Community engagement in preventing and Controlling diabetes and hypertension: time to utilise the non-communicable disease (NCD) corners.

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Key Messages:

1. **Non-communicable disease (NCD) corners at Upazila Health Complexes (UHCs) have been established to provide the community with preventive and intervention NCD care services.**
2. **The World Health Organization (WHO) NCD prevention strategies require high awareness and behavioural change campaigns and policies.**
3. **The majority (56.8%) of the respondents at NCD corners were hypertensive, followed by diabetes (25.3%), and the rest (17.9%) were combined cases of hypertension and diabetes.**
4. **NCD corners were found to focus mainly on hospital-based care delivery of specific NCDs, and community participation was not satisfactory in NCD care accessibility.**
5. **An integrated approach using existing resources to engage the community is crucial to improving the utilisation of NCD corners.**

Problem Statement

NCDs account for 59% of total deaths in Bangladesh. In 2012, the government introduced NCD corners at UHCs to control the emergence of NCDs in the rural population. NCD corners provide prevention and care services for common NCDs and related conditions such as cardiovascular diseases (CVDs), diabetes and chronic respiratory diseases (asthma and chronic obstructive pulmonary disease) and screening for certain cancers. However, community awareness regarding the existence of these centres could be higher, with limited utilisation and community engagement.

Study findings

A convergent parallel mixed method study explored the current situation regarding the utilisation and community engagement of NCD corners operating under the national NCD control program. The study was conducted in 4 upazilas through exit surveys of the 1180 patients at NCD corners with a semi-structured questionnaire, 28 in-depth interviews from different stakeholders and eight community focus group discussions.

Figure 1: Community engagement model

The majority (56.8%) of respondents visiting NCD corners were hypertension cases, 25.3% were diabetes mellitus cases, and the rest, 17.9%, were combined cases of hypertension and diabetes mellitus. About 1/4 of the respondents reported that they got all the medical investigations done in the hospital itself, and the rest said that all the medical tests were unavailable. Almost all the respondents reported that prescribed medicines were provided partially until the next follow-up visit. About 38% of the respondents reported poor satisfaction, 43.5% showed fair pride, and 18% enjoyed receiving services from NCD corners. Qualitative enquiry revealed- poor community awareness regarding NCD corners, absence of community mobilisation, activities of NCD corners limited to hospital-based care delivery, lack of logistics and human resources, interrupted supply chain, and lack of integrated approach in health management were significant issues in the absence of community engagement in the utilisation of NCD corners.

Policy implications

This study found mild satisfactory community engagement with poor perception and community mobilisation in access to NCD corners. Moreover, the standards and extent of services provided at the centres must meet the community's expectations. The rural community was found to be less familiar with highly with NCD corners. Communities should be engaged in activities of NCD corners with robust health messaging through telemedicine, mass media, phone calls, mobile message tunes and social media. Moreover, the involvement of community health workers could be a game-changer strategy.

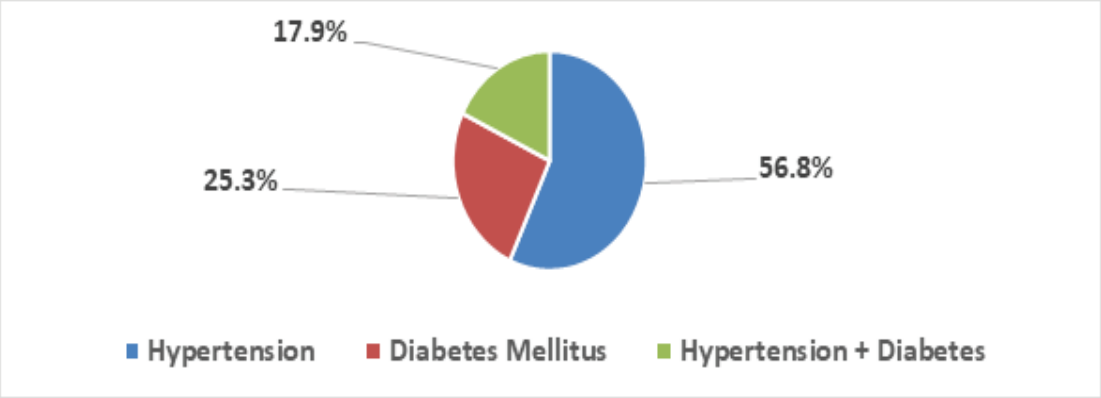

Figure: Distribution of NCDs among the respondents

Policy Recommendations

1. Formulating a standard operating protocol for NCD corners with the incorporation of a community engagement strategy.
2. Involvement of clients in the decision-making process and with robust health education programs.
3. Designing participatory community awareness programs with a public-private partnership model.
4. Sustainable NCD care services with uninterrupted drug supply.
5. A Champion organisation/ institute is needed to implement the strategy.

This policy was prepared by Dr. Md. Ashraful Alam, Brig. Gen. Md. Nazmul Haque & Dr. Shuvashis Saha. For more information, please get in touch with Dr Md. Ashraful Alam, Assistant Director, Dhaka Medical College Hospital, email: dralam1874@gmail.com