This study will pilot and test an information and service package for non-communicable diseases. The package is designed to be delivered by community health workers in Bangladesh.

Background

In Bangladesh, approximately 60% of all illnesses are non-communicable. The most common causes are cardiovascular disease (CVD), diabetes and cancer, all of which have preventable risk factors. One option to address these risk factors is early diagnosis in the community and appropriate referral to secondary care. Currently, no programme for non-communicable diseases (NCDs) currently exists in Bangladesh.

Community health workers called Shasthya Shebika (SS) and Shasthya Kormi (SK) work throughout Bangladesh to deliver community health services. Training SS and SK to deliver care and education can improve diagnosis and management of NCDs.

Study aim

To develop an information and service package for NCDs to be delivered by SS and SK.

Objectives

1. Analyse the process of care for CVD, diabetes and hypertension; and
2. Assess the role of SS and SK to target NCD care and prevent NCDs.

Developing the intervention

Working with SS and SK in 8 upazilas, we will develop and pilot a service package that includes:

- a behaviour change model that includes educational messages and materials;
- training SS and SK on the package of care, effective education messages and on educating the community on the key risk factors for NCDs;
- an effective referral process in which complicated cases are referred to community clinics/urban health centres or to BIRDEM hospital/health centres; and
- revised job plans for SS and SK.

We will also field test the potential impact of the service package and referral mechanism and adapt it accordingly for the intervention.

The study

The study will:

- use 8 upazilas for the intervention and 8 as control sites; and
- monitor outcomes and measure the effectiveness of the package of care.

Scaling up of research findings

The intervention model will be scaled up nationally based on feasibility, sustainability and lessons learned.

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Project setting:

Dhaka, Bangladesh

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