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 Teaching	Formative Exam		Summative exam	
				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 Met	hods		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
	CODE	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,	The state of the s	
Preventive medicine,	Changing concepts of Public Health and Health	
Social medicine,	Changing concepts of Lacite Treatment and Treatment	
Family medicine	Natural history of disease	
2. explain epidemiological triad in causation of disease	- Tradular instory or disease	
3. classify agents for causation of diseases	Indicators and Determinants of Health	
4. list the host factors responsible for diseases	• Indicators and Determinants of Health	
5. describe the environmental factors of disease causation	Prevention and Intervention of Diseases	
6. illustrate the natural history of disease.	• Flevention and intervention of Diseases	
7. describe the multifactorial aetiology of disease	Characteristics of Library Health Cons	
8. describe social factors related to health	Characteristics of Ideal Health 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

Uses of Bio-statistics	
• Vital statistics	
Data and Variable	
Methods and Tools of data collection	
Interpretation of data	
Analysis and Presentation of data	
Measures of central tendency	
• Measures of dispersion	
Normal distribution curve.	
Health economics	
Environment & Health	
Contents	Teaching hrs
Environment and its components	
 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	
Water borne diseases	
	i e
	Methods and Tools of data collection Interpretation of data Analysis and Presentation of data Measures of central tendency Measures of dispersion Normal distribution curve. Health economics Environment & Health Contents • Environment and its components • climet changes and global worming Water • 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>	
<u>Noise</u>	 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	<u>Radiation</u>	
Radiation	 Sources and types of radiation 	
• state the sources and types of radiation	Effects of radiation on health	
• state effects of radiation on health	Measures of radiation protection	
describe measures of radiation protection		
Housing Housing	Housing in the state of the sta	
• state the criteria of healthful housing and housing standards	Criteria of healthful housing	
• describe the effects of poor housing	• Housing standards	
 <u>Disposal of solid waste</u> define solid waste and mention its sources 	• Effects of poor housing	
	Disposal of solid waste	
mention health hazards of solid wastes state the methods of solid wastes disposed and medical histochnology.	Solid waste and its sources Methods of disposal and medical hiotochnology	
• state the methods of solid wastes disposal and medical biotechnology Excreta disposal	Methods of disposal and medical biotechnologyHealth hazards of solid wastes	
1 1 6 1	Health nazards of solid wastes Excreta disposal	
 state the methods of excreta disposal explain sanitation barrier 	Methods of excreta disposal	
mention the diseases borne by human excreta	Sanitation barrier	
mention the diseases bothe by numan excreta	 Santation partier Diseases borne by human excreta 	
	Diseases borne by numan 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

Learning Objectives	Contents	Teaching hours
Students will be able to:	Classification of epidemiological studies Description of descriptive and analytical studies Characteristics of experimental studies Different between cross-sectional and longitudinal; cohort and case-control studies Steps of investigations of an epidemic Outbreak Definition, classification ,types and uses of screening specificity, sensitivity, validity, reliability source and reservoir modes of transmission of diseases interruption of modes of disease transmission criteria of a susceptible host definition and explanation of community diagnosis and	
 state the approaches, measurments and tools of epidemiology classify epidemiological studies describe descriptive and analytical studies state the characteristics of experimental studies distinguish between cross-sectional and longitudinal; cohort and case-control studies describe the steps of investigations of an epidemic Outbreak define and classify screening define specificity, sensitivity, validity, reliability and predictive value of a screening test define and classify source and reservoir explain modes of transmission of diseases describe the interruption of modes of disease transmission describe the criteria of a susceptible host describe the host defence mechanism explain the steps for controlling the reservoir of infectious diseases 	definition and explanation of community diagnosis and community treatment	

Epidemiology of Communicable & Non-Communicable Disease (NCDs)

Learning Objectives	Contents	Teaching hours	
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	L = 15 T = 30	

MCH-FP & Demography

Learning Objectives	Contents	Teaching hours
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	Family wlamping	hours
Family planning	Family planning	
C4J420 bb1- 4-	Concept of family planning	
Students will be able to	Aims and objectives of family planning	
• describe the history and objective of FP in Bangladesh; FP 2020	Contraceptive methods (OCP,ECP)	
commitments and transition to FP 2030	MR with use of medication(MRM) and difference with	
• state the aims and objectives of family planning	emergency crontraceptive pills	
• list the contraceptive methods with their advantages and disadvantages	PPFP and post abortion /MR/MRM family planning	
• identify the candidates appropriate for different contraceptives	LAM-lactational amenorrhea method	
calculate safe period	Eligible and target couples, safe period	
• define MR and abortion and state their indications	CPR,TFR,unmet need discontinuation rate	
• define eligible and target couples, CPR, TFR	MCH based family planning	
discuss MCH based family planning		
	<u>Demography</u>	
<u>Demography</u>	Definition of demography	
	Demographic processes	
Students will be able to	Demographic transition and indices	
	Population pyramid	
define demography	• Census	
state demographic processes	Fertility and its influencing factors	
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		
• 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	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 activities of GP/ Traditional healer in context of 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'	TION A: GENERAL DETAILS	}			
1.	Name of village				
2.	Name of Union				
3.	Name of Thana				
4.	Name of Head of family				
5.	Name of person interviewed				
6.	Name of student (s)				
	Batch / Group:	Roll :		Year :	
SEC	TION B : HOUSEHOLD DETA	AILS			
SEC	Please state number of people	in the family (oldest	member	of family first)	
	Please state number of people Relation		member	of family first) Occupation	Education Level achieved
8. I	Please state number of people Relation	in the family (oldest		•	
8. I III	Please state number of people Relation	in the family (oldest		•	
8. I	Please state number of people Relation	in the family (oldest		•	
8. IIIIIIII	Please state number of people Relation	in the family (oldest		•	
8. I II III IV V VI	Please state number of people Relation	in the family (oldest		•	
8. I II III IV V VI VII	Please state number of people Relation	in the family (oldest		•	
8. I II III IV V VI VII VIII	Please state number of people Relation	in the family (oldest		•	
8. I II III IV V VI VII	Please state number of people Relation	in the family (oldest		•	

10.	0. Family income per month:				
11.	If landowner, approx. amount of land owned :	_			
12.	Source of drinking water? Tubewell/ River / Pond / Others	_			
	Of others, please specify:				
SEC	TION 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 place of delivery?				: Home / Hospital		
16.	Is there any body currently pregnant in the family? : Yes / No If yes, duration : months						
17.	•	tanus vaccine (TT) gas (within last 12 mo		-	: Yes / No		
	If yes,	numbers of doses	:				
	If not g	iven, because of	:				
		a) Not necessary (b) Not aware of thc) Aware but did rd) Aware but clinie) Other spece	e need for TT not wish to have c too far away	it			
18.	Male If yes, t If no, re Female If yes, t	e of Family Planning type: Condom / Vas eason: type: Oral pill / Injecteason:	: Yes / No ectomy / Other, s : Yes / No ction / IUCD / Li	igation / Other, s	pecify:		
SEC	TION D	: CHILD HEALTH					
19.	Immun	isation status of und	ler 5 children (ch	eck immunisatio	n card if available)	1	
OPV BCG Meas		<u>Child 1</u>	Child 2	Child 3	<u>Child 4</u>	Child 5	
If none	e given,	because of:					
	a)	Not aware of the ne	ed for vaccine				
	b)	Aware but not wish	to have it				
	c)	Aware but clinic to	o far away				
	d)	Other, specify:					

20.	Breast feeding of	under 5				
	a) b) c) d) e)	Age	<u>Duratio</u>	n of suckling	<u>We</u>	aning time
21.	Anthropometry of Mid upper arm co		e (MUAC) and	/ or height and weig	ght	
	a) b) c) d) e)	<u>ge</u>	Wt in Kg	Ht in Cm	MUAC	<u>CCm</u>
SE	CTION E : MORBI	DITY				
	Below is a list of diany of these.		ase indicate if ϵ			
	Diarrhoeal diseated Helminthic infectors Scabies Other skin infector Cataract Eye infection Vit, A deficiency blindness) Dental caries Chronic suppura Tuberculosis Acute respirator	ction tion y (child nig ative otitis r		No. of persons affe	<u>ected</u>	Age
23.	Any physical dis- If yes, please spe		he family?	: Ye	es/ No	

24.	Who do you normally contact first Government doctor /Un-qualified If other, specify:	l doctor / Homeopa	th / Hakim (Kabiraj) / Others
SEC	CTION F: MORTALITY		
25.	Has there been any death in the h If yes:	ousehold within the	e last 5 years?
25.	If yes: Age at death	ousehold within the <u>Sex</u>	e last 5 years? Possible cause of death
25.	If yes: Age at death a)		·
25.	If yes: Age at death		·
25.	If yes: Age at death a) b)		·

- 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

- 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 Orgainization
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.