PN-ACN-318

DOCTOR

BASIC HEALTH CENTER MANUAL

To serve the rural residents in accordance with the policy of the Republican Government and the guide lines of the Head of State and leader of the Revolution, Mr. Mohammad Daud

Kabul Afghanistan 1364

BEST AVAILABLE COPY

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PN-ACN-318

Excerpt From

Address to the Nation
by
President and Prime Minister Mohammed Daoud

August 23, 1973

"THE REPUBLICAN STATE WILL EXPAND AND DEVELOP CURATIVE MEDICINE AND STATE HOSPITALS SO THAT MEDICAL TREATMENT MAY BE MADE AVAILABLE AS FAR AS FEASIBLE FOR ALL COMPATRIOTS. IT WILL STRIVE, IN PARTICULAR TO EXPAND FACILITIES FOR PREVENTIVE MEDICINE AND FACILITIES WILL BE PROVIDED TO PREVENT THE OUTBREAK OF COMMUNICABLE DISEASES.

SUBJECT TO THE COUNTRY'S FINANCIAL RESOURCES THE GOVERNMENT WILL ESTABLISH MATERNITY HOSPITALS, NURSERIES AND KINDERGARTENS TO HELP MOTHERS AND CHILDREN AND PROMOTE THE CAUSE OF BRINGING UP A HEALTHY NEW GENERATION."

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Introduction

Purpose of Manual

The purpose of this manual is to provide a handbook for each member of the BHC staff which will: 1) tell him or her what work is expected and under what circumstances, 2) act as a learning aid, and 3) serve as a reference for the many technical and administrative problems to be faced by the basic health worker every day.

This manual also helps the supervisory staff in Kabul and in regional offices to review your work and to help you solve the many problems which come up in your BHC.

Modular Approach

Each manual has been carefully designed to meet the special needs of the different personnel in a health center. There is, of course, some material of both a technical and an administrative nature which is to be found in nearly every manual. In order to accomplish this easily, the manuals have been designed in terms of what is called a "modular" approach. This means that a number of sets of materials have been prepared: a work program set, an administrative set, a family health technical procedures set, a CDU technical procedures set, etc. These sets can then be combined and put into different manuals according to the responsibilities of each staff member. It is hoped that as the BHC program grows, new sets will be added to your manuals to help you to perform these additional responsibilities.

In the case of certain highly specialized individuals like

the lab technician, it has been necessary almost to develop a special, separate manual. Even here, however, the modular approach has been followed to the extent possible.

Problem Focussed

Personnel who work in basic health centers have to make many decisions and judgements each day and under difficult conditions. These decisions are almost always in response to the problems which patients come with or with the administrative complexities of running the Center. Because of this the BHC manuals are written in a "Problem Response" format. That is, the manual tries to anticipate the most common problems which the various staff members will be facing on a daily basis. These are organized in a (hopefully) clear and easy-to-locate manner, and each of them followed by a simple recommended response (treatment, referral, etc.). While this format is explicit in the case of the technical procedure materials enclosed herein, it is implicit in the work program and administrative materials, since these are more in the nature of planning aids and reference materials.

Updating

Although it is well-known to the thoughtful persons who will read and use this manual, it is perhaps necessary to underline the importance of keeping this document up-to-date. It is never possible simply to write a manual like this and then forget it, assuming that it will "always" be valid and useful. Things change and people change, and as they do these manuals must be changed so as to keep pace. All workers and users of these manuals are encouraged to suggest constructive changes through their immediate supervisors to the President of Basic Health Services. Please include reasons for the suggested changes in writing.

Organization of the Document

Nearly every manual follows a common format:

I. Table of Contents and Problem Index: These are designed to help the reader to locate a particular page or section quickly and easily. The table of contents is simply a list of manual section and sub-section titles with associated page numbers. The Problem Index is an alphabetical listing of the most common technical problems faced by the doctor, male nurse, and the ANM. It is organized into two major technical categories: Family Health and Communicable Disease Control (CDC).

II. Work Program. The materials in this section are designed to assist the BHC doctor and the individual health worker to physically organize the center and to organize their time in an efficient manner.

III. Technical Procedures. As indicated above, these materials are primarily for the doctor, male nurse, sanitarian, vaccinator, and ANM. They are organized into a Family Health and a CDC section.

IV. Administrative Section. These materials are designed as an aid to nearly every BHC staff member, since each has some sort of administrative responsibility, even if it is only a monthly report. The sections included here are: Recording and Reporting Procedures, WFP Distribution, Inventory and Supply System.

WORK PROGRAM

SECTION PURPOSE

To provide information and aids to the BHC and the individual staff members regarding the efficient organization of a BHC. The goal is to make each staff member clear about his/her responsibilities and the inter-relationship of these with the jobs of every other staff member. The section will also provide aids to the staff member which will assist him/her to develop a weekly plan of work.

INCLUDED IN THIS SECTION

1. Task Descriptions of BHC Staff — A brief statement illustrating the general responsibilities of each staff member in relation to one another. The same material is presented in two forms: a) a chart with boxes showing the four types of jobs in each BHC (WP-1) and b) a two-way table (WP-2) showing the jobs of each staff member as regards Family Health and CDC, in the BHC, in the sub-center, and who takes over if someone is absent. For more guidance see your job description in the Administration Section below.

2. BHC Filter System — Each BHC must organize a filter system to control the flow of patients in the BHC. The filter system consists of: a) a vaccinator standing at the BHC door to allow only a small number of patients in the center at one time and to send them to the appropriate BHC staff member (for this see the task descriptions); b) small pieces of colored paper or plastic handed to incoming patients, color coded according to staff member referred to and, c) paint or paper/plastic on each staff member's door to indicate his/her color code. The standard color codes are as follows:

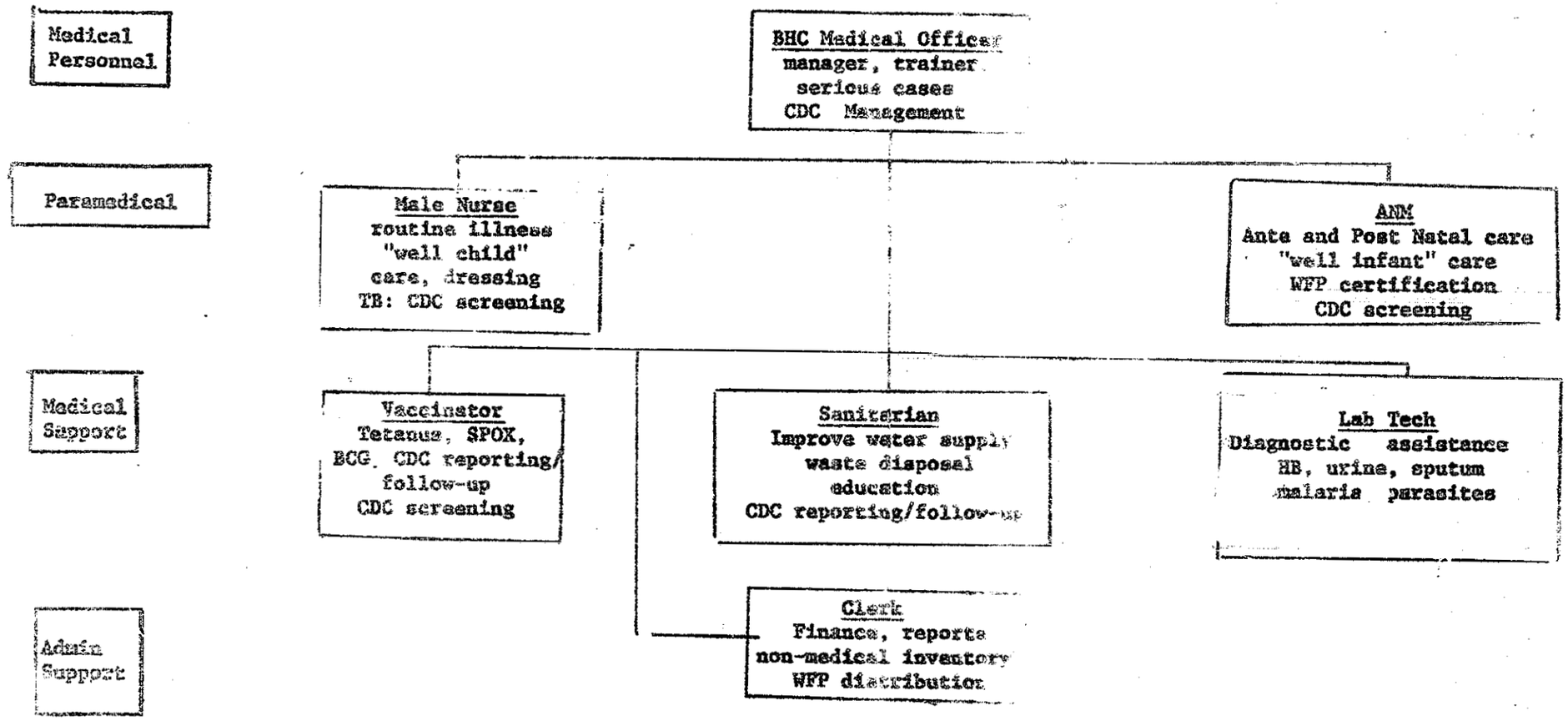
Doctor	-	red	Vaccinator	-	orange	Male Nurse	- yellow
AMN	-	green	Laboratory	-	black		

Enclosed herein are the following documents on the BHC filter system: a) a blank form (WP-3) to assist the doctor in deciding on the best BHC floor plan for filter and in-clinic referrals (a filled-in example is also included). Each staff member is to copy this into his/her own manual. b) a patient flow chart (WP-4) showing the normal routing of patients through the center.

3. BHC Weekly Work Schedules Two blank forms (with a filled-in example of each) are included: a) a general BHC schedule (WP-5) in which the BHC doctor specifies the major activity to take place each work day. b) individual staff members weekly work schedule (Form WP-6) to be filled in by each staff member in accordance with the general BHC schedule (WP-5) and the task description charts (WP-1 and 2). When filled in, this chart must be approved by the BHC doctor.

WP-1

TASK DESCRIPTION - CHART FORM



WP-2--OUTLINE OF BHC TASKS

Staff Member	Family Health	CDC	Polyclinic & Other	Sub-Center	If Absent
BHC Medical Officer	1. Confirms "AT RISK" pregnancies 2. Attends problem deliveries and/or arranges transport 3. Signs WFP Cards 4. Talks to all fathers early in pregnancy	1. Overall management of CDC activities. Report identifiable diseases to national programs	1. Care of difficult cases 2. Overall clinic management 3. Issues own drugs, including contraceptives	1. Hands out own drugs 2. Sees all males, ill, & ANM referrals 3. Overall management	
Male Nurse	1. Routine child care-over 2 years old 2. Lab. vaccination, doctor referral	1. Primary responsibility for TB cases 2. Monitors & consults with doctors on CDC diseases 3. Initiates follow-up on TB defaulters, measles, diphtheria, trachoma, typhoid	1. Polyclinic days; routine cases, dressing & injections 2. BHC in-charge on S.C. days 3. Issues own drugs, including contraceptives	1. No job - in BHC	1. Use Sub-Center Filter System (piadah sends women/children to ANM. Others see doctor
ANM	1. All ante & post-natal & child 0-2 routine care 2. Issues own drugs, including contraceptives 3. Issues WFP cards 4. Home visits 5. Lab referral 6. Vacc. referral 7. Doctor referral 8. Helps with problem deliveries as necessary	1. Monitors and consults with doctor on CDC diseases	1. Issues small number of routine curative drugs	1. Sees all mothers and children 2. Hands out own drugs	1. Doctor will see all possible F.H. work 2. Male Nurse will do all child care

WP-2--OUTLINE OF BHC TASKS

Staff Member	Family Health	CDC	Polyclinic & Other	Sub-Center	If Absent
Vaccinator #I (Clinic Man)	1. All filtering on F.H. day	1. Tetanus, smallpox, BCG, DPT	1. Polyclinic filtering (non-MCH day)	1. All vaccinations 2. Slide collection	Vaccinator #II stays in BHC on S.C. days
Vaccinator #II (Field Man)	1. Tetanus, smallpox, BCG, in clinic on F.H. days 2. Home visit (ANM) support	1. Active village vaccination 2. Follow-up on TB defaulters, measles, diphtheria, trachoma, typhoid 3. Village CDC reporting, referral and slide collection (new cases) 4. School vaccination program	1. In field	1. Works out of S.C.'s	No back-up needed.
Sanitarian	1. BHC health education: hygiene, nutrition, F.H. subjects	1. Follow-up on TB defaulters, measles, diphtheria, trachoma, trachoma, typhoid 2. Village CDC reporting referral and slide collection	1. School health education 2. Environmental health work (safe water, latrines, garbage disposal)	1. Works out of S.C.'s	No back-up needed.
Clerk	Administration		1. Financial records and transactions 2. Statistics transmission and records		No Replacement.
Storekeeper	WFP Distribution			WFP Distribution	The storekeeper introduces his trustee.

S A M P L E

WP-3

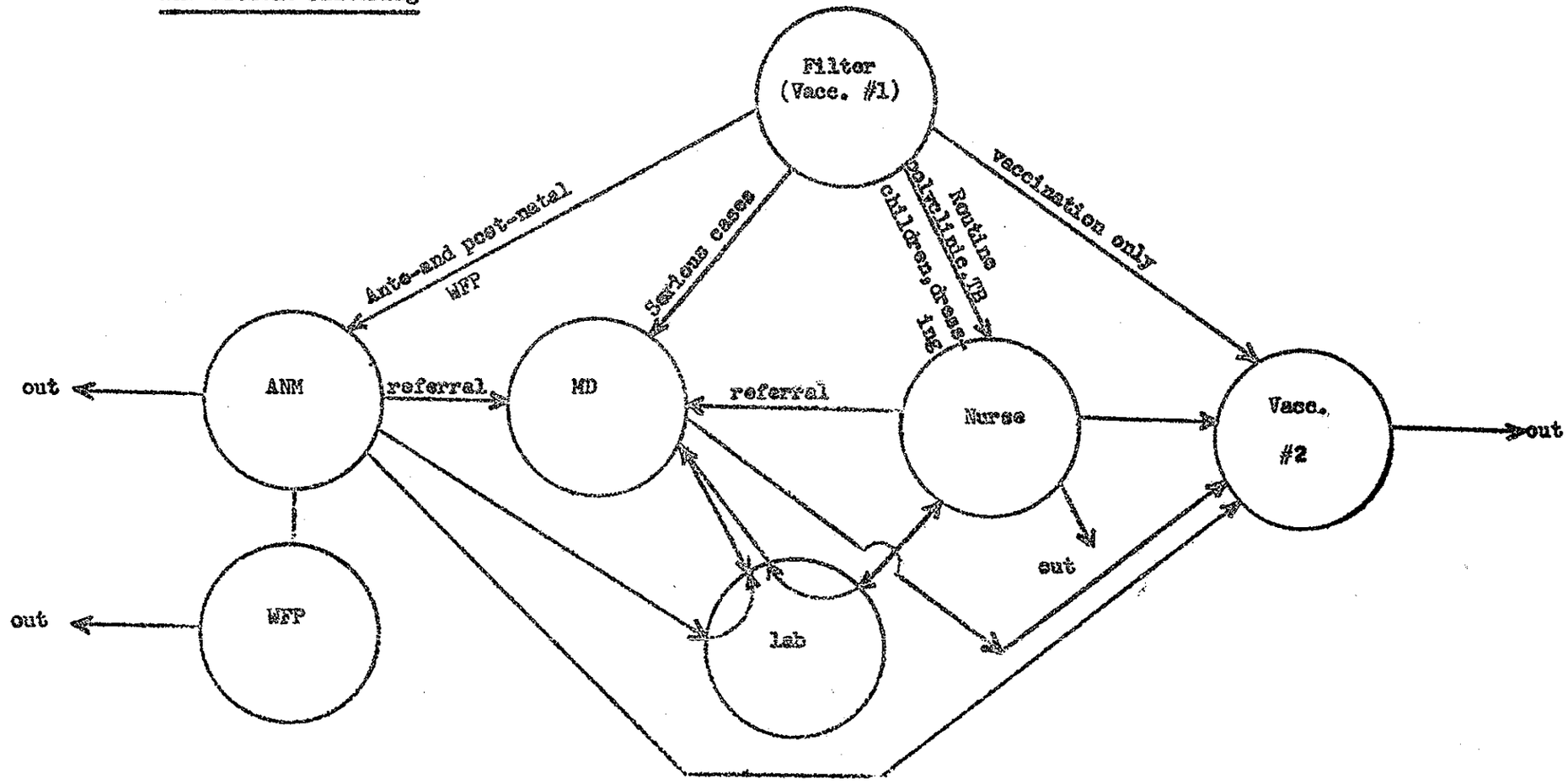
BHC Filter System

(BHC doctor fills in and each staff member copies into his/her own manual).

Instructions

1. In space below, draw outline of BHC floorplan
2. Using this plan, settle on a combination of office assignments which takes into consideration:
   a. patient flow from one staff member to another
   b. location of actual patient filter process
   c. minimizing the disruptive quality of WFP distribution

BHC Patient Filtering



S A M P L E

WP-5

BHC Weekly Work Schedule

(The BHC doctor is to fill this in and each staff member is to copy into his/her own manual).

	Date	Major Activity	Support Activities
1.	Saturday	MCH day - pregnant women	WFP
2.	Sunday	Sub-center day	WFP in s.c.
3.	Monday	MCH day - children and post-natal	WFP
4.	Tuesday	Sub-center day	WFP in s.c.
5.	Wednesday	MCH day - sign up new WFP recipients	WFP
6.	Thursday (half-day)	General clinic and clean-up. MCH home.	

NOTE: The Basic Health Center Doctor prepares the facilities for the programs in advance to prevent shortcomings during the activity.

WP-6

Male Nurse Staff Member's

Weekly Work Schedule

	Day	Major Activity
1.	Saturday	Dressings, routine medical care, referral. See children over two years. TB cases - initiate follow-up. CDC screening. Records, reports, inventory.
2.	Sunday	Remain BHC while staff in s.c. take care of emergencies, routine cases, TB, etc.
3.	Monday	Same as Saturday
4.	Tuesday	S.C. day. Same as Sunday.
5.	Wednesday	Same as Saturday.
6.	Thursday (half-day)	Same as Saturday.

MATERNAL CARE

INDEX

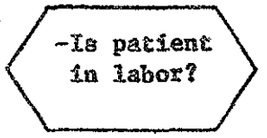
	Chart No.	Chart Subject	Page
	0	KEY TO SYMBOLS	16
ANTENATAL	1.	MATERNAL CARE AND FAMILY PLANNING	17
	2.	HISTORY OF PREGNANCY-ANTENATAL CLINIC	18
	3.	PRENATAL EXAMINATION	21
	4.	PRENATAL TREATMENT	23
	5.	COUGH AND FEVER DURING PREGNANCY	27
LABOR AND DELIVERY	6.	ANAEMIA DURING PREGNANCY	28
	7.	LABOR AND DELIVERY	30
	8.	CHILD CARE IMMEDIATELY POST PARTUM	31
	9.	MATERNAL COMPLICATIONS AFTER CHILD DELIVERED	36
	10.	EARLY POST PARTUM: 2-14 DAYS	40
FAMILY PLANNING	11.	LATER POST PARTUM: OVER 14 DAYS	42
	12.	FAMILY PLANNING	44
	13.	CONTRACEPTIVES SIDE EFFECTS MANAGEMENT	48

KEY TO SYMBOLS--CHART 0

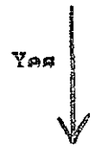
PURPOSE

In this manual there are a set of graphic charts showing how to handle a problem:

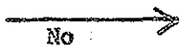
1. STUDY THE FOLLOWING SYMBOLS



Box contains question about the patient.

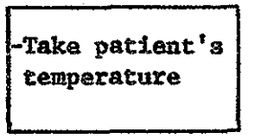


Answer to question. "Yes" usually indicates some abnormality or existing condition needing action.

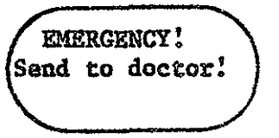


Answer to question. "No" usually indicates no abnormality.

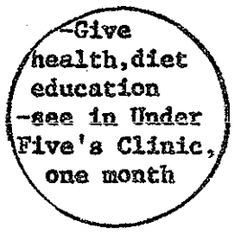
Arrow with time indicates passage of time after action is taken.



Instruction to take action.



Indicates a complicated or serious condition or emergency. Needing immediate action and doctor's attention.



Final instructions and direction to proceed elsewhere.

2. LEARN WHAT THE SYMBOLS MEAN

A. Use the charts to solve the specific problems. Always start from the beginning.
B. Answer each question on chart or carry out the instructions before you proceed to the next point.
C. If you cannot understand the chart or cannot find the solution to the problem: ask the doctor or consult other co-workers.

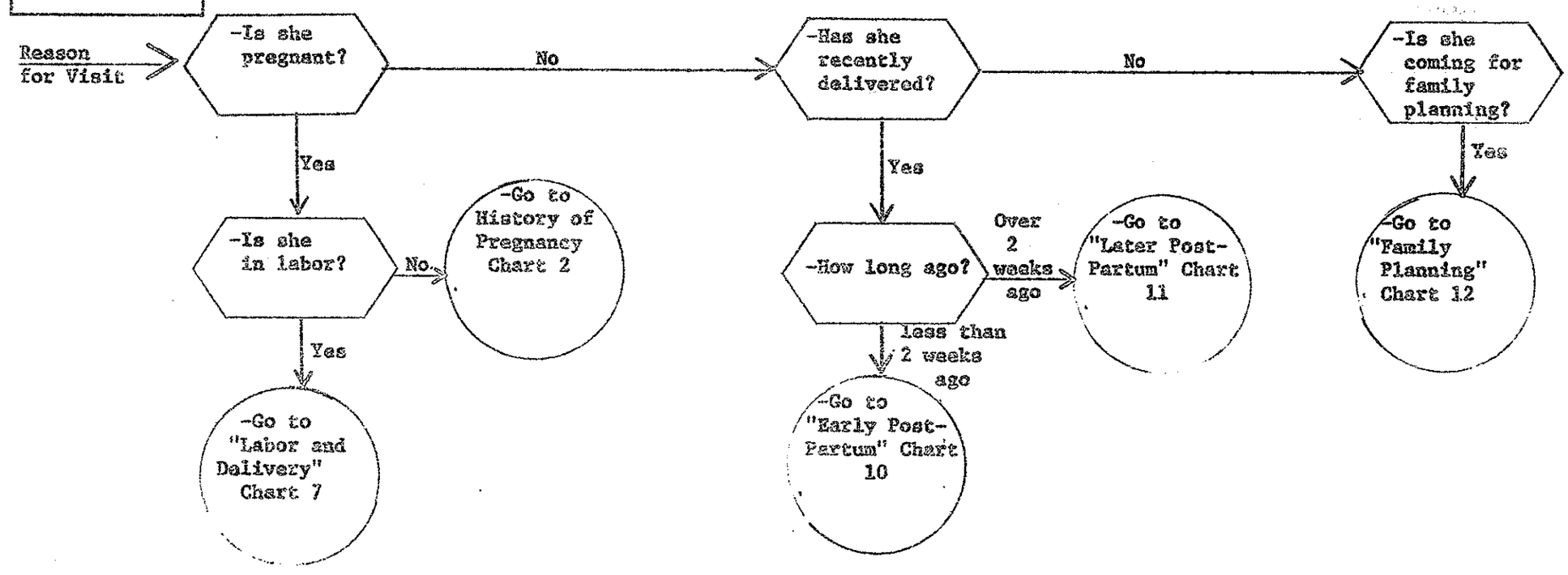
MATERNAL CARE AND FAMILY PLANNING - CHART 1

PURPOSE

The proper care of mothers during pregnancy, delivery and postpartum, as well as advice to families concerning spacing of their children, is essential for the total health of the family. Use the Index on Page 4 to guide you to the problems you encounter.

SCREENING OF PREGNANT WOMEN

Use Chart 1: Maternal Care and Family Planning, below, to guide you to the category in which patients fall.



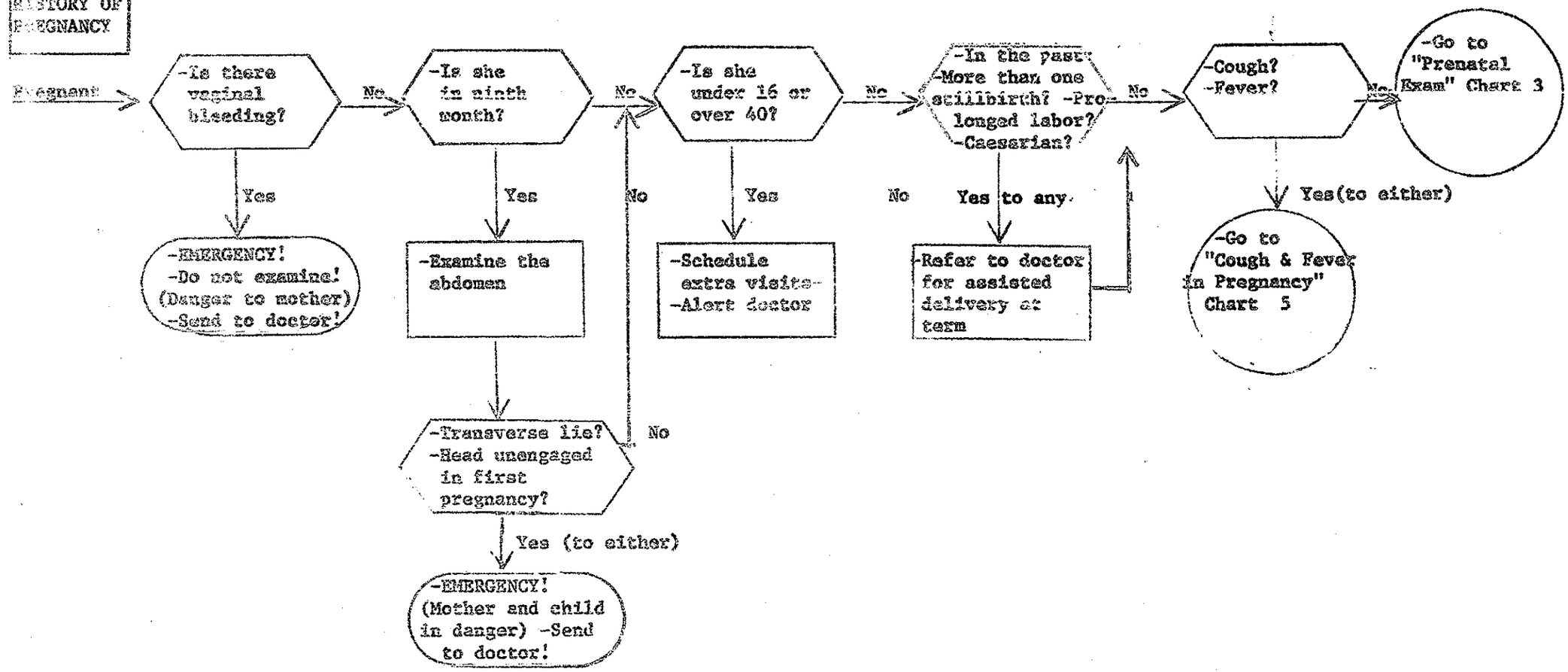
Follow the chart, answer the questions and find the appropriate page for further management of the patient.

HISTORY OF PREGNANCY--ANTENATAL CLINIC--CHART 2

PURPOSE
1st VISIT

HISTORY OF PREGNANCY

The finding of all pregnancies with probable complications through examination, case histories, and laboratory examinations. Helps assure that proper measures are taken.



Follow the chart, answer the questions and carry out the instructions.

WOMAN COMPLAINS ABOUT BLEEDING

IS THERE VAGINAL BLEEDING

EMERGENCY. Must be taken care of immediately.

Use the following instructions to manage vaginal bleeding:

ALL VAGINAL BLEEDING

(NEVER EXAMINE VAGINALLY OR RECTALLY)

1. Let patient rest on table, bench or floor.
2. Examine

Pulse	Above 100, weak
Skin	Cold, clammy sweat

SHOCK

IF SO: Patient is in shock.

ACTION

1. Call M.O. IMMEDIATELY.
2. Give immediately: 1,000 cc Ringer Lactate or N-Saline intravenously as fast as possible. Let patient rest with head low.

If doctor not available:

1. Continue with I.V. infusion as long as bleeding continues.
2. If bleeding does not stop within 1/2 hour, arrange for transportation to hospital.
3. If possible, arrange that intravenous fluid is given during transportation.
4. **When M.O. returns, he should be informed immediately.**

Use the following table to differentiate between types of vaginal bleeding:

TIME OF PREGNANCY	SYMPTOMS	ACTION
		NOTE: NEVER EXAMINE VAGINALLY OR RECTALLY (under any of the below conditions)
1. During first 3 months	a. Scanty bleeding around time of normal menstruation.	Patient to rest in bed till bleeding stops. Come for regular antenatal clinic.
2. Between 3 and 7 months	a. Slight bleeding and moderate lower abdominal pains b. No sign of anemia or shock	Patient to rest in bed until bleeding and pains stop. Come for regular antenatal clinic.
	Profuse bleeding and labor-like pains in lower abdomen with or without shock.	ANM to: a. call M.O. b. advise bed rest c. give continuous supervision for several hours d. If in shock, start intravenous infusion. If bleeding continues beyond 30 minutes, arrange for transportation to nearest hospital.
	a. Bleeding having been strong b. Large blood clots passed c. Bleeding almost/completely stopped on examination d. If complete abortion is confirmed and M.O. is absent	ANM to: a. give ergometrine tablets: 1 tablet 3 times daily for 3 days b. give ferrous sulphate: 2 tablets 3 times daily for 30 days
	For any of the above plus foul vaginal discharge and fever	ANM to: a. add tetracycline: 1 tablet 4 times daily for 5 days b. advise bed rest
3. After 7th Month	EMERGENY SYMPTOMS: a. Profuse bleeding with/or without pains	ANM to: a. Call M.O. b. Treat shock with intravenous infusion.

PRENATAL EXAMINATION--CHART 3

PURPOSE

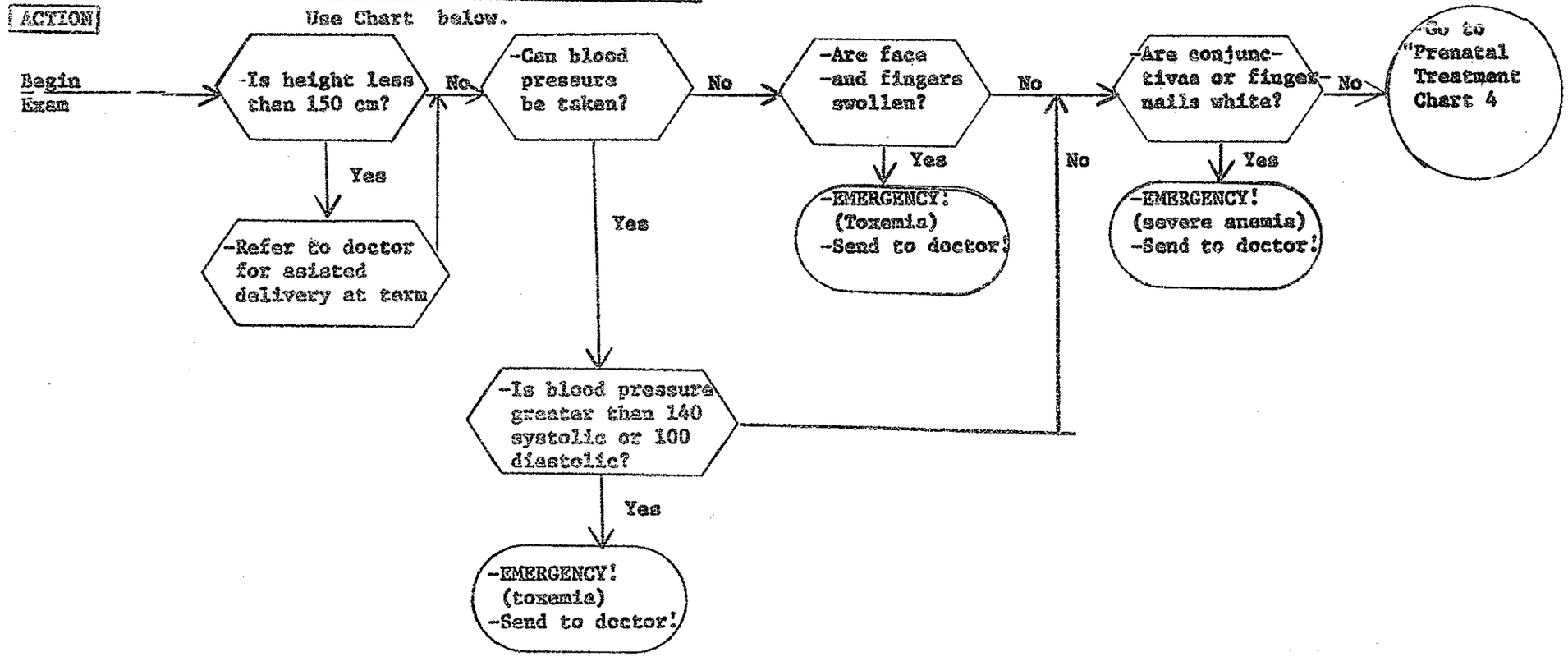
Thorough examination and history to confirm pregnancies who are "AT RISK" of developing complications during pregnancy or delivery.

FIRST VISIT

WOMAN COMES FOR ANTENATAL CLINIC

ACTION

Use Chart below.



Follow the chart, answer the questions and carry out the instructions.

"AT RISK"

Be alert to the following "AT RISK" signs:

Pregnant women, who have in the past had, or now have, or are:

1) Blood pressure 140 systolic or 100 diastolic
2) Face and fingers swollen
3) Pelvic deformities
4) Under 16 or over 40
5) Primigravida
6) 5 para or above
7) More than one stillbirth
8) Prolonged labor last childbirth
9) Ceaserian operation earlier
10) Height less than 150 cm
11) All anaemia cases
12) Multiple pregnancy
13) Sugar in urine
14) Cardio vascular disease.

"AT RISK" ACTION

A. Mark "AT RISK" on top right upper corner of mother's card. Any women with one or more of the above symptoms must be seen by M.O. Carefully note his instructions on mother's card.

"AT RISK" DEFAULTERS

B. If "AT RISK" women default more than 1 month: Arrange for home visit or ask vaccinator or sanitarian to make home visit and ask the defaulter to come to the clinic.

FOR ALL PREGNANT WOMEN

STANDARD SERVICES PROVIDED TO ALL PREGNANT WOMEN ("AT RISK" AND NOT "AT RISK")

1. Measure height
2. Measure wight
3. Measure blood pressure
4. Check urine for albumin and sugar
5. Hb% lab test (if available)

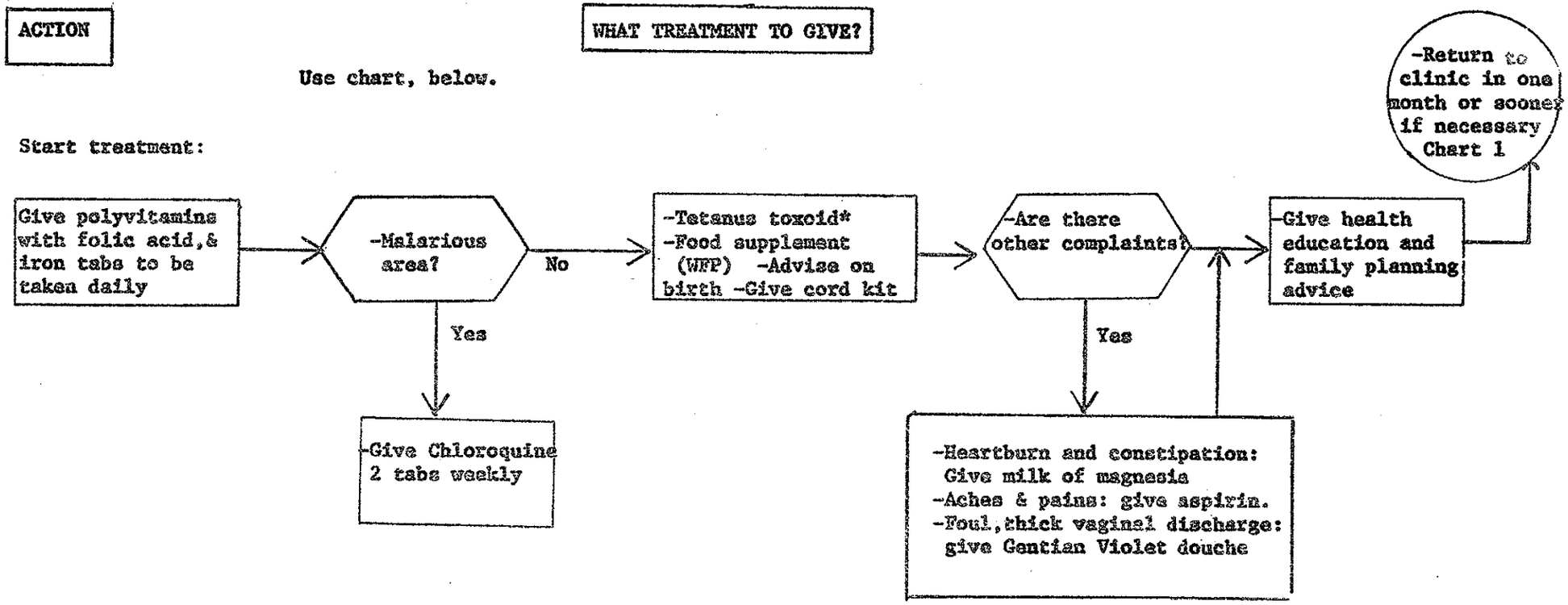
PRENATAL TREATMENT--CHART 4

PURPOSE Pregnant mothers require supplements and attention to their problems to assure a normal pregnancy.

ACTION WHAT TREATMENT TO GIVE?

Use chart, below.

Start treatment:



* If available. 1 cc s.c. every month for 3 months

Follow the chart, answer the questions and carry out the instructions.

GIVE POLYVITAMINS
FOLIC ACID AND
IRON TABS TO BE
TAKEN DAILY

STANDARD FOR ALL PREGNANCIES

1. Polyvitamin
1 Folic Acid
1 Iron tablet

> daily

ANAEMIA

Check all women for anaemia. Refer to anaemia treatment page 28.

MALARIOUS AREA?

STANDARD FOR ALL PREGNANCIES

T. Chloroquine 2 times weekly. Ask M.O. to determine if your area is malarious.

TETANUS SHOTS
FOOD SUPPLEMENT
WFP
ADVISE ON BIRTH
GIVE CORD KIT

A. Give 1 cc tetanus shot sub-cutaneous every month for 3 months, if available (Do not start course in 9th month, or if previously immunized).

B. Issue WFP to all eligible mothers (refer to WFP Section)

C. Advise all pregnant women classified "AT RISK" that they need special assistance at birth.

D. Mother plans home delivery with help of family or Dai:

1. Give cord kit if available.

2. Instruct mother to make a pack with

2 pieces of 15 cm cotton band
1 boiled razor blade

MAKE ONE AS AN EXAMPLE TO SHOW

WOMAN HAS OTHER COMPLAINTS

ARE THERE OTHER COMPLAINTS?

Ask all pregnant women: "Do you have anything troubling you?"

PROBLEM	MAJOR COMPLAINTS	ACTION
	Vaginal bleeding	See instructions page 19
	Cough	See instructions page 27
	Fever	See instructions page 27
	MINOR COMPLAINTS	
	Heartburn and constipation	Sodamint
	Aches and pains	Give aspirin
	Vaginal discharge, foul and thick	Give Gentian Violet douche
	Fatigue	1) T. Polyvitamins, folic acid, and iron tabs 2) Check for anaemia, see page 3) Rest 1-2 hours during the day
	Morning nausea and/or vomiting	1) Tell mother it will go away in a month or two 2) Take tea and nan before leaving bed in the morning.

PREGNANT PATIENT COMES FOR FIRST OR REPEAT VISIT DURING 9TH MONTH

VISIT
LAST MONTH
OF PREGNANCY

A. Do routine examination.

B. Examine the abdomen and determine presentation.

IF: 1) Transverse lie

2) Breech

3) Head not engaged in I-Gravida

Consult M.O.

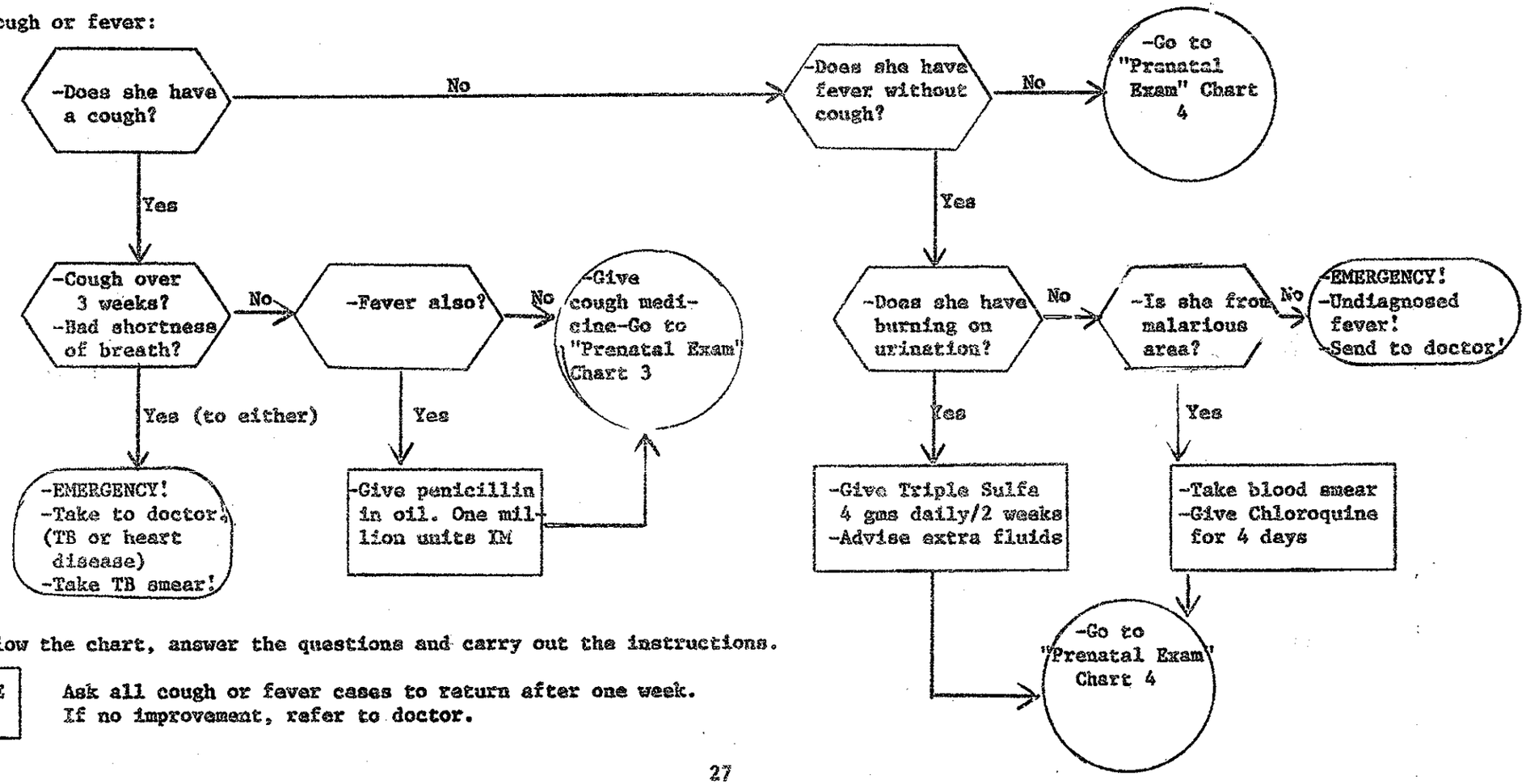
C. If "AT RISK" patient, emphasize the importance of assisted delivery.

COUGH OR FEVER DURING PREGNANCY--CHART 5

PURPOSE Cough and fever during pregnancy can be symptoms of severe disease jeopardizing the life of mother or child.

PROBLEM COMPLAINTS ABOUT COUGH OR FEVER

Cough or fever:



Follow the chart, answer the questions and carry out the instructions.

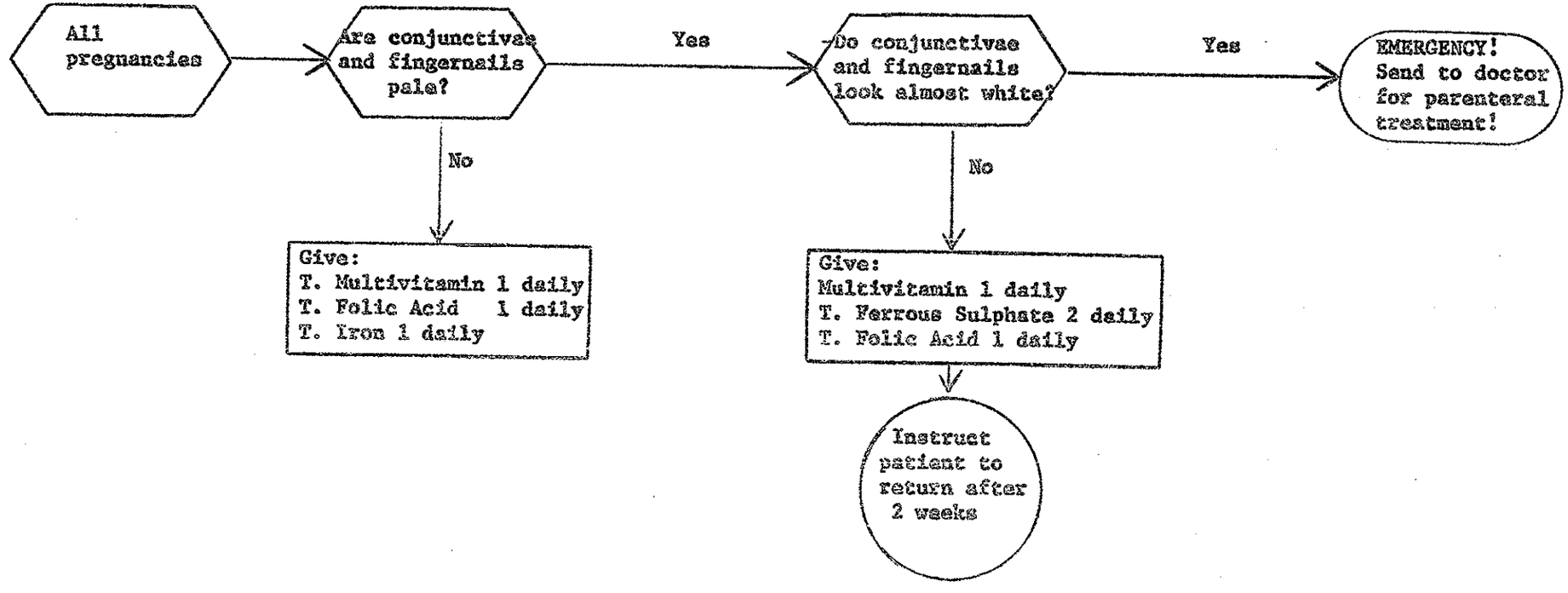
NOTE Ask all cough or fever cases to return after one week.
If no improvement, refer to doctor.

ANAEMIA DURING PREGNANCY--CHART 6

PURPOSE Anaemia during pregnancy is dangerous for the child. Suspect all pregnant women of anaemia.

PROBLEM WOMAN LOOKS PALE AND TIRED. POSSIBLE ANAEMIA.

ACTION 1) If laboratory not working:



2) If laboratory working:

Send woman to laboratory for Hb% test.

Hb% Test

The Hb% test determines treatment.

Best

Hb Result	Treatment	Tests Needed
Hb% above 80%	T. Multivite 1 daily T. Ferrosulphate 1 daily Tabl. Ferrous Sulphate 1 daily	Hb% first visit Hb% two months before delivery
Hb% 60%-80%	a) T. Multivitamin 1 daily b) T. Ferrous Sulphate 2 daily c) Folic Acid 1 daily	Hb% once monthly
Hb% 40%-60%	a) T. Multivite 1 daily b) T. Ferrous Sulphate 2 tabs 3 times daily c) T. Folic Acid 1 daily	a) Check every two weeks b) If improved change to above treatment c) If no improvement, refer to M.O.
Hb% below 40% EMERGENCY!	Refer to M.O. for parenteral treatment	To be checked by M.O. every 2 weeks

Worst

NOTE

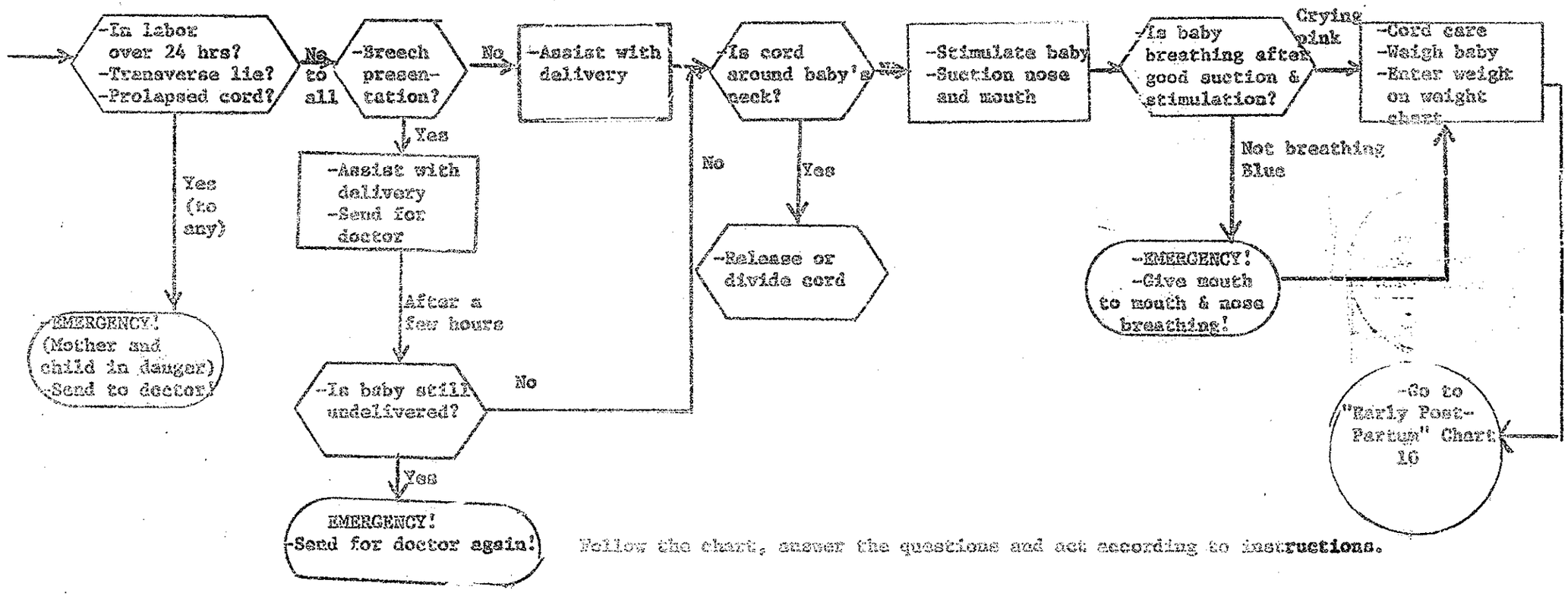
All women started on anaemia treatment must continue treatment until two months after delivery.
If lab result shows high Hb percentage but woman looks very pale, check Hb% again.

LABOR AND DELIVERY--CHART 7

PURPOSE A properly assisted delivery and immediate post partum care greatly diminishes the hazards to mother and child.

PROBLEM You are called to assist a delivery.

1. Bring your midwife bag.
2. Use Chart 7: Labor and Delivery.



Follow the chart, answer the questions and act according to instructions.

NORMAL DELIVERY

NOTE

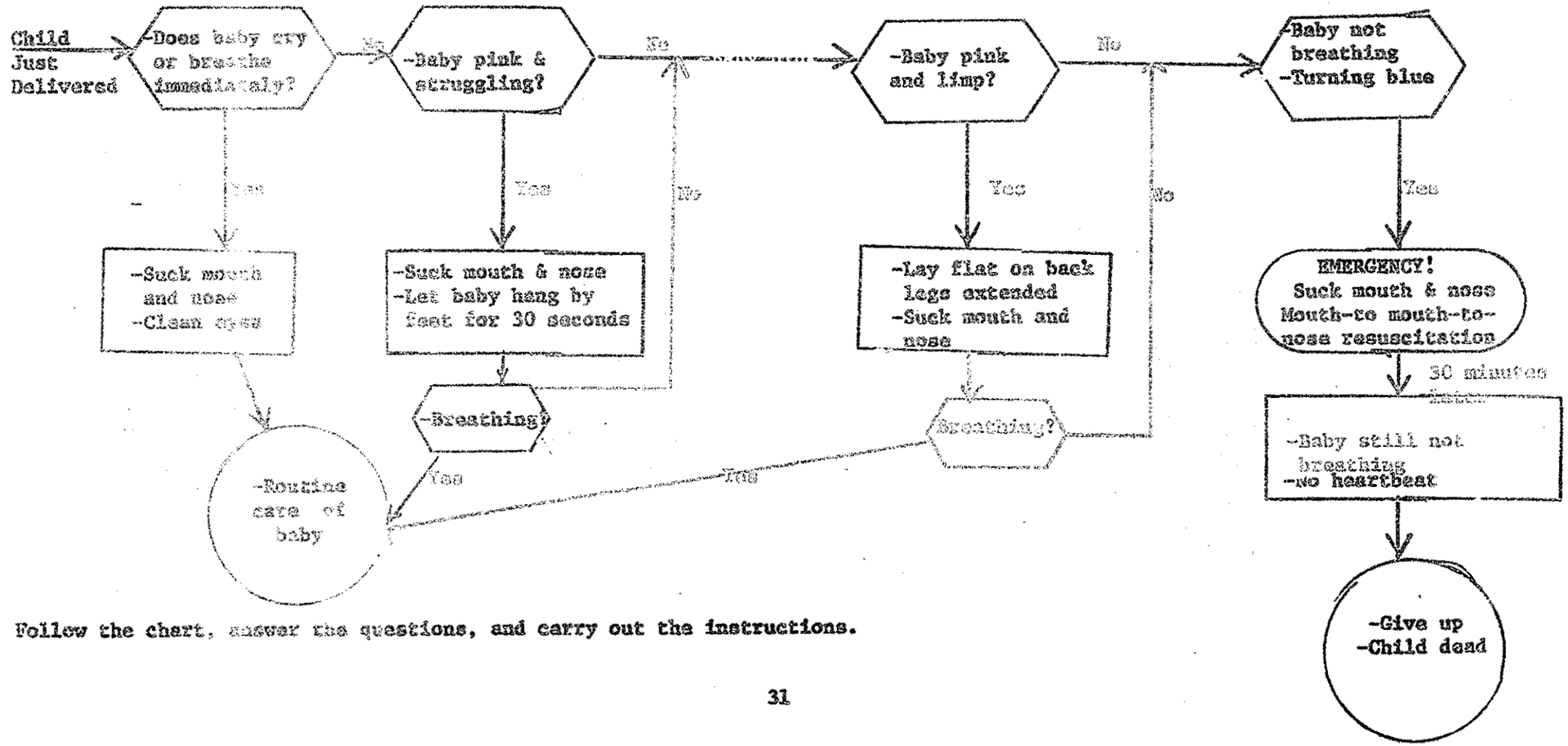
A. You must use the methods of delivery in which you have been trained.
B. If you do not assist deliveries regularly, read through the ANM School training material on delivery once every 2-3 months.

CHILD CARE IMMEDIATELY POST PARTUM--CHART 8

PURPOSE The first few minutes of a child's life can determine its future development.

PROBLEM CHILD JUST DELIVERED

ACTION Place child between the legs of the mother. Avoid stretching the cord. Use Chart 8.



Follow the chart, answer the questions, and carry out the instructions.

NOTE

The most important thing for a newborn child is to breathe. Suction of mouth and nose normally establishes this.

BABY NOT BREATHING TURNING BLUE

BABY NOT BREATHING AND TURNING BLUE

Use "mouth to mouth-to-nose resuscitation."

1. Place your mouth over baby's nose and mouth.
2. Breathe shallow breaths at a rate of 20/minute. Do not breathe too strongly. Chest should expand slightly when breathing out.

BREATHING NORMAL

ROUTINE CARE OF BABY

1. Suck mouth and nose.
2. Clean eyes.
3. When cord stops pulsating:
   a) Tie firmly one knot 3 cm above baby's umbilicus.
   b) Tie firmly second knot 2 cm above first.
   c) Then divide between knots with sterile scissor or razor blade.
   d) Apply sterile dressing over stump.
4. Place child in warm blanket.
5. When mother is taken care of (placenta delivered) allow child to suck breasts.

EXAMINATION OF CHILD

BEFORE LEAVING HOUSE OR WHEN SEEING CHILD WITHIN 14 DAYS AFTER DELIVERY

Examine for the following:

1. No anal opening.
2. Continued blueness of lips and skin.
3. Persistant vomiting.
4. Persistant jaundice. > 14 days
5. Difficulty in establishing regular breathing.
6. Any unusual behavior such as
   a) Eyes continuously rolling
   b) High pitched screaming
   c) Extreme irritability
   d) Rigidity
   e) Convulsions

ACTION

If you find any of the above, inform M.O. or refer to hospital as soon as possible.

WHAT TO TELL MOTHER

AFTER DELIVERY OR WHEN SEEING MOTHER IN EARLY POST-PARTUM PERIOD

Explain the following general things:

1. Skin: The greasy, whitish substance covering the skin of the newborn can be removed gently with a little oil on the second day. Suggest to the mother that the baby should be washed with a clean cloth with soap and clean, warm water. Do not immerse the baby in water until the cord has fallen off, which usually happens between the 5th and 7th day.

2. Stool: The first stool passed are blackish in color, but within 2-3 days they change to yellow.

3. Constipation: It is normal that the breastfeeding child only passes stool every 2nd or 3rd day. This is completely normal, and no measure should be taken to increase frequency of stools.

4. Swollen Breast on Child: Swelling of child's breast post-partum is a normal sign. It will disappear by itself. No treatment is needed.

5. Feeding: For the first few days the breast secretes only a thick, colorless fluid. This is completely adequate for the child. If the child seems thirsty, give 4-8 teaspoonsful of boiled clean water. Advise mother to put the child to breast at regular intervals of every 4 hours from birth, starting with a few minutes and gradually increasing. Advise mother to express milk if breasts not completely emptied and feed child with this milk after boiling, using a teaspoon.

6. Clinic Visit: Advise the mother to come with her child to the clinic after 14 days for vaccination, registration, and WFP.

PROBLEM

COMPLICATED DELIVERY

The delivery is not proceeding normally.

ACTION

Consult page 36 for instructions.

DELIVERY COMPLICATIONS

PURPOSE

Many complications of delivery are extremely difficult to manage and most of them threaten the lives of both mother and child.

PROBLEM

You are faced with the following situation:

No doctor

No transportation

Hospital too far away

ACTION

Handle the situation as follows:

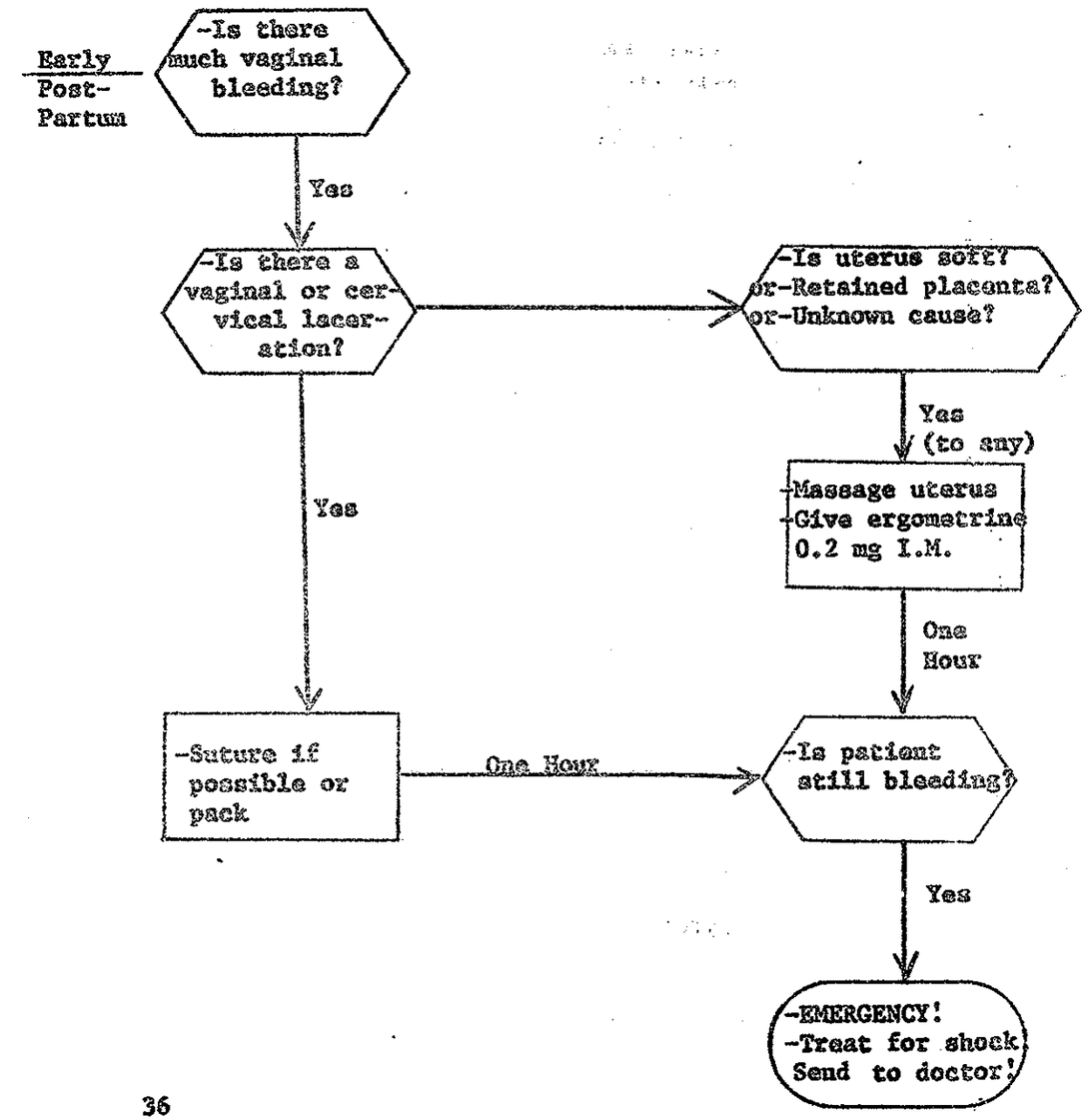
FIRST

Do not panic. "There is no medical emergency where one moment of thinking followed by rational action, is not better than confusion and disorganized action."

MATERNAL COMPLICATIONS IMMEDIATELY AFTER CHILD DELIVERED--CHART 9

See also the chart on next page.

Follow the chart, and answer the questions and carry out the instructions.



SECOND

Always look for:

SHOCK

Signs and Symptoms	Action
1) Rapid, weak pulse	1) Start 1 l. I.V. fluid
2) Pallor, cold sweat, discomfort	2) Raise foot end of bed by 30 cm.
	3) Cover with warm blanket.

ANTISHOCK MEASURES ARE IDENTICAL IRRESPECTIVE OF COMPLICATIONS

If shock - treat it as above.

AFTER SHOCK TREATMENT, OR IF NOT SHOCK, LOOK FOR THE FOLLOWING:

	Signs and Symptoms	Action
1. Complications before child is born	Head visible on perineum, good contractions. Baby does not come out.	Make episiotomy to left of midline.
2. Cord around neck	Cord around baby's neck.	1) Cord loose around neck - release by passing over head. 2) Cord tightly around neck -- divide cord immediately between two clamps or two knots.
3. Cord Prolapsed	A. Cord prolapsed. Pulsations seen or felt. (Use sterile hand). Fetal heart beat present.	1) Cover cord with sterile gauze, try to push cord back into vagina. 2) Let woman rest with head 30 cm lower than feet. 3) Arrange for transport.
	If in second stage and head presenting	Encourage quick delivery---make episiotomy if necessary
	B. Cord prolapsed. Pulsations not seen or felt. Fetal heart beat absent.	Child dead. Fetus will soon be expelled. Assist with delivery.

	Signs and Symptoms	Action
4. Breech	Buttocks, and/or feet presenting	1) Do not interfere until baby is delivered to the umbilical level. 2) Then assist according to your instructions.
5. Twins	2 heartbeats, uterus very large	1) Inform M.D. as soon as condition is confirmed.
	Child felt after delivery of first twin	2) When first baby born, tie the placental end of cord. 3) If birth of second baby is delayed beyond 15 minutes, puncture the membranes, if hand or breech presenting.
6. Transverse Lie	A. Baby felt transverse with head in left/right side of uterus	1) Must be referred to hospital as soon as diagnosis is made.
	B. Transverse lie, delivery started, amniotic fluid passed. Fetal heart beat present or absent.	1) Impossible situation. 2) Arrange transfer to save life of mother.
7. Prolonged Labor	A. Previous labor delayed . 24 hours now stopped. Head not showing. Fetal heart beat present.	1) a) Call M.D. b) Refer to hospital if M.D. not available.
	B. Previous labor - 24 hours now stopped. Head not showing. No fetal heart beat.	2) a) Child dead. Plenty of time. Fetus will be expelled within 24-28 hours. b) If not expelled after 48 hours, refer to hospital.
8. Strong Pains	Very strong pains, no descent of presenting part or advance in labor	1) Call M.D. 2) Refer immediately to hospital if M.D. not available.
9. Membranes Ruptured	Rupture of membranes for more than 24 hours	1) Call M.D. 2) Proc. penicillin 1 mill i.m. 3) Refer to hospital

	SIGNS/SYMPTOMS	ACTION
10.	A. Placenta not passed	1) Give Ergometrine 0.2 mg intramuscular or tablet Methylergometrine 2 tabs by mouth 2) Massage uterus gently but continuously
	B. 1) Placenta passed 2) Much vaginal bleeding	1) Give Ergometrine 0.2 mg intramuscular or tablet Methylergometrine 2 tabs by mouth 2) Massage uterus for 5-10 minutes continuously
	C. 5-10 minutes later situation as above in spite of massage	1) Check for shock. If present - treat. 2) Examine for cervical or vaginal laceration. 3) Suture if possible. 4) If not possible, pack vagina with sterile gauze. Refer to hospital.
	D. Placenta not passed. Moderate or no bleeding.	1) Give ergometrine 0.2 mg intramuscular or tablet Methylergometrine 2 tabs by mouth. 2) Tie the placental end of cord. 3) Massage uterus gently. 4) Do not pull cord. 5. Wait 30 minutes.
11.	E. 30 minutes later, same situation as above	1) Repeat Ergometrine 2) Massage uterus 3) Press moderately downwards on uterus 4) Pull lightly on cord. **WARNING: NEVER, NEVER PULL STRONGLY ON CORD**
	F. Lacerations Deep vaginal laceration. Perineal laceration involving uretra/bladder or rectum	1) Give T. Tetracycline 250 mg. X 4. 2) Refer immediately to hospital. 3) Apply sterile pad to perineum before transport. 4) Do not attempt to suture.

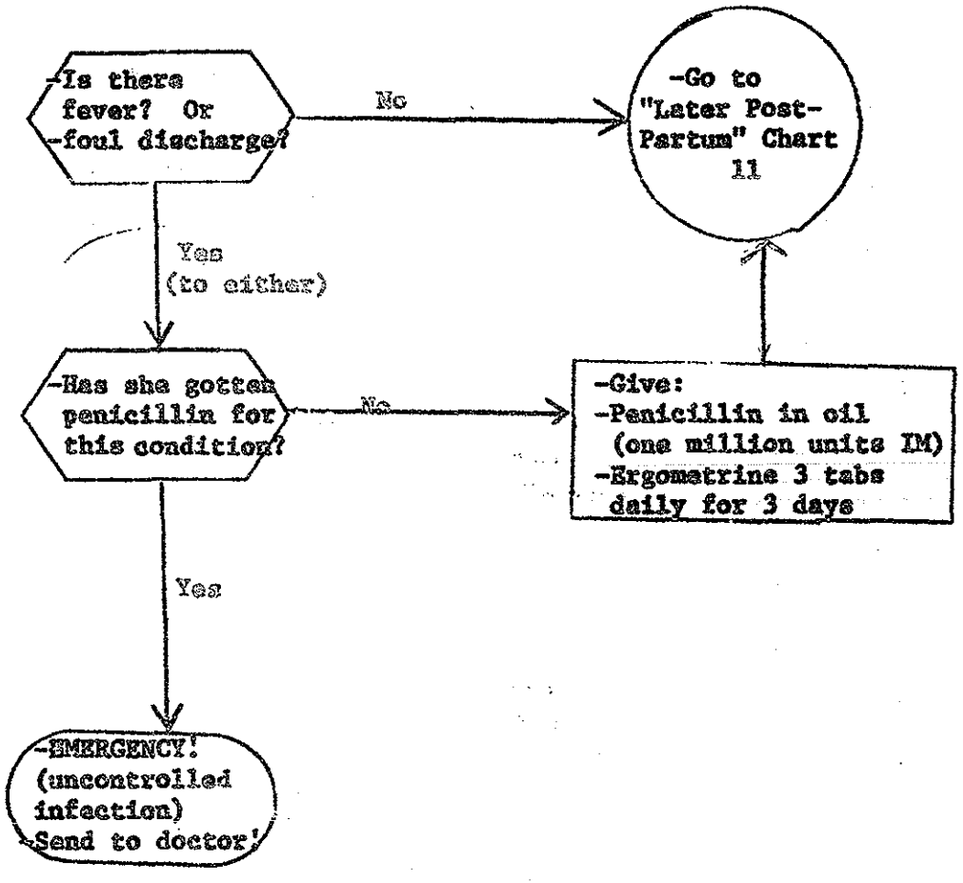
EARLY POST PARTUM 2-14 DAYS--CHART 10

PROBLEM

Patient seen 2-14 days after delivery.

ACTION

Use the chart below.



Follow the chart, carry out the instructions.

NOTE

If the patient has received penicillin without improvement and the doctor is not available, give: T. Tetracycline 250 mg X 4 for 5 days.

COMPLAINTS POST PARTUM

WHAT TO LOOK FOR POST PARTUM

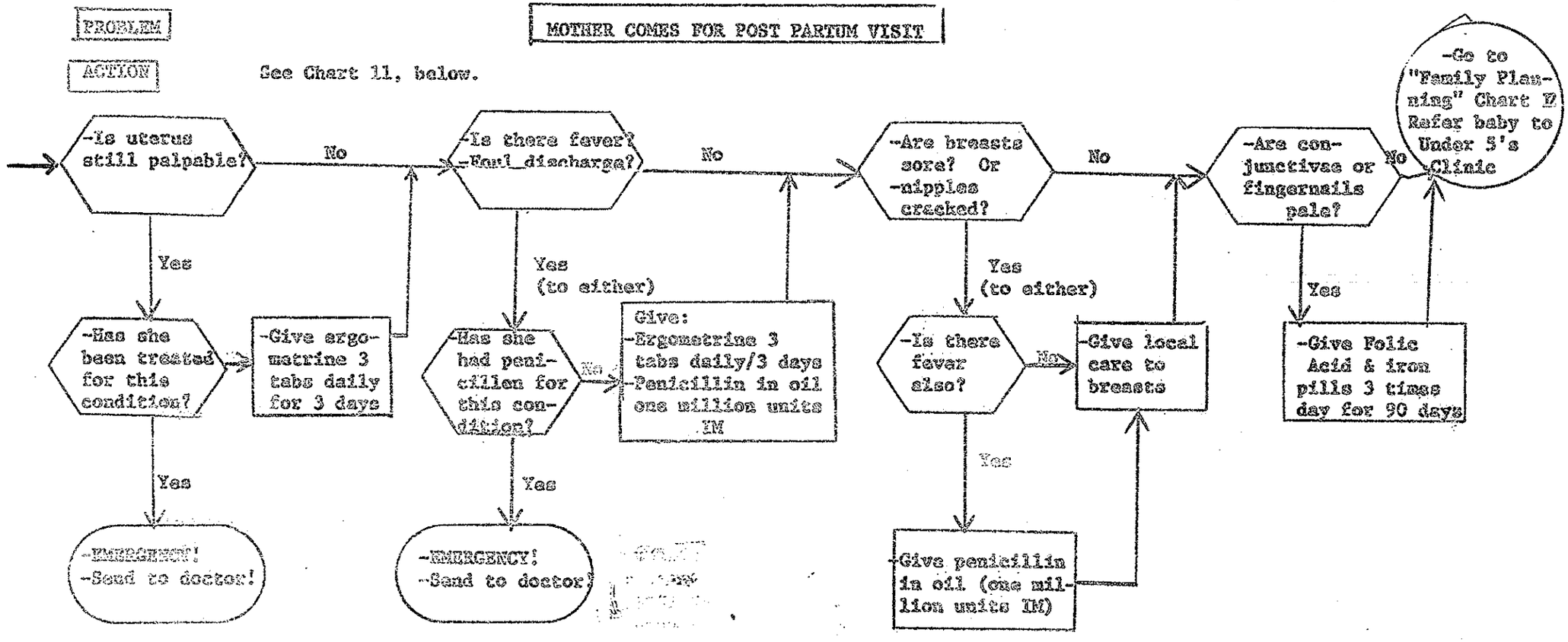
	PROBLEM	ACTION
CORD	Sticky	Wash and dry. 1% Gentian Violet daily until clear.
	Inflamed and foul smelling	1) As above 2) Penicillin in oil (PAM) 100,000 units intramuscular in right buttock
EYES	Sticky, watery, pussy discharge, one or both eyes	1) Mother clean eyes with clean cotton 3 times daily 2) Tetracycline Eye Ointment. 5-8 days. Always continue two days after discharge stopped. 3) Apply to both eyes.
MOUTH	Greenish-white patches on tongue, gums, palate or inside of cheeks	1) Wrap a piece of gauze around finger. Dip in 1% Gentian Violet. 2) Let child suck finger twice daily until all disappeared.

LATER POST PARTUM - OVER 14 DAYS--CHART 11

PURPOSE The first 2-3 months post partum are the most difficult for mother and child. You must give her your best attention.

PROBLEM MOTHER COMES FOR POST PARTUM VISIT

ACTION See Chart 11, below.



Follow the chart, answer the questions and carry out the instructions.

BREAST SORE OR NIPPLES CRACKED?

WITHOUT FEVER

A. Apply Tetracycline Ointment to affected area.

B. Let mother express milk, boil and give to child.

C. Let child feed on other breast.

D. Resume full breastfeeding as soon as healed.

WITH FEVER

A. Give Penicillin in oil - 1 million I.M. once.

B. Tablet of aspirin - 2 tabs, 3 times a day for 3 days

REDNESS, PAINS, SWELLING?

If localized redness, pain and swelling develops in one breast, inform M.O. Surgical treatment may be emecessary.

STANDARD TREATMENT FOR POST-PARTUM MOTHERS

ARE CONJUNCTIVAE OR FINGERNAILS PALE?

Examine all post partum mothers for anaemia. Refer to "Anaemia" page 28.

GIVE ALL MOTHERS

1. T. Multivitamins 1 tab daily
2. T. Iron 1 tab daily
3. T. Folic Acid 1 tab daily

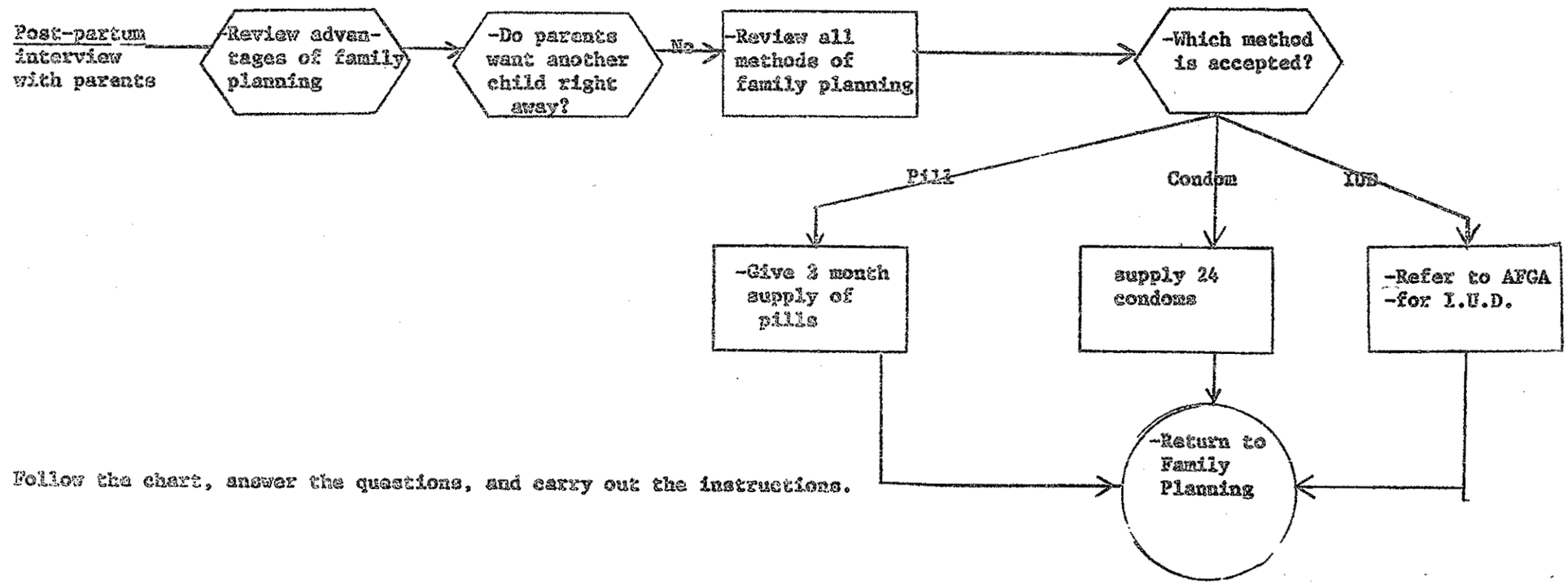
> if not otherwise instructed.

FAMILY PLANNING--CHART 12

PURPOSE Contraceptives help a family control the number and spacing of the children they desire. The known methods prevent the union of the male and female sex cells, thus preventing pregnancy.

PROBLEM PEOPLE COME FOR FAMILY PLANNING

ACTION Use Chart 12, below



Follow the chart, answer the questions, and carry out the instructions.

REVIEW ADVANTAGES OF FAMILY PLANNING

With people possibly interested in Family Planning, tell the following:

1. Mothers and babies are healthier and few of the children die, when there is at least two years between deliveries
2. Large numbers of children create problems of dividing food, clothes and education.
3. Whenever a couple wishes to have a child, they can just discontinue the use of the Family Planning method.
4. The BHC provides two family planning methods and advice free. Other means are available at the nearest AFGA clinic.

NOTE

A. The following people are the most likely to benefit from the use of Family Planning:

Women who have had/or have:

repeated pregnancies or abortions

complicated pregnancies

severe chronic diseases

recently delivered

B. Also, of course, respond to any adult who requests Family Planning advice. If the parents are still interested, explain the following methods:

METHODS

REVIEW ALL METHODS OF FAMILY PLANNING

For Women

1. A pill which is to be taken every day. Prevents the release of the egg.
2. A loop which is inserted into the womb. Only supplied at AFGA clinics and some hospitals.

For Men

Rubber condoms. A rubber sheath for covering the penis during intercourse. Prevents the sperm from reaching the womb.

NOTE

Family Planning methods are only effective if used exactly as prescribed.

WHICH METHOD IS ACCEPTED

A woman decides to use

A. IUD Refer to AFGA clinic in _____.

B. The pill: 1. Give her three packets of Norlestrin (28)--returning clients get 6 courses.

2. Tell her how to take the pills. Explain the instructions on the package.

IF SHE IS MENSTRUATING

1. Take the first yellow pill on the 5th day after the beginning of your period, even if you are still bleeding.
2. Then take one pill every evening with your meal. While you take the white pills, your period will come.
3. When you finish the last white pill, continue directly to the next course and start with the first yellow tablet.
4. When starting last course, return to clinic for re-supply.

IF SHE IS LACTATING

Women who have been lactating for 6 months or more are eligible for contraceptive pills. These women should be advised that pills may reduce milk production. Thus give special emphasis on weaning food.

IF SHE IS NON-MENSTRUATING POST PARTUM

Take the first yellow pill tonight; then give the rest of the explanation (points 2-3-4 above).

FIRST FAMILY PLANNING VISIT TELL ALL WOMEN

If you take your pills as explained, you are completely protected against pregnancy.

FORGETTING

A. If you forget one tablet--take two tablets the next day.

B. If you forget two or more tablets--stop. You are no longer protected against pregnancy. Avoid intercourse or use condoms. You can start again on day 5, next period.

SIDE EFFECTS

Until your body gets used to the pills, you may have some mild discomfort. It will normally go away after 1 to 3 months.

DO NOT WORRY ABOUT:

Abdominal discomfort

Slight swelling of feet

Nausea and mild headache

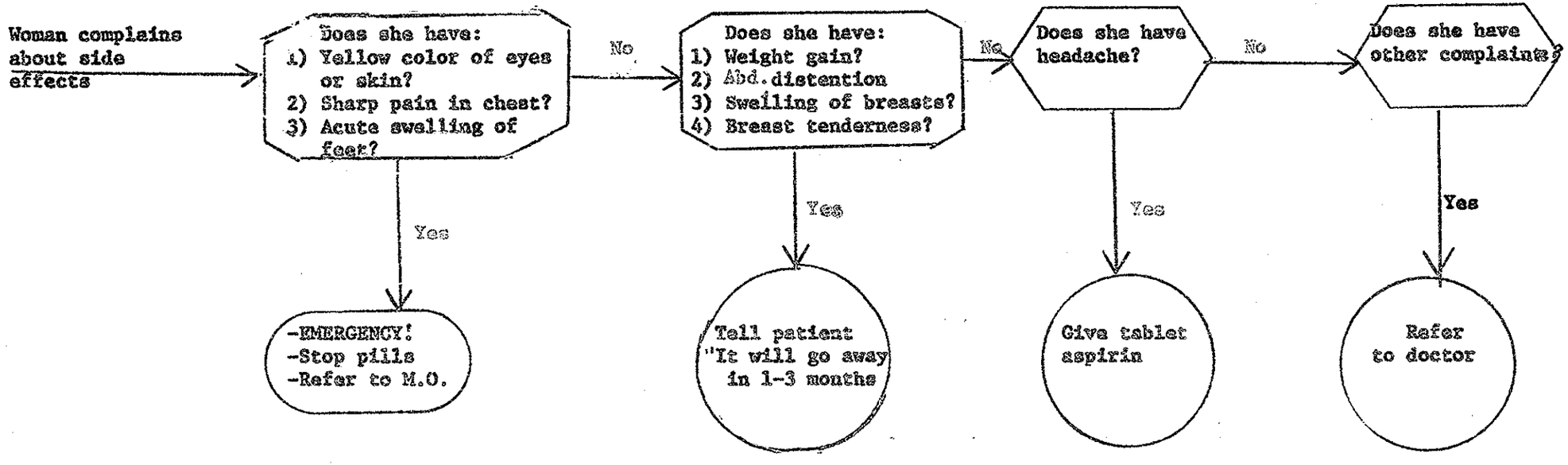
periods little shorter and bleeding a little less

If you suffer other discomforts or disease, return to the clinic for help.

FAMILY PLANNING CLIENT RETURNS

A. She has a complaint. Use Chart 13: Contraceptive Pills Side Effects Management.

CONTRACEPTIVE PILLS SIDE EFFECTS MANAGEMENT--CHART 13



Follow the chart, answer the questions, act according to instructions.

B. <u>She wants to continue pills</u>: Issue six courses of Norlestrin

C. <u>She wants to stop taking pills</u>: Offer her

24 condoms and explain their use.

If her husband refuses to use them, and she wants to continue contraception, refer to nearest AFGA clinic in _____. There she can get other types of contraceptives.

D. <u>A couple decides to use condoms</u>:

1) Give client 24 per visit

2) Explain their use, and tell them that condoms only protect against pregnancy if used at every intercourse.

RECORD KEEPING

1. Enter transaction into polyclinic register.

Under diagnosis write Family Planning

Under treatment write pills or condoms OR side effects, referral.

CHILD CARE--(UNDER 5 CLINIC)

I N D E X

Chart No.	Chart Subject	Page
1.	Under 5 Clinic	53
2.	"Road to Health" Chart	54
3.	Immunizations	60
-	Diarrhea and/or Vomiting	61
4.	Mild Dehydration	62
5.	Severe Dehydration	63
6.	Fever	65
7.	Cough	66
8.	Other Complaints	67

ANM

Male Nurse

UNDER FIVE CLINIC

PURPOSE

The regular attendance of the child for examination, treatment, and advice to parents helps to assure the optimum growth and healthy development of the child.

The identification of the "AT RISK" patients will assure that those most likely to suffer from conditions impairing good health are given the extra care and attention necessary for normal growth and development.

DUTIES OF ANM

Takes care of all children carried on arm of mother.

DUTIES OF MALE NURSE

Takes care of all children who can walk on their own.

DUTIES OF M.O

1) Supervises the ANM and Male Nurse
2) Handles difficult cases referred to him
3) Once monthly checks on childrens' cards marked "AT RISK"

"AT RISK" CHILDREN

The following categories are considered "AT RISK": CHILDREN WITH

1) low birth weight (2,500 gm or less)
2) more than 5 other siblings
3) twins
4) more than 4 siblings dead in early childhood
5) difficulties in breastfeeding

6) failure to gain weight (weight curve flattening or dropping)

7) weaning problems

8) repeated diarrhea

9) measles or whooping cough during fever period and following 3 months

ACTION

1. Identify these children and write "AT RISK" at the upper corner of the weight chart and date condition identified

2. Let M.O. confirm "AT RISK" and give his instructions

3. Review development of child with M.O. at least once quarterly until child is taken out of "AT RISK" group by M.O.

4. Assure that "AT RISK" children come to clinic at least once a month

DEFAULTS

5. If children default more than 1 month

   a. arrange that vaccinator or sanitarian check at home and encourage parents to bring child

   b. arrange for home visit

6. Encourage parents of "AT RISK" children to bring all siblings for examination

7. Issue WFP if eligible (refer to page)

IMPORTANT NOTE

CHILDREN UNDER 5 AND IN PARTICULAR CHILDREN IN THE "AT RISK" CATEGORIES ARE VERY VULNERABLE TO INFECTIONS AND MALNUTRITION.

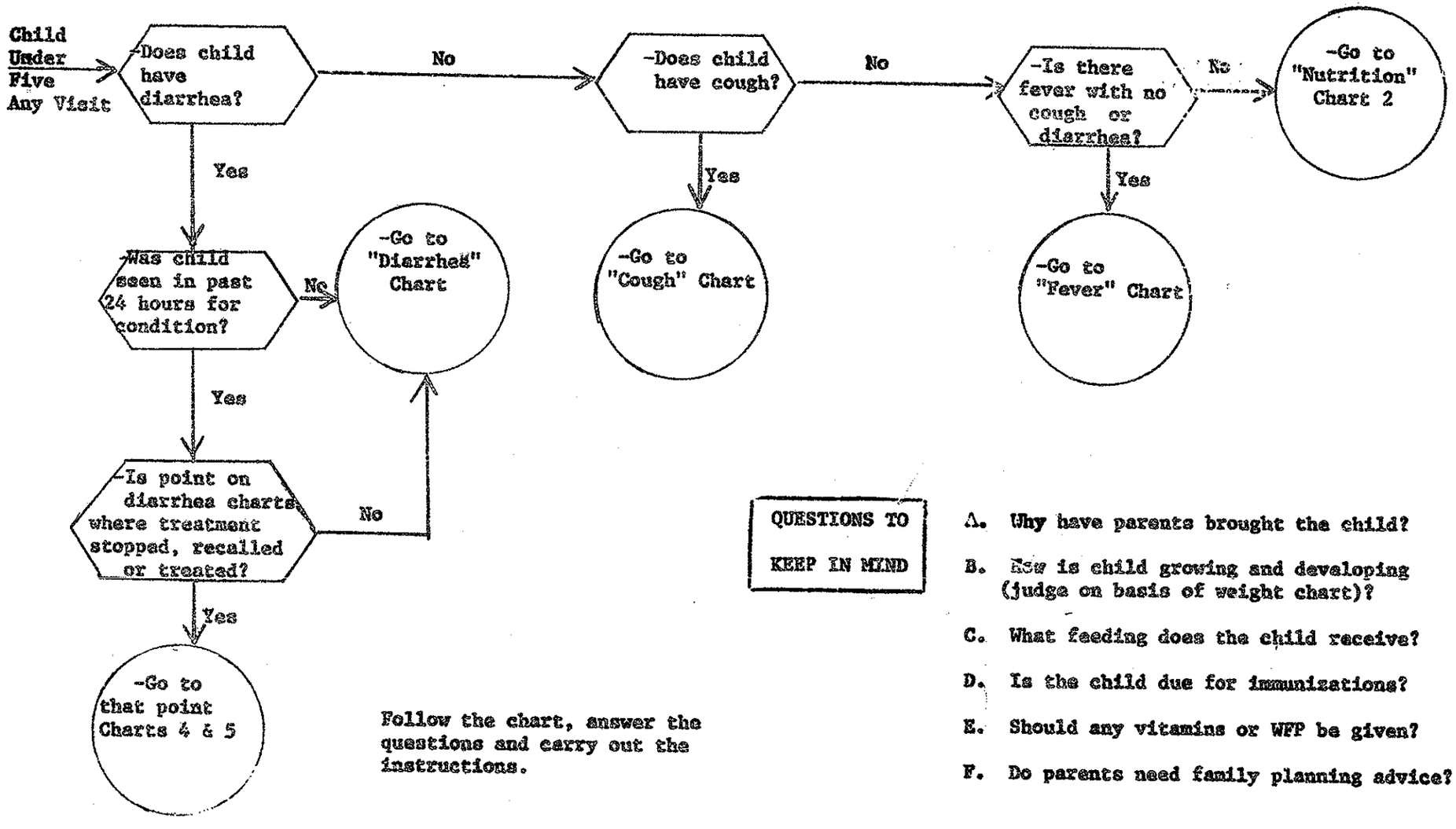
DIARRHEA
FEVER
COUGH

Major symptoms of these children are:

diarrhea fever cough

Use Chart 1--"Under Fives Clinic" to screen these patients.

UNDER-FIVES CLINIC--CHART 1



Follow the chart, answer the questions and carry out the instructions.

QUESTIONS TO KEEP IN MIND

A. Why have parents brought the child?

B. How is child growing and developing (judge on basis of weight chart)?

C. What feeding does the child receive?

D. Is the child due for immunizations?

E. Should any vitamins or WFP be given?

F. Do parents need family planning advice?

UNDER FIVE CLINIC--NUTRITION--CHART 2

"Road to Health Chart"

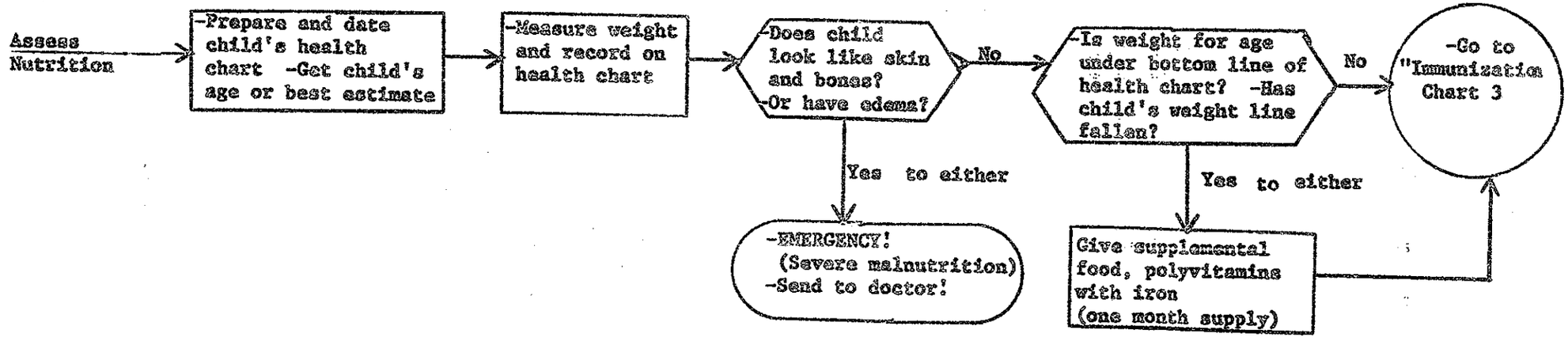
PURPOSE

The optimal development of a child depends on correct nutrition which ensures normal growth.

The enclosed "Road-to-Health" Child's Chart provides a simple visual record which helps to monitor the growth and development of the child.

FIRST VISIT

USE CHART "2" TO ASSESS NUTRITION



PREPARE AND DATE CHILD'S HEALTH CARD. GET CHILD'S AGE OR BEST ESTIMATE

Open a card for each child who registers and is under 5 years old. Children registered earlier continue on old card, if they have one. If not, open new card.

FRONT PAGE

Fill in general information on right side of card. The larger section to the left is composed of a grid marked in kilograms on the far left vertical margin. The bottom horizontal section is to be filled in with the month of birth in the first column to the left.

BACK PAGE

Covers the 3rd, 4th, and 5th years.

EXAMPLE

A child comes for first visit on November 15, 1974. From the parent you find out that the child was born 4 months ago (on Jeshyn); so the child was born on July 17, 1974. Enter July 17, 1974 in the first column to the left. Number each one-month space from 1 to 24. Upon each subsequent visit write in the date of visit in proper month column.

HOW TO WEIGH

MEASURE WEIGHT AND RECORD ON HEALTH CARD

A. Adjust scale to zero before clinic hours begin.

B. Place scale on solid, level surface.

C. If weight shows unexpected high or low reading, check if scale is adjusted and repeat weighing procedure.

D. If the child's clothes cannot be taken off, its weight should be deducted from the total weight.

EXAMPLE

HOW TO RECORD WEIGHT ON CHART

A. The child in the above example is weighed. Result: 5 kg. Find on the left vertical margin the line for 5 kg; follow that line to the right. Where that crosses the date column, make a small x.

B. Follow the same procedure for each following visit. Each time draw a line connecting the x's.

CHILD MALNOURISHED

Refer to doctor.

Does child look like skin and bones or have oedema?

HOW TO DETECT OEDEMA

Press quite hard on leg or foot. If impression remains, child has severe malnutrition.

REPEAT VISITS

HOW TO MONITOR WEIGHT GAIN

If weight gain is normal

A. The connecting line between the x's will over time show how the child is growing. If the child follows any of the lines or is parallel to any of them, it is a good sign that he is growing well.

B. If the "x" is under the bottom line, or the curve starts flattening or dropping, the child is in grave danger of developing malnutrition. Consult with M.O. The child is then considered "AT RISK." (Enter this in upper right corner).

"REMARKS" SECTION OF CARDS

A. On the backside of the card is a large column called remarks.

B. Enter date of each visit and treatment or advice given.

C. Also enter remarks for home visits (always remember to bring card with you for home visit).

D. Sample could be as follows:

Date Visit	Condition	Action
11-2-74	Baby well	Tablets Poly-Vitamins 30 issued, 1 daily. WFP to mother.
2-2-75	Baby having diarrhea since 3 days. Not eating well.	Referred to M.O.
M.O.'s Comments:	Baby mildly dehydrated. Growth slow. No fever, no blood in stool.	Stool: negative. GE-Sol, 3 bags. Nutrition advice. Return to clinic if diarrhea not stopped in 2 days. Mother asked to come regularly.
2-25-75	Diarrhea stopped. Child eating well.	WFP ration issued. Mother urged to bring child regularly, including other siblings. Father informed about family planning.

RECORDING OF OTHER INFORMATION

A. Enter above the upper curve, vertically, any important illness or episode in the month in which it took place. Examples: 1. Had measles 2. Had diarrhea 3. Stopped breastfeeding 4. Mother again pregnant

B. Immunizations: When child is due for immunization, send mother + child + card to vaccinator who will give the immunization and fill in the appropriate box on front page.

ROAD TO HEALTH CHART

In your manual you will find 1 blank "ROAD TO HEALTH" Chart

HOW TO USE

Use the example given in the manual to fill in the chart. When you have done this, look at the filled in chart to see if you did it correctly.

This chart shows you how a typical card can look, starting with the example in the manual and continuing for 2 1/2 years.

NOTE

This chart is only an example and you are not to copy it. Children develop differently, and therefore all charts will look somewhat different. However, if you fill in the cards carefully, you have a very good way of monitoring a child's development.

IMMUNIZATION

PURPOSE

Immunizations are given to protect a person against specific diseases.

Drugs, like Chloroquine, can also prevent disease.

FIRST VISIT

HAS CHILD BEEN VACCINATED?

Follow Chart "3" Immunizations. Answer the questions and follow the instructions.

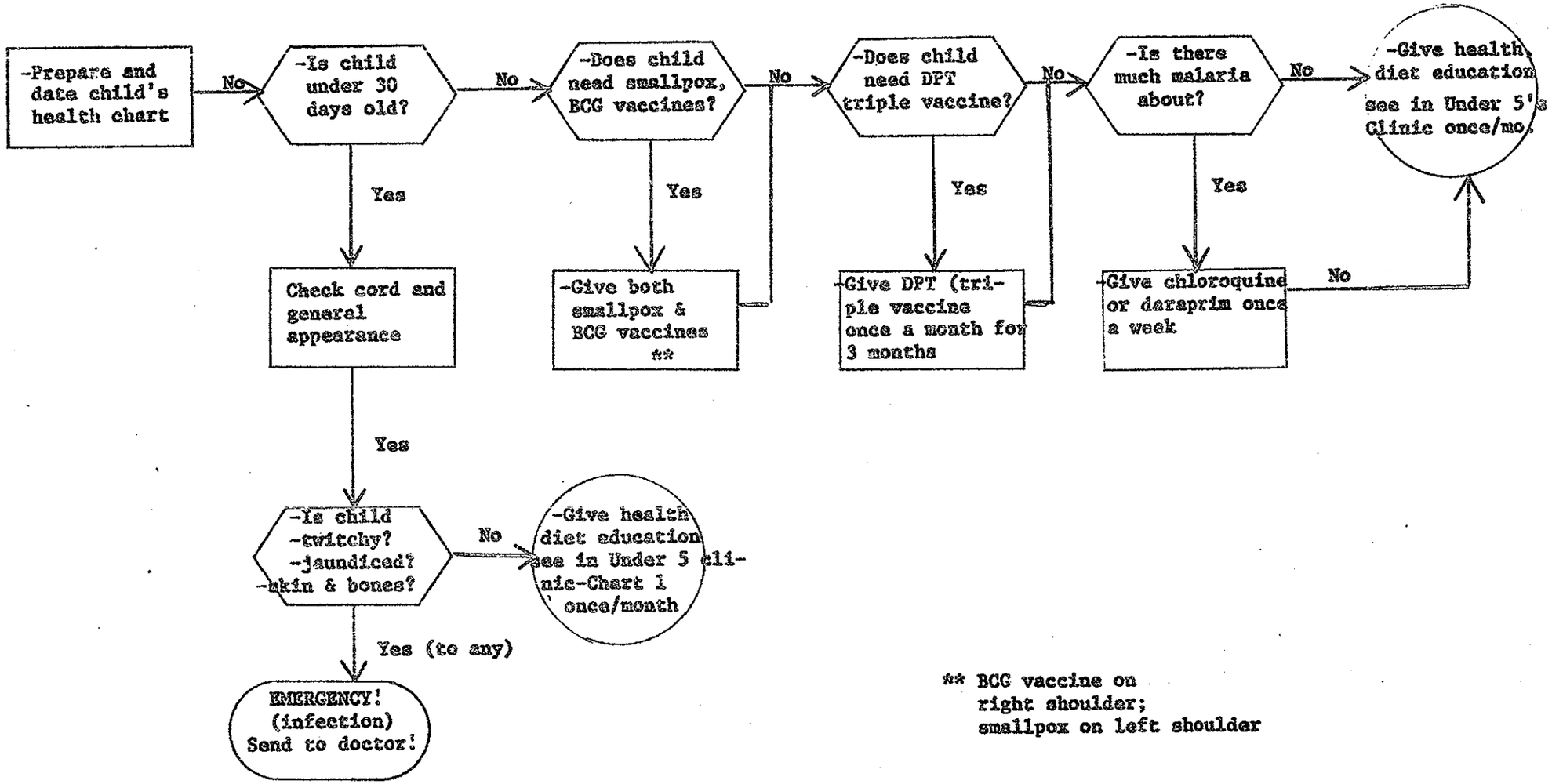
FOLLOWING VISITS

HAS CHILD BEEN VACCINATED ON BOTH SHOULDERS?

YES	Disregard Chart "3"
NO	Follow Chart "3" as above

IMMUNIZATION—CHART 3

Child coming for immunization:



** BCG vaccine on right shoulder; smallpox on left shoulder

NOTE: DPT vaccine not available at all Centers

DIARRHEA AND/OR VOMITING

IN INFANTS AND SMALL CHILDREN

PURPOSE

Patient with diarrhea can lose large amounts of water and salt. This is called dehydration. Dehydration can develop rapidly within a few hours. Dehydration is the cause of death in diarrhea.

PROBLEM

You have a patient with diarrhea. Every patient with watery diarrhea has some dehydration.

ACTION

HOW DEHYDRATED IS CHILD?

1. Use Chart below to determine degree of dehydration.
2. Decide whether dehydration is MILD - Use Chart 4 page 62
   SEVERE - Use Chart 5 page 63
3. Then go to correct chart and follow directions.

-How dehydrated is child?

Mild

1. Thirsty, alert.
2. Skin elasticity may be reduced.
3. Eyes and fontanelle may be slightly sunken.
4. Radial pulse normal.
5. Urine flow normal.

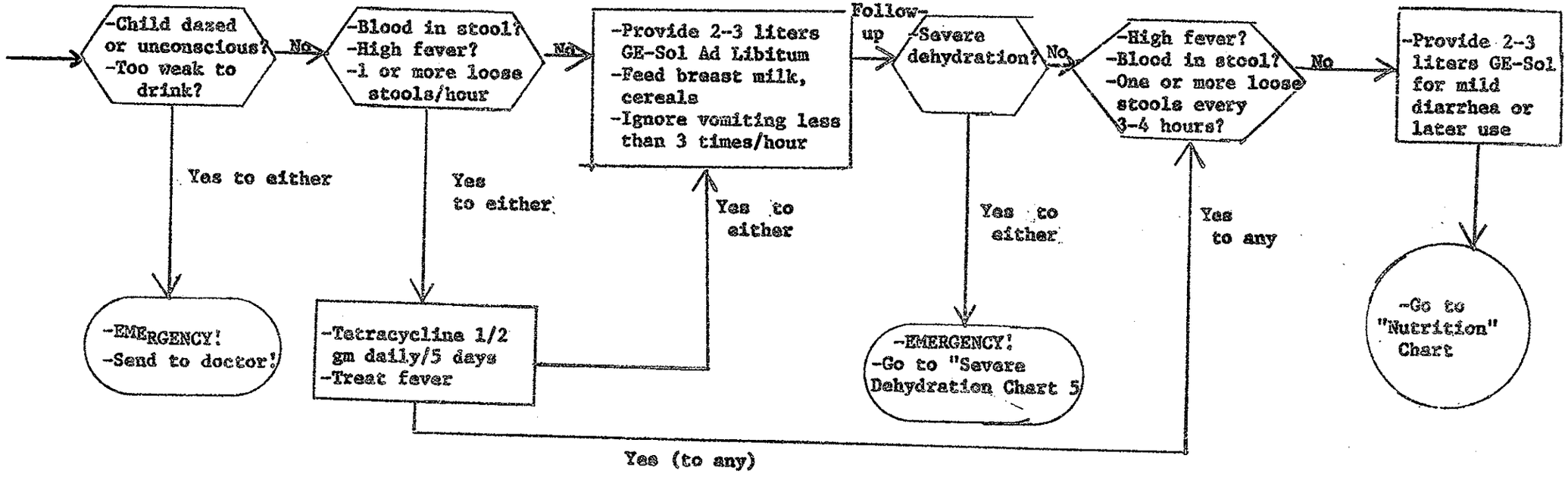
-Go to mild dehydration Chart 4

Severe

1. Too weak to drink. Dazed or unconscious.
2. Skin elasticity poor.
3. Eyes dry. Eyes and fontanelle sunken.
4. Radial pulse weak or absent.
5. Urine flow reduced or absent.

EMERGENCY!
-Go to severe dehydration Chart 5

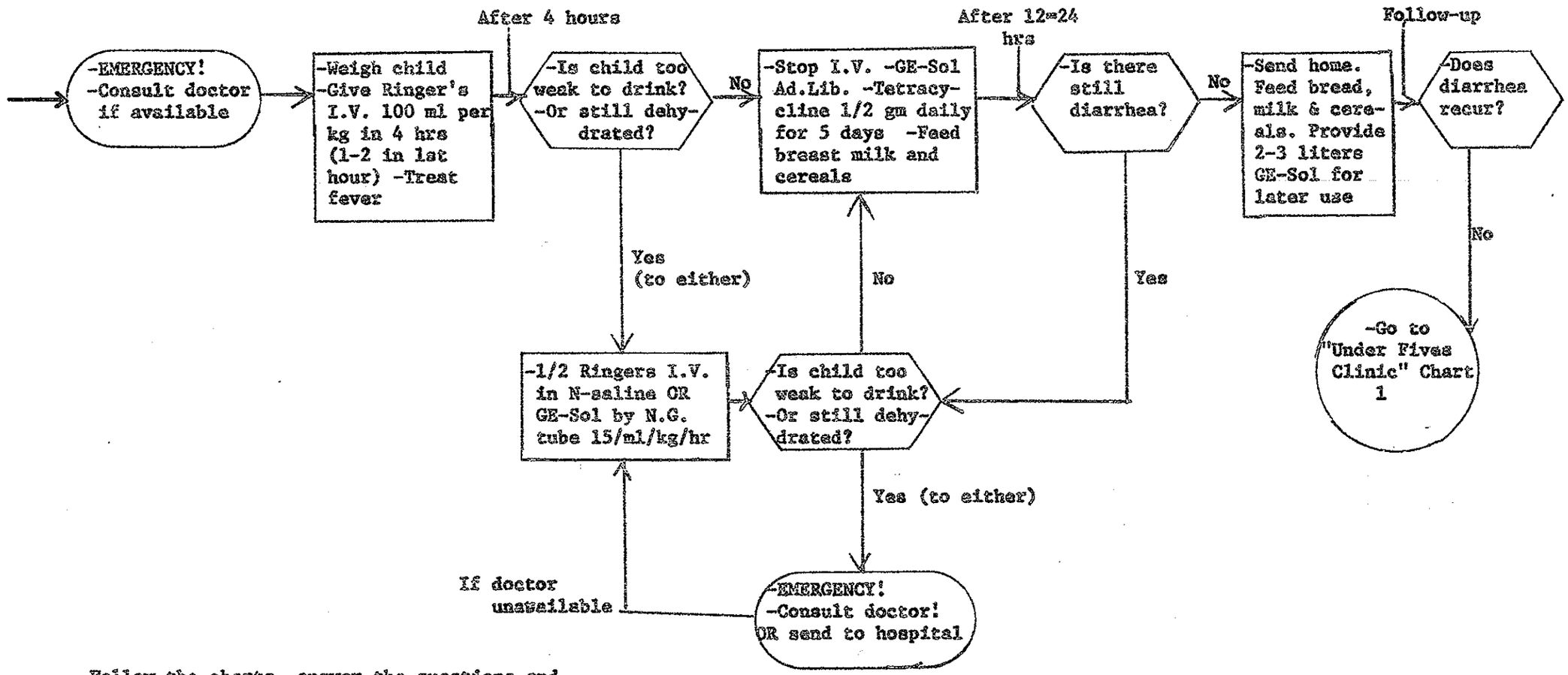
MILD DEHYDRATION--CHART 4



Follow the chart, answer the questions and carry out the instructions.

SEVERE DEHYDRATION--CHART 5

Severe dehydration:



Follow the charts, answer the questions and carry out the instructions.

NOTE

A. Most children with mild dehydration can be rehydrated by drinking. Give the mother the bags with glucose-electrolyte solution. Instruct her how to mix it. USE COOL BOILED WATER; DO NOT BOIL THE SOLUTION OR THE BAG.

B. Instruct mother to give continuous fluid (one teaspoon a minute). Breast feeding must be continued.

C. Before a child is sent home make sure

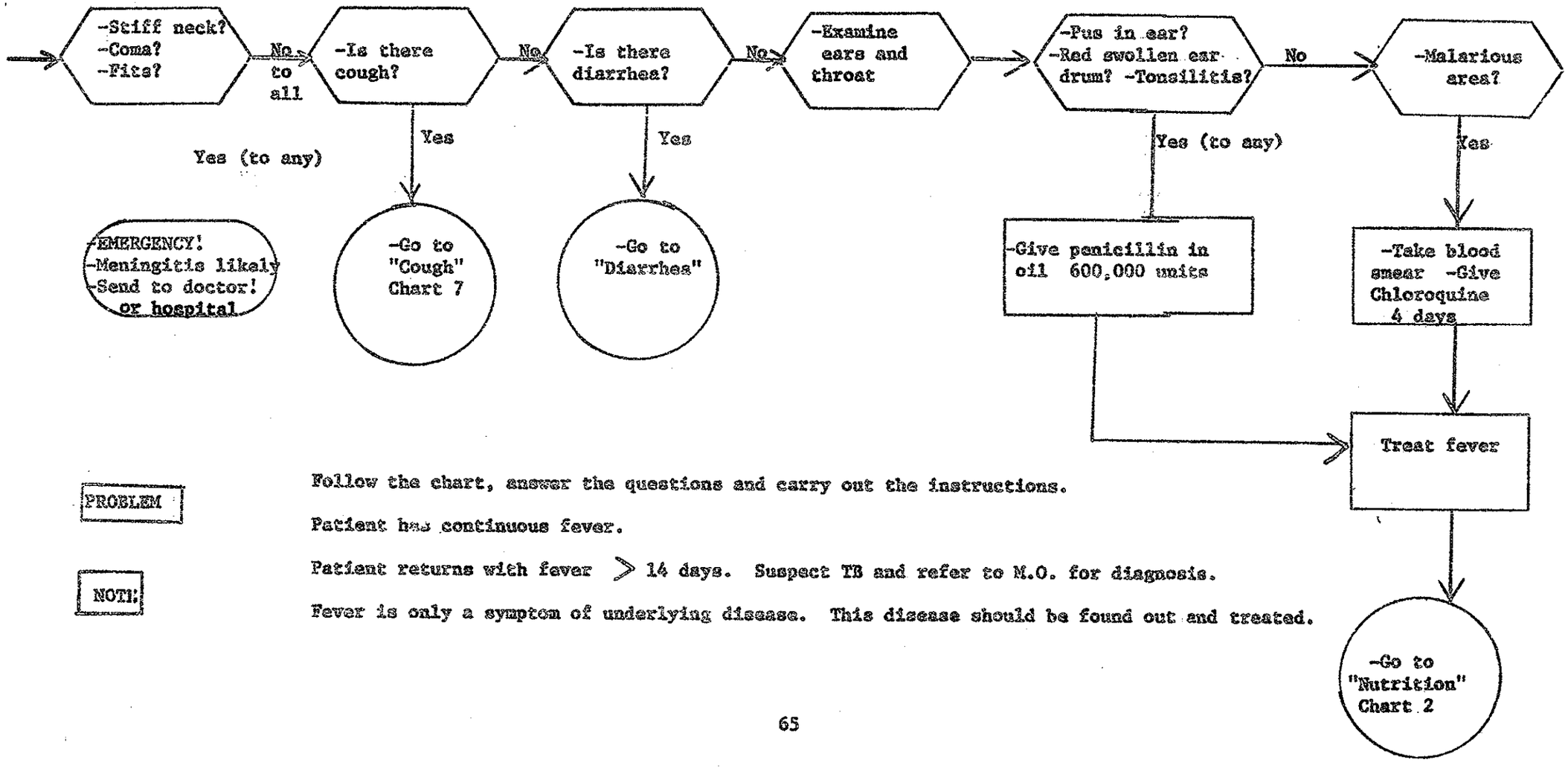
1. The parent understands the instructions
2. The child will be given food--not starved.

D. GE-Solution older than 24 hours must be discarded and a new solution made up.

FEVER--CHART 6

PROBLEM

PATIENT COMPLAINS OF FEVER



PROBLEM

Follow the chart, answer the questions and carry out the instructions.

Patient has continuous fever.

NOTE:

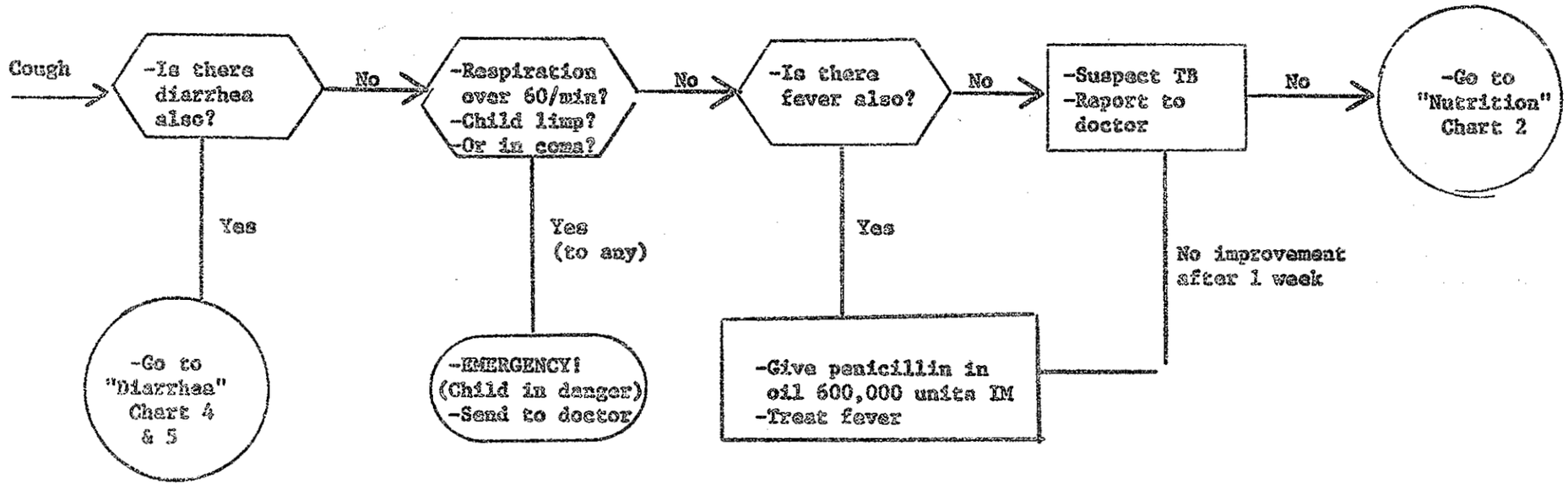
Patient returns with fever > 14 days. Suspect TB and refer to M.O. for diagnosis.

Fever is only a symptom of underlying disease. This disease should be found out and treated.

COUGH--CHART 7

PROBLEM

CHILD HAS COUGH



Follow the chart, answer the questions, and carry out the instructions.

NOTE

Cough is only a symptom of disease. Find this disease and treat it.

OTHER COMPLAINTS AT UNDER-FIVE'S CLINIC--CHART 8

PURPOSE

The following is a guide to some of the common complaints of children.

Problem	Action
1. Common cold with stuffed or runny nose. Without fever or with moderate fever.	Give nosedrops.
2. Constipation	A. Breastfed children. Advise mother that 3-4 days of constipation is normal and needs no treatment. B. Other children. Advise mother that 2-3 days constipation is normal and needs no treatment. C. Constipation after diarrhea. 2-3 days constipation or the passage of very dry stool is normal and requires no treatment.
Constipation without other symptoms.	Give liquid paraffin.
Constipation with other symptoms (vomiting and cramps).	Refer to doctor.
3. Conjunctivitis (sore eyes). Red, itchy, and discharging eyes.	A. Give 1 tube Tetracycline Ointment. Apply to both eyes 3 times daily (even if only one eye looks infected). B. Teach mother how to clean eyes and apply ointment.

Problem	Action
Pale and tired. Possible anaemia.	A. Check Hb%. B. <u>If Hb% is between 60% - 80%</u> Give 1) T. Ferrosulph. 1 daily X 20 days. 2) T. Multivite 1 daily X 30 days. C. If below 60%, refer to **doctor.**
5. Ear infection. Pulling on ear, discharge. First visit.	A. Clean ear(s). B. Give penicillin intramuscular.
Repeat visit with same complaint.	Refer to **doctor.**
6. Sore throat. Redness of throat, swollen or pus in tonsils. Pain on swallowing.	Give penicillin intramuscular.
7. Superficial burns. Redness of skin. Few blisters. No impairment of general condition.	A. Do not open blisters. B. Apply mercurocrome solution. C. Cover with sterile, dry dressing.
8. Ascaris (round worms). Passed worms or lab confirmed.	Give T. Piperazine.

Doctor

Male Nurse

Mother and Child Health Program Without an ANM

Problem

If the BHC has no ANM assigned or she is absent for an extended period, the doctor will arrange for the MCH program as follows: these are the same services enumerated in the family health section of the BHC manual;

Action

Doctor sees all ante- and post-partum mothers. Male nurse sees all routine children under 5 years.

The doctor will designate two days a week as MCH days with no separation of mothers and children.

Filter

The filtering vaccinator will send:

1) ante- and post-partum mothers to the doctor -

2) children under 5 to male nurse.

MCH patients are to be seen first - before polyclinic patients. If many MCH patients tell polyclinic patients to return the following day. Emergency cases must not be refused!

Maternal Care

Doctor

For each ante- and post-partum patient the doctor will perform the examinations specified in the BHC manual. He will designate and train the clerk or lab technician to do the following tasks:

1) take blood pressure

2) weigh the patient

3) measure height

4) record the findings

Records

The doctor will use a separate register for the MCH clinic. He will issue the necessary prophylactic and curative drugs and record these in the MCH register.

Physical Exam Refused

If a pregnant woman refuses the physical examination by a male doctor she is not eligible for WFP, nor will her child be eligible later.

A woman who refuses the physical examination, however, is not to be deprived of any of the other services designated for her.

Delivery

The doctor will assist at deliveries, where possible. If in an area where women will not allow males to assist them, it is particularly important that women who are identified as "at risk" patients are informed about the possibilities of delivery complications and if necessary referred to the nearest hospital.

Under 5's Clinic

Supervision

The doctor will regularly supervise the male nurse during the Under-5's Clinic. He must confirm all "at risk" children. At the end of each month, the doctor and the male nurse will review all weight charts used that month and the special Under-5's Clinic register to assure that the instructions in the manual are being followed.

Male Nurse

The male nurse will see all children who come for the Under-5's Clinic.

Routine Care

All children will be handled according to the instructions in the manual for the Under-5's Clinic.

"At Risk"

All children who fall in the "at risk" category must be confirmed by the doctor and his instructions carefully noted on the weight chart.

WFP

The male nurse is authorized to certify the issue of WFP rations based on WFP rules:

1. Mothers who have received WFP during their pregnancy.
2. Every child 6 months to 3 years of age, whose mothers have received WFP during pregnancy.

If the BHC has a female vaccinator

Female Vaccinator

She will handle all routine ante- and post-natal cases. The doctor will instruct her in the ante- and post-natal technical material in the manual. When he is satisfied that she understands the material, he will conduct the MCH clinic with her as his assistant. He will teach her how to:

1) take blood pressure
2) weigh patient
3) measure height
4) confirm pregnancy
5) establish position of baby
6) screen for "at risk"
7) record findings

He will constantly supervise her in her job, and determine treatment, drugs, and advice to be given.

M. O.

CDC/EPIDEMIOLOGY

I. GENERAL CONCEPT

COMMUNICABLE DISEASE CONTROL (CDC) is the action by which a health team, using different methods, actively:

A. IDENTIFIES

B. REPORTS

C. CONTAINS

D. TAKES PREVENTIVE MEASURE from further spread in the area

E. TREATS CASES of communicable diseases.

Communicable diseases are bacterial, protozoan, metazoan, rickettsial or viral in origin. Transmitted from source of infection (man and sometimes other animals) to susceptible man, either directly through contacts or indirectly through insect vectors or contaminated materials as well as water and food.

II. CDC EMERGENCIES

The following situations are of an EMERGENCY NATURE and require the prompt action of the M.O., according to the specific characteristics of the disease outbreak.

A. Any suspected or confirmed case of:

CHOLERA

SMALLPOX

PLAGUE

YELLOW FEVER

B. ANY OUTBREAK OF COMMUNICABLE DISEASE WHERE:

1. Any health problems created for the specific community.
2. From the outset looks to be beyond the capacity of the BHC.
3. Death rates are in excess of expectations.
4. Number of cases increases in spite of action taken.
f. Zoonosis of epidemic (epizoodic) nature potentially transmissible to man (particularly in areas without veterinary services).

III. GENERAL SURVEILLANCE AND REPORTING

A. Diseases under International Health Regulations

1. Designation: Since many communicable diseases can spread easily within a country, or to other countries, the following diseases have been declared to be under international health regulations.

DISEASE	WHO Number
Cholera	A1
Plague	A11
Smallpox	A24
Yellow Fever	A26

2. ACTION

If the doctor suspects, or has confirmed, any of the above diseases, he must immediately inform the PHO, or if he is not in office, the CDC Department in Kabul by telegram, telephone, or messenger on the following:

a. diagnosis

b. number of confirmed or suspected cases

c. number of deaths

d. locality and source of disease

e. duration of outbreak

f. measures taken

g. support needed

h. collect specimen as appropriate and forward to CDC Kabul.

B. Diseases under International Epidemiological Surveillance

1. Designation: The following diseases are under International Epidemiological Surveillance:

Diseases	WHO Number
Paralytic polio	A22
Influenza	A29
Typhus (louse-borne)	A30
Malaria	A31
Relapsing fever (louse-borne)	A33

2. ACTION

SPECIMEN COLLECTION

The foregoing diseases are to be reported on a weekly basis to the PHO on Form CDC No. 1. Fill in 3 copies weekly and send one to PHO, and one copy to CDC/Kabul. Keep last copy in B.H.C.

Forward as appropriate.

C. Diseases under Afghan Epidemiological Surveillance

1. Designation:

Disease	Who Number	Disease	Who Number	Disease	Who Number
Typhoid and paratyphoid fevers	A2-A3	Diphtheria	A15	Infectious hepatitis	A28
Amoebic dysentery	A4	Pertussis (whooping cough)	A16	Rabies	A29
Bacillary dysentery	A4	Scarlet fever	A17	Taenia saginata	A43
Diarrhea and vomiting		Meningitis	A19	Anchylostomiasis	A43
Tuberculosis	A6	Tetanus	A20	Leishmaniasis cutaneous	A44
Anthrax	A12	Measles	A25	Trachoma	A75
				Chickenpox	A29

REPORTING

Must be reported on a monthly basis to the PHO on Form CDC 2. Make 3 copies, send one to PHO and one to CDC Kabul. Keep last copy in BHC.

D. OTHER REPORTING

When the M.O. finds or is informed about outbreaks of cases with unusual signs/symptoms, he should, even if he cannot detect the cause or disease immediately, report these to the PHO, with a complete investigation performed by the M.O.

E. OTHER CDC PROBLEMS

1. It is the doctor's responsibility that all Communicable Diseases listed are identified, properly taken care of, and reported.
2. Use Table CDC/A as a guideline.
3. If your BHC cannot properly cope with a problem, never wait to request assistance from PHO or CDC/Kabul.

F. BHC ACTION IF NO HELP COMES

If the M.O. does not receive a response to his request for assistance within 2 to 3 days, he must repeat request for assistance by telegram.

G. DESCRIPTION, IDENTIFICATION, AND TREATMENT

All communicable diseases have their specific characteristics. The identification, confirmation of diagnosis, collection and dispatch of specimens, epidemiologic containment methods, and case treatment are summarized in Table CDC A, next page.

H. RURAL SURVEILLANCE

The M.O. has the responsibility for all CDC activities in his area. To obtain information about communicable diseases in his woleswali he will use the following approaches:

1. Contact the woleswali staff and village leaders including mullahs and teachers, and high school students and alert them to major signs and symptoms of communicable diseases, emphasizing hazards if not reported. Enlist their cooperation, in reporting CD's to the M.O. personally. Solicit assistance from malaria and smallpox agents and other mobile health teams in CDC reporting.
2. Teach the BHC staff, particularly the vaccinator, ANM, sanitarian, and male nurse, about the major CD's. They must report suspected CD cases and situations to him.
3. The vaccinator and sanitarian will visit the woleswali villages on a regular and systematic basis in accordance with their weekly work program to detect CD cases. The ANM will do the same during home visits. They will report on Form CDC/3; the M.O. will initiate appropriate follow-up on these reports in order to confirm their findings or to take action, appropriate containment, preventive and curative reporting.
4. Keep the filled-in CDC/3 forms in a special file.

CDC TABLE A

READ THIS WAY

NAME OF DISEASE WHO NUMBER	A N T H R A X Cutaneous A 12 Pulmonary	C H I C K E N P O X A 29	C H O L E R A A 1
SIGNS AND SYMPTOMS	**Cutaneous: Red papule on skin-vescicular with purple to black center.** No pain. Swelling around lesion. Pulmonary: fever, malaise, headache, dyspnoe and cough.	**Fever, blistering rash. Mainly on face and trunk. Eruptions of different generations.**	Frequent watery diarrhea. Rice water-like with/or without vomiting. Rapid dehydration. No fever or pain.
ORGANISM	Bacillus Antracis	Varicella Virus	Vibrio Cholerae Classic or Vibrio el Tor
SOURCE AND MODE OF TRANSMISSION	Contact with contaminated animals, or animal hair, wool hides or soil contamination.	Droplet infection and direct contact with patient.	Passed in stool and vomit. Spready by infected water and food. Transmission mainly by flies.
INCUBATION	2-5 days	13-17 days	Few hours to 5 days
SPECIMEN COLLECTION AND DISPATCH METHOD	--	--	Take specimen before treatment. 1) Use **rectal** swab. 2) Bury in transport media. 3) **Label with** name of patient, sex and date. Locality: **record** same on separate sheet to go with specimen. 4) Pack in small box.
PREVENTIVE MEASURES	1) Health education together with veterinary officer 2) Control of zoonosis	Isolate patient	Health education: 1) Boil and chlorinate **all** drinking water daily. 2) Use only **cooked and** covered food. 3) Use available latrine **or dig central** latrines protected from flies. 4) **Cover the** surface of feces with fresh lime. 5) **Treat all** suspected cases till first lab tests **are negative**
TREATMENT	1) Penicillin or 2) Tetracycline according to Drug/Usage Chart	Symptomatic treatment	1) Rehydration: a) refer to protocols **on dehydration.** b) Use I.V. only in unconscious **patients** or when vomiting exceedingly 4 times **per hour.** c) Use GE-Sol. according to instructions. **d) Give** tetracycline according to Drug Usage **Chart.**
REMARKS	--	Always be alert to possibility of smallpox. Can be difficult in the partly immune patient to differentiate.	

CDC TABLE A

READ THIS WAY

NAME OF DISEASE WHO NUMBER	ANTHRAX Cutaneous A 12 Pulmonary	CHICKEN POX A 29	CHOLERA A 1
SIGNS AND SYMPTOMS	Cutaneous: Red papule on skin-vescicular with purple to black center. No pain. Swelling around lesion. Pulmonary: fever, malaise, headache, dyspnoe, cough.	Fever, blistering rash. Mainly on face and trunk. Eruptions of different generations.	Frequent watery diarrhea. Rice water-like with or without vomiting. Rapid dehydration. No fever or pain.
CAUSATIVE ORGANISM	Bacillus Antracis	Varicella Virus	Vibrio Cholerae Classic or Vibrio El Tor
SOURCE AND MODE OF TRANSMISSION	Contact with contaminated animals, or animal hair, wool hides or soil contamination.	Droplet infection and direct contact with patient.	Passed in stool and vomit. Spread by infected water and food. Transmission mostly by flies.
INCUBATION PERIOD	2-5 days	13-17 days	Few hours to 5 days
SPECIMEN COLLECTION AND DISPATCH METHOD	--	--	Take specimen before treatment. 1) Use rectal swab. 2) Bury in transport media. 3) Label with name of patient, sex and date. Locality: record same on separate sheet to go with specimen. 4) Pack in small bag.
PREVENTIVE MEASURES	1) Health education together with veterinary officer. 2) Control of zoonosis.	Isolate patient.	Health education: 1) Boil and chlorinate all drinking water daily. 2) Use only cooked and covered food. 3) Use available latrine or dig central latrines protected from flies. 4) Cover the surface of feces with fresh lime. 5) Treat all suspected cases till first lab tests are negative.
REMARKS		Always be alert to the possibility of smallpox. Can be difficult in the partly immune patient to differentiate.	EMERGENCY: 1) No patient treated before specimen taken. 2) No patient discharged before one negative lab test.

(CDC Table A continued)

NAME OF DISEASE WHO NUMBER	LEISHMANISIS A 44 Cutaneous	DIARRHEA and VOMITING (No WHO#)	DIPHTHERIA A 15
SIGNS AND SYMPTOMS	Starts with macule, soon increases in size with ulcer at center and infiltration of surrounding area. Usually on uncovered parts of body. Without treatment, will heal 6-12 mos.	Sudden onset. Loose stool, abdominal cramps. Vomiting which causes dehydration. Often no fever.	Acute infection of throat and nose. Greyish-white membranes on mucus surface. Moderate fever.
CAUSATIVE ORGANISM	Leishmania Tropica	Various organisms. Bacillus, virus, toxins.	Corynebacterium Diphtheriae
SOURCE AND MODE OF TRANSMISSION	Stray dogs and rodents and infected humans. Bite by infected sandflies.	Passed in stool. Contaminated water and food.	Contact with patient or healthy carriers, or contaminated material from patient.
INCUBATION PERIOD	Days to months	1-8 days	2-5 days
SPECIMEN COLLECTION AND DISPATCH METHOD	Unstained smear from edge of lesion.	At least 1 gram of vomit or stool in transport media. 20-30 cc of suspected material to CDC.	1) Throat swab before treatment. 2) Dispatch in N-saline OR Lofflers media to PHI with identification.
PREVENTIVE MEASURES	1) DDT spraying (residual) before transmission season. 2) Killing stray dogs, rodents. 3) Improve environmental sanitation.	1) Health education. 2) Environmental sanitation. 3) Safe drinking water.	1) Give anti-toxin to contacts. 2) Health education. 3) DPT vaccination (not during acute outbreak).
TREATMENT	1) Glycantime OR 2) Tatrate Stibium 3) Read instructions for preparation and dosage.	1) Rehydration. 2) Refer to a) protocols b) manuals on rehydration c) Drug Usage Chart	1) Anti-diphtheria serum. 2) Penicillin according to Drug Usage Chart.
REMARKS	—	—	Most dangerous in infants and small children.

READ THIS WAY

READ THIS WAY

NAME OF DISEASE WHO NUMBER	DIARRHEA and VOMITING (No#)	DIPHTHERIA A 15	DYSENTERY AMOEBIC A 4	DYSENTERY BACILLARY A 4
SIGNS AND SYMPTOMS	Sudden onset. Loose stool, abdominal cramps. Often no fever. Vomiting, which causes dehydration.	Acute infection of throat and nose. Greyish white membranes on mucus surface. Moderate fever.	Loose stools, passing of blood and mucus. Abdominal pains. Loss of appetite and loss of weight.	Sudden onset of loose stool with blood and mucus, fever, abdominal pain and dehydration. (Fever during first 24 hours).
Causative ORGANISM	Various organisms. Bacillus, virus, toxins.	Corynebacterium Diphtheriae	Entamoeba Histolytica	Bacillus (Shigella) Shiga flexner, sonnei boydi
SOURCE AND MODE OF TRANSMISSION	Passed in stool. Contaminated food and water.	Contact with patient or healthy carriers, or contaminated material from patient.	Cysts passed in feces. Contaminated food and water, especially raw vegetables.	Passed in feces. Contaminated water and food.
INCUBATION PERIOD	1-8 days	2-5 days	5 days to 3 months	2-3 days
SPECIMEN COLLECTION AND DISPATCH METHOD	At least 1 gram of vomit or stool in transport media. 20-30 cc of suspected material to CDC.	1) Throat swab before treatment 2) Dispatch in N-saline or Lofflers media to PHI with identification.	Lab examination of fresh stool. See lab manual.	
PREVENTIVE MEASURES	1) Health education. 2) Environmental sanitation. 3) Safe drinking water.	1) Give anti-toxin to contacts 2) Health education. 3) DPT vaccination (not during acute outbreak).	1) Health education. 2) Sanitation.	1) Health education. 2) Sanitation 3) Disinfection of stool.
REMARKS		Most dangerous in infants and small children.	Check stool 10 days after treatment.	

(CDC Table A continued)

READ THIS WAY

NAME OF DISEASE WHO NUMBER	DYSENTERY AMOEBIC A 4	DYSENTERY BACILLARY A 4	HOOKWORM A 43 (Anchylostomiasis)	INFECTIOUS HEPATITIS A 28
SIGNS AND SYMPTOMS	Loose stools, passing of blood and mucus. Abdominal pains. Loss of appetite and loss of weight.	Sudden onset of loose stool with blood and mucus, fever abdominal pain and dehydration. (Fever during 1st 24 hrs.)	Progressive anemia.	Acute onset with malaise, nausea, fever, abdominal discomfort, later jaundice, pale stool, dark urine.
CAUSATIVE ORGANISM	Entamoeba Histolytica	Bacillus (Shigella) Shiga flexneri sonnei, boydi	Anchylostoma	Virus
SOURCE AND MODE OF TRANSMISSION	Cysts passed in feces. Contaminated food and water. Especially raw vegetables.	Passed in feces. Contaminated water and food.	Eggs passed in stool. Worms penetrate skin of feet.	Passed in feces and urine contaminated
INCUBATION PERIOD	5 days to 3 months	2-3 days	weeks, months	10-30 days
SPECIMEN COLLECTION AND DISPATCH METHOD	Lab examination of fresh stool. See lab manual.		Fresh stool lab identification of eggs.	--
PREVENTIVE MEASURES	1) Health education. 2) Sanitation.	1) Health education. 2) Sanitation. 3) Disinfection of stool.	1) Health education. 2) Sanitation.	1) Isolate patient. 2) Health education.
TREATMENT	ADULTS: 1) Tab. tetracycline of 250 mg 4 times daily for 7-14 days. OR 2) Tab Metronidazole 3 tabs 3 times daily. OR 3) Tab Neoviasept 2 tabs 3 times daily for 8 days.	1) Tetracycline according to Drug Usage Chart. 2) Refer to protocol on dehydration. 3) GE-Sol if signs of dehydration.	1) Tetrachlorethylene OR 2) Baphenium Hydroxynaphtoate (Alcoper) 3) Treat anemia with I. Ferrous Sulphate	1) Bed rest. 2) Liquid diet without oil.
REMARKS	Check stool 10 days after treatment.		Suspect hookworm in anemia patients.	If more than sporadic cases, treat as CDC EMERGENCY.

(CDC TABLE A continued)

READ THIS WAY

NAME OF DISEASE WHO NUMBER	HOOKWORM A 43 (Anchylostomiasis)	INFECTIOUS HEPATITIS A 28	INFLUENZA A 29	LEISHMANIASIS A 44 Cutaneous
SIGNS AND SYMPTOMS	Progressive anemia.	Acute onset with malaise, nausea, fever, abdominal discomfort, later jaundice, pale stool, dark urine.	Fever, running nose, sore throat. Aches and pains in joints and muscles.	Starts with macule, soon increases in size with ulcer at center and infiltration of surrounding area. Usually on uncovered parts of body. Without treatment, will heal 6-12 mos.
CAUSATIVE ORGANISM	Anchylostoma	Virus	Virus	Leishmania Tropica
SOURCE AND MODE OF TRANSMISSION	Eggs passed in stool. Worms penetrate skin of feet.	Passed in feces and urine contaminated food and water.	Droplet infection.	Stray dogs and rodents and infected humans. Bite by infected sandflies.
INCUBATION PERIOD	weeks-months	10-30 days	1-3 days	Days to months
SPECIMEN COLLECTION AND DISPATCH METHOD	Fresh stool lab identification of eggs.	--	--	Unstained smear from edge of lesion.
PREVENTIVE MEASURES	1) Sanitation 2) Health education.	1) Isolate patient. 2) Health education.	Isolate patient.	1) DDT spraying (residual) before transmission season. 2) Killing stray dogs, rodents. 3) Improve environmental sanitation.
REMARKS	Suspect hookworm in anemia patients.	If more than sporadic cases, treat as CDC EMERGENCY.	Post-influenza pneumonia severe in elderly.	

READ THIS WAY

NAME OF DISEASE DHO NUMBER	INFLUENZA A 29	MALARIA A 31	MEASLES A 25	MENINGITIS A 19
SIGNS AND SYMPTOMS	Fever, running nose, sore throat. Aches and pains in joints and muscles.	Recurrent attacks of high fever, with rigors, chills, headache and body aches.	Fever, running eyes and nose. Blushing of skin, followed by rash. White spots in mouth. Cough.	Sudden onset. High f fever, vomiting, neck and back stiffness, headache, pains in back and extremities. Confusion.
CAUSATIVE ORGANISM	Virus	Plasmodium	Virus	Meningo-coccus and several other agents.
SOURCE AND MODE OF TRANSMISSION	Droplet infection	Mosquito bite	Droplet infection	Droplet infection
INCUBATION PERIOD	1-3 days	14 days - 10 months	10-14 days	3-4 days
SPECIMEN COLLECTION AND DISPATCH METHOD	--	1) Blood slide at time of fever. 2) Thick and thin smear. 3) Dispatch to malaria center with identification.	--	--
PREVENTIVE MEASURES	Isolate patient.	Health education.	Isolate patient.	1) Isolate patient. 2) Health education.
TREATMENT	Symptomatic treat-ment.	Presumptive treatment according to Drug/Usage Chart.	Symptomatic treatment.	1) Sulphonamides 2) Penicillin 3) Chloramphenicol 4) Symptomatic treatment
REMARKS	Post-influenza pneumonia severe in elderly.	Take slide from all fever cases.	Children at risk of developing malnutrition and bacterial complications.	If more than sporadic cases, treat as CDC EMERGENCY. Be alert to possibility of TB Meningitis.

READ THIS WAY

NAME OF DISEASE WHO NUMBER	MALARIA A 31	MEASLES A 25	MENINGITIS A 19	PLAGUE A 11
SIGNS AND SYMPTOMS	Recurrent attacks of high fever, with rigors, chills, headache and body aches.	Fever, running eyes and nose. Blushing of skin, followed by rash. White spots in mouth. Cough.	Sudden onset. High fever, chills, vomiting, neck and back stiffness, headache. Pains in back and extremities. Confusion, delirium, and coma.	Sudden onset with fever, rapid pulse, nausea and vomiting. Blisters and swollen glands at or near site of bite.
CAUSATIVE ORGANISM	Plasmodium	Virus	Meningo-coccus and several other agents.	Pasteurella Pestis
SOURCE AND MODE OF TRANSMISSION	Mosquito bite	Droplet infection	Droplet infection	Bite by infected flea. Can be spread by infected animals and droplets from patients.
INCUBATION PERIOD	14 days-10 months	10-14 days	3-4 days	2-6 days
SPECIMEN COLLECTION AND DISPATCH METHOD	1) Blood slide at time of fever. 2) Thick and thin smear. 3) Dispatch to malaria center with identification.	--	--	--
PREVENTIVE MEASURES	Health education.	Isolate patient.	1) Isolate patient. 2) Health education.	1) DDT spraying of patient's house (very important) 2) Isolate patient 3) Quarantine of contacts 4) Destroy rats
REMARKS	Take slide from all fever cases.	Children at risk of developing malnutrition and bacterial complications.	If more than sporadic cases, treat as CDC EMERGENCY. Be alert to possibility of TB Meningitis.	EMERGENCY.

READ THIS WAY

NAME OF DISEASE WHO NUMBER	P L A G U E A 11	P O L I O PARALYTIC A 22	R A B I E S A 29
SIGNS AND SYMPTOMS	Sudden onset with fever, rapid pulse, nausea and vomiting. Blisters and swollen glands at or near site of bite.	Sudden onset: fever, headache, sore throat, gastro-intestinal discomfort. Paralysis of limbs or respiration muscles.	Difficulty in swallowing. Paraestesia, photophobia, convulsions, paralysis. (If these symptoms exist, it is too late for treatment).
CAUSATIVE ORGANISM	Pasteurella Pestis	Polio Virus	Virus
SOURCE AND MODE OF TRANSMISSION	Bite by infected flea. Can be spread by infected animals and droplets from patients.	Infected feces from patients and carriers.	Bite from rabid animal.
INCUBATION PERIOD	2-6 days	4-14 days	3-6 weeks
SPECIMEN COLLECTION AND DISPATCH METHOD	--	--	1) Kill suspected animal. 2) Send immediately the head (packed in ice) of the animal to vaccine producing center in Kabul with identification.
PREVENTIVE MEASURES	1) DDT spraying of patient's house (very important) 2) Isolate patient 3) Quarantine of contacts 4) Destroy rats.	1) Health education 2) Isolate patient	Control of rabid animals.
TREATMENT	1) Streptomycin 1 gm I.M. 4 times daily for 2 days. Then 0.5 gm I.M. 4 times daily AND 2) Caps. Tetracycline 500 mg. 4 times daily 3) Symptomatic treatment.	1) Symptomatic treatment. 2) Refer to hospital if signs of difficulty in respiration.	1) Immediate local treatment of animal bite. 2) No suture or closure of wound. 3) Serum and vaccine treatment in consultation with hospital or CDC/Kabul.
REMARKS	EMERGENCY		Untreated this disease is fatal. TREATMENT is only for a bite by rabid animal.

READ THIS WAY

NAME OF DISEASE WHO NUMBER	P O L I O PARALYTIC A 22	R A B I E S A 29	R E L A P S I N G F E V E R A 33	S C A R L E T F E V E R A 17
SIGNS AND SYMPTOMS	Sudden onset: fever, headache, sore throat, gastro-intestinal discomfort. Paralysis of limbs or respiration muscles.	Difficulty in swallowing. Paraestesia, photophobia, convulsions, paralysis. (If these symptoms exist, it is too late for treatment).	Periods of fever lasting 2-9 days. Afebrile intervals. Relapses between 2-10.	Acute onset. Sore throat, reddish rash, strawberry tongue and fever.
CAUSATIVE ORGANISM	Polio virus	Virus	Borrelia Recurrentis (Spirochata)	Streptococus
SOURCE AND MODE OF TRANSMISSION	Infected feces from patients and carriers.	Bite from rabid animal.	Bite of infected louse or tick.	Direct contact with patient.
INCUBATION PERIOD	4-14 days	3-6 weeks	8-15 days	1-5 days
SPECIMEN COLLECTION AND DISPATCH METHOD	--	1) Kill suspected animal. 2) Send immediately the head (packed in ice) of the animal to vaccine producing center in Kabul with identification.	--	--
PREVENTIVE MEASURES	1) Health education 2) Isolate patient	Control of rabid animals	1) DDT spraying 2) Health education 3) Personal hygiene	1) Isolation of patient 2) Health education
REMARKS		Untreated this disease is fatal.		

READ THIS WAY

NAME OF DISEASE WHO NUMBER	RELAPSING FEVER A 33	SCARLET FEVER A 17	SMALLPOX A 24	TAENIA SAGINATA (Beef tape worm) A 43
SIGNS AND SYMPTOMS	Periods of fever lasting 2-9 days. Afebrile intervals. Relapses between 2-10 days.	Acute onset. Sore throat, reddish rash, strawberry tongue and fever.	Fever, malaise, headache, severe backache. 2nd-4th day: eruptions developing to successive stage of macules, papules, vesicles, postules and ends with scabs. Face, hands, feet more affected. Lesions all same generation.	No symptoms or mild intestinal discomfort.
CAUSATIVE ORGANISM	Borrelia Recurrentis (Spirocheta)	Streptococus	Variola virus	Beef tapeworm larva
SOURCE AND MODE OF TRANSMISSION	Bite of infected louse or tick.	Direct contact with patient.	Droplets--man to man in close contact with smallpox lesions.	Eating of raw or little cooked infected beef.
INCUBATION PERIOD	8-15 days	1-3 days	7-17 days	8-10 weeks
SPECIMEN COLLECTION AND DISPATCH METHOD	--	--	--	Fresh stool, lab identification.
PREVENTIVE MEASURES	1) DDT spraying 2) Health education 3) Personal hygiene	1) Isolation of patient 2) Health education	1) Isolation of patient. 2) Quarantine of contacts. 3) Disinfection of all material in contact with patient. 4) Vaccination of all contacts and the whole surrounding area.	1) Health education. 2) Proper cooking.
TREATMENT	Tetracycline 500 mg. 4 times daily continued for 7 days after afebrile.	Penicillin according to Drug Usage Chart.	Symptomatic treatment.	1) Yomesan OR 2) Quinacrine Hydrochloride.
REMARKS			EMERGENCY Report also directly to Smallpox Eradication Regional Office	Patient may observe segments of worms in stool.

READ THIS WAY

NAME OF DISEASE WHO NUMBER	SMALLPOX A 24	TAENIASAGINATA A 43 (Beef Tape Worm)	TETANUS A 20
SIGNS AND SYMPTOMS	Fever, malaise, headache, severe backache. 2nd-4th day: Eruptions developing to successive stage of macules, papules, vesicles, postules and ends with scabs. Face, hands, feet more affected. Lesions all same generation.	No symptoms or mild intestinal discomfort.	Stiff, painful muscles, jaw and neck. Spreads to trunk, arms and legs. Difficulty swallowing.
CAUSATIVE ORGANISM	Variola virus	Beef tapeworm larva	Clostridium Tetani
SOURCE AND MODE OF TRANSMISSION	Droplets -- man to man in close contact with smallpox lesions.	Eating of raw or little cooked infected beef.	Soil with tetanus bacillus (in spore form) introduced to wound. Infected umbilical cord.
INCUBATION PERIOD	7-17 days	8-10 weeks	4-21 days
SPECIMEN COLLECTION AND DISPATCH METHOD	--	Fresh stool, lab identification.	--
PREVENTIVE MEASURES	1) Isolation of patient 2) Quarantine of contacts 3) Disinfection of all material in contact with patient. 4) Vaccination of all contacts and the whole surrounding area.	1) Health education 2) Proper cooking	1) Clean all wounds 2) DPT immunization of all children 3) Tetanus vaccinate pregnant mothers 4) Health education
REMARKS	EMERGENCY Report also directly to SMALLPOX ERADICATION REGIONAL OFFICE	Patient may observe segments of worms in stool.	Spores of Clostridium exist in soil.

READ THIS WAY

NAME OF DISEASE WHO NUMBER	TETANUS A 20	TRACHOMA A 75	TUBERCULOSIS (respiratory) A 6
SIGNS AND SYMPTOMS	Stiff, painful muscles, jaw and neck. Spreads to trunk, arms and legs. Difficulty swallowing.	Photophobia, bilateral redness of conjunctivae, itching and discharge. Pannus, trichiasis, entropian blindness.	Fever, cough, nightsweat, dyspnoe, loss of weight.
CAUSATIVE ORGANISM	Clostridium Tetani	Clamydia inclusion body	Mycobacterium Tuberculosis
SOURCE AND MODE OF TRANSMISSION	Soil with tetanus, bacillus (in spore form) introducted to wound. Infected umbilical cord.	Eye discharge. Direct contact or using common towells.	Inhaling dried sputum or cough droplets from patients.
INCUBATION PERIOD	4-21 days	5-12 days	weeks, years
SPECIMEN COLLECTION AND DISPATCH METHOD	--	--	1) Morning sputum smear 2) Stain for acid fast bacilli OR send to provincial TB Center.
PREVENTIVE MEASURES	1) Clean all wounds 2) DPT immunization of all children 3) Tetanus vaccinate pregnant mothers 4) Health education.	Health education.	1) BCG vaccination of all people under 15 years of age 2) Health education 3) Active case detection and defaulter follow-up.
TREATMENT	Refer to hospital.	Tetracycline eye ointment according to trachoma instructions.	Streptomycin. INH/Thiazetazone INH (see separate TB Treatment Chart)
REMARKS	Spores of Clostridium exist in soil.	Let patient return after 3 months.	Important that diagnosed case remain under regular treatment for 12-18 months.

NAME OF DISEASE WHO NUMBER	TRACHOMA A 75	TUBERCULOSIS A 6 (respiratory)	TYPHOID FEVER PARA-TYPHOID FEVER A 2 A 3 (Para)
SIGNS AND SYMPTOMS	Photophobia, bilateral redness of conjunctivae, itching and discharge. Pannus, trichiasis, entropion. Blindness.	Fever, cough, nightsweat, dyspnoe, loss of weight.	Headache, tiredness, fever, rose-colored rash on abdomen. Rising fever, peasoup stool. Loss of appetite and weight. Delirium. Rosted tongue.
CAUSATIVE ORGANISM	Clamydia inclusion body	Mycobacterium Tuberculosis	Typhoid Bacillus. Salmonella Typhi S. para A S. para B S. para C
SOURCE AND MODE OF TRANSMISSION	Eye discharge. Direct contact or using common towels.	Inhaling dried sputum or cough droplets from patients.	Passed by patients and carriers stool and urine. Contaminated food and water.
INCUBATION PERIOD	5-12 days	Weeks, years	10-21 days
SPECIMEN COLLECTION AND DISPATCH METHOD	--	1) Morning sputum smear 2) Stain for acid-fast bacilli OR send to Provincial TB Center.	1) Collection of blood - at least 5 cc at the end of first week OR 2 cc sterile serum in sterile tube to be repeated a week later. To be sent only once if more than 12 days from onset. No preservative. Dispatch to PHI with identification.
PREVENTIVE MEASURES	Health education	1) BCG vaccination of all people under 15 years of age 2) Health education 3) Active case detection and defaulter follow-up	1) Isolate patient during acute stage. 2) Health education 3) Sanitation 4) Disinfection of stools and urine
REMARKS	Let patient return after 3 months.	Important that diagnosed case remain under regular treatment for 12-18 months.	

READ THIS WAY

READ THIS WAY

NAME OF DISEASE WHO NUMBER	TYPHOID FEVER PARA-TYPHOID FEVER A 2 A 3 (Para)	TYPHUS (Louse-borne) A 30
SIGNS AND SYMPTOMS	Headache, tiredness, fever, rose-colored rash on abdomen. Rising fever, peasoup stool. Loss of appetite and weight. Delirium. Rosted tongue.	Headache, fever, backache. Characteristic rash. Redness of eyes. Stupor, delirium. Rosted tongue.
CAUSATIVE ORGANISM	Typhoid Bacillus. Salmonella Typhi S. para A S. para B S. para C	Rickettsia Prowazaki
SOURCE AND MODE OF TRANSMISSION	Passed by patients and carriers stool and urine. Contaminated food and water.	Bite by body lice.
INCUBATION PERIOD	10-21 days	7-14 days
SPECIMEN COLLECTION AND DISPATCH METHOD	1) Collection of blood - at least 5 cc at the end of first week OR 2 cc sterile serum in sterile tube to be repeated a week later. To be sent only once if more than 12 days from onset. No preservative. DISPATCH TO PHI with identification.	1) End of 1st week: 3-5 cc blood in sterile tube or 2 cc sterile serum in sterile tube. Repeat a week later. Send only once if more than 12 days from onset. No preservative. DISPATCH TO PHI with identification.
PREVENTIVE MEASURES	1) Isolate patient during acute stage. 2) Health education. 3) Sanitation. 4) Disinfection of stools and urine.	1) Isolate patient. 2) 0.5% BHC or 10% DDT dusting of house, clothes and patient every 24 hours. 3) Health education.
TREATMENT	1) ADULTS: Caps chloramphenicol 250 mg, 4 times daily for 14 days. 2) CHILDREN: Chloramphenicol 50 mg/kg/day, 4 times a day for 2 days. After 2 days decrease to 25 mg/kg/divided in 4 daily doses for additional 12 days. 3) Symptomatic treatment.	T. Tetracycline 0.5 gm. 6 times daily for 7 days, or Chloramphenical 50 mg./per kilo daily.

(CDC TABLE A continued)

READ THIS WAY

NAME OF DISEASE WHO NUMBER	WHOOPING COUGH (Pertussis) A 16	YELLOW FEVER A 26
SIGNS AND SYMPTOMS	Bouts of coughing followed by whooping, vomiting.	Sudden onset with fever, headache, prostration, nausea and vomiting. Extreme jaundice. Weakness. Slow pulse rate.
CAUSATIVE ORGANISM	Bordetelle Pertussis (Bacillus)	Virus
SOURCE AND MODE OF TRANSMISSION	Droplet infection and articles freshly soiled with discharge.	Mosquito bite
INCUBATION PERIOD	7-10 days	3-6 days
SPECIMEN COLLECTION AND DISPATCH METHOD		
PREVENTIVE MEASURES	1) Isolate patient 2) Vaccination of all children with DPT (not during outbreak)	1) Vaccination 2) Mosquito spraying
TREATMENT	1) Tetracycline only first 5 days 2) Symptomatic treatment	Symptomatic treatment
REMARKS	1) Do not vaccinate during incubation period. 2) Treat complicating Bronco-pneumonia with penicillin	Not diagnosed in Afghanistan

READ THIS WAY

NAME OF DISEASE WHO NUMBER	TYPHUS (Louse-borne) A 30	WHOOPING COUGH A 16 (Pertussis)	YELLOW FEVER A 26
SIGNS AND SYMPTOMS	Headache, fever, backache, characteristic rash. Redness of eyes. Stupor, delirium. Rosted tongue.	Bouts of coughing followed by whooping, vomiting.	Sudden onset with fever, headache, prostration, nausea and vomiting. Extreme jaundice. Weakness. Slow pulse rate.
CAUSATIVE ORGANISM	Rickettsia Prowazeki	Bordetella Pertussis (Bacillus)	Virus
SOURCE AND MODE OF TRANSMISSION	Bite by body lice.	Droplet infection and articles freshly soiled with discharge.	Mosquito bite.
INCUBATION PERIOD	7-14 days	7-10 days	3-6 days
SPECIMEN COLLECTION AND DISPATCH METHOD	1) End of 1st week: 3-5 cc blood in sterile tube OR 2 cc sterile serum in sterile tube. Repeat a week later. Send only once if more than 12 days from onset. No preservative. DISPATCH TO PHI with identification.		
PREVENTIVE MEASURES	1) Isolate patient 2) 0.5% BHC or 10% DDT dusting of house, clothes and patient every 24 hours. 3) Health education	1) Isolate patient 2) Vaccination of all children with DPT (not during outbreak)	1) Vaccination 2) Mosquito spraying
REMARKS		1) Do not vaccinate during incubation period. 2) Treat complicating Bronco-pneumonia with penicillin	Not diagnosed in Afghanistan.

A N M

CDC/EPIDEMIOLOGY

GENERAL CONCEPT

Communicable disease control is the action by which a health team

1. IDENTIFIES
2. RECORDS
3. CONTAINS
4. TAKES PREVENTIVE MEASURES
5. TREATS CASES of communicable diseases.

YOUR ROLE IN CDC

A. The BHC doctor is responsible for the team's CDC activities, but the ANM who sees many patients, visits families in their homes, and lives in the community, must be alert to signs and symptoms of communicable diseases.

B. Carefully study the list of communicable diseases (Table CDC/A). Make yourself familiar with the signs and symptoms. If you are in doubt about what some of the names mean, ask the BHC doctor to explain them to you.

IN THE BASIC HEALTH CENTER

A. Always be alert to the possibility of patients having a communicable disease when they complain about not feeling well.

B. Whenever you notice any of the following signs/symptoms, always consult the doctor about these patients. If he is not present, consult with the male nurse.

Signs and symptoms:

1. Fever
2. Diarrhea
3. Skin rash
4. Cough for as long as 14 days
5. Sick people, where you cannot find any specific symptoms
6. Clustering of similar cases > 5 cases/day
7. Several deaths from same cause

ACTION

If you cannot solve the problems together with the male nurse, arrange that the patient is seen by the doctor as soon as possible. If the doctor is absent for an extended period, arrange for the patient to go to the hospital or see a private doctor.

HOME VISITS

When you go on home visits, ask if any of the family members have

1. Fever
2. Diarrhea
3. Skin rash
4. Cough for as long as 14 days
5. Any diseases making them unable to work
6. Clustering of similar cases > 3/per house

ACTION

If this is the case, fill in Form CDC/3 and advise the patients to go the the BHC as soon as possible.

If suspected measles, pertussis, diphtheria or smallpox, advise patients to stay at home and wait for the follow-up visit.

NOTE

Deliver the form to the doctor on your return to the BHC.

With your active participation in the CDC program and your constant alertness to signs/symptoms of communicable disease, the BHC Team will be able to prevent the spread of many communicable diseases.

MALE NURSE

CDC/EPIDEMIOLOGY

GENERAL CONCEPT

Communicable disease control is the action by which a health team,using different methods, actively:

1. IDENTIFIES
2. RECORDS
3. CONTAINS
4. TAKES PREVENTIVE MEASURES
5. TREATS CASES of communicable diseases.

YOUR ROLE IN CDC

A. The BHC Doctor is responsible for the Team's CDC activities, but the male nurse seeing many patients, and living in the community, must be alert to signs and symptoms of communicable diseases.

B. Carefully study the list of communicable diseases (Table CDC-A). Make yourself familiar with the signs and symptoms. If you are in doubt about what some of the names mean, ask the BHC doctor to explain them to you.

YOUR ROLE IN THE BHC

A. Always be alert to the possibility of patients having a communicable disease.

B. Whenever you notice any of the following signs/symptoms:

1. Fever
2. Diarrhea, especially in children
3. Skin rash
4. Cough for as long as 14 days

MALE NURSE

CDC/EPIDEMIOLOGY

GENERAL CONCEPT

Communicable disease control is the action by which a health team,using different methods, actively:

1. IDENTIFIES
2. RECORDS
3. CONTAINS
4. TAKES PREVENTIVE MEASURES
5. TREATS CASES of communicable diseases.

YOUR ROLE IN CDC

A. The BHC Doctor is responsible for the Team's CDC activities, but the male nurse seeing many patients, and living in the community, must be alert to signs and symptoms of communicable diseases.

B. Carefully study the list of communicable diseases (Table CDC-A). Make yourself familiar with the signs and symptoms. If you are in doubt about what some of the names mean, ask the BHC doctor to explain them to you.

YOUR ROLE IN THE BHC

A. Always be alert to the possibility of patients having a communicable disease.

B. Whenever you notice any of the following signs/symptoms:

1. Fever
2. Diarrhea, especially in children
3. Skin rash
4. Cough for as long as 14 days

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5. Sick people, where you cannot find any specific symptoms

6. Clustering of similar cases > 5 cases/day

7. Several deaths from the same cause

C. Consult the BHC doctor.

D. It is your responsibility that TB defaulters are contacted as soon as possible after they have defaulted. At the end of each week, update your list of defaulters and on Saturday morning instruct the sanitarian or vaccinator to contact defaulters in the villages he will visit.

NOTE

With your active participation in the CDC program and your constant alertness to signs/symptoms of communicable diseases, the BHC team will be able to prevent the spread of many communicable diseases.

M. O.

MALE NURSE

GENERAL

TB AND OTHER CD FOLLOW-UP IN CDC

The following communicable diseases (CD's) always require the attention of the BHC doctor and follow-up:

a. TB defaulter, pulmonary cases only

b. Measles

C. Diphtheria

D. Trachoma

E. Typhoid

F. For the identification of these diseases see Table CDC-A.

RESPONSIBILITIES OF THE BHC STAFF

The doctor is in charge of all CDC activities in the BHC. After he has confirmed a case of any one of the above diseases, he will initiate the following activity:

A. TB Defaulter Follow-up: A TB patient is a "defaulter" when he has failed to come to the BHC for treatment within 7 days of the appointed date for treatment and medicine. The doctor, based on the Male Nurse's defaulter list and together with the Male Nurse, will direct the vaccinator or sanitarian to go to the defaulter's residence and, if possible, bring him to the BHC; or determine the reason that he cannot and other circumstances of the case. The doctor will interview the patient, explaining to him the importance of continued treatment. Should the defaulter fail to return to the BHC for renewed treatment after 3 months, he will be considered a program "dropout" and removed from the active list.

B. Measles, diphtheria, trachoma, typhoid. After instructing the patient on a course of medicine(s) (if appropriate), return visit after communicability ended, diet, personal hygiene, and other treatment-related issues he will explain to the patient -- and any accompanying friend or relative -- about such quarantine measures as may be necessary.

VILLAGE VISIT

C. The doctor will have the ANM, sanitarian or vaccinator (as appropriate) accompany the patient to his home to explain the quarantine and treatment-related measures to the family and other house/compound dwellers. If the case presents a serious CD health hazard to the community in the doctor's opinion, the BHC staff member should also meet with the village malek, decision-council, or alakadar to advise them of the patient's illness and of appropriate quarantine measures.

OTHER DEFAULTER FOLLOW-UP

D. If a measles, diphtheria, trachoma or typhoid case fails to make the specified return visit to the BHC for a checkup, the doctor will decide whether the situation represents a health hazard to the community. In such cases, the doctor will go to see the patient to perform necessary treatments and/or quarantine reinforcement, or will send the ANM, sanitarian, or vaccinator with instructions on how to proceed.

SANITARIAN

CDC/EPIDEMIOLOGY

GENERAL CONCEPT

Communicable disease control is the action by which a health team using different methods actively

1. IDENTIFIES
2. RECORDS
3. CONTAINS
4. TAKES PREVENTIVE MEASURES
5. TREATS CASES of communicable diseases.

YOUR ROLE IN CDC

A. The BHC doctor is responsible for the Team's CDC activities, but since the sanitarian spends most of his time in the community, he must be alert to signs and symptoms of communicable diseases, and know preventive measures.

B. Carefully study the list of communicable diseases (Table CDC-A). Make yourself familiar with the signs and symptoms and preventive measures. If you are in doubt about what some of the names mean, ask the BHC doctor to explain them to you.

IN THE BHC

Since none of your work is in the BHC, your only work will be to report your findings to the doctor.

IN THE FIELD

When you are working on sanitary improvements in tea-houses, restaurants and foodhandlers, ask if any of the people have:

1. Fever
2. Diarrhea
3. Skin rash
4. Cough for as long as 14 days
5. Any diseases, making them unable to work
6. Clustering of similar cases $>$ 5 cases/day
7. Several deaths from same cause

ACTION

A. If this is the case, fill in Form CDC 3 and advise the patient to go to the BHC as soon as possible. Deliver the form to the doctor on return to the BHC. If suspected measles, pertussis, diphtheria, or smallpox advise patient to stay home and await follow-up visit.

B. People who are absent from work due to disease. Find their house, ask what symptoms they have and enter them on Form CDC 3. Advise them to go to the BHC as soon as possible. Deliver the form to the doctor on return to the BHC.

HOME VISITS

When you go for home visits to inspect latrines and wells, ask if any of the family members have:

1. Fever
2. Diarrhea
3. Skin rash
4. Cough for as long as 14 days
5. Any disease, making them unable to work
6. Clustering of similar cases > 3/per house
7. Several deaths from same cause.

ACTION

A. If that is the case, fill in Form CDC 3 and advise the patient to go to the BHC as soon as possible. If suspected measles, pertussis, diphtheria or smallpox advise patient to stay home and await follow-up visit.

B. Deliver the form to the doctor on your return to the BHC.

TB DEFAULTER FOLLOW-UP

ACTION

A. Check at the beginning of each week with the male nurse on TB defaulters. If any of the defaulters are residing in the villages you will visit during that week, note name and father's name of defaulter.

B. Locate the defaulter in his home and tell him the following, together with other members of the family:

1. Since you have stopped coming to the BHC for treatment, it may become impossible to cure your disease.
2. If you are not taking your treatment regularly, you may transmit your disease to your family, friends and neighbours.

C. Explain to the patient that even if he has no symptoms now, he is not cured before he has been under treatment for 12-18 months and the doctor has declared him cured.

D. Urge him to come back for treatment.

E. Report to the male nurse the result of your visit.

OTHER DEFAULTER FOLLOW-UP

A. Check at the beginning of each week with the doctor on other defaulters. If any of the defaulters are residing in the villages you will visit during the week, note names and father's name of defaulters.

B. Note carefully the instructions the doctor wants you to pass on to the patient.

C. On your return to the BHC, report your findings to the doctor.

NOTE

With your active participation in the CDC program and your alertness to the signs/symptoms of communicable disease, the BHC Team will be able to prevent the spread of many communicable diseases.

VACCINATOR

CDC/EPIDEMIOLOGY

Communicable disease control is the action by which a health team actively

1. IDENTIFIES
2. RECORDS
3. CONTAINS
4. TAKES PREVENTIVE MEASURES
5. TREATS CASES of communicable diseases.

YOUR ROLE IN CDC

A. The BHC doctor is responsible for the Team's CDC activities, but the vaccinator who sees many patients, visits schools and families in their homes, and lives in the community must be alert to signs and symptoms of communicable diseases.

B. Carefully study the list of communicable diseases (Table CDC-A). Make yourself familiar with the signs and symptoms; if you are in doubt about what some of the names mean, ask the BHC doctor to explain them to you

IN THE BHC

A. Always be alert to the possibility of patients having a communicable disease. Remember that sick people are not to be vaccinated, unless specially ordered by the doctor.

B. Whenever you notice any of the following signs/symptoms:

1. Fever
2. Diarrhea
3. Skin rash
4. Cough for as long as 14 days
5. Sick people, where you cannot find any specific symptoms
6. Clustering of similar cases $>$ 5 cases/day
7. Several deaths from same course.

ACTION

C. Always refer these patients to the doctor. If he is not present, consult with the male nurse. If you cannot solve the problem together with the male nurse, let him arrange that the patient is seen by the doctor as soon as possible. If the doctor is away for an extended period, let the male nurse arrange that the patient is referred to a hospital or can see a private doctor.

HOME VISITS

When you go on a home visit, ask if any of the family members have:

1. Fever — If fever: take slide
2. Diarrhea
3. Skin rash
4. Cough for longer than 14 days — If cough: take sputum
5. Any disease making them unable to work
6. Clustering of similar cases
7. Several deaths from same cause

ACTION

If this is the case, fill in Form CDC 3 and advise the patient to go to the BHC as soon as possible. If suspected measles, pertussis, diphtheria or smallpox, advise patient to stay at home and wait for home visit. Deliver the form to the doctor on your return to the BHC.

SCHOOL VISITS

Together with the teacher, ask if any of the children have:

1. Fever — If fever: take slide
2. Diarrhea
3. Skin rash
4. Cough - 14 days — If cough: take sputum
5. Any disease making them unable to work
6. Clustering of similar cases $>$ 3/per house

If suspected measles, pertussis, diphtheria or smallpox, advise patient to stay home and wait for follow-up visit.

ACTION

If this is the case, fill in Form CDC 3 and advise the student to go to the BHC as soon as possible. Let the teacher write down the name and ask him to remind the student to go to the BHC. Ask the teacher if any of the students are absent more than 25% of the time due to disease (check with his attendance roster). Fill in name, etc., on Form CDC 3 even if the child is absent. Deliver the form to the doctor on your return to the BHC.

TB DEFAULTER FOLLOW-UP

A. Check at the beginning of each week with the male nurse on TB defaulters. If any of the defaulters are residing in the villages you will visit during that week, note name and father's name of defaulter.

B. Locate the defaulter in his house and tell him the following, together with other members of his family:

> 1. Since you have stopped coming for treatment to the BHC, it may become impossible to cure your disease.
> 2. If you are not taking your treatment regularly, you may transmit your disease to your family, friends and neighbours.

C. Explain to the patient that even if he has no symptoms now, he is not cured before he has been under treatment for 12-18 months and the doctor has declared him cured.

D. Urge him to come back for treatment.

E. Report to the male nurse the result of your visit.

OTHER DEFAULTER FOLLOW-UP

A. Check at the beginning of each week with the doctor on other defaulters. If any of the defaulters are residing in the villages you will visit during the week, note names and father's name of defaulter.

B. Note carefully the instructions the doctor wants you to pass on to the patient.

C. On your return to the BHC, report your findings to the doctor.

NOTE

With your active participation in the CDC program and your constant alertness to signs/symptoms of communicable disease, the BHC team will be able to prevent the spread of any communicable diseases.

1. A positive attitude and a smiling face should become a standard part of the medical treatment.
2. A positive attitude and smiling face make you twice as effective.
3. Remember that the best milk for a small child is his mother's milk.

VACCINATION PROGRAM OUTSIDE THE BHC

This vaccination program has three components:

A. A village vaccination program

B. A school vaccination program

C. Providing assistance to the ANM during home visits

This section will describe how the vaccinator is to organize these three component program activities.k

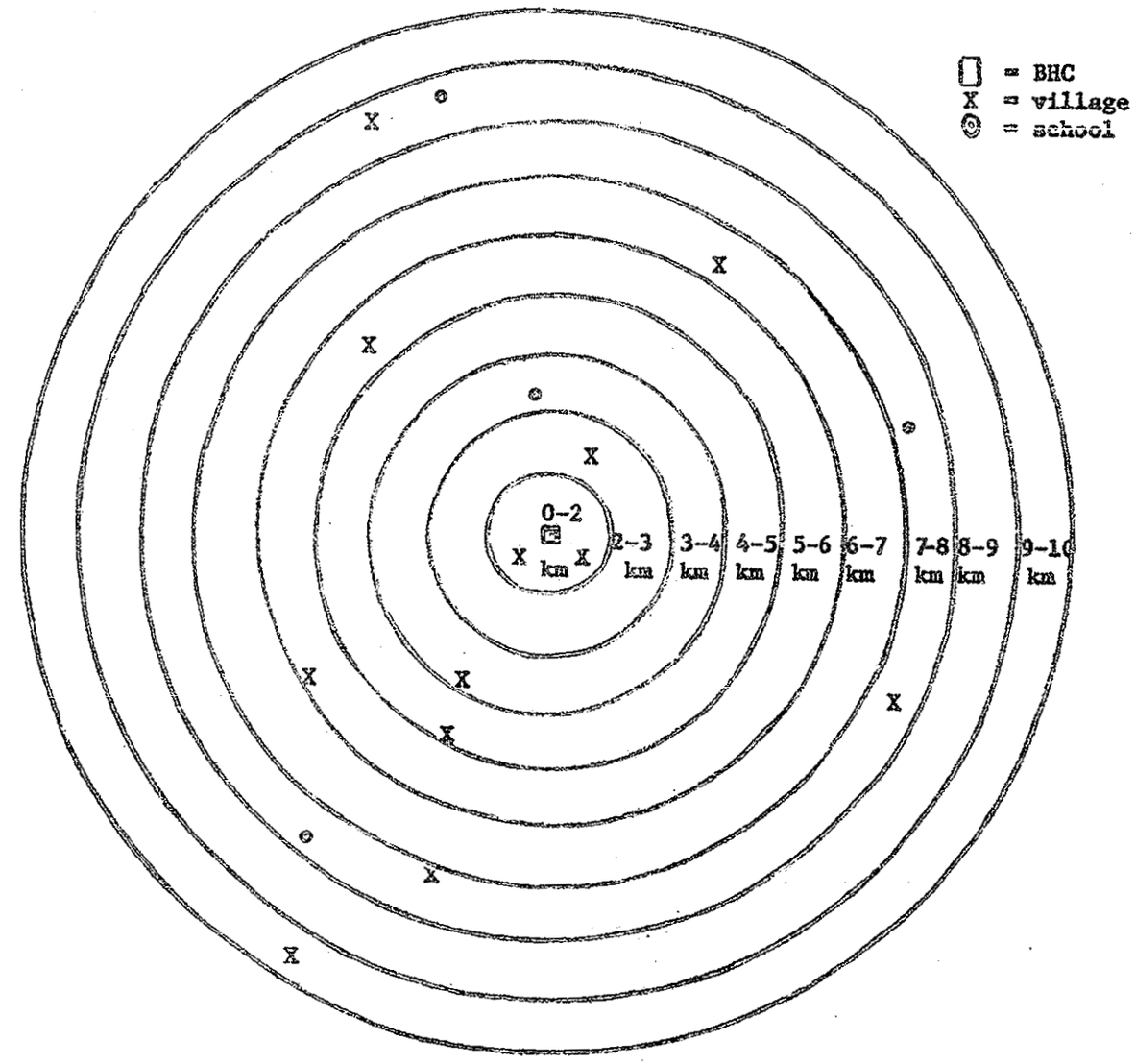
VILLAGE VACCINATION PROGRAMS

A. Get from the sanitarian, or make for yourself (using information from the woleswali office or elsewhere), a map showing all villages in a 10 kilometer radius of the health center. If possible, draw radius lines on this map showing the 1-10 kilometer radii from the BHC. Also get information about all schools and mark those on the map.

B. Make a list of all villages 2-3 kilometer distance from BHC. On another sheet a list of villages 3-4 kms from BHC, etc., until you have 9 lists. People living 0-2 kms from BHC's should be encouraged to come to the BHC.

C. Starting with the 2-3 kms list begin to visit each village on the list, one at a time. In each village meet with the malek and/or the decision-making group in the village. Offer to vaccinate all eligible villagers under 15 with BCG and smallpox, and make them responsible that people do come.

Sample map for vaccination outside BHC



SCREENING BEFORE VACCINATING

The following are eligible for vaccination.

VACCINATION	FIRST VACCINATION	REVACCINATION
Smallpox	All non-vaccinated	Previous vaccination more than 3 years ago
BCG	All non-vaccinated 0-15	No revaccination

PREVIOUS SCARS

Check for scars. Smallpox is to be found on left shoulder, BCG on right.

If person has a BCG scar, do not repeat vaccination.

If person has a smallpox scar, ask when last vaccinated. If less than 3 years ago, do not vaccinate.

NOTE

Screening is particularly important at revisits, since most people were vaccinated on first visit.

Revaccination of fully immunized people is a waste of time and vaccine.

D. Agree on a day to return to that village for the vaccination campaign, asking them to have all villagers under 15 available at a convenient (pre-set) village location on that day. Send the BHC piadah back to the village 1-2 days before that date to remind them.

SUPPLIES

A. Take BCG kit with vaccines, needles, spirit lamp with alcohol, vaccination register, sputum cups, and equipment for taking blood slides along on each village vaccination. Enter into register the number and type of innoculations given, the date, and the name of the village. Mark this date beside the village name of your village list.

B. For children with bad coughs of more than 2 weeks duration, take a sputum sample or give them the cup and ask them to bring the sample of morning sputum to the BHC. For children with high, prolonged fever take a blood sample and make a slide. Be sure to take the name, village, etc., information from each specimen-giver and identify the sample. Have the specimens tested at the BHC and turn over test results to the doctor for possible follow-up.

REPORTING

Report on CDC Form No. 3 and give to doctor.

RE-VISIT

Return to each village every 8-12 months for a revaccination program. Do as many villages as possible (beginning with those closest to BHC and working outward one radius band at a time) but not so many that you cannot return to each village every 8-12 months.

It is not necessary to calculate how many villages you can cover. Simply cover as many villages as you can in a one year period. Then return to the first village visited and revisit each one. On the second and subsequent visits vaccinate only those born since your last visit plus all unvaccinated newcomers.

Make a wall chart to help you keep track of the villages and schools visited and when each is due for a revisit. Suggested headings:

Village or School Name	Date of Last Visit	Total Number Innoculations		Next Visit Due
		BCG	SPOX	

SCHOOL VACCINATION PROGRAM

A. Using the village/school map mentioned above, make a list of all schools 0-1 km, etc., from the BHC (just as was done for villages) until you have 10 lists of schools.

B. Starting with the 0-1 km list, begin to visit each school on the list, one at a time. Coordinate these visits with visits to nearby villages.

C. Arrange a date with the school head for you to return to vaccinate with BCH and smallpox all children without innoculation scars. If possible, do this on the same day that you vaccinate a nearby village. Send the BHC piadah back to the school 1-2 days before the vaccination date to remind them. Vaccinations to be based on enrollment list.

D. Take all necessary supplies, as with village vaccination program. Mark the register the same way as for a village vaccination program. If you do a village and a school on the same day, show the different totals for each. For example:

Schools/ Villages	BCG	Smallpox	Ages
			0-1
			1-4
			5-14
			15

E. Take indicated sputum and blood samples and proceed as with village vaccination program.

F. Return to each school every 12 months for a revaccination. First check on the first grade children and those newly registered.

HELPING ANM WITH HOME VISITS

A. Accompany the ANM or doctor on routine home visits. These will usually be in connection with MCH services.

B. Take BCG kit with necessary vaccines, syringes, spirit lamp, register, + sputum containers and blood slide equipment.

C. In each household visited, remind the doctor or ANM to ask the household head to let you examine and innoculate as necessary all young people 0-15 years old.

D. Carry out the vaccination program, as indicated. Enter the number of inoculations in the register.

E. Take sputum and blood slide samples, as indicated. Enter findings on CDC Form 3; proceed to have these tested at the BHC and the results read by the doctor.

Follow doctor's orders, if any, for follow-up.

ACTIVE CASE DETECTION

CDC # 3

Page 1

Name of the Clinic _____ Name of the Worker _____ Date _____

Referring Source _____
Name and Occupation Village

Name of Applicant and Village _____

Male ( ) Female ( ) Child ( )

Other Information as regards address _____

Date of Reference _____ T.B. _____ Only Follow-up ( )

SYMPTOMS: Continuous Coughing ( ) With Signs of Blood ( ) Fever ( )

Throat Ache ( ) Diarrhea ( ) Vomiting ( ) Skin Eruption ( )

Miscellaneous _____

This form is thus filled by the Sanitarian or one of the other personnel associated with CDC, who is active in the Health Center. After follow-up of suspected cases and completion of this form, it should be given to the physician in charge at the Health Center for further steps (follow-up).

Page 2

Forms for _____ Date _____ Issued
Name

Follow-up Procedures: Home Visit ( ) Date _____

What Steps Are Not Essential (Explanation): _____

Treatment/Referral _____

DOCTOR

DRUGS

DRUGS AND EQUIPMENT

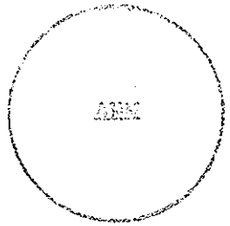
PURPOSE

The BHC doctor has the overall responsibility for the prescription and dispensing of drugs. He will supervise the work of the male nurse and ANM, assuring that they are familiar with standard prescriptions from the Drug/Usage Chart.

HOW TO DIVIDE THE DRUGS

When drugs arrive from G.M.D., the doctor is to give the male nurse and ANM a 2-3 month supply of their designated drugs. He will then supplement these monthly, registering the transfers on the Wall Inventory Chart.

Drugs not designated for use by the male nurse or ANM will remain in the doctor's custody and can only be prescribed by his direct order.



Drugs

DRUGS

Purpose

To enable the ANM to provide basic preventive and curative care. The ANM will have the following drugs under her responsibility. She will use the drug/usage chart as a guideline for the prescription of drugs.

Basic Preventive

1. Ferric Am. Citrate
2. Norlestrin 28
3. Caps A & D
4. Multivitamin Tabs.
5. Calcium Lactate 300 mg.
6. Chloroquine 150 mg.
7. Daraprime 25 mg.
8. Ferrous Sulphate 0.3 g.
9. Folic Acid 5 mg.

Basic Curative

1. Aspirin 100 mg. & 500 mg.
2. Ant. Acid
3. Alcohol 75%
4. Paraffin liquid
5. Gentian Violet
6. Ringer-Lactate
7. Benzyl Benzoate
8. Glycerine
9. Ear Drops
10. Terpin Elixir Child
11. Sulphacetamine Ear Drops 20%
12. Vaseline
13. Proc. Penicillin in oil
14. Caps. Tetracycline 50 mg.
15. Chlor-tetracycline eye ointment
16. Distilled Water
17. Zinc-Oxide ointment
18. Primaquine 15 mg.
19. Ergometrine
20. GE-Solution "Oralyte"
21. Phenyl-Ephedrine

Note

The ANM is only allowed to dispense drugs according to the specific instructions in her manual. If in doubt, always confer with the doctor or the male nurse. If neither available, arrange for patient to return or refer as appropriate.

Male Nurse

Drugs

DRUGS

Purpose

To enable the male nurse to provide basic preventive and curative care. The male nurse will have the following drugs under his responsibility. He will use the drug/usage chart as a guideline for the prescription of drugs.

Basic Preventive

1. Ferric Am. Citrate
2. Caps A & D
3. Multivitamin Tabs.
4. Chloroquine 150 mg.
5. Daraprime 25 mg.
6. Ferrous Sulphate 0.3 g.

Basic Curative

1. Aspirin 100 mg. + 500 mg.
2. INH 300 mg.
3. INH/Thiasetazone 300/150 mg.
4. Streptomycin
5. Novolax
6. Sodamint
7. B_6-Pyridoxine
8. Ant. Acid
9. Terpicod
10. Tincture of Iodine
11. Paraffin, Liquid
12. Rivanol Powder
13. Mercurochrome
14. Potassium Permanganate
15. Hydrogen Peroxide
16. Benzalkonium Chloride
17. Pomade Lehytol 10%
18. Iodo-chlorhydroxyquin 250 mg.
19. Gentian Violet
20. Ethylchloride
21. Ear Drops
22. Terpin Elixir Child
23. Sulphazetamine Ear Drops
24. Vaseline
25. Proc. Penicillin in oil
26. Proc. Penicillin
27. Crystal Penicillin
28. Caps. Tetracycline 50 mg.
29. Chlor-tetracycline eye ointment
30. Distilled Water
31. Zinc Oxide Ointment
32. Primaquine
33. G-E Solution "Oralyte"
34. Phenyl-Ephedrine
35. Griseofulvin

Note

The male nurse is only allowed to dispense drugs according to the specific instructions in his manual. If in doubt, always confer with the doctor. If he is not available, arrange for patient to return or refer as appropriate.

ANM

Use this information to find patients with nutritional problems and to give information to parents about better nutrition.

BASIC POINTS ON NUTRITION

I. What is nutrition?

Nutrition means eating enough of the right combinations of foods to grow well and to stay healthy and strong. Nutrition is very important for mothers, babies, children, sick people, and for everyone!

II. The Pregnant Woman:

A pregnant woman must eat a lot so her baby will be born strong and so she will be able to feed and care for her baby after it is born.

III. Babies:

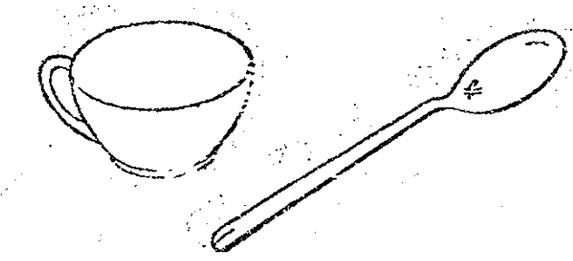
A baby should be breast fed as long as possible.

Mother's milk is the best food for babies.
It gives energy for growth and strength and helps prevent diarrhea.

The mother should eat well so her milk is strong and so she has enough for her baby.

If a mother is unable to breast feed her baby, she should use a clean cup and a clean spoon to give milk to her baby.

Baby bottles should not be used They get dirty very easily and may cause illness.

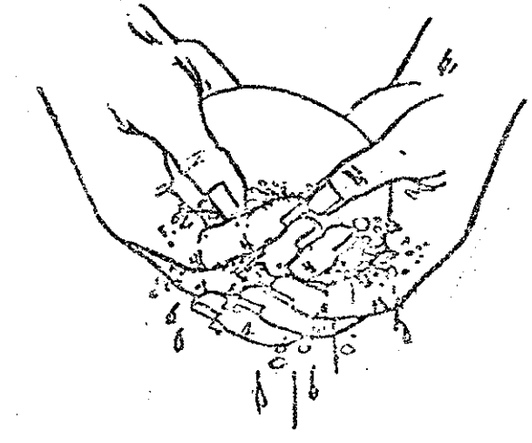


IV. Six Months Old:

By the time a baby is six months old, he needs some regular food in addition to his mother's milk.

A child should have his own bowl and spoon.

Before feeding her baby, a mother should wash her hands, the bowl and the spoon.



A child should eat often because he can eat only a little at a time.

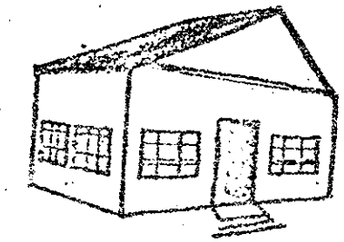
Good foods for a young child include:

sweetened yoghurt or qurot
chopped vegetables
beans with a little rice
soft potatoes
soup with meat and vegetables
eggs and soft meat
bread, rice, fruits

V. Weaning: By the time a child is old enough to stop having mother's milk, he should be accustomed to eating adult foods. Because of this he will not have difficulty adjusting to new foods.

VI. Going to the Clinic: Visit the health center regularly for:

advice before you have your baby
weighing your child
immunizations
early treatment of illness
advice on raising your child



VII. Diarrhea: If a baby has diarrhea DO NOT STOP FEEDING HIM. The baby needs food to give him strength to recover.

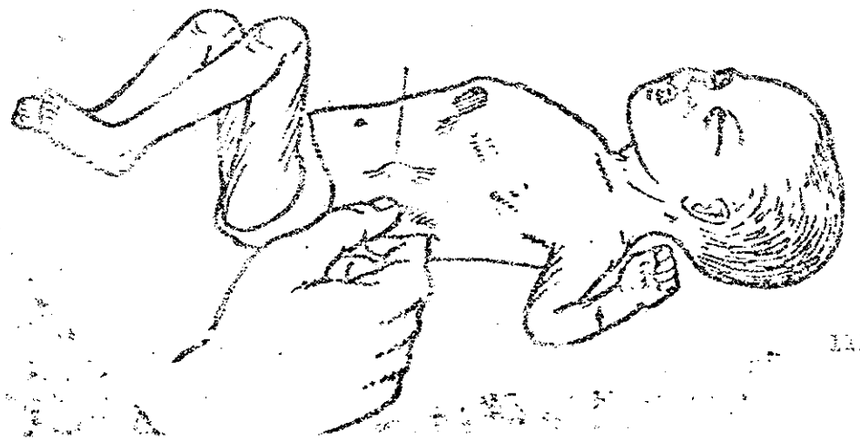
Take the baby to the basic health center. You will be given GE-Sol.

Mix the GE-Sol with a liter of boiled and cooled water.

Let the baby drink as much as he wants. This will prevent him from becoming very, very sick.

VIII. Dehydration:

If a baby has diarrhea and does not receive GE-Sol, he will become dehydrated. His body loses the water it needs. If not treated immediately in a hospital, the child's life is in great danger.



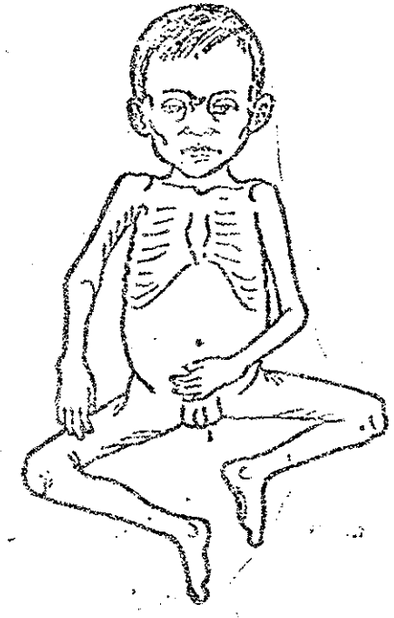
A dehydrated child has: a dry mouth and is very thirsty
sunken eyes and top of head (fontanelle)
a fast weak pulse
lost weight
little urine

TEST: pinch a skin fold on the child's side—if the skin stays up, he is severely dehydrated.

IX. Malnutrition:

If a child does not have enough of the right foods he will not grow properly and will become ill.

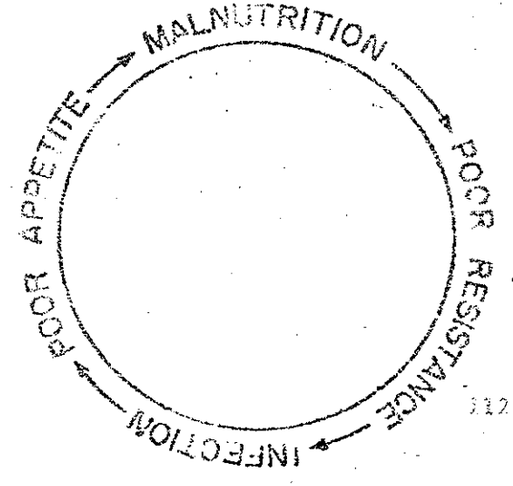
To become healthy again, he must eat lots of strong foods.



FOOD

FOOD

1. Nutrition and Infection



-When a person is malnourished, he can get sick more easily.

-When a malnourished person becomes sick, it is much harder for him to get well.

-When a person is sick, he may not want to eat enough.

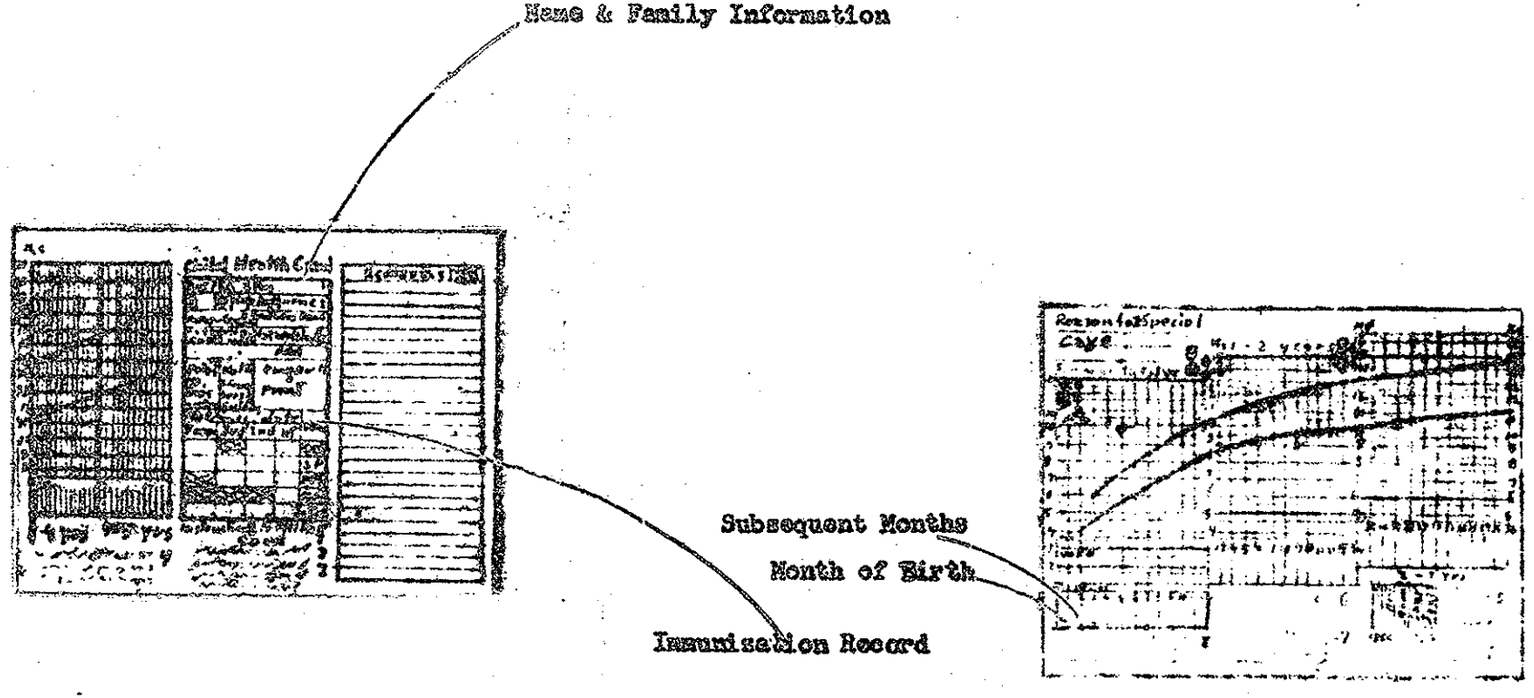
-When he gets better, he remains malnourished and has a better chance of becoming sick again.

DIAGNOSIS OF MALNUTRITION

I. Weight Charts

The weight chart is the most complete record of the child's growth and health history. Using the weight chart is the best way to prevent malnutrition.

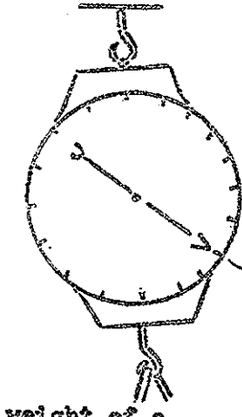
A. When the child first comes to the REC, prepare a chart for him.
   1. Fill in his name (and other general information about his family).
   2. Write in the name of the month in which he was born, and the subsequent months across the bottom of the chart.
   3. Record any immunizations he has already had.



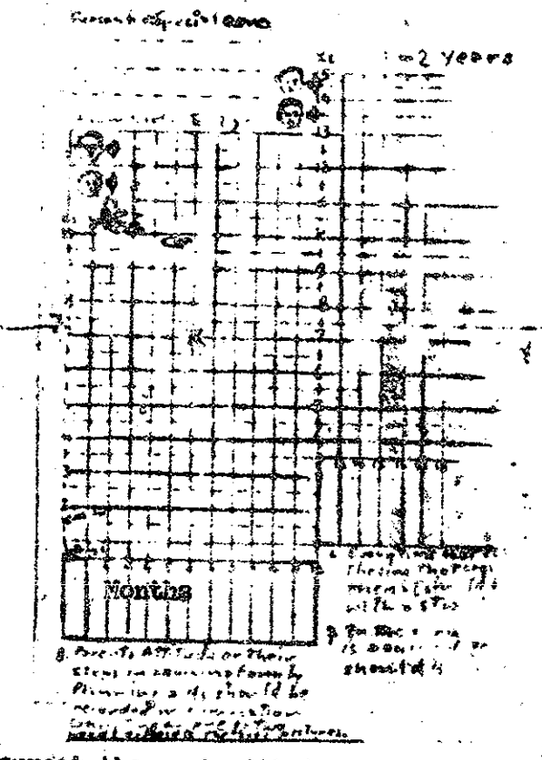
B. Each time the child is brought to the clinic, weigh him.

Then record his weight on the grid for the current month.

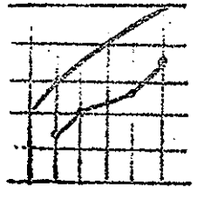
Record all immunizations you give, and any illness the mother reports that the child has had.



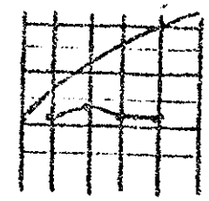
The weight of a six month old baby weighing 7 kilos would be recorded as shown



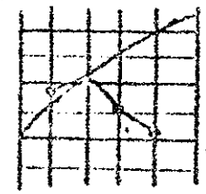
C. Each time you record the child's weight, connect the mark with the mark made at the previous weighing. Then examine the direction of the line.



1. If the line slopes up parallel with the fixed lines on the chart, the child is growing properly. Praise the mother for caring for her child well. Explain to her that the line shows her baby's proper weight gain.



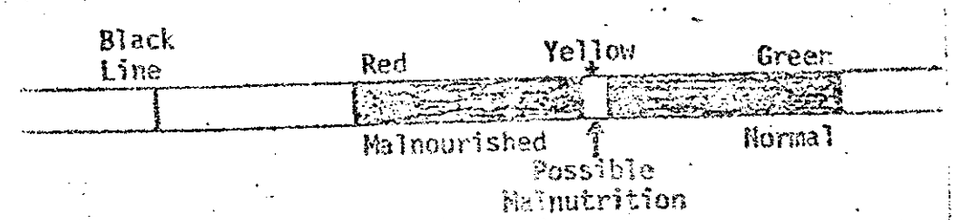
2. If the line is level, the baby has not gained any weight. Explain to the mother that the child needs more food. Make sure she is receiving WFP. Discuss the necessity of continuing to feed her baby if it gets diarrhea, and tell her to come to the BHC for GE-Sol if her baby gets it. Suggest foods that will help her child to grow properly.



3. If the line is falling, the child is sick. Examine the child carefully for signs of illness or worms. Make sure the mother is receiving WFP. Explain to her that her child may become very sick if he does not get enough food to eat. Suggest foods which will help the child to gain weight. Discuss the proper treatment of diarrhea with the mother. Above all, let her know that you want to help.

(Arm Circumference) If you do not have weight charts, the arm circumference is a good, quick test of proper weight for a child between the ages of 1 and 5.

Measuring the child's arm.

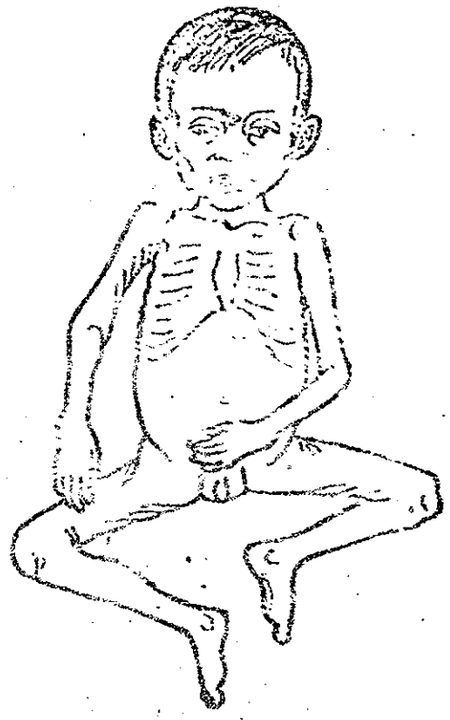


1. Determine mid-point of child's upper arm.
2. Wrap strip around child's arm at this level.
3. Hold strip at both ends.
4. If black line falls into red area, child is malnourished
   If black line falls into yellow area, child is in danger of malnutrition.
   If black line falls into green area, child is growing normally.

TREATMENT OF MALNUTRITION

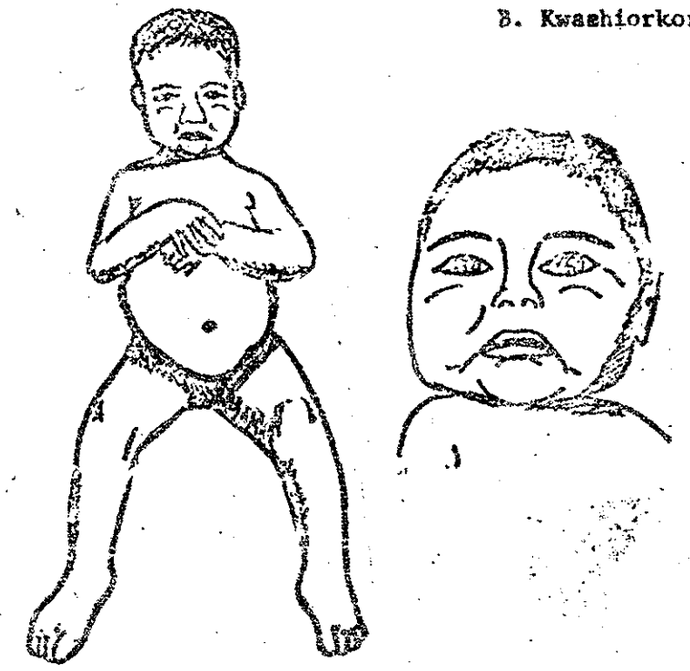
I. Diseases caused by lack of food:

A. Marasmus



Marasmus Signs: Usually quiet
Very skinny, no fat
Muscles wasted
Very weak
Very pale
Head seems very large
Face looks old
Easily upset

B. Kwashiorkor



Kwashiorkor Signs: Always crying
Not hungry
Belly swollen
Very weak
Cheeks very puffy
Legs and feet swollen
TEST: Press with your finger on ankle for 2 to 3 seconds; if depression remains after you remove your finger, you know there is swelling.

What to do: Refer child to a doctor

Make sure the mother receives WFP, and knows how to prepare it correctly.

Explain to the mother that the child MUST EAT in order to recover.
Suggest: mixtures of legumes with some whole grains (kitchari)
sweetened yoghurt or curot
milk or yoghurt with soft rice
eggs, liver, meat, oil, nan, vegetables and fruit

Tell the mother to bring the child back to the clinic in one month for weighing.

If the baby gets sick, she should bring the child back immediately. Give GE-SOL and explain its use, should the baby get diarrhea.

III. Diseases caused by lack of a particular food

A. EYES - eyes are dry TEST: hold the eye open for a few seconds
white spots on eyes
difficulty seeing at night

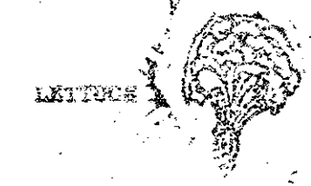
LIVER

EGG

CABBAGE

CARROT

SPINACH

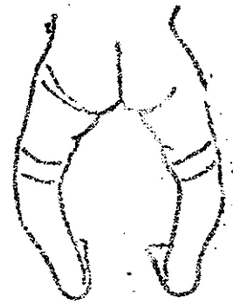

LETTUCE

What to do: Give vitamin A and polyvitamins

Tell the mother to feed some of the following to her child every day:

Leafy green vegetables - spinach, lettuce
Orange vegetables - carrots, pumpkin
Egg yolk or liver

Unless the child gets these foods, he might go blind.



B. BONES - knees bend together, or apart
bones in the knee, ankle, or wrist joints are enlarged
lumps on ribs
skull soft

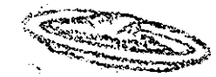
SUN

FISH

EGG

MILK

LIVER



QUROT

What to do: Give vitamin D and polyvitamins

Tell the mother that her child needs to get plenty of sun on his skin each day while playing.

Tell the mother to feed her child eggs, fish, milk, yoghurt, cheese or liver each day.

C MOUTH & SKIN - tongue red and smooth
mouth sore
hard to swallow and eat
gets tired easily
red itchy patches on skin

MILK

SPINACH

LIVER

What to do: Give polyvitamins

TURNIPS

CABBAGE

QUROT

Explain to the mother that she must add some wheat or other flour when making corn bread.

Tell her to give her child vegetables, milk, yoghurt, cheese, or qurot every day.

MUSTARD

D. CHILD IS PALE AND WEAK

CABBAGE

MEAT

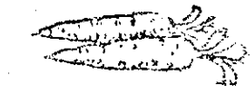
LIVER

EGG

SPINACH

What to do: Give iron pills

Tell the mother to feed her child leafy green vegetables eggs, meat, and liver



CARROT

SPINACH

D. Difficulty seeing at night

-Give vitamin A and polyvitamins
-Tell the patient to eat
leafy green vegetables
dark yellow vegetables

CABBAGE

LETTUCE

E. Tongue red and smooth

-Give polyvitamins
-Tell the patient to eat
milk, yoghurt, cheese, qurot, vegetables
-Tell the patient to add wheat or other flour to corn bread

YOGHURT
QUROT

MILK
CHEESE

VEGETABLES

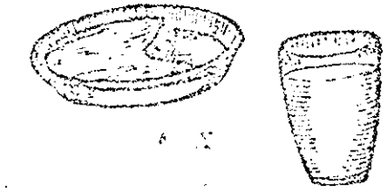
III. Malnutrition in adults

A. Patient very thin, weak, pale

- Check for infections
- Test for TB and worms
- Tell the patient that she MUST EAT more
- Suggest: Potatoes and yoghurt
  Legumes and whole grains
  Meat, liver, eggs
  Nut and ghee
  Vegetables and fruit

VEGETABLES

ALL KINDS OF BEANS



MEAT

FRUIT

B. Extreme pallor
- Check fingernails, are they very, very pale?
- Give Hb% test
- Test for worms
- Give polyvitamins and iron
- Tell patient to eat
  leafy green vegetables
  eggs, meat, and liver

SPINACH

MEAT

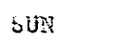
LIVER

C. Bone pain, especially back and pelvis

- Give polyvitamins and calcium
- Tell the patient to get plenty of sun on her skin every day.
- Tell the patient to eat milk, yoghurt, cheese, curd
  eggs, fish, liver, oil

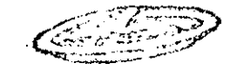
EGG

DAIRY



SUN

NOTE: This may be serious: a mother may have difficulty delivering her baby



LIVER

FISH

BEST AVAILABLE COPY

APPENDIX--FOODS

Everyone needs a balance of different types of goods every day to stay healthy.

Growth foods - These are foods that contain protein. Protein is necessary for proper growth, strength, and resistance to disease.
Energy foods - These foods contain calories. Calories give us the energy we need.
Vitality foods - These foods contain vitamins and minerals. Vitamins and minerals are needed for healthy skin, good eyesight, strong bones, strength, and resistance to disease.

Food	Protein	Calories	Vitamins and Minerals
Meat	High	Medium	B, Iron
Fish	High	Medium	A, B, D
Eggs	High	Medium	A, B, D, Iron
Milk, Yoghurt, Cheese Curot	High	Medium	A, B, C, D, Calcium
	NOTE: POOR SOURCE OF IRON, POWDERED MILK HAS NO VITAMIN A		
Liver	High	Medium	A, B, D, Iron
Nuts	High	High	A, B, Calcium
Legumes: Beans, Peas, Lentils, Peanuts	Medium	Medium	B, C
Leafy Green Vegetables: Spinach, Lettuce, Broccoli	Low	Low	A, B, C, Iron
Orange Vegetables: Carrots, Pumpkin, Sweet Potato, (Tomato)	Low	Low	A, C
Fruits	Low	Medium	A, C
Whole Grains: Wheat, Barley, Millet, Rice	Medium	High	B, Iron Millet: Calcium
	NOTE: BECAUSE THEY EAT ONLY A LITTLE, CHILDREN GET LITTLE PROTEIN AND FEW VITAMINS FROM GRAINS		
Corn	Low	Medium	A CONTAINS NO NIACIN (VITAMIN B_3)
Potato	Low	Medium	C
Butter, Fat, Oil, Ghee	--	High	C
Honey, Sugar, Sweets	--	High	--
Tea	--	--	-- (Trace minerals only)

SECTION V
ADMINISTRATION

SECTION PURPOSE

To provide BHC personnel with some brief information about several key areas of BHC administration. This material is to serve as a general guide and reference. Refer to official GOA/MOPH rules and regulations for definitive and detailed guidance.

INCLUDED IN THIS SECTION

1. **Records and Reporting** Several lists and tables are enclosed: a) BHC Record-Keeping Chart (A-1) of those forms and registers kept in each BHC, the purpose of each, entry frequency and who keeps. b) BHC Reports Chart (A-2) of the reports due from each center, information source, who prepares, who sent to or via, who gets copies, and the frequency of dispatch. c) List of all forms and registers needed by each BHC (A-3).

2. **Job Descriptions** Your job description will be given to you. See also the task description information (WP-1 and 2).

3. **WFP Distribution Procedures** A brief enumeration of the persons eligible for WFP and the steps required to distribute the commodities to each eligible person.

CHART A-1 HHC RECORD-KEEPING (Items Kept in Health Center)

RECORD NAME	PURPOSE	ENTRY FREQUENCY	WHO KEEPS?
MCH Register	Records every MCH service provided, including education and referral. Each patient visit on a separate line.	During each client visit.	ANM
MD Register	Records every service provided on a per visit basis.	During each client visit	Doctor
Male Nurse Register	"	"	Male Nurse
Vaccination Register	Records every innoculation by type, age group of patient, and date.	"	Vaccinator
Laboratory Register	Records the number, type and results of lab tests.	Entry for each test distribution	Lab Technician
WFP Register	Records WFP distribution by client. Can also be used to record commodity stock levels.	Entry for each distribution	Clerk/Tawildar
Attendance Register	To log personnel days present and absent.	Daily	Clerk/Tawildar
Inventory Wall Charts	To maintain running inventory of medicines received and dispensed.	End of each month	Doctor, Male Nurse, ANM
Mother's Card	Medical history and vital data record.	During each client visit	Principal MCH person: ANM, doctor, vacc., etc.
Child's Card	Medical history and vital data record. Includes weight chart.	During each client visit	Principal MCH person(s)
Financial Records	Records all financial transactions	Upon each transaction	Clerk/Tawildar
TB Cards	Partial medical history and treatment record for each confirmed TB case.	Each visit for testing or drug resupply	Principal TB person: usually male nurse

BHC REPORTS CHART--A-2

	REPORT NAME	SOURCE OF INFORMATION	PREPARED BY	SEND TO (OR VIA)	COPIES TO	FREQUENCY
I.	General					
	a. Monthly Report	MD, ANM, Male Nurse Vaccinator Registers	Doctor	BHC Dpt, Kabul	1-PHO 1-MOPH Stat. Office	By 3rd day of new month
	b. Drug Use Report	MD, ANM, Male Nurse, Wall Charts	Nurse	PHO	BHC Dept.	Quarterly
	c. WFP Report	Charts	Clerk	Khedamat, Kabul	1-PHO	Monthly
	d. Personal Attendance	Attendance Book	Clerk/MD	BHC Dept, Kabul	1-PHO	Monthly
	e. Vehicle Report	Driver	Clerk/Driver	via BHC Dept. Kabul	1-PHO 2-Central Workshop Kabul	Monthly
II.	Lab Report	Lab Register	Lab. Tech.	Central Lab Kabul	1-PHO	Monthly
III.	Sanitarian Report	Sanitarian	Sanitarian	via BHC Dept. Kabul	1-PHO 2-Environmental Health Bureau, Kabul	Monthly
IV.	CDC Report					
	I - Weekly	Doctor's Register	Doctor	CDC Kabul	1-PHO	Weekly
	II - Monthly	Doctor's Register	Doctor	CDC Kabul	1-PHO	Monthly
	III- CDC (Active Case Detection)	Villages, etc., active case detection	ANM Sanitarian Vaccinator	Doctor or Male Nurse, TB		After each village visit
V.	TB Report	MD, Nurse Register	Male Nurse, Doctor	Chaman, TB Center Kabul	1-Provincial TB Center (PHO)	By 3rd day of new month

A-3

LIST OF ALL BHC FORMS AND REGISTERS

Form Name/Number	Use Area	Number Needed Per Year/Comment
1. Register/P1 (for MD, ANM, Male Nurse)	Polyclinic and General	1-4 per staff member
2. Drug Usage Report Form/P2		36
3. Monthly BHC Report/P3		48
5. TB Monthly Report Form/TB1	CDC	36
6. TB Identification Card/TB2		Indefinite (one per patient)
7. TB Referral Form/TB3		Indefinite (one per referral)
8. TB Monthly Treatment Form/TB4		Indefinite (one per patient)
9. CDC Report Form/CDC 1 & CDC/2		156 (weekly, monthly)
10. Active Case Detection Form/CDC 3		Indefinite (one per case)
11. Vaccination Register/CDC 4		1-4
12. Mother's Card/FH2	Family Health	Indefinite (one per patient)
13. Child's Card/FH3		Indefinite (one per patient)
14. Mother's Coupon/FH4		Indefinite (one per patient)
15. Child's Coupon/FH5		Indefinite (one per patient)
16. Lab Register/L1	Laboratory	1-4
17. Monthly Report Form/L2		36
18. Monthly Report Form/S1	Sanitarian	36
19. WFP Register/A1	Administration	1-6
20. WFP Monthly Report/A2		36
21. Personnel Report/A3		36
22. Monthly Vehicle Report/A4		36
23. Financial Record Book		1-4

INVENTORY AND RESUPPLY SYSTEM

BASIC SYSTEM

In order to assist the PHO and BHC office in resupplying expendable drugs and materials to your center in a prompt and economical manner, it is necessary that BHC personnel carry out two important activities

a. Keeping the inventory wall chart up to date. At the end of each month, the doctor, nurse and ANM should fill in the quantity distributed of each drug, and the balance remaining in their stock. Instructions sheet for using this chart are included below.

b. Filling out quarterly drug usage reports. These are reports which provide, in summary form, information about the quantities of drugs and other expendable supplies used during the preceding three-month period, and the balances remaining. These should be prepared by the male nurse using information from the three wall charts, and sent to the PHO. The three-month intervals should be marked on the wall charts, so the dates will not be forgotten.

TRANSFER

It is also desirable to transfer drugs or supplies from one staff member to another in the event of shortages and surpluses. Every transfer should be recorded on the wall chart and the Internal Transfer Form, according to instructions supplied with this form.

RE-SUPPLY

The PHO's office will receive the total re-supply of drugs and will distribute them to all BHC's within the province. The Administrative Clerk will continue to have responsibility for accepting these drugs,

and the doctor should distribute them to the staff members according to their expected needs. He can use one copy of the previous quarterly drug usage report as a guide to distributing the supplies.

WALL INVENTORY CHART

The Wall Inventory Chart provides an easily useable record of receipts, transfers, and "current" inventory of medical supplies in a BHC.

a. Three wall charts will be given to each health center. One each for the doctor, nurse, and ANM.

b. Each staff member is responsible for keeping his own inventory chart up-to-date.

c. When the chart is put on the wall, begin in the first column headed "Month". It does not matter which month it actually is when starting, just continue for twelve months.

d. When new supplies arrive, it should be clearly shown with the date of arrival under the "New Stock" column. Leave space in each box in this column so that should more of the same medicine arrive again, these amounts can also be clearly written in. With the arrival of new medicine the total tock to be entered for the next month will be the sum of the new supplies and the old remaining stock.

e. For items like Dettol and Alcohol which are difficult to quantify, we suggest that you write them on the wall chart but only register them in the month in which they are finished.

f. If, during a month, there is an internal transfer of medicines between staff members, this should be recorded on the chart in the triangle headed "distribution". If you receive medicines write the number and a (+) sign, e.g., +50. If you give medicine use a (-) sign, e.g. -50. This should be shown separately from the amount distributed to patients. At the beginning of the next month

the new stock will be calculated from the old stock less the amount distributed to patients and any internal transfer.

g. Remember to fill out the new "Receiving and Internal Transfer of Supplies Form" that you will get in your health center.

h. If you have any problems or queries, consult your regional supervisor when he next visits your health center.

USE OF EQUIPMENT INVENTORY BOOK

These books are primarily for use in the BHC's by the Clerk/Tawider.

a. The primary purpose of the book is for stock record-keeping in the health centers; aiding both the health center staff and those who visit on supervisory trips and who wish to check on available working equipment.

b. The introduction to the book, written in Farsi, is an explanation on how to use the book most effectively and with instructions on lay-out, etc. The book is split it six sections: General Main Center Set, MCH, ANM Kit, Lab Equipment, BCG Kit and Sub-Center Set. In some cases, particularly the first section, the equipment shown represents more than a complete set. The reason for this is that sets are often changed. Also unofficial items have been distributed across the country in the past. The book is also designed for use by the urban clinics of Kabul which use some electrical appliances.

c. Next to each Farsi written title under each picture is a number. This number corresponds to the number and title of each item in the inventory which follows each section. The inventory can show the number and date of any particular item received in the health center, and whether later it is broken, lost, removed, replaced or added to, and the consequent total number in stock.

d. The book will help in standardizing the Farsi names given to each piece of equipment. Presently many names are given to each piece of equipment. Presently many names are given to the same eading to both confusion and administrative problems. These Farsi titles can be considered as official titles for each item.

WFP DISTRIBUTION PROCEDURES

WFP commodities are distributed monthly to the following persons:

Eligible Recipients	Eligibility Period	Amount Received - in Kilos		
		Wheat	Milk	Oil
A. Expectant and nursing mothers	3 months before delivery to 12 months after delivery	6	1.8	1.2
B. Weaning children	One year to 3 years of age	3	1.2	.6
C. Undernourished children under 5,	to age 3 or until well	3	1.2	.6

Step I. First Visit. Woman or child goes to ANM, male nurse, or whoever is handling the woman's or child's cards. Women's /child/s card is completed. WFP coupon is completed and signed by ANM/male nurse and sent to doctor for his signature.

2nd and later visits. ANM/male nurse provides specific patient qualifications, then signs that month's WFP coupon. The doctor does not need to sign again.

Step II. Patient takes the signed coupon for that month's WFP ration to the BHC distribution point for WFP.

Step III. The clerk/tawildar will check each coupon for the proper date and signature. He will then authorize the BHC piadah to issue the WFP and, while this is being done, he will enter the transaction into the WFP register and check the next coupon.

Refer to the WFP regulations for detailed instructions on storage, reporting, record-keeping, etc. The two charts above (A1 and A2) summarize WFP records and reports required.

BHC DOCTOR

BHC Supervision

GENERAL CONCEPT

You are the person in charge of your health center and you are responsible for its efficient operation. Because of this, and because of your medical knowledge, your BHC staff look to you for leadership and advice. This section is intended as a reminder and guide for the BHC doctor/supervisor.

When you have implemented the administrative changes in your manual, your patient workload (i.e., routine and minor complaints seen and cared for by male nurse and ANM) will have been reduced by more than 50%. This is an intentional change which will free you for the more important tasks of supervision and training.

Supervision involves taking steps to solve problems and improve performance. Merely noting a problem is not enough!

MAIN ELEMENTS OF SUPERVISION

1. Technical Supervision. Control and improvement of the actual medical acitvities of paramedical staff.
2. Administrative Supervision. Control and improvement of the administrative activities of all staff.
3. On the job training. A continual process of telling and showing staff the proper way to perform each task. This is best done through the correcting of mistakes found during supervision.

TECHNICAL SUPERVISION

Check each of the following at least once each week. Pay particular attention to the following points with regard to the male nurse, ANM, vaccinators, and lab technicians:

1. Technical Procedures.

a) Sterile procedure. This includes:

(1) blades or needles for taking blood slides

(2) clean hands/gloves for physical examinations and dressings

(3) a properly sterilized needle used for each innoculation

(4) sterile instruments and gauze used for dressings

b) Use of medical equipment. Check that:

(1) each item is kept clean and stored in a safe and (if possible) dust-free place

(2) damaged or inoperative pieces are reported and replaced

(3) each item is used for its intended purpose, e.g., forceps are not for car repairs, etc.

(4) each person has all of the equipment needed to perform his/her job

c) Use of drugs and vaccines. Check that:

(1) dosages given correspond to the diagnosis and the characteristics of the patient, e.g., age, weight, etc

(2) only valid vaccines are administered and that all out-of-date vaccines are promptly removed from stock and destroyed (together with the regional supervisor or PHO upon his next visit)

(3) BHC staff do not give less than the prescribed course of drugs for a disease (low stocks of a drug is NEVER an acceptable excuse).

d) Diagnoses. Check that:

(1) the diagnoses made are reasonable, given the signs and symptoms, the lab results (where applicable), and other factors

(2) maximum use is made of the lab for diagnostic assistance

2. Relationship with Patients. Health workers of the Republican Government of Afghanistan exist to serve the people. It makes no difference whether a patient is rich or poor, old or young, man or woman--all patients are entitled to the same courteous, good-quality services. As BHC leader--and chief representative of the GOA in your center--you must insure that all your staff understand the above principles and conform to them. Do not tolerate rude behavior, dishonesty, or indifferent care by your staff toward the patients.

3. Work Plan. As indicated elsewhere in this manual, the work plan specifies the most efficient organization of each BHC. The goal is to make each staff member clear about his/her responsibilities and the inter-relationships of these with the jobs of other staff members. As supervisor you must insure that:

a) You have completed the general BHC weekly work schedule page in each staff member's manual (Chart WP-5), and have laid out the patient filter system using Chart WP-3, color coding the different rooms

b) Each staff member has satisfactorily completed his/her own weekly work schedule page (Chart WP-6)

c) Each staff member knows and understands his/her own tasks in the BHC (from Charts WP-1 and WP-2 plus the job description) as well as those of every other staff member.

d) Each staff member knows and understands how various types of patients are to be routed through the BHC by means of the filter system (Chart WP-4).

4. Reference Materials. Each BHC staff member has been given a manual providing all necessary technical and administrative reference materials. You must insure that:

   a) These are kept in the BHC where they are needed (they are much less useful at home)

   b) Each staff member is thoroughly familiar with his/her manual (specific questions about its contents to the staff member plus the observation of procedures can easily establish this)

   c) Manuals are actually used to help staff answer the daily questions which arise.

ADMINISTRATIVE SUPERVISION

Check each of the following at least once each week. All staff members have administrative responsibilities and need supervision, help, and training. Pay particular attention to the following:

1. Personnel. People are your most important resource. Only reasonably contented, conflict-free staff can do good work.

   a) Morale. Do whatever you can to help staff solve the various types of problems which result in unhappiness, lack of motivation, and poor work.

   b) Conflict resolution. Try to avoid personal conflicts between you and BHC staff and between the staff members. When conflicts develop do what you can to help staff solve them or to reduce their negative impact on the BHC.

   c) Attendance. Note causes of poor attendance. Try to find out why and try to help the staff member deal with the problem which is causing this.

d) Missed salary. Help your staff to get all salary money due them. Find out why salary was not paid and take all necessary steps to get the monies paid and salary payments made regularly.

SUPPLIES AND WFP

2. a) Drug distribution. Work out a distribution of drugs between yourself, male nurse, and ANM. Replenish their stocks from yours as they run low.

b) Storage. Keep drugs and food stored in an orderly and clean fashion and make sure that the male nurse, ANM, and (in the case of WFP) the clerk (storekeepr) do the same.

c) Inventory. You, the male nurse, and the ANM each have an inventory wall chart. The clerk has a WFP record book. These records should be kept up-to-date and be neatly done.

d) Resupply. Before you run out of drug supplies, forms, or WFP initiate action to get the needed resupplies. Do not simply order the clerk to do this and forget about it. Take a personal interest--contact the PHO and the BHC Department, Kabul, if necessary--and follow-up to insure that action has been taken.

RECORDS AND REPORTS

3. Check with each staff member--and especially the clerk--to insure that he/she:

a) knows what registers and forms to use and how to use them.

b) has needed registers and forms.

c) enters the data on a daily basis in the registers in a conscientious and thorough manner.

d) actually forwards the necessary weekly or monthly reports on time to others in the BHC and onward to the PHO, MOPH Kabul, etc.

FURNITURE AND EQUIPMENT

4. Check to insure that:

a) The buildings and furnishings are kept clean and in good reapir. Do not allow staff to build open wood, charcoal, or other fires inside the buildings. Replace broken windows promptly.

b) Piadah staff, assisted by volunteers from the neighborhood, whitewash each room at least once a year. Buy the whitewash powder from "miscellaneous supplies" category of BHC budget.

c) BHC compound is kept in a neat condition, free of boxes, papers, and other refuse.

d) Furniture and other equipment is reasonably distributed among staff--this especially includes bicycles. Only give bicycles to staff who actually have field responsibilities and actually use them for this purpose.

e) Kerosene is purchased for the refrigerator on a regular basis and that it is operating at all times. The prevention of kerosene misuse will require vigilance and determination.

5. Reference materials. As noted above, each BHC staff member has his/her own manual which provides all necessary administrative reference information. Make sure that each staff member:

a) reads the material

b) understands it and,

c) follows it in his/her daily work.

ON THE JOB TRAINING

Training is the key to quality medical services. This is especially true with paramedical staff, those who are inexperienced, and those who have finished their formal training years ago. That includes nearly everyone! How to approach on-the-job training:

1. Spend 5-10 minutes with each staff member several times each week. Visit the male nurse, ANM, vaccinator

and lab technician while they are seeing patients to observe technical and record-keeping procedures. Visit all staff during non-patient hours to check on other administrative procedures.

2. Pay particular attention to assisting staff who consistently ignore or fail to understand proper procedures and rules. Spend particular with them, drilling them on needed information. Use the manual as your basic teaching material.

3. Observe their procedures and discuss them with each staff member, especially those procedures which are incorrect or not done at all. Ask each one questions about expected procedures and have them show you the answers in their manuals.

4. Hold weekly meetings with all staff (after the patients are gone for the day). Use these sessions to review common problems of the manual, to review aspects of BHC performance which need improvement (or which are outstanding), to discuss conflicts in an attempt to solve them, or to discuss any sort of problems or issues of common interest.

Actively solicit suggestions from your staff on improvement of the services. Use these sessions also to provide news to staff about the MOPH Kabul or the health system generally. Ask visiting regional supervisors, malaria staff, the PHO, etc., to tell staff about their activities and news.

5. The PHO and other BHC supervisors can be a source of training assistance. Find out from them about refresher courses which are to be held and, if appropriate, try to gain acceptance in these for your staff.

REMEMBER Because your staff looks to you for leadership, they will naturally follow your example. If you do a poor job and show a lack of interest, most BHC staff will do the same. Similarly, most will do a good job and care about their work if you do. Work hard, do your job well--serve the people.

BHC DRUG/USAGE LIST

NO.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
1.	Alcohol 75%	1.	Disinfectant. For spirit lamps.	Apply to skin before injections.	Only for external use.
2.	T. Aminophilline	250 mg.	Bronchial asthma, Cardiac asthma.	Children: 5-15 years: 1/2 tablet 3 times daily. Adults: 1 tablet 3 times daily.	
3.	T. Ant. Acid		Hyperacidity	Adults: 1-2 tablet 3 times daily until relief (5-10 days). Repeat if necessary.	
4.	T. Aspirin	500 mg.	Pains and fever.	Adults: 1-2 tablets 3-4 times daily.	Severe gastritis. Gastrointestinal bleeding.
5.	T. Aspirin - Child	100 mg.	Pains and fever.	Children: 0-1 year: Do not give. 1-2 years: 1/2 tablet 2 times daily. 3-4 years: 1 tablet 2 times daily. 5-7 years: 1 tablet 3 times daily. 8-12 years: 2 tablets 3 times daily.	
6.	T. B-Complex		B-Avitaminosis (Beri-Beri), Convalescence, particularly post-infection. As a supplement to treatment with tetracycline and chloramphenicol.	Children: 1 tablet 2 times daily Adults: 1-3 tablets 3 times daily until improved	Note: Do not use as a placebo.

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BHC DRUG/USAGE LIST

NO.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
7.	T. B_6-Pyridoxine	6 mg.	As a supplement in TB treatment.	See Special TB Treatment Chart.	
8.	T. Belbabital		Gastrointestinal spasms, Hyperacidity, Dyspepsia of Nervous origin.	Adults: 1 tablet 3 times daily until relief.	Acute abdominal pains.
9.	Benzalconium Chloride		Local antibacterial and anti-fungal.	Stock Solution: Mix as follows: 1:1,000. Mix 1 gram with 1 liter boiled water. Use: Apply to skin with sterile gauze.	
10.	Benzyl Benzoate	Liquid	Scabies	Children & Adults) Stock solution: Mix as follows: Add 3 parts boiled water to 1 part Benzyl Benzoate. Shake well. Use: 1) Wash lesion with soap and warm water. 2) Smear on lesion for two days.	Avoid contact with eyes.
11.	Calcium Gluconate 10 %	10 cc.	Low-calcium tetany	Adults: 7-10 cc. daily until condition controlled. Intramuscular or intravenous.	
12.	T. Calcium Lactate	300 mg.	Prophylactic during pregnancy. In treatment of rickets and osteomalacia.	Pregnancy & Lactation: 1-2 tablets 3 times daily. Rickets & Osteomalacia: 3 tablets 3 times daily for 2 months.	

BHC DRUG/USAGE LIST

No.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
13.	Caps A & D	2 minim.	Prevention and treatment of rickets, night blindness.	Children: Prevention: 1 capsule daily Treatment: 5 capsules daily until healed.	
14.	Caps. Chloramphenicol	250 mg.	Typhoid & Paratyphoid, Typhus	Children: 50-200 mg/kg/day in 3 daily doses for 2 weeks. Adults: 4 capsules 4 times daily for one week. Then 2 capsules 4 times daily for one more week.	
15.	T. Chloramphenicol	50 mg.	Typhoid, Paratyphoid, Typhus.	Children: 50 mg/kg/day in 4 divided doses for one week. Then 25 mg/kg/day in 4 divided doses for one more week.	
16.	T. Chloroquine	150 mg.	Prevention and cure of Malaria. (Adequate only in Falciparum Malaria)	Prevention: Children: 5-10 kg. 1/4 tablet once weekly. 10-15 kg. 1/2 tablet once weekly. 16-30 kg. 1 tablet once weekly. Adults: 2 tablets once weekly. Treatment: Children: 10 mg/kg body weight in 2 doses daily for 4 days. Adults: First Day: 4 tablets + 2 tablets (after 6 hours). Second Day: 2 tablets. Third Day: 2 tablets.	Vivax malaria has to be followed by Primaquine treatment.

BHC DRUG/USAGE LIST

NO.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
17.	T. Chlorpromazine (Largactil)	25 mg.	Tranquilizer, Antiematic	Adults: 1-2 tablets 3 times daily until relief.	
18.	ChlorTetracycline Eye Ointment	5 g.	Trachoma, Purulent conjunctivitis.	Adults & Children) Apply to both eyes. 2-3 times daily (7-30 days)	
19.	T. Daraprime (Pyrimethamine)	25 mg.	Prevention of malaria.	Children: 1/2 tablet once weekly. Adults: 1 tablet once weekly.	
20.	Destilled Water	10 cc.	Mixing with penicillin [illegible]	[illegible] check that concentration after mixing if correct.	
21.	T. Diphen Hydramine	25 mg.	Allergic reactions. Mild tranquilizer.	Children: 1/4-1/2 tablet 4 times daily until relief. Adults: 1 tablet 4 times daily until relief.	
22.	Ear Drops	50 cc. bottle	Otitis Externa	Children: & Adults: Clean ears for pus. Apply 1-2 drops for 1 to 2 weeks.	
23.	T. Ephedrine	30 mg.	Bronchial Asthma, Asthmatic Bronchitis, Allergic Rhinitis.	Children: 5-14 hears: 1/2 tablet 3 times daily for 7 days. Adults: 1-2 tablets 2-3 times daily for 7 days.	Hypertension.

BHC DRUG/USAGE LIST

NO.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
24.	T. Ergometrine	0.2 mg.	Post-partum and post-abortion bleeding. Post partum womb infection (in combination with penicillin injection).	Women only: 1-2 tablets 3 times daily for 3 days maximum.	
25.	Ethylchloride	Tube	Topical anaesthetic, for brief superficial surgery. Incision of boils.	Use: Hold about 10 cm. from skin. Spray until tissue turns white. Anaesthesia lasts few minutes only.	
26.	Ferric Am. Citrate	I 1.	Iron deficiency anaemia in children.	Children:	
27.	T. Ferrous Sulphate	0.3 g.	Iron deficiency anaemia. (Especially in maternal care).	Children: 1 tablet daily, 1 to 3 months. Adults: 1-3 tablets 3 times daily, 1 to 3 months.	Refer to manual for determination of exact dosages.
28.	T. Folic Acid	5 mg.	Folate-deficiency anaemia. (Especially in maternal care & malnutrition.)	Children: 1/2 - 1 tablet daily for 1 to 3 months. Adults: 1 tablet daily for 1 to 3 months.	
29.	Gentian Violet		Pruritus Ani., Vaginitis. Stomatitis.	Stock Solution: Mix as follows: 1 % solution. 1 gram in 100 cc. boiled water. 0.1 % solution: 1 gram in 1000 cc. Use: 1 % solution: Apply to skin 2 times daily. 1:1,000 solution: Apply to mouth or vagina 2 times daily.	

BHC DRUG/USAGE LIST

NO.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
30.	Glucose Electrolyte "Oralyte"	1 L.	Rehydration in diarrhea. (Especially in children).	2-3 liters/day given orally. Refer to manual for treatment of dehydration.	Packet to be dissolved in one litre of cold, boiled water. Do not boil solution. Do not use solution after 24 hours. Some packets are for 3 liters solution. Mix these with 3 liters of cold, boiled water.
31.	Glycerine	Liquid	Skin diseases.	Use: Apply to dry skin until improved.	
32.	T. Griseofulvin	125 mg.	Antifungal. Primarily against tinea capitis.	Children: 1-9 years 1 tablet 2 times daily until clear. 10-14 years 1 tablet 3 times daily until clear. Adults: 1 tablet 4 times daily until clear. Treatment must be continued for at least one month.	Treatment must be accompanied by hygiene instructions.
33.	T. Hydrochlorthiazid	25 mg.	Oedema and Hypertension.	Adults only: 1-2 tablets 2 times daily. Oedema: Treatment can be intermittant.	Not for pregnant and lactating mothers. Prescribe daily intake of potassium rich food like citrus fruits.
34.	Hydrogen Peroxide		Disinfection of soil contaminated and infected wounds.	Stock solution: Mix as follows: 5 % solution. 5 cc in 100 cc. boiled water. Use: Drip over wound until covered with white foam. Rinse wound afterward with sterile water or saline.	

BHC DRUG/USAGE LIST

NO.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
35.	Ichtyol Pommade 10 %		Superficial abscesses. Dermatosis.	Children & Adults: Use: Apply locally to skin once daily until fistulation or until clear.	
36.	T. INH	300 mg.	Tuberculosis	See special TB Treatment Chart.	
37.	T. INH/ Thiazetazone	300/150 mg.	Tuberculosis	See special TB Treatment Chart.	
38.	Iodochlor-hydroxyquin (Entero-Vioform)	250 mg.	Amoebic Dysentry.	Children: Not for children 0-4. 5-15, 1 tablet 3 times daily for 21 days. Adults: 3 tablets 3 times daily for 21 days. Use in combination with tetra-cycline, 250 mg. 4 times daily for 7 days.	Prescribe only for laboratory confirmed amoebiasis. Not useful for unspecific diarrhea.
39.	Malathion 50%	Powder	Insecticide	Mix as follows: to make 5% solution: 1 part malathion to 10 parts water. USE: Spray thin layer on infestated area.	
40.	Mercurochrome		Disinfectant. Superficial burns.	Stock solution: Mix as follows: 10 grams in 1 liter boiled water. Use: Apply to skin or affected area.	Do not exceed 10% of skin surface. Maximum 7 days.
41.	T. Multi-Vitamin		Prevention of vitamin deficiency. As supplement in malnutrition.	Children: 1 tablet daily. In mal-nutrition 1 tablet 2 times daily. Pregnant & Lactating Mothers: 1 tablet daily during pregnancy and lactation.	

BHC DRUG/USAGE LIST

NO.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
42.	Norlestrin 28 (Contraceptive)	Cycle	Family Planning. Dysmennorhea.	Adult Women Only: 1 tablet daily, starting on day 5 of menstruation period.	Pregnancy, liver disease, thromboembolic disease.
43.	T. Novolax		Constipation	Children: Not for children. Adults: 1-3 tablets until relief.	Intestinal obstruction.
44.	Paraffin Liquid		Constipation.	Children: 1-3 teaspoons daily until relief. Adults: 1-3 tablespoons until relief.	
45.	Proc. Penicillin in Oil		Bacterial infections. Especially respiratory, pelvic, venereal disease and severe skin infections.	Adults: 300,000-1,200,000 deep intramuscular every 3 days. (Total 3 injections)	Not for children.
46.	Proc. Penicillin		Same	Children: 400,000 deep intramuscular daily for 5-7 days. Adults: 1,000,000 deep intramuscular daily for 5-7 days.	
47.	Penicillin, Crystal		Acute severe bacterial infections. Meningitis. (Non TB)	Children: 30,000-100,000 every 3 hours for 24 hours. Adults: 100,000-600,000 every 3 hours for 24 hours.	Change to Proc. Penicillin after 24 hours.

BHC DRUG/USAGE LIST

NO.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
48.	T. Phenyl-ephedrine	10 oz.	Nasal decongestant.	Children: 1 drop in each nostril 3 times daily for 3 days. Adults: 2-3 drops in each nostril 3 times daily for 3-5 days.	
49.	T. Piperazine (Scored)	500 mg.	Ascaris (Round Worms)	Children: 75 mg/kg daily for 2 days. Adults: 7 tablet daily (one dose) for 2 days.	
50.	Potassium Permanganate		Antiseptic, antibacterial. Mycotic pharyngitis.	Stock solution: Mix as follows: 1:10,000. 1 gram in 10 liters of boiled water. Solution lasts 7 days. Store in glass containers (bottles). Use: Applied to skin. Gargle 2-3 times daily for 7 days.	
51.	T. Primaquine	15 mg.	Cure of Vivax malaria following chloroquine treatment.	Children: 1-5 years: 1/4 tablet daily for 14 days. 6-14 years: 1/2 tablet daily for 14 days. Adults: 1 tablet daily for 14 days.	
52.	Ringer Lactate	500 cc.	Dehydration with loss of electrolytes. Use to prevent shock in severe burns and trauma. In dehydration due to diarrhea, change to glucose-electrolyte solution when patient can drink. Anti-shock treatment in bleeding.	Children & Adults) Individual dosage. Give intravenously. Do not normally exceed 1,000 cc. per 2 hours. Severe diarrhea with dehydration give as needed until 20,000 cc. per 24 hours.	Watch for lung oedema.

BHC DRUG/USAGE LIST

NO.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
53.	Rivanol Powder		Antiseptic. Pharyngitis. Otitis Externa. Skin infection. Impetigo.	Stock solution: Mix as follows: 1 g. Rivanol mixed with 1 liter boiled water. Use: Gargle 3-6 times daily until relief. Mix with Vaseline: 1 g. in 100 gr. vaseline. Use: Apply to skin 1-2 times daily.	
54.	T. Sedenal	60 mg.	Sedative, tranquilizer. Mild antihypertensive.	Children: Not for children. Adults: 1-2 tablets 3 times daily until improved.	
55.	T. Sodamint	50 mg.	Indigestion, Dyspepsia.	Adults: 1-3 tablets 3 times daily until relief.	
56.	Streptomycin Vials	5 g/vial	Tuberculosis	See special TB Treatment Chart.	
57.	Sulphazetamine Ear Drops 20%	10 cc.	Chronic Otitis Media	Children:) & Adults:) Clean ear. Apply 1-2 drops until clear.	
58.	Terpin Elixir Child	500 cc.	Cough in children.	Children: 1-2 teaspoons 3 times daily.	Suspect TB in cough over 14 days with fever and loss of weight.
59.	T. Terpicod		Expectorant. Bronchitis, Bronco-pneumonia. Influenza.	Children: Use Terpin Elixir Child. Adults: 1-2 tablets 3 times daily until improved.	

BHC DRUG/USAGE LIST

NO.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
60.	Caps. Tetracycline	250 mg.	Severe bacterial respiratory and systemic infections. Gastro-intestinal infections. (Bacillary and Amoebic Dysentry). Used after penicillin if no response in 4-5 days.	Adults: 1 capsule 4 times daily (5-7 days).	During last 3 months of pregnancy, except as a lifesaving drug. Do not combine with other antibiotics. Instruct patients to eat Yogurth during treatment.
61.	C. Tetracycline	50 mg.	Severe bacterial respiratory and systemic infections. Gastro-intestinal infections. (Bacillary and Amoebic Dysentry). Used after Penicillin if no response in 4-5 days.	Children: 20-50 mg/kg/daily in 4 doses (5-7 days).	Contra-indicated during last 3 months of pregnancy and in children under five years, except as a life-saving drug. Do not combine with other antibiotics.
62.	Tincture of Iodine		Antiseptic. Use for superficial wounds. Presurgical.	Children) + Adults:) Apply locally on skin.	Only for external use.
63.	T. Triple Sulphonamide	500 mg.	Urinary tract infections. Bacterial infections.	Children: Adults:	
64.	Vaseline		Skin infections. Base for Rivanol ointment. Lubrication of rectal thermometer.	Use: See under Rivanol. Apply to dry skin.	
65.	Zinc Oxide Ointment		Non-specific dressing of superficial wounds and burns.	Apply daily until healed.	

BHC DRUG/USAGE LIST
DOCTOR'S EMERGENCY LIST

NO.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
1.	Adrenalin Ap. 1:1000	1 cc.	Acute Asthma attack. Severe allergic reactions. (Anaphylactic shock).	Children: Maximum 0.1 cc subcutaneously. Adults: 0.1-0.5 cc. subcutaneously. Anaphylactic Shock: Mix 1 cc. with 9 cc. N-Saline. Give 1-3 cc. intraveneously.	
2.	Aminophylline Amp.	200 mg/10 cc.	Bronchial Asthma (Status Asthmaticus), Cardiac Asthma, Pulmonary Oedema.	Children: 5-15 years: 125 mg. intravenously given very slowly. Adults: 250 mg. intravenously given very slowly.	
3.	Anti-Diptheria serum		Diptheria	Follow instructions with serum.	
4.	Anti-Tetanus serum		Tetanus	Follow instructions with serum.	
5.	Antistine Amp.	2 cc.	Acute severe allergy.	Adults: 1-2 cc. intramuscular. Repeat after 3-6 hours if necessary.	
6.	Atropine Sulphate Amp.	1 mg/1 cc.	Ulcer of Duodenum. Spastic conditions in gastro-intestinal tract. Bronchial Asthma. Bradycardia.	Adults: 0.25-0.50 mg. 3-4 times daily subcutaneously. Bradycardia: 0.5-1 mg. intravenously.	
7.	Baralgin Amp. 50 %	5 cc.	Acute, severe pains. Particularly gall bladder and kidney stone conditions.	Adults: 5 cc. intramuscular. Repeat after 6 hours if necessary.	

BHC DRUG/USAGE LIST
DOCTOR'S EMERGENCY LIST

NO.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
8.	Coramine Amp. 25 %	2 cc.	Respiratory stimulant.	Adults: 2 cc. intramuscular. Repeat once or twice if necessary.	
9.	Glucose Amp. 25 %	10 cc.	Hypoglycemia (Insulincoma) Oedema of lungs or brain Eclampsia.	Insulincoma: 10-15 cc. slowly int ravenously. Brain/Lung Oedema: 100-200 cc. slowly intravenously.	Only for slow intravenous administration. Not for subcutaneous or intramuscular.
10.	Gynergin Amp.	0.2 mg/1 cc.	Post partum and post abortion bleeding. Migraine.	Adults: 1 cc. intramuscular once daily. 2-3 days.	
11.	Iron Dextran	10 cc.	Severe iron-deficiency anaemia.	Adults: 2 cc. daily Daily every-day or every second day, for 5 times. Give as deep intramuscular injection. Follow by oral Ferro Sulphate treatment.	
12.	Lidocaine Amp. 10 %	50 cc.	Local Anaesthesia.	Children: 0-5 Do not use. Children over 5) 2 cc.-5 cc. and adults:) per procedure.	
13.	Papaverine Amp.	1 cc.	Spastic conditions in gastro intestinal tract. Kidney stone cholic.	Adults: 1-2 cc. subcutaneously or intramuscular 2-3 times daily.	

BHC DRUG/USAGE LIST
DOCTOR'S EMERGENCY LIST

NO.	NAME OF DRUG	UNIT	USED FOR	COMMON DOSAGES	CONTRAINDICATIONS/NOTES
14.	Serum Physiological Bottle	500 cc.	Dehydration with loss of sodium chloride. In dehydration due to diarrhea, change to glycose electrolyte solution when patient can drink. Anti-shock treatment in bleeding during transport to hospital.	Children & Adults: Individual dosage. Intravenous or subcutaneous. Do not normally exceed 1,000 cc. per 2 hours.	Maximum: 20 liters in 24 hours.
15.	Serum Physiological Bottle	50 cc.	To dilute other I.V. drugs.	According to instructions.	
16.	Streptomycin Amp.	1 g.	Tuberculosis. Bacterial meningitis, sub-acute bacterial endocarditis. Brucellosis. Tularemia.	Tuberculosis: See Special TB treatment scheme. Other: 0.5 g-2 grams slowly and deeply intramuscular. If more than 1 g. daily divide into 2 doses.	
17.	Vitamin - K Amp.	10 mg/ 1cc.	Prevention or cure of bleeding in newborn. Bleeding in connection with liver diseases.	CHILD, NEWBORN Prevention: 1 mg. intramuscular after delivery. Cure: 1 mg/kg. intramuscular for 2 days. Adults: 10 mg. daily intramuscular for 2-4 days.	Do not give as intravenous injection.

TB - TREATMENT SCHEME

PULMONARY - TB

AGE	DRUG	INITIAL INTENSIVE REGIMEN (AFTER 1 MONTH CHANGE TO TREATMENT A OR B)	treatment TREATMENT A (TWICE WEEKLY REGIMEN)	TREATMENT B (DAILY REGIMEN)
Adults (About 15 years)	Streptomycin 1G Vial (for I M. use only)	1 Gram I m. daily for 1 month	1 Gram I M. twice weekly for 12 months	0
	INH Tablet 300 mg.	0	600 mg. twice weekly for 12 months (in one daily dose)	0
	INH + TBI. 300 mg + 150 mg	1 Tablet daily for 1 month	0	1 tablet daily for 12 months
Children: 0-2 years	Streptomycin 1g	1/4 gram (250 mg) I M. daily for 1 mth.	1/4 gram (250 mg) twice weekly for 12 months	0
	INH Tabs 300 mg	0	1/2 Tab (150 mg) twice weekly for 12 months	0
	INH + TBI 300 mg + 150 mg	1/4 Tab daily for 1 month	0	1/4 tablet daily for 12 month
2-4 years	Streptomycin 1 g	1/2 gram (500 mg) I M. daily for 1 mth.	1/2 gram (500 mg) twice weekly for 12 months	0
	INH Tabs. 300 mg	0	1 tablet 300 mg twice weekly for 12 months	0
	INH + TBI 200 mg + 150 mg	1/2 tablet daily for 1 month	0	1/2 tablet daily for 12 month
5-14 years	Streptomycin 1 g	3/4 gram (750 mg) I M. daily for 1 month.	3/4 gram (200 mg) I M. twice weekly for 12 months	0
	INH tabs 300 mg	0	1-1/2 tabl (450 mg) twice weekly for 12 months.	0
	INH + TBI 300 m - 150 mg	3/4 tab daily for 1 month	0	3/4 tablet daily for 12 month
ADULTS AND CHILDREN	B_6 Dy oxine 6 mg	0	1 tablet daily	0