

# Prevention of Child Injuries through Social intervention & Education (PRECISE)

Document 9: Annual Progress Report  
Project Year 1  
7 September 2005– 15 February 2006



# PRECISE Year 1 Report

The Bangladesh Health and Injury Survey , (BHIS) , showed that injury is the biggest killer of Bangladeshi children between 1-17 years of age. More than 30,000 children die every year due to injury, and many more become disabled.

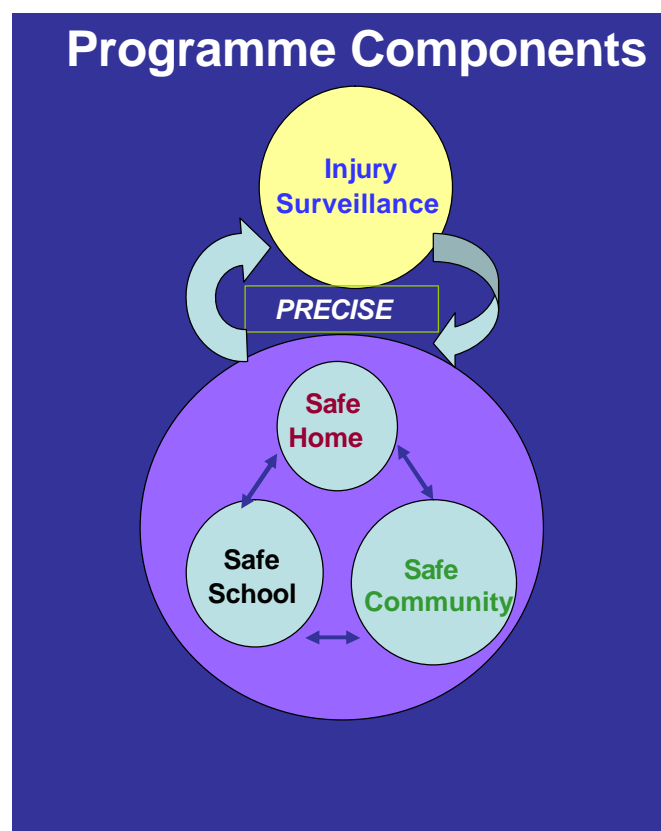
“PRECISE”, the **Prevention of Child Injuries through Social Intervention and Education**, is a new project designed to begin addressing this problem.

**PRECISE is the largest community based injury intervention program ever initiated in a developing country .**

The Centre for Injury Prevention and Research, Bangladesh (CIPRB) is conducting this project in collaboration with the DGHS, UNICEF and TASC. The life of the project is for 3 years.

The **3** main interventions of the program are :  
**Safe Home**,  
**Safe School**, and  
**Safe Community**.

A unique **Injury Surveillance System** records changes in injury patterns as a critical monitoring tool for all aspects of the project.



## PRECISE Objectives

The two main objectives of the project are: 1. To develop and implement injury prevention packages applicable to the home, the schools, and within the communities; and 2. To evaluate the effectiveness of these interventions for cost and large scale application.



The goal of the project is to reduce child and parental mortality and morbidity due to injuries by developing and implementing comprehensive prevention programs that can be reproduced in a cost effective manner.

Rural areas were initially chosen for interventions based on their injury profile being representative of the nation. An urban area in Dhaka will come into the project in 2006.

The High Intensity area has Community Injury Prevention Promoters (CIPPs) assigned as additional auxiliary personnel, plus other resources. The Medium Level has information / materials, training for existing local staff, plus some extra support. The Low Level receives materials and training, but no extra support.

Level of intensity	District	Upazila
High	Sirajganj	Raiganj
Medium	Sherpur	Sherpur Sadar
Low	Narsingdi	Manohardi
Control	Narsingdi	Raipura



## Advocacy

Because community based injury prevention is such a new concept in developing countries like Bangladesh, the PRECISE team determined it was essential to inform and involve the broadest possible parts of the communities at the earliest possible time.

Active advocacy efforts were needed to create understanding and support for **PRECISE** from the highest national level down to the grass roots level in the villages. CIPRB and institutional partners UNICEF and TASC all participated in this effort during Project Year 1, starting with a Round Table Discussion in mid September held in Dhaka.



*Dr. AKM Shamsuddin, ADG Health Service, TASC President  
Pete Peterson and outgoing Country Representative Morten Giersing at the BRAC Centre, kickoff, 13/Sept./2005.*

Upazila	# UIPC	# VIPC
Raiganj	5	100
Sherpur Sadar	7	143
Manohardi	8	146

### District Upzila, Union, & Village Meetings

Advocacy meetings were also held at the village, union, upzila, and district levels during the next 4 months. The meetings encouraged the active participation in the programme from the people most directly affected.

The meetings serve to both inform and empower as local people learn how the various Injury Prevention Committees were to be constituted and function.

Union Injury Prevention Meeting held at Ekduaria Union Parisad in December. The purpose of the meeting was to form the Union Injury Prevention Committee which is responsible for policy planning at the Union level. Local people are charged with coordination in their Union.



## Human Resource and Skill Development

In Project Year 1, a work force has been identified, trained and motivated to implement the programme efficiently. Government Health Care Providers, Volunteers, and PRECISE field staff including Community Injury Prevention Promoters (CIPPs), were provided new knowledge and skills to perform injury prevention activities .

A Human Resource & Skill Development Strategy has been developed.

*CIPPs are local staff trained in injury prevention. CIPP Training session inaugurated by Mr. Abdul Mannan Talukder, Member of Parliament, Raiganj.*



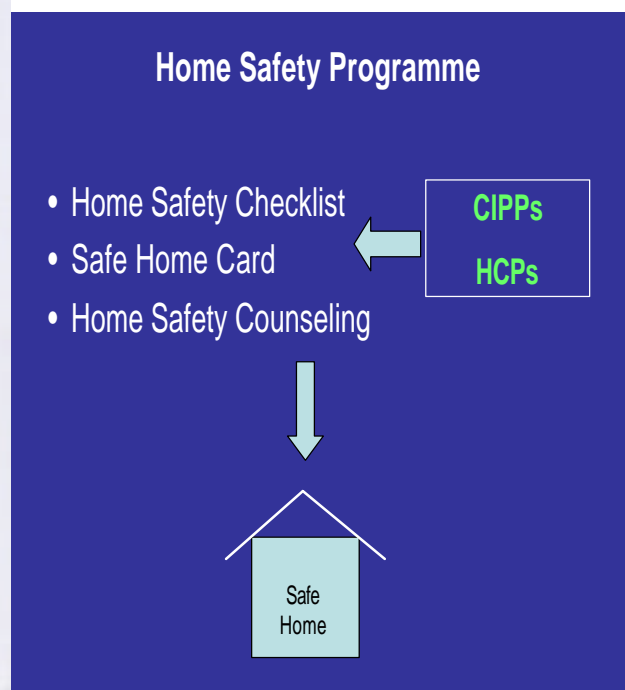
Number of Health Personnel Trained		
<i>Government</i>		
Health Assistants (HA)	69	Home Safety Programme, Social autopsy (SA) meeting
Family Welfare Assistant (FWA)	115	Home Safety Programme, Social autopsy (SA) meeting
Assistant Health Inspector (AHI)	19	Home safety, SA meeting
Health Inspectors	10	Home safety, SA meeting
Family Planning Inspectors	22	Home safety, SA meeting
<i>Precise</i>		
Community Injury Prevention Promoter	100	Home safety, SA meeting
Injury Prevention Supervisor	5	Home safety, SA meeting
Surveillance Data Collector	90	Surveillance data collection
Surveillance Supervisor	6	Surveillance data collection
Community Swimming Instructor	30	Swim for life
Crèche Mother	6	Crèche programme

# Interventions :

# HOME SAFETY PROGRAMME

One of the 3 main intervention components, the **Home Safety Programme**, makes the daily environment of small children free from common injury risks.

Approaches to increase the supervision of small children are also emphasized through direct on-site counseling by CIPPs & HCPs.



## Interventions :

# SCHOOL SAFETY PROGRAMME

The second of the 3 main intervention components, the **School Safety Programme** provides students with the safest and most secure learning environment possible. Physical hazards on campus are removed. Instruction, play, and sports times are well supervised. A curriculum is used which teaches children to identify and avoid injury risks.



The **School Safety Programme** follows the Guiding Principles of the **UNICEF Child Friendly School** which promises to ensure every child an environment that is physically safe, emotionally secure, and psychologically enabling. Close links with the Education Sector will ensure successful integration of these two programmes.

### Tools:

**The School Safety Checklist**—Provides the responsible official with an easy- to- use risk assessment tool for the environment. Guidance on corrective actions and additional safety information is then provided .

**Safety Curriculum**— Being developed on a grade specific basis, it will provide teachers with practical, user friendly teaching tools to help students learn how to avoid and minimize injury.

## Interventions :

# COMMUNITY SAFETY PROGRAMME

The third of the 3 main intervention components, the **Community Safety Programme** is composed of 3 principal elements:

The **Crèche Programme**, promoting village-based, local day care;

The **Swim for Life / Swim Safe Programme**, promoting water safety for children of all ages;

The **Social Autopsy Programme**, promoting group recognition and group solutions to serious injury risks within the community.

## The Crèche Programme – Another Safe Place for Children

A **Crèche** is a place where busy mothers or caregivers can place their young children for up to 4 hours per day. The basic idea is to provide the child a safe environment while the usual caregiver attends to duties which might leave the child unsupervised and vulnerable.

### Crèche

- Children 1-4 years
- 10-20 children
- 10 a.m. to 2 p.m.
- Crèche Mother
- Integrated with other programmes – ECD, NNP
- One Stop Service

*Crèche Mother attending children .*



The **Crèche Mother** volunteers her home to be used as a **Crèche**. She is highly motivated to give her time to children in the community.

A **Crèche House** will also be a **Safe House**.

Standards and guidelines for operation have been created.

## Interventions: Community Safety Programme

### SWIM FOR LIFE /SWIM SAFE

The high drowning rate among Bangladeshi children makes having a strong water safety component in **PRECISE** one of the most important elements in the programme.

The focus of this element is drowning prevention through helping more children learn survival swimming and encouraging better supervision for very young children.

#### *Swim for Life/ Safe Swim*

- 4 – 10 yrs children
- Local Ponds
- Community Swimming Instructors (CSIs)
- Bangladesh Swimming Federation
- Life saving swimming skills and water safety
- 25 metres swim and 90 secs treading water



#### Partners in Prevention

Bangladesh Swimming Federation  
Directorate General Health Services  
UNICEF  
TASC  
Royal Lifesaving Society of Australia

## Interventions: Community Safety Programme

### Social Autopsy

**Social Autopsy** is a process whereby a trained moderator leads a group through a structured, standardized analysis of the root causes of a death or serious, non-fatal health event.

**Social Autopsy** brings a group within a village together to determine how a negative event like a child death occurred and what can be done individually and collectively to prevent such events in the future.

#### Social Autopsy

- Community meeting after an injury death
- Parents – describe the event
- Moderator – explore the errors
- Community – discuss probable measures
- Moderator – educate on other injuries

#### Outcomes :

Increased community awareness of injury prevention practices.

More direct action by communities to alter or remove environmental risks.

13 Social Autopsies were conducted during the first 5 months of the project.



## Injury Surveillance System (ISS)

The ISS has been created to allow monitoring and evaluation of project activities and the outcomes associated with those activities. The ISS serves as the monitoring and evaluation component of PRECISE, and will last the length of the PRECISE Project, now estimated to be a minimum of 3 years.

### Objectives

To track the trends of various child injuries over time and understand the factors involved.

To evaluate the effectiveness of the PRECISE interventions.

### Surveillance Coverage by Upazila

Upazila	Households	Population
Raiganj	40,682	179,288
Sherpur Sadar	47,151	203,466
Manohardi	42,008	190,021
<b>Total</b>	<b>129,841</b>	<b>572,775</b>



*Training Session on Injury Surveillance*

### Surveillance Strategy

- ISS has been implemented in all three areas of PRECISE intervention
- Selected areas of each upazila has been divided into 30 blocks and all households have been given a new ISS number
- One Data Collector appointed in each block
- Data collection by monthly household visit
- Data managed in CIPRB central office
- Half yearly reporting of surveillance data

### Surveillance Instruments

- Household information form
- ISS Screening form
- Birth registration form
- Death registration form
- Marriage registration form
- Out migration registration form
- In migration registration form
- Injury death registration form
- Injury morbidity registration form

**The Injury Surveillance System is one of the largest community based injury surveillance systems ever implemented in a developing country. The ISS has the potential to provide necessary health and demographic information for planning purposes beyond injury.**

# PRECISE Project Year One — 5 Project Months

## Accomplishments in the Field

### Home Safety Programme:

Staff trained and functioning.

CIPPs completed first round of home visits in high intensity area.

Local staff have rapport with village constituents.



### Community Safety Programme : Swim for Life /Swim Safe

15 Training Venues in 3 intervention areas prepared.

Swimming training materials procured or produced & delivered on site.

Non-swimming children near venues identified.

First 2 cohorts (120 children) of trainees initiated lessons at each venue



### Crèche Programme

6 sites renovated to standards

Materials procured & delivered

Crèche Mothers trained & on site.

Children enrolled and crèches functioning.

### Injury Surveillance System

Household numbering complete.

Intervention areas divided into blocks.

Geo-mapping completed in high intensity intervention areas.

2 rounds of data collected.



*Household Number Plate, affixed to 130,000 households in the intervention areas.*

# PRECISE PROJECT YEAR 1 :

## OBSERVATIONS & CONCLUSIONS

Project Year I of **PRECISE** has been full of accomplishments, despite being only 5 operational months long. In addition to those noted in the preceding pages and detailed in the set of **PRECISE Document** “deliverables”, a significant number of people, both those on board as staff and those associated with the project in the intervention areas are beginning to understand that child injury is preventable.

The cohort of women who are now the backbone of the CIPP staff, the **Crèche Mothers**, and many of the HCWs, have all acquired new social intervention skills as well as knowledge of practical ways of preventing child injury. These are more than just numbers in the training activity; they are “additional benefits” from the project for the intervention areas.



*CIPRB staff conduct focus group discussion*

**Year 1 -A Formative Period.**

Preliminary work sets the stage for larger scale efforts in Years 2 & 3.

There is now a strong set of policy, guidelines, and tools to build on .

Expanding partnerships contribute to success in the field.

Local people are enthusiastic and supportive.

TASC, DGHS, and CIPRB, UNICEF are committed to reducing child injury in Bangladesh. We anticipate seeing measurable results coming from the many interventions and innovations **PRECISE** is bringing to the field.

Child injury in Bangladesh will change for the better because of **PRECISE**.

# PRECISE PROJECT

## YEAR 1 DELIVERABLES

### The PRECISE Documents Set

The collective intention of the partner institutions is to create tools which will assist child injury prevention programs globally. Documents in this series may be freely reproduced with the appropriate acknowledgement. Viewed as a whole, the **PRECISE Documents Set** should provide useful tools for the prevention of child injury in developing country environments.

### The PRECISE Documents (As of February, 2006)

1. Document 1: Overview and Introduction to PRECISE (Feb.06)
2. Document 2: Strategies, Guidelines, & Instruments for Injury Surveillance Systems in Bangladesh (Feb.06)
3. Document 3: Strategies, Guidelines, & Instruments for Social Autopsy Program (Feb.06)
4. Document 4: School Safety Programme: A Report on Existing Texts and Curriculum (Feb.06)
5. Document 5: Strategies & Guidelines for School Safety Program (Feb.06)
6. Document 6: Strategies, Guidelines, & Instruments for Creche Programme (Feb.06)
7. Document 7: Strategies, Guidelines, & Instruments for Home Safety Programme (Feb.06)
8. Document 8: PRECISE Surveillance Reports-due twice per year Report #1-(Feb. 06)
9. Document(s) 9: PRECISE Annual Progress Reports, Year 1, Year 2, Year 3- due annually Project Year 1-(Feb.06)
10. Document 10: PRECISE Baseline Report- due early 2006
11. Document 11: PRECISE Final Report- due 2008
12. Document : Swim for Life: Strategies, Guidelines, & Training Manual