Creating a sustainable, participatory palliative care program in an urban slum in Dhaka, Bangladesh”,
Bangladesh : lots of paradoxes

- All features of a developing nation.
- Prevention & Cure oriented mind set at both ends.
- Primary health care has not yet been ensured for all its 170 million people.
Bangladesh: PC Paradox

• < 8 Palliative care programs for an estimated 600,000 needy (3a)
  ▪ served fewer than 1,500 patients in 2013.
  ▪ 75% of cancer patients experienced pain

• 90% of health professionals did not have any training in pain management or palliative care.
  ....Khan et al....2014

• Department established in only medical university

• Specialty status (5 years residency program)
Slum/Basti/ ghetto/shanty town......

• More than 9000 slums accommodating > 2.25 million people.

• Number of slum dwellers increased by 60.43 percent in 17 years

• Only in Capital city > 300 slums
Korail : Largest slum in Dhaka
Momotamoyee Korail : 2015

- A joint collaborative project of CPC, BSMMU & WHPCA, UK

  - Funded by WHPCA
    
    additional contributions from 1. Palliative Care Society of Bangladesh 2. Rotary Club of Metropolitan Dhaka

  - Run by the Centre for Palliative Care (CPC), Bangabandhu Sheikh Mujib Medical University
Specific goals agreed upon:

- a rapid situation analysis in terms of need analysis of older people & their families
  - Undertake sensitization programs to create awareness
  - Developing an activist group & volunteers locally
Specific Goals.........

• To train 8 eight PCAs using the ‘Palliative Care Toolkit’
• Establish a home care out reach program comprising nursing staff & PCAs under supervision of CPC.
• To provide treatment & Support to 100 palliative care patients & their care givers
Goals

• To identify & forge partnership with local organisation to take the forward with a

COMMUNITY DRIVEN PUBLIC HEALTH APPROACH

An independent evaluation after one year of piloting.
Sensitization programs
Sensitization programs
Sensitization programs
The PCAs

- recruits underwent a structured curriculum: six weeks of classroom teaching, followed by six weeks in the hospital ward and then 12 weeks supervised home care field work.

- provide home-based palliative care, including physical, social, psychological and spiritual care, Emergency health services were provided by nurses and doctors.
TRAINING OF PCAS
8 PCAs after six months training
Out reach Home Care Program
Home Care program

Both of us are old now and there is no one to look after us. We take care of each other, but when both of us get sick, then there is no one left to take care of us in this shanty.

Girls [PCAs] from the office visit our home regularly and look after us. They spend a good time with us, talk to us freely.
Defining Palliative Care ...............!
Medical Treatment
To provide medical management
## Support & Care provided by the project

<table>
<thead>
<tr>
<th>Category</th>
<th>Services &amp; support provided</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health support</td>
<td>Regular follow up, medicine supply, Emergency Health service, routine check up</td>
<td>Regular basis</td>
</tr>
<tr>
<td>Care support</td>
<td>Wound care, helping in bathing, nail clipping, home cleaning etc. Counselling to shock/bereaved family members</td>
<td>Based on necessity</td>
</tr>
<tr>
<td>Social support</td>
<td>Rice 5Kg, Peas 2kg, Sugar 1 Kg, Salt 1 Kg, Edible oil 1 Kg</td>
<td>monthly</td>
</tr>
<tr>
<td>Festival support</td>
<td>New cloths, Blankets, special food</td>
<td>During festival time</td>
</tr>
</tbody>
</table>
| Additional support  | Exercise instruments, Cataract operation                                                                                                                                                                                                                                                                                                                  | Based on necessity

The services and support provided for each category are detailed above. The frequency of support varies based on the necessity of the care.
Beneficiary profiles

• Total number of patients = 106
• Majority Female = 70 (62.3%), 33 male & Third gender 1
• Average age = 65.5 years (20 to 111 yrs)
• Average family members 5 (indirect beneficiaries)
• 80% were illiterate
• Average monthly income < US $ 180 / months
Challenges: Enormous!!!

- Its own dynamics—own culture & rituals
- Mobile population
- Informal power structures
Any magic wand !!

• Gaining trust & understanding the language.

• Believing that COMPASSION is innate to human being. NOBODY’s monopoly & can be ignited
Informal power structure
CBO & CDO – Korail slum
WORLD HOSPICE & PALLIATIVE CARE Day celebration
“It would appear that slum dwellers and refugees are today’s Huldufólk, the hidden people

Why is that? Is it because they are the ‘dirty’ ones?”

She just grabbed my hand and remained silent. ............ even in the ‘invisible’ community of Korail, there are hidden people whom nobody notices.

Dr. Sahaduzzaman
THANK YOU