

# 2018-19 Annual Report



Centre for Injury Prevention and Research, Bangladesh

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**Acknowledgement**

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**Date of Publication**

13.05.2021



# CIPRB

Centre for Injury Prevention and Research, Bangladesh (CIPRB) started its journey in 2005 with a vision to eliminate injuries from Bangladesh. The organisation has been engaged in innovation and best practices in the areas of health, safety and community development. CIPRB's ground breaking work created far reaching impacts in saving lives throughout several Asian countries with similar programmes.

## VISION

Healthy and dignified life for all in a safe and productive environment.

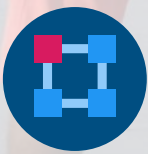
## MISSION

To generate evidences, transfer knowledge and skills, and promote integrated services and technologies for healthy life.

## PURPOSE

CIPRB aims to be the centre of excellence in conducting research on the issues of public health importance and delivering services through its innovations in Bangladesh and similar settings. The organisation takes coordinated efforts to respond to any public health emergencies.

## VALUES



Integrity



Innovation



Equality



Diversity



Excellence

# Scope of Work

The centre will continue to focus on high quality research, programmes and services in the field of

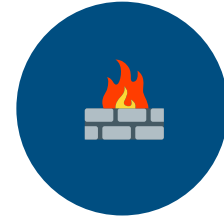
- Injury Prevention



Drowning



Road Traffic Injury



Burn

- Maternal, Neonatal and Child Health
- Mental Health
- Non-communicable Diseases
- Health System Research
- Neglected Tropical Diseases
- Disability

**CIPRB is committed to address the following SDGs**



# Strategies

CIPRB aims to be the Centre of Excellence in

- conducting research on the issues of public health importance
- delivering services through its innovations in Bangladesh and similar settings.



Strategic Planning Workshop 2019



## GOAL 1

Maintain high quality health research



## GOAL 2

Deliver effective health services and programmes



## GOAL 3

Strengthen operational capacity



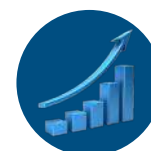
## GOAL 4

Translate research into policy action



## GOAL 5

Enhance partnership and networking



## GOAL 6

Ensure financial sustainability

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# Abbreviation

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



# Message from The President



**Professor Muhammad Ghulam Rahman**

CIPRB fostered the profound sense of optimism since its inception and carried the responsibilities in partnership with government and other agencies to bring solution for public health problems in Bangladesh. The journey of the organization is filled with many achievements and milestones of health indicators where CIPRB has mentionable contributions. I have trust on the leadership that CIPRB has developed and the innovative mission the organisation has set out to make our people healthy. Aiming that in the year of 2018 the organisation continued the innovative work with several research, initiatives, projects and events. The annual report of 2018-19 is the reflection of the work for the wider audience for their learning and knowledge development.

I strongly believe that in order to meet the new challenges of the future, CIPRB will continue to device innovative solutions meeting the exposed risk of injury and other health problems also in the coming years.





# Message from the Executive Director



**Prof. Dr. AKM Fazlur Rahman**

Centre for Injury Prevention and Research, Bangladesh (CIPRB) has been in the lead to develop solutions for a range of public health problems. The achievements of CIPRB are manifested not in a list of activities or publications but in the robust aspiration, the organisation has created among the communities in general and public health sector in particular. At CIPRB our core mission is to ensure health and safety through creating evidences, transferring knowledge and skills, promoting integrated services and adopting technologies. Solutions have already been innovated on a number of public health issues ranging from road traffic injuries to drowning, burns, maternal health, non-communicable diseases and, reproductive and child health.

Over the years the organisation 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 a range of world renowned universities.

Since its birth the organisation has increased focus on drowning and innovated multiple solutions applicable in local and global context, which are affordable to the poorest section of the societies. Number of solutions innovated by CIPRB is now being recognised as the best practice by WHO and being replicated in other parts of the globe.

This report has portrayed the activities undertaken during the year 2018-19, which has experienced partnership with number of national, international, government and non-government entities. During the reporting period the organisation enjoyed functional relationship with the Directorate General of Health Services (DGHS).

CIPRB acknowledges its profound gratitude to the development partners, government agencies, the Executive Board, the well-wishers including staff and volunteers working across the country for their continuous support that underpins the story of the success.



# Senior Leadership Team



**Prof. Dr. AKM Fazlur Rahman, Executive Director**

Prof. Rahman has been leading CIPRB as Executive Director since its inception. He is one of the global leading experts in the field of Public Health and Injury Prevention. Following his PhD from Karolinska Institutet, Sweden, he conducted more than 50 research projects as principal investigator including large scale national surveys. Being a professor of epidemiology, he has been effectively contributing to local capacity development and authored more than 250 scientific publications.

**Dr. Aminur Rahman, Deputy Executive Director and Director, IDRC-B**

Dr. Rahman apart from his position as Deputy Executive Director, has also been responsible for directing the International Drowning Research Centre-Bangladesh (IDRC-B). He obtained his PhD from Karolinska Institutet, Sweden. Dr. Rahman is one of the leading drowning prevention researchers globally. He has published more than 80 articles in peer-reviewed journals. Dr. Rahman has also been appointed as Portfolio Director, Drowning Prevention by the Royal Life Saving Society, Commonwealth since mid 2018.



**Prof. Dr. M. A. Halim, Director – Reproductive and Child Health**

Prof. Dr. M. A. Halim is an Obstetrician and Gynaecologist with expertise in public health research. He has been leading the Reproductive and Child Health unit of the centre since 2010. He obtained his PhD from Hamamatsu University, Japan. He published around 50 scientific articles in peer reviewed journals. He led two recent projects namely 'Maternal and Perinatal Death Review in four MNHI districts of Bangladesh 2010-2012' and Development and Implementation of 'Quality Improvement in Maternal and Neonatal Health in Facilities of Bangladesh (2012-2014)'. Prof. Halim contributed in developing national policy, strategies and programmes in the field of reproductive health.

**Prof. Dr. Saidur Rahman Mashreky, Director-PHS**

Dr. Mashreky is a professor of Non-communicable disease, leading the public health science division of CIPRB for about a decade. He completed Masters in Public Health from Dhaka University, a post-graduate diploma in Medical Education from Dundee University, UK. and PhD. from Karolinska Institutet, Sweden. He has developed and implemented a childhood burn prevention programme in rural Bangladesh. He published more than 70 articles in peer-reviewed journals.



**Dr. Salim Mahmud Chowdhury, Director – Operations & Road Traffic Injury Research Centre**

Dr. Chowdhury has been managing the organisational operations of CIPRB since 2015 in addition to his research activities. He completed his Masters in Public Health (MPH) and PhD from Karolinska Institutet, Sweden. Road traffic injuries, health system research and neglected tropical diseases are his areas of interest. He coordinated regional level (South-East Asia) activities for global status report on road safety and violence prevention. During his over 23 years career, he worked with many national and international organisations including WHO as an International Professional.

# Board of Trustees



## **Prof. (Rtd) Muhammad Ghulam Rahman**

Prof. Rahman is the president of the CIPRB since its inception in 2005. Professor Rahman obtained his MA in English from Calcutta University in 1958. He authored a good number of English text books for undergraduate students. He also volunteered as a national executive member of the Society for the Welfare and Education of the Intellectually Disabled (SWEID), Bangladesh.

## **Dr. Sailendra Nath Biswas, Treasurer**

Dr. Biswas availed MBBS from Rajshahi Medical College, post-graduation in Public Health from National Institute of Preventive and Social Medicine (NIPSOM), Dhaka, Post-Graduate Diploma and M.Sc in Health Economics from the Institute of Health Economics, University of Dhaka. At present he is engaged in teaching Community Medicine at Khwaja Yunus Ali Medical College, Sirajganj



## **Dr. Salim Mahmud Chowdhury, General Secretary**

Dr Chowdhury is an experienced public health researcher and programme manager with outstanding educational and research records. He availed MBBS degree from Dhaka Medical College and Masters in Public Health from Karolinska Institutet, Sweden. Dr Chowdhury has completed his PhD at the Division of Social Medicine, Department of Public Health Sciences, Karolinska Institutet, Sweden.

## **Prof. Afsana Karim, Member-Working Committee**

Prof. Afsana has around 20 years of teaching experience in Pharmacology in different medical colleges of Bangladesh beginning as a Lecturer in Department of Pharmacology in Dhaka Medical College. She has worked as a research fellow in Department of Pharmacology of Mahidol University in Thailand. She is the co-author of 8 books, has 21 published articles and conducted 9 research activities.



## **Dr. Sanchoy Kumar Chanda, Member-Working Committee**

Dr. Chanda as a public health expert worked for various international organisations since he graduated. Currently he has been working as the Senior Technical Officer, Reproductive Health (RH)/Maternal Health (MH) at the United Nations Population Fund (UNFPA).

## **Md. Mamun-or-Rashid, Member-Working Committee**

Md. Mamun-or-Rashid has 13 years experience in Finance, Administrative & HR sector with leading organisations in Bangladesh. He has completed his M.Com in Accounting from National University and Post Graduate Diploma in Financial Management (PGDFM) from BIM. He has completed the CA course from ICAB under Hossen Delwar & Co.



## **Dr. Mahfuzur Rahman, Member-Working Committee**

Dr. Rahman is working as the Scientific Director, UChicago Research Bangladesh, Department of Health Studies, The University of Chicago, Chicago, USA. He has nearly 20 years of professional experience in the field of occupational and environmental health that includes health risk and exposure assessment, with academic training in Occupational and Environmental Medicine from Faculty of Health Sciences, Linkoping University, Sweden.

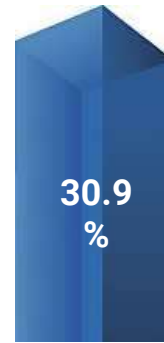
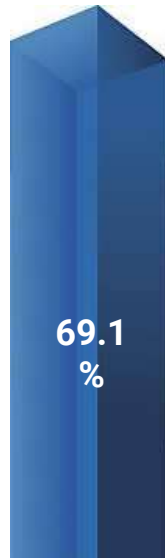
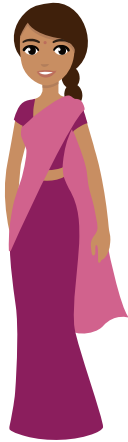
# Team

## Females

Programme Personnel	40
Operation Personnel	7
Researchers	9
Paid Volunteers	4063
Volunteers	1313

## Males

Programme Personnel	76
Operation Personnel	63
Researchers	11
Paid Volunteers	41
Volunteers	2237



## CIPRB Service

Research & Programme

42

Training

364

Publication

37

A person wearing a yellow turban and a dark long-sleeved shirt with 'TRAINING' and 'RIP' written on the back is standing in shallow ocean waves. The person is holding a long wooden pole. The water is bright blue with white foam from the waves.

# Spotlight

**The upcoming pictures and stories are the highlights that CIPRB has achieved over the reporting period 2018-19. These are the representation of having national and international impact of CIPRB.**

## The 13th World Injury Prevention and Safety Conference

A group of CIPRB staff attended the 13th World Conference on Injury Prevention and Safety Promotion titled "Safety 2018" with the theme "Advancing Injury and Violence Prevention to Achieve the Sustainable Development Goals" held at Bangkok during 5-7th November 2018. A total of 17 research findings were presented in this conference including 8 oral and 9 poster presentations. Five presentations were made by the PROJECT Bhasa team members on drowning prevention including poster display. Papers on other injuries including violence were also presented in the conference.



## **The Royal Lifesaving Society (RLSS) Commonwealth appointed Dr. Aminur Rahman as the Director for Drowning Prevention**

On September 19, 2018 the Board of Trustees of RLSS Commonwealth unanimously decided to appoint Dr. Rahman as the Portfolio Director for Drowning Prevention, such a respectful responsible position. The Commonwealth Drowning Prevention has been working to eliminate drowning in the Commonwealth having active branches in 27 Commonwealth Nations, which aims at reducing the incidences of drowning around the world by developing community based drowning prevention strategies and lifesaving education programmes and providing advice and education to Government, NGOs and individuals on the development of water safety skills.



## **Dr. Aminur Rahman shared drowning prevention measures for LMICs at the UK Parliament**

Dr. Aminur Rahman shared his experiences of fighting against the cruelty of drowning at the UK Parliament. The sharing meeting held at the Westminster, the United Kingdom titled "Drowning is preventable even in LMICs - Bangladesh an Example" on 18th October 2018.



## Policy dialogue on Maternal Health Protection with the Parliamentarians



CIPRB with supports from UNFPA undertook an advocacy initiative for enactment of an independent Act on Maternal Health. A policy dialogue on Maternal Health Protection was organised on 16 September 2018 by the Bangladesh National Parliament and UNFPA to address maternal health protection in Bangladesh. The policy dialogue was graced by Dr. Shirin Sharmin Chaudhury, MP, Hon'ble Speaker of the Bangladesh Parliament and Chair, Bangladesh Association of Parliamentarians on Population and Development (BAPPD) as the chief guest. Prof. Habibe Millat, MP presented a keynote paper while Dr. Animesh Biswas, Technical Officer of UNFPA presented the challenges and way forward to prevent maternal death in Bangladesh and the dialogue was Chaired by Mr. A S M Feroz, MP, Hon'ble Chief Whip, Bangladesh Parliament.

## Briefing session with the British Parliamentarians by RNLI



RNLI organized a briefing session of their activities for the parliamentarians and their staff on 22nd November 2018. CIPRB staff joined at that sharing meeting. Md. Shafkat Hossain - Deputy Team Leader, CIPRB (SeaSafe & SwimSafe Projects) spoke about the programmes that CIPRB has been implementing in Bangladesh with supports from RNLI. The main objectives of the briefing session were to raise awareness of the Parliamentarians about the work of the Lifeboat Fund, RNLI's international work and Defeat Drowning Appeal in particular; networking with key decision

makers who can encourage heads of departments at the Civil Service to get involved with fundraising and support the work of RNLI International. Also to thank TLF for their commitment in supporting RNLI and specifically three aspects of the Defeat Drowning Appeal.



# Spotlight



Mr. Sajeeb Wazed Joy, the Advisor to the Government of Bangladesh on Information and Communication Technology (ICT), visited Cox's Bazar with his family members and the district administration requested the Lifeguards from the SeaSafe Project to ensure their safety on the beach

CIPRB members attended the World Conference on Drowning Prevention during 8-10 October 2019 in Durban, South Africa



On 23rd November 2019, SeaSafe lifeguards got the opportunity to provide services to the Chief of Army Staff of Bangladesh Army, General Aziz Ahmed, SBP, BSP, BGBM, PBGM, BGBMS, psc, G. The general expressed his satisfaction and gladness about the international standard of SeaSafe lifeguards.



On April 8-10, 2019, Bloomberg Philanthropies organised a drowning prevention partners meeting at Hotel InterContinental Dhaka, Bangladesh. Johns Hopkins International Injury Research Unit (JHIIRU), Bloomberg Philanthropies and international partners such as the World Health Organization (WHO), U.S. Centers for Disease Control and Prevention (CDC), the Global Health Advocacy Incubator, Makerere University (Uganda), International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) and Centre for Injury Prevention and Research, Bangladesh (CIPRB) participated in the meeting and shared the progress of their work on drowning prevention across Bangladesh, Vietnam, Uganda and globally.



Chairman of RNLI visited the project area of PROJECT Bhasa in the Barishal division on 28 November 2018. Other RNLI officials were also with him. They observed different interventions of this project during their visit.

# Spotlight



Dr. Qingfeng Li from Johns Hopkins University along with the representatives from Bloomberg Philanthropies, Synergos, CDC, CIPRB and icddr,b visited the CreCHeS project area at Manohardi, Narshingdi. The group observed CreCHeS activities, training of Anchal Maa, survival swimming teaching etc. They also met the parents of the Anchal children and the community leaders.

CIPRB's 'Safeguarding Policy for Children and Vulnerable Adults' has been introduced during July 2019. Safeguarding policy orientation and implementation has been started since October 2019. Mandatory training and orientation on CIPRB's safeguarding policy are provided among CIPRB staff both at head Office and field level for building awareness on safeguarding issues. Ms. Sangeeta Barua, the safeguarding focal person of CIPRB, facilitates the training sessions among all the staff of the organisation. Safeguarding code of conduct for employees is in place that sets out clear expectation of behaviors and values both inside and outside the workplace. Visitors code of conduct has also been developed and in place. A seven-member safeguarding committee is formed comprising members from the CIPRB Executive Board and senior management team. CIPRB Executive Director is the chairman of the committee.



# Research Conducted



**Reproductive and Child Health**  
Research 10  
Publication 6



**Drowning Prevention**  
Research 8  
Publication 16



**Non-communicable Disease & Others**  
Research 5  
Publication 6



**Neglected Tropical Diseases**  
Research 2  
Publication 1



**Health System Research**  
Research 6  
Publication 1



**Burn**  
Research 1  
Publication 7



**Road Traffic Injury**  
Research 1



**Disabilities**  
Research 5

**Publications: 37 articles published in peer-reviewed international journals**

# Research & Programme Summaries



# Reproductive and Child Health



**Dr. Abu Sayeed Md. Abdullah**  
Team Leader

Reproductive and 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. 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.

## Intervention 1: Bagan Mayer Jonno

Bagan Mayer Jonno (for the Women workers in tea gardens) intervention was designed with a goal to demonstrate an effective and integrated programme suitable to country context in addressing child marriage, adolescent pregnancy, menstrual hygiene, maternal and neonatal health, referral support of obstetrical complicated women, unmet need of family planning, advocacy, awareness, sexual-

reproductive health rights including gender based violence for indigenous population of Tea Gardens in Bangladesh. The aim of the intervention is to improve maternal health care through planning and implements evidence based programme approach to address health and other contributing factors in selected tea gardens. The interventions have been implementing through existing MNH programme that UNFPA is supporting through government in 35 tea gardens of Sreemongol, Kamalganj and Rajnagar upazilas in Moulvibazar.



- 4890** Received Maternal health care
- 349** Referred to hospitals for Obstetric complications
- 2121** Adolescent girls were sensitized about early marriage and menstrual hygiene
- 3017** Eligible couples were sensitized on Family Planning
- 485** Panchayat (Village Council) were sensitized about MCH care

## Intervention 2: Cervical Cancer Research in tea garden

During the year 2018, as a continuation of the previous programme in Moulvibazar, the project implementation was extended in ten selected tea gardens for Cervical Cancer Screening among marginalized women of the tea gardens. Under the programme the following interventions were implemented:

- BCC materials were developed for Counseling of Women before Cervical Cancer Screening
- Teagarden managers at district level were oriented on cancer cervix screening
- Capacity building of Bagan Sebikas , Tea Garden Paramedics/midwives for counseling of women on cancer-cervix
- Cancer Cervix confirmation by Colposcopy test at the District level



MCH Handbook is an important tool to improve knowledge and practice among the pregnant women.

- |             |  |            |  |
|-------------|--|------------|--|
| <b>1019</b> | Screened for cervical cancer                           | <b>523</b> | Referred to District Hospital            |
| <b>523</b>  | Screening tested positive                              | <b>453</b> | Cancer Cervix confirmation by Colposcopy |
| <b>67</b>   | Uterine Prolapse cases                                 | <b>68</b>  | Biopsy                                   |
| <b>257</b>  | Cervicitis were identified and treatment were provided |            |  |

### Intervention 3: Advocating for Maternal Health Protection Act

CIPRB with supports from UNFPA undertook an advocacy initiative for enactment of an independent Act on Maternal Health. The aim of the law was to reduce unwanted maternal deaths. In this process number of activities such as national policy dialogue; meeting of the technical committee on maternal health in Bangladesh; meeting of the Law review Committee; divisional meeting at Barishal, Chittagong, Sylhet and Rajshahi; consultative meetings at Potuakhali, Moulvibazar, Cox's Bazar and Sirajganj districts were held.

The technical committee for maternal health protection was formed headed by Prof. Dr. Habibe Millat, MP, member of the maternal health sub committee. The committee consist of the members of the parliaments, MoH&FW, professional bodies, developmental partners, donors etc. UNFPA and CIPRB provided technical and secretarial support to the committee.



**One Final Act is formulated and submitted to the parliament**

### Intervention 4: Capturing Maternal and Neonatal Death and Response (COMANDER)

The Government of Bangladesh, CDC and UNFPA conducted 'Capturing Maternal and Neonatal Death and Reponse (COMANDER)' project in Rohingya camps where CIPRB provided technical assistance. As a part of this project, 'Reproductive Age Mortality Study (RAMOS)' and 'Rapid Ascertainment Process for Institutional Deaths (RAPID)' had been conducted in community and facilities respectively. After one-year retrospective maternal mortality surveillance it was on the track of Prospective maternal and neonatal surveillance both in community and facility. Verbal Autopsies were conducted to confirm the maternal death as well as to ascertain the cause of death at community level. Not only surveillance but also response was an integral part of this project which were built up through social autopsy.



On 9 and 10 September 2018 the training on Facility Death Reviews (FDRs) on Capturing Maternal and Neonatal Death and Response (COMANDER) was held at Cox's Bazar. The objective of the training was to conduct the FDR of every maternal death occurred at facility among the Rohingya people. The CIPRB, CDC, UNHCR and UNFPA provided the technical support during the programme implementation. Thirty participants including doctors, nurses and midwives of Cox's bazar district hospital and Upazila Health Complexes of Teknaf and Ukhia upazila received the training. Dr. Animesh Biswas, Technical Officer of UNFPA, Dr. Endang and Dr. Rebecca of CDC facilitated the training sessions. Mr. Debashis Ray, Programme Manager (Maternal Health) of CIPRB provided overall coordination in the training programme.

## Intervention 5: Life Saving Skills in Pregnancy and Childbirth (LSPC) Training

The LSPC training programme was implemented under administrative guidance of Line Director MNCA&H, DGHS and CIPRB in collaboration with OGSB (Obstetrical and Gynaecological society of Bangladesh) and technical support from UNFPA on 14 February 2019. LSPC training was arranged to improve the capacity of the health care providers working in emergency room, labour room, & maternity ward within district hospitals, upazila health complexes and selected urban health facilities with 24/7 Basic Emergency Obstetrical and Neonatal Care (BEmONC) skills and competence.



200 emergency and maternity health care providers received the LSPC training (56 doctors, 71 nurses and 66 midwives and 7 Family Welfare Visitors).

## Intervention 6: Community based GDM detection and Surveillance in Bangladesh

CIPRB conducted a community detection and surveillance of Gestational Diabetes Mellitus (GDM) in Mirzapur Upazila of Tangail District of Bangladesh in partnership with the DGHS and DGFP in collaboration with the Institute of Tropical Medicine Antwerp, Belgium, the Bangladesh University of Health Sciences and Kumudini Hospital, Mirzapur. The project was funded by the World Diabetes Foundation (WDF), 2018. The GDM project is implemented in seven unions of Mirzapur upazila, where pregnant mothers were screened for GDM and those women diagnosed with GDM were provided treatment and followed up.



- 66 Health care providers trained on GDM
- One Baseline study (situation analysis) of GDM
- One National advocacy meeting on GDM detection and surveillance system

## Intervention 7: Fistula elimination in Sylhet

Four field operations officers were assigned by CIPRB to identify and refer fistula cases from Sylhet, Moulvibazar, Sunamganj and Habiganj districts. The activity was undertaken in coordination with DGHS and DGFP. One research associate was assigned to work at MAMM's Institute of Fistula and Women's Health to support the referral patients who came from the periphery. With the technical assistance of CIPRB, National annual report on genital fistula 2019 was developed to find the current status of fistula screening, identification, management and rehabilitation and also to explore annual progress and highlights on the way to Fistula elimination from Bangladesh. A total of 100 women were identified and confirmed as fistula cases at district hospitals in 2019. Among them 87 were referred to Sylhet Osmani Medical College Hospital and MAMMS Institute.

## Intervention 8: Safe delivery App

In 2019, UNFPA made an agreement with CIPRB for adaptation of the Safe Delivery App in Bangla. 'Safe Delivery App' is helpful for the health care providers of the primary, secondary and tertiary level hospitals to provide the quality maternity services

This support substantially help DGHS to meet the quality health services of thousands of people during regular and emergency period. The content of Safe Delivery Apps was translated in Bangla. The product was utilized by Maternity Foundation UK for delivering final product (SD Apps). Four medical officers of CIPRB translated the contents of the safe delivery apps software. The app was developed by The Maternity Foundation. Later they uploaded the Bangla version of the app for the users.



Home screen of Safe Delivery App





# PROJECT Bhasa


Bhasa is a comprehensive drowning prevention plan that has been implemented in three Upazilas namely Kalapara, Betagi and Taltoli in the Barishal Division. Based on the findings from Bangladesh Health and Injury Survey 2005 and 2016, it was identified that the Barishal Division was the most drowning prone area in the country, and children aged 1-4 and 5-9 are the most vulnerable groups. The project aimed to reduce child drowning by 40% and implemented the evidence based interventions that were tested in Bangladesh and recommended by the World Health Organization (WHO) in the Preventing Drowning: an Implementation Guide (2017).

## Intervention 1: Anchal (Community day-care Centre)

Anchal, a community day-care centre, aims to prevent drowning, injuries and provides necessary services for early childhood development (ECD) such as literacy, numeracy, socio-emotional and motor function. It provides a safe space for 20-25 children of 12- 48 months (1-4 years) old from 9 am to 1 pm, the most vulnerable age and time for child drowning. During 2018-19, total 21,375 children were enrolled in 565 Anchals. To raise awareness of parents on drowning prevention, 22,530 courtyard meetings were organised.



Anchal engages children aged 1-4 years and provide institutional supervision and ECD from 9 am to 1 pm by an Anchal Maa and her assistant (Caregivers)

	<b>400</b>	<b>Anchals established</b>	<b>165</b>	
	<b>17,341</b>	<b>Children supervised</b>	<b>4,034</b>	
	<b>2,951</b>	<b>Volunteer participants</b>	<b>599</b>	

## Intervention 2: SwimSafe

SwimSafe is an initiative to teach survival swimming skills for children aged 6-10 years old. The course teaches children how to swim, float and perform a land-based rescue within a modified pond. In 2018-2019 total 23,464 children were enrolled in this intervention and 20, 276 children were graduated.

<b>207</b>	Community Swimming Instructors
<b>130</b>	Swim centres
<b>20,276</b>	Children graduated
<b>260</b>	Courtyard meetings conducted to raise awareness of parents



SwimSafe is an effective intervention to prevent drowning of 6-10 years old children in Bangladesh

### Intervention 3: First responder system

First responder system aims to equip lay people with the necessary skills to provide first aid to injured or unwell patients until they receive professional medical treatment. The purpose of the first response training is to provide skills that allow lay people to minimize the consequences of serious injury including drowning. These skills include assessing a casualty's response, airway, breathing and circulation, providing Basic Life Support (including cardiopulmonary resuscitation -CPR).

#### Supporting Interventions

The supportive interventions were community engagement and awareness through forming Union Injury Prevention Committees (UIPCs), Village Injury Prevention Committees (VICs), school awareness, courtyard meeting, parents meeting, Interactive Popular Theatre (IPT) show, video show, annual Anchal event and area-based children swimming competition.

The school awareness intervention was to increase water safety knowledge among school-going children from class one to eight in three project areas. The trained staff from Bangladesh Fire Service and Civil Defense (BFSCD) conducted the session in the classroom where they demonstrated water safety, the land-based throw and reach rescue techniques, and way of wearing the personal flotation device (PFD).

Social autopsy meetings were held after a drowning death. It involved the deceased's family, neighbours, and local leaders. A trained worker led the group using a structured, standardised analysis of the incident. The dialogue served to elicit the social errors which caused the drowning death and to identify appropriate and achievable preventive measures.

Along with the core (Anchal, SwimSafe & First Response Training) and support interventions, the policy-influencing activities were also held. The divisional drowning prevention strategy was drafted and shared with the divisional level committee.



83 IPT shows and 78 video shows were organised to aware the community



22,350 parents participated in parents meeting



19,036 students were enrolled into School awareness intervention



First responder training was received by 2,101 participants



**Md. Shafkat Hossain**  
Team Leader

About 19,000 people die every year in the country from drowning. Children and young people are the most vulnerable group for fatal drowning. To reduce these death tolls on the beach, a project named SeaSafe has been implemented in Cox's Bazar district. The project aims to keep tourists safe in the beaches, teach swimming to children aged 6-10 years old, and educate tourists, communities and school children on water and beach safety.

- 97 tourists were rescued on the beaches. 15 people received first aid
- 1,295 children were graduated in the SwimSafe programme
- 49,362 tourists, community people and school children were educated on water and beach safety

### Intervention 1: Lifeguard service

The project provides lifeguard service from dawn to dusk on the most popular three beaches-Laboni, Sugondha and Kolatoli in Cox's Bazar. There are 27 full-time and 10 volunteer Lifeguards under the project.



### Intervention 2: SwimSafe

This initiative is to teach survival swimming to children under the supervision of trained community swimming instructors. Children aged 6-10 years are the target group. There are two different types of venues for swimming teaching, one is portable pool and other is natural pond. In the SeaSafe project, a portable pool is used for conducting swimming sessions. Two female and two male instructors conduct the swimming sessions for children. In 2018-19 a total of 1,295 children were graduated in the SwimSafe programme.

#### SeaSafe

Lifeguard service, SwimSafe and Community awareness

43

Lives were saved by the Lifeguards

37

Lifeguards received first aid training

25

Lifeguards received refreshers training

8

ToT for Community Swimming Instructors

6

Community awareness message delivery training to Community Educator

### Intervention 3: Community awareness

Six trained community educators provided water safety messages in the drowning prone communities and schools. The students aged 6-14 years were in the target group. Flashcards with various water and beach safety messages were shared and land-based rescue was demonstrated among the students and community people.



Community Swimming Instructors are teaching children how to float



The SeaSafe project staff are participating in first response training

# Crèches for Child Health and Safety (CreCHeS)

A drowning prevention project



**Dr. Md. Al-Amin Bhuiyan**  
Team Leader

The CreCHeS is a drowning prevention project which CIPRB has been implementing in collaboration with Johns Hopkins University (JHU) and ICDDR,B and with the support of Bloomberg Philanthropies. The important interventions of this project are Anchal and community engagement. In 2012 the project began as Saving of Lives from Drowning (SoLiD) in Bangladesh after two years of implementation evaluation revealed that Anchal is effective in preventing drowning of 1-4 year old children. Drowning Prevention Partners (DPP) took initiatives for nationwide scale up of Anchal activities. DPP members include Synergos, CIPRB, ICDDR,B, Bangladesh ECD Network(BEN), JHU and RNLI. Ministry of Women and Children Affairs showed interest to develop a Development Project Proposal on drowning prevention.



CIPRB Project sites: Manohardi, Sherpur Sadar and Sirajganj

<b>1,318</b>	Functioning Anchals
<b>48</b>	Received training on Anchal Operation
<b>30,783</b>	Children enrolled
<b>2,736</b>	Anchal Maas & their Assistants recruited
<b>1,680</b>	VIPC Members engaged
<b>228</b>	UIPC Members engaged



The Anchal maa is busy with children in a playful environment in Anchal



VIPC members are in discussion with CIPRB officials

# Neglected Tropical Diseases Research



**Dr. Salim Mahmud Chowdhury**  
Director

NTDR Unit of CIPRB implemented a project entitled “Monitoring and Evaluation Support to the Bangladesh Filariasis Elimination Programme” during 2018 funded by the Centre for Neglected Tropical Disease, Liverpool School of Tropical Medicine (LSTM). The main objective of the project was to support the Filariasis Elimination Program (FEP), Directorate General of Health Services (DGHS) for eliminating filariasis in Bangladesh following the global target of eliminating Lymphatic Filariasis (LF) by 2020.

## Readiness Assessment of Community Clinics for Lymphatic Filariasis care

CIPRB assessed readiness of the community clinics in providing necessary morbidity and disability prevention (MMDP) related care to the Lymphatic Filariasis patients. The aim of the study was to

provide evidence-based information to the Filariasis Elimination and STH Control Programme, Directorate General of Health Services in evaluating the target of filariasis elimination in Bangladesh as well as preparing to submit dossier for certification by the World Health Organization.

Liverpool School of Tropical Medicine and Hygiene (LSTM) provided both technical and financial support to implement this study. A total of 276 community clinics were randomly selected from Rajshahi, Chapai Nawabganj, Pabna, Sirajganj, Meherpur, Kustia and Chuadanga for this study.

## Hydrocele Surgeries

CIPRB facilitated hydrocele surgery in Rangpur, Dinajpur and Thakugaon districts with financial support from the Liverpool School of Tropical Medicine (LSTM). Filariasis Elimination and STH Control Programme, Directorate General of Health Services provided necessary administrative and technical support for this activity. A total of 1500 hydrocele surgeries were conducted during 2018-19. All surgeries were conducted at the Upazila Health Complex (UHC) of these districts. CIPRB mobilized local communities to identify hydrocele cases and motivate them for surgery. Quality of life of all selected patients were assessed before the surgery.



**Meherpur, Chuadanga, Kushtia, Sirajganj, Pabna, Rajshahi, Chapai Nawabganj**

**762 Community Healthcare Providers**

**749 Health Assistants**

**33 Health Inspectors**



District coordination meeting

## Effect of an Enhanced Self-Care Protocol on Lymphedema Status

This study offers the first evidence for including lymphatic stimulating activities in recommended self-care for people affected by moderate and severe LF-related lymphedema. A daily, hygiene-centered self-care protocol is recommended and effective in reducing acute attacks caused by secondary infections. It may also reverse lymphedema status in early stages, but less so as lymphedema advances. Lymphatic stimulating activities such as self-massage and deep-breathing have proven beneficial for cancer-related lymphedema, but have not been tested in LF-settings.

Therefore, an enhanced self-care protocol was trialed among people affected by moderate to severe LF-related lymphedema in all upazilas in Nilphamari, Bangladesh. The study was conducted in randomly selected 20 community clinics involving 71 patients in each group. It was revealed that both groups had experienced significant improvement in lymphedema status and reduction in acute attacks after 24 weeks follow-up.

# Urban Anchal



**Dr. Riffat Ara Shawon**  
Team Leader

Children living in urban areas are exposed to different risk and challenges as the parents remain out of home for long time. In such cases children stay unattended as there is no one to take care of them. Moreover, these children do not get any sort of early child care facilities. In order to improve the situation CIPRB in collaboration with the University of Leeds and ARK Foundation and with the support of MRC PHIND intended to include its innovation Anchal, a community day-care centre, for children in the urban setting.

Prior to implement the urban Anchal an implementation research was conducted to understand the demand of the day-care, feasibility of provision of early childhood development (ECD) stimulations and utilization of various ECD assessment tools. It also explored injury and hygiene behaviour in slum and non-slum households in an area of Dhaka city, namely Kamrangirchar. The research was conducted between March 2017 and February 2019.

The study revealed that the majority of urban community families accepted the concept of urban Anchal for protection and early childhood development of their children. Over three quarters of families out of 200 having under 5 children enrolled their children in the Urban Anchal.

Prior to implement the urban Anchal an implementation research was conducted to understand the demand of the day-care, feasibility of provision of early childhood development (ECD) stimulations and



## Adolescent Brigade - in drowning prevention

Drowning prevention interventions though found feasible, acceptable, effective and cost-effective, communities at large are still reluctant to avail such opportunities to protect their children from the unwanted deaths. CIPRB with support of DGHS conducted a research to explore feasibility and acceptability of adolescent brigade in preventing child drowning. The research was conducted in Raiganj upazila of Sirajganj district, where drowning prevention programmes were in place. Adolescent boys and girls of this upzila were mobilised to form 30 Adolescent Brigades, each comprised of seven members of both sexes aged between 15-19 years, to enhance community awareness and their engagement with the existing drowning prevention interventions. They were trained on different activities like first response including CPR, Anchal, school awareness and community engagement. The adolescents in turn raised awareness among school children, supported in organising social autopsy, courtyard meetings and providing first response service to the community. After six months of intervention, the evaluation revealed that adolescent brigade programme was feasible and acceptable to the community.



# Road Safety



**Kazi Burhan Uddin**  
M&E Coordinator

Roads and Highways Department (RHD) initiated the safety audit of five national highways, namely Dhaka-Aricha, Joydebpur-Mymensingh, Kashinathpur-Rajshahi, Kanchpur-Daudkandi and Chattogram-Cox's Bazar, covering 500 km.

Safety Audit was conducted considering the following issues

- Safety facilities such as adequacy of roadway capacity, street furniture (signs, pave markings, guard rails), sight distance and speed control
- Vulnerability due to road side obstructions (shops, markets)
- Needs of vulnerable road users (pedestrians),
- Access management
- Functioning of intersections of all road users



CIPRB was one of the five members professional group, which includes engineer, professional road safety auditor, social scientist who conducted the audit in the selected highways. The other two entities includes SARM Associates and HeptaTech Limited. The audit work was conducted during April-October 2018.

## Emergency Management of Severe Burn

Emergency Management of Severe Burn (EMSB), a specialized training of international standard designed for the doctors of Bangladesh, has been conducted by CIPRB since 2008. "Golden hour" is the first hour when patients with severe burn need optimal treatment. EMSB training enables opportunities for increased number of patients to receive optimal treatment leading to the best chance of full recovery. The EMSB training was supported by the Direct Aid Programme (DAP) of Australian High Commission, Interplast Australia & New Zealand and the Australia and New Zealand Burns Association (ANZBA). After the training programme the successful candidates receive international certification on Emergency Management of Severe Burn (EMSB) course from ANZBA and DAP. During 2018-19, 44 doctors from home and abroad received EMSB training. From 2008 to 2019 a total of 750 doctors and nurses received the training.

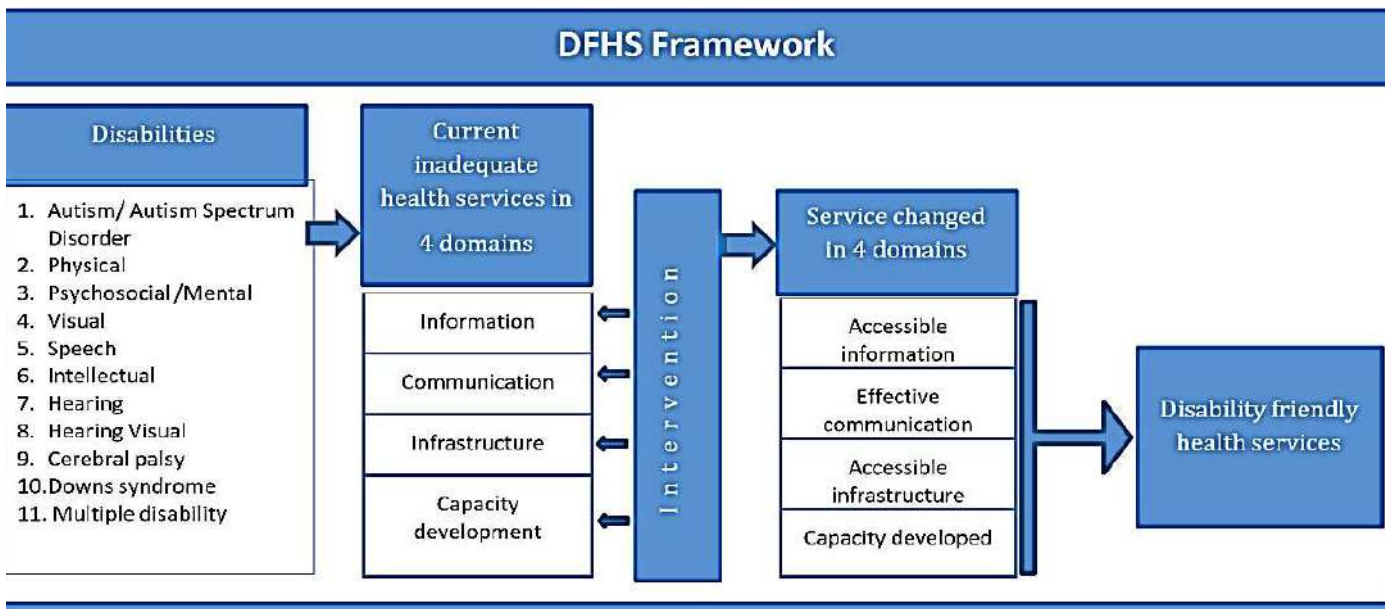


## Disability Friendly Health Care



**Dr. Nawshin Torsha Haque**  
Research Associate

In 2018, CIPRB with the support of UNICEF and Non-communicable Diseases Control (NCDC) programme of Directorate General of Health Services (DGHS) conducted a situational analysis on the disability friendliness of different health facilities in Bangladesh. The assessment informed that the persons with disabilities had lack of accessible information and communication, inappropriate infrastructure in health facilities and poor capacity of health care providers (HCPs) in providing care to the persons with disabilities.



Disability Friendly Health Care Framework

The policy makers, HCPs and people with disabilities suggested training to the HCPs for accessible information and effective communication. They also suggested for provision of assistive device, accessible medical equipment and infrastructures for people with disabilities.



The 2nd Steering Committee Meeting of “Mainstreaming Disability Friendly Health Services Focusing MNC&AH programme” was held at CIPRB conference room and the meeting was chaired by Prof. Dr. Enayet Hussain, ADG Planning & Development, DGHS. Stakeholders from government, non-government and UN agencies participated in the meeting. Context analysis of government health facilities for people with disabilities was shared with the committee to get further guidance of the project. Dr. Aminur Rahman, Director of CIPRB, presented the findings to the committee.



## Surveys for Urban Equity (SUE) mixed methods and feasibility study

As rapid urbanisation transforms the socio-demographic structures within cities have been changing fast hence using the backdated survey methods under-represent the urban poorest. This does not lead 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 'Survey Urban Equity' involving partners from Bangladesh, Nepal, Vietnam and United Kingdom - (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. This study was started during March 2017 to February 2019.

Household surveys were conducted in Kathmandu, Hanoi and Dhaka to test novel methods: gridded population sampling; enumeration using open-access online maps and one-stage versus two-stage cluster sampling.

The survey in Kathmandu was conducted first. The lessons from the first survey guided Hanoi and Dhaka surveys later. In Bangladesh, CIPRB and ARK Foundation is responsible to conduct the quantitative and qualitative part of the study. The survey activities in Dhaka was conducted during the first quarter in 2018 by both the organizations. The reliability was tested of an observational tool to categories neighbourhoods as slum areas. The survey 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..

## Service Availability and Readiness Assessment

Globally 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 updated information on the quality of services and standard of Bangladesh health systems, which is necessary for health systems management, monitoring, and evaluation. SARA survey had been designed to get the information on overall availability and readiness of the health facilities on providing non-communicable diseases 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 would help to visualise the

domains of health systems required to be improved.

This study was conducted from January 2018 to June 2018 among all level of health facilities throughout Bangladesh. The facility inventory questionnaire collected 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.

## Client Satisfaction Survey

CIPRB conducted "Client Satisfaction Survey" under technical and financial support from the Directorate General of Health Economic, Ministry of Health and Family Welfare during 2018-2019. The overall objective of the survey was to assess client's satisfaction about available healthcare services in both public and private facilities along with exploring the existing status of patients safety practices at all levels based on WHO recommended eight domains as appropriate. The survey applied a mixed method study design that included both quantitative and qualitative methods i.e. exit interview, Key Informant Interview (KII), In-Depth Interview (IDI) and health facility assessment. Data was collected from randomly selected 12 districts out of 64 districts (at least one district from each division) considering the geographical variations. In each district, two upazilas were randomly chosen i.e. 24 upazilas were selected for collecting the required information. In each strata, one public and one private hospital/health facility including medical college hospital were selected for this survey.

12 Districts

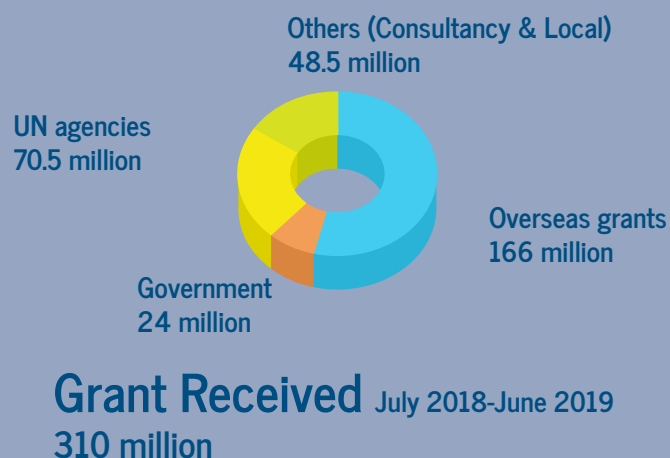
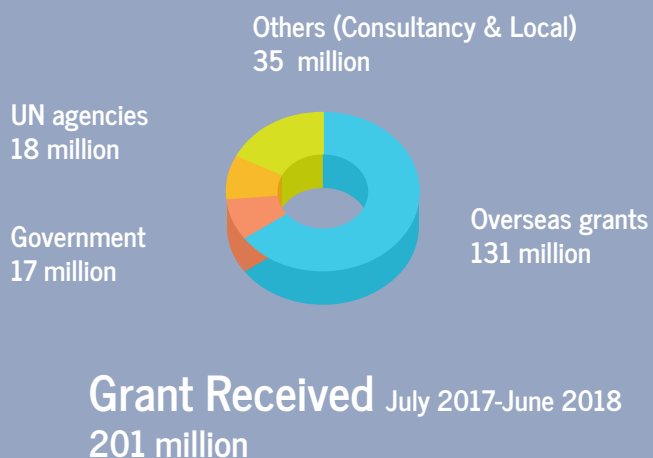
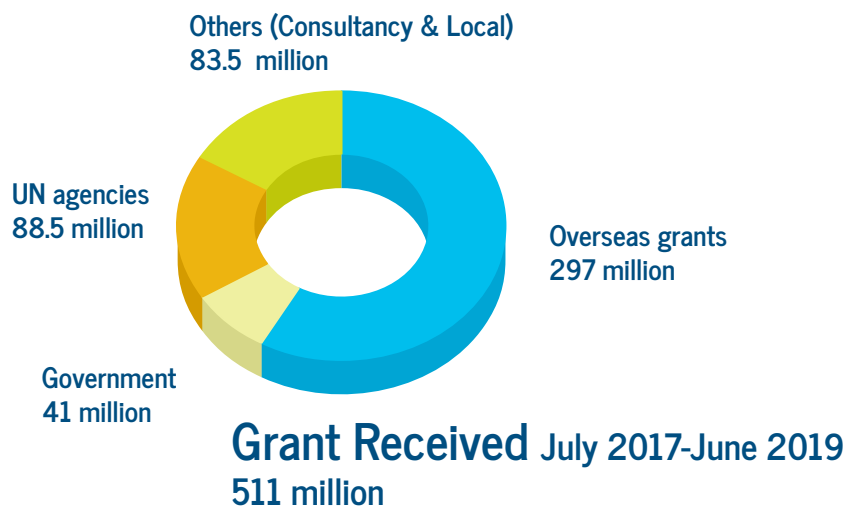
24 Upzilas

2336 Exit interviews

49 Qualitative interviews

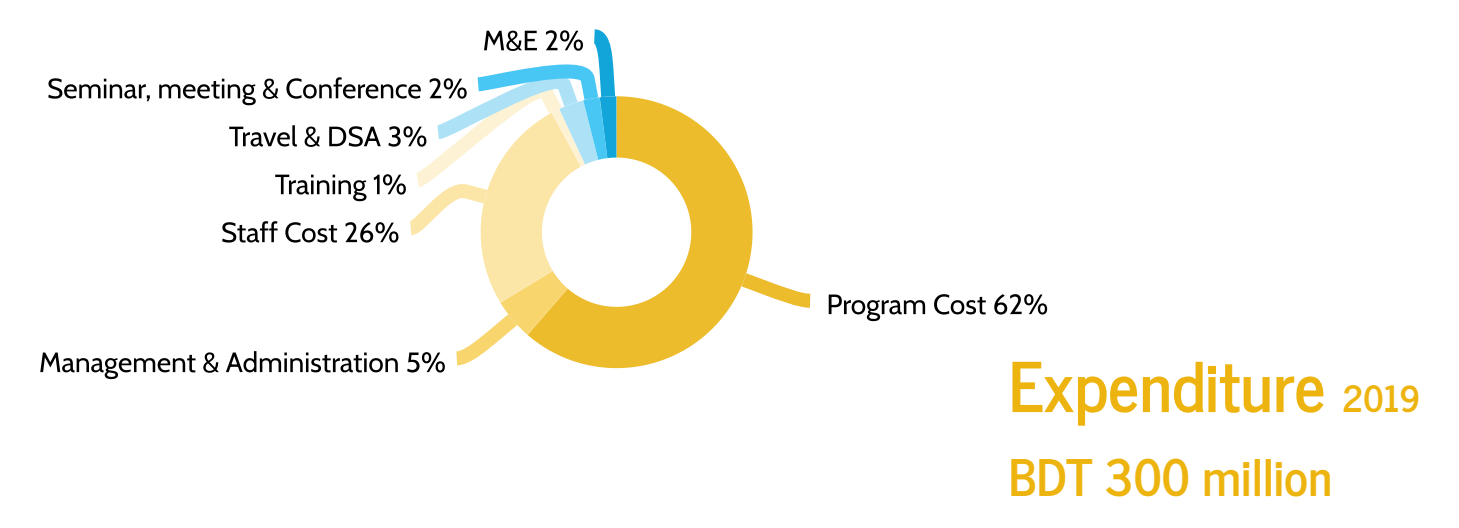
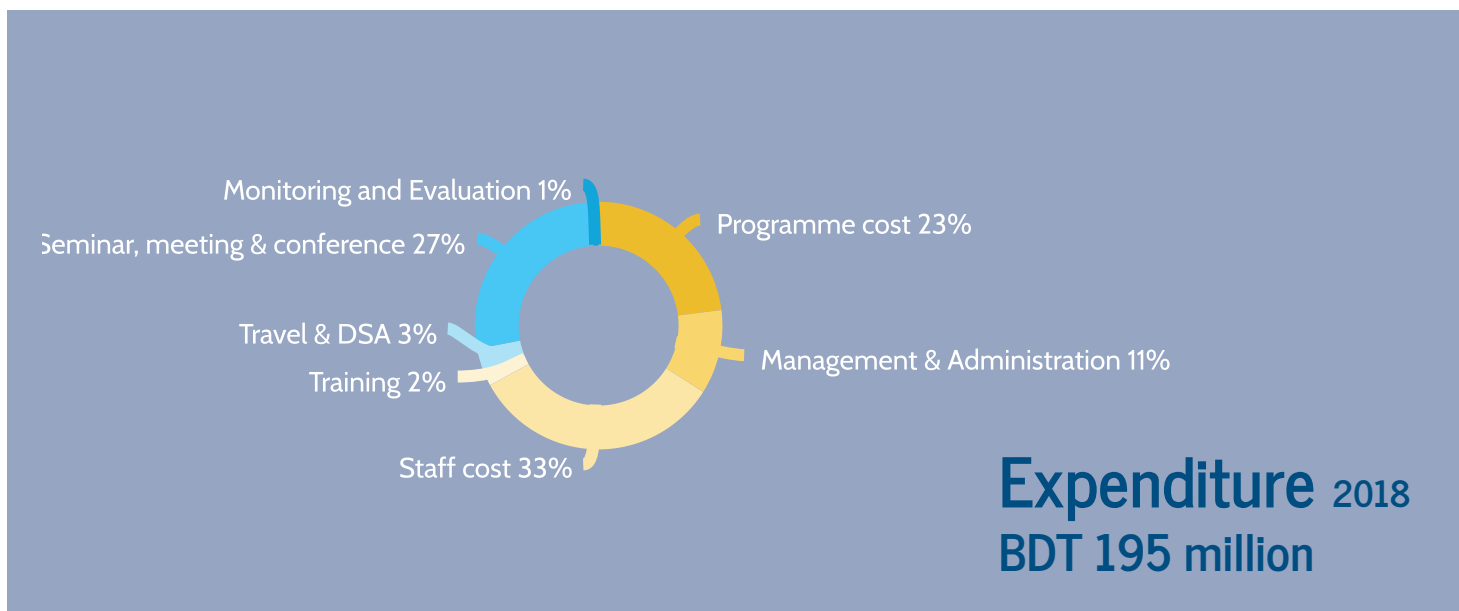
# Grant and Expenditure portfolio

Total income increased BDT 105.265 million in 2019 than 2018 and difference is made by the foreign donors.



# Grant and Expenditure portfolio

- Total expenditure for 2019 amounting to BDT 300.246 million representing an increase of BDT 105.265 million compared with 2018.
- In both year the majority of expenditure was related to staff salary, Program related costs and attending seminar, meeting and conference participating costs.



## Programme Expenditure:

	2018 (In million BDT)	2019 (In million BDT)
<b>Drowning Prevention</b>	126	146
<b>RCH</b>	18	70
<b>NCD</b>	7	8
<b>Public Health &amp; Injury Prevention</b>	34	58
<b>Consultancy</b>	12	19

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