of training the worker is given a package containing ten packets of ORS. Printed materials show him or her how to prepare the solution, how and when it is to be taken, etc. This is one of the main guideline materials for the trainers as well as the trainees. Along with these materials each person is given a small register in which he or she is to keep a record of who has been given packets, why they were given, how many were given, the date and the results (cured, referred to the hospital or death). Information will be taken from this register and put on a reporting form. This reporting form will not give names, but will indicate how many people received the packets, age distribution, total number of packets given, the outcome of the treatment and how many packets the Village Voluntary Health Worker had left at the date of the report.

At present the programme is confined to two districts—Dacca and Comilla—where some of the hypotheses established in the project objectives are being tested. Activity is centered in two thanas where 1,400 Village Voluntary Health Workers have received training. About 3,000 thana level workers have been trained in these two districts, and the training of all 6,000 should be completed by the end of October 1979. The total number of Village Voluntary Health Workers to be trained in these two districts will be around 20,000 ; their training should be finished by the end of 1979.

THE ROLE OF ICDDR,B

The process of training and extension is complex and involves many groups in order to define effective ways to train individuals in the various methods of oral rehydration. What is the role of a research and training centre such as ICDDR,B in this process ?

First and most importantly it will serve as a focus where new ideas and methods for the application of this technology may be discussed and carefully tested in the field to evaluate the relative effectiveness of any variations. One such area may be to establish an economic and easily accessible carrier of sodium and water into the body during diarrhoea. The best known effective agent, glucose,

is available commercially. Certain amino acids are also known to have similar properties. However, since both these elements are present in the human diet, research is warranted to test efficacy, efficiency and effectiveness of different domestic food items in the rural areas to act as a carrier of sodium and water. Such research will help promote home-based practice of early ORS treatment in the rural areas, where prepared products and/or glucose are not readily available.

Logically, next in importance after reasearch, is teaching people to master this new technology and apply it promptly and effectively. The extension system needs to be properly trained in preparing ORS with minimum variation in electrolyte concentrations. Such training, with all the implication of materials design, teaching trainers is a necessary precondition to achieve the objective of reducing mortality due to diarrhoea.

Interest has been formed among divergent groups, and many good ideas will come from this multifarious approach. However, good ideas are not sufficient in themselves. It is essential that they be tested and compared to the standard approach, that of the packaged formula advocated by the World Health Organization and the National Oral Rehydration Programme.

The resources of ICDDR,B will be deployed with the highest priority to assist any groups who wish to test their ideas against the standard practice. ICDDR,B will also test ideas of merit in its clinical research centre and field areas in order to be a catalyst in the rapid spread of effective oral rehydration therapy to all those afflicted with diarrhoea in this country, in the region, and in the world.

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