2898

BfdW/P2898

BFDW P 2898

KOREA

Kapitalhilfe für Darlehens-
genossenschaft
PMC/CHC of Yong Jin
DM 44.000,-

ASIEN

vom: bis:

Brot für die Welt

2898

Projekt-Nr.: XIX/57/33/2898

Land: II. Asien
Korea

Ort: Yong Jin Myun, Wanju County / Cholla Provinz

Projekt: Einmalige Kapitalhilfe für eine Darlehens-genossenschaft

Träger: Presbyterian Medical Center (PMC) für Credit-Union und Community Health Council of Yong Jin

1977 - 1980

BROT FÜR DIE WELT
XIX/57/ 33 P2898

Sitzung am 8./9.März 1978

GFK: Januar 1978

ASIEN

Land:	Korea
Ort:	Yong Jin Myun, Wanju County / Cholla Provinz
Projekt:	Einmalige Kapitalhilfe für eine Darlehensgenossen-schaft
Antragssteller + Träger:	Presbyterian Medical Center (PMC) für Credit-Union und Community Health Council of Yong Jin
Antragsweg:	Direkt
Antragssumme:	Won 10.000.000,- = DM 44.000,- (100Won:0,44DM)

1) Träger

Die Arbeit des PMC, mit dem die EZE schon seit vielen Jahren zusammenarbeitet, erstreckt sich hauptsächlich auf drei Bereiche: Führung eines 250 Bettenkrankenhauses, Ausbildung von Krankenschwestern und Durchführung gemeinde-orientierter, ländlicher Gesundheitsprogramme in den umliegenden Landkreisen. Der Landkreis Yong Jin, nördlich der Stadt JeonJu mit ca. 2.4oo Familien ist das Zielgebiet des vorliegenden Projektes. Dort wurde am 9.9.77 eine Darlehensgenossenschaft gegründet, die eine Kapitalhilfe beantragt. Ob das PMC, oder was wohl richtiger wäre, die Yong Jin Darlehensgenossenschaft unser Vertragspartner wird, muß noch geklärt werden. Vorerst hat sich das PMC bereit erklärt, die Kapitalhilfe weiterzuleiten und für eine vertragsgemäße Verwendung zu sorgen.

2) Projekt

Nach einer gründlichen Voruntersuchung sind in dem Landkreis Yong Jin vorbeugende Gesundheitsmaßnahmen geplant. Um die Finanzierung abzusichern, ist von der Bevölkerung am 9.9.77 neben einem Gemeindegesundheitsrat (Community Health Council) eine Darlehensgenossenschaft gegründet worden, die zur Zeit 114 Mitgliedsfamilien hat. Zweck der Darlehensgenossenschaft ist es, die Sparbereitschaft zu fördern, das Zusammengehörigkeitsgefühl zu stärken und den Mitgliedern in Notfällen Kapital zu günstigen Zinssätzen zur Verfügung zu stellen. In diesem besonderen Fall hat die Darlehensgenossenschaft auch noch den Zweck, die vorbeugende medizinische Arbeit weiter zu unterstützen, wenn das Dreijahres-Programm des PMC ausläuft. Die Mitglieder haben sich nämlich dafür ausgesprochen, die Hälfte des Zinsgewinns aus dem angesparten Kapital dem vorbeugenden Gesundheitsdienst als Gehalt für sechs Dorfhelfer und eine Krankenschwester zur Verfügung zu stellen.

3) Kosten

Es wird davon ausgegangen, daß eine ständig steigende Anzahl von Familien der Darlehensgenossenschaft beitritt und neben einem Mitgliedsbeitrag weitere Sparraten einbezahlt. Darüber hinaus wird für Medikamente ein kleiner Unkostenbeitrag verlangt. Dieser Unkostenbeitrag und die Hälfte des Zinsgewinns aus dem in der Genossenschaft angesparten Geld kommt der Gesundheitsvorsorge zugute. Weil aber das Kapital nur langsam aufgebaut werden kann, erbittet man gleich zu Anfang einen einmaligen Beitrag von 10 Mio. Won.

4) Stellungnahme

Die vor wenigen Monaten gegründete Darlehensgenossenschaft hat zur Zeit ein Kapital von Won 317.900,-. Offiziell registriert werden kann sie allerdings erst, wenn das Kapital eine Million Won beträgt, was in einigen Monaten vermutlich der Fall sein wird. Weil das koreanische Krankenversicherungsgesetz nur die Organisation von Genossenschaften fördert, die eine kurative medizinische Versorgung sicherstellen, ist der Plan, auch den vorbeugenden Gesundheitsdienst -in diesem Falle über eine Darlehensgenossenschaft- aus Beiträgen der begünstigten Bevölkerung zu sichern, anerkennenswert. Der Versuch, diese "Eigenfinanzierung" durch eine einmalige Kapitalgabe zu erleichtern, scheint aufgrund der vorliegenden Unterlagen und Vorausschätzungen förderungswürdig zu sein.

ENTSCHEIDUNG DM 44.000,-

GENEHMIGT DM AM

Gu

P 2898

Projekt

am genehmigt: DM 44.000,-

Abwicklung: Datum:	Fremdwährung	DM	Saldo DM
1.6.78	Won 10.000.000,-	40.908,16	3.091,84
21.3.79	Storno!	3.091,84	

PROJEKTABSCHLUSSBERICHT

Betr.: P 2898 - Einmalige Kapitalhilfe für eine Darlehensgenossenschaft, Cholla Provinz, KOREA

Datum der Bewilligung 9.3.1978

Projektsumme (Fremdwährung)

	Won	10.000.000.--	=	DM	44.000.--
Nachbewilligung oder Umbuchung	"	—.—	=	DM	—.—
ausbezahlt wurden	"	10.000.000.--	=	DM	40.908.16
abgerechnet wurden	"	10.000.000.--	=	DM	40.908.16
zu stornieren sind	"	—.—	=	DM	—.—
storniert wurden	"	21.3.1979	=	DM	3.091.84

Schlussbericht mit Schlussabrechnung wurden mit Schreiben vom 30.9.1980 vorgelegt.

Fotos lagen bei : Ja/~~nein~~XX

Bemerkungen (Z.Bsp. Einweihungen, Projektänderungen, etc.)

In einem ausführlichen Abrechnungsbericht vom 1.1.1978-31.8.1980 sind die Einnahmen und Ausgaben aller Programme nachgewiesen. P 2898 ist nur ein Programm davon. Von den von uns ausbezahlten Won 10 Mio wurden insgesamt Won 4.246.192.-- Zinsen erzielt, dem stehen Won 4.240.224.- Ausgaben gegenüber. Eine Verselbständigung der Credit Union für das Rural Health Programm wurde allerdings noch nicht erreicht!

(Weitere Bemerkungen siehe Rückseite)

Das Projektkonto wurde am 24. November 1980 abgeschlossen

Nachantrag siehe P

Stuttgart, den 24. November 1980 /we

Zur Kenntnis genommen

Leiter Abwicklungsreferat .....(v. Wahlert)..... Abwicklungsbearbeiter .....

Projektreferent ..Gundert 25.11..... .....- H. Rommel -

Dr. Gundert -

DIAKONISCHE ARBEITSGEMEINSCHAFT EVANGELISCHER KIRCHEN IN DEUTSCHLAND

Bund Evangelisch-Freikirchlicher Gemeinden · Bund Freier evangelischer Gemeinden · Das Diakonische Werk der EKD
Die Heilsarmee · Europäisch-Festländische Brüder-Unität Herrnhuter Brüdergemeine · Selbständige Evangelisch-Lutherische Kirche
Katholisches Bistum der Altkatholiken in Deutschland · Evangelisch-methodistische Kirche · Vereinigung der Deutschen Mennonitengemeinden

Geschäftsführung: Das Diakonische Werk der Evangelischen Kirche in Deutschland, Hauptgeschäftsstelle Stuttgart

Brot für die Welt · 7 Stuttgart 1 · Postfach 476

Presbyterian Medical Center
P.O.Box 77
Jeounju, Korea 520

Attn. Dr. David Seel

BROT FÜR DIE WELT
7 STUTTGART 1
STAFFENBERGSTRASSE 76
TELEFON 2159-1
Telegramme: Diakonie Stuttgart
Telex: 07-23 557 ddwsd

Besuche bitte vorher vereinbaren
Visits should be arranged beforehand
Prière d'annoncer des visites
Visitas únicamente com acôrdo prévio

March 15th, 1978

Dear Friends,

We are glad to inform you that BREAD FOR THE WORLD granted an amount of Won 10.000.000,-

in words: Won Ten-Million xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

for project Credit Union Yong Jin (Community Health Council)

This project is registered under No P 2898 . Please, refer to this number in all further correspondence. For the money transfer kindly let us have the address and number of your bank account.

Many requests for financial support of development-oriented humanitarian projects and programmes are forwarded to us. All these projects and programmes are meant to contribute towards furthering humanity and self-reliance in developing countries. Our funds are received from churches, congregations and individual persons being concerned with problems of our partners in oversea.

Enclosed, please, find an agreement which we ask you to sign and return one copy at your earliest convenience. The purpose of this agreement is to come to an unambiguous understanding of administrative procedures etc. with regard to the grant.

If some of these stipulations will not be acceptable to you, please, let us know this so that an agreement may be found which will be acceptable to both sides.

At the same time, we take the liberty to ask you for your co-operation and help for our work in Germany. In order to be able to explain to the representatives of our church organizations, members of congregations and other interested groups, how you and we understand and practice this aspect of worldwide partnership, we need your regular reports an progress and success, failures or delays in your project/programme. We trust that you will understand this and help us - and indirectly also yourself.

- p.t.o. -

Konten: Girokasse Stuttgart Nr. 2 001 351 (BLZ 600 501 01) · Postscheckamt Stuttgart Nr. 344 70-701 (BLZ 600 100 70)
Spenden „Brot für die Welt": Girokasse Stuttgart Nr. 2 417 000 (BLZ 600 501 01) · Postscheckamt Stuttgart Nr. 8601-704 (BLZ 600 100 70)
Spenden „Brüderlich teilen — gemeinsam handeln": Girokasse Stuttgart Nr. 2 011 224 (BLZ 600 501 01) · Postscheckamt Stuttgart Nr. 11 22-706 (BLZ 600 100 70)

Although the Agreement is a result of our experience made up to now, we are always open for changes and new concepts. Thus, any suggestions from your side will be much appreciated.

With kind regards,

Yours sincerely,

- W. Laaser -
Executive Secretary
Project Department

O-Type

Zur GFK-Sitzung am: Januar 1977
Stab: BFDW **Nr.:**

1.1. Kontinent: ASIEN
1.2. Land: Korea
1.3. Ort: Yong Jin Myun, Wanju County / Cholla Provinz
1.4. Projektträger: Presbyterian Medical Center (PMC)
1.5. Projektbezeichnung: Kapitalhilfe für eine Kredit-Union zur Absicherung der Kosten eines Gemeinde-Medizinischen Programmes
1.6. Beantragte Mittel bzw.Fachkraft: DM 50.000,-
1.7. Zeitraum d.beantr.Förderung: Ein Jahr
1.8. Antragsteller u.Antragsweg (e): PMC
Direkt

2. Kurzinfo. über d. Träger (b): Ein Resultat der Arbeit des PMC (der EZE seit 1969 bekannt) war die Gründung des Community Health Council of Yong Jin, der nach Anlaufen der Kredit-Union die verantwortliche Trägerschaft übernehmen wird. Für die Organisations-Struktur des gesundheitsmedizinischen Programmes in Yong Jin siehe Rückseite.

3.1. Projektbeschreibung u. -ziel (c): Der kurative Bereich innerhalb des Programmes kann finanziell im Einklang mit Regierungsbestimmungen aus Gebühren für Behandlung im Krankenhaus sowie aus Subsidien der Regierung abgedeckt werden. Offen bleibt die Finanzierung des präventiv-medizinischen Bereiches, inklusive des Bereiches Gesundheitserziehung. Dieses Problem zu lösen ist Ziel des Projektes.

3.2. Projektmassnahme (d): Geplant ist die Errichtung von Kredit-Genossenschaften mit einer Mitgliedschaft von 2.425 Familien innerhalb von sieben Jahren, ausgehend von 20 Mitgliedern im ersten Jahr, 5% aller Familien im 2., 10% im 3., 30 im 4. Jahr etc., bis zu 55% im 7. Jahr. Aus den jährlichen Einzahlungen (im 2.Jahr Won 1.200 pro Familie + Jahr, im 3. Won 1.800, im 4. Won 2.100 etc.) sollen die sich ergebenden Zinsen zu 50% für medizinische Dienste und zu 50% an die Mitglieder ausgegeben werden (hier sind noch Detailfragen zu klären). Ungenutzte (also nicht benötigte) Zinsen dienen zur Kapitalisierung der Genossenschaft. Diese Mittel sind jedoch zu Beginn nicht ausreichend, weshalb im ersten Jahr Won ~~100.000~~ 10 Mio,- vom Ausland erbeten werden.

3.3. Folgekosten (e):

4.1. Empfehlungen and.Gremien u. Partner: Der Antrag lag dem DIFÄM vor und wird von diesem zur Förderung empfohlen.

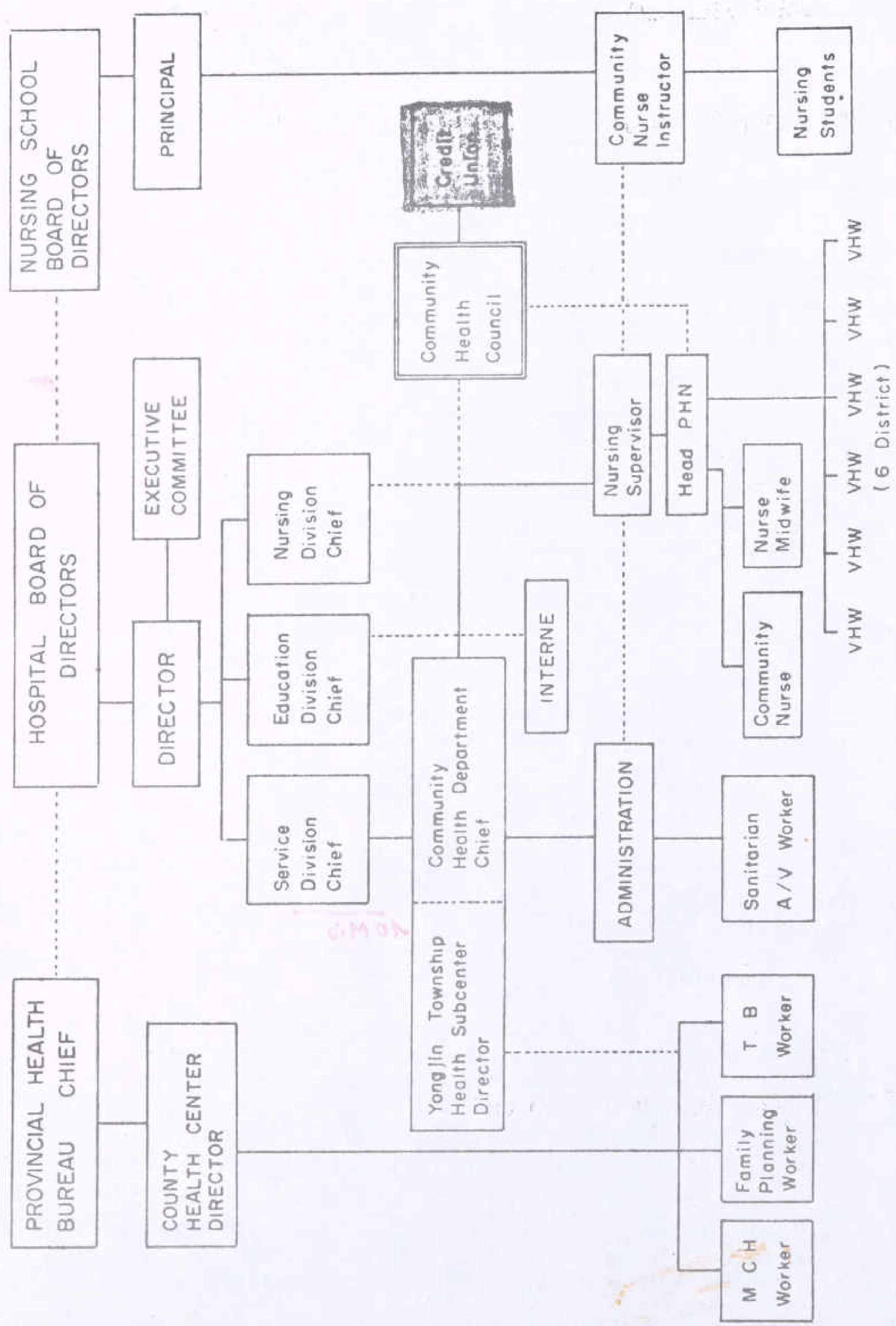
4.2. Stellungnahme d.Referenten u.d. Stabes (f): Dem Problem der Kostendeckung für gemeinde-medizinische Programme versucht der Träger durch Einrichtung einer Kreditgenossenschaft beizukommen. Obwohl noch verschiedene Einzelfragen mit dem Träger zu klären sind, erscheint dieser Ansatz als förderungswürdig und möglicherweise modellhaft für ähnliche Programme (KojeDo und Kangwha etc.), sollte das Experiment gelingen.

Weiterbearbeitung durch: BFDW **Finanzierung durch:** BFDW

Datum: 20-12-77 hh **Referent:** Dr. Helmut Gundert

4.3. Stellungnahme des GFK:

(Erläuterungen a.-f. umseitig)



ORGANIZATIONAL CHART FOR YONGJIN HEALTH PROGRAMME

Stab: EZE

Kommentar zur O-Type

GFK-Sitzung am: 25. Januar 78

Stab: BfdW Nr.: 8

Projektbezeichnung: Yong Jin Myun, Wanju County /Cholla Provinz

Land: Korea

Hier handelt es sich um ein umfangreiches präventiv Programm, das von der EZE im Januar eingereicht wurde (DM 442.000,-). Die DM 50.000,- Kapital sind vor allem dafür gedacht, die Finanzierung der 6 Village Health Workers und einer Nurse Practioner für das Health Subcenter des Landkreises abzudecken. Abgesehen von dem Unsicherheitsfaktor, ob wirklich 55% der Familien zum Beitritt in die Kreditgenossenschaft zu gewinnen sind, geht aus den Berechnungen hervor, daß eine Nurse Practioner langfristig nicht aus dem Fond zu bezahlen ist. Hierüber muß mit Projektträger sowie mit staatlichen Stellen noch gesprochen werden.

okay

~~KED nicht BfdW Federführung EZE Zustimmung ist NCC informiert?~~

Zusammenfassung des Vorschlags:

Ort, Datum: Bonn, den 23.1.1978

Unterschrift: Herta Friede

Referat: III

Verteiler: Sprecher des GFK
Vorlegender Referent

P R O J E C T P 2898 **Credit-Union Yong Jin**

1.6.
1.6.78

A G R E E M E N T

BREAD FOR THE WORLD and the party implementing the project (hereafter called the project-carrier)

Presbyterian Medical Center / Community Health Council of Yong Jin

herewith make the following agreement concerning utilization of funds granted by BREAD FOR THE WORLD:

I. Designation

(1) The amount granted is earmarked for the purpose as stated by the project carrier in his application. Volume and extent of the project/programme, laid down in the estimate of costs and the financing plan at the time of application shall be binding.

(2) Should during the implementation of the project considerable changes within the estimate of costs become necessary, such can be effected upon mutual agreement by the two parties.

(3) Building or construction work which the project carrier does not implement under his own administration, and/or supply of equipment and material shall be contracted to expert and efficient contractors, if possible by way of public invitations to tender or after comparison of quotations.

II. Administrative Procedure

(1) Transfer of funds will be made upon written request only; normally funds are remitted in instalments.

(2) Any request for payment shall be signed by the person(s) authorized to act as legal representative(s) of the project carrier.

(3) The first instalment normally amounts to 25 p.c. of the total amount. The amount of further instalments depends on the progress of the project/programme.

(4) The project carrier shall immediately acknowledge receipt of each payment. He shall also complete the currency circular attached to the notification of transfer with the amount obtained in local currency, and return it to BREAD FOR THE WORLD.

(5) All receipts and expenditures relating to the project/programme shall be shown separately in the project carrier's books.

(6) Statements of accounts shall be drawn up every six months, if possible on the basis of the enclosed form.

For accounting of smaller expenses a list of such items will suffice. In case of larger purchases and/or down payments submission of copies of invoices is asked for.

p.t.o.

(7) Within a reasonable period after conclusion of the project/programme the project carrier shall submit a final statement of accounts on the use of the entire amount granted. This statement of accounts shall be verified by the person responsible for the project/programme.

(8) Where there exists an auditor report, this should be sent to BREAD FOR THE WORLD every year, instead of the accounting procedure described under II (6) and (7).

(9) The project carrier is prepared to give information on the management of the project/programme and on all relevant vouchers after preceding consultation between the two parties as well as to agree to financial investigations and/or project evaluations made by BREAD FOR THE WORLD representatives.

(10) Further disposition of funds not used for the project/programme shall be subject to a new agreement between the project carrier and BREAD FOR THE WORLD.

III. Reports

In addition to financial statements mentioned under II (6) reports describing the progress of work (accompanied, if possible, by photos) are urgently requested. Thus, the project carrier will enable BREAD FOR THE WORLD to share informations on the progress and experience of the project with congregations and donors in Germany.

IV. Additional Agreements

(Space is meant for special agreements concerning this project.

For BREAD FOR THE WORLD
Name: Dr. Winfried Laaser
Position: Executive Secretary
Signature: W. Laaser
Stuttgart, March 15th, 1978

BROT FÜR DIE WELT
Diakonische Arbeitsgemeinschaft
Evangelischer Kirchen in Deutschland
Stafflenbergstraße 76, 7000 Stuttgart 1
Postfach 476
Telefon 2159-1

For the Project/Programme Carrier:
Name:
Position:
Signature: Bischof John Sarl M.D.
Place, date May 15, 1978

Presbyterian Medical Center
"Jesus Hospital"
Attn. Mr.Merrill H.Grubbs
P.O. Box 77

Jeonju /KOREA 520

30.9.1980 II-Ko-we 24.11.1980

Re.: Project P 2898

Dear Mr. Grubbs,

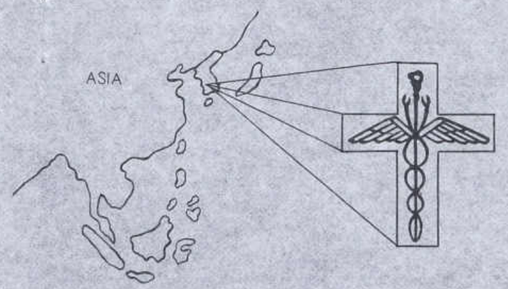
we thank you very much indeed for the very informative report/statement submitted by you with corresponding photographs, dated September 30th, 1980. The statement covers the period from January 1st,1978 to August 31, 1980. True enough, the development of the Credit Union Special Fund does not meet our expectations as yet. But let us be optimistic. Together we will look forward to next year. Perhaps the goal, to cover expenses regarding medical work will be covered by the interest accrual through investment*. We would be grateful for a short report on it in due time.

The project account has been closed by us today. We remain with our best wishes to you personally and the project,

yours faithfully,

- Herbert Rommel -
Treasurer /Asia Desk

* will be meet then.



PRESBYTERIAN MEDICAL CENTER

예 수 병 원
사서함 77 호
전주시 520

2-8641-9
2-4846

JESUS HOSPITAL
P. O. Box. 77
Chonju (Jeonju)
Korea 520

September 30, 1980

EINGEGANGEN
8. OKT. 1980
Erledigt

P 2898

24/11.80

Mr. H. Rommel
Brot Fur Die Welt
7 Stuttgart 1
Stafflenbergstrasse 76
Federal Republic of Germany

Re: P2898

Dear Mr. Rommel:

In school we were taught never to begin a speech or a letter with an apology, but I certainly believe one is in order in this case. Mr. Rommel, on behalf of the Yong Jin Credit Union and the staff of the Presbyterian Medical Center I wish to offer an apology for having failed to keep you informed of the Credit Union progress as we originally agreed to do. The credit union folks have no facility with either German or English and so they must depend on the staff at the hospital to translate and forward any reports. During this past year I have been in the United States; Dr. David Chu, who was to pick up some of my responsibilities, also had to go to the United States because his eldest son was discovered to have cancer of the bone and had to have his leg amputated and have a long course of chemotherapy. Dr. Seel has had an especially heavy load with a construction project and organization of a new medical college and has been unable to take on anything else. This is all to say that we hope you will forgive us for the failure to communicate.

With regard to the Yong Jin Credit Union there is some good news and some bad news. The good news is that a viable credit union has been established and the accumulated capital exceeds that of our original budget. This is an accomplishment for which we are grateful.

The less-than-good news is that in spite of this development the objective for which the credit union was established has not been met. As you will recall, our motivation in establishing the credit union in Yong Jin centered around the desire to leave a self-perpetuating means of financing the continuing health care program in that rural area. In doing our original calculations, we erred badly in failing to take into account the need for operating funds for the credit union itself! Consequently the funds we naively assumed would be available for use in the medical work have had to be used for operating expenses. No one is satisfied with this state of affairs and discussions are now underway as to how to solve this problem. One suggestion under consideration is to charge less for medical care at the clinic for credit

Anlage: Report + Fotos + Abrechnung v. 1.1.78 – 31.8.80 darüber hf 10.000.000.- aus P 2898

union members, thus encouraging non members to join and build up the capital.

Because the attached financial report may give an impression of greater prosperity than is the case, I will try to explain the significance of some of the figures on the balance sheet.

Among the assets is listed "Loans: Non Interest Bearing-₩4,370,000". These are loans to individuals to build sanitary toilets and improved kitchens. To encourage people the loan is made interest-free with the stipulation it be repaid within one year. After one year interest is collected on the unpaid balance. The funds for these loans come out of the Environmental Development Fund (See Liabilities: Restricted) which is part of the EZE/PMC project budget.

Under "Liabilities" are two types of deposits, low and high interest. The "high interest" deposits are time deposits which the credit union must pay a high interest on. These deposits are or may be withdrawn when the certificate matures. In the meantime, the credit union loans the money out at an even higher rate, but the difference between the interest received and interest paid is so small there is very little profit on it. The large sum, ₩36,661,086, is not real capital, but only temporary deposits; therefore, it cannot be counted on to yield much toward the financing of anything. On the other hand, the "low interest" deposits do accrue a fair return to the credit union since it pays a low rate to the depositor and receives a high rate from the borrower.

I hope this explanation has not confused the situation more than it helped.

You will note that under the Liabilities there is a restricted account entitled "Bread for the World" with a balance of ₩10,000,000. This is the fund you sent us and which has been generating the interest which appears on the Profit and Loss Statement, "Credit Union--Special Account, Interest on Deposit--₩4,246,192". It is planned to limit the use of the interest from that fund from now on to the support of the medical work. We will try to keep you better informed about our progress in this regard.

You may have questions for which you will want answers. Please do not hesitate to write us. We will try to get the answer for you.

Thank you for your generosity and your patience.

Sincerely yours,

Merrill H Grubbs

Merrill H. Grubbs
Planning & Development Officer

MHG:ijo

Encl:

REPORT OF THE

YONG JIN CREDIT UNION

PROJECT #2898

KOREA

CONTENTS

EXHIBIT A

Yong Jin Credit Union Membership

Date		Membership	
		Actual	Budget
September	1978	230	
January	1979	289	120
September	1979	449	
January	1980	489	240
August	1980	560	560

Yong Jin Credit Union Capitalization

Date	Actual	Budget
1978	W2,620,348	W1,064,000
1979	5,759,635	2,144,000
1980	9,954,920*	4,376,000

* as of 8/31/80

EXHIBIT B

Combined Profit and Loss Statement
Clinic, Credit Union and Special Fund
1978-8/31/80

Income

Clinic		
Clinic Patient Income	W8,151,383	
Subsidy from PMC	400,000	
Membership fees	123,962	
		W8,675,345
Credit Union - Regular A/C		
Interest on Loans	W7,851,713	
Membership fees	136,500	
		W7,988,213
Credit Union - Special A/C		
Interest on Deposit	W4,246,192	✓ (Zinsen aus Prego!)
Subsidy from Clinic	290,000	
Subsidy from Comm. Health Dev.	3,100,000	
		W7,636,192
Total Income		W24,299,750
Total Expense		18,898,056
Gross Profit		W 5,401,694

EXHIBIT B

EXPENDITURES
1978 - 1980/8

Clinic		
Salaries	W2,123,816	
Drugs	5,273,880	
Subsidy to Credit Union	290,000	
Entertainment	511,265	
Office Supplies	119,349	
Dues	49,700	
Miscellaneous	214,975	
		W8,582,985
Credit Union - Regular A/C		
Salaries	W1,794,800	
Interest on time deposits	2,923,462	
Travel	167,390	
Telephone	7,500	
Conference expense	266,510	
Retirement expense	79,200	
Entertainment	273,200	
Office Supplies	382,560	
Misc.	49,890	
Dues & Taxes	100,335	
Training Expense	30,000	
		W6,074,847
Credit Union - Special A/C		
Allowance to VHW	W 561,220	
Medical Supplies	83,500	
Miscellaneous	219,410	
Entertainment	140,000	
Medical Insurance Fees	47,800	
Interest	88,294	
Building Expense	3,100,000	
		W4,240,224
		W18,898,056

EXHIBIT C

BALANCE SHEET

Summary

8/31/80

ASSETS		
CASH		W 329,761
INTEREST EARNING ACCOUNTS		69,095,039
Loans to Members	W45,363,000	
Bank Deposit-short term	9,430,000	
Bank Time Deposit	10,000,000	
Other Deposits	4,302,039	
NON-INTEREST BEARING LOANS		W 4,370,000
FURNITURE AND EQUIPMENT		443,690
TOTAL ASSETS		W74,238,490
LIABILITIES		
RESTRICTED		W15,253,933
Bread for the World P 2898	W10,000,000	
Legal Reserve	202,682	
Environmental Development Fund	5,000,000	
Advances Received	51,251	
INTEREST LIABILITY		W46,691,310
Deposits: low interest	5,230,224	
Deposits: high interest	36,661,086	
Loan	4,800,000	
TOTAL LIABILITIES		W61,945,243
CAPITAL		
Members Deposits	W 9,954,920	
Undistributed Earnings	2,338,327	
		W12,293,247
		W74,238,490

EXHIBIT D

인가 제7-77호

인 가 서

용진보건개발 신용협동조합

신용협동조합법 제5조의

규정에 의하여 위 조합의

설립을 인가함

1979 년 12월 24일

재무부장관

3003-4-1A
1972.12.26 승인

190×268 백상지

FIRST OFFICIAL GENERAL MEETING OF THE YONG JIN CREDIT UNION AFTER THE GOVERNMENT PERMIT WAS RECEIVED, FEBRUARY 1980.

FIRST CREDIT UNION OFFICE IN A CORNER OF THE YONG JIN HEALTH CENTER.

BASIC EDUCATION ABOUT THE PRINCIPLES
AND OPERATION OF A CREDIT UNION
WAS CARRIED OUT BY
CREDIT UNION OFFICERS
AND PUBLIC HEALTH NURSES.

THE COMMUNITY DEVELOPMENT COUNCIL AND THE CREDIT UNION
JOINED FORCES
TO REMODEL AND ENLARGE THE HEALTH CENTER

THE DEDICATION AND
RIBBON-CUTTING CEREMONY
WAS ATTENDED BY
GOVERNMENT OFFICIALS
AS WELL AS COMMUNITY LEADERS
AND HOSPITAL STAFF MEMBERS.

THE MYUN CHIEF GIVES
A TOKEN OF APPRECIATION
TO PMC DIRECTOR, DR. SEEL

DR. SEEL GIVES GIFTS AND TOKENS OF
APPRECIATION TO THE PRESIDENT
OF THE CREDIT UNION

AND TO
ONE OF THE OUTSTANDING
VILLAGE HEALTH WORKERS.

THE SPACIOUS NEW CREDIT UNION OFFICE IS APPRECIATED
BY BOTH THE MEMBERS AND THE CLERK.

CONSTRUCTION OF ABOUT
50 NEW SANITARY TOILETS
IS BEING FINANCED
BY INTEREST-FREE LOANS
FROM THE
YONG JIN CREDIT UNION

In anderen Ländern wohnen da schon Familien in solchen Bungalows! 14.10.80

BESUCHERVERMERK

P 2898

29.6.79/kh

Betr.: Besuch von Dr. David Seel, Korea, am 27.6. in Stuttgart

Dr. Seel berichtete ausführlich über die Credit Union (P 2898) und legte einen finanziellen Zwischenbericht vor. Herr Rommel schaute sich diesen Zwischenbericht an und bat Dr. Seel, uns zugegebener Zeit einen finanziellen Abschlußbericht zukommen zu lassen.

Ergänzend zu den beiden vorgelegten Papieren 'The Outlook of Community Health Service' und 'Summarized Report for Credit Union' erwähnte Dr. Seel, daß die Credit Union, die mit der Hälfte ihres Gewinns das Community Health Programm unterstützt, bis jetzt sehr gut arbeite, und daß man davon ausgehen könne, daß das ganze Programm bis 1982 selbsttragend sei, d.h. daß es dann ganz in die Verantwortlichkeit der Credit Union übergeht.
Der Community Health Service des PMC erfaßt in zwei Stadtgebieten von Jeonju insgesamt 22.000 Menschen und wird in Absprache mit dem Community Health Council durchgeführt(ein fester health post, ein mobiler health post). Angeboten werden 'comprehensive primary health care, health education' und 'preventive health care'.

Die Credit Union in Yong Jin Myun hatte bereits Anfang Juni 79 401 Mitglieder (Familien) und ist somit ihrem 'Planziel' voraus.
In das Community Health Programm will man auch die ehrenamtlichen Leiter der rd. 40 Mothers' Clubs in den Gebieten mit einbeziehen, d.h. sie erhalten eine zusätzliche Kursausbildung, in deren Verlauf Themen wie Sozialfürsorge, Hygiene, Schwangerenfürsorge, Kindererziehung etc. zur Sprache kommen. Ihre Mitarbeit wird dann mit 'incentives' 'belohnt'.

Das von der Credit Union angelegte Vermögen erzielt zur Zeit rd. 24% p.a.

Dr. Seel betonte, daß das Credit Union System ganz den staatlichen Richtlinien entspreche plus dem vom PMC eingeführten Zusatzprogramm 'Community Health Service'. Sobald die Credit Union/Community Health Service selbsttragend sein wird (ca. 1982), wird das gleiche Programm in einer anderen Gegend*der Stadt aufgebaut werden. Für dieses neue Projekt werden wir dann wieder um einen finanziellen Zuschuß gebeten werden. (*voraussichtlich in Choon Hwa San). Dr Seel berichtete auch, daß die Kirchen in Yong Jin Myun sich sehr für das Credit Union/Community Health Service-Programm einsetzen.

Dr. Seel informierte, daß in der Cholla Provinz ein neuer 'County Chief' eingesetzt wurde, der Kontakt mit dem PMC aufgenommen hat betreffend 'Retraining of all Public Health Nurses' (=Angestellte des Staates) im PMC. Ein Gremium ist zur Zeit dabei, das Curriculum für diese Zusatzausbildung zusammenzustellen, und voraussichtlich im Herbst 79 wird uns das PMC einen Antrag vorlegen. Es werden Kosten für Schulungspersonal und für das Programm selbst anfallen (eventuell KP). Dr. Seel bemerkte auch, daß er auch eine Chance darin sehe, diese Mitarbeiter im staatlichen Gesundheitsdienst in einem christlichen Krankenhaus weiterbilden zu können.

-2-

Anlage: Finanzplan!

Dr. Seel erkundigte sich dann noch nach einer Möglichkeit für den Leiter des Community Health Departments im MPC, Dr. K.S. Kim, der sehr an einer Zusatzausbildung in Community Health interessiert ist. Ich informierte Dr. Seel kurz über Stipendienmöglichkeiten 'sur place', und er wird gegebenenfalls wieder auf uns zukommen.

Die in Aussicht gestellten Anträge betreffend bat ich Dr. Seel, sie über den NCCK an uns zu senden. Da die Presbyterianer Mitglied des NCCK sind, sah Dr. Seel darin keine Schwierigkeiten.

Hanakata

Am 27.6.79
v. Dr. Seel in
Stuttgart übergeben.

dabeigewesen!
23/8.79

hier: Finanzplan!

SUMMARIZED REPORT FOR CREDIT UNION

Project No: P 2898

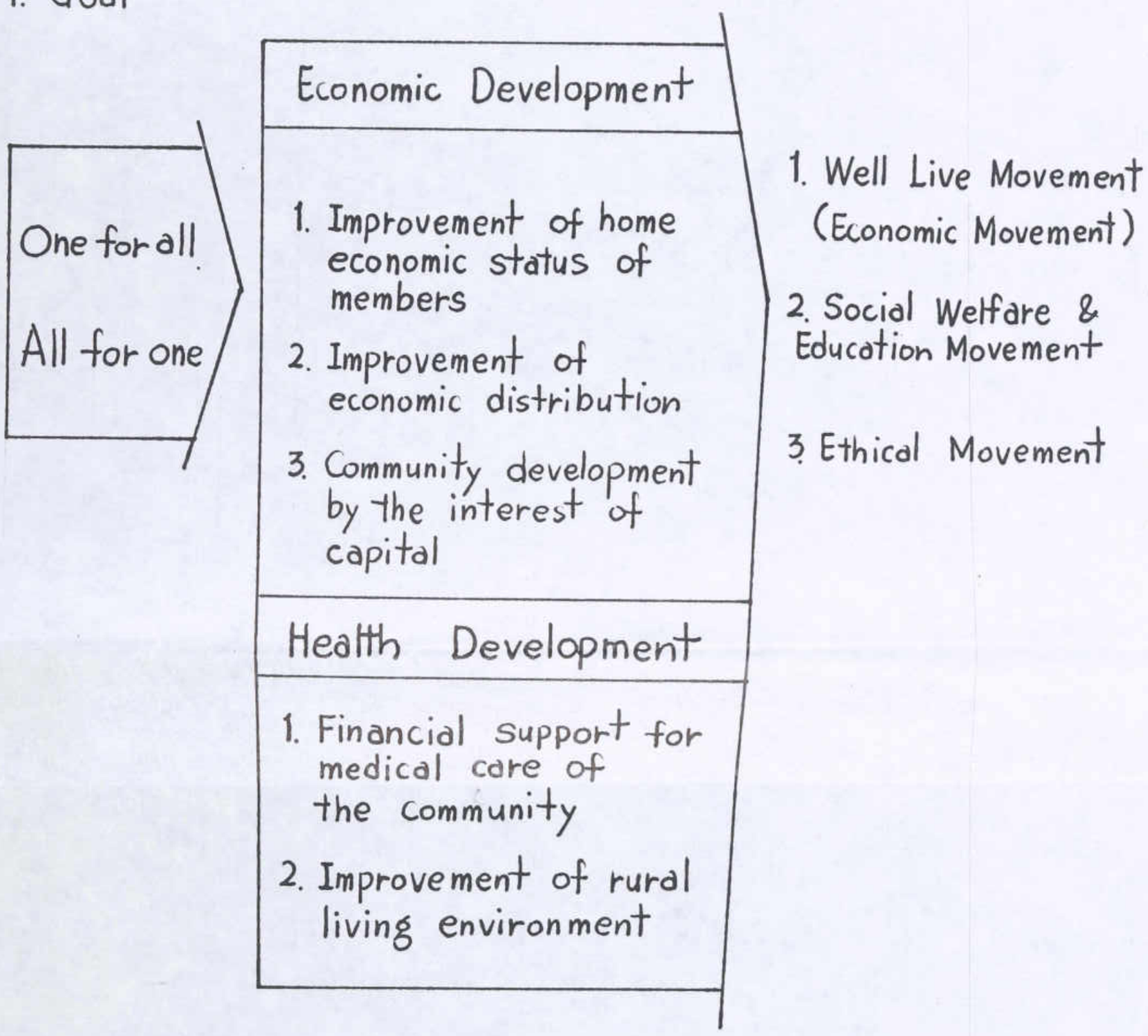
Project Title: Credit Union Yong Jin
Community Health Council

June, 1979

Presbyterian Medical Center
Jeonju, Korea.

YONG JIN HEALTH DEVELOPMENT CREDIT UNION

1. Goal



2. Objectives

Management of the Union

1. Formulation of reasonable policy
2. Scientific financial accounting

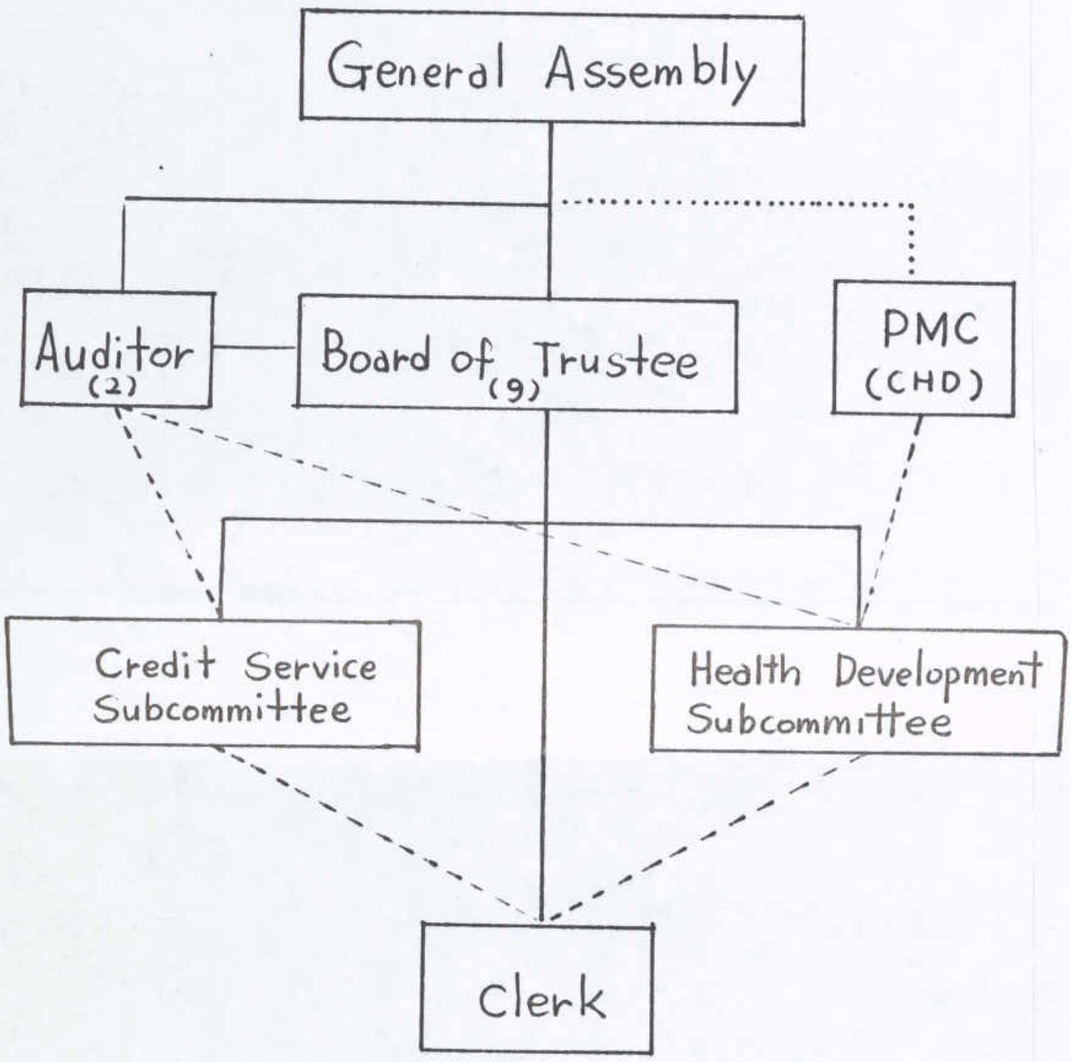
Credit Service of the Union

1. Full participation by the members
2. Development of various deposit system
3. Refunding to social welfare from interest of the capital

Health Development of the Union

1. Supporting of village Health worker activity
2. Implementation of environmental sanitation program
3. Contribution to health subcenter management

3. Organization



4. Implementation Plan

(1) Management

a. Formulation of reasonable policy by various meetings; General Assembly, meeting of board of trustee. Function & reporting by auditors, Credit service subcommittee. Health development subcommittee

b. Scientific financial accounting by excellent clerk.

c. Education of staffs:

- member of board of trustee and clerk at regional council
- members and community

(2) Credit Service

a. Development of various deposit system

- Capital deposit
- timely deposit
- Saving deposit

b. Expansion of new members and capital goal for 1979

capital deposit : ₩ 22.060 / member
timely deposit : ₩ 17,060 / member
Saving deposit : ₩ 6.180 / member

c. Refunding to social welfare from interest of the capital:

⅓ for operation ⅓ for member interest
⅓ for health development.

(3) Health Development

a. Supporting of village health worker activity;
Incentives of VHW, Medical supply,
Training budget, Award for excellent VHW

b. Environmental Sanitation program implementation;
- Toilet improvement
- Kitchen improvement
- water-pipe system development

c. Contribution of health Subcenter management will be studied later

5. Financing Plan for Capital

General Account (Credit Service) <unit = ₩1,000>

Year		1978	1979	1980	1981
Total		3,000	15,900	21,000	30,500
A/C	Capital deposit	1,700	7,500	10,000	15,000
	monthly deposit	-	5,800	6,000	7,000
	Timely deposit	1,000	2,100	4,000	7,000
	Saving deposit	300	500	1,000	1,500

Special Account (Health Development Capital) <unit = ₩1,000>

Year		1978	1979	1980	1981
Total		11,000	16,200	22,440	29,840
A/C	Foreign Fund	10,000	12,000	14,400	16,880
	Health council	1,000	1,200	1,440	1,680
	Environment Sanitation	-	3,000	6,600	10,920

6. Financing Plan for health development by the operation of credit union (1982)

(1) General Account (Deposit by members)

Capital = about ₩ 30,000,000

Interest/year = about ₩ 7,200,000 (24%/year)

1/3 of interest (₩ 2,400,000) for health

(1/3 for operation, 1/3 to members)

(2) Special Account I

(Fund from B.F.W & interest accumulated and fund from local community health council)

Capital = about ₩ 20,000,000

Interest/year = about ₩ 4,800,000

(3) Special Account II

(Revolving fund for Environmental Sanitation program accumulated for 3 years)

Capital = about 10,000,000

This can be used as loans without interest to members for environmental sanitation program.

Total amount for health per year:

₩ 7.200,000 + Revolving fund

(480) = 1 US$

7. Present Status of Credit Union as of May 30, 1979

No. of Credit Union members: 401 members
Total amount of accumulated capital:

General Account: ₩ 8,947,388 = 18.000 US$
Special Account: ₩ 13,907,524 = 26.000 US$

7-1. Description of General Account;

• Assets (Bank account Loans, account receivable etc.	₩ 8,947,388
• Liabilities	5,852,702
• Fund balance	3,095,686

7-2. Description of special Account

• Grant from B.F.D.W = P 2898	10,000,000.- ✓ (unsere Bezeichnung)
• Fund from local Community Health Council (Drug surcharge)	1,005,329
• Revolving Fund for Environmental Sanitation (EZE)	2,000,000 (for no-interest fund)
• Surplus for the year	902,195
	13,907,524

Herr Rommel 24/8.78

Ort, Datum/Place, date/Lieu, date

Stuttgart, den 15.8.1978 du

Unsere Telexkosten gemäß Anlage.

Herrn/Frau/Fräulein/Firma

Diakonisches Werk EKD e.V.
Staffelnbergstrasse 76

7000 Stuttgart 1

B Kto H770 Z

01-213 1781 12200 1

Belastungsaufgabe 16. AUG. 1978
Debit Note
Avis de Débit

Ba 11245

do T 2898

Gegen-Konto-Nr.	DM	Wert/Value/Valeur
	49,50	

Konto/Account/Compte 1170570

Kontrolle

Deutsche Bank
Aktiengesellschaft
Filiale Stuttgart

Wird mit auf dem Proj. Konto verrechnet!

24/8.78

PRESBYTERIAN MEDICAL CENTER

"JESUS HOSPITAL"

P. O. Box 77, JEONJU, KOREA 520

예 수 병 원
520 전주시
중화산동 300번지
②8641-9
②4846

August 23, 1978

Projekt Nr. 2898
Betreff
Eingang 29.8.78
Verkartung
Verfügung

29/8.78

Brot Fur Die Welt
7 Stuttgart 1
Stafflenbergstrasse 76
Federal Republic of Germany

Re: P 2898

Gentlemen:

Thank you for your letter of August 14th. We are pleased to report that the ₩10,000,000 arrived on August 22nd. Enclosed is an official receipt.

On behalf of the Yong Jin Credit Union we thank you for this grant and look forward to working with you during the course of this project.

Cordially,

Merrill H. Grubbs

Merrill H. Grubbs
Administrator

MHG:ijo

CC: Dr. K.S. Kim, Dr. K.Y. Kim

Que. 24.8.

1.6.1978 ✓

From:
De / Von Presbyterian Medical Center
P.O. Box 77
Jeonju / KOREA 520

Projekt Nr.
Betreff
Eingang 29.8.78
Verkartung
Verfügung Ro.

29/8.78

Received from	**BREAD FOR THE WORLD** **Stafflenbergstr. 76** **D-7000 Stuttgart 1**	**THE CHURCHES DEVELOPMENT SERVICE (KED) OF THE EVANGELICAL CHURCH IN GERMANY, Stafflenbergst.76** **D-7000 Stuttgart 1**
Requ de	**PAIN POUR LE MONDE**	**SERVICE DE L'EGLISE PROTESTANTE POUR LE DEVELOPPEMENT (KED)**
Erhalten von	**BROT FÜR DIE WELT**	**KED**

the sum of Won ..10.000.000..... _____
le montant de
den Betrag von

less bankcharges ..... _____
moins des frais de banque
abzüglich Bankspesen

for project / programme: No. 2898 .....
pour le project / programme:
für Projekt / Programm:

Credit Union Yong Jin

PRESBYTERIAN MEDICAL CENTER

Date: 8. 22. '78 **Signature:** Merrill H Grubbs
Datum **Unterschrift** Merrill H. Grubbs

Position held:.....
Fonction Administrator
Position

Presbyterian Medical Center
P.O. Box 77
Jeonju, Korea 520

Attn. Mr. Merrill H. Grubbs
Administrator

August 14, 1978
II-Ro/Olu

RE: P 2898

Dear Mr. Grubbs,

We herewith acknowledge with thanks receipt of your letter of August 3, 1978.
With regard to the transfer not yet received by you we instructed our bankers to investigate in this matter (transfer of Won 10.000.000).

We hope that the matter will be soon settled and remain

Yours sincerely,

H. Rommel
Treasurer, Asia Desk

Presbyterian Medical Center
P. O. Box 77
Jeonju, Korea 520
August 3, 1978

Brot Fur Die Welt
7 Stuttgart
Stafflenbergstrasse 76
West Germany

Projekt Nr. 2898
Betreff
Eingang 10.8.78
Verfügung Rommel

Attention: Mr. H. Rommel

Re: P 2898

Dear Mr. Rommel:

Thank you for your letter of July 14th with regard to your remittance to our account.

We regret to advise you that as of today the money has not been received at our local bank. They have checked with their main headquarters without success. Inasmuch as over six weeks have elapsed since the transfer was effected may we suggest that a tracer be initiated from that end?

We will advise you immediately upon receipt of the funds.

Best wishes.

Cordially,

Merrill H Grubbs

Merrill H. Grubbs
Administrator

Ro, fragen Sie mal bei der Bank nach?

MHG:ijo

bei H. Bank üb. Fe. Mayer / kann reklamiert!

Presbyterian Medical Center
P. O. Box 77
Jeonju, Korea 520

대한민국 우편
220
AEROGRAMME

Brot Fur Die Welt
7 Stuttgart
Stafflenbergstrasse 76
West Germany

PAR AVION
항공우편

Attention: Mr. H. Rommel

Nothing may be contained in or attached to this letter.
이 우편물에는 아무것도 넣지 못하며 첨부하지도 못합니다

접는 줄 FOLD HERE

Presbyterian Medical Center
Jesus Hospital
Mr. Merrill H. Grubbs
Administrator
P.O. Box 77
Jeonju, Korea 520

July 14, 1978
II-Olu

RE: P 2898

Dear Mr. Grubbs,

In reply to your letter of July 5, 1978 we can inform you that due to internal procedures our letter was dated of June 1st, but despatched on June 16, 1978 only. As a transfer normally takes 3 - 4 weeks we assume that in the meantime the money has reached you. If this should not be the case please contact us again.

Yours sincerely,

H. Rommel
Treasurer, Asia Desk

1 x FK i.W.

PRESBYTERIAN MEDICAL CENTER

"JESUS HOSPITAL"

P. O. Box 77, JEONJU, KOREA 520

예 수 병 원

520 전주시
중화산동 300번지
② 8641-9
② 4846

Projekt Nr. 2898
Betreff
Eingang 13.7.78
Verkartung
Verfügung Ro.

14/7.78

July 5, 1978

Brot Fur Die Welt
Postfach 476
7 Stuttgart 1
Federal Republic of Germany
Attention: Mr. H. Rommel

Re: P 2898

Dear Mr. Rommel:

Greetings from hot Korea! We are experiencing some very hot and humid weather. We hope you are enjoying a cool summer in Stuttgart.

Mr. Rommel, several weeks ago we received your letter of June 1st advising us that the Won 10,000,000 would be transferred shortly to our bank account. To date it has not arrived and this is to advise you that if you transferred it we will appreciate your tracing it to find out where it went.

If it has not been transferred there is no problem. In that case we shall simply await its arrival.

Thank you and best wishes.

Cordially,

Merrill H Grubbs

Merrill H. Grubbs
Administrator

MHG:ijo

1) keine Anreinung dat. v. 1.6.78
2) Fr. Mayer erhielt den Banküberweg erst am 12.6.78!
3) Der erwähnte Bankanweisung ist mit einer 3-4 wöchigen Laufzeit zu rechnen!

14/7.

Deutsche Bank

FILIALE STUTTGART R

Datum/Date	Unsere Ref. Nr./Our Ref. No.	Telefon/Telephone
21.08.78	2400060841	. RE

Zahlungsgrund/Details of payment

OUR PAYMENT ORDER DD. 12.6.78
FOR WON 10.000.000,00
YOUR TELEX DD. 18.8.78

Weisungen an beauftragte Bank/Bank to Bank Information

Auftraggeber/By order of — Begünstigter/Beneficiary

YOURSELVES

Konto bei/Account with/Order

THE CHO-HEUNG BANK, LTD.
I.P.O.BOX 2997
SEOUL

Herrn/Frau/Fräulein/Firma/Mr./Mrs./Miss/Messrs.

DIAKONISCHES WERK
POSTFACH 476
7000 STUTTGART 1

RELASTUNGSAUFGABE
WIR HABEN VERGUETET U. BELASTEN SIE
VAL. 18.08.78 21. AUG. 1978
11399

Bezugsref. Nr./Ref. No. of related Message

8/21/8.78

Währung/Currency	Betrag/Amount	Kurs/Rate
DM	40,908.16	

u.Nr. a. P 2898

Kurswert/Countervalue: 40,908.16

Konto-Nr./Account-No.	Währung/Currency	Betrag/Amount

Gebühren/Charges	Währung/Currency	Betrag/Amount
ABWGEB	DM	40.91
PORTO	DM	2.00
FSGEB	DM	40.00

Konto-Nr./Account-No.	Währung/Currency	Betrag/Amount
1170570	DM	40,991.07

40.908,16 | B Kto. 152.3 Z
82.91 | B Kto. 4770.5 Z

Deutsche Bank
Aktiengesellschaft
FILIALE STUTTGART R

12200

08-2712781

einfuhr

II Transithandel (§ 40 Abs. 2 AWV)
c) Warenbezeichnung | d) Nr. des Warenverzeichnisses für die Außenhandelsstatistik | e) Einkaufsland | f) Betrag in DM ohne Pfennig

Sofern die Ware bereits an Gebietsfremde veräußert ist (durchgehandelte Transithandelsgeschäfte) [1])
g) Warenbezeichnung (nur ausfüllen, wenn die eingekaufte Ware durch Bearbeitung ihre Beschaffenheit verändert hat) | h) Eingang des Verkaufserlöses [2]) Monat und Jahr | i) Nr. des Warenverzeichnisses für die Außenhandelsstatistik | k) Käuferland | l) Verkaufspreis Betrag in DM ohne Pfennig

1) Sofern die Ware noch nicht veräußert ist, ist der Verkaufserlös im Zeitpunkt des Eingangs auf Anlage Z 4 zur AWV zu melden. – 2) Sofern der Verkaufserlös noch nicht eingegangen ist, voraussichtlichen Zeitpunkt des Eingangs angeben.

III Dienstleistungs- und Kapitalverkehr, sonstige Ausgaben
m) Kennzahl laut Leistungsverzeichnis | n) Gläubigerland: Korea | o) Anlageland (bei Vermögensanlagen außerhalb des Wirtschaftsgebietes) | p) Betrag in DM ohne Pfennig

q) Nähere Angaben über den Zahlungszweck (Wichtigste Einzelheiten des Grundgeschäfts – bei Krediten und Darlehen auch ursprünglich vereinbarte Laufzeit oder Kündigungsfrist – angeben, z. B. Erwerb eines Grundstückes in ..., Darlehensgewährung an ein Unternehmen in ..., Rückzahlung eines in ... aufgenommenen Kredits, Lizenzgebühr für ein ausländisches Patent)

12.6.78 — Datum
(0711) 2159250 — Telefon

Diakonisches Werk EKD e.V.
(Hauptgeschäftsstelle)

Firma, Unterschrift und Gewerbe

Zahlungsanweisung zu Lasten von Konto Nr. 68 329

V _____

Kontenbezeichnung: XIX BfdW P 2898

Won 10.000.000 **DM in Worten** zehn Mio.

ZAHLUNG

in Höhe von

_____ DM

am _____

durch Kasse / bar

durch Überweisung /

durch Scheck

_____

_____

_____

ausgeführt.

_____
(Unterschrift)

Kontoinhaber/ Empfänger: Presbyterian Medical Center Jeonju
David John Seel, Director
P.O. Box 77
Jeonju / KOREA /520

Current checking
a/c No. 10

Konto-Nr.: _____ **BLZ:** _____

Bankverbindung/ Barauszahlung: The Cho Heung Bank
Jeonju Branch
Jeonju, Korea 520

Verwendungszweck: Credit Union Yong Jin

Sachlich richtig und festgestellt und zur Zahlung angewiesen:

Stuttgart, den 1.6.1978 / 12.6.78

Unterschrift: _____ (Referent/Sachbearbeiter) Gegenzeichnung: i.V. 1.6.78 (Abteilungsleiter)

Buchungsvermerk:	Konto	Soll	Haben	Journal	Unterschrift

Presbyterian Medical Center
Mr. Merrill H. Grubbs
Administrator
P.O. Box 77
Jeonju / KOREA 520

June 1st, 1978
II-Ro/Olu

P 2898-Credit Union Yong Jin

Dear Mr. Grubbs,

of May 15th, 1978

Won 10.000.000,--

with Cho Heung Bank, Jeonju Branch,

H. Rommel
Treasurer, Asia Desk

P.S. According to your request we are in the position to transfer the whole grant taking into consideration that this grant is for capitalization of the credit union. We would appreciate very much getting Operation Reports of the Credit Union as mentioned by you.

PRESBYTERIAN MEDICAL CENTER

"JESUS HOSPITAL"

P. O. Box 77, JEONJU, KOREA 520

예 수 병 원
520 전주시
중화산동 300번지
②8641-9
②4846

Projekt Nr. 2898
Betreff
Eingang 24.5.78
Vorkartung
Verfügung 1.2.6.

May 15, 1978

Hf 26.5.78
→ Ro Ü Gesamtbetrag
OK.L.W.

Mr. W. Laaser
Executive Secretary
Project Department
Brot Fur Die Welt
7 Stuttgart 1
Germany

29/5.78 2.Ro.

Re: Project P2898, Credit Union Yong Jin

L.W. 1.6.78.

Dear Mr. Laaser:

Your letter of March 15th with its good news arrived May 12th! Somehow it had been misdirected to Koje Do and it arrived at our office in the envelope of a fisheries company! Therefore, we hasten to let you know that you have not heard from us earlier because of this postal mix up.

We are indeed grateful for the strong support of the Credit Union project this grant represents. We believe that with this help the project will be successful. The community is beginning to receive the Credit union education which is so essential to the proper understanding and utilization of the credit union movement. Incidentally, it is interesting that the same country, Germany, in which the credit union movement began should be so generously assisting the movement in other countries.

Enclosed is the signed agreement and the information relative to the banking procedure. We have only one question concerning the terms of the agreement and that has to do with numbers 1 and 3 under II Administrative Procedure. Inasmuch as the grant is for capitalization of the credit union and the whole purpose is to provide supplemental income by using the interest, we hope and request that the entire sum be sent at the beginning so that the interest can be earned on the total amount from the beginning. To bring it in installments would reduce the potential earnings and possibly defeat the purpose of the grant.

Ro, ich glaube da sollten wir zustimmen. Hf

We realize that for construction and most regular projects installment payments are not only practical but enable you to retain some control of the use of the funds and that to do as we are suggesting is to turn loose of all controls on the use of the funds. The only assurance we can give you is that the Presbyterian Medical Center shall do all it can to make sure the funds are used exactly as the plan calls for. Regular reports shall be submitted to Bread for the World of the operation of the credit union.

Our suggestion is this. If Bread for the World will send the entire amount to the Presbyterian Medical Center we shall place it in a bank at an interest rate of 18% per annum. As the credit union membership increases and demands for loans increase, portions of the grant fund and/or interest will be fed into the credit union as funds are needed for loans. In this way interest will not be lost by leaving the funds in Germany and yet the fund and bank interest will be safe guarded for the credit union.

If this meets with your approval you may send the grant at your convenience.

Mr. Laaser, we are indeed grateful for your positive response to our request and we look forward to the association which this joint effort will generate as together we try to help our mutual neighbors.

Dr. Seel sends his personal greetings. I also hope to have the privilege of meeting you at some future time. Perhaps you will come to Korea to observe the projects you are assisting. We hope so.

In the meantime, we remain.

Cordially yours,

Merrill H Grubbs

Merrill H. Grubbs
Administrator

MHG:ijo

Encl:

Please fill in and return

To BREAD FOR THE WORLD
P.O.Box 476
7000 Stuttgart 1
West Germany

RE: Project No P 2898

Indications for Bank Transfers

Name and Address of your Bank/Branch:	The Cho Heung Bank Jeonju Branch Jeonju, Korea 520
Name and Address of Account Holder:	Presbyterian Medical Center Jeonju David John Seel, Director
Number of Account:	Current checking a/c #10
Date:	May 13, 1978
Name:	David John Seel, M.D. Merrill H. Grubbs
Position held:	Director Administrator
Authorized Signature:	David John Seel M.D. Merrill H Grubbs

This slip inquires about your bank-connection only. Money will be transferred upon separate and specific request.

Please inform us of any changes in your bank-connection.

Frau Hanakata,

Besuch von Herrn Dr. Seel / PMC Korea

P 2898

Seel wird um 11.56 mit dem Intercity aus Bonn am 27.6.79 ankommen. Er ist -so Frau Friede- ein riesenlanger Mensch und von daher nicht zu übersehen. Wenn Sie ihn abholen, sollten Sie eine BROT-Broschüre herumtragen, damit er nach Ihnen Ausschau halten kann. (Er ist Amerikaner).

Seel möchte mit uns über die Ausweitung des Kredit-Programmes sprechen, daß wir im März 1978 gefördert haben. Insgesamt sollte das Gespräch etwa 2 Stunden dauern, dann fährt Seel wieder zurück nach Frankfurt oder Bonn.

Falls ich keine Zeit habe, sind Sie so nett und kümmern sich um den Mann (inklusive, oder vor allem Abholung).

HH
H.Hensle
26-6.79

Abrechnung + Bericht

Presbyterian Medical Center
"Jesus Hospital"
Dr. David J. Seel
P.O.Box 77
Jeonju / KOREA 520

Gu/hh
P 2898 June 18, 1979

Dear Dr. Seel,

reference is made to your letter of May 17th for which we thank you very much. It was good to hear that the credit union obviously develops very well. Perhaps it is possible to have a financial statement in due course together with a report, which would enable us to close our files on this project.

Regarding your inquiry about a possible cooperation in another project I may inform you that I have discussed the matter with Miss Friede / EZE. We found that the planned project might be too big for us and we agreed that EZE will handle the matter further. Therefore, I may ask you to kindly address further correspondence in this matter to them.

With kind regards,

Dr. Helmut Gundert
Asia-Desk

cc: Friede / EZE

PRESBYTERIAN MEDICAL CENTER

"JESUS HOSPITAL"

P. O. Box 77, JEONJU, KOREA 520

예 수 병 원
520 전주시
중화산동 300번지
2 8641-9
2 4845

May 17, 1979

Dr. Winfried Laaser, Executive Secretary
Brot Fur Die Welt
7 Stuttgart 1
Germany

Dear Dr. Laaser:

Greetings from Korea! I trust that you are enjoying this beautiful season of the year. Particularly I hope that the various projects with which you are related are proving to be fruitful.

I remember with pleasure your warm hospitality when I visited you in November, 1977, and want to take this opportunity to thank you again both for your hospitality and for your gracious response to our application for the Yong Jin Credit Union capitalization.

The Yong Jin Credit Union is developing at a steady rate. As of their last report, March 31st, the membership had grown to 365 and their capital to 4,515,000 won, excluding the ₩10,000,000 donated by Bread for the World. Prospects appear to be excellent for their becoming a viable credit union, capable of carrying on a major part of the medical work by the time the Presbyterian Medical Center withdraws its Community Health team. We are grateful for your participation in this project.

It occurred to me that you might be interested in joining with us in another project. We have been engaged in providing rehabilitative medical care on a limited scale for several years, but as the number of traffic accident victims increases we find ourselves unable to efficiently treat patients whose handicap or disability requires spinal restorative care: the spinal cord injury patients, the amputees, etc. These folks require extra attention and training which will allow them to return to society as productive citizens instead of wasting away in some back room out of the sight and conscience of society.

Because our hospital is well staffed and well equipped, we have become the unofficial trauma center for this area of the country. Orthopedic and neurosurgical patients occupy between 25 and 30% of our beds, and we have been unable to separate out the persons who particulatly need rehabilitative care. We are now trying to provide at least a partial answer to this problem

by building a rehabilitation annex which will have large physical and occupational therapy areas in addition to a 24 bed inpatient area. The close proximity of physiotherapy to the inpatient area will allow round-the-clock rehabilitative and instructional efforts so that the patient's hospitalization time will be greatly shortened and their ability to deal with or overcome their handicaps will be greatly enhanced.

The 960 square meter addition will match the present structure and will be attached to it so that it can be serviced from the main building. (Please see the sketch attached). The total cost, excluding equipment, will be approximately DM 711,000. About DM 247,000 has been granted to us and we have raised another DM 180,000. We have written to Ms. Friede at the Protestant Central Agency asking about the possibility of the Agency's participation in the project with us. We believe that the Central Agency has an interest in and concern for rehabilitation efforts, but we are not at all sure they will be able to help at this time.

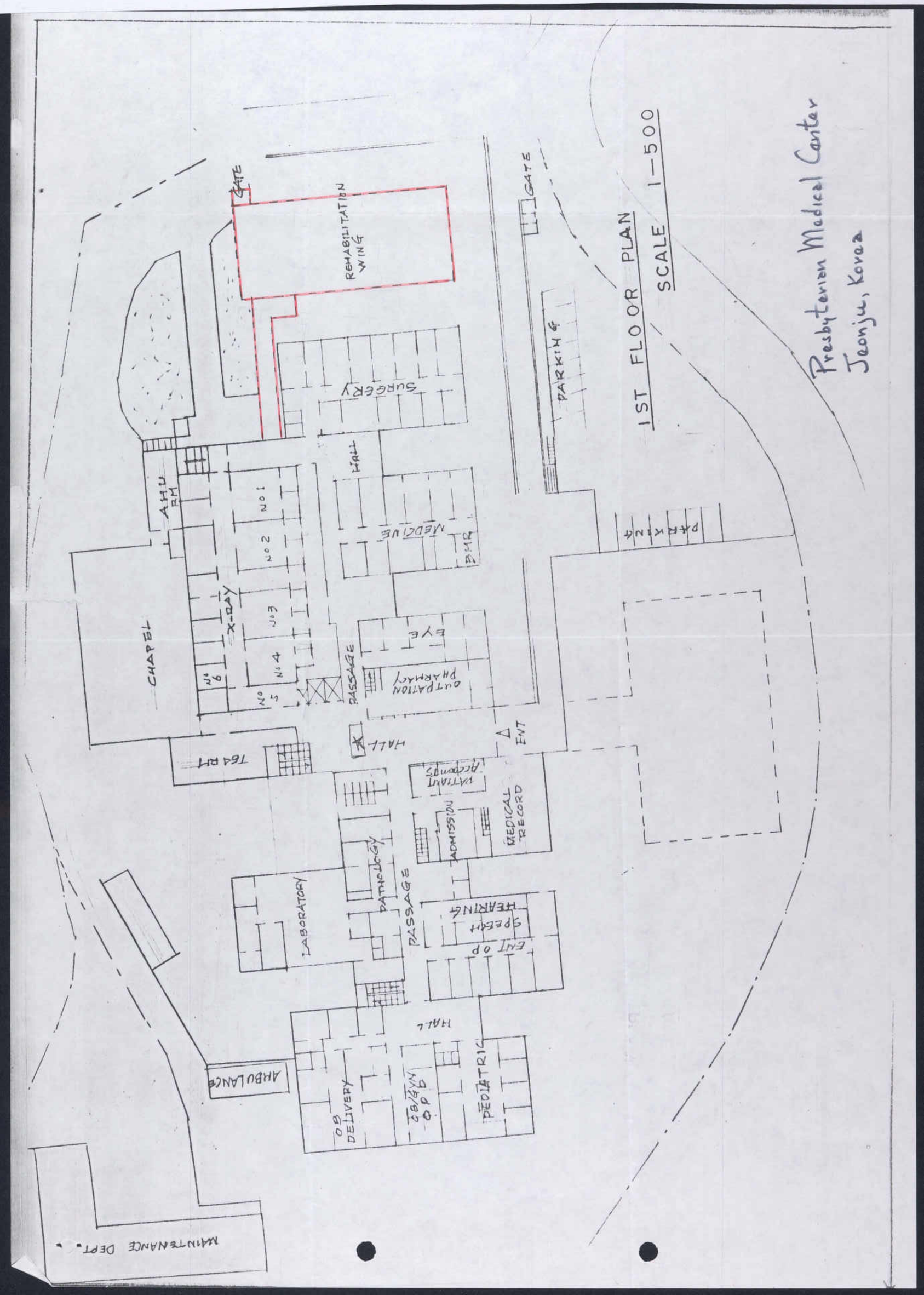
We must immediately proceed with the building of this facility because the need is so urgent. However, we need financial help so that the burden of financing the cost of the building does not have to fall on the already overloaded shoulders of the unfortunate patients. Will you help us? Our need is for DM 285,000. We pledge to use wisely any part of this amount which you are able to supply. We will be more than willing to submit any information or application form which you may require.

Thank you for your concern for people. May God continue to bless your efforts in Christ's name. I look forward to hearing from you. In the meantime I remain

Sincerely yours,

David J. Seel, M.D., FACS
Director

DJS:ijo


Presbyterian Medical Center
Jeonju, Korea
1ST FLOOR PLAN
SCALE 1-500
GATE
REHABILITATION WING
SURGERY
HALL
MEDICINE
EMR
PARKING
GATE
AHU RM
X-RAY
CHAPEL
EYE
OUTPATION PHARMACY
PASSAGE
HALL
ENT
MEDICAL RECORD
ADMISSION
LABORATORY
PATHOLOGY
PASSAGE
HALL
AMBULANCE
OB DELIVERY
PEDIATRIC
MAINTENANCE DEPT.

Presbyterian Medical Center
Dr. David Seel
P.O.Box 77
Jeonju / KOREA 520

March 17th, 1978 hh

P 2898
Credit Union Yong Jin / Community Health Council

Dear Dr. Seel,

thank you very much for your letter of February 23rd, 1978, which reached us just in time for the discussion during the meeting of our allocating board. These additional information indeed was very helpful. We are happy to inform you about the positive decision of our allocating board. Enclosed, please find our official letter of approval and corresponding Agreement, one copy to be signed and returned to us at your earliest convenience.

Besides reporting to us about the progress (success, problems etc.) of this programme we would like to suggest that comparing notes are being exchanged with other health care programmes, such as the one in KojeDo (Koje Community Health Care Corporation) and in Kang Wha (Yonsei University College of Medicine). We believe information could be very useful to others in the private sector as well as to the Governement.

With kind regards,

Dr. Helmut Gundert
Asia-Desk

Encl.

PRESBYTERIAN MEDICAL CENTER

"JESUS HOSPITAL"

P. O. Box 77, JEONJU, KOREA 520

예 수 병 원
520 전주시
중화산동 300번지
② 8641-9
② 4846

February 23, 1978

Dr. Helmut Gundert
Brot Fur Die Welt
Postfach 476
7 Stuttgart 1
West Germany

Re: Credit Union - Yong Jin

Dear Dr. Gundert:

Thank you for your letter of February 14th. I regret that we failed to include sufficient information and can easily understand your confusion concerning the interest rates used in calculating the budgets on pages 29 and 30.

The basic interest rate employed was 20% per annum. This is slightly more than the current interest rate paid by the banks *18%) and less than the rates usually used by many credit unions (24%). In making our calculations, however, we followed the following principle. We calculated the full 20% on the balance brought forward from the previous year but only 10% on the current year's deposits. The reason is that the deposits and drug sufcharges will come in over the course of the year and so we estimated only one half would be available to lend out and earn interest on. Perhaps there is a better way to estimate but that is how we did it.

For example, on page 29 the 144,000 won interest for 1978 was calculated as follows:

380,000 X 20% = 76,000
684,000 X 10% = 68,400

144,400 rounded off to 144,000.

For 1979:
1,064,000 X 20% = 212,800
1,080,000 X 10% = 108,000

320,800 rounded off to 321,000.

On page 30, we surmised that a grant would not be received in January but would more likely be received in May or June. Therefore,

we used the 20% rate for only one half the year. From 1979 we calculated a full 20% on the capital.

I want to express my regret that this information was not provided originally. We hope that if you have any other questions you will not hesitate to contact us.

We are grateful for your interest and look forward to hearing from you again.

Cordially yours,

David J. Seel, M.D., FACS
Director

DJS/mhc

CC: Miss H. Friede
D. Knight
M. Grubbs.

EZE
Frau Friede
Mittelstr. 37
53 Bonn - Bad Godesberg

14. Februar 1978

Yong Jin
Darlehensgenossenschaft, PMC Korea

Liebe Frau Friede,

vereinbarungsgemäß schicke ich Ihnen als Anlage eine Kopie unseres Antrages, sowie eine Kopie meines Schreibens an Herrn Seel, in dem ich noch ein paar Fragen habe. Ich hoffe, daß er sie mir noch rechtzeitig beantwortet.

Bei der Bearbeitung des Antrages habe ich auch Ihren Kommentar zur O-Type durchgelesen. Sie sagen sicherlich mit Recht abgesehen von dem Unsicherheitsfaktor "ob wirklich 55% Familien zum Beitritt in die Genossenschaft zu gewinnen sind, geht aus den Berechnungen hervor, daß eine Nurse Practioner langfristig nicht aus dem Fonds zu bezahlen ist. Hierüber muß mit dem Projektträger sowie mit den staatlichen Stellen noch gesprochen werden." Das verstehe ich nicht ganz. Unsicherheitsfaktoren sind selbstverständlich drin, aber das ist ja bei jedem Projekt der Fall. Nach mit vorliegenden Berechnungen kann aber bei der vorgesehenen Annahme davon ausgegangen werden, daß ab 1981 sechs VHW's und ein Nurse Practioner aus dem zur Verfügung stehenden Geld gezahlt werden kann. Warum Sie meinen, daß dies nicht der Fall ist, verstehe ich im Augenblick nicht ganz. Aber vielleicht können Sie hierüber, nachdem Sie mit Dr. Seel gesprochen haben, mir noch einmal schreiben.

Mit freundlichem Gruß,

Dr. Helmut Gundert
Asien-Referat

Anlage

Presbyterian Medical Center
"Jesus Hospital"
Dr. David J. Seel
P.O.Box 77
Jeonju / KOREA 520

14th February 1978 Gu/hh

Credit-union YongJin

Dear Dr. Seel,

thank you so much for your letter of January 24th, 1978 and the detailed answers to our questions. This additional information is very helpful indeed. However, when preparing the paper for our board, another question occurred to me.

How is the interest calculated? On page 29, paragraph "growth of credit union capital", item d) for example the interest in 1978 amounts to ~~Won 144~~ 144.000. What is the percentage and out of which amount? Probably out of the amount a, b and c, i.e. Won 1.064.000,-? And if so, why is the interest in percentage higher in 1979, out of Won 2.144.000,-?

On page 30 the interest out of Won 10.000.000,- is Won 1.000.000,- in 1978; in 1979 (Won 10.916.000,-) the interest is almost twice as much, Won 2.183.000,-. Could you explain this as well?

With regard to the project-carrier I told you on your visit that we would consider PMC as the responsible partner. However, as soon as the credit-union is being officially registered and functions well we would have no objections if they become our partner. However, we would leave it up to your decision who will be our partner in future.

It would be helpful to have your reply on March 7th at the latest, as our board meeting takes place on March 8th and 9th. Most likely I just happen to have missed the right solution but with your answer I shall be able to understand better.

With kind regards,

Dr. Helmut Gundert
Asia-Desk

cc: Miss Friede

Projekt Nr. 783246 2/
78-1-1

Aufbau eines ländlichen Gesundheitsdienstes und einer präventiv-medizinisch ausgerichteten Schwesternausbildung

---

1. Land: Korea

2. Ort: Jeon Ju (Chonju)

3. Antragsteller und Projektträger: The Presbyterian Medical Center
(Statuten liegen vor)

4. Das Projekt:

4.1 Die Situation:

Wie in unseren Anträgen Nr. 773326 4 (Bau und Ausstattung eines Landkrankenhauses) und 773326 4 (Aufbau einer ländlichen Gesundheitsversorgung) ausführlich dargelegt, konzentriert sich das an westlichen Vorbildern orientierte koreanische Gesundheitswesen, das zu 80% in privater Hand liegt, vor allem auf die Städte.

Man schätzt, daß ungefähr die Hälfte der ländlichen Bevölkerung keinen Zugang zu modernen kurativen Gesundheitsdiensten hat.

Noch weitaus schwieriger stellt sich die Situation auf den wichtigen ergänzenden Gebieten der präventiven Gesundheitsmaßnahmen und der Erziehungs- und Aufklärungsarbeit unter der ländlichen Bevölkerung dar. Konkrete Programme werden bisher fast ausschließlich von wenigen privaten Trägern durchgeführt, deren Erfahrungen somit für die angekündigte staatliche Planung die wichtigste Grundlage darstellen werden.

4.2 Der Projektträger und bisherige Maßnahmen:

Mit dem Presbyterian Medical Center arbeitet die Evangelische Zentralstelle schon seit vielen Jahren zusammen (s. Projekt Nr. 743193 5 und 69-2-8). Heute erstreckt sich die Tätigkeit des Projektträgers hauptsächlich auf drei Bereiche: Führung eines 250-Betten-Krankenhauses (zu Einzelheiten bitten wir den Antrag 69-2-8 einzusehen), Ausbildung von Krankenschwestern in einer angegliederten Schule und Durchführung gemeinwesenorientierter, ländlicher Gesundheitsprogramme in den umliegenden Landkreisen. Seit 1971 hat der Projektträger präventive Gesundheitsprogramme in den Landkreisen Dong Song, Hua Song Dong und So-Yang begonnen.

Das Programm in So-Yang wird seit 1974 von der Evangelischen Zentralstelle gefördert (s. Projekt Nr. 743193 5)

und steht kurz vor seinem Abschluß. In diesem Projekt hat das Presbyterian Medical Center reichhaltige Erfahrungen gesammelt z.B. im pädagogischen Vorgehen, in der Entwicklung von audio-visuellem Lehrmaterial, auf die der Projektträger bei der geplanten Ausdehnung, die Gegenstand dieses Antrages ist, zurückgreifen kann.

Die Entwicklung des Programmes in So-Yang verlief in 3 Phasen: zuerst konzentrierte sich das PMC-Team auf Impfungen und auf Maßnahmen, die in ihrem Sinn und Zweck leicht einsichtig waren, wie Erfassung der an Tuberkulose Erkrankten, um das Vertrauen der Bevölkerung zu gewinnen. In einer 2. Phase hatten Mutter-und-Kind-Fürsorge und Beratung in Fragen der Familienplanung Vorrang. Einmal von der Bevölkerung akzeptiert, dehnte der Projektträger seine Maßnahmen aus auf präventive Gesundheitserziehung in dörflichen Abendklassen, auf die Anregung und Begleitung von Selbsthilfeaktivitäten zur Verbesserung der hygienischen Verhältnisse, Aufbau von Community Health Councils und Ausbildung freiwilliger Community Health Workers in den Dörfern.

Eine dieses Jahr vom Projektträger durchgeführte abschließende Untersuchung hat gezeigt, daß sich der allgemeine Gesundheitszustand der Bevölkerung sowie die entsprechenden Umweltfaktoren wie hygienische Verhältnisse und das Wissen über Gesundheitsprobleme beachtlich verbessert haben.
Das PMC-Team zieht sich nun aus der intensiven Betreuung dieses Landkreises zurück und wird in Zukunft die etablierten Community Health Councils und die freiwilligen Helfer nur noch auf Anfrage zu besonderen Problemen beraten und sich in seinen präventiven Maßnahmen vor allem auf den Landkreis Yong Jin ausdehnen.

Der Landkreis Yong Jin, nördlich der Stadt Jeon Ju, ist das Zielgebiet des vorliegenden Programmes und umfaßt 12 000 Einwohner, die zu 71% von Ertrag keiner landwirtschaftlicher Betriebe leben. Hier hat der Projektträger zur Vorbereitung des Programmes eine gründliche Voruntersuchung durchgeführt, die die dringende Notwendigkeit präventiver Maßnahmen verdeutlicht. Aus einer repräsentativen Umfrage zu verschiedenen Grundproblemen der gesundheitlichen Lebensbedingungen ergaben sich folgende Daten: Der Hälfte der Bevölkerung sind die Ursachen der wichtigsten infektiösen Krankheiten wie Tbc oder Typhus nicht bekannt. Die Sterblichkeitsrate bei Kleinkindern beträgt 50%. Nur 20% der Betroffenen sind ausreichend über Methoden der Familienplanung informiert. Mangelnde hygienische Vorkehrungen wie das Fehlen von Toiletten, von einwandfreier Wasserversorgung, das enge Zusammenleben von Mensch und Tier sowie geringes Wissen in diesem Bereich haben u.a. zur Folge, daß 90% der Bevölkerung unter Parasitenkrankheiten leiden. Nur ein geringer Teil der Kinder wird gegen Krankheiten geimpft.

Ergänzend zu den Voruntersuchungen begann der Projektträger, inzwischen durch seine jahrelange Arbeit bei den Bauern bekannt, mit der Aktivierung der Bevölkerung und der Gründung von Community Health Councils, die das Programm von Beginn an mitgestalten und mittragen werden.

4.3 Die geplante Maßnahme:

I. Community Health Programme:

Das PMC-Team, das diesen Landkreis 3 Jahre intensiv betreuen wird, besteht aus einem Arzt, der in dem ebenfalls von der Evangelischen Zentralstelle geförderten ländlichen Gesundheitsprogramm auf der Insel Kang Wha reichhaltige Erfahrungen gesammelt hat, einer leitenden Schwester, die spezialisiert ist in präventiver Gesundheitsfürsorge, 6 ausgebildeten Schwestern, einem Hygieneberater und außerdem einem Koordinator, der die verschiedenen Programmteile überwachen wird.

Basierend auf den Ergebnissen der Voruntersuchung und den methodischen Erfahrungen aus dem Projekt in So-Yang wird das PMC-Team folgende Maßnahmen durchführen:

a) Umfangreiche statistische Erhebungen über den allgemeinen Gesundheitszustand der gesamten Bevölkerung. Darauf aufbauend werden Impfprogramme und bei Hausbesuchen Einzelberatungen durchgeführt werden. Zu notwendigen Behandlungen werden Patienten an das bestehende öffentliche Health Subcenter des Landkreises verwiesen, in dem in Absprache mit dem staatlichen Gesundhietsdienst für die Zeit der Programmdauer der Arzt des PMC-Team arbeiten wird.

b) Durch Weiterbildung der traditionellen dörflichen Hebammen, Bereitstellung von einfachen Instrumenten der Geburtshilfe und Reaktivierung und kontinuierliche Beratung der in jedem Dorf bestehenden "Mother Clubs" soll die Mutter-und-Kind-Fürsorge verbessert werden. Die regelmäßige Beobachtung der Neugeborenen soll dann nach einigen Jahren von den Village Health Workers selbständig übernommen werden.

c) Durch Unterricht in den Schulen, Beratung der Dorflehrer, Impfprogramme und regelmäßige Besuche der Schwestern in den Volksschulen und einzelnen Haushalten soll die gesundheitsliche Beobachtung der Kinder verbessert werden.

d) In jedem Dorf werden monatlich Abendklassen zu verschiedenen Fragen der Gesundheitsfürsorge durchgeführt werden. Dem PMC-Team werden bei dieser Lehrtätigkeit reichhaltige audio-visuelle Hilfsmittel zur Verfügung stehen, die bei der Arbeit in den anderen Programmen entwickelt wurden und auch Interesse bei anderen Projektträgern in Korea gefunden haben.

e) Der Hygieneberater wird die Aufgabe haben, die Community Health Councils in den Dörfern bei der Planung und Durchführung von Kleinprojekten zur Verbesserung der hygienischen Verhältnisse zu beraten und zu begleiten. Die Kosten für technische Maßnahmen wie Bau von Toiletten, überdachten Brunnen oder Wasserleitungen wird der Projektträger teilweise tragen.

f) Einmal wöchentlich werden 6 von den Community Health Councils ausgewählte Village Health Workers, meistens Frauen, weitergebildet. Sie sollen das Programm, wenn es nach 3 Jahren in die Verantwortung der Bevölkerung selbst übergeben werden wird, vor allem tragen.

g) Größter Wert wird vom Projektträger auf die Betreuung und Zusammenarbeit mit den dörflichen Community Health Councils gelegt. Sie werden von Anfang an in alle Entscheidungen während des Programmverlaufes einbezogen, sollen sie doch nach einigen Jahren das Programm übernehmen.

Ebenso wie im bisher betreuten Landkreis So-Yang wird das PMC-Team sich nach drei Jahren zurückziehen und die weitere Führung des Programmes den Community Health Councils überlassen und diese nur noch bei besonderen Problemen beraten. Die Community Health Councils sollen dann auch die Kosten, d.h. besonders die geringen Aufwandsentschädigungen für die Village Health Workers tragen. Um die Finanzierung abzusichern wird der Projektträger aus Beiträgen der Bevölkerung und eigenen Mitteln einen Fond aufbauen.

Nach Übergabe des Programmes ist folgende Gesamtstruktur vorgesehen: das Krankenhaus des Projektträgers Jeon-Ju fungiert als Überweisungskrankenhaus, das Health Subcenter des Landkreises wird von einer Nurse Practitioner betreut und 6 Village Health Workers werden direkt in den Dörfern mit vorrangig präventiven Aufgaben betraut sein.

II. Ausbildung von Krankenschwesternschülerinnen in Community Health:

Das PMC leitet auch eine Ausbildungsstätte für Krankenschwestern, die als eine der besten in Korea gilt. Zur Zeit werden in einem 3-jährigen Studiengang 85 Schülerinnen ausgebildet. Alle Absolventinnen der seit 1949 bestehenden Schule erhielten bisher die staatliche Anerkennung als diplomierte Krankenschwestern.

Im Zusammenhang mit dem Aufbau von präventiven Gesundheitsprogrammen in der ländlichen Umgebung wurde auch die Ausbildung der Schwesternschülerinnen reorganisiert mit dem Ziel, sie für eine Tätigkeit auf dem Lande, außerhalb eines modernen Hospitals, zu qualifizieren und zu motivieren.

Im 1. Ausbildungsjahr erhalten die Schülerinnen eine umfassende theoretische Ausbildung in präventiver Gesundheitsvorsorge und machen sich in einem 2-wöchigen Aufenthalt in einem Dorf mit den praktischen Problemen vertraut. Im zweiten Jahr werden sie einen Monat im städtischen präventiven Programm in Choong Wha Son eingesetzt. Diese Erfahrungen werden dann im 3. Ausbildungsjahr durch ein 1 1/2-monatiges Praktikum im ländlichen Bereich, in Zukunft in Yong Jin, ergänzt.

Während dieser beiden Praktika assistieren die Schülerinnen dem PMC-Team in allen Bereichen. Im 3. Jahr führen die einzelnen Schülerinnen auch selbständig Abendklassen in den Dörfern durch, machen Familienbesuche und assistieren bei den laufenden statistischen Erhebungen.

Es hat sich gezeigt, daß die Absolventinnen vorzugsweise in präventiven Programmen arbeiten wollen und auch in der wachsenden Zahl derartiger Projekte sehr gefragt sind. Daher ist es dringend erforderlich, daß das PMC diese Ausbildung fortsetzt, vor allem auch da eine derartige Schwesternausbildung bisher nur von ganz wenigen Institutionen durchgeführt wird.

Zur Weiterführung dieser Ausbildung hat sich der Projektträger mit der Bitte um Finanzierung von folgenden Maßnahmen an die EZE gewandt:

- Anstellung von 2 Lehrkräften, die die Mädchen bei der praktischen Ausbildung in den Dörfern betreuen.
- Fortbildung aller Lehrkräfte der Schule auf diesem Gebiet, die zum Teil in Korea selbst stattfinden kann, zum Teil in Abstimmung mit der Christian Medical Commission in wichtigen Projekten anderer Länder.

Außerdem plant der Projektträger weiterhin verschiedene Seminare auf nationaler Ebene, um den Erfahrungsaustausch unter den verschiedenen privaten Trägern zu Themen wie Präventivmaßnahmen, Ausbildung von Community Nurses etc. zu verbessern.

Zusätzlich benötigt die Schule weitere Fachbücher sowie verschiedene Hilfsmittel wie audiovisuelles Lehrmaterial, medizinische Geräte etc. für die Praktika der Schülerinnen in den Dörfern.

Um bei der Durchführung der Praktika, die für die Schülerinnen entstehenden Kosten zu decken, wird darum gebeten, für den Zeitraum von drei Jahren entsprechende Stipendien zur Verfügung zu stellen.

III. Ausbildung von Nurse Practitioners:

Bisher werden die kurativen wie präventiven Programme in den ländlichen Gebieten geleitet von einem Arzt des PMC. Der Projektträger hat jedoch realistisch erkannt, daß auf absehbare Zeit kaum Ärzte zu bewegen sein werden, sich in den ländlichen Gebieten anzusiedeln. Das PMC plant daher experimentell, erfahrene und engagierte Schwestern im kurativen wie präventiven Bereich soweit weiterzubilden, daß sie in Zukunft in einem Landkreis, stationiert im Health Subcenter, quasi-ärztliche Funktionen wahrnehmen. Dieses Ausbildungsprogramm, das möglicherweise einen neuen Berufsstand entwickelt, ist mit staatlichen Stellen als Versuch abgestimmt. Vorerst sollen nur 5 Schwestern ausgebildet und wahrscheinlich in den früher vom PMC betreuten Landkreisen eingesetzt werden. Da es sich hier um ein Experiment handelt, für das es in Korea noch keine Vorbilder gibt und das möglichst flexibel - nach den ersten Ergebnissen - gehandhabt werden muß, erscheint die Zuwendung einer Globalsumme am sinnvollsten.

5. Personal:

Das Team für die präventiven Programme sowie das Lehrpersonal für die beiden Ausbildungsprogramme stehen dem Projektträger seit einigen Jahren zur Verfügung.

6. Kostenplan: (erläuternder Kostenplan s. Anlage)

a) Community Health Programme (für 3 Jahre)

		DM
1. Personalkosten	190.000,-	
2. Ausstattung	72.000,-	
3. Programmkosten	116.400,-	
		378.400,-

		DM
Übertrag:		378.400,-
b) Ausbildung von Krankenschwestern: (für 3 Jahre)		
1. Personal (einschl. Fortbildungs-und Seminarkosten)	57.900,-	
2. Ausstattung (audiovisuelles Lehrmaterial, Bücher etc.)	10.500,-	
3. Praktika (Transport, Stipendien)	24.700,-	
		93.100,-
c) Ausbildung von Nurse Practitioners, Globalsumme für Lehrpersonal, Stipendien		70.000,-
d) Unvorhergesehenes		48.500,-
		590.000,-

7. Finanzierungsplan:

	DM
a) Eigenmittel des Projektträgers - Barmittel	148.000,-
b) Zuschuß der Evangelischen Zentralstelle	442.000,-
	590.000,-

8. Laufende Kosten:

Die laufenden Kosten für 3 Jahre sind bei allen drei Programmteilen teilweise Bestandteil des Kostenplanes. Die erheblich reduzierten Kosten für die Fortführung des Community Health Programmes werden dann teilweise von der Bevölkerung selbst, teilweise von der Distriktbehörde, mit der der Projektträger einen Vertrag abgeschlossen hat, übernommen werden.

9. Höhe der beantragten Mittel:

bis zu DM 442.000,- .

10. Gutachten und Empfehlungen:

Der Gouverneur und die Gesundheitsbehörden der Provinz sowie staatliche Planungsstellen begrüßen das Vorhaben des PMC als einen wichtigen Beitrag zum Aufbau eines gemeinschaftsbezogenen präventiven Gesundheitsdienstes. Darüberhinaus setzte sich der koreanische Schwesternverband nachdrücklich für das hier praktizierte Konzept einer Schwesternausbildung ein.

11. Stellungnahme der Evangelischen Zentralstelle:

Die Entwicklung und Durchführung von ländlichen Gesundheitsprogrammen steckt in Korea noch in den Anfängen. Die Regierung hat zwar erkennen lassen, daß sie dieses Problem in Angriff nehmen will. Konkrete Programme werden bisher jedoch fast ausschließlich von privaten Trägern durchgeführt. Sie bieten daher das wichtigste Erfahrungsfeld für jede zukünftige staatliche Planung.

Die Evangelische Zentralstelle fördert verschiedene derartige Programme, in denen Erfahrungen gesammelt und methodisch experimentiert wird. Das Konzept des Presbyterian Medical Centers zeichnet sich besonders dadurch aus, daß großer Wert auf die aktive Beteiligung der Bevölkerung am Planungs- wie Durchführungsprozeß gelegt wird, sie in die Verantwortung von Anfang an einbezogen wird und das Programm so angelegt ist, daß es in einigen Jahren von der Zielgruppe selbständig übernommen werden kann. Die Erfahrungen dieses Programmes werden einen wichtigen Beitrag zur Entwicklung eines nationalen Konzeptes ländlicher Gesundheitsfürsorge leisten.

Aus diesen Gründen befürwortet die Evangelische Zentralstelle für Entwicklungshilfe die Förderung dieses Programmes und bittet um Gewährung des erbetenen Zuschusses in Höhe von bis zu

DM 442.000,-.

Anlage:
Erläuterung
zum Kostenplan

EVANGELISCHE ZENTRALSTELLE
FÜR ENTWICKLUNGSHILFE e.V.

Bonn, den 11. Januar 1978

Anlage zu Projekt Nr. 78 - 1 - 1
783246 2

Erläuterung zum Kostenplan

a) Community Health Programm (für 3 Jahre)		
1. Personalkosten:		
- 1 Koordinator p.a.	7.800,-	23.400,-
- 1 Fachschwester für Community Health p.a.	6.060,-	18.180,-
- 6 Krankenschwestern p.a.	4.380,-	78.840,-
- 1 Hygieneberater	4.320,-	12.960,-
- 1 Hilfskraft p.a.	1.500,-	4.500,-
- Honorare für Kurzzeitexporten		15.000,-
- Fortbildung		3.000,-
- Gratifikation p.a.	11.490,-	34.470,-
2. Ausstattung: Audiovisuelles Lehrmaterial, Medikamente, med. Geräte, Zuschüsse zum Bau sanitärer Einrichtungen		72.000,-
3. Programmkosten		
Transport, Bürokosten, Seminare Reisekosten		116.400,-
b) Ausbildung von Krankenschwestern (für 3 Jahre)		
1. 2 Lehrkräfte für Community Health	5.250,-	31.500,-
Fortbildung für das Lehrpersonal		
- in Korea		7.065,-
- im Ausland		15.335,-
Seminarkosten		4.000,-
2. Ausstattung: Audiovisuelles Material, Bücher Verbrauchsmaterial für Praktika, Lehrmaterial		10.500,-
3. Praktika: Reisekosten, Stipendien		24.625,-
c) Ausbildung von nurse practiotioners:		70.000,-

APPLICATION TO THE
PROTESTANT CENTRAL AGENCY
by
THE PRESBYTERIAN MEDICAL CENTER

JEONJU, KOREA
EXTENSION of Project 74-7-33

SUBMITTED FEBRUARY 1, 1977

APPLICATION
TO
EVANGELISHE ZENTRALSTELLE
BY
PRESBYTERIAN MEDICAL CENTER
JEONJU, KOREA 520

Extension of Project 74-7-33
RURAL HEALTH SERVICE AND NURSE TRAINING IN JEONJU, KOREA

TABLE OF CONTENTS

APPENDICES

I. HISTORY OF COMMUNITY HEALTH SERVICES AT JEONJU

The Community Health Program of Presbyterian Medical Center began in 1969 when Dr. John Wilson, an American pediatrician who was very interested in a community outreach, was serving at our hospital as a short-term missionary.

A. SOYANG MYUN

After attempting several approaches to health care delivery, the township of Soyang was selected in consultation with Provincial government officials as a suitable target area for a comprehensive program. The work began in the Spring of 1970 and was funded by Presbyterian Medical Center until the initial community health grant, Project No. 74-7-33, was awarded to us by the Evangelische Zentralstelle fur Entwicklungshilfe. Much has been learned from our experience in this township of 12,000 people during the last six and one-half years, and a number of mistakes have been made which we hope to avoid in our future activity. We have learned that communicable diseases, including tuberculosis, can be controlled in a rural population group. We have learned that agricultural families can be brought to see the advantages of sanitation, family planning, and maternal and child health principles. We are involved in a plan for indigenizing the continuing health program in that area, a plan which we believe is workable and was the basis for the Soyang Myun Community Self Help Project recently resubmitted to the EZE.

Our work in this township passed through three phases which illustrate the natural history of a community health program as it transformed a dispirited, disadvantaged and diseased population group into a health oriented community.

PHASE ONE

The immediate problems which faced Dr. John Wilson when he began the program were the prevalence of uncontrolled contagious diseases and the suspicion and apathy of the villagers toward medicine. The initial efforts were therefore in the area of immunizations, particularly of children, and in providing clinical care to heal the backlog of chronic afflictions. Immunizations reached a peak of 19,464 in the second year of the project, then tapered off into a maintenance pattern. Clinic visits reached 3,246 in the second year of the program, and this activity then tapered off. By the end of the second year virtually all tuberculosis cases had been identified and brought under treatment. Thus, Phase I was the period during which the confidence of the community was gained by a crash program for controlling communicable diseases and by treating these and other chronic illnesses in the target area. (See graphs 1, 2, and 3.)

PHASE TWO

While the therapeutic efforts and immunization program were at their peak, maternal and child health and family planning activities were begun. MCH home visits reached their peak in 1974, with 5,620 visits recorded. During the same year the highest level of family planning activity was reached, with 3,526 consultations or contraceptive treatments. (See graphs 4 and 5.) We now had access to the villagers homes. The novelty had worn off, and comprehensive preventive medicine had begun.

PHASE THREE

Once again the emphasis shifted, this time to health education and environmental sanitation. This was greatly enhanced by the provision of EZE funds beginning in 1975. Literature was produced, night classes were held, and mothers' clubs were promoted to allow community education at every level of society. The number of health lectures in waiting rooms, village meetings, schools and churches reached a peak of 532 in 1975, and construction of toilets, kitchen improvements, and water distribution projects all served to provide practical demonstrations of what it takes for a family or a community to stay healthy.

The third phase, made possible by the grant referred to Project No. 74-7-33), was designed to develop community leadership so that the target population might assume responsibility for its health.

B. CHOONG WHA SAN DONG AREA

In 1972 an additional target area was adopted, the area of Choong Wha San Dong on the Southern outskirts of the city just beyond the location of the new hospital. This precinct has a population of 6,000, and though a low income area, is economically more stable than Soyang Myun. Under the leadership of Miss Dorothy Knight, an Australian nurse-midwife who moved into the area to live, immunizations, MCH work, preventive and treatment clinics, and environmental sanitation have been carried out. In January 1976 the Choong Wha San Dong Health Development Council was organized and is participating effectively in the project, which receives a proportion of the EZE grant under Project No. 74-7-33.

C. COMMUNITY ORIENTED NURSING EDUCATION

An important aspect of the work was undertaken by the Margaret Pritchard School of Nursing. In order to participate in this work meaningfully, and as an expression of their dedication to community health nursing, the entire curriculum was revised to provide training and experience in community health to sensitize the nurses to the needs of the community and to raise their awareness of the part they can play in bringing health to their people.

The second year students have been assigned for their practical experience in urban community health to Choong Wha San Dong, and the third year students to Soyang Myun. They have had experience in taking health surveys, in vaccination, in tuberculosis case finding, and in educational activities with mothers. They have helped in preparation of audiovisual materials. They have attended socio-clinical conferences. They have seen at first hand how communicable diseases must be identified, treated and prevented.

II. PLANS FOR EVALUATION OF RESULTS IN SOYANG MYUN AND CHOONG WHA SAN DONG

In the year 1977, we will be devoting considerable amount of our energy and time in evaluating the results in Soyang Myun and Choong Wha San Dong. In one way we will be handicapped; we did not conduct our own baseline survey in those areas as we did, later, in Yong Jin Myun. True, we collected some data, and we did more in Choong Wha San Dong than we did in Soyang Myun, but they were neither complete nor comprehensive. Then again, over a period of years, our goals have changed, especially in the case of Soyang Myun. (See History of Community Health Services in Jeonju.) Fortunately, none of these difficulties is entirely insurmountable. Some of the data, while not exactly comparable, are meaningful by themselves, nonetheless. We are especially interested to find out how much of the health education we gave to the various groups has made any difference in the health habits of the people. To this end we intend to design a special questionaire for general survey. In addition, our team will make on the spot inspection of the families for whom we have helped make improvements in environmental sanitation. The results of this survey will be presented as soon as it has been completed.

III. PLANS FOR WORK IN YONG JIN MYUN AND CHOONG WHA SAN DONG

A. YONG JIN MYUN AND CHOONG WHA SAN DONG

As we have begun to phase out our clinical program in Soyang, we have been emphasizing health education and leadership development, with the hope that a health program under the auspices of the Community Health Council will provide continuing coverage of this township of 12,000 people. At the same time we have assured the community leaders of our desire to maintain a working relationship as they assume the financial responsibility for primary care. We will provide the professional and clinical reinforcement, and continue to offer the educational thrust.

As we look about us it is obvious that many rural communities are facing needs as desperate as those which confronted us when we began work in Soyang in 1971. The city of Jeonju, with its population of over 300,000, is surrounded by the County of Wanju, which is composed of 13 townships altogether, 12 in addition to Soyang. The population of the entire county is 165,843. In this county there are:

7 Medical Doctors, a ratio of 1:23,692;
13 Pharmacists, a ratio of 1:12,757;
3 Midwives, a ratio, for eligible females, of 1:6,203.

There are 5,575 known cases of tuberculosis, 250 cases of leprosy, and 59.9% have parasites. These are government figures and we consider them to be conservative.

Believing that we cannot simply remain in one selected township indefinitely we have deliberately phased down our work in Soyang and launched a program in a neighboring township, Yongjin. Our baseline survey is submitted herewith to illustrate the dimensions of the poverty and the need for health care in this new area. However, we have made it clear to community leaders in this area also that we will not remain indefinitely but will turn the major responsibility for primary care to their own community leaders eventually, just as we are doing now in Soyang.

One major difference in our approach to the Yongjin Community, as compared to our effort in Soyang, lies in the fact that a community organization has been launched and a commitment to participate in a credit union has been given by the community as the initial step in our program in this area. We were very late in cultivating community leadership in our previous area. Until we received the EZE grant very little was accomplished in this direction. In Yongjin these are matters of the highest priority from the outset.

In Choong Wha San also a continuing effort is being made to develop local leadership. In this community we find great responsiveness and willingness to assume responsibility.

Our specific goals, then, are the following:

1) To encourage and develop community interest, initiative, participation and leadership in the welfare and health of the involved local communities, with emphasis on self-help, eventually leading to the development of a self-sustaining program operated almost entirely with local initiative and resources;

2) To maximize the education of the members of the communities in health matters relating to the individual, the home, the community and the environment; and

3) To continue to provide professional and clinical assistance in the delivery of basic health care to the communities within a mutually agreed time period.

B. PLANS FOR NURSING SCHOOL PARTICIPATION

The Margaret Pritchard School of Nursing has participated in the Medical Center's community health work since 1970 and has made considerable adjustment in its curriculum to better prepare its students for more effective community service beginning in 1972.

The schedule of practice and the curriculum remain basically the same as previously reported but adjustments have been made to meet the realities of the new situation which developed with the adoption of the new Yongjin Myun Area. (Please see the revised schedules attached.)

We continue to believe that participation in this type of community health work is an essential element in the education of the modern nurse. Her vision for service must be lifted beyond the white sheets and shining stainless steel of the modern hospital to include the poor, the ignorant and those sick who are her neighbors but who will not cross the threshhold of a hospital unless carried there by others.

C. PLANS FOR NURSE PRACTITIONER TRAINING

As we seek to establish a minature health care delivery system in the agricultural areas which surround Presbyterian Medical Center, we have given much thought to the need of an appropriate health extension officer to provide economical but effective primary care in each of the communities with which we will be eventually affiliated.

We are convinced that few physicians will be persuaded to serve in rural villages. Short of total state control of medicine it is unlikely that doctors can be made to provide primary care to the agricultural population. We are convinced that the most appropriate "physician extender", the most suitable primary care medical worker for Korea is, rather, the community-oriented nurse. It is this belief which has undergirded the radical change in the curriculum of our nursing school.

The next step is to up-grade the nurse who has been exposed to an emphasis on community health to a level of greater proficiency, to the level of nurse practitioner. This concept has begun to receive acceptance in some government health education circles, has been actively endorsed by the Korean Nurses Association and is now being studied by the National Assembly. We believe we are in an ideal situation to train such nurse practitioners. Because we have a strong clinical program at our 269-bed hospital, coupled with an active community health department, we can provide both the didactic and the practical experience necessary to prepare qualified nurses to become nurse practitioners.

However, at this stage of development no one is certain just how well the nurse practitioner will be accepted by the community. Therefore, in our proposal we plan to start with only five trainees because we believe we can place these five nurse practitioners in the areas in which we have work. By 1979 there should be some indication as to whether the nurse practitioner will be recognized and accepted by the community as a legitimate and competent "physician extender".

In addition to acceptability by the community is the concurrent problem of whether service in a rural community will be acceptable to the nurse practitioner. We believe they will adapt much better than the highly trained physician whose earning capabilities are severely limited by practice in the rural areas, but we are not anticipating a large number of applicants for the nurse practitioner training program simply because service will often mean a relatively isolated existence for a marriagable-aged young woman.

We look at this nurse practitioner training project as strictly experimental but as program that needs to be tried. We believe we have the interest and concern as well as the organization to carry out the experiment successfully--if anybody can.

IV. REQUEST FOR ASSISTANCE

Our current grant from the Evangelical Central Agency continues through 1977. This application is for a grant for the years 1978-80, to assist us in continuing efforts to provide health for underprivileged people in the communities around us. The application requests assistance for three aspects of our community health program:

1. Primary care and preventive medicine activity in Yongjin Myun and Choong Wha San Dong;	DM 299,534
2. Support of the Community Health Curriculum at the Nursing School;	DM 72,930
3. Funding of a post-graduate nursing training program for community nurse practitioners.	DM 135,571
Total grant requested over a three-year period	DM 508,035

To summarzie, Presbyterian Medical Center feels a strong commitment to community health. The Evangelical Central Agency has not only made possible our clinical facility but also has undergirded our involvement in the well-being of the community around us. We believe that the methodology which has emerged after five years of effort is replicable. We seek your continued help not only to reach into new areas but to train the medical extension officers we believe most suitable for our society--the community nurse practitioner. We envision a network of communities voluntarily affiliated with us for better health, served by nurse practitioners which we have trained, exemplifying the truth of the old adage, "God helps those who help themselves."

DETAILED COST PLAN

Project Name: Rural Health Service and Nurse Training in Jeonju, Korea
Project Number: 74-7-33 (Extension)

In Won W

Items according to Statement of Costs		Total	Estimated Cost Plan 1978	1979	1980
A.	COMMUNITY MEDICINE PROGRAM				
1.0	Personnel and Travel	W38,070,000	W12,490,000	W13,090,000	W12,490,000
1.1	Overseas Travel	600,000		600,000	
1.2	Project Assistant Director	4,680,000	1,560,000	1,560,000	1,560,000
1.3	Public Health Nurse	3,636,000	1,212,000	1,212,000	1,212,000
1.4	Registered Nurses (6)	15,768,000	5,256,000	5,256,000	5,256,000
1.5	Clerk for Clinic	900,000	300,000	300,000	300,000
1.6	Sanitation Worker	2,592,000	864,000	864,000	864,000
1.7	Employee Benefit	6,894,000	2,298,000	2,298,000	2,298,000
1.8	Consultant Fee	3,000,000	1,000,000	1,000,000	1,000,000
2.0	Equipment/Supplies	14,400,000	4,800,000	4,800,000	4,800,000
2.1	Visual Aids	1,800,000	600,000	600,000	600,000
2.2	Medical Supplies	1,800,000	600,000	600,000	600,000
2.3	Medicine	2,700,000	900,000	900,000	900,000
2.4	Water Systems	3,600,000	1,200,000	1,200,000	1,200,000
2.5	Toilet Construction	2,700,000	900,000	900,000	900,000
2.6	Kitchen Improvement	1,800,000	600,000	600,000	600,000
3.0	Disposition Funds	23,280,000	7,760,000	7,760,000	7,760,000
3.1	Conference/Staff Education	3,000,000	1,000,000	1,000,000	1,000,000
3.2	Community Organization	1,800,000	600,000	600,000	600,000
3.3	Survey/Research	1,500,000	500,000	500,000	500,000
3.4	Transportation	5,400,000	1,800,000	1,800,000	1,800,000
3.5	Vehicle Maintenance (Mobile Van)	1,800,000	600,000	600,000	600,000
3.6	Office Maintenance	2,880,000	960,000	960,000	960,000
3.7	Food (for Staff)	2,400,000	800,000	800,000	800,000
3.8	Medical Insurance	4,500,000	1,500,000	1,500,000	1,500,000
	Total	W75,750,000	W25,050,000	W25,650,000	W25,050,000

APPENDIX A

DETAILED COST PLAN

Project Name: Rural Health Service and Nurse Training in Jeonju, Korea
Project Number: 74-7-33 (Extension)

In DM (1 DM=200 Won W)

Items According to Statement of Costs		Total	Estimated Cost Plan 1978	1979	1980
A.	COMMUNITY MEDICINE PROGRAM				
1.0	Personnel and Travel	DM 190,350	DM 62,450	DM 65,450	DM 62,450
1.1	Overseas Travel	3,000		3,000	
1.2	Project Assistant Director	23,400	7,800	7,800	7,800
1.3	Public Health Nurse	18,180	6,060	6,060	6,060
1.4	Registered Nurses (6)	78,840	26,280	26,280	26,280
1.5	Clerk for Clinic	4,500	1,500	1,500	1,500
1.6	Sanitation Worker	12,960	4,320	4,320	4,320
1.7	Employee Benefit	34,470	11,490	11,490	11,490
1.8	Consultant Fee	15,000	5,000	5,000	5,000
2.0	Equipment/Supplies	72,000	24,000	24,000	24,000
2.1	Visual Aids	9,000	3,000	3,000	3,000
2.2	Medical Supplies	9,000	3,000	3,000	3,000
2.3	Medicine	13,500	4,500	4,500	4,500
2.4	Water Systems	18,000	6,000	6,000	6,000
2.5	Toilet Construction	13,500	4,500	4,500	4,500
2.6	Kitchen Improvement	9,000	3,000	3,000	3,000
3.0	Disposition Funds	116,400	38,800	38,800	38,800
3.1	Conference/Staff Education	15,000	5,000	5,000	5,000
3.2	Community Organization	9,000	3,000	3,000	3,000
3.3	Survey/Research	7,500	2,500	2,500	2,500
3.4	Transportation	27,000	9,000	9,000	9,000
3.5	Vehicle Maintenance (Mobile Van)	9,000	3,000	3,000	3,000
3.6	Office Maintenance	14,400	4,800	4,800	4,800
3.7	Food (For Staff)	12,000	4,000	4,000	4,000
3.8	Medical Insurance	22,500	7,500	7,500	7,500
	Total	DM 378,750	DM 125,250	DM 128,250	DM 125,250

APPENDIX A-1

DETAILED COST PLAN

Project Name: Rural Health Service and Nurse Training in Jeonju, Korea
Project Number: 74-7-33 (Extension)

In Won W

Items According to Statement of Costs		Total	Estimated cost plan 1978	1979	1980
B.	COMMUNITY ORIENTED NURSING EDUCATION				
1.0	Personnel Plus Teacher's Training and Travel	W11,577,000	W 3,912,000	W 3,606,000	W 4,059,000
1.1	Instructors	6,300,000	2,100,000	2,100,000	2,100,000
1.2	National Teacher's Training and Travel	1,413,000	138,000	706,000	569,000
1.3	International Training	3,064,000	1,674,000		1,390,000
1.4	National Seminar	800,000		800,000	
2.0	Equipment	2,105,000	400,000	900,000	805,000
2.1	Literary Materials and Translation	400,000		200,000	200,000
2.2	Library Books	250,000	110,000	40,000	100,000
2.3	Teaching Aids and Equipment	720,000	100,000	420,000	200,000
2.4	Students Practice Materials	310,000	90,000	100,000	120,000
2.5	Use of Car	425,000	100,000	140,000	185,000
3.0	Practical Courses	4,925,000	1,465,000	1,640,000	1,820,000
3.1	Transportation	1,682,000	508,000	559,000	615,000
3.2	Room, Board, Lecture Fee	3,243,000	957,000	1,081,000	1,205,000
	Total	W18,607,000	W 5,777,000	W 6,146,000	W 6,684,000

APPENDIX B

DETAILED COST PLAN

Continuation of
Project 74-7-33

In DM (1 DM=200 Won W)

Items According to Statement of Costs		Total	Estimated Cost Plan 1978	1979	1980
B.	COMMUNITY ORIENTED NURSING EDUCATION				
1.0	Personnel Plus Teacher's TRaining and Travel	DM 57,885	DM 19,560	DM 18,030	DM 20,295
1.1	Instructors	31,500	10,500	10,500	10,500
1.2	National Teacher's Training and Travel	7,065	690	3,530	2,845
1.3	International Training	15,320	8,370		6,950
1.4	National Seminar	4,000		4,000	
2.0	Equipment	10,525	2,000	4,500	4,025
2.1	Literary Materials and Translation	2,000		1,000	1,000
2.2	Library Books	1,250	550	200	500
2.3	Teaching Aids and Equipment	3,600	500	2,100	1,000
2.4	Students Practice Materials	1,550	450	500	600
2.5	Use of Car	2,125	500	700	925
3.0	Practical Courses	24,625	7,325	8,200	9,100
3.1	Transportation	8,410	2,540	2,795	3,075
3.2	Subsidy	16,215	4,795	5,405	6,025
	Total	DM 93,035	DM 28,885	DM 30,730	DM 33,420

APPENDIX B-1

COST PLAN

Project 74-7-33 (Extension)

Summary in Won (Local Currency)

	Total	1978	1979	1980
A. COMMUNITY MEDICINE PROGRAM				
1.0 Personnel and Travel	W38,070,000	W12,490,000	W13,090,000	W12,490,000
2.0 Equipment/Supplies	14,400,000	4,800,000	4,800,000	4,800,000
3.0 Disposition Funds	23,280,000	7,760,000	7,760,000	7,760,000
Total	75,750,000	25,050,000	25,650,000	25,050,000
B. COMMUNITY ORIENTED NURSING EDUCATION				
1.0 Personnel and Travel	11,577,000	3,912,000	3,606,000	4,059,000
2.0 Equipment	2,105,000	400,000	900,000	805,000
3.0 Practical Courses	4,925,000	1,465,000	1,640,000	1,820,000
Total	18,607,000	5,777,000	6,146,000	6,684,000
Grand Total	W94,357,000	W30,827,000	W31,796,000	W31,734,000

Summary in DM 1 DM=200 Won W

	Total	1978	1979	1980
A. COMMUNITY MEDICINE PROGRAM				
1.0 Personnel and Travel	DM 185,350	DM 62,450	DM 65,450	DM 62,450
2.0 Equipment/Supplies	72,000	24,000	24,000	24,000
3.0 Disposition Funds	116,400	38,800	38,800	38,800
Total	378,750	125,250	128,250	125,250
B. COMMUNITY ORIENTED NURSING EDUCATION				
1.0 Personnel and Travel	57,885	19,560	18,030	20,295
2.0 Equipment	10,525	2,000	4,500	4,025
3.0 Practical Courses	24,625	7,325	8,200	9,100
Total	93,035	28,885	30,730	33,420
Grand Total	DM 471,785	DM 154,135	DM 158,980	DM 158,670

APPENDIX C

DETAILED COST PLAN

Project Name: Nurse Practitioner Training Program

Items According to Statement of Costs	Estimated Cost Plan in Won Total	1978	1979	1980
1.0 Personnel Costs	W29,844,000	W 7,348,000	W11,248,000	W11,248,000
1.1 Student Stipend 1978: 5 Students 1979: 10 Students 1980: 10 Students	19,500,000	3,900,000	7,800,000	7,800,000
1.2 Time Teacher Stipend	2,184,000	728,000	728,000	728,000
1.3 Special Lecture Stipend	600,000	200,000	200,000	200,000
1.4 Coordinator's Salary	7,560,000	2,520,000	2,520,000	2,520,000
2.0 Equipment and Supplies	4,500,000	1,500,000	1,500,000	1,500,000
2.1 Textbooks, Video Tapes, etc.	4,500,000	1,500,000	1,500,000	1,500,000
Total	W34,344,000	W 8,848,000	W12,748,000	W12,748,000

Items According to Statement of Costs	Estimated Cost Plan in DM. (1 DM=200 Won) Total	1978	1979	1980
1.0 Personnel Costs	DM 149,220	DM 36,740	DM 56,240	DM 56,240
1.1 Student Stipend 1978: 5 Students 1979: 10 Students 1980: 10 Students	97,500	19,500	39,000	39,000
1.2 Time Teacher's Stipend	10,920	3,640	3,640	3,640
1.3 Special Lecturer Stipend	3,000	1,000	1,000	1,000
1.4 Coordinator's Salary	37,800	12,600	12,600	12,600
2.0 Equipment and Supplies	22,500	7,500	7,500	7,500
2.1 Textbooks, Video Tapes, etc.	22,500	7,500	7,500	7,500
Total	DM 171,720	DM 44,240	DM 63,740	DM 63,740

APPENDIX D

ANNUAL REVENUE

In Won ₩

SOURCES	Total	1978	1979	1980
OWN MEANS	23,589,000	7,707,000	7,949,000	7,933,000
ECA ASSISTANCE	70,768,000	23,120,000	23,847,000	23,801,000
TOTAL	₩94,357,000	₩30,827,000	₩31,796,000	₩31,734,000

In DM 1 DM=200₩

OWN MEANS	117,945	38,535	39,745	39,665
ECA ASSISTANCE	353,840	115,600	119,235	119,005
TOTAL	DM 471,785	DM 154,135	DM 158,980	DM 158,670

GRANT ASSISTANCE REQUESTED

SOURCES	Total	1978	1979	1980
IN LOCAL CURRENCY	₩70,768,000	₩23,120,000	₩23,847,000	₩23,801,000
IN DM	DM 353,840	DM 115,600	DM 119,235	DM 119,005

APPENDIX E

ANNUAL REVENUE

Project Name: Nurse Practitioner Training Program

In Won

SOURCES	TOTAL	1978	1979	1980
OWN MEANS	8,586,000	2,212,000	3,187,000	3,187,000
ECA ASSISTANCE	25,758,000	6,636,000	9,561,000	9,561,000
TOTAL	₩34,344,000	₩ 8,848,000	₩12,748,000	₩12,748,000

In DM

OWN MEANS	42,930	11,060	15,935	15,935
ECA ASSISTANCE	128,790	33,180	47,805	47,805
TOTAL	DM 171,720	DM 44,240	DM 63,740	DM 63,740

GRANT ASSISTANCE REQUESTED

SOURCES	TOTAL	1978	1979	1980
IN LOCAL CURRENCY	₩25,758,000	₩ 6,636,000	₩ 9,561,000	₩ 9,561,000
IN DM	DM 128,790	DM 33,180	DM 47,805	DM 47,805

APPENDIX F

MARGARET PRITCHARD SCHOOL OF NURSING

CURRICULAR ACTIVITIES IN COMMUNITY HEALTH NURSING

Theory: 162 hours (9 credits)
Practice: 300 hours (8 credits)

	First Semester		Second Semester	
	Theory	Practice	Theory	Practice
First Year	Preliminary	Course	C.H.N. I 2 units	2 weeks Orientation
Second Year	C.H.N II	4 weeks--urban (Choong Whasan Dong)	C.H.N. III 2 units	
Third Year	C.H.N. IV	6 weeks--rural (Yongjin Myun)	C.H.N. V 1 unit	

APPENDIX G

MARGARET PRTICHARD SCHOOL OF NURSING

	First Semester		Second Semester	
	Theory	Practice	Theory	Practice
First Year	Preliminary	Course	Introduction to CHN MCH and Family Planning	Orientation 1 week--urban 1 family survey 1 week--rural 1 family survey
Second Year	Epidemiology Communicable Disease Control Statistics Demography	Urban Choong Whasan Dong 2 Family Care 1 Socioclinical Conference 1 Teaching Experience Pre/Post-learning Experience Meeting Daily Report →	School Health Industrial Health Health Education Mental Health Administration Health Law	
Third Year	Seminar on Environmental Sanitation	Rural Yongjin Myun 3 Family Care 1 Socioclinical Conference 2 Teaching Experience Pre/Post-learning Experience Meeting Daily Report →	Community Health Nursing	

APPENDIX H

MARGARET PRITCHARD SCHOOL OF NURSING

ORIENTATION SCHEDULE (FIRST YEAR STUDENTS)

Yong Jin Wyun (Rural Area)

Monday	8:30--11:00	Yong Jin Clinic Observation; find house, greeting
Tuesday	8:00--11:00	Village environment study and report
Wednesday	8:00--11:00	Study village people's health habits
Thursday	8:00--11:00	Co-operative family survey
Friday	8:00--11:00	Toilet, drainage and stock shed study
Saturday	8:30--11:00	Conference

Choong Whasan Dong (Urban Area)

Monday	8:30--11:00	1 District Clinic observation; find house, greeting
Tuesday	8:30--11:00	Wells, toilets, drainage and stock shed study
Wednesday	8:30--11:00	Public health statistic lecture
Thursday	8:30--11:00	Family health habits study
Friday	8:30--11:00	Co-operative family survey
Saturday	8:30--11:00	Discussion and analysis of the statistical data.

APPENDIX I

MARGARET PRITCHARD SCHOOL OF NURSING

URBAN AREA PRACTICE SCHEDULE (SECOND YEAR STUDENTS)

Monday (8:30--12:00)	1.	Choong Whasan Dong 2nd Street Maternal and Child Health Clinic Vaccination and teaching, checking height and weight of babies, assisting doctor. Education in family planning and medication, etc.
	2.	Home Visiting: TB patient care. Follow-up Care. Maternal and Child Health Care.
Tuesday (8:30--12:00)	1.	TB Clinic (Second week in each month): Medication Teaching the patient Chest x-ray for TB.
	2.	Home Visiting
Wednesday (8:30--12:00)	1.	First STreet Maternal and Child Health Clinic: Vaccination and teaching, Education in family planning and medication, etc.
	2.	Home Visiting.
Thursday (8:30--12:00)	1.	Home Visiting
	2.	Making educational charts
Friday	1.	Home Visiting
	2.	Night Community Meeting and teaching observation.
Saturday (8:30--12:00)		Conference

APPENDIX J

MARGARET PRITCHARD SCHOOL OF NURSING

RURAL AREA PRACTICE SCHEDULE (THIRD YEAR)

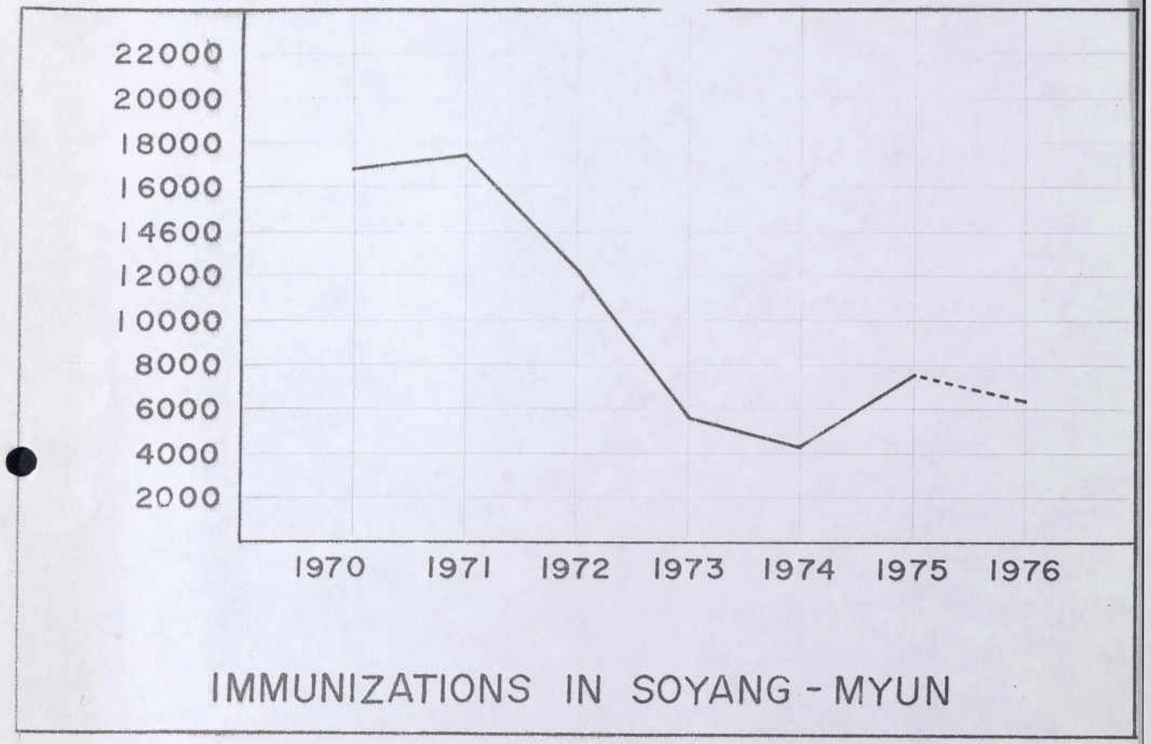
MONDAY	Class	
TUESDAY	Class	
WEDNESDAY	1.	Yongjin Well Baby Clinic: Vaccination and Teaching, checking height and weight of babies and assisting the doctor
	2.	Home Visiting
	3.	Night Community Meeting
THURSDAY	1.	Home Visiting
	2.	Making Educational Charts
FRIDAY	1.	Home Visiting
	2.	School Health Teaching (Yongjin Middle School)
SATURDAY	Conference	

3. Clinic for general patients
   First week - E.N.T.
   Second week - T.B.
   Third week - Obstetrics
   Fourth week - Gynecology
   Fifth week - Dental and Medicine

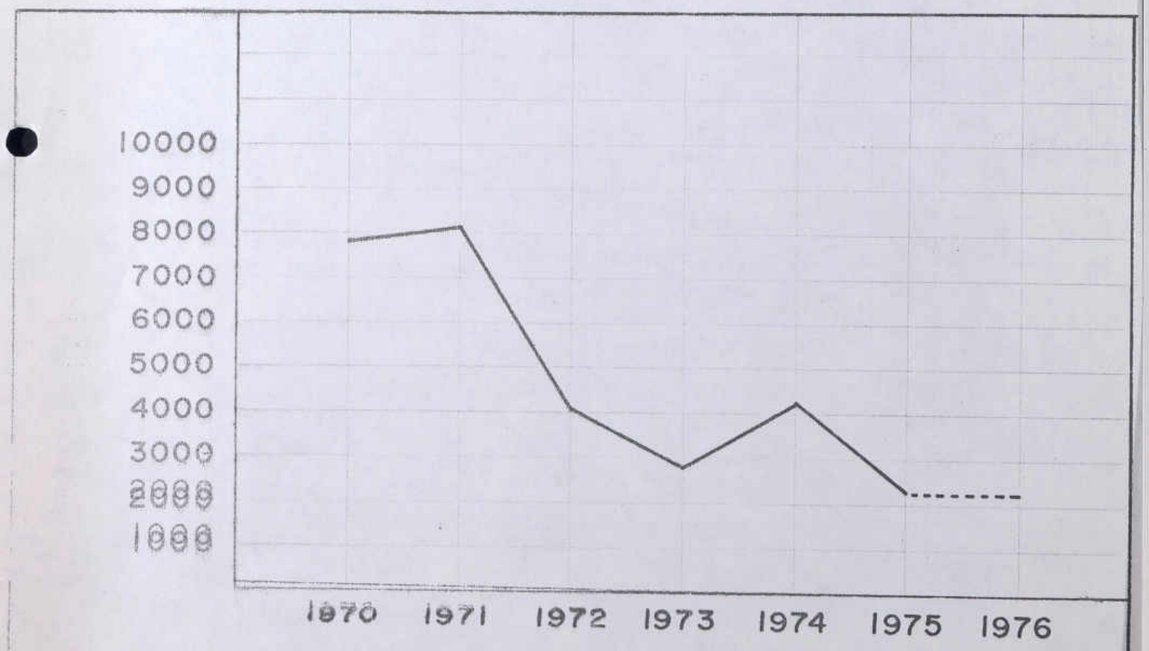
APPENDIX K

MAP OF WANJU-GUN

- POPULATION = 165,843
- HOUSEHOLD = 27,187
- ANNUAL INCOME PER HOUSEHOLD = ₩ 921,877 ($ 1,916)
- NUMBER OF DOCTORS = 6



IMMUNIZATIONS IN SOYANG - MYUN



CLINIC VISITS IN SOYANG - MYUN

CHART #1

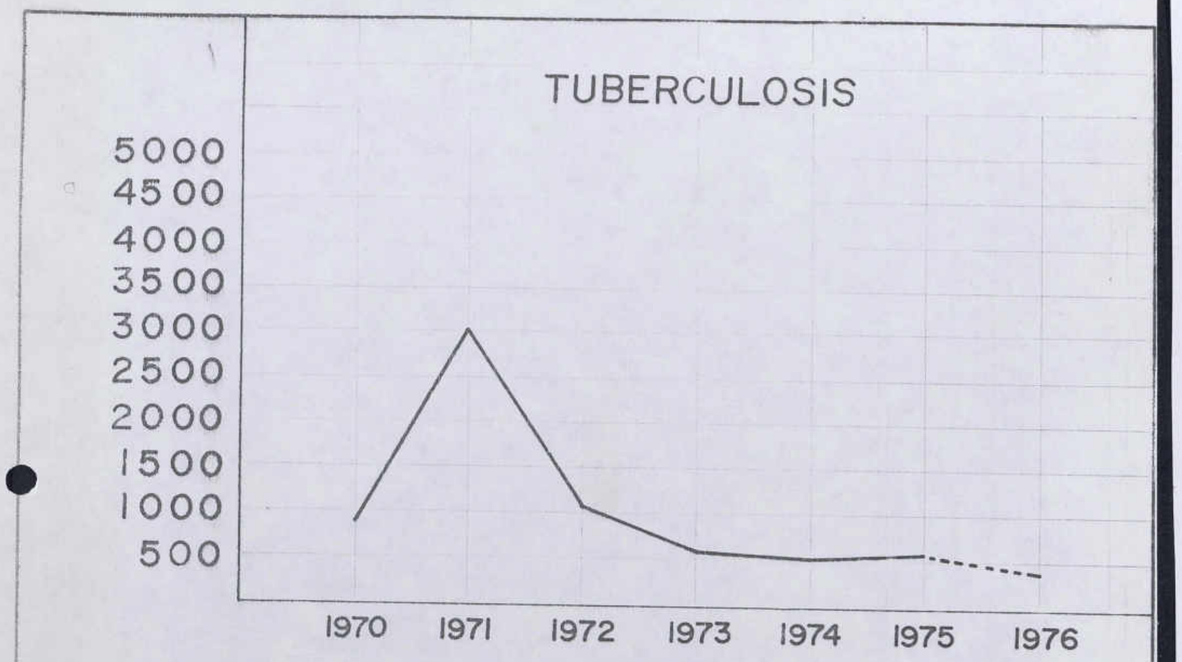
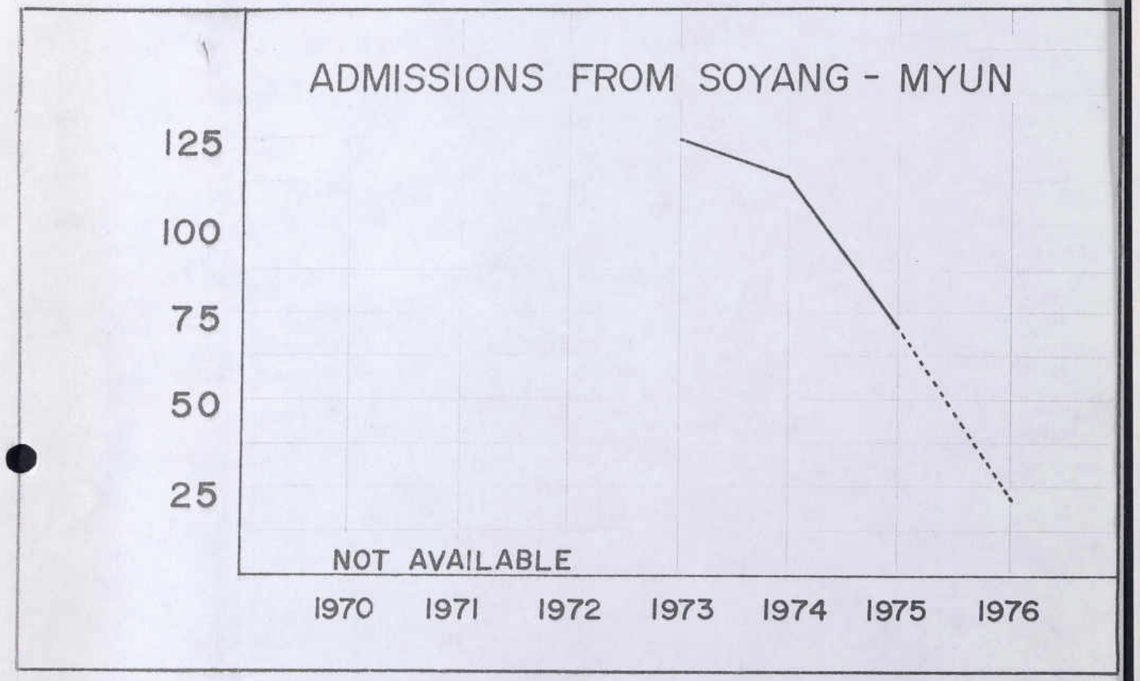


CHART #2



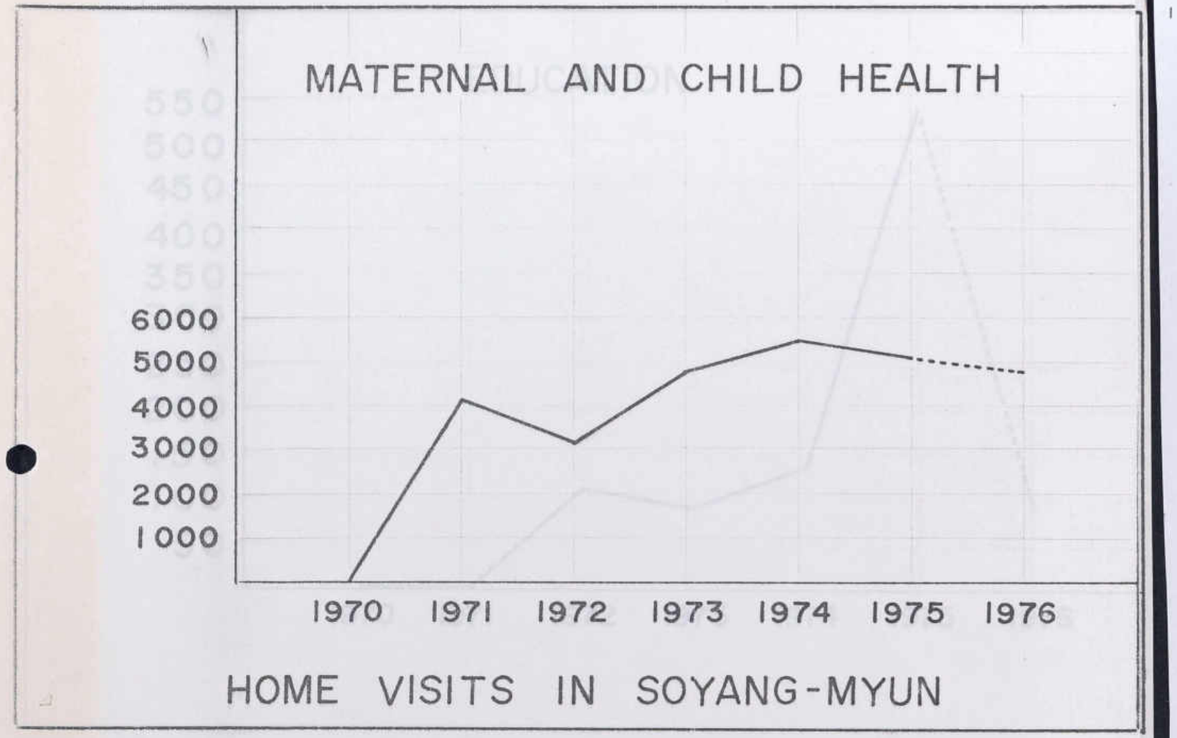
NUMBER OF ADMISSIONS WITH COMMUNICABLE DISEASE FROM SOYANG - MYUN

(JAN 1, 1973 – JUL 31, 1976)

KIND	1973 (125)	1974 (113)	1975 (67)	1976 (24)	TOTAL
TYPHOID FEVER	2	3	2	1	8
TUBERCULOSIS	2	3	3	1	9
MEASLES & POSTMEASLES PNEUMONIA					
DIPHTHERIA					
TETANUS, NEONATAL					
AMEBIASIS					
DYSENTERY					
POLIOMYELITIS					
TOTAL	4	6	5	2	17

( ) TOTAL NO. OF ADMISSIONS

CHART #3



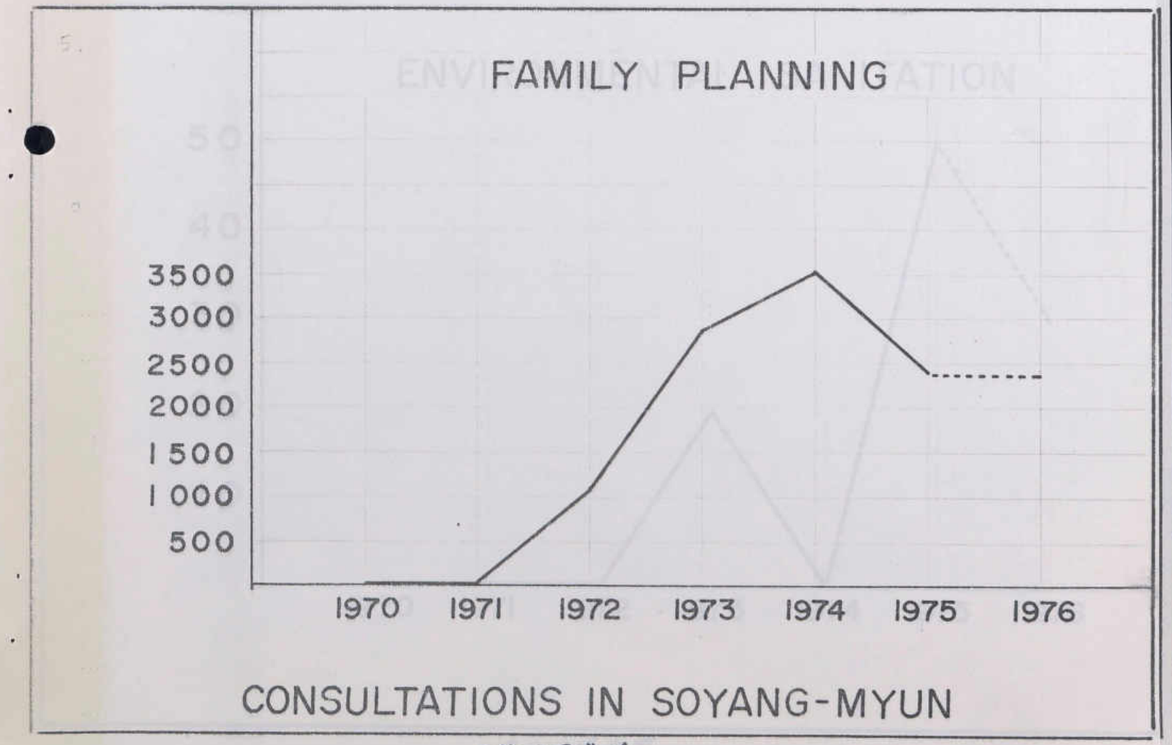
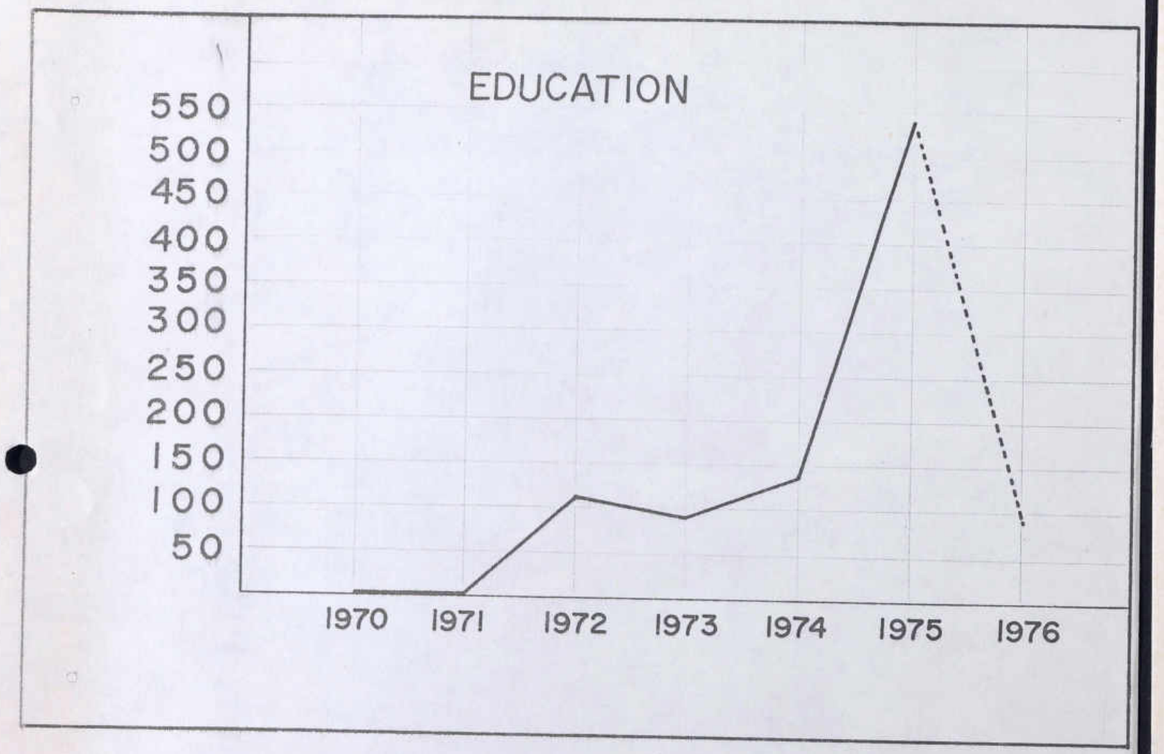


CHART #4



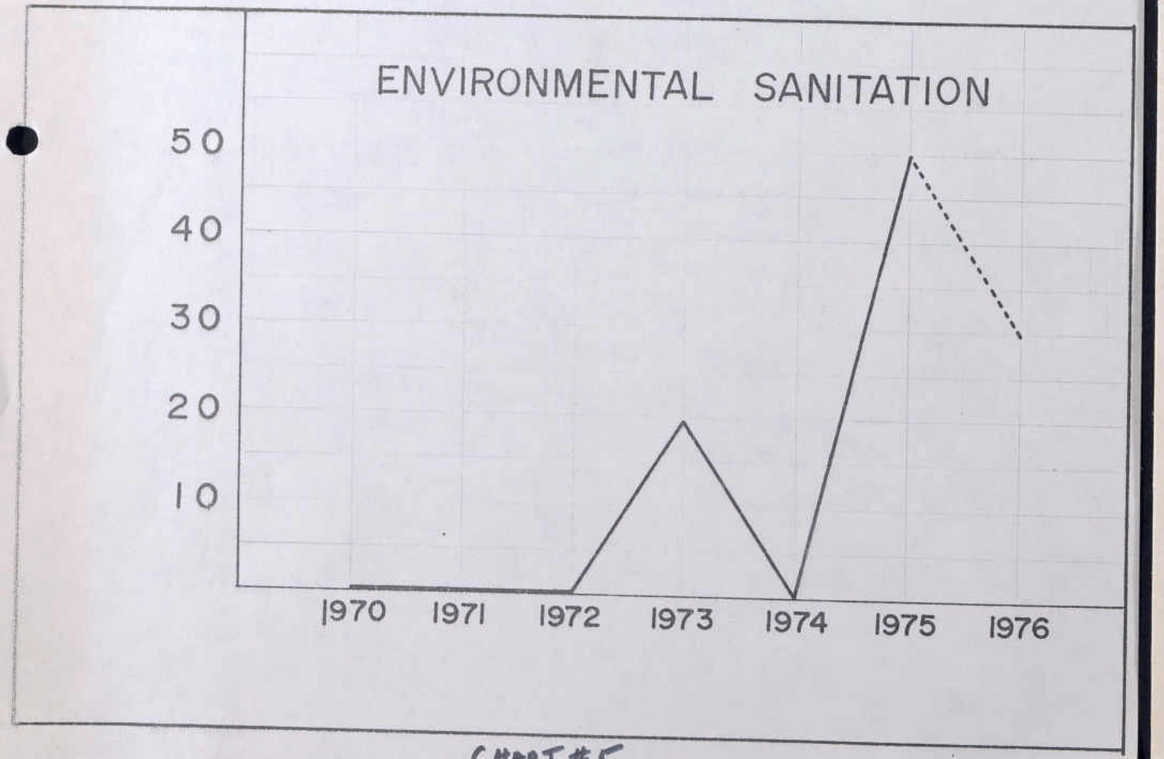


CHART #5

PRESBYTERIAN MEDICAL CENTER

"JESUS HOSPITAL"

P. O. Box 77, JEONJU, KOREA 520

예 수 병 원
520 전주시
중화산동 300번지
②8641-9
②4846

January 24, 1978

Dr. Helmut Gundert, Asia Desk
Brot Fur Die Welt
7 Stuttgart 1
Stafflengergstrasse 76
West Germany

Dear Dr. Gundert:

Greetings and a Happy New Year to you! Thank you for your letter of December 29. It was good news to hear that there is interest in the Credit Union in Yong Jin Myun. The Community Health Council leaders in this area are members of the local church and the people of the district hold them in high regard. For this reason we know that the people of the township have confidence in the Community Health Council and in the Credit Union.

We are pleased to answer any questions which you may have, and hope that the following will be useful to you in your efforts on our behalf.

1. The Credit Union was commenced on September 9, 1977.

2. To date it has a membership of 114 families.

3. The membership fee is 500 Won initially and thereafter the members contribute as they can afford to do so, any amount they wish. There seems to be no stipulation that they must contribute on a regular basis, although the leaders say that they have been urged to contribute consistently.

4. The total capital fund to date stands at: 317,900 Won;
Contributions of members: 103,500,
Community Health Council funds: 214,400.

5. The Credit Union at present is administered by a committee nominated within the Community Health Council of Yong Jin Myun, which is under the auspices of the Presbyterian Medical Center Community Health Department.

6. The leaders have had a very short course in Credit Union leadership training. They are anxious for more of their village people to be trained and have sought the advice and cooperation of a professional credit union advisor who fortunately resides in Jeonju. This person has agreed to give special lectures to selected leaders for persons at the Myun level, and also to give training in individual villages for 5 hours for those who request it.

7. The structure at the moment is at the Myun level, with one main Credit Union. Application has been made to the North Cholla Provincial Association of Credit Unions for admission under their legal entity. We have been informed that they may join only when they have a total fund of 1,000,000 Won. This should be possible within the next few months and they will then be registered legally. This will also mean that money not on loan within the membership of Yong Jin will be able to be loaned out to a wider group, at higher interest and yet still remain within the same legal body of Credit Unions.

8. They have agreed that 1/2 of the interest available to them on the money they contribute will be used for the continuing health work in Yong Jin Myun. They are committed this year to pay 20% of the Village Health Worker's salary, which is a total sum of 6,000 Won per month at present, and will be increased to 12,000 Won per month when we can train 3 more Village Health Workers for them, possibly in March.

9. In answer to your question regarding the difference between the Credit Union and the Medical Insurance Cooperative, these two are completely separate organizations, although the membership in the two will overlap to a great extent. The medical insurance law encourages the organization of cooperatives which will provide curative medical benefits to its members. The Credit Union Plan will help provide preventive health care which the medical insurance cooperative will not provide. Therefore, the two organizations will be covering different aspects of community health.

   Unfortunately, although the government law encourages organization of the medical insurance cooperatives, in actual fact the ministries are reluctant to recognize them because the ministries have a very small budget and are not confident in their ability to control the cooperatives. However, we are hoping to get a medical insurance cooperative organized which the government will recognize so that those folks will have protection from financial loss due to illness or accident.

Mr. Gundert, we hope these answers have been helpful, but if you have further questions, please do not hesitate to write us.

May God richly bless your efforts on behalf of His people.

Cordially,

David J. Seel, M.D. FACS
Director

DJS:mbs

CC: Merrill H. Grubbs, Administrator
CHD

Presbyterian Medical Center
Jesus Hospital
Dr. David J. Seel
P.O.Box 77
Jeounju / Korea 520

29th December 1977

Contribution towards credit-union Yongjin

Dear Dr. Seel,

thank you kindly for your letter of November 18th and the comparative data. We have shared documents with our medical advisors in Tübingen who in principal recommend support of the credit-union.

We would be willing to apply for the requested Won 10.000.000,- at the meeting of our allocating board end of February 1978. However, we would be grateful to have some more details in order to be able to respond to the questions our board might have.

Is it correct that the credit-union has been started already and if so, when? How many members already? And how much is the member-fee per person or family, per months? Could you explain the structure and organisational set-up and perhaps say a word how, resp. who administers the credit-union? And furthermore, we would be grateful if you could explain the difference between the credit-union and the medical insurance cooperative (page 31).

I hope you don't mind us asking so many questions. But the more information we have (and description on credit-uoion is rather short) the better it is. I would be grateful if additional information could be submitted to us as soon as possible. It should reach us not later than first week of February, otherwise it will be difficult to present this request in time.

Looking forward to your early reply, I remain, with best wishes for 1978

with kind regards,

Dr. Helmut Gundert
Asia-Desk

DEUTSCHES INSTITUT FÜR ÄRZTLICHE MISSION

(07071)
7400 Tübingen Paul-Lechler-Straße 24 Telefon (07122) 4687

Tropenheim — Paul Lechler Krankenhaus
Seminar für christlichen ärztlichen Dienst
Vorschule für oekumenischen diakonischen Dienst
Evangelische Aussatzhilfe
Arzneimittelhilfe

Projekt Nr.
Betreff
Eingang 14.12.77
Verkartung
Verfügung Dr.Ga.

Herrn
Dr. Helmut Gundert
BROT FÜR DIE WELT
Stafflenbergstr. 76

7000 Stuttgart 1

16/12.
haben wir noch Fragen? Sonst 0-Type. M/fü

December 12, 1977

re: Yongjin Community Health Programme, PMC, Korea

Dear Dr Gundert,

We are returning herewith the documentation on this project which you shared with us.

While there are some elements of this proposal which are very similar to those adopted in Kojedo and in the Kang Wha programmes, Dr Scheel and I believe that there is enough uniqueness about the Credit Union scheme to justify its funding by BfdW. We hope that you will suggest to Dr Seel the desirability of comparing notes with Kojedo and Kang Wha on their methods of promoting and using health insurance schemes. This information could be very useful to others in the private sector as well as to the government.

Every good wish,

Yours sincerely,

James C. McGilvray

Enclosure:

Herrn Dr. Scheel
DIFÄM
Paul-Lechler-Str. 24
74 Tübingen

9. Dezember 1977 Gu/hh

Yongjin Community Health Programme, PMC, Korea

Lieber Herr Dr. Scheel,

anbei erhalten Sie die gesamten Unterlagen zu dem o.g. Antrag, der -wie ich meine- bereits telefonisch mit Ihnen während des Besuches von Dr. Seel besprochen wurde.

Grundsätzlich scheint bei der Gesundheitsversorgung das Problem der Kostenaufbringung immer wichtiger zu werden. Mir als Laie scheint die Antwort, die das PMC darauf gibt, interessant zu sein. Was halten Sie davon?

Für den Fall der Bewilligung haben wir nur deshalb das Krankenhaus zunächst als Partner vorgeschlagen, weil uns die neugebildete Credit-Union nicht tragfähig genug schien. Aber vielleicht können Sie uns auch zu diesem Punkt Ihre Meinung sagen.

Ich wäre Ihnen für eine Stellungnahme sehr dankbar und möchte Sie bitten, die beiliegenden Unterlagen zu gegebener Zeit wieder an uns zurückzugeben.

Mit freundlichem Gruß,

Dr. Helmut Gundert
Asien-Referat

Anlage

Dr. Seel.

Vorschlag

1. Brief an Mac. Gaelo Schaak, an wen noch eigentlich.

Dies ist der Antrag über den Dr. Seel mit Ihnen schon am Telefon gesprochen hat.

Grundsätzlich scheint bei der Gesundheitsversorgung das Problem der Kostenaufbringung immer wichtiger zu werden. Mir als Laie scheint die Antwort die das P.M.C darauf gibt interessant zu sein. Was halten Sie davon?

Für den Fall der Bew. haben wir nur deshalb das Krankenhaus zunächst als Partner vorgeschlagen, weil uns die neugebildete Credit Union noch nicht tragfähig genug schien. Was meint Schaak?

2.) Brief a Seel, erst nach Antwort Schael.

Dank, Antrag noch Tübingen, sobald Antwort neuer Brief. Mir fallen für jetzt keine Fragen mehr ein

PRESBYTERIAN MEDICAL CENTER

예 수 병 원

JESUS HOSPITAL

P. O. BOX 77
JEONJU KOREA 520
전주시 중화산동 300번지
② 8641/9 ② 4846

November 18, 1977

Dr. Gundert
Brot fur die Welt
7 Stuttgart 1
Stafflenbergstrasse 76
West Germany

Dear Dr. Gundert:

It was kind of you to allow me time during my brief visit to Germany to visit you in Stuttgart. I outlined for you briefly the fundamental concepts of our Community Health Program, particularly with reference to our work in Yong Jin Township. We have further strengthened our commitment to this area through the construction of a Nurses' Residence and ancillary treatment center adjacent to the Government Health Sub-center. This will make it possible for us to provide continuing community nurse coverage to the people of this area. (Until the present our nurses have resided at the Health Sub-center from Monday morning until Friday afternoon and have not been available for emergencies or deliveries on weekends.)

One of the fundamental problems of community health work, as you know, is the formulation of a system which can provide continuity of primary care and preventive medicine based upon the resources of the community itself. Our answer to this dilemma has been the creation of Credit Unions. As demonstrated in the brochure which I left with you during my visit, this plan envisions participation by 55% of the families of the township by 1983, and an accumulation of capital funds for the purpose of underwriting health work in the future. The Community Health Council of Yong Jin fully understand the concept and has established such a Credit Union with a commitment for the use of 50% of the useable interest toward health care. Nevertheless, the growth of this capital on the basis of membership fees and the drug surcharges from our current treatment program is inadequate to build capital for the underwriting of the Village Workers and the Community Nurses within the time frame scheduled. Indeed, these sources of income will not be able to build sufficient capital within any useful time frame at all.

It is for this reason that we turn to you with a request for a grant of 10,000,000 W ($20,790 or DM 46,300). As shown on page 30 of our brochure this will allow approximately 3,000,000 Won to be engendered each year in useful interest.

As I explained to you in Stuttgart, we have received assistance from the Protestant Central Agency in Bonn for our Community Health Program since 1975, and we anticipate their continuing partnership in this endeavor. The work is also funded by the hospital itself and receives some assistance from Churches in the United States and Australia. For your reference I am enclosing also a copy of a report sent to Bonn analyzing the accomplishments of our endeavor in Soyang Township in terms of measurable improvement in hygiene, public health, and lowered disease incidence. I would also mention that the body of Christian believers in Soyang Township doubled in membership during this time with the establishment of many new pioneer churches. There were 4 Protestant churches in that area when we began our work and now there are 12. In Yong Jin Township we find an even greater response to the Christian message and a desire on the part of the Christian leaders in the community to render full support to our program of improving the health of all the members of the entire population.

I have reviewed the agreement relative to administrative procedures regarding grants from Bread for the World. We will be happy to carry out the terms of this agreement on our part including regular reports on the program which will be strengthened by this grant. I have made a photocopy of this agreement for our own purposes and I am returning the orginal signed copy. It was my understanding that you prefer to issue grants to Presbyterian Medical Center rather than to the Yong Jin Community Health Council with the understanding that we would transmit these funds to that agency after establishing satisfactory banking and auditing procedures.

If this request is approved I shall be happy to advise you with regard to the mechanism for transmission of funds. Thank you once again for your consideration of this request.

Sincerely yours,

David J. Seel, M.D. FACS
Director

DS:ms

Enclosures: Comparative DATA
Agreement

FINAL SURVEY AND COMPARATIVE DATA

Community Health Factors in Soyang Township

1971 -- 1977

Explanatory Note: The health survey conducted in 1971 did not include all factors measured in 1977. The comparative data shown here is limited to those available in both surveys. The latest survey is based upon a 10% population sample, whereas the original survey was based upon a 100% population sample. In terms of overall statistics, however, the figures are based on government data, not on our survey.

I. Overall Statistics	1971*	1974	1977
Crude birth rate	30.95	23.76	17.3
Infant mortality rate		47.97	37.0
Maternal mortality rate		3.68	0.0
Crude death rate	2.77		7.0

*Data obtained from provincial government.

II. Socioeconomic Factors

1. House ownership		
Home owners	87.5	94.0
Renters	12.0	1.5
Others	0.5	4.0
2. Roof construction		
Thatched	84.5	22.5
Tile	9.5	36.0
Tin	1.5	4.5
Slate	4.5	37.0

	1971	1977
3. Size of house in rooms		
One	16	13
Two	49	46
Three	26	30
Four	7	8
Five	2	3
4. Available sources of current information (Not mutually exclusive)		
Radio	70	88.5
Newspaper and magazines	0.5	16
Television	0	11
None	29.5	4.5
5. Occupation		
Agriculture	67.5	75
Public servant and office worker	3.5	
Teachers	0.5	1.5
Commercial	4.0	1.0
Industrial	2.0	
Labor	13	17.5
Unemployed	8.0	2.0
Other	1.5	3.0

6. Religious affiliation		
Protestant Christian	9.5	12.5
Catholic Christian	4.0	4.5
Confucian	0.5	1.0
Buddhist	11.5	13.5
Other faiths	0.5	0.5
None	74	68
III. Home and Environmental Sanitation		
1. Kitchen food preparation table	8.5	13.5
2. Food storage cabinet	55.5	80.0
3. Compost shed	59.5	75
4. Drinking water sources (One or more sources may be employed)		
private well	29.5	27
public well	49	19.5
water pipe	10	27.5
sanitary pump	2.5	23.0
open stream	8	0.0
underground spring	9.5	3.0
5. Distance between toilet and water supply		
Less than 5 m.	16.5	15.0
6 - 10 m.	31.5	51.0
11 - 15 m.	13.5	17.0
16 m. or more	38.5	17.0

5. (Note: This includes new sanitary toilets made of concrete where septic drainage does not occur. These may be hygienically built at a distance of less than 10 m.).

	1971	1977
6. House drainage		
Open drain	21	36.5
Pipe drainage	2.5	19.5
No drainage	76.5	44
IV. Family Planning: Use of contraceptive methods (not mutually exclusive)		
Intra-uterine device	6.5	27.5
Contraceptive pills	4.0	15.5
Condom		4.5
Tubal ligation	1.0	9.5
Vasectomy	0.5	15.5
Other		11.5
None	88.0	27.0
V. Delivery Care Attendant		
Medical, nursing, or midwife	1.5	7.0
Relative	91	70.5
Neighbor		5.5
Alone (unassisted) or no reply	7.5	17.0

VI. Causes of Death in Community

Communicable diseases		
tuberculosis	8.5	12.5
whooping cough	1.5	
measles	6.0	
typhoid fever	1.0	
diarrheal disease	2.0	
Stroke	6.5	6.5
Respiratory diseases (possibly including tuberculosis)	4.5	
Senility	8.5	31.0
Sudden death, cause unknown	1.0	31.0
Toxemia of pregnancy	1.0	
Unknown	55.0	19.0

ANALYSIS OF DATA

It is not possible to separate the factors which have led to progress described in this report. Evidently, the seven-year period was one of substantial economic development. The improvement in housing, the reduction in unemployment, and the increasing utilization of public communication and information media are not directly attributable to the Community Health Programme in Soyang Township. However, most of the progress in overall public health statistics, in sanitation, in communicable disease control, and in family planning came about through this programme. Virtually no other government health work was being done in these areas during these seven years. (Note: The crude death rate obtained from the provincial government in 1971 is not a reliable figure. Please refer to table of crude death rates in the Yongjin brochure.)

As mentioned in other reports in your files, the first phase of the work emphasized immunizations, tuberculosis control, and care for the backlog of clinical diseases which had received no medical attention. During the second period maternal and child health and family planning received the major thrust. Finally, in the third phase environmental sanitation and community education were areas of principal emphasis. We still hope that the leadership in Soyang Township will desire to act responsible toward their own health needs in the future. Whatever their choice, however, we rest content in the knowledge that most of the contagious diseases have been eliminated, that tuberculosis is under control, that maternal and infant mortality have been sharply reduced, that family planning has wide acceptance, and that a generation of mothers exists which knows the value of immunization for their children.

Respectfully submitted,

David John Seel, M.D. FACS
Director

DJS:ms

Enclosures

P R O J E C T P

A G R E E M E N T

BREAD FOR THE WORLD and the party implementing the project (hereafter called the project-carrier)

herewith make the following agreement concerning utilization of funds granted by BREAD FOR THE WORLD:

I. Designation

(1) The amount granted is earmarked for the purpose as stated by the project carrier in his application. Volume and extent of the project/programme, laid down in the estimate of costs and the financing plan at the time of application shall be binding.

(2) Should during the implementation of the project considerable changes within the estimate of costs become necessary, such can be effected upon mutual agreement by the two parties.

(3) Building or construction work which the project carrier does not implement under his own administration, and/or supply of equipment and material shall be contracted to expert and efficient contractors, if possible by way of public invitations to tender or after comparison of quotations.

II. Administrative Procedure

(1) Transfer of funds will be made upon written request only; normally funds are remitted in instalments.

(2) Any request for payment shall be signed by the person(s) authorized to act as legal representative(s) of the project carrier.

(3) The first instalment normally amounts to 25 p.c. of the total amount. The amount of further instalments depends on the progress of the project/programme.

(4) The project carrier shall immediately acknowledge receipt of each payment. He shall also complete the currency circular attached to the notification of transfer with the amount obtained in local currency, and return it to BREAD FOR THE WORLD.

(5) All receipts and expenditures relating to the project/programme shall be shown separately in the project carrier's books.

(6) Statements of accounts shall be drawn up every six months, if possible on the basis of the enclosed form.

For accounting of smaller expenses a list of such items will suffice. In case of larger purchases and/or down payments submission of copies of invoices is asked for.

p.t.o.

(7) Within a reasonable period after conclusion of the project/programme the project carrier shall submit a final statement of accounts on the use of the entire amount granted. This statement of accounts shall be verified by the person responsible for the project/programme.

(8) Where there exists an auditor report, this should be sent to BREAD FOR THE WORLD every year, instead of the accounting procedure described under II (6) and (7).

(9) The project carrier is prepared to give information on the management of the project/programme and on all relevant vouchers after preceding consultation between the two parties as well as to agree to financial investigations and/or project evaluations made by BREAD FOR THE WORLD representatives.

(10) Further disposition of funds not used for the project/programme shall be subject to a new agreement between the project carrier and BREAD FOR THE WORLD.

III. Reports

In addition to financial statements mentioned under II (6) reports describing the progress of work (accompanied, if possible, by photos) are urgently requested. Thus, the project carrier will enable BREAD FOR THE WORLD to share informations on the progress and experience of the project with congregations and donors in Germany.

IV. Additional Agreements

(Space is meant for special agreements concerning this project.

For BREAD FOR THE WORLD
Name:
Position:
Signature:

Stuttgart,.....

For the Project/Programme Carrier:
Name: David John Seel, M.D. FACS
Position: Director, Jeonju, Korea 520 Presbyterian Medical Center
Signature: David John Seel M.D.
Place, date ..Nov. 21, 1977.....

EZE
Herrn Dr. Fischer
Mittelstr. 37
53 Bonn - Bad Godesberg

2159818

13. September 1977

Besuch von Herrn David J. Seel
Presbyterian Medical Center - Jesus Hospital, Korea

Lieber Herr Fischer,

durch ein Schreiben an Herrn Dr. Gundert von Herrn Seel sind wir darüber informiert, daß Herr Seel am 26. und 27. September bei Ihnen sein wird. Er bittet darum, uns am 28. September besuchen zu können. Von uns aus steht einem Besuchstermin nichts im Wege und wir möchten Sie um eine entsprechende Mitteilung an Herrn Seel bitten, da wir ihn vorher nicht mehr erreichen können. Was wir allerdings gerne zuvor gewußt hätten; was in Bonn mit Herrn Seel besprochen wird, um was es bei dem Besuch geht. Offensichtlich hat die EZE ja bereits Kontakte mit Herrn Seel und es wäre sicher gut, wenn man sich etwas abstimmen würde.

Mit freundlichem Gruß,

Wolfgang Schmidt
Asien-Referat

Wurde am 27/9.77

PRESBYTERIAN MEDICAL CENTER

예 수 병 원

JESUS HOSPITAL

P. O. BOX 77
JEONJU KOREA 520
전주시 중화산동 300번지
② 8641/9 ② 4846

September 2, 1977

Dr. Gundelt
Bröt fur die Welt
7 Stuttgart 1
Stafflenbergstrasse 76
West Germany

Dear Dr. Gundelt:

Dr. Myung Ho Kim, Professor of Preventive Medicine and Public Health at Yonsei University College of Medicine (and until very recently Chairman of the Board of Presbyterian Medical Center) suggested that I write you for an appointment to visit you during my trip to Europe in late September.

Presbyterian Medical Center is a 269-bed general hospital located in the southwestern part of Korea, established 80 years ago. It is an active treatment facility and teaching center serving a substantial part of the needs of the 2.5 million people who live in North Cholla Province. Since 1970 the hospital has been actively engaged in a program of community health for three areas in the vicinity of Jeonju. In this program it has received assistance of the Protestant Central Agency in Bonn, but Presbyterian Medical Center itself has also contributed to this work heavily from its own resources. Other pioneering areas include the Cancer Control Program, and the Department of Rehabilitation for restoring handicapped and crippled patients to a useful role in society.

I do not have a formal proposal to set before you, but would be interested in exploring with you means of enhancing the effectiveness of our service in God's name to the people in this part of Asia.

I should be most grateful if I might have the opportunity to call upon you in Stuttgart, perhaps on Wednesday, September 28. If this date is inconvenient please send word as soon as possible suggesting other days during that week. I must visit the EZE on Monday and Tuesday, the 26th and 27th.

Looking forward to meeting you, and with kind regards,
I am

Sincerely yours,

David J. Seel, M.D. FACS
Director

DS:ms

Erhalten von Mr. Seel (Jesus Hospital) am 27.9.77

S.30

YONGJIN COMMUNITY HEALTH PROGRAMME

I. INTRODUCTION

DISTINCTIVE CHARACTERISTICS OF YONGJIN COMMUNITY HEALTH

PROGRAMME OF PRESBYTERIAN MEDICAL CENTER

1. Hospital-supported endeavor

Presbyterian Medical Center believes that all medical institutions have a responsibility to the community, and that Christian hospitals particularly must demonstrate this concern through partnership with specific communities for primary health care.

Advantages of this approach:
a. Referral hospital already exists
b. Professional support
c. Clinical orientation.

2. Community Participation and Education

Voluntary participation and village-level education results in more lasting improvement in the level of health. Demonstration projects in environmental sanitation, which involve the villagers in the work and provide direct evidence of the benefits to be obtained, are extensively employed.

3. The Credit Union Concept

The establishment of cooperatives for self-help was agreed to as a goal from the outset, and the villagers understand that they will employ the dividends of the Credit Union for support of the community health activity in a progressive manner.

COMPARATIVE DATA

Data	Koje	Kangwha	Yongjin
Geographic Area	65 Km^2		45 Km^2
Political Units	2 Myun	2 Myun	1 Myun
Population	24,000	13,600	14,352
Households	4,500	2.615	2,347
Average size of household	5.3	5.2	6.1
Infant death rate	*	26.3%	51.2%
Birth rate	*	20.8	21.3
Death rate	6.5	9.5	17.5
Natural Increas	*	11	3.8
Family Planning rate	*	47%	20.3%
Income per household	$2,520	$2,075	$2,452
Income per capita	$475	$400	$400
Educational average (head of house)	*	Primary School	Primary School
Village Health Workers	14	20	6

* Data not obtainable

9/77

II. ORGANIZATION OF HEALTH SERVICES

AGREEMENT

In order to carry out activities for the improvement of community health in Yong Jin Township, Wanju County, North Cholla Province, Presbyterian Medical Center and Wanju County enter into the following agreement:

1. Presbyterian Medical Center will promote the organization of a credit union to help improve the community of Yong Jin Township, Wanju County, and Wanju County will actively help the credit union grow and develop.

2. Presbyterian Medical Center will have the responsibility of guidance in the organization of a community health council. Wanju County will raise a fund of 500 won per year per family in this area to be used only for community health improvement activities as decided by the Community Health Council.

3. Presbyterian Medical Center will prepare an appropriate plan for community health development and will survey the community for the promotion of this project. Wanju County will provide housing for employees of the Presbyterian Medical Center, will organize and manage a single community health team, will expand a clinic building, and loan the building to Presbyterian Medical Center free of charge.

4. Presbyterian Medical Center will be responsible for all expenses of its community health activities and will collect the cost of drugs being used. Wanju County will give a high priority to Presbyterian Medical Center in distribution of facilities and equipments in case of need.

5. Presbyterian Medical Center will give full cooperation with the authorities of the Province, County and Township. Wanju County will evaluate the contents of the project and its results at the end of every year.

6. This agreement is valid from March 1, 1976 till February 28, 1978 (for 2 years) and can be amended upon mutual agreement.

February, 1976

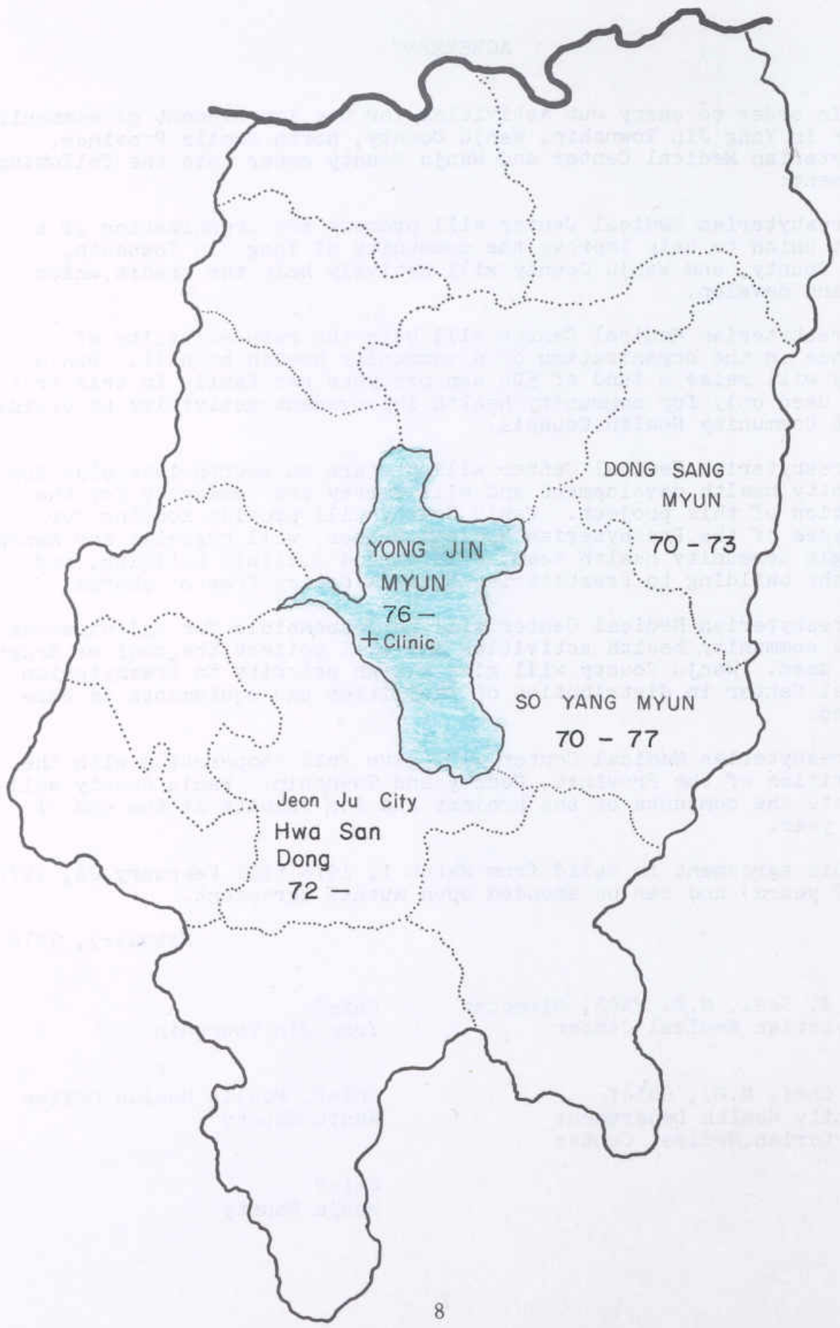
David J. Seel, M.D. FACS, Director
Presbyterian Medical Center

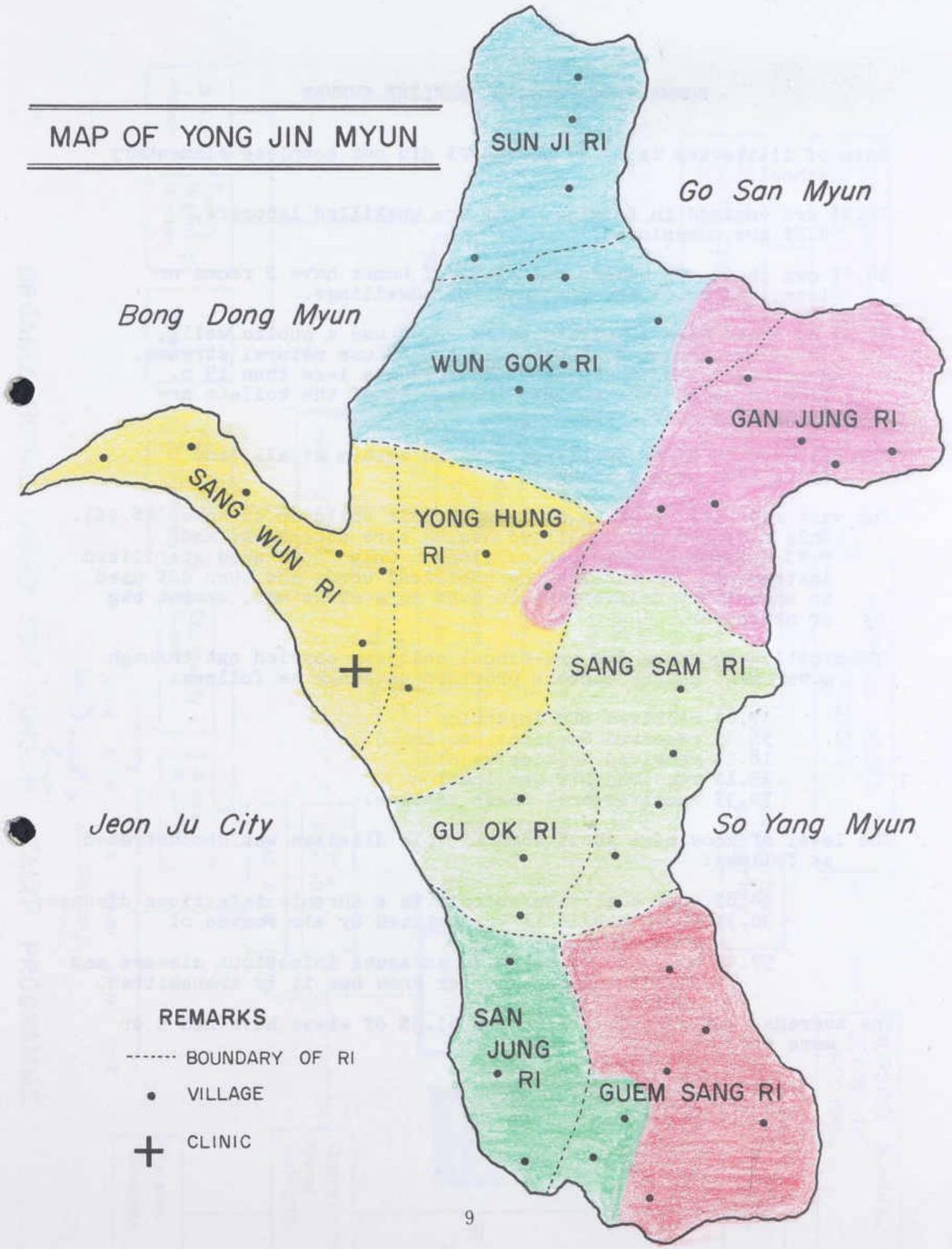
Chief
Yong Jin Township

S. Y. Choi, M.D., Chief
Community Health Department
Presbyterian Medical Center

Chief, Public Health Office
Wanju County

Chief
Wanju County





SUMMARY OF YONGJIN BASELINE SURVEY

Rate of illiteracy is 19.7% and 42.2% did not complete elementary school.

70.9% are engaged in farming, 9.8% are unskilled laborers, 8.2% are unemployed.

88.9% own their own homes, but 63.5% of homes have 2 rooms or less, and 26.6% are thatched roof dwellings.

39.3% of homes have a private well, 23.4% use a public well,, 30.9% use a pump-equipped well and 5% use natural streams. However, 2/3 of these water sources are less than 15 m. from an unimproved toilet. Only 4.5% of the toilets are built with spetic tank.

For drainage 35.2% of dwellings have no system at all, and 4912% have open drainage.

The vast majority of women delivered their children at home (86.9%). Only 6.9% had any qualified health care attendant, and 9.4% delivered their babies alone. Only 27.4% used sterilized instruments for cutting the umbilical cord, and over 60% used an unsanitary delivery sheet such as a straw mat, cement bag or newspaper.

Immunization programs for pre-school children carried out through government health centers provided coverage as follows:

37.0% received BCG injection
56.4% received Smallpox baccine
18.2% received Measles vaccine
35.1% received DPT vaccination
70.3% received oral Sabin vaccine.

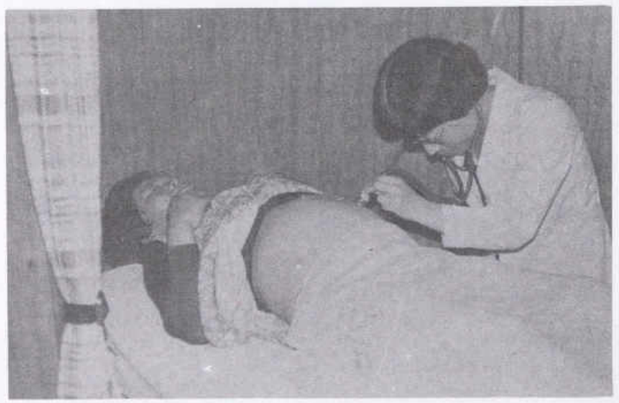
The level of knowledge about communicable diseases was demonstrated as follows:

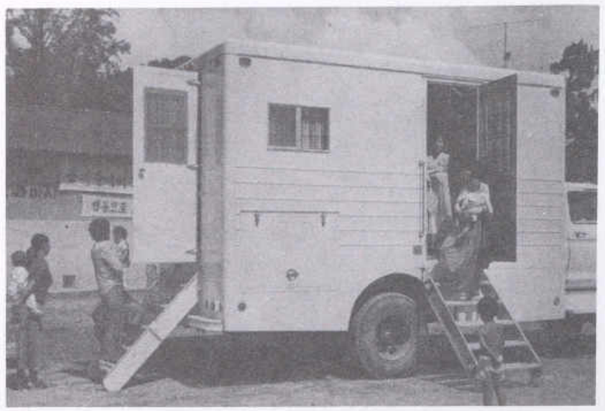
34.8% know that tuberculosis is a chronic infectious disease;
30.3% know that it is transmitted by air routes of contamination
57.4% know that typhoid is an acute infectious disease and almost the same number know how it is transmitted.

The average family size is 6.1, and 61.3% of wives have had 5 or more pregnancies.

ORGANIZATIONAL CHART FOR YONGJIN HEALTH PROGRAMME

III. PREVENTIVE AND THERAPEUTIC HEALTH CARE ACTIVITIES





COMMUNITY HEALTH PROGRAM FOR 1977

Presbyterian Medical Center

Jeonju, Korea

A. CHILD HEALTH

Objectives: To lower infant mortality rate by 25% in 3 years.

Plan of Implementation:

1. Carry out regular weekly immunizations programs in all areas.
2. Vaccinate all babies with BCG within 1 month of birth.
3. Check Growth and Development of all babies with regular weight check and use of "Road to Health" cards.
4. Nutrition Demonstration of educational diet at special classes in Clinic and use of leaflets for teaching in home.
5. Prevent Neonatal Tetanus by giving sterile cord tie bundle to all expectant mothers at 8 months. Use printed leaflets for education in clean delivery.
6. Hygeine teaching on all home visits for child care.
7. Regular monthly visits by Village Health Worker.
8. Encourage each village Mothers' Club to buy a set of scales. V.H.W. will then weigh babies in village and report.

B. MATERNAL HEALTH

Objectives: To reduce maternal morbidity by 20% and reduce perinatal mortality rate by 30% in 3 years.

Plan of Implementation:

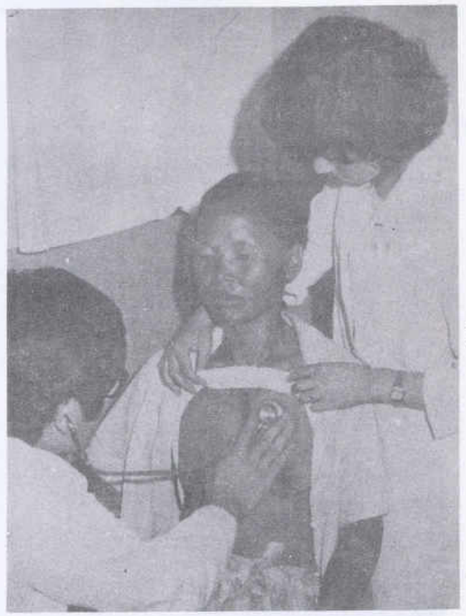
1. Ante natal period:
   a. Encourage regular visits for 100% of pregnant women. Give free iron and vitamins to needy patients.
   b. Seek out especially preeclamptic patients and investigate living habits.
2. Delivery: To encourage all patients to be delivered by CHD Midwife.
3. Postnatally: All patients to be checked at 6 weeks.

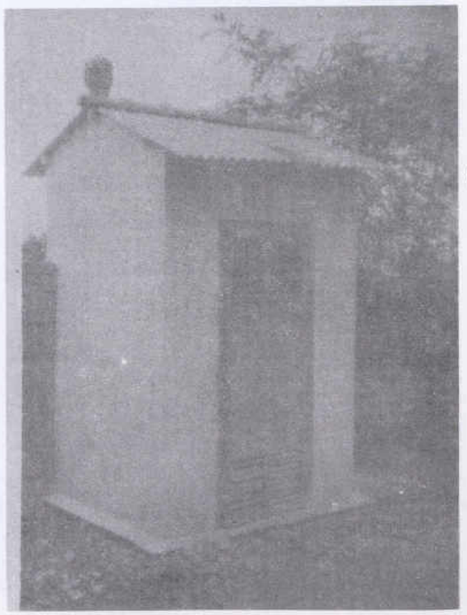
C. FAMILY PLANNING

Objectives: Decrease birth rate by 2% in 3 years.

Plan of Implementation:

1. Antenatally: Counselling in Clinic. Group savings method at village level to raise finances for tubal ligations.
2. Postnatally: Encourage ligation or early insertion of loop.
3. Village Health Worker to deliver and check L.M.P. dates and give out contraceptive drugs.
4. Encourage vasectomy.





D. TUBERCULOSIS

Objectives: To search out all T.B. Patients and have 70% registered within 3 years

Plan of Implementation:

1. P.P.D. Screening for all previously unscreened villages
2. Re-search for all previously P.P.D. + families and give special education.
3. Village Health Worker to check homes monthly for suspects. Arrange for sputum tests and x-rays when necessary.
4. Treat Government patients by supplementing drug supply.
5. Use CHD T.B. follow up card.
6. Teach nutrition and help needy families with supplementary diet.

E. HEALTH EDUCATION

Objectives: 1. To change attitudes.
2. To train Mothers' Club leaders.

Plan of Implementation:

1. Monthly teaching program in all villages as per schedule.
2. Publication of leaflets on environmental sanitation, neonatal tetanus, sex education.
   Use Questionairre form on health knowledge.
   Use Flip Cards on T.B. and Posters

F. ENVIRONMENTAL SANITATION

Objectives: 1. To improve knowledge of hygeine.
2. Reduce parasite infestation rate.
3. Reduce typhoid incidence.

Plan of Implementation:

1. Communicable Disease Control
2. Screen for all thyphoid carriers in endemic villages
3. Parasite Control Survey; Special study of 1 village.
4. Concentrated village educational program.
5. Community Organization and Mother's Clubs to be trained.
6. Investigate thoroughly immediate situation of drainage, garbage disposal, water supply, fly screening, stock sheds, toilets, and make suitable teaching materials and posters.
7. Delay all major environmental sanitation construction program until basic education can be thoroughly understood.

G. SCHOOL HEALTH

Objectives: To encourage teacher interest in the total health of the child.

Plan of Implementation:

1. Weekly teaching in all schools.
2. School physicals in May in all schools.
3. Monthly conference with teachers regarding children in their care and visit homes to advise parents later.

H. COMMUNITY ORGANIZATION

Objectives: To develop self reliance and a sense of responsibility for health of own community.

Plan of Implementation:

1. Encourage monthly meetings in all areas.
2. Encourage field trips to other demonstration villages.
3. Teach health education at monthly Community Organization Meetings.
4. Encourage participation in Medical Insurance before 1978.
5. Find ways for whole community to participate in own health care planning.
6. Develop newspaper with 100% circulation. (News and health education)

I. SURVEY AND RESEARCH

Objectives: To get a good baseline survey of new area
To promote good evaluation

Plan of Implementation:

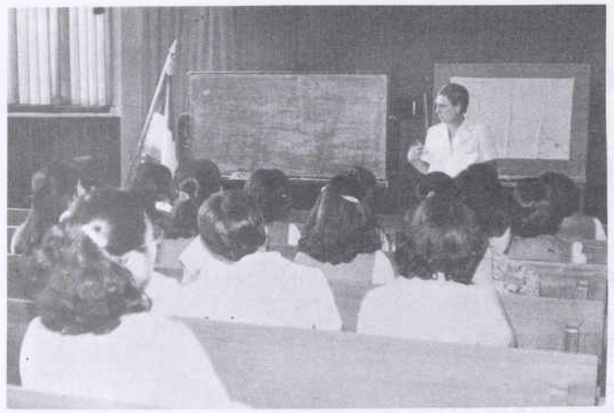
1. Beginning in May to thoroughly re-survey Yonjin Myun.
2. Ascertain when to begin in remaining Ri's.
3. Utilize evaluation form for Community Organization members and staff.
4. Keep Family Records up-to-date and take on all home visits.

J. TREATMENT OF THE SICK

Objectives: To find and care for all sick cases.
Screen for early detection of T.B. and cancer.

Plan of Implementation:

1. Keep referral and follow-up system on all patients.
2. Home Visiting--special treatments and dressings
3. Utilize Mobile Clinic for cancer research and other screening clinics as well as for regular clinic use.
4. Screening of all patients by intern doctor with referral to specialty clinics for non-urgent patients.
5. All urgent cases to be referred immediately to the hospital

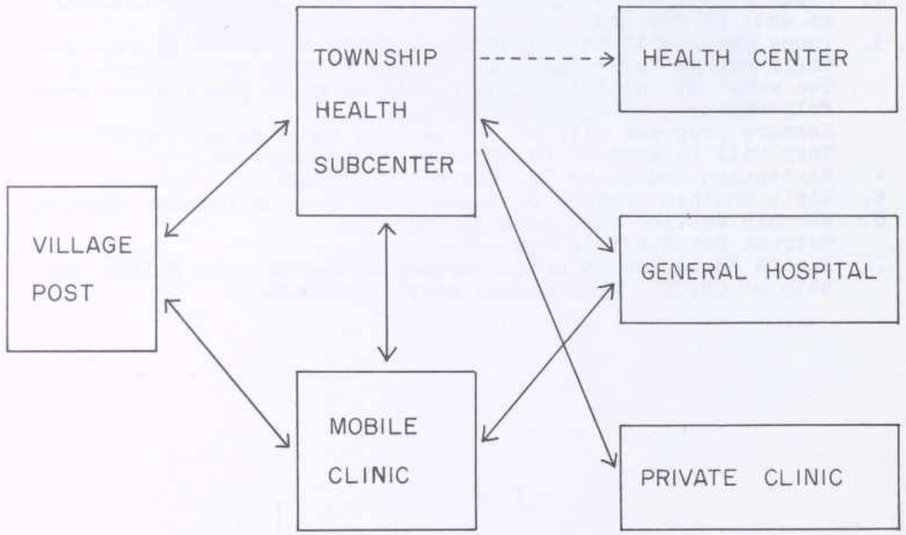


K. STAFF EDUCATION CONFERENCE

Objectives: To train present staff in prevention methods.
To encourage an attitude of Christian service.

Plan of Implementation:

1. Staff education for Saturday mornings with a lecture prepared by each nurse alternately. Weekly lectures by a member of professional P.M.C. Staff.
2. Saturday morning study will include nursing school students as well as CHD staff.
3. Young women will be sought out and trained who will care for their own village people and become Village Health Workers. Two weeks of initial training will be given then 4 weeks practice followed by
   Lecture programs will be relevant to our aims and objectives. They will be part of the Community Organization.
4. Sanitation course by Mr. Kim to be pursued.
5. Visit another project on educational tour in October (Kangwha)
6. Worship service each Saturday morning.
   Retreat for Staff in September.
7. Health Education Material Worshop in December.to Enlist the help of UNICEF for resource person to teach.



YONGJIN HEALTH REFERRAL SYSTEM

COMMON DISEASES AT YONGJIN HEALTH SUB-CENTER

Pulmonary tuberculosis	11.32%
Dressing & Suture	10.36%
Common Cold	9.65%
ENT Diseases	5.80%
Gastritis & Gastroenteritis	4.62%
Dental Problems	4.32%
Skin Diseases	4.08%
Diarrhea	3.25%
Arthralgia, neuralgia, myalgia	2.36%
Bronchitis	2.90%
Pertussis	2.01%
Peptic Ulcer	1.89%
Hypertension	1.77%
Eye Diseases	1.71%
Pneumonia	1.24%
Malnutrition	1.00%
Parasitic Diseases	0.94%
Injections	0.88%
Cancer	0.53%
Heart Disease	0.41%
Gonorrhea & Syphilis	0.35%
Drug Intoxication	0.18%
Measles	0.18%
Food Poisoning	0.18%
Typhoid	0.17%
Mumps	0.12%
Others	27.48%

IV. FINANCIAL MANAGEMENT

COMMUNITY HEALTH DEPARTMENT OPERATIONAL BUDGET

1977 Project Budget (EZE Project (74-7-33)	W46,290,000
PMC Contributions*	17,858,000
Total Cost	W64,148,000
Yongjin Community Proportion of Total Budget (60% of total) =	W38,488,800

x x x x

EXPENSE DISTRIBUTION

1. For Entire Project 74-7-33

Protestant Central Agency (75% of W46,290,000)		W34,718,000	54.1%
Presbyterian Medical Center (25% of W46,290,000	= W11,572,000		
Additional	= 17,858,000		
		W29,430,000	45.9%
		W64,148,000	

2. For Yongjin Programme Only = W38,488,000

Protestant Central Agency 54.1%	W20,822,440
Presbyterian Medical Center 45.9%	17,666,360
	W38,488,800

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* Salaries of missionary personnel and construction cost for Yongjin residence/dormitory not included.

THE ROLE OF THE CREDIT UNION

IN THE YONG JIN MYUN PROJECT

Credit unions traditionally have served many helpful functions in the community. A credit union encourages the habit of saving. It provides a source of capital for the members. It is means for increasing holdings through the accumulation of interest. It can be a means of strengthening the community ties through the fellowship of the meetings, etc. It can provide low interest loans to members to meet emergencies.

The credit union at Yong Jin Myun will also do one more thing which may be somewhat unusual. In order to support a continuing medical work after Presbyterian Medical Center has phased out, the people of the community have pledged to use part of the interest earned on deposits for the salaries of the workers who will continue. There are two main sources of funds for the capital. The first is a charge made to each person who receives treatment in the clinic. This is a token amount per person and psychologically helps give the impression that something of value is being given as well as providing funds for capitalization. At the present this amounts to 30 to 40,000 won per months. We expect that this will increase as the program matures and expands.

The second source is the deposits of the members themselves. The credit union idea is new to the Yong Jin Myun residents and is just getting underway but we anticipate that it will do very well in Yong Jin Myun.

These funds by themselves would be inadequate; therefore we are planning to apply for some capitalization funds from foreign sources for this project. The following is a very tentative budget for the support of continuing medical work by the credit union:

Credit Union Medical Care Budget

Year	Village Workers (1)	Nurse Practitioner (2)	Credit Union Portion	
1978	780,000	- 0 -	20%	156,000
1979	936,000	- 0 -	40%	374,000
1980	1,123,000	- 0 -	60%	674,000
1981	1,348,000	2,405,000	80%	3,000,000
1982	1,617,000	2,880,000	100%	4,500,000
1983	1,940,000	3,456,000	100%	5,400,000

(1) Six village workers receiving 12 months pay plus one month severance calculating 20% per year inflation. Starting pay: 10,000 won.

(2) One nurse practitioner @ 185,000 won per month for 12 months plus one month severance.

2

GROWTH OF CREDIT UNION

Target area: 2,425 families

Year	Membership		Annual Deposit per family	Capital Deposit
1977		20		W 20,000
1978	5% of families	120	1,200 won	144,000
1979	10% of families	240	1,800 won	360,000
1980	30% of families	720	2,100 won	1,512,000
1981	40% of families	960	2,500 won	2,400,000
1982	50% of families	1,200	3,000 won	3,600,000
1983	55% of families	1,333	3,500 won	4,666,000

DRUG SURCHARGE

1977	30,000 x 12	360,000
1978	45,000 x 12	540,000
1979	60,000 x 12	720,000
1980	60,000 x 12	720,000
1981	60,000 x 12	720,000

GROWTH OF CREDIT UNION CAPITAL

E. Useable Interest--50% to Medical
50% to Members

Year	Beginning A	Member Deposits B	Drug Surcharge C	Interest D	Useable Interest E	Carried Forward F
1977		20,000	360,000			380,000
1978	380,000	144,000	540,000	144,000	72,000	1,064,000
1979	1,064,000	360,000	720,000	321,000	160,000	2,144,000
1980	2,144,000	1,512,000	720,000	652,000	326,000	4,376,000
1981	4,376,000	2,400,000	720,000	1,187,000	594,000	7,496,000
1982	7,496,000	3,600,000		1,860,000	930,000	11,096,000
1983	11,096,000	4,666,000		2,686,000	1,343,000	W15,762,000

20%

10%

1/2

so viel kann man aus Zinsen für Krankenhaus verwenden

Zins

DIFFERENTIAL TO BE MET BY OUTSIDE CAPITAL

Year	Income	Expense	Difference
1978	72,000	156,000	84,000
1979	160,000	374,000	214,000
1980	326,000	674,000	348,000
1981	594,000	3,000,000	2,406,000
1982	930,000	4,500,000	3,570,000
1983	1,343,000	5,400,000	W 4,057,000

OUTSIDE CAPITAL NEEDED

Year	Capital	Interest	Used	Carried FWD
1978	10,000,000	1,000,000 ca 10%	84,000	10,916,000
1979	10,916,000	2,183,000 ca 20%	214,000	12,885,000
1980	12,885,000	2,577,000 "	348,000	15,114,000
1981	15,114,000	3,023,000 "	2,406,000	15,731,000
1982	15,731,000	3,146,000 "	3,570,000	15,307,000
1983	15,307,000	3,061,000 "	4,057,000	W 14,311,000

1 US$ 1 = ₩481

US$ 20790.-

THE FUTURE ROLE OF GOVERNMENT SPONSORED

MEDICAL HEALTH INSURANCE

Government Policy

The government began enforcing on July 1, 1977, a plan whereby every company with 500 or more employees had to organize a medical insurance cooperative for its employees. The cooperative contracts with one or more hospitals and clinics to provide medical care. Benefits are paid by the cooperative by funds received from the employee member and from the employer on an equal basis. The government also sets the maximum charges the hospitals can make to the cooperative. Employees contribute on the basis of a percentage of their salary.

The law also provides for persons who do not work for companies to organize another type of cooperative so that they can be eligible for medical benefits. In the case of this type of cooperative the member must pay a flat membership fee (instead of a percentage of salary) and the government will provide a small subsidy. The government has been slow about encouraging the organization of the second type due to lack of budget, but this is the only kind adaptable to Yong Jin Myun.

Yong Jin Myun

It is our hope to be able to assist the people in Yong Jin Myun to organize a medical insurance cooperative in 1978. This would require payment of membership fees on a regular basis but they would be eligible for both outpatient and inpatient benefits according to government rules and with some government subsidy.

This type of insurance is for curative medical care only and would be of no help in either preventive medicine or health education. Hopefully the credit union could take care of these expenses after Presbyterian Medical Center phases out of the area.

Benefits available to medical insurance sooperative members under present government law are as follows:

1. Outpatient care	Householder	60%
	Family	50%
2. Inpatient care	Householder	70%
	Family	60%

This will be a substantial help to the community.

EDUCATION MATERIALS

PREPARED BY

PRESBYTERIAN MEDICAL CENTER
COMMUNITY HEALTH DEPARTMENT

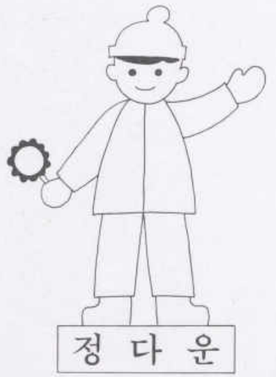
1. Environmental Sanitation Posters
   (Set of 4 sheets)
2. Tetanus Poster
3. Typhoid Prevention Flip Cards
4. Tuberculosis Prevention Flip Cards
5 Nutrition Pamphlets
6. Ante Natal Pamphlets
7. Educational Diet Pamphlets
8. Flannel Board Presentations
   1) Water Pollution
   2) Family Planning
9. Health Slogans (Set of 4)

S. 30

COMMUNITY HEALTH CUIDELINES

and

PROCEDURE MANUAL



PRESBYTERIAN MEDICAL CENTER

Jeonju, Korea 520

CONTENTS

COMMUNITY HEALTH GUIDELINES

AND

PROCEDURE MANUAL

I. INTRODUCTION

Concepts of Community Health for a Christian Hospital

Our Community Health Program at Presbyterian Medical Center has evolved as a hospital-based program to meet the health needs of certain chosen or designated communities.

The hospital serves as a referral place for treatment of the sick and as a resource center for the delivery of health services.

The communities among whom we are working must be:

1. The designers of the program by stating their needs and their aspirations.

2. The resource people for the program by providing--
   a. Leadership whereby the community may be organized.
   b. Personnel with a sense of responsibility for their own community who can be trained to participate in the health care delivery system for the rural villages,
   c. and by individual participation in the program as the receivers of the health care.

The Public Health Center in the rural area serves as a primary health care base whereby the sick can receive primary treatment, where simple diagnostic services are provided, where preventive health consultations can be made, and as a base for the village workers to meet and discuss and interpret their problems in the light of their health needs.

The role of the nurse in this primary health care setting is a delicate one, and I would lead you first of all to see Jesus as the ultimate need of the Community among whom you are working.

The nurse has the opportunity to live closer to the Teaching and Life of the Living Christ than anyone else in the hospital, for He went OUT to reach men, women, and children in the community right where they lived. He healed the sick of their diseases, and He taught the people a better Way of life. He brought hope to the suffering, and gave dignity to the downtrodden and the underdeveloped, that they too might live a satisfying and a whole

whole life; in His Life and in His Work He expressed the Love of God for man by leading men to a personal knowledge of Himself. We can do no less as His chosen workers.

Your role then, is one of Teaching, Healing, Loving, Suffering with and Being beside the people of the community. The teaching will be continuous health education, so that the general living standards may gradually be improved; and evangelistic, so that the darkness of traditional fears and beliefs can be dispelled and the Light will relieve the suffering and ignorance and give Hope. We will teach, not only the Village Health Workers, but the whole community, so that they may all have an equal share in the decisions which effect them. The healing will be preventive and therapeutic, so that valuable human resources might be saved in humanity, time, and money for the well being of the whole community.

The loving will no doubt be the most difficult, for it means forgetting self, family, friends, privileges, opportunities of advancement; to be out in an insignificant rural setting among people who are not of your own standard of education or training and you will feel you have little point of contact. Remember that Christ died for that person too, and that Jesus' love meets us in every circumstance and loves in, and through us to meet our own daily needs and those around us.

The last commitment is synonymous with love, for it is only through Christ that we can go into situations of suffering humanity which humanly deter us, and have empathy with those who suffer.

In meeting the basic needs of the community, we offer the services mentioned in this book: follow the procedures carefully.

Health Education:

1. Class room situation teaching to:
   a. Village Health Workers
      (initial course of 6 weeks, then weekly)
   b. All village adults, monthly
   c. School children, weekly.

2. Counselling situation in:
   a. Preventive health clinic in Child Health, Maternal Health, Family Planning;
   b. Care of the sick;
   c. Correct administration of drugs and medications.

3. Practical education in:
   a. Clinic
   b. Home

CHILD HEALTH

Child Health Objectives

1. Vaccination: To decrease the incidence of communicable disease so that whooping cough, diphtheria, polio and measles are extinct in our area.
2. Breast Feeding: To improve the quality of nutrition standards by encouraging the mothers to breast feed on a proper regime.
3. Nutrition: To decrease the malnutrition incidence (or under weight for age) be beginning an educational diet for all babies by 4 months.
4. Development: To regularly check all growth patterns and record systematically for early detection of malnutrition deformity or disease.
5. Hygeine: To lessen the incidence of skin disease by regular hygeine education.
6. Accident Prevention: To decrease the risk of accidents in the home by teaching the mother good accident prevention techniques.
7. Coverage: To get all children up to the age of 3 years, at least, registered at the clinic.

CHILD HEALTH CLINIC PROCEDURES

1. All attending babies 0-5 years will be registered in Well Baby Register.
2. All babies up to their second birthday will have a blue Child Health Record in the Family Record File and their mothers will be sold a Well Baby Card at 100W.
3. All babies will be screened at the registration desk;
   Sick babies will be referred to doctor immediately;
   Well babies will be referred to the Infant Welfare Room.

FIRST VISIT ONLY:

1. History will be taken and recorded on Child Health Record--
   Older babies' records at back;
   New babies' records on top.
2. Remove clothes. Physical check for basic growth and development evaluation as per Appendix B.
3. Where doctor is in attendance at clinic, all babies visiting for first time are to be referred to the doctor for check of heart and lungs and for any abnormalities observed, after the nurse has examined the baby.
4. Any sickness, treatment, or abnormalities are recorded on Consultation Sheet as well as Baby Health Card.

SUBSEQUENT VISITS:

1. Weight Checking: All babies to be weighted every visit.

   Summer: Remove all baby's clothes and weigh accurately.

   Winter: Set scales at 0 with an undersinglet and diaper then weigh all abaies with this amount of clothes only. DO NOT WEIGH FULLY DRESSED.

   Record all weights accurately on patient retained Well Baby Card and family folder Child Health Record.

2. Weighing times: (Suggested times only; if desired, mother may attend more frequently.)

FOR NORMAL BABIES:	0-6 months	monthly
	7-12 months	every 2 months
	13-24 months	every 3 months
	2 - 3 years	every 6 months
	3 - 5 years	yearly

HIGH RISK BABIES WILL ATTEND MORE REGULARLY. See Appendix A.

3. Measurements:

Height is checked at the same time as weight.

Head must touch the top of the board;
both feet pulled straight to the measuring board (moveable board)with knees extended.
Hold board, let legs relax,
then read measurement.

Record on lower portion of Well Baby Card and on Child Health Record.

*See Normal Weight and Height Chart.

EACH VISIT:

4. Arm Circumference

From the age of 6 months measure the middle of the left upper arm at each visit and record on the Well Baby Card immediately above the month figure in the lower column.

EVERY 3 MONTHS:

5. Head and Chest Measurements

Head: The tape is applied firmly around the most prominent part of the occiput and brought forward above the ears and just above the supraorbital ridges to the midline of the head.

In first 3 months:	Average increase is 5 cm. so that at 3 mos. average head circumference is 40 cm.
3 - 6 months:	Average increase is 3 cm. so that at 6 mos. average head circumference is 43 cm.
6 - 9 months:	Average increase is 2 cm. so that at 9 mons. approximately 45 cm.
9 - 12 months:	Average increase is 1.5 cm. so that at 1 year approximately 46.5 cm.
In first year:	Head circumference increases 11.5 cm.
In second year:	Head grows 2.5 cm.
Next 3 years:	Head grows another 2 cm.
At 5 years:	Average circumference is 51 cm.

Chest; The circumference of the chest is taken during quiet inspiration at the level of the nipples.

At birth: it is usually 1-2 cm. less than the head measurement

By 6 - 9 months: It is usually equal. Thereafter it enlarges more rapidly than head.

CONSULTATION

Every mother, each visit must have a consultation with the Well Baby Clinic nurse regarding the following points:

1. Family situation since the last visit;
2. Baby's condition since the last visit. Record any illness sideways on the Well Baby Card along the date line of that month in the upper portion of the card.
3. Breast supply. Check breasts for abscess or decreased lactation. Instruct primiparas in breast feeding and give appropriate pamphlet.
4. Begin education diet at 5 months. Give appropriate pamphlet.
5. Check growth and development as per Appendix D and Well Baby Card.
   *See picture of Well Baby Card.
6. Order vitamins for all babies over 4 months. Give free if necessary.
7. Request more frequent visits for high risk babies as per Appendix A. Alert Village Health Worker regarding this child.
8. Check for failure to gain weight over a 3 month period or a chronic cough for 2 weeks. Babies with this picture should be given PPD; and if positive referred to T. B. Clinic for treatment.
9. When counselling mothers, appropriate pamphlets on various helpful subjects may be given but only after explanation of its content.
10. Immunizations are recommended according to the schedule shown at the end of this chapter.
11. All clinic recording will be done weekly as patients are seen.
12. Immunization Graph Board will be kept up-to-date weekly.
13. ALL mothers attending Well Baby Clinic for first time are also referred to Family Planning Room for advice.
14. ALL pregnant mothers attending with baby are referred to Ante Natal Clinic for routine prenatal checks.

HOME VISITING PROCEDURES

a. All homes should be visited at least once every 3 months and the date recorded on the back of the Family REcord Folder.

b. Seek out and visit:
   1) New born babies
   2) Sick babies
   3) High Risk babies
   4) Babies who have failed to get regular immunizations.

c. Place a Health Education Pocket in every home and put the health education materials as well as the Well Baby Card in that. Refer to that pamphlet when next visiting.

d. Use your eyes and start from a positive point of interest to teach the mother hygeine in the home practically; i.e. take a tissue and wipe the baby's nose and talk to the mother about cross infection when using her skirt to wipe the noses of all her children.

e. Always take the Home Visiting Bag equipped to do simple dressings, cord dressings, as well as blood pressure machine and stethoscope.

IMPORTANT: Do NOT spend any more than 30 to 60 minutes at any one house as the mother is a busy person.

Do NOT gossip about anyone else in the village or Myun even if encouraged to do so.

Do NOT discuss any patient or any other person in the Myun with another member of the staff in front of the villagers.

REMEMBER: We are a Christian hospital and are there to bring Christ to the people, and a Christian attitude is necessary.

GENERAL INFORMATION FOR CLINICS AND HOME VISITING PROCEDURE

(Guide to Teaching Mothers)

A. Breast Feeding

1. That the breast milk is food for the baby and protection from disease through the antibodies transmitted in the milk.

2. That the mother needs adequate rest and diet to sustain a good supply.

3. That the baby should be fed on the following regime:

1st day of life	3 mins. each side	
2nd day of life	5 mins. each side	
3rd day of life	7 mins. each side	every 3 - 4 hours at least
4th day of life	10 mins. each side	" " "

4. If insufficient breast milk supply: look for following causes:

a) Lack of stimulation in the first few days.
b) Poor nutrition in the mother.
c) Baby is consistently not given enough time at the breast
d) Mother is overtired.
e) Baby has a weak sucking action. Look for reason.

5. If over abundant breast supply; the following is helpful: (Only do this at first feeding in early morning) "Posture Feed": Mother is to lie flat on her back and the baby sucks upward, taking off top milk only, therefore no stimulation to the breasts. Feed this way only until breast engorgement has subsided as this method can suppress lactation entirely within a few days.

6. Contraindications to breast feeding are few:

a. Inverted nipples or large flat nipples.
b. Breast abscess (only until antibiotics have had their effect)
c. Protein deficient or moribund mother
d. Mother with cancer of breast
e. Poor mental state of the mother
f. Baby with mouth deformity, i.e. harelip or cleft palate.

IMMUNIZATIONS

See Appendix C

Drug	Time	Amount	Vaccine	Route and Site
B.C.G.	at birth	0.1 cc	live	Intradermal, L. deltoid area
D.P.T. a*	2 months	0.5 cc	dead	I.M. Buttocks
Sabin b*	4 months 6 months 18 months 6 years	Booster		
Measles c*	9 months	1 dose	live	Subcutaneous
Small Pox	12 months or later	0.01 ml.	live	Epidermal/R. shoulder
Encephalitis	12 months	1 cc	live	Hypodermic/L. Upper arm

a* It is unnecessary to restart a course of D.P.T. if a child is brought back late for the second dose. D. Morley Ped. Prior. in Dev. World. p. 244.

b* Sabin is absorbed in the bowel, therefore should not be given if the child has fever, diarrhea or vomitting.

c* Measles vaccine must not be given to tuberculin positive (+) children until T.B. medication is commenced.

Note:

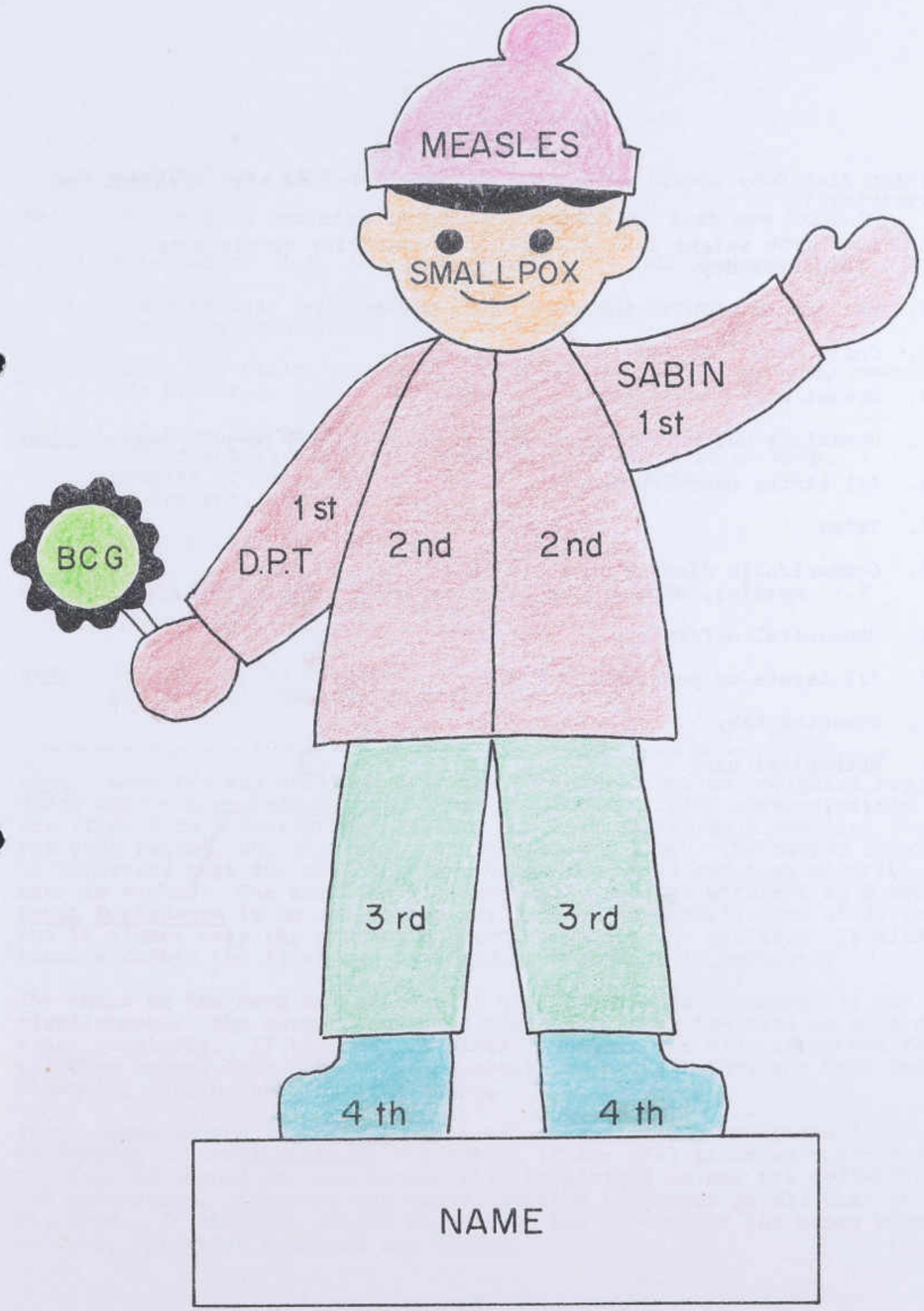
Baby A.S.A. may be given for 2 doses the day of DPT injection on following standing order: Under 1 year ½ tab. x 2 doses.
1 - 3 years 1 tab. x 2 doses.

All children up to 5 years of age should be given D.P.T.; thereafter D.T. will be given.

NORMAL WEIGHT-HEIGHT CHART

(Translated from Korean Pediatric Association Tables)

AGE	BOYS WEIGHT kg.	BOYS HEIGHT cm.	BOYS HEAD cm.	BOYS CHEST cm.	GIRLS WEIGHT kg.	GIRLS HEIGHT cm.	GIRLS HEAD cm.	GIRLS CHEST cm.
Birth	3.34	51.1	34.7	33.8	3.27	50.8	34.4	33.6
1 month	5.21	57.4	38.3	38.9	5.07	56.7	38.0	38.3
2 months	6.21	60.8	40.0	41.0	5.85	59.8	39.2	40.1
3 months	6.87	62.9	40.8	42.2	6.45	61.6	40.1	41.1
4 months	7.42	64.7	41.7	42.9	6.92	63.5	40.9	41.9
5 months	7.72	66.1	42.5	43.5	7.26	64.9	41.5	42.4
6 months	8.09	68.0	43.2	44.1	7.55	66.7	42.3	42.8
7 months	8.31	69.3	43.7	44.5	7.89	68.1	43.0	43.5
8 months	8.61	70.8	44.3	45.0	8.09	69.2	43.2	43.9
9 months	8.77	71.5	44.5	45.4	8.32	70.6	43.7	44.2
10 months	9.13	72.9	45.2	45.8	8.64	72.3	44.4	45.2
11 months	9.33	75.3	45.6	46.2	8.89	73.4	44.5	45.4
12 months	9.58	75.8	45.7	46.4	9.08	74.8	44.7	45.7
15 months	10.11	78.5	46.4	47.3	9.69	76.8	45.6	46.5
18 months	10.55	80.4	47.0	48.2	10.19	79.6	46.2	46.8
21 months	10.80	82.4	47.2	48.6	10.42	81.1	46.4	47.3
2 years	11.84	85.5	47.6	49.2	11.51	84.6	46.9	48.4
3 years	13.25	91.9	48.5	50.9	12.83	90.2	48.1	49.8
4 years	14.85	97.9	49.3	42.4	14.32	97.1	48.5	51.3
5 years	16.71	105.0	50.0	54.0	16.13	103.7	49.0	52.4
6 years	18.49	110.6	50.3	55.5	17.88	109.2	49.5	54.0



Appendix A

HIGH RISK BABY

(High Risk Baby should attend clinic regularly and have frequent home visiting!)

1. Low birth weight (below 2.8 kg.(prematurity or placental insufficiency.
2. Failure to gain in the first 2 months of life
3. Child of a T.B. family
4. Breast milk insufficient
5. Unhealthy mother (maternal weight below 43 kg) or poor mental state
6. All births over 6th child.
7. Twins
8. Communicable disease in child in lst year of life, i.e. measles, whooping cough, repeated severe diarrhea.
9. Congenital deformity
10. Illiterate or poor family
11. Unwanted baby
12. Motherless baby

Appendix B

FIRST EXAMINATION OF THE BABY

BEFORE EXAMINATION, WASH YOUR HANDS!

Before the baby is undressed: head and hands and feet are examined.

Face: Note color. i.e. jaundice or pallor or skin rashes.

Head: Shape of head. Cephalhaematoma refer to doctor.
Feel size and tension of fontanelles

Ears: Shape and position of ears. i.e. whether auditory canal present, ear sicharge, cracks around ear

Eyes: Sit baby up, rock back and forth; eyes will open.
Note redness, discharge, unequality of the size of eyes, opacity of lens, abnormality of pupil or iris.
If present, refer to doctor.

Nose: Note redness or discharge

Respiration: Rapid respiration
Noisy labored breathing
Nasal breathing normal, etc.

Arms: Abnormality in formation of arms and hands, particularly humerus of breech delivery

- -

Head: Look for any swelling over the parietal bones or occipital region which may be a cephalhematoma. This condition usually appears within the first 3 to 4 days after delivery and will appear as a swelling over the bony region, but will not cross the suture line. The mother should be reassured that the swelling is outside the skull and that no treatment is needed. The swelling will gradually subside within 6 to 8 weeks. Caput Succedenum is an oedematous swelling on the baby's head at delivery and is always over the presenting part, commonly the occiput. It will subside within the first two days and no treatment is necessary

The shape of the head and contour of the face should be noted. If any misalignment. the mother should be advised to turn the baby on alternate sides regularly. If the baby is placed on its right side after the feeding and then turned onto the left side about two hours later, the head and face will retain their natural shape.

Feet: Examine the feet for talipes or any abnormalities of the toes such as webbing or overlapping of the toes. If the heel is drawn upwards and the foot is turned in, the mother will be advised to see the pediatrician for correction. If corrected early, passive treatment is all that is required. If the baby learns to walk on the foot after the bones have matured, operative measures are needed.

EXAMINATION OF THE BABY WITH CLOTHES REMOVED:

Skin: Note rashes which may be present, whether allergy or infection. Staphylococcal rashes are usually pustular and should be referred to doctor for treatment. Any pustular rash in the area of the umbilicus should be treated with caution.

Dry, peeling and cracked skin may be present around the wrist, hands, ankles and feet, particularly in the "overdue" baby or one who has had a "dry birth". Give extra fluids and apply cream or vaseline to cracked areas.

Mouth: If hare lip is present it will be obvious. Inspect mouth for cleft palate and look deep into the soft palate for any small hole which may as yet be undetected. Sometimes a high palate causes difficulty in sucking. These babies need a special rubber flange in the mouth to aid suction. Inspect the tongue and mouth for thrush. Milk curds may be mistaken for thrush but can be easily removed with a swab stick. Thrush, when removed, leaves an excoriation on the mucousa of the mouth. Small nodules on the gums may be mistaken for teeth and are known as "Bohn's nodes" but will disappear. Look for tongue tie, abnormal shape or position of tongue which will impede sucking.

Neck: Turn baby's head to each side. Look and feel for any swelling or enlarged glands. Look for any swelling of sternomastoid region in particular. Note whether creases in the neck are clean and instruct mother in hygeine.

Chest: Observe the shape of the chest and any undue chest retraction. If there is swelling of mammary glands it will be due to hormones and is of no significance. The mother should be instructed not to handle or to squeeze the swelling and it will disappear. Mastitis, however, is due to an infection and if the breast tissue is reddened and obviously painful, the baby should be referred to doctor.

Abdomen: Observe the size and shape to see if it is unusually flat or prominent.

Umbilicus: The umbilical cord usually separates within 5 to 7 days.. If cord is not separated and umbilicus is reddened or has offensive smell, clean with zephiran and apply mercurochrome.
If granulation tissue is present, doctor will treat baby.

Genital Area: In girls, note any undue enlargement of the clitoris. If present refer the baby to a doctor. Small vaginal tags protruding from the hymen are common and require no treatment. Vaginal bleeding during the first few days after birth will worry the mother but should be explained that this is a hormonal disturbance and will settle down in a few days.

In boys, note if the testicles are descended. Slide the fingers down the inguinal canal to prevent retraction of the testis and with the thumb and fingers of the other hand feel for the testicles. If abnormalities such as hydrocele or hypospadius are present, refer to the doctor.

Genital Area:
Examine the groins for evidence of inguinal hernia.
Examine the anus for signs of congenital malformation, i.e. imperforated anus, etc. If any doubt, pass a rectal thermometer carefully.
If any of these conditions is present, medical referral is necessary.

Buttocks: Observe the skin condition. If rash or scalding is present, advise mother regarding bathing.

Spine: With the baby lying on abdomen, inspect the spine for abnormal curvature; scoliosis, or spinabifida. If there is a dimple (pilonidal sinus) at the base of the spine, the mother will need to be advised to keep the cavity clean, even though it will need no treatment now.

Legs: Note any inequality in the size or length of the legs or in the creases of the thighs.
Test hips for congenital dislocation.
Note if the baby kicks with both legs equally.

Appendix C

INSTRUCTIONS REGARDING BCG

Tuberculin Test

1. Storage and Transportation: Purified Protein Derivatives are so weak that sunlight and heat destroy it's value. The P.P.D. bottle should be stored at 2 - 4° C. in a refrigerator or an ice box; preferably in a darkened container.

2. Expiration Date: Usually 6 months. Examine before using!

3. Site of Test: Usually the inner side of left forearm. If there is a scar or skin disease, choose another site, such as the inner right forearm or lateral side of right forear

   Make sure an accurate intradermal injection is given-- until the size of the small halo reaches 6 - 7 mm.

4. Contraindications: debilitated persons,
   allergic conditions,
   fever, or
   acute febrile disease.

5. Reading: Measure the maximum transverse diameter of the induration after 72 hours.

II. B.C.G. Vaccination

1. Storage and Transportation: Especially weak in sunlight, even in room light and heat. Thus B.C.G. should be stored at 2 - 4° C. in refrigerator or ice box.

2. Expiration Date: Widely used liquid BCG terminates within 15 days of the manufacturing date. Examine before using! Freeze dried BCG does not lose its potency for about 2 years.

3. Site of Vaccination and Innoculation Method: Usually the center of the left deltoid muscle area, about 2 cm. below the point of the shoulder.

   Accurate intradermal injection with shallow technique is most desireable. A halo of 6 - 7 mm. diameter on the injection site usually requires 0.1 cc of BCG.

4. Management of BCG Instruments: Syringes and needles should be separate from tuberculin testing instruments during handling and during sterilization.

Appendix C. Continued

III. Remarks on BCG

1. BCG should be given to a newborn baby within 72 hours of delivery.

2. Children under 5 years may be given BCG without previous PPD test, but check to confirm presence of old BCG scar before giving.

3. All babies given BCG but having no scar must have PPD at 12 weeks and repeat BCG if necessary.

4. BCG ampoules must be shaken well before using, even after the BCG syringes lie on the table for a short while.

5. Sample testing with PPD for assessment of potency is desirable for each different BCG and Batch Number recorded on the Well Baby Daily Register before commencing the clinic.

6. BCG should not be given on the same day as other immunizations.

Appendix D

GROWTH AND DEVELOPMENT

Gross Motor

4 weeks:	Supine: When pulled to sitting, marked head-lag. In sitting position back rounded and head flops forward. Prone: Lifts chin momentarily to turn head to side.
2 months:	Supine: When pulled to sitting position, less head-lag. Prone: Head held off table intermittently.
3 months:	Supine: When pulled to sit, only slight head-lag. Prone: Lifts head and chest so that plane of face makes an angle of almost 45° with table.
4 months:	Supine: When pulled to sit only slight had-lag at beginning. When held in sitting position holds head up but wobbles if body swayed. Prone: Lifts head and chest so that place of face is at 90° with table. Swimming movement with arms.
5months:	Supine: When pulled to sit no head-lag. When held in sitting position back straight, head held up and no wobble when swayed. Prone: Lifts head and chest taking weight on forearms. Can roll from prone to supine.
6 months:	Supine: Lifts head spontaneously. Sits supported in high chair. Prone: Lifts head, chest and upper abdomen, taking weight on hands with extended arms. Can roll from supine to prone.
7 months:	Sits without support for a short time. Can roll over and over. Can bear some weight on legs, when held standing, "bounces" with pleasure. If held with feet to floor assumes "cancing movement".
8 months:	Can take weight on legs when feet put to floor--"stepping reaction", Tries vigorously to crawl.
9 months:	Stands holding onto things for a few moments but cannot lower himself. Held standing, steps purposefully on alternate feet. Can sit alone on floor for 10-15 minutes. Can turn body to look sideways while stretching out to pick up toy. Progresses by rolling and squirming.
10 months:	Pulls self up to sitting and standing positions. Stands when held up or holding on to furniture. Sits well in a chair. Can lean sideways when sitting. Makes some progress crawling.
11 months:	Walks holding onto furniture, stepping sideways. Walks with two hands held. Crawls, creeping on hands and knees.

Appendix D

GROWTH AND DEVELOPMENT

Gross Motor

12 months:	Can pull himself up to standing and let himself down again holding onto furniture. Walks with one hand held. May stand alone for a few moments.
13 months:	Climbs onto a low step. Stands alone.
14 months:	Walks alone with feet wide apart. Kneels on floor or chair
15 months:	Climbs upstairs. Starts walking alone, often stopped by falling. Lets himself down from standing to sitting by collapsing backwards or falling forward on hands and then then back to sitting.
18 months:	Walks well with feet only slightly apart. Runs stiffly upright, eyes fixed on ground. Pushes and pulls large toys, boxes etc., around floor. Can carry a large doll or teddy bear while walking. Backs into a small chair or slides in sideways. Climbs forward into adult's chair then turns around and sits. Can walk backwards. Walks upstairs with helping hand. Creeps backwards down stairs. Picks up toy from floor without falling.
21 months:	Walks upstairs 2 feet per step.
24 months:	Walks up and down stairs 2 feet per step holding on to rail. Can throw a small ball without falling. Squats to rest or to play with object on ground and rises to feet without using hands. Runs safely on whole foot, stopping and starting with ease and avoiding obstacles. Climbs on furniture to look out windows or open doors and can get down again.

Appendix D

GROWTH AND DEVELOPMENT

Vision and Fine Motor, (Adaptive)

4 weeks:	Notices dangling object in line of vision at 10-15 cm. (4-6 inches) from face. When object moved slowly from side to mid-line through a quarter of a circle eyes follow till head reaches mid-line; when it drops back to side. Grasp reflex still present. Beginning to watch mother's nearby face when she feeds or talks to him.
2 months:	Follows dangling object or rattle held 15-25 cm. (6-10 inches) from face when moved from side to past mid-line, head rotating to remain in mid-line. Follows moving persons near bot.
3 months:	Watches his own hand movements. Beginning to clasp and unclasp his hands. Recognizes feeding bottle. Holds rattle for a few moments.
4 months:	Visually explores new environment. Grasps rattle. Grasps ring when given. Regards object pulled along by string.
5 months:	Reaches for object, grasping it and carrying it to mouth.
6 months:	Moves head and eyes eagerly in every direction. Eyes move in unison. Follows adult's movements across room. Fixes eyes on small objects of interest within 15-30 cm. (6-12 inches) and stretches out both hands to grasp them. Grasps feet and toes. Holds bottle.
7 months:	Moves objects from hand to hand. Hands explore table surface. Reaches for and picks up string. Plays, banging objects on table.
8 months:	Looks for dropped toys. Strikes one object on another.
9 months:	Stretches out, one hand leading, to grasp small objects when sighted, grasping between finger and thumb in scissor like fashion. Pokes at small sweet or raisin with index finger. Searches in correct place for toys falling over edge of pram or table.
10 months:	Dangles ring on a string. Plays pulling ring by string. Throws objects. Bangs two cubes held in hands.

Appendix D

GROWTH AND DEVELOPMENT

Vision and Fine Motor (Adaptive)

11 Months:	Releases objects into adult's hand. Rolls ball.
12 months:	Picks up small objects with precise pincer grasp of thumb and index finger. Points with index finger at objects that interest him or he wants. Uses both hands freely but may show preference for one. Can hold a pencil as if to mark on paper.
13 months:	Likes holding little toys. Preference for one hand.
14 months:	Can hold four cubes in hands at once. Plays rolling ball.
15 months:	Plays pushing little cars along. Builds a tower of 2 cubes after being shown. Uses crayon or pencil on paper, imitating scribble after demonstration. Looks with interest at picture book.
18 months:	Picks up small beads with delicate pincer grasp. Spontaneous scribble when given pencil and paper, using preferred hand. Builds tower of 3 cubes. Enjoys simple picture book identifying colored items on pages. Turns pages 2 or 3 at a time. Points to distant objects out of doors.
21 months:	Circular scribble in imitation. Builds tower of 3 or 4 cubes.
24 months:	Throws ball into basket. Turns pages singly. Turns door knobs. Builds tower of 6 cubes. Removes paper wrapping from small sweets. Spontaneous circular scribble and dots when given pencil and paper. Picks up ins and threads neatly and quickly.

APPENDIX D

GROWTH AND DEVELOPMENT

Language (Hearing & Speech)

4 weeks:	Startled by sudden loud noises. Responds to bell, movements being momentarily frozen. Reacts to tone of his mother's voice. Communicates with voice-type of cry related to the situation, which can be recognized by mother.
2 months:	Vocalizes with pleasure-furgling and cooing.
3 months:	Squeals and laughs. May turn his eyes towards a sound. Vocalizes when spoken to or pleased, using single vowel sounds.
4 months:	Turns his head towards a sound.
5 months:	Turns his head deliberately toward sound of bell. Stops crying or coos on hearing music. Plays with sound, varying the intensity and rhythm of his babbling.
6 months:	Turns immediately to mother's voice across the room. Babbles to her. Vocalizes tunefully using single syllables. Laughs, chuckles and squeals aloud in play and screams with annoyance. Shows response to different emotional tones of mother's voice.
7 months:	(Stretches out arms to be picked up) Drinks from a cup when held. Can feed self with a cracker. Responds when called. Makes two syllable babble.
8 months:	Turns to sound of voice.
9 months:	Responds to important commands. Babbles tunefully Begins to imitate sounds made to him. Listens to conversation. Shouts for attention.
10 months:	For the first time a clear word with meaning develops. Shakes head for "No". Listens to a watch.
11 months:	Says two clear words. Short babbled sentences. Rings a bell if given to him.
12 months:	Reacts to music vocally. Understands several words. Carries on a babbled monologue when alone, loudly, tunefully. Knows and immediately turns to own name. Comprehends simple commands accompanied by a gesture. Says 3 clear words.

Appendix D

GROWTH AND DEVELOPMENT

Language (Heading & Speech)

13 months:	Tries to sing.
14 months:	Likes rhymes and jingles.
15 months:	Jabbers loudly and freely. Speaks 2-6 clear words and understands many more. Vocalizes wishes and needs. Points to familiar persons, animals and toys when requested. Understadns and obeys simple commands.
18 months:	Continues to jabber tunefully to himself at play. Uses 6-20 recognizable words. Echoes last word addressed to him. Demands desired objects by pointing, accompanied by loud, urgent vocalizations or words. Identifies own body parts on request, e.i. nose, eyes, hair. Enjoys rhymes and ties to join in.
21 months:	Combines 2 words. Tries to tell experiences.
24 months:	Uses sentences of 2 or 3 words. Understands prepositions "in" and "out", when used in commands to him. Refers to himself by name. Constantly asking names of objects. Uses 50 or more recognizable words. Joins in rhymes and songs.

Appendix D

GROWTH AND DEVELOPMENT

Social & Personal

4 weeks:	Stops crying when picked up. Sucks well. Sleeps most of the time when not being fed or handled. Expression vague but becomeing more alert, progressing to smiling at about 5-6 weeks in response to stimulation.
2 months:	Smiles responsively and may be beginning to smile spontaneously. Hands go to mouth. Enjoys bath. Visually recognizes mother.
3 months:	Smiles spontaneously. Beginning to react to familiar situations, coos and smiles at sound. Responds to friendly handling.
5 months:	Smiles at own image in mirror. Turns head to person talking or singing. Stops crying when talked to. Frolics when played with.
6 months:	Takes everything to mouth. Beginning to find feet interesting. Shakes rattle deliberately to make it sound and looks at it. Still friendly with strangers but occasionally shy or anxious.
7 months:	Stretches out arms to be picked up. Drinks from a cup when held. Can feed self.
8 months:	Plays hiding. Resists pulling away of toy. Works for a toy out of reach.
9 months:	Distinguishes strangers from familiars; requires reassurance before accepting them. Clings to known adult and hides face. Puts hands around bottle or cup when feeding. Holds, bites and chews food. Tries to grasp spoon when being fed. Still takes everything to mouth.
10 months:	Plays with hands. Initiates. Deliberately drops objects. Definitely shy with strangers.
11 months:	Likes repetitive play. Shows interest in pictures. Finger feeds. Waves bye bye. Gives affection.

Appendix D

GROWTH AND DEVELOPMENT

Social & Personal

12 months:	Drinks from a cup with little assistance. Holds a spoon, but cannot use it. Helps with dressing by holding out arm for sleeve and foot for shoe. Gives toys to adult on request and sometimes spontaneously. Likes to be constantly within sight and hearing of adult. Demonstrates affection to familiar persons.
13 months:	Tries to help in dressing.
14 months:	Can hold own cup for drinking. Uses spoon himself; spills some.
15 months:	Holds cup when adult gives and takes back. Holds spoon brings it to mouth and licks it but cannot prevent it turning over. Chews well. Indicates when he has wet pants. Seldom takes toys to mouth. Physically restless and intensely curious. Emotionally labile. Constantly dependent on adult's reassuring presence.
18 months:	Lifts and holds cup between both hands. Drinks without much spilling. Hands cup back to adult. Gets food to mouth with spoon. Takes off shoes, socks and hat, unzips fasteners. Indicates toilet needs by restlessness and vocalization. Bowel control usually attained.
21 months:	May have bladder control by day.
24 months:	Put on hat and shoes. Spoon feeds himself without spilling. Asks for food and drink. Chews competently. Verbalizes toilet needs in reasonable time. Dry during day. Constantly demanding adult's attention. Jealous of atteniton to other children. Clinging tightly in affection, fatigue or fear. Tantrums when frustrated, but attention easily distracted. Enjoys simple make-believe activities. Follows adult around the house copying domestic activities.

MATERNAL HEALTH

Maternal Health Objectives

1. Ante Natal Morbidity--to get 100% of pregnant mothers registered at the clinic before 12 weeks.

2. Early Detection and Prevention--to check blood pressure, urine, hemoglobin, and extremeties for signs of edema regularly in the ante natal period.

3. To encourage regular attendance at clinic by home visiting and gaining the confidence of the patient.

4. To insure a safe, clean delivery for all home deliveries by special education and preparation at 36 weeks.

5. Neo-natal Tetanus Prevention/Home Delivery--to deliver all babies whose mothers intend delivery in their own home, so that neonatal tetanus will decrease.

6. Post-partum morbidity--to visit all new mothers and check fundus, lochia and breasts, blood pressure and extremeties for edema for at least 1 week in post partum period.

7. Breast Feeding--to have all mothers breast feeding for a regular time regime by the end of lst week, so that they will adopt the habit of good breast feeding.

Maternal Health Procedures

1. ANTE NATAL CARE:

   a. The midwife must be convinced of the importance of ante natal care.
   b. Seek out all pregnant women under 12 weeks gestation by using:
      Family Planning LMP Card System;
      Through Clinic contact;
      By Village Health Worker report, etc.

2. CLINIC PROOCEDURES

   a. History taking.
   b. Check patient's condition each visit.
      Blood pressure, urinalysis, weight, breasts (See Appendix B).

   c. Abdominal Palpation

      Record size, shape, level of fundus,
      Postion of baby,
      Degree of engagement of head,
      Fetal movements,
      Fetal heart,
      P.V. discharge or ruptured membranes

   d. Check legs, feet, hands and face for edema.

   e. Check hemoglobin, first visit. If normal, check once every 3 months. If below 10 Gm, give Iron, and recheck in 2 months.

   f. Give and explain Ante Natal Pamphlet and Nutrition Pamphlet at first visit.

3. CLINIC VISITS

   Monthly up to 28 weeks.
   Every 2 weeks up to 36 weeks.
   Weekly until delivery.

   Midwife to examine at each visit. All high risk patients will be seen by Obstetrics-Gynecology doctor as soon as possible after registration.

4. HOME VISITS (Regularly, particularly if not attending clinic)

   Patients attending clinic for first time should have a home visit within 2 weeks of being seen in clinic.

   Teaching should be instituted in hygeine, rest, diet and cleanliness.

   Observe family economic situation and inquire regarding health of members of the family.

   At 36 weeks, home visit to teach:
      on preparation for delivery,
      sterilization of scissors,
      clean room and clothes,
      warm, clean clothes for baby
      give delivery kit, if necessary

5. HOME DELIVERY

Neo natal tetanus prevention: Midwife should build good relationships and hold a position of trust with the mothers; they in turn will want her to deliver their baby. If family decides to deliver baby, give instructions in sterile procedures and give sterile set with cord tie and razor blade.

6. LABOR MANAGEMENT

First check and record: vital signs of mother
blood pressure
urinalysis
pulse
abdominal palpation
fetal position
F.H. abnormal movements
P.V. for basic assessment.

P.V. WILL NOT BE DONE ANY MORE THAN 3 TIMES DURING LABOR.

DO NOT DO A P.V. IF THERE IS A HISTORY OF BLEEDING IN THE ANTENATAL PERIOD.

Assessment of Labor may be made by:
abdominal palpation,
post anal palpation,
rectal examination.

Give light, high protein diet during labor.

Give enema: In primipara--if os is less than 5 cm. dilated.
In multipara--if os is less than 3 cm. dilated.

DO NOT GIVE ENEMA: If membranes have ruptured or
If antepartum hemorrhage has occurred at all during pregnancy.

Following enema, multiparas must not be allowed to use outside toilet.

Transfer to hospital: If patient is not bleeding; and third stage is not complete within 30 to 60 minutes.

If patient is bleeding after delivery of the baby, transfer immediately.
DO NOT PULL ON THE CORD.

Blood Loss: A loss of 250 cc or less is normal.
If over 500 cc loss, transfer mother to hospital, depending on her physical condition.

7. POST PARTUM VISITS

Daily for first 3 days, then Every other day for 2 visits — Check:
fundus
perineum
lochia
breasts
edema
blood pressure
temperature
pulse

If necessary, give saline sitz bath.

8. BREAST FEEDING EDUCATION

As per chart in Child Health Section.
Use breast feeding pamphlet.

Appendix A

MATERNAL HEALTH HIGH RISK

1. Toxemia in early pregnancy, or severe toxemia any time in pregnancy
2. More than 2 induced abortions
3. Previous Caesarian Section, still birth, premature labor
4. Bleeding during ante natal period
5. Poor nutritional state
6. Any pelvic deformity or physical deformity
7. Unstable lie
8. Previous puerperal psychosis
9. Gravida 5 or over
10. Hemoglobin 9 gm% or under
11. 35-year-old or over primipara
12. Any previous or present condition of tuberculosis, diabetes, kidney, heart disease, or hypertension.

Appendix B

CARE OF THE BREASTS

Initial: The breasts should be inspected early in the pregnancy. The mother should be advised to wash and dry the breasts daily and draw the nipples out from the 28th week.

36th Week: Teach the mother to express a little colostrum from the breasts each day.

After Delivery: The baby should be put to the breast within 6 hours of delivery unless there is some contraindication such as premature baby. The reasons for putting the baby to breast early are twofold:

1. The uterus is stimulated to contract when the baby sucks.
2. The breasts contain a sticky yellowish fluid called "Colostrum" which, if not taken off, tends to become thick and block the lacteriferous ducts. The baby also needs this colostrum for it is higher in protein content than breast milk and is a type of adjustment feeding for the baby as the fetus in utero has had no digestive work to do as yet.

On the 3rd or 4th day the nature and color of the breast milk changes. The breasts become full and sometimes tense and the milk, whereas on the 1st few days was yellowish, is now white and bluish in appearance and thinner. This is a normal appearance and the mother should be reassured as to the value of breast feeding her baby.

Engorged Breasts: Engorgement is a common difficulty and is most likely to occur on the 4th day. The breasts are swollen, tense, engorged with blood and often edematous. The nipple will be edematous and flat and the baby, in the vain effort to suck, causes cracks in the nipples.

Treatment: The mother should be given an analgesic, ASA 2 tab q4h and milk expressed from the breasts every 4 hours. A breast binder will provide more comfort for the mother. If the nipples are cracked, the baby should be bottle fed with the E.B.M. for 2 days or so until they heal. If nipples are not cracked, and the mother can express enough milk out to get the baby attached, nursing 3 minutes on each side is long enough. Express breasts and bottle feed to appetite. The mother should be advised to wash hands thoroughly before expressing as the breasts may become inflamed or abscess formation may occur during this period.

Appendix B Continued

CARE OF THE BREASTS

Too Rapid Flow of Milk: This tends to cause choking and gives the baby a lot of air. The stools will be frequent, bright yellow at first and later may turn green and the mother thinks the baby has a gastric infection. The lst feeding in the morning tends to cause this condition, but also causes the late afternoon colic which some babies suffer with for months. The mother is instructed to lie down flat on her back, put the baby flat over her body so that he feeds "uphill". When the first flush of milk subsides she may sit up and resume her normal position. It is not advisable to feed for any length of time this way as this method of breast feeding will suppress lactation within a short time.

FAMILY PLANNING PROCEDURES

Family Planning Objectives:

1. To understand traditional customs and give sympathetic counselling to the mother and the mother-in-law, if possible.

2. To strive to obtain acceptance of family planning methods and to get across the message relative to population problems and poor living problems.

3. To thoroughly train all the staff in all methods in order that they may teach the community.

4. To discourage abortion by informing that it is not a method of family planning and must never be encouraged or advised; to inform mothers of the risks.

5. To avoid complications from improper or unsterile loop insertions which lead to a bad acceptance in the community; to do all we can to allay such fears and rumors.

6. Because post partum patients are more likely to accept family planning immediately after the babe is born; all patients must be referred to OB-Gyn. Clinic at 6 weeks post partum for check and loop insertion as acceptance is achieved. The special yellow Ante Natal Sticker will not be removed from the Family Record Folder until after the 6 week post partum check.

7. To counsel all mothers attending the Well Baby Clinic for the first time.

Family Planning Procedures:

1. All nurses will familiarize themselves with all methods of family planning (male and female, temporary or permanent) and be convinced of its importance in the community.
(See Family Planning Appendix 1)

2. Identify first the need of the family for family planning.
(See Family Planning Appendix 2)

3. Offer counselling in:
   a. Reasons for family planning to this family personally.
   b. Types of contraceptives available and most suited to their situation.
   c. Try to counsel with the husband and if possible the mother-in-law
   d. All mothers attending Well Baby Clinic with new baby should be interviewed.

4. Education and reassurance should be given regarding unpleasant side effects of the loop.

5. Instruction in correct dosage and best methods of administering oral contraceptives.

6. The Village Health Worker will leave the Family Planning Card with all married women of child-bearing age and will check at least every 3 months on the menstrual dates on her home visits.

7. All records must be kept up-to-date in the Family Record Folder.

8. Unwanted pregnancies: Ascertain reason for same. If mother's or baby's life is considered to be endangered by some medical condition, refer to doctor at OB-Gyn Clinic. Do not suggest an abortion nor give names of abortionists as this is against State Law and hospital policy.

9. Special referral of all post partum patients to Ob-Gyn Clinic for their 6 week check. Preparation for this visit should include counselling with the couple regarding the I.U.D. The Ante Natal Sticker on the Family Record will not be removed until after the 6 week post natal check has been done.

Appendix 1

METHODS OF FAMILY PLANNING

In order to prevent conception it is obviously necessary to prevent the spermatozoa meeting the ovum. This can be achieved in a number of ways and the couple must choose the method which is best suited to their situation.

1. Oral Contraceptives

This is the most effective reversible method of family planning, providing the correct dose is taken and the patient follows instructions properly. About 1 in 200 women will become pregnant in a period of 12 months practicing this method.

The course of the drug is commenced on the 5th day after menstruation started and one tablet is taken every night at the same time (or whatever is the least busiest time for the patient) for 21 days, followed by an interval of 1 week (7 days). During this 7 days interval uterine bleeding similiar to menstruation will occur. At the end of the interval, the second course is commenced.

In the 28 tablet packets will be 21 white and 7 brown tablets. The latter are to be taken during the "interval" and this should be explained to the patient.

Minor side effects may occur such as nausea, breast tenderness, weight gain, headaches, depression, alteration in the menses such as reduction in flow, bleeding during the taking of the pill, and amenorrhea. These minor effects will subside during later cycles if the patient will persevere.

Contraindications: Liver disease, carcinoma of the breast, piuitary dysfunction, history of pulmonary embolism and deep vein thrombosis. Prior to beginning the course, inspect the breasts for any lumps.

2. Intra Uterine Devices (IUD) (The Loop)

The Loop: This must be inserted under sterile conditions. Before insertion, a careful history is taken and pelvic examination is done to exclude pregnancy or any pelvic pathology that would preclude the use of this method.

Time of insertion: The best time is one month to six weeks following pregnancy or miscarriage or during or just after menstruation. The patient returns for a follow-up visit in about 3 months to check loop or any abnormalities.

METHODS OF FAMILY PLANNING

Side Effects: Heavy periods or intermenstrual bleeding during early cycles are common. With reassurance the patient will persevere, unless very heavy bleeding occurs, in which case the loop may need to be removed. Backache and abdominal cramps occasionally occur. A mild analgesic will help this condition. During the first month the loop may be expelled without the knowledge of the patient and pregnancy will occur. The patient should be taught how to check the tail to make sure that the loop is still in situ and another inserted if the first is expelled. The reinsertion is usually successful. The loop may be left in situ indefinitely; when removed, there should be no difficulty in pregnancy occurring as planned.

3. Tubal Ligation

Since this method is irreversible, both partners must understand and be agreeable to this method. Tubal ligation is a simple operation immediately after delivery when the uterus is high and outside the pelvis, but after 24 hours it is a major operation.

4. Mini Laparotomy

This is a recently devised method of tubal ligation. The method is also almost irreversible, although the fallopian tubes are only kinked and a small ring placed over the fold; necrosis takes place and the ovum cannot reach the uterus.

5. Vasectomy

This is a simple operation which ligates the vas deferens and stops the spermatazoa passing into the semen. There is no loss of male strength or sexual vigor and no hormonal changes of the body after this operation. However, other methods of contraception should be continued for 3 months after this operation as the semen may contain sperm for that length of time.

SUMMARY

The loop is the cheapest and the most efficient and reliable method, with the least cause for worry later, but has the disadvantage of some painful side effects.

Tubal ligation and mini laparotomy are both expensive methods of family planning, and are irreversible.

The oral pill is convenient, cheap because it is supplied by the Government, and if properly taken should be effective, however, the patient has to remember every day to take the drug, and in a busy household this is sometimes difficult. Those women who choose to take this method need frequent home visiting and checking to make sure that they are taking the drug.

Appendix 2

FAMILY PLANNING

POTENTIAL ACCEPTORS FOR COUNSELLING

1. Those with 2 or more living children.
2. Mothers with hemoglobins under 9 gms.
3. Patient with active T.B.
4. Too many pregnancies too close together.
5. Pregnancy occurring after 40th birthday.
6. Those who have just had a delivery
7. Persons with chronic diseases: heart disease, chronic nephritis, essential hypertension, diabetes, etc.

COMMUNICABLE DISEASES CONTROL

Tuberculosis Control Objectives

1. Screening--To find all the otherwise unknown patients by screening the children in each new area and than again every 3 years.

2. Vaccination-- To get every baby vaccinated with BCG before the age of 1 month.

3. Education--To gather the families of T.B. patients and teach them preventive measures.

4. Registration--To get 100% of known T.B. patients registered at the clinic and attending refularly.

5. Cooperation--To provide a service supplementary to the Government service of drug distribution so that patients will have a continuous drug supply.

6. Non-Government Patients-- To treat these patients at the Center with drugs at cost and x-rays at 1/2 hospital charge.

7. Family Record--To label Family Record Folder and follow up on a regular basis.

8. Nutrition--To provide nutrition to those in poor circumstances, particularly to the children of tuberculosis patients.

Procedures

1. Screening: All children under school age will be screened every 3 years with PPD. (See method on Child Health Appendix C).

   If after 72 hours an induration of 6 mm or more exists when read, the family must be routinely investigated.

   All members of family will be interviewed and asked regarding their present state of health. Anyone with persistent cough of more than 1 month duration, with loss of weight, with loss of energy or anorexia will be referred immediately to doctor. All members of the PPD child's family will be x-rayed at Center.

Sputum tests will be done on all suspects and weight recorded, and they will be asked to return in 1 week. At second attendance another sputum test will be taken and patient referred back at doctor's orders. The Village Health Worker will visit the family monthly and report on the condition.

2. Vaccination: All newborn babies will be vaccinated as soon as possible after birth. The BCG regime will be followed as per Appendix C.

3. Education: All households with a known T.B. patient will have regular visits for practical education in prevention, and at least one lecture regarding the spread of infection and preventive measures, using the tuberculosis prevention flip cards.

Some knowledge of the nature of the drugs the patient has been ordered to take will help him to be more conscientious in taking his medications. Make sure he understands the following:

a. That the drugs ordered must be taken as prescribed. If there is any remission, even for 1 dose in a day, his condition will not be helped, as this creates drug resistant bacilli.

b. That tuberculosis is curable if the course of drugs is taken rigidly for 18 months.

c. While on tuberculosis drugs, regular sputum tests and x-rays are necessary, therefore the patient should attend the clinic regularly.

d. If there is any hemoptysis, the patient should rest and see the doctor as soon as possible.

e. A high protein diet is necessary for the tuberculosis patient. The patient should have a daily intake of either meat, eggs, fish, soya bean in some form, various lentils, milk, and other nutritious food. He must be instructed to eat 3 meals a day and not skip a meal.

f. Instruct the patient not to take Chinese herbs or home-made medicine while on the T.B. drugs.

g. Direct contact of droplet infection with healthy people is not advised.

h. When coughing or sneezing, cover the mouth. When sputum is expelled, spit into a piece of paper and burn same.

i. At meal times do not eat from the same bowl or cup as non-infected people. Particularly warn the elderly that their sputum is dangerous to the grandchildren, therefore they must not put the baby's food into their mouth first to masticate the food for the baby, as they are transferring their germs onto the food.

i. Sleep in separate room. All bedclothes and linen should be put into the sun for airing as regularly as possible.

k. As tuberculosis is not only a family problem, but a community problem, the patient must be educated to care, not only for himself, but for the health of the whole community, i.e. not to spit on the street, or drink from cups in public places.

1. BOIL ALL EATING AND DRINKING UTENSILS FOR AT LEAST 20 MINUTES AFTER MEALS. Immediately cover the utensils if they must wait for even a short while to be washed. Do not mix the patient's dishes with the family eating utensils.

Clinic Procedures

Patients attending T. B. Clinic will be recorded in the Day Book. When proven positive, he will have a Pink Sticker attached to his Family Record Folder and a Red T. B. Card attached to his Family Record File. The instructions attached to his card will be given him only after they have been explained to him. He will be asked to bring this card to the clinic on each visit as it is also his Drug Record Card. Patients registered with the Government Office and receiving free drugs will also be registered on the Clinic Register and be treated as a regular patient of Clinic.

Home Visiting Procedures

Any T. B. patient attending the clinic for the first time will have a Home Visit by a nurse and the Village Health Worker within 2 weeks of registration. The nature of the disease will be explained and regular contact will be made for purposes of encouragement, education, reminder to take medication as prescribed.

The children of tuberculosis families will be given special attention, particularly regarding nutrition. Make every effort to see that the children are getting an adequate diet. If extremely poor circumstances. an effort is to be made to provide milk for babies, or other cereal food for toddlers.

When Home Visiting for the first time ascertain the following:

a. Whether the patient is already taking T. B. drugs.
b. Whether he is taking his drugs regularly or only intermittently.
c. Find out if there are any side reactions to the drugs and if this was the cause of the ceasing or recession of treatment. Record this information.
d. After this the counselling of the patient may take place. Give the family and patient a pamphlet on tuberculosis. Follow instructions on EDUCATION SECTION herewith.
e. Check the health of all the family.
f. If the family has had PPD testing, check, record, and ascertain whether BCG has been given.
g. Check the nutritional level of the family and economic situation. If they need help, refer to the Chief of the Department.
h. Check the standard of living, standard of health, standard of hygeine and environmental sanitation.

COMMUNICABLE DISEASES

TRANSMITTED THROUGH FOOD AND WATER

OBJECTIVES

1. To prevent the spread of typhoid through
   a. Health Education
   b. Vaccinations
2. To teach the people how to readily identify the diseases and seek their cooperation in reporting outbreaks quickly.
3. To seek to isolate cases, treat the patient, find the source of transmission, eradicate the disease.
4. To regularly inspect and advise corrective measures for all water resources, toilets, effluent and garbage disposal methods.
5. To continuously study the habits of the community in regard to domestic health hazards and good hygeine.

PROCEDURES

1. Prevention

   a. Health Education

   Using the typhoid prevention flip cards, all village adults particularly the Mothers' Clubs, will be taught the value of:

   1) Boiling all drinking water;
   2) Washing vegetables in unpolluted water;
   3) Digging deeper wells; making village water systems;
   4) Building septic toilets so that night soil will be matured before using on market gardens.

   b. Vaccinations

   Children from 6 years of age and all adults will be vaccinated annually in March and April against typhoid fever.

2. Identification of Disease

All adults will be taught the signs, symptoms and onset including knowledge of the patterns of typhoid fever. If and when an outbreak occurs they will immediately notify the Village Health Worker who will notify the C.H.D. team.

3. Isolation Methods

When a case of typhoid fever is reported the home must be visited immediately and inspected for the source of infection. Inspect well or pump. Find out where the vegetables were washed, whether the patient has visited other villages recently, or has travelled further afield. Note the technique of food handling in the home and hand washing. Give instructions in both. Also instruct is disinfecting the patient's clothes and excreta.

Instruct the family to cover all food, utensils, excreta, contaminated clothes from flies.

Excreta must not be disposed of in the village stream or drain. It must be disinfected with cresol and disposed of in the toilet.

Soak the patient's clothes in cresol for 4 hours; then wash the clothes, also making sure that the washing water does not drain back into the well, then boil the clothes.

Warn the patient not to go to other villages for 2 weeks and particularly not to urinate in the village stream or drains.

The whole village will be anal swabbed for carriers in times of outbreak. Carriers will be reported and treated.

4. Sanitation

It is the job of the Sanitation Officer to advise and teach on corrective methods. However, nurses will familiarize themselves with the correct sanitary details and will report to Chief of the Department on any urgent needs.

Toilets and wells will be dealt with further under Sanitation.

5. Observation and Imagination

Every nurse must be an anthropologist. We must see the community people with new eyes. Every faculty must be used to seek out and stamp out disease.

Use your EYES: to notice the particular habits of a house, or maybe distinctly of that one village to see health hazards.

Use your INTELLIGENCE: to ask questions that will not alarm the neighbors, but will give you useful information. Get the family thinking about cause and effect in regard to this particular situation of disease.

Use your IMAGINATION: to give the directions and solutions for problems which are expected of you as a health expert. Treat each situation with confidence and efficiency.

ENVIRONMENTAL SANITATION

OBJECTIVES

1. To eradicate parasitic infestation.
2. To provide clean and safe water supplies.
3. To encourage home hygiene particularly kitchen sanitation.
4. To encourage building of village stock yards to remove stock from close proximity to house.
5. To clean up village streams and drains.
6. To help with vector control by devising means of efficient garbage disposal in villages.

PROCEDURES

1. Health Education: Education regarding parasites and their cycle of life will be given in all villages regularly.

Environmental sanitation posters will be displayed in all villages.

The Community Organization Newspaper will carry slogans and teaching on the dangers of parasitis infestation, on the use of night soil on fresh vegetables being the main cause of infection. Education will be contributed as to how to make the night soil safe for use.

Family discussions regarding dangers to health will be held, telling them the advantages of septic toilet: no smell, no flies, no need to dispose frequently (every 3 months) No PARASITES. Particularly seek out villages building toilets with Government help and give them the plan for a sanitary septic toilet.

The toilet must be 2 meters deep; a shallow pit causes smell and flies.

2. Well drainage: If the stones at the bottom of a well can be seen, it is too shallow. Any well with a rock wall is unsafe for drinking purposes.

A well should be 10 meters deep and 1 m x 1 m at the mouth. It should be covered with a lid, or a roof, preferably a lid, well fitting and kept on when not in use. It should have the sides sealed so that the dirty surface water cannot drain in and there should be no cracks in the cement surface. The

surrounding area should be 3 meters across of unbroken concrete. Government help is available for village water systems, thus encourage the community to seek this help.

Chlorination: to be effective should be done every 2 - 3 days. Amount: 1 cubic meter of water = 1 Tonne. Use Chlorine: 1 G per Tonne.

3. Home Hygiene: The hygiene of the home should be discussed at village educational meetings and individually on home visits.

Encourage reconstruction of kitchens taking in improvement of:

Lighting
Water supply and sink
Fly proofing
Drainage using sespool rather than open style
Exhaust apertures

4. Stockyards: Encourage new thoughts on the present backyard housing of animals. Model village stockyards will help to make the situation more real and feasible. Educational tours will heighten interest if they can see a situation already created.

5. Water Supply: It is obvious that the streams cannot be used for clean and dirty purposes. However, people can be taught to use the toilet rather than the stream, and that the night soil and garbage should not emptied into the stream.

6. Waste and Garbage Disposal: Wherever there are people there will be garbage and where there is garbage there will be rats and other vermin which will carry infection and disease. Encourage the village people to dig a large pit within easy distance of the village, to have regular weekly garbage disposal days and instruct them that rubbish should be burned and then buried, and tins flattened so that they do not make a nest for the rats to live in and mosquitos to breed in. We must eradicate the rats from our areas.

Remember that disease is transmitted by food, flies, filth and feces and that the problem is created by man, who also has it within his power to solve the problem. Let us cooperate with the community to help them to do this.

MATERNAL HEALTH

1. Prenatal examination and advice
2. Delivery of the baby in the home
3. Postnatal visits and advice

FAMILY PLANNING

1. Counselling and encouragement to accept family planning
2. Delivery of contraceptive drugs
3. I.U.D. insertions in clinic and mobile unit.

CHILD HEALTH

1. Counselling regarding child's health and welfare
2. Prevention of malnutrition
3. Vaccinations

COMMUNICABLE DISEASE CONTROL

1. Education in preventive measures
2. Early identification of diseases
3. Isolation technique and management
4. Inspection of water sources, effluent and garbage disposal
5. Study of habits in regard to household and food hygeine

TUBERCULOSIS CONTROL

1. Screening for undiscovered patients
2. Vaccination
3. Education in prevention
4. Regular attendance for examination
5. Supervision of medication
6. Nutrition supplement for family.

ENVIRONMENTAL SANITATION

1. Survey of presently existing toilets, wells, stockyards.
2. Education regarding health hazards.
3. Assessment of the felt need for change.
4. Cooperation with the Government New Village Movement.
5. Supervision of construction.

IMPORTANT:

One important aspect of Community Health is that we are, although caring for people, not committed to the individual, in a sense. We are committed to the Community, who live in FAMILIES. It is therefore essential that we, from the outset, regard every piece of information about a sommunity from the point of the family; and that every individual who presents himself for treatment is seen as a member of a family of a community. Every baby born, every sickness or death is affecting the life of the whole family and we must put the family as first priority and the individual as our lesser priority, which is a foreign thought to those who are hospital oriented.

To reach this dimension of "family care" we have instituted Family Record Folders, with various loose leaf sheets to be inserted as the occasion arises, and have devised a system of marking the records with tape so that the condition of the community can be seen at a glance, according to the colored tapes on the outside of the folders.

The loose leaf sheets will be inserted in the following order:

1.	Consultation Sheet (Doctor or Nurse notes)	White paper
2.	Tuberculosis Card	Pink Card
3.	Family Planning Sheet	Pale blue paper
4.	Ante Natal Sheet	Yellow paper
5.	Delivery and Post Natal Sheet	Yellow paper
6.	Child Health Sheet	Deep blue paper

(eldest to back, youngest on top)

To keep this record integrated and up-to-date will mean constant checking with the Village Health Workers, and also taking time to peruse the whole chart each time the Family Record Folder is used, so that a knowledge of the whole family is gained by this patient's visit.

CLINIC ROUTINE PROCEDURES

Treatment Room

1. The intern is responsible to screen all patients;
   to treat those whom he can;
   refer those who need further treatment;
   and to make a reappointment for those who can wait tc see the staff doctors on the special treatment day.
2. All stock will be replenished daily or as required.
3. Inventory of all equipment will be done weekly on Fridays.
4. Drugs will be ordered weekly on Mondays.
5. Patients attending the clinic with chronic or other debilitating illness will have a home visit within 1 week of his registration at the Clinic. Arrangements for his comfort and future management of his case will be made in consultation with the Chief of the Department and the Head Nurse.
6. The patient must be taught how to care for his particular illness, explaining the use of medications or side effects of drugs.

Home Visiting

1. The Village Health Worker is responsible to visit all homes in her area at least once a month, more often in the case of a high risk patient, or delivery of newborn baby.
2. The nurse in charge of each area will take a report from the Village Health Worker each week and will will make home visits with the Village Health Worker to problem homes in her area.
3. On home visitation, the special equipment bag will be carried with the following equipment:

Blood pressue machine	Oral pill 2 pkts
Stethescope	condom 2 pkts
Sterile scissors	Memo note and pen
Guaze	home visiting card
Bandage	appointment cards
Sponges	pamphlets and evangelistic lit.
Swabsticks	sterile catheter
Small arm board	sterile gloves 6½-7
tournequet	Mercurochrome
dressing set	ASA 10#
rectal thermometer	Baby ASA 10#
oral thermometer	Gelusil 10#
tongue depressors	Festal 10#
10 kg. spring scales	Baralgin 10#
Band aids	Gentian violet
Plaster	Alcohol sponge
Cord Tie	Merthiolet sponge
Test tube (rectal, thyphoid)	Neomycin ointment
Sputum box	

Waiting Room Teaching

Every opportunity will be taken to teach, particularly on days when mothers come in groups from their villages to the Well Baby Clinic. The nursing students will give short lectures during the mornings.

All instructions to patients must be concise and clear, so that all hearing and interested can have the benefit of personal education as well as organized teaching.

Waiting Room Posters

The health education board will be changed each month according to the schedule, when a new health education poster will be displayed. These will be kept and used annually for appropriate seasons and problems.

Community Organization

The Community Organization meets monthly. All nurses and staff will attend each meeting to familiarize themselves with the problems, related discussions, and the decisions of the community.

A NEWSPAPER has been suggested and augmented to help to make every person in the Myun aware of the work of the Community Organization, and to invite closer participation by the community. This will only be as successful as the cooperative spirit is made available by us and the members of the community.

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