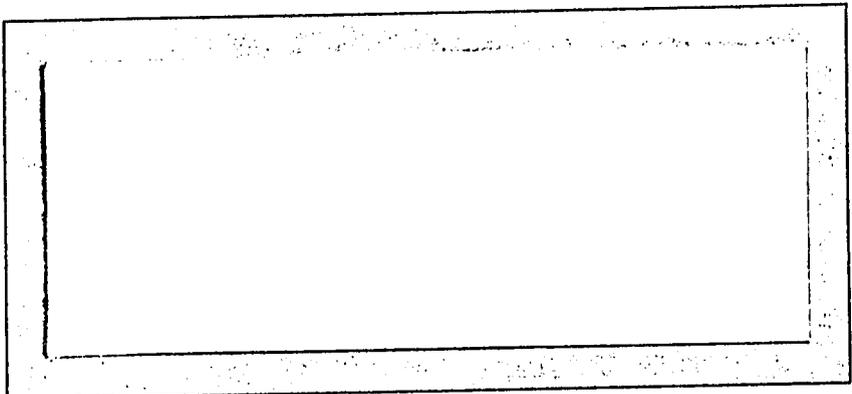


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PRIMARY HEALTH CARE PROJECT
SPONSORED BY THE GOVERNMENT OF PAKISTAN AND THE UNITED STATES
AGENCY FOR INTERNATIONAL DEVELOPMENT



TRIAL
ACTIVITY MONITORING REPORT SYSTEM
FOR USE AT RHC/BHU

BEST AVAILABLE DOCUMENT

| TRIAL |
| ACTIVITY MONITORING REPORT SYSTEM |
FOR USE AT RHC/BHU

INTRODUCTION

You have been selected to assist the National and Provincial Basic Health Services Cells to develop a simple but effective activity monitoring system for use at Rural Health Centers and Basic Health Units in your Province. Your role will be to work with the Management Analyst from the Basic Health Services Cell to implement the enclosed test system. It is in 2 parts:

- . Standard Treatment Strategies and Protocols; and
- . Weekly/Monthly and Quarterly Activity Reports.

The Management Analyst will explain the purpose of each part and work with you for the test period (2-3 month cycles) in following the strategies and filling-out the reports, forwarding them and/or analysing the information for action.

After the six month test period (2-3 month cycles) the lessons learned from the system will be studied and recommendations made for improvement (and, perhaps expansion) of information to be reported, its use, other treatment strategies to be developed, and how to consolidate this report system with others now in use.

Your cooperation with this trial is essential to its success. Please be open and constructive with your comments. Your contribution will help prepare the way for an effective monitoring system intended to assist you in the performance of your duties.

This system has been endorsed for trial by your Director, Health Services.

Thank you for your involvement in this important test.

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RECOMMENDED PRESUMPTIVE TREATMENT STRATEGIES FOR THE
LEADING CAUSES OF DEATH

DIARRHOEAL DISEASES

- All children with Diarrhoeal Diseases who are seen at any Health Facility should:
 1. Be evaluated for Degree of Dehydration;
 2. Be treated according to ORT Treatment Protocol;
 3. NOT be given other drugs (including IVs) unless specifically indicated.

- All mothers of children with Diarrhoeal Diseases should:
 1. Be shown how to mix ORS correctly at the RHC/BHU;
 2. Be told purpose and value of ORS and that it will not stop Diarrhoea;
 3. Be given enough ORS packets to meet anticipated needs;
 4. Be told to continue Breast Feeding and other liquids and foods; and
 5. Be taught Dehydration and Rehydration signs and when to return to the BHU/RHC in future.

IMMUNIZATION SCREENING

Measles, Tetanus, Diphtheria, Pertusis, Polio, TB.

- All children under 2 years who come to RHC/BHU for any reason OR are seen in outreach visits should:
 1. Be screened for immunizations, including Measles;
 2. Be vaccinated if they are not fully immunized.

- All women 15 - 45 years who come to RHC/BHU for any reason OR are seen in outreach visits should:
 1. Be screened for T.T;
 2. Be vaccinated if they have not had T.T.2.

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FEVER-UNDIAGNOSED

(Presumptive treatment for Malaria)

Any person who is seen with a doubtful fever should:

1. Have 1 blood smear taken and sent for analysis;
2. Be given Malaria presumptive treatment (chloroquin at correct dose);
3. Be told to return if still febrile after 48 hrs;
4. With positive slide result, be given Malaria radical treatment for Falciparum or Vivax Malaria.

FEVER, COUGH AND RESPIRATORY RATE >50

(Presumptive treatment for Acute Respiratory Infection)

Any person seen with a fever, cough and respiratory rate >50 should:

1. Be evaluated for degree of respiratory infection;
2. Given Penicillin skin test for sensitivity and correct Penicillin at correct dose;
3. Told to return to RHC/BHU if still febrile after treatment.

COUGH - LONG LASTING

(Presumptive treatment for Tuberculosis)

Any person who has a cough lasting more than 3 weeks should:

1. Be examined for signs and symptoms of tuberculosis - children under 10 years should be referred to nearest diagnostic center (with x-ray and microscope) for diagnosis and treatment plan which should be followed at RHC or BHU;
2. Have 3 to 4 slides of sputum prepared, fixed, properly marked on slide, and sent for analysis and detection to nearest RHC or microscopy center;
3. With positive results, follow the recommended 3 drug treatment plan and question the patient about family members or close contacts with cough.

NUTRITION

All women 15 - 45 years who come to RHC/BHU for any reason OR are seen in outreach visits should be told to breast feed their children for 2 years and introduce appropriate weaning foods when they are 4 months old.

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DIARRHOEAL DISEASES
STANDARD METHOD FOR DETERMINING
LEVEL OF DEHYDRATION

	MILD	MODERATE	SEVERE
ASK			
- No. of loose or watery stools (per day)	below 4 loose stools	4-10 stools	more than 10 stools and/or containing blood/mucous
- Vomiting	none	occasional	frequent
- Urine pass during last 6 hours	yes	occasional but urine is concentrated (dark colour)	none during last 6 hours
=====			
LOOK			
- Anterior fontanelle (if below 18 months)	normal not depressed	slightly depressed	sunken
- Eyeball	normal	slightly depressed	sunken
- Tears in eyes	present	present	not present
- Tongue	normal	dry	dry and coated
- General condition	well alert	irritable and thirsty	drowsy and may be unconscious
- Respiration	normal	rapid	rapid & deep
=====			
FEEL			
- Anterior fontanelle (if below 18 months)	normal	slightly depressed	sunken
- Tongue	wet	dry	dry and coated
- Skin pinching test	skin comes back normally	skin comes back slowly	skin comes back very slowly
- Pulse	normal	rapid	rapid and feeble (low volume)
- Temperature	normal	normal	febrile

DEHYDRATION LEVEL DETERMINED
 BY ANY 2 SYMPTOMS IN
 HIGHEST CATEGORY

STANDARD TREATMENT FOR DIARRHOEAL DEHYDRATION

ORS	UNDER 6 MOS.	6-12 MOS	12-30 MOS	30 MOS-5 YR	OVER 5 YRS
MILD DEHYDRATION	1 Cup or 200 ML or 1/4 seer in first 4 hrs.	2 cups or 400 ML or 1/2 seer in first 4 hrs.	3 cups or 600 ML or 1/2 seer in first 4 hrs.	4 cups or 750 ML or 3/4 seer in first 4 hrs.	5 cups or 1 liter 1 seer in first hrs.
MODERATE DEHYDRATION	2 cup or 400 ML or 1/2 seer in first 4 hrs.	4 cups or 750 ML or 3/4 seer in first 4 hrs.	5 cups or 1 liter or 1 seer in first 4 hrs.	7 cups or 1.5 liter 1.5 seer in first 4 hrs.	10 cups or 2 liters 2 seer in first 4 hrs.
SEVERE DEHYDRATION	400 ML Ringers lact. intra- venous in first 4 hrs.	750 ML Ringers lact. intra- venous in first 4 hrs.	1 liter Ringers lact. intra- venous in first 4 hrs.	1.5 liter Ringers lact. intra- venous in first 4 hrs.	2 liters Ringers lact. intra- venous in first 4 hrs.

1 cup = 200 cc.

1 seer = 900 cc.

STANDARD TREATMENT FOR FEVER - UNDIAGNOSED

I. Presumptive Treatment:

Age group	Number of Chloroquin tablets (150 mg each)
1 - 11 months	1/4 tab
12 - 24 months	1/2 tab
3 - 4 years	1 tab
5 - 6 years	2 tabs
7 - 14 years	3 tabs
15+ years	4 tabs

II. Radical Treatment:

A. Falciparum Malaria

C = Chloroquine, 150 mg
*P = Primaquine, 7.5 mg

Age groups	DAY OF TREATMENT		
	1	2	3
1 - 11 months	C = 1/4	C = 1/8	C = 1/8
12 - 24 months	C = 1/2	C = 1/4	C = 1/4
3 - 4 years	C=1 P=3/4	C=3/4 P=1/4	C=3/4 P=1/4
5 - 6 years	C=2 P=1/2	C=1-1/2 P=1/2	C=1-1/2 P=1/2
7 - 14 years	C=3 P=1	C=2-1/4 P=1	C=2-1/4 P=1
15+ years	C=4 P=2	C=3 P=2	C=3 P=2

B. Vivax Malaria

Age Groups	DAY OF TREATMENT				
	1	2	3	4	5
1-11 months	C=1/4	C=1/8	C=1/8		
12-24 months	C=1/2	C=1/4	C=1/4		
3-4 years	C=1	C=3/4	C=3/4		
	P=1/4	P=1/4	P=1/4	F=1/4	P=1/4
5-6 years	C=2	C=1-1/2	C=1-1/2		
	P=1/2	P=1/2	P=1/2	F=1/2	P=1/2
7-14 years	C=3	C=2-1/4	C=2-1/4		
	P=1	P=1	P=1	P=1	P=1
15+	C=4	C=3	C=3		
	P=2	P=2	P=2	P=2	P=2

* (Primaquine must not be given to pregnant women nor to children below age 2 years.)

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STANDARD TREATMENT FOR FEVER, COUGH AND RESPIRATORY RATE > 50

Penicillin Skin Test: 1 drop crystalline Penicillin under skin.
Redness - OK.
Raised bump - wait 5 to 10 minutes and investigate.

Alternate therapy: Oral Erithromycin or capsule
Tetracycline.
Children under 10 years, give Septran Syrup.

<p>Very severe (inpatient)</p>	<p><u>Admit and give Chloramphenicol (1)</u> Symptoms: Cough or Wheeze with <u>Cynosis</u> or not able to drink. Also give oxygen if child is cyanosed</p>	
<p>Severe (Inpatient)</p>	<p><u>Admit and give Benzyl Penicillin</u> Symptoms: cough and chest indrawing (but no wheeze). Wheeze and fast breathing (over 50 per minute). Give oxygen if the child has wheeze and a respiratory rate over 70/min.</p> <p>Also <u>admit</u> if a child</p> <ul style="list-style-type: none"> - has convulsions or fits - sometimes stops breathing - is difficult to wake up - has severe dehydration - has stridor at rest (cough, epiglottitis, diphtheria, foreign body) - has an adherent grey membrane in the throat (diphtheria) 	<p>Dose: 50,000 units per Kg per 6 hours.</p> <p>Duration: 5 days</p>
<p>Moderate (out patient)</p>	<p><u>Give Procaine Penicillin plus supportive therapy</u> Cough and <u>fast breathing</u> (over 50/min), with no chest indrawing Acute otitis media (ear pain, or inflamed, bulging drum or ear discharge for less than 2 weeks) Purulent pharyngitis with large and tender lymph nodes in the neck</p>	<p>Dose: 50,000 units per Kg per 24 hrs</p> <p>Duration: 5 days</p>

(1) Ampicillin or amoxycillin and gentamicin if chloramphenicol is not available, or benzyl penicillin and gentamicin if child is less than 2 months old.

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Mild (Home)	<p>Give supportive treatment</p> <p>Cough, with no fast breathing and no chest indrawing</p> <p>Cough with wheeze with no fast breathing (give bronchodilators if child more than 1 year old)</p> <p>Stridor that stops when the child is at rest</p> <p>Red throat (with or without exudate) but with no enlarged, tender, neck glands</p> <p>Ear discharge for more than 2 weeks</p> <p>Blocked or runny nose</p>
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PENICILLIN RULE: BETTER DOSAGE TOO BIG THAN TOO LITTLE

AGE/WEIGHT/DOSE

AGE YEARS	NORMAL LBS	WEIGHT Kg	NORMAL DOSAGE UNITS	WHOLE CC
Newborn	7	3.2	160,000	1 cc
6 months	14	6.4	320,000	2 cc
1	21	9.6	480,000	3 cc
3	33	15.0	750,000	4 cc
5	41	18.6	930,000	5 cc
7	49	22.3	1,115,000	6 cc
9	63	28.6	1,430,000	7 cc
10	70	31.8	1,600,000	8 cc
> 10	23,000 units per lb (1/4 cc)		50,000 units per Kg (1/4 cc)	

1 Kg = 2.2 Lbs

1 cc = 200,000 units

(150,000 units proacine

50,000 units crystalline)

Normal bottle : 5 cc.

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Supportive therapy

Supportive treatment is required in most cases of respiratory infection. Ineffective supportive therapy must be discouraged, since it may distract people from actions necessary to save the child's life. The most useful simple supportive measures are:

- Fluids (such as oral rehydration solution) should be given orally to children who are dehydrated, thirsty, or who also have diarrhoea. If the child is dehydrated and unwilling or unable to drink, fluids can be given intragastrically. Intravenous fluids should be used only for shock. It is important to avoid giving excessive intragastric or intravenous fluids to children with lung infections. They may secrete more antidiuretic hormone than normal, and they easily become overhydrated, which causes pulmonary oedema and contributes to respiratory failure.
- Breastfeeding should be continued. If the child cannot suck, the mother should express her milk and feed it to the child with a cup and spoon. A child who is already taking food should be encouraged to take small, frequent feeds.
- Neutral environmental temperature should be maintained. The child should not be allowed to become too cold or too hot. He should be protected from chilling, but he should not be over-clothed or tightly wrapped up, as this may increase the fever and add to his respiratory difficulties. An infant with pneumonia should be nursed lightly clothed in a warm room.
- Antipyretic drugs can be given if the fever is high. Paracetamol (10 to 15 mg per kilo of body weight per dose) should be given orally every 6 hours if the axillary temperature is over 38.5°C (101°F). Sponging with cold or tepid water should be discouraged, as it is not very effective and increases oxygen consumption and the risk of respiratory failure in children with pneumonia.
- Clearing the nose and upper respiratory passages, to facilitate breathing and to avoid respiratory distress. A moist cloth or soft tissue twisted into a wick should be used frequently to wipe out the secretions. Aspiration with a 10 ml syringe (without needle) or a 10 FG catheter and suction machine at low pressure (not more than 200 mm Hg) may be used at the referral facility.
- For relief of ear pain paracetamol may be used in a dose of 10-15 mg/Kg weight every six hours.

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- Ear discharge should be cleaned away using absorbent cleaning paper (or cloth) twisted into a thin wick and placed in the ear canal. The procedure should be repeated several times until the paper or cloth comes out dry, which usually takes about 10-15 minutes. The ear should be cleaned in this way 4 times a day.
- Warm vapour from boiling water can be used at home to humidify the air and soothe the upper airways in cases of stridor. Great care must be taken not to expose the child to excessive heat. The best method is for the child to sit for 10 minutes in the lap of an adult near the vapour from a kettle of boiling water.
However, in children with pneumonia, humidification has been shown not to influence the duration of hospitalization. Cold mist is harmful in bronchiolitis and asthma and should not be used.
- Cough suppressants, expectorants, mucolytics, decongestants and anti-histamines should not be given as they are ineffective in lung infections and they are expensive. Local home cough remedies containing ginger, liquorice, mint or herbal tea may be soothing and are cheap. Cough mixtures without expensive ingredients may be used if it is considered necessary to give a mother something for her child. A cheap cough mixture can be made from: 20 ml of concentrated peppermint water and 5 ml of solution of amaranth or other suitable colouring in 2 litres of 1% ammonium chloride. The dose is one teaspoonful or 5 ml, three times a day.
- Bronchodilators may be used at referral and first level health facilities for the treatment of wheezing. For example, salbutamol at a dose of 1 mg three times a day for children who are old enough to walk, and 2 mg three times a day for children of school age (5 years old or more).
- Oxygen should be administered, where available, to any child who is cyanosed, and to children with wheeze and a respiratory rate over 70/minute. It should be administered by intranasal catheter at 1.0 litres/minute (in infants). Special low-flow meters are helpful to avoid waste and the risk of gastric dilatation. The catheter should be inserted one half of the distance between the tip of the nose and the tip of the ear. Humidification of the oxygen is desirable, but care must be taken that the water is changed frequently, and the container and catheter should be regularly cleaned and dried, to reduce the risk of contamination.

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**STANDARD TREATMENT FOR COUGH - LONG LASTING
THREE DRUG TREATMENT PROGRAM FOR TUBERCULOSIS
(12 MONTHS TREATMENT)**

	1-9 Yrs	10-15 YEARS	16-45 YEARS	>45 YEARS
strepto- mycine (First 2 months only)	Referral and treatment plan developed at appropriate diagnostic center.	Inter muscular injections: Daily single dose 1/2g to 3/4g wt.: normal to heavy	Inter muscular injection: Daily single dose: 1g.	*
Iso- niazide (12 months)		By mouth: Daily single dose 150 mg to 300mg wt: normal to heavy	By mouth: Daily single dose 300mg	By mouth: Daily 300mg to 450mg wt.: normal to >40 Kg
Thio- acetazone (12 months)		By mouth: Daily 75 mg to 150 mg wt.: normal to heavy	By mouth: Daily single dose 150mg	By mouth: Daily 150 mg to 225 mg wt.: normal to >40 Kg
Ethambutol (12 months)		*	By mouth: See note (1) & (2). Daily single dose 1200mg	By mouth: Daily single dose 1200mg

*Not given unless close attention and follow-up can be maintained.

- (1) Substitute if intolerant to INH,
- (2) Add if sputive slides show 3+ or more positive per level magnification.

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GUIDE TO USE OF MONITORING FORMS

This guide is meant to be used with the following three forms:

WEEKLY MONITORING FORM USER: DOCTOR IN CHARGE, RHC
MONTHLY REPORTING FORM USER: RHC SUPERVISOR (ADHO)
QUARTERLY MONITORING FORM USER: DHO AND DD

These three forms are part of an overall Health Information System. Other parts of the HIS in Pakistan include the registers kept at the RHC/BHU's surveillance forms to be used in the collection and analysis of surveillance data (including the "abstract register"), EPI and World Food Program forms used in these programs, logistics records used for monitoring aspects of the supply pipeline, and financial records used to keep track of expenditures. The monitoring system presented in this document is not, therefore, a comprehensive system which will be sufficient by itself to monitor the public health system in Pakistan.

The purpose of the HIS is to help the government of Pakistan improve the quality of the services which it is providing to the rural population through its Primary Health Care Program. It is intended to help doctors and staff at the RHC/BHU level to focus attention on the high priority activities which they perform on a routine basis. It is also designed to help supervisors at all levels monitor the performance of the RHC/BHU's with regard to these same high priority activities.

The three forms which are discussed are for use at different levels of the health care system. In all three forms, and for each question, attention was paid to the use of the information, and to how this information could be used to improve the delivery of services at the RHC/BHU level. As always, information which is not used, should not be collected.

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WEEKLY MONITORING FORM FOR RHC OR BHU
USER: DOCTOR IN CHARGE, RHC OR BHU

ALL QUESTIONS SHOULD BE ANSWERED ABOUT THE ACTIVITIES THIS WEEK.

1. Were there sufficient supplies to meet all needs of:
Penicillin Yes No
Chloroquin Yes No
ORS Yes No
INH and Streptomycine Yes No
All Vaccines and Diluents Yes No
2. Were all children with diarrhea treated according to ORT protocol including teaching all mothers to mix ORS and continue breast feeding and other foods? Yes No
3. Were all children under 2 years who came to the RHC and BHU for any reason or were seen in the outreach visits screened for TT and vaccinated if they were not fully immunized? Yes No
4. Were all women 5-45 years who came to the RHC or BHU for any reason or were seen in the outreach visits screened for TT and vaccinated if they had not had TT 2? Yes No
5. Was the refrigerator checked on a daily basis, all temperatures recorded, and in the safe range 0-8°C? Yes No
6. Was every person seen at the RHC and BHU with doubtful fever, treated with chloroquin at the correct dose? Yes No
7. Was every person seen at the RHC and BHU with fever, cough, and respiration over 50 treated with penicillin at the correct dose? Yes No
8. Was every person seen at the RHC and BHU with cough lasting more than three weeks screened for tuberculosis? Yes No
9. Were all women 15-45 years who came to the RHC or BHU for any reason or were seen in the outreach visits taught about breast feeding and infant feeding? Yes No
10. Were there any preventable deaths occurring at the RHC, BHU, or in the surrounding villages? Yes No
11. Were all scheduled outreach sessions held? Yes No

WHAT ARE THE PROBLEMS TO BE DISCUSSED THIS WEEK?

HOW CAN THESE PROBLEMS BE OVERCOME?

Signature of Doctor in Charge

Date

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GUIDE TO WEEKLY MONITORING FORM

The first form: WEEKLY MONITORING FORM is for use by the DOCTOR INCHARGE at the RHC or BHU. It is meant as a weekly guide for him to use with his staff to focus their attention on those high priority activities which have the highest impact on the target populaiton. One way this might be achieved is through a weekly staff meeting, perhaps on Thursday, when the past week could be discussed, the questions on this form could be reviewed, and any problems be considered. This form is meant for use within the RHC and BHU only, not for transmission of informaiton to higher authorities. While there is always a temptation on a checklist such as this one to simply go down the list answering Yes - Yes - Yes, there is no reason to do this since this form is not used outside of the RHC or BHU. If the doctor does not intend to answer the questions accurately, he should simply not use this form at all.

The first question refers to drugs and vaccines. Since the strategy of target interventions is based on an uninterrupted supply of drugs and vaccines, this is an essential component of an effectively functioning RHC or BHU. If the answer to any of these 5 parts to question 1 is No, the MO in charge needs to discuss this problem with the DHO.

Question 2 asks whether ALL children with diarrhoea were treated according to the ORT protocol which includes the continuation of breast feeding and other foods, and counseling mothers that the diarrhoea will continue but that death will be prevented. All staff should understand why this protocol is effective in reducing mortality due to diarrhoea and should be using it for every child whith diarrhoea. The MO in charge should check the daily patient register on a daily or weekly basis to see if the treatment protocols are being followed.

Questions 3 and 4 ask about the screening and immunizing of all women and children seen at the RHC or BHU or in outreach clinics. EVERY WOMAN OR CHILD SHOULD BE SCREENED AND IF NECESSARY IMMUNIZED. This includes mothers bringing their children to the RHC or BHU to be seen or the brothers and sisters of these children. Anyone entering the RHC or BHU FOR ANY REASON should be screened and immunized.

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Question 5 asks about the refrigerator. Vaccines must be kept cold to remain effective. The refrigerator should be checked daily to see whether the temperature is in the safe range and if it is found to be too hot or too cold, the problem should be identified and fixed.

6, 7, and 8 ask whether the treatment protocols for

- o fever
- o fever and cough and respiratory rate over 50
- o cough lasting more than 3 weeks

are being followed. All the staff (INCLUDING THE DOCTOR) at the RHC or BHU should be using these protocols for every patient with these symptoms. If the answer to any of these questions is No, the MO in charge should see which staff need further training or supervision, and whether all the necessary drugs were available.

Question 9 refers to the nutrition intervention of teaching women to continue breast feeding their children for 1 or 2 years, and to introduce proper foods to them beginning at age 4 months. Before the age of 4 months, children should receive only breast milk, since the use of artificial milk at this time is dangerous and may cause death.

Question 10 asks about preventable deaths in the RHC or BHU or surrounding villages. Every person at the RHC or BHU should try to find out about any preventable deaths and use this as an opportunity to teach people in the village how this death could have been prevented. If a child dies from measles in a village, a team from the RHC or BHU should visit the village and talk to the people about measles vaccine. They should bring with them sufficient vaccine for all children in the village under 2 years and vaccinate them. If a child in a village dies from dehydration due to diarrhoeal disease they should visit that village and discuss the use of ORT. Because deaths are an important event in a village, they should be used to teach people that many deaths are preventable.

Question 11 asks about outreach sessions. ALL SCHEDULED OUTREACH SESSIONS MUST BE HELD. If sessions are often skipped, the people in a village will not trust the outreach teams to visit on a regular basis and so will not be as cooperative when they do go.

The final two questions on this form are perhaps the most important:

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WHAT ARE THE PROBLEMS TO BE DISCUSSED THIS WEEK?

HOW CAN THESE PROBLEMS BE OVERCOME?

These questions give the MO in charge of a RHC or BHU the opportunity to write down the problems he is facing which he feels he needs help from his staff to solve. It can, therefore, serve to focus discussions at the staff meetings on how to resolve these problems. Note that if the MO in charge of a RHC or BHU writes that he is facing no problems at the RHC or BHU he should be achieving all the targets set out for the 6 priority areas of DIARRHOEAL DISEASE, IMMUNIZABLE DISEASES, MALARIA, ACUTE RESPIRATORY INFECTIONS, TUBERCULOSIS, AND NUTRITION.

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MONTHLY REPORTING FORM

USER: RHC SUPERVISOR
(ADHO)

1. How many people (including children) came to the RHC or BHU this month for any reason? _____

2. How many children under 2 years came to the RHC or BHU this month for any reason? _____

How many children under 2 years were seen this month in the outreach visits? _____

3. How many women 15-45 years came to the RHC or BHU this month for any reason? _____

How many women 15-45 years were seen in the outreach visits this month? _____

4.	HOW MANY CHILDREN 0-5 WERE SEEN THIS MONTH WITH DIARRHOEA	HOW MANY CHILDREN WERE TREATED WITH DIARRHOEA PROTOCOL	HOW MANY CHILDREN RECEIVED OTHER TREATMENTS
NUMBER WITH MILD DEHYDRATION			
NUMBER WITH MODERATE DEHYDRATION			
NUMBER WITH SEVERE DEHYDRATION			

5. What is your monthly target for vaccinating children under one year?
(Population x Birth Rate / 12 = Monthly Target) _____

6. How many children under one year received:
 THIS MONTH? THIS YEAR?
 DPT1 _____
 DPT3 _____
 MEASLES _____

7. How many children under 2 years
 Were screened for immunizations? _____
 Were vaccinated for measles? _____

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8. How many women 5-45 years
Were screened to TT? -----
Were given TT 2? -----
9. How many people seen at the RHC or BHU
Had fever? -----
Had blood slides taken for malaria
parasites? -----
Had fever and were treated with
oral chloroquin at the correct dose? -----
Had blood slides which were positive
for malaria? -----
10. How many people seen at the RHC or BHU
Had fever, cough, and resp. rate
over 50? -----
Had fever, cough, and resp. rate
over 50 and were treated with
penicillin at the correct dose? -----
11. How many people seen at the RHC or BHU
Had cough lasting more than three weeks? -----
Had cough lasting more than three weeks
were screened for tuberculosis? -----
What percentage of ALL your TB patients
received treatment this moth? -----
12. How many women 15-45 years were taught
about breast feeding and infant feeding
this month -----
13. SUPPLIES

	HOW MANY DOSES USED THIS MONTH	WHAT IS THE STOCK ON HAND NOW	IS STOCK ADEQUATE FOR NEXT 1 MONTH	IS STOCK ADEQUATE FOR NEXT 3 MONTHS
PENICILLIN				
CHLOROQUIN				
ORS				
INH				
STREPTOMYCIN				
DPT VACC.				
POLIO VACC.				
MEASLES VACC				
TET. TOX. VACC				
=====	=====	=====	=====	=====

DOSES DES-
TROYED THIS
MONTH

WHAT ARE THE PROBLEMS AT THE RHC OR BHU THIS MONTH?

HOW WILL THESE PROBLEMS BE OVERCOME?

Signature of Supervisor Date

Signature of MO at RHC or BHU Date

GUIDE TO MONTHLY REPORTING FORM

The second form: MONTHLY REPORTING FORM is for use by the MO in charge of a RHC of BHU and his SUPERVISOR who frequently will be the ADHO. This form is meant to be used on a monthly basis to collect information from each BHU and RHC about the activities at that center, and to help identify any problems which have come up or can be anticipated for the next month.

The first 3 questions relate to the total number of patients, women, and children that was seen at the health facility and at the outreach sessions. These questions provide the ADHO with two types of important information. The first, is the level of activity that is taking place at the centers. If very few patients are being seen at a particular facility, the ADHO needs to find out why. Is the center often closed or the doctor often not present? Are they often out of drugs? Has the staff discouraged patients from coming by their attitude or the appearance of the center? If patients are not coming to the RHC's or BHU's for whatever reason, then the facility represents a significant wastage of scarce resources. The second use of the information in the first three questions is as a denominator for use with the other questions about activity at the facility. Using these figures as denominators, the DHO or DHS can calculate what percentage of patients coming to a RHU is children; what percentage of women was screened for TT; what percentage of patients seen had respiratory infections. By using a denominator, the DHO is able to change meaningless numbers into more useful percentages to understand what types of patients are being seen at the facilities and why.

Question 4 asks about the DRT program, using the standard treatment protocol for diarrhoeal disease in which each child with diarrhoea is evaluated for the degree of dehydration; mild, moderate, or severe. For each classification, there is a standard treatment protocol which calls for identifying the amount of ORS to be given, teaching mothers to mix and use ORS, teaching mothers to continue breast feeding and giving other foods to their children, and teaching mothers what to look for to know whether their children are getting better or need to be seen again at the clinic. In question 4, we are asking for the total number of children seen with diarrhoea and mild, moderate, and severe dehydration; and then for how many were treated according to the standard protocol for each category, and how many received some other treatment. Any child who receives any drug which is not recommended on the standard treatment should be listed in the column "received

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other treatment" and NOT in the column "were treated with diarrhoea protocol." This question should be used by the ADHO for evaluating the success of the ORT program. First he should look to see if all children with diarrhoea are being treated with the diarrhoea protocol. Any doctor or other health worker who is treating children differently from the standard protocol should be visited. EVERY HEALTH WORKER OR DOCTOR SHOULD TREAT EVERY CHILD ACCORDING TO THE PROTOCOL. Another way this question can be used is to look at the number of children coming to the facility with severe dehydration. If an ORT program is functioning effectively, mothers should be giving their children ORT at home before they become severely dehydrated, and over time, ADHO's should see a decrease in the number of children coming to the RHC or BHU with severe dehydration.

Questions 5 and 6 address the EPI program. The target population of children under one year is specified in this question since this is the age at which we would like to fully immunize all children. The question brings to the attention of the ADHO and the MO at the RHC or BHU that the target population for an EPI program (and for all programs) is not just those children who come to the RHC or BHU asking for care; rather it is all children who live in the vicinity of the health facility. Question 6 asks how many children were given DPT1, DPT3 and measles for the month and for the year. Since every child should receive DPT 1,3 and measles before they reach 1 year, the targets for each of these will be the same and will equal the target number in question 5. This question uses DPT1 as a measure of how many children have had any immunizations (besides BCG), while DPT3 and measles give us an indication of how many children have completed the immunization program for the DPT series and Measles.

Questions 7 and 8 ask about the women and children screened for immunizations and whether they were immunized. Since part of the strategy of this program is to screen ALL women and children who come to the RHC or BHU for any reason or who are seen in outreach sessions, this question is a way to monitor whether this strategy is being carried-out in each center. The responses to this question should be compared with those in questions 2 and 3 to see whether all children and women are being screened and immunized.

Question 9, 10, and 11 are asked to monitor whether staff at the RHC's and BHU's are following the standard treatments for:

- o fever
- o fever, cough and respiratory rate over 50
- o cough lasting more than 3 weeks.

By comparing the answers to each question one can see whether each patient is receiving the standard treatment. One can also use these figures as a way to monitor the extent of malaria, acute respiratory infections, and TB, and as a way to guide future training the planning efforts that the district, provincial and national level.

Question 12 refers to the nutrition intervention. All women aged 15-45 should be advised about breast feeding and introducing foods to children at 4 months of age. The answer in this question should be compared with the answer to question 3 to see where ALL women are being advised about breast feeding and infant feeding.

Question 13 addresses the supply of selected essential drugs and vaccines which are needed to carry-out the treatment protocols at the RHC or BHU. While this list does not contain all the drugs that might be available at a RHC or BHU, it does serve as an essential drug list for these facilities. Any RHC or BHU which is out of stock of any of these essential drugs is not functioning at an adequate level, and should take whatever steps are necessary to resupply their stock.

Four questions are asked about each of these essential drugs and vaccines:

HOW MANY DOSES USED THIS MONTH? This question should be answered by counting the number of doses of a drug which were given out in the past month. This information can be obtained from the daily expense register of the dispensary.

WHAT IS THE STOCK ON HAND NOW? This question should be answered by looking at the BIN cards in the stock room or counting the supply on the shelf.

IS STOCK ADEQUATE FOR NEXT 1 MONTH? This question can be answered by comparing the first two numbers above (DOSES USED THIS MONTH and STOCK ON HAND) unless there was a stockout of this item last month. If there was a stockout of this item last month, use the last month in which there was not a stockout. If DOSES USED THIS MONTH is greater than STOCK ON HAND, the answer is NO and the MO in charge knows that he will need to get additional stock of this item IMMEDIATELY. The MO should arrange for this resupply when he discusses this form with his supervisor (ADHO). If STOCK ON HAND is greater than DOSES USED THIS MONTH, the answer is YES, and the MO in charge knows that he should have enough of this item for the next month.

IS STOCK ADEQUATE FOR NEXT 3 MONTHS? To answer this question, the number of DOSES USED THIS MONTH should be multiplied by 3 unless there was a stockout of this item last month. If there was a stockout of this item last month, use the last month in which there was not a stockout. This will give a number for the doses which will be needed for three months. This number should then be compared with the answer for STOCK ON HAND. If it is greater than STOCK ON HAND, the answer TO THIS QUESTION is NO, and the MO in charge knows that he will need to bget additional stock of this item before the end of this quearter. The MO should arrange for this resupply when he discusses this form with his supervisor (ADHO). If the STOCK ON HAND is greater than the doses which will be needed for three months (DOSES USED x 3) the RHC or BHU shoyld have enough stock for the remainder of the quarter.

The final two questions on this form are perhaps the most important:

WHAT ARE THE PROBLEMS AT THE RHC OR BHU THIS MONTH?

HOW WILL THESE PROBLEMS BE OVERCOME?

These questions give the MO in charge of a RHC or BHU the opportunity to write down the problems he is facing which he feels he needs help from the DHO to solve. It can, therefore, focus the discussion between the MO and the ADHO or DHO on how to resolve these problems. Note that if the MO in charge of a RHC or BHU writes that he is facing no problems at the RHC or BHU, he should be achieving all the targets set out for the 6 priority areas of DIARRHOEAL DISEASE, IMMUNIZABLE DISEASES, MALARIA, ACUTE RESPIRATORY INFECTIONS, TUBERCULOSIS, AND NUTRITION.

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7. How many people were seen at a RHC or BHU with fever? _____

What percentage of these patients was treated correctly? _____

8. How many patients were seen at a RHC or BHU with fever, cough, and respiratory rate over 50? _____

What percentage of these patients was treated correctly? _____

9. How many patients were seen at a RHC or BHU with cough lasting more than 3 weeks? _____

What percentage of these patients was treated correctly? _____

10. What percentage of women 15-45 years seen were taught about breast feeding and infant feeding this month? _____

11. What is the percentage of RHC's or BHU's which at any time in the quarter ran out of: _____

FENICILLIN _____ DPT VACCINE _____

CHLOROQUIN _____ POLIO VACCINE _____

ORS _____ MEASLES VACCINE _____

INH _____ TET. TOX. VACCINE _____

STREPTOMYCIN _____ BCG VACCINE _____

What was the number doses destroyed this quarter _____?

WHAT ARE THE BIGGEST PROBLEMS YOU FACE IN THE DISTRICT THIS QUARTER

HOW WILL THESE PROBLEMS BE OVERCOME?

WHAT HELP IS NEEDED FROM THE DD OR DHS TO SOLVE THESE PROBLEMS?

Signature of DHO

Date

Signature of DD or DHS

Date

QUARTERLY MONITORING FORM
USER: DHO AND DD

1. What is the average number of patients seen daily in each RHC this quarter? _____
 What is the average number of patients seen daily in each BHU this quarter? _____
 What is the average number of women and children per health facility per week seen through outreach activities? _____
 (Total women and children seen/number of facilities/13).
2. What percentage of patients seen in BHU or RHC is 0-2 years? _____
 What percentage of patients seen in BHU or RHC is women 15-45 years? _____
3. How many children under 5 years were seen in the district this quarter with diarrhoea? _____
 What percentage of these children was treated correctly? _____
 What percentage of these children was severely dehydrated? _____
4. How many under-ones should be vaccinated quarterly? _____
 (Population x Birth Rate/4=Quarterly target)
 What percentage of under-ones received.

	<u>THIS QUARTER?</u>	<u>THIS YEAR?</u>
DPT1	_____	_____
DPT3	_____	_____
Measles	_____	_____
5. What percentage of children under 2 who came to a BHU or RHC was screened for immunizations?
6. How many women should be vaccinated with TT this quarter? _____
 What percentage of target for TT was achieved this quarter? _____

GUIDE TO QUARTERLY MONITORING FORM

The QUARTERLY MONITORING FORM is for use by the District Health Officer, the Divisional Deputy Director and the Director of Health Services to monitor the performance of the RHC's and BHU's on a quarterly basis. Because it is designed for senior level officials, the emphasis is on the effectiveness of the basic health services in providing the target interventions to the population. For this reason, many of the questions are asked in terms of percentages of the population which is covered, providing a quick way for a busy administrator to see the success of this program in each district.

ALL QUESTIONS ASK FOR FIGURES ABOUT THE ENTIRE DISTRICT TOTALS FOR THE QUARTER. Therefore, the ADHO or DHO should aggregate the data collected from the MONTHLY REPORTS for each month in the quarter for each RHC or BHU and then add together the three month figures for all RHC's and BHU's.

Question 1 asks for the average number of patients seen in each RHC and BHU daily. This gives the DHO or DD or DHS a measure of the overall activity at the RHC's and BHU's in the district. If this number is low, the administrator needs to think about what can be done to improve the use of these centers. For the DHS, it might be helpful to see these figures as comparisons between districts or as trends over time to see which districts are making an effort to improve the attendance at their facilities, and which districts remain underutilized. This question also asks about outreach activities on a weekly average as a measure of the outreach activity in the district. Again, for the DHS, it might be helpful to see these figures as comparisons between districts or as trends over time to see which districts are making an effort to improve the outreach services.

Question 2 identifies the percentage of patients who are women or children under 2 years. Since many of the target interventions are aimed at women and children, it is helpful to know whether this group is coming to the RHC or BHU or whether they need to be reached through outreach sessions. This information is helpful in planning activities which will achieve the highest impact among this group.

Question 3 addresses the treatment of diarrhoea at the health facilities. The total number of children with diarrhoea gives the senior administrator figures about the size of the diarrhoea problem for any district at different times in the year. While this number will not represent all

cases of diarrhoea in the district since many children will not be brought to a RHC or BHU, it will give the DHO or DD or DHS some indication of the trends, and perhaps whether the improved treatment through the use of treatment protocols is attracting more patients to these facilities. The second part of this question asks for the percentage of children that was correctly treated. Correct treatment means instructing mothers to continue breast feeding and feeding with other foods, telling mothers that ORS will prevent death but not stop the diarrhoea, showing mothers how to mix ORS through a demonstration, AND giving the amount of ORS which is specified in the treatment protocol. This figure can be found by looking at the figures in question 4 of the MONTHLY REPORTING FORM.

The third part of this question asks for the percentage of children that was severely dehydrated. Since one aim of the ORT program is to prevent dehydration through teaching mothers to give ORS at home when a child has diarrhoea, the response will give an indication of the success of this aspect of the program. Over time, we hope to see fewer children who come to the RHC or BHU with severe dehydration.

Questions 4 and 5 refer to the EPI program. Question 4 asks for the target population of children under one year since this is the age at which we would like to fully immunize all children. It brings to the attention of the DHO or DD or DHS that the target population for an EPI program (and for all programs) is not just those children who come to the RHC or BHU asking for care; rather it is all children who live in the vicinity of the health facility. Question 4 also demands the percentage of children that was given DPT1, DPT3 and measles for the quarter and for the year. Since every child should receive DPT1,3 and measles before they reach 1 year, the yearly target is 100% for each of these. In this question DPT1 is used as a measure of how many children have had any immunizations (besides BCG), while DPT3 and measles give an indication of how many children have completed the immunization program for the DPT series and measles. Question 5 asks about screening children who come to the RHC or BHU for any reason because this is a target strategy for these facilities. Since all children should be screened, this number should be 100%. Any number less than 95% for this question should be investigated.

Question 6 addresses the coverage of women age 5-45 with Tetanus Toxoid for the quarter. Like questions 4 and 5 it stresses that the target is not only those women who are seen in a health facility but all women who live in the surrounding communities.

Questions 7, 8 and 9 are asked in order to monitor whether staff at the RHC's and BHU's are following the standard treatments for:

- o fever
- o fever, cough and respiratory rate over 50
- o cough lasting more than 3 weeks.

By looking at the percentage of cases that was correctly treated according to the treatment protocols, one can see whether the staff is following these standard treatment protocols. If staff are not using these protocols, more training and supervision is required. EVERY PATIENT WITH FEVER OR COUGH SHOULD BE TREATED ACCORDING TO A STANDARD PROTOCOL. Any number less than 95% for these questions should be investigated. One can also use these figures as a way to monitor the extent of malaria, acute respiratory infections, and TB, and as a way to guide future training the planning efforts at the district, provincial and national level.

Question 10 refers to the nutrition intervention. All women aged 15-45 should be advised about breast feeding and introducing foods to children at 4 months of age. Since all women should thus instructed, the figure for this question should be 100%. Any number less than 95% for this question should be investigated.

Question 11 asks about the supply of selected essential drugs and vaccines that is needed to carry out the treatment protocols at the RHC or BHU. While this list does not contain all the drugs that might be available at a RHC or BHU, it does serve as an essential drug list for these facilities. Any RHC or BHU which is out of stock of any of these essential drugs is not functioning at an adequate level, and steps should be taken to ensure an uninterrupted supply of these items. This question asks that the percentage of RHC's or BHU's that is out of stock at any time in the quarter for each drug be calculated. To get this figure, the DHO or ADHO will need to visit each RHC or BHU and look at the stock records to see whether any any time in the quarter they ran out of any of these essential drugs. This question provides a way for the DHO or DD or DHS to monitor the performance of their staff in ensuring an uninterrupted supply of essential drugs at each facility.

The final three questions on this form are perhaps the most important:

WHAT ARE THE BIGGEST PROBLEMS YOU FACE IN THE DISTRICT THIS QUARTER?

HOW WILL THESE PROBLEMS BE OVERCOME?

WHAT HELP IS NEEDED FROM THE DD OR DHS TO SOLVE THESE PROBLEMS?

These questions give the DHO the opportunity to write down the problems he is facing which he feels he needs help from the DD or DHS to solve. It can therefore, serve as a way to notify these senior officials of where their help is most needed to resolve important problems in the district. It also provides the DHO with an opportunity to consider all the problems which he faces to decide which ones are the highest priority, and to ascertain whether he can solve them himself or whether he needs help from his superiors. Note that if the DHO writes that he is facing no problems in the district, he should be achieving all the targets set out for the 6 priority areas of DIARRHOEAL DISEASE, IMMUNIZABLE DISEASES, MALARIA, ACUTE RESPIRATORY INFECTIONS, TUBERCULOSIS, AND NUTRITION.

R. H. SHAH

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