

Community Health Workers of BRAC

Agents of women empowerment

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The BRAC health programme addresses the health and nutritional status of women and children in Bangladesh and covers 120 million people with approximately 60,000 Shasthya Shebikas (SSs) and 6,000 Shasthya Kormis (SKs). The concept of SS was first introduced in 1977 through a small-scale integrated health development programme in five sub-districts. Subsequently the approach was found to be successful and expanded.

All Shasthya Shebikas (health workers) of BRAC are female. They are selected from the community. Based on the criteria, the final selection of SS is done with the support of community people and BRAC staff.

The breadth of the health activities of SS in community based health care is quite extensive, especially considering that SSs are illiterate (or, at best semi-literate) and unsalaried. The SSs give health education, motivation and mobilisation regarding different components of the health programme.

Each SS facilitates almost 500 households for their health care needs and also links them up with BRAC's multi-dimensional development interventions. The second front line health workers are the Shasthya Kormis. Unlike the SSs, SKs are paid a monthly



salary. To qualify to be a SK they must be married, acceptable to the communities and have passed class 10 in school.

After the selection, the SS is given a 17-day basic training held at the BRAC regional offices. They also participate in monthly refresher training and are provided specific orientation training on issues like maternal, neonatal and child health, nutrition, TB and malaria etc. as needed.

BRAC has been able to scale-up its health programmes through replication of best practices. A strong monitoring and evaluation programme made it possible

to identify weaknesses that could be corrected before scaling up to the next level.

The process of becoming a SS has changed the scenario for the poor rural women in Bangladesh; they have been transformed from an ordinary, relatively unknown figure to a well-known public entity in the community. Initial disapproval from the husband and other family members usually give way to appreciation as they could see tangible economic benefits of the SS work.

The SS is initially given a fixed revolving fund for buying essential medicines and various health

commodities from BRAC at cost price which is then sold at a mark-up price to the consumers and the difference is kept by her as incentive. This concept has established a strong and successful linkage between the community and BRAC. The SS does not only get empowered in the community, but also is benefitted financially leading to economic enablement. The identity of SS has given them an improved status in the family, increased their credibility in the informal credit market and appreciation in the community.

BRAC's Shasthya Shebika

approach demonstrates that even illiterate or semi-literate rural women can be trained to deliver preventive, promotive and basic curative services for common illnesses to the community. The initial resistance that they face gives way to gradual acceptance when the family and the community see the tangible benefits, including financial benefits, from the SS work.

Financial incentives are not the sole motivation behind one's aspiring to become a SS as has been described earlier and attention to non-financial incentives such as appreciation by the supervisors and the community is also needed. Other factors like community acceptability, family cooperation, social status etc. also play an important role for sustainability of the model.

A basic lesson is that the Community Health Workers (CHWs) must be adequately supported and such support requires more resources from the government or communities than what are spent now on CHW programmes. By developing strong, better educated and empowered women and village groups, sustainable improvements can be achieved and a higher quality of preventive health measures can be practiced in the community.

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HEALTH EVENTS



National deworming week has started

Nationwide deworming week (October 22-27, 2016) has started from yesterday running in all primary schools. A massive primary school based deworming effort is targeting approximately 29 million 5-12 years aged children by the Filariasis Elimination and STH Control Programme, Communicable Disease Control (CDC), Directorate General of Health Services, Ministry of Health and Family Welfare, Bangladesh.

In this week, the little doctors will distribute the Mebendazole (Vermox™) among all primary school aged children as well as out of school children. The huge number of medicine is donated by Johnson and Johnson with supports of Children Without Worms and World Health Organisation.



A seminar on hypertension organised

Bangladesh Society of Medicine organised a Scientific Seminar on Hypertension at Dhaka Club on October 10, 2016 — says a press release. More than 300 medicine specialists from across the country participated in the seminar. Experts present in the seminar hoped that in future Bangladesh will have its own guideline for treating hypertension.



Demand urged for medical technologists

Bangladesh Technical Education Board (BTEB) Medical Technologist Society recently organised a press conference in the national press club demanding the provision of medical technologists passing from the BTEB in applying government jobs.

The nursing council and pharmacy councils are entitled to provide only professional licenses for those diplomas. The councils are providing academic certificates for the medical technologists ignoring the law that only BTEB is the authority to provide them, according to the press conference.

The medical technologists urged following five demands:

1. Equal rights in government jobs
2. Nursing council to provide professional license
3. Pharmacy council to provide professional license
4. Academic certificates to be provided by BTEB
5. All the universities to offer Bachelors in health technology



/StarHealthBD

HEALTH

bulletin



Drinking two sweetened drinks per day could double the risk of diabetes

Drinking two or more sweetened drinks per day could greatly increase your risk of diabetes, according to new research. In fact, it could double it.

In the study, two or more 200-milliliter servings of sweetened drinks, consumed daily, were found to double the risk of developing the condition. Given that standard 12-ounce drinks cans are more than 300-milliliters, this means just 1 and a half of these drinks per day could double your risk.

But more importantly, the level of risk was the same regardless of whether the drinks used sugar or artificial sweeteners. So choosing the diet option may make no difference, as both types were seen to result in two times the risk of having diabetes.

"Not all studies have been able to look at sugary and artificially beverages separately," said Josefina Edwall Lövenborg, a nutritionist at the Karolinska Institute in Sweden, "(but) it's getting more and more established that soft drinks increase risk of type II diabetes."

Tarry a while ...

DR SYED AHMED MORTADA

The furor in the media and the uproar of the masses against the recent issuing of death certificates on two living neonates by two doctors in two separate cases is the call of the hour. The trauma, the anguish, the sufferings, the brunt borne by the parents, families and communities are beyond the words of any description. I too, is not against the grain.

What I want to underscore here that it is not the first time those dilemmas cropped up on the soil of Bangladesh, rather history is rife with similar occurrences across the globe even in developed countries.

Against this backdrop, let me recall myself to you that while working as a general physician in Khobar Government Hospital (KGH), Khobar, Kingdom of Saudi Arabia (KSA) during 1990s, one day I was summoned by the Deputy Director of hospital Mr. Gassan. He asked me to report to Dr. Riyadh who was responsible for investigation cell in the Directorate General of Health Services, Dammam, KSA. To my query, Gassan told me, "You are under investigation. Go to Dr. Riyadh on time tomorrow, you would know everything."

Like a death sentence hanging on my head, as I presented myself before Dr. Riyadh, he tossed a newspaper over the table for me to read. To my consternation, I discovered, I was the central character of that piece of news. To cut the long story short — there was a picture of a girl



about 10 years old who was brought by her father to the emergency of KGH when I was the duty doctor.

Having done a routine checkup with no carotid pulse, no respiration, no heart sound, cold body, fixed pupil without reflex — I had declared her dead.

However, instead of taking her for burial, the family took her to a private hospital where she was resuscitated and revived. They then went to Ministry of Health, Riyadh and lodged the complaint against me. How I survived that ordeal, continued to work there for 18 years is not within the preview of this article.

The notable account of Sir Walter Scott (1711-1832), the British author is recounted here. The mother of Walter Scott was the daughter of a wealthy merchant. She died at a pregnant state. The Saxon who were working on her coffin were lured by the jewelry, emerald and ornaments with which she was buried. At the

dead of night the gang went to the grave to steal the valuables. As they dug out, they found her sitting. Frightened they ran for their lives screaming at the top of voice. Awakened the villagers were apprised; together they went to spot and brought her back home. Not only she survived but gave birth to Walter Scott who was later knighted.

What is death? For a duty doctor it is a nagging question which is further compounded in a busy emergency setup addressing score of patients possibly all by him or herself. They may even incur the displeasure of an on-call specialist if his midnight slumber intercepted just to assist the duty doctor in issuing a death certificate.

Clinically the physicians adhere to a checklist before declaring a "death". No pulse, no respiration, no blood pressure, no heart sound, cold skin. But brain death is more perplexing even to expert. Fixed dilated pupil, no pupillary reflex and EEG showing no response. Coldness of skin, stiffness of joints, rigor mortis, flaccidity and putrefaction are sequential stages and are surest signs of death.

Academically duty doctor has to wait thirty minutes then reassess systematically before certifying death which in real scenario may not be feasible. A giant of medicine Prof. Dr. Shamsuddin Ahmed who was contemporary to another luminary Stanley Davidson, taught us, "Tarry a while, the heart can beat again."

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What is Lung Cancer

This is a malignant lung tumor characterized by uncontrolled cell growth in tissues of the lung. If left untreated, this growth can spread beyond the lung by the process of metastasis into nearby tissue or other parts of the body

Facts

Lung cancer is the number one of cancer deaths in both men and women in the U.S. and worldwide

Cigarette smoking is the principal risk factor for development of lung cancer. Passive exposure to tobacco smoke also can cause lung cancer

The general prognosis of lung cancer is poor because doctors tend not to find the disease until it is at an advanced stage. Five-year survival is around 54% for early stage lung cancer that is localized to the lungs, but only around 4% in advanced, inoperable lung cancer

Lung Carcinoma or widely known as Lung Cancer

