

Centre for Injury Prevention and Research, Bangladesh

Annual Report 2022



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Evidence for Safe and Quality Life

Welcome to our Annual Report — a showcase of our achievements, progress, and commitment to excellence.

ORGANISATION INTRODUCTION

ABOUT US

The Centre for Injury Prevention and Research, Bangladesh (CIPRB) was established in 2005. CIPRB stands as a beacon of dedication and innovation in the pursuit of enhancing the health and well-being of the Bangladeshi people. Guided by our vision we have expanded our horizons beyond injury prevention. Our areas of expertise span a wide spectrum, ranging from preventing injuries including drowning, road traffic accidents, and burns, to maternal and child health, nutrition, mental health, communicable & non-communicable diseases, and health system research.

At the heart of our efforts lie three pivotal pillars: research, training, and programme implementation. Through pioneering research initiatives, we have been consistently producing evidence-based interventions and programmes that save lives. Our groundbreaking work not only benefits the people of Bangladesh but resonates with communities facing similar challenges, particularly across Asia. With a holistic approach, we design interventions, execute programmes on a smaller scale, and collaborate on developing national strategies.

Currently, CIPRB thrives with the dedication of more than 6000 professionals. Our dynamic team comprises researchers, programme implementors, field workers, and passionate volunteers, all united in our common goal of fostering healthier lives. The Centre for Injury Prevention and Research, Bangladesh remains a steadfast advocate for health, a pioneer in research, and a catalyst for a brighter, healthier future.

WHAT WE DO

- **Research**
- **Implementation**
- **Advocacy**
- **Human Resource Development**



Senior Management Team

Uniting Talents, Fueling Innovation

Meet our dedicated team of professionals who have contributed their expertise, passion, and collaboration to drive our success.



Prof. Dr. AKM Fazlur Rahman
Executive Director

More than 35 years of experience in the field of Public Health with specific expertise in Injury Epidemiology.



Dr. Aminur Rahman
Deputy Executive Director

Expertise in the field of Public Health, particularly in Drowning Prevention, and Medical Education.



Prof. Dr. Saidur Rahman Mashreky
Director, NCD & Mental Health

Dedicated public health leader promoting evidence-based practices and expertise in burn injuries, mental health and NCD.



Prof. Dr. Md. Abdul Halim
Director, Reproductive and Child Health

Dr. Halim is an Obstetrician and Gynecologist with expertise in public health research. He has led the Reproductive and Child Health unit at CIPRB since 2010.



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

With over 25 years of experience, he has expertise on road traffic injuries, health systems, and neglected tropical diseases.

Advisory Team



Prof. Dr. Md. Mazharul Hoque
President



Dr. Salim Mahmud Chowdhury
General Secretary



Dr. Sailendra Nath Biswas
Treasurer



Dr. Mahfuzar Rahman
Member



Mrs. Gulshan Jahan
Member



Dr. Sanchoy Kumar Chanda
Member



Mrs. Shahana Rahman
Member

Message from the Chairman

Envisioning Tomorrow, Embracing Opportunities

Dear Colleagues and Supporters,

Dear Colleagues and Supporters,
I am extremely pleased to present our Annual Report of CIPRB for 2022, showcasing our remarkable journey and accomplishments throughout the year. It outlines how we are creating value at CIPRB through our strategies, operating environment and injury prevention research excellence. It is with immense pride that I reflect on the dedication and resilience of our team, the unwavering support of our valued clients and partners, and the positive impact that we have made in the public health arena.

In the face of unprecedented public health challenges across public and private sectors, we have remained steadfast in our commitment to excellence in research and innovation. Our focus on delivering exceptional research and services, coupled with our agility in adapting to public health demand, has been instrumental in our continued growth and success.

I extend my heartfelt gratitude to our talented specialised team members who have consistently gone above and beyond to exceed expectations and drive our organization forward in promoting impactful solutions that benefits all communities and individuals. Their unwavering passion, expertise, and commitment have been the bedrock of our achievements.

Furthermore, I would like to express my appreciation to our esteemed stakeholders, partners and communities in general for their trust and collaboration. Your valuable insights, feedback, and trust have propelled us to new heights, and we are immensely grateful for the opportunities vested upon us.



Prof. Dr. Md. Mazharul Hoque
Chairman

Message from the Executive Director

Leading with Vision, Inspiring Success



Prof. Dr. AKM Fazlur Rahman
Executive Director

Dear Friends,

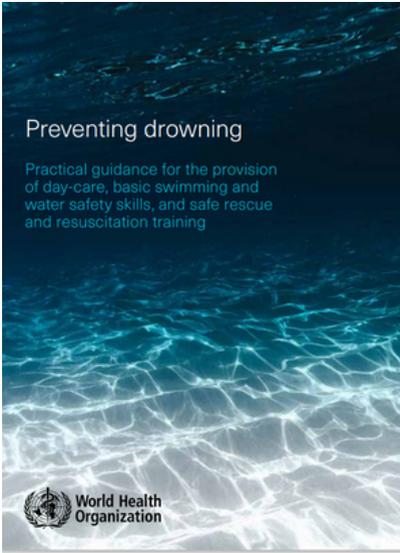
It gives me great pleasure to deliver CIPRB's Annual Report 2022, which depicted our entire efforts in advancing both national and global health. The report showcases the commitment to excellence of the CIPRB member and the kind contributions made by other stakeholders. Immediately following the COVID-19 pandemic, CIPRB staff overcame the challenges of the new normal to make a positive impact on public health.

Throughout the year 2022, CIPRB has responded to different public health issues including injuries with innovation. Among them we have successfully responded to decrease the Dhaka's and Chattogram's road traffic injuries, drowning and mental health issues. This year we were able to teach swimming to around 55 thousand children which has a lifelong vital resource of life-saving impact.

A significant development in 2022 was the adoption of community childcare centre and swimming teaching to prevent drowning by Bangladesh Government through a 3-year project named 'Integrated Community Based Center for Child Care, Protection and Swim-Safe Facilities (ICBC)'. It's a milestone for CIPRB as we are the technical partner of this project. I extend my deepest gratitude to our dedicated team, partners, donors, supporters and the Bangladesh Government for this timely initiative.

Your belief in our mission has enabled us to make ground-breaking innovations which will save millions of lives. In conclusion, I cordially urge you to peruse the CIPRB Annual Report 2022, which captures the scope and profundity of our influential work.

SPOTLIGHT



WHO recognised the Anchal and SwimSafe model for LMIC to prevent drowning

CIPRB's drowning prevention innovations- Anchal (community-based child care centre), SwimSafe and first responder training recognised by the World Health Organization (WHO). Those interventions were recognised as best practices for effective drowning prevention in a report published on 23 May 2022 by WHO.



Scale up of Childhood Drowning Prevention at national Level

On June 12, 2022, Bangladesh Shishu Academy (BSA) has launched the project 'Integrated Community Based Center for Child Care, Protection and Swim-Safe Facilities' (ICBC) under the Ministry of Women and Children Affairs (MoWCA). In this launching ceremony representatives from all the implementing and technical partners including two development partners Royal National Lifeboat Institution (RNLI), UK and Bloomberg

Philanthropies, US, were present. CIPRB will be engaged in this project as a technical partner. This project will be implemented in 45 upazilas of 16 districts of Bangladesh. By this project, 200,000 children will be supervised in 8000 community child-care centres, 360,000 children will learn survival swimming skills.

The project was launched by the Honorable State Minister, MoWCA.

SPOTLIGHT

National Survey on Workplace Violence in Healthcare

Workplace violence, particularly in healthcare, has become a global concern, with healthcare workers facing about a quarter of all workplace violence. In Bangladesh, violence in healthcare has been increasing, though limited data exists. To address this, a national survey was conducted to assess the situation in selected districts. The survey, led by CIPRB in collaboration with the Directorate General of Health Services

and supported by the International Committee of the Red Cross (ICRC), involved 1,703 healthcare personnel from 61 public and private healthcare facilities across eight divisions.

National survey on Snakebite incidence and epidemiology

In Bangladesh, updated data on snakebites is lacking. To address this, a national survey was conducted to assess the impact of snakebites on humans and animals. The survey, led by CIPRB in collaboration with Chittagong Medical College Hospital, Dave Care Foundation, and other organizations, covered 65,927 people (15,308 households) across urban and rural areas, using a sample from the Bangladesh Bureau of Statistics.

Additionally, a cohort study was conducted to evaluate the physical and mental disabilities in hospitalized snakebite victims. The Non-Communicable Disease Control (NCDC) of DGHS provided financial support.

SPOTLIGHT



CIPRB engagement in Midwife Led Birth Centers (MLBC)

CIPRB conducted a case study on Midwife-led birth centers (MLBC) in Bangladesh with the support of International Confederation of Midwives (ICM). This is a part of multi-country case study. A health economic analysis was also be undertaken to provide evidence about the funding and cost-effectiveness of MLBCs in LMICs based on Bangladesh. This study was implemented four MLBCs in different areas of Bangladesh including the Govt sector in UHC and UHFWC, Private sector- BRAC ones and One from the functioning MLC in Ruhingya Camp.

The aim of the study was to better understand and evaluate the experiences of establishing MLBCs in Bangladesh. This included their impacts, enablers and barriers, how barriers have been overcome and their sustainability. A theory of change was developed from the findings. This theory highlighted the necessary strategies and approaches for how to design, scale, and sustain MLBCs in all settings.

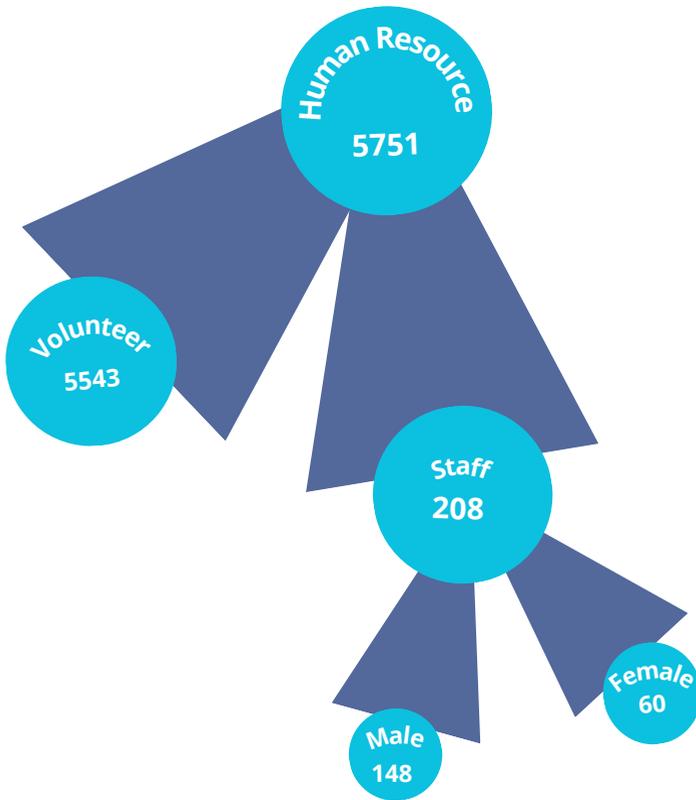
CIPRB's engagement in Ending Obstetric Fistula

End Obstetric Fistula in Sylhet Division is one of the most impactful programme of CIPRB continued between January 2019 to December 2022. The coverage includes all 4 districts of Sylhet Division. DGHS and UNFPA were the implementing partners. The objective of the programme was to identify all fistula cases at the facility level in Sylhet, to refer for better treatment to tertiary institutions, to ensure surgical operation of new fistula cases if needed, and to establish fistula



management and rehabilitation. CIPRB provided technical support in programme implementation. Four functional fistula corners at four district hospitals were established and functional.

HUMAN RESOURCE



SAFEGUARING

PSEA focal meeting in Cox's Bazar



On December 8, 2022, UNICEF organized a meeting with the Prevention of Sexual Exploitation and Abuse (PSEA) Focal Points from its partner organizations in Cox's Bazar, chaired by Ms. Amanda Bissex, the Advisor of UNICEF Regional Child Protection Unit. The Safeguarding and PSEA Focal Point of CIPRB, Ms. Sangeeta Barua represented CIPRB in the meeting.

Programme SUMMARIES

Programme Title

Health and Gender Support Programme

Background

Antenatal care coverage in Cox's Bazar District is below the national average, with 60 percent of pregnant women attending at least one antenatal care consultation, compared to 75 percent at national level, only 33 percent of pregnant women attending four antenatal care visits against a 37 percent national average. Institutional delivery is 29 percent against a 59 percent national average. Additionally, the proportion of births attended by a skilled birth attendant stands at 34 percent as compared to 59 percent nationally. Post-natal care for newborn is 39 percent in Cox's Bazar compared to the national average of 67 percent, and post-natal care for mothers is 37 percent compared to 65 percent nationally.

Programme Description

Under the Health and Gender Support programme, CIPRB has been providing trainings on national protocols and standards, specifically Every Mother Every Newborn (EMEN), Comprehensive Newborn Care Package (CNCP) and Disability Friendly Healthcare (DFHC). This program has linkage with the third pillar of Universal Health Coverage by ensuring capacity building of the providers. In addition, social autopsy and courtyard sessions are also included to reduce future maternal and perinatal deaths and ensuring the provision of high quality reproductive, maternal,



newborn, child, and adolescent health (RMNCAH) services and to strengthen the health system.

Programme Area

Cox's Bazar

Activity

The major activities of the programme includes develop the capacity of the health care providers such as Medical officers, Nurses, Midwives, Sum Assistant Community Medical Officer etc.

Activity details

- 18 trainings were done to train 507 personnel on CNCP, 13 training were completed to train 345 healthcare providers on EMEN, 5 trainings were done for 85 health professional on DFHC.
- 15 courtyard sessions were conducted for awareness raising.
- A ToT on MPDSR was arranged for 24 health managers and medical officers.

Programme Highlights



1

Total districts coverage



1,282

Community people oriented



165

Social Autopsy had taken place

Achievements

- 507 were trained, HI, AHI, HA, FPI, CHW, FWA, CHCP
- 345 health care providers were trained on EMEN, Medical Officer, Senior Staff Nurse, Midwife.
- 85 health professionals were trained on disability friendly healthcare.
- 172 health care providers were trained. MO, Nurses, SACMO received the training of care including people with disabilities
- 24 Health Managers and Medical Officers received training on MPDSR.



Comprehensive newborn care package training in Kutubdia, Cox's Bazar.



Disability Inclusive Health Care training in Ukhiya, COX's Bazar

Programme Title

Prevention of Mother to Child Transmission (PMTCT)

Background

With the funding and technical support of UNICEF Cox's Bazar office CIPRB has been supporting the implementation of the Prevention of Mother-to-Child Transmission (PMTCT) programme in Cox's Bazar district. The programme has been running in Cox's Bazar district Hospital and Ukhia, Chakaria, Pekua and Moheshkhali Upazila health Complexes. In addition to that the programme has been extended to the different Rohingya refugee camps.

Activity details

The main activities under the programme includes

- Capacity development of the health care providers including medical doctors on PMTCT packages.
- Provide counselling to the community people on HIV prevention
- Provide HIV treatment and medication among the mother and children.

Programme Area

The project was in Cox's Bazar district Hospital and Ukhia, Chakaria, Pekua and Moheshkhali Upazila health Complexes.



Programme Duration

September 2022 to June 2023

Beneficiaries

Government health workers, Community people, mothers and children.

Programme Highlights



1

**Total districts
coverage**



50,000+

**Pregnant
women served**



165

**Social Autopsy
had taken place**

Achievements

- Around 400 healthcare providers were trained to provide HIV prevention and management.
- More than 50,000 pregnant women, counselled and tested for HIV prevention
- 38 HIV positive Pregnant women received Anti Retroviral Therapy (ART)
- 36 HIV exposed children received HIV treatment

Programme Title

End Obstetric Fistula

Background

End Obstetric Fistula in Sylhet Division is a year long (January-December'22) programme of CIPRB. Obstetric Fistula is one of the distressing pregnancy-related morbidity in Bangladesh, mostly occurs in marginalized living behind population. The programme coverage includes all 4 districts of Sylhet Division (Sylhet, Moulvibazar, Habiganj, Sunamganj). Sylhet division is at high risk of obstetric fistula due to its Pocket areas (teagardens, Haor) –early marriage, poverty, illiteracy, lack of awareness. DGHS with the support of UNFPA and CIPRB has been implementing the Fistula Elimination Programme in Sylhet division from January 2019.



Programme Area

Sylhet, Moulvibazar, Habiganj, Sunamganj

Programme Description

The objective of the programme was to identify all fistula cases at the facility level in Sylhet, to refer for better treatment to tertiary institutions, to ensure surgical operation of new fistula cases if needed, and to establish fistula management and rehabilitation. This programme was implemented with the coordination of CS office. CIPRB provided technical support for programme implementation, four functional fistula corners at four district hospitals and three district coordinators of CIPRB work closely with the GoB.

Activity

- 25 billboards were displayed in the tea gardens area.
- A divisional Workshop on End Obstetric Fistula in Sylhet was held with 52 participants.
- Two health camps for fistula identification were organised on International Obstetric Fistula Day 2022.

Programme Highlights



4

Total districts
coverage



114

fistula cases
were identified

15

Tea gardens
declared fistula
free

Achievements

- In 2022 a total of 15 tea gardens in the Sylhet division were declared fistula free
- A total of 114 new fistula cases were identified in health facilities of four districts in the Sylhet division.
- 100 fistula cases were referred from health facilities in 4 districts of Sylhet division to a referral facility in Dhaka.
- 71 fistula cases were operated and 43 repaired successfully
- 62 patients received psychosocial counselling as a part of rehabilitation



First divisional meeting



Billboard in tea garden

Programme Title

Komlaphul Pharmacy Intervention

Background

Komlaphul Pharmacy aims to reduce harmful practices by pharmacists and/or drug sellers, and encourage them to provide SRHR services as per the allowable provisions which includes counseling and referring clients to the appropriate facilities in Bogura and Bagerhat district. The intervention had six key activities including a research. Developing a smart phone based application and monitoring system were included in this year long project.



Programme Description

The key activities of the programme include a KAP Study for the drug sellers/pharmacists of the identified model pharmacies to understand how they perceive SRHR services, what SRHR services they provide, and their capacity building needs, develop topic-based training modules to support need-based capacity building trainings directed at drug sellers/pharmacists, to train 3,000 pharmacists/drug sellers in urban areas on SRHR to remove harmful practices, and to provide basic clinical guidance (in line with their technical expertise) as well as appropriate referrals. Developing an android based mobile application to provide live and updated information on SRHR issues to pharmacists/drug sellers, and to develop a monitoring system to record/report the performance of the pharmacists/drug sellers with a feedback mechanism.

Programme Area

Bagerhat and Bogura districts

Activity

- 404 trained pharmacists followed up on SRHR information and services in the Komlaphul pharmacies.
- 131 pharmacists were selected as active pharmacists (74 in Bogura, 57 in Bagerhat) .
- Training of 3,000 pharmacists/drug sellers in urban areas on SRHR to remove harmful practices.
- An FGD was conducted with Pharmacists. A discussion and Experience Sharing on Introduction to SRHR information and services in the urban pharmacies with 10 pharmacists .

Programme Highlights



404

Pharmacists
trained



2

Total districts
coverage

Achievements

- Two launching ceremony of Komlaphul Pharmacy were held in Bogura and Bagerhat.
- One android application is successfully running.



Dr. Vibhavendra Singh Raghuvanshi, Chief of Health, UNFPA Bangladesh, visited Bogura to observe the Komlaphul Pharmacy intervention.



On 20 September 2022 the Launching Ceremony on Komlaphul Pharmacy Mobile App for providing SRHR information and services in the urban pharmacies was held at the Conference Room, Civil Surgeon Office, Bogura.

Programme Title

Survival Swimming Skills

Background

In Bangladesh children learn swimming in unsafe open water sources without the supervision of adults or any qualified swimming instructors which put them at risk of drowning. In urban areas, there is a lack of water bodies such as swimming pool or ponds for leaning swimming. Bangladeshi people also lack proper first responder skills to provide immediate first aid to drowning victims. Application of maltreatment to drowning survivors is massively observed throughout the country. The concept of injury prevention, especially on the importance of swimming learning is commonly absent which is contributing to the lead cause of death in the country i.e. drowning.



Programme Area

Barguna, Patuakhali, Barisal, Noakhali, Cox's Bazar, Manikgonj, Bagerhat, Netrokona, Sherpur, Sirajganj, Lalmonirhat, Gaibanda, Habiganj and Sylhet district of Bangladesh.

Programme Description

Drowning is an unrecognised epidemic of child injury in Bangladesh which should be responded to urgently. Under this programme 55,004 children and adolescents, living in most vulnerable districts of Bangladesh had been trained on survival swimming lessons. In addition to that more than 100,000 community people including parents were oriented on the benefits of swimming learning.



Programme Highlights



14

Total districts coverage



575

Community Swimming Instructors



55,004

Children learned swimming

Achievements

- More than 1,00,000 community people received water safety awareness through community awareness meeting.
- Swimming competitions were held at 225 ponds and 14 districts of Bangladesh.
- Train all 575 Swimming Instructors on first response



Martin Compston, an UK tv actor and his team visited SwimSafe program in Saturia upazila of Manikganj on October 26, 2022, which was funded by the UNICEF. He had a discussion with the Executive Director, Prof. Dr. Fazlur Rahman, CIPRB. They met the families who have lost their children from drowning.

Programme Title

SeaSafe

Background

Drowning is the leading cause of death in Bangladesh, claiming over 19,000 lives each year. National and international tourists visit Cox's Bazar sea beaches and the communities living in coastal areas are particularly at high risk of drowning. Lack of trained lifeguards, survival swimming lessons and water safety knowledge led towards implementation of SeaSafe project in Cox's Bazar (Laboni, Sugandha and Kolatoli beach points and the coastal communities).

Programme Description

The SeaSafe project is being implemented by CIPRB with the collaboration of the Royal National Lifeboat Institution (RNLI) and the Princess Charlene of Monaco Foundation. Starting from 2014, the aim of the project is to reduce the risk of drowning in the sea and coastal area of Cox's Bazar by providing lifeguard service, teaching children swimming and educating the community and beachgoers about drowning risk and prevention. Broader objective of the project to ensure long term sustainability through public-private partnership and sharing learning and to develop a sustainable and scalable life-saving service model for other high-risk areas around the world.



Programme Area

Three most popular and crowded beaches- Laboni, Sugandha and Kolatoli of Cox's Bazar Sea and the high-risk coastal area of Bangladesh.

Working Procedure

Full-time lifeguard services are provided at three beaches of Cox's Bazar – Laboni, Sugandha and Kolatoli. 27 trained lifeguards are serving by rotation from dawn to dusk to ensure safety of the beachgoers.

Survival swimming lessons for the children aged 6–10 years are provided by trained instructors using a structure in natural ponds and portable pool.

Water safety messages are delivered to school children and to the vulnerable community and beach safety information is delivered to the tourists on beaches to increase mass awareness on drowning prevention.

Programme Highlights



27

International
standard
lifeguards



115

People
rescued from
the sea



935

Children
learned
Swimming



40,539

Children get
water safety
messages



7,950

People in high-risk
areas get water
safety messages



41,594

Tourists get
beach safety
messages



549,451

Beachgoers get
general drowning
prevention

Achievements

- 2 lifeguard Supervisors were certified as international standard lifeguard by RNLI master trainer assessors.
- SeaSafe team received lifeguard logistics from the district administration of Cox's Bazar.
- The community engagement team and the lifeguards delivered cyclone preparedness messages in high-risk areas and in the beaches ahead of the cyclone Sitrang.
- SeaSafe project was highlighted throughout the tourism week by administration and media.
- SeaSafe team participated in the overseas meetings and conferences to share intervention experience and learning.



Programme Title

CreCHeS CrècheS for Child Health and Safety in Bangladesh

Background

If we consider the total injury related death, drowning is the number one cause in Bangladesh. Everyday 50 people die due to drowning, among them 40 are children. Most of them dies before their fifth birthday. And the most vulnerable time of child drowning is from 9am-1pm, when their mothers or other caregivers remain busy for daily household works. These drowning incidents happen in just 20 meters away from their mother's lap. Monsoon is the most vulnerable season for child drowning.

Programme Description

A crèche (community day care centre) is usually established in a room donated by the community or by a crèche mother. A trained crèche mother and her assistant supervise 20-30 children six days a week from 9am-1pm, the highest peak time of drowning. Activities include early learning, social activities (singing, dancing), and health/hygiene education. In addition, they collect information on adverse events and supervise and monitor all activities related to keeping the crèches functioning. Regular meetings to discuss injury prevention, intervention activities and sensitize the community through UIPCs (Union Injury prevention committee) at the union level and VIPCs (Village Injury Prevention Committee) village level.



Programme Area

Raiganj Upazila of Sirajganj, Sherpur Sadar Upazila of Sherpur, and Manohardi Upazila of Narshingdi, Matlab south, Matlab north, and Chandpur Sadar upazilas of Chandpur, and Daudkandi Upazila of Cumilla district of Bangladesh.

Working Procedure

A crèche is usually established in a room donated by the community. A trained crèche mother and her assistant supervise the community children U-5 six days a week. Activities include early learning, social activities (singing, dancing), and health/hygiene education. In addition, they collect information on adverse events and supervise and monitor all activities related to keeping the crèches functioning.

Programme Highlights



55,171

Crèche
children



2,500

Total Crèches



7

Total Upzila
coverage

Activity

- COVID-19 and Drowning Prevention (DP) awareness raising through the mosque and temple. Anchal Maa(s) and their assistants visited the children's house for sharing the COVID-19 precautions and DP awareness messages along with field supervisors.
- Training on GPS location and mapping of the centers.
- Re-arrange or re-establish the Anchal houses as per the Anchal SOP.
- All caregivers were registered for COVID-19 vaccination by CIPRB with the support of the local health complex. Vaccination cards were distributed to all employees.
- Handover of CrecheS project to ICBC project.
- Stakeholders meeting at ICBCS's new sub-districts and possible center mapping for ICBCS's new sub-districts.

Safeguarding Policy Orientation



The staff of Manohardi, Narsingdi and Matlab, Chandpur under the project "Crèches for Child Health and Safety (CreCHeS)" got orientation on CIPRB's Safeguarding Policy. The Deputy HR and Safeguarding Manager and Safeguarding Focal Point of CIPRB Head Office, Ms. Sangeeta Barua facilitated the orientation on the policy and procedures at Matlab project office.

Programme Title

PROJECT Bhasa-2

Background

In an effort to address the burden of child drowning in rural Bangladesh, the Centre for Injury Prevention and Research, Bangladesh (CIPRB) collaborated with the Royal National Lifeboat Institution (RNLI) to develop a comprehensive community-based child drowning prevention project. PROJECT Bhasa was initiated with the primary objective of gaining deeper insights into the prevailing challenges and circumstances surrounding drowning incidents within the Barishal Division of Bangladesh.

Programme Description

The major interventions of the project are- 'Anchal' (community child-care centres for 1-5 year old children), 'SwimSafe' (survival swimming teaching programme for 6-10 years children) and First Response Training (FRT) for community volunteers. In addition, the project conducts parents meeting, courtyard meeting to raise community awareness interventions and UIPC and VIPC meetings to engage the local level stakeholders as well as to reach a sustainable impact on the community. To assure advocacy at Sub-district, District and Divisional level, the project team participates in the high level meetings and forum.

The project team is engaged in the national level advocacy and media engagement to moving the drowning prevention movement forward.



Programme Area

Taltoli, Betagi upazila at Barguna district. Kalapara upazila at Patuakhali district.

Working Procedure

Anchal center is usually established in a room donated by the Anchal Maa (caregiver) where an assistant supports her to supervise 25 children from 9am to 1pm six days a week. Activities include early learning, social activities (singing, dancing), and health/hygiene education.

SwimSafe center is established through a bamboo made special structure in the local pond donated by the community. A trained Community Swimming Instructor teaches swimming to a batch of 12/15 children. Children become graduate while fulfilling 3 criteria- 25 meter swimming, 30 second floating and land based rescue performing.

FRT is a two-days training provided by a first response trainer on basic first aid for any kind of injury.

Programme Highlights



12,126

Crèche children



515

Total Crèches



1,030

Child Caregivers



35

SwimSafe Centres



52

Community Swimming Instructors



5,009

Children learned Swimming



945

Persons trained in First Response

Workshop and training

- 28 batches basic trainings were conducted for the 396 Anchal Caregivers and Assistants.
- 47 batches refresher trainings were conducted for 783 Anchal Caregivers and Assistants .
- 184 cluster meetings were held to increase the efficiency in Anchal management and ECD activities.
- 30 batches first response trainings were conducted to developed the skill of 495 persons.
- 4,818 parents meetings were conducted to raise awareness on keeping children safe from drowning and injuries.
- 1,389 village injury prevention committee meetings were organised to increase community participation towards sustainability of drowning prevention activities.
- 21 union level injury prevention committee meetings were organised to increase involvement of the local stakeholders in drowning prevention movement.



Research SUMMARIES

Research Title

National survey on annual incidence and epidemiology of Snakebite in Bangladesh

Location

64 districts of Bangladesh

Duration

January 2022 to June 2022

Background

Globally Snakebite causes a significant number of mortality and morbidity in the Tropical and Sub-tropical regions(1)(2). According to recent WHO report annually venomous snakes cause 5.4 million bites, 2.5 (1.8-2.7) million envenoming and over 125,000 (81,410 -137,880) deaths worldwide(3). There is a lack of updated information on snakebite in Bangladesh. To estimate the magnitude and consequences of snakebite among human and animals this survey was carried out nationally covering all geographical areas of Bangladesh.

CIPRB jointly conducted the survey with Chittagong Medical College Hospital (CMCH), Dave care foundation and other organizations of Bangladesh. Non Communicable control (NCDC) of DGHS provided financial support for this survey.

Activity details

- Conducted community survey throughout Bangladesh, BBS supported providing 300 Population Sampling Unit (PSUs) in Bangladesh
- 30 data collectors collected data using online data collection platform
- Provide HIV treatment and medication among the mother and children.

Methodology

A cross-sectional survey was carried out among the 65,927 population (15,308 HHs). With the support of Bangladesh Bureau of Statistics (BBS) 300 PSUs were selected proportionately from urban and rural areas. In addition to that, a cohort study was conducted among the hospitalized snakebite victims and the snakebite victims from the survey to assess physical and mental disability among the Snakebite victims.

Findings

- National Snakebite rate of incidence was found 242.0/100,000 population and the rate of death was found 4.55/100,000 population.
- Annually an estimated 399,653 people are beaten by snakes and among them around 7,447 are dying due to venomous snakebite in Bangladesh.
- Higher rate of Snakebite was found among the age category 35-44 years (348/100,000 population).
- Among the Snakebite victims 58.4% were male and 41.6% were female.
- Annually around 2500 cows die due to snakebite in Bangladesh.

Research Title

Midline study to determine the progress of KAPB of faith-based stakeholders on 15 key childcare practices, COVID-19 Risk and Vaccine Communication

Location

Dhaka, Rangamati, Moulvibazar, Sirajganj, Kurigram, Jamalpur, Patuakhali and Shatkhira

Duration

January 2022 to June 2022

Background

Communication for Development (C4D) emphasised its operational significance to sectors in achieving demand-side results such as changes in knowledge, norms, behaviors, practices. IFB, a division of MoRA, is active in Bangladesh in spreading Islamic principles and values. Through the academy the Islamic Foundation Bangladesh (IFB) had been working to enhance the role of religious leaders in social development.

This partnership included numerous activities, community engagement and social mobilizations with the faith-based agencies.

Activity details

To enable assessment of progress and results, all intended materials, modules, and a comprehensive implementation plan with a baseline, midline, and endline with measurable indicators had been created by January 2019. To that purpose, baseline research was completed in December 2020 to evaluate KAPB, and this midline survey was designed to ascertain the KAPB of stakeholders from the religious community regarding the 15 essential household behaviors in addition to the COVID 19 risk communication and vaccine behaviors.

Methodology

A total of 799 imams, 833 teachers and 2114 community members - a total of 3746 people were questioned for quantitative data through person-to-person interview. A total of 8 Focus Group Discussions (FGD), 36 In-depth Interviews (IDI), and 8 Key Informant Interviews (KII) was held to collect qualitative data.

Findings

- The percentage of knowledge improved especially more than 100 percent about ANC, home delivery by trained personnel, NC, AFHS, adequate nutrition, birth registration within 45 days of birth, enrolment of out-of-school children, prevention and stopping of child marriage issues.
- Some respondents' level of knowledge dropped in some issues, such as the benefits of using a sanitary pad, the importance of completing high school education, time to begin complementary feeding.
- Around 90% of imams and teachers knew Covid-19 was spread through respiratory droplets.
- Low percentage of respondents in disseminating messages about using sanitary napkins, using a sanitary latrine, and drinking safe water, disseminating messages about AIDS and STIs in the family and/or community, preventing and ending child marriage.

Research Title

Strategy and costed action plan to strengthen post- crash response for victims of road traffic injury in Bangladesh

Duration

January 2022 to December 2022

Background

In Bangladesh, RTIs have emerged as an important public health problem. According to the National Committee to Protect Shipping, Roads and Railways (NCPSRR) there were 4,317 road traffic crashes in 2018 that claimed 4,580 lives and injured 10,828 persons. According to Health Bulletin published by the Directorate General of Health Services (DGHS), RTIs were ranked 9th among the top causes of inpatient admissions in government health facilities in 2017.

There is a clear survival and functional benefit for critically injured patients to receive appropriate care within the first 60 minutes after injury. This concept is called the 'Golden Hour'. The concepts of 'pre-hospital care' and 'golden hour' are still non-existent especially in the rural, remote and resource-poor regions. Measures proven to reduce the risk of road traffic injuries and deaths exist, and 'post-crash response' is one of the five pillars of the UN's Decade of Action Road Safety Plan (2011-2020). In Bangladesh, there is no established post-crash response mechanism. To add to the problem, victims often do not possess health insurance, thereby fall into financial crisis. There is no government-approved strategy, protocol or guidelines on pre-hospital care to ensure emergency medical attention to road crash victims at the crash site.

Methodology

The methodological approaches and steps adopted for this assignment was: conduction of SWOT analysis, Desk review, Qualitative interviews and Consultative workshops with relevant stakeholders in consultation with the relevant officials of the Non-communicable Disease Control Unit - DGHS and Technical Officers of the World Health Organization.

Findings

Following the proposed methodological approaches, CIPRB developed and submitted the strategy and costed action plan for victims of road traffic injury In Bangladesh. The final document was submitted for further by the concern department of Ministry of Health and Family Welfare.

Recommendation

Although this strategy and costed action plan is prepared for a-three-years period (2023-2025), but it is mandatory to review it yearly through monitoring the progress of the planned activities. The strategy and action plan should be revised based on review findings and the global plan for Decade of Action for Road Safety 2021-2030. This strategy and action endorsement plan can be replicated countrywide up to 2030 to achieve the global targets following small scale piloting.

Research Title

Bloomberg Philanthropies Initiative for Global Road Safety (BIGRS)

Location

Dhaka North City Corporation (DNCC) and Chattogram City Corporation (CCC).

Duration

January -December 2022

Background

Bloomberg Philanthropies Initiative for Global Road Safety 2020-2025 (BIGRS) aims to reduce road traffic injuries and fatalities. This project is currently implemented in 28 cities across 15 countries including Dhaka North City Corporation (DNCC) and Chattogram City Corporation (CCC). Since August 2021, the Johns Hopkins International Injury Research Unit (JH-IIRU) in collaboration with the Centre for Injury Prevention and Research, Bangladesh (CIPRB) has been conducting roadside observations in DNCC and CCC.

Objectives

The objective of the study is to impact the prevalence of key risk factors and reduce fatal and non-fatal road traffic injuries in participating cities and states across the world.

Methodology

The methods for these findings were developed by the Johns Hopkins International Injury Research Unit and implemented in collaboration with the Centre for Injury Prevention and Research, Bangladesh (CIPRB). Observation sites were selected to obtain a representative sample of vehicles and road users in each city, conditional on the safety of observers. In both Dhaka North and Chattogram city corporation, there were 15 observation sites per risk factor, and a standardized protocol was used with vehicles selected for

observation in a systematic quasi-random fixed sequence. Observations were performed between 7:30 a.m. and 7 p.m. on both weekend days and weekdays. The methods were designed to estimate citywide prevalence and cannot provide insights into interventions conducted in specific locations in the city.

Findings

Of all observed vehicles in Dhaka North City Corporation 10 exceeded the posted speed limits. Speeding was highest among trucks (80%), minibuses/minivans (33%), three-wheelers (23%), and pickup/light trucks (22%), and buses (18%) in November 2022. During the early morning hours (between 4:30 – 6:00 am), 49% of the observed vehicles were traveling above the posted speed limit. While overall helmet use was high (92%), correct helmet use was 87% among drivers and just 47% among passengers. Seat-belt use among all vehicle occupants was 57% and seat-belt use by passengers was 5%. Child restraint use was non-existent (0%).

In Chattogram City Corporation, 40% vehicles were found with excessive speed limits. Speeding was more frequent among buses (48%), SUVs (46%), motorcycles (46%), and sedans/saloons (43%) in December 2022. Correct helmet use was low among drivers (68%), and even lower for passengers (20%). Seat-belt use among all occupants was low (15%), and almost non-existent among passengers (3%).

Research Title

Implementation Research on Introduction and Learning Vayu Bubble CPAP use in MaMoni Project

Location

BSMMU, Dhaka; Dr MR Khan Shishu Hospital, Dhaka; MFSC, Dhaka; Lakshmipur District Hospital, Lakshmipur; and SOMCH, Sylhet

Duration

October 2022 to March 2022

Background

The Vayu bCPAP device has treated over 4,000 newborns and infants across 14 countries with consistent reports of improved outcomes such as survival, on par with outcomes of more complex bCPAP devices requiring electricity and compressed air traditionally used in higher resource settings.

Objectives

The research was conducted to determine whether the use of Vayu bCPAP and oxygen blender was accepted and utilized by health care providers in SCANUs as part of routine care for newborns with respiratory distress, primarily preterm newborns.

Methodology

During the project period of October 2022 to March 2022 several activities have been conducted which included the drafting, revision, and finalization of consent and tools, translation of tools and consent from English to Bangla, preparation, and submission of proposal for ethical clearance, presenting the proposal in ERC meeting and receiving the ethical approval, recruitment of the data collectors. Training of the data collectors was conducted. Data collection from five facilities was conducted. The transcription and translation were conducted accordingly. The data analysis and report were drafted accordingly.

Findings

The study found that the Vayu bCPAP is a remarkably simple and lightweight device that can be easily moved around compared to traditional machines, leading to better treatment outcomes. Moreover, setting up this machine is incredibly quick and hassle-free, and unlike many other devices, it doesn't require electricity to function.



The DGHS organised the dissemination workshop with the participation from the relevant stakeholders of national and district level. The academic and professional experts, programme managers of the national level, directors, consultants of the study health facilities participated in the workshop.

Research Title

Midwife-led birth centers in low- and middle-income countries: A case study in Bangladesh

Location

BSMMU, Dhaka; Dr MR Khan Shishu Hospital, Dhaka; MFSC, Dhaka; Lakshmipur District Hospital, Lakshmipur; and SOMCH, Sylhet

Duration

August-December 2022

Background

In Bangladesh, midwives are essential providers of primary health care and can play a major role in the provision of sexual, reproductive, maternal, newborn, and adolescent health care that can save lives and improve health outcomes.

Objectives

The aim of this study is to explore the experiences of establishing of MLBCs among the health managers, midwives, and beneficiaries who received care from MLBCs in Bangladesh.

Methodology

A descriptive case study design was employed in 4 sites in Bangladesh from August 2022 to December 2022. The qualitative method was applied to explore the feasibility and acceptability of MLBCs. Key Informant interviews (KIIs) were conducted with 10 health service leaders and senior policymakers. Focus group discussions (FGDs) were used to collect data from 28 midwives and in-depth interviews (IDIs) were conducted with 40 MLBC clients.

Findings

The study found that the MLBCs are well known to the community, health workers, and users refers for normal birthing. Everyone, either poor or rich, was treated

equally and those who received respectful delivery care expressed confidence in the service way and said to refer others to the MLBCs. MLBC has the potential to provide safe and high-quality care for women during childbirth in Bangladesh. The costs associated with operating an MLBC can differ significantly, and this can impact its cost-effectiveness.



The MLBC research findings was shared in the International Maternal and Neonatal Health Conference (IMNHC) 2023 at the Cape town in South Africa on 10 May 2023. This finding was also shared in the International Midwifery Conference 2023 at the Bali in Indonesia on 12 June 2023. Prof. Dr. MA Halim presented the research findings in both conference with the delegates of different countries.

Research Title

Violence against health care personnel and facility damage in Bangladesh

Location

8 Division of Bangladesh

Duration

January 2020 to December 2022

Background

Workplace violence, in the recent years, has appeared as a global concern. Healthcare sector is at risk in particular. Violence in this sector is almost a quarter of all violence at work. Recently violence against healthcare in Bangladesh has been triggered and intensified simultaneously but limited data on this issue. So, a national survey was conducted to explore the current situation of violence in health care in selected districts of Bangladesh, which will help to develop responses to mitigate violence in health care.

CIPRB conducted the survey in collaboration with Directorate General of Health Services and, with the technical support from International Committee of the Red Cross (ICRC).

Activity details

Conducted the survey among 1703 healthcare personnel (HCPs) identified from 61 randomly selected primary, secondary and tertiary level public health facilities and secondary level private facilities from eight divisions of Bangladesh. 8 Research Officers & 2 Senior Research Officers were recruited and trained to collect data.

Methodology

A mixed-method design survey was carried out. A total of 50 FGDs with

patients/ attendants, 92 IDIs with HCPs and 94 IDIs with patients/attendants and law enforcing members, and 30 KIIs with health administrators and politicians were conducted.

Findings

- About 80.0% of the HCP respondents reported that they experienced and/or witnessed violence.
- About 89.0% of them (experienced and/or witnessed) reported a reporting system for violent incidents exist.
- About 6.0% of the respondents reported that it caused injury and half of them required treatment.
- About 14.0% of the respondents reported that they witnessed health facility damage.
- A total of 318 respondents stated that the most frequent contributing factors were workload, lack of public awareness and unreasonable expectations from health services by the patients or attendants.
- qualitative discussions with patients' attendants reported neglect by physicians and nurses was one of the important risk factors.
- nearly 80.0% of respondents reported that a code of conduct at health facility was available, only 57.3% of the respondents were aware of violence against health staff issue.

Research Title

Retention of Swimming Skills Among SwimSafe Graduates in Rural Communities of Bangladesh

Location

Sirajganj, Sherpur & Narsingdi Districts, Bangladesh

Duration

June to December 2022

Background

SwimSafe program is one of the Context specific effective interventions to prevent drowning among children ages 4-10 years. From 2006 to 2012 over 77,000 children learned survival swimming skills through the SwimSafe program. The survival swimming graduation criteria included demonstrated ability to swim for 25 meters, float/tread for 30 seconds, and acquire competency in land-based reach and throw rescue techniques.

This study was conducted to understand the long-term effectiveness of survival swimming skill training programs. The objectives of the study were to: assess the swimming ability of individuals who graduated from the SwimSafe program over 10 years ago and explore relevant information about survival swimming learning and swimming-related activities after graduating.

Methodology

A cross-sectional study was conducted where a total of 3,603 swim graduates were randomly selected. Two sets of research instruments were used to collect data. The first was a structured questionnaire that was used to collect participants' socio-demographic information, information on their participation in the SwimSafe program, and information on their engagement in survival swimming/rescue activities after graduation. The second was a checklist to assess survival swimming and rescue skills.

Findings

- 88% of the SwimSafe graduates retained survival swimming skills and 89% retained floating/treading skills.
- 84% retained swimming and floating/treading skills.
- About 62% of the SwimSafe graduates reported that they had recommended children to learn survival swimming.
- 70% of the SwimSafe graduates rarely practiced swimming.
- In all categories of survival swimming (swimming, floating/ 70% of the SwimSafe graduates rarely practiced swimming. treading, and rescue), the proportion of retention of skills was higher among males than females.
- Participants were limited in the retention of rescue skills, particularly the throw rescue technique.

Recommendation

- Drowning prevention strategies continue, including survival swim skills training programs for older children (ages 6-10 years).
- To achieve maximal benefit of such programs, there needs to be emphasis on participants to keep practicing the skills they acquire through the program.

Research Title

Improving Access to Care for Medical Emergencies during Flood Disasters in Bangladesh (FlutNetz)

Location

Islampur and Dewanganj upazila, Jamalpur district

Duration

April 2022 to December 2024

Background

Bangladesh has frequently experienced natural disasters, especially flood events over the past few decades. From 1954 to 2017, at least 58 major floods struck Bangladesh. The most common cause of death due to flood is drowning, followed by – snake bite, electrocution, and dog bite. However, information regarding the healthcare-seeking behaviour of flood-affected community people as well as the emergency response of healthcare providers for the above-mentioned health events, is not much discussed in the published literature. Moreover, providing emergency care was most challenging due to lack of accessibility and healthcare equipment.

Bangladesh Government agencies and NGOs are collaborating with German partners in this project called "FlutNetz" to improve emergency paramedical and medical care provided during floods in the country.

Activity details

- A baseline survey was conducted in 2022 at household and health facility level, to assess the Knowledge, Attitude and Practice level of community to emergency responses to selected events of interest during floods and to explore health facility readiness.
- CIPRB started drafting manuals on Basic Life Support and Advanced Life Support with Govt.

Methodology

Baseline survey was cross-sectional study (mixed methods). 2103 household respondent was interviewed on their knowledge and practice of emergency care during flood. 72 health facilities were surveyed to explore emergency practice and management in different levels of healthcare settings. 18 KII, 32 in depth interviews with Health Care Providers, 5 in depth interviews with Traditional Healers, 7 FGD with community people, 4 participatory rural appraisal-PRA, and 4 Community Consensus) were completed.

Baseline survey Findings

- harmful practices are still prevalent in the community in health-related events (drowning, snakebite, dog bite, electrocution, lightning).
- Skilled healthcare providers, sufficient medicines and awareness programs were found to be possible solutions for improving community knowledge and practice towards emergency response and care.
- Several interventions were proposed such as - to provide basic life support (BLS) training to all the HCPs and community volunteers, to provide advanced life support (ALS) training to the doctors, and awareness programs (courtyard sessions, miking and IEC materials disseminations) in the community.

Research Title

Project Bhasa Phase 1 Retrospective (Development changes that may impact drowning risk in Barisal Division)

Location

Patuakhali and Barguna districts of Bangladesh

Duration

November 2021 to October 2022

Background

In response to the high rates of child drowning deaths, CIPRB and Royal National Lifeboat Institution (RNLI) in partnership with The George Institute for Global Health (TGI) designed and implemented a comprehensive community-based child drowning prevention programme named Project Bhasa. Day-care supervision services for children aged 1 to 5 years (known as Anchals), survival swimming skills for children aged 5 to 12 years (known as SwimSafe), and first response training for those running the interventions were being implemented. The interventions were piloted between 2016 and 2020 in the Barisal division, which has one of the highest rates of drowning deaths in the country. The findings of the Project Bhasa Phase 1 evaluation found a notable reduction in drowning rates in comparison areas between the baseline and end-line studies.

This study aimed to retrospectively develop more comprehensive understanding of the factors that may have resulted in reducing drowning rates in both comparison and intervention areas over the five-year period of the Bhasa 1 study and identify the stakeholders working on them. In addition, it identified cross-sectoral stakeholders that may be able to support drowning prevention efforts.

Methodology

Qualitative methods were used to understand experiences of change in rural

Bangladesh over the five years from 2016 to 2020. Focus group discussions and interviews were conducted with parents, local leaders, and NGO workers in six sub-districts of Barisal Division to understand development changes that they had experienced between 2015 and 2020 and how these impacted on their interactions with water.

Findings

- Increased access to electricity has had a more direct impact on reducing drowning risk as households can install pumps that allow for indoor plumbing, deep tube wells were increasingly being used to provide water supply within the house, they were likely to fill in ponds around the house that had previously been used for water storage
- Respondents perceived that children were spending more of their time on education through attendance at schools, pre-schools, or religious instruction establishments from an earlier age and were more likely to be accompanied by an adult on route to and from school. It showed that children were staying a large portion of their time under institutional supervision.
- children are more likely to study and play indoors with mobile phones, than outdoors where they are exposed to open water.
- Development in health, economy, NGOs' interventions at the sub-district level has resulted in a reduction in exposure to drowning risks.

AWARD

Youth Achievement Award



On the eve of 18th anniversary of Amader Somoy, a national daily newspaper of Bangladesh, has awarded Dr. Md. Al-Amin Bhuiyan, Intervention Manager, CreCheS project, Center for Injury Prevention and Research, Bangladesh with Youth Achievement Award for his effort to prevent child drowning in Bangladesh.



Best presenter award in the 9th Public Health Conference

In the 9th regional public health conference, our researchers Farah Naz Rahman and Shagoofa Rakhshanda were awarded the best presenter. The conference was held in Bangladesh on 25 and 26 February 2022.



The topic of Dr. Farah Naz Rahman's Oral Presentation: "Traumatic Brain Injury (TBI) among old age population of Bangladesh: Causes, consequences and risk factors." The topic of Shagoofa Rakhshanda's poster presentation: "Asthma and associated factors among adult rural population in Bangladesh: results from a cross-sectional survey."

INTERNATIONAL MEETING & CONFERENCES



Workshop in Zanzibar

A workshop was held in Zanzibar, Tanzania to standardize survival swimming implementation processes in low resources settings. Dr. Aminur Rahman, Deputy Executive Director, CIPRB and Md. Shafkat Hossain, Intervention Manager, SeaSafe Project attended the workshop.



CIPRB participated in the Injury Prevention and Safety Promotion Conference 2022

A team of 11 delegates from CIPRB participated in the '14th World Conference on Injury Prevention and Safety Promotion 2022' held in Adelaide, Australia. A total of 15 research findings were shared throughout the conference by CIPRB's researchers. Besides these 1 session moderation and 2 panel discussion were also included. CIPRB presented its achievements, learnings, challenges, research data, recommendations and best practices from different safety promotional project including drowning prevention programmes.

The Executive Director of CIPRB, Prof. Dr. AKM Fazlur Rahman attended in a panel discussion on 'Strategies for sustainability of drowning prevention programmes'. The Deputy Executive Director, CIPRB, Dr. Aminur Rahman attended as a panel discussant on the pre and post discussion on the Drowning prevention resolution of UN.

Financial SUMMARY

CENTRE FOR INJURY PREVENTION AND RESEARCH BANGLADESH (CIPRB)

House no. B - 162, Road No. 23, New DOHS, Mohakhali, Dhaka - 1206.

Consolidated Financial Position

As at 30 June, 2023

Particulars	Notes	Amount in BDT	
		30.06.2023	30.06.2022
ASSETS:			
Non-Current Assets			
Property, Plant and Equipments (WDV)	4.00	5,120,075	3,919,821
Office Space (Work in Progress)	5.00	110,875,000	109,275,000
Accounts Receivable	6.00	4,000,000	31,823,183
Current Assets			
Investment	7.00	51,977,739	46,833,040
Cash and Cash Equivalent	8.00	106,498,787	37,210,598
Advance, Deposits and Prepayments	9.00	1,079,341	552,477
TOTAL PROPERTY AND ASSETS		279,550,943	229,614,119
CAPITAL AND LIABILITIES:			
Fund Account	10.00	264,716,036	218,528,550
Gratuity Fund	11.00	14,684,907	10,765,569
Provision for Expenses	12.00	150,000	320,000
TOTAL CAPITAL AND LIABILITIES		279,550,943	229,614,119

The annexed notes form an integral part of this financial statement.


Deputy Director (Finance & Admin)


Executive Director

Signed in terms of our separate report of even date annexed.

Dated : 29th July, 2024
Place : Dhaka


Dr. ASM Hossain Tayiab FCA, CISA
Founder Partner
Enrol. No. 977
ARTISAN
Chartered Accountants



Financial SUMMARY

CENTRE FOR INJURY PREVENTION AND RESEARCH BANGLADESH (CIPRB)

House no. B-162, Road No. 23, New DOHS, Mohakhali, Dhaka-1206.

Consolidated Profit or Loss and Other Comprehensive Income For the year ended 30 June, 2023

Particulars	Notes	Amount in BDT	
		30.06.2023	30.06.2022
INCOME:			
Donor Grants		503,853,432	277,378,730
Cost Recovery from projects	14.00	99,203,781	87,710,545
Bank & FDR Interest		3,023,934	3,109,299
Miscellaneous Income		-	18,700
Total		606,081,146	368,217,275
EXPENDITURE:			
Program Cost	15.00	328,160,332	204,227,600
Personnel Cost	16.00	194,321,175	116,289,247
Training Expenses	17.00	22,055,936	8,985,018
Administration Cost	18.00	18,156,805	11,718,283
Travel and Perdiem	19.00	13,851,164	4,506,628
Seminar, Meeting, Workshop and Conference	20.00	6,312,987	2,019,111
Monitoring and Evaluation	21.00	3,480,970	1,444,033
Depreciation		498,709	197,741
Total		586,838,078	349,387,661
Excess of Income over Expenditure		19,243,068	18,829,614
Total		606,081,146	368,217,275

The annexed notes form an integral part of this financial statement.


Deputy Director (Finance & Admin)


Executive Director

Signed in terms of our separate report of even date annexed.

Dated : 29th July, 2024
Place : Dhaka


Dr. ASM Hossain Tayiab FCA,CISA
Founder Partner
Enrol. No. 977
ARTISAN
Chartered Accountants

Financial SUMMARY

Particulars	Notes	Amount in BDT	
		30.06.2023	30.06.2022
Opening Balance:			
Cash in Hand		279,416	170,332
Cash at Banks		36,931,182	32,574,975
Sub Total		37,210,598	32,745,307
RECEIPTS :			
Grant Receipts	13.00	543,413,453	342,799,059
Cost Recovery from Projects	14.00	127,024,714	59,887,364
Bank Interest		450,125	401,688
Gratuity Fund		3,919,338	2,681,973
Miscellaneous Income		2,250	18,700
Loan Received		115,568,001	41,780,806
Sub Total		790,377,881	447,569,590
Total		827,588,479	480,314,897
PAYMENTS :			
Program Cost	15.00	314,286,998	197,112,913
Personnel Cost	16.00	194,321,175	116,289,247
Training Expenses	17.00	22,055,936	8,985,018
Administrative Cost	18.00	17,857,533	10,726,093
Travel and Perdiem	19.00	13,851,164	4,506,628
Seminar, Meeting, Workshop and Conference	20.00	6,312,987	2,019,111
Monitoring and Evaluation	21.00	3,480,970	1,444,033
Advance Account		14,440,359	11,435,915
Investment (Gratuity Fund)		3,000,000	5,000,000
Fund Refund to UNFPA/UNICEF		12,615,606	6,616,701
Office Equipment		1,698,963	1,012,834
Office Space/Flat purchase		1,600,000	36,175,000
Loan Refund to CIPRB		115,568,001	41,780,806
Sub Total		721,089,692	443,104,299
Closing Balance			
Cash in Hand		289,488	279,416
Cash at Banks		106,209,298	36,931,182
Total		106,498,786	37,210,598
		827,588,479	480,314,897


Deputy Director (Finance & Admin)


Executive Director

Signed in terms of our separate report of even date annexed.



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