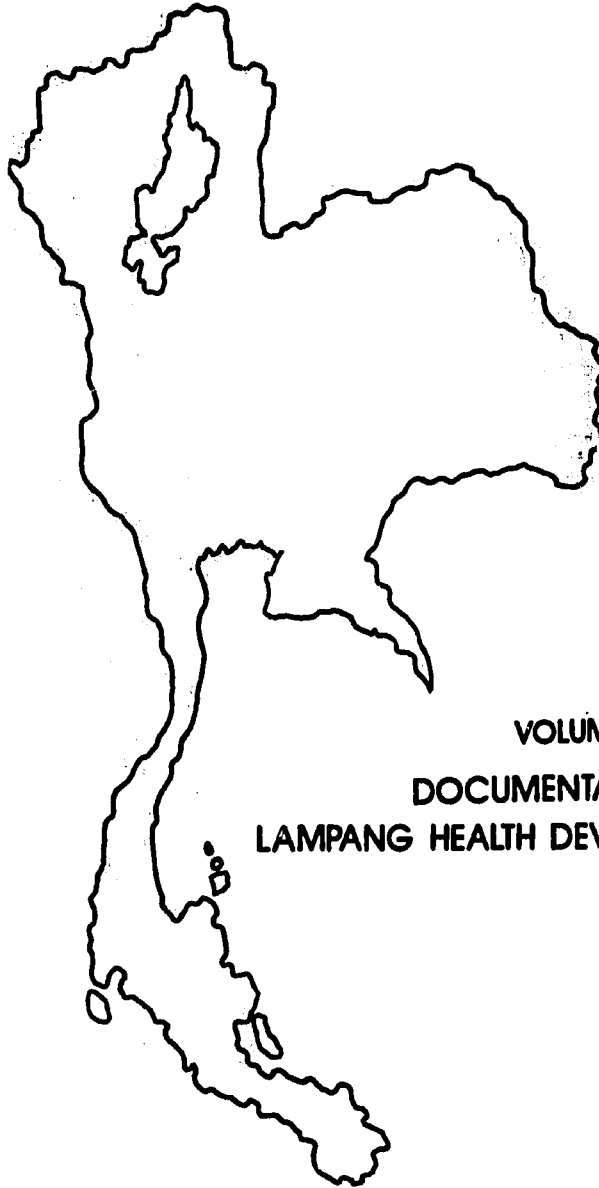


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COMMUNITY HEALTH VOLUNTEERS' MANUALS



VOLUME IV
DOCUMENTARY SERIES
LAMPANG HEALTH DEVELOPMENT PROJECT



MINISTRY OF PUBLIC HEALTH THAILAND 1981



LAMPANG HEALTH DEVELOPMENT PROJECT

DOCUMENTARY SERIES

VOLUME IV

COMMUNITY HEALTH VOLUNTEERS' MANUALS

Edited By

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and

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Ministry of Public Health

Thailand

1981

The Lampang Health Development Project Documentary Series

Is Dedicated To

DR. SOMBOON VACHROTAI

(1924 - 1980)

Project Director

1974 - 1980



CONTENT OF THE LAMPANG HEALTH DEVELOPMENT PROJECT DOCUMENTARY SERIES

The documentary series comprises six volumes. Volume I summarizes the development, evaluation, conclusions and recommendations of the Project. Volume II describes the development of the Project, focussing on it's key features, and Volume III presents the Project's evaluation, results, conclusions and recommendations. The remaining three volumes present translations of materials used in developing community health volunteers and paraphysicians, key manpower of the Lampang rural health care system.

VOLUME I: SUMMARY FINAL REPORT, CONCLUSIONS AND RECOMMENDATIONS OF THE LAMPANG HEALTH DEVELOPMENT PROJECT (Monograph 12)

VOLUME II: DEVELOPMENT OF AN INTEGRATED RURAL HEALTH SERVICES AND PRIMARY HEALTH CARE SYSTEM IN LAMPANG THAILAND

- Monograph 1 - The Lampang Health Development Project: New Approaches to Rural Health Care
- Monograph 2 - Developing Community Health Volunteers and Primary Health Care
- Monograph 3 - Developing Community Health Paraphysicians (Wechakorn)
- Monograph 4 - Expanding the Community Health Role of the Provincial Hospital
- Monograph 5 - Strengthening Management, Supervision, and Support for Rural Health Care
- Monograph 6 - A System of Evaluation and Management Information for Rural Health Care

VOLUME III: EVALUATION OF THE LAMPANG INTEGRATED RURAL HEALTH SERVICES AND PRIMARY HEALTH CARE SYSTEM

- Monograph 7 - Evaluating and Monitoring Integrated Rural Health Services: Lessons from the Lampang Experience
- Monograph 8 - Consumer Accessibility to and Acceptance of Rural Health Services in Lampang
- Monograph 9 - Health System and Personnel Performance and Costs
- Monograph 10 - Impact on the Population's Health

**Monograph 11 - Feasibility and Affordability of Implementing
the Lampang System's Key Features
Nationwide: Implications for the Future**

VOLUME IV: COMMUNITY HEALTH VOLUNTEERS' MANUALS

- Section 1 - Health Post Volunteer Manual**
- Section 2 - Health Post Volunteer Nutrition Manual**
- Section 3 - Health Communicator Manual**
- Section 4 - Health Communicator Nutrition Manual**
- Section 5 - Traditional Birth Attendant Manual**

**VOLUME V: COMMUNITY HEALTH PARAPHYSICIAN (WECHAKORN)
TRAINING IN CLINICAL CARE**

- Module 1 - Introduction to Comprehensive Health Care**
- Module 2 - Medical Terminology**
- Module 3 - Anatomy and Physiology**
- Module 4 - Medical History-Taking**
- Module 5 - Physical Examination**
- Module 7 - Formulary: Essential Drugs for Wechakorn**
- Module 8 - Skin Problems**
- Module 9 - Eye, Ear, Nose and Throat Problems**
- Module 10 - Medical Problems**
- Module 11 - Pediatric Problems**
- Module 12 - Gynecological Problems**
- Module 13 - Emergency Problems**

**VOLUME VI: COMMUNITY HEALTH PARAPHYSICIAN (WECHAKORN)
TRAINING IN PUBLIC HEALTH**

- Module 14 - Public Health Administration and Primary Health Care**
- Module 15 - Community Health Services: Organization, Management and Supervision**
- Module 16 - Maternal and Child Health Care**
- Module 17 - Family Planning**
- Module 18 - Nutrition**
- Module 19 - Dental Health**
- Module 20 - Environmental Sanitation**
- Module 21 - Statistics**
- Module 22 - Epidemiology**
- Module 23 - Communicable Diseases Control**
- Module 24 - Health Education**

ACKNOWLEDGEMENT

The Lampang Health Development Project, a collaborative effort of the Royal Thai Government, the University of Hawaii, and the American Public Health Association, was supported partly by the Royal Thai Government and partly through the following contracts of the U.S. Agency for International Development:

**Contract AID/csd-3423 with the American Public Health Association;
Contract AID/ca-C-1320 with the American Public Health Association; and
Contract AID/493-9025-T with the University of Hawaii.**

Additional support was provided by the following organizations:

**Asia Foundation
United Nations International Children's Emergency Fund
United States International Communications Agency
World Health Organization**

FOREWORD

From 1974 to 1981 the Ministry of Public Health implemented the Lampang Health Development Project, a seven year effort to pioneer and research many approaches for integrating and expanding medical and health service coverage and for creating village-based primary health care services. During this period, I followed closely the reorganization of the provincial health administration, the integration of medical and health services, and the creation of the Department of Community Health in the Lampang Provincial Hospital with its outreach programs in rural health and medical care delivery. The major thrust of the health manpower development effort involved the training of three types of government health workers to serve as wechakorn paraprofessionals in all subdistrict health centers and district hospitals, the training of thousands of villagers to serve as health volunteers and health communicators, and the training of hundreds of traditional birth attendants. The effort included the organization and orientation of village health committees, and stimulating contributions by the private sector and by the communities themselves. Beyond the increased demand for health services which resulted, I also noted with great interest evidence of village-based health activities supported by villagers in many localities: improvements in community water sources, installation and maintenance of handpumps for the newly improved and covered wells, nutritional surveillance, family planning supply distribution, and so on. The focus of the Lampang Project was primarily on the district, subdistrict and village levels.

In 1977 and 1978 the Ministry of Public Health drew upon the personnel and experience of the Lampang Project to help plan and conduct two national primary health care seminars. In March, 1979, the Cabinet of the Royal Thai Government approved primary health care as a National Health Development Policy. The Ministry drew heavily from the Lampang Project again in 1979 as it planned with the WHO and UNICEF a biregional primary health care workshop, participated by nine countries of the South East Asia and Western Pacific regions. The first workshop was conducted in 1980, and we are currently planning with WHO and UNICEF for the next biregional workshop. The aim of these national and inter-regional activities is to rapidly feedback to planners and health leaders the field experience that is accumulating in Lampang and in similar efforts. One result, at the Thai national level, is the adoption of primary health care program implementation as a high priority in the National Social and Economic Development Plan.

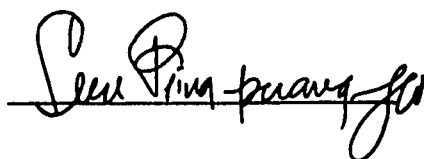
The lessons and experience coming from Lampang over the past seven years have been quite useful to the Ministry of Public Health in planning and implementing similar approaches for nationwide coverage. In a similar manner, the Lampang experience may be useful to others and this is one of the major aims of the documentary series that is presented herewith.

I wish to take this opportunity to express my gratitude and thanks to all institutions and agencies in Thailand and abroad that have contributed to the Lampang

effort. While all the organizations in Thailand that have made contributions are too numerous to list here, two deserve special recognition for their longstanding support: the Chiangmai University which provided two senior professionals to the Project who served as Chiefs of the Project's Division of Personnel Development and Division of Research and Evaluation, and the National Institute of Development Administration which played a key role in the research and evaluation effort. Special acknowledgement and appreciation is expressed for the contributions of the University of Hawaii who provided technical and managerial assistance throughout the seven year period, the American Public Health Association for its five year role in project management and liaison, and the U.S. Agency for International Development which was the major source of outside funding. We also appreciate and acknowledge the special purpose contributions of the U.S. Information Service Agency, the Asia Foundation, the World Health Organization, and the U.N. Children's Fund.

As Thailand enters the 1980's, the greatest aim of the Ministry of Public Health is to extend basic health services and to achieve health for all Thai citizens, if possible, by the turn of the century. The success of this effort will depend on three major factors: the seriousness and commitment of the Royal Thai Government in implementing its new Health Development Policy, the seriousness of health workers at all levels in serving those in need, and the ability and willingness of health workers to teach and guide villagers in matters of health and development, helping them to help themselves. Through continued effort and collaboration, like that of the Lampang Health Development Project, we have good reason to be optimistic.

May, 1981

A handwritten signature in black ink, appearing to read "Sem Pringpuangeo", written over a horizontal line.

Dr. Sem Pringpuangeo
Minister of Public Health
Royal Thai Government

PREFACE

The Lampang Health Development Project, originally called the "DEIDS/Thailand Project" to signify the development and evaluation of an integrated health care delivery system, was conceptualized, planned, implemented and evaluated by the Ministry of Public Health, Royal Thai Government, through shared commitment and collegial collaboration with the University of Hawaii and the American Public Health Association.

Health professionals and leaders from these institutions recognized that conventional approaches to health care delivery were not reaching those most in need -- underserved rural villagers who comprised the majority of the population. Further, new approaches had to be conceptualized and tested in the context of Thailand's health care system if basic health services were to become available to and utilized by rural villagers.

Project planners hypothesized that basic health services could be delivered more cost-effectively if integrated; that the demand for medical care services could be met, to a great extent, by upgrading existing health personnel to be clinically-competent paraprofessionals; and, that the need for health promotion and disease prevention services could be more broadly and effectively extended through community participation. This participation could be achieved by training community health volunteers -- health post volunteers, traditional birth attendants and village health communicators as well as involving the private sector. Some elements of these approaches had been implemented in Thailand on a small (district-level) scale in earlier projects, but they had not been adequately evaluated. The Ministry of Public Health, already committed to the concept of integration of health promotion, disease prevention and medical care services, was ready to embark on a major effort to test this approach, and to find ways to broadly extend integrated basic health services to all rural villagers in Thailand.

Lampang Province in northern Thailand (see Figures 1 and 2) was selected as the project area because it had a population of over half a million people, fair communications, moderate economic status, minimal security and insurgency problems, and the endorsement of provincial authorities. While the overall and longterm goal of the Project was to improve the health status of the rural population of Lampang, the specific objectives of the Project were:

- (1) to expand health care coverage to at least two-thirds of the rural population, particularly women in their child-bearing years and preschool age children, with an emphasis on family planning, nutrition and other maternal and child health services;
- (2) to establish an integrated provincial health care services delivery system with the capacity to extend integrated medical, health promotion and

disease prevention services to every subdistrict health center, and to establish simple medical care, health promotion and disease prevention services in every village through community participation and private sector involvement; and,

- (3) to establish an integrated provincial health care services delivery system that is more cost-effective, meaning lower cost per service unit, the key features of which could be replicated nationwide within the limitations of resources available to the Royal Thai Government.

Given these objectives, Project planners and implementors developed a number of innovations and modifications of the existing health system which constituted the key features of the Project, as viewed in Figure 3 and as summarized below.

- (1) Reorganization and Strengthening of the Provincial Health Service Infrastructure by:
 - Integrating the curative, disease prevention, and health promotion services by coordinating and administering them under a single provincial health administration;
 - Establishing a Department of Community Health within the Provincial Hospital, and
 - Improving management and supervisory practices, in part by developing a practical management information system;
- (2) Development of Community Health Paraphysicians (*wechakorn*) from existing health service personnel to be deployed to every district hospital and subdistrict health center;
- (3) Development of Community Health Volunteers in every village, including training of a village health volunteer (health post volunteer) in every village, training of traditional birth attendants in every village where qualified candidates could be identified, and training of village health communicators for every 10-15 households in every village; and,
- (4) Stimulating other Community and Private Sector Involvement by establishing health committees in every village and at every administrative level, and by eliciting the interest and support of other private sector groups.

The Ministry of Public Health and other agencies of the Royal Thai Government began planning nationwide programs that would carry these approaches and key features, as modified, to the whole of the country during implementation of the 1977-1981 and 1982-1986 National Economic and Social Development Plans.

Several notable characteristics of Project development, planning and implementation had a bearing on the progress of the Project and on the acceptance of its approaches and key features:

- * *The Lampang Health Development Project was viewed from the beginning as a Thai project: Project planners, Project implementors, and Project leaders decision-makers were predominantly Thai.*
- * *The Project was established and directed by the Thai Ministry of Public Health, the official RTG authority that would be responsible for nationwide implementation if the approaches and key features were found to be worthy of "replication".*
- * *Project and Ministry leaders developed and maintained a broad base of involvement of Ministry of Public Health personnel and other Royal Thai Government officials in all phases of Project development, planning, implementation, and evaluation.*
- * *The Project maintained a continuing dialogue on Project approaches and progress with both Thai and international health agencies by providing Project information through periodic progress reports, organizing annual reviews and by conducting special workshops and seminars for review and refinement of Project approaches and key features.*
- * *Project administrative, managerial, and technical assistance from the University of Hawaii and the American Public Health Association was characterized by a spirit of mutualism, a shared commitment, and a collegial collaboration. Technical assistance was not limited to one institution, but involved a number of international organizations, U.S. and Thai institutions and agencies. Project leaders recognized that the Project was dealing with a universal problem of how to achieve "health for all", and that this problem was best approached through broad collaboration and solid commitment, based on a spirit of mutualism and learning together.*

This Lampang Health Development Project Documentary Series serves to comprehensively document the planning, implementation and evaluation processes, and to present the major findings and evaluation results of this seven-year effort. Volume 1 summarizes the Project's approaches and key features, evaluation and research findings, conclusions and recommendations. Volume II comprises six monographs which describe in detail the development and functioning of the Project's major approaches and components. Volume III comprises six monographs on evaluation findings, and discusses the Project results, conclusions and recommendations, based on the broad array of survey data, service statistics and other operational data that have been collected and analyzed. Volume IV presents the English language translations of Thai language materials used in developing and supporting community health volunteers -- health post volunteers, health communicators, and traditional birth attendants. Finally, Volumes V and VI comprise English language translations of the twenty-four Thai language training modules used in the development of *wechakorn*, community health paraprofessionals.

It is the sincere wish of Ministry of Public Health and Lampang Project leaders, and of the authors, contributors, and editors of the Lampang Health Development Project Documentary Series, that readers of these materials will find the lessons learned and experience gained in Lampang useful in their own work.

Prakorb Tuchinda .

Dr. Prakorb Tuchinda
Under-Secretary of State
for Public Health
Ministry of Public Health

July, 1981

P. Ningsanonda

Dr. Pirote Ningsanonda
Deputy Under-Secretary of
State for Public Health
and
Project Director
Lampang Health Development Project

Figure 1 Location of Project Site in Thailand

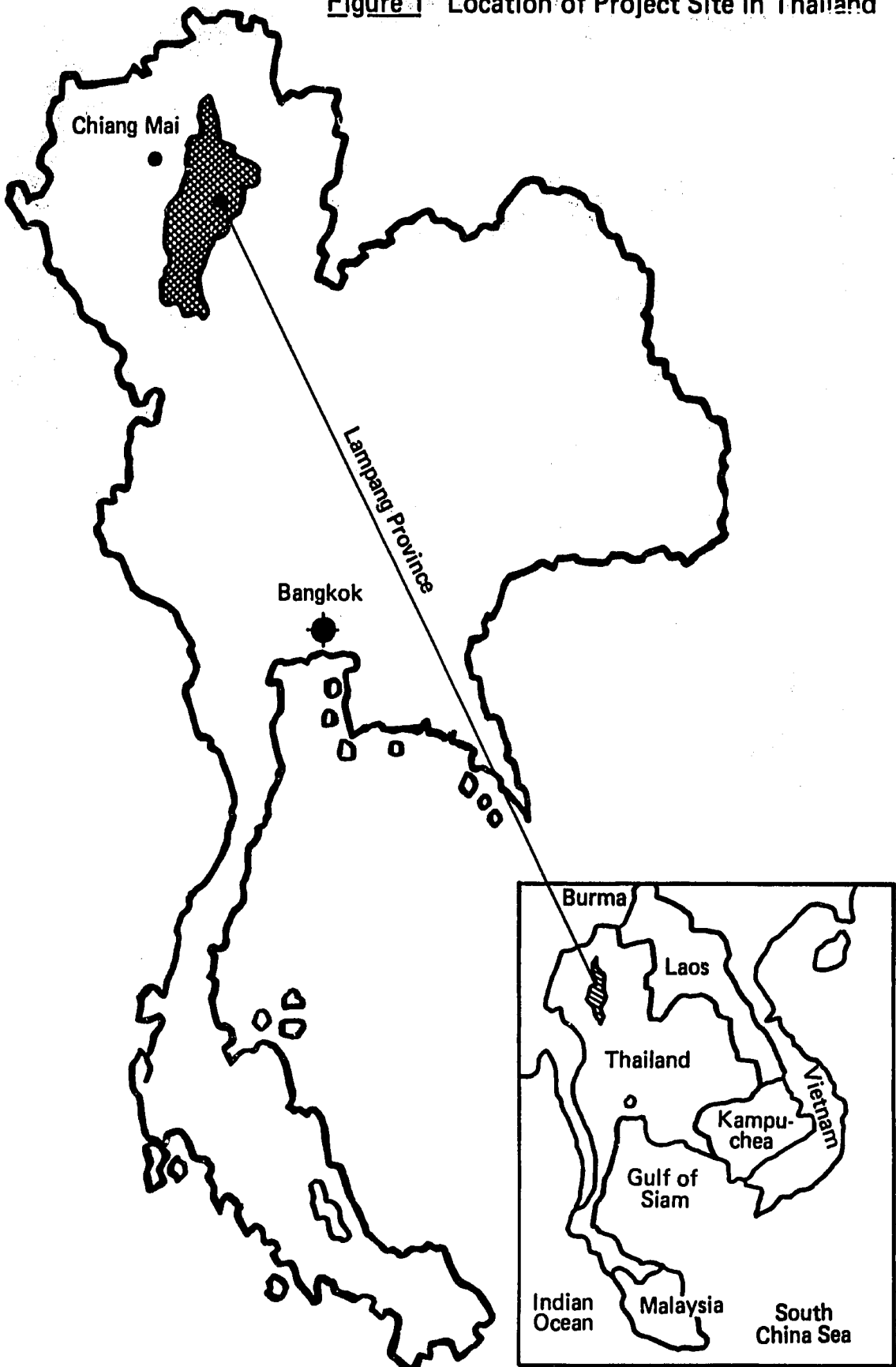


Figure 2 Map of Lampang Province with Project Intervention Areas, Control Area#1, and Control Area#2 in Adjacent Lamphoon Province

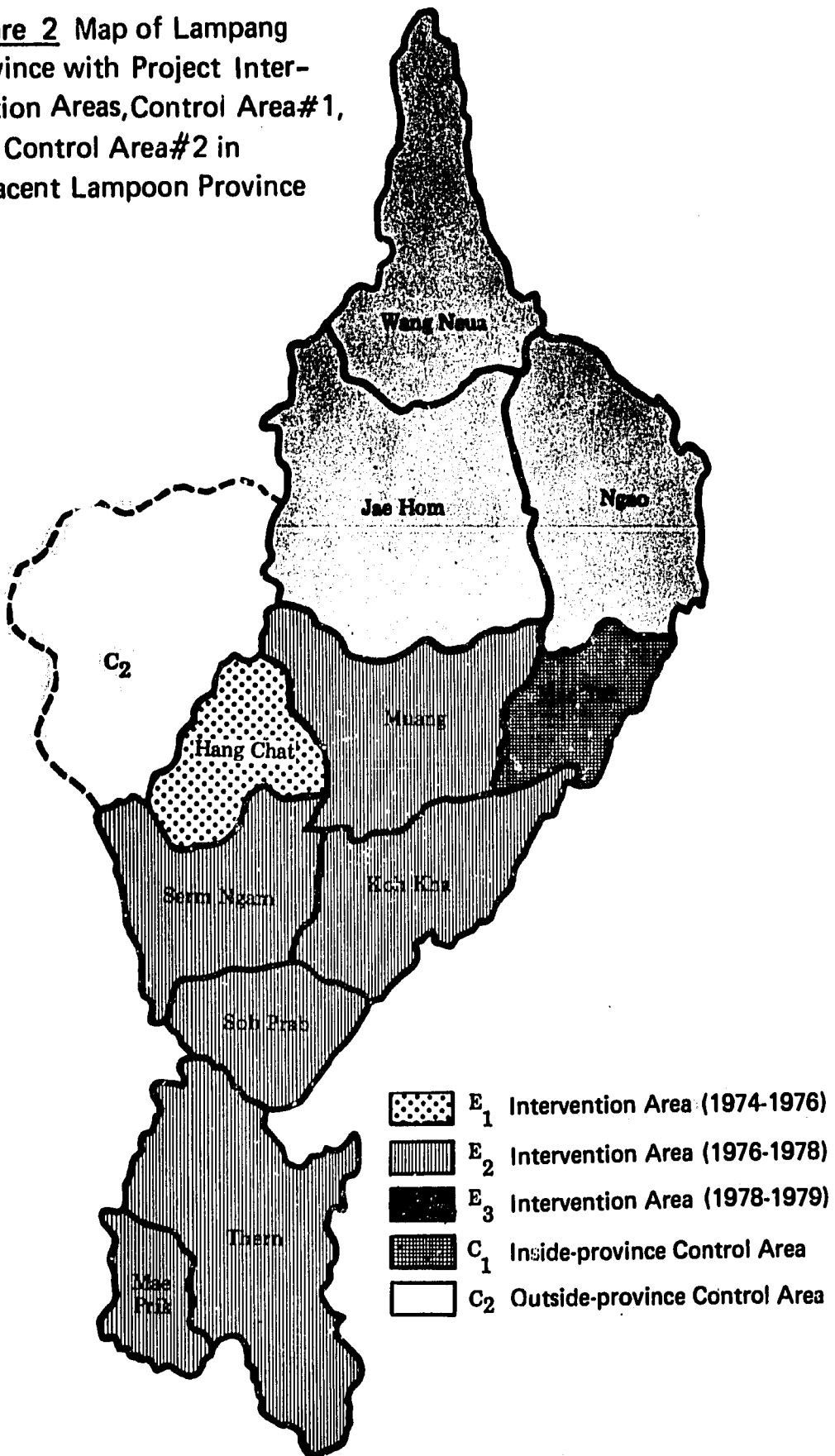
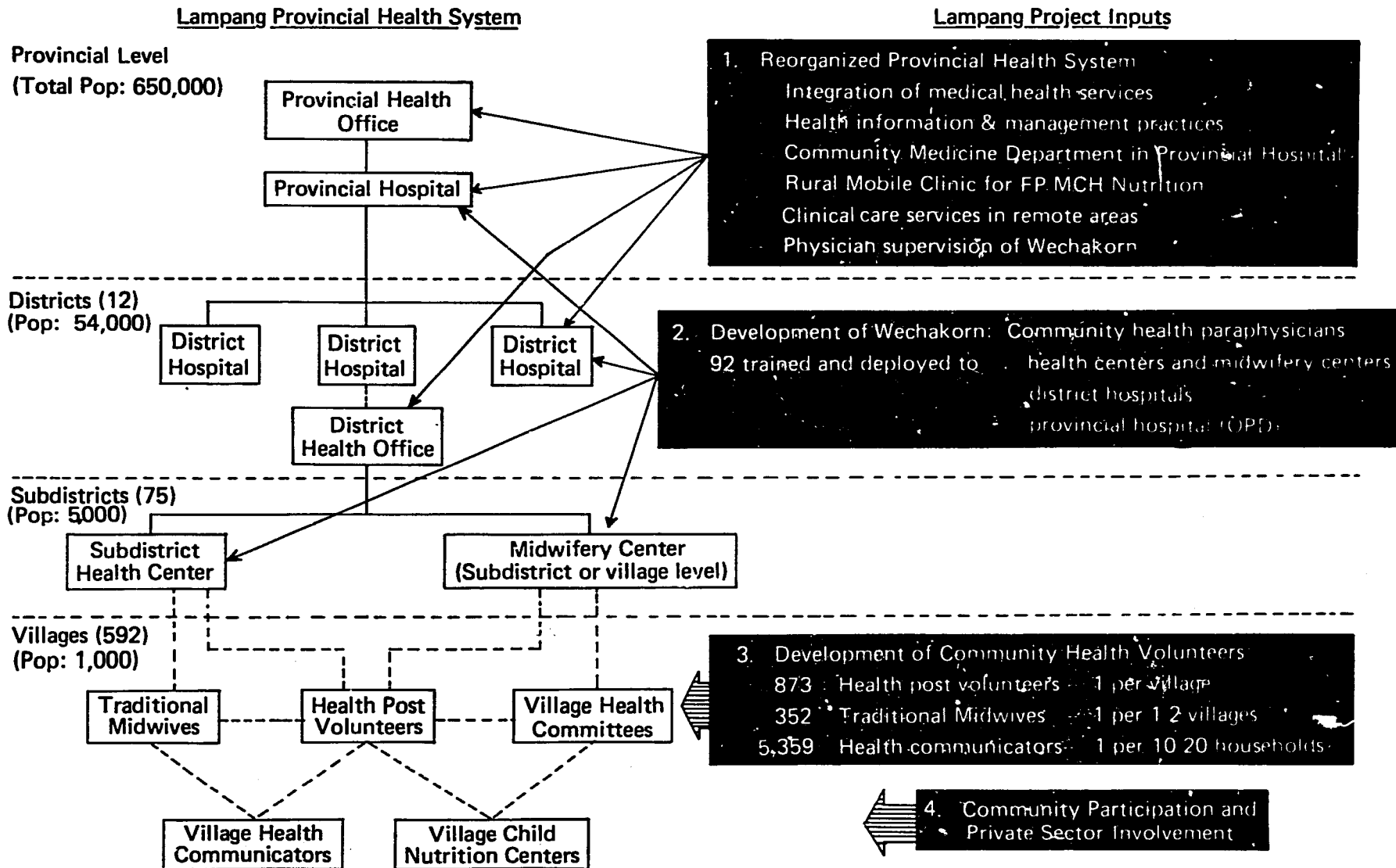


Figure 3 Lampung Provincial Health System and the Inputs of the Lampung Health Development Project

IXI



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Health Post Volunteers' Manual



PERSONNEL DEVELOPMENT DIVISION, LAMPANG HEALTH DEVELOPMENT PROJECT

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PREFACE

In the past it has become apparent that the national government has not been able to extend public health services to all people at the village level. In an attempt to improve this situation, it has been decided that both the government and villagers, should work together to organize a public health system which aims at alleviating the urgent health problems of the rural communities.

The Lampong Health Development Project (LHDP), the Ministry of Public Health, and the Lampong Provincial Chief Medical Office (PCMO), together with cooperation from villagers and village committees, have arranged for the training of Health Post Volunteers (HPV). The objective of this innovation is for villagers to become responsible for organizing and maintaining their own Primary Health Care (PHC), while at the same time, receiving any necessary assistance from both Government and Local Public Health Officials. The rationale behind this concept is that village committees select HPVs who are volunteers from their own village, to service the health needs of their community. When the HPVs complete their training, which is conducted by the LHDP and PCMO Staffs, they are responsible for helping their fellow villagers by providing basic medical care for minor illnesses, using Government Household Drugs (GHD). In addition, they are to assist local health workers with various specific tasks as well as work in close association with the Health Communicators and Traditional Birth Attendants. The government health workers and the village committees are responsible for monitoring and assisting the HPV, and other village health volunteers, to assure that their work is of optimal benefit for the rural communities. To accomplish this goal great emphasis will be placed on the use of local resources and appropriate technology, so that improved health develops as a consequence of the communities' self reliance and initiative.

The purpose of training the HPV is primarily to enable the HPV to provide selected services that will alleviate some of the important health problems found in their community. While performing these services the HPV will always receive adequate support and advice from the local health worker and the village committee. The training of the HPV will be assisted by the use of a handbook and guidelines, which are explicitly designed for the HPV candidate. The trainers will also accommodate these candidates by presenting the necessary information as clearly as possible, and by following the manual which will be used by the HPVs when they return to their communities.

The Personnel Development Section of the Lampong Project, of the Ministry of Public Health, hopes that this HPV Manual will be of considerable use to the HPV and other interested individuals. If there are any deficiencies or shortcomings of this manual, it is hoped that they will be brought to the attention of the appropriate Lampong Project Staff so that corrections can be made.

INTRODUCTION

The HPV Manual provides guidelines for the HPV to follow in providing services. Thus this manual stresses procedures rather than general knowledge, and it also creates a structured system whereby the HPV can more easily apply the knowledge he receives during his two weeks of training.

The content of this manual covers medical care, first aid, health promotion, and the recording of activities and results, for which the HPV is responsible. While the HPVs are carrying out their responsibilities, government health workers must provide support and guidance so that the HPV will use this manual appropriately, which will result in the greatest benefit to the rural population.

ACTIVITIES OF THE HPVs

Medical Care:





- **Fever**
- **Cough**
- **Stomach-ache**
- **Diarrhea (more than 3 bowel movements per day)**
- **Headache**
- **Conjunctivitis**
- **Ear Infection**
- **Intestinal Parasitic Infestation**
- **Skin Disease**

FEVER


Cold, fever, headache, runny nose, cough, sore throat (slight symptoms only)

Headache, fever, stomach-ache, vomiting, stiff neck, chest pain, etc.

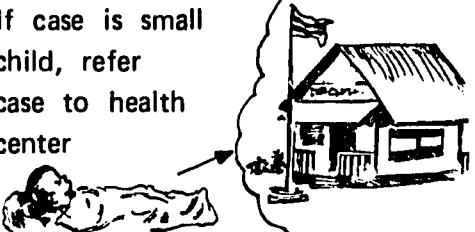
Fever with chills, intermittent fever, and patient lives in malaria zone.

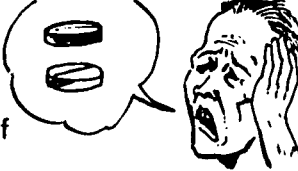
Cold, fever, headache, runny nose, cough, sore throat




If case is small child, refer case to health center




Give Aspirin adults 1-2 tablets/dose, repeat if no relief



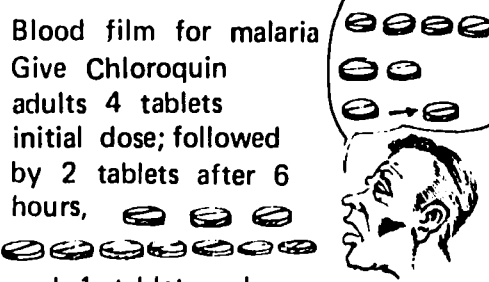
Fever with chills, intermittent fever, and patient lives in malaria zone.




Children (4-14 yrs) 1/2-1 tablet/dose, repeat if no relief



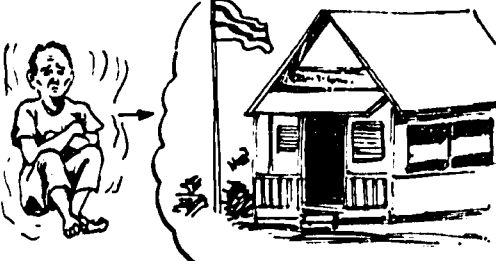
Blood film for malaria
Give Chloroquin adults 4 tablets initial dose; followed by 2 tablets after 6 hours, and 1 tablet each morning and evening for the following 2 days (10 tablets in total). If no cure, refer case to health center.



If cough also present, give small dose of cough syrup



If no cure after 3 days, refer case to health center



Headache, fever, stomach-ache,
vomiting, stiff neck, chest
pain, etc.



Refer case to health
center



2. Fever can be a symptoms of many
diseases which may cause death.

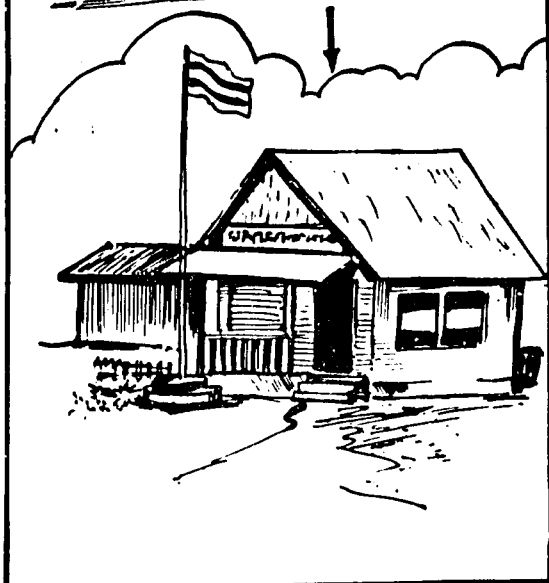
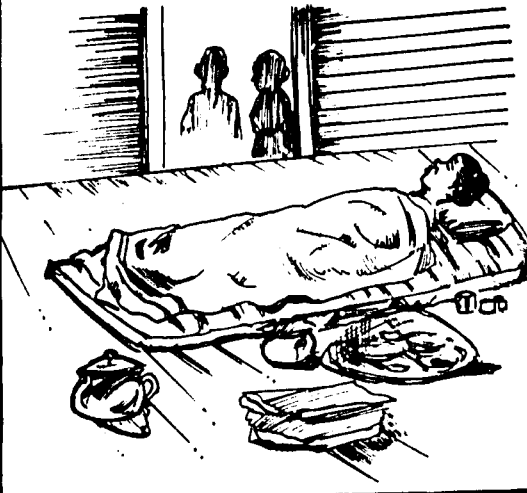


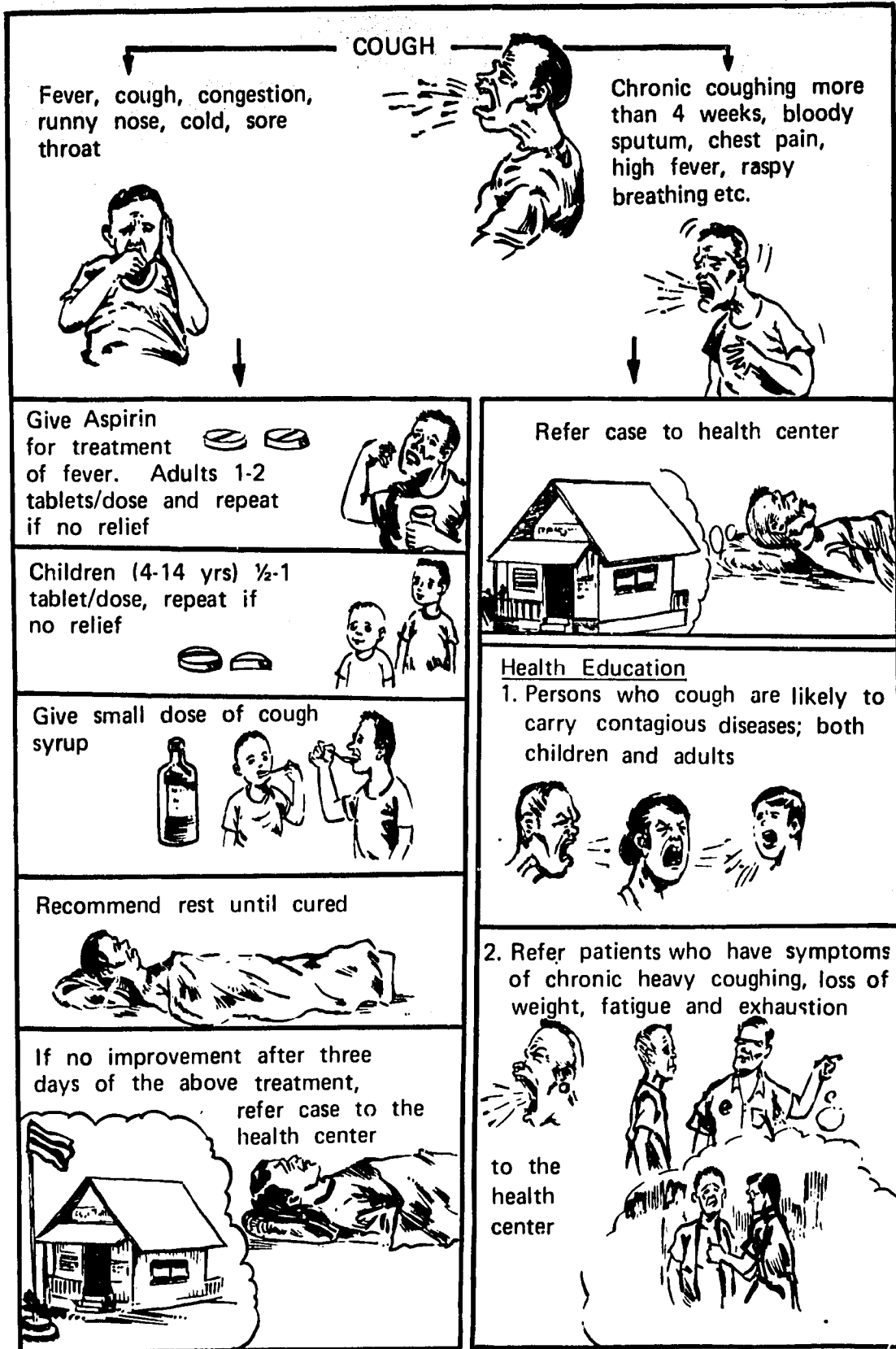
3. If there is no improvement
after 2-3 days of treatment,
immediately refer case to health
center



Health Education

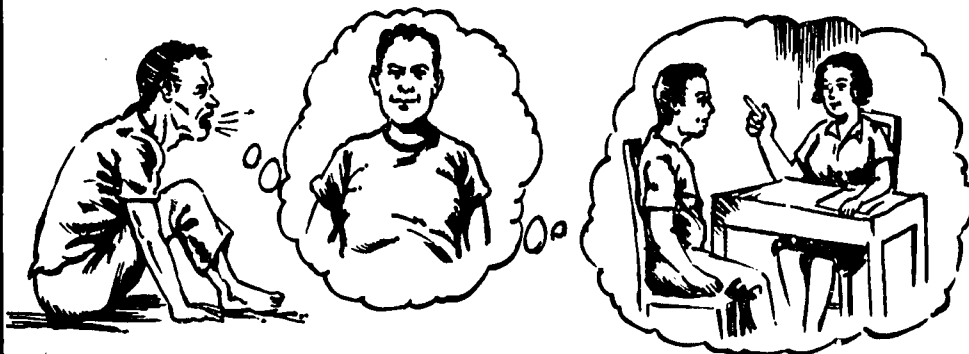
1. Persons with fever may have an
infectious disease; prevention
is easier than cure. e.g.,
isolate the case, don't use
common articles





Health Education (cont'd)

3. Lung disease, or TB, is curable if treated, and if patient follows doctor's advice



4. Cover mouth and nose when you cough or sneeze



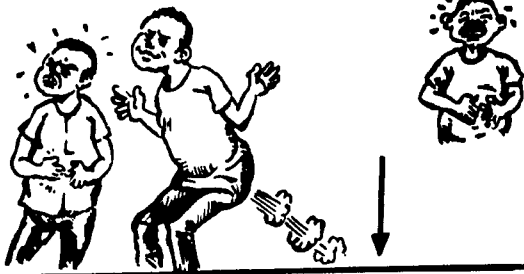
5. Do not spit on the floor. Spit in containers with covers



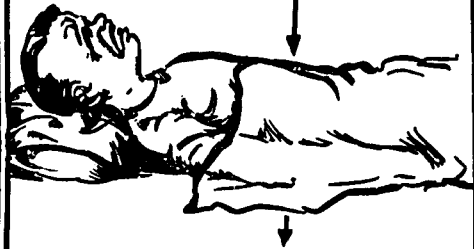
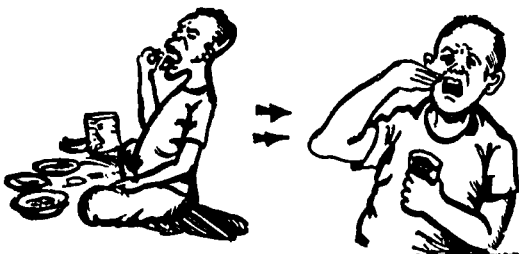
Feeling of full stomach, bloated feeling, flatulence

STOMACH-ACHE

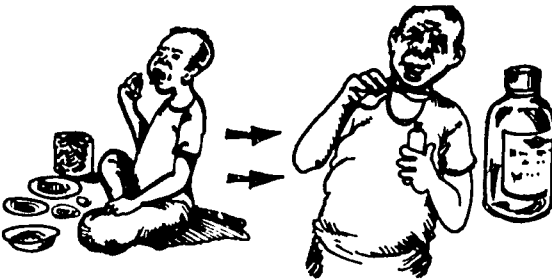
Severe stomach-ache pain in stomach if squeezed, vomiting, fever, or other symptoms



Give Sodamint
adults: 1-2 tablets after meals



or give "Carminative"
adults: 1-2 tablespoons after meals



Immediately refer case to health center

If the above symptoms are chronic then refer case to health center

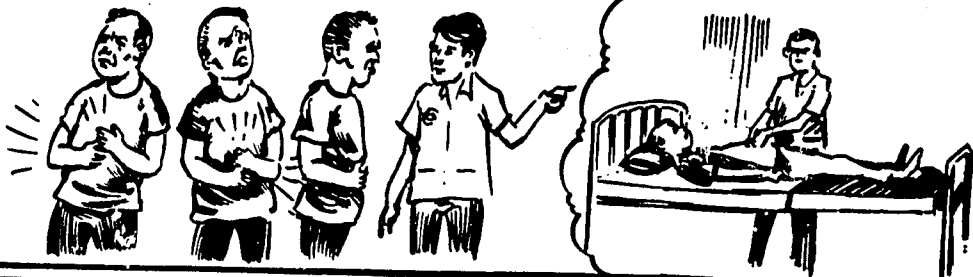


Health Education

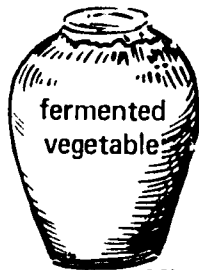
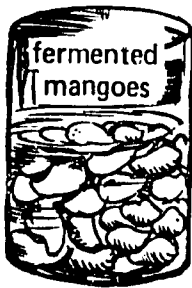
1. Advise people to chew food thoroughly, and not to over eat



2. If stomach-aches are frequent, advise person to visit the health center



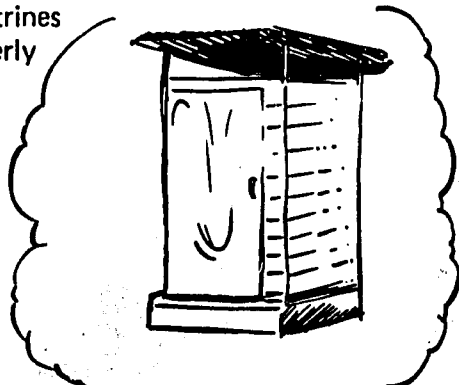
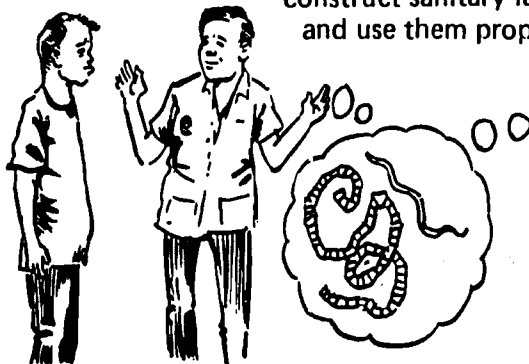
3. Advise people not to eat fermented foods, or uncooked foods since this can cause diarrhea.



Minced raw fish

Minced raw pork

4. Parasitic infestation can cause frequent stomach pains. Advise people to construct sanitary latrines and use them properly



DIARRHEA

(More than 3 bowel movements per day)

Patients with fewer than 2 days duration, without bloody, mucous stools; eyes not glassy; skin not wrinkled; no exhaustion; and still strong.



Infants or adults with severe symptoms such as exhaustion, fainting, feeling of blacking out, vomiting, stomach-ache, high fever



Give Sulfaguanidine
Adults: 4 tablets initial dose followed by 2 tablets every 4 hours until cured



Children (6-12 yrs.) initial dose 2 tablets, followed by 1 tablet every 4 hours.



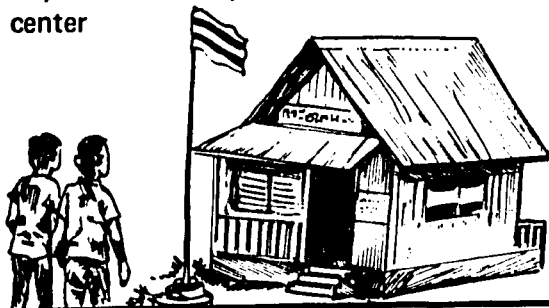
or give "Tincture of Camphor"
Adults: 2 spoonfuls per dose



DO NOT administer to children



If no improvement or cure after 3 days of treatment, refer case to health center

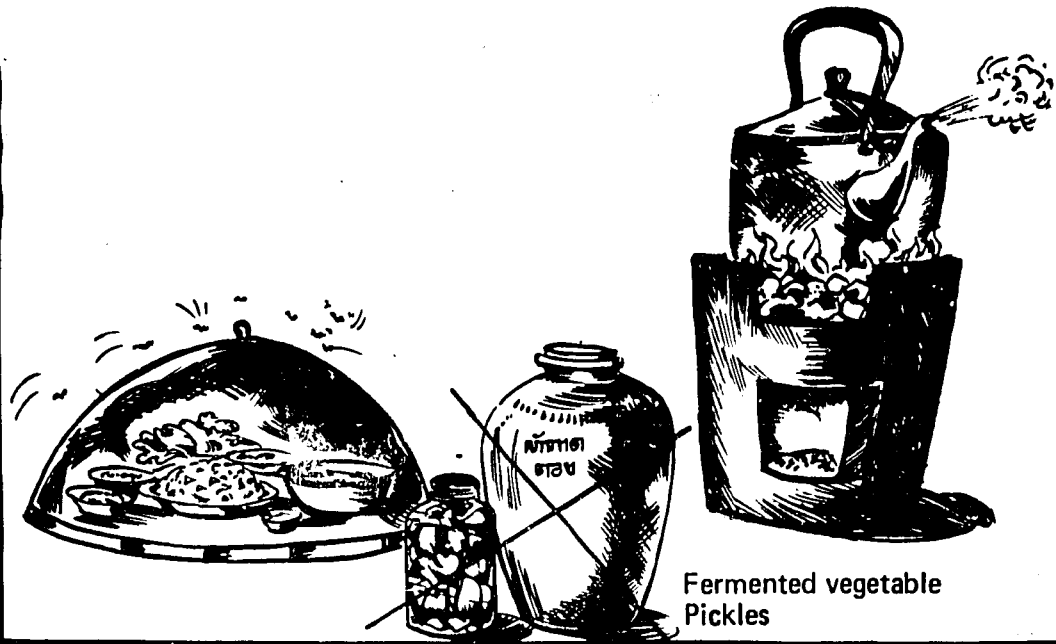


Refer to health center



Health Education

1. Give advice about proper eating and drinking, eg., drink clean and safe water, clear away flies; eat cooked food; do not eat dirty or fermented food.

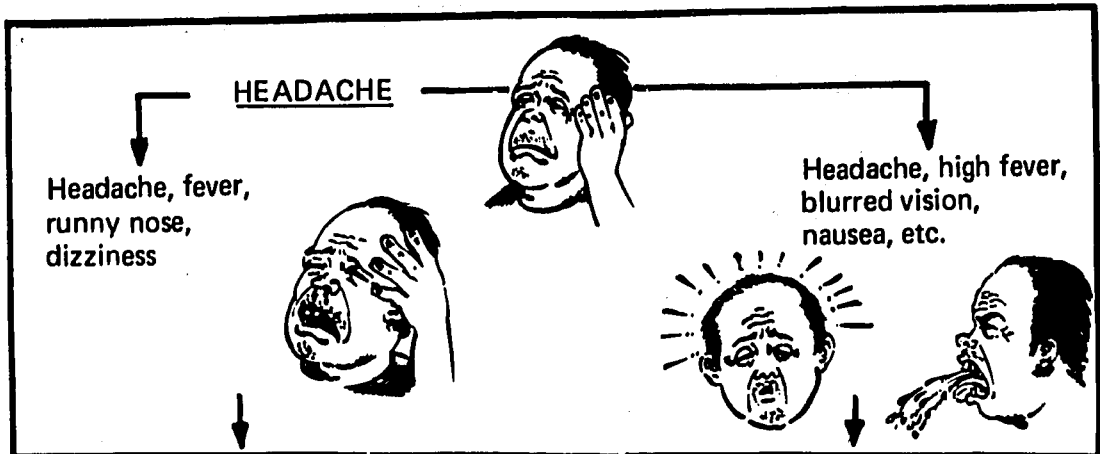


2. Wash hands before eating and after bowel movements



3. Drink safe water





Adult 1-2 tablets/
dose and repeat
if no relief

Children (4-14 yrs.)
 $\frac{1}{2}$ -1 tablet/ dose

If cough is also present, give
small dose of cough syrup

If no cure or improvement,
refer case to health center

If the case is an
infant, refer
to health center

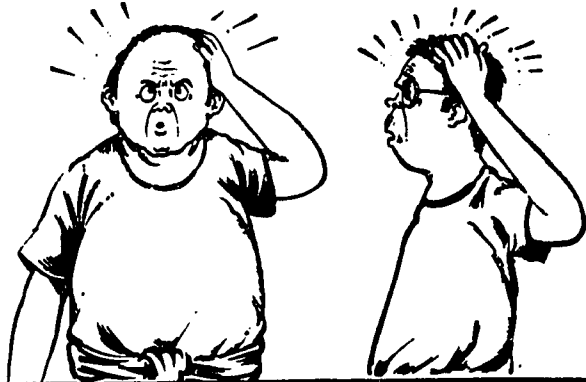
Refer case to health
center

Health Education

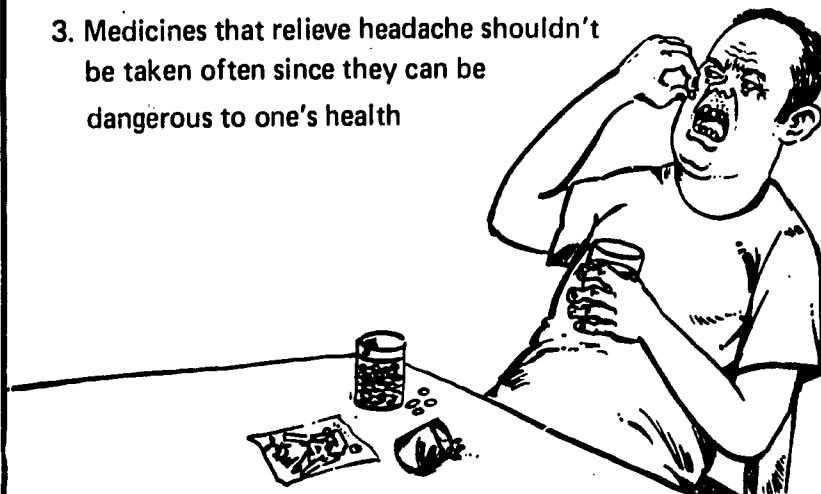
1. Headaches can be caused by many illnesses. If the headache is severe and frequent, then refer to health center



2. Persons with hypertension, bad vision, or encephalitis will have headaches



3. Medicines that relieve headache shouldn't be taken often since they can be dangerous to one's health



CONJUNCTIVITIS

Eye redness, eye irritation,
teariness, eye debris



Chronic eye redness,
eyeache, temporary
blindness



Use eyedrops, for the affected
eye. 1-2 drops per time,
3-4 times/day. Continue until cured.



Refer case to health center



Health Education

Conjunctivitis is infectious



Persons should not use handkerchieves
or other cloth that others might use



Patients should receive treatment until cured, otherwise
blindness may result

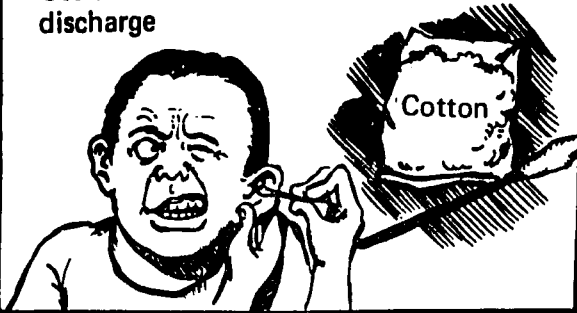


EAR INFECTION

Clear discharge or
pus oozing from
ear

On and off clear discharge,
or pus, with earache, pus deposit,
foul odor, high temperature

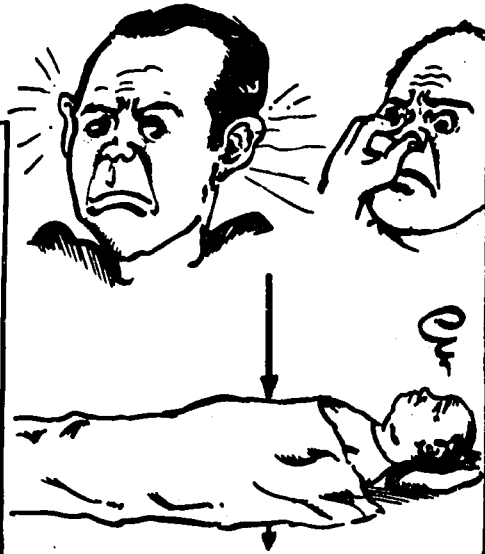
Use cotton swab to clean away
discharge



Use eardrops, 2-3 times/day



If no improvement after 7 days,
then refer case to health center

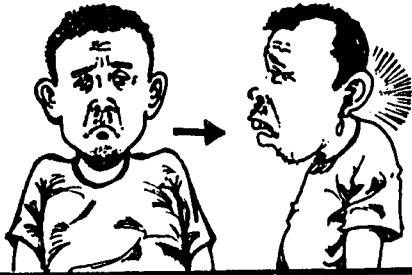


Refer case to health center



Health Education

1. Try to prevent the common cold since ear infections can result from a cold.



4. Treatment for ear infection takes a long time. Incomplete treatment may result in hearing impairment.



2. Don't let children play in dirty water. This water can cause an infection in the ear.



5. Refer cases with watery discharge or pus oozing from ear to health center.



3. Do not poke any object into the ear because this can spread infection, damage the ear drum, or impair hearing.



PARASITE INFESTATION

Roundworms



Threadworms



Flatworms
(Tapeworms)



5. Children (7-14 yrs)
1½ tsp after
morning and
evening meal

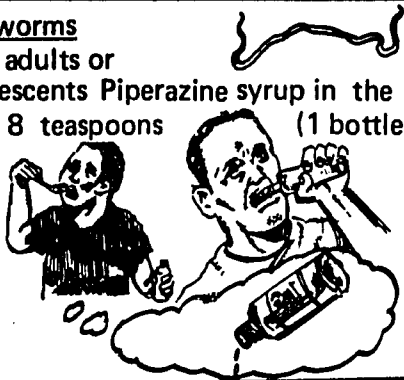


6. Children (7-14 and
up) 2 tsp after
morning and
evening meal



Roundworms

1. Give adults or adolescents Piperazine syrup in the dose 8 teaspoons (1 bottle)



Tapeworms
Give "YOMESAN"



Threadworms

2. Give treatment over a period of several days, as follows:
Infants (9 mos-2 yrs)
½ tsp after morning and evening meal



1. Adults and children over 6 yrs: 4 tablets in a single dose



3. Children (2-3 yrs)
½ tsp after daily meals



2. Children (2-6 yrs).
2 tablets



4. Children (4-6 yrs)
1 tsp after morning and evening meal

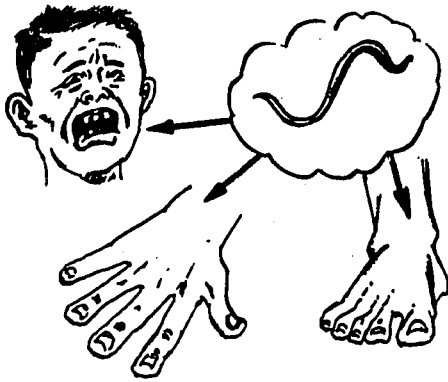


3. Infants (under 2 yrs):
1 tablet



Health Education

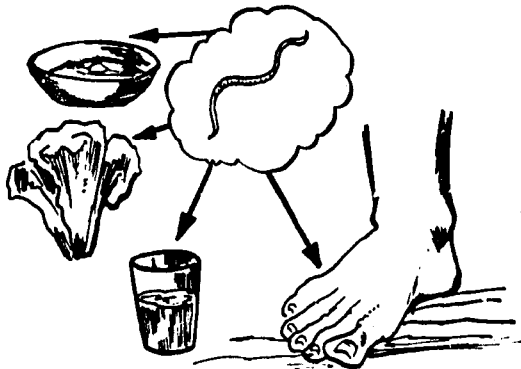
1. Parasites enter the body through the mouth and the skin



4. To treat parasites you should treat whole families at a time



2. Parasites enter the mouth when eating, drinking, and can enter the skin through the feet of persons not wearing shoes



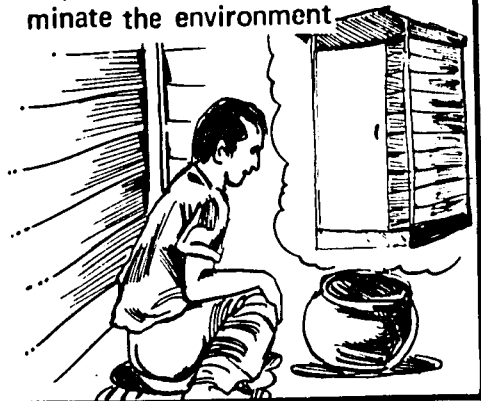
5. You shouldn't use human feces for fertilizer



3. Parasite infestation is very contagious especially in children who play close together



6. Every house should have a sanitary latrine, and you should properly dispose of feces so as not to contaminate the environment



SKIN DISEASE

Scabies - itching in toe and finger spaces, severe itching or scratch marks after awakening in morning.



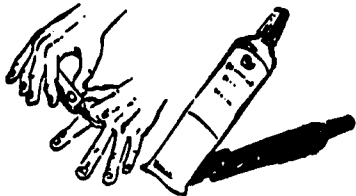
Clean the affected area with warm water



Dry the area



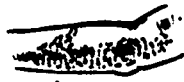
Apply sulfur ointment or anti-scabies medicine over the area



If no improvement after treatment, refer case to health center



Itching rash



Apply rash ointment

Apply calamine lotion



Tinea - small white circular spots, or clear papules, or general itching



Apply tinea ointment 2-3 times per day



If no improvement after treatment, refer case to health center



Other skin diseases

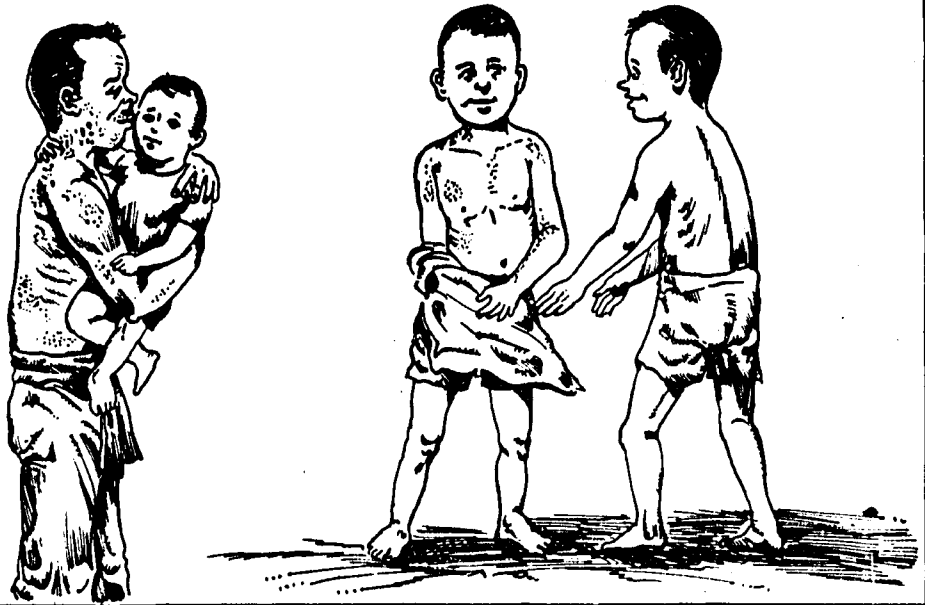


Refer case to health center

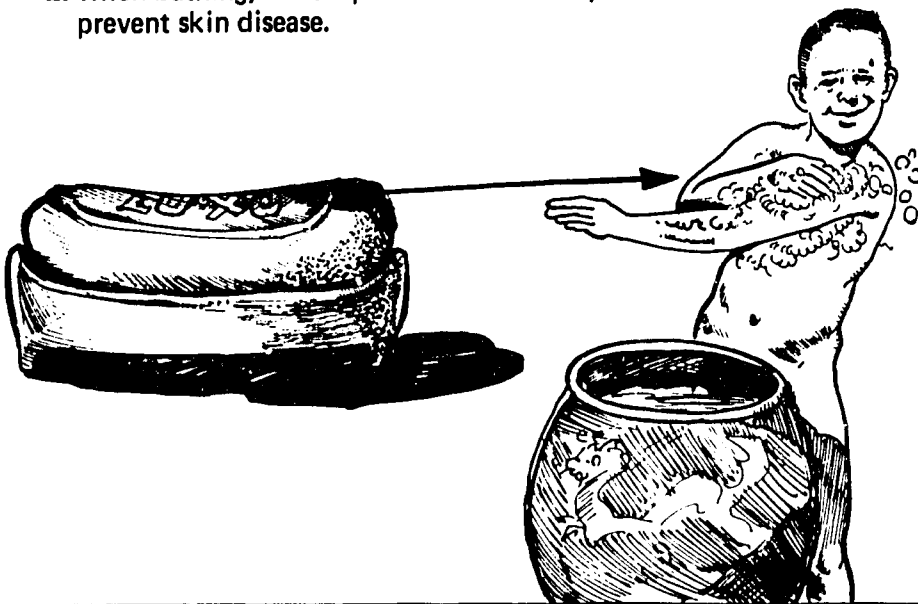


Health Education

1. Skin conditions, scabies, and tinea are easily contagious through close contact or using common clothes of infected individuals.

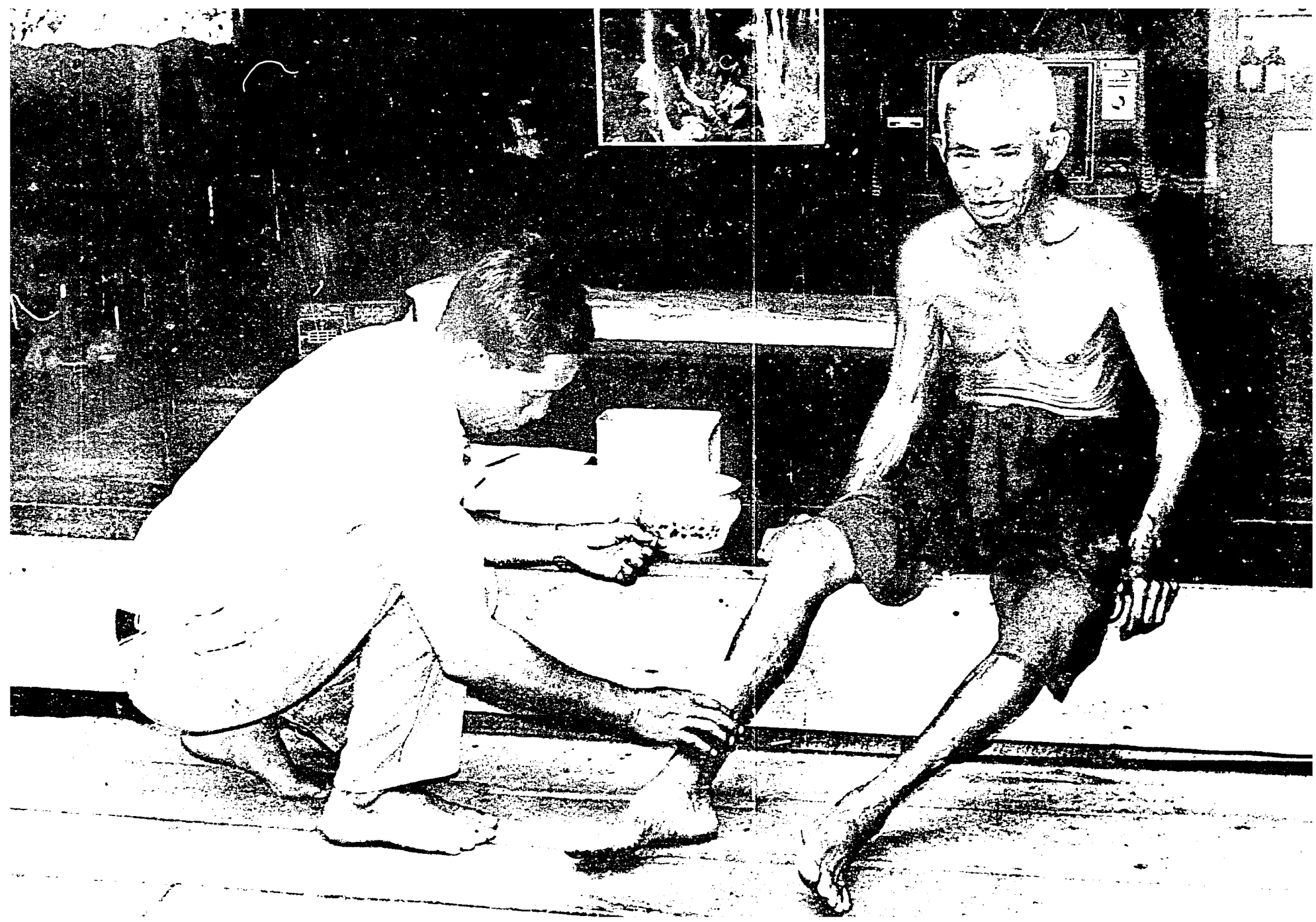


2. When bathing, use soap since this will help prevent skin disease.



FIRST AID

- **Accidents, falls, body injuries**
- **Burns or scalding**
- **Bites and stings**
- **Fainting**
- **Nosebleeding**
- **Epilepsy**
- **Aiding a drowning person**



ACCIDENTS, FALLS, BODY INJURIES

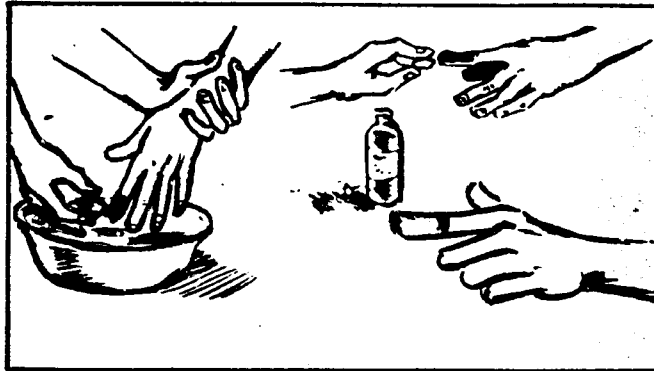
Wounds

Small cuts or Scratches

- Wash with clean water, soap, and cotton
- Dry with clean cotton or cloth
- Apply mercurochrome, or other tincture, with cotton or apply iodine or alcohol
- Use clean gauze to cover the wound and fix with tape
- Change the bandage every day until healed
- If no healing occurs or the condition of the wound deteriorates, refer case to health center

Large cuts with moderate bleeding

- Use a clean cloth and apply pressure to wounded area. Then wrap a cloth or bandage around wound to stop bleeding and immediately take case to health center
- If bleeding does not stop after pressure & bandaging, apply pressure to blood vessels above the wound and rush the case to the health center



Sprained Joint

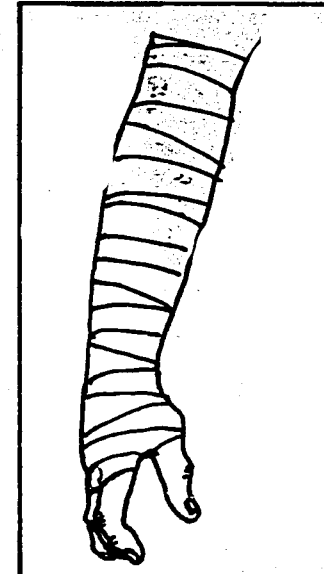
- Use cold water or ice to surround the joint
- Use a cloth or bandage to wrap tightly around joint
- Raise affected joint above the level of the heart
- Maintain the joint in a comfortable, and still, position
- Rush case to a health center



Broken Bone

Broken arm or leg

- Apply a splint securing broken limb to splint using a cloth or cord
- Rush the case to a health center



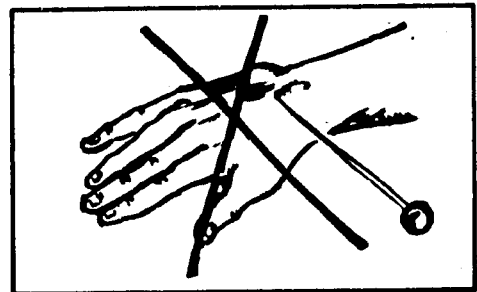
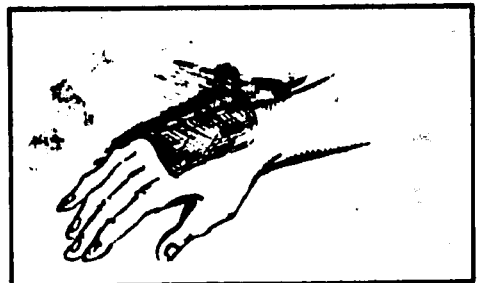
BURNS OR SCALDING

Minor Wounds

Large Wounds

1. Dip cotton in anti-burn ointment and cover the area where it is burned or scalded; change cotton 2-3 times a day.
2. Use clean gauze to cover the wounds
3. Do not puncture the blister. If it does burst, clean it with boiled water.
4. Repeat No. 1 until cure.
5. If a wound begins to have an odor, or has pus, refer case to health center.

Refer case to health center



BITES AND STINGS

Bee, wasp, hornet, dragon fly, and centipede sting

- Give Aspirin to relieve pain
- Apply ointment to relieve itching
- Remove stinger
- If severe, refer case to health center



Snake bite

- Clean the wound
- Tie the part of body above the wound
- Don't drink any alcoholic beverage
- Place the wounded area lower than the heart



Dog bite

- Clean the wound with water and soap or detergent immediately
- Soak the wound with alcohol or tincture
- Immediately send case to health center
- Confine the dog for 10 days; if it shows signs of rabies ahead and put it in a plastic bag and pack in ice. Send head to health center. If the dog does not show any signs of rabies, no further action is necessary.



FAINTING

Person is fatigued, in a crowded area with poor air circulation, nervous, deeply upset, pale, sweaty palms and feet

- Have person lie down with the head lower than the torso
- Loosen clothing
- Clear the area of bystanders to permit easy breathing
- Wipe off perspiration
- Administer ammonia
- If unconscious, rush case to a health center



Person is in the open, exposed to the sun, with hot and dry skin, and short of breath

- Have person lie on back with head above torso
- Clear the area of bystanders to permit easy breathing
- If the body feels cool, cover with blanket
- If the case is conscious have him drink hot, strong tea
- If breathing has stopped apply artificial resuscitation, or rush the case to a health center



Person is in a hot area, with too heavy clothing on, is pale and cool

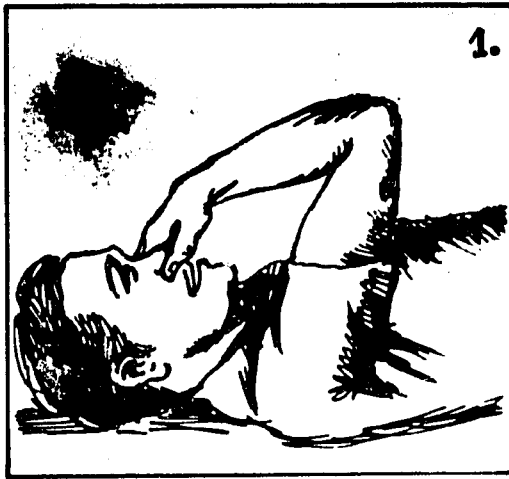
- Have person lie with head low
- Loosen clothing
- Clear the area of bystanders to permit easy breathing
- Cover with blanket
- Give hot, strong tea
- If breathing has stopped apply artificial resuscitation and rush to a health center



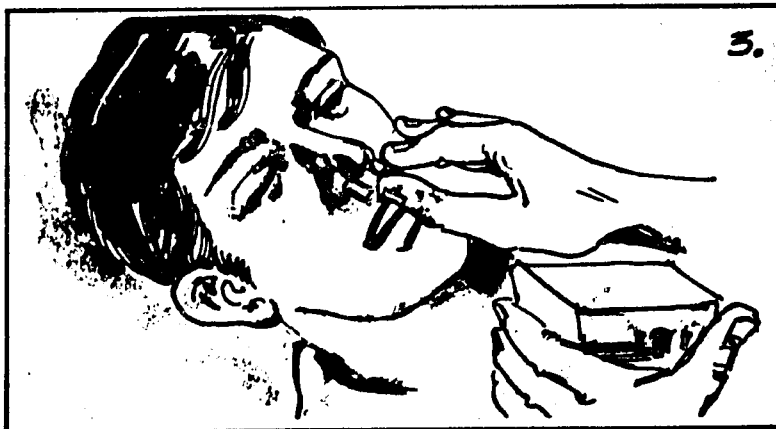
NOSE BLEEDING

Do the following:

1. Have the patient lie with head flat or tilted back. Use the fingers to squeeze the nose temporarily. Have the case breathe through the mouth until bleeding has stopped.



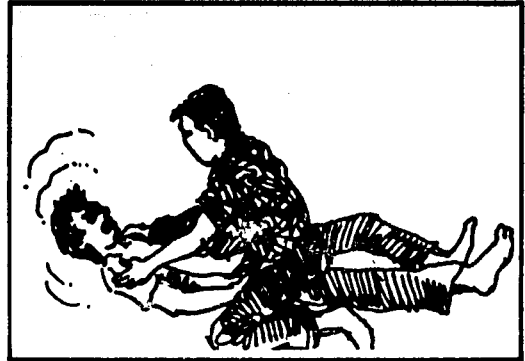
2. Use an ice bag (or cloth wrapped around ice), or a cloth soaked in cold water, to apply to the nose area to stop the bleeding.
3. If bleeding is heavy and does not stop then use a length of gauze, with vaseline applied to it, and insert into the nose. Then rush the patient to the health center or hospital as fast as possible.



EPILEPSY

Do the followings:

1. When you see a person having convulsions, lie him down flat immediately. Loosen clothing and belt.

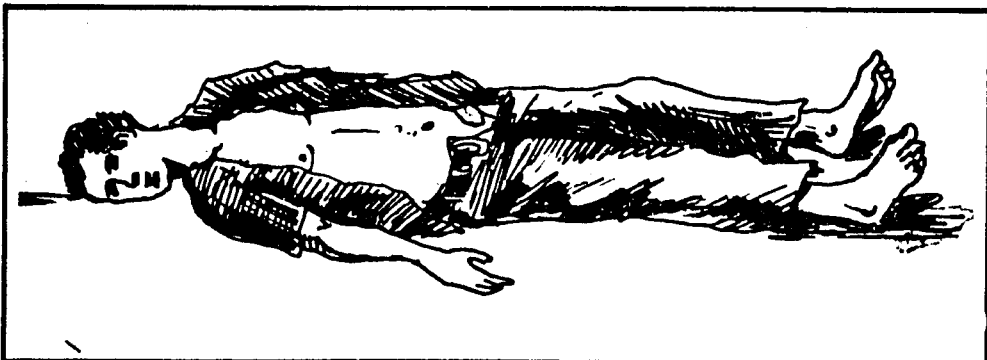


2. Wrap cloth around a piece of wood, or the handle of a spoon, and stick it into the person's mouth between upper and lower teeth to prevent him from biting his own tongue.

3. See that person lies on his back, turn his head to one side to prevent him from choking.



4. When person gets over convulsion, let him rest by laying still. Don't wake him, otherwise the convulsions may return.



AIDING A DROWNING PERSON

FIRST AID

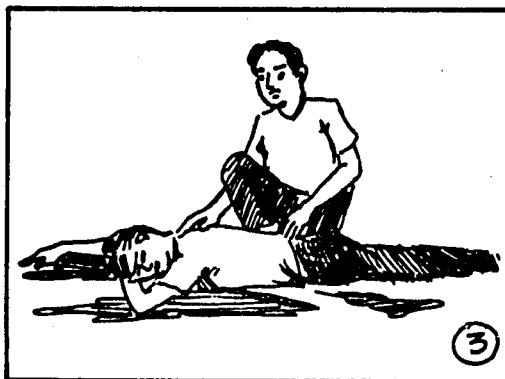


1. When a person is drowning, it is necessary to extend an object (piece of wood, cloth, rope) to the person to hold on to so that he can be pulled out of the water.

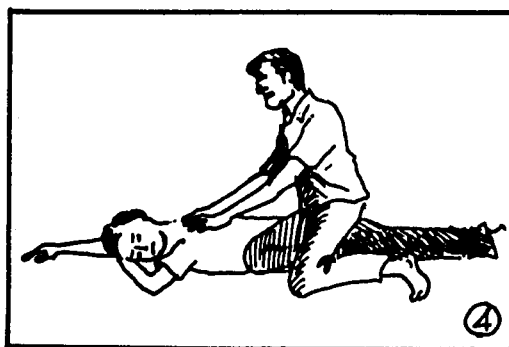


2. If you attempt to rescue the person by going into the water yourself, you must approach him from behind so that he won't panic and grab you, possibly resulting in both people drowning.

3. Once removed from the water, place the individual on his stomach with the head turned to one side, resting on one hand. The other hand and arm should be pulled straight out to one side. Remove debris and small objects from the area around the head and mouth. Remove any false teeth.



4. The rescuer should then place both hands on the back over the lungs and alternate pressing on the back while lifting the arms of the victim. This action will help return air to the lungs and help the heart return to normal.



5. After the victim begins to revive change the victim's clothing and keep him dry and warm; and allow the victim to rest comfortably.

HEALTH PROMOTION AND PREVENTION



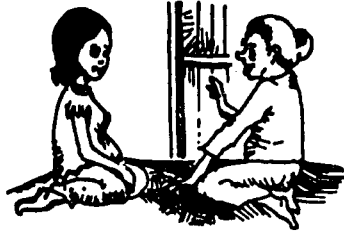
MATERNAL AND CHILD HEALTH

The married woman who requests services

The pregnant woman	The post-partum mother	The mother with a new born or young child
Give advice as follows:	Give advice as follows:	Give advice as follows:
<ol style="list-style-type: none">1. Eat adequate amounts of meat, fish, eggs, beans, rice, vegetables, fruit, and drink plenty of water.2. Get 8 hours of sleep a day, and get adequate exercise3. Abstain from sexual intercourse during the first 2-3 months and the last month of pregnancy4. If any unusual symptoms occur such as fainting, headaches, blurred vision, or swelling, the patient should visit a health center5. Fluid discharge from the vagina, severe stomach-ache or absence of fetal movement, should be immediately reported to the health center, and client should begin consultation with the health worker concerning ante-natal care.6. Contact a traditional midwife who has received formal training.	<ol style="list-style-type: none">1. Eat adequate amounts of meat, eggs, beans, rice, fish, vegetables, and fruit.2. Get adequate rest and exercise.3. Abstain from sexual intercourse until 6 weeks after delivery.4. The mother should visit the health center if there are abnormal symptoms such as heavy bleeding from vagina, stomach lumps, chills and fever, "lochia" is not flowing properly or has a foul odor, slight stomach-ache, headache, or infected breast nipple.5. Visit the health center for the arranged post-partum visit.6. Encourage breast feeding of a new born, and providing supplemental foods at 5 months e.g. bananas, mashed rice, boiled vegetables, boiled eggs, meat.7. Practice family planning.8. Register the birth with the Health Post Volunteer or the Village Headman.	<ol style="list-style-type: none">1. Food for the young child2. Prevention of Communicable Diseases:<ul style="list-style-type: none">- take the newborn for BCG vaccination- take the infant for DPT vaccination- return for vaccinations according to the schedule advised by the health official3. Take children of 3-6 years to the Child Nutrition Centers4. Take the child for weighings according to the schedule advised by the health workers.



Avoid other ill people both inside and outside one's house

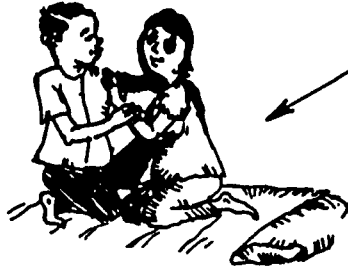


Should receive encouragement



Rest and exercise as necessary

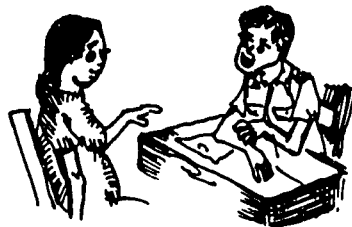
Pregnant Mother



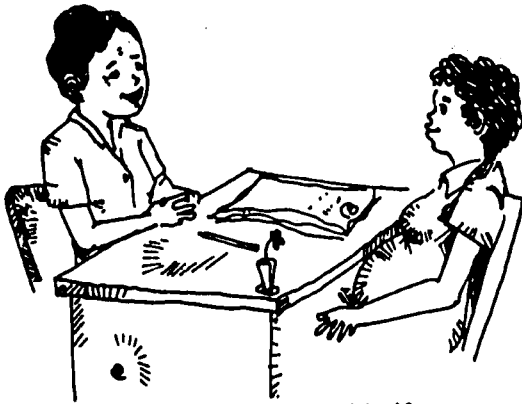
Encourage husband to be gentle during sexual intercourse



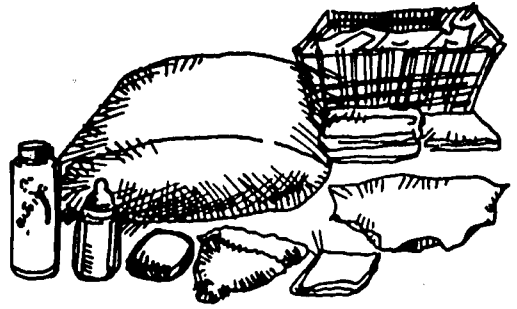
Eat enough nutritious food



If abnormal symptoms occur, consult public health worker immediately



Consult traditional midwife or public health worker as soon as possible

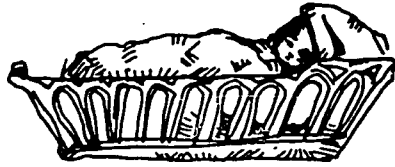


Prepare necessary things for the infant before delivery time

Mother in preparation for delivery



Try to arrange for traditional midwife or public health worker to attend the delivery



Allow infant to get adequate rest in a quiet and warm place

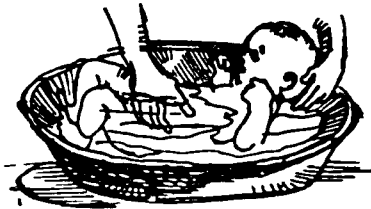


Breast feed or feed other useful milk

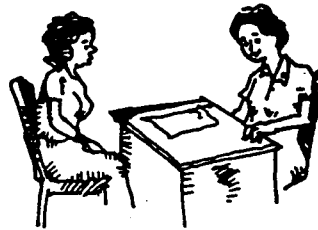


Give infant other useful foods when he reaches the proper age

Proper Infant Care



Keep the infant clean and healthy by bathing regularly.

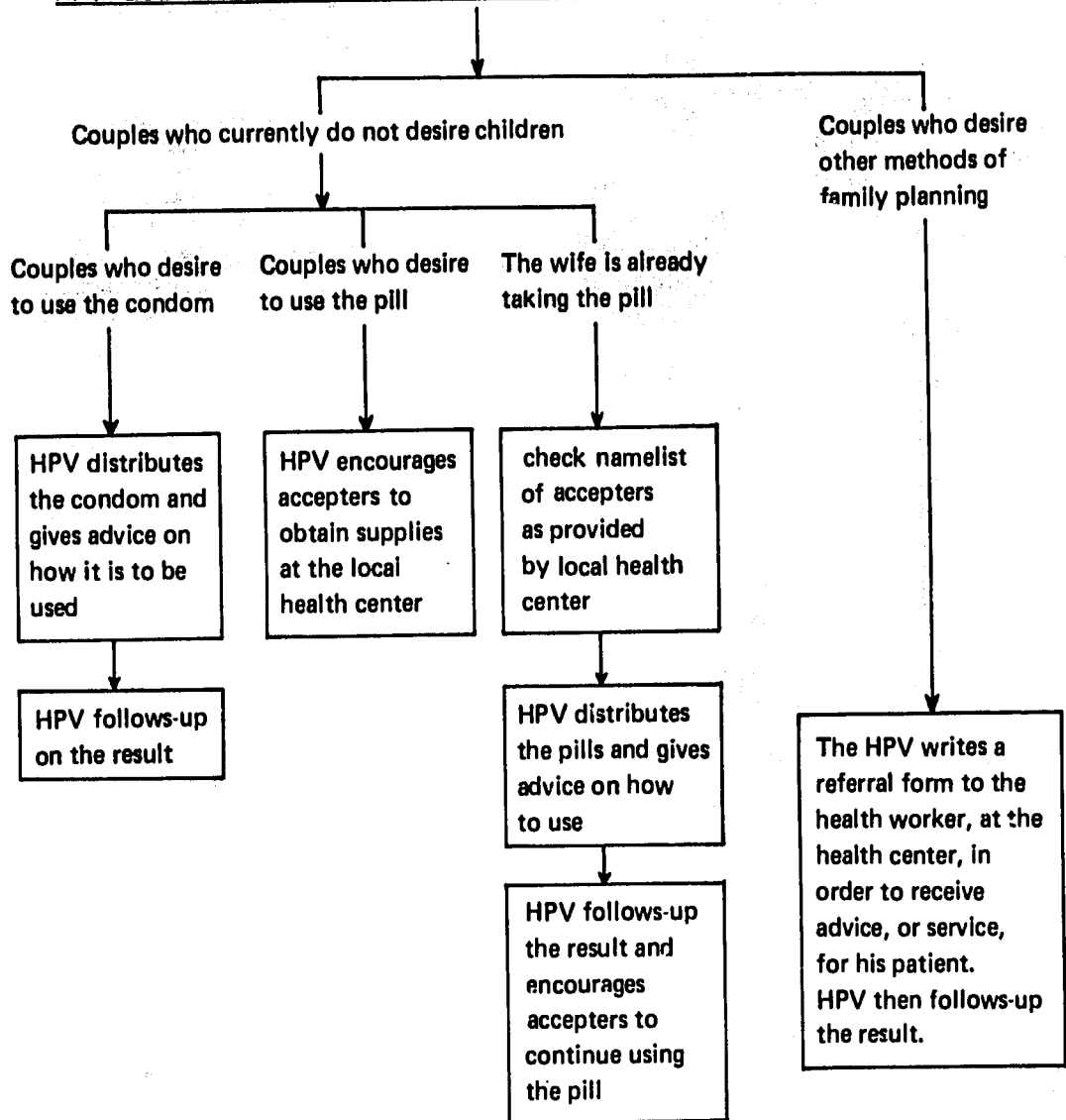


When abnormal symptoms occur, immediately consult public health worker

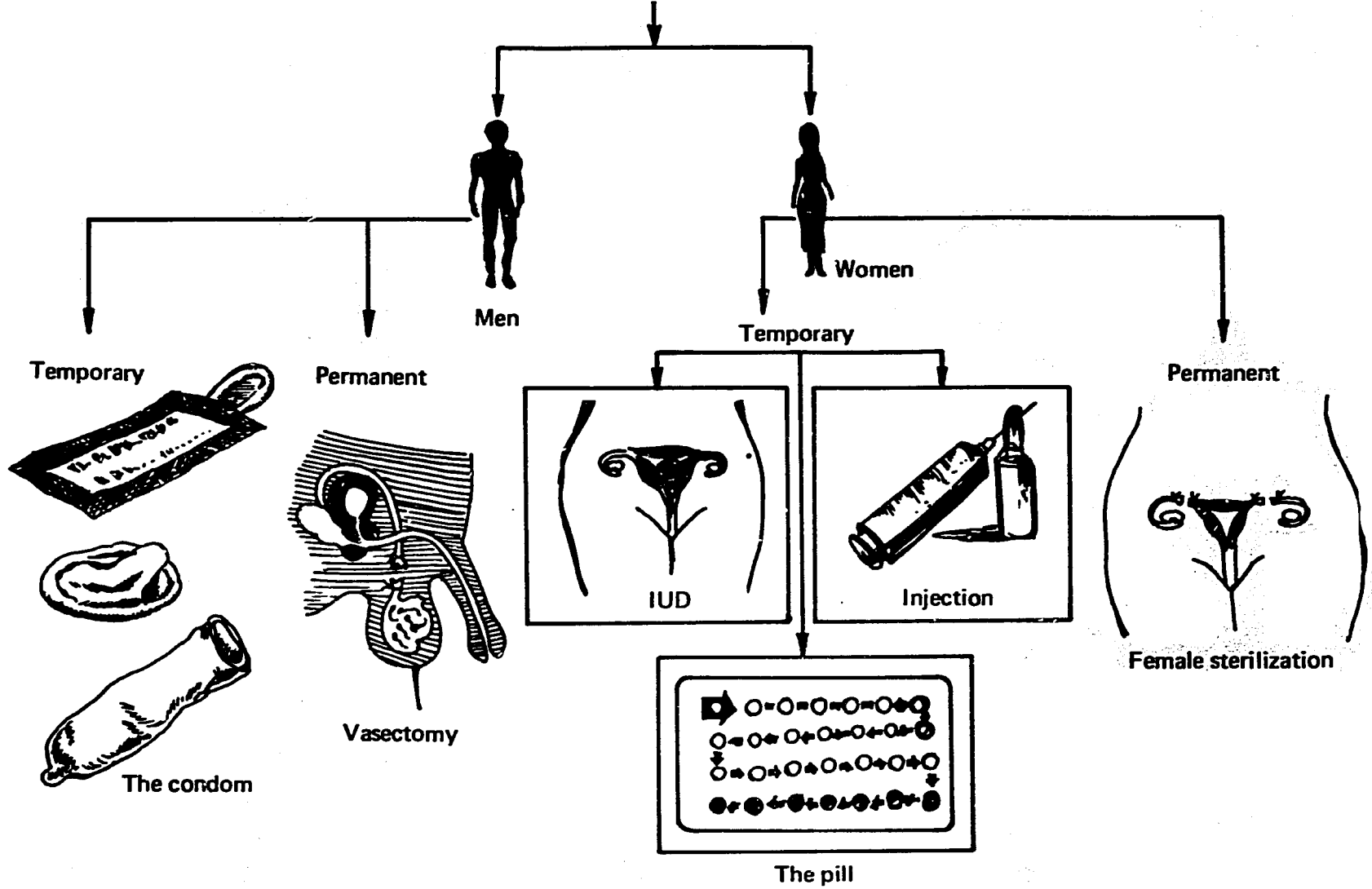


Give vaccinations at proper interval

HPV QUESTIONS FOR FAMILIES DESIRING FAMILY PLANNING SERVICES



FAMILY PLANNING



FAMILY PLANNING

Family Planning is the decision between couples on the number of children they are going to have; and deciding when is the proper time to have them, in accordance with family's financial situation.

Prevention of Pregnancy. There are 2 methods: temporary and permanent methods.

Temporary Methods. There are many methods but the most appropriate methods are the pill, IUD and injection for women, and the condom for men.

The Pill. 28 pills per pack/cycle for woman to take, and these should be administered as followed:

- start by taking the pill by the arrow, on the pack, on the first day of menstruation
- take one pill a day after dinner or before bed time
- continue taking pills until supply runs out even if menstruation intervenes
- continue a new pack immediately without missing a day

Advantages of the oral pill

- it provides virtually complete protection from pregnancy
- it does not interfere with sexual intercourse
- it does not interfere with work
- it permits additional pregnancy if desired

Reminders

- even if husband is absent for a short period of time you must continue taking the pill
- if you forget to take one pill, take it as soon as you remember
- if you forget to take more than one pill continue taking pills normally until supply runs out but it is recommended that other method should be used as well e.g. the condom
- there might be some side effects in some women e.g. nausea, vomiting, less menstrual flow than usual. These symptoms will only occur during the early stage of taking the pill, and then will go away. If these symptoms continue for many months, refer woman to a health center.

The Condom. Use by covering male sexual organ when it is erect, and it should be used as followed:

- squeeze the tip of the condom first and then fit it on, leave the space at the tip. Pull it up to the end and leave it on until intercourse is completed.

Advantages of the condom

- it provides virtually complete protection from pregnancy if used every time and correctly
- it prevents disease

Reminders

- the male must withdraw from the woman immediately after ejaculation while the penis is still erect
- while withdrawing hold on to the condom so that it will not slip off and allow sperm to enter the vaginal canal
- dispose of it after use

If anyone is interested, in the IUD and the Depoprovera injection, the HPV should refer patient to consult with local public health workers.

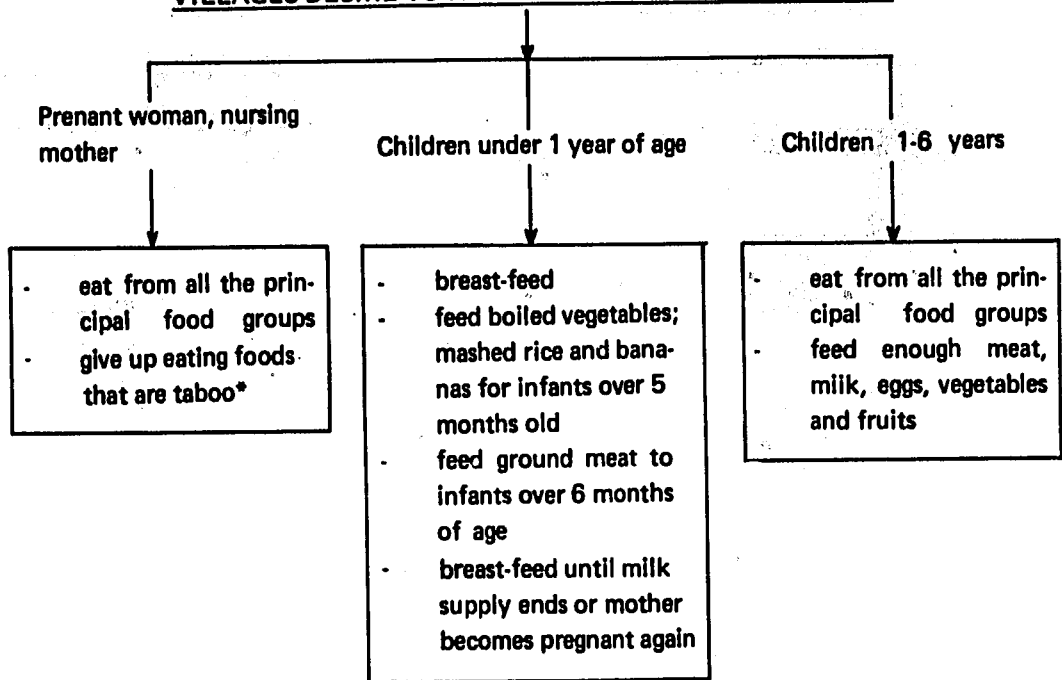
The Permanent Methods. Sterilization (male or female) is an extremely effective method, but one which is very difficult to reverse if the couple ever desire more children

Vasectomy is male sterilization in which the right and left vas deferens are sectioned. As a result, sperm cannot reach the woman's ovum. After vasectomy, men are able to work normally and libido is unaffected.

Female Sterilization is the method in which the right and left fallopian tubes are sectioned so as not to allow the man's sperm to reach the woman's ovum. After sterilization a woman will be strong and able to work normally and libido is unaffected. Menstruation is normal.

Thus, if couple want to have sterilization, HPV should refer them to a health center for further information.

VILLAGES DESIRE TO KNOW PROPER DIETARY PRACTICE



*Taboo is the belief that one should not eat meat and eggs; while basically eating only rice and salt.

NUTRITION

Food is any edible substance which, after being eaten, is of use to the body. Food helps the body develop its bones, muscles, skin, blood vessels, and other organs. Food helps the body grow and develop, repair damaged parts, as well as produce energy and warmth for the body. Food also helps the body resist disease and enables all the various organs to function normally.

The human body needs several different kinds of food for proper nutrition and there is no single food that satisfies all the body's nutritional requirements. Thus, every day, several different kinds of food should be eaten.

The 5 principal food groups

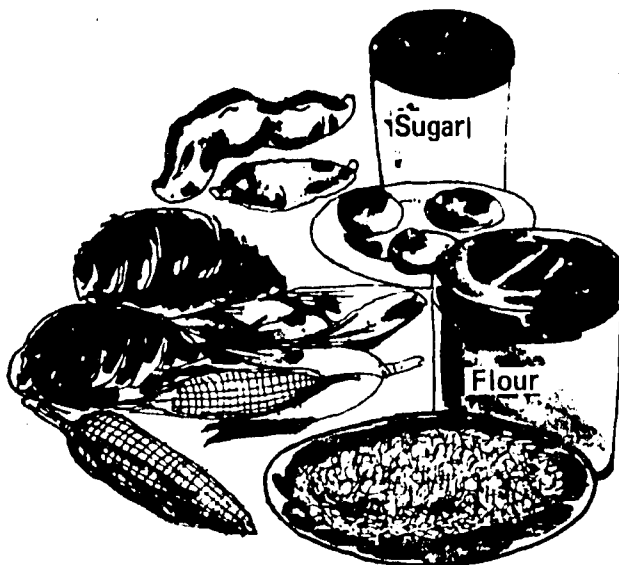
Food Group 1 - meat, eggs, dried beans, milk



MEAT, EGGS, BEANS, MILK

Usefulness - The foods in this group help develop and protect the growing child's body. If the growing child does not receive enough of these foods then his growth will be retarded and incomplete mental development may result. Adults who do not receive enough of these foods may experience fatigue and are more susceptible to disease and infection.

Food Group 2 - Rice, starch, sugar, taro, potato



RICE, SUGAR, TARO, POTATO

Usefulness - These foods help the body produce energy and heat so that it can function normally.

Food Group 3 - Green and other vegetables, e.g. morning glory greens, cucumbers, etc.



GREEN LEAFY AND OTHER TYPES OF VEGETABLES

Usefulness - The foods in this group help, in general, to promote the body's nutrition and strength. They also are good for healthy skin, eyes, gums, and teeth. These foods produce the blood cells and enable the body to make full use of other types of foods. In addition, foods in this group promote normal excretory function.

Food Group 4 - Fruits (oranges, bananas, papayas, mangoes, guavas, tamarinds)



FRUITS

Usefulness - Foods in this group help the body to resist disease, and in general promote development, and are of benefit for the eyes, gums, teeth and skin.

Food Group 5 - Animal fats e.g., chicken, pork, or beef fat; and vegetable oil e.g., coconut oil, peanut oil and sesame oil etc.



ANIMAL FAT AND VEGETABLE OIL

Usefulness - Foods in this group help the body produce energy and preserve heat. These foods help in body movement and exercise.

In addition to these five principal food groups water is naturally a most essential nutritional requirement of the body.

Usefulness of water. The human body is made up mostly of water, and this water is lost every day through perspiration and urination. As a result, the body must receive fresh water to replenish this daily loss, as well as enable it to use this fresh water for many purposes related to general health and nutrition.

CHILD NUTRITION CENTER

HPV assists Child Nutrition Center

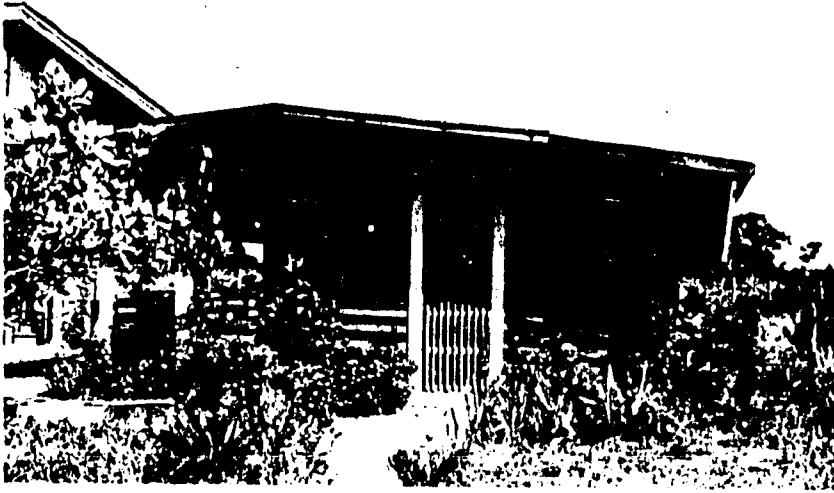
- encourages villagers to see the need for the center
- cooperates with Kamnan, village headman, village committee, or school head master to organize the CNC
- surveys 3-6 year old children in village
- helps CNC attendant look after children
- helps local government health workers take care of children's health

HPV tells villagers about the importance of the Child Nutrition Center

- children get supplementary food for normal growth and development
- children receive immunizations
- children receive education
- children have a chance to play with peers; get together with groups in their community
- parents have free time to do other chores



CHILD NUTRITION CENTER



Child Nutrition Center

HPV points out the importance of Child Nutrition Center as follows.



Children receive education



Children are taken care of.
Parents have some free time
to do other chores



Children have a chance to play with peers; get together within groups

Adequate sleep at proper time makes children healthy



Nutrition Surveillance

HPV: advises mothers to bring children for regular weighings. This helps record normal development or detects signs of early malnutrition so that the HPV can help children with nutrition problems.



HPV: meets with health communicators and surveys children under 6 years of age; make appointments for weighing.

HPV: weighs the child, and gives this record to the local health official





The local health official analyses the weight record, identifies malnourished children, and gives the list of malnourished children to the HPV.

The HPV brings the malnourished child to the local health official for further investigation or physical examination. Causes of malnutrition are identified.



SURVEY OF CHILDREN UNDER AGE 6 AND WOMEN AGE 15-44

Survey of Children Under Age 6

HPV should carry out a survey of all children under age 6 to determine who have received their immunizations for TB, whooping cough, diphtheria, and tetanus; and who have not received them or have not completed the proper series. This information is then recorded in the child surveillance form and turned over to the health worker at the local health center.

Survey of Women Age 15-44

The HPV surveys women aged 15-44 to determine who is married or not, and if married, who is or is not practicing family planning. If practicing already, what method of FP is being used, and where is the service obtained. The HPV records this information in the mother survey form and turns it over to the local health worker.

Survey Methods

The survey of all children under age six and all women between ages 15-44 years, in the village is carried out by the HPV, assisted by the health communicators or village committee members. First, the HPV meets with the communicators or the village health committee, and divides the village into areas of responsibility for each member. The survey takes about 2 to 3 weeks, using the child and mother survey forms.

The surveyors (communicators or village committee members) show the forms to the HPV, who checks which children have not yet been immunized, which mothers are pregnant, and which mothers with three or more children are not practicing family planning. The forms are then turned over to the local health center worker.

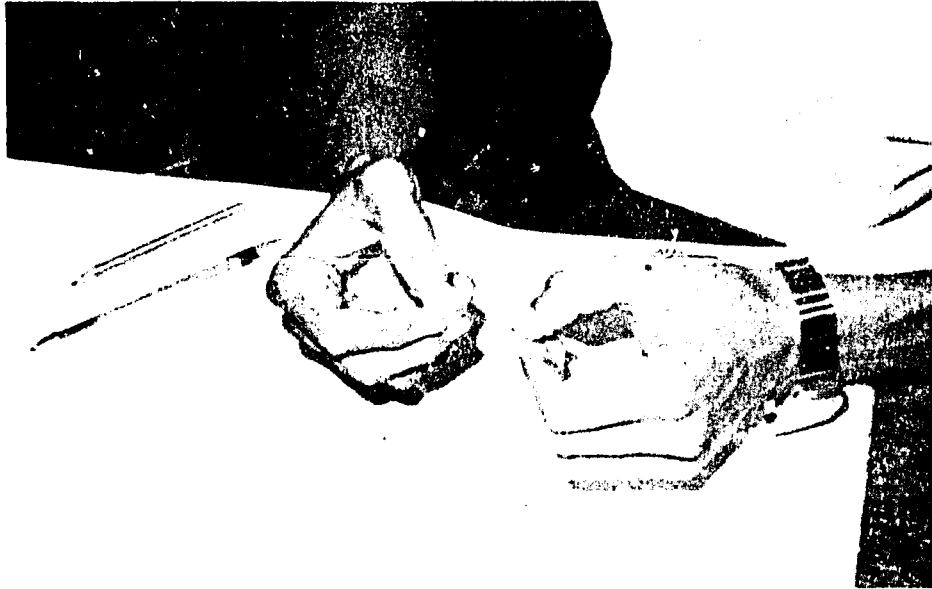
For those children who have not been immunized, the HPV should make appointments to have the immunizations done at the health center.

The names of pregnant mothers should be reported to the local traditional midwife or the government midwife.

The HPV should visit women who have three children and don't practice family planning to suggest they practice an appropriate method. If the women should decide to practice any method, the HPV should suggest that the women receive further advice at a government health facility (health center, district or provincial hospital).

TAKING BLOOD FILM FOR MALARIA

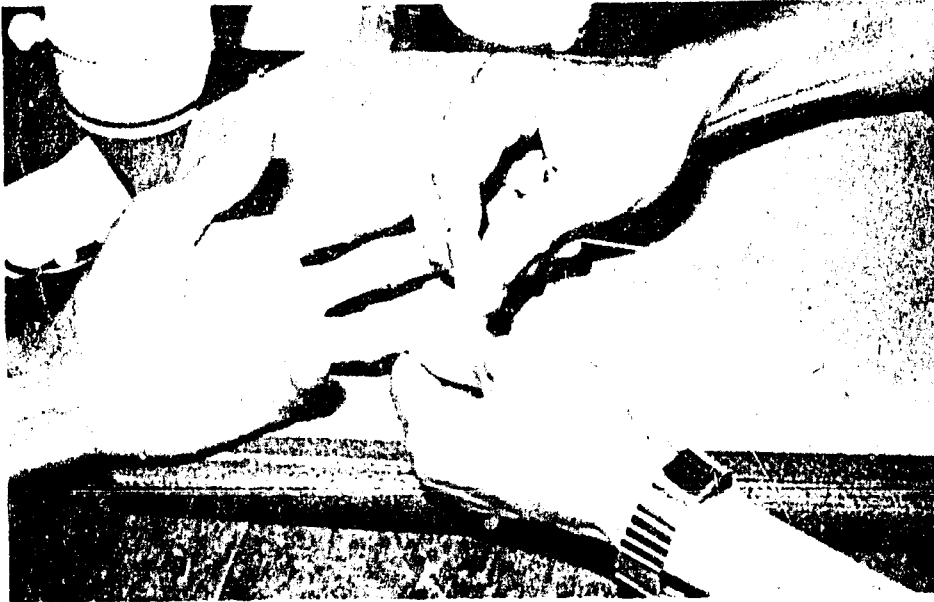
Equipment : 1 needle for blood puncture, 2 glass slides, 1 bottle of alcohol, cotton



Sterilize the needle with alcohol



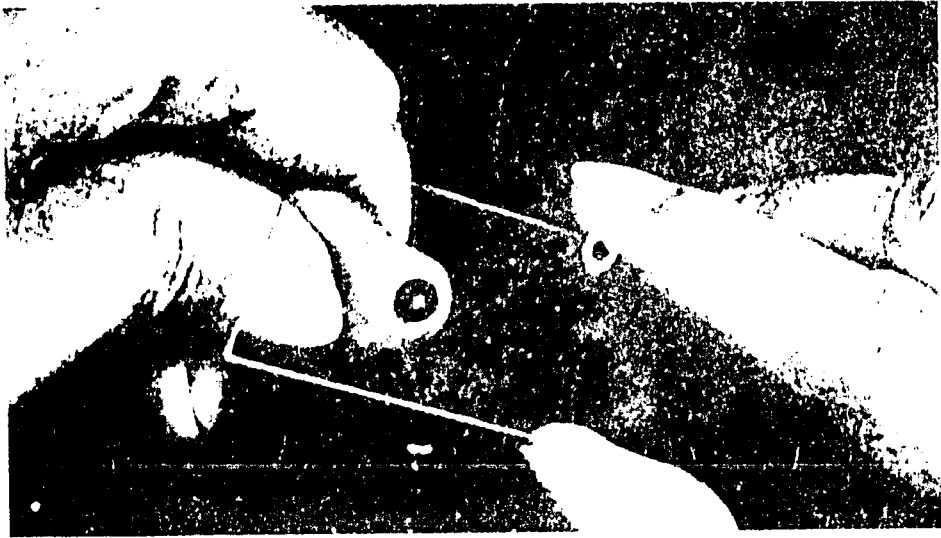
Clean the slide with alcohol



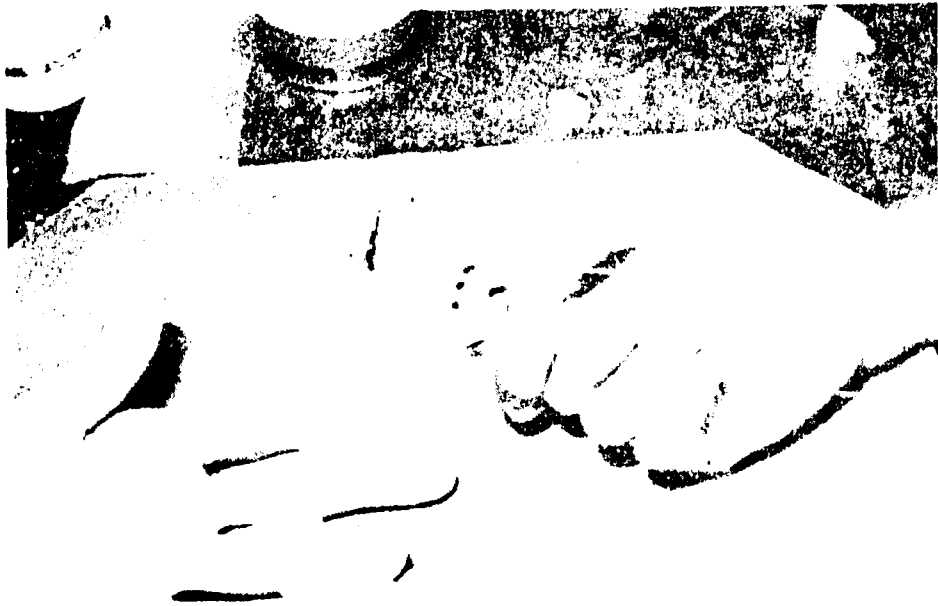
**Clean the tip of the finger (fourth or fifth finger) with alcohol.
Let the skin dry. In children use the toe for blood puncture.**



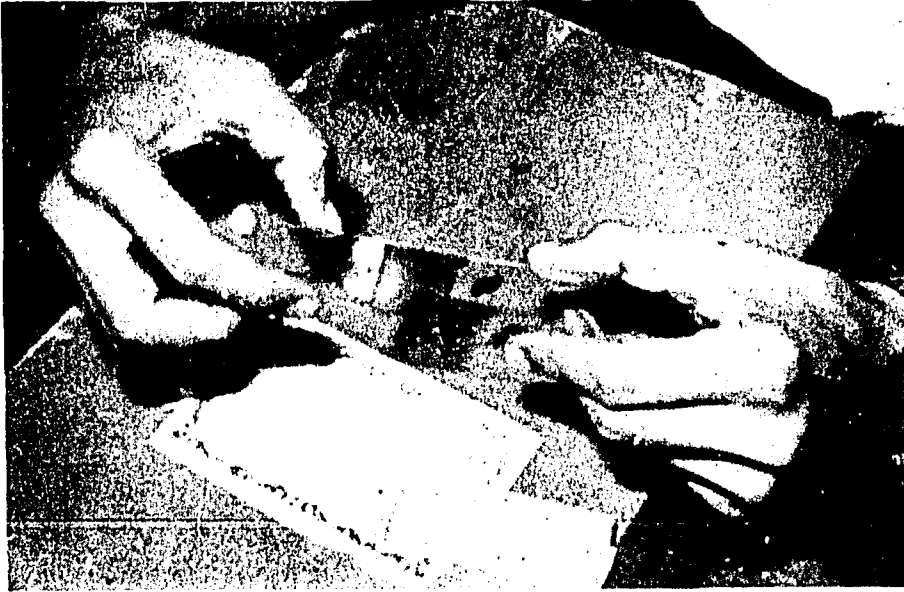
How to puncture: Using a clean or sterile needle, puncture the tip of the finger and let the blood ooze. Wipe off the first drop with dry cotton and gently squeeze the finger to get a new blood drop.



Touch the blood drop to clean slide about one finger breadth from the left edge.



Allow a few drops to fall on the slide about half a finger breadth from the first drop to make a thick film.



Thin film : Use another clean slide and touch the first blood drop; let the blood spread evenly; slightly angle the second slide and then slide it on the first one to the left.



Thick film : Use the edge of the second slide to spread out the blood drop to make a square half a finger breadth in length.



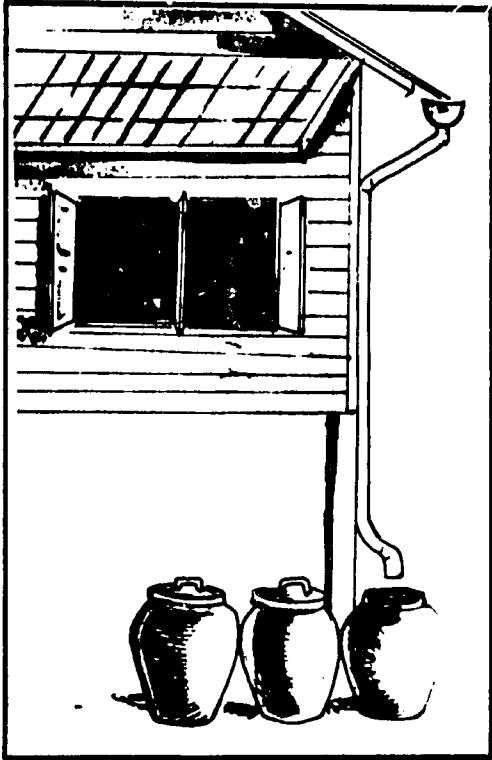
Turn the slide face down and let the blood smear dry; then send it to the local health center for microscopic examination.

SANITATION

SANITATION

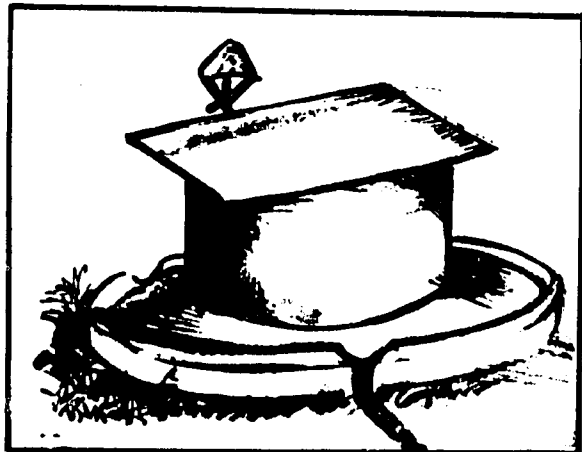
Sanitation is a way to prevent illness in the community, by controlling and improving the conditions in the environment which influence the transmission of communicable diseases. Sanitation tasks of the HPV include the following activities and advice to be given to community residents:

1. Locate a source of safe water for home use: Safe drinking water is very important to good health and so the HPV should give the following advice concerning water supply:



- (a) Rain water should be collected from a clean roof and drained into a clean receptacle with a tight lid so that the water can be used throughout the year. The receptacle might be, for example, an earthenware jug, a metal or concrete tank.
- (b) If villagers use a dug well which is not sanitary, for their water supply, then the HPV should advise them to locate this well at least 30 meters from latrines or sewage. A properly constructed well should have a raised lip, cemented wall for at least 10 meters in depth, a drainage path around the well, a cover for the mouth of the well, and a hand pump.

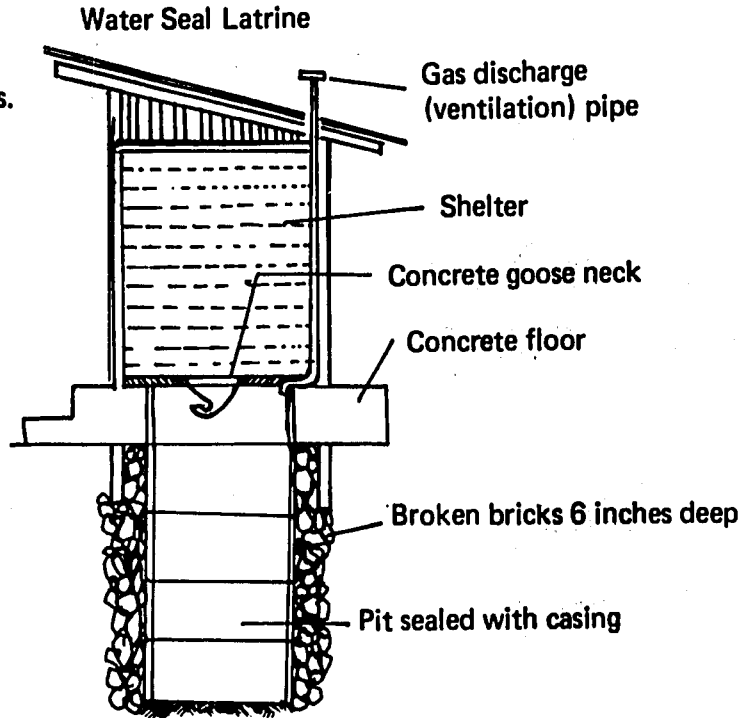
- (c) In the villages which are not able to use dug wells, and must obtain their water supply from a common pond: the HPV should suggest that a low fence be constructed to prevent domestic animals from entering the pond; and the area surrounding the pond should be kept clean. The water should be filtered before use.



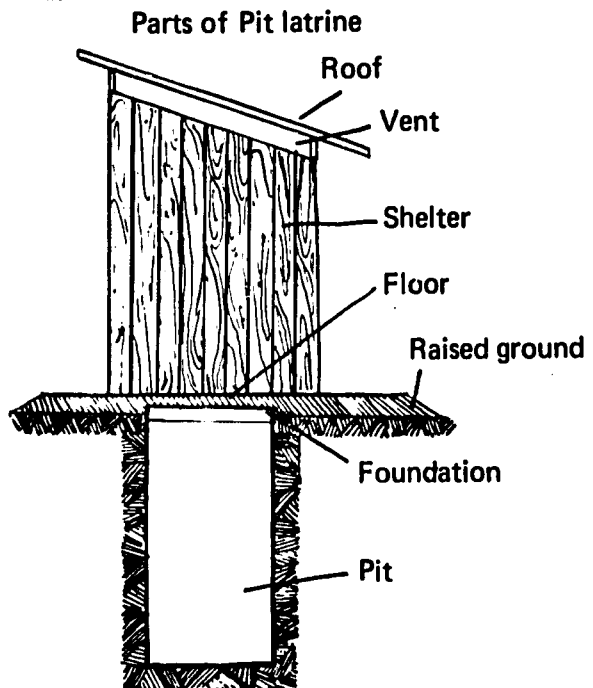
2. Use of latrine: A latrine is a place to deposit human waste, so that germs and parasites won't spread. The following are types of latrines suggested for village use:

(a) A water seal latrine is recommended for any village which has an adequate water supply. A proper hygienic water-seal latrine should be constructed as follows:

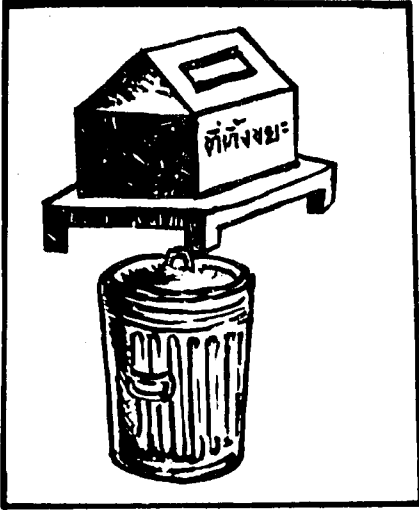
- (1) Located away from a well by at least 30 meters.
- (2) The area of the latrine should be wide enough for a water container and a waste basket
- (3) Goose neck should have residual water all the time to prevent odors and keep animals, or insects, from getting inside.
- (4) The pit should not be deeper than 3 meters. The suggested depth should be 1½ meters. It is good to have double pits so that the full pit can be easily cleaned.
- (5) Flush with water after use each time until clean. The latrine should be always kept clean.



- (b) A pit latrine should be used in villages with a scarce water supply. Don't deposit feces in a field, the woods, or in and around the house.



3. **Garbage Disposal:** Every house should have at least two garbage containers, if possible; one for dry garbage and one for wet garbage.



- (a) **Dry garbage:** e.g. leaves, waste paper, old rags. This garbage should be burned.
- (b) **Wet garbage:** e.g. old bones, left over foods, and some types of dry garbage e.g. cans, glass, metal. This garbage should be buried..

4. **Waste Water Disposal:** Run-off water from the toilet, bathroom, or kitchen is waste water. This water should not collect underneath the house. It can be easily disposed of by digging a pit about 1-1½ meters deep, 1 meter wide, and lined with bricks or wooden planks. Underground channels, or bamboo pipes, can transfer waste water to the pit.

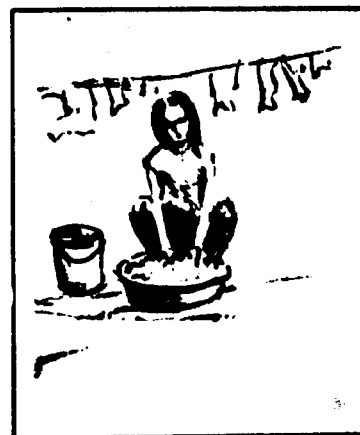


5. **Living Conditions of Family Members:** It is very important for people in the family to know what to do to promote hygienic living conditions, so as to prevent disease. They should do as follows:

- (1) **Bathe every day**
- (2) **Wash hands every time after using the latrine**
- (3) **Always clip fingernails short**



- (4) **Brush teeth every day, if possible once in the morning and before bed time**
- (5) **Wash hair often to make it both clean and to prevent lice**



- (6) **Wash clothes regularly; put blankets, mattress, pillows and mosquito nets in the sun at least once every week.**

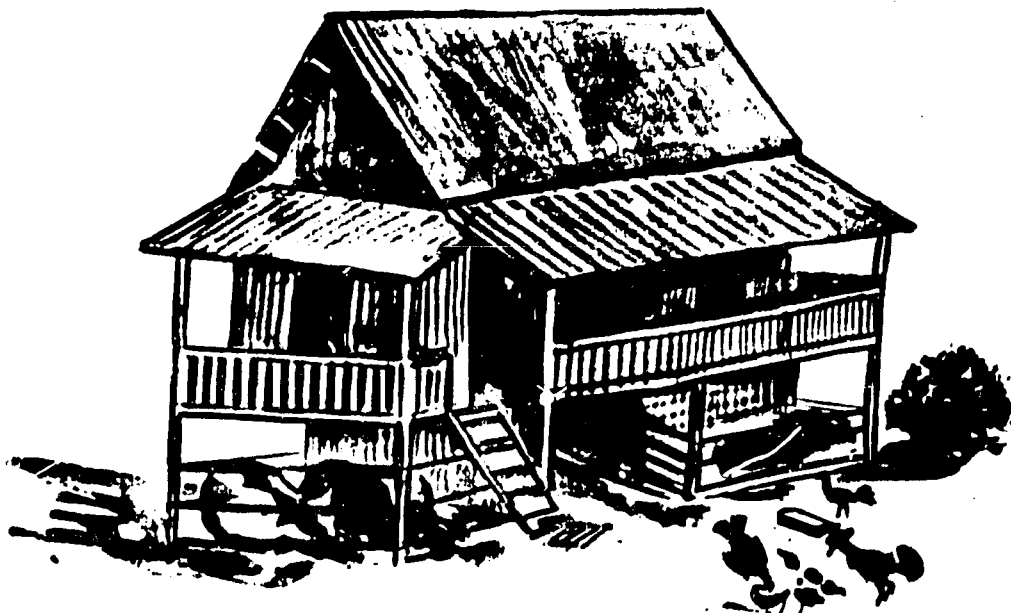
6. **Home Improvement:** Residents of a clean house are comfortable in body and mind and are less susceptible to illness. The ways to maintain a clean house are simple:

SANITARY HOUSE



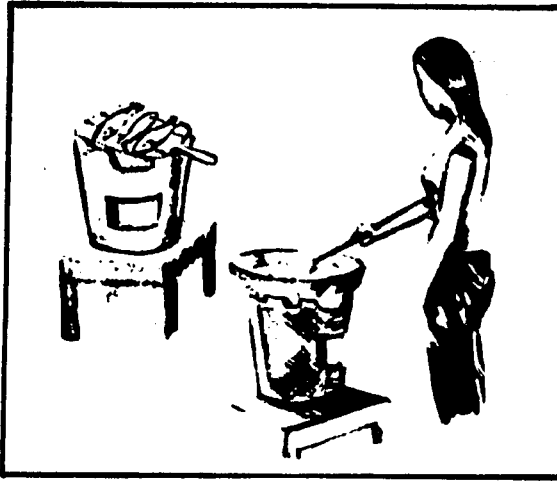
- (1) Domestic animals should not be kept underneath the house. If this is impractical, then the manure should be collected daily.
- (2) In the main house, windows should be well distributed to ensure fresh air circulation.

UNSANITARY HOUSE



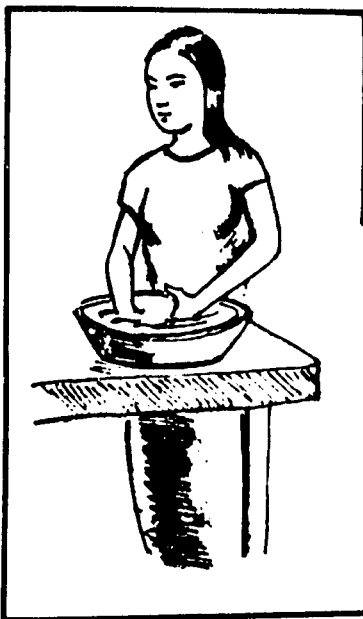
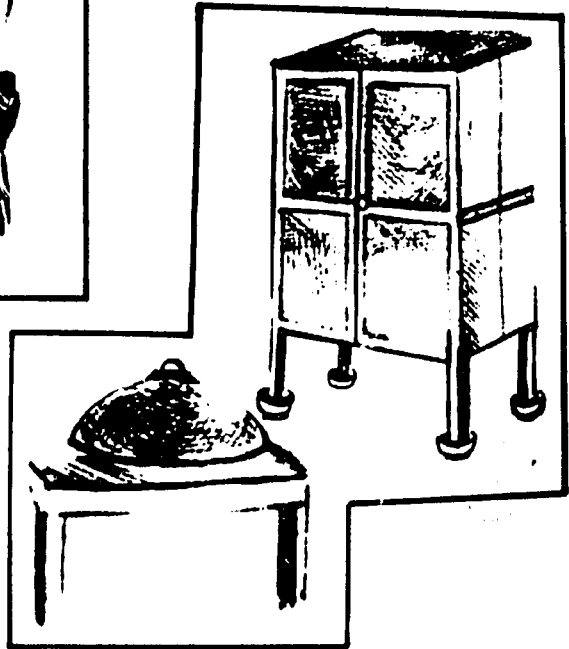
- (3) The area around the house should be kept clean by regular sweeping.

7. Eating: Food is essential for life. If food is contaminated with filth, or germs, it can be dangerous to the individual for it can result in illness. Fellow villagers should be advised to be careful concerning the following:



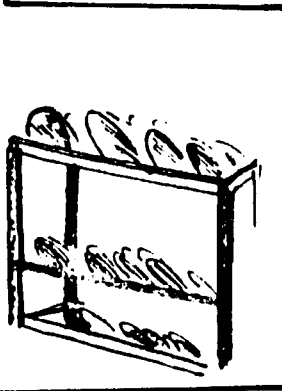
- (1) Raw food should not be eaten; for example, raw fish, raw beef. Food should be cooked before being eaten.

- (2) Food that has had flies around it should not be eaten. Food should either be kept in a food cabinet, or be covered by a lid which is fly-proof.



- (3) Vegetables should be washed before being eaten.

- (4) Dishes, spoons and forks should be washed, and dried before the next use.

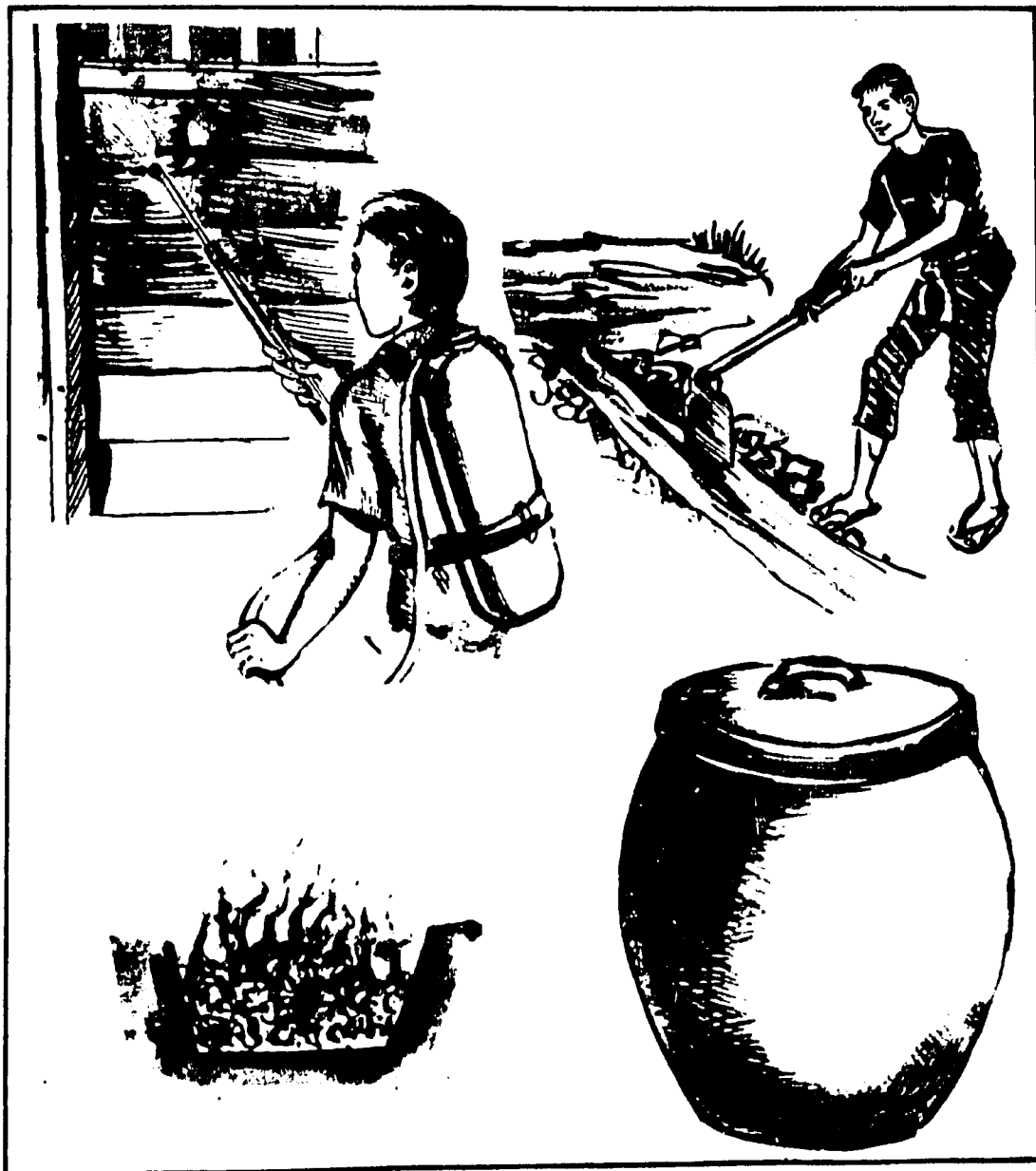


- (5) Hands should always be washed before eating.

- (6) Six to seven glasses of clean water should be drunk every day.

8. **Control of Animal and Insect Carriers of Disease:** In general, the HPV should advise fellow villagers to use DDT. DDT is a chemical used to kill various animals and pests. It is very useful in the extermination of flies, mosquitoes and mosquito larvae and small pests which may infest households. In public health, DDT is used to control mosquitoes which transmit diseases, such as malaria and hemorrhagic fever.

If the HPV helps his fellow villagers apply the numerous sanitation concepts presented, he will be of great value in promoting the good health and cleanliness of his village community.



PROMOTION OF THE USE OF GOVERNMENT HOUSEHOLD DRUGS



เพื่อป้องกันโรคพิษสุนัขบ้า

วิธีป้องกันโรคพิษสุนัขบ้า

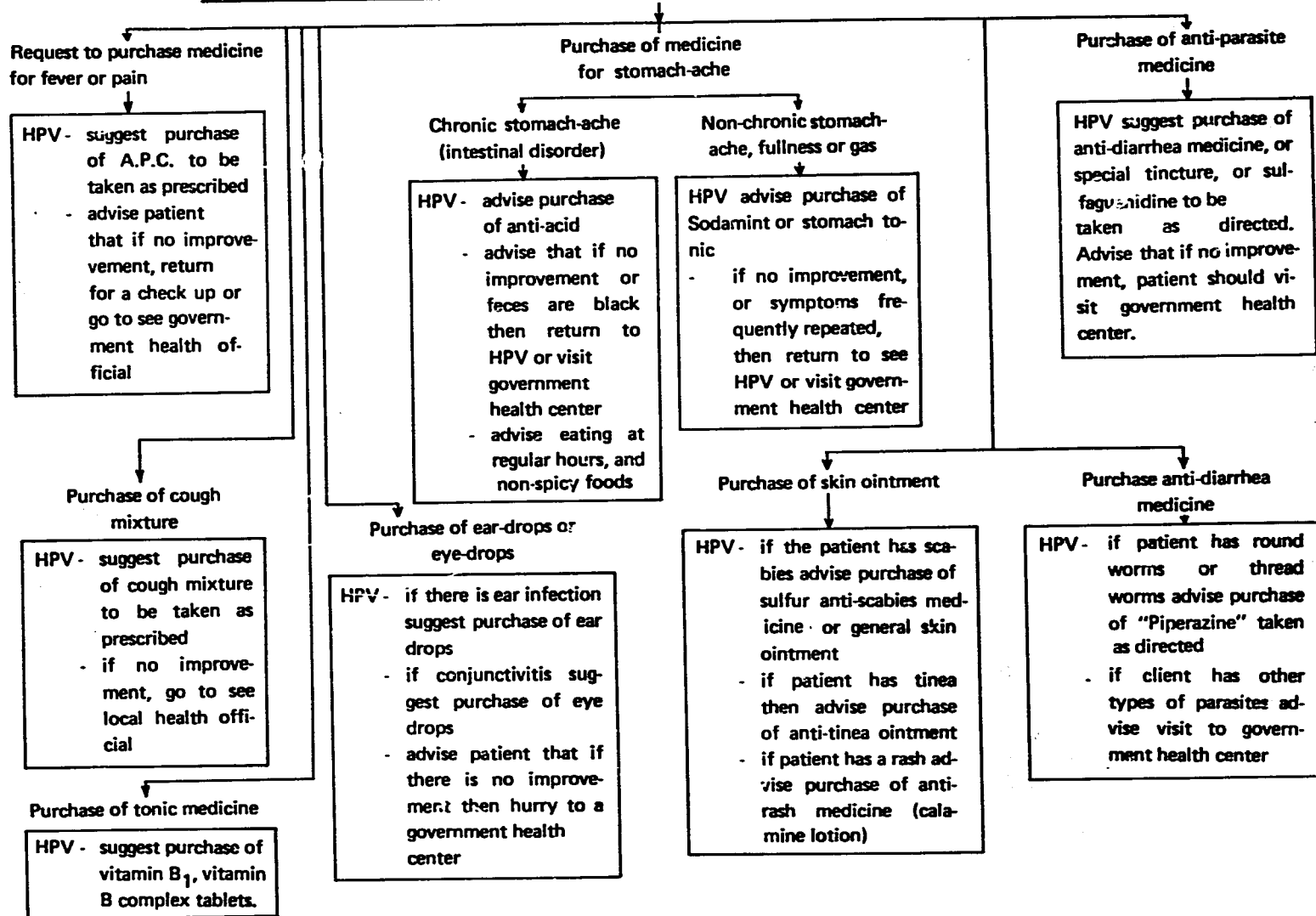
วิธีป้องกันโรคพิษสุนัขบ้า

วิธีป้องกันโรคพิษสุนัขบ้า

วิธีป้องกันโรคพิษสุนัขบ้า

MILK
MILK
10
10

VILLAGERS PURCHASE, OR DESIRE TO PURCHASE, GOVERNMENT HOUSEHOLD DRUGS (GHD)



LIST OF GOVERNMENT HOUSEHOLD DRUGS

For stomach and intestine

1. Stomach Tonic (M. Stomachica)
Indications - stomach-ache, a lot of gas. It also helps improve one's appetite Bottled in a 180 ml. bottle
2. Antacid
Indications - stomach acidity and belching caused by gastric distress. 10 tablet-pack
3. Anti-Diarrhea
Indications - diarrhea (mild and moderate)
180 ml. bottle
4. Spirit of Peppermint
Indications - stomach-ache, gastric distress, indigestion
15 ml. bottle
5. Sodamint Tablet
Indications - gastric distress, indigestion
20 tablet pack
6. Sulfaguanidine Tablet
Indications - mild diarrhea or mucous in stool
20 tablet-pack
7. Phthalylsulfathiazole
Indications - mild or moderate diarrhea or mucous in stool
20 tablet-pack
8. Tincture of Camphor
Indications - stomach-ache, moderate diarrhea
15 ml. bottle
9. Tincture of Asafoetida
Indications - infant stomach-ache, indigestion, gastric distress
15 ml. bottle

Laxative

1. Castor Oil
Indications - : constipation
30 ml. bottle
2. Parafin Laxative
Indications - : constipation
60 ml bottle

3. **Milk of Magnesia**
Indications - : constipation
60 ml. bottle
4. **Magnesium Sulfate**
Indications - : constipation
30 gm/pack

Anti-Parasite

1. **Anti-Parasite (Piperazine citrate)**
Indications - removal of round worm and thread worm
30 ml. bottle

Revival for Fainting or Dizziness

1. **Ammonia (tablet)**
Indications - inhale for revival or relief from dizziness
12 gm/bottle
2. **Ammonia Spirits**
Indications - apply quantity to cotton and inhale for relief from dizziness; or rub on skin to counteract stings or contact with poisonous plants
1 ml. bottle

Vapors for Common Cold or Congestion

1. **Cold Inhaler**
Indications - inhale or apply to throat and chest to provide minor relief from symptoms of a cold and for clearing up sinus congestion
4 ml. bottle

Medicine for cough and sore throat

1. **Sweetened Cough Syrup**
Indications - the cough syrup clears the throat of sputum, as well as moistens the throat
30 ml. bottle
2. **Black Cough Mixture**
Indications - clears throat of sputum and moistens the throat
30 ml. bottle

3. Throat Paint

Indications - coats the throat and relieves symptoms of throat infection and sore throat

Antibiotic

1. Sulphadiazine Tablets

Indications - combats infections e.g. throat infections, boils, abscesses, pustules

20 tablets/pack

Anti-Malaria Drugs

1. Chloroquin Tablets

Indications - helps prevent and treats malaria

10 tablets/pack

Analgesic and Anti-febrile Medicines

1. Aspirin Tablets

Indications - reduces fever, headaches and general aches

10 tablets/pack

2. A.P.C. Tablets

Indications - reduces fever, headaches and general aches

10 tablets/pack

Medicine for tooth-ache

1. Pain reliever for tooth-ache

Indications - to relieve tooth-ache

8 ml. bottle

Vitamins

1. Vitamin B₁ Tablets

Indications - to relieve numbness associated with nerve disorders, and for nerve infections. Helps improve appetite

20 tablets/pack

2. Vitamin B Complex Tablets

Indications - prevents and treats conditions associated with Vitamin B deficiency e.g. fatigue, loss of appetite, tongue inflammation, lip inflammation

20 tablets/box

3. Multivitamin Tablets

Indications - general support of body's nutritional requirements; prevents and treats conditions associated with vitamin deficiency e.g. fatigue, loss of appetite, tongue and lip inflammation

20 tablets/box

4. Vitamin C Tablets

Indications - prevents and treats conditions associated with Vitamin C deficiency e.g. bleeding gums

20 tablets/pack

Drug for Ear Ailments

1. Ear Drops

Indications - otitis media, ear infection

10 ml/bottle

Drug for Skin Ailments

1. Sulphur Ointment

Indications - scabies, dermatitis

15 gm/tube

2. Ointment for Chronic Dermatitis

Indications - chronic skin disease

15 gm/tube

3. Whitfield's Ointment

Indications - apply to affected part for tinea or psoriasis

15 gm/tube

4. Calamine Lotion

Indications - urticaria, itching rashes

60 ml/bottle

Scabiasis and Pediculosis Drug

1. Emulsion for Scabiasis or Pediculosis

Indications - apply to affected part in cases of scabiasis or pediculosis

60 ml/bottle

Analgesic Drug

1. Methylsalicylate Ointment

Indications - apply to the affected part for treatment of pain, myalgia, myositis, or stings

4 gm/container

2. Stoke Liniment

Indications - apply to the affected part for treatment of pain or myositis

15 gm/tube

Drugs for Anemia

1. Iron Supplement Tablets

Indications - treats anemia due to iron deficiency

20 tablets/box

Drug for Eye Ailments

1. Eye Drops

Indications - treats cases of conjunctivitis, eye infection, or sore eyes

10 ml. bottle

2. Eye Ointment

Indications - to treat trachoma and other eye ailments.

15 gm/tube

Wound Medicine

1. Burn or Scald Solution

Indications - apply to burn or scald area

60 ml/bottle

2. Tincture of Iodine

Indications - apply to wounds or abscess

15 ml/bottle

3. Wound Solution

Indications - apply to wounds

15 ml/bottle

4. Mercurochrome

Indications - apply to wounds

15 ml/bottle

5. Acridine

Indications - apply to wounds

36 ml/bottle

Cotton and Bandages

1. Cotton

20 gm/package

2. Bandages

2 inches wide/6 yards long

Government Household Drug - Large Set

- | | |
|------------------------|----------------------------------|
| 1. M. Stomachica | 7. Vitamin B ₁ Tablet |
| 2. Sodamint Tablet | 8. Eye Drop |
| 3. Antacid Tablet | 9. Methyl Salicylate Ointment |
| 4. Tincture of Camphor | 10. Mercurochrome |
| 5. Brown Mixture | 11. Cotton |
| 6. Aspirin Tablet | 12. Bandages |

Government Household Drug - Small Set

Set No. 1

1. M. Stomachica
2. Sodamint Tablet
3. Antacid Tablet
4. Tincture of Camphor
5. Aspirin Tablet
6. Methyl Salicylate Ointment
(Balm Ointment)

Set No. 2

1. Tincture of Camphor
2. Magnesium Sulfate Laxative
3. Cough Mixture
4. A.P.C. Tablet
5. Tincture of Iodine
6. Cotton

RECORDING OF HPV ACTIVITIES

COORDINATION WITH THE GOVERNMENT HEALTH WORKERS

1. The HPV should be aware of the care and services available at the various government health service facilities

- Provincial Hospital - There are physicians and staff to provide treatment for every type of illness, deliveries, immunization, sterilization, distribution of oral contraceptives, IUD insertion, contraceptive injection, etc.
- District Hospital
There are physicians and staff to provide similar services available at the provincial hospital such as medical care, family planning and immunizations; but some illnesses or conditions cannot be treated due to insufficient equipment or supplies, and referrals must be made to the provincial hospital.
- Health Center is staffed with a Wechakorn, junior health worker and government midwife who can treat a number of illnesses but are unable to treat other illness due to limited staff, equipment, or supplies, and referrals must be made to the provincial or district hospitals. Services available include delivery, immunization, some family planning services, and sanitation or communicable disease control.
- Midwifery Center is staffed by a government midwife who can treat a few simple illnesses according to the supplies and equipment available, as well as provide for deliveries, immunizations, and oral contraceptives. For conditions that cannot be treated at this facility, referrals are made to the provincial or district hospitals, or to the health center.

2. The HPV should know the health workers at the local health service facility, what advice can be sought from them, what medical supplies can be obtained from them, and which reports should be forwarded to them.

Before the HPV begins his job he should be introduced to the local government health workers, for they will be the ones responsible for providing support visits each month.

3. When the government health worker visits the HPV

- The government health worker will give advice concerning the use of government household drugs; re-supply certain items (e.g. bandages); and distribute pamphlets and posters. The health worker will also copy the monthly records of the HPV's work and sign the visit book.
- The government health worker may ask the HPV to provide follow-up treatment for registered old cases of certain illnesses, such as TB, malaria, leprosy, family planning accepters, and help make appointments for immunizations.

- The government health worker should help the HPV provide services for appointed cases or examinations for pregnant women, first aid, and immunizations as a continuing education program.
4. During these monthly visits, the health worker may participate in the village committee meetings which include the HPV, TBA and Health Communicators.
 5. The HPV may be required to visit the health workers at the local health center in the following cases:
 - take patients to the health center for treatment
 - take individuals for immunization or take new family planning accepters
 - resupply supplies, equipment, or forms
 - seek advice concerning work
 - make appointments for government health workers to make home service visits.
 - other

RECORDING OF HPV ACTIVITIES

The HPV must fill out 3 types of forms: (type 1) - daily log of activities conducted by the HPV; (type 2) - case referral form; (type 3) - work done in conjunction with the health communicator. Government health workers, and other relevant individuals, will sign the visit book every time they visit the HPV.

1. HPV daily activity log should be filled out as follows:

- (1) The HPV is the only authorized person to fill out this log.
- (2) Every health visit to the HPV should be recorded except for vital registration, migration, blood smear results, and contact with health communicators, all of which have separate forms.
- (3) The appropriate government health worker will summarize information from this log in his own monthly reporting form which is sent through normal channels to the Lamphang Provincial Health Office before the 15th day of the following month.
- (4) Pages from the log should not be taken out, and the log should be kept in good condition. The log should be filled out promptly after every visit.
- (5) Method of recording

Column 1 - "Date" - enter date of visit, - if several visits on the same day, HPV may indicate "-". After the day is completed draw a line across the page, below the last entry.

Column 2 - "Number" - enter 1,2,3 by each successive entry to keep a running total of visits and start again with "1" on each successive day.

Column 3 - "Name of patient contact" - enter the first and last name and indicate marital status (e.g. Mr., Miss)

Column 4 - "Sex" - enter male (M), female (F)

Column 5 - "Age" - enter reported age in years

When patient contacts HPV, the HPV should do the following:

A. Ask patient if anyone referred him to see the HPV

If the answer is No - put a check (✓) in Column 6 where it says No

If the answer is Yes - ask him from where he was referred and, if he/she was referred by the health communicator check Column 7; if the referral was from somewhere else (e.g. TBA, health center) enter the appropriate information in Column 7. If a fellow villager, other than someone in the above category referred the patient, there is no need to enter this information.

B. The HPV then asks the patient what is the purpose of the visit and how he can be of help.

- The HPV asks questions about the condition, or examines the patient, and notes significant symptoms (if ailment unknown); or the name of condition in Column 8 "important symptoms or disease."
- In Column 9 enter the name of the drug, or medicine, given to patient (e.g., "aspirin" or "cough syrup"), and the amount given in Column 10, "amount", (e.g., 10 tablets for aspirin, or 1 bottle for the syrup).

Furthermore, if a contact wishes to purchase government household drugs, enter this request in Column 8 as "request purchase of drugs"; or, if examination reveals no need for drugs and no medication is given, then enter (-) in Columns 8,9, 10.

C. In cases where patients come for treatment, purchase household drugs, or request immunization, and the HPV cannot assist the individual due to insufficient equipment or supplies, the HPV is responsible for referring the patient elsewhere, as indicated, together with a case referral card which he fills out. After this is completed, the HPV enters in Column 13 - the destination of the referral (e.g., Lampang Provincial Hospital (LPH); Muang Yao Tambon Health Center - MYHC; or MWC for Midwifery Center).

If - HPV does not refer patient to other government health facility, put a check (✓) in Column 12 where it says NO

If - Person requests family planning services; after distributing pill or condoms, put in Column 14 where it says "pills (packs)", the amounts of packs or in Column 15 where it says "condom (pieces)" the number of condoms. If there is no distributing, put a dash (-) down.

D The last two columns 16 17, are for the price of drugs sold in Baht and Satang (Thai currency)

Example : Daily Log of Health Post Volunteer

Date	#	Name of Contact	Sex	Age	Did someone recommend or refer?		Integrated health services						Payment received						
					No	If yes, from where?	Illness care or purchase of medicine			Vaccination	Referral to		Family Planning service		Baht	Satang			
							Main symptoms or illness	Medicine	Amt		No	yes, to	Pill (# cycles)	Condom(# pieces)					

2. Filling out a Referral Card for patient who needs further treatment, or receives integrated health services according to the appointment.

When HPV is not able to give appropriate treatment to patient, refer him to a health center. In some cases the HPV can refer patient to a health center for additional services. The HPV should use the following form for referral:

Sample form:

PATIENT REFERRAL CARD (Official Ministry of Health Business)		(Fold 2)	Patient brought this card to:	
Please refer Tambon District			(To be filled in by facility to which the patient is referred)	
Province			General No.	
General No. of referring unit			Admission No.	
Referral Card No.			X ray No.	
Date of Referral			Date of Examination:/...../.....	
1		Name Age Nationality		
		Married/Single/ Widow/Divorced/ Separated/Monk		
		Address Village Tambon District Lampang Province		
		Occupation Father's Name		
		Mother's Name Name of Spouse		
Report of Symptoms & Treatment (give date each time)		Treatment Summary		
Blood Temperature		Final Diagnosis		
Pressure		Lab, X ray Result		
		Treatment		
(Turn Over)		Result of Treatment		
2		Examination Card for		
Referred to Patient from Tambon District		(Fold 2)	(To be filled in by facility to which the patient is referred)	
Province			General No.	
General No. of referring unit			Admission No.	
Referral Card No.			X ray No.	
Date of Referral			Examination Date:/...../.....	
Name Age Nationality		Married/Single/ Widow/Divorced/ Separated/Monk		
Address Village Tambon District Lampang Province				
Occupation Father's Name				
Mother's Name Name of Spouse				
Report of Symptoms & Treatment (give date each time)		Treatment Summary		
Blood Pressure Temperature		Final Diagnosis		
		Lab, X ray Result		
		Treatment		
(Turn Over)		Result of Treatment		

Recording contact, coordination and work activities between the HPV and the Health Communicator (HC)

In coordinating activities between the HPV and the HC, the HPV should abide by the following principles

1. The HC contacts villagers in his assigned area and is an assistant to the HPV, as well as a member of the village committee.
2. Before the HPV begins work in his village, the HC helps survey households in his jurisdiction to determine the number of woman of reproductive age; the number of pregnant women; the number of women not practicing family planning; and the number of children under 6 years, as well as the number of these children who have never received immunizations.
3. The HC helps the HPV identify individuals who are ill, are newborn, have died, have migrated, or anyone else, from their jurisdiction, who may need care from the hospital, health center, or midwifery center.
4. The HC informs the HPV of anyone who may have malaria, or who has had a chronic cough for more than 4 weeks and may have TB in order that the HPV can either take a blood smear, or sputum sample, which will be sent to a laboratory for diagnosis.
5. If the HPV learns of any mobile public health services which will be offered in his village, he tells the health communicators to spread the message to the households in their areas of jurisdiction.
6. The HPV has meetings with the HC either during village committee meetings or in meetings specifically called by the HPV.

In recording the contact between the HPV and the HC, the HPV should fill out the following form:

Health Communicator Supervision Form

Date		Name of HC	Number of Contacts	On this visit, met HC, or worked together, or how was contact made?		
				didn't come himself; sent someone for service (check)	came for advice, or reported, or worked together (check)	met at a meeting (check)

Signing the visit book and supervision of HPV activities

During the time the HPV is helping his fellow villagers, he will be regularly visited by government health officials. These health workers will give the HPV all the necessary assistance, as well as, collect information recorded by HPV. In addition, other important visitors may enter their own comments in this book, as well as help supervise the HPV.

Example :

Filling out visit or supervisory form for HPV

Date	Name of Visitor or Supervisor	Position	Opinions and Summary



Health Post Volunteers' Nutrition Manual



PERSONNEL DEVELOPMENT DIVISION LAMPANG HEALTH DEVELOPMENT PROJECT

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PREFACE

Malnutrition is a problem in which everyone must cooperate to solve before the welfare of society can be achieved. This booklet, "Health Post Volunteers Nutrition Manual" aims to provide guidelines for HPV nutrition activities, under circumstances using a limited supply of resources and equipment. It is hoped that the content and pictures in this manual will help health post volunteers study, understand, and perform nutrition activities in their communities with some assistance from local government health workers.

The Personnel Development Division of The Lampang Health Development Project has prepared this booklet with suggestions and assistance from The Division of Nutrition, Ministry of Public Health, and from training specialists. The Personnel Development Division, pretested, prior to publishing, these materials with health post volunteers. Any suggestions or comments concerning this manual will be greatly welcomed and appreciated.

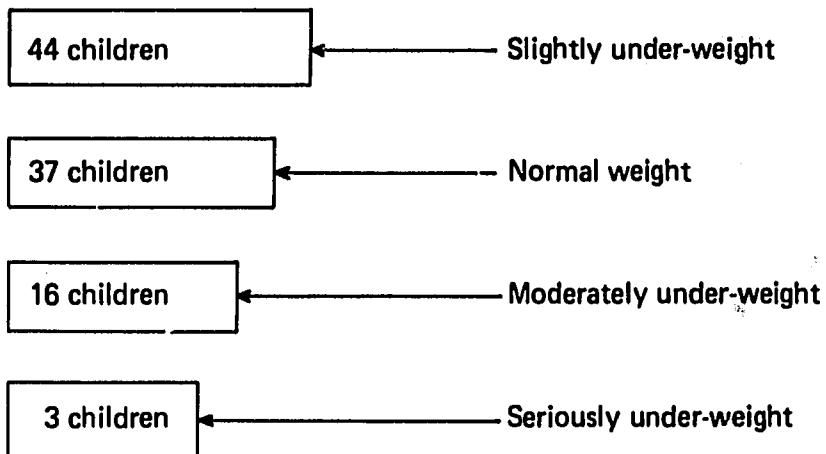
The Personnel Development Division
Lampang Health Development Project
September 1978

THE PROBLEM OF MALNUTRITION

Our Village

Everyone knows that food is vital to life. However, some people do not understand the problems associated if the body does not receive enough food. Malnutrition is not the same as hunger. Some of us may not know how many people in our village are undernourished. This is because, on the surface we only see a few thin people, but in fact, there are many people who are not fully grown or developed who may not be easily noticed.

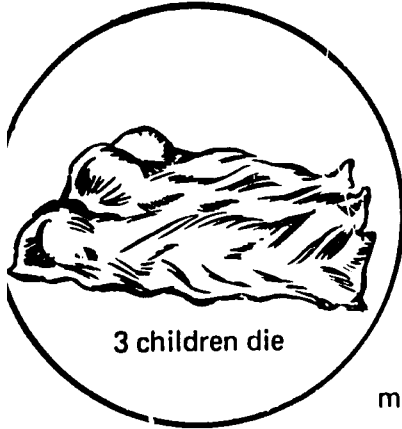
From the survey in our village, it has been found that if 100 children under 6 years of age are weighed, we can expect the following results:



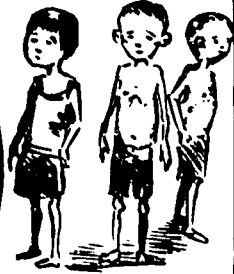
For Every 10 children Born



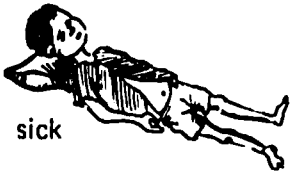
Before reaching 5 years of age:



3 children die



3 children have malnutrition, and when they grow up they will be

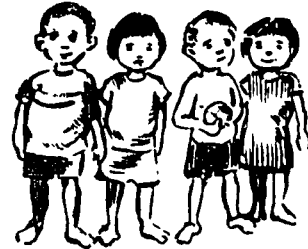
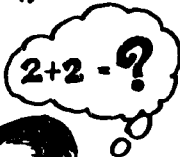


sick



weak

not bright



4. children are strong, and when they grow up they may become a:



teacher



village headman



successful businessman

REVIEW QUESTIONS

Place an ✓ front of the correct Statement (s) or an ✗ in front of incorrect statement (s).

-1. When weighing 100 children under 6 years of age, the Health Post Volunteer will find that there are more children of normal weight than children who are under-weight.
-2. Among every 10 children born, before reaching age five, there will be three children who die from malnutrition.
-3. Children who do not eat nutritious food study better than children who eat nutritious food.

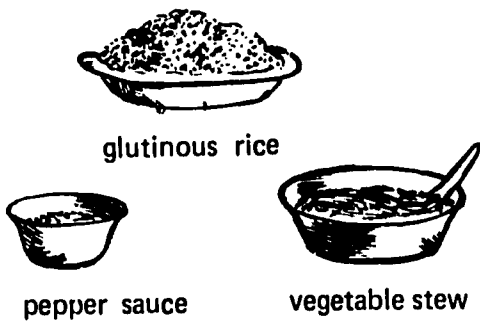
Answers

1. ✗.....
2. ✓.....
3. ✗.....

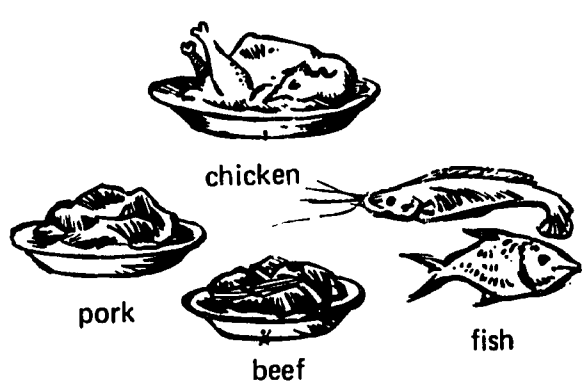
CAUSES OF MALNUTRITION

We can see that there is much malnutrition in our village. There are many factors causing malnutrition. Some cases of malnutrition have only one source, where as other cases are caused by many factors. In our village malnutrition is most often caused by the following :

1. Every meal consists of:

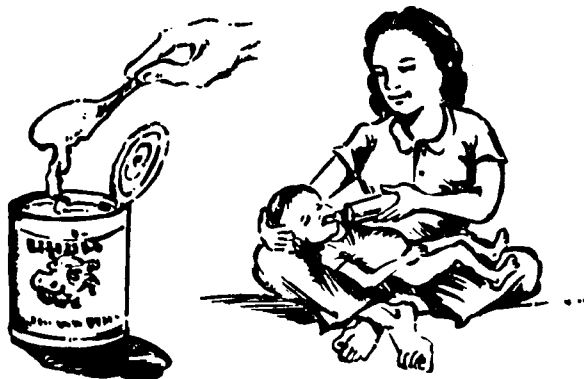


But lacks the following foods:



2. Improper care for newborn infants:

- Infants 1-3 weeks of age are given mashed banana and pre-masticated boiled rice
- When infants are 6-7 months old mothers don't give them sufficient rice, eggs, beef, vegetables, and fruit
- Mothers use sweetened condensed milk to feed their infants



3. Improper dietary beliefs, such as pregnant women and nursing mothers are frequently forbidden to eat certain foods:

Pregnant women are not allowed to eat beef, buffalo meat, and bananas.



During the postpartum period, women are not allowed to eat beef, buffalo meat, catfish, chinese spinach.

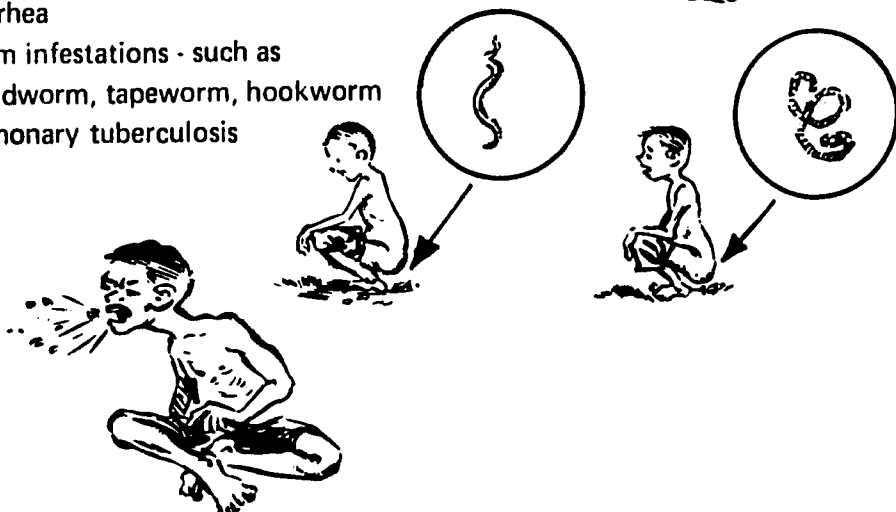


Mothers extract and discard the clear yellow milk (colostrum) which appears in the first 2-3 days after childbirth



4. The body has various concurrent infections, such as:

- Diarrhea
- Worm infestations - such as roundworm, tapeworm, hookworm
- Pulmonary tuberculosis



REVIEW QUESTIONS

Place an ✓ in front of the correct statement(s) or an ✗ in front of the incorrect statement(s).

- 1. Rice, peper sauce, and boiled vegetables provide sufficient nutritional requirements.
- 2. Infants between the ages of 1-2 weeks should eat bananas or mashed boiled rice.
- 3. Sweetened condensed milk used for coffee is not suitable for infants.
- 4. Pregnant women or postportum mothers should eat much pork, chicken, beef, and eggs.
- 5. Tuberculosis or roundworm infestation can lead to malnutrition.

Answers

1.✗.....
2.✗.....
3.✓.....
4.✓.....
5.✓.....

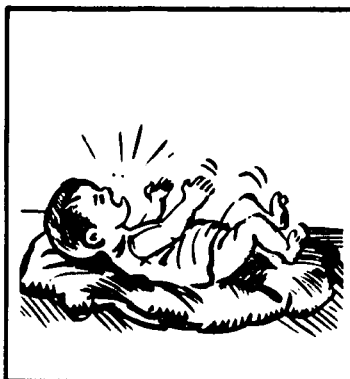
THE HPV CAN HELP HIS NEIGHBORS IN THE FOLLOWING MANNER:

1. Provide advice regarding one's diet.

A. **Breast-feeding:** Advise mothers to breast-feed for a long time, or until the mother is pregnant again. This is because breast milk contains many nutrients. There are also other advantages associated with breast-feeding, such as convenience, hygiene, low-cost, good health and growth for baby, and warmth and tenderness between mother and baby.

Mother should breast-feed the infant from the time of birth, each time the baby is hungry. Prior to breast-feeding, the mother should clean her nipples and breasts; after breast-feeding the mother should carry the baby with the baby's body facing her shoulder, and then give the baby a few light pats on the back to stimulate a burp. This procedure will prevent (full stomach) gas pain. The mother should make sure that the baby is breast-fed regularly. Mashed boiled rice or mashed banana should not be given before the baby is 3 months of age. If a mother is unable to breast-feed, the HPV should suggest that the mother seek advice from a local health worker.

The colostrum which a mother secretes in the first few days after childbirth is very useful to the infant by providing immunity against infection. Therefore the baby should be fed the colostrum, instead of the mother extracting it and throwing it away.



Breast-feed whenever baby is hungry.



Clean nipples before breast-feeding.



Pat the baby's back after breast-feeding.



Breast-feed regularly everyday.







Do not feed the baby mashed boiled rice or mashed banana before 3 months of age.



Stop breast-feeding if the mother becomes pregnant again.

Suggestions for mothers feeding infants between the ages of 3-12 months:

Supplementary food for infants between the ages of 3-12 months, should be mashed boiled rice mixed with soup made from boiled green vegetables and minced meat and liver; or mashed boiled rice mixed with hard boiled egg yolk; or mashed boiled rice mixed with ground pork. After feeding infant these mixed foods, other foods can be gradually given as shown in the table below.

Age	Supplementary Food
3-4 months	Orange juice, mashed ripe banana.
 <p>4-6 months</p>	<p>Start feeding mixed food until it replaces breast-milk for one meal, by giving a little mixed food, then breast-feeding until the baby has had enough; then increasing the amount of mixed food until it replaces breast milk for one daily meal.</p>
 <p>7 months</p>	<p>It is the same as in the 6th month, but add more meat or chicken, or fish or liver, and boiled vegetables (mashed together). Meat must be minced before boiling but liver must be boiled before mincing. Egg white mixed with the yolk can also be used.</p>
 <p>8-9 months</p>	<p>It is the same as during the 7th month, but mixed food can be given instead of breast-milk for two daily meals. After the main meal, some sweets, for example steamed rice flour with sugar, can also be given.</p>
 <p>10-12 months</p>	<ul style="list-style-type: none"> - Give infant mixed food instead of breast-feeding for three meals. Also increase the varieties of food. - Breast-milk can still be given to the baby especially in the morning, in the afternoon, and before bed-time, while 3 daily meals are also given. - Continue breast-feeding if mother still has milk, because breast-milk will stimulate growth. - Infant food preparation does not always require fine mincing. Some fruits can

<p>10-12 months</p>	<p>be given as large pieces—such as bananas and oranges which have had the seeds removed.</p> <ul style="list-style-type: none"> - After eating the main course, sweets can also be given. - A baby will require more food as he continues to grow. If at times he does not eat much, do not force him to eat, for this may make him not like eating.
---------------------	---

C. Suggestions for mothers feeding their babies instant baby food:

Breast-milk alone is sufficient to support growth and development only until an infant is six month of age. Afterwards breast-milk must be supplemented with other foods. Apart from the foods mentioned in section "B", infants older than six months of age may be fed instant food. Instant food is made from rice, soybeans, salt, vitamins, and sugar. Instant food is used as a supplementary food because it helps stimulate growth and development.

The procedure for preparing instant baby food:

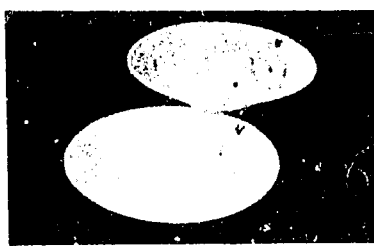
Add one part of instant baby food to three parts of hot water. Stir the mixture together. Do not add salt or sugar for this will ruin the taste. Instant baby food should be prepared just prior to eating; one should not prepare a large amount at one time and keep it for the remainder of the day, since the mixture may spoil or become contaminated by dust or insects.



D. Suggestions for mothers feeding children aged 1-6 years:

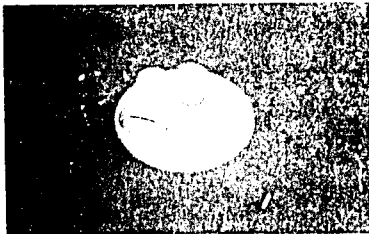
Children aged between 1-6 years are in a period when their body is both growing and their brain developing. Such children tend to play and exercise to a great extent. Parents must supervise and take an interest in them. These children may also develop malnutrition or become ill. They have accidents easily. If they are given an improper diet, this may lead to frequent illness, the inability to concentrate on their schoolwork, or death.

Food which children in this age group should eat.



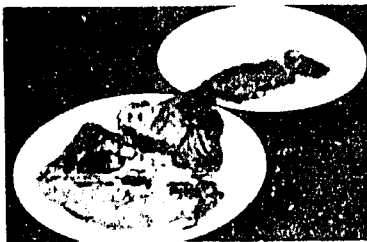
1.
Rice

Steamed, boiled, or as a porridge



2.
Eggs

One egg daily, or at least four eggs per week. This may be either chicken or duck eggs.



3.
Meat

Finely minced boiled meat. Liver can also be used.



4.
Vegetables

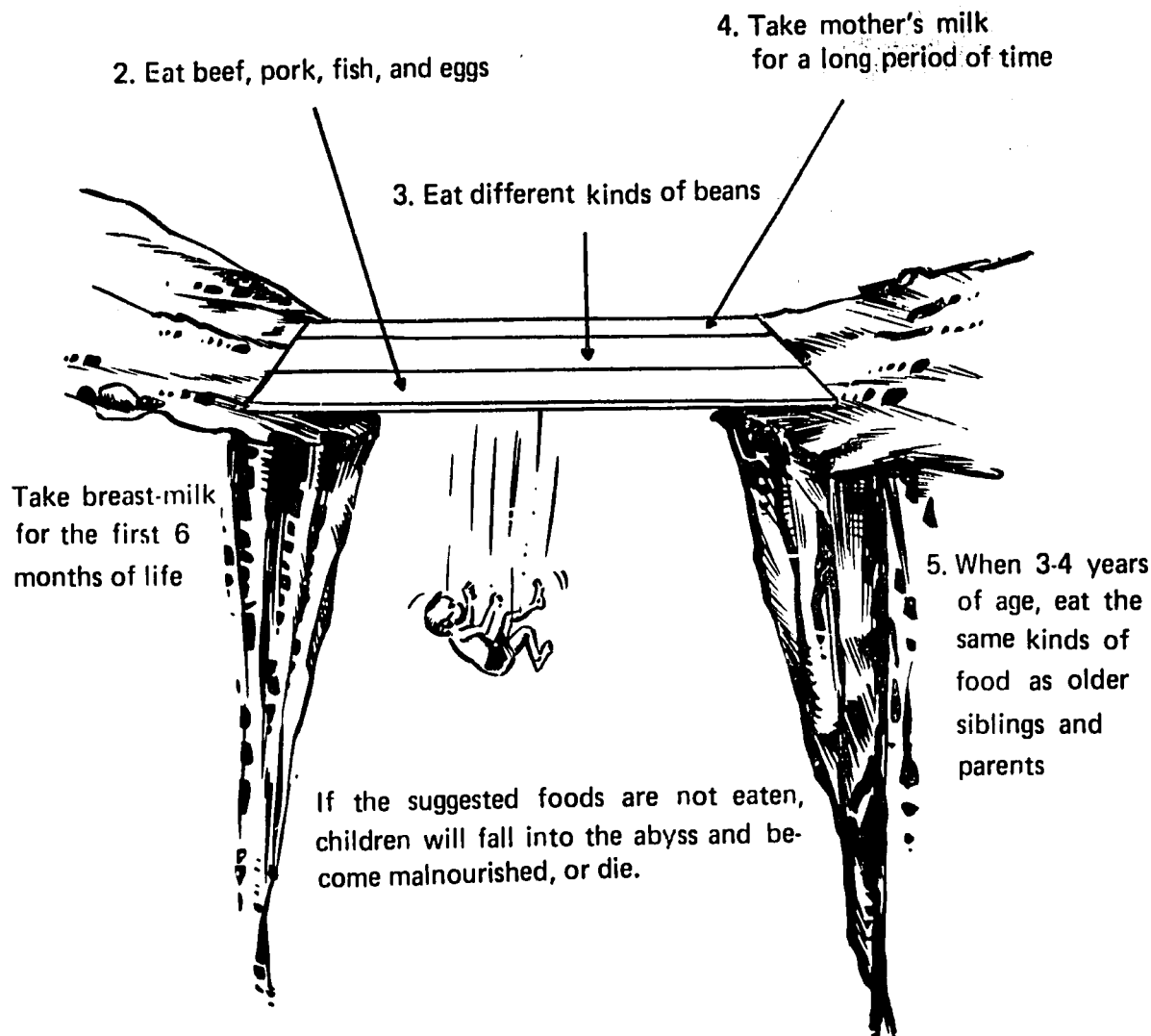
One should give children a large amount of vegetables.



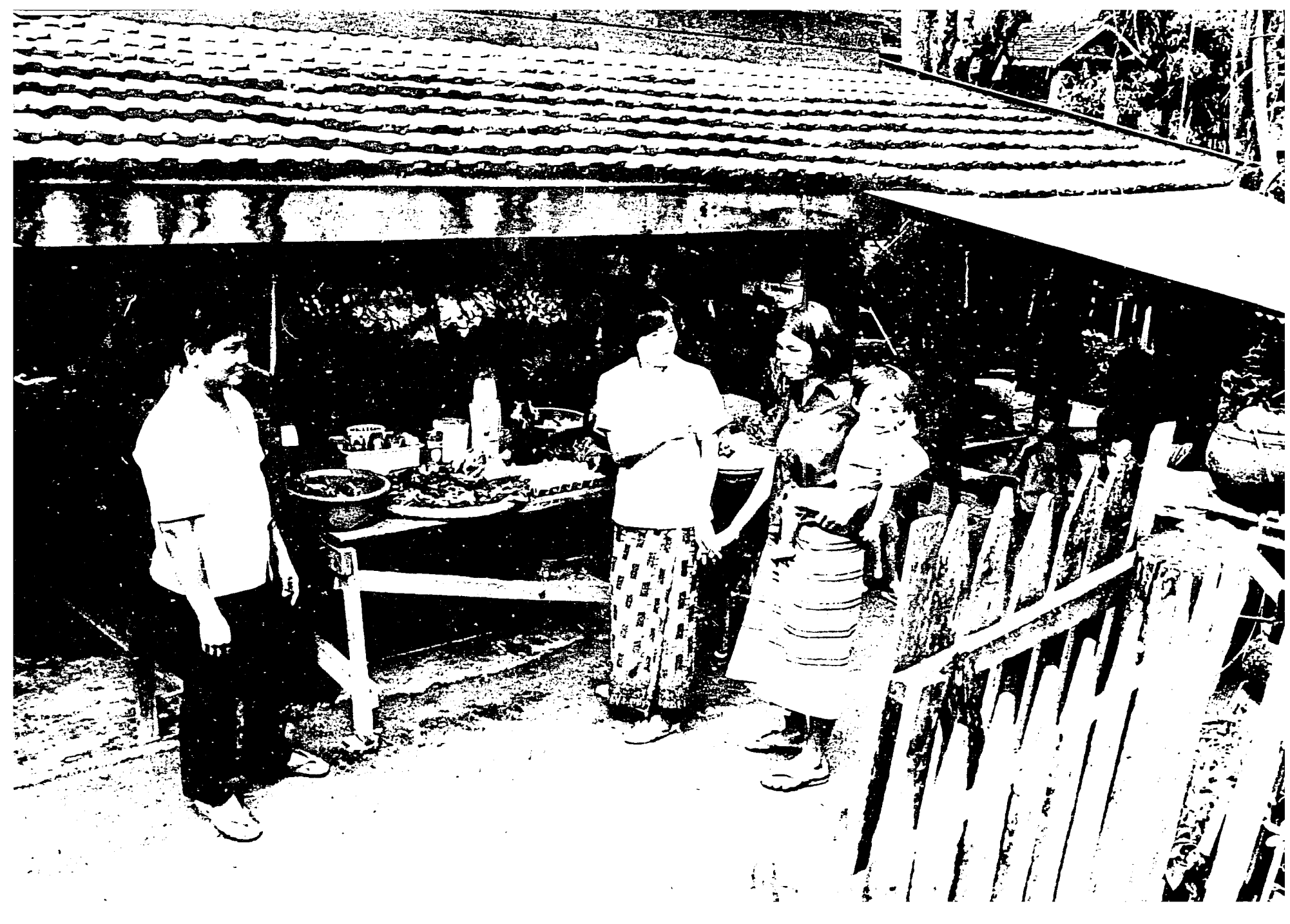
5.
Fruits

Fruits and vegetables provide children with strength, good complexion, and help prevent disease. Papaya, grapefruit, bananas, oranges, and tamarind are examples of such fruits.

We are well aware that children between the ages of 6 months-3 years can easily develop protein-calorie malnutrition, because although they often have sufficient breast milk until 6 months of age, they are usually eating the same types of food as their parents when they are 3 years old. One can compare the period when children are between 6 months-3 years as walking across a deep abyss. In order to reach safety, the child must take breast-milk for a long period of time; eat beef, pork, chicken, eggs, and different kinds of beans, which can be obtained in the village. If they do not eat the above-mentioned foods, then they will fall into the abyss and die.



Note: Apart from eating the correct types of food, children must also obtain a complete series of immunizations to prevent disease.



E. Suggestions for pregnant women and nursing mothers:

During the periods of pregnancy and breast-feeding, a woman's body requires more food to feed herself and her infant; therefore she needs to eat more than usual. If her body does not receive adequate food, she will become thin and may even develop malnutrition. Some symptoms of malnutrition are numbness of fingers and toes, paleness, weakness, weight falling below normal, lack of strength, and becoming ill easily. These symptoms may also result in the newborn child not developing to his potential.

Foods which pregnant women and nursing mothers should eat each day:



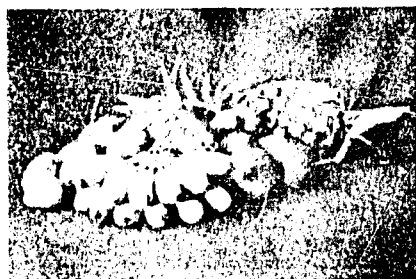
Rice	One should eat rice that is steamed or cooked and not rinsed many times. Women should eat much rice, but rice should not be the only food they eat.
------	---



Pork, beef, fish, eggs, liver and seafood	One should eat as much of these foods as possible everyday. One should also try to eat liver at least once a week.
---	--



Vegetables	One should eat green leafy and other types of vegetables everyday, such as cabbage, watercress, or pumpkin.
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Fruits	One should eat fruits everyday, such as ripe papaya, oranges, grapefruit, bananas, or custard-apple.
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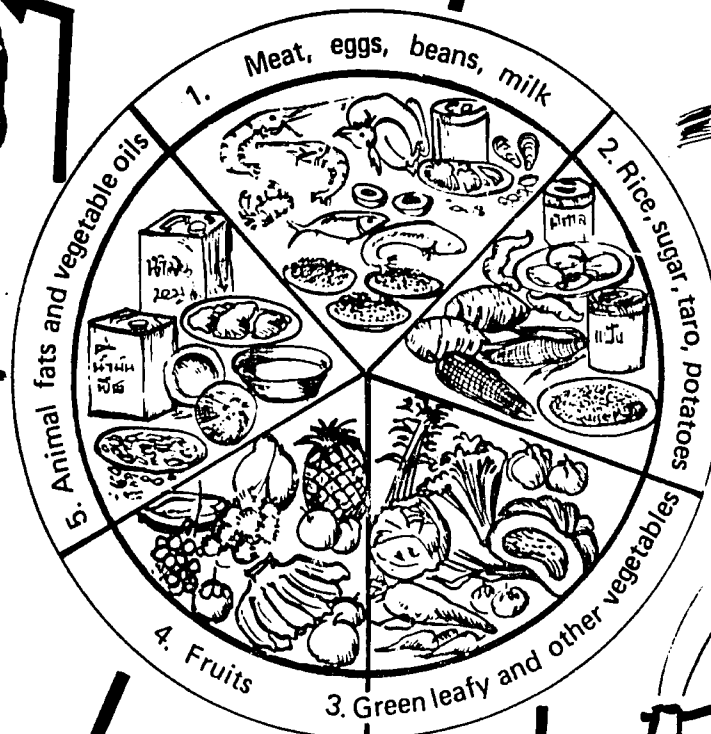
F. Dietary suggestions for people in general:

The HPV should advise neighbors to eat sufficient amounts of food everyday.

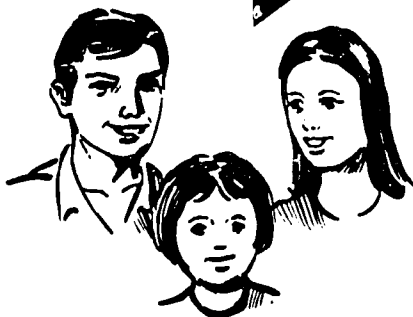
Enables the body to keep warm



Enables the body to develop, provides strength, and resists disease.



Provides the body with energy.



Enables the body to remain fresh and attractive

Everyone must eat food from each category of food as shown in this diagram, everyday, so that the body will develop and remain healthy. One should eat enough food according to the body's requirements.

REVIEW QUESTIONS

Place an in front of the correct statement(s) or an in front of the incorrect statement(s)

- _____ 1. The HPV should advise mothers to breast-feed for a long time or until they become pregnant again.
- _____ 2. Mothers should breast-feed until the baby is 6 months old, and then stop all breast-feeding.
- _____ 3. Three month old infants should have mashed over-ripe bananas.
- _____ 4. Minced meat, chicken, and eggs should be first introduced to babies when they are 12 months of age or older.
- _____ 5. One way that the HPV can prevent children under 4 years of age from developing malnutrition is to advise mothers to feed them minced beans, boiled chicken or pork, and to breast-feed for a long period of time.
- _____ 6. Pregnant women and nursing mothers do not require more food than usual.
- _____ 7. A person should eat sufficient amounts of rice, meat, vegetables, fruit, and animal fats or vegetable oils everyday.

Answers

1.
2.
3.
4.
5.
6.
7.

2. The HPV Can Be of Assistance to Children Below Six years of Age in the Following Manner:

1. The HPV and the Health Communicator help each other survey all children below six years of age.

1. The HPV and the HC consult with each other.



2. The HC inquires of villagers:

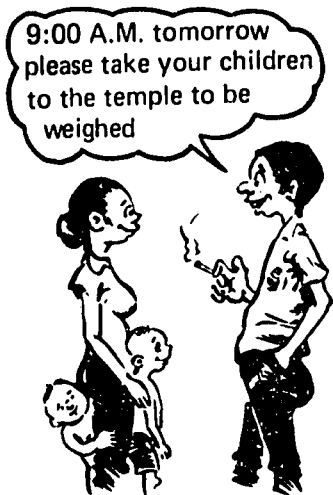


3. The HC reports the names of the children, which the HPV then records.

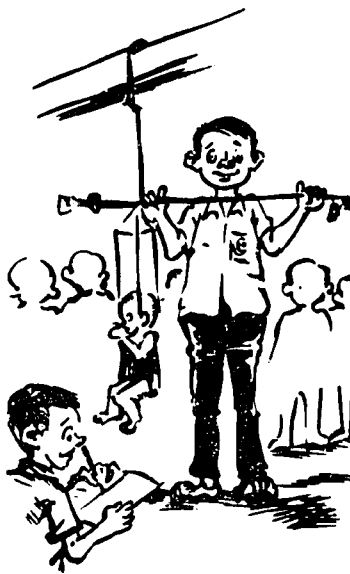


2 The HPV and HC help each other to weigh children and record their weights.

1. The HC visits households and informs villagers to take their children to be weighed.



2. The HC helps the HPV weigh children.



3. The HPV presents the weighing results to the local health worker.

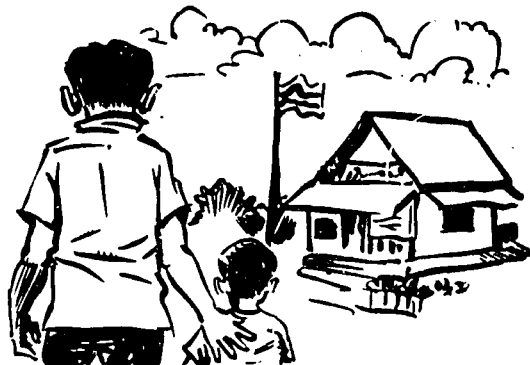


3. The local health worker compares the childrens' weights and confers with the HPV so that the HPV can provide assistance.

1. "For children of normal weight" the HPV advises parents to take children for regular weighings each time they are given an appointment.

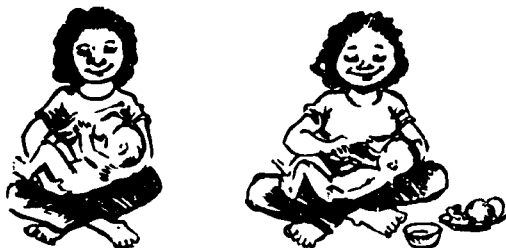


2. "For children who are under-weight" the HPV advises parents to take the child to visit the local health worker. At this time the child will receive some supplementary food and a new appointment to be weighed.

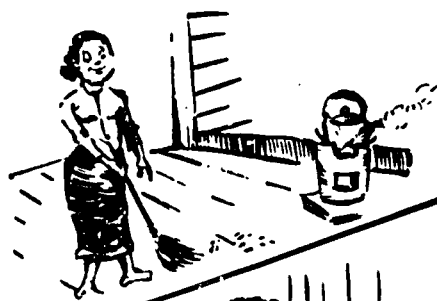


4. The HPV provides mothers with advice concerning child care.

- Give babies mother's-milk.
- Give babies proper supplementary foods according to their age.
- Give children adequate amounts of nutritious food.
- Bring children for immunizations to prevent disease.



- Keep the house nice and clean.
- Drink safe, clean water.
- Bathe regularly.



REVIEW QUESTIONS

Place an ✓ in front of the correct statement(s), or an X in front of the incorrect statement(s).

- 1. Taking regular weight measurements is a good method to indicate whether or not a child is malnourished.
- 2. Children below 6 years of age who are malnourished will also be under-weight.
- 3. The HPV should advise children who are malnourished, or under-weight, to visit the local health center.

Answers

- 1. ✓.....
- 2. ✓.....
- 3. ✓.....

3. Assistance for Children with Diarrhea

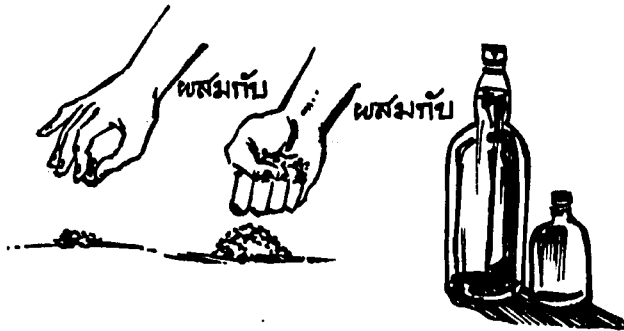
When a child has diarrhea and vomits, this causes the baby to lose salt and water. A child will become weak and have cold hands and feet. If assistance is not provided in time, the child might die. The HPV can therefore help a child with diarrhea by giving him salt, minerals, and sugar; which has already been prepared in a package, or by preparing a self-made mixture, and administering it until the child's condition improves, weakness disappears, or diarrhea stops.

Method for mixing prepared rehydration solution package:

Mix prepared package of salt, minerals, and sugar (ORS) with a bottle and a half of boiled water (1000 ml) which has been allowed to cool.

Method for preparing your own rehydration mixture:

Mix a pinch of baking salt and a handful of sugar with a bottle and a half of boiled water (1000 ml) that has been allowed to cool.



Procedure for consuming rehydration solution:

- For children under 2 years of age, divide the mixture (1½ bottles) into several smaller quantities, and take it at any time within 24 hours.
- For children older than 2 years of age, divide the mixture (1½ bottles) into several smaller quantities, and take it at any time within 12 hours.

Note of advice:

When The HPV has administered this oral rehydration solution, to a child with diarrhea, for 1-2 days, and the child still has diarrhea; does not feel better; is weak; has cold hands and feet; sunken eyes, and wrinkled skin then the HPV must immediately send such a child to a nearby health center or hospital. However, if the child's condition improves, weakness disappears, and diarrhea stops, the child can continue taking the rehydration mixture.

REVIEW QUESTIONS

Place an in front of the correct statement(s), or an in front of the incorrect statement(s).

- 1. Children who have diarrhea feel weak because they lose water, salt, and minerals in their stool.
- 2. If you give children with diarrhea salt and sugar which has been mixed with water, they will feel better and stronger.
- 3. Children who are below 2 years of age should drink the complete rehydration solution mixture (1½ bottles) within 24 hours.

Answers

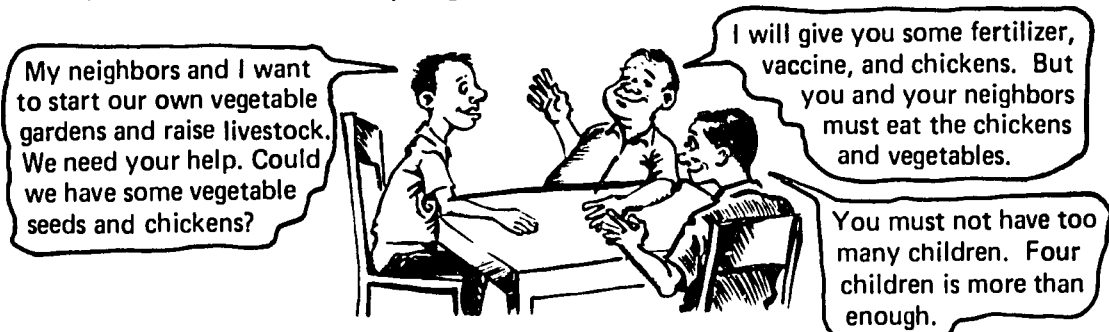
1.
2.
3.

The HPV Urges Neighbors To Start Their Own Vegetable Gardens And To Raise Livestock.

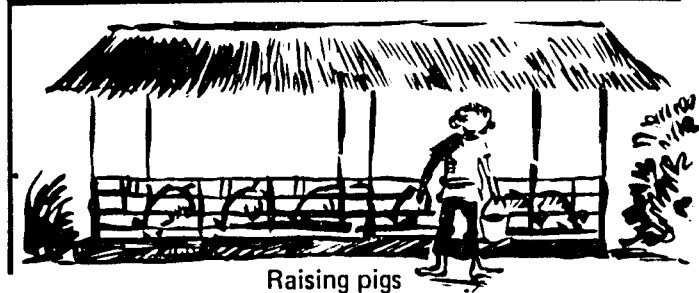
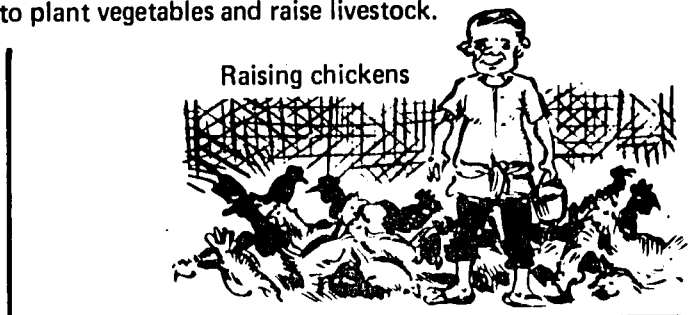
1. The HPV meets with village committee members.



2. The HPV meets with young farmers, development officers, and district veterinarians.



3. The HPV urges neighbors to plant vegetables and raise livestock.



REVIEW QUESTIONS

Place an ✓ in front of the correct statement(s) or an ✗ in front of the incorrect statement(s).

1. If the HPV wants to ask neighbors to start their own vegetable gardens and to raise livestock, he should consult with the village committee, the young farmers, or the local development officers.
2. If the HPV urges neighbors to start their own vegetable gardens and to raise livestock-such as chickens and pigs-but he, himself, does not do similarly, his neighbors will still listen to such advice?

Answers

1. ✓.....
2. ✗.....



Village Health Communicators' Manual



Personnel Development Division
Lampang Health Development Project
Ministry of Public Health

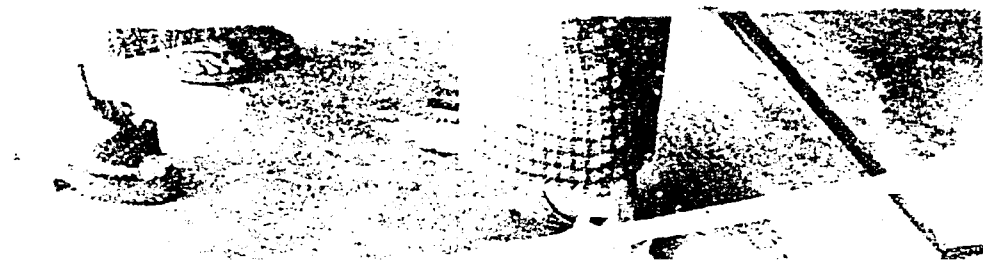
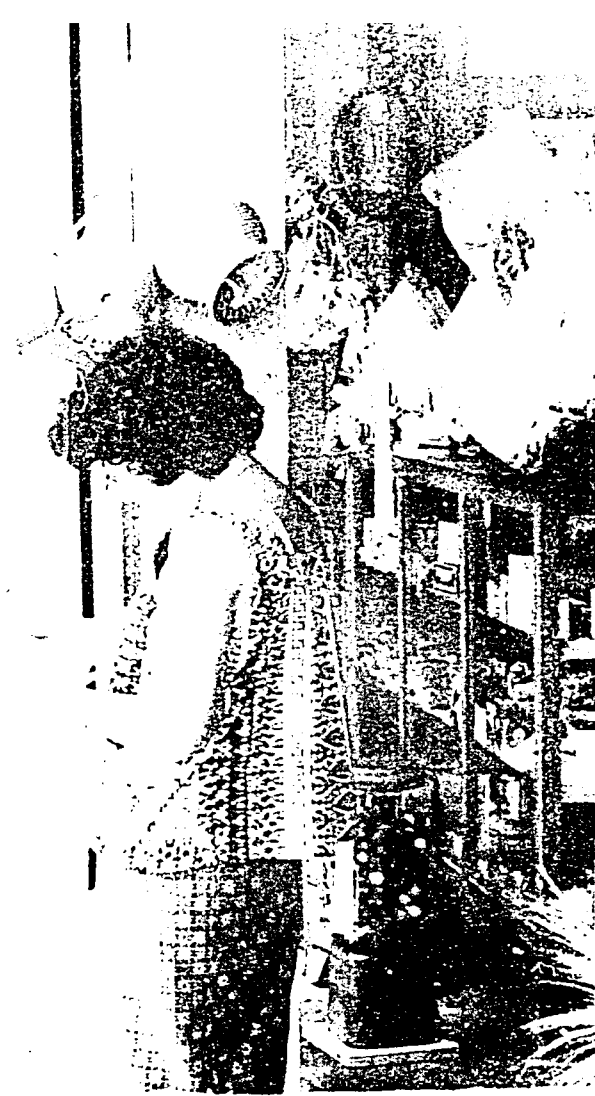
PREFACE

The Lampang Health Development Project, Ministry of Public Health, has conducted research on the availability of basic health services. One thrust has been the establishment of a network of Health Communicators, Health Post Volunteers, and Traditional Birth Attendants, working in cooperation with village health committees and local health workers, to provide primary health care to the rural population. The idea was to provide health services at the village level, and to induce a real sense of community participation so that the provision of basic health services were truly of the community, for the community, and by the community.

In conducting this task, the Personnel Development Division of the Lampang Health Development Project, Ministry of Public Health, has organized training programs for various types of village health volunteers. To carry out this training, the Personnel Development Division has developed, what it feels are appropriate manuals for the health volunteers to use in providing basic health services. The following manual is for the Health Communicator. The first training manual in this series is primarily narrative, while the second-this manual-is basically composed of pictures so that it will be of greater interest and easier for the Health Communicators to understand. The Personnel Development Division has also printed a third manual which consists of both pictures and narrative, and it will also be used to train Health Communicators of The Lampang Health Development Project as well as to compare results of the different methods

There are a number of shortcomings in this manual. The Personnel Development Division greatly appreciates any suggestions or comments which can improve this manual.

Personnel Development Division
Lampang Health Development Project
Ministry of Public Health
September 1977



HEALTH COMMUNICATOR (H.C.)



The Health Communicator is known by the abbreviation H.C. He is a villager who has been selected by the village committee. He is trained for 2 days, according to a curriculum designed for the Health Communicator. His responsibility is to disseminate health knowledge and information to villagers whom live nearby his house. Each H.C. is usually responsible for 10-15 households.





The Health Communicator is a person whom fellow villagers trust and respect. He must have good relations with his neighbors and be able to work with them according to the following principles:

1. Be able to listen to the ideas of others.
2. Be well mannered.
3. Speak politely.
4. Be patient and industrious.
5. Be helpful to his neighbors.
6. Encourage those with whom he works.

The Health Communicator will work with:

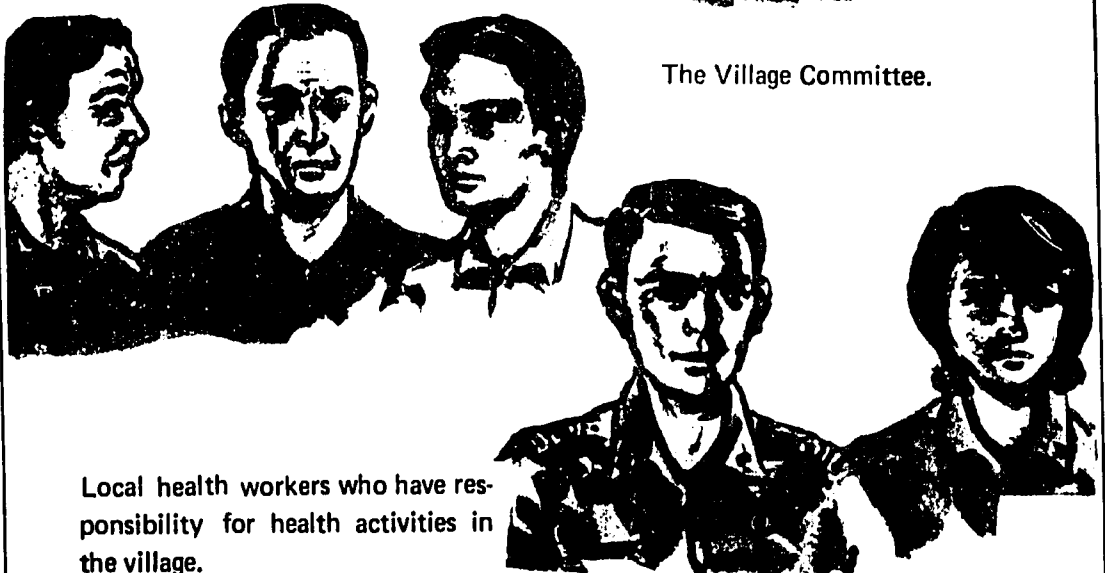


The Health Post Volunteer (HPV) who is another local villager that has been trained according to a special HPV curriculum. The HPV can provide simple medical care for his neighbors, using government household drugs that are distributed by the local health workers.

The Traditional Birth Attendant (TBA) has received new training, emphasizing aseptic procedures, proper delivery, and family planning. She voluntarily provides ante-natal care, normal delivery, and post-natal care for mothers who desire to give birth at home.



The Village Committee.



Local health workers who have responsibility for health activities in the village.

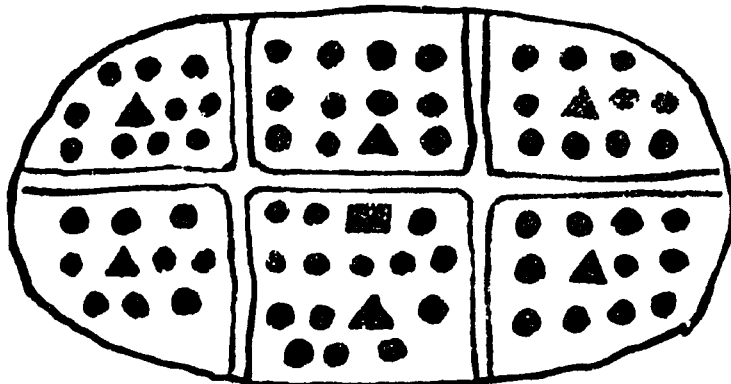
The important duties of the H.C.

1. To receive information for neighbors.
2. To disseminate information to neighbors.



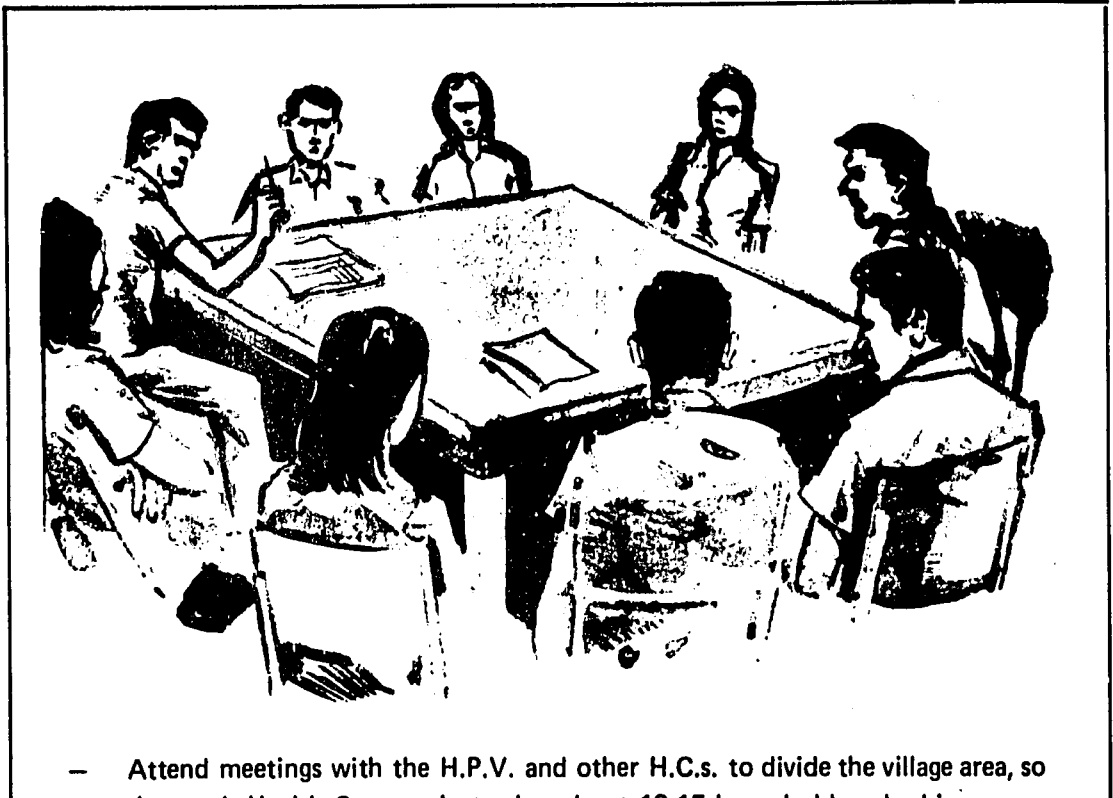
3. To advise villagers about health activities.
4. To provide assistance for neighbors by suggesting that they visit the Health Post Volunteer in the event of minor illness.
5. To set a good example of themselves, for their neighbors, and to cooperate with the village H.P.V. with any health activities.

The H.C.'s Work

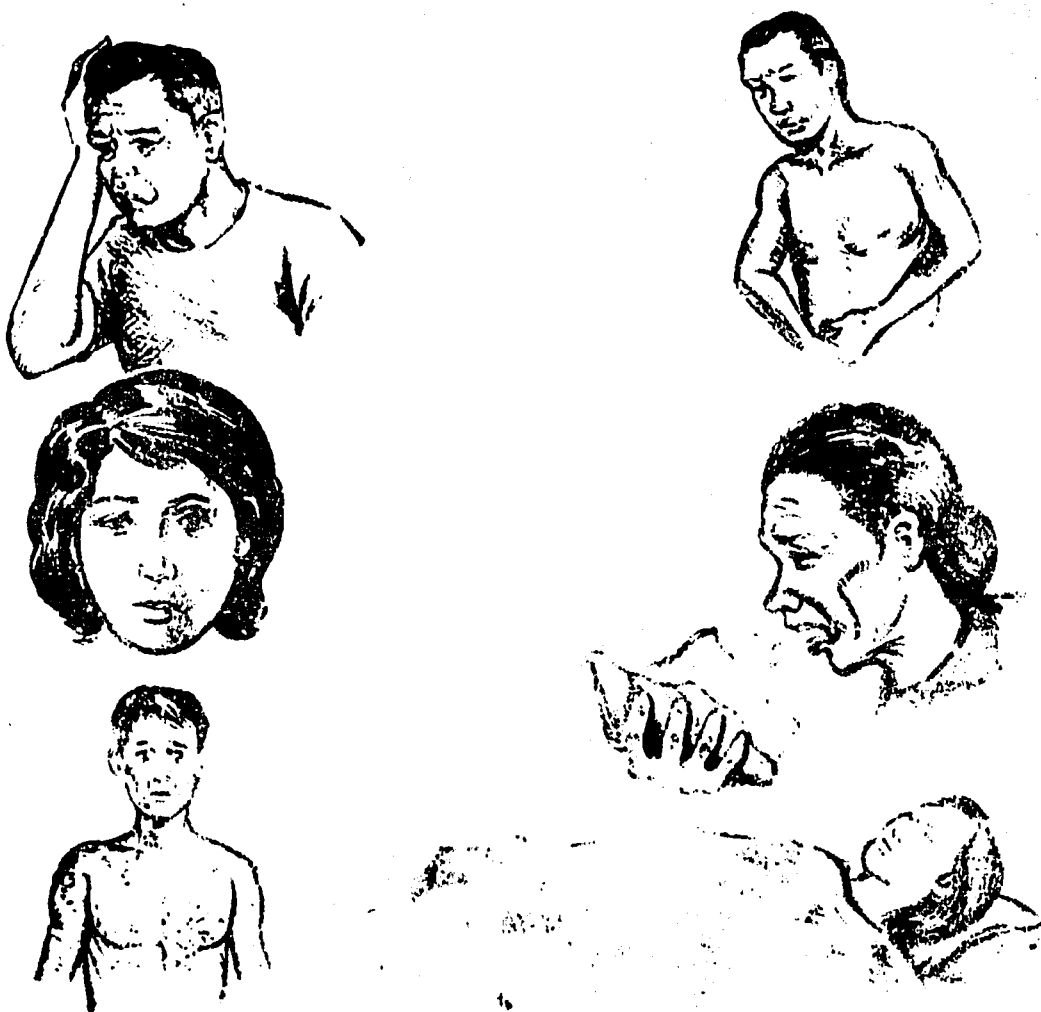


▲ H.C.'s house
■ H.P.V.'s house

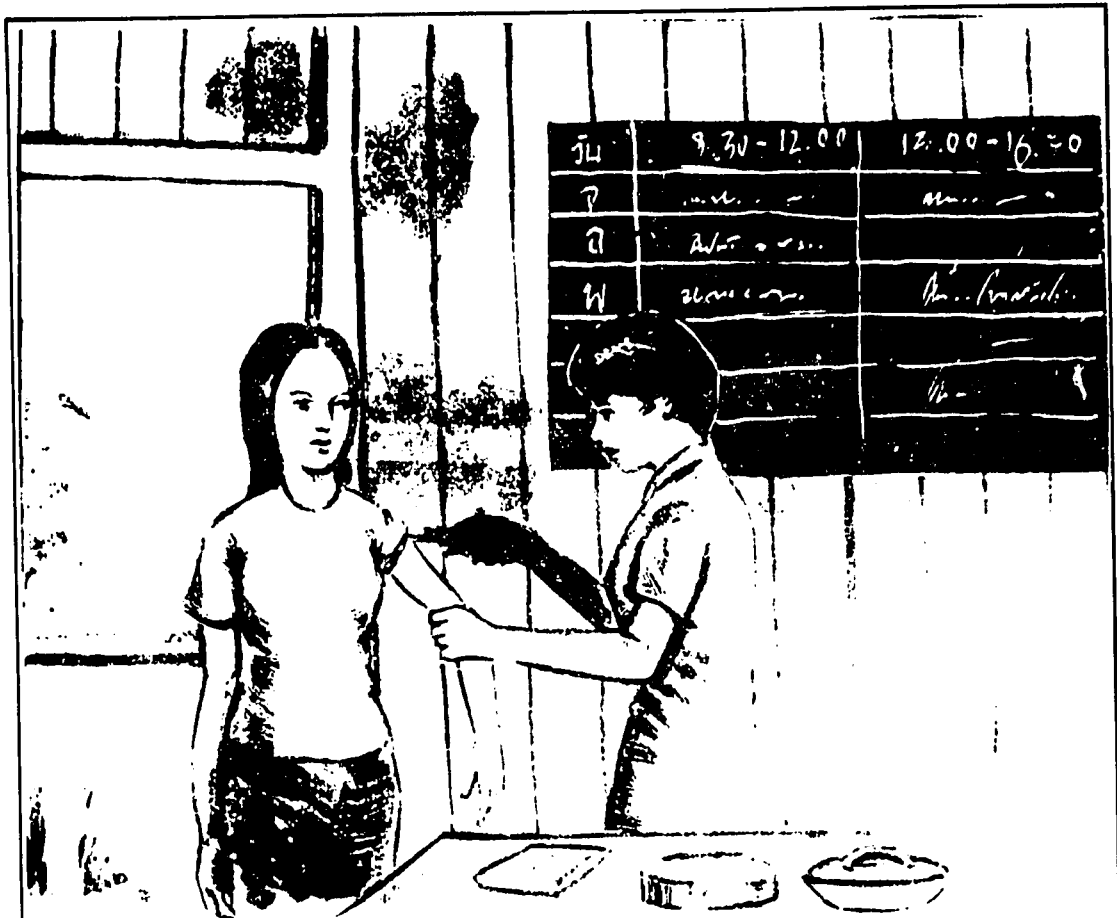
— Divide responsibility into separate localities with the H.P.V.



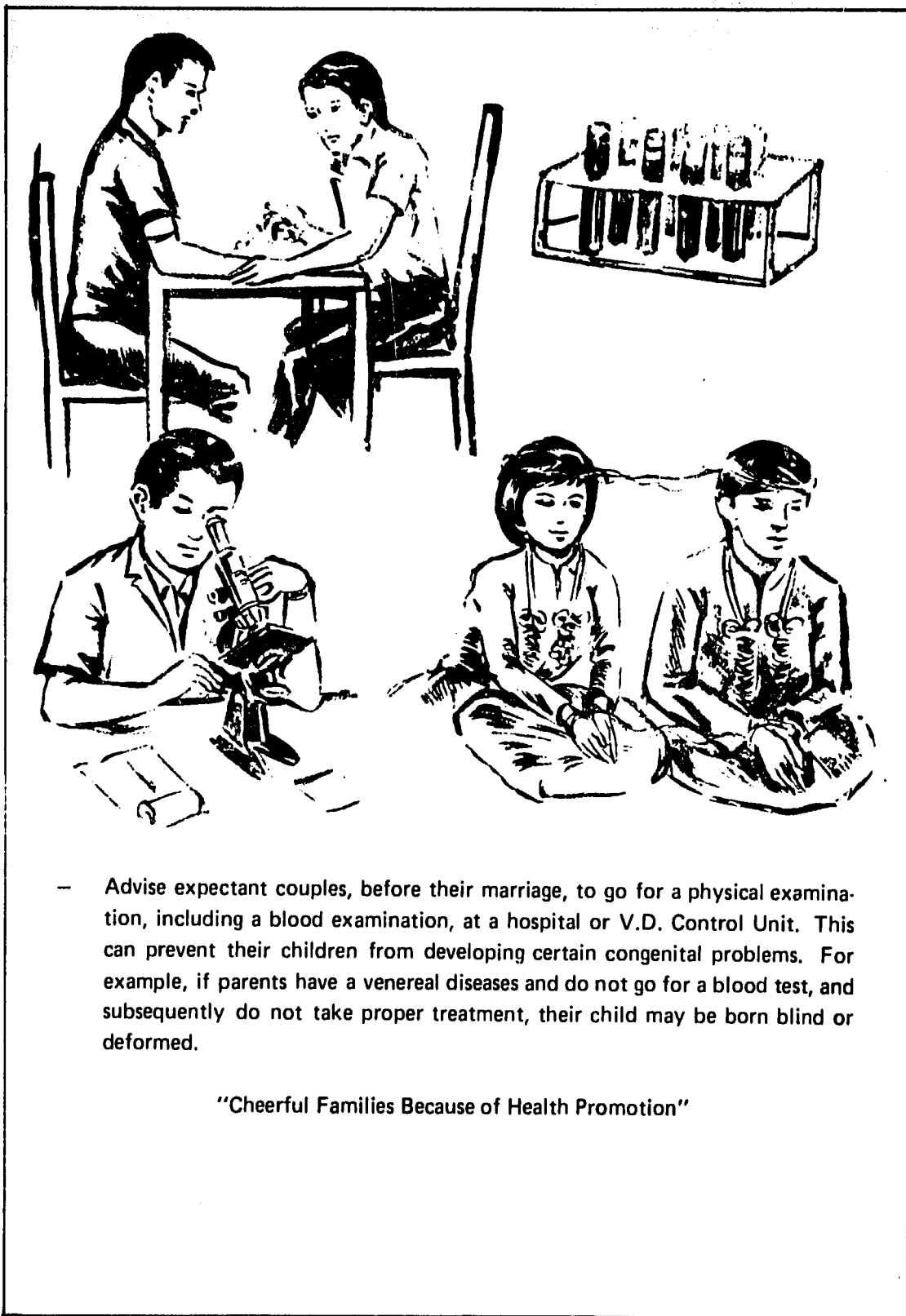
- Attend meetings with the H.P.V. and other H.C.s. to divide the village area, so that each Health Communicator has about 10-15 household under his responsibility.
- Help survey preschool aged children, 0-6 years of age; and women of reproductive ages, 15-44 years of age; in their respective area, and then report these findings to the Health Post Volunteer.
- Use spare time going to temples; visiting schools, markets, shops; as well as attending religious ceremonies, open house gatherings, and other merit-making occasions to disseminate health information to friends, neighbors, the Health Post Volunteer, or local health workers.



- Immediately inform the H.P.V. when neighbors have symptoms of communicable diseases, such as diarrhea, fever, cough, conjunctivitis, and skin rashes. The report should include the patient's name, symptoms, age, sex, occupation, and date of onset. The HPV can provide simple curative care or if it is beyond his capability, he can refer the patient to a nearby health center or hospital.



- Communicate health information from the local health centers concerning such topics as vaccinations, well child clinics, distribution of oral contraceptives, and other medical services; and subsequently make appointments for villagers to receive such services.
- Give neighbors specific appointments, at regular intervals, to obtain health services. This should include the date and place to receive the health service. For example, "Dr. Nipont will administer B.C.G. vaccinations in tambon Serm Sai, at the Sri Lanka Temple, for villages # 3, # 4, # 5, on the 10th of March at 10 A.M." The health communicator will inform his neighbors to be ready at the aforementioned time and place.



- Advise expectant couples, before their marriage, to go for a physical examination, including a blood examination, at a hospital or V.D. Control Unit. This can prevent their children from developing certain congenital problems. For example, if parents have a venereal diseases and do not go for a blood test, and subsequently do not take proper treatment, their child may be born blind or deformed.

“Cheerful Families Because of Health Promotion”



Advise pregnant women to have a physical examination and entrust their delivery to a Traditional Birth Attendant or a government midwife at a health center or hospital.



Advise pregnant women to eat a greater amount of nutritious food than usual, such as meat, eggs, fish, beans, vegetables, and fruit because these foods assist the growth and development of the unborn child, and also promote the health of the expectant mother. Strongly seasoned and pickled food should not be eaten by pregnant women.



Advise pregnant women to sleep at least 8 hours each night, and another 1-2 hours during the daytime.



- Advise pregnant women to prepare all necessary items for the expectant infant, such as a soft mattress, diapers, gloves, clothing, socks, blanket, cap, and baby powder. In the period prior to delivery, if a mother decides to give birth at home assisted by either a traditional birth attendant or a government midwife from the health center, she must prepare other essential items, such as soap, a kettle, a basin for hot water, a clean cloth, a large basin to wash the newborn child, and a large basket to place soiled clothes.



— Advise mothers with young infants to breast-feed their babies because mother's milk is the best food to promote a baby's growth and development, as well as resist disease. The mother should clean her nipples, each time, prior to breast-feeding. From five months of age onward the infant should be given supplementary food.

If the child should become ill, his mother must take him immediately to see a We-chakorn or doctor-instead of merely buying medicine-because self-treatment can be dangerous.

Apart from breast-feeding during the first year of the infant's life, supplementary food can be given as follows:

- 2 months: add one mashed boiled egg (use only the egg yolk) as one daily meal.
- 4 months: add vegetable soup as one daily meal.
- 5 months: add broth made from pork or beef bones.
- 6 months: increase supplementary food so that it constitutes two daily meals until the child is one year old.

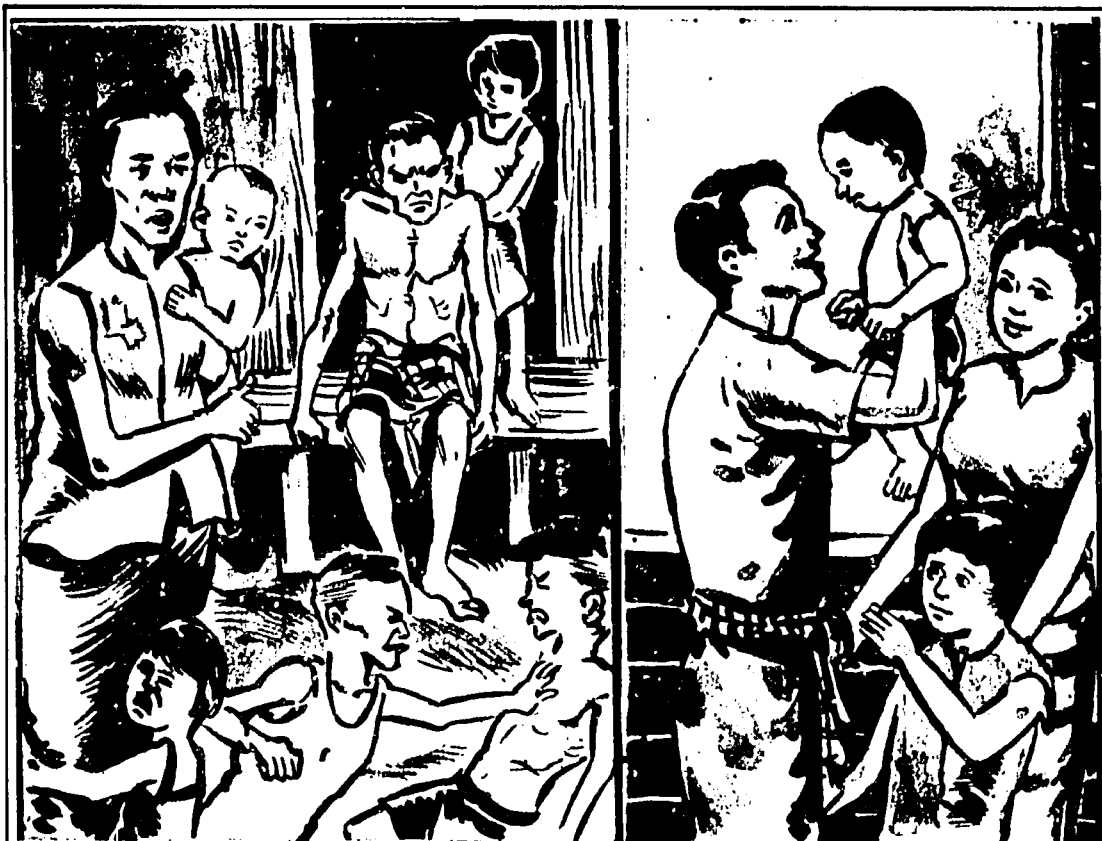


"A Health Child will Become a Strong Adult"

- Advise neighbors to bring their children to the health center or hospital for a medical examination and for appropriate vaccinations.

Children should have the following vaccinations:

0-1 month	B.C.G. to prevent tuberculosis
3-4 months	D.P.T. first dose
	Polio, first dose
5-6 months	D.P.T. second dose
	Polio, second dose
7-8 months	D.P.T. third dose
1½-2 years	Polio, third dose
	D.P.T. first booster dose
4-7 years	Typhoid vaccination
11-14 years	Typhoid vaccination

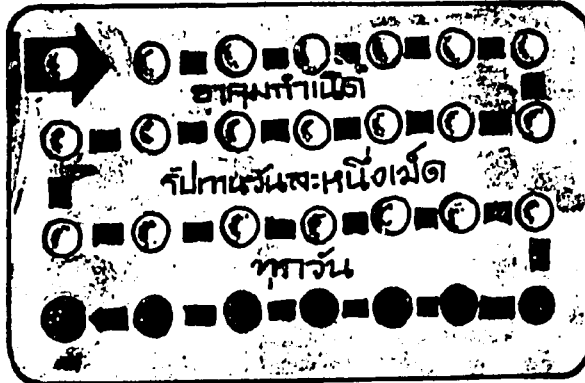


"Too Many Children Leads to Poverty"

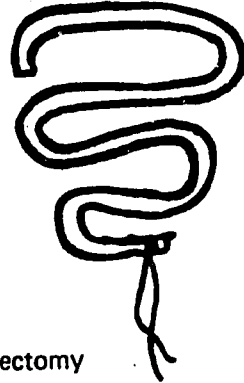
The Health Communicator should advise neighbors about family planning according to their standard of living. Too many children bring about a deterioration in the health of both mothers and children, and cause difficulties for the entire family. One should consult and seek advice from the local Health Communicator, Health Post Volunteer, Traditional Birth Attendant, or local health workers at the midwifery station, health center or hospital concerning an appropriate method of family planning.

**"Small Families Mean Happiness: Enough food to eat;
enough things to use in the house; no anxiety"**

Oral contraceptive pills



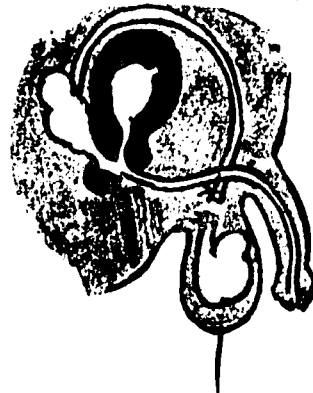
Intrauterine contraceptive device (I.U.C.D)



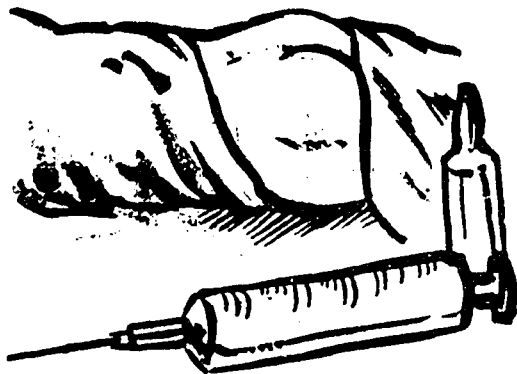
Female sterilization



Vasectomy



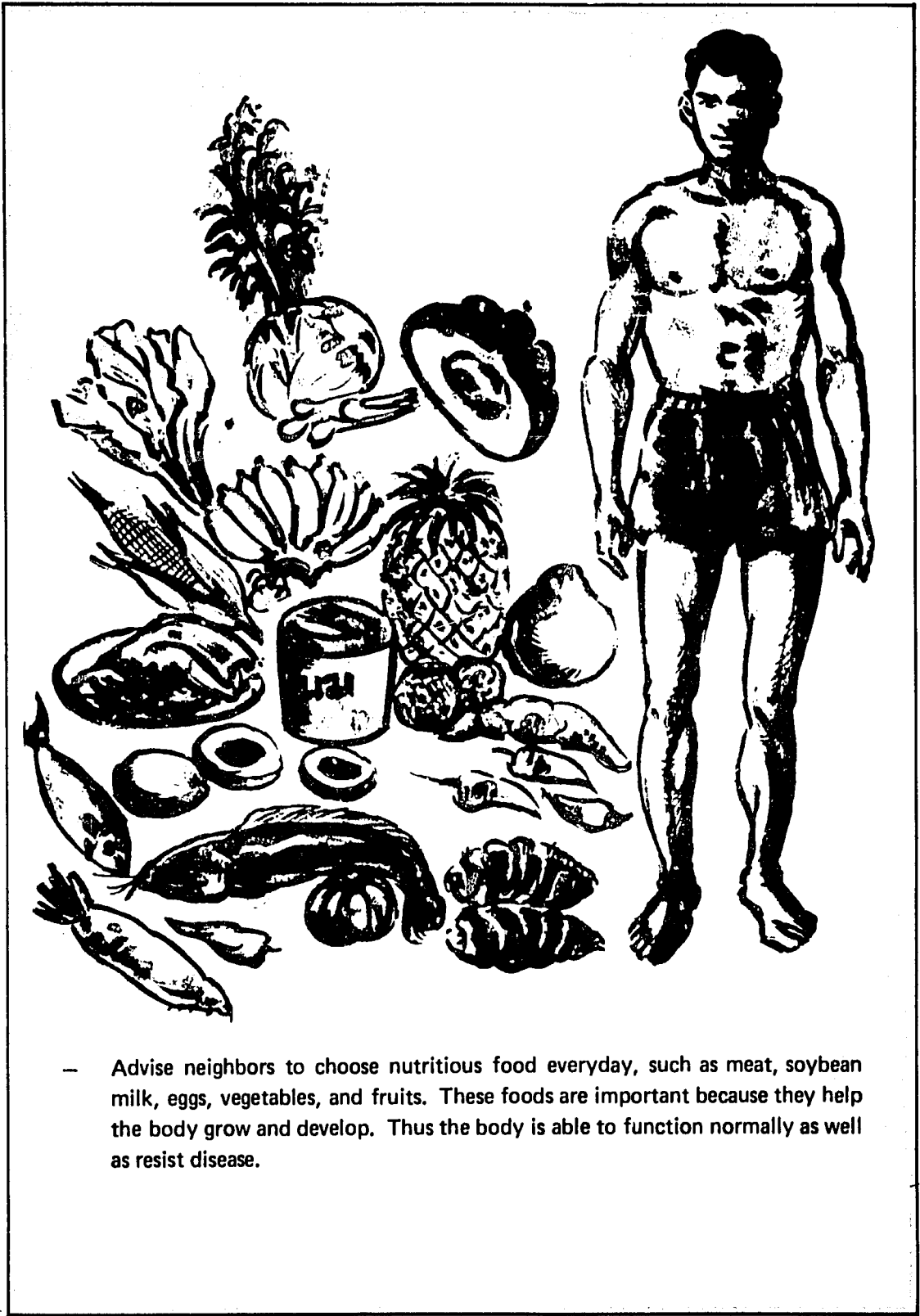
Injectible contraceptive



Condom



There are several methods available for family planning, such as oral contraceptive pills, I.U.C.D., male and female sterilizations, injectible contraceptives, and condoms.



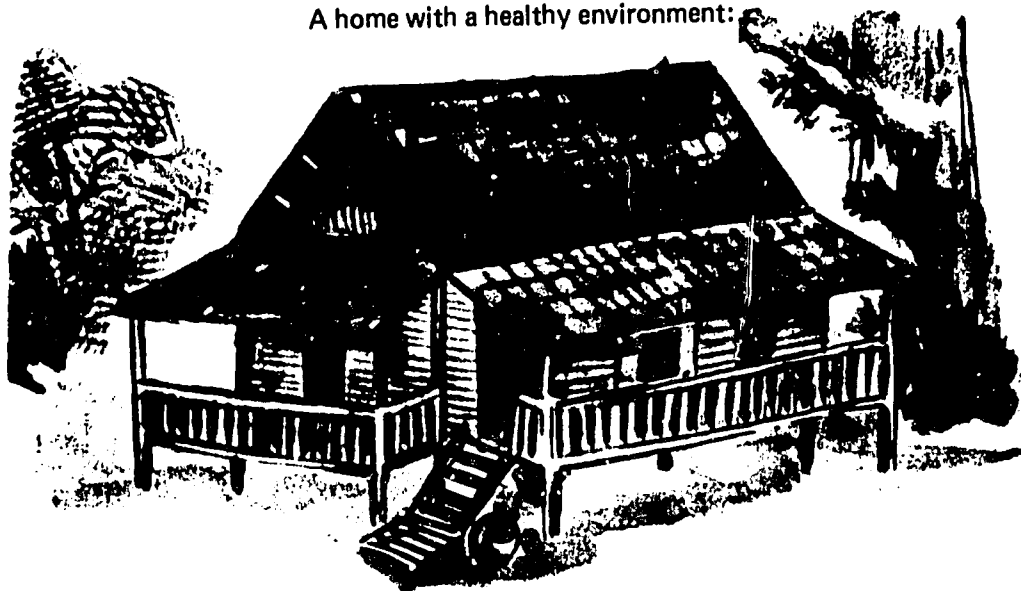
- Advise neighbors to choose nutritious food everyday, such as meat, soybean milk, eggs, vegetables, and fruits. These foods are important because they help the body grow and develop. Thus the body is able to function normally as well as resist disease.



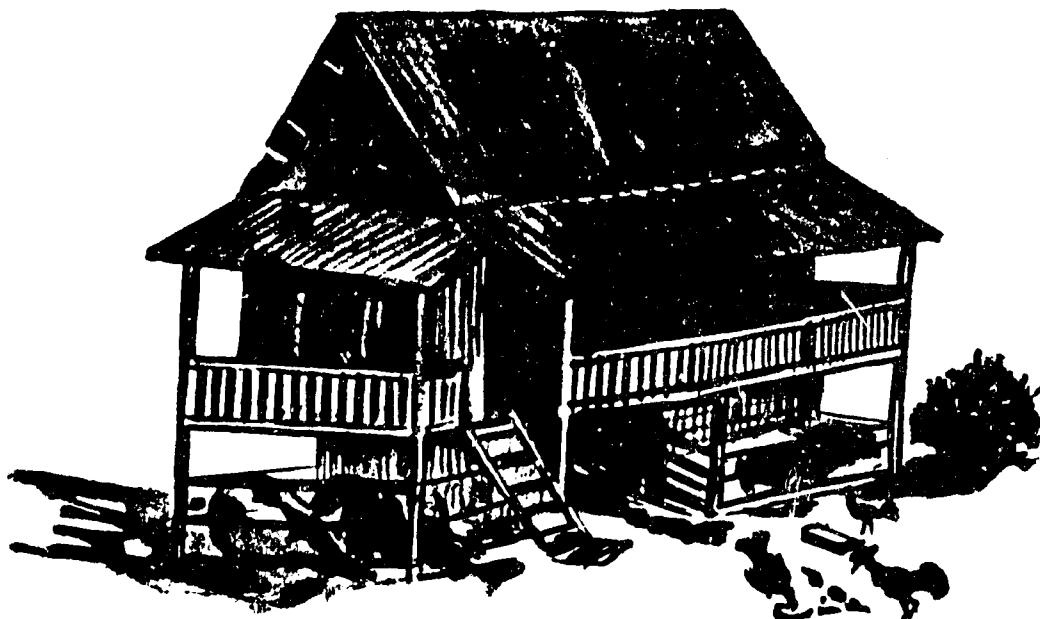
"Eat each category of food everyday for good health"

1. Meat, eggs, milk, and beans provide protein which helps the baby grow and develop, as well as resist infection.
2. Rice, flour, sugar, taro, and potatoes provide carbohydrates which produce energy for physical activities.
3. Animal fats, vegetable oils, and coconut milk provide the body with warmth and energy.
4. Minerals and vitamins assist the body to develop, function normally, and resist infection.
5. Vegetables and fruits provide vitamins and minerals for normal bodily functions and growth.

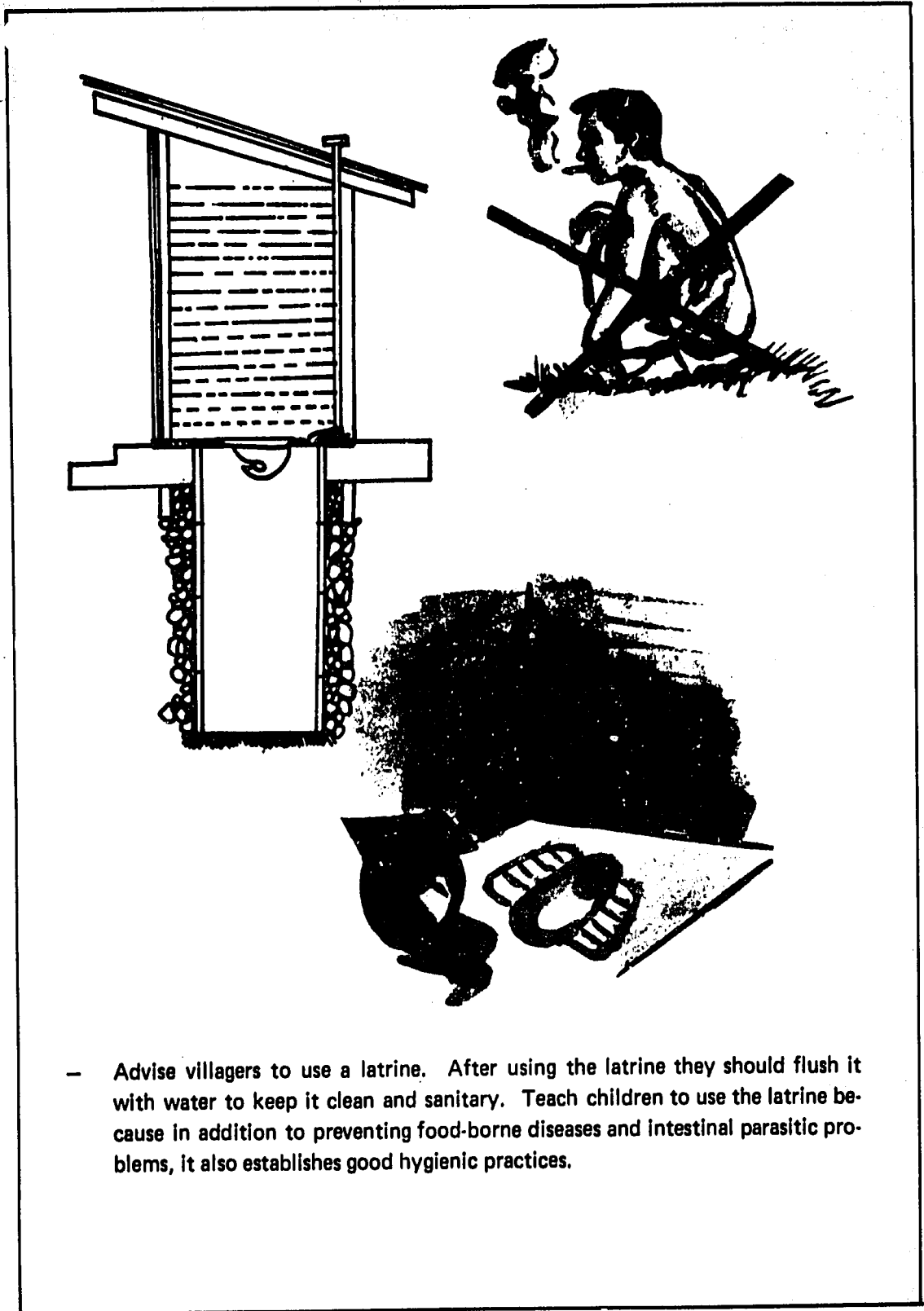
A home with a healthy environment:



A home with an unhealthy environment:

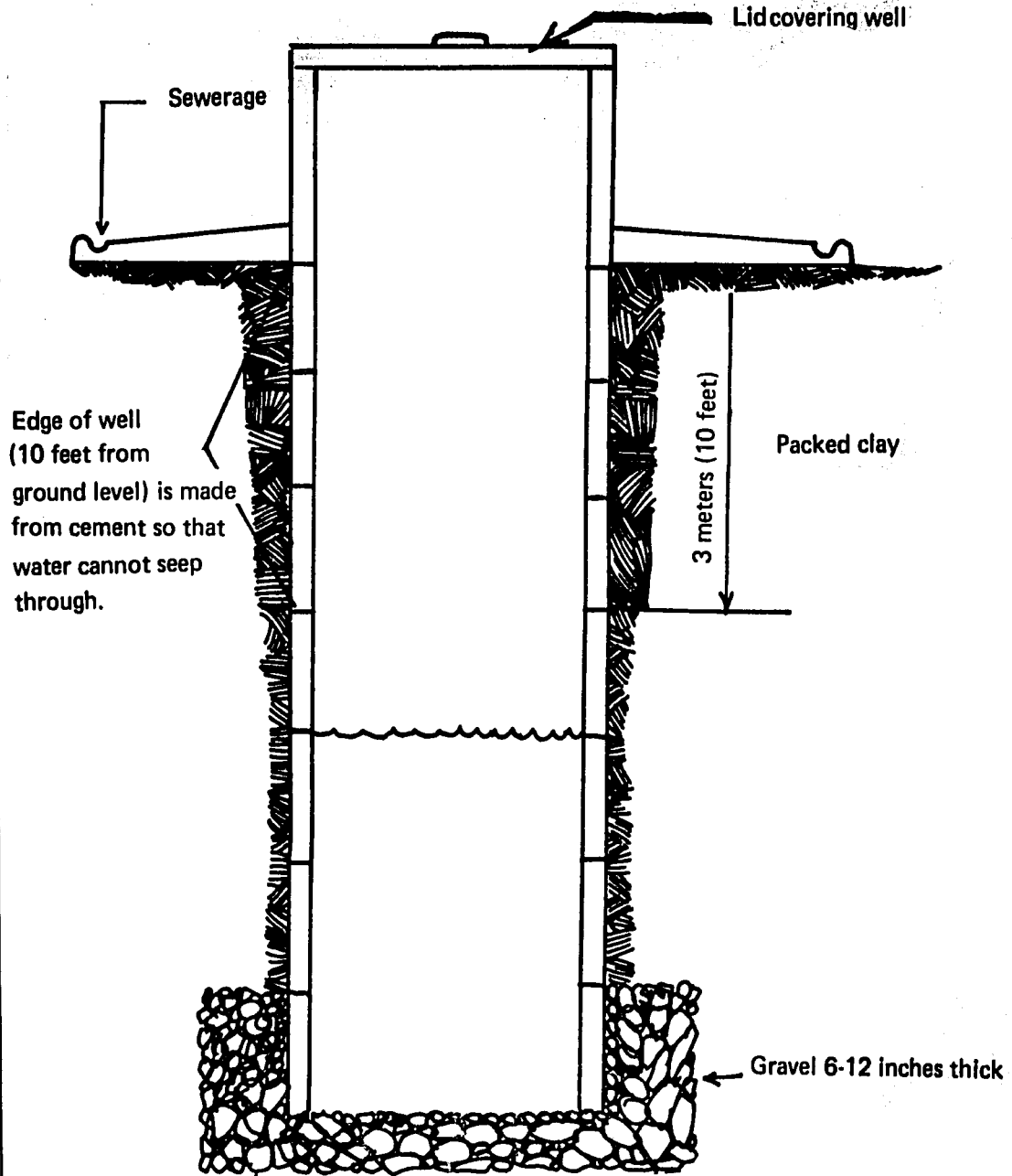


Advise villagers to improve the sanitation of their homes and the adjoining grounds so that they are always clean. One should not raise water buffaloes, pigs, ducks, cows, or chickens underneath the house. If animal excreta accumulates, this can cause illnesses, such as eye infections.

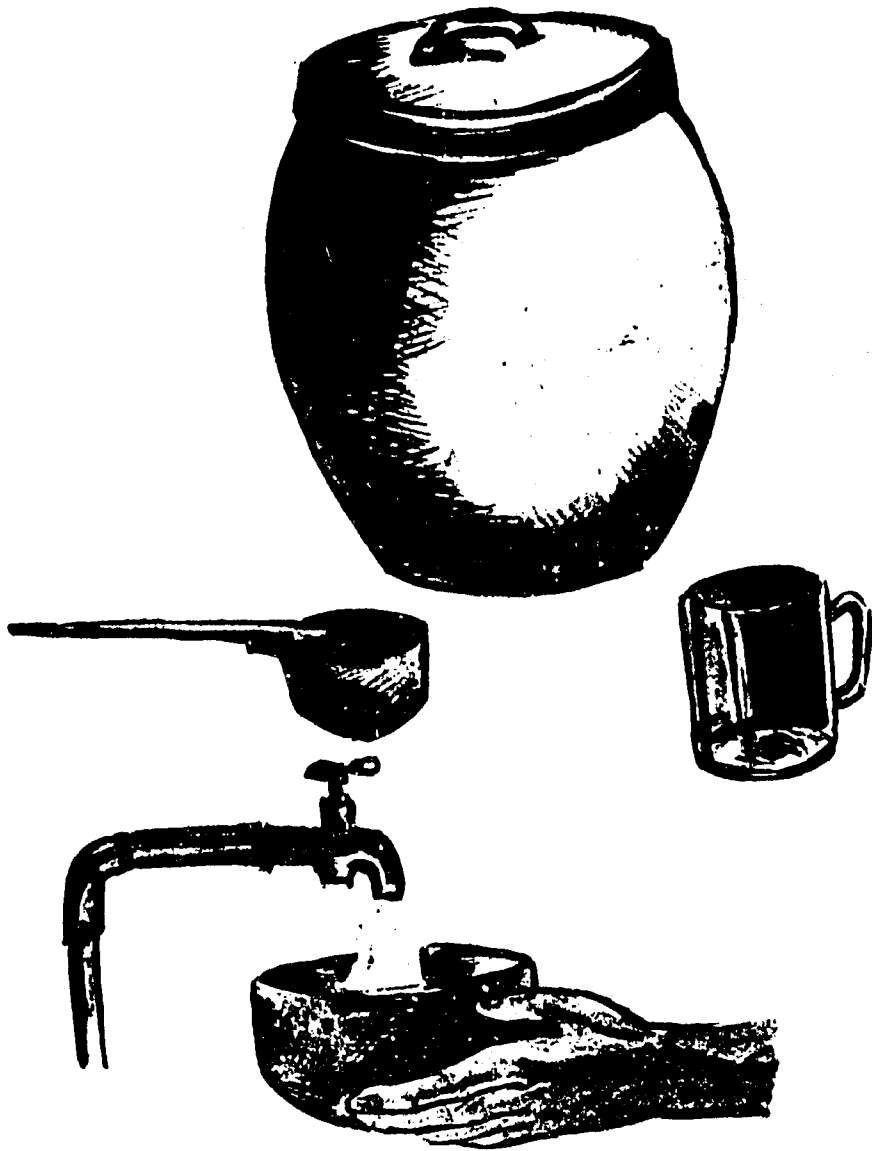


- Advise villagers to use a latrine. After using the latrine they should flush it with water to keep it clean and sanitary. Teach children to use the latrine because in addition to preventing food-borne diseases and intestinal parasitic problems, it also establishes good hygienic practices.

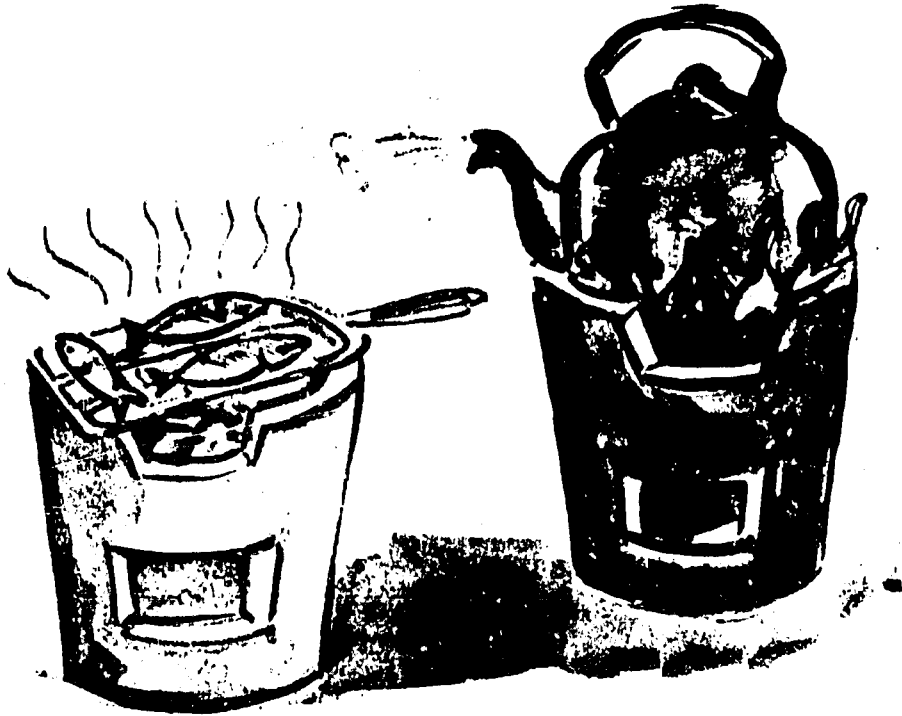
Sanitary Well



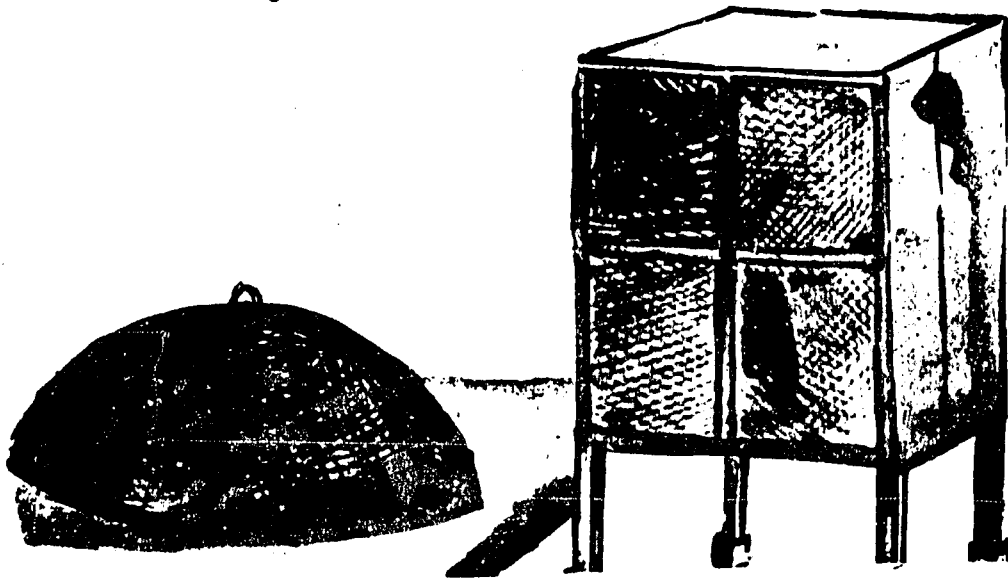
Advise your neighbors to construct this type of sanitary well.



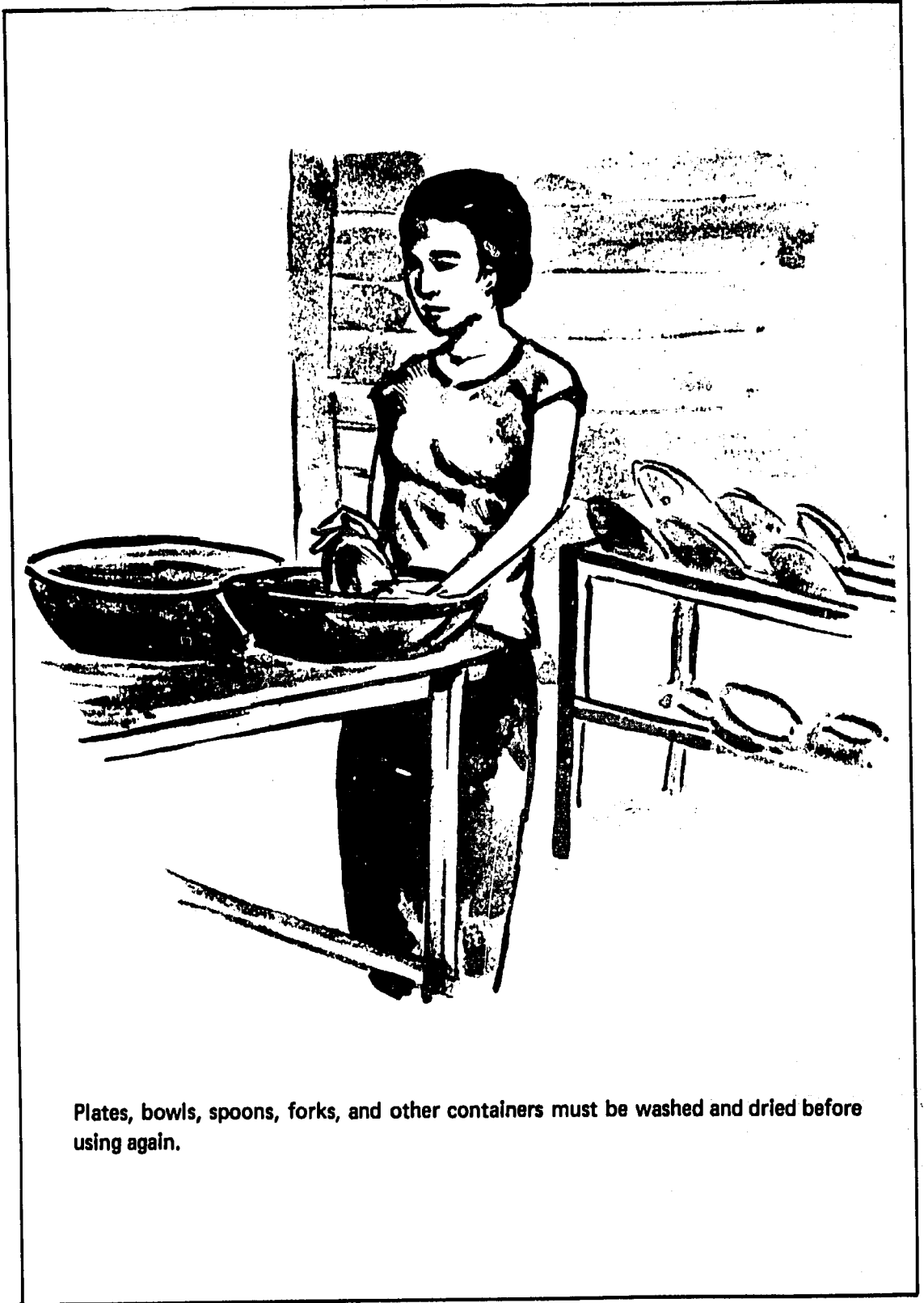
Large water jars should be entirely covered by lids to prevent mosquito breeding. Containers used for scooping water should have handles. Do not use one's hand to hold the mouth of a glass when getting drinking water from the tap.



Advise villagers not to eat raw or partially cooked food, such as minced raw fish or meat, because one can get intestinal parasites from such foods. Food must be fully cooked before eating.



Do not eat food that has been touched by flies. Prepared food must be kept away from flies, either by placing it in a cupboard, or by covering it with a lid.



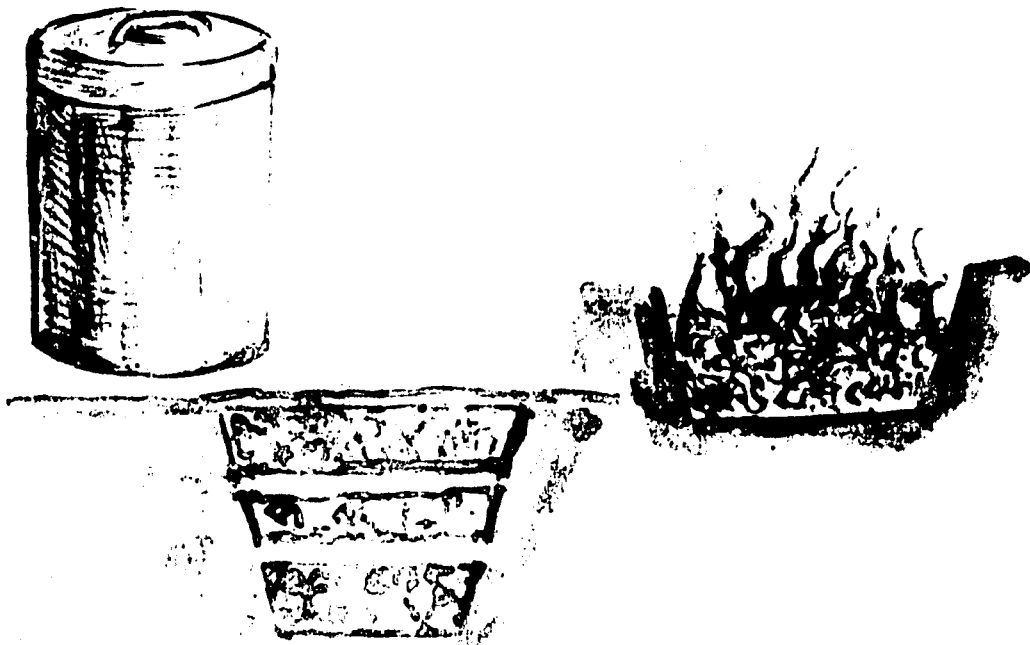
Plates, bowls, spoons, forks, and other containers must be washed and dried before using again.



- Advise neighbors to develop good personal hygiene practices, such as:
1. To brush their teeth at least once a day.
 2. To take a shower or bath everyday.
 3. To wash hair often to avoid odor and to prevent lice.
 4. To always wash their hands after using the latrine and before touching or preparing food.
 5. To cut fingernails often.



6. To wash clothes so that they are always clean.
7. To dry pillows, mosquito nets, blankets, and mattresses in the sun at least once a week.



Advise villagers to collect trash and put it in trash cans. When the cans are full, the trash should be buried or burned.



Villagers should work together to destroy all flies, cockroaches, and rats, so that they do not infest homes.



The Health Communicator consults with The Health Post Volunteer, the village committee, and local health workers to establish a local Child Nutrition Center. The H.C. requests cooperation from village members to work together to carry out this project.



Advise villagers to take their children between the ages of 3-6 years, to attend the Child Nutrition Center.

The Child Nutrition Center attendant will take care of the children by providing them with supplementary food; will encourage them to practice good hygienic habits; will teach them basic reading and writing skills; teach them how to dance, and to play different games. Children will also be given a chance to rest, and take a nap, at the proper time during the day.

Cookies Milk



Supplementary food

Studying how to read and write:



Singing and Dancing

Eating at the proper time



Resting at the proper time



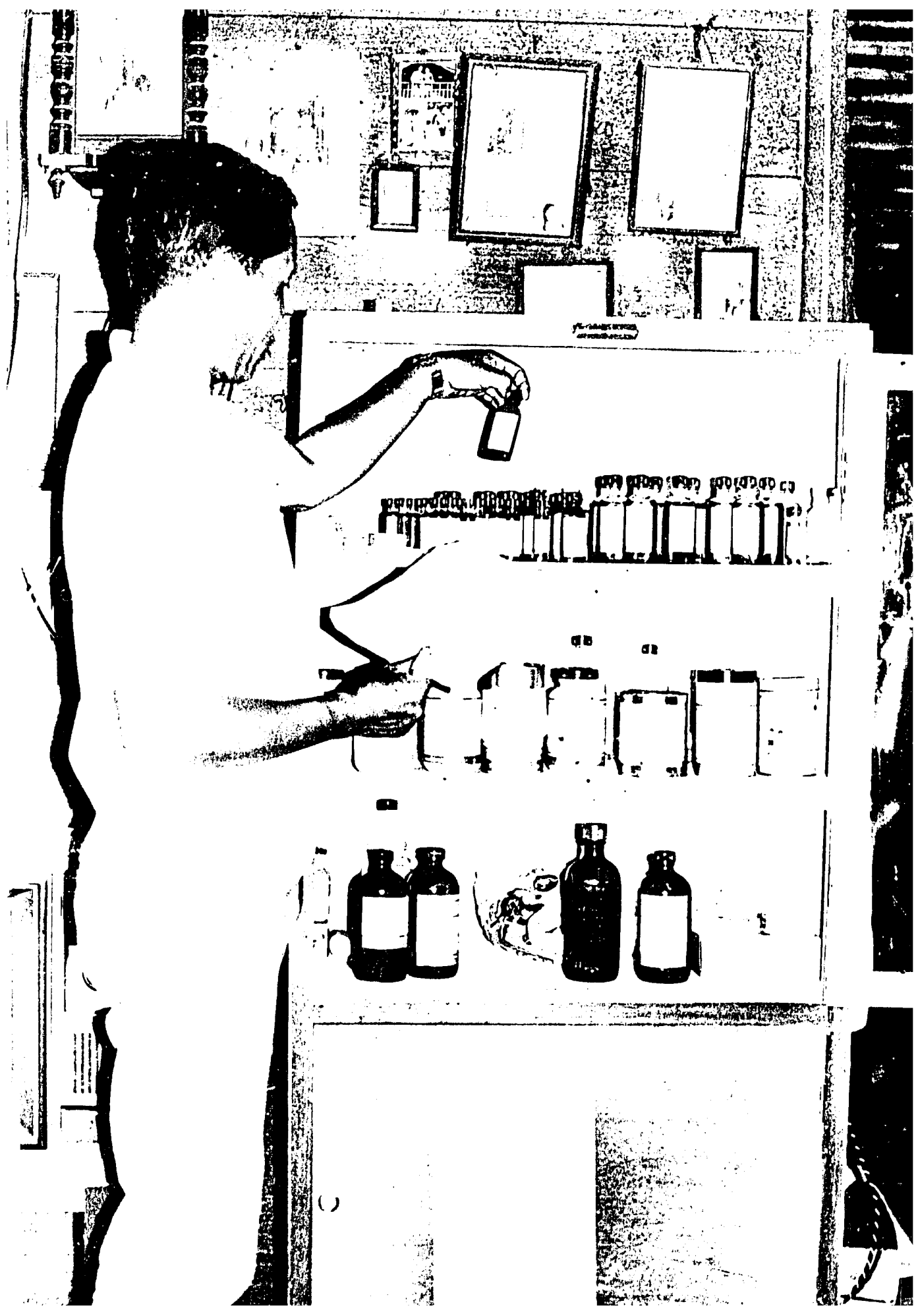


"Common Household Drugs"

Advise villagers to use common household drugs, of which they should always try to keep a supply in their homes. Common household drugs are easy to use, safe, and effective for headache, stomach-ache, diarrhea, fever, sore-throat, cough, conjunctivitis, small wounds, cuts or punctures, and for pain.



The Health Communicators must inform the Health Post Volunteer of any births, deaths, or migrations in the households for which they are responsible.





"The Health Communicator's Oath"

I take the following oath in the presence of Lord Buddha and before the members of this gathering, that I will perform my duty as a Health Communicator to communicate health information so that my neighbors will gain knowledge and understanding, and will learn how to utilize the existing health services properly. I intend to provide assistance and perform my responsibilities with dedication and honesty.



Village Health Communicator Nutrition Manual



PERSONNEL DEVELOPMENT DIVISION .LAMPANG HEALTH DEVELOPMENT PROJECT
MINISTRY OF PUBLIC HEALTH

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PREFACE

This manual concerning "nutrition activities" for health communicators, was organized and published by the Personnel Development Division, of The Lamphang Health Development Project, to use in advising villagers, as well as in assisting health post volunteers and local health workers to cooperate to solve malnutrition problems in their communities.

In designing this manual, emphasis was placed on the previous knowledge, background, and duties of health communicators; and thus the manual is thought to be of practical use to help the health communicators perform their appropriate tasks. The Nutrition Division of the Ministry of Health, has furthermore contributed its expertise with suggestions which have been incorporated to revise this booklet. Before its final revision by the Personnel Development Division the manual was pre-tested on a group of health communicators from Hang Chat district.

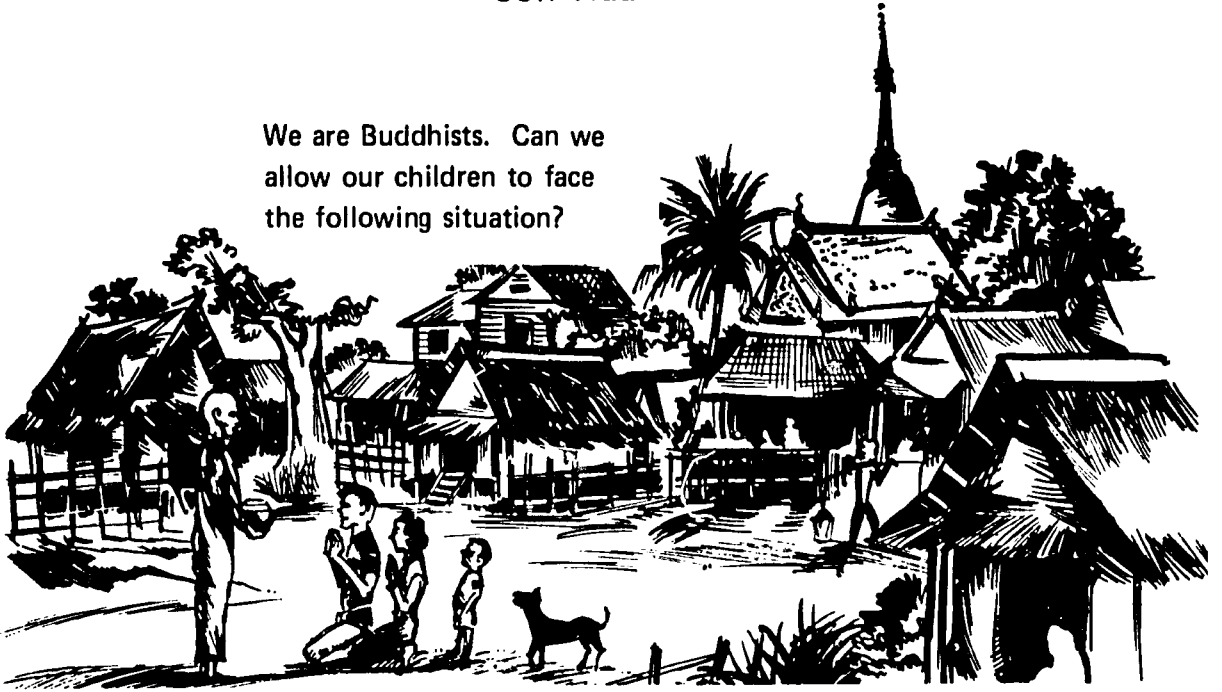
Any suggestions or comments to improve this manual will be greatly appreciated.

Personnel Development Division
Lampang Health Development Project
September 1979



OUR VILLAGE

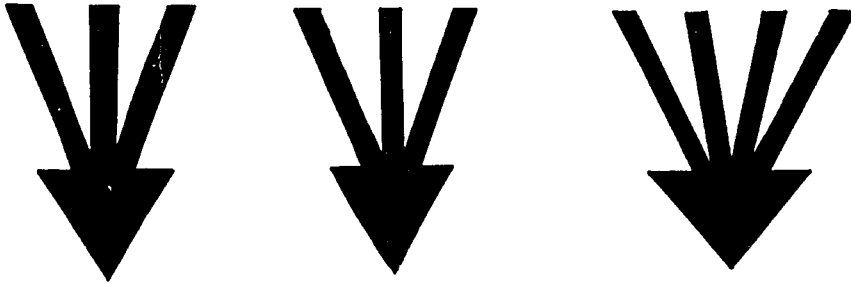
We are Buddhists. Can we allow our children to face the following situation?



For every 10 children born



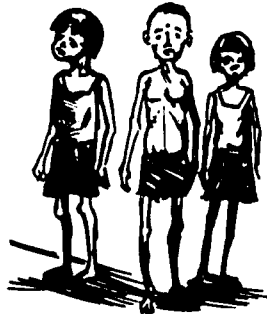
Before the completion of their 5th year:



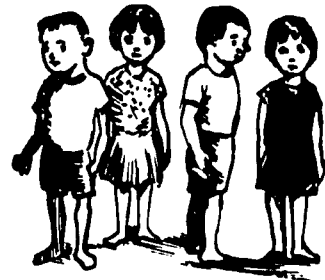
Three children will die



Three children will be malnourished



Only four children will be strong and healthy



Although our village has a large temple, and there is no shortage of food, there are still many people who do not eat enough nutritious food. This is especially true for children, nursing mothers, and pregnant women.

If we look at ten healthy newborn infants, we find that within the first five years of life, three children will die of fever, coughing, diarrhea, shock, or the body becoming very thin or edematous; three children will have visible malnutrition, with signs such as protruding bones, small body size, lower body weight than normal, and they will be often ill; and only four children will be healthy and strong.

REVIEW QUESTIONS

Place an ✓ in front of the correct statement (s) or an ✗ in front of the incorrect statement (s)

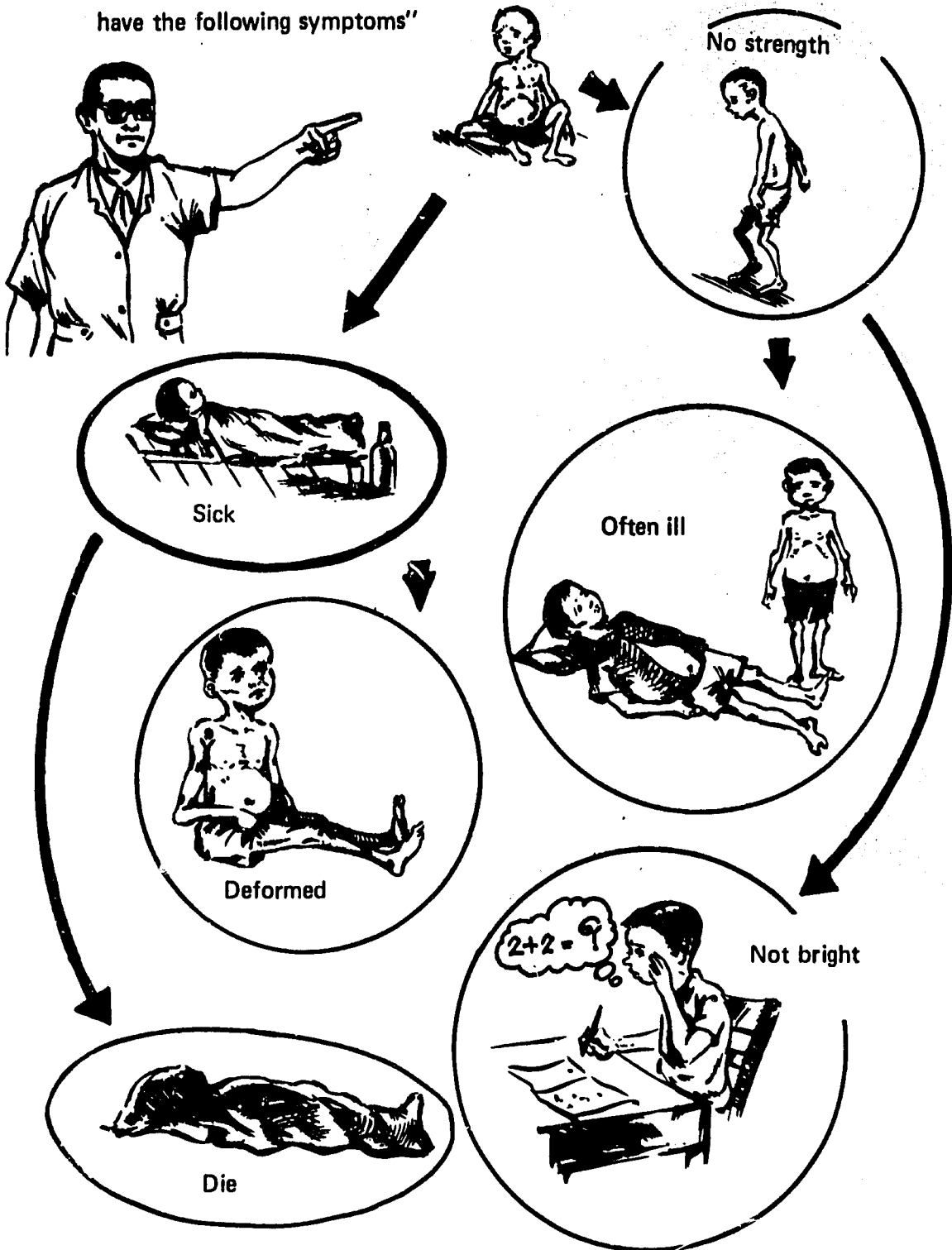
- _____1. There are children who have malnutrition in our village.
- _____2. Children who have malnutrition usually die since they are young, suffer from fever, coughing, diarrhea, or go into shock.
- _____3. Children who do not have malnutrition usually have fever or become ill often.

Answers

1. ✓
2. ✓
3. ✗

MALNOURISHED CHILDREN

The doctor says,
"Children who are malnourished
have the following symptoms"



REVIEW QUESTIONS

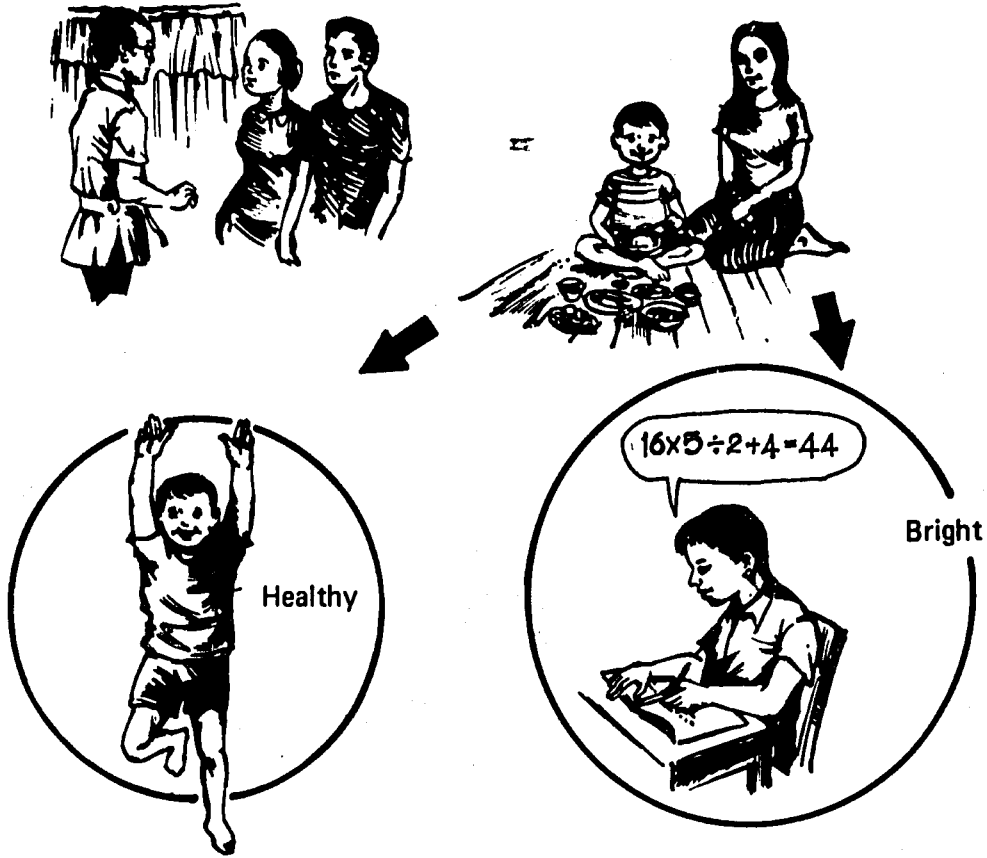
Children who are malnourished will be weak, sick, and catch infections easily. Therefore parents need to spend much money to look after such children. If these children grow up, they will not be bright and will not be able to study successfully. Place an ✓ in front of correct statement (s) or an ✗ in front of incorrect statement (s).

- _____ 1. When children with malnutrition grow up, they will not be bright or able to study well.
- _____ 2. Children with malnutrition are weak and become ill easily.

Answers

1.✓.....
2.✓.....

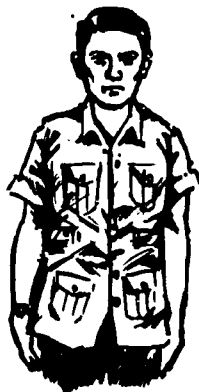
Children with Adequate and Nutritious Food
The doctor says, "Children who have adequate and nutritious food will turn out as follows."



In the future, when they grow up, they will be successful and may become



a teacher



a craftsman



a community leader (Kamnan - village headman)



a successful businessman

Children with Adequate and Nutritious Food

Children require adequate and nutritious food for physical and mental development. Children who have adequate and nutritious food will be strong, healthy, cheerful, and bright. When they grow up they will have a good occupation and honor, and they will make their family proud of them by becoming a teacher, craftsman, successful businessman, or merchant.

REVIEW QUESTIONS

Place an ✓ in front of correct statement (s) or an ✗ in front of incorrect statement (s).

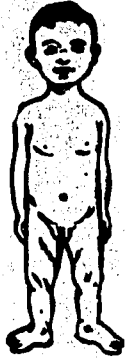
- _____1. Food plays an important role in mental and physical development.
- _____2. Children with malnutrition are bright.

Answers

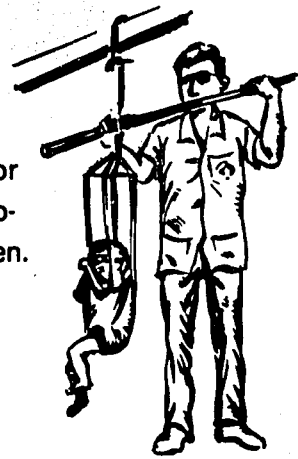
1.✓.....
2.✗.....

How Can The Health Communicator Know Which Child Has Malnutrition?

1. Children under six years of age :



— Health Communicator helps Health Post Volunteer weigh children.



— and follows the progress of underweight children.



— notices signs of malnutrition in children.

thinness



edema



2. Other people in general:



Enlarged thyroid gland (enlarged neck).



Angular stomatitis (sores at the corners of the mouth)



Paleness



Thin - weak

The Health Communicator Is Able To Tell Who Has Malnutrition

In our village there are many people with malnutrition, but it is not so obvious. It is like comparing an ice-cube floating in a glass, in which the cube juts out slightly above the water surface, while most of it remains beneath the surface and cannot be seen. Children under six years of age can become malnourished easily. If one does not do anything to prevent, or immediately treat, this problem, the child will be affected for the rest of his life.

Children's weights increase all the time, and at a rapid pace. If one's weight decreases, or remains the same, this is an early sign that the child is starting to develop malnutrition. Therefore, regular weight measurements are a quick easy method for detecting malnutrition. Children who have severe malnutrition for a long period of time are weak, thin, have wrinkled skin like an elderly person, have thin arms and and sometimes have protruding stomachs, edematous feet, and dermatitis.

As far as older children or adults, who have some kind of malnutrition problem are concerned, they will have different symptoms such as enlarged necks, paleness, be thin and weak, run-down, numbness in their hands and feet, and angular stomatitis. All of these symptoms can be easily identified by the health communicator.

REVIEW QUESTIONS

Place an ✓ in front of correct statement (s) or an ✗ in front of incorrect statement(s).

- _____ 1. Taking regular weight measurements can detect whether a child has malnutrition.
- _____ 2. Symptoms of enlarged neck, paleness, and weakness are regarded as normal for adults.

Answers

- 1.. ✓.....
- 2.....✗.....

How Can The Health Communicator Help People With Malnutrition?

1. Children under six years of age:
Surveys children under six years of age.



- Gives list of childrens' names to the Health Post Volunteer to record.



- Makes appointment with parents to bring children to be weighed



- Helps Health Post Volunteer Weigh Children



- Makes follow-up visits for children with malnutrition



- Urges children who are malnourished to eat ready-made supplementary food which is distributed by the health worker or Health Post Volunteer.



Advise parents to send children between the ages of 3-6 years to the Child Nutrition Center.

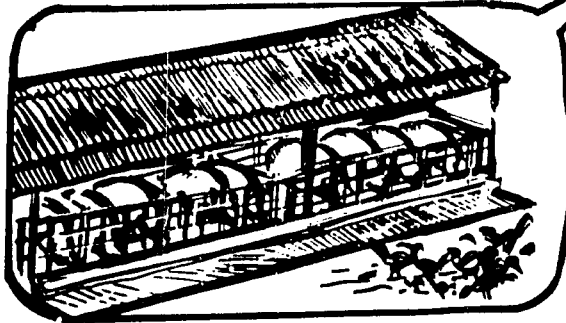
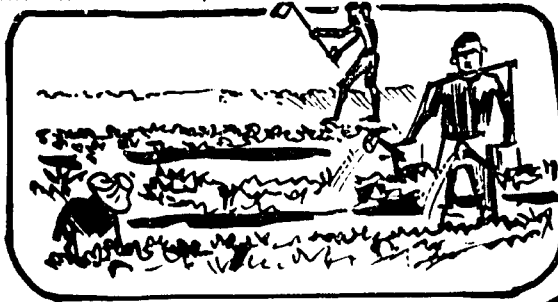


2. People, in general, who suffer from malnutrition
Advise them to visit the Health Post Volunteer.

Advise them to visit the local health workers at the health center



3. The health communicator begins to plant his own kitchen garden and to raise his own livestock, and advises his neighbors to take similar actions.



The Health Communicator Can Help People With Malnutrition in the Following Manner:

- 1. Children under six years of age:**
 - The first step for the health communicator is to survey all children under six years of age in the surrounding households. He should list their names, addresses, parents' names, record of vaccinations, and then give this information to the village health post volunteer.
 - Next, the health communicator should help make appointments for all children together at either the local temple, school, or health post volunteer's house so that the health post volunteer can weigh each child. If the health communicator is able to accurately weigh the children, he should assist the health post volunteer at every weighing session.
 - Afterwards, the health communicator should follow children who are regarded by the health post volunteer, or local health worker, as under-weight, and advise their parents to visit the health post volunteer or the local health worker at the health center.
- 2. Advise Parents to Send Children Between the Ages of 3-6 Years to the Child Nutrition Centers:**

When the health communicator knows in which households there are children between the ages of 3-6 years, he should advise parents to send their children to the Child Nutrition Center. Here children will receive supplementary food, day-care services, as well as learn basic reading and writing skills.
- 3. Advise Parents or Motivate Children to Eat Supplementary Food:**

Instant supplementary infant food, which is highly nutritious, should be introduced to children because it helps to stimulate growth and mental development, makes the baby healthy and strong, and helps to prevent illness. The health communicator should advise children to eat this supplementary food often.
- 4. People-in-General:**

When the health communicator meets a pregnant woman, nursing mother, child, or elderly individual with malnutrition, he should advise them to visit the health post volunteer or local health worker at the health center.
- 5. The health communicator begins his own, or advises his neighbors to begin their own, vegetable gardens, and to raise livestock. They should raise chickens, ducks, and pigs, and plant vegetables such as cabbage and green leafy vegetables.**

REVIEW QUESTIONS

Place an ✓ in front of correct statement(s) or an ✗ in front of incorrect statement(s).

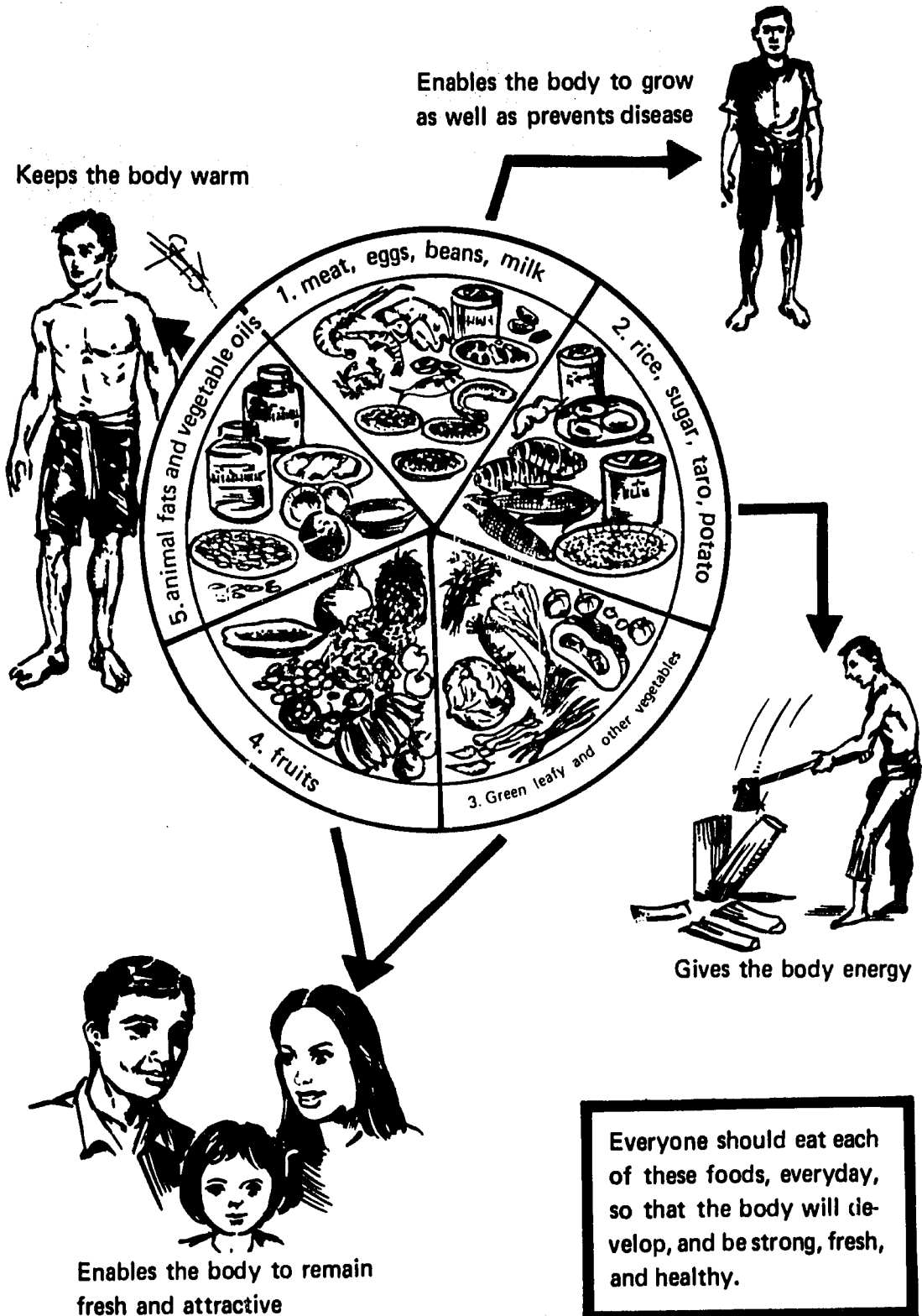
- _____ 1. Surveying children under six years of age is not useful.
- _____ 2. The health communicator should assist the health post volunteer in making appointments or by weighing children.
- _____ 3. The health communicator should make follow-up visits for children with malnutrition, and tell their parents to visit the health post volunteer or local health worker.
- _____ 4. When the health communicator meets malnourished pregnant women or nursing mothers, he should advise them to go to the health center.

Answers

1.✗.....
2.✓.....
3.✓.....
4.✓.....

Usefulness of Foods We Eat Everyday

The health communicator should advise villagers to eat each of the following categories of food everyday.



Usefulness of Foods We Eat Everyday

Cars have to consume gasoline; cows and water buffaloes have to eat grass, and people must eat food so that the body can grow and develop, not be susceptible to illness, and can work effectively.

Foods that should be eaten everyday are:

1. Foods rich in protein, such as, pork, duck, chicken, beef, eggs, fish, frogs, small toads, liver, soybeans, mungbeans, or soybean curd. These foods are important for growth and development, enabling the body to become strong and able to resist illness.
2. Foods rich in carbohydrates, such as rice, taro, potatoes, and sugar. These foods give the body strength and energy to work..
3. Vegetables such as lettuce, watercress, spinach, cabbage, eggplant, tomatoes, and pumpkin. These foods keep the body fresh and the complexion clean.
4. Fruits such as grapefruit, papaya, oranges, mango, pineapple, and tamarind. These foods keep the body fresh, the complexion clean, and provide the body with strength to work.
5. Foods rich in fat, such as pork fat, coconut oil, vegetable oil, or soybean oil. These foods provide the body with warmth and energy to work.

REVIEW QUESTIONS

Place ✓ in front of correct statement(s) or an ✗ in front of incorrect statement(s).

- _____ 1. Foods rich in protein, such as beef, eggs, and beans help the body to grow and resist illness.
- _____ 2. Each of the above five categories of food should be eaten everyday.

Answers

1. ✓.....
2. ✓.....



Traditional Birth Attendants' Manual



**PERSONNEL DEVELOPMENT DIVISION. LAMPANG HEALTH DEVELOPMENT PROJECT
MINISTRY OF PUBLIC HEALTH**

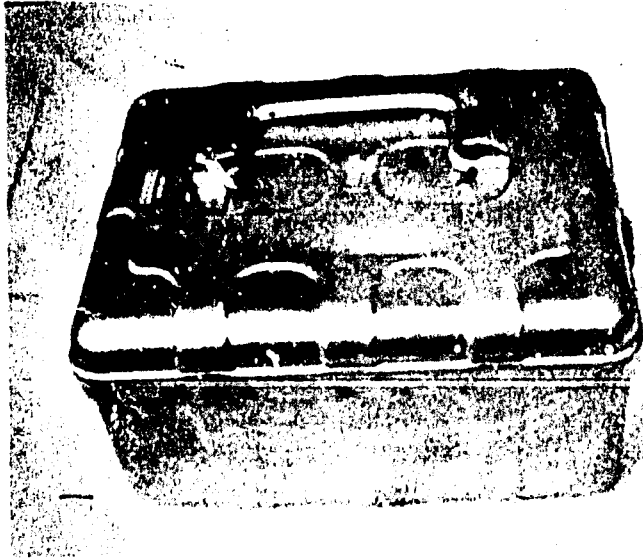
The work of the Traditional Birth Attendant consists of four major areas of activity :

- 1. Provide general health service; ante-natal, delivery, and post-natal care; and distribute oral contraceptives and condoms.**
- 2. Refer ill patients, especially mothers and infants under one year of age, to receive additional medical treatment.**
- 3. Communicate public health information.**
- 4. Participate in the village committee meetings.**



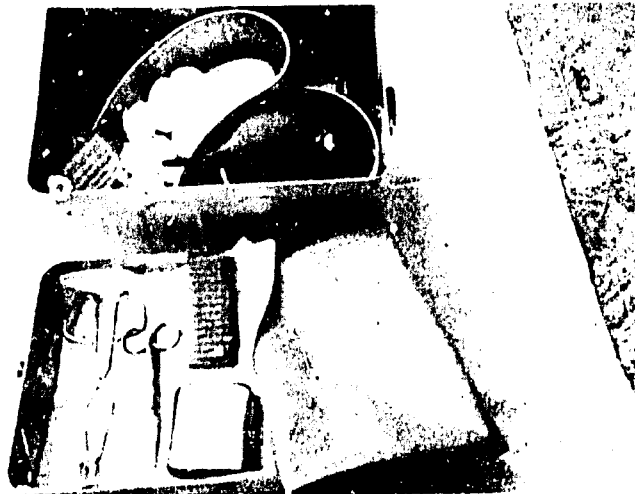
Delivery Kit

The Traditional Birth Attendant's delivery kit must always be placed on a clean floor, or the floor must be covered with paper before it is put down.



Equipment and Instruments : The Traditional Birth Attendant's delivery kit should contain the following items :

1. An aluminium box
2. A plastic bib
3. A plastic bag
4. A sheet of plastic
5. A brush for scrubbing hands



6. A container for soap
7. A bar of soap
8. A hand-towel
9. A pair of scissors to cut the umbilical cord

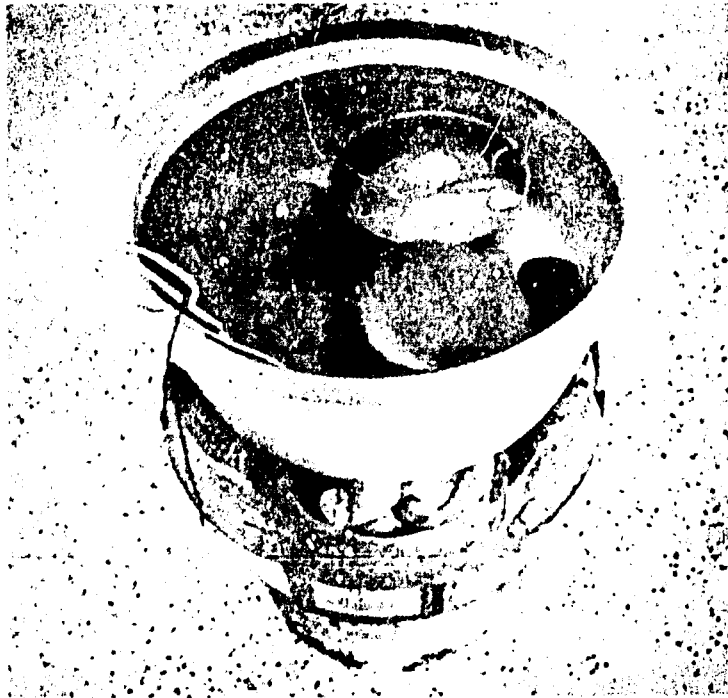
10. A pair of forceps
11. A kidney-shaped basin
12. Two round basins
13. A tube of eye ointment
14. One narrow-necked bottle
15. Two wide-necked bottles
16. A package of absorbent cotton
17. Gauze
18. A bag
19. A rubber suction bulb

Before performing each delivery the Traditional Birth Attendant must boil her instruments for at least 10 minutes (approximately the same time as boiling an egg). A lid should be placed over the instruments the entire time in which they are boiling.



Instruments that must be boiled are the following :

1. A pair of forceps, with a knotted string, used for picking up the other instruments after they have been sterilized.
2. Two round basins
 - A. For boiled water with which to clean the newborn infant's eyes.
 - B. For water to cleanse mother after delivery.
3. Absorbent cotton shaped into desired sized balls.
4. A wide-necked bottle to place sterilized scissors and forceps.
5. Two strings for tying the umbilical cord.
6. A brush for scrubbing hands.
7. A pair of scissors.



Pre - delivery enema

One very important thing which the Traditional Birth Attendant should do prior to delivery is to administer an enema to the expectant mother, so that the birth will proceed smoothly. Before administering this enema, the Traditional Birth Attendant must prepare the instruments she will use during the delivery.

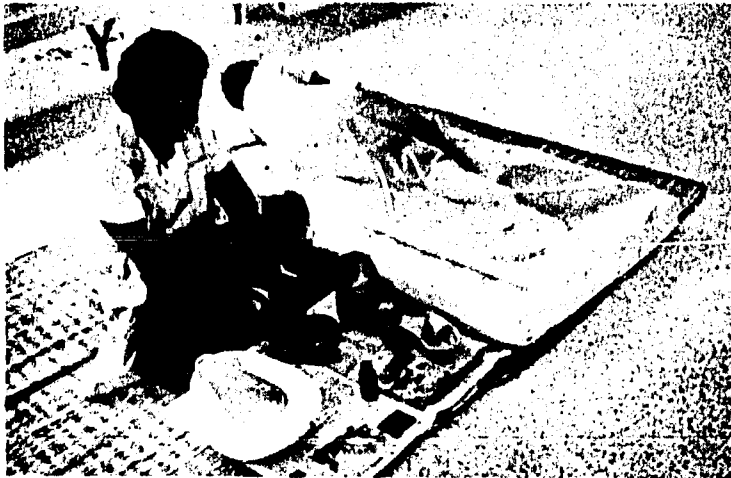
Utensils used to administer the enema

1. Rubber suction bulb for administering enema.
2. A bowl to place soap suds.
3. A container to dispose of excreta.
4. A kidney shaped-basin for tissues or absorbent cotton.
5. A paper-bag to dispose of used tissues or used absorbent cotton.
6. A bottle to place coconut oil (for lubricating the tip of the rubber suction bulb before administering the enema).

Contra-indications for administering an enema

1. Bloody vaginal discharge.
2. Watery vaginal discharge.
3. True labor pains.

These instruments should be placed on top of paper which has been spread on the floor. Have the pregnant woman, with labor pains, lie on her left side and slightly bend her knees.



Method for administering enema

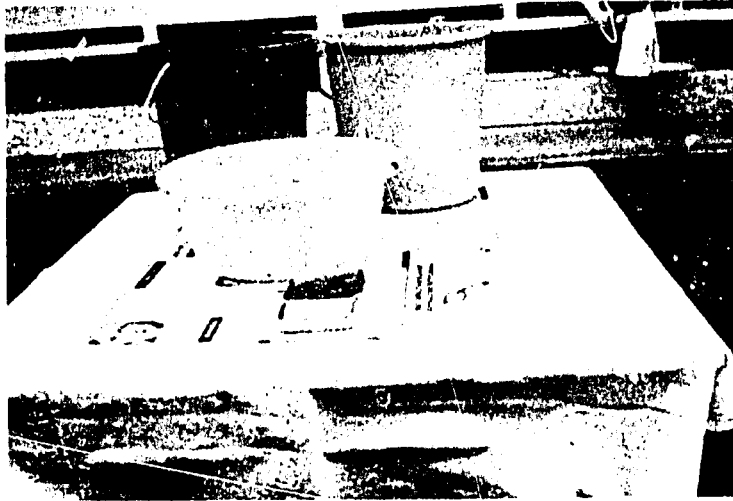
Mix soap suds, as if they were rice water, in a large round bowl, approximately equivalent to the size of the local whiskey bottle. Compress the rubber suction-bulb and allow it to fully suck in the soap suds. Lubricate the tip of the rubber suction-bulb with soap or coconut oil. Open the anus by using the thumb and index finger, of the left hand, so that the anal canal can be clearly seen. Gently insert the rubber tip into the anal canal and compress the rubber suction-bulb until it is empty. Withdraw the rubber tip. Squeeze both sides of the anus with your fingers so that the soap suds do not drip out. Refill the rubber suction-bulb and empty it until all the soap suds are finished. Teach the expectant mother to breathe deeply. Deep breathing will assist the enema achieve the desired results.

Washing hands

Washing hands prior to performing each delivery is a necessity to which the Traditional Birth Attendant must attend to prevent germs from entering the bodies of the pregnant woman and the newborn infant. At the time of delivery, instruments must be sterilized and clean, and the Traditional Birth Attendant's hands must also be clean.

Utensils used to wash hands prior to performing a delivery :

1. Two buckets.
2. A small bowl.
3. A large basin.
4. A bar of soap.
5. A brush for scrubbing hands.



Proper method for washing hands

Dip the hand-brush into water, with soap, and then scrub hands, fingernails, and under fingernails. Scrub fingers, hands, forearms, and fingernails several times until every part is clean.



After rinsing soap off, raise arms so that the dirty water does not run down, and contaminate, hands again.

Tying and Cutting the Umbilical Cord

Before tying the umbilical cord, inspect it for pulsating blood vessels by placing the umbilical cord between the index and middle fingers. This is the correct procedure to detect pulsation of the umbilical cord. After all pulsation has ceased, tie the umbilical cord.

The first knot is made on the umbilical cord at about two finger-breadths above the surface of the infant's stomach, by inserting a string and tying a secure knot.



Securely fasten the string around the umbilical cord to prevent bleeding. Make a second knot similar to the first one, about two finger-breadths apart. Sterilize the umbilical cord between the two knots with absorbent cotton that has been soaked in alcohol. Place the absorbent cotton underneath the umbilical cord. Using a sterilized pair of scissors, cut the umbilical cord between the two knots, holding your hands as shown in the picture.





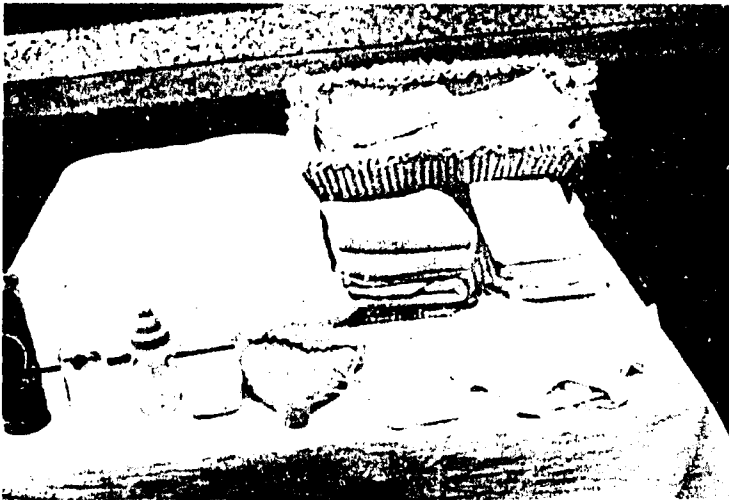
Procedure for dressing the umbilical cord

Wash hands with soap and water. Use clean absorbent cotton that has been soaked in alcohol, or whiskey to clean the area around the umbilicus and the umbilical cord. Tie the umbilical cord with another piece of string. Make sure that the knot is secure and that there is no blood seeping from the umbilical cord. Wrap the umbilical cord with a clean cloth. Then put clothes on the newborn infant to keep him warm.

Ante-natal Care : The Traditional Birth Attendant should advise pregnant women to prepare items she and her newborn infant will need after the delivery.

The following are items which should be prepared for the newborn infant :

1. A soft mattress for infants
2. A basket for the infant's clothes.
3. A large basin to bathe the infant.
4. A small bowl for water.
5. A container for soap and a bar of soap.
6. Baby powder.
7. A baby blanket.



Foods which should be given to pregnant women, nursing mothers, and newborn infants.

During the periods that a woman is pregnant, after delivery, and when she is breast-feeding her newborn infant, the Traditional Birth Attendant should give advice concerning the importance of nutritious foods, such as meat, fish, eggs, fruits, and vegetables for maintaining good health.



Breast milk is an extremely useful source of food for the newborn infant. When the infant, however, reaches 3 months of age supplementary food should also be given. Some supplementary foods that should be given are :

- A. Vegetable soup or broth made from chicken, beef, or pork bones.
- B. Freshly squeezed fruit juice.
- C. Hard boiled egg yolk.
- D. Mashed boiled rice.

Infants 6 months of age : can eat both hard boiled egg yolk and egg white, and such foods as liver or meat that has been minced and boiled.

Infants 8 months of age :

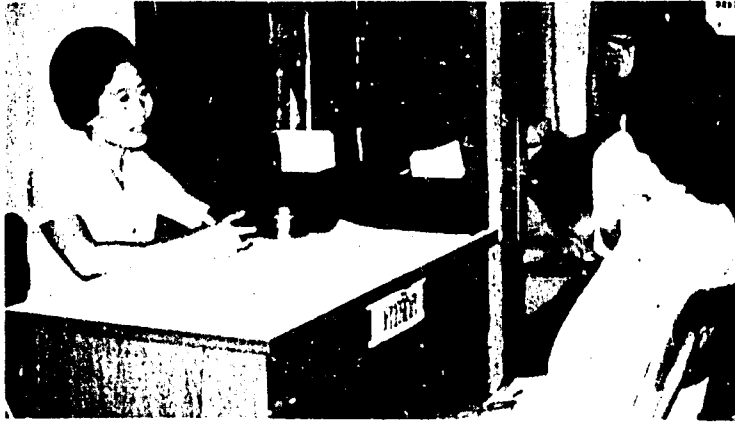
One can begin giving the infant snacks, such as roasted rice, biscuits, and fresh fruit.



Breast milk is very good for the newborn infant .

Post-natal Examination :

The Traditional Birth Attendant should advise post-partum mothers to consult the government midwife six weeks after delivery so that both she and her newborn infant, as well as any preschool children, can be given a thorough medical examination.



Family Planning :

The Traditional Birth Attendant should provide family planning advice for her neighbors. The number of children should be appropriate to the family's economic status, and insure that each family member, especially mothers and children, are healthy. The Traditional Birth Attendant should advise women to practice some family planning method, and use services provided by the local health center, or receive advice from the local government midwife concerning the use of oral contraceptives.

The Traditional Birth Attendant can assist the government midwife by distributing birth control pills, beginning with the second cycle, to women practicing this method of family planning.



Promotion of Government Household Drugs

Advise neighbors to use household drugs to alleviate the following symptoms:

- Aspirin, or A.P.C., tablets for headache.
- Mercurochrome, acriflavine, and tincture of iodine for wounds.
- Sulfaguanidine for diarrhea.
- Stomachica mixture for stomach-ache, distended stomach, and flatulence.
- Cough mixture for coughing.
- Eye drops for conjunctivitis or eye infection.
- Methylsalicylate ointment (balm) for muscle aches and pains.
- Medicine to alleviate burns or scalding.
- Piperazine citrate syrup for roundworm and threadworm infestations.
- Sulfur ointment for tinea.
- Absorbent cotton, bandage (gauze), plaster for dressing cuts and wounds.



Places that provide health services for the community.

1. Health Communicator.
2. Health Post Volunteer.
3. Traditional Birth Attendant.
4. Midwifery Station.
5. Health Center : provides the same services as the midwifery station, but in addition, also provides sanitation and more community health development services.



6. Rural Medical and Health Centers at the district where there are no doctor provide more curative services as well as family planning services, distributing oral contraceptives, and inserting I.U.D's.
7. Hospitals mostly provide medical treatment, in-patient services for referred cases from the peripheral health facilities, such as the health centers and midwifery stations. They also provide family planning services such as male and female sterilizations, I.U.D. insertions, and distribution of oral contraceptives.