

**Annual Report 2010 - 2011**  
**Institute of Allergy**  
*and*  
**Clinical Immunology of Bangladesh (IACIB)**

Institute of Allergy and Clinical Immunology of Bangladesh (IACIB) came into being in 1995 with a view to advancement of National and International health. The institute enjoys World wide recognition for its achievement and establishment of Filaria Hospital, teaching, research, services in filariasis elimination and other communicable disease control including NTDs.

IACIB is led by its founder Professor Dr. Moazzem Hossain who has unparalleled contribution in filariasis elimination and NTDs control Programs of the Government of Bangladesh (GOB).

**Background of the Organization:**

IACIB is a non-profit making, non-government and non political organization registered with the Ministry of Social Welfare Reg. No. DA-03362 Dated: 28-08-1995 and NGO Affairs Bureau No. 1440, Dated: 25-10-1999 it's Income Tax Certificate No-151-600-0411/Circle-15, Dhaka.

IACIB is managed as per its approved constitution. It owns two types of organizational structure like: a) General Body and b) Executive Committee. The general body consists of all the general members of the organization. The total number of member of the general body is 21. General meeting of the organization is held with general members at least once in a year. The policy and activities of the organization is approved by General Committee in the general meeting.

**Vision:** The vision of IACIB is healthy, wealthy and happy Bangladesh.

**Mission:** The mission of IACIB is to uplift the social, economic, health & sanitation, education environment and cultural status of the underprivileged, poorest and vulnerable people of Bangladesh through undertaking various sustainable development programs.

**Objective:**

One sixth of the World's population suffers from one or more Neglected Tropical Diseases (NTDs) such as Lymphatic Filariasis (LF), Kala - Azar, Soil Transmitted Helminthiasis (STH), Malaria etc. These diseases are endemic in Bangladesh. The affected people are generally the poorest and most vulnerable segment of the country. Some diseases affect individuals throughout their lives, causing a high degree of morbidity and physical disability and in certain cases gross disfigurement. IACIB is committed to eliminate those diseases and this also calls for attaining the Millennium Development Goals (MDGs).

Keeping the above situation in view IACIB has developed its objectives. The main objectives of the organization are the elimination of lymphatic filariasis, control of other communicable diseases including intestinal parasites (STH), Leishmaniasis (Kala-azar), malaria , other vector born diseases, Rabies, HIV/AIDS & STD, Avian influenza, communicable diseases and management of asthma & other allergic diseases and improvement of health & nutritional status of the children & mother through urban & community based centers which will provide a base to train all levels of health care providers in combined clinical, preventive & curative health care settings.

### **Specific Objectives of the Organization:**

- i. To provide urban and community based medical support to the persons suffering from asthma, other allergic diseases (rhinitis, dermatitis etc.) & communicable diseases especially filariasis, intestinal parasites, kala-azar, malaria, other vector borne diseases, HIV/AIDS & STDs, TB, rabies, avian influenza, snake bite etc.
- ii. Prevention and control of those disorders through information, education, communication and awareness creation.
- iii. To upgrade professional skills through workshop, training, diagnosis, treatment, elimination, prevention and rehabilitation of the persons suffering from above mentioned diseases.
- iv. To improve the health & nutritional status of the children & mother.
- v. To provide primary health care services.
- vi. To conduct problem oriented essential health services & research program including environment, energy, education etc.

### **The following activities are under taken by organization.**

#### **Survey and Research Studies (2010-11):**

1. Morbidity Control of Filariasis by Tourniquet Technique.
2. Socio-economic study on Filariasis
3. Socio-economic study on Kala-azar
4. Socio-economic study on STH
5. KAP study on Rabies among general population.
6. Pre and Post KAP study on Rabies among school children.
7. An intervention study on Rabies control among school students in Dhaka.
8. Animal Birth Control (ABC) among dog population for Rabies control in an Island
9. Study on presence of Rabies virus in the brain tissue of suspected rabid cattle & dog.
10. Rabies antibody titre among patient receiving TCV
11. Study on whether patients continue 4 doses of ID TCV or not.
12. Implementation of Rehabilitation Program for backyard poultry holders and mini farmers affected due to HPAI outbreak - for the "Strengthening of Support Services for Combating Avian Influenza (HPAI) in Bangladesh Project.

#### **Collaborative researches (2010-11):**

1. One research is ongoing titled "Measuring the impact of LF related disabilities: The development of rapid assessment tools" Jointly with James cook University, Australia. (One student from Australia is doing PhD under the research)

2. One research is ongoing titled “ELISA for the diagnosis of Wuchereria bancrofti infection using urine samples and its application in Bangladesh” Jointly with Aichi Medical University, Japan.  
(One student from Japan is doing PhD under the research)
3. Memorandum of Understanding (MOU) between the Center for Excellence in Nutritional Genomics in the College of Biological Sciences at the University of California , Davis USA and Institute of Allergy & Clinical Immunology of Bangladesh (IACIB) regarding Global Health Share Initiative (GHSI) has been signed in Nov 2010 for future collaboration on oral rabies vaccine development and clinical trial.
4. One collaborative research is ongoing with CNTD, Liverpool, UK on morbidity control in Filariasis in Bangladesh. Under this research eight years study from Jan 2003 to Dec 2010 were conducted, in which both indoor and outdoor patients came to Filaria Hospital were studied. It was found that patients from 52 districts came to Filaria Hospital and most of the patients are of age group 25-50 years, the active young group of the society. The research also recommended for setting up of at least 52 service centres at 52 districts of the country for morbidity management.
5. One research is ongoing titled “morbidity control in filariasis and it’s relationship with occupation” Jointly with Tsukuba University, Japan with IACIB. (One student from Japan is doing MPH under the research).
6. One research was completed in May 2011 at Kamarpukur Union where Filaria Hospital is located, to see the magnitude of the LF patients. In 2005 the union had 195 filaria patients while in 2011 it was found that the number of patients have increased to 522 of which most (>80%) of the patients were Hydrocele. This is really an alarming situation and needs special attention for hydrocelectomy through mobile approach in the whole country, other wise filariasis will not be eliminated.

### **Filariasis Elimination Program:**

Filariasis is a mosquito borne parasitic disease, a neglected disease of neglected people, and disease of the poorest of the poor and totally neglected for more than 50 years in Bangladesh. Filariasis is endemic in 34 out of 64 districts so far. Efforts to address the disease should form an integral part of pro-poor policies & PRSP & Millennium Development Goals (MDG) as filariasis is still neglected in MDG. Only IACIB has been working on Filariasis Elimination in Bangladesh since its inception in 1995 in a rented house at Syedpur as per WHO guide line. Other NGOs, donors and partners will come forward in filariasis elimination, thereby poverty alleviation. The Government of Bangladesh (GOB) has planned to eliminate Lymphatic Filariasis (LF) by 2015. Since one of the main objectives of IACIB is to eliminate LF, GOB

and IACIB signed a MoU under which GOB will be providing financial assistance to IACIB up to 2010 for elimination of filariasis.

IACIB works on filariasis elimination with grant from-

- (a) Ministry of Health & Family Welfare, GoB.
- (b) The Embassy of Japan
- (c) NGO Foundation
- (d) LEpra Bangladesh
- (e) Ministry of Science and Technology, GOB.
- (f) Canadian International Development Agency (CIDA), Canadian High Commission.
- (g) Ministry of Social Welfare, GOB.
- (h) SIMAVI The Netherlands
- (i) AUS-AID
- (j) CNTD, Liverpool, UK

In fact Canadian CIDA is the first donor organization in Bangladesh who came forward for support for this neglected disease and supported the IACIB to under take Pilot Research Project on filariasis elimination. CIDA also has supported in 2004-2005 for Community Home Based Morbidity Control (CHBMC) out reach service through satellite clinic.

#### **Filaria Hospital at Saidpur:**

IACIB established Filaria Hospital in 2002 with grant from The Embassy of Japan in Bangladesh at Syedpur under Nilphamari district. The Filaria Hospital has started functioning from January 2003. The hospital is the only hospital of this kind in Bangladesh and Globally. The hospital has been providing the following services:

- Out door and indoor services
- Satellite Clinic Services
- Diagnostic services
- Surgery mainly Hydrocelectomy/Scrotal swelling and other surgical operations
- Physiotherapy
- Community Home Based Morbidity Control (CHBMC) services
- Social Mobilization
- Training to GO-NGO Collaborative programs
- Rehabilitation of filaria patient
- Counseling on HIV/AIDS & STD prevention, family planning etc.
- Tobacco Control
- Improvement of Nutrition of the community, particularly mother and children.
- Control of Helminthes/ intestinal parasites
- Control of Malaria, Kala-azar, Tuberculosis, Rabies and other communicable diseases



Filaria Hospital, Svedpur, Nilphamari

The Filaria Hospital has been providing out door, indoor, Mobile camp, Satellite Clinic and community home based morbidity control services to filariasis patients to

reduce their sufferings. As a part of this activity the hospital has been conducting training to Government health and paramedical health staff, NGOs, rural medical practitioners, Japanese JOCV volunteers. The hospital has also conducted different workshops with GO, NGO, private organization. A program namely expansion of Filaria Hospital was implemented with the assistance of Embassy of Japan. The 2<sup>nd</sup> and 3<sup>rd</sup> floor was constructed and inaugurated on 19 February 2009 under 2<sup>nd</sup> phage. Both the former and present chairperson and Project Director were present during the inauguration. After completions of this program overall activities of the hospital has increased significantly.



Former and present chairpersons Mrs. Roxana Sultana and Nasima Akther are seen with Prof. Dr. Moazzem Hossain on 19.02.2009

### Statement of Patient at Filaria Hospital (July 2010- June 2011)

#### Out door Patient

Period	Total Patient	Filaria Patient	Other Patient	Male	Female	Children
Jul 2010 to Jun 2011	15022	3597	11425	5390	6174	3458

#### Indoor Patient

Period	Total Patient	Total Operation	Hydrocele operation	Hernia Operation	Other Operation	Other Patient
Jul 2010 to June 2011	356	313	204	102	48	2

#### Twisting tourniquet Technique:

Dr. Wichai Ekataksin, Dean Lymphoedema Care Center, Faculty of Medicine, Mahidol University, Bangkok, Thailand discovered a new technology namely 'Twisting Tourniquet Technique for management of lymphedema and LF disabled patient. Dr. Wichai with his team demonstrate this new technology in a workshop held in Filaria Hospital on 30 July - 2 August 2008. Doctors, nurses, technicians and NGOs workers attended this workshop. Filaria hospital is also providing filaria treatment / therapy through twisting tourniquet technique. Filaria Hospital has provided treatment / therapy to about 20 filaria disabled patients by adopting this technique till now.

#### Community / Satellite Clinic:

IACIB established 3 Community / Satellite clinics at Nilphamari district and 2 at Dinajpur district which are as follows:

1. Botlagari Union Parishad  
Syedpur, Nilphamari
2. Charaikhola Union Parishad  
Syedpur, Nilphamari
3. Kasnia School and Clooage  
Chirir Bandar, Dinajpur
4. Chiklirhat vegetable Market  
Syedpur, Nilphamari



Japanese Medical students with IACIB Executive Director in front of filaria Hospital

5 Aice Dhan Khier Para Senior Madrasa  
Syedpur, Nilphamari

Through the above clinics treatment program is continuing. Filariasis Hospital also conducts mobile camp in different areas of Rangpur division on primary health care, general treatment and filariasis elimination for community people. In this year more than 50 mobile camps were organized by the hospital.

**Visitors:**

The filariasis hospital was visited by a good number of distinguished visitors from home and abroad in 2010-11. The most important of them are Associate Professor Susan Gordon (Head), Discipline of Physiotherapy, James Cook University, Australia and Dr. Taiichi HAYASHI, Disaster Prevention Research Institute, Kyoto University, Japan and officers from International Donor community and research organizations etc. They marked it as a “Wonderful and Remarkable Achievement” in the field of filariasis elimination and morbidity control. The visitors appreciated for undertaking various program on Filariasis Elimination & Morbidity Control, setting-up the Hospital with necessary facilities, introducing “Filariasis Kit Box” with shoe for Morbidity Control and research activities. All of them were highly pleased on overall activities of the hospital.

**Support from Ministry of Health and Family Welfare:**

Health advisor Major General A.S.M Motiar Rahman (Rtd.) and other officers of MOH visited the filariasis hospital on 11 Marches 2007 and they were highly pleased on overall activities of filariasis hospital and strongly recommended to support the hospital regularly from Ministry of Health. Accordingly two Medical Officer, two Medical Technologist and three Nurses from Ministry of Health have been deputed to filariasis hospital. MOH has included the hospital into the operational plan of HNPS 2003-2011 for its support for sustainability, so that the hospital can be converted gradually into a National, Regional & International Training and Research center and a center of excellence in the field of filariasis and other Neglected Communicable diseases. This support is given through an MOU signed between the Director, Disease Control of Directorate General of Health Services and Ex-Chairman IACIB (Mrs. Roxana Sultana). Under this support “Mobile Treatment Camp” is conducted through filariasis hospital regularly. In addition the Hospital is also included into the operational plan of HSDP 2011-2016 for its support for sustainability and expansion.

**Re-habilitation Project:**

AUS-AID provided 8 (eight) sewing machines in 2005, through this machines IACIB started training program for the poor filariasis patient in batches in Filariasis Hospital. While working with the machine the trainees move their affected parts (legs, hand etc.) and through this way they are getting physiotherapy and eventually this give relief of their suffering. So it is targeted that by this training program the

poor filaria patients will relief their suffering and will be able to earn their livelihood. About 69 have been given sewing training this year. After receiving training about 30 trainees procured sewing machines so far and started earning their livelihood and lead a happy family life.

**National Filaria Day 2011:**

As a part of social mobilization program, Filaria Hospital has observed National Filariasis Day on 15 January 2011 at Syedpur. On this day a rally was organized where school students and local elite, Upazila Nirbahi Officer, Upazila Health & Family Welfare officer and other officials also attended the rally. IACIB also arranged a discussion meeting on the day. The different activities of IACIB and observation of filaria day were published in Newspaper.



National Filaria Day Observed 2011

**Filaria Hospital & CDC at Savar,Dhaka:**

One 50 bedded Filaria Hospital & CDC is under establishment from January 2011 at Zinjira, Savar under Dhaka district with support from Ministry of Social Welfare, GOB. It will be completed in FY 2011- 2012. This 2<sup>nd</sup> Filaria Hospital with Center for Disease Control (CDC) will help in training for GO, NGO staff and will establish more collaboration with Ministry of Health and Family Welfare for control of NTDs. The Center for Disease Control (CDC) will be a Center of Excellence for NTDs.

**GHSI – Bangladesh Campus:**

The GHSI team from University of California, Davis visited Filaria Hospital, Savar, Dhaka on 18 March 2011 and also the head office of IACIB and has an agreement with Bangladesh Directorate for Health Services and the Institute for Allergy and Clinical Immunology to begin testing a plant-based oral vaccine and antibodies for preventing and treating rabies. Prof. Dr. Raymond Rodriguez, Dr. Somen Nandi, and Dr. Delia Bethell attended with collaborator Prof. Dr. Moazzem Hossain. The team visited the future site of the Filaria Hospital at Savar. This site will become one of Global HealthShare's first anchor institutes in Bangladesh as GHSI Bangladesh Campus according to this proposed architectural rendering. In addition Institute of One World Health (IOWH) will also collaborate with this project of GHSI. Dr. Raj Shanker Ghosh from IOWH also visited the future GHSI Bangladesh campus.



Proposed GHSI-BARA Bangladesh Campus



GHSI team in front of Filaria Hospital Savar

## Malaria Control Activities

### MALARIA CONTROL PROGRAM

IACIB has been working as a sub-recipient under the BRAC led consortium funded by GFATM to implement the Malaria Control Program since July 2007. IACIB is working in 3 upazillas - Anowara of Chittagong district, Rajibpur and Rawmari of Kurigram district. The total population covered by IACIB is 301,310 in 64,879 households. It has established a warehouse and a laboratory in each upazilla which are functioning. A total of 22 Health Workers, 3 Upazilla Manager, 3 Laboratory Technician, 3 Service Staff for Warehouse, 3 Supportive Staff for Laboratory, 1 Accountant and 1 project Manager have been working to implement the program activities effectively during the period.

IACIB's main approach for malaria control is to inform and educate people at the community level, promote use of insecticidal nets and early diagnosis and prompt treatment (EDPT) of malaria. LLINs are distributed to the poor or extreme poor households who do not have any bed nets. In case of households having ordinary bed nets, the nets are treated with insecticide (K-O tab). Diagnosis and treatment services are delivered by the health workers through community based services. IEC materials are distributed and used regularly during



Folk song event at Rajibpur on Malaria

health education session and individual communication. During health education session information on prevention, symptoms and the facilities available for diagnosis and treatment of malaria are discussed. IACIB also conducted orientation with different stakeholders of the community to make them aware of malaria symptoms encourage use of LLIN/ITNs, enhance referral of symptomatic cases for diagnosis by RDT or BSE, ensure treatment and reduce stigma. Messages regarding malaria are also disseminated through local popular theater shows, folk song events. These activities have shown marked involvement and responses from the community members in malaria control. The female health worker plays a pivotal role in health interventions at the community level. These health workers are selected by their own community and are willing to work in the health field. Each health worker responsible for 30 households visits in a day. Health workers disseminate information to the community regarding symptoms of malaria, diagnosis, availability of treatment services and prevention of malaria such as use of LLIN/ITNs during their regular households visits. They diagnose the cases using RDT and give treatment if found positive whereas the RDT negative patients are referred to the laboratory for confirmation of diagnosis by BSE. They also refer the patient to the nearest health facility if the patient is a pregnant women or a child under 5 years of age or there are signs of severe malaria without any delay.

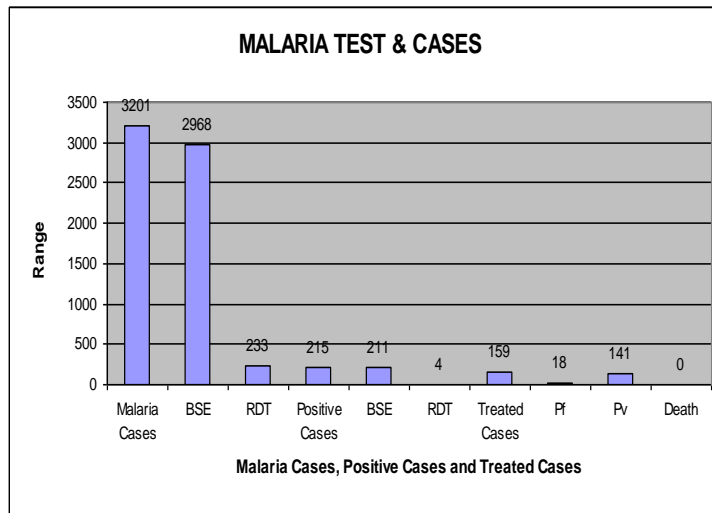
### PROGRESS IN MALARIA CONTROL PROGRAM

The provision of quality diagnosis and effective treatment to malaria cases was the first objective of the program. The total number of 3201 fever cases examined of which 233 cases by RDT and 2968 cases by microscopy. The number of confirmed malaria cases was diagnosed is 215 of which 04 cases by RDT and 211 cases by microscopy. A total number of 18 P.

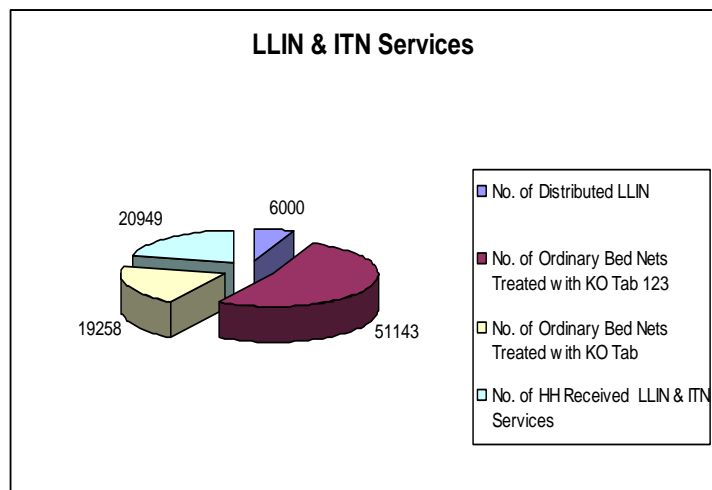


falciparum and 141 P. vivax malaria cases were treated. There was no death case due to malaria in this period.

The second objective of the program was to promote the use of LLIN/ITNs by the households. LLIN/ITNs are well known and useful tools for reducing transmission of malaria and are well accepted in the community. A total number of 6,000 LLINs have been distributed to the poor or extreme poor households who do not have any bed nets, 51,143 ordinary bed-nets have been treated and 19,258 ordinary bed-nets have been retreated with insecticide (KO Tab/KO Tab 123). It is to be mentioned here that 20,949 households received these kinds of activities during this reporting period.



A total number of 3 advocacy workshops conducted at upazilla level with different stakeholders such as upazilla level government representatives, LEB representatives, civil society representatives, opinion leaders, religious leaders, teachers, village doctors and private medical practitioners, other NGO workers to disseminate malaria information and generate their support to the program. A total number of 12 BCC orientations conducted at union level with different stakeholders such as LEB representatives, civil society representatives, religious leaders, teachers, village doctors, other NGO workers, etc. of the community to make them aware of malaria symptoms, encourage use of LLIN/ITNs, enhance referral of symptomatic cases for diagnosis by RDT or BSE, ensure treatment and reduce stigma. A total number of 6 folk song events and 6 popular theaters show organized at village level to disseminate regarding malaria messages. The events have been performed by local cultural groups in local language so that these become more acceptable to the community people.



It was observed that the detection of malaria cases have been increased since the beginning of the program. the reason may be due to strengthening of program activities such as community based diagnosis and treatment services and enhancement of BCC and other activities which created awareness among the people for early care seeking. Moreover, due to the easy and accessible modern diagnostic and treatment facilities in the village level has result no death case due to malaria in this period.

### **Celebrate World Malaria Day:**

As a part of social mobilization IACIB observed 3<sup>rd</sup> World Malaria Day on 25/04/2011 at upazilla level. IACIB organized Rallies, discussion session; distributing IEC materials (leaflet, poster, sticker etc.) organized folk song event and different activities involving community people Govt. & Non Govt. officials on that day vowing to win the fight against malaria.



World Malaria Day 2011

Such kind of activities has created mass awareness into the community level about Malaria. Now the people of these areas are more attentive than the previous time to prevent this parasite disease. People learnt about LLIN/ITN management, importance of using mosquito nets and any other measures to control malaria. They are keeping their household neat and clean as mosquito reproduction and production get hindrances. People of these areas involved themselves with the process from their own position. Government officials of different divisions, local government representative and civil society always collaborating with malaria control program to make success this project, thereby community will get maximum output.

Rallies, discussion session, folk song and other different activities were organized on that day involving the general people vowing to win the fight against malaria.

### **Tobacco Control activity:**

IACIB has been working on tobacco control program. IACIB maintains regular liaison with the national tobacco control program through its active participation with GOB and NGOs activities and also by observing World No Tobacco Day every year.

### **World No Tobacco day observation:**

World No Tobacco day was observed in a befitting manner on 31 May 2011. A Rally was organized on the day. The Rally started at 9:00 a.m. from Upazila Health Complex Rajibpur and the rally was ended at same place 11:00 a.m. Upazila Health and Family Planning Officer Dr. Md. Delawar Hossain, College Teacher Professor Md. Delawar Hossain, other Local elite, IACIB, Officers, Staff, School, College students etc. attended the rally. The rally moved different parts of the town. Fastoon, Banners were used. The Rally was very much attractive to the community. After the rally all guest and elite attended the discussion meeting. There was brief discussion on the tobacco control activities.

IACIB is also a member of Syedpur Upazila Task Force Committee formed by the GOB to implement tobacco control Laws. It also involved with the national activities against tobacco consumption and No-smoking drive of GOB & NGOs.

### **HIV/AIDS & STD Prevention Program:**

IACIB has some activities on HIV/AIDS & STD Prevention program which are discussed below:

- ❖ Worked on HIV/AIDS & STD prevention program among Rickshaw Garage owner, Rickshaw pullers and their wives in Narayangonj. Under this program the registered rickshaw pullers were trained on group formation, selection peer educator, one to one discussion, group meeting etc.
- ❖ HIV/AIDS & STD prevention among Rickshaw Pullers in Syedpur.
- ❖ HIV/AIDS & STD prevention among Hotel based Sex workers in Syedpur.
- ❖ HIV/AIDS & STD prevention among drug addicts in Syedpur.
- ❖ IACIB observes World AIDS day every year at national level and also at Saidpur.

**World AIDS Day Observation 2010:** On 1<sup>st</sup> December 2010 IACIB Filaria hospital Syedpur with other NOGs and Upazila Health Complex jointly observed World AIDS day in a befitting manner. The rally starts in front of upazila health complex and moved in different roads and islands and ended in the same place. Upazila Health and Family Planning officer Dr. Nozibur Rahman and other government officers attend the rally. IEC / BCC materials on HIV/AIDS were distributed in the rally.



World AIDS Day 2010 at Dhaka

**HIV/ AIDS Hospital:** IACIB has been establishing one “**Center for Diseases Control (CDC)**” at Savar, Dhaka, which will be completed by June 2012. It will provide indoor and out door services and Rehabilitation to HIV/ AIDS patients also. This is the first hospital of this kind in the country.

**Tuberculosis control:**

IACIB has been working on tuberculosis control through outdoor diagnostic service, referral services at filaria hospital Syedpur.

**Leishmaniasis /kala-azar control:**

IACIB has been working on kala-azar control through outdoor diagnostic service, Referral services at filaria hospital Syedpur. In addition IACIB conducted one research titled “Study on Kala Azar and its prevalence in Bangladesh (Base Line Survey)” with support from Directorate of Health Services in 2008-2009 in joint collaboration with ICDDR,B.

**Avian Influenza:**

IACIB has been working on Avian Influenza in human with support from Directorate of Health Services and also working with Ministry of Fisheries and Livestock on poultry sector A project



Distribution of Poultry by Md. Zafor Ali Hon'ble M.P, Kurigram

titled “Strengthening of support services for combating Avian Influenza (HPAI) in Bangladesh is ongoing since April 2010 with support from Ministry of Fisheries and Livestock at Nilphamari, Dinazpur, Lalmonirhat, Kurigram, Gaibanda and Panchagar. IACIB has been directly implementing the program in 3 districts and as consortium leader in other 3 districts with Moytree Bangladesh and SKBUS.

### **Rabies Control:**

IACIB has been working on rabies control in Bangladesh. It has conducted rabies surveillance, KAP study among students, Health Education to students jointly with NOVARTIS Vaccines and has conducted some studies on rabies. BARA with NOVARTIS has planned to distribute calendar for 2012 in different schools and offices.

IACIB has been working as a coordinator of Bangladesh Anti Rabies Alliance (BARA). IACIB has also observed 4<sup>th</sup> World Rabies Day on 28 September 2010 at Syedpur, Nilphamari.



Teacher Orientation for Health Education on Rabies Control

As a Coordinator of BARA, IACIB is a member of Technical Working Group (TWG) for National Rabies control constituted by Ministry of LGRD in May 2010. IACIB has taken active role in development of National Guideline and Strategy and development of ID vaccination Guideline with Tissue Culture Vaccine (TCV). BARA has conducted some joint researches with DGHS on Rabies control including Animal Birth Control (ABC) by chemical sterilization using EsterilSol. A total of 1143 dogs were sterilized by different methods at Raipura Upazila under Narshingdi district in July-Nov 2010. IACIB has been collaborating with World Society for Protection of Animal (WSPA) for Animal Birth Control (ABC) in Bangladesh.

### **World Rabies Day 2011:**

On behalf of BARA (Bangladesh Anti Rabies Alliance) we observed World Rabies Day 2011 on 28th Sept. We conducted Rally with school children, teachers, local elites, etc. There was discussion session with teachers and students, press briefing with media, Calendar distribution for 2012, being prepared with support from NOVARTIS. Photography was taken in time. This was conducted at Syedpur subdistrict under Nilphamari district of Bangladesh.



World Rabies Day 2011

## **Communicable diseases Control (CDC)**

Only IACIB has been working on filariasis elimination and morbidity control including mobile hydrocelectomy along with social mobilization in Filaria endemic districts under Rangpur division. In addition IACIB has also been working for control of other communicable diseases as Malaria, Dengue, and Vector Control and intestinal parasite control (Soil Transmitted Helminthes).

## **School Based Approach on Parasite Control:**

School going children of our country are neglected and they are suffering from mal nutrition and also from parasite diseases. In this situation IACIB has started “School Based Approach on Parasite Control”. It has been proved that Health care program through younger generation is most effective to build up healthy and happy nation. Under this approach a pilot program in two schools at Syedpur under Nilphamari district has taken to examine the children whether they are suffering from any parasite disease. At the same time school going children are also given health education, so that they will be more careful about their better health in life. Subsequently this program has been proved as most effective and for this the program is continuing.

## **Nutrition:**

IACIB has been working since 1995 on promotion of nutritional status of population of Nilphamari district. It focused on homestead gardening (Pusti bagan), school gardening, promotion on growing of more non-staple food along with staple food and growing of high breed fish and poultries.

## **Maternal and Child health:**

IACIB has been working for improvement of Maternal and child health and reduction of maternal and child mortality to achieve the goal of MDG. One project has been submitted to UK jointly with India & Nepal with One World Health (OWH) as lead organization for reduction of maternal and child mortality through capacity development of front line health workers.

## **Snake park:**

IACIB has planned to establish the first Snake park and Training & Research Center at Savar, Dhaka in its own land along with the laboratory for collection of snake venom for production of anti- snake venom with local poisonous snakes.

## **Climate Change and NTDs:**

IACIB has been working on Climate Change and Neglected Tropical Diseases (NTDs) in collaboration with Japan. Members of IACIB are the executive member for organizing the Second International Conference on Climate Change & Neglected Tropical Disease (NTDs) held on 29- 30 September 2010.

### **Automatic Weather Station (AWS) installed at Syedpur Filaria Hospital**

The Automatic Weather Station (AWS) installed on 21st April, 2011 at Filaria Hospital by Prof. Hayashi and supported by Prof. Kazuhiko Moji of Research Institute for Humanity and Nature (RIHN), Japan for research on climate changes and NTDs . They will continue the data recording for 330 days from April 21st. As the Kalbaisaki (local name) or severe local thunder storm occurs frequently in the Northwestern part in Bangladesh, so they discussed about prevention of the damage by thunder and lightning lod should be completed as soon as possible.



**Automatic Weather Station (AWS) installed at the roof of Syedpur Filaria Hospital**

### **Support from NGO Foundation :**

IACIB is a partner of Bangladesh NGO Foundation (BNF). During 2010-2011 IACIB received a grant from BNF for the project titled 'Filariasis Morbidity control'. Under this project a total of 200 filariasis affected hydrocele patients received support (MSR Instrument).

### **Member / Affiliation:**

#### **IACIB is a member of**

1. Bangladesh Anti Rabies Alliance.(BARA)
2. Forum for Neglected Tropical Diseases (FNTDs)
3. Bangladesh Anti Tobacco Alliance (BATA)
4. STI/AIDS Network of Bangladesh
5. Voluntary Health Services Society (VHSS)
6. Bangladesh Occupational Health Safeties and Environment Foundation (OSHE Foundation-BD)

**Note:** IACIB is the coordinator of BARA and FNTDs.

**Budget:** The total income / Expenditure for 2010- 2011 is BDTK. 5,74,50014.00

**Acknowledgement:**

We are grateful to the Ministry of Health and Family Welfare for inclusion of our hospital in its Annual Operational Plan and HNPSP 2003-2011.

The END