

APPENDICES

Appendix - I**List of BRAC Health Centers**

1. Boilor
2. Shombhuganj
3. Gabtali
4. Kashiganj
5. Dapunia
6. Chechua
7. Balia
8. Phulpur
9. Tarakanda
10. Balipara
11. Gouripur
12. Dinajpur Sadar
13. Raniganj
14. Rangamati
15. Bhabanipur
16. Parbotipur
17. Bogra Sadar
18. Durgapur
19. Dublagari
20. Dupchachia
21. Kahalo
22. Mohimaganj
23. Fashitala
24. Laxmipur
25. Ataikhola
26. Dashuria
27. Kulaura
28. Shaestagonj
29. Kazirhat
30. Nakla
31. Garagram
32. Tinani
33. Tengenmari

Appendix - II**SERVICES TO BE COVERED BY BRAC HEALTH CENTER**

The following services are routinely provided at the BRAC Health Centers:

A) Maternal and Child Health (MCH) Care**A.1 Maternal Health Care:****A.1.1 Ante-natal Care Services**

- Early Identification and Registration of Pregnancy.
- Detection and screening of high-risk pregnancies.
- Monthly check-up of Wt, BP, fundal height, foetal movement/sound for the first and second trimester; and fortnightly if pregnancy is identified as high risk.
- Iron and Folic Acid supplementation
- Management of PET and medication for initial symptoms of hypertension.
- Treatment and/or management of hyperemesis gravidarum

A.1.2 Natal (Delivery)

- Normal labor with or without episiotomy
- Assisted labor (Vaccum Extractor).

A.1.3 Post-Natal Care

- Iron Supplementation

- Follow-up services i.e. per-vaginal bleeding and/or lochial discharge,
- Uterine involution; care of episiotomy wound.
- Care of breast including breast milk ejection and/or breast milk engorgement with its consequence (e.g. pain, fever).
- Treatment of puerperal fever and sepsis;

A.2 Children (0-5 years)

A.2.1 Neonatal and Perinatal Care

- Measurement of birth weight
- Care of umbilicus; treatment of umbilical sepsis
- Colostrum and breast feeding
- Initial management of Neonatal jaundice and Neonatal Septicaemia and referral

A.2.2 Infant and Child

Preventive:

- Screening for and referral of the developmental anomalies
- Immunization - all vaccines to be provided through EPI sessions twice in a week
- Growth Monitoring

Curative:

- Treatment of pneumonia and severe pneumonia and referral of very severe disease after initial management with resuscitation;
- Diarrhoeal diseases; Measles; Malnutrition

B) Family Planning Services

- Information, education, motivation (IEM) and counseling for family planning
- Non-Clinical: Distribution of pills and condom
- Clinical Services: Injectables, IUD, Sterilization

C. Essential Health Care (EHC)

- Respiratory System: Upper Respiratory Tract Infections (Laryngitis, Pharyngitis, Tracheitis), Acute and Chronic Bronchitis, Bronchial Asthma, Coryza/Influenza.
- Cardiovascular System: Treatment of Hypertension including immediate management of hypertensive crisis and referral. Counseling and referral of suspected patients with cardiac problem i.e. Rheumatic Fever, Rheumatic Heart Disease (RHD), Ischemic Heart Disease (IHD), Valvular Disease, Congenital Heart Disease (CHD).
- Gastro-intestinal System: Management and referral of GI Tract problems such as Dyspepsia, Indigestion, Diarrhea, Dysentery, Gastritis, Peptic Ulcer.
- Genito-Urinary System: Syndromic diagnosis and treatment of RTI/STDs; treatment of Urinary Tract Infection (UTI).
- Skin Diseases: Scabies; Staphylococcal Infection (Boil, Carbuncle, Abscess, and Impetigo); Eczema; Dermatitis.
- Infectious Disease: Helminthiasis, Enteric Fever, Malaria, and TB.
- Eye and ENT Diseases: Treatment of Conjunctivitis, Sty, Otitis Media, Tonsillitis, and Sore Throat.
- Others: Treatment and referral for Jaundice, Diabetes, Rheumatoid Arthritis, and Gout.

- Minor surgery: Stitching and dressing of minor wound and cut injury (not police case), Drainage of small abscess Dressing of wound and ulcers.

D) PATHOLOGICAL SERVICES

- Blood for HB%, TC, DC, ESR
- Urine and Stool for R/E and M/E
- Blood Sugar (Random/Fasting)
- Serum Bilirubin
- Blood Grouping
- Sputum for AFB
- Pregnancy Test
- Semen Analysis
- Blood for Kalazar (Aldehyde Test)
- Blood for Malarial Parasite (MP)

E) INFORMATION, EDUCATION AND COUNSELING

Appendix - III

Health and Population Division (HPD)
BRAC HEALTH CENTRE (BHC) / SHUSHASHTHYA

DRUG LIST
(*GENERIC NAMES*)

<u>Name of Drug</u>	<u>Dosage Form</u>
▪ ANTIBIOTIC:	
1. Penicillin-V (Phenoxymethyl Penicillin)	Tablet; Syrup (Syp)
2. Cotrimoxazole	Tablet; Syrup
3. Amoxicillin	Inj; Capsule; Syp; Paed. Drop
4. Cloxacillin	Capsule; Suspension
5. Cephalosporin (Cephalexin)	Capsule; Suspension (Susp)
6. Nalidixic Acid	Tablet
7. Doxycycline	Capsule
8. Ciprofloxacin	Capsule
9. Erythromycin	Tablet
10. Benzathin Penicillin	Injection
11. Ceftriaxon	Injection
▪ ANTI-PYRETIC / ANALGESIC / NSAID:	
12. Paracetamol	Tablet; Susp
13. Diclofenac Sodium	Tablet
14. Ibuprofen	Tablet

<u>Name of Drug</u>	<u>Dosage Form</u>
▪ BRONCHODILATORS:	
15. Salbutamol	Tablet, Syrup
▪ ANTIHISTAMINIC:	
16. Chlorpheniramine Maleate	Tablet; Syrup
17. Promethazine Hydrochloride	Tablet; Syrup
18. Mebhydroline	Tablet
▪ ANTI-EMETIC:	
19. Metoclopramide	Tablet; Syrup; Paed. Drop
20. Prochlorprazine	Tablet
▪ ANTI-AMOEBIC	
21. Metronidazole	Tablet
▪ ANTI-MALARIAL:	
22. Chloroquine	Tablet; Syrup
▪ ANTHELMINTIC:	
23. Mebendazole	Tablet; Syrup
24. Levamisole	Tablet; Susp
25. Albendazole	Tablet
26. Pyrantel Pamoate	Tablet; Susp
▪ ANTI-SPASMODIC:	
27. Hyoscin-N-Butylbromide	Tablet
▪ CARDIOVASCULAR DRUG:	
28. Propranolol	Tablet

<u>Name of Drug</u>	<u>Dosage Form</u>
29. Atenolol	Tablet
30. Nifedipine	Tablet
31. Methyldopa	Tablet
<ul style="list-style-type: none"> ▪ SKIN DISEASE: 	
32. Benzyle Benzoate	Emulsion
33. Neomycine + Bacitracin	Ointment
<ul style="list-style-type: none"> ▪ GIT PROBLEM: 	
34. Antacid	Tablet; Susp
35. Ranitidine Hcl	Tablet
36. ORS	Sachet
<ul style="list-style-type: none"> ▪ VITAMINS/HAEMATINICS 	
37. Iron + Folic Acid	Tablet; Syrup
38. Vit-B Complex	Tablet; Syrup
39. Vit-C (Ascorbic Acid + Sodium Ascorbate)	Tablet
<ul style="list-style-type: none"> ▪ EYE/ENT DISEASE: 	
40. Chloramphenicol	Eye/Ear Drop
41. Xylometazoline Hcl (Nasal Decongestant)	Nasal Drop
<ul style="list-style-type: none"> ▪ ANTI-FUNGAL: 	
42. Clotrimazole	Cream; Vaginal Tablet
43. Econazole Nitrate	Cream
44. Nystatin	Oral Suspension

Name of Drug**Dosage Form**

▪ CONTRACEPTIVES:

45. Femicon

Tablet

46. Nordette-28

Tablet

47. Raja

Condom

48. Panther

Condom

Appendix - IV**PRESCRIPTION PAD**

Seal(name of BHC)

Reg. No./ sl no:.....

SUSHASTHYA**(BHC)**

Date:

Name of the patient: Age:

Father's/ Husband's name:.....

Description of the disease	Rx
S/S of the patient Investigations: Diagnosis: Advice:	

Name of the prescriber:.....

Signature:.....

Designation:.....

Appendix - VI

Data collection form

Location:.....

Investigator:.....

Date:.....

Seq. #	Date of Rx	Age (months)	# of drugs	ORS (0/1)	Antibiotic (0/1)	Anti-amoebic (0/1)	Dx
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Total							
Average							
Percentage				% of total cases	% of total cases	% of total cases	

Note: 0= No; 1= Yes

Appendix - VII**Indicators consolidation form**

Date: _____

Name of Facility	Name of prescriber	Avg. # drugs prescribed	% ORS	% Antibiotic	% Anti-amoebic	Remarks
Facility Total						
Facility Total						
Facility Total						
Mean						
Maximum						
Minimum						

Appendix - VIII**WHO Indicators for rational use of drugs****Prescribing indicators**

1. Average no. of drugs prescribed per encounter
2. % of encounters with an antibiotics prescribed
3. % of encounters with an injection prescribed
4. % drugs prescribed by generic name
5. % of drugs from the essential drug list or formulary

Patient care indicators

1. Average consultation time
2. Average dispensing time
3. % of drugs actually dispensed
4. % of drugs adequately labeled
5. Patient knowledge of correct dosage

Facility Indicators

1. Availability of the copy of essential drug list or formularies
2. Availability of key drugs

Appendix - IX**Guide for In-depth interview with prescribers****1. Introduction**

- Greetings
- Knowing each other, if not known

(name & general affiliation)

2. Purpose of interview

I know that diarrhea is one of the common health problems in this community especially among the children under 5 years of age. I am interested in knowing your views about diarrhea and how it is managed. It would be very helpful if we could spend sometime together to discuss this issue.

3. General background

- Position in the health center
- Probe - educational background
- Age
- Marital status

4. Interview topics**4.1 Clinical Experience**

Can we talk for a while about your work in the clinic?

How many patients do you treat in an average day?

What kind of problem(s) do they have?

Probe: Number of patients under 5 years of age?

- Subjective prevalence of Diarrhea as a whole and in U-5 years of age
- Importance of diarrhea in under 5 years of age

4.2 Diagnosis

I would like to talk some more about Diarrhea in children. Could you please tell me how diarrhea usually presents themselves in children in this community?

Probe: key signs and symptoms

- different forms of presentation
- subjective organization of diagnosis, about WHO algorithm
- relative prevalence of severe versus mild diarrhea

4.3 Treatment

How do you usually treat a child who has diarrhea?

Probe: Number of drugs prescribed

- names of specific drugs prescribed
- use of i.v. saline, antibiotics, anti-amoebic or antidiarrheal
- when is treatment varied
- treatment for severe and mild or moderate cases of diarrhea in children U-5 years.

4.4 About WHO and National treatment algorithm of diarrhea

I would like to talk more about the WHO and National diarrhea treatment algorithm. Do you have the copy of these or anything else from the organization about the treatment schedule?

Probe: Norms and attitude of prescriber

- drug formulary or list of drugs for the center
- knowledge of standard treatment schedule
- peer practice norms
- mother's expectations
- Attitude towards standard treatment

4.5 Cost of treatment

How much does it cost on the average to treat a case of diarrhea in children?

Probe: Knowledge of cost of different drugs

- cost of mild to moderate cases
- cost of severe cases
- problems with ability to pay for some patients

5. Wrap up

{Thanks to prescriber for time and willingness to participate}

Do you have anything to add to what was already discussed or are there important topics that were not covered?

- Use of antibiotics
- Use of anti-amoebic/ antidiarrheals etc

{Close interview with thanks}

Appendix - X**Supervision/Monitoring form - 1**

(From the place of prescribing)

#	Name of the Patient	Consulting time (min.)	Examination		Remarks
			yes	no	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
No. of patients (#)					
Total					
Average					
Percentage					

Name of BHC

Region

Supervisor

Date

Appendix - XI**Supervision/Monitoring form - 2**

Encounter form

#	Name of Patient	Age	Sex	Name of Prescriber	Date of Treatment		
Health Problems	Symptoms/signs			Diagnosis			
Prescribed drugs			Patient drug knowledge		Labelling		
	Name, strength & dose	Dispensed quantity	When (0/1)	How much (0/1)	Patient name (0/1)	Drug name (0/1)	When (0/1)
1							
2							
3							
4							
5							

** Treatment according to STS: yes/no. (Note: Yes=1, No=0)

Name of BHC: Region:

Supervisor: Date:

Appendix - XII

Supervision/Monitoring Form - 3

Encounter summary form

#	# of drugs Prescribed	ORS (0/1)	Antibiotic (0/1)	Anti-amoebic (0/1)	# of drugs dispensed	STS (0/1)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						
Average						
Percentage		of encou- nters	of encou- nters	of total drugs	of total drugs	of diagnosis

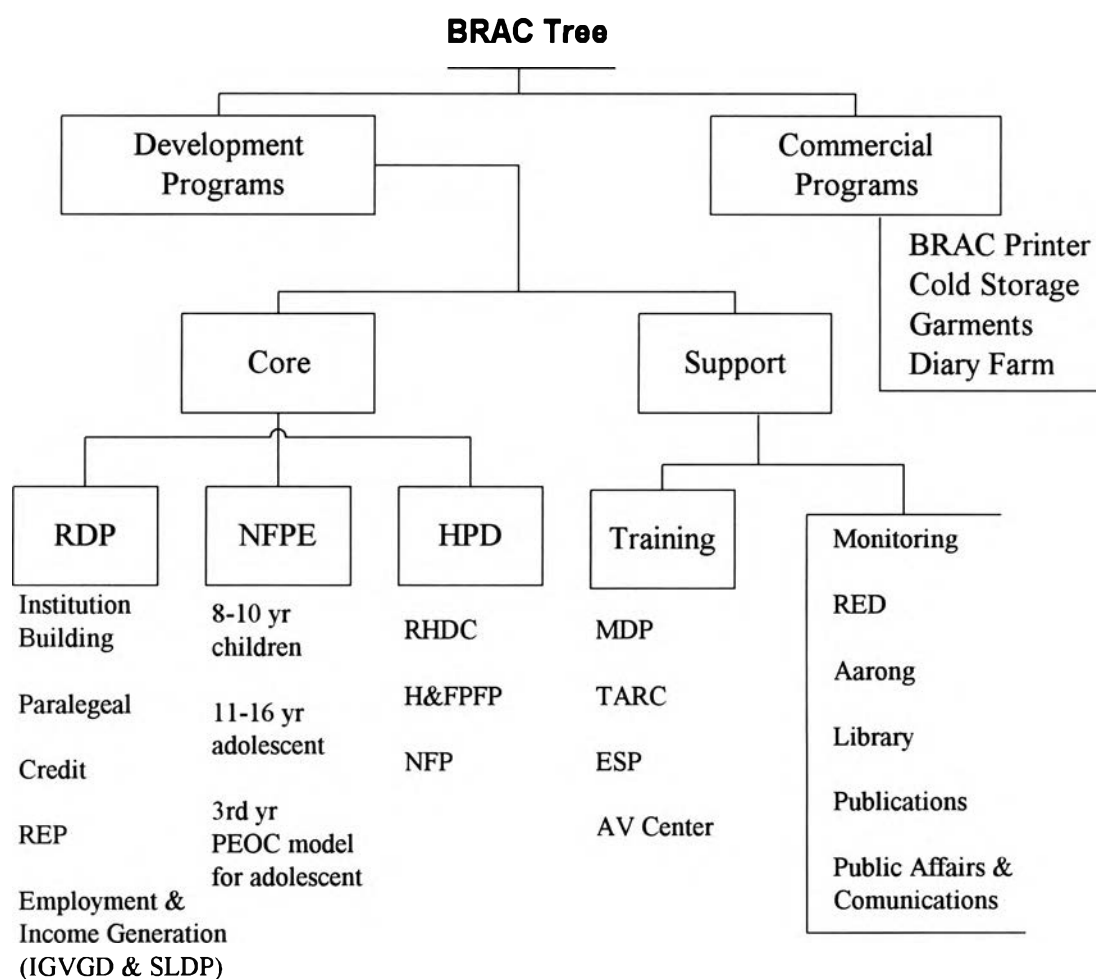
Note: *Yes = 1* *No = 0*

Name of BHC: Region:

Supervisor: Date:

Appendix- XIII**About BRAC**

Bangladesh Rural Advancement Committee, a non-government developmental organization, nowadays very much popular with its acronym BRAC, established in 1972, following Bangladesh's War of Independence, worked on the resettlement of refugees in a village of Sylhet district in the northeastern part of the country. Looking back on the past 26 years of BRAC's activities in the developmental field, what becomes most visible is the amazing growth of the organization - both in terms of program content and coverage. What made BRAC to set out on its remarkable journey was the realization that relief-oriented activities could only serve as a stopgap measure. From then on the new pledge was to provide sustainable measures to improve the condition of the rural poor. The BRAC Tree represents the BRAC programs:



There are another sets of program, called Program Services, which includes Accounts, Audit, Logistics, Personnel, Computer, Construction and Architecture to provide services to the development and commercial programs of BRAC.

According to the BRAC Tree that has shown in the previous page, a large multifaceted, diversified and dynamic programs is being carried out by BRAC throughout the whole country comprising approximately 18,000 permanent staffs and 34,000 auxiliary staffs. The paramount intention of BRAC is to alleviate poverty and empower poor especially women. To achieve this, BRAC pursues rural development through three major routes – health, education and rural development.

Health and Population Division

A most important aspect of BRAC's drive for social mobilization and development has been its health interventions. Even in 1972, when the organization first began operating in a village, its relief activities addressed the health sector to a great extent. The focus was simply on curative care at that time through paramedics and a self-financing health insurance scheme.

BRAC's current health programs have evolved from its past experiences, reaching the present maturity through a series of lessons on the people's potential. It's first major health initiative – the Oral Therapy Extension Project (OTEP), was actually the beginning of the learning process

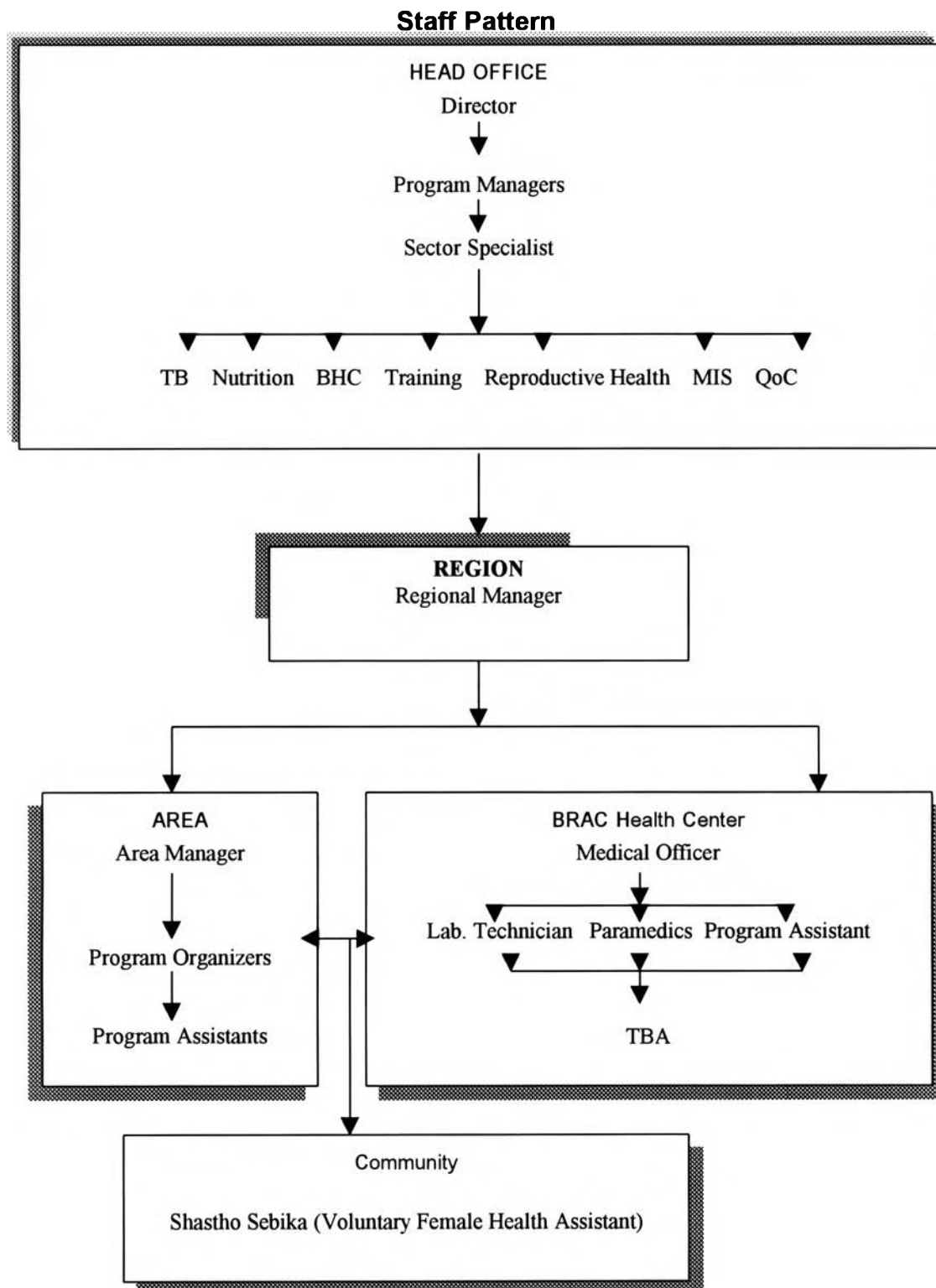
The success of the OTEP had given the BRAC management the confidence to take up the similar projects to fight against the problem of high child mortality in the country. Child Survival Program (CSP) was therefore introduced in 1986 focussing on the preventing health measures of immunization, vitamin A distribution and oral rehydration. BRAC next launched it's Primary Health Care Initiative later renamed as Essential Health Care (EHC) – a program that combined the CSP with safe motherhood through training of Traditional Birth Attendants (TBA).

In the early nineties, BRAC integrated its diverse experiences in health areas to establish the Women's Health and Development Program (WHDP). By the end of 1994, BRAC's health program was renamed as the Health and Population Division (HPD), so as to accurately reflect its broader area on population / family planning activities. One part of the program comprises WHDP which later modified as RHDC and several operations research projects while other aims at facilitating governments projects such as Family Planning Program, Control of TB & ARI, and the Community based Nutrition Program.

HPD Time Line: Major Events

1972	Established and started curative care through paramedics and a self-financing health insurance scheme in a village at Sylhet Division.
1980	OTEP
1986	CSP
1988	EHC
1991	WHDP and facilitation to the government EPI program
1995	RHDC and facilitation to the government Family Planning Program, Nutrition Program and TB control Program, BRAC Health Center started operating as static health care facilities

Structure of HPD:



Curriculum Vitae

Name : Arkanul Islam

Sex : Male

Date of Birth : 01.01.1965

Educational Qualifications:

Year of Graduation	Degree Granted	Country	Institution	Language of Study
1990	M.B.B.S.	Bangladesh	Rangpur Medical College	English
1995	D.T.C.E.	Japan	Research Institute of Tuberculosis	English

Employment:

Professional position: Zonal Medical Officer, Health and Population Division, BRAC

Responsibilities: Responsible for overseeing the activities of BHC in terms of quality control, supervision and monitoring. Also responsible for analyzing data on a regular basis to make strategies in achieving standard and ongoing operation research project.

Training Experiences:

1. Training of trainer course on "Management of TB and Leprosy control program at Thana/District level" in 1994 by Mycobacterial Disease Control, Govt. of Bangladesh

2. Training Workshop on "Clinic Management" in 1995 by RADDA MCH-FP Unit,
Bangladesh
3. Training of Trainer course on "HIV staff education" in 1996 by CARE-
Bangladesh
4. Training on "Promoting Rational Drug Use" in 1997 by INRUD in collaboration
with Action program on Essential Drugs (DAP), WHO. Nepal.

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