Community Medicine & Public Health

Departmental Objectives

General objective:

To produce medical graduates to meet community health needs and demands of the country.

Specific objectives:

At the end of the course, the students should be able to:

- provide comprehensive health care to the people
- deliver primary health care and essential services package (ESP)
- conduct epidemiological studies on common health problems
- organise health education sessions in the community / OPD
- provide health care with efficient communication skill to the community
- work as a member of the local health team
- co-ordinate with national and international health organizations and different national health programmes

List of Competencies to acquire :

- 1. Identify health needs and problems of the community and prioritise them.
- 2. Take measures to meet health needs and problems
- 3. Provide comprehensive health care to the community
- 4. Organize health education sessons at the level of community
- 5. Collect and compile sociodemographic data from the community
- 6. To manage mass casuality incident
- 7. Conduct community based research work and write report

Distribution of teaching - learning hours

| Lecture | Tutorial | Practical | Total | Integrated | Formative Exam | | Summative exam | |
|---------|--------------|---|-------------------------|-----------------------------------|-----------------------|--------------|--------------------------|-----------|
| | | | | Teaching hour for Phase III | Preparato ry leave | Exam time | Prepara tory leave | Exam time |
| 110 hrs | 155 hours | COME (community based medical education):30 days (10 days day visit + 10 days RFST+ 10 days study tour) | 265 hrs + 30 days | 20 hrs | 7 days | 12 days | 7 days | 12 days |

Time for integrated teaching, examination, preparatory leave of formative & summative assessment is common for all subjects of the phase

Related behavioral, professional & ethical issues will be discussed in all teaching learning sessions

Teaching-learning methods, teaching aids and evaluation

| Teaching Methods | | | | Teaching aids | In course |
|--------------------------|--|-------------------------------|---|---|---|
| Large group | Small group | Self learning | Others | | evaluation |
| Lecture Video show | Demonstration Tutorial: Classroom exercise Question answering session Brain-storming and discussion Role play Problem solving exercise | Assignme nt, Self study | RFST, Day visit, Study tour | Multimedia, OHP, Slide projector Chalk board, Flip chart, Handout / Charts, Reading materials, Paper cutting /Film strip, Textbook Questionnaire, Video film or slide set. | Item Examination Card final Term Examination Term final (written, oral+ practical) |

3rd Professional Examination:

Marks distribution of Assessment of Community Medicine & Public Health: Total marks -300

- Written = 100
 - 20 marks MCQ (50% Multiple True and False (MTF) + 50% Single Base answer (SBA),
 - 70 marks (25% Structred Eassy Question (SEQ) + 75% Short Ansewe Question (SAQ)
 - 10 marks: Formative assessment
- Structured oral examination= 100
- Practical (Conventional Practical / OSPE, RFST including Survey Report, Study Tour Report and Report on Day Visit) =100

Related Equipments:

Weighing machine, Sakip's tape/Measuring tape, Growth chart, Specimen and model, Posters and diagram, Laboratory equipment (to be procured)

Learning Objectives and Course Contents in Community Medicine & Publi Health

Concept of Public Health, Community Medicine, Health and Disease

| Learning Objectives | Contents | Teaching |
|--|---|----------|
| | | hours |
| | CORE | |
| Students will be able to: | Concept of Public Health and Community Medicine | |
| • define: | | L=12 |
| Community, | Concept of Health and Disease | T = 12 |
| Community medicine, | | |
| Public Health, | Common Health and Social problems | |
| Comprehensive health care, | | |
| Hygiene, | Health Team Concept | |
| Health, Disease, | • | |
| Preventive medicine, | Changing concepts of Public Health and Health | |
| Social medicine, | | |
| Family medicine | Natural history of disease | |
| 2. explain epidemiological triad in causation of disease | , | |
| 3. classify agents for causation of diseases | Indicators and Determinants of Health | |
| 4. list the host factors responsible for diseases | multures with 2 total minutes of 120min | |
| 5. describe the environmental factors of disease causation | Prevention and Intervention of Diseases | |
| 6. illustrate the natural history of disease. | - Trevention and intervention of Biseases | |
| 7. describe the multifactorial aetiology of disease | Characteristics of Ideal Health Care | |
| 8. describe social factors related to health | - Characteristics of facal ficatin Care | |
| 9. mention the health indicators and their interpretations | | |
| 10. describe common health and social problems of Bangladesh | | |
| 11. Able to conduct health education session/counselling session | | |

Behavioural Science

| Learning Objectives | Contents | Teaching | |
|---------------------------|--|----------|--|
| | | hours | |
| | CORE | | |
| Students will be able to: | Concept of | | |
| define and describe | Behaviour | L=4 | |
| Behaviour | Behavioural science | T = 8 | |
| Behavioural science | Psychology | | |
| Psychology | Sociology | | |
| Sociology | Society, Family, Culture | | |
| Society, Family, Culture | Motive and Motivation | | |
| Motive and Motivation | ledership | | |
| ledership | Personality and IQ | | |
| Personality and IQ | perception, cognition, learning, motivation, emotion, attitude | | |
| • | | | |

Health Communication & Health Education

| Learning Objectives | Contents | Teaching |
|--|--|----------|
| | | hours |
| Health Communication | CORE | |
| Students will be able to: | Health Communications: | L=4 |
| define and classify communication | Definition of communication | T = 8 |
| state functions of communication | Classification of communication | |
| state the elements of communication | Functions of communication | |
| classify methods and media for communication | Elements of communication | |
| mention communication skills | Barriers of communication | |
| describe barriers of communication | Media and methods of communication | |
| Health Education | Health Education: | |
| Students will be able to: | Definition of health education | |
| define health education | Objectives | |
| state the objectives, principles, contents, approaches of health | • Contents | |
| education | Principles | |
| state the stages of adoption of new ideas and practices | Approaches | |
| conduct individual & group counseling session | Stages of adoption of a new idea | |

| Medical Entomology | | |
|---|---|-------------------|
| Learning Objectives | Contents | Teaching hours |
| Students will be able to: define and classify arthropods of medical importance describe the lifecycle of important arthropods enumerate the vector borne diseases describe the principles of vector control measures use specific insecticides | Classification of Arthropods of medical importance Lifecycle of mosquito, sand fly Arthropod-borne diseases. Principles of Vector/Arthropod control measures Insecticides | L = 4 T = 6 |

Research Methodology and Biostatistics

| Learning Objectives | Contents | Teaching hours |
|---|--|----------------|
| Research methodology Students will be able to: Define research Identify defferent importance of research Mention the research desigine Develop research Protocol Formulate research objective Design research questionere Mention the Methodes of data collection (quantitative and qualitative) define: study population, sample, sample size; describe sampling techniques perpered research report writing | definition of research importence of research types of research design development and stapes of research protocol formulation of research objective general and specific preperatuon of research questionnaire different methods of data collection definition and difference of population and sample calculation of sample size types of sampling preparation of report writing | L 10 T 13 |

| Biostatistics | Introduction to Bio-statistics | |
|--|--|--------------|
| Students will be able to: | Uses of Bio-statistics | |
| define Bio-statistics and Vital statistics | Vital statistics | |
| define and classify data | Data and Variable | |
| define and classify variable | Methods and Tools of data collection | |
| • calculate central tendency: mean, median, mode | Interpretation of data | |
| calculate measure dispersion: | Analysis and Presentation of data | |
| variance, standard deviation (SD) | Measures of central tendency | |
| analyse and present data accordingly such as: | Measures of dispersion | |
| table and graphs etc. | Normal distribution curve. | |
| describe normal distribution curve | Health economics | |
| Mention the Concept of health economics | | |
| | Environment & Health | |
| Learning Objectives | Contents | Teaching hrs |
| C4 J 4 20 L L1- 4 | | |
| Students will be able to: | Environment and its components | |
| 1.6' ' 1.1 '1 '4 | Environment and its componentsclimet changes and global worming | |
| define environment and describe its components | - | |
| • define environment and describe its components | climet changes and global worming | |
| define environment and describe its componentsstate climet changes and global worming | climet changes and global worming <u>Water</u> | |
| define environment and describe its components state climet changes and global worming <u>Water</u> | climet changes and global worming <u>Water</u> Safe and wholesome water | |
| define environment and describe its components state climet changes and global worming | climet changes and global worming <u>Water</u> Safe and wholesome water Sources, uses and requirement of water Water impurities | |
| define environment and describe its components state climet changes and global worming | climet changes and global worming <u>Water</u> Safe and wholesome water Sources, uses and requirement of water Water impurities Principles and methods of purification of water | |
| define environment and describe its components state climet changes and global worming | climet changes and global worming <u>Water</u> Safe and wholesome water Sources, uses and requirement of water Water impurities | |
| state climet changes and global worming <u>Water</u> mention the criteria of safe and wholesome water state the sources, uses and requirement of water mention types of water impurities explain the principles and methods of purification of | climet changes and global worming <u>Water</u> Safe and wholesome water Sources, uses and requirement of water Water impurities Principles and methods of purification of water Water quality standards for drinking water | |
| define environment and describe its components state climet changes and global worming | climet changes and global worming <u>Water</u> Safe and wholesome water Sources, uses and requirement of water Water impurities Principles and methods of purification of water Water quality standards for drinking water | |
| define environment and describe its components state climet changes and global worming | climet changes and global worming <u>Water</u> Safe and wholesome water Sources, uses and requirement of water Water impurities Principles and methods of purification of water Water quality standards for drinking water | |

Environment & Health

| Learning Objectives | Contents | Teaching hrs |
|---|---|--------------|
| Students will be able to: | Air and ventilation | |
| Air and ventilation | Composition of air | L = 06 |
| • state the composition of air and indicators of air pollution | Air pollutants and their sources | T = 08 |
| • state the air pollutants and their sources | Indicators of air pollution | |
| describe the effects of air pollution on health | Effects of air pollution on health | |
| describe the methods of prevention and control of air pollution | Methods of prevention and control of air pollution | |
| define and classify ventilation | Ventilation | |
| describe effects of ill ventilation on health | Climate change and green house effect | |
| • describe the impact of climate change and global green house effect | <u>Light</u> | |
| <u>Light</u> | Criteria of good lighting | |
| • state criteria of good lighting | Measurements of light | |
| • mention measurements of light | Effect of improper lighting on health | |
| • describe effect of improper lighting on health | <u>Noise</u> | |
| Noise . | Sources and properties of noise | |
| describe the sources and properties of noise | Acceptable noise levels | |
| • mention the acceptable noise levels | Effects of noise exposure | |
| • state effects of noise exposure | Control measures of noise | |
| describe the control measures of noise Padiotics | Radiation | |
| • state the sources and types of radiation | Sources and types of radiationEffects of radiation on health | |
| state the sources and types of radiation state effects of radiation on health | | |
| describe measures of radiation protection | Measures of radiation protection | |
| Housing | Housing | |
| state the criteria of healthful housing and housing standards | Criteria of healthful housing | |
| describe the effects of poor housing | Housing standards | |
| Disposal of solid waste | Effects of poor housing | |
| • define solid waste and mention its sources | Disposal of solid waste | |
| mention health hazards of solid wastes | Solid waste and its sources | |
| • state the methods of solid wastes disposal and medical biotechnology | Methods of disposal and medical biotechnology | |
| Excreta disposal | Health hazards of solid wastes | |
| • state the methods of excreta disposal | Excreta disposal | |
| • explain sanitation barrier | Methods of excreta disposal | |
| mention the diseases borne by human excreta | Sanitation barrier | |
| | Diseases borne by human excreta | |

Immunity, Immunization

| Learning Objectives | Contents | Teaching hrs |
|---|---|----------------|
| Student will be able to 1. define and classify immunity 2. classify immunizing agents 3. state immunization schedule 4. list adverse effects ollowing immunization 5. explain herd immunity 6. describe EPI and NID 7. define cold chain and mention its equipments 8. explain the importance of maintaining cold chain at different levels 9. describe left out and drop out in EPI | CORE Immunity and Immunization Immunization Immunizing agents Immunization schedule (EPI schedule) Adverse Events following Immunization Herd immunity EPI and NID Cold chain Left out and drop out | L = 4 T = 8 |

Public Health Nutrition

| Learning Objectives | Contents | Teaching hrs |
|---|---|--------------|
| Students will be able to: | | |
| classify food and its sources | Types of foods and its sources | L=8 |
| identify deficiency disorder of nutration | Balanced diet | T = 8 |
| assess nutritional status: | Protein Energy Malnutrition (PEM) | |
| collect, record and interpret the data on Road to Health Card (growth) | Impotant Vitamins and their deficiency diseases. | |
| chart) | deficiency disorder of Important Minerals and trace | |
| estimate BMI | elements | |
| identify different types of Vitamin deficiency disorder | Assessment of nutritional status | |
| state minerals and trace elements essential for health | Calorie requirements of different groups | |
| assess the prevalence and types of malnutrition in the community by | Food borne, milk borne diseases and food toxins | |
| different methods: | Pasteurization | |
| a. dietary survey | Food adulteration, additives and fortification | |
| b. anthropometry | Humanization of cow's milk | |
| c. clinical examination | | |
| enumerate the food borne, milk borne diseases and food intoxication | | |
| • state methods of milk purification, specially process of pasteurization | | |
| state the process of humanization of cow's milk ,explain balanced diet | | |

Principles of Epidemiology

Epidemiology of Communicable & Non-Communicable Disease (NCDs)

| Learning Objectives | Contents | Teaching | |
|--|--|----------------------|--|
| The students will be able to: • Define and diferrentiate between communicable and non communicable disease • Identify the Impottant communical and non communicable disease in Bangladesh • Identify Emerging and reemerging disease in Bangladesh • state the epidemiological determinants • explain risk factors of NCDs • describe the preventive measures of common health problems in the community | CORE Definition and difference between CD and NCD Epidemiology and Prevention of: EPI diseases Diarrhoeal diseases and Enteric fever Malaria, Kala-azar, Filaria, Helminthiasis TB and Leprosy Viral hepatitis, Dengue, ARI, SARS (Covid 19), Bird flu, Rabies, Yellow fever AST STDs Emerging and Re-emerging Diseases Epidemiology and Prevention of common non-communicable diseases: Hypertension, IHD CVD (Stroke) Rheumatic fever and RHD Cancer Diabetes Obesity Arsenicosis | hours L = 15 T = 30 | |

MCH-FP & Demography

| Learning Objectives | ing Objectives Contents | |
|---|--|----------------|
| Students will be able to define MMR, IMR state the components of MCH State factors influencing and measures for reducing maternal and infant mortality and morbidity define low birth weight baby and mention its risk factors of LBW describe ANC, intranatal and postnatal care state Concept,mention the recommended feeding practices in IYCF state the composition and preparation of complementary foods explain advantages of breast feeding and disadvantages of formula feeding advise for domiciliary and Institutional delivery identify high risk mother and at risk child | IMR, MMR High risk mothers and at risk child Care of under-5 children, LBW antenatal, intranatal and postnatal care, advices and investigations Concept,mention the recommended feeding practices in IYCF Advantage and contraindication of BF Disadvantages of formula feeding Impontance of colostrum What is Complementary Feeding (CF) and its importances Domiciliary and institutional delivery EMONC: Emergency Obstetric and Neonatal Care | L= 10 T= 16 |

| <u>Learning Objectives</u> | <u>Contents</u> | Teaching |
|--|--|----------|
| Family planning Students will be able to describe the history and objective of FP in Bangladesh; FP 2020 commitments and transition to FP 2030 state the aims and objectives of family planning list the contraceptive methods with their advantages and disadvantages identify the candidates appropriate for different contraceptives calculate safe period define MR and abortion and state their indications define eligible and target couples, CPR, TFR | Family planning Concept of family planning Aims and objectives of family planning Contraceptive methods (OCP,ECP) MR with use of medication(MRM) and difference with emergency crontraceptive pills PPFP and post abortion /MR/MRM family planning LAM-lactational amenorrhea method Eligible and target couples, safe period CPR,TFR,unmet need discontinuation rate MCH based family planning | hours |
| discuss MCH based family planning Demography Students will be able to define demography state demographic processes discuss demographic stages define fertility and mention its influencing factors define growth rate and population explosion enumerate the factors responsible for high growth rate in Bangladesh | Demography Definition of demography Demographic processes Demographic transition and indices Population pyramid Census Fertility and its influencing factors | |
| calculate GR, GFR, TFR, and NRR describe population pyramid define and classify census | | |

School Health Services

| Learning Objectives | Contents | Teaching hours |
|---|---|-------------------|
| Students will be able to: state the objectives of school health programme describe the aspects/components of school health service mention the task of school health medical officer state health problems of school children state the school health emergencies mention the activities of school health clinic | CORE Objectives of school health service Aspects/components of school health service Task of school health medical officer Common Health problems of school children School health emergencies School health clinic Helpful school health environment Different types of school desk and their importance | L = 4 T = 4 |
| Occupational | l Health | |
| Students will be able to: define occupational health and its objectives explain various occupational environments list the common occupational health hazards list the locally prevailing common occupational diseases with preventive strategies of: a. Pneumoconiosis b. Occupational cancer c. Anthrax d. Occupational dermatoses describe the general measures of health protection in different occupations describe the health care facilities and safety measures for industries state employees' benefits | Occupational health and its objectives Occupational environment Occupational health hazards Principles of prevention of occupational diseases Employees' benefits | L = 4 T = 6 |

Health For All (HFA), Primary Health Care (PHC), Universal Health Coverage (UHC) & MDG, SDG

| Learning Objectives | Contents | Teaching hours |
|---|---|----------------|
| Students will be able to: define PHC and HFA, UHC explain principles of PHC list the components of PHC list the components of ESP involve community in identifying priority health problems describe the organisational structure in delivery of PHC in Bangladesh mention the goal of Health For All (HFA) in the context of Bangladesh recognise important international health organizations and list their programmes discuss the national and international health organizations describe activities of UH and FWC/Community Clinics those rendering PHC describe different levels of health care services state health related MDGs, SGDs ESP state the important existing National Health Programmes and there activities state the global indicators of HFA state the purpose and scope, evolution and diseases under International Health Regulations[IHR]-2005 | Definition: HFA and PHC, UHC Principles and components of PHC Health related MDG and SDG Components of ESP Name and Activities of important existing national health programmes Organisational structure for the delivery of PHC Goal and indicators of HFA by the year of 2000 AD Levels of health care service delivery Concept, purpose and scope, evolution and diseases under IHR-2005 Impotant National organizations. Important International health organizations: WHO, UNICEF, RED CRESCENT, ICCDRB, CARE etc. | L = 8 T = 8 |

Public Health Administration & Management

| Learning Objectives | Contents | Teaching hours |
|--|---|----------------|
| Students will be able to: define Management and Administration state the Functions and Principles of Management and Administration and Systems Strengthening define Planning state the indication of Planning and Local Level Planning describe the health care delivery system of Bangladesh illustrate the organizational structures of health care delivery at different levels state the health care referral system in Bangladesh state the charter of duties of different health personnel | Definition, Functions, Principles of Management and Administration Definition, Indication and Process of Planning and Planning Cycle Health Care Delivery System of Bangladesh Organizational Structure of Health Care Delivery in Bangladesh including reporting, supervision, and monitoring Health Care Referral System in Bangladesh Charter of duties of different health personnel | L = 3 T = 4 |

Summative assessment of Community Medicine 3^{rd} Professional Exam Assessment systems and mark distribution

| Components | Marks | Total Marks |
|--|-----------------------|-------------|
| WRITTEN EXAMINATION MCQ (SBA+MTF) SAQ +SEQ FORMATIVE | 20 70 10 | 100 |
| PRACTICAL EXAMINATION CONVENTIONAL PRACTICAL / OSPE (3 PROCEDURAL AND 7 QUESTION STATIONS) RFST, SURVEY REPORT ANDSTUDY TOUR REPORT REPORT REPORT ON DAY VISIT | 50 30 20 | 100 |
| ORAL EXAMINATION (Structured) 2 Boards each of 2 examiners | | 100 |
| Grand Total | | 300 |

- There will be separate Answer Script for MCQ
 Pass marks 60 % in each of theoretical, oral and practical

TIME SCHEDULE

| | Students' Time | | | | |
|----|---|-----------|-----------|--|--|
| | TOPIC | LECTURE | TUTORIAL | | |
| 1. | Concept of Public Health, Community Medicine, Health and Disease | 12 hours | 12 hours | | |
| 2. | Behavioural Science | 04 hours | 08 hours | | |
| 3. | Health Communication and H Ed | 04 hours | 08 hours | | |
| 4 | Medical Entomology | 04 hours | 06 hours | | |
| 5 | Research methodology and Biostatistics | 10 hours | 13 hours | | |
| | Part 1 | 34 H | 47 H | | |
| 6 | Environment and Health | 06 hours | 08 hours | | |
| 7 | Immunity, Immunization and Disinfection | 04 hours | 08 hours | | |
| 8 | Public Health Nutrition | 08 hours | 08 hours | | |
| 9 | Principles of Epidemiology | 14 hours | 16 hours | | |
| 10 | Epidemiology of CD and NCD | 15 hours | 30 hours | | |
| 11 | MCH-FP and Demography | 10 hours | 16 hours | | |
| 12 | School Health Service | 04 hours | 04 hours | | |
| 13 | Occupational Health | 04 hours | 06 hours | | |
| 14 | HFA, Primary Health Care, Universal Health | 08 hours | 08 hours | | |
| | Coverage and existing National Health | | | | |
| | Programmes, MDGs,SDG | | | | |
| 15 | Public Health Adminstration and Management | 03 hours | 04 hours | | |
| | Part 2 | 76 H | 108 H | | |
| | GRAND TOTAL | 110 hours | 155 hours | | |

Subject: Community Medicine

1st part : Lecture : 34 hours

Tutorial : 47 hours

2nd Part : Lecture : 76 hours

Tutorial : 108 hours

COME (community oriented medical education):30 days (10 Days day visit + 10 Days RFST+ 10 Days study tour)

Total (1st Part + 2nd Part): Lecture : 110 hours

Tutorial : 155 hours

Integrated teaching : 10 hours

COME : 30 days

Residential Field Site Training Program

- ➤ RFST Course for Fourth Year Students is an integral part of the curriculum of Community Medicine.
- ➤ Head of the Department of Community Medicine will implement the program as a coordinator.
- > Teachers of Community Medicine assisted by UNHFPO will perform the responsibility for successful implementation of the program.
- ➤ Health Educator of Community Medicine will organize field level activities of the students.
- ➤ All categories of personnel involved in this program will be given remuneration as per WHO rules regulation approved by MOHandFW

Objectives of RFST

After completion of the Residential Field Site Training Program as future health care providers students will be able to:

- become accustomed with the environment and lifestyle of peoples of rural community.
- identify health needs and problems of the community people and prioretise them
- conduct survey based on health needs and problems of the community
- be acquainted with health care delivery system at PHC level in Bangladesh.
- develop intersectoral coordination.

Schedule Programme

Daily activities schedule will be designed by the Department of Community Medicine.

Thana Health Complex

The use of the teaching facilities, access to patient areas and employment of THC staff are all under the control of the Thana Health and Family Planning Officer (TH and FPO), and teachers from medical college must respect his/her authority in these matters.

Apart from the outdoor, ward and laboratory area two rooms are available for teaching sessions. These are the classroom and the Resident Medical Officer's room.

Transport

Two microbus having capacity of 25 seats would be engaged for taking students and teachers from the college campus to the Thana Health Complex during RFST Programme and preparatory period.

The driver of the micro-bus has a fixed schedule to follow. This is under the control of the Head of Department of Community Medicine.

Accommodation

There are two dormitories both with twenty beds for the students. In each dormitory there are two single seated rooms with sanitary facilities for teachers.

08 (eight) supporting staff (two drivers, two guards, two cook and two table boy) will be appointed for the conduction of the RFST Programme at Thana Health Complex.

The THFPO will support the programme by engaze in the working doctors and staffs.

Games

Arrangement for badminton, caromboards and volleyballs could be made available at the dormitories.

Students may take their own music player or Walkman. But no loud music will be allowed in the dormitories. No music is allowed after 10:00 p.m.

Student supervision

Supervision of the students is the responsibility of the Principal, teachers of Community Medicine and TH & FPO.

Community Medicine Teaching Programme Residential Field Site Training Course

RFST Implementation Schedule

| Day 1 | Introduction to UHC and briefing on primary level health care |
|-----------|---|
| | activities and Upazila Health Profile |
| | Indoor patients care |
| Day 2 and | Community health survey |
| Day 3 | |
| Day 4 | MCH and FP Services |
| | Health Education and counselling in MCH |
| | Family Planning and |
| | • Immunisation |
| Day 5 | Attending the OPDs and Investigation facilities at upazilla level |
| | Attending the emergency department |
| Day 6 | Visit to health related sector working at upazilla level |
| Day 7 | Visit to a local NGO |
| Day 8 | Visit to Community Clinic and USC |
| Day 9 | Visit to FWC and Sattelite clinic |
| Day 10 | Evaluation of the programme and presentation |
| | Comments by students, teachers and local health authorities |

Draft Structured Questionnaire For Field Site Epidemiological Survey

This questionnaire should be completed by students after interviewing the head of household or an adult. For some questions, may need to interview an adult female member of the family.

| SEC' | ΓΙΟΝ A: GENERAL DET | TAILS | | | | |
|------------------------------|---------------------------|----------------|--------------|-----------|------------------|----------------|
| | | | | | | |
| 1. | Name of village | | : | | | |
| 2. | Name of Union | | : | | | |
| 3. | Name of Thana | | : | | | |
| 4. | Name of Head of family | | : | | | |
| 5. | Name of person interview | wed | : | | | |
| 6. | Name of student (s) | | : | | | |
| | Batch / Group: | | _Roll : | | Year : | |
| | | | | | | |
| SEC | TION B : HOUSEHOLD | DETAILS | | | | |
| | | | | | | |
| 8. | Please state number of pe | eople in the f | family (olde | st member | of family first) | |
| | • | Relationship | • | | • | Education |
| | | head of fami | | Age | Occupation | Level achieved |
| I | | | | | | |
| II | | | | | | |
| III | | | | | | |
| | | | | | | |
| IV | | | | | | |
| IV V | | | | | | |
| IV V VI | | | | | | |
| IV V | | | | | | |
| IV V VI VII | | | | | | |
| IV V VI VII VIII | Type of housing? Pucca | | | | | |

| 10. | o. Family income per month: | | | |
|-----|---|--|--|--|
| 11. | If landowner, approx. amount of land owned : | | | |
| | apara a sama my managaman ya managaman a sama managaman a sama managaman a sama managaman a sama managaman a s | | | |
| 12. | Source of drinking water? Tubewell/ River / Pond / Others | | | |
| | Of others, please specify: | | | |
| SE | CTION B: MATERNAL HEALTH AND FAMILY PLANNING | | | |
| 13. | Any pregnancy in the household ending within the last 12 months (excluding current | | | |
| | pregnancy) Yes / No: | | | |
| | If yes, outcomeof baby : normal alive/abnormal alive/dead | | | |
| | Outcome of mother : alive / dead | | | |
| | Was there any complications? | | | |
| | a) During the pregnancy (before delivery) e.g. anaemia, pre-eclampsia : Yes/ No | | | |
| | If yes, specify: | | | |
| | b) At the time of delivery: Yes / No | | | |
| | If yes, specify: | | | |
| | c) After delivery e.g. fever, painful perineum, urinary incontinence : Yes / No | | | |
| | If yes, specify: | | | |
| 14. | Who attended the pregnant woman at the time of delivery? | | | |
| | TBA / FWV / others If others, please specify: | | | |
| | If other why did the family not contact a health worker? | | | |
| | a) Not aware of any health worker (HW) in the village b) Aware but did not wish to see the HW c) Aware but HW too far to visit and she did not come to the village d) Other reasons, specify: | | | |

| 15. | Where was the pla | ace of delivery? | | : Home / Hospital | |
|--------------------|--|--|------------------------------|---------------------------|---------|
| 16. | Is there any body currently pregnant in the family? : Yes / No If yes, duration : months | | | | |
| 17. | Any tetanus vacci previous (within l | · · · · · · · · · · · · · · · · · · · | women during currentegrancy? | nt or : Yes / No | |
| | If yes, numbers of | doses : | | | |
| | If not given, becar | use of : | | | |
| | b) Not avc) Awared) Aware | cessary (already a vare of the need for but did not wish but clinic too far specify: | or TT to have it away | | |
| 18. | If no, reason: Female If yes, type: Oral | : Yes om / Vasectomy / : Yes pill / Injection / I | / Other, specify: | ner, specify: | |
| SEC | TION D: CHILD I | | | | |
| 19. | Immunisation stat | us of under 5 chi | ldren (check immuni | sation card if available) | |
| OPV BCG Meas | 1, 2, 3 | <u>hild 1 </u> | ild 2 Child | 3 <u>Child 4</u> | Child 5 |
| If none | e given, because of | : | | | |
| | a) Not aware | of the need for v | accine | | |
| | b) Aware but | not wish to have | it | | |
| | c) Aware but | clinic too far aw | ay | | |
| | d) Other, spe | cify: | | | |

| 20. | Breast feeding of u | ınder 5 | | | | |
|-----|---|---|-----------------|----------------------|---------------|-----------|
| | a) b) c) d) e) | <u>Age</u> | <u>Duration</u> | of suckling | <u>Wean</u> i | ing time |
| 21. | Anthropometry o Mid upper arm cir | | (MUAC) and / | or height and weigh | nt | |
| | a) b) c) d) e) | <u>ee</u> | Wt in Kg | Ht in Cm | MUAC C | <u>'m</u> |
| SE | ECTION E : MORBII | DITY | | | | |
| 22. | Below is a list of disany of these. | seases. Pleas | | | | |
| | Diarrhoeal disease Helminthic infect Scabies Other skin infect Cataract Eye infection Vit, A deficiency blindness) Dental caries Chronic suppura Tuberculosis Acute respiratory | se ition ion (child nightive otitis m | t | No. of persons affec | <u>Licu</u> | Age |
| 23. | Any physical disa If yes, please spec | | e family? | : Yes | s/ No | |

| 24. | Who do you normally contact first if any of your family become ill? | | | | |
|----------------------|--|--|--|--|--|
| | Government doctor /Un-qualified doctor / Homeopath / Hakim (Kabiraj) / Others If other, specify: | | | | |
| | If not government doctor, give reason: | | | | |
| SECTION F: MORTALITY | | | | | |
| 25. | Has there been any death in the household within the last 5 years? If yes: Age at death a) Possible cause of death | | | | |
| | b) c) d) e) | | | | |
| SEC | CTION G: KNOWLEDGE, ATTITUDE AND PRACTICE | | | | |
| 26. | Illness related to smoking | | | | |

- 27. ORS and its preparation / use
- 28. Personal hygiene
- 29. Transmission of infectious disease e.g. malaria, dysentery etc.

Glossary

AFB = Acid Fast Bacilli

AHI = Assistant Health Inspector

ARI = Acute Respiratory Infections

CPR = Contraceptive Prevalence Rate

EPI = Expanded Programme on Immunization

HI = Health Inspector

IPD = In-Patient Department

M.P. = Malarial Parasite

MCH = Maternal and Child Health

MCQ = Multiple Choice Questions

MO, MCH = Medical Officer, Maternal and Child Health

OHP = Over Head Projector

OPD = Out-Patient Department

ORS = Oral Dehydration Salt

SI = Sanitary Inspector

TH&FPO = Thana Health and Family Planning Officer

TFR = Total Fertility Rate

TFPO = Thana Family Planning Officer

RFST = Residential Field Site Training

Day Visit

Objectives of day visits:

- The students will be acquainted with the-
- organogram of the Organization
- objectives of the Organization
- goal and target of the Organization
- strategy settings by the Organization to fulfil the objectives
- existing resources available of the Organization
- activities of the Organization to reach the target and goal
- achievement of the Organization
- constrains of the Organization

Sites of Day Visit (At least 8 visits)

- DOTS corner attached to Medical College Hospital
- ORT corner
- MCH clinic attached to Medical College Hospital
- Model FP Clinic attached to Medical College Hospital
- Upazilla Health Complex and Community Clinic
- Health related NGOs
- Pharmaceuticals Industries
- Industries
- Civil Surgeon Office
- Deputy Director of Family Planning (DDFP) office
- Superspecialized health care institutions: Cancer Hospital, ICDDRB, IPH, Leprosy Hospital,
 CRP, etc.

Guideline for Day visit

| Sl. No. | Description |
|---------|--|
| 01. | Name of the Organization |
| 02. | Type and date of establishment of the Organization |
| 03. | Location of the Organization |
| 04. | Organogra |
| | m of the Organization (use separate sheet) |
| 05. | Objectives of the Organization |
| 06. | Strategy settings by the Organization |
| 07. | Existing resources available of the Organization |
| 08. | Target and achievement of the Organization |
| 09. | Activities of the Organization |
| 10. | Social mobilization |
| 11. | Problems/constraints of the Organization |
| 12. | Personal observation and opinion regarding the visit of the Organization |
| 13. | Conclusion |

Study Tour

(For the duration of 10 days)

Objective

To observe different natural and health related organizations of the country for acquiring knowledge and developing skills in assessing health needs and demands of the population.

Sites of study tour

- Cox's bazar / Kuakata
- St. Martin's Island
- Seaport health: Chittagong / Mongla
- Chandraghona paper mill
- Sylhet: Tea Garden / Jaflong
- Health Organizations in Capital City
- Mental Hospital, Pabna

Financial support:

- I. Ministry of Health will allocate budget in a revenue sector for individual Government Medical College to conduct RFST, Day Visit and Study Tour.
 - II. Governing body of private medical colleges will collect money from the students during 1st year admission for the implementation of RFST, Day Visit and Study Tour.