CIPRB

Annual Report 2020

Centre for Injury Prevention and Research, Bangladesh

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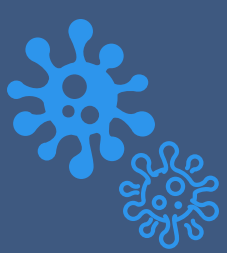
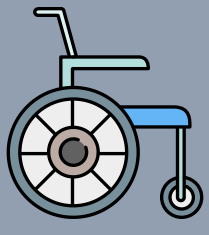



About us

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.

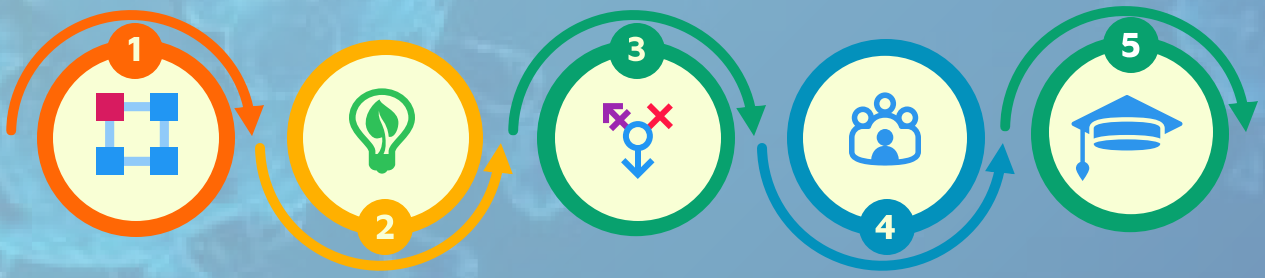
MISSION

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

PURPOSE

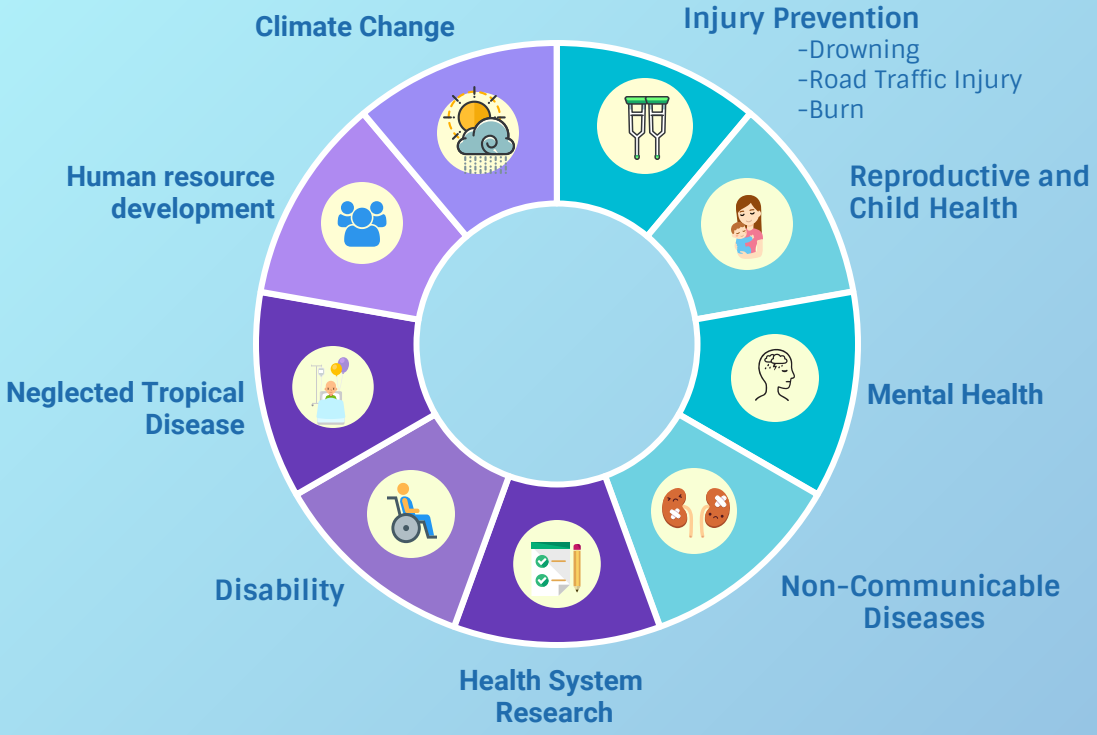
CIPRB aims to be the centre of excellence in conducting research on the issues of public health importance and delivering services through its innovations in Bangladesh and similar settings. The organisation takes coordinated efforts to respond to any public health emergencies.

VALUES



Area of work

CIPRB will continue to focus on high quality research, programmes and services in the following fields



SDG commitment

CIPRB is committed to address the following SDGs

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Abbreviation

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

2020 was a challenging year for the entire world in many ways. The COVID-19 pandemic affected all entities in Bangladesh. For a public health and injury research organisation like CIPRB, this pandemic was full of opportunities. And it was our one of the goal to mitigate the milestone.

We, the CIPRB management and governing body were confronted with some priorities: the health and safety of the staff, to engage them in the COVID related workflow by providing regular salary and continuing health related research. Besides all, we had another challenge to conduct a nationwide blindness survey.

We took significant steps throughout the challenging year and were successful. Considering the pandemic our activities were focused on increasing awareness on COVID-19 prevention. Our volunteers and staff in the field level were thoroughly engaged in awareness raising. We received remarkable collaboration and support from our funding partners and local government to implement project activities during COVID-19.

On behalf of CIPRB management and governing body, I would like to take the opportunity to thank you all – the leadership, all staff and our research and funding partners. Without your contributions, dedication, help and support, our achievements were not possible.

> **“We took significant steps throughout the challenging year and were successful.”**

Message from the Executive Director

Prof. Dr. AKM Fazlur Rahman

At the end of first quarter of 2020, we all stunned when we found first COVID-19 death case in Bangladesh. Immediately the government announced countrywide shutdown, which had a huge impact in our organization, like many others. Our researchers, staff, volunteers and funding partners immediately shifted their goal to tackle the pandemic. We redesigned our projects and shifted our research projects focusing COVID-19. We conducted two research activities on COVID-19. All the active projects took additional activities to increase awareness to prevent COVID-19 infection and encourage people to get the vaccine immediately after government had taken action.

In the said year we had a responsibility to conduct a nationwide blindness survey with the guidance of National Eye Care. Despite all obstacles of COVID-19 we were successfully able to complete the national survey. It has portrayed CIPRB as a multidimensional organisation to all the stakeholders

In the year 2020, as a head of CIPRB management, I was committed to secure the salary of every staff of this organisation. I am pleased that I was able to fulfill my commitment. It was possible because of the dedication from all staff and the collaboration from our funding partners. The pandemic has no borders neither we have. We are always open to do work for the wellbeing of the mankind. We expect more investment on research and research related programmes to reduce health sufferings of the people, especially the marginalized group, of the country and in similar settings.

> **“In the year 2020, as a head of CIPRB management, I was committed to secure the salary of every staff of this organisation. I am pleased that I was able to fulfill my commitment.”**

Governing body

Prof. (Rtd) Muhammad Ghulam Rahman, President

Prof. Rahman is the president of the CIPRB since its inception in 2005. Professor Rahman obtained his MA in English from the 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 the Rajshahi Medical College, post-graduation in Public Health from the National Institute of Preventive and Social Medicine (NIPSOM), Dhaka, Post-Graduate Diploma and M.Sc in Health Economics from the Institute of Health Economics, The University of Dhaka. At present he is engaged in teaching Community Medicine at Khwaja Yunus Ali Medical College, Sirajganj as professor and head of the department.

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 the Dhaka Medical College and Masters in Public Health from the Karolinska Institutet, Sweden. Dr Chowdhury also completed his PhD at the Division of Social Medicine, Department of Public Health Sciences, Karolinska Institutet, Sweden.

Prof. Afsana Karim, Member-Executive Committee

Prof. Afsana has around 20 years of teaching experience in Pharmacology in different medical colleges of Bangladesh beginning as a Lecturer in the Department of Pharmacology, Dhaka Medical College. She has worked as a research fellow in Department of Pharmacology of the 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-Executive Committee

Dr. Chanda is a public health physician who earned an MBBS from Mymensingh Medical College, an MPH from Umea University in Sweden, and an MA in Peace Studies and International Conflict Resolution from Innsbruck University in Austria. He has more than three decades of experience working with the Ministry of Health and Family Welfare- Bangladesh, Ministry of Health- Iran, UN agencies (UNFPA and WHO), and in the areas of Health System Strengthening, Maternal and Neonatal Health, Refugee Health, victims of violence and torture, and research on Violence against Brothel-based Sex Workers.

Dr. Mahfuzur Rahman, Member-Executive Committee

Dr. Rahman was 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 (PhD) in Occupational and Environmental Medicine from the Faculty of Health Sciences, Linkoping University, Sweden.

Senior leadership team

Prof. Dr. AKM Fazlur Rahman, Executive Director

Prof. Rahman has been leading CIPRB as the 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 the 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 the Deputy Executive Director, has also been responsible for directing the International Drowning Prevention and Research Division-Bangladesh (IDPRD-B). He obtained his PhD from the 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 Gynecologist 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 the Dhaka University, a post-graduate diploma in Medical Education from the Dundee University, UK. and PhD. from the Karolinska Institutet, Sweden. He has developed and implemented a childhood burn prevention programme in rural Bangladesh. He published more than 96 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 the 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 the Global Status Report on Road Safety and the Global Status Report on Violence Prevention. During his over 23 years career, he worked with many national and international organisations including WHO as an International Professional. He has around 40 publications in peer reviewed journal.

CIPRB in numbers

6,562 Employees

4,791 Female

1,771 Male

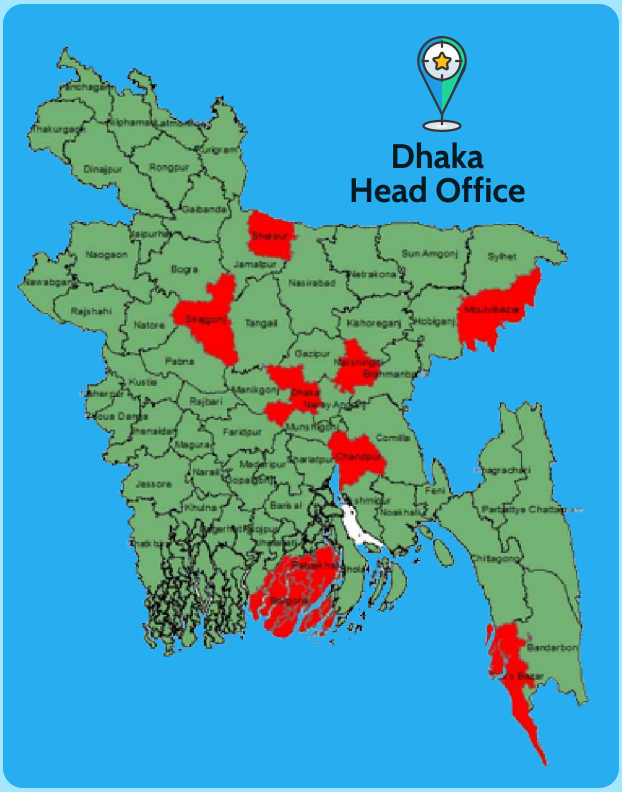
75 Program Personnel

76 Operation Personnel

17 Researcher

6372 Paid Volunteer

- **Chandpur**
  - Chandpur Sadar
  - Matlab South
  - Matlab North
- **Narshingdi**
  - Manohardi
- **Sherpur**
  - Sherpur Sadar
- **Moulvibazar**
  - Sreemongol

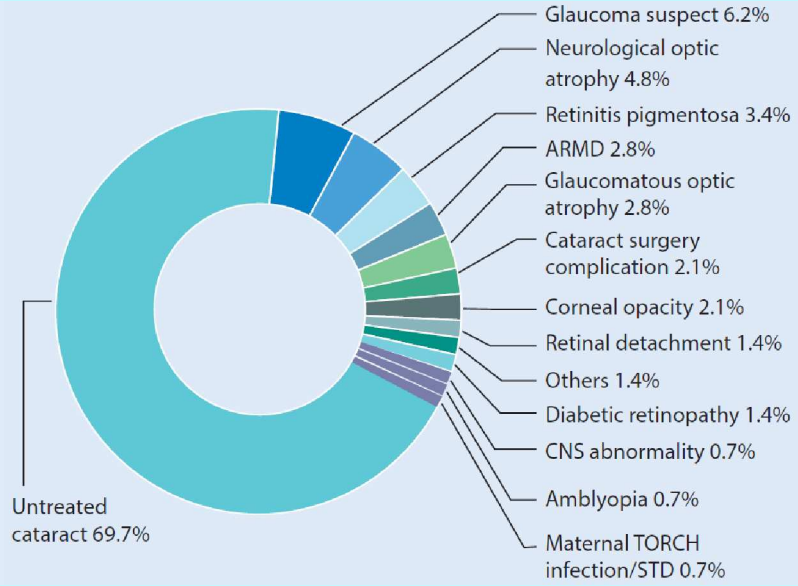


- **Sirajganj**
  - Raiganj Field Laboratory
- **Patuakhali**
  - Kalapara
- **Barguna**
  - Betagi
  - Taltali
- **Coxs' Bazar**
  - Cox's Bazar Sadar

Nationwide blindness survey 2020

National Eye Care, Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, in partnership with Centre for Injury Prevention and Research, Bangladesh conducted Nationwide Blindness Survey in 2021. This study aimed to depict the prevalence of blindness and visual impairment including their causes among the population aged 30 years and above in Bangladesh.

From September 2020 to March 2021, a cross–sectional survey was conducted among 18810 adults aged 30 years and older including men and women residing in households from all the districts of Bangladesh from 360 clusters which were selected through multistage, geographically stratified probability-based sampling on the basis of Primary Sampling Unit (PSU) developed by Bangladesh Bureau of Statistics (BBS) for the 2011 census. A total 100 field staff divided in ten teams were deployed for collecting quantitative data. Each team composed of Ophthalmologist, Optometrist, Nurse/MLOP, Electro-Medical Technician, Community Data Collectors, Camp Facilitator, Field Manger/Community Mobilizer, Quality Control Coordinator. A strong quality control mechanism was followed throughout the survey.



1 in every **100** adults aged **30** years or older suffers from blindness in Bangladesh.

3% — About **3%** of the adult population of **30** years or older have unilateral blindness.

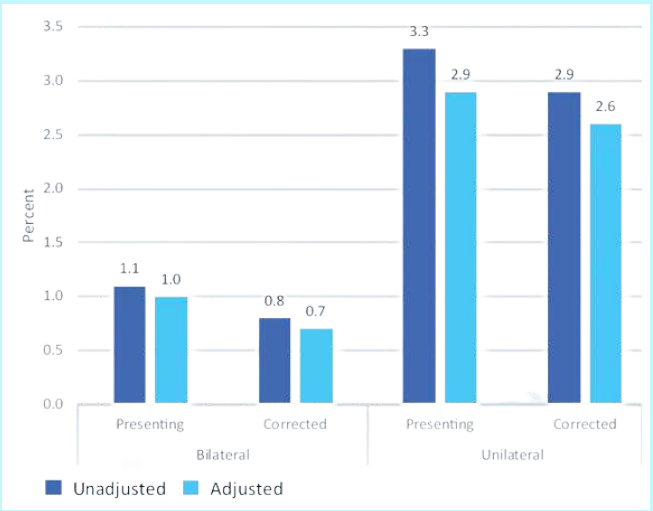
There are an estimated **530,000** cases of bilateral blindness in Bangladesh based on adjusted BCVA.

80% — More than **80%** of the blind cases are avoidable with timely intervention.

7% — **7** in every **100** adults aged **30** years or older suffers from any degree of visual impairment.

14.3 million — An estimated **14.3** million people are living with mild to severe visual impairment in Bangladesh.

81% — Cataracts are the primary cause and are responsible for **81%** of severe visual impairment



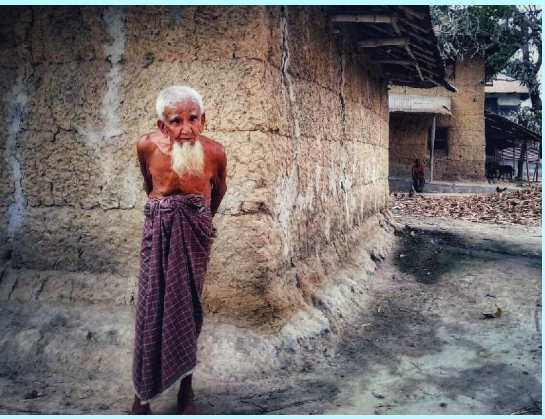
The survey found an adjusted prevalence of presenting bilateral blindness to be 1.0%. Following best correction, the adjusted prevalence of bilateral and unilateral blindness was 0.7% and 2.6% respectively.

The survey concluded that the burden of bilateral blindness in Bangladesh decreased by 45%, but still poses a significant socio- economic challenge. However, four out of five blind cases are avoidable.

Addressing the Health Disparities during COVID 19 Pandemic in Bangladesh: Way-forward for an Equitable Mitigation

This study generated evidence on how to address inequity in essential services such as health and education in a resource-constrained setting like Bangladesh, both during a crisis and in general. A qualitative study was conducted in which the experiences of both service receivers and service providers were explored through the lens of equity, involving 40 patients cum parents from five different socioeconomic and geographic regions across Bangladesh, as well as 30 healthcare staff and teachers from all tiers of service facilities. The study revealed a deep schism in Bangladeshi society that surfaced prominently during a global pandemic.

The research was carried out by Centre for Injury Prevention and Research Bangladesh (CIPRB) and is one of a series of pilot studies exploring how public services could be more inclusive of disadvantaged social groups in ODA-eligible contexts. The studies are supported by an international partnership of academic, policy and non-government organizations collaborating to produce new knowledge and solutions to exclusion and disadvantage.



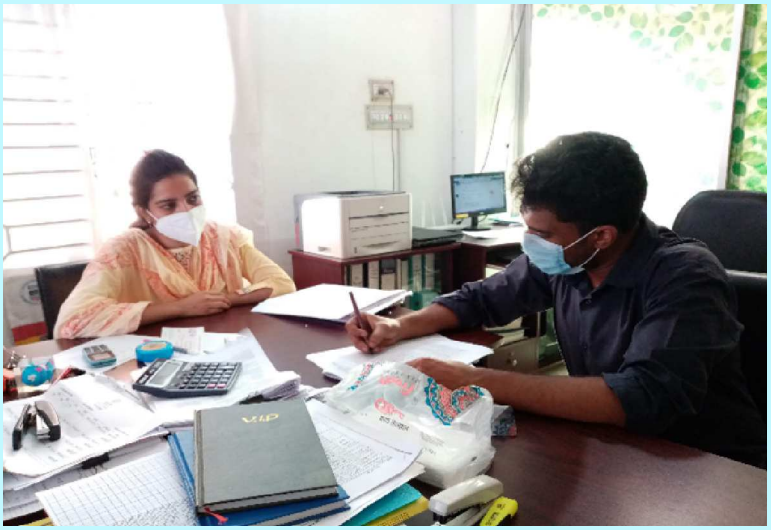
Capacity Assessment for Response to Infectious Diseases of Public Health Importance in Bangladesh

To assess the service availability and readiness of the health facilities for infectious diseases, CIPRB conducted assessed 490 public and private hospitals in Bangladesh with the support of Bangladesh Medical Research Council (BMRC).

Almost all DHs and MC (gov) hospitals provided diagnosis, treatment and follow-up facilities for STD, TB, Malaria, Kala Azar, Filariasis and Viral Fever. Standard guideline on Hospital Infection Prevention and Control was available at 92% at UHC and above of government health facilities. There was no dedicated Specialist Physicians for infectious diseases management at any government and non-government facilities and there was a shortage of designated medical officer for the treatment of TB, Malaria and NTD management in all of the sites. Specific drugs for Infectious diseases (Malaria, Filariasis, Kala-Azar, dog bite vaccine) and drugs for TB management were mostly unavailable at the CC, USC/UHC/RD and UH&FWC. Drugs for TB management were available at UHC, DH, TH (gov), IDH and MC (gov). Private and NGO facilities had less availability of drugs for infectious diseases management.

The overall readiness score for TB management services was relatively high in UHC, DH and Government Medical Colleges (more than 85 out of 100). The TB management guideline was available at 57% of all facilities while drugs were available at 22% of all facilities. Staff to manage TB were available at 61% of all locations whereas TB diagnosis was carried out in 52% of them. Malaria Service was available at 11-100% at all government facilities; Malaria diagnosis was available between 12-100%; Malaria drugs from 3-69%; Trained staff for Malaria were 100% available at all facilities except CC, USC/UHC/RD and UH&FWC; RDT for malaria was available at 44-80% of all government facilities.

Most government facilities (UHC and above) had trained staffs on COVID-19 prevention and management and more than 90% of UHC, DH and MC (govt.) hospitals had isolation units for patients. Over 90% of UHC, DH and MC (govt.) hospitals had sufficient PPE and disinfectant logistics for managing patients. NGO clinics and District Private hospitals were less prepared to provide overall COVID-19 related services.



Capturing COVID-19 information from selective 25 teagarden facilities under the UN SDG Joint Programme

The objective of the study is to collect COVID-19 related retrospective data and to explore the perception, practices and challenges in data recording in the facilities of 25 teagardens.

Mixed method was used to conduct this study during the period from September to October 2020 in the facilities of 25 selected teagarden of UN SDG joint programme in Sylhet division. Three data collectors collected quantitative data from selected facilities using checklist, whereas 2 anthropologists collected qualitative data through IDIs & KIIs using guideline.

Total 19 facilities kept the record of the suspected cases in the patient register. COVID-19 test was conducted among 36 people in 10 teagardens, where 11 were found positive. Among the 11 positive cases 9 were male and 2 were female. At present all the patients are cured. Hand sanitizer were available in 21 facilities (n=47) and eye protective goggles was found available in 14 facilities (n=21) and social distancing was found maintained in 2 facilities. Thermometer were found in 22 facilities (n=47) but no infrared thermometer. Oxymeter was found in 14 facilities. Most of the workers and even midwives didn't have clear idea about how the virus transmitted from person to person.

The main challenges in recording in the teagarden facilities included the people and health care providers were not aware of consequences of this virus. Initially they were terrified, so most of them used mask, but currently they don't wear mask. As they thought that there was no positive case of corona virus in the tea garden area so they never affected by this virus. The respondents emphasize on maintaining record keeping of the patients. Among them the HCPs of teagarden facilities need to take training on COVID-19 protection and record keeping.

Research Summaries

In 2020, we released findings that were significant on the national scale. Researchers at the CIPRB and their national and international partners made significant contributions throughout our priority areas, affecting both national and international policy and practice.

Nationwide Blindness Survey

From September 2020 to March 2021, a cross–sectional survey was conducted among adults aged 30 years and older including men and women residing in households from all the districts of Bangladesh. The research found that the major causes of blindness are Untreated cataract, Glaucoma suspect, Diabetic Retinopathy and Optic Atrophy.

Globally, 3 in every 10 people are living with some form of visual impairment. The majority of people with visual impairment are over 50 years old. This age group accounts for over 80% of cases of blindness. This high magnitude comes with enormous economic burden and is a particular threat to low and middle-income countries (LMICs). Vision 2020 – the Right to Sight, was launched by World Health Organization (WHO) and the International Agency for Prevention of Blindness (IAPB) in 1999 in Beijing with the aim of eliminating avoidable blindness around the globe by the year 2020.

The researchers from CIPRB found that untreated cataracts as the major cause of bilateral blindness (70%). Suspected glaucoma (6%) and neurological optic atrophy (5%) were the other notable causes. One in every 100 adults aged 30 years or older suffers from blindness in Bangladesh. The researchers also detected that about 3% of the adult population of 30 years and over had unilateral blindness. There are an estimated 533,000 cases of bilateral blindness in Bangladesh. The research marked that more than 80% of the blind cases are avoidable with timely intervention.

Cataract was the most common causes for all three categories of visual impairment. Seven in every 100 adults aged 30 years or older suffer from any degree of visual impairment. An estimated 14.3 million people are living with mild to severe visual impairment in the country. Cataracts are the primary cause and are responsible for 81% of severe visual impairment.

The research recommended that if we determine to achieve success to eliminate blindness we have to increase the number of community vision center from existing 90 to 600 by 2030. We also need to improve and expand the ophthalmological services at district and sub-district level and eye health services should be an integral part of universal health coverage.

Detailed Road Safety Audit

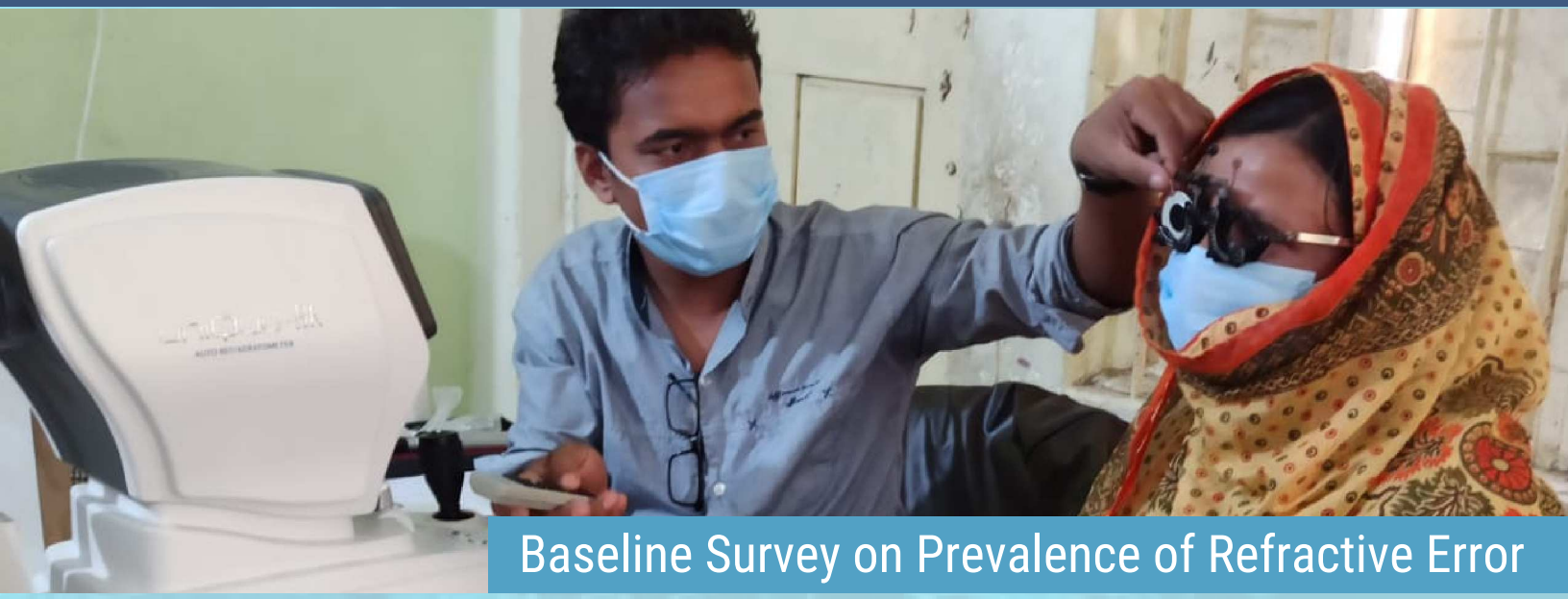
An audit of four National Highways was launched by the Roads and Highways Department (RHD). Audit (phase II) of three roads (Banani-Airport, Daudkandi–Chattogram, and Joydebpur–Elanga) was done by CIPRB in partnership with Heptatech Ltd. The total length of the roadways was 200 kilometers.

Road traffic collisions are one of the top causes of mortality worldwide, killing 1.2 million people each year. It results in a 3% loss of GDP in low- and middle-income nations such as Bangladesh. Road safety is emphasized in Goal 3.6 of the Sustainable Development Goals (SDGs), which calls for a 50% decrease in worldwide fatalities and injuries by 2020. As a result, RHD has launched a variety of activities in accordance with the National Strategic Action Plan, with road safety audits serving as a critical instrument for detecting road safety concerns and challenges.

To address the existing state of road safety in Bangladesh, the authority responsible for the roads, e.g., the RHD launched a safety audit of chosen segments of four National Highways. The audit was undertaken in partnership with Heptatech Ltd. by the CIPRB.

The audit discovered that in the majority of cases, regulatory warning and information signs were missing. Existing indicators were not always prominent and clear. While the majority of the pavement was determined to be usable, a fraction was found to be distressed, with potholes and waterlogging. Significant parts of all roadways were observed to be illegally parked on the roadside. The width of the bus bays was insufficient. The majority of bridges/culverts lacked a pathway. All junctions were discovered to be unchannelized, with no prior warning sign or stop sign. In the majority of situations, unlicensed businesses are located extremely near to the road. Although several school zones were discovered near to the highway, they lacked speed slowing devices, warning signs, and pedestrian facilities such as zebra crossings. The overall visibility situation at night was poor.

The audit advised that immediate actions be taken to restore the shoulder, pavement markings, and pedestrian amenities, among other things. Mid-term solutions will include the addition of a speed change lane, truck stops, and intersections, as well as an over-bridge and over-pass for traffic circulation. In the long run, solutions such as grade separation at critical intersections, underpasses, flyovers, and distinct lanes will be implemented.



Baseline Survey on Prevalence of Refractive Error

The survey was done to determine the magnitude of refractive error, including presbyopia, and to determine corrective eyeglass coverage and general awareness about eyeglass use in Bangladesh's Sherpur district.

Around 1.3 billion individuals worldwide are believed to have a vision impairment of some kind. Regarding distant vision, 188.5 million persons have moderate to severe vision impairment, while 217 million have severe to severe vision impairment.

The study used a quantitative technique to determine the extent of refractive error, including presbyopia, and to assess corrective eyewear coverage and general awareness about eyeglass use in Sherpur. A total of 4481 respondents aged 18 and above were included from Sherpur District's five Upazilas. Optometrist and MLOP conducted eye examinations using essential equipment such as autorefractometer, retinoscopy, and trail lens set.

19.0 percent of survey respondents reported having a visual impairment caused by poor vision (VA=6/12) or blindness. According to the study, 19.6 percent of the overall population suffered from vision impairment. Refractive errors were shown to be the primary cause of both poor vision and blindness. Overall, coverage of spectacles was determined to be minimal.

The research recommends ensuring lost-cost quality care services for visual impairment, including cataract, with increased accessibility for all by:

• Developing a standard eye care model for future scalability;
• Expanding partnerships and networking with national and local professional bodies, charitable organizations, and non-governmental organizations under the auspices of National Eye Care;
• Ensuring the availability of low-cost spectacles in local medicine shops and pharmacies.
• Developing and conducting a thorough community outreach campaign (as is typical in public health) to educate people about the proper treatment options for visual impairment and preventive blindness.

Evaluation of Essential Pain Management (EPM) program in Bangladesh during 2013 – 2018

Between 2013 and 2018, 320 doctors and nurses in Bangladesh received EPM training. The purpose of this study was to determine the success of the EPM program in Bangladesh in terms of course quality and sustainability.

The Essential Pain Management (EPM) training effort is a brief, cost-effective, multidisciplinary training program that has been provided in over 60 countries.

The study's results revealed that the course maintained a consistent level of structure and administration throughout. The coordinators and instructors expressed satisfaction with BSSP and ANZCA's technical and advocacy support. Additionally, hospital and health care administration indicated pleasure with the participants' involvement and performance. However, one of the primary issues noted was the necessity for a multidisciplinary strategy that included more participation from the periphery and private medical institutions.

The EPM initiative emphasized the need of effective pain management in Bangladesh and brought the problem to the attention of policymakers and other important stakeholders. Additional efforts and strategies are now necessary to ensure its sustainability in Bangladesh and to achieve long-term advantages in the management of pain.

Factors associated with surgical treatment delay & it's impact on patients' perception of healthcare services

5 million people globally, including Bangladesh, lack timely access to emergency and necessary surgical, obstetric, and cosmetic treatment. Delays in treatment may exacerbate symptoms, damage the patient's health, and result in problems.

The average time interval between admission to the hospital and the first OPD visit was about 29±45 days, while the time interval between pre-anesthesia and admission to the hospital, as well as between surgery and release from the hospital, was approximately 7±6 and 6±8 days, respectively. There was an average delay of 8±6 days in surgical procedures.

Qualitative data indicated that surgical treatment delays result in significant familial crisis, particularly when dependents such as children and the elderly are involved. Additionally, patients incurred a significant financial burden, which included increased hospital bills, property damage, and some other indirect expenditures. Treatment delays can have a cumulative effect on the patient's physical and mental health.

The findings of this study are likely to raise awareness among policymakers and stakeholders about this often-overlooked aspect of health care, allowing for necessary actions to be made to avoid this situation. Among other things, such efforts will directly contribute to the achievement of various SDGs.

Key Findings

- Surgical treatment delays cause considerable familial crisis primarily involving the care of the dependents such as children and the elderly.
- Patients experiencing surgical treatment delays also faced a substantial economic burden which involves an increased cost of patients' or attendants' stay, loss of property, and indirect costs such as the illness of accompanying person or family members at home as a consequence.
- Patients from the low socio-economic group are affected extensively by the financial burden of the delay.
- Surgical treatment delays are associated with a considerable impact on the mental health of the patients as a result of increased stress and anxiety.
- The cumulative effect of treatment delay can impact the patient's physical health as well.

Recommendations

- Surgical treatment delays cause considerable familial crisis primarily involving the care of the dependents such as children and the elderly.
- To minimize the delay in surgery and consequences among the patients, a national level strategy should be developed.

Assessment of existing service availability (EPI and PHC services) and healthcare-seeking behavior, stakeholder mapping and gaps analysis for 4 City Corporations

The assessment was essential to find out the immunization service gap in terms of availability of services, unserved or underserved areas for vaccination, HR and resource constraints of implementing agencies and major challenges for immunization and PHC services.

The assessment also worked as a baseline for measuring the progress of interventions and as a tool to develop an effective plan to cover the vulnerable population of urban areas and achieve equity in immunization coverage along with PHC.

OPD, out-reach services, and referral services were not available in all facilities. BCG and Measles vaccines reconstituted before coming of the child were found available in only 40% of assessed facilities. ANC services were found in 90% of facilities, normal delivery services in 30% of facilities, and PNC services in 60% of facilities. ORS and Zinc were found available in only 40% of assessed facilities. 46% vaccinators washed hands, 93% wearied masks, and 45% maintained distance as a precaution before vaccination. Average 45 minutes required in receiving EPI services and 10 minutes required in PHC services.

Common reasons for not taking Vaccination at underserve areas included the unable to manage time for vaccine, sickness of children on the date of vaccination, out of home on the date of vaccine, unavailable of vaccine in the center and ignorance.

It is also essential to establish new EPI centre/clinics in the areas of the garment. Evening EPI centers for working moms in slum areas should be established. Low-performing regions might be used to strengthen the facility. All medical facilities must have access to essential supplies, medications, and reducing medical equipment. The facilities must offer round-the-clock services. It is essential that healthcare professionals receive proper training on how to give better customer service and communicate more effectively. A gynecologist and a lab technician are being hired for the NGO clinics.

The baseline study on Medicine Sellers' and relevant stakeholders' knowledge, attitude and practices (KAP) of Sexual and Reproductive Health (SRH) and Family Planning issues

Evidence shows that aside delivering pharmaceutical treatment, sexual and reproductive health services comprise a large percentage of a pharmacy worker's everyday practice, especially in the rural, hard to reach and disadvantaged urban settings.

In Bangladesh, pharmacy workers/ medicine sellers have an advantage over other healthcare professionals as they have easier and more frequent access to the general public.

About 85.3% (n=535) medicine sellers had knowledge about sexual and reproductive health, 82.9% (n=520) had knowledge of sexual and reproductive health related medicines, 62.5% (n=392) had knowledge on sexual and reproductive health counseling. About 95.5% (n=599) medicine sellers had knowledge of OTC medicine, 82.6% (n=518) had knowledge of SRH medication use, 69.7% (n=437) knowledge of side effects of SRH medicine, 48.5% (n=304) had knowledge about the complications of SRH medicine.

Around 64.6% (n=405) medicine sellers hear about the SRH related issues from patients before selling medicine but 69% (n=280) spend only 1-5 minutes for counselling per patient. Around 88.6% (n=359) medicine sellers dealt with 1-10 patients with common SRH problems every day. 94.1% (n=590) medicine sellers dispensed sanitary napkin, 92.2% (n=578) dispensed tablet Iron folate and 50% (n=314) dispensed antibiotics.

About 58.5 % (n=367) medicine sellers practiced dispensing SRH medicines without prescription and 27.1% (n=170) dispensing antibiotics without prescription. About 90.6% (n=568) medicine sellers mentioned that they required training on dispensing SRH related medicine.

The majority of pharmacies must be educated about the risks of non-prescription antibiotics. Because many drugstores did not value keeping precise records of pharmaceutical sales and purchases, medications were not stored properly. Pharmacists expressed interest in learning about SRH drugs, record keeping, and proper drug disposal.

Models of Assistive Technology provision for people with disabilities in low resource settings; a comparative analysis of current practice in India, Nepal and Bangladesh.

This study conducted a critical review of the various Assistive Technology service delivery practices in Nepal, India, and Bangladesh for providing hearing and mobility to people with disabilities.

About 1 billion people in the world have a disability for which they might benefit from Assistive Technology (AT) but only about 10% of them have access to it. The reasons for not having access to AT are multiple: lack of awareness, lack of expertise, absence of legislation and policies, absence of infrastructure in facilities, unavailability and high costs of assistive devices and many more.

This was a qualitative research in which policy papers were analyzed and Key Informant Interviews (KIIs) with policymakers, AT service providers, and mobility and hearing-related AT service users were performed. Except for a few innovative AT solutions, the data indicated that the majority of devices given were conventional devices, and the distribution mechanism was not systematic. The government devotes a portion of its budget to disability, including access to AT solutions, but this often requires many levels of recommendations and permissions, forcing AT users and their families to pay for their devices out of pocket. Access to AT is far more difficult in Bangladesh than in the other two nations.

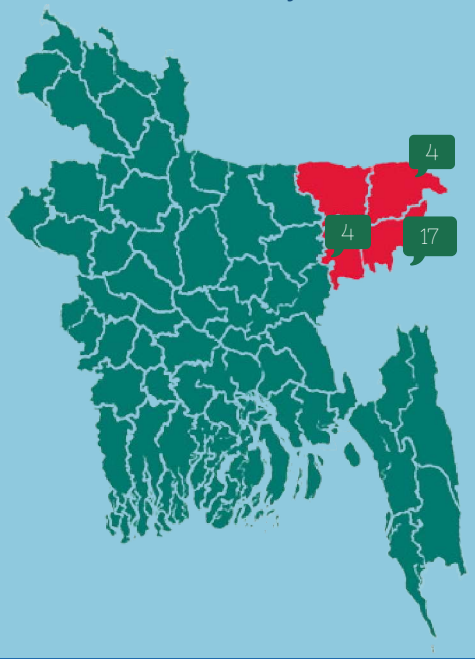
In these nations, a more comprehensive approach to the process of AT service delivery is required. This may involve establishing a one-stop shop for free AT services in order to increase PWDs' access to AT services in all three countries.

Programme Summaries

Project Name: Enhancing Social Protection for Female tea gardens workers and their families in Sylhet Division

The CIPRB has been implementing a joint SDG-funded initiative in Sylhet division under the 'Enhancing Social Protection for Female Tea Garden Workers and Their Families in Sylhet Division' project with technical assistance from UNFPA Bangladesh. The purpose of this project was to increase awareness and knowledge of human rights and labor standards among tea garden workers and their families, particularly women and children, in order to facilitate access to public services such as family planning, child and maternal health and nutrition, education and skills training, water, sanitation, and hygiene, and child protection.

The project will encompass 25 tea gardens in Sylhet division, including 17 in Moulvibazar, four in Sylhet, and four in Habiganj. In 25 tea gardens, 50 Bagan Sebikas (paid volunteers) were recruited. Courtyard sessions with the pregnant women's group were held in several designated tea gardens. These programmes educated mothers on sexual and reproductive health problems, prenatal care, institutional delivery, postnatal care, and post-partum family planning. Through these awareness activities, adolescents were educated about menstrual hygiene and handwashing in chosen five SGD-funded tea gardens.



Project Fact Sheet

Dr. Abu Sayeed Md Abdullah
Team Leader

Team Members

Mr. Altafur Rahman
Project Coordinator

Mr. Shakawat Hossain
Field Coordinator

Mr. Jewel Rana
Field Coordinator

Mr. Hasan
Field Coordinator

Key Metrics

4
Districts

50
Bagan Sebika

1514
Pregnant woman served

1469
Adolescents awarded about COVID19

1401
Tea garden workers awarded about COVID19

Meeting, Workshop

263
courtyard meeting

103
Awareness meeting on MHM

89
Meeting on sexually transmitted infections and HIV

2
Workshop for data development framework

1
National level meeting on finalising data framework

1
Divisional level workshop to orient UN-SDG project in Habiganj

Project Name: Elimination of Obstetric fistula in Sylhet division, Project area- All 4 districts in Sylhet division

Under this project, 4 district referral coordinators of CIPRB worked with the technical support of UNFPA and administrative support of the DGHS and DGFP. The overall target is to identify all the fistula patients from the community, diagnose at the facilities, referral to the referral centres, treatment, management and rehabilitation of the fistula patients. There are 4 functional fistula corners in 4 district sadar hospitals of Sylhet division.

Project Fact Sheet

- **4** Districts
- **98** New Cases
- **62** Referred tertiary Service
- **42** Case Operated
- **29** Patient received rehabilitation

Fistula Awareness Meeting tea garden

Fistula Awareness billboard in the community

Project Name: Life Savings Skills in Pregnancy and Childbirth (LSPC)

The project aimed to provide training to the health care providers working in emergency room, Labour room, & Maternity ward with skills in BEmONC skills and competence so that each mother and new-born receive appropriate quality care during emergencies and survives. The health service providers including doctors, nurses and midwives from the maternity and emergency room from the district and upazila health facilities. In this project CIPRB provide support to DGHS for successful implementation with the technical support of UNFPA.

Project Fact Sheet

- **4** Districts
- **252** Healthcare provider trained
- **237** Mentors were trained
- **1** National Level ToT

COVID19 Response: Reproductive Child Health

Total Reach
250,000

Mobile Text Message
250

Mobile voice Message
200

Loud Speaker
45,000

Pregnant women awared
1,514

News scroll in Local TV network
200,000

Meeting with adolescents
103

Religious Leader campaign
10

Leaflet distribution in Chatlapore garden under SDG

Dr. Aminul Islam, Shamshernagar garden hospital is receiving drugs in presence of M Salke Mahmud, Deputy Manager of Shamshernagar.

PPE distribution among midwives

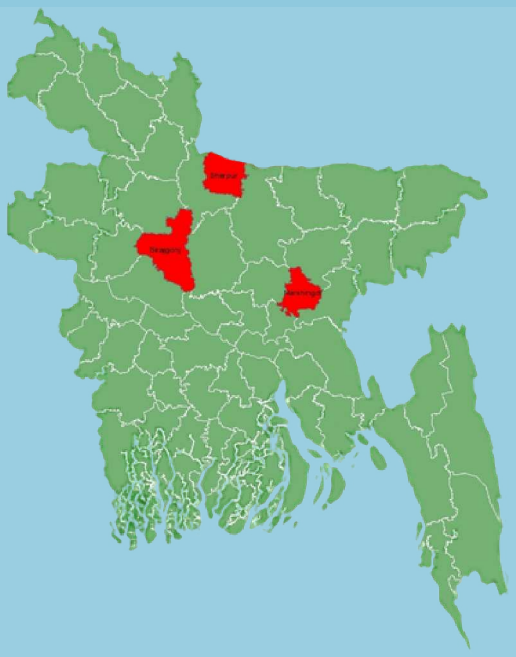
Miking followed by leaflet distribution to create awareness on covid-19 in Rajnagar

Project Name: Crèches for Child Health and Safety (CreCHeS) in Bangladesh

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.

The project has three components which are Anchal (a community day care centre), Community engagement through community education and, policy and advocacy for sustainability.

The project has three intervention area in Bangladesh-Manohardi upazila of Narshingdi district, Sherpur Sadar upazila of Sherpur district and Raiganj upazila of Sirajganj district



Project Fact Sheet

Dr. Al-Amin Bhuiyan
Team Leader

Team Members

Abu Talab
Data Manager and Sr. Statistician

Mahruba Khanam
M&E Officer

Rabbya Ashrafi
Assistant Training Manager

Badrudding Ahmed
Sr. Finance and Admin Officer

Mizanur Rahman
Data Editor

Key Metrics

3
Districts

1,264
Anchal centre

2,467
Anchal maa and assistant

27,251
Enrolled Children

54,503
Beneficiaries

Meeting, Workshop

3,792
Parents meeting

720
VIPC meeting

3
Upazila Advocacy meeting

9
Upazilla coordination meeting

11
District Coordination meeting

11
Meeting with stakeholder

6
Basic training for Anchal maa

7
Orientation training for Anchal assistant

Programme Summaries

On January 31, 2020, the Anchal Annual Event was arranged by CIPRB Field Laboratory, Berabajua, Dhangora, Raiganj, and Sirajganj and it was organized by CIPRB Raiganj field office. The Honorable Member of Parliament for Bangladesh, Sirajganj-3, Prof. Dr. Abdul Aziz, was the Chief Guest. Best anchal maa from each union in Raiganj upazila was awarded.

On February 22, 2020, the Annual Anchal Event was hosted by the Manohardi CreCHeS team, CIPRB, at the Zila Parishad Auditorium, Manohardi, Narshingdi. The Honorable Minister, Nurul Majid Mahmud Humayun MP, Ministry of Industries, was the Chief Guest at this event. Professor Dr. Fazlur Rahman, Executive Director of CIPRB, was the chair of this event.

The CIPRB, in collaboration with other stakeholders organized a press event to disseminate the findings of the SoLiD-study on October 15, 2020.

COVID19 Response

Total Reach

200,000+

Anchal maa and assistants were awared every day

150+

Leaflet were distributed

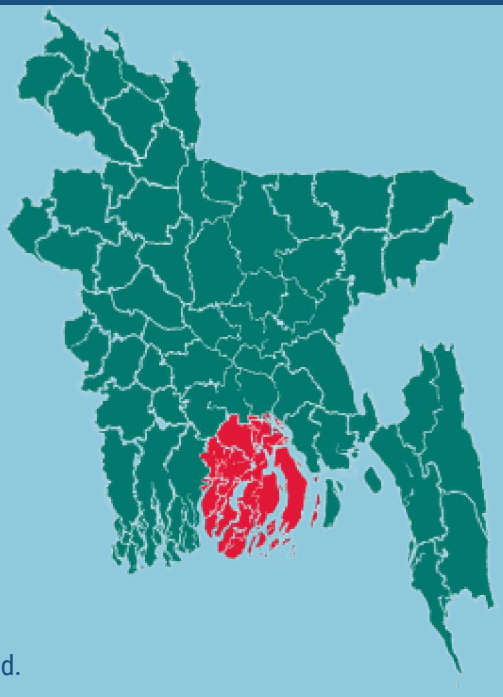
54,000

Loud Speaker

433 Villages & 7 Upazilla

Project Name: 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 enhancing early childhood development (ECD) such as literacy, numeracy, socio-emotional and motor skills. The Anchal intervention aims to provide supervision and ECD services in a safe environment for 20-25 children of 12- 48 months (1-4 years) old from 9 am to 1 pm, the most vulnerable age group and time for child drowning prevention.

Intervention 2: SwimSafe (Survival Swim)

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. There was no activities were Conducted for SwimSafe due to COVID-19 situation in 2020.

Project Fact Sheet

Dr. Shahnaz Khan
Intervention Manager

Team Members

Asim Kumar Saha
Deputy Team Leader, Programme

Notan Kuman Datta
Deputy Team Leader, Programme

Kabir Hossen
Data Manager

Rehana Parveen
ECD specialist

Md. Sakander Ali
Field Manager

Key Metrics

3
Upazila

590
Anchal

17,112
Children enrolled

140
Cluster meeting

1,790
Parents meeting

Meeting & Workshop

100
Courtyard meetings

613
VIPC meetings

8
UIPC meeting

15
Training for Anchal Maa and assistant

216
Anchal Maa and assistant maa trained

Intervention 3: COVID-19 response

Anchals would normally be operational between 9 am and 1 pm, however, due to the government restrictions highlighted above all 590 Anchals of project Bhasa have been closed since 17th March. In total, 13 messages were circulated in project sites through various campaigns, including through direct contact with parents of Anchal children, loudspeaker campaigns utilizing local vehicles, text and voice SMS campaigns through mobile operator platform, campaign engaging community religious leaders, a campaign using local TV network broadcasting service, and campaign using community radio show. The awareness activities implemented five different campaigns to raise awareness on children safety from risks of drowning and Covid-19 infections and children's ECD and well-being.

Total Reach
2,448,507

Mobile Text Message
19 times

Mobile voice Message
19 times

Loud Speaker
227 times

Community radio show
90 times

News scroll in Local TV network
9 months

Awareness campaign
388

Religious Leader awared
8,424

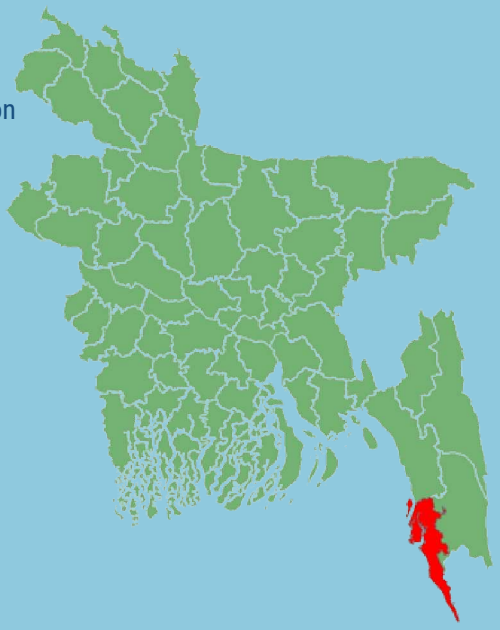
Nurjahan, one of the dedicated Anchal Maas at Kalapara, Potuakhali distributed over 200 masks sewed by herself.

Loudspeaker campaign in remote area at Taltoli, Borguna

Project Name: SeaSafe

SeaSafe is a joint initiative started on 2013 aiming is to reduce the risk of drowning in the coastal area of Cox's Bazar. Main focus areas are to deliver of a full-time lifeguard service on three popular tourist beaches, to provide water safety education to school children and communities in high-risk coastal and inland areas of the Cox's Bazar district and to provide beach safety education to tourists and a provide swimming lessons for children from Cox's Bazar town and surrounding areas.

The project has three components- provide lifeguard service on the three intervention beaches (Laboni, Kolatoli and Sugondha), teaching children (6-10 years) swimming, and aware community people and tourists on water safety messages.



The Secretary and senior staff of Ministry of Civil Aviation and Tourism, Bangladesh Government visited the SeaSafe project

Project Fact Sheet

Md. Shafkat Hossain
Intervention Manager

Team Members

Imteaz Ahmed
Project Manager

Md. Sakander Ali
Field Manager

Key Metrics

39
Lives were saved

6
First aid provided on the beach

10,863
Children received water safety messages

7,027
Tourist received water safety messages

24,030
Tourist received beach safety messages

1,811
Community people awarded

Meeting & Workshop

1
Safeguarding Orientation

8
Basic training for CSI

4
Refresher training for lifeguards

3
Refresher training for community educator

79
People were trained

Intervention 3: COVID-19 response

COVID-19 was a challenge for the field staff to operate the regular filed activities. The guideline and SOP have included COVID-19 prevention issues while implementing the project activities. The required initiatives - hand wash facility, mask, gloves, sanitiser, and face shield were taken for the safety of project field staff. We have developed lifeguard and community educator operational guideline incorporating COVID and also instructed other project staff to follow the national guideline to prevent COVID-19. The lifeguards and community educators worked on the beaches to deliver beach safety and COVID-19 প্রতিরোধ messages to aware the tourists and local people.

Total Reach

45,803

Loud Speaker

90 times

SeaSafe project officials delivered COVID-19 prevention messages, awareness messages, sanitation kits to the community and project staffs throughout the breakdown.

Swimming learning programme under SeaSafe project

Total income increased around 6 million BDT in 2020 than 2019 and difference is made by the foreign donors.

204 M BDT
Overseas grants

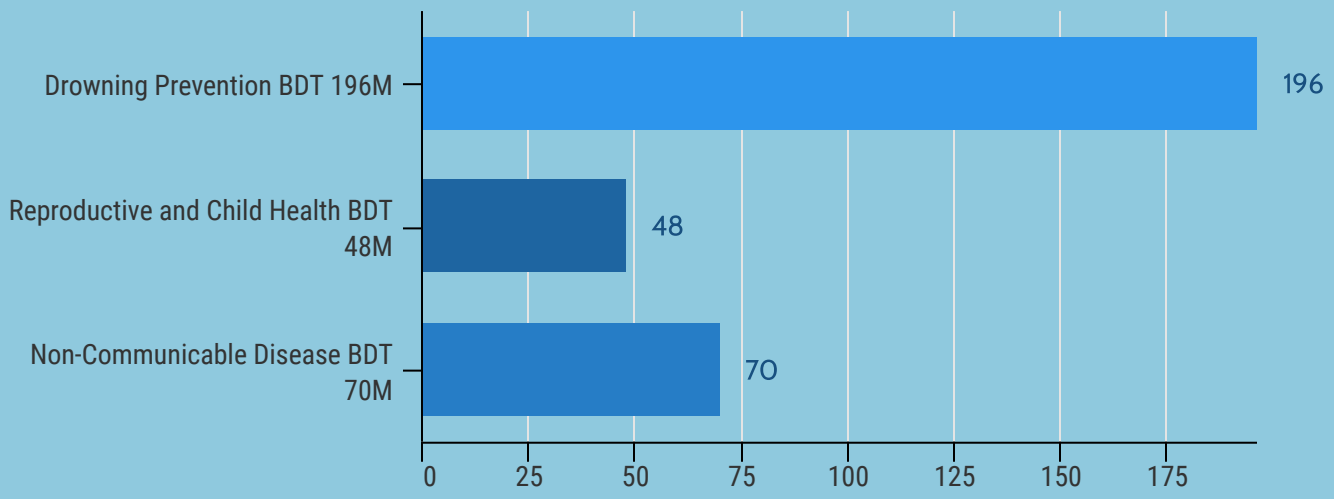
8 M BDT
Government grants

44 M BDT
UN Agencies

66 M BDT
Consultancy and local grants

316,248,610 BDT
Total Income

Income through programme



ARTISAN
Chartered Accountants

CENTRE FOR INJURY PREVENTION AND RESEARCH BANGLADESH (CIPRB)
Consolidated Balance Sheet
As at 30 June, 2020

Particulars	Notes	Amount in Taka	
		30.06.2020	30.06.2019
ASSETS:			
Non-Current Assets		**70,596,544**	**6,836,324**
Property,Plant and Equipments (WDV)	Schedule-A1	3,996,544	6,836,324
Office Space (Work in Progress)	Schedule-A2	66,600,000	-
Current Assets		**74,939,595**	**119,097,268**
Investment	**2.00**	36,439,436	67,700,001
Cash and Cash Equivalent	**3.00**	37,919,050	45,936,228
Advance, Deposits and Prepayments	**4.00**	581,109	1,300,957
Loan to office Staff		-	504,000
Loan to projects Accounts	**5.00**	-	3,656,083
TOTAL ASSETS		**145,536,139**	**125,933,592**
CAPITAL AND LIABILITIES:			
Fund Account	**6.00**	137,953,278	116,571,492
Gratuity Fund	**7.00**	6,710,757	5,516,017
Provision for Expenses	**8.00**	872,104	190,000
Loan for projects Accounts		-	3,656,083
TOTAL CAPITAL AND LIABILITIES		**145,536,139**	**125,933,592**

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 : 26th November, 2020
Place : Dhaka

Dr.A.S.M.Hossain Tayiab, FCA
Partner
ARTISAN
Chartered Accountants

ARTISAN Dhaka Chartered Accountants

CIPRB safeguarding code of conduct

CIPRB safeguarding policy relates to children, vulnerable adults and everyone the organisation comes into contact within the course of its work. In CIPRB we have zero-tolerance for all forms of abuse, sexual abuse and exploitation, sexual harassment, bullying and all forms of discrimination. CIPRB will not tolerate abuse and exploitation by staff, partners or any associated personnel.

CIPRB will ensure that every person, who directly or indirectly comes into contact with children and vulnerable adults, is mindful of the need for their protection, and knows how to protect people effectively with the principle of Do No Harm as the central guide.

Visitors including consultants, donors, partners and friends are welcome to visit our programmes, to see the activities, development of the programme and give their expert suggestion and advice for the progress of the programmes.

Visitors Code of Conduct

While visiting the CIPRB project activities, a visitor will never:

- Use language, make suggestions or offer advice that is inappropriate, offensive or abusive.
- Behave physically in a manner which is inappropriate or sexually provocative. Mistaken belief in the age of a child is not a defense
- Do things for children of personal nature that they can do for themselves.
- Condone or participate in behavior with children, which is illegal, unsafe, abusive or culturally inappropriate.
- Act in ways intended to shame, humiliate, belittle or degrade children or engage in any form of emotional abuse.
- Discriminate against, show preferential treatment to, or favor particular children to the exclusion of others.
- Develop physical and/or sexual relations with children.
- Develop relationship with children, which could in anyway be deemed exploitative or abusive.
- Spend time alone with children any other way.
- Assist a child to leave their community, even with the parents/caregiver consent.
- Exchange personal contact details with children.
- Arrange to stay overnight with a child or their family.
- Introduce other visitors to the community without prior clearance with CIPRB's authority.
- Return to the community without going through the standard visitor's process with CIPRB.
- Be under the influence of alcohol or use, or be in possession of, illegal substances while working within the CIPRB premises or accommodation.

Photograph, video and other images

- Consent of the child and his/her parents or caregivers shall be obtained verbally and written before taking videos, photographs and images. CIPRB staff need to be informed before taking such photographs.
- Take and use photographs and images of the children that are respectful, dignified and that do not present them as victims, vulnerable or submissive.
- Ensure children are adequately dressed on photographs and images and not in poses that could be interpreted as sexually suggestive.
- Protect the safety and privacy of the children and their families by not using their images on the internet without explicit consent, or using them in any way which reveals their identity or location.
- Not use the photographs and images taken of children to benefit individuals financially other than for journalistic purposes.
- If in doubt, please refer to the CIPRB's Safeguarding Policy for Children and Vulnerable adults and speak to a staff member

The safeguarding focal is conducting a session to the project staff in Cox's Bazar

CIPRB safeguarding code of conduct

It should be noted that whilst CIPRB respects the right of staff, partners and associates to private life, it wishes to make very clear that it does not expect the safeguarding policy and procedures to be violated inside or outside of work. Following that, the staff code of conduct is to be upheld inside and outside of the workplace.

It should be noted that whilst CIPRB respects the right of staff, partners and associates to private life, it wishes to make very clear that it does not expect the safeguarding policy and procedures to be violated inside or outside of work. Following that, the staff code of conduct is to be upheld inside and outside of the workplace.

Do's

- Practice good behaviour which creates a safe and child-friendly environment.
- Ensure children's well-being and physical safety.
- Exhibit care, sensitivity and support towards children.
- Appreciate, inspire and motivate children for their efforts.
- Support children in their learning at CIPRB and in any aspect of their lives.
- Respect everyone's opinions and especially respect children.
- Obey the law of the land and respect the local cultures and norms; bring to notice of the Safeguarding team any such traditions/practices that harm children/ vulnerable adults
- Ensure a safe commute or transportation for children (with parents and responsible adult)
- Follow guidelines for taking care of disabled children, and encourage their inclusion and participation in programme activities
- Properly follow CIPRB's SOP guidelines
- Follow protocol for responding to emergencies or risks (as elaborated in section on protocols for handling risks)
- Take the consent of children and/or parents or caregivers/ legal guardians for taking their picture or information of a personal nature by informing them correctly about the purpose and intended use of the same

Dont's

- Abuse (mental, physical, social, sexual, verbal or psychological) children
- Hide critical information (e.g. allergies, disability and other issues) related to children with persons responsible for taking care of them / responsible for their well-being
- Ask children or their parents for a bribe / favour of a financial or non-financial nature for extending CIPRB's services for children
- Hide or manipulate reports of child abuse / neglect.
- Misuse the power vested in your position to manipulate or harm children
- Promote child labour in any form
- Involve children for personal work / interest
- Involve children in activities that can put them at physical / mental risks
- Exhibit inappropriate behaviour like touching children, displaying inappropriate content on mobile phones, using foul language or exhibiting violent / aggressive behaviour or such behaviour which is sexually indicative in any manner.
- Be complicit in abuse of children
- Discriminate on the basis of sex, colour, age, race, religion, physical / mental ability or compare children with others
- Lie to children or make false promises
- Involve children for political gains / interest
- Engage children in substance abuse or drug dealings
- Engage in or promote child marriage
- Take photos / videos without written consent
- Engage children in pornography, or access / store the same in children's presence
- Encourage children to come and receive services by CIPRB during bad weather
- Violate confidentiality
- Involve children for personal interests
- Involving children in any activity causing mental or physical risk. For instance, teacher insisting/ forcing children to attend class/ activities in extreme weather
- Promote nepotism and/or favoritism

57
Staff oriented

10
Female

47
Male

Contact Us

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