

**Institute of Child and Mother Health
Matuail, Dhaka, Bangladesh.**

**Application as an Affiliate Safe
Community Support Centre**

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2002

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This application is a joint product resulting from discussion among and work by all the accademic staff of the Institute of Child and Mother Health and Dr. Harun-or- Rashid, Co-ordinator Sherpur Safe Community Programmeme.

1. Introduction

1.1 The Institute of Child and Mother Health (ICMH), Matuail, Dhaka is a unique Institute works not only for the welfare of the children and mothers of Bangladesh but also for all children and mothers of the world over. It is envisioned to be a unique Institution to guide and lead the country in child and mother health and a model of combined clinical and community based services.

The institute is characterised by having very clear mission, vision, goal, objectives, strategies and action plan. Research, training on child and mother health and nutrition as well as patient care are all organised under the umbrella of a single institute. It has highly trained, skilled, motivated and committed faculty members. This community based Institute hosts a Faculty of Epidemiology and Biostatistics, Centre for Training and Communication with excellent training facilities, Department of Energy and Biomedical Engineering. Of special note is the excellent Auditorium, conference rooms for national, regional and international conferences as well as arrangements for residential training. ICMH has a community-based branch at Jalkuri. The location of the institute is also favourable to keep contact with the rural community.

1.2 ICMH's special areas of interest and activities

Safe community

ICMH has special interest in Safe Community programmemes. One faculty, an Associate Professor, in the Department of Epidemiology and Biostatistics has recently completed PhD from Karolinska Institutet, Sweden in a subject of Safety Promotion. Another faculty, an Assistant Professor, of the same department has been conducting research leading to PhD in the same institute. ICMH has a Safe Community field area for research and programmeme implementation in Sherpur, which is first of its kind in Bangladesh.

Early childhood development and national level nutrition and health activities

The ICMH is involved in the national level health and nutrition activities in planning, implementing and also human resource development.

1.3 Collaboration with various institutes

The institute has established collaboration with a number of renowned institutes/universities including Karolinska Institutet, Colombia University, Institute of Child Health, London and Bangladesh University of Engineering and Technology in conducting research and training.

2. Objectives

2.1 ICMH Objectives

We all want that every person lives a healthy life but when a mother or a child becomes ill she should recover by receiving quality medical care. For this the requirements for health and nutrition care of mothers and children should be to:

1. assess the status of health and nutrition of children and mothers, to formulate measures for prevention of diseases and promotion of health and nutrition, and to invent low cost affordable effective treatment. This needs ongoing essential health and nutrition research.
2. develop health workers, health professionals and health managers as a part of human resource development and increase their skills by using the knowledge derived from research works. For this, modern training facilities and training packages with appropriate methods are essential.
3. ensure 'quality health care' of mothers and children in the community or in hospital setting using the knowledge and skills obtained from research and training.

If we desire that our people should get quality health care with high standard with full satisfaction, all the above three tasks need to be accomplished. The Institute of Child and Mother Health has been designed keeping these three tasks in mind. Hence, the three objectives of ICMH in short are:

- Essential Research
- Appropriate Training and
- Quality of Care

2.2 Mission

The mission of the institute is to respond the needs of the children and mothers in the country, particularly in the field of health and nutrition.

3. Criteria

The work of the ICMH is herein discussed according to the criteria previously applied, for example in the application by Centre for Safety Promotion, Stockholm County Council, Sweden.

In injury prevention ICMH is implementing WHO Safe Community Model in the Sherpur - a local community including both rural and urban areas in Bangladesh. Besides, it has been working to initiate safe community programmes in other areas of the country. However, the following description is based on the experiences from Sherpur Safe Community Programmes.

The programme was launched in December 1999. The inspiration of creating this programme came from the Department of Public Health Sciences, Division of Social Medicine, Karolinska Institutet, Stockholm, Sweden, as this department has taken the lead for safety promotion through safe community model. The idea behind the safe community programme is to address all injuries in all areas, addressing all ages, environments and situations involving Government and non-government community sectors.

The Programme area: Sherpur

Sherpur Sadar Thana, (Thana is a sub- district), having around 400,000 Population in 380 sq. km. and it is placed 200 km away from the capital Dhaka at the mid northern Bangladesh- India border. Sherpur district headquarters, which is a municipal town, is housed in this Thana. Geographically the area is featured by plain land, traversed by a big river and many other small rivers and canals. Natural surface water reservoirs, ponds and ditches are also numerous in existent.

Socio- economically people are poor in general, around 70% live below poverty level. The main professions are agriculture, business, service, share cropping, day labourer, rickshaw puller, rice mills worker, carpentry, mud cutting, pottering etc.

The programme also has identified **its control area** (Netrokona - a sub district or thana) which is very similar in almost all respects with programme area having around 350000 population, has district headquarters and the municipality of same size. The control area is about 110 km away from programme area.

VISION, AIM, GOAL, TARGET

Vision : To develop an ideal injury prevention and safety promotion programme for demonstrating other parts of Bangladesh and also for the whole developing world.

Aim : To attain WHO safe community recognition for the study area.

Goals :

- i) Creating national level Government authority and opinion leaders to take national injury prevention plan through presenting success stories of this programme.
- ii) Creating a favorable state which might stimulate conscience of national Government in recognizing injury as a major public health problem and

thereby motivating them to incorporate injury prevention programme in current “ Five year plan for Health and population sector programmes” .

OBJECTIVES and STRATEGIES

Objectives :

General :

To evaluate impact of Sherpur injury prevention on rate of injury occurrence in the programme area and their consequences (deaths, disabilities).

Specific :

- to discuss how the process of the injury prevention programme affected the injury incidence.
- to demonstrate how an injury prevention programme can be organized and implemented at a suburban – rural community setting.

Strategies :

1. Childhood injury prevention
2. Behavior change communication
3. Education and safety measures
4. Modification of risk environments potential for injuries.
5. Improving injury case management
6. Gaining commitment from government, political and social leaders.

3.1 Local networking :

The very initial step of mobilizing local community was to local networking arranging personal appointments and discussing aims and objectives of the programme and thereby securing commitment of cooperation.

The sectors covered are:

- Existing health system
- Public administration
- Other relevant Government departments like police (including village police setup), engineering etc.
- Elected public representatives
- Various Association leaders
- Local elite
- Local NGOs

3.2 Establishing injury Surveillance system:

The programme has established an injury surveillance system in it's programme area and also in the control area.

At programme area, surveillance data are being collected from :

I) Hospital II) Police report III) Postmortem report IV) From volunteers (community level)

Hospital data: Hospital data are collected from admitted patients using a standard format. An inbuilt i.e an internal data collection process and entry into the computer have been arranged by setting a computer corner and training two persons who themselves collect data and enter data.

Police report and post mortem report: These reports are collected from local police station. In initial stage of local networking and having discussion with police department we made clear our objective of data collection which facilitated cooperation from their end.

From volunteers (Community level): The programme is collecting data from village volunteers. They send information to project office in a written format. The format has been supplied by the project office. In some cases field coordinators may collect directly from them when situation allows.

In the control area data are collected from:

I) Hospital II) Police report & III) Postmortem report.

In addition to this, surveillance system is supplemented by household surveys. In both the programme and control areas the surveillance system is computerized.

Household survey: The programme has conducted two household surveys, one at Sherpur and the other at Netrakona. Each covered around 16000 households in an average. Both Sherpur and Netrakona survey surfaced drowning, RTA, fall, suicide as priority injury problems. In November 2001 , at the end of first phase the programme conducted another household survey at Sherpur. So in the programme area the survey results can well explain the differences as before after measurement.

3.3 School training: In order to produce a conscious future generation regarding injury issues and also to change risky behavior of school children and youngsters, the programme has started a school training programme. Initially five schools of Sherpur town have been selected involving school administration in planning and implementing. Two manuals and audio-video materials have been developed as training materials.

Manual based structured training courses have been offered in those five schools. In other 250 schools a-one day orientation on injury prevention is being offered. Till date, these schools have been covered for twice and will be repeated for third time.

Module based school training (In five schools) is conducted by the school teachers. Two teachers from each school was trained on how to conduct sessions. Teachers and students are given modules. Modules are self explanatory, means how to present sections of the module is stated there and also the ways to make sessions attractive and complete is also mentioned. For each session logistic support is given from the programme and a field coordinator remains present there to watch and finally the field coordinator takes an instant examination using a question sheet where two / three questions on the presented session are asked. Field coordinator then collect the answer sheets and mark on those and gives back to the students to communicate their last

days performance. The mechanism gave schools self control and articulated teachers – students on being concentrated on the subject matter.

3.4 Behavior Change Communications:

To communicate injury prevention messages to the target community, the following means of communication are being used like :

- a) *Distributing leaflet:* A leaflet have prepared describing programmes objectives and activities in short . In three occasions 12000 were printed and distributed.
- b) *Erecting bill board:* Four bill boards are made depicting RTA and dog bite/snake bite picture and messages and posted in road side.
- c) *Wall writings:* 20 wall writings with picture and messages have been done in different places of the town and 14 in selected places of villages. Some of the prototype of these bounded in small board which are pretty portable , are being used in social mobilization meetings/ gatherings.
- d) *Video presentation:* Recording the statements of the victim’s families we have prepared a video. This is being used in social mobilization meetings , especially in rural area.
- e) *Calendar distribution:* On the occasion of New Bengali year we prepared a Calendar which comprised some messages.
- f) *Advertisement in various publications:* We have managed to publish five advertisements / publications in various magazines / newspapers . We speculate that this will give a good publicity.
- g) *Cinema slide presentation:* The programme has produced six prototypes of posters or pictures which will be showing in cinema halls before starting movies. There are six cinema halls in the town.

3.5 Social mobilization meetings:

General: We have done 97 general social mobilization meetings. One with Government departmental officers, One with Officers of Non- Government organizations, Professionals, Associations, local elite, One with Health providers, Two with sub-district administrative body, Two with municipal body and 14 with village union council bodies.

Parallel to these general meetings we have completed 70 village meetings. These village meetings are organized with the help of local elected Union Council Members, volunteers and other local leaders who has strong social influence on social life. We have created a set of logistics to support these meetings so that the session can be offered in a very organized and attractive way.

As we were advancing and looking for effective ways for ensuring community participation our experience identified community volunteers very useful. We followed a methodology to find them out instead of asking village authorities to give a list. We asked household members some specific questions and based on their answers we could find names. They are all times friends in need of community people. They can be told as natural leaders of villagers. From each *Union* we selected 27 such persons and called them in meetings where we made them understood what role we expect from them to play for our programme. So far we completed eight volunteers meetings.

Special: We have designed some special type of social mobilization meeting arrangement like for drowning / snake bite / dog bite - we have created a mechanism to get fresh injury death news. As soon as an information is received we move there and have a social mobilization meeting with local people on the spot, so that people can see the justification of our words. We have done 71 such meetings so far.

3.6 Community coalition: As the programme now know the priority injury problems for the programme area , it has now started dialogue to form community coalition to secure community participation. Separating the community into two sections, Urban and Rural, we have formed two community coalitions. One, for rural community under the chairmanship of Sub-district administrator and 14 elected public representatives and the other was formed for urban community under Municipal Chairman and 9 elected municipal commissioners.

3.7 Volunteer support group : Driven by the experiences from rural community we have marked that some people do welfare work for the people of his / her locality out of their natural instinct . Usually these people are local social leaders, school teachers, religious leaders etc. they serve people, guide people without any personal interest. The programme considered these volunteers suitable for reaching people and as a means of successful intervention. With this thinking , we have started a process of finding out them asking household heads and listing up them to create a volunteer support group . We 14 Unions and selected 27 volunteers from each Union whom we planned to train for preparing as support group. As we mentioned earlier 8 such groups are trained already

3.8 Specific measures: The programme was continuously studying the local situation to know the injury sources, factors and trying to find out specific measures to reduce injuries. One specific measure that we developed is a tube-well handle guard which prevents injury produced by the handle of tube well. Tube-well users acceptance of the programme was very encouraging.

3.9 Collaborative activity : Sherpur Safe Community Programme has developed a collaborative cooperation with Noarlunga Health Service of Adelaide, South Australia. It grows since the visit of two delegates from Noarlunga Health Service of Adelaide, South Australia in the Safe Comm. – 9 conference held in Dhaka in February 2001. Since then we continued our exchange of ideas and shared experiences in many activity designing stages. In one stage ,they kindly arranged a study tour and accommodate programme’s coordinator in an international training course. The very concrete outcome that brings out of this collaborative effort is a very simple device to avoid explosion in rice mills and the another is the Eye Safety plan which is to be implemented in next phase.

4. Involvement of ICMH to facilitate of all levels of the community in solving the injury problems

The mission of ICMH in terms of injury prevention is country wide and operates at the local level as well as provides support at the national level in various capacities. The worth mentioning areas of ICMH involvement are:

- Prevention and control of violence against women
- Prevention of child abuse and injuries of child labourers
- Prevention of drowning
- Prevention of poisoning
- Developing injury surveillance system in various institution
- Publications
- Involvement of ICMH academics in various public agencies and NGOs in different capacities for safety promotion

5. Dissemination of experiences at national and international level

Conference organisation and participation

The project is actively involved in local, national and international conferences as organisers and presenters. The institute organised the Safe Comm-9, Dhaka, February 2000. A good number of staff of the project presented their work in the conference. staff have received scholarships to present their work at the Sixth World Conference on Injury Prevention and Control, Montreal, Canada, May 2002. Three staff will also participate and present their work in the First Asian Regional Conference in Injury Prevention, Suwon City, South Korea. The project has presented work at the 4th, 6th and 7th, 8th, & 10th SafeComm conferences as both presenter and key note speaker during 1994-2001.

Educational activities

The institute has extensive teaching commitments with undergraduate teaching in community safety, undergraduate and postgraduate teaching of medical students, MPH and Graduate Diploma in Child Health students, stakeholder of injury prevention, and a range of secondary and tertiary students.

Publications: A good number of literatures have been published from the institute in national and international journal on injury prevention and safety promotion.

5. Conclusions

The principal focus of the Institute is on surveillance, analysis and prevention of injuries in local, national, and international perspective. Continuous efforts are aimed at attaining and sustaining the acknowledgement of injury as an important public health issue and a high priority on the agenda for public health agencies, policy makers, researchers and general population.

To continue and improve our efforts within the ICMH to achieve these goals, we apply for this designation as confirmation of the importance of the activities and the central role to be played by the institute.