

**DEPARTMENT OF COMMUNITY MEDICINE & PUBLIC HEALTH SCIENCE**

**Perspectives of**

**Public Health & Medicine**

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| **PUBLIC HEALTH** | **MEDICINE** |
| **Primary focus on population** | **Primary focus on individual** |
| Public service ethic, tempered by concerns for the individual | Personal service ethic, conditioned by awareness of social responsibilities |
| Emphasis on prevention, health promotion for the whole community | Emphasis on diagnosis and treatment, care for the whole patient |
| Public health paradigm employs a spectrum of interventions aimed at the environment, human behavior and lifestyle, and medical care | Medical paradigm places predominant emphasis on medical care |
| Multiple professional identities with diffuse public image | Well-established profession with sharp public image |
| Variable certification of specialists beyond professional public health degree | Uniform system for certifying specialists beyond professional medical degree |
| Lines of specialization organized, for example, by:  Analytic method (epidemiology, toxicology)  Setting and population (occupational health, international health)  Substantive health problem  (environmental health, nutrition)  Skills in assessment, policy development, and assurance | Lines of specialization organized, for example, by:  Organ system (cardiology, neurology)  Patient group (obstetrics, pediatrics)  Etiology and pathophysiology  (oncology, infectious diseases)  Technical skills (radiology, surgery) |
| Biologic science central, stimulated by major threats to health of populations; move between laboratory and field | Biologic science central, stimulated by needs of patient; move between laboratory and bedside |
| Numeric sciences an essential feature of analysis and training | Numeric sciences increasing in prominence, though still a relatively minor part of training |
| Social sciences an integral part of public health education | Social sciences tend to be an elective part of medical education |
| Engineering relevant, especially systems analysis, operations management, sanitary engineering, and information technology | Engineering and physical sciences relevant, especially materials science, electronics, imaging and information technology |
| Clinical sciences peripheral to professional training rooted mainly in the public sector | Clinical sciences and essential part of professional training rooted mainly in the private sector |

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Focal Person Pre-service Sindh Health Department,

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**Dr. Nazeer Ahmed**

Incharge Medical Education GMMMC Sukkur.

**Faculty Of Community Medicine & Public HealthSciences, SMBBMU,Larkana**

**Student’s Biodata**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PHOTOGRAPH*

Group: \_\_\_\_\_\_\_\_ Class Roll No: \_\_\_\_\_\_\_

University Enrollment No: \_\_\_\_\_\_\_\_\_\_

Home address & Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Attendance** | **Lectures** | **Demonstrations** | **Remarks** |
| January |  |  |  |
| February |  |  |  |
| March |  |  |  |
| April |  |  |  |
| May |  |  |  |
| June |  |  |  |
| July |  |  |  |
| August |  |  |  |
| September |  |  |  |
| October |  |  |  |
| November |  |  |  |
| December |  |  |  |

**Dear Students**

I welcome you in the 3RD Prof. MBBS 4th year. At this Stage, I feel responsibility to remind you few of the essential guidelines that you must follow.

1. Be regular & punctual in attending the lecture / demonstration / field visits.
2. Each one of you will have to attend the classes with your designed group.
3. 75% attendance in Community Medicine is compulsory for filling of examination form.
4. Two tests will be held during the 3rd Prof. MBBS & their record will be maintained in your progress cared; the weight age of the test result in semester will be 10%.
5. Make sure that your record (progress report) is updated in the office of the Chairman/ Inchage.
6. During field visits/ community survey/ role plays/ learning skills, you have to know their objectives & get signature of the Supervisor on your log book before leaving the class.
7. Research projects will assigned to you in groups under supervision of teaching faculty.
8. Maintain discipline, be respectful to you seniors & be courteous with all staff.

We expect the best of your effort while you are pursing your education & training in our department.

**Dr. Niaz Muhammad Shaikh**

*Prof. & Chairman*

*Department of Community Medicine*

*SMBBMU @ GMMMC Sukkur*

**Department of Community Medicine & Public Health Sciences**

**SMBBMU, Larkana** (Teaching Faculty)

|  |  |  |
| --- | --- | --- |
| **S#** | **NAME** | **Place of Posting** |
|  | Prof. Niaz Muhammad Shaikh  *Prof. & Chairman* | GMMMC Sukkur |
|  | Dr. Saeed Ahmed Shaikh  *Asst. Prof. & Incharge* | CMC Larkana |
|  | Dr. Aijaz Ahmed Memon  *Asst. Prof.* | GMMMC Sukkur |
|  | Dr. Shabir Ahmed Larik  *Assistant Professor* | CMC Larkana |
|  | Dr. Ahmed Nawaz Magsi  *Sr. Lecturer* | CMC Larkana |
|  | Dr. Ahmed Bux Shaikh  *Sr. Lecturer* | CMC Larkana |
|  | Dr. Shabana Jamshed Abro  *Sr. Lecturer* | CMC Larkana |
|  | Dr. Ghulam Nabi Shaikh  *Lecturer* | CMC Larkana |
|  | Dr. Farheen Soomro  *Lecturer* | CMC Larkana |
|  | Dr. Fareeda Baloch  *Lecturer* | CMC Larkana |
|  | Dr. Akhlaque Ahmed Shaikh  *Lecturer* | CMC Larkana |
|  | Dr. Wahid Bux Solangi  *Lecturer* | CMC Larkana |
|  | Dr. Adnan Wahab Qureshi  *Lecturer* | CMC Larkana |
|  | Dr. Vijia Kumar Gemnani  *Lecturer* | CMC Larkana |
|  | Dr. Ashfaque Hussain Shah  *Sr. Lecturer* | GMMMC Sukkur |
|  | Dr. Ghulam Rasool Ghumro  *Sr. Lecturer* | GMMMC Sukkur |
|  | Dr. Azharuddin Shaikh  *Lecturer* | GMMMC Sukkur |

**Syllabus**

**3rd Prof. MBBS 4TH Year**

1. **INTRODUCTION** 
   1. Introduction to Community Medicine
   2. Concept of Health & Disease
   3. Health dimensions / Health determinants
   4. Levels of prevention
   5. Health Care of Community (Primary, Secondary & Tertiary Health care )
   6. Disease spectrum and Iceberg of diseases
   7. Health Indicator
   8. Millennium Development Goals (MDGs)
   9. Health delivery system of Pakistan / Levels of health care
   10. Health policies and health plans
   11. Public health problems of Pakistan
2. **RURAL & URBAN HEALTH** 
   1. Public Health problems of Rural areas b. Public Health problems of Urban areas
3. **EPIDEMIOLOGY & SCREENING**
   1. Basic Concepts of Epidemiology b. Basic Measurements in Epidemiology c. Epidemiological Methods (Descriptive, Analytical & Experimental Epidemiology) d. Screening
4. **BIOSTATISTICS**
5. Introduction
6. Types of Data
7. Data Presentation
8. Measures of Central Tendency (Mean, Median & Mode)
9. Measures of Dispersion (Mean deviation, Variance & Standard deviation)
10. Sampling
11. **DEMOGRAPHY**
12. Introduction & Scope of Demography
13. Population, size, composition, distribution & Change)
14. Population doubling time and momentum of population
15. Population pyramid
16. Demographic transition
17. Fertility rate
18. Population profile of Pakistan
19. **SCHOOL HEALTH**
20. **5PERSONAL HYGIENE**
21. **NUTRITION** 
    1. Macronutrients and their deficiency
    2. Micronutrients and their deficiency
    3. Malnutrition
    4. Balanced diet
    5. Nutritional problems in public health
    6. Assessment of Nutritional status
    7. Community Based Management of acute malnutrition
    8. Dietary fibers
    9. Food adulteration / Food fortification
    10. Methods of preservation of food
    11. Meat borne diseases and slaughter houses
22. **REPRODUCTIVE HEALTH** 
    1. Introduction b. Safe Motherhood c. Lady health visitors and lady health workers d. Child spacing & Family Planning
23. **SNAKE BITE**
24. **SUBSTANCE ABUSE**

**12. RESEARCH METHODOLOGY**

**13. COMMUNICABLE DISEASES**

1. Introduction to Communicable Diseases
2. Infectious Disease Epidemiology
3. Epidemic & Types of Epidemics
4. Dynamics of Disease Transmission
5. Respiratory Infections (Small pox, Chicken pox, Measles, Rubella, Mumps, Influenza, Diphtheria, Whooping cough & Tuberculosis)
6. Intestinal Infections (Poliomyelitis, Viral Hepatitis, Cholera, Acute Diarrhoeal diseases, Typhoid fever, Food poisoning & Amoebiasis)
7. Arthropod Borne Infections (Dengue & Malaria)

**A.**  **Zoonoses**

1. Viral (Rabies, Yellow fever) **b.** Bacterial (Brecellosis, Plague, Human salmonellosis)  **c.** Rickettsial Diseases (Scrubdyphus, Murine typhus, Tick typhus) **d.** Parasitic (Leishamianis, Taeniasis)
   1. **Surface infection**
2. Trachoma **b.** Tetanus **c.** Leprosy **d.** Sexual Transmitted Diseases (STDs)  **e.** AIDS

**14. VACCINES & IMMUNIZATION SCIENCE**

**15. NON-COMMUNICABLE DISEASES**

1. Introduction
2. Coronary Heart Disease
3. Hypertension
4. Diabetes Mellitus
5. Blindness
6. Accidents
7. Cancers
8. Mental Health

**16. OCCUPATIONAL HEALTH**

1. Aims & Objectives of Occupational Health
2. Functions of Occupational Health Services
3. Ergonomics
4. Occupational Diseases

**17. IMNCI**

1. Major child health problems in developing countries / Pakistan
2. Introduction to IMNCI
3. Introduction to IMNCI- Community component
4. Introduction to IMNCI- Health system component
5. Overview case management – Young infant age less than 2 months
6. Overview IMNCI case management – age two months up to five years
7. Key family practices related to child care (household survey IMNCI)
8. Counseling the family and community
9. Fundamentals of developing questionnaire and data analysis

**18. DISASTER MANAGEMENT**

**19. HEALTH EDUCATION**

**20. ENVIRONMENTAL HEALTH**

1. Community water supply
2. Air & Ventilation
3. Housing and Health
4. Effects of high and low temperature on health / Global warming
5. Disposal of waste / Hospital waste management
6. Noise pollution
7. Radiation hazards
8. Medical Entomology
9. Tobacco and health

**FIELD VISITS**

**1. At Chandka Medical College Larkana**

1. RHSC Larkana
2. Leprosy Centre Larkana
3. PAEDS Medicine Larkana
4. BHU Dhamrah
5. RHC Naudero
6. LINAR

**2. At Gmmmc Sukkur**

* 1. BHU Patni
  2. Coka cola beaurages company
  3. Water filter plant
  4. Drug Rehabilitation sukkur
  5. Regional Training Institute Sukkur

**Research projects by students supervised by lecturers.**

**Skill Development:**

* Communication/counseling skills.
* Hand washing
* Mantoux test
* RDT for malaria
* How to make ORS & to follow plans for rehydration of children
* Household methods of purification of water
* How to calculate body Mass Index (BMI)

**Role Plays.**

**Assignments on Biostatistics**

**LECTURE PROGRAM**

**3RD Prof. MBBS, 4th Year MBBS**

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| **S#** | **DAY** | **DATE** | **TIME** | **TOPIC** | **VENUE** | **REFERENCE MANUALS** | |
|  | Thur | 30-01-14 | 11:30 to 12:30 | Introduction to Community Medicine | Final yr lec hall | * + - 1. Park’s text book of preventive & social medicine (29th ed.)  1. Text book of public & health Community Medicine by Mohammad Ilyas (7th ed.) | |
|  | Sat | 01-02-14 | 11:30 to 12:30 | Concept of Health & Disease | Final yr lec hall |  | |
|  | Thur | 06-02-14 | 11:30 to 12:30 | Health dimensions / Health determinants | Final yr lec hall |  | |
|  | Sat | 08-02-14 | 11:30 to 12:30 | Levels of prevention | Final yr lec hall |  | |
|  | Thur | 13-02-14 | 11:30 to 12:30 | Health Care of Community (Primary, Secondary & Tertiary Health care ) | Final yr lec hall |  | |
|  | Sat | 15-02-14 | 11:30 to 12:30 | Disease spectrum and Iceberg of diseases | Final yr lec hall |  | |
|  | Thur | 20-02-14 | 11:30 to 12:30 | Health Indicator | Final yr lec hall |  | |
|  | Sat | 22-02-14 | 11:30 to 12:30 | Millennium Development Goals (MDGs) | Final yr lec hall |  | |
|  | Thur | 27-02-14 | 11:30 to 12:30 | Health delivery system of Pakistan / Levels of health care | Final yr lec hall |  | |
|  | Sat | 01-03-14 | 11:30 to 12:30 | Health policies & health plans | Final yr lec hall |  | |
|  | Thur | 06-03-14 | 11:30 to 12:30 | Public health problems of Pakistan | Final yr lec hall |  | |
|  | Sat | 13-03-14 | 11:30 to 12:30 | Public Health problems of Rural areas | Final yr lec hall |  | |
|  | Thur | 03-04-14 | 11:30 to 12:30 | Public Health problems of Urban areas | Final yr lec hall |  |
|  | Sat | 5-04-14 | 11:30 to 12:30 | Basic Concepts of Epidemiology | Final yr lec hall |  |
|  | Thur | 10-04-14 | 11:30 to 12:30 | Basic Measurements in Epidemiology | Final yr lec hall |  |
|  | Sat | 12-04-14 | 11:30 to 12:30 | Epidemiological Methods (Descriptive, Analytical & Experimental Epidemiology) | Final yr lec hall |  |
|  | Thur | 17-04-14 | 11:30 to 12:30 | Screening | Final yr lec hall |  |
|  | Sat | 19-04-14 | 11:30 to 12:30 | Introduction (Biostatistics) | Final yr lec hall |  |
|  | Thur | 24-04-14 | 11:30 to 12:30 | Types of Data | Final yr lec hall |  |

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|  | Sat | 26-04-14 | 11:30 to 12:30 | Data Presentation | Final yr lec hall |  |
|  | Thur | 01-05-14 | 11:30 to 12:30 | Measures of Central Tendency (Mean, Median & Mode) | Final yr lec hall |  |
|  | Sat | 03-05-14 | 11:30 to 12:30 | Measures of Dispersion (Mean deviation, Variance & Standard deviation) | Final yr lec hall |  |
|  | Thur | 08-05-14 | 11:30 to 12:30 | Sampling | Final yr lec hall |  |
|  | Sat | 10-05-14 | 11:30 to 12:30 | Introduction & Scope of Demography | Final yr lec hall |  |
|  | Thur | 15-05-14 | 11:30 to 12:30 | Population, size, composition, distribution & Change) | Final yr lec hall |  |
|  | Sat | 17-05-14 | 11:30 to 12:30 | Population doubling time and momentum of population | Final yr lec hall |  |
|  | Thur | 22-05-14 | 11:30 to 12:30 | Population pyramid | Final yr lec hall |  |
|  | Sat | 24-05-14 | 11:30 to 12:30 | Demographic transition | Final yr lec hall |  |
|  | Thur | 29-05-14 | 11:30 to 12:30 | Fertility rate | Final yr lec hall |  |
|  | Sat | 31-05-14 | 11:30 to 12:30 | Population profile of Pakistan | Final yr lec hall |  |
|  | Thur | 17-06-14 | 11:30 to 12:30 | Research Methodology | Final yr lec hall |  |
|  | Sat | 19-06-14 | 11:30 to 12:30 | Vaccines & Immunization Science | Final yr lec hall |  |
|  | Thur | 24-06-14 | 11:30 to 12:30 | Aims & Objectives of Occupational Health | Final yr lec hall |  |
|  | Sat | 26-06-14 | 11:30 to 12:30 | Functions of Occupational Health Services | Final yr lec hall |  |
|  | Thur | 31-06-14 | 11:30 to 12:30 | Ergonomics | Final yr lec hall |  |
|  | Sat | 02-08-14 | 11:30 to 12:30 | Occupational Diseases | Final yr lec hall |  |
|  | Thur | 7-08-14 | 11:30 to 12:30 | Disaster Management | Final yr lec hall |  |
|  | Sat | 9-08-14 | 11:30 to 12:30 | Health Education | Final yr lec hall |  |
|  | Thur | 14-08-14 | 11:30 to 12:30 | Radiation hazards | Final yr lec hall |  |
|  | Sat | 16-08-14 | 11:30 to 12:30 | Medical Entomology | Final yr lec hall |  |

**DEMONSTRATION**

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| **S#** | **DAY** | **DATE** | **TIME** | **GROUP** | **TOPIC** | **VENUE** | **REFERENCE MANUALS** |
|  | Mon | 03-02-14 | 10:30 to 12:30 | A1 | School Health | Community Medicine Dept. |  |
|  | Tues | 04-02-14 | 10:30 to 12:30 | A2 | Personal Hygiene | Community Medicine Dept. |  |
|  | Wed | 05-02-14 | 10:30 to 12:30 | B1 | Macronutrients and their deficiency | Community Medicine Dept. |  |
|  | Thur | 06-02-14 | 10:30 to 12:30 | B2 | Micronutrients and their deficiency | Community Medicine Dept. |  |
|  | Mon | 10-02-14 | 10:30 to 12:30 | A1 | Malnutrition | Community Medicine Dept. |  |
|  | Tues | 11-02-14 | 10:30 to 12:30 | A2 | Balanced diet | Community Medicine Dept. |  |
|  | Wed | 12-02-14 | 10:30 to 12:30 | B1 | Nutritional problems in public health | Community Medicine Dept. |  |
|  | Thur | 13-02-14 | 10:30 to 12:30 | B2 | Assessment of Nutritional status | Community Medicine Dept. |  |
|  | Mon | 17-02-14 | 10:30 to 12:30 | A1 | Community Based Management of acute malnutrition | Community Medicine Dept. |  |
|  | Tues | 18-02-14 | 10:30 to 12:30 | A2 | Dietary fibers | Community Medicine Dept. |  |
|  | Wed | 19-02-14 | 10:30 to 12:30 | B1 | Food adulteration / Food fortification | Community Medicine Dept. |  |
|  | Thur | 20-02-14 | 10:30 to 12:30 | B2 | Methods of preservation of food | Community Medicine Dept. |  |
|  | Mon | 24-02-14 | 10:30 to 12:30 | A1 | Meat borne diseases and slaughter houses | Community Medicine Dept. |  |
|  | Tues | 25-02-14 | 10:30 to 12:30 | A2 | Reproductive Health  (Introduction**)** | Community Medicine Dept. |  |
|  | Wed | 26-02-14 | 10:30 to 12:30 | B1 | Safe Motherhood | Community Medicine Dept. |  |
|  | Thur | 27-02-14 | 10:30 to 12:30 | B2 | Lady health visitors and lady health workers | Community Medicine Dept. |  |
|  | Mon | 03-03-14 | 10:30 to 12:30 | A1 | Child spacing & Family Planning | Community Medicine Dept. |  |
|  | Tues | 04-03-14 | 10:30 to 12:30 | A2 | Snake Bite | Community Medicine Dept. |  |
|  | Wed | 05-03-14 | 10:30 to 12:30 | B1 | Substance Abuse | Community Medicine Dept. |  |
|  | Thur | 06-03-14 | 10:30 to 12:30 |  | Introduction to Communicable Diseases | Community Medicine Dept. |  |
|  | Mon | 10-03-14 | 10:30 to 12:30 |  | Infectious Disease Epidemiology | Community Medicine Dept. |  |
|  | Tues | 11-03-14 | 10:30 to 12:30 |  | Epidemic & Types of Epidemics | Community Medicine Dept. |  |
|  | Wed | 12-03-14 | 10:30 to 12:30 |  | Dynamics of Disease Transmission | Community Medicine Dept. |  |
|  | Thur | 13-03-14 | 10:30 to 12:30 |  | Respiratory Infections (Small pox, Chicken pox, Measles, Rubella, Mumps, Influenza, Diphtheria, Whooping cough & Tuberculosis) | Community Medicine Dept. |  |
|  | Mon | 17-03-14 | 10:30 to 12:30 |  | Intestinal Infections (Poliomyelitis, Viral Hepatitis, Cholera, Acute Diarrhoeal diseases, Typhoid fever, Food poisoning & Amoebiasis) | Community Medicine Dept. |  |

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|  | Tues | 18-03-14 | 10:30 to 12:30 |  | Arthropod Borne Infections (Dengue & Malaria) | Community Medicine Dept. |  |
|  | Wed | 19-03-14 | 10:30 to 12:30 |  | Zoonoses  Viral (Rabies, Yellow fever) | Community Medicine Dept. |  |
|  | Thur | 20-03-14 | 10:30 to 12:30 |  | Bacterial (Brecellosis, Plague, Human salmonellosis) | Community Medicine Dept. |  |
|  | Mon | 24-03-14 | 10:30 to 12:30 |  | Rickettsial Diseases (Scrubdyphus, Murine typhus, Tick typhus) | Community Medicine Dept. |  |
|  | Tues | 25-03-14 | 10:30 to 12:30 |  | Parasitic (Leishamianis, Taeniasis) | Community Medicine Dept. |  |
|  | Wed | 26-03-14 | 10:30 to 12:30 |  | Trachoma | Community Medicine Dept. |  |
|  | Thur | 27-03-14 | 10:30 to 12:30 |  | Tetanus | Community Medicine Dept. |  |
|  | Mon | 31-03-14 | 10:30 to 12:30 |  | Leprosy | Community Medicine Dept. |  |
|  | Tues | 01-04-14 | 10:30 to 12:30 |  | Sexual Transmitted Diseases (STDs) | Community Medicine Dept. |  |
|  | Wed | 02-04-14 | 10:30 to 12:30 |  | AIDS | Community Medicine Dept. |  |
|  | Thur | 03-04-14 | 10:30 to 12:30 |  | Non communicable Diseases (Introduction ) | Community Medicine Dept. |  |
|  | Mon | 07-04-14 | 10:30 to 12:30 |  | Coronary Heart Disease | Community Medicine Dept. |  |
|  | Tues | 08-04-14 | 10:30 to 12:30 |  | Hypertension | Community Medicine Dept. |  |
|  | Wed | 09-04-14 | 10:30 to 12:30 |  | Diabetes Mellitus | Community Medicine Dept. |  |
|  | Thur | 10-04-14 | 10:30 to 12:30 |  | Blindness | Community Medicine Dept. |  |
|  | Mon | 14-04-14 | 10:30 to 12:30 |  | Accidents | Community Medicine Dept. |  |
|  | Tues | 15-04-14 | 10:30 to 12:30 |  | Cancers | Community Medicine Dept. |  |
|  | Wed | 16-04-14 | 10:30 to 12:30 |  | Mental Health | Community Medicine Dept. |  |
|  | Thur | 17-04-14 | 10:30 to 12:30 |  | IMNCI Major child health problems in developing countries / Pakistan | Community Medicine Dept. |  |
|  | Mon | 21-04-14 | 10:30 to 12:30 |  | Introduction to IMNCI | Community Medicine Dept. |  |
|  | Tues | 22-04-14 | 10:30 to 12:30 |  | Introduction to IMNCI- Community component | Community Medicine Dept. |  |
|  | Wed | 23-04-14 | 10:30 to 12:30 |  | Introduction to IMNCI- Health system component | Community Medicine Dept. |  |
|  | Thur | 24-04-14 | 10:30 to 12:30 |  | Overview case management – Young infant age less than 2 months | Community Medicine Dept. |  |
|  | Mon | 28-04-14 | 10:30 to 12:30 |  | Overview IMNCI case management – age two months up to five years | Community Medicine Dept. |  |
|  | Tues | 29-04-14 | 10:30 to 12:30 |  | Key family practices related to child care (household survey IMNCI) | Community Medicine Dept. |  |
|  | Wed | 30-04-14 | 10:30 to 12:30 |  | Counseling the family and community | Community Medicine Dept. |  |

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|  | Thur | 01-05-14 | 10:30 to 12:30 |  | Fundamentals of developing | Community Medicine Dept. |  |
|  | Mon | 05-05-14 | 10:30 to 12:30 |  | Environmental Health | Community Medicine Dept. |  |
|  | Tues | 06-05-14 | 10:30 to 12:30 |  | Community water supply | Community Medicine Dept. |  |
|  | Wed | 07-05-14 | 10:30 to 12:30 |  | Air & Ventilation | Community Medicine Dept. |  |
|  | Thur | 08-05-14 | 10:30 to 12:30 |  | Housing and Health | Community Medicine Dept. |  |
|  | Mon | 12-05-14 | 10:30 to 12:30 |  | Effects of high and low temperature on health / Global warming | Community Medicine Dept. |  |
|  | Tues | 13-05-14 | 10:30 to 12:30 |  | Disposal of waste / Hospital waste management | Community Medicine Dept. |  |
|  | Wed | 14-05-14 | 10:30 to 12:30 |  | Noise pollution  Prof. Niaz Muhammad Shaikh  *Chairman*  *Department of Community Medicine*  *SMBBMU Larkana* | Community Medicine Dept. |  |
|  | Thur | 15-05-14 | 10:30 to 12:30 |  | Tobacco and health | Community Medicine Dept. |  |

**SKILL LEARNING**

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| --- | --- | --- | --- | --- | --- | --- |
| **S#** | **DAY** | **DATE** | **TIME** | **TOPIC** | **VENUE** | **REFERENCE MANUALS** |
|  | Sat | 01-02-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 08-02-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 15-02-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 22-02-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 01-03-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 08-03-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 15-03-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 22-03-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 29-03-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 05-04-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 12-04-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 29-04-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 26-04-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 03-05-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 10-05-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 17-05-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 24-05-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 19-07-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 26-07-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 02-08-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 09-08-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 16-08-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 23-08-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 30-08-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 06-08-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |
|  | Sat | 13-08-14 | 10:30 to 12:30 |  | Community Medicine Dept. |  |

**FIELD VISITS TO RHC/BHU**

**OBJECTIVES:**

1. To identify the total population / population composition served by the health facility.
2. To know the health care services offered at health facilities in terms of accessibility, human resources, capacity, infrastructure etc.
3. To identify outreach services attached with the health facility.
4. To give suggestions to improve the situation.

**FIELD VISIT TO RHC/BHU**

**CHECK LIST**

(To be filled in by student)

**Department of Community Medicine & Public Health Sciences, SMBBMU Larkana**

**Name of Student Roll Number Group**

**Date of Visit**

|  |
| --- |
| **General Information**   1. Name of Health facility: 2. Code of Health facility: Signboard available: YES NO 3. Public/PPHI: 4. Village: Town: Union council: 5. Access road available YES NO 6. Supervised by: 7. Catchment Area (in kms) 8. Population served:    1. Total    2. Under 5 years children    3. CBAs (Child bearing age women) |

**Check list for Health Care Services Availability**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | **Accessibility** | **Yes** | **No** |
|  | Physically accessible (Population living within 2-5 km or maximum time taken to Health facility is less than or equal to 60 minutes) |  |  |
| **2.** | **Human Resource** | **Number Sanctioned** | **Number filled** |
|  | Medical officers: |  |  |
|  | WMOs |  |  |
|  | Nursing staff: |  |  |
|  | LHVs |  |  |
|  | LHW |  |  |
|  | Dispenser: |  |  |
|  | Health technician |  |  |
|  | Vaccinator: |  |  |
|  | Support Staff |  |  |
| **3.** | **Capacity Building** | **Total Number of Staff** |  |
|  | DHIS |  |  |
|  | IMNCI |  |  |
|  | ENCC |  |  |
|  | EmNOC |  |  |
|  | Family Planning |  |  |
|  | IYCF |  |  |
|  | IMPAC |  |  |
|  | MVA |  |  |
|  | Malaria Microscopy |  |  |
|  | RDT Kit Training |  |  |
|  | DOTS |  |  |
|  | e-DEWS |  |  |
|  | Minimal Intensive Service Care (MISO) |  |  |
|  | Nutrition |  |  |
|  | Any Other Specify |  |  |
|  |  |  |  |
| **4.** | **Monitoring and Supervision** | **Yes** | **No** |
|  | Job description available |  |  |
|  | Attendance Registrar Available |  |  |
|  | Monthly Attendance reported to District Office |  |  |
| **5.** | **Physical Resource Management** | **Available** | **Not Available** |
|  | Building |  |  |
|  | Vehicles |  |  |
|  | Medical equipments |  |  |
|  | Drugs and consumables |  |  |
|  |  |  |  |
| **6. Support System** | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Record and Information system** | **Yes** | **No** |
|  | DHIS Implemented |  |  |
|  | Monthly reports submitted |  |  |
|  | Last month report available (check) |  |  |
| **2.** | **Referral System** | **Available** | **No Available** |
|  | Ambulance available |  |  |
|  | Ambulance functional |  |  |
| **3.** | **Laboratory System** | **Yes** | **No** |
|  | Chemical examinations of urine |  |  |
|  | Hemoglobin or Hermatocrit |  |  |
|  | Blood sugar test |  |  |
|  | Malarial parasites test |  |  |
|  | Pregnancy test |  |  |
|  | Any other |  |  |
|  | Sputum Microscopy |  |  |
|  | X-RAY |  |  |
| **C.** | **Services Available** | **Available** | **Not Available** |
| 1. | In Patient Care |  |  |
| 1. | Total Number of Beds available |  |  |
| 2. | Daily Flow / day |  |  |
| 2. | Out Patient |  |  |
| 1. | Daily OPD Number of patients |  |  |
| 2. | Most common diseases reported in adults |  |  |
| 3. | Most common diseases reported in adults |  |  |
| 3. | Under 5 Clinci |  |  |
| 1. | IMNCI Protocols |  |  |
| 2. | IMNCI Chart Booklet available |  |  |
| 3. | IMNCI Standard Medicines |  |  |
| 4. | ORT Corner |  |  |
| **4.** | **Immunization Services** | **Available** | **Not Available** |
|  | BCG |  |  |
|  | OPV |  |  |
|  | Pentavalent vaccine |  |  |
|  | Tetanus toxoid |  |  |
|  | Refrigerator available in facility |  |  |
|  | Vaccines kept in proper compartments of refrigerator |  |  |
|  | Vaccination cards available |  |  |
|  | Ice boxes |  |  |
|  | Syringes available |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5.** | **Vaccine registers** |  |  |
|  | Monthly visit Plan |  |  |
|  | Targets |  |  |
|  | Fix register |  |  |
|  | Daily register |  |  |
|  | Defaulters register/list |  |  |
|  | Vaccine registers |  |  |
|  | Outreach vaccine team register |  |  |
|  |  |  |  |
| **6.** | **Facility based Services** |  |  |
|  | General Curative |  |  |
|  | Ante Natal Care |  |  |
|  | Delivery Care |  |  |
|  | Post Natal Care |  |  |
|  | Growth Monitoring |  |  |
|  | Nutrition (WFP) |  |  |
|  | Family Planning |  |  |
|  | Health Education |  |  |
| **7.** | **Out Reach Services** | Yes | No |
|  |  |  |  |
|  | Home visiting through Community Health Workers |  |  |
|  | Domiciliary midwifery |  |  |
| **8.** | Other Programs running at Health Care Facility | Available | Not Available |
|  | DOTS |  |  |
|  | Hepatitis |  |  |
|  | Malaria |  |  |
|  | Diarrhea control program |  |  |
|  | Any other |  |  |

**Objectives of visit achieved:**

**YES ------------- No -------------**

**Date: Signature of student**

**Comments by supervisor -------------------------------------------------------------------------------**

**----------------------------------------------------------------------------------------------------------------**

**FIELD VISIT TO SOCIAL SECURITY HOSPITAL & ADJOINING FACTORY**

Class Roll No: ----------------------- Group: ----------------- Exam Seat No: ---------------------

3rd Prof. MBBS 4th year started from ----------- to -----------------------

Field visit to: --------------------------------------------------------------------------------------------

Incharge filed visit: --------------------------------------------

Assisted by: -----------------------------------------------------

**OBJECTIVES:**

1. To Determine various problems OF industry workers
2. To know the facilities available there in social security center.
3. To observe various safety measures adopted by industrial workers.

**VISIT SCHEDULE:**

1. Students will be given verbal orientation regarding functioning of T.B Sanatorium by a facilitator.
2. Afterwards, students will be divided into two small groups; each group will be lead by a facilitator. One group will visit the health facility while another group will visit the nearby industry.
3. During visit various sections of social security
4. While visiting the industry, students will observe various medical & engineering methods adopted for prevention of industrial health hazards.

**Objectives of visit achieved:**

**YES ---------- NO ----------**

**Date: ------------- Signature of facilitator ------------------**

**FIELD VISIT TO WATER FILTER PLANT**

**(SUKKUR)**

Class Roll No: ----------------------- Group: ----------------- Exam Seat No: ---------------------

3rd Prof. MBBS 4th year started from ----------- to -----------------------

Field visit to: --------------------------------------------------------------------------------------------

Incharge filed visit: --------------------------------------------

Assisted by: -----------------------------------------------------

**OBJECTIVES:**

1. To know various processes of water treatment at water filter plant including chlorination.
2. To understand methods of examination of water.
3. To observe the laboratory analysis of finally treated water.

**VISIT SCHEDULE:**

1. Students will be given verbal orientation regarding functioning of T.B Sanatorium by a facilitator.
2. The students will be divided into two small groups; each group will be accompanied by a facilitator.
3. Each group will visit various sections of water treatment plant; will also observe the process of chlorination as well as pre-treatment & post-treatment analysis of water.

**Objectives of visit achieved:**

**YES ---------- NO ----------**

**Date: ------------- Signature of facilitator ------------------**

**FIELD VISIT TO LINAR HOSPTIAL (LARKANA)**

Class Roll No: ----------------------- Group: ----------------- Exam Seat No: ---------------------

3rd Prof. MBBS 4th year started from ----------- to -----------------------

Field visit to: --------------------------------------------------------------------------------------------

Incharge filed visit: --------------------------------------------

Assisted by: -----------------------------------------------------

**OBJECTIVES:**

1. To assess the magnitude of cancer problem in our population.
2. To identify the need of such type of health facility.
3. To understand the functioning of various diagnostic & therapeutic sections of this health facility.
4. To observe the patients’ counseling and rehabilitation processes carried out at the facility.
5. To observe the cancer registration /disease reporting/ referral system.

**VISIT SCHEDULE:**

1. The Students will be given brief orientation by a facilitator on the disease burden due to cancers.
2. The students will be divided into two small groups, each group will be accompanied by a facilitator; they will visit various in-door as well as out-door departments, laboratory, patients counseling and patients’ rehabilitations processes.
3. The students will also observe how the patients are being registered/ referred; they will also observe the cancer reporting system and research being done in the facility.

**Objectives of visit achieved:**

**YES ---------- NO ----------**

**Date: ------------- Signature of facilitator ------------------**

**SCHEDULE OF COMMUNITY SURVEYS- 3RD PROFESSIONAL MBBS, 4TH YEAR**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DAY** | **DATE** | **TIME** | **GROUP** | **VENUE OF VISIT** | **OBJECT** | **FIELD VISIT FACILITATORS** |
| Sat:  Sat: | 1-6-14  8-6-14 | 9am – 1pm  9am – 1pm  9am – 1pm | A1-A2  A1-A2  B1-B2 | Visit to BHU Dhamrah  Visit to RHC  Naudero  Visit to BHU Dhamrah | To visit health facility & to conduct community survey on key family practices for protection against malaria  To visit health facility & community survey on key family practices for protection against malaria  To visit health facility & to conduct community survey on key family practices for protection against malaria |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | 9am – 1pm | B1-B2 | Visit to RHC  Naudero | To visit the health facility & to conduct community survey on key family practices for protection against malaria |  |
| Sat:  Sat: | 15-6-14  15-6-14 | 9am – 1pm  9am – 1pm | A1-A2  B1-B2 | Visit to BHU Dhamrah  Visit to RHC  Naudero | To conduct community survey on key family practices for health promotion  To conduct community survey on key family practices for health promotion |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sat:  Sat: | 22-06-14  22-06-14 | 9am – 1pm  9am – 1pm | B1-B2  B1-B2 | Visit to BHU Dhamrah  Visit to RHC  Naudero | Community survey on key family practices for protection  Community survey on key family practices for protection |  |

**IMNCI HOUSEHOLD SURVEY-1**

**KEY FAMILY PRACTICES FOR HEALTH PROMOTION**

**OBJECTIVES:**

* To assess the hygiene practices among mothers/care takers.
* To determine the basic sanitation facilities available in households.
* To determine knowledge, attitude & practices among families regarding immunizing their children.

**IMNCI HOUSEHOLD SURVEY-1**

**KEY FAMILY PRACTICES FOR HEALTH PROMOTION.**

**Household Information Form**

Name of District

Name of Community:

Name of Village:

Household Code Number:

**Household Number: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Key Practice: Dispose of feces, including children’s feces, safely; and wash hands after defecation, before preparing meals, and before feeding children.**  Indicator: Household uses toilet facility.  Indicator: Caregiver disposes children’s feces safely.  Indicator: Caregiver washes hands after defecation.  Indicator: Caregiver washes hands before preparing food.  Indicator: Caregiver washes hands before feeding children.  Indicator: Caregiver uses soap when washing hands. | | | | |
| **1** | **What is the source of water for members of your household?**  *Do not prompt. Circle number to right of response given.* | | | |
| Piped into dwelling. 1 | Unprotected dug well or spring, rainwater. 6 | | |
| Piped into yard/plot.2 | Pond, river or steam. 7 | | |
| Public tap. 3 | Tanker-truck or vendor. 8 | | |
| Tube well or borehole. 4 | Other (specify): 9 | | |
| Protected dug well or protected spring. 5 |  | | |
| **2** | **How long does it take to get to this source, get water and come back?**  *Record number of minutes and/or distance unless there is water available on the premises or the respondent does not know.*  *Approximate number of hours and/or minutes: \_\_\_\_ Approximate distance in kilometers: \_\_\_\_\_\_*  *If there is water on the premises, circle the number 1; if the respondent does not know, circle 9.*  *Water on premises, 1 Doesn’t know. 9* | | | |
| **3** | **If this water always available?**  Circle the number which applies. If the response is “yes” circle 1; if “no” circle 0; if “doesn’t know,” circle 9  YES 1 NO 0 DOESN’T KNOW 9 | | | |
| **4** | **Do your store water, either outside or inside your home?**  Circle the number which applies. If the response is “yes” circle 1; if “no” circle 0; if “doesn’t know,” circle 9  YES 1 NO 0 DOESN’T KNOW 9 | | | |
| **5** | If the response is “no” or “doesn’t know” proceed to question 4.7 if the response is “yes” ask:  **Is the water container covered?**  Do not prompt. Circle the number which applies. If the response is “yes”, circle1; if “no” circle 0.  YES 1 NO 0 | | | |
| **6** | **What kind of toilet facility does your household uses?**  *Circle the number to the right or the appropriate response. If possible, validate by observation. If the toilet facility was seen, also place a tick beside the circled number.* | | | |
| Flush toilet system. 1 | | | Uncovered Latrine. 5 |
| Pope ventilated latrine (covered). 2 | | | Uncovered latrine without an enclosed structure. 6 |
| Pope ventilated latrine (uncovered). 3 | | | No facilities/bush/field. 7 |
| Covered latrine. 4 | | |  |
| **7** | How do you handle or dispose of children’s feces?  *Do not prompt. Circle the number to the right of all responses given.* | | | |
| Children always use the latrine. 1 | | Child’s feces are thrown outside yard | |
| Child’s feces are thrown into the latrine. 2 | | Child’s feces are rinced away. | |
| Child’s feces are buried in yard. 3 | | Child’s feces are not disposed of. | |
| Child’s feces are thrown outside dwelling. 4 | | Other (specify) | |
| **8** | How do you dispose of garbage or other material waste?  *Do not prompt. Circle the number to the right of all responses given.* | | | |
| Garbage is thrown into street or yard.1 | | Garbage is taken to public dump.5 | |
| Garbage is burned.2 | | Garbage is collected. 6 | |
| Garbage is buried. 3 | | Other. 7 (specify) | |
| Garbage is thrown into waste disposal bin.4 | |  | |
| **9** | On which occasions do you use soap when washing your hands?  *Do not prompt. Circle the number to the right of all responses given.* | | | |
| After use of toilet.1 | | Before eating. 5 | |
| After attending a child who has defecated. 2 | | After eating. 6 | |
| Before preparing food. 3 | | Other. 7 (specify) | |
| Before feeding child. 4 | |  | |
| **10** | On which occasions do you wash your hands without using soap?  *Do not prompt. Circle the number to the right of all responses given.* | | | |
| After use of toilet. 1 | | Before eating. 5 | |
| After attending a child who has defecated. 2 | | After eating. 6 | |
| Before preparing food. 3 | | Other. 7 (specify) | |
| Before feeding child. 4 | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Key Practice:** Take children as schedule to complete a full course of immunizations (BCG, DPT, OPV and measles) before their first birthday.  **Indicator:** Child 12-23 months of age vaccinated against measles before 12 months of age.  **Indicator:** An up-to-date vaccination card, indicating immunizations for BCG, DPT, OPV and Measles | | | | | | | |
|  | If the caregiver has shown you health cards previously, ask:  **Could you please show me the children’s health cards against?** | |  |  |  |  |  |
| If the caregiver shows you the card(s), under each child’s name, copy the dates of vaccinations received (as listed below) | |  |  |  |  |  |
| BCG |  |  |  |  |  |  |
| Penta 1 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Penta 2 |  |  |  |  |  |  |
| OPV 0 |  |  |  |  |  |  |
| OPV 1 |  |  |  |  |  |  |
| OPV 2 |  |  |  |  |  |  |
| OPV 3 |  |  |  |  |  |  |
| Measles |  |  |  |  |  |  |
| Pneumococcus vaccine. |  |  |  |  |  |  |
| Once the vaccination record for all children less than five years has been noted, proceed to next question | |  |  |  |  |  |
| **NOTE 1: Ask questions 2 to 9 only if the caregiver does not have a “health cared” with reference to vaccinations received by the child in question. If vaccination dates have already been noted/recorded, proceed to question 10.** | | | | | | | |
| **2** | **Has (child’s name) been given a BCG vaccination against tuberculosis- that is an injection in the left shoulder that caused a scar?**  *Circle the number which applies. If the response is “Yes” , circle 1: if “No” circle 0; if “doesn’t know” circle 9.* | | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 |
| **3** | **Would you mind If we checked (child’s name) to see if there is an immunization scar?**  *Inspect shoulder of each child less than five years for BCG scar. If the scar is* | | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 |
| **4** | **Has (child’s name) ever been given vaccination injections-that is, an injection in the thigh or buttocks to prevent him or her from getting tetanus, whooping cough, and diphtheria?**  *Circle the number which applies. If the response is “yes” circle 1: if “no” circle 0; if “Doesn’t know” circle 9.* | | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 |
| **5** | **How many such injections has (child’s name) has?**  Record the number of injections under each child’s name. If the number unknown, or the caregiver is unsure, place a 9 in the box and circle it. | |  |  |  |  |  |
| **6** | **Has (child’s name ever) been given vaccination drops in the mouth protect him or her from getting polio?**  *Circle the number which applies. If the response is “yes”, circle 1; if “no” circle 0’; if “doesn’t know,” circle 9.* | | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 |
| **7** | If “no” or “doesn’t know” proceed to question 508. if “yes” ask:  **When was the polio vaccine received, just after birth or later?**  Under each child’s name to the right, place a circle around the number corresponding with the given response.  Just after birth=1  Later= 2  Doesn’t know/remember-9 | | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 |
| **8** | **How many times has she/he been given these drops?**  *Record the number of times under each child’s name. If the number is unknown, or the caregiver is unsure, place a 9 in the box and circle it.* | |  |  |  |  |  |
| **9** | **Has (child’s name) ever been given a vaccination injection-that is, a shot in the thigh (or arm), at the age of 9 months or more-to prevent him or her from getting measles?** | |  |  |  |  |  |
| **10** | **Has (child’s name) ever participated in a National Immunization Day?**  *Circle the number which applies. If the response is “yes” circle 1; if “no” circle 0; if “doesn’t know”, circle 9.* | | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 |
| **Can you recall the month and/or year that (child’s name) last attended a National Immunization Day?**  *If know, record the month and/or year under each child mentioned. If the date is unknown, or the caregiver is unsure, place a 0 in the box and circle it.* | |  |  |  |  |  |
| **11** | **Has (child’s name) ever attended any other kind of local health day?**  *Circle the number which applies. If the response “yes” circle 1; if “no” circle 0; if “doesn’t know” circle 9.* | | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 |
| *If the answer is “yes” specify what kind of local health day in the space provided to the right. If the answer is “no” or “doesn’t know” proceed to the next day practice.* | |  |  |  |  |  |
| *Can you recall the month and/or year that (child’s name) last attended a local health day?*  **If known, record the month and/or year under each child mentioned. If the date is unknown, or the caregiver is unsure, place a 9 in the box and circle it.** | |  |  |  |  |  |

**IMNCI HOUSEHOLD SURVEY-1**

**OBJECTIVES ACHIEVED:**

* To assess the hygiene practices among mother/care takers.

YES ------------ NO -------------

* To determine the basic sanitation facilities available in households.

YES ------------ NO -------------

* To determine knowledge, attitude & practices among families regarding immunizing their children.

YES ------------ NO -------------

Reason for not achieving the objectives ---------------------------------------------

---------------------------------------------------------------------------------------------

**Date: Signature of supervisor**

**IMNCI HOUSEHOLD SURVEY-2**

**DEY FAMILY PRACTICES FOR**

**PROTECTION AGAINST MALARIA**

**OBJECTIVES:**

* To determine the frequency of households taking measures against malaria
* To assess the level of awareness among families regarding protection against malaria.
* To identify the use of insecticide treated mosquito net among family members.
* To assess the use of any other mosquito control measure.

**IMNCI HOUSEHOLD SURVEY-2**

**KEY FAMILY PRACTICES FOR**

**PROTECTION AGISNT MALARIA**

**Household Information Form**

Name of District:

Name of Community:

Name of Village:

Household Code Number”

Date:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Cod#** | **Child’s Name** | **Name** | **Name** | **Name** | **Name** | **Name** | **Name** |
|  | In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age. |  |  |  |  |  |  |
| **Key Practice:** Protect children in malaria-endemic areas, by ensuring that they sleep under insecticide- treated mosquito nets.  **Indicator:** Child sleeps under Insecticide treated mosquito net. | | | | | | | |
| **1** | **Did anyone in this household sleep under a mosquito net last night?**  Circle the number which applies. If the response is “yes” circle 1; if “no” circle 0; if “doesn’t know” circle 9.  If the response is “no” or “doesn’t know” proceed to question 6. if the response is “yes” continue with question 2. | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 |
| **2** | **Did (child’s name) sleep under a mosquito net last night?**  Circle the number which applies. If the response is “yes” circle 1; if “no” circle 0; if “doesn’t know” circle 9. | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 |
| **3** | If the answer was “no” or “doesn’t know” proceed to question 6. if the answer is “yes” ask:  **Was this net ever treated with a product to kill mosquitoes?**  Circle the number which applies. If the response is “yes” circle 1; if “no” circle 0; if “doesn’t know” circle 9. | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 | 1 0 9 |
| **4** | If the answer was “no” proceed to question 6.5. If the answer was “doesn’t know” proceed to question 6. if the answer is “yes” ask:  **When the mosquito net was last treated?**  Under each child’s name, to the right, record the time in months and/or years, since the nets were treated. If answer is unknown marks the number 9 under the child’s name and draw a circle around this number |  |  |  |  |  |  |
| **5** | **Could you tell us why your mosquito nets have not been treated?**  Do not prompt. Circle 1 for all responses mentioned. Circle 0 for all responses not mentions. | | | | | | |
| Tablets for treatment are not available | Mentioned 1 Not mentioned 0 | | | | | |
| Cannot afford | Mentioned 1 Not mentioned 0 | | | | | |
| Do not believe in value of treated nets | Mentioned 1 Not mentioned 0 | | | | | |
| Doesn’t know | Mentioned 1 Not mentioned 0 | | | | | |
| Other (specify) | Mentioned 1 Not mentioned 0 | | | | | |
| **6** | **Why do people use insecticide treated mosquito nets?**  *Do not prompt. Circle 1 for all responses mentioned. Circle 0 for all responses not mentioned* | | | | | | |
| To avoid mosquitoes | Mentioned 1 Not mentioned 0 | | | | | |
| To avoid other insects | Mentioned 1 Not mentioned 0 | | | | | |
| To prevent malaria | Mentioned 1 Not mentioned 0 | | | | | |
| To sleep comfortably | Mentioned 1 Not mentioned 0 | | | | | |
| Other (specify) | Mentioned 1 Not mentioned 0 | | | | | |
| **7** | **In the last two weeks, were any other mosquito repellents or insecticides used in this household ?**  Circle the number which applies. If the response is “yes” circle 1; If “no” circle 0; if “doesn’t know” circle 9.  YES 1 No 0 DOESN’T KNOW 9  If the answer is “no” or “doesn’t know” proceed to the next question. If the answer is “yes” ask: **Which repellents were used?**  Prompt if there is hesitation only. Circle 1 for all items mentions. Circle 0 for all items not mentioned. | | | | | | |
| Mosquito repellent spray | Mentioned 1 Not mentioned 0 | | | | | |
| Mosquito repellent cream or oil | Mentioned 1 Not mentioned 0 | | | | | |
| Mosquito coils | Mentioned 1 Not mentioned 0 | | | | | |
| Insecticide | Mentioned 1 Not mentioned 0 | | | | | |
| Other (specify) | Mentioned 1 Not mentioned 0 | | | | | |
| Other (specify) | Mentioned 1 Not mentioned 0 | | | | | |

**THE END**

**FACULTY OF COMMUNITY MEDICINE & PUBLIC HEALTH SCIENCES**

**SMBB MEDICAL UNIVERSITY, LARKANA**

**LIST OF SKILLS LEARNT BY STUDENT**

Class Roll No: ----------------- Group: ---------------- Exam Seat No: -----------------

7th Semester started from ------------- to ------------------

|  |  |  |
| --- | --- | --- |
| **S#** | **Skills** | **Signature (& date) of teacher who observed the skill** |
|  | To measure weight & height & to calculate Body Mass Index (BMU)  To measure MUAC in children |  |
|  | How to make ORS? |  |
|  | How make/ fill up questionnaire? |  |
|  | How to make/ fill the check list? |  |
|  | Communication / counseling skills? |  |
|  | How to collect sample of tap water? |  |
|  | Household methods of purification of water? |  |
|  | Hand washing? |  |
|  | How to diagnose malaria & tuberculosis by using RDT & Mantoux test? |  |
|  | How to do deworming? |  |

**Date: Signature of facilitator -------------------------**

**SKILL LEARNING**

**Session/ Topic:**

**HOW TO MAKE ORS & TO FOLLOW PLAN-A & PLAN-B FOR REHYDRATION**

**Duration:** 45 minutes

**Learning Objectives:** At the end of this session, student will be able:

* + - 1. To understand how to make ORS.
      2. To follow Plans A & B for rehydration.
      3. To use good communication skills

**Session/ Topic:**

**TO MEASURE HEIGHT & WEIGHT & TO CALCULATE BODY MASS INDEX (BMI) & MUAC & TO INTERPRTE IT.**

**Duration:** 45 minutes

**Learning Objective:** At the end of this session, student will be able:

1. To know how to calculate BMI & MUAC.
2. To classify malnutrition in children.
3. To understand various levels of obesity.
4. To know how to give health awareness regarding prevention of malnutrition & obesity

**Session/ Topic:**

**HOW TO COLLECT SAMPLE OF TAP WATER FOR DOING ITS EXAMINATION?**

**Duration:** 45 minutes

**Learning Objectives:** At the end of this session, student will be able:

1. To understand role of testing drinking water.
2. To identify various sources of water.
3. To understand how to collect sample of water from tap.

**Session/ Topic:**

**HAND WASHING**

**Duration:** 45 minutes

**Learning Objectives:** At the end of this session, student will be able:

1. To understand role of washing
2. To understand the recommended method of hand washing.
3. To understand how to give health education about hand washing.

**Session/Topic:**

**HOUSEHOLD METHODS OF PURIFICATION OF WATER.**

**Duration:** 45 minutes

**Learning Objectives:** At the end of this session, student will be able:

1. To understand the importance of purification of drinking water.
2. To understand various household methods of purification of water.
3. To learn how to give health education/awareness to people regarding purifying drinking water.

**Session/ Topics:**

**HOW TO DIAGNOSE MALARIA & TUBERCULOSIS BY USING RDT & MANTOUX TES.**

**Duration:** 45 minutes

**Session/ Topic:**

**Learning Objectives:** At the end of this session, student will be able:

1. To understand the role of rapid diagnosis of malaria & tuberculosis in decreasing their disease burden in the community.
2. To get hands on training of using RDT & Mantoux kits & to interpret the results.

**HOW TO DO DEWORMING:**

**Duration:** 45 minutes

**Session/ Topic:**

**Learning Objectives:** At the end of this session, student will be able:

1. To know the disease burden due to worm infestation.
2. To understand how to do deworming.
3. **ROLE PLAY ON COUNSELLING FOR IMMUNIZATION.**

**Learning Objectives:** At the end of this session, students will be able:

1. To know how to approach a child presenting with complaint of fever & diarrhea & incomplete immunization.
2. To know the good communication skills.
3. To know how to counsel the mother regarding importance of immunization to her child with the help of good communication skills.

**Scenario:** Dano is 11 months old. His weight. Is 9.5 kg. Temperature is 390C. His mother says he has had diarrhea for 1 wk. Dano has no general danger signs, no cough or difficult breathing.

The health worker assesses Dano for sings of diarrhea. Dano does not have blood in stool, not restless or irritable, not lethargic or unconssciou. He has not sunken eyes. Thirsty, drinks eagerly, skin pinch hoes back immediately.

Now health worker assess for fever. Dano’s mother says he has felt fever for about 3 days. Risk of malaria is high in the area. No measles in the last 3 months. No stiff neck, runny nose, no signs of measles. No ear problem or sore throat.

Health worker checks for sings o malnutrition and anaemia. No severe wasting, no palmar pallor. No oedema of feet. Health worker determines his wt: for age.

Dano has received BCG, DPT1, and DPT2 & DPT3. He also had OPV0, OPV1, OPV2 & OPV3. Dano’s card has no record of measles vaccination and previous vit: A treatment or supplementation.

**CHECK LIST-1**

|  |  |  |
| --- | --- | --- |
| **POINTS TO BE OBSERVED BY STUDENTS** | **YES** | **NO** |
| Called by name? |  |  |
| Asked to sit ? |  |  |
| Inviting atmosphere? |  |  |
| Polite with mother? |  |  |
| Listening carefully? |  |  |
| Eye to eye contact? |  |  |
| Identified problem? |  |  |
| Praised client? |  |  |
| Checked immunization card? |  |  |
| Advised mother for measles immunization today? |  |  |
| Checked understanding? |  |  |
| Objectives of role play achieved? |  |  |

**Date: Signature of facilitator**

**2. ROLE PLAY ON COUNSELLING THE MOTHER FOR PROPER WEANING OF HER**

**CHILD.**

**Learning Objectives:** At the end of this session, students will be able:

1. To know how to approach a child presenting with complaints of underfeeding, weaning problem & malnutrition.
2. To understand how to counsel the mother regarding feeding problem.
3. To know the good communication skills.

**Scenario**: There is the mother of a 7 months old boy named Sudi. Mother has been taught to give a soothing cough remedy.

Mother is anxious to leave health centre as Sudi has been crying. Mother did not get much sleep last night, that’s why she is tired. Now the health worker is going to ask mother some questions and give advise about feeding of Sudi.

Sudi is exclusively breastfed and has never been given a bottle. Mother breastfed him about 8 times each day & also at night if he wakes up. Sudi looks fussy during this illness and seems to breastfeed more often. He seems hungry even after breast feeding. Mother is worried that giving him other food beside breast milk will make him sicker.

**CHECK LIST-2**

|  |  |  |
| --- | --- | --- |
| **POINTS TO BE OBSERVED BY STUDENTS** | **YES** | **NO** |
| Called by name? |  |  |
| Asked to sit ? |  |  |
| Inviting atmosphere? |  |  |
| Polite with mother? |  |  |
| Listening carefully? |  |  |
| Eye to eye contact? |  |  |
| Identified problem? |  |  |
| Praised client? |  |  |
| Advise mother on breast feeding? |  |  |
| Advised on weaning diet? |  |  |
| Advise for feeding practices & diet servings? |  |  |
| Advise to use of cup instead bottle? |  |  |
| Checked understanding? |  |  |
| Objectives of role play achieved? |  |  |

**Date: Signature of facilitator**

1. **ROLE PLAY ON COUNSELLING THE MOTHER REGARDING MALARIA IN HER CHILD AND USING MALARIA PROTECTION MEASURE:**

**Learning Objectives:** At the end of this session, students will be able:

1. To know how to use communication skills while counselling the mother on caring her child suffering from malaria
2. To counsel the mother on feeding practices during child’s illness.

Scenario: There is mother of Kareem 5 month old. His body weight is 5.2 kg. Axillary temperature is 38.50C. Her mother said he is not eating well and feels hot. Kareem is able to drink, has no vomited, no convulsion, not lethargic or unconscious. Mother told he does not have cough, diarrhea, and throat or ear problem. Because of fever, health worker assesses him further for sings related to fever. There is rainy season and high risk of malaria in the area.

Health worker asks about duration of fever. Mother told kareem’s fever started 3 days ago. He has not had measles within last 3 months. He does not stiff neck, no runny nose, and there is no sign of measles.

**CHECK LIST-3**

|  |  |  |
| --- | --- | --- |
| **POINTS TO BE OBSERVED BY STUDENTS** | **YES** | **NO** |
| Called by name? |  |  |
| Asked to sit ? |  |  |
| Inviting atmosphere? |  |  |
| Polite with mother? |  |  |
| Listening carefully? |  |  |
| Eye to eye contact? |  |  |
| Identified problem? |  |  |
| Praised client? |  |  |
| Advise for how to protect & cover the child? |  |  |
| Advise for feeding practices during illness? |  |  |
| Checked understanding? |  |  |
| Objectives of role play achieved? |  |  |

**Date: Signature of facilitator**

1. **ROLL PLAY ON PLAN A & B OF REHYDRATION**

**Learning Objectives:** At the end of this **session, students will able:**

1. To learn how to counsel the mother to rehydrate her child during dehydration at home, when to return & follow-up-visit.
2. To know communication skills.

**Scenario:** There is mother of Asif, a 12 month old boy who has diarrhea, no dehydration. The health worker has explained how to give extra fluid to treat diarrhea at home (ORS, Water and food based fluid such as Lassi, Lime water).

Mother is worried about Asif, but she has little food available at her home, and she has two other children to feed. She has no time when talking with the health worker and she is hesitant to ask question, even when she is confused. She answers the health worker very briefly, that’s why health worker ask further question to get the necessary information.

Asif is no longer breast fed, he take cow’s milk and food eaten by the rest of family 2-3 times each day. He has continued to eat everything that he is offered during diarrhea.

Health worker further asks to mother what foods are given, mother tells about low energy food common in their area. Health worker further ask mother who feeds the child and how.

Mother tells regarding feeding practices common in their area.

**CHECK LIST-4**

|  |  |  |
| --- | --- | --- |
| **POINTS TO BE OBSERVED BY STUDENTS** | **YES** | **NO** |
| Called by name? |  |  |
| Asked to sit ? |  |  |
| Inviting atmosphere? |  |  |
| Polite with mother? |  |  |
| Listening carefully? |  |  |
| Eye to eye contact? |  |  |
| Identified problem? |  |  |
| Praised client? |  |  |
| Advise Mother on correcting feeding practices? |  |  |
| Advise on Breast feeding? |  |  |
| Advise on extra food & fluid? |  |  |
| Advise on using ORS? |  |  |
| Showed mother how to make ORS? |  |  |
| Checked understanding? |  |  |
| Objectives of role play achieved? |  |  |

**Date: Signature of facilitator**

**RECOMMENDED BOOKS & OTHER REFERENCE MATRERIAL**

1. Park’s Text Book of Preventive & Social Medicine by K.Park (29th edition)
2. Textbook of Public Health & Community Medicine by Mohammad Ilyas (7th edition)
3. IMNCI char booklet.
4. District Health Information System (DHIS) tools.
5. Recommended internet searching
6. W.H.O Guidelines for drinking water quality. [www.sho.int/water\_sanitation\_health](http://www.sho.int/water_sanitation_health).
7. Dengue-Guidelines for for diagnosis, treatment, prevention & control.

http/whqlibdoc.who.int/emro/2006

1. W.H.O control guidelines. [www.cdc.gov/tb/publication/guidelines/int](http://www.cdc.gov/tb/publication/guidelines/int).
2. Reducing maternal mortality. [www.unfpa.org](http://www.unfpa.org).
3. Action Plan for prevention & control of communicable diseases 2013-2020.

[www.apps/who.int//gb/ebwha/pdf\_flies](http://www.apps/who.int//gb/ebwha/pdf_flies).

1. Action plan for the prevention of avoidable blindness & visual impairment 2009-13

[www.who.int/blindness/ACTION\_PLAN\_WHO](http://www.who.int/blindness/ACTION_PLAN_WHO)

1. National environmental policy of Pakistan.

<http://www.environment.gov.pk/nep/policy.pdf>

1. Disease control programs in Pakistan. <http://www.emro.who.int/pak/programmes/>
2. Disease control programs in Pakistan. [www.emro.who.int](http://www.emro.who.int)
3. Communicable disease surveillance and response
4. W.H.O tobacco free initiative. [www.emro.who.int](http://www.emro.who.int)
5. Other Teaching Material:
6. IMNCI modules & wall charts.
7. Students’ log book.
8. Community survey forms.
9. Check lists for students’ observations in field visits.
10. Scenarios & check lists for students’ observations in role plays.
11. Check lists for skills learned by student.

**COMMUNITY MEDICINE**

**3RD PROF. MBBS, 4TH YEAR**

**TABLE OF SPECIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **S#** | **TOPIC** | **SBQs** | **SEQs** |
|  | Communicable diseases | 10 | 02 |
|  | Non communicable diseases | 02 | 01 |
|  | Environmental health | 10 | 01 |
|  | Occupational health | 02 | 01 |
|  | Snake bite | 01 | - |
|  | Rural / Urban health | 01 | - |
|  | Immunization (EPI) | 01 | 01 |
|  | IMNCI | 04 | 01 |
|  | School health services | 01 | 01 |
|  | Personal hygiene | 01 |
|  | Health education & Communication | 02 |  |
| **Total** | | **35** | **08** |