietary diversity and infant and young child feeding (IYCF) practice except for exclusive breast feeding as it was already higher in the baseline. Pregnant women's dietary diversity score (DDS) was low at baseline; mean DDS was improved to 4.48 and 4.76 in midline and end-line respectively. Improvement was stagnated among adolescent pregnant women between baseline and midline; but eventually improved after special efforts. Dairy products, eggs and leafy vegetables intake were low (17%, 28% and 50% respectively) at baseline despite two thirds or more of the respondents know that pregnant women should eat these foods.

At the end of the project, knowledge about intake of different variety of food improved and intake of eggs, vitamin A rich fruits and vegetables substantially improved. Besides, more significant improvements in mean diet diversity are seen among relatively less educated women, resulting in a narrowing of the gap in DDS by educational attainment of the women; similar trend was also observed for women from lower SES. On the other hand, significant improvement was seen in all the IYCF indicators despite short intervention period. Except for exclusive breastfeeding rate there was substantially more improvement than targets of the SHIKHA project (>12%) in all the IYCF indicators. Mean dietary diversity rate almost tripled from 20.6% in the baseline to 56.6% in the end-line; this helped in substantial improvement in minimum acceptable diet from 18.3% to 51.5%. Presence of hand washing station at child feeding area improved substantially from 12.2% to 50.8%. More emphasis needs to be given in ensuring that pregnant women and mothers get all scheduled visits.

Theme Four

Neglected Tropical Diseases (NTDs)

Bangladesh is one of the largest endemic countries for filariasis where 74 million people were living in danger zone. Government of Bangladesh has been implementing a projects to eliminate Lymphatic Filariasis (LF) in Bangladesh since 2001. Bangladesh has made remarkable progress in the elimination of LF over the past decades. Bangladesh is one of the first countries to start the elimination process with the Mass Drug Administration (MDA) strategy of the Global Program to Eliminate LF (GPELF). CIPRB has implemented the program with supports from Liverpool School of Tropical Medicine (LSTM) in partnership with Filariasis Eliminations Program of Directorate General of Health Services.

The major activities conducted by CIPRB were:

- I. Mass Drug Administration (MDA) coverage survey;
- II. Hydrocele surgery camps;
- III. Assessment of quality of life following hydrocele surgery camps;
- IV. LF Patients searching survey;
- V. LF Patients verification survey;
- VI. Health facilities (community clinics) assessment for services towards LF patients;
- VII. Evaluation of existing training programs to capacitate Community Health Care Providers (CHCP) on morbidity management and disability prevention.

I. Mass Drug Administration (MDA) Coverage Survey

Under the program two MDA coverage surveys were conducted in all upazillas of Rangpur District. The first survey was conducted during 2012 and post-MDA survey was conducted in all upazillas of Rangpur District during 2016. The main objective MDA coverage survey was to provide information on a number of issues to DGHS for policy implication like (i) drug distribution rate (coverage), (ii) drug ingestion rate, (iii) respondents' experience on drug reaction.

II. Hydrocele Surgery Camps

As part of the Morbidity Management and Disability Prevention (MMDP), Filariasis Elimination and STH Control Program of DGHS conducted hydrocele surgery camps in Panchagarh district during 2016/17. The main objectives of hydrocele operation were to bring back patient's regular life and reduce the morbidity burden. In addition, a total of 143 hydrocele surgery were conducted during the surgery camp in 2016 and 500 surgeries done in 2017.

III. Assessment of Quality of Life of Hydrocele Patients

Under the Filariasis Elimination and STH Control Program of DGHS conducted hydrocele surgery and Assessment of quality of life following hydrocele operation in Panchagarh district in 2016. Under this study CIPRB team has interviewed that patient for their consent for operation. The research team conducted

interview before operation and after 3 months of operation for assessment of quality of life of hydrocele patients.

IV. Patient searching using SMS Tools

Patient searching using SMS tools was conducted in 17 different low endemic districts of Bangladesh during 2016-2017. Under this activity, CIPRB research team had search LF patients using snowball sampling method and directly upload patient's information in measure SMS server by sending SMS from their mobile phone.

V. Patient Verification Survey

Patient Verification survey was the next step of patient searching. Under this activity, CIPRB team verified the patients who were found during the patient searching survey. This survey was conducted in 6 different districts during 2016-2017.

VI. Health facilities (community clinics) assessment

CIPRB research team visited randomly selected 28 community clinics of Rangpur division (4 from each districts) in 2017 for assessing their readiness in providing treatment to the LF patents. In addition, a total of 102 LF patients were interviewed during the health facilities visit to understand their satisfaction about the existing services available in the community clinics as well as their health seeking behaviour.

VII. Evaluation of existing training programs to capacitate Community Health Care Providers (CHCP) on morbidity management and disability prevention

Monitoring and evaluation team of CIPRB attended morbidity management and disability prevention (MMDP) training programs organized by the FEP of DGHS in 14 upazilas of Rangpur division (2 upazilas per district). A total of 619 root level health workers including CHCPs were assessed before and after the training sessions.

Theme Five

Disability and Autism

Survey on Prevalence of Autism

It has been estimated that 1% of world population suffered from Autism. It can be explained as a life-long neurodevelopment condition interfering with the person's ability to communicate and relate to others. DGHS in collaboration with Institute of Pediatric Neuro disorder & Autism (IPNA) of Bangabandhu Sheikh Mujib Medical University (BSMMU) took initiative to identify the prevalence of Autism Spectrum Disorder in rural Bangladesh. CIPRB has provided technical support to IPNA in conducting the research. The study covered six unions of Raiganj upazila under Sirajganj district to identify Autism prevalence among of children aged 18-36 months.



Training program for field research assistants

Theme Six

Global Exposure of CIPRB

World Conference on Drowning Prevention Year 2015

The World Conference on Drowning Prevention 2015 was held in Penang, Malaysia on 5th November 2015. A delegation of CIPRB comprises of 8 members led by Executive Director Prof. Dr. AKM Fazlur Rahman attended the said conference. One Keynote paper and two presentations were made from CIPRB while a total of 13 abstracts were submitted by CIPRB delegates.



WCDP 2015

Professor AKM Fazlur Rahman Executive Director of CIPRB shared the experience and learning of Saving of Lives from Drowning (SoLiD) program implemented by the organization in Bangladesh. Dr. Aminur Rahman, Director IDRC,B presented a keynote paper titled “A decade of experience in child drowning prevention in a low-income country setting, Bangladesh: implications for other similar settings”. He also presented two papers; One titled “*An update on the 'Anchal' model for childhood drowning prevention in resource-limited settings*”; and the other titled “*A profile of survival swimming teaching program in a low resource setting – experience from Bangladesh*”.

World Conference on Drowning Prevention Year 2017

The World Conference on Drowning Prevention 2017 was held in Vancouver, Canada during 17 – 19 October 2017. A delegation of five members led by the Prof. Dr. AKM Fazlur Rahman CIPRB, Executive Director of CIPRB participated in the said conference. Other members of the delegation were Dr. Aminur Rahman, Director-IDRC,B; Dr. Md. Jahangir Hossain, Associate Director- *SwimSafe*; Mahruba Khanam, Program Coordinator- SoLiD; and Rabbya Ashrafi – Training Coordinator- SoLiD. During the conference Dr. Aminur Rahman was awarded in recognition of his contribution and dedication to reduce the rate of drowning globally.



Dr. Aminur Rahman
receiving award



Dr. Aminur Rahman
Speaking during WCDP 2017



WCDP 2017

Fifth Global Meeting of Nongovernmental Organizations Advocating for Road Safety and Road Victims

The Fifth Global Meeting of Nongovernmental Organizations (NGOs) for Road Safety and Road Victims was organized by the Global Alliance of NGOs for Road Safety, the Ministry of Transport Malaysia and hosted by the World Health Organization (WHO). The meeting was held from 3–6 April 2017 at the Sama-Sama Hotel, Kuala Lumpur, Malaysia with attendance close to 150 road safety NGOs from over 70 countries.

The meeting was officiated by the Honourable Minister of Transport, Dato' Sri Liow Tiong Lai on 5 April 2017. Professor Dr Wong Shaw Voon, Director General, Malaysian Road Safety Research (MIROS); Mr Jean Todt, United Nations (UN) Secretary-General Special Envoy for Road Safety; Dr Etienne Krug, Director, Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention, WHO; Mr Marc Shotten, Program Manager of Global Road Safety Facility (GRSF), World Bank Group; and Mr Saul Billingsley, Executive Director, FIA Foundation offered valuable presentations that focused on the importance of joint efforts and partnership toward achieving concrete results for safer roads.

Professor Dr AKM Fazlur Rahman (Executive Director), Dr Salim Mahmud Chowdhury (Director – Operations) and Eng. Arif Uddin (Deputy Team Leader – Road Safety) attended the meeting from CIPRB. During the meeting CIPRB presented the outcome of a pilot project on comprehensive road safety model on N2 highway. Dr Salim Mahmud Chowdhury also presented a paper entitled “Pre-hospital care for road safety in low and middle- income countries: experience from Bangladesh” during the plenary session. During the meeting, CIPRB team had small group discussion with the participants especially the international organizations and development partners for possible future collaboration in addressing road safety in Bangladesh.



14th International Conference on Urban Health, Coimbra, Portugal

The International Conference on Urban Health, organized by the Elsevier B.V Took place from 26th September to 29th September 2017 at the Convento São Francisco in Coimbra, Portugal. The conference covered areas like urban planning, architecture, transportation, housing, and environmental health and others. Dr Salim Mahmud Chowdhury (Director – Operations) attended the meeting from CIPRB and presented urban road traffic injuries and pre-hospital care system in Bangladesh.

Theme Seven

Other Public Health Issues

Service Availability and Readiness Assessment (SARA) survey

Globally Non-communicable Diseases (NCDs) are the leading causes of disease burden because of increasing longevity and high prevalence of contributing factors such as tobacco use, obesity, physical inactivity, and unhealthy diets. There is a dearth of accurate and up to date information on the quality of services and standard of Bangladesh health systems, which is necessary for health systems management, monitoring, and evaluation. With this vision, this survey had been designed to gather information on overall availability and readiness of the health facilities on providing NCDs mainly Diabetes, Cardiovascular diseases, Chronic Respiratory Diseases, Cancer and disability-related services throughout Bangladesh. This study also explored the barriers and challenges on service provision and seeking, which will help us to visualize the domains of health systems which need to be improved for further betterment of the health system. This study was conducted during January-June 2018 among all level of health facilities throughout Bangladesh. The facility inventory questionnaire collects information on the availability of specific items (including their location and functional status), components of support systems (e.g., logistics, maintenance, and management), and facility infrastructure, including the service delivery environment. The survey also used to obtain information on how the facilities are prepared to provide each of the priority services.

Surveys for Urban Equity (SUE)

As rapid urbanisation transforms the socio-demographic structures within cities, standard survey methods, which have remained unchanged for many years, under-represent the urban poorest. This leads to an overly positive picture of urban health, distorting appropriate allocation of resources between rural and urban and within urban areas. The multi-country project involving partners from Bangladesh, Nepal, Vietnam and United Kingdom named 'Survey Urban Equity'- (i) tests novel methods to improve representation of urban populations in household surveys and measure mental health and injuries, (ii) explores urban poverty and compares measures of poverty and 'slumness' and (iii) works with city authorities to understand, and potentially improve, utilisation of data on urban health for planning more equitable services. The project duration was March 2017 to February 2019.

Household surveys were conducted in Kathmandu, Hanoi and Dhaka to test novel methods:

- (i) gridded population sampling;
- (ii) enumeration using open-access online maps and
- (iii) One-stage versus two-stage cluster sampling.

The reliability was tested of an observational tool to categorise neighbourhoods as slum areas. Within the survey, we assessed the appropriateness of a short set of questions to measure depression and injuries. Questionnaire data was used to compare asset-based, consumption-based and income-based measures of

poverty. Participatory methods identified perceptions of wealth in two communities in each city. The analysis combined quantitative and qualitative findings to recommend appropriate measures of poverty in urban areas. We conducted qualitative interviews and establish communities of practice with government staff in each city on use of data for planning. Framework approach was used to analyse qualitative data allowing comparison across city settings.

Sustainable Child Day-Care for 1-4 Year Olds in Disadvantaged Urban Communities in Dhaka, Bangladesh

Urban 'Anchal' Day-Care is an MRC PHIND funded study with UoL, CIPRB and the ARK Foundation, Bangladesh. The study was conducted during March 2017 to February 2019. Urban slums provide a challenging environment for child health. With slum-dwelling women working long hours and limited availability of extended family, slum communities face a childcare vacuum, undermining children's healthy early-childhood development (ECD). In collaboration with government, NGOs and communities, the project aimed to develop and test a day-care model for Dhaka to address the issue. CIPRB conducted a study on Urban 'Anchal' Day-Care supported by MRC PHIND in association with UoL and ARK Foundation, Bangladesh during March 2017 to February 2019. Child Health is exposed to different kinds of risks at urban Anchal as they are left without or limited care when mothers went to work for longer hour that undermine the issues of early-childhood development (ECD). The project aimed at developing and testing Day-Care model for the children living in Dhaka in collaboration with communities, NGOS and concerned government agencies.

The study was carried out in three phases. Phase-1 used a sequential mixed method approach for understanding the demand for day-care, test the feasibility of different ECD assessment tools, injury and hygiene behaviors among slum and neighboring non-slum households in Kamrangirchar, Dhaka. Quantitative survey was conducted among 200 households with U-5s children's caregivers. Qualitative surveys include 15 IDIs and 2 FGDs with caregivers and community leaders. Phase 2 consists of implementing an initial model and Participatory Action Research used to further modify the model to meet context needs. Challenges during implementation and research were documented. In the final phase, feasibility of following up the families from initial survey at 6 months from the baseline measures was tested through telephonic and house to house survey. The Baseline study showed that willingness to use a daycare was high (63%) among communities and with a general tendency of sending children back to rural villages as there was no childcare facilities. The study identified issues of enrolment and monthly fees, child pickup and drop, infectious illness of the child and food provisions etc. The follow-up survey showed that 72% participants from the baseline survey could be traced, however, 77% of them changed their minds about willingness to enroll the child to a daycare. Delivering the model in urban areas presents specific challenges. However, the rural Anchal model could be replicated in the urban setting with necessary modifications informed by all research phases of the study.

Mental Health First Aid

CIPRB organized a day long workshop on "Youth Mental Health First Aid". Dr. S R Mashreky, Director, Public Health and Injury Prevention, presented paper on "Epidemiology of Suicide in Bangladesh". Ms Teresa Mary Barter presented her paper on "Youth Mental Health First Aid". Meegan Brotherton, Stephen Parker and Tony Morisset from Australian Safe Communities Foundation (ASCF) were present with other participants.

Rapid Assessment of Community Clinics: Scope, Role, Expectations, Impact and Challenges

Community Clinic (CC) is a unique example of Public-Private Partnership as all the CCs have been established in community-donated land while government has constructed the infrastructure and supplying medicines and all necessary logistics. There is one Community Group (CG) and three Community Support Groups (CSGs) in the catchment area of each CC for smooth operation of CCs. In order to address the long-term challenges of health service, government has taken initiatives for revitalization of CCs as the top-most priority project of Health Sector in 2009 through Revitalization of Community Health Care Initiatives in Bangladesh (RCHCIB) under Ministry of Health & Family Welfare (MoH&FW).

A study was conducted during January to April 2015 to understand the ground reality of the health service situation in the CCs along with availability and accessibility of these services to formulate future direction in fully revitalized all CCs.

Power and Participation Research Centre (PPRC) has provided both technical and financial support for the study. A mixed method study design was adapted for the study covering

all 64 districts in Bangladesh through representative sample. The study covered peri-urban, rural and remote/hard to reach locations as well as considered the geographical diversity such as char, costal, hilly and hawor areas. A total of 256 CCs were assessed during the study.

Gap Assessment Report of Health Care Delivery in RMG Factories in Bangladesh

Ready-made Garments (RMG) is an important sector for economic development of Bangladesh. More than 4 million people work in this sector, of which around 80 per cent are women. The RMG industry has grown rapidly in Bangladesh within a context of limited social or physical infrastructure to support it. The collaborative efforts between the Government of Bangladesh, development agencies, international buyers, business and workers' associations have started to improve the physical infrastructure, most notably through the Accord and Alliance. However, accesses to health care, services and products, particularly for women, are critical gaps in the social infrastructure in which the RMG industry operates.

This study was designed to assess the gap in health service delivery in RMG factories. The gap was assessed based on qualitative and quantitative methods, by exploring the existing policies related to health and wellbeing of employees, health needs of employees, environment and logistics of factory clinic, and knowledge and skills of clinic staff. Five main gaps were identified in the study, which were sub-optimal performance of nurses in RMG factories, insufficient attention to promoting and protecting female workers' health, room for clinic facilities upgrade in factories, factory's healthcare management system needs to be strengthened and insufficient health response to emergency..

Designing the criteria for hospital admission of violence victims at upazila health complex and district hospitals in Bangladesh

Injury and violence has become one of the major public health problem in low- and middle-income countries due to the epidemiological transition. However, it has been seen from a medico legal and criminal perspective and not as a public health problem. Globally, injured patients occupy around 10-20% of hospital beds. The Director General of Health Services (DGHS), Bangladesh reported that injury including violence patients comprised more than one fifth of all admissions and about half (49.8 %) of all surgical beds of a district hospital in Bangladesh in early 20's. The most recent report published by the Management Information System (MIH), Directorate General of Health Services, Bangladesh has shown that assault was the 2nd leading cause of hospitalization in upazila health complexes (UHCs). Our health system bears huge economic burden due high admission rates of injured including violence patients at all levels of hospitals/health care facilities.

The overall goal of the project was to design a protocol/criteria of hospital admission for violence victims at upazila health complex and district hospitals in context of Bangladesh.

The study was carried out between February 2016 and June 2016. Both qualitative and quantitative methodology was adapted for this study.

Based on baseline survey findings and literature review a hospital admission criteria/protocol was drafted. The draft protocol was finalized by discussing at a national workshop.

Enabling data linkage to maximise the value of public health research data

This project was commissioned by The Wellcome Trust on behalf of the Public Health Research Data Forum. University of the West of England, Bristol leaded the project while DataFirst, University of Cape Town was the implementing partners in South Africa and Centre for Injury Prevention Research, Bangladesh (CIPRB) implemented the project in Bangladesh.

The project aimed to identify the gains to public health research from linking existing data sources, the barriers to such data linking, and how the barriers could be overcome. The objective was to deliver a set of practical recommendations from realising the gains from data linkage.

The research strategy was to use a mix of literature review, case studies of data linkage projects, and interviews with selected individuals involved with data linkage. The study looked at low-, middle- and high-income countries to ensure that lessons learned would have wide applicability. Barriers to useful data linkage were analysed from statistical, operational and institutional perspectives. Given the very large amount of information on data linkage theory and practice, the project focused on useful illustrative examples rather than being an exhaustive survey of the field.

Situation analysis on health and WATSAN of undocumented Myanmar nationals and the host community of Cox's Bazar

Bangladesh has been hosting about 30,000 officially registered Rohingya refugees in two official camps where around 200,000-500,000 Undocumented Myanmar Nationals (UMNs), either in cluster settlements or within the host community. Among them, Kutupalong makeshift settlement in Ukhiya hosts around 40,000 – 45,000 people and Leda makeshift settlement in Teknaf hosts around 15,000. Government of Bangladesh, UN agencies, local and international NGOs have been providing humanitarian services in Cox's Bazar that benefit both UMNs and the local communities, which has been found insufficient for such a large additional population in the district. Since 2013 International Organisation for Monitoring (IOM) has started services on Health, Water, Sanitation and Hygiene (WASH).

CIPRB has conducted a baseline survey as to determine the current Health and WATSAN situations and availability and accessibility of Health and WATSAN services in the target areas in Cox's Bazar.

The baseline survey was conducted in three upazilas (sub-districts) namely – Ukhiya, Teknaf and Ramu in Cox's Bazar district, which have been hosting UMNs during March 27-April 04, 2017. The survey includes UMN women, men and adolescent girls and the host community members (women and men), health and WATSAN service providers and the humanitarian partners. A total of 2,137 women having one under 1 year old child was randomly selected from 95 villages of 17 unions of the three study upazilas as the structured questionnaire respondents. Among these women 1858 were Bangladeshis and 279 were UMNs. To secure this sample size a total of 19,479 households of all three upazilas covering 105,600 population was screened. Among them 86,316 were Bangladeshis and 19,284 were UMNs. For in-depth understanding of availability and accessibility, and bottlenecks and limitation of health and WATSAN services, and the level of awareness and support services for sexual and gender based violence 16 FGDs, 10 IDIs and 5 KIIs were conducted. All the respondents were informed that the data/ information gathered from them would be solely used for the study purpose and the confidentiality and anonymity would be strictly observed, and written consent (oral consent for some IDI and KII respondents) was obtained from each respondent.

Bangladesh Health and Injury Survey (BHIS) 2016

Centre for Injury Prevention and Research, Bangladesh (CIPRB) conducted the Bangladesh Health and Injury Survey 2016 following requests from the Directorate General Health Services (DGHS). Bangladesh had been experiencing epidemiological transition, where communicable diseases had already markedly declined due to various successful communicable disease control programmes. On the contrary, non-communicable ailments and health-related events, including injuries, are gradually on the rise. The country, thus, bears a double burden of diseases and health events.

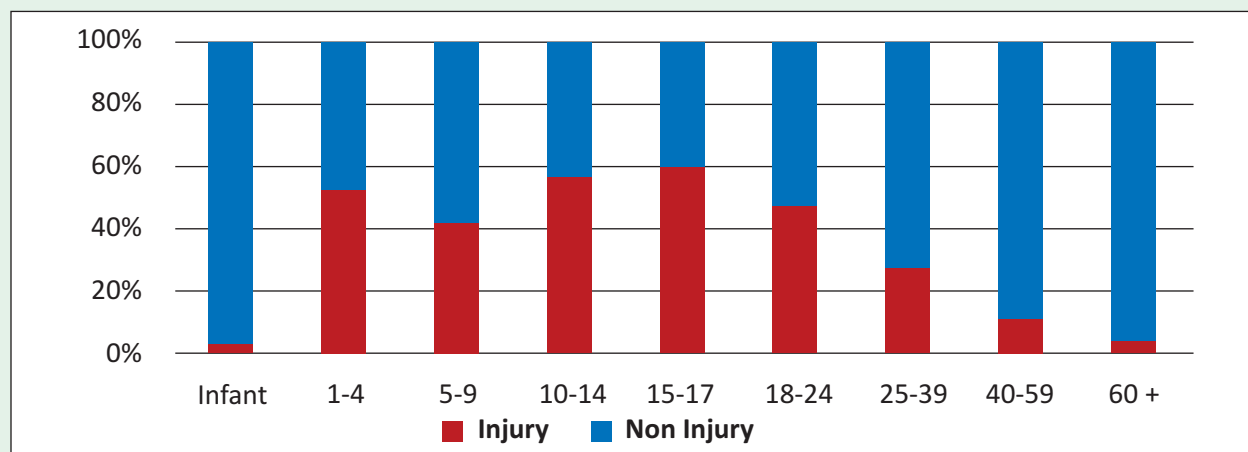
In such circumstance DGHS took the initiative to conduct the Bangladesh Health and Injury Survey, the ground-breaking research work, which was first conducted in 2003, which revealed that injury was one of the major killers of children under 18 years after infancy. It was estimated that annually over 30,000 children die due to injury.

The findings drew a lot of attention of the policy planners and health professionals as a result of which injury prevention became a priority health agenda in Bangladesh. During the last decade, a considerable number of injury prevention research activities were conducted in the country. These research activities identified some effective interventions to prevent child injuries including drowning, which could be scaled up throughout the country.

BHIS 2016, was conducted using the same methodology adopted in Bangladesh Health and Injury Survey 2003, which was also conducted by CIPRB. The survey revealed that that over 108,000 people of all ages die due to injury each year and among them over 39,000 are children under 18. Suicide, road traffic injury, drowning and fall are the four leading causes of injury-induced mortality in all ages. Over 20 million people are estimated to be non-fatally injured each year and about 242,000 people become permanently disabled due to injury.

BHIS 2016 defined injury in proportion to all other causes but without classifying them into specific communicable and non-communicable causes. It focuses primarily on the epidemiology of fatal and nonfatal injury, and it extended the definition of moderate severity to include any injury that resulted in loss of 1 day of work, school attendance or ability to care for oneself. Additionally, while BHIS 2003 focused on child age groups, BHIS 2016 reports on all age groups, including infancy, childhood, young adulthood, middle age and old age.

Graph – Proportional Injury Mortality by Age



Annual Events

Annual General Meeting (AGM)

The 8th Annual General Meeting (AGM) of CIPRB was organized during 03 January 2015 at CIPRB conference room and the 9th AGM was organized during 29 July 2016 at Ocean Paradise Hotel and Resort, Cox's Bazar. Both the AGM was chaired by the Chairperson of CIPRB, Professor Mohammad Ghulam Rahman. Members of the Executive Committee including General Members and Directors of different department were present at the meetings. During the AGM of 2016, Dr. Saidur Rahman Mashreky, General Secretary of CIPRB presented the Activity Report 2014-2015. Md. Shamsur Rahaman, Deputy Director-Finance & Admin., presented the Annual Budget for the financial year 2016 and shared the Audit Report of the financial year 2013 and 2014.



Annual General Meeting

Celebration of Safe Motherhood Day

CIPRB celebrates the National Safe Motherhood Day (NSMD) day every year on **April 11** with the aim to enhance awareness on proper healthcare and maternity facilities to pregnant and lactating women. CIPRB has already been contributing in Maternal and Perinatal Death Review in Bangladesh and it's an innovation for the country context supporting to the health system to improve maternal and neonatal health services in Bangladesh.



Picnic 2016

Staff members of CIPRB family joined the annual picnic, which was organized at Nahar Garden, Manikganj during 2016. The annual picnic 2017 was organized at Shalna, Gazipur.



Finance and Accounts

In the year 2014 to 30 June 2017, CIPRB's major sources of fund inflow were grants from external donors, Govt. of Bangladesh, fees and service charges recovery from institutional services, Universities and contributions from different local donors, CSR funds. CIPRB's growth in terms of other partnership fund is gradually increasing.

Donors Name	2014	2015	2016	2017	Total
UNICEF	59.68	58.74	9.40		127.82
Solid- John Hopkins University- USA	78.44	73.37	50.99	54.40	257.20
International Inspiration Ltd.			-	1.95	1.95
Plan Swim safe Int.	0.58	0.31			0.89
WHO	4.02				4.02
Safe Crossing- Netherlands	4.22	6.52	0.92	3.01	14.67
UNFPA			2.94	8.96	11.90
RNLI- VHASA			3.54	27.96	31.50
JICA		2.90	1.24		4.14
Orebro University Sweden (SPI)				2.33	2.33
Govt. of Bangladesh	0.81	1.06	11.97	2.44	16.28
RNRL-CCMPD	3.48	5.01	2.12	2.21	12.82
Australian High Commission (Aus AiD)		2.64		1.63	4.27
University of the West of England		0.43			0.43
Management Science for Health (MSH)				0.35	0.35
Prevalence of Autism in rural community in Bangladesh				0.50	0.50
IOM		2.38	1.15		3.53
RLSS- Australia		0.70			0.70
Rotary Club Rutherglen-Aus	0.03				0.03
Prevention of Childhood Blindness				0.99	0.99
Kumudine Medical College	1.23			0.39	1.62
Save the Children USA		1.87	0.27	1.14	3.28
FHI -360	1.56	4.73	4.27	0.60	11.16
LSTM –UK	15.68	5.44	1.51	3.75	26.38
RNLI- UK	1.67	4.20	1.61	7.10	14.58
Emergency Management of Severe Burn –Australia	0.48	0.13	0.86	0.57	2.04
PPRC		0.45			0.45
RHSTEP		1.00			1.00
Other recovery (including bank int.)	57.76	42.75	34.53	40.56	175.60
Total Income in BDT (in million)	229.64	214.63	127.32	160.84	732.43

On the other hand, expense analysis of 2014 to 30 June 2017 shows that 687.03 (85%) million BDT was spent through the major program components (Direct Program Cost 32%, Staffs Cost 49%, Training and capacity development cost 4%) and 15% was spent for administrative costs. Size of administrative cost were reducing year by year due to taking some initiative.

Name of Expenditure	2014	2015	2016	2017	Total
Programme Cost	19.85	30.15	14.33	70.72	135.04
Personnel Cost	82.86	139.23	58.68	58.29	339.05
Training Expenses	18.24	8.84	1.35	2.27	30.71
Administration Cost	64.01	16.19	4.83	11.81	96.84
Travel and DSA	10.22	10.48	3.53	3.67	27.91
Seminar, Meeting, Workshop and Conference	13.69	0.70	21.01	11.30	46.70
Monitoring and Evaluation	0.70	0.27	0.91	1.09	2.97
Consultancy and Professional fees	0.03	0.31	-	-	0.33
Depreciation	2.82	2.68	1.95	0.04	7.48
Total Expenditure in BDT (in million)	212.42	208.85	106.59	159.17	687.03

Auditors Report



এ. মতীন এন্ড কোং
A. MATIN & CO.
Chartered Accountants

PARTNERS : MR. A.K. ABDUL MATIN, M. COM. FCA, MR. NETAJ CHAND TALUKDER, M. COM.FCA.

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AUDITORS REPORT

We have audited accompanying Statement of Financial Position of **CENTRE FOR INJURY PREVENTION AND RESEARCH BANGLADESH (CIPRB)**, House no. B-162, Road No. 23, New DOHS, Mohakhali, Dhaka-1206, which comprise of statement of financial position As at 30 June, 2017 and the other related Consolidated Income and Expenditure Account (Consolidated Receipts and Payments Account) for the year ended, a summary of significant accounting policies and other explanatory information.

Management's responsibility for the preparation Financial Statements:

Management is responsible for the preparation and fair representation of these financial statements in accordance with Bangladesh financial Reporting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud error.

Auditors Responsibility:

Our responsibility is to express an opinion on the Financial Position based on our audit. We conducted our audit in accordance with Bangladesh Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statement, whether due to fraud or error. In making those risks assessment, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

In our opinion, the financial statements prepared in accordance with the Bangladesh Accounting Standards (BASS) and the Financial Reporting Standards (BFRS) give a true and fair view of the state of the state of financial position of **CENTRE FOR INJURY PREVENTION AND RESEARCH BANGLADESH (CIPRB)**. As at 30 June, 2017 and of the results of its operations for the year then ended and comply with other applicable laws and regulations.

We also report that:

- We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit and made due verification thereof;
- In our opinion, proper books of account as required by law have been kept by the organization so far as it appears from our examination of those books;
- The organization's Financial Position and Statement of Consolidated Income and Expenditure Account (Consolidated Receipts and Payments Account) incurred was for the purpose of the organization;

Dhaka, 31 October 2017


(A.K. Abdul Matin, FCA)
A. MATIN & CO.
Chartered Accountants



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