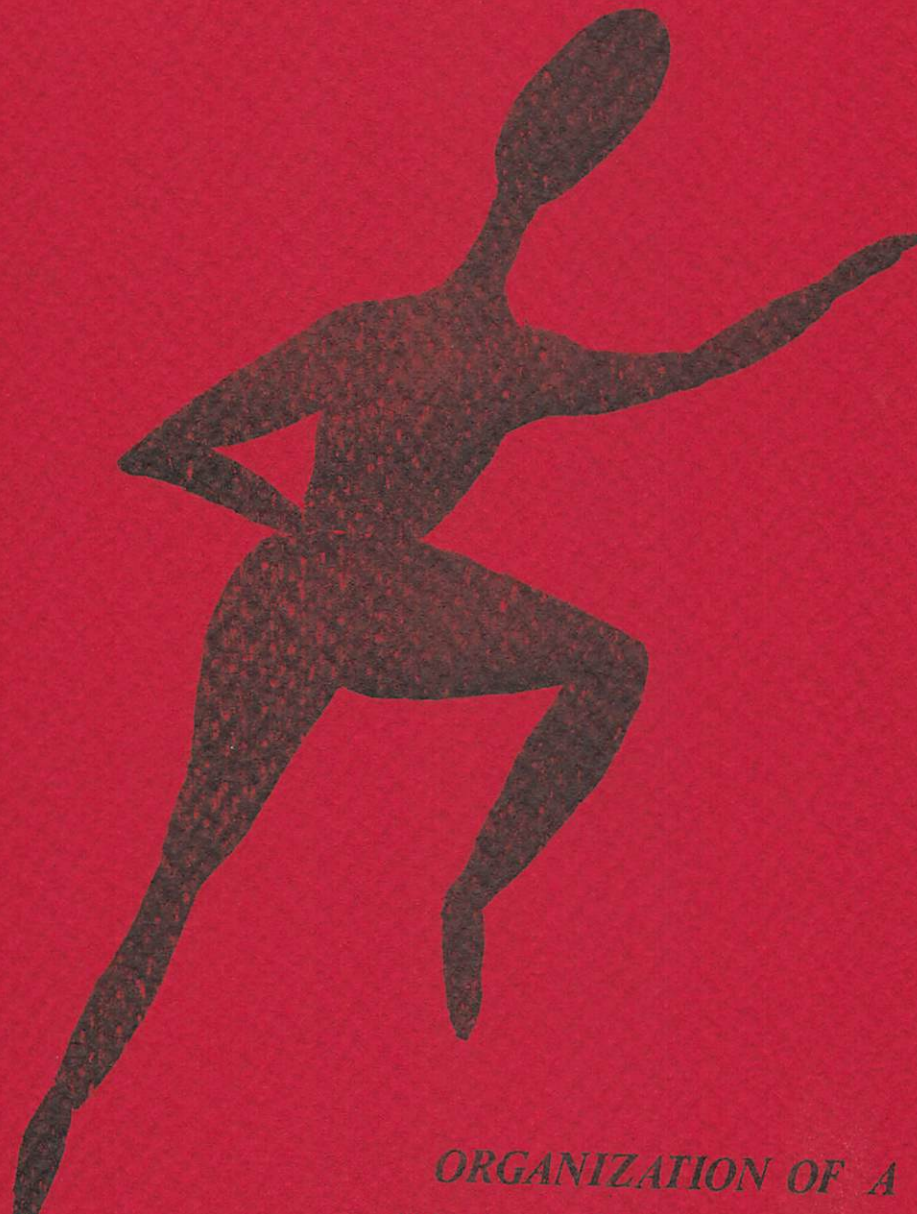


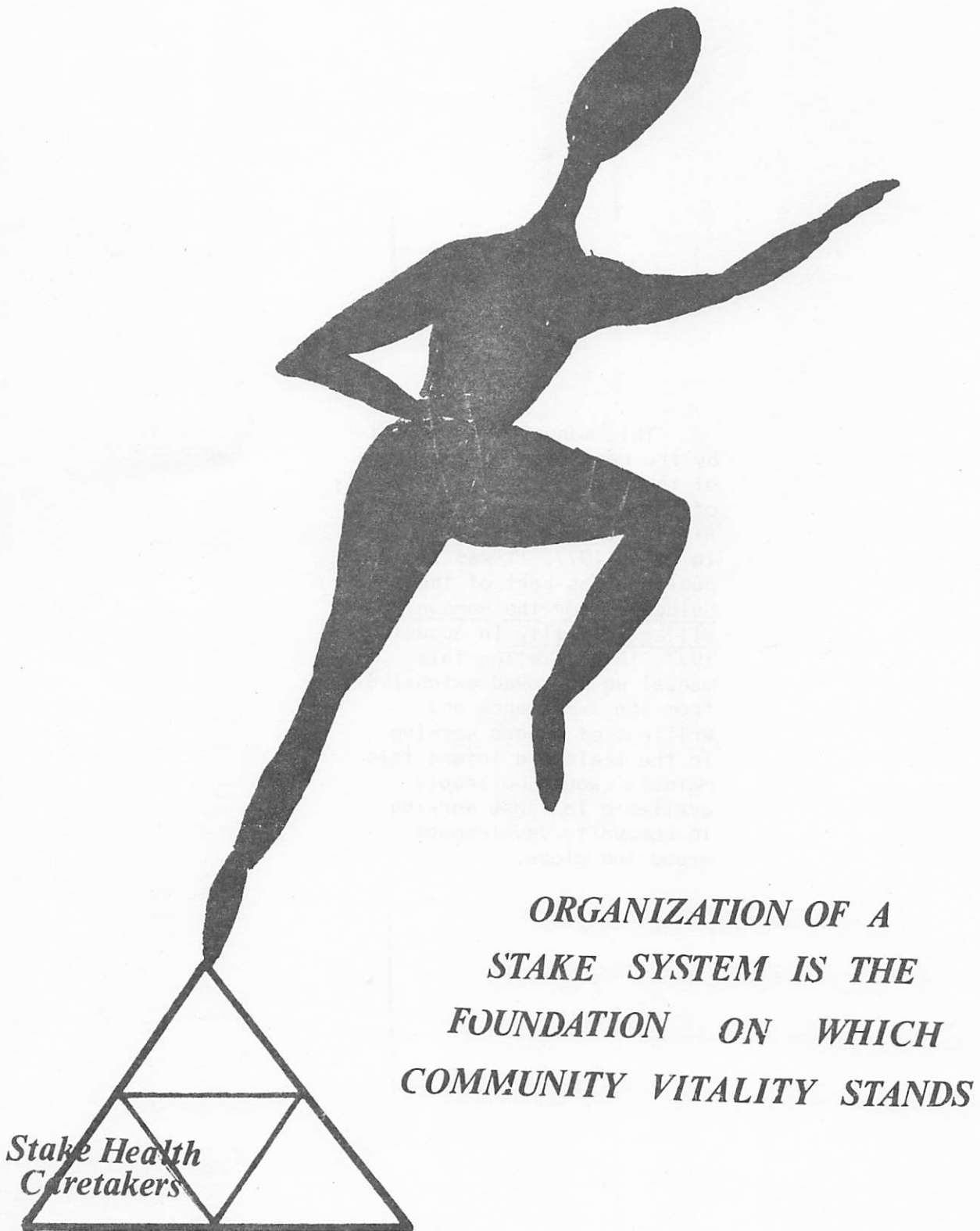
VITALITY MAINTENANCE SYSTEM



*ORGANIZATION OF A
STAKE SYSTEM IS THE
FOUNDATION ON WHICH
COMMUNITY VITALITY STANDS*

*Stake Health
Caretakers*

VITALITY MAINTENANCE SYSTEM





This manual was created by the Health Care Task Force of the Global Research Assembly of the Institute of Cultural Affairs in Chicago, Illinois, in July, 1977. It was first published as part of the Guidebook for the Renewal of Village Vitality in August, 1977. In completing this manual we borrowed extensively from the experience and writings of others working in the field and intend this material would be freely available to those working in community development around the globe.



INTRODUCTION

This section of the Guidebook describes the way a local structure is created to care for the health and vitality of every person in the community. Another section of the guidebook tells how these local structures can be financed. The first step is conducting a survey which tells you data you need to begin. Next, is to create the Stake Health-Caretakers system. The Education section of the guidebook how to train these volunteers. This section tells how to organize their work. After the Stake Health Caretakers have begun you build and supply the Health Outpost. The fourth step is bringing in outside professionals for services, and the last step is refining the local services.

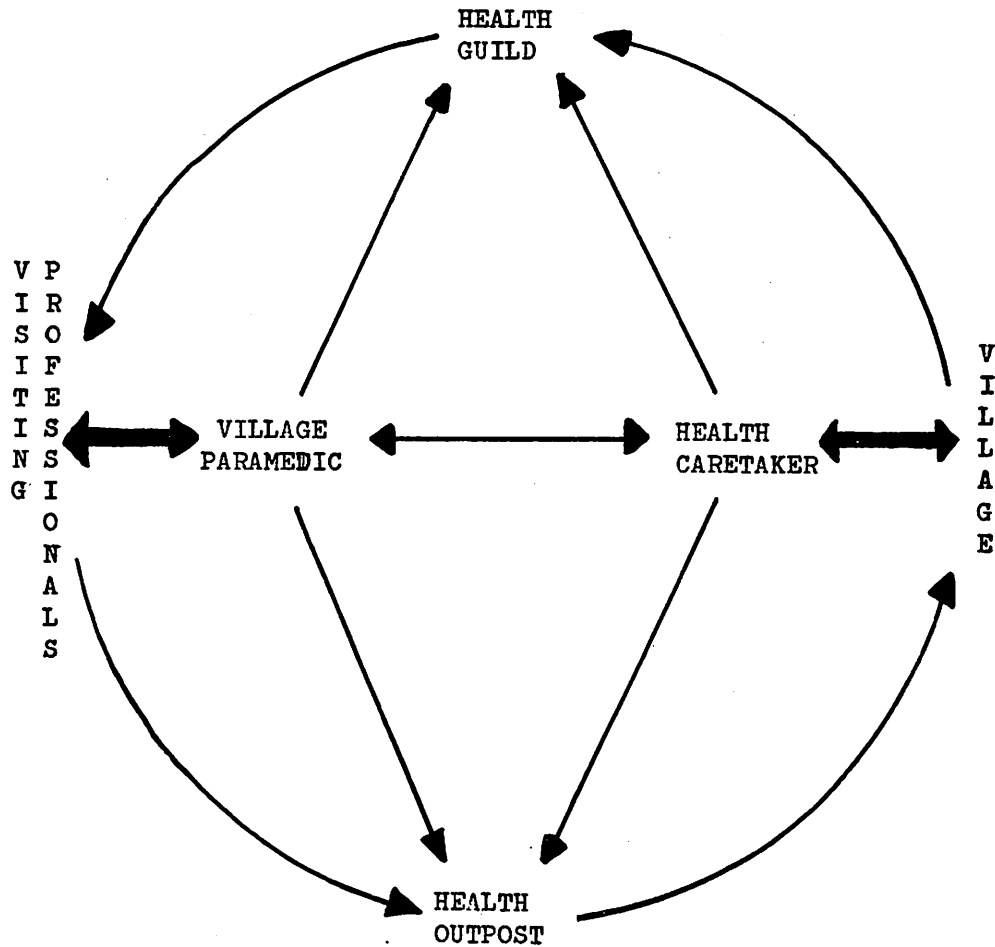
CONTENT

1. Survey	Page 3.4-3.19
2. Stake Health Caretakers	Page 3.21-29
3. Health Outpost	Page 3.30-3.42
4. Professional Services	Page 3.43-3.48
5. Rfining the local system	Page 3.49-3.54
6. Bibliography	Page 3.55

JOURNEY OF VITALITY MAINTENANCE SYSTEM

BEGINNING	DEMONSTRATION	REFINEMENT	SELF-SUFFICIENCY
<p>Health Caretaker</p> <ol style="list-style-type: none"> 1) Recruit by Stakes 2) 3 week intense training 3) Health Forum <p>Health Outpost</p> <ol style="list-style-type: none"> 1) Secure site 2) Rehabilitate 3) Erect sign <p>Professional Service</p> <ol style="list-style-type: none"> 1) Identify area professionals 2) Invite to site and Health Fair <p>Emergency Service</p> <ol style="list-style-type: none"> 1) Identify/publicize 2) Liaison with hospital staff 3) Use treatment manual <p>Consult</p> <ol style="list-style-type: none"> 1) Survey/analysis 2) Identify Signal Disease 	<p>Health Caretaker</p> <ol style="list-style-type: none"> 1) Mass immunization clinic 2) Implement health record system 3) Monthly family visits 4) Start "Under 5 Program" 5) Community education on Signal Disease <p>Health Outpost</p> <ol style="list-style-type: none"> 1) Obtain medical supplies and medicine 2) Preventive Dentistry Program starts <p>Professional Service</p> <ol style="list-style-type: none"> 1) Mass treatment of signal disease <p>Emergency Service</p> <ol style="list-style-type: none"> 1) First aid training of staff by professional 	<p>Health Caretaker</p> <ol style="list-style-type: none"> 1) Training in "Treatment by Symptoms" 2) Select and send out one health caretaker for paramedic training <p>Health Outpost</p> <ol style="list-style-type: none"> 1) Staffed daily 2) Fully equipped <p>Professional Service</p> <ol style="list-style-type: none"> 1) Regular/special clinic 2) Fluoride Program <p>Emergency Service</p> <ol style="list-style-type: none"> 1) First aid training 2) Health Caretakers call Roster Published 	<p>Health Caretaker</p> <ol style="list-style-type: none"> 1) Evaluation Survey 2) Paramedic Assumes management of Health Outpost <p>Health Outpost</p> <ol style="list-style-type: none"> 1) Local financing established 2) Mass screening clinic and follow-up <p>Professional Service</p> <ol style="list-style-type: none"> 1) Contracted services 2) Dental treatment <p>Emergency Service</p> <ol style="list-style-type: none"> 1) Referral Network operational

Dynamics of Maintaining a Vital Village



Central to a local health system are the village volunteer stake health caretakers. They are the link between the community and outside professional services. They catalyze the Guild and maintain the health outpost. The paramedics are one to two health caretakers who have received further training and serve the community with special skills and management of the system. The dynamic flow of interchange is key to the effectiveness of the system.



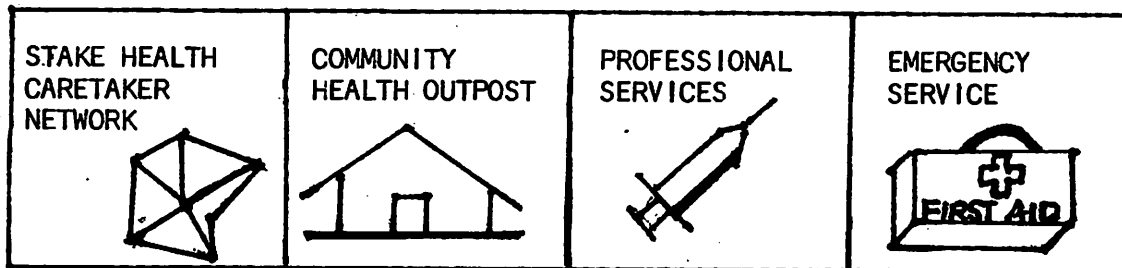
LOCAL VITALITY MAINTENANCE SYSTEM

- How to enable your community to build programs caring for the vitality of every individual -

CONTEXT

Effective health care delivery does not have anything to do with a building called a Health Outpost, it does not have anything to do with having doctors or even nurses in residence or volunteering regular services unless there is a stake network of local residents trained to deliver day to day care to their neighbors. The real power of the local caretaker rests in his or her ability to keep people from getting sick rather than in helping people who are already sick, but even here he is the only agent which will allow outside health services to be delivered effectively in the village. Most of the rural villages of the world cannot achieve vitality without local residents in voluntary service providing preventative services on a regular basis through the Stake Network structure.

ESSENTIALS CHART



ASSUMPTIONS

Stakes - key to manageability

Stake Health Caretakers - delivery of preventive and simple treatment and opens way for general stake development

Preventive Care - Is the effective way to well-being not "crisis intervention"

Health Caretakers are laymen.

Creation of the Health Outpost is a symbol of the community's decision to deal with its own health care

Literacy is not a prerequisite, records must be kept, illiterate people can be easily taught to keep records



LOCAL VITALITY MAINTENANCE SYSTEM

(cont'd)

CONCEPTS

Stake Health Caretaker, Health Outpost, prevention, treatment by symptoms, emergency services

Stake Health Caretaker - is a local person responsible for 20 to 30 families within the given neighborhood in the community who:

1. Weighs all babies in those families from 0 to 5 years once a month and checks immunizations
2. Records immunizations and weights on 'Road to Health' chart monthly
3. Refers children with growth and immunization problems to Back-up Medical Services for immunization exam and enters the child in Community Feeding Program
4. Teaches maternal child class during monthly weight sessions
5. Visits each family one a month
6. Maintains records of illness and treatment, pregnancies, births and deaths
7. Delivers treatment by symptoms of minor common illnesses
8. Meets regularly (weekly/bimonthly) with fellow Stake Health Caretakers to receive ongoing training and engage in planning and implementing programs dealing with the health of the community as a whole
9. Encourages and enables all who need referral services to receive them in a most human manner
10. Assists professionals in performing community survey and mass treatment programs by recruiting families in their stake
11. Advocates and teaches hygienic and good nutritional practices in all homes
12. Demonstrates through his/her own life and family a model of good health practices

Health Outpost - a Health Outpost is a designated space:

1. Where supplies and equipment are safely stored and are available for use
2. Where patient records are kept
3. Where vitality maintenance library is kept
4. That is a clean place to dress wounds
5. That has enough supplies so that a visiting M.D. may use his skills
6. That is a node for Stake Health Caretaker meetings
7. That maintains primary emergency equipment
8. That may be the site of screening and mass treatment clinics
9. That may be the operation center for (visiting) mobile teams
10. That may be operated by the community nurse or paramedic or Health Caretaker

Prevention - a system for the stake level designed to prevent disease and malnutrition.

Treatment by Symptoms - is the simple treatment by Health Caretakers of common illnesses by the assessing of the complaints which the illnesses cause. Ninety percent of common illnesses in the village can be cured in this way without the Health Caretakers having to know physical diagnosis.

Emergency Services - are simple first aid care provided locally to prevent further damage and the rapid safe transportation to the nearest hospital.



COMMUNITY SURVEY

INTRODUCTION

A Community Survey should be conducted during the Consult or as soon as possible after. This will determine the real health needs of the community. A random sampling of 1 out of every 10 households is a reliable indicator of the health of the whole community.

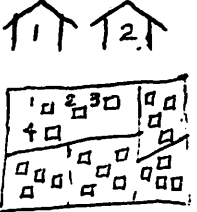
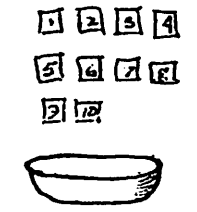


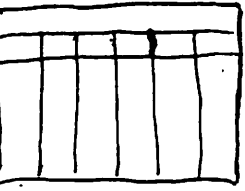
Before conducting the survey get authorization from the community leaders by visiting them and doing the survey in their houses. Hold this data but do not compute it into the final random survey as it may lead to biased (misleading) results.

CONTENTS

- | | |
|--------------------------|----------------|
| 1. How to do a survey | Page 3.10 |
| 2. Survey Form | Page 3.11-3.13 |
| 3. Survey Analysis Guide | Page 3.14-3.19 |

**THE SURVEY IS YOUR FIRST STEP IN
BUILDING THE LOCAL SYSTEM.**

INSTRUCTIONS FOR DOING A COMMUNITY SURVEY FORUM

Task Phasing	Things To Do	Intent	Image
Preparation	<ol style="list-style-type: none"> 1. Make stake grid 2. Show all houses 3. Number the houses on grid 4. Place number on the actual houses 	Making it easy to get the job done.	
Selection	<ol style="list-style-type: none"> 1. Make 10 pieces of paper 2. Number them 1 to 10 3. Put them in a hat or basket 4. Mix them up 5. Close your eyes and pick one 6. The number on the paper is the number of the first house you visit, then you go to every 10th house after. (ex. 2, 12, 22) 	Visit a small number of houses in such a way that it tells you exactly what is going on in the entire village.	
Form Teams	<ol style="list-style-type: none"> 1. One outside consultant per team 2. If translation is needed translation must be fluent 3. One local person/team 4. Two to three teams 	Have teams who know health and who know the village.	
Make Visits	<ol style="list-style-type: none"> 1. Each visit takes about one hour 2. Ask to sit down in home 3. Invite all family to talk 4. Mother is the key person 5. <u>Don't Leave Anything Out</u> 6. Record everything 	Get all the information needed in a relaxed manner.	
Analyze Results	<ol style="list-style-type: none"> 1. Go through each item one at a time 2. Record the responses on a common sheet 3. Don't throw away the surveys 4. Follow guidelines of analysis 	Thinking carefully	



INITIAL SURVEY FORM

BIRTH/INFANT DATA

1. HOW MANY BABIES HAVE YOU HAD? _____
2. HOW MANY DIED? _____ CAUSE OF DEATH _____
3. WHERE DID YOU HAVE THE BABY? _____
4. WHO DELIVERED IT? _____
5. HOW WAS IT DELIVERED? _____
6. DID YOU GET VITAMINS & TETANUS _____

VILLAGE PERCEPTION OF HEALTH STATUS

7. HOW MANY PEOPLE IN THE FAMILY? _____
8. HAS ANYONE IN YOUR FAMILY HAD:
DIARRHEA _____
WORMS _____
FREQUENT FEVERS _____
COUGH _____
ALCOHOLISM _____
DRUG ADDICTION _____
SKIN DISORDERS _____
OTHERS _____
9. IS ANYONE CURRENTLY SICK? _____
WHAT FROM: _____
10. HAS ANYONE DIED IN THE LAST THREE MONTHS? _____
WHAT CAUSE: _____
11. WHAT ARE MOST COMMON DISEASES IN VILLAGE?

VILLAGE PERCEPTION OF HEALTH SERVICES

12. WHO IN FAMILY TAKES CARE OF HEALTH PROBLEMS _____



13. WHO IN NEIGHBORHOOD DO YOU GO TO FOR CARE? ??

14. WHAT PROFESSIONAL SERVICES DO YOU USE?

15. ARE YOU SATISFIED WITH PROFESSIONAL SERVICES?

16. HOW FAR AWAY ARE THEY?

WHEN ARE SERVICES AVAILABLE IN THE VILLAGE?

17. WHAT DO SERVICES COST?

WHAT SERVICES ARE FREE?

18. WHAT IMMUNIZATIONS HAS YOUR FAMILY HAD?

HAVE ADULTS BEEN IMMUNIZED?

HAVE CHILDREN BEEN IMMUNIZED?

DO YOU KNOW THE NAMES OF IMMUNIZATIONS?

DO YOU HAVE RECORDS?

IF NOT, WHO HAS THE RECORDS?

DENTAL SURVEY

19. DOES ANYONE IN YOUR FAMILY HAVE A TOOTH-ACHE NOW?

20. IS DENTAL TREATMENT AVAILABLE BEYOND EXTRACTION?

21. DOES YOUR FAMILY CLEAN THEIR TEETH?

22. WHO IN YOUR FAMILY HAVE MISSING TEETH?

23. WHAT HAS CAUSED LOSS OF TEETH?

24. IS THERE ACCESS TO DENTURES?

25. IS THERE FLOURIDE IN THE WATER?

26. IS THERE A CENTRAL WATER SUPPLY?



INITIAL SURVEY FORM

PHYSICAL EXAMINATION

Check all family members for obvious problems -
Record these on sheet.

FAMILY MEMBER	SKIN	EYES (Vision)	DEFORMITY	MOUTH (Teeth)	COUGH	ARM CIRC.
Father						Only Done Between Ages 1-5 (see Nutrition Survey for technique)
Mother						
Child -age						
Child -age						
Child -age						
Child -age						
Child -age						
Child -age						
Relative						
Relative						



INITIAL SURVEY EVALUATION
(tabulated results from the 10% survey)

BIRTH/INFANT

1. TABULATE THE AVERAGE NUMBER OF BIRTHS PER WOMAN.

Total number of women in survey _____

Total number of births reported _____

Divide number of births reported by number of women in survey _____

2. TOTAL INFANT DEATHS _____

TOTAL LIVE BIRTHS _____

TOTAL NUMBER OF INFANT DEATHS ÷ BY TOTAL INFANTS BORN _____

RESPONSE: -5% not priority
 5-10% secondary concern
 10% priority concern

TOP THREE CAUSES OF INFANT DEATH

These are your main targets
for prevention program through
stake Health Caretakers.

3. NUMBER OF BIRTHS IN HOMES _____

NUMBER OF BIRTHS AT HEALTH FACILITY _____

4. NUMBER DELIVERED BY FAMILY _____

BY MIDWIFE _____

BY PROFESSIONAL _____

METHOD

ON FLOOR, ETC. _____

WHAT WAS CORD CUT WITH? _____

WHAT WAS PUT ON CORD? _____

All of this tells the importance of teaching home delivery.



INITIAL SURVEY EVALUATION (cont.)

RANK THE TOP 5 DISEASES IN ORDER, NUMBER 1 BEING THE MOST SERIOUS.

ASK HEALTH PROFESSIONALS WHAT ARE MOST COMMON DISEASES IN COMMUNITY?

RANK THE RESPONSES GIVEN MOST FREQUENTLY ON THE SURVEY. (questions 8-11)

TABULATE AND RANK THE RESULTS OF PHYSICAL EXAMS

	1	2	3	4	5
HEALTH PROFESSIONALS					
SURVEY RESULTS					
EXAMINATION RESULTS					

LIST THE DISEASES BY RANK, THE MOST COMMON ON THE THREE LISTS
A BEING FIRST. THESE ARE YOUR COMMUNITY'S SIGNAL DISEASES.

1. _____
2. _____
3. _____
4. _____
5. _____

A SIGNAL DISEASE DEMANDS A SIGN



INITIAL SURVEY EVALUATION (cont.)

HEALTH SERVICES
(questions 12-18)

WHO DOES HEALTH CARE IN THE VILLAGE?
(question 12-13)

RECORD NAMES OF PEOPLE WHO ARE DELIVERING HEALTH CARE TO VILLAGE AND INCORPORATE THEM INTO THE HEALTH CARE SYSTEM, PARTICULARLY AS HEALTH CARETAKERS:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIST PROFESSIONAL SERVICES USED BY THE VILLAGE
(questions 14-16)

SERVICE	DISTANCE	ADEQUACY
_____	_____	_____
_____	_____	_____
_____	_____	_____

SERVICE: ALL SERVICES USED IN PRIVATE AND PUBLIC SECTOR SHOULD BE INVOLVED IN PROJECT

DISTANCE: IF ANSWER

IN COMMUNITY	--	WEEKLY INVOLVEMENT LIKELY
1 HOUR	--	WEEKLY INVOLVEMENT LIKELY
2 HOURS	--	MONTHLY VISITS MORE LIKELY

ADEQUACY: YES ANSWER TELLS YOU WHAT CURRENT PRACTICES CAN BE EXPANDED TO BUILD MOMENTUM

NO ANSWER IDENTIFIES BLOCKS TO BE DEALT WITH EITHER THROUGH COMMUNITY EDUCATION AND/OR THROUGH THE PARTICULAR FORM OF INVOLVING SERVICES IN THE PROJECT



INITIAL SURVEY EVALUATION (cont.)

HEALTH COSTS
(question 17)

WHAT DO SERVICES COST THE VILLAGE?

WHICH SERVICES ARE FREE?

BASIC CLINIC _____

SPECIAL CLINICS _____

HOSPITAL CARE _____

HOME VISIT _____

DENTAL _____

GLASSES _____

MEDICINES _____

OTHERS _____

THESE QUESTIONS ALSO NEED TO BE ASKED OF THE TRAINED PROFESSIONALS OR NEAREST HEALTH CARE STRUCTURE.

THINGS TO LOOK FOR:

EXPLORE WAYS OF COMBINING OR CUTTING COSTS _____

WHAT HEALTH SERVICES ARE NEEDED BUT ABSENT?
(dental, glasses) _____

WHAT SYSTEMS ARE SET UP BUT NOT DELIVERED? _____

WHERE ARE THERE POSSIBILITIES FOR SERVICES
AND MEDICINES? _____

(these issues become the work of the caretakers, guild) _____

IMMUNIZATIONS

SPECIFIC RECORDS NEED TO BE KEPT FOR EACH FAMILY IN THE HEALTH OUTPOST

WHAT IMMUNIZATIONS HAVE BEEN GIVEN IN THE VILLAGE? Adult Children
WHEN GIVEN? (mass inoculation or available regularly) _____



INITIAL SURVEY EVALUATION (cont.)

DENTAL SURVEY
(questions 19-25)

	FREQUENT	OCCASIONAL	SELDOM
WHAT IS THE INCIDENCE OF TOOTHACHE?	_____	_____	_____
WHAT IS THE FREQUENCY OF TOOTHBRUSHING?	_____	_____	_____
WHAT IS THE EVIDENCE OF MISSING TEETH?	_____	_____	_____
WHAT IS STRUCTURE FOR DENTAL CARE?	_____		
Filling	_____		
Extractions	_____		
Dentures	_____		
Prevention	_____		
WHAT IS THE NEAREST AVAILABLE EMERGENCY CARE FOR DENTAL PROBLEMS?	_____		

This tells you where to start in your education programs and identifies who can help you.



Community Survey cont'd

END OF YEAR HEALTH SURVEY

Near the end of each year a repeat survey of the community should be done. The image for this survey is found in the Health Education Section. Data from this survey will tell the auxiliary and the community what has been accomplished and what remains to be done. Further acceleration or future health treks can then be planned.

THE SURVEY IS AN IMPORTANT PART OF YEARLY PLANNING



HEALTH CARETAKER

INTRODUCTION

The first step after the survey in building your local health system is to recruit volunteers or nominated persons from each atake so that there is one health caretaker for each twenty to thirty families. How you get this group started is described in the Health Emphasis Month section of the Education portion of the manual.

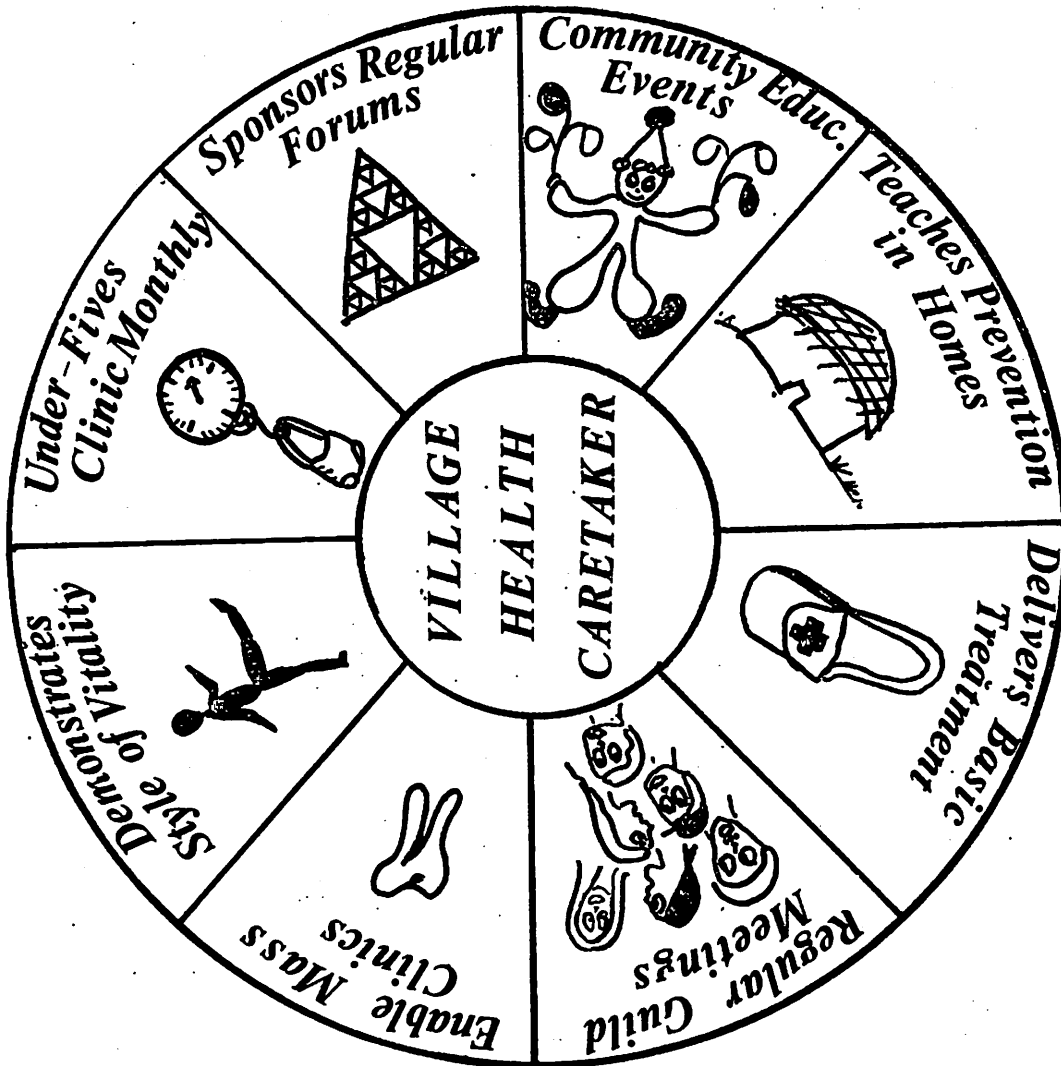
Here we outline the roles and tasks of the Caretakers as part of the whole local system. The main job the Caretakers do is the Under-Fives Clinic or monthly baby weighing. This is conducted in the stakes in the mothers' homes not in the Out-post. After their initial training they meet weekly as the Health Guild - a meeting format is shown here

CONTENT

1. Roles and tasks	Page 3.22-3.23
2. Under-fives Clinic	Page 3.24-3.25
3. Weighing charts	Page 3.26-3.27
4. Meeting Formats	Page 3.28-3.29

ROLES OF VILLAGE HEALTH CARETAKER

The chart below portrays the roles that the village Health Caretaker will ultimately assume in the community - All the training given and events held point him in the direction of being able to do these tasks:



HEALTH CARETAKER ACTIVITIES

<p style="text-align: center;">PHASE I (1st 6-9 months)</p> <p style="text-align: center;">PREVENTION WORK</p>	<ul style="list-style-type: none"> - Visits each home once a month to do teaching. - Holds monthly weighing and immunization checks in stakes. - Attends weekly Training/Guild Meetings.- reports births-deaths-pregnancies. - Helps build Outpost. - Goes on inkind calls for supplies. - Enables community impact events. - Attends all stake meetings. - Begins literacy classes.
<p style="text-align: center;">PHASE II (2nd 6-9 months)</p> <p style="text-align: center;">ADDS BASIC TREATMENT</p>	<ul style="list-style-type: none"> - Visits each home once a month to do teaching. - Holds monthly weighing and immunization checks in stakes. - Attends weekly Training/Guild Meetings - reports births-deaths-pregnancies. - Works corporately to maintain Health Outpost. - Helps recruit professionals. - Hosts mass clinic. - Delivers simple treatment to families he is responsible for. - Enables community impact events. - Gives spins at stake meetings. - Shares monthly Emergency Call Schedule.
<p style="text-align: center;">PHASE III (3rd 6-9 months)</p> <p style="text-align: center;">PARAMEDICS TRAINED</p>	<ul style="list-style-type: none"> - Visits each name once a month for teaching and treatment follow-up - Holds monthly weighing and immunization checks in stakes. - Attends weekly Training/Guild Meetings- reports births-deaths-pregnancies. - Hosts mass clinics. - Delivers simple treatment to families he is responsible for. - Enables community impact events. - Creates funding scheme. <p style="margin-left: 400px;">Paramedic:</p> <ul style="list-style-type: none"> - Maintains H.O.P. - Maintains professional contacts. - Does clinic follow-up - Maintains records. - Provide Emergency Care.



GUIDELINES FOR UNDER FIVES CLINIC

- Equipment
- Procedure
- Recording

Locate one or two homes in each stake which can be used for the Under-Fives weighing. Health Caretakers bring the equipment from the Health Outpost.

EQUIPMENT	
<p>1. Hanging spring scale with clock-face and 25 kg. capacity.</p> <ul style="list-style-type: none"> - Salter Company - Available through UNICEF CRS Some government agencies 	
<p>2. Weighing breeches - three pairs - big enough to fit 5 year old child.</p> <ul style="list-style-type: none"> - These can be made from cloth. - Sometimes they come with the scales. 	
<p>3. A Tripod - If there is nothing to hang the scale from.</p>	
<p>4. Road to Health Charts - (see sample on records section)</p> <ul style="list-style-type: none"> - To be given to mother to keep. - If possible should give plastic envelope to put it in. <p style="text-align: center;">Available through - UNICEF CRS some government agencies</p>	



Guidelines For Under Fives Clinic
(Cont'd.)

PROCEDURES	
WEIGHING	<ol style="list-style-type: none"> 1. Team of three - <ul style="list-style-type: none"> - One weighs - mother - One organizes children - mother - One fills out records - HCT 2. Put each child in breeches gently so he doesn't cry. 3. Record weight on chart. 4. Show to mother. 5. Record weight in holding chart.
IMMUNIZATIONS	<ol style="list-style-type: none"> 1. Record all new immunizations on mother's card and hold chart.
REFERRAL	<ol style="list-style-type: none"> 1. Tell mothers if child is not growing or needs immunization. 2. Arrange child to be checked by visiting professional. 3. Enroll child in feeding program. 4. If child is missing send one worker to get him. 5. Refer name to pre-school if over 2 years.
REFLECTION	<ol style="list-style-type: none"> 1. Gather all mothers together. 2. Give short talk on immunizations, child care, nutrition, breast feeding, etc. 3. Hold conversation pointing to common problems and concerns in child care. 4. Praise mothers and children with progress.



GUIDELINES FOR WEIGHING HOLDING CHART

The holding chart is built to hold all immunization data, weight of each child under six and a code for illness in each month. One holding chart is needed for each stake.

Materials

1. File folder or light weight cardboard 17" X 11" that can be folded in half
2. Two sheets of 8½ X 11 paper
3. Ruler and staples or glue

Steps

1. Take one sheet of paper and down the length of the paper beginning on the left side are the following columns:
 - A. Column for each shot needed for full immunization
 - B. Column for stake number
 - C. Column for full name
 - D. Column for date of birth
2. Staple page to left inside file folder.
3. Take second sheet of paper and make six columns or six months divide columns for each month into 2 columns. One is for weight and one is for illness if occurred during the month.
4. Staple this on right inside file folder.
5. Make horizontal lines down page with enough for one name.

Use of Chart

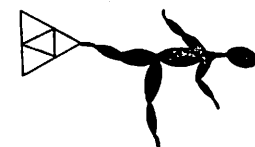
1. On left side fill in immunization box with date received. This gives you a permanent record of each child's immunization as well as whole picture for stake at a glance.
2. Fill in weights on right side of page.
3. As right side is completed (every six months) add new sheet. The left side remains constant.
4. Helpful list - put all the children of one family on consecutive lines.

(See illustration on next page)



HEALTH CARETAKERS MEETINGS

Weekly Meeting Format	
<u>H E A L T H C A R E T A K E R</u>	
<p style="text-align: center;">OPENING</p> <p style="text-align: center;">20 minutes</p>	<ol style="list-style-type: none"> 1. Songs/Ritual--Local, global, health songs 2. Accountability--For stake and unit representation 3. Report--Of illness, death, birth, and pregnancy within the community 4. Rehearse--Quarterly timeline and this week design
<p style="text-align: center;">TRAINING</p> <p style="text-align: center;">30 minutes</p>	<p>A TALK THAT PROVIDES:</p> <ol style="list-style-type: none"> 1. Foundational Health Data 2. Practical Skills for Health Caretakers 3. Implications for Community Health 4. Cruciality for Nation & the World
<p style="text-align: center;">WORKSHOP</p> <p style="text-align: center;">40 minutes</p>	<p>DIVIDING INTO SMALLER GROUPS TO:</p> <ol style="list-style-type: none"> 1. Practice skills from the talk 2. Make practical plans for weekly meetings 3. Solve community health problems 4. Plan referrals and follow-up for neighbors in community
<p style="text-align: center;">CLOSING</p> <p style="text-align: center;">30 minutes</p>	<ol style="list-style-type: none"> 1. Reports--2 minute statements from each of the workshops 2. Reflection--Questions & issues, implications of workshop reports 3. Announcements--Information necessary before next meet'g 4. Songs/Send Out--Celebrate work of meeting & go out to care



HEALTH CARETAKER QUARTER'S MEETINGS

WEEK	1	2	3	4	5	6	7	8	9	10	11	12	13
OPENING 1. List songs to be sung 2. List leaders													
TRAINING 1. List who is coming 2. List the subject of their talk													
WORKSHOP 1. List content for each workshop 2. List materials needed													
CLOSING 1. List announcements to be made 2. List songs to be sung													

HEALTH CARETAKERS MEETINGS
(Cont'd)



COMMUNITY HEALTH OUTPOST

INTRODUCTION

The following pages give guidelines for establishing a Health Outpost in your community. The Outpost is a critical component of the Local Health System. It is a place where supplies for local workers and visiting professionals are kept. It is a place where they can give special treatments and where the Caretakers and the Guild can meet. It is not the first step in building your local system. First you create the Stake Health Caretakers System then through them the Outpost is created. The Financial Section of this guidebook describes Health Outpost financing.

CONTENT

- | | |
|--------------------|----------------|
| 1. Outpost set-up | Page 3.31-3.32 |
| 2. Supplies | Page 3.33-3.36 |
| 3. Use of medicine | Page 3.37 |
| 4. Record keeping | Page 3.38-3.41 |

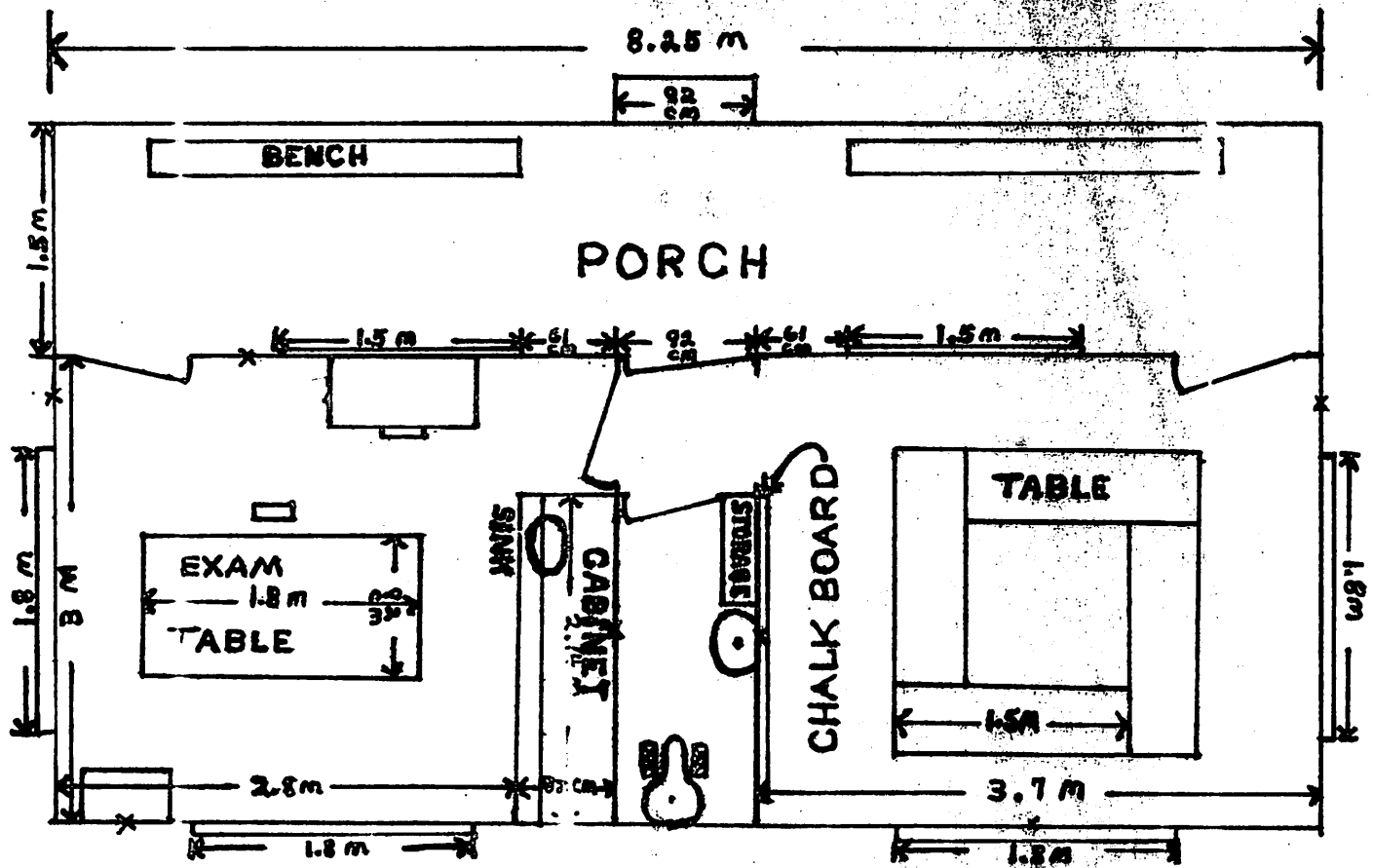
THE HEALTH OUTPOST IS A SYMBOL OF THE
COMMUNITY'S DECISION TO RENEW ITS VITALITY



GUIDELINES FOR SETTING UP A HEALTH OUTPOST

GUIDELINES FOR SETTING UP A HEALTH OUTPOST	
Picking a site	<ol style="list-style-type: none"> 1. Find an unused building in a central location. 2. It should have two rooms - one for treatment and one for meetings. 3. It should have space in front for people to stay while waiting.
Reconstructing the Building	<ol style="list-style-type: none"> 1. Floor must be solid clay or cement so it can be washed well. 2. Walls painted so they can be washed. 3. If not present make a window so that fresh air can blow through both rooms. 4. If available hook up electricity with at least one bright light in each room and wall plug for appliances. 5. Make roof water proof. 6. Put screens on windows and doors. 7. Put lock on door. 8. Hook up water or make large water storage bin of clay or cement (with a cover). 9. Put a sign on the front. 10. Make the ground on the outside look nice.
Orchestrating the Work	<ul style="list-style-type: none"> - See the Education Section on Community Health Impact Modules. - Building the Outpost is emphasized for one month. - Have work days with Health and Builder's Guilds recruiting community. - When it's done have a dignitary officially open it.

REHAB BEFORE YOU BUILD A NEW OUTPOST



HEALTH OUTPOST

HEALTH OUTPOST FLOOR PLAN

4
5



GUIDELINES FOR MEDICAL SUPPLIES INKIND

CONTEXT

There are many private and public agencies, corporations and government departments who provide free and/or inexpensive drugs, vaccines, medicines and supplies to non-profit groups working in communities to improve the level of health. They need to know that you won't sell what you get from them. Also, many drug companies will give some out-dated medications. Observe closely for them and immediately throw them away (out of the reach of children and all other people).

Where To Go

1. For the names of businesses that supply, see list at back of this manual.
2. Go to the central office nearest government health agency.
3. Go to purchasing department of nearest hospital.

What To Do

1. Go to agencies and hospitals with a list of specific needs and amounts.
2. Request inkind goods on an ongoing basis - if not, ask for a supply to get started. (if not successful go to the next level distributors then to manufacturer if feasible).
3. Use area/continent guardians for authorization, letter of referral, and take on the visit if possible.
4. Establish a delivery system for acquiring supplies in adequate time for set-up.
5. HCT needs to make "request visit" along with guardian.
6. Guild needs to take increasing responsibility for securing and maintaining supplies. It is in the Guild that inventory maintenance is designed.
7. Guild is to do follow-up "thank you's" and tell the story of what supplier's generosity enabled.
8. Guild needs to develop funds for purchasing on a long range perspective towards independence.
9. Eventually this will be the responsibility of the paramedic who runs the health outpost.
10. Inkind large quantities, not samples.



GUIDELINES FOR MEDICAL SUPPLIES IN KIND (Cont'd)

What To Get:

The following is a list of recommended drugs which every Health Outpost needs to have. Throw everything else out unless the Doctor tells you to keep it for his use.

Drug Names:

- | | |
|----------------------------|-----------------------------|
| 1. Acetarsol Vaginal Tabs | 23. *Ergotamine Injection |
| 2. *Adrenalin Injection | 24. Ferrous sulfate |
| 3. Alcopar | 25. Folic acid 1 mg. |
| 4. Aluminum Hydroxide | 26. Gentian violet solution |
| 5. Aminophylline | 27. Hetrazan 50 mg. |
| 6. Aspirin | 28. Iodine tincture |
| 7. Benzyl Benzoate | 29. Kaolin pectate |
| 8. Calamine lotion | 30. Menthol rub |
| 9. Calcium tablets | 31. Multivitamins |
| 10. Chlorphenamine 4 mg. | 32. Penicillin 250 mg. tab |
| 11. Chlorpromazine 25 mg. | 33. *Injectable - |
| 12. Cloves | Benzathine-Penicillin |
| 13. Codeine 15 mg. | 34. Phenobarbital 15 mg. |
| 14. Cough expectorant | 35. Piperazine syrup |
| 15. Cough syrup (plain) | 36. Salicylic ointment 2% |
| 16. DDT powder 10% | 37. Salt water - |
| 17. Dettol | 2 pinches per glass water |
| 18. Diarrhea mixture | 38. Soda mint |
| 19. Diiodohydroxyquine | 39. Sulfacetamide eye drops |
| 20. Dulcolax | 40. Sulfadimidine |
| 21. Peanut oil drops | 41. Sulfaquanidine |
| 22. Boric spirit ear drops | 42. Throat lozenges |
| | 43. Triple sulfa |
| | 44. Vitamin-A |
| | 45. Vitamin A - D |

* These drugs administered by injection need to be given by a professional until the HCT has been trained.

How To Use It:

See the Manual for Guidelines of Symptomatic Treatment on page



GUIDELINES: EQUIPING A HEALTH OUTPOST (furniture & supplies)

FURNITURE:

chairs
tables
refrigerator
file cabinet with drawers
examination table
cupboard with local for medicines
chalk board, chalk, eraser
toilet
sink
folding cots, linens
decor

CLEANING SUPPLIES:

mop
broom
bucket
disinfectant
hand soap
paper towels
rags
toilet paper

GENERAL ACCESSORIES:

lights
lamps - kerosene and/or electric
flash lights
extra batteries

JANITORIAL CARE OF HEALTH OUTPOST:

1. Scrub (soap & water) & disinfect floors daily and as necessary
2. Scrub & disinfect examination table between each patient if examining table paper is not used
3. Scrub & disinfect toilet each day
4. Scrub & disinfect basins each day
5. Scrub & disinfect chairs each week or two weeks
6. Disinfect walls once every three months
7. Keep building & furnishing in good repair



GUIDELINES: EQUIPING A HEALTH OUTPOST
(medical)

MEDICAL:

scale
stethoscope
otoscope & ear pieces
sphthalmoscope
speculum-gyn
microscope
counting chamber
electric oven
pressure cooker
blood pressure cuff

NOTE:

*First choice is for MD to bring sterile equipment with him

In case of emergency take patient to the M.D. arranging transportation

MEDICAL ACCESSORIES:

first aid kit (mobile)
baby scale
adult scale
2 hemostats
tounge blades
slides
tape measure
yard stick
magnifying glass
eye droppers
various sizes of measuring cups & pitchers
tweezers
centrafuge-manually operated
gauze bolt
tape-adhesive
scissors
teaching materials
stains for stool & blood smears: Giemse & Wright
alcohol
fixative
medication (to treat symptoms)
hemoglobin tape
basins with lids
examining table paper

Dental

toothbrushes
floride rinse in preschool
tooth massagers

CARE OF MEDICAL EQUIPMENT:

1. Clean all lab equipment after use i.e. slides, microscope, etc. NEVER LEAVE DIRTY OVERNIGHT.
2. Disinfect all scopes after each patient (in 70% alcohol)
3. Soak earpieces overnight in alcohol
4. Clean stethoscope bell once a week (in 70% alcohol)



GUIDELINES: USE AND CARE OF MEDICINES

DRUGS ARE DANGEROUS UNLESS USED PROPERLY

USE

1. Refer to Treatment by Symptom Manual for use of these drugs
2. Injectable medicines shall be given only by a doctor, nurse or by persons specifically trained by a doctor or nurse. Paramedics, auxiliary or Health Caretaker may be so trained

CARE AND STORAGE

1. All medicines must be kept in original containers until transferred to clearly labeled containers for dispensing
2. The labels must always contain the name of the medicine and its strength; and the symptom it is used for
3. Tablets should be stored away from extreme heat. Injectable penicillin must be stored in a cool place-preferably under refrigeration. This may also include special drugs to be kept by order of physician.

DISPOSAL

1. Expiration dates on original containers should be checked every three months. These are printed on Lottle - if you are not sure throw it out.
2. If a medicine has outlasted its expiration date, it should be destroyed. Tablets should be buried in a hole to disintegrate. Do not bury near water supply. Injectable medicine may be emptied into the same hole in the ground. You may save containers for future use after removing the labels.

DRUGS ARE DANGEROUS UNLESS USED PROPERLY



GUIDELINES: MEDICAL RECORD KEEPING

Through careful record keeping and imaginal wall charts evidence of village vitality is immediately available. It is a key tool in identifying health problems that are not easily observable.

OBTAIN

1. See resources list for needed charts
2. Or secure printing sources to duplicate attached models

USE

1. Record card kept on every person in the community
2. Use uniform system
3. Record in local language and English
4. Give each family a clinic number and each individual family member would be coded with their initials
5. Mass recordings kept on imaginal wall chart or graph
6. Record design so that illiterate individuals can use records
7. For mass clinics Health Caretaker uses one holding sheet for collecting data; transfers data onto family record kept centrally at Health Outpost. Data on babies and under fives are recorded with other family records so as to assure continuity of care.

CARE

1. Keep all records in safe, dry, fireproof file or container
2. Records kept alphabetically/clinic number by stake
3. Keep records of specimens clearly labeled (what it is and family # and name of person, date)

GOOD RECORDS ARE KEY TO EFFECTIVE PLANNING



IMAGINAL WALL CHART FOR MASS RECORDINGS

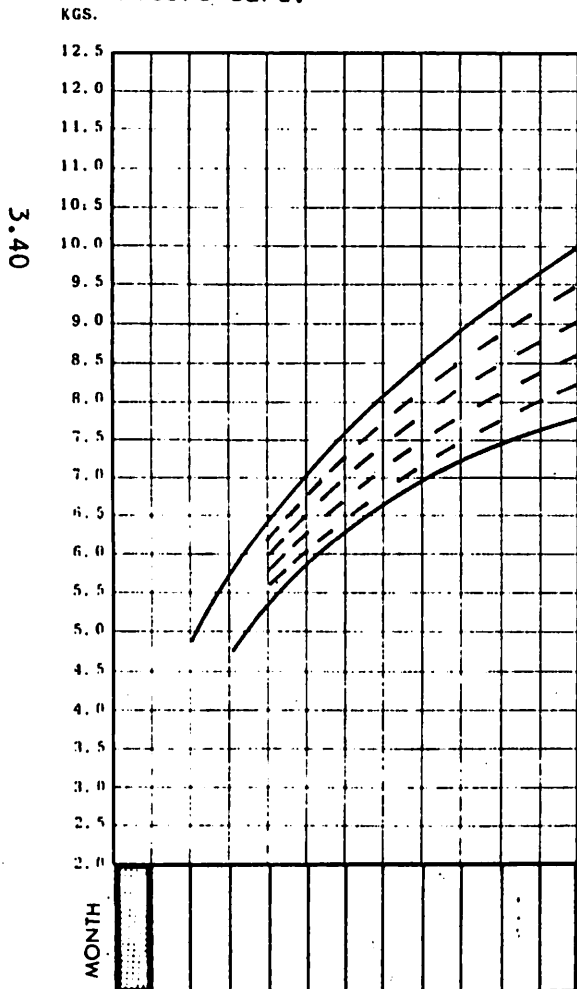
This is the tool for public display of "Vitality" progress to be posted in Health Clinic or other wall of prominence. Straight numbers of facts go in each box per month. The design will allow statistics for one full year. Dimensions of 3 feet by 3 feet should be sufficient.

HEALTH STATISTICS												
CATEGORIES	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
BIRTHS												
DEATHS												
PREGNANCIES												
FEVER												
DIARRHEA												
SKIN DISEASE												
COLDS												
PNEUMONIA												
T. B.												
Malnourished - Mild												
Malnourished - Severe												
Follow up visits												

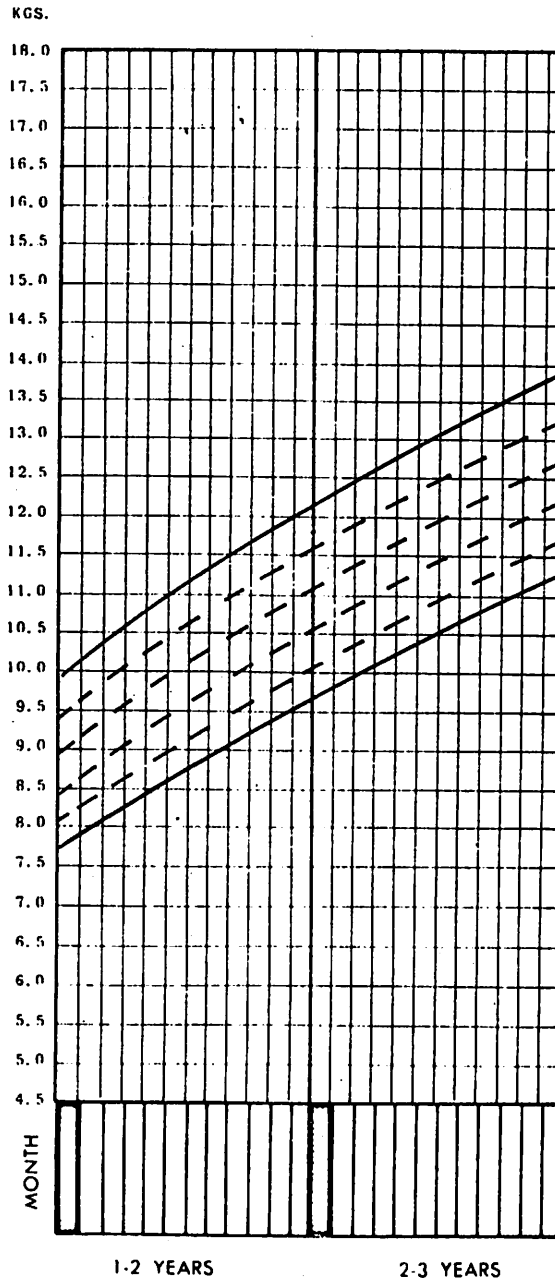
CHILD'S HEALTH AND WEIGHT RECORD OVER FIRST FIVE YEARS

MAJOR ILLNESSES TO BE ENTERED ON CHART

This page and the next one can be mounted back to back on thin cardboard to form a durable record card.

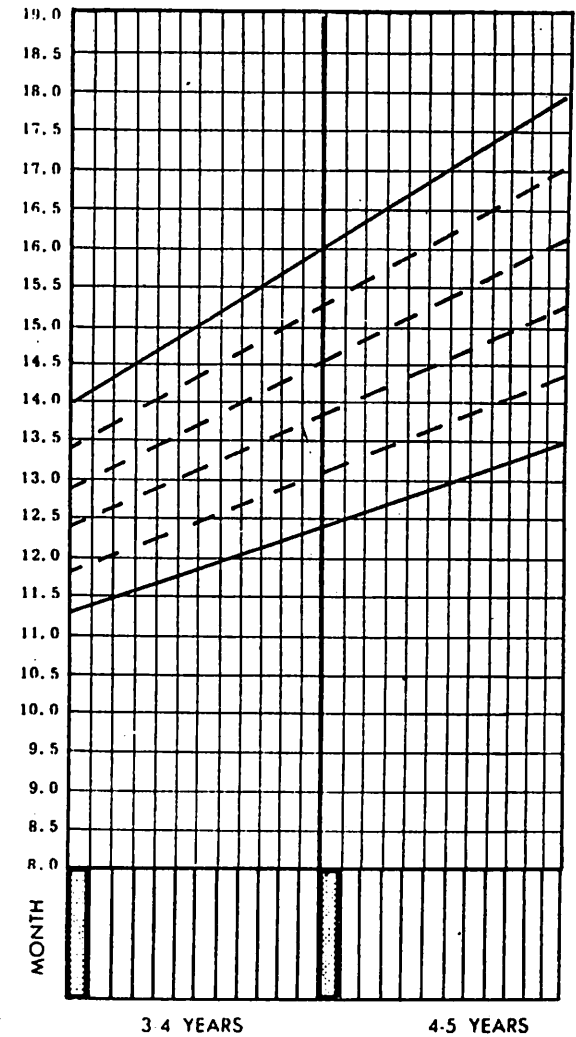


PRE-SCHOOL HEALTH PROGRAM

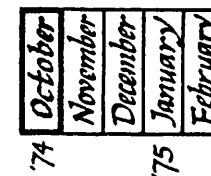


UPPER LINE—This represents the average weight of healthy and well-fed children.

LOWER LINE—The weight of children should be above this line. A steady upward progress of the weight record is more important than its position.



INSTRUCTIONS TO NURSE OR CLERK FOR COMPLETING CHART—Find out the month of birth of the child and fill this into all the black-edged spaces, then fill in the other months. Also mark off the years as shown.



When the child comes for weighing make a large dot in that month's column against the weight. Connect this with the last dot.

NOTES

MALARIAL SUPPRESSION

Year

JAN	FEB	MAR	APR	MAY	JUNE
JULY	AUG	SEPT	OCT	NOV	DEC

JAN	FEB	MAR	APR	MAY	JUNE
JULY	AUG	SEPT	OCT	NOV	DEC

JAN	FEB	MAR	APR	MAY	JUNE
JULY	AUG	SEPT	OCT	NOV	DEC

JAN	FEB	MAR	APR	MAY	JUNE
JULY	AUG	SEPT	OCT	NOV	DEC

SMALLPOX VACCINATION

DATE OF VACCINATION _____
(as soon after 3 months as possible)

DATE OF SCAR INSPECTION _____

DATE OF RE-VACCINATION _____
(between 4 and 5 years of age)

WHOOPING COUGH, TETANUS AND DIPHTHERIA INOCULATION

DATE OF FIRST INJECTION _____
(at the age of one month or later)

DATE OF SECOND INJECTION _____
(one month after first injection)

DATE OF THIRD INJECTION _____

ANTI-TUBERCULOSIS VACCINATION (BCG)

DATE OF BCG VACCINATION _____
(BCG can be given immediately after birth)

DATE OF POST-BCG TUBERCULIN TEST _____
(or date of recognizing scar due to BCG vaccination)

1. POLIO _____
2. POLIO _____
3. POLIO _____

CHILD'S NAME	SEX
FATHER'S NAME	
MOTHER'S NAME	

DATE OF BIRTH	DATE FIRST SEEN
NAME OF VILLAGE OR COMPOUND	

BROTHERS AND SISTERS		
YEAR OF BIRTH	SEX	REMARKS



PROFESSIONAL SERVICES

INTRODUCTION

Once the Health Caretakers have begun working in the Stakes and once the Health Outpost has been built and supplied the next step is to gradually involve outside professionals in providing visiting services regularly to the community. Often a nurse who is backed up by a doctor will do as well as the doctor coming himself. In the Community Impact Module part of the Education Section of this guidebook ways of involving professionals are described further.

CONTENT

- | | |
|-------------------------------|----------------|
| 1. Mass clinics | Page 3.44-3.45 |
| 2. Professional journey model | Page 3.46 |
| 3. Dental program | Page 3.47-3.48 |



GUIDELINES: MASS CLINIC

There are many services that can be provided through a mass clinic event. For example: maximum use of a visiting health professional, educational event for community, develops a community consensus to move on a particular health problem. Examples of these clinics might be: immunization of all children for specific disease; screening for tuberculosis, malaria; mass treatment for a disease that everyone has.

YOUR FIRST MASS CLINIC WOULD BE DIRECTED TOWARD THE SIGNAL DISEASE IN YOUR COMMUNITY

Do you know the Signal Disease of your community? If not, refer back to Survey & Analysis.

PREPARATION AND PUBLICITY

1. Communicate with residents the purpose of the clinic (e.g. immunization, screening); prepare people to participate; disease eradication week
2. Recruit additional volunteers to assist (e.g. health guild)
3. Make decor: enables traffic flow and is imaginal & educational in relating to the mass clinic purpose
4. Get all supplies in advance
5. Literature and educational materials to be handed out should be imaginal and there should be enough for every individual or household
6. Specific equipment not in HDP may be needed for certain mass clinics: e.g. inkind portable x-ray equipment for mass screening of TB along with qualified professional to use it

SET UP & PROCEDURES

7. Schedule and conduct clinic by stake or smaller geographical area to prevent long waiting periods
8. Arrange space to prepare for traffic flow
9. Final training of workers and assign tasks

HOLDING THE CLINIC

10. Have fluid refreshments on hand, if appropriate
11. Emergency first aid equipment on hand for any contingency (if professional on hand: adrenalin, portable air way)
12. Record is filled out the day of the clinic-do not wait
13. Halfway through the clinic the Health Caretaker checks attendance to assure complete coverage



GUIDELINES: MASS CLINIC (p. 2)

FOLLOW UP

14. Certain mass clinics will require follow up by Health Caretaker to see if people are following specific procedures: e.g. smallpox vaccination

Make it easy for the professionals so they will come back

Make it easy for everyone to be seen

Make it fun so everyone comes

A SIGNAL DISEASE DEMANDS A SIGN



GUIDELINES: DIRECT PROFESSIONAL SERVICES JOURNEY MODEL

The help of health professionals outside your community is important in your local Health System being able to take care of everyone's needs. When your system is fully actualized it will be connected formally to an outside Health Care Network. The journey from having little or no professional care in your village to having this regular formal relationship needs to follow these steps:

INFORMING & OBTAINING AUTHORIZATION

Arrange tours to regional health facilities; private doctor's offices: government health agency; hospital for Health Caretakers
Arrange visits show the HDP document; tell the story

OBTAINING PARTICIPATION IN COMMUNITY EVENT

See guidelines for mass clinics
Invite to Health Fair, (see guidelines for Health Fair)
Invite Community Health Forum, (see guidelines)

DEMONSTRATING THE VISION OF PRACTICAL PARTICIPATION

Site visit; attend guild meeting
Health Outpost tours
Review Health Caretaker battleplan

SECURING A REGULAR SERVICE

Make a written request-letters
Follow up with a visit-take Health Caretaker
If Human Development Project far from professional's residence-prepare for overnight accommodations

ESTABLISHING FORMAL RELATIONSHIPS

Determine laws and health regulations
Paramedic training
Formal application-contract with agency, private institution, professionals, etc.



GUIDELINES: DENTAL PROGRAM

1. Dental program is essentially preventative
 2. Concentration will be first on children and youth since they have more healthy teeth
- PREVENTION
3. Later, adult prevention will be centered on gum disease
 4. Daily tooth brushing will be taught as the cornerstone of preventive Dental care
 5. By the last quarter of the project it will be possible to have a dental hygiene training program in some villages
- FLOURIDE
6. Use of flouride is the best form of community prevention of dental problems
 7. If there is a central water supply this would be the most effective, efficient and least expensive way to supply flouride to each person
 8. The next best way to supply flouride is by use of daily or weekly flouride rinses
- TREATMENT
9. Dental treatment will begin as soon as a local or visiting dentist is secured
 10. The first phase will be extractions on emergency basis either in the village or a central location elsewhere
 11. Eventual development of restorative dentistry is desired. This might be developed through visiting area public health officials or area dental society
 12. Promotion to local dentists and authorization would be a prime task of the Health Trek Team. This dynamic can also take place in the Health Fair, by inviting dentists and students from the local dental school for a site visit.
- PROMOTION
&
FUNDING
13. Financing of dental program will be shared by patient and the volunteer dentist, public health dentist or local civilian dentist



DENTAL PHASING

	Initial Program	Long-Term Program
PREVENTIVE DENTISTRY	Pre-School 1) Fluoride rinses 2) Brushing method 3) Education	Youth and Adults 1) Guild night 2) Literacy classes 3) Women's activity program 4) The causes of Caries and Gum Disease 5) Educating-Flossing-Brushing
	Grade School 1) Fluoride rinses 2) Brushing and flossing 3) Education	
FLUORIDATION	Central Water Supply fluoridation	Dental Hygienist 1) Topical application
	Fluoride Mouth rinses (if central water supply is not available). Pre-school & Grade school	
DENTAL TREATMENT	Local Dentist (emergency) 1) Finances 2) Appointment schedule 3) Extract or restore	Dental Hygienist per division (60 villages)
	Recruit Dentists 1) Local dental society 2) Public Health	Monthly visit of Public Health Department
		Regular visit at divisional level of Dental Society Dentists
NUTRITION	Incorporated with Nutrition Education	Consult with Community Kitchen to insure balanced diet
PROMOTION	Village 1) Posters 2) Health Fair	Recruitment to Health Fair 1) Local Public Health Dentist 2) Area Dentist



LOCAL SERVICES REFINEMENT

INTRODUCTION

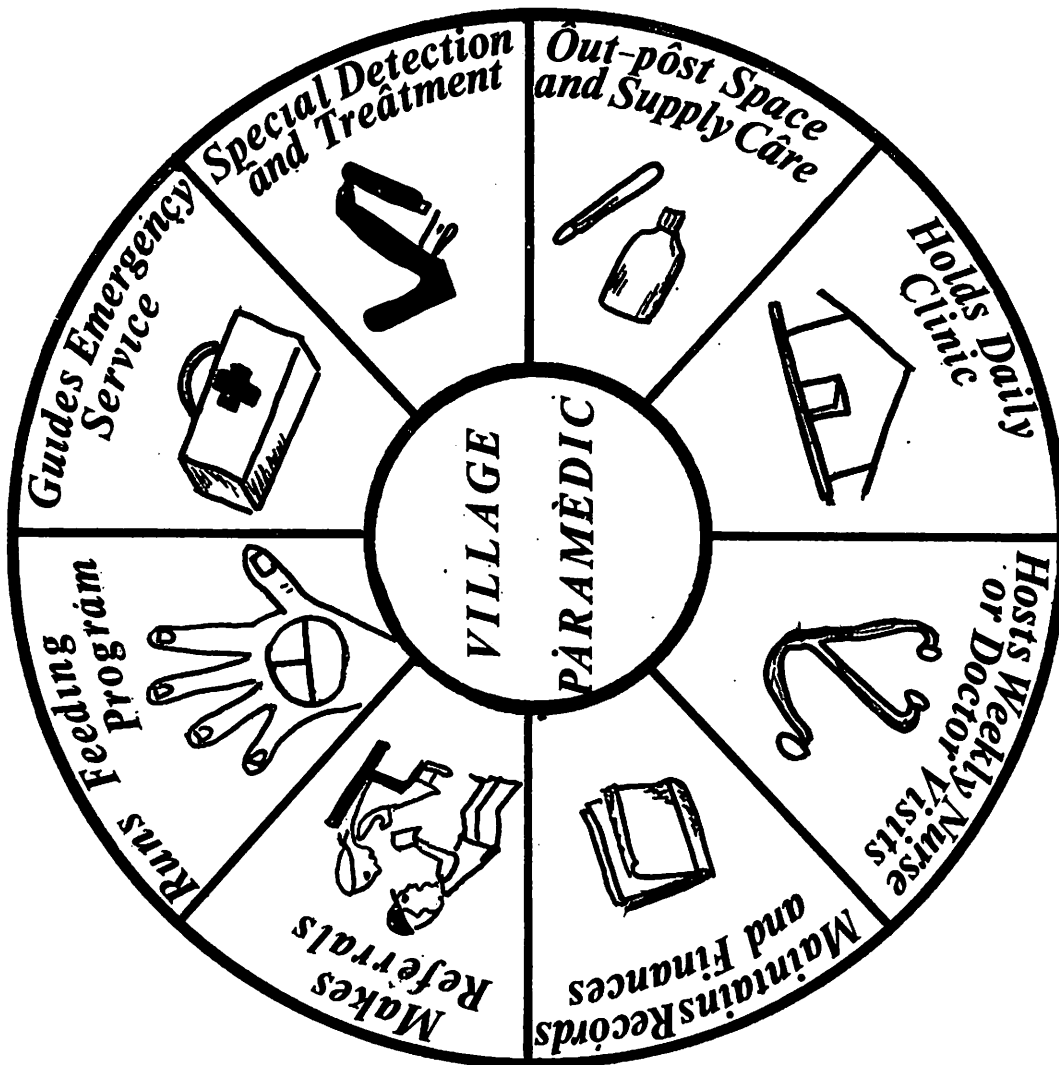
Once professionals have begun to visit the community regularly the time has come to refine the local health system and make it self sustaining. This is accomplished in three ways. The first is training the Caretakers in the use of the Symptom- Treatment Manual. You remember we suggested that the staff start using this manual to care for their own health needs early in the project. Since the Caretakers have been enrolled in literacy training now is the time to let them use it. After this the time has come to send out one to two of the Caretakers to receive training as Paramedics, and finally a local Emergency Care System is to be created.

CONTENT

- | | |
|-----------------------------|----------------|
| 1. Village Paramedic | Page 3.50-3.51 |
| 2. Emergency System | Page 3.52 |
| 3. Symptom-Treatment Manual | Page 3.53-3.55 |

ROLES OF A VILLAGE PARAMEDIC

The chart below portrays the roles played by one or two of the Health Caretakers who have received special training. This is a crucial role in the system but is not created until the Stake Health Caretakers have been working at least a year.





GUIDELINES: TRAINING HEALTH CARETAKERS AS
VILLAGE PARAMEDICS (minimum of one or two)

The advantage would be having higher standard of curative services present in the village constantly rather than on a visiting basis. This training would be done in Quarter 7 or 8 of the two-year timeline: IT IS CERTAINLY NOT A FIRST PRIORITY IN DEVELOPING YOUR LOCAL SYSTEM.

DECISION

1. Get decision from Health guild and community polity
2. This would mean the village would pay salaries to these persons.

CONTACTS TO MAKE

3. Contacts should be made with the health officer of your district or county health officer
4. Contact other Human Development Projects re: having regional institution train 10 to 20 village Health Caretakers in their school or facility
5. Connecting the paramedic with an ongoing back-up system is crucial; this could be a government or private network

WHO TO SEND

6. The person(s) chosen should be one(s) who do not have other gainful employment and who desire further training
7. Develop funds for living expenses while receiving training beyond what the community is able to raise

TRAINING SUGGESTIONS

8. Training should be about three months
9. Training may include:

malaria screening	injections
tuberculosis screening	minor suturing
nutritional rehabilitation	midwifery
stool examination training	
emergency care	



GUIDELINES: EMERGENCY MEDICAL SERVICES

The auxiliary staff may be called upon to handle or advise in an emergency. Later, the Health Caretakers will be trained to assume this role. A medical emergency is any condition that immediately or potentially threatens the life of the person involved.

DETERMINE PROCEDURE AND PUBLICIZE

1. Determine what procedures already exist in the community and how effective they are. This includes an alarm system (drumbeat, gong, siren, etc.) plus a transfer vehicle. The health survey should help with this.
2. If there are multiple procedures in use or none at all, decide which is the best way and educate all citizens on emergency call procedure. Use imaginal posters in public buildings.
3. One or more staff people should be designated as emergency staff and they should wear identifying symbol. Their names and symbol should be on the emergency call posters.
4. A designated space for first aid (health outpost, when established) should be publicized.

TREAT THE PROBLEM

5. A mobile first-aid kit should be maintained fully-stocked and always kept at the first-aid station.
6. A first-aid course will be taught through the health guild.
7. Staff will use "Symptom By Treatment" manual as soon as possible. The medical staff of the Health Trek trust this book and have taught it to the health guilds. You must trust it to help determine what is an emergency.
8. As soon as in-kind donations allow, equip the Health Outpost fully (see equipment list). Visit professionals who can treat emergencies in the village.

or TRANSFER TO HOSPITAL

9. Be certain there is a transfer vehicle (ambulance) that is available at all times or can be immediately contacted (be sure everyone knows how).
10. Be sure it is safe, has fuel in the tank and air in the tires, plus a spare tire.
11. Identify at least 2 licensed drivers who know the way and road conditions
12. If not already in use, establish a referral system with the nearest hospital. Visit hospital; familiarize self with facilities.



HOW TO USE THE 'TREATMENT BY SYMPTOMS' MANUAL EFFECTIVELY

The Treatment by Symptoms Manual is an effective, easy to use tool that will allow an auxiliary member or local person with little formal health education to treat most common disease and to know when a person should be seen by a doctor. Literacy is a basic requirement.

Implementing Steps		Things To Do
F I R S T Y E A R	STAFF CARE	<ol style="list-style-type: none"> 1. Request inkind drugs listed in: Guidelines for Medical Supplies Inkind 2. Treat auxiliary illnesses by looking up the problem 3. Follow the instructions exactly
	PROFESSIONAL BACK-UP	<ol style="list-style-type: none"> 1. Approach visiting professional for support in implementation of use by Health Caretaker 2. Ask him/her to teach it in classes 3. Inkind more of the drugs in preparation for use by village
	LITERACY TRAINING	<ol style="list-style-type: none"> 1. Health Caretakers should be entered early in literacy classes so that they may use manual in next year
S E C O N D Y E A R	INTRODUCTION TO STAKE HEALTH CARETAKER	<ol style="list-style-type: none"> 1. Get manual translated 2. Print one copy for each Health Caretaker 3. Give one to each Caretaker 4. Explain its use 5. Make up skits to practice 6. Tell them to start
	MAKING IT AN EFFECTIVE TOOL	<ol style="list-style-type: none"> 1. Label all medicines with symptom they are used for 2. Hold weekly classes on sections of the manual 3. Have art form conversations 4. Demonstrate medicines 5. Have visiting professional monitor quality 6. Charge for medicines



BIBLIOGRAPHY

Vitality Maintenance

1. Success Stories In Rural Health Delivery, U.S. Government Printing Office
2. Paediatric Priorities In the Developing World, David Morley (London: Butterworths, 1973)
3. "A Further Innovation In Rural Health" (Church of the Brethern - Nigeria) Mimeo
4. "Integrated Child Development Services Scheme" (Government of India - Mimeo)
5. "Part time Village Level Health Workers" Voluntary Health Association of India, (Mimeo) C-45 South Extension, New Delhi
6. "Health Care by Multipurpose Workers at Subcenter Level" Nutrition of Health Administration - New Delhi
7. Health Manpower and the Medical Auxillary, Intermediate Technology Development Group London, 1971 (9 King Street, London WC2 E 8HN)
8. "Simple Village Survey and House to House Survey" Voluntary Health Associates of India New Delhi
9. "Village Health Workers" Voluntary Health Association of India