REPUBLIC OF RWANDA

MINISTRY OF HEALTH

English Version
January 2014

TRAINER’S GUIDE

“INTEGRATED COMMUNITY CASE MANAGEMENT OF CHILDHOOD ILLNESS”
FOREWORD

The reduction of mortality, morbidity and disability of children under 5 years old is one of the priorities of the Rwandan Ministry of Health. In this context, the Ministry in collaboration with its partners started the Integrated Community Case Management of Childhood Illnesses (ICCM) in 2006. Many efforts have been made regarding ICCM, but focus was on clinical services offered by health facilities. All health facilities had health personnel trained in this regard. However, there was little community participation in health care provision. On one hand, many families had and still have limited geographical access to health facilities, mainly because of the remoteness of their villages. This led the community to seek inappropriate and harmful practices of traditional healers and do self-medication. On the other hand, mothers do not necessarily recognize the danger signs indicating that the child needs urgent medical attention which results in delays to seek care and can lead to the death of a sick child.

Based on experience of the community initiatives for the past several years, the Government of Rwanda through the Ministry of Health consolidated the most promising strategies in the 2008 National Community Health Policy. In each Village (Umudugudu), the binomes (pairs of CHW) are trained in ICCM and they are responsible for administering appropriate first aid as quickly as possible and to refer severe cases to health facilities. The training is accompanied by supportive supervision to strengthen their knowledge and skills to provide quality services to their communities. It is for this purpose that this training manual was developed.

The ICCM is a strategy that ensures comprehensive and continuous care to under 5 years sick child focusing on the most common diseases: malaria, diarrhea, pneumonia and malnutrition. These interventions are curative, preventive and promotive with participation of families and communities. This program comprises also growth monitoring and the promotion of child development. Community Health Workers (CHWs) play an important role that complements the health care provided by health center workers.

This manual does not claim to be immutable. It can be improved alongside its usage. It will be updated regularly in light of users’ feedback and research findings in this regard. Therefore, all stakeholders are invited to contribute their technical support to improve this document to move it forward. The Government of Rwanda is committed to lead this multi-sectoral process to achieve the set objectives, ensure that under 5 year old children are free from childhood illnesses and that community participation plays its rightful role in sustainable development.

Dr BINAGWAHO Agnes
Minister of Health
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List of Abbreviations

ACT : Artemisinin combination therapy (PRIMO)
AIDS : Acquired Immunodeficiency Syndrome
A-L : Artemether-lumefantrine
ANC : Antenatal consultation
AQ/SP : Amodiaquine/sulfadoxine-pyrimethamine
ASM : Agent de Sante Maternelle
BCC : Behavioral change
Binome : a Man and a woman
BS : Blood smear
CCM : Community Case Management
CH : Community Health
CHD : Community Health Desk
CHU : Community Health Unit
ICCM : Community integrated management of child illness.
CHUK : Kigali University Teaching Hospital
CHW : Community Health Worker
DH : District Hospital
HBM : Home Based Management of Malaria
HBMF : Home based management of fever/malaria
HC : Health Centre
HF : Health Facility
IEC : Information Education and Communication
ICCM : Integrated management of childhood illness
ICCM : Integrated Community case Mangement
IPT : Intermittent preventive treatment
ITNs : Insecticide treated nets
LLINs : Long lasting insecticides nets
MNCH : Maternal New Born And Child Health
MOH : Ministry of Health
MUAC : Medium upper arm circumference
ORS : Oral Rehydration solution
P.Falciparum : Plasmodium Falciparum
PNILP : Programme National Intégré de Lutte contre le Paludisme (National Malaria Control Program)
RDT : Rapid diagnostic tests
SP : Sulfadoxine pyrimethamine
TS : Trainers Supervisors
USAID : United State of America Agency for International Development
WHO : World Health Organisation
Introduction

This guide was prepared by the Ministry of Health in collaboration with its partners. The purpose of the document is to guide trainers of Community Health Workers (CHWs) on Integrated Community Case Management of Childhood Illness (ICCM) training.

The ICCM program targets the most vulnerable population, which are children under five (between 2 months and 59 months). With the program, CHWs will be able to provide treatment for fever, diarrhea, pneumonia to sick children within 24 hours, and refer them to health centers as soon as possible in the case a danger sign is identified. If no danger sign is present but the child has symptoms of the diseases mentioned above, he will be treated immediately. This training guide was revised by experts in child health after evaluation of CHWs performance in pilot ICCM Districts.

**In Rwanda, child mortality is caused by the following:**

- Lack of immediate care when the child gets sick
- Being far from health centers
- Delays in seeking treatment at health centers when in critical condition
- Inadequate treatment from the care takers.
- Inadequacy in detecting symptoms in order to appropriately treat diseases and give proper care, to children under five, at the community level. The program is meant to reach Rwandan children in remote areas, and to give parents and other family members basic knowledge on detection of danger signs and symptoms in order for them to administer proper treatment related to integrated management Child Illness at the community level.

**CHWs job description:**

1. Integrated Community Case Management for children under 5 years old (U5) at the Umudugudu (village) level, as the first entry of the health system.
   - Referral of children with danger signs to Health Center (HC),
   - Treatment of simple confirmed cases of malaria, diarrhea, cough and flu (Pneumonia),
   - Checking severe and moderate malnutrition,
   - Promotion of family healthy practices and disease prevention

2. Participating to the outreach activities organized by the HC

The CHW Cell Coordinator compiles data from the villages at the cell (5 to 6 villages) level. CHWs are supervised by Community Health Supervisor at the health center level. The supervisor of community health activities from the District Hospital (DH) supervises the health centers community health activities. This program mainly aims at reducing child mortality at the community level.

**Program Implementation is at four levels**
1. The DH level (including health committees at the District administrative level) are responsible of supervising HCs.

2. The health center level (including health committees at sector level) is the kernel of operations in terms of monitoring, evaluating and planning health activities.

3. The cell level, who report to the health center, is where coordination and compilation of data of community health activities are done from the villages (Umudugudu).

4. The village level (Umudugudu) where two CHW’s Binome (man and woman) are responsible of promoting family health, taking care of children under the age of five and sensitizing families on the prevention of childhood diseases.

**Training Objectives**

The objectives of the training are to equip the CHW with the necessary knowledge for them to properly:

1. Recognize signs and symptoms of targeted diseases
2. Fill out Individual Sick Child Recording Form (ISCRF),
3. Treat and use ICCM implementation tools given to them at the village level
4. Care for the children at the community level.

**Facilitation methodology hypothesis:**

Once the CHW knows to identify correctly dangers signs and symptoms, fill out ISCRF and know how to use the tools that will use for implementation of ICCM, S/he will correctly treat sick children at the community. Then the method of facilitation would mainly focus on theory in classroom and clinical sessions at the HC or community level. This is the main reason why these trainings are always done at the CHW’s HC catchments area.

**The language used during trainings of CHWs**

The trainings have to be conducted in Kinyarwanda to make sure of the comprehension and understanding of the lessons contents by CHWs. The trainers are responsible of properly communicating all the necessary information to CHWs during sessions.

**The theory training methods**

1. Brainstorming: experience sharing by asking questions to and through answers, identify their level of knowledge and understanding.
   - First, trainers inquire about the CHWs current knowledge on the subject
   - The CHWs must give additional explanations based on examples shared.
   - Given answers whether right or wrong must be written down on the flip chart.
   - Trainers must prepare two sides to the chart; one where he writes correct answers and another for incorrect answers
- All the answers given must be discussed between the trainers and CHWs

2. Practical exercise and Role to play: which allows CHWs to exercise the use of their implementation tools and facilitates them to know how to use them, they are given also the opportunity to know how to act and what to do during case management at the community level.
- Trainers will ask questions that allow them to assess if CHWs have understood the content of the lesson
- CHWs will read and learn how to use the tools as guided by the trainer
- Trainers will randomly ask questions to find out if CHWs understood the use of the tools specific to the lesson and demonstrate of how to put into practice the implementation of the program.
- Summarize the session’s content. Inform participants of the next lesson

3. Use of video to demonstrate general and specific danger signs
Trainers are to use usual health situations during trainings as examples, considering what the CHWs already have experiences like those who have been implementing “Home Based Management of Malaria (HBM). The participation of CHWs is important component to the session’s success.

The practical training methods:

1. CHWs learn how to properly fill the tools used in ICCM and Rapid Diagnoses Test (RDTs) of Malaria such as the ISCRF, ICCM register, referral form…
2. Practical exercises for RDTs, Video, Timer and MUAC done in the training room.
3. Clinical practice is done at the HC and Feedback is given when participants return into training room

Participation:
The trainer must identify CHWs that require more attention and also encourage participation during interactive sessions.

Session Revision:
The trainer is to make sure of CHWs comprehension in : The theory “Brainstorming, Practical exercise and Role to play, Use of video to demonstrate general and specific danger signs”, and Practical. “Filling the tools used in ICCM and Rapid Diagnoses Test (RDTs) of Malaria such as the ISCRF, ICCM register, Referral form…, Manipulation and practical and use of RDTs, Video, Timer and MUAC, and Clinical case management of ICCM to conclude the session.

Ratio of participants per session:
To ensure efficiency of CHWs training, and trainers proper support the CHWs during the training, especially during the exercises and practical’s, A trainer should support no more than five (5) CHWs (if trainers are 4 per HC, 1 session is composed by 20 participants).

**Training and Logistics Preparation**

**Training Materials for a session of 20 CHWs**

<table>
<thead>
<tr>
<th>Item</th>
<th>Nb</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHWs trainer’s “Guide”</td>
<td>4</td>
<td>1 copy per trainers</td>
</tr>
<tr>
<td>Sick child Consultation Materials: MUAC, Timer and Rapid Diagnostic Test (RDTs)</td>
<td>20</td>
<td>1 per CHW</td>
</tr>
<tr>
<td>ISCRF (?)</td>
<td>100</td>
<td>5 pieces for each CHW</td>
</tr>
<tr>
<td>ICCM Register Form</td>
<td>40</td>
<td>2 pieces for each CHW</td>
</tr>
<tr>
<td>Kit TRO and administration of the first dose of treatment materials: a small Jerri can’s (5ltrs) of drinking water, cups, tea spoons</td>
<td>1</td>
<td>For demonstration</td>
</tr>
<tr>
<td>Sample drugs: PRIMO Red and PRIMO Yellow, Amoxicilline, Zinc, SRO and Sure Eau for purification of water. Kit RDT, Safety Boxes and Gloves</td>
<td>1</td>
<td>For demonstration</td>
</tr>
<tr>
<td>Video projection materials: VCR, Screen, Cassettes or CDs on general or specifics danger signs</td>
<td>1</td>
<td>For exercise on video</td>
</tr>
<tr>
<td>Training materials: Flip chart, markers of different colors, pencil, rubber, pen and notes book…</td>
<td>40</td>
<td>Quantity for 5 days workshop</td>
</tr>
<tr>
<td>Box container CHWs Kit: (Drug + Implementation Tools+ RDT Kits + Kit TRO…)</td>
<td>20</td>
<td>1 kit to take home per CHW</td>
</tr>
</tbody>
</table>
Logistics Preparation

- Repartition of responsibilities among the trainers/facilitators
- Facilitate Transport/accommodation for those who live far from health centers
- Ensure that electricity is available to facilitate video projections
- Time management of breaks, start and end of sessions is crucial (CHWs should not do more than 6 hrs).
- Make sure to be punctual especially starting in the morning and during break time.
- Make sure that all equipment to be used are available and well organized,
- Make sure that the HC is prepared for Clinical practice
- Liaise with the CH to be sure of drugs and other materials availability so that CHWs can start to practice ICCM at their villages as soon as they finish the training.
- Prepare “CHW’s monitoring /evaluation and supervision tools that are used to follow up on the CHWs, their trainers and supervisors from the (DH CHW).
- Prepare the training room at the HC of CHWs catchment area
## Overall Agenda

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative arrangements</strong>&lt;br&gt;1 hour</td>
<td><strong>Part 3</strong>: Danger signs&lt;br&gt;2h30min</td>
<td><strong>Part 4</strong>: Symptoms, classification and treatment&lt;br&gt;4.1. FEVER&lt;br&gt;4 hours (including RDT)</td>
<td><strong>CLINICAL PRACTICE</strong>&lt;br&gt;4 hours&lt;br&gt;Divide participants in two groups&lt;br&gt;• 2h RDT practice&lt;br&gt;• 2h Case management&lt;br&gt;Then switch the participants over</td>
<td><strong>Lesson 4</strong>: ICCM Register&lt;br&gt;1 hour</td>
</tr>
<tr>
<td><strong>Opening and welcome</strong>&lt;br&gt;30mn</td>
<td></td>
<td></td>
<td></td>
<td><strong>Lesson 5</strong>: Referral and Counter-Referral Form&lt;br&gt;30mn</td>
</tr>
<tr>
<td><strong>Lesson 1</strong>: National Community Health Policy&lt;br&gt;1 hour</td>
<td></td>
<td></td>
<td></td>
<td><strong>Lesson 6</strong>: Drug Management&lt;br&gt;1 hour</td>
</tr>
<tr>
<td><strong>Lesson 2</strong>: Materials and tools used by the CHW&lt;br&gt;45mn</td>
<td></td>
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<td></td>
<td><strong>Lesson 7</strong>: Supervision Forms of CHW activities&lt;br&gt;1h30mn</td>
</tr>
<tr>
<td><strong>Lesson 3</strong>: Individual Sick Child Recording Form</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
**Part 1**: Receive the sick child, fill in forms and ask about the condition |
| **Video exercise**: 2h30mn |
| **4.2. COUGH/FLU**: 2h30mn |
| **4.3. DIARRHEA**: 1hour30 |
| **4.4. POOR FEEDING**: 30mn |
| **Part 5**: Prevention |
| **Part 6**: Counseling the caretaker |
| **Part 7**: Follow up |
| **Lesson 8**: Monthly Activity Report for CHWs |
| **Lesson 9**: BCC |
| **Closing**: 30mn |
Opening the training

Arrival and the registration of participants:

**Opening and a Welcome word**

This word is given by either the head of the health center, or the Leader of the Sector or the Leader of Administrative District or Director of District Hospital

**Introductions of participants**

Participants introduce themselves by their name, village, when they started to work as CHW’s, trainings they have had before and experience they have. The trainers should also introduce themselves to participants. They share with them their position, what is expected during and after training, methods to be used.

**Modality of living during the training:**

The trainer explains the modality of living, like perdiem, accommodation, lunch and the duration of training and set up rules and regulations to be respected during the training.

**Expected results of CHWs training:**

Trainers ask CHWs what their expectations from the training are. He introduces the program and procedure to be used in the training

**Objectives of the training**

By the end of the training each CHW should be able to:

- Check and Identify danger signs
- Correctly evaluate and classify the disease affecting the sick child according the instructions and procedures on ISCRF
- Proper filling ISCRF
- Properly identify symptoms, classify the three targeted diseases, and the administration of ICCM drugs
- Properly counsel care takers on how to administer drugs and properly feed a sick child, when to bring back the sick on treat for follow-up.
- Properly fill out the ICCM Register
- Properly refer sick children that they are unable to treat to the HC and properly filling referral forms
- Make frequent follow ups on children that are on treatment
- Properly write monthly reports
Lesson 1: National Community Health Policy

The objectives:

By the end of this lesson, the CHW should be able to:

- Provide the definition and explain the importance of the National Health Policy
- Identify who are in charge of community health activities at all levels of the health system
- Specify activities done by CHWs at the community level

Training materials

- Instructions on community national health policies at the village level (Annex 1)
- Flip charts, pens and scotch tape

Preparation

- Prepare training materials mentioned above for the participants
- On flip charts, write down community health activities and the names of those who in charge of their implementation.
## Lesson 1: National community health policy

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSON</th>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this lesson, the CHW should be able to:</td>
<td>Importance of the national community health policy</td>
<td>5mn</td>
<td><strong>Introduction</strong>&lt;br&gt;Make participants comfortable, introduce the new lesson, and present the lesson objectives&lt;br&gt;&lt;br&gt;Questions and Answers&lt;br&gt;The trainer asks the definition, importance and main components of CNHP.&lt;br&gt;The trainer writes answers on a flip chart.&lt;br&gt;The trainer summarizes the answers, explain that community participation approach is important and shows the prepared flip-chart</td>
<td>Flip charts, markers and scotches&lt;br&gt;Statement that includes the national health program in general and specifically of community health activities</td>
</tr>
<tr>
<td>▪ Identify who are in charge of community health activities at all levels of the health system</td>
<td>Roles and responsibilities of different CHWs working in the villages</td>
<td>15mn</td>
<td><strong>Working in groups</strong>&lt;br&gt;The trainer helps participants to form small group discussion and distributes instructions for the implementation of integrated Management of Child Illness at the village level.&lt;br&gt;Ask CHWs to read them carefully and write important points they have learnt. Trainers then write down what trainees have not understood on the flip charts.&lt;br&gt;&lt;br&gt;Sharing each group discussion results&lt;br&gt;The trainer should ask the first group to present what they have discussed and identify what is not discussed or did not</td>
<td>Instructional statement for the implementation of integrated management of child illness program at village level&lt;br&gt;Flip charts or blackboard</td>
</tr>
</tbody>
</table>
The trainer clearly explains what participants have not fully understood.

- **Specify activities done by CHWs at the community level**
  - Roles and responsibilities of different CHWs working in the villages
  - **20mn** **Sharing ideas**
    - The trainer asks the participants about the community health activities conducted by CHWs.
    - Know those in charge of health activities at the village level
    - Write all answers on flip chart under the sections that include community health activities.

  **Reading**
  - The trainer shows the list of health activities by the CHWs and also fills in those that are not mentioned.
  - Discussion on BCC in the Community focusing on:
    - Promotion of health, prevention of Diseases and community distribution, like use of Condoms, FP methods and use of water treatment tablets and others like TBN, Spray pesticides in homes. Discuss the reporting tools that are used at the village level.

  - **5mn** **Summary** of the lesson and **Review** of the objectives

<table>
<thead>
<tr>
<th>Actions</th>
<th>Time</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Specify activities done by CHWs at the community level</td>
<td>20mn</td>
<td>Flip chart, pens and skotch</td>
</tr>
<tr>
<td>- Roles and responsibilities of different CHWs working in the villages</td>
<td></td>
<td>Document on community health activities</td>
</tr>
<tr>
<td>- Sharing ideas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- The trainer asks the participants about the community health activities conducted by CHWs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Know those in charge of health activities at the village level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Write all answers on flip chart under the sections that include community health activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- The trainer shows the list of health activities by the CHWs and also fills in those that are not mentioned.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discussion on BCC in the Community focusing on:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Promotion of health, prevention of Diseases and community distribution, like use of Condoms, FP methods and use of water treatment tablets and others like TBN, Spray pesticides in homes. Discuss the reporting tools that are used at the village level.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Summary of the lesson and Review of the objectives</td>
<td></td>
<td>List of objectives</td>
</tr>
</tbody>
</table>
Lesson 2: Materials and tools used by the CHW

Targets

By the end of this lesson, the CHW should be able to
- Know the tools, materials and drugs they will use
- Know when they are used

Training Materials

- INDIVIDUAL SICK CHILD RECORDING FORM (Annex 2)
- ALGORITHMS (Annex 3)
- ICCM REGISTER (Annex 4)
- REFERRAL AND COUNTER REFERRAL FORM (Annex 5)
- DRUG MANAGEMENT FORM (Annex 6)
- SUPERVISION FORMS (Annex 7)
- MONTHLY ACTIVITY REPORT FORM (Annex 8)

Preparation

Prepare all the tools mentioned above
# Lesson 2: Materials and tools used by the CHW

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSON</th>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this lesson, the CHW should be able to</td>
<td>Individual sick child recording form for each consultation</td>
<td>5mn</td>
<td><strong>Introduction</strong>&lt;br&gt;Note: Make participants comfortable, introduce the new lesson, and present the lesson objectives&lt;br&gt;<strong>Show and explain</strong>&lt;br&gt;Note: The trainer shows the individual sick child recording form and writes its name on the flip chart.&lt;br&gt;The CHW receives a sick child for a consultation, care and follow up. The use of the form is going to be taught later</td>
<td>▪ Flip chart, Markers&lt;br▪ Individual sick child recording form</td>
</tr>
<tr>
<td>▪ Know the tools, materials and drugs they will use</td>
<td>Referral and counter referral form when sending child to HC</td>
<td>2mn</td>
<td><strong>Show and explain</strong>&lt;br&gt;Note: The trainer shows the Referral and counter-referral form and writes its title on the flip chart.</td>
<td>▪ Referral and counter referral form</td>
</tr>
<tr>
<td>▪ Know when they are used</td>
<td>ICCM register to keep records of all sick child</td>
<td>2mn</td>
<td><strong>Show and explain</strong>&lt;br&gt;Note: The trainer shows an ICCM register book and writes its title on the flip chart.&lt;br&gt;The CHW should use the register book after consultation of each child. It keeps important information such as the identity of those treated and the treatment given to them.</td>
<td>▪ ICCM register</td>
</tr>
<tr>
<td>Activity</td>
<td>Duration</td>
<td>Description</td>
<td></td>
<td></td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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<td></td>
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</tr>
<tr>
<td>Drug management form to avoid stockouts</td>
<td>2mn</td>
<td>The use of the register is going to be taught later. The trainer shows the Drug management form and writes its name of the card on the flip chart. He explains to the participants that this form is used by CHWs to record the used and unused drugs. This helps the CHW know the time for restocking to prevent any stock outs. The use of the form is going to be taught later.</td>
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<tr>
<td>Monthly activity report form to report achievements</td>
<td>2mn</td>
<td>The use of the register is going to be taught later. The trainer shows Monthly activity report form and writes the title on the flip chart. He explains that this report must be filled by every level from the village, cell and health center. He specifies that the different parts of the Monthly activity report form are to be filled by different categories of CHWs according to their respective responsibilities. The use of the form is going to be taught later.</td>
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<tr>
<td>Supervision form at Umudugudu level to get help from cell coordinators</td>
<td>2mn</td>
<td>The use of the register is going to be taught later. The trainer has to shows the form and writes the title on flip chart. He explains that the Cell Coordinators, those CHW who represent others at the cell level, will use the form for the supervision of other CHWs. They will visit every CHW at least once in a month to supervise activities covering the cell and will also present them to the health center. The use of the form is going to be taught later in a separate lesson for all CHWS because they need to be prepared if they are elected as Cell Coordinator.</td>
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<tr>
<td>Supervision</td>
<td>2mn</td>
<td>The use of the register is going to be taught later. The trainer shows Supervision form at Umudugudu level and writes the title on the flip chart. He explains that Supervision form is used for getting help from cell coordinators. The use of the form is going to be taught later.</td>
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</tbody>
</table>
The trainer has to show the Supervision form by the health center and write the title on flip chart. He explains that this form will be used by the employee at the health center during supervision of CHWs’ activities.

The objective is to help CHWs work correctly as required and provide quality services to children in the villages. He will either be given support and advice or will be provided with additional training if necessary.

The use of the form will not be taught during this training.

| Algorithms to guide treatment of sick child | 5mn | Show and explain:

- The trainer shows all the four Algorithms and writes the titles on flip chart.

- The trainer provides general description of the Algorithms and the instructions for treating diseases: the CHW uses the Algorithm of three diseases during check up of the patients having signs and symptoms of the three diseases; the Algorithm about fever is used during situations of high fever; the Algorithm of diarrhea is used during examination on diarrhea, and a the Algorithm of mild cough is used when making an examination for cough or pneumonia.

- The trainer explains that the algorithms helps the CHWs to systematically check the signs and symptoms of the disease, to identify drugs administered according to disease, and to calculate the prescription of drug according to child’s age. The algorithms also guide the CHWs on the advice to be given.

- The use of Algorithms will be taught later during lessons on the treatment of the diseases.

| MUAC and      | 5mn | Show and explain

- Algorithms of each of the 3 diseases: Fever of malaria, Diarrhea and cough and Flu, & 1 integrating the 3 diseases

- MUAC and
| **timer to guide assessment of illnesses and conditions** | The trainer displays the tools and provide a description of its use:  
- **MUAC** is a tool that helps the CHW know the nutrition status of a child under five years. The trainer makes a quick demonstration and explains that the use of MUAC will be taught later.  
- **Timer** helps the CHW find out the child’s breathing rate per minute and therefore show whether the child has pneumonia or not. The trainer makes a quick demonstration and explains that the use of the timer will be taught later. | **Timer** |
| Sample drugs: (PRIMO Red and PRIMO Yellow, Amoxicillin, Zinc, SRO and Sure Eau for purification of water  
Kit RDT, Safety Boxes and Gloves | **10mn**  
**Show and explain**  
The trainer displays the drugs used by the CHW and writes their names on the flip chart.  
- Primo (red or yellow) treats malaria  
- Rapid Diagnostic Test confirms the origin of fever whether it is malaria or not  
- Amoxicillin treats pneumonia  
- Zinc and ORS treat diarrhea.  
When and how the drug is administered and used will be taught during the lesson of treatment of the child  
**The trainer summarizes the lesson** and review the objectives. | **Sample drugs:** (PRIMO Red and PRIMO Yellow, Amoxicillin, Zinc, SRO and Sure Eau for purification of water  
**Kit RDT, Safety Boxes and Gloves** |
| 5mn | **Summary** of the lesson and **Review** of the objectives | **List of objectives** |
Lesson 3: Individual Sick Child Recording Form

Part 1: Receive the sick child, fill in forms and ask about the condition

Objectives

By the end of this lesson, the CHW should be able to:

- Understand the overall content and the use of the Individual Sick Child Recording Form
- Gather identification on the sick child
- Correctly complete the first part of the Individual sick child recording form

Training Materials

- Flip charts and markers
- Individual sick child recording form
- Copies of the exercises at the end of this lesson

Preparation

- Prepare the training materials
Lesson 3: Individual Sick Child Recording Form
Part 1: Receive the sick child, fill in forms and ask about the condition of the child.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSON</th>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Introduction</strong></td>
<td>Individual sick child recording form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5mn</td>
<td>Make participants comfortable, introduce the new lesson, and present the lesson objectives</td>
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<td>10mn</td>
<td><strong>Observation</strong></td>
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<td>The trainer distributes the Individual sick child recording form and they look at its format. The form includes 7 sub sections. The participants look at the 7 sub sections but emphasis is given to the first part of getting child’s identification.</td>
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<td><strong>Guided reading</strong></td>
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<td>The trainer asks one of the participants to read through the section of identification as others listen. He writes on flip chart showing how the identification section is filled and focuses more on within the section of date of birth</td>
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<td>The trainer discusses how the CHW can ask parents to get information about the condition of the child and other diseases that might affect the child. The trainer shows how to fill the part concerning the child’s sickness.</td>
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<td></td>
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<td>25mn</td>
<td><strong>Exercises</strong></td>
<td>Copies of the exercises at the end of this</td>
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<td>The trainer should give copies of the exercises and ask CHWs to work in groups</td>
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<tr>
<td>Individual sick child recording form</td>
<td>child</td>
<td>lesson</td>
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<tr>
<td>5mn</td>
<td><strong>Summary</strong> of the lesson and <strong>Review</strong> of the objectives</td>
<td>• List of objectives</td>
<td></td>
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</tr>
</tbody>
</table>
Exercise 1

CHW received a female child called Uwimana. The mother is called Pelagiya. She is one year old and a half.

She stays in Taba village, sector of Kinyinya, cell of Amahoro. They said that the child has spent two days with fever and diarrhea. The mother gave her Primo red, but the child is still sick. Fill in the first section of the form.

Exercise 2

CHW received a male child called Nkusi, 17 months of age. The mother is called Suzan. They stay in Kirehe village. The mother said that for five days he has been having cough and not eating well. Fill in the first part of the form.

Exercise 3

CHW received a male child called Matata, 3 and half years old. The mother is called Mutesi. They stay in Kamatamu village. The mother does not know why the child has been crying for days. Fill the first part of the form.
Part 2: Nutritional status

Objectives

By the end of this lesson, the CHW should be able to:

 Correctly measure the MUAC
 Correctly classify the nutritional status of the child
 Properly complete the Individual Sick Child Recording Form

Training materials

 MUAC measuring tape
 Individual sick child recording form

Preparation

 Identify children under five years old
 Exercises
Lesson 3 Individual Sick Child Recording Form
Part 2: Nutritional status

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSON</th>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this lesson, the CHW should be able to:</td>
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<tr>
<td>▪ Correctly measure the MUAC</td>
<td>Demonstrate MUAC measuring tape</td>
<td>5mn</td>
<td><strong>Introduction</strong>&lt;br&gt;Make participants comfortable, introduce the new lesson, and present the lesson objectives</td>
<td>MUAC measuring tape</td>
</tr>
<tr>
<td></td>
<td>How MUAC is used</td>
<td>15mn</td>
<td><strong>Demonstration and Explanation</strong>&lt;br&gt;Trainer demonstrates the different parts of MUAC measuring tape and explains: Mid-Upper Arm Circumference. First part is razor-like. Second part has a window with two arrows facing each other. MUAC tape is measured in mm with three color bands: green, yellow and red. The last part is pointed to allow easy entry into razor-like part.&lt;br&gt;Trainer demonstrates how MUAC measuring tape is used: identify the proper placement of tape for the exam by folding the child’s arm in front of body. Identify the point halfway between shoulder joint and the elbow. Mark this point with finger and apply MUAC tape at this level. The razor-like part is the last to wrap around the arm and should be tucked inside the tape measure. Be careful not to pull or squeeze the MUAC tape tightly. To determine the measurement, identify the color that is visible in the window: red, yellow or green.</td>
<td></td>
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<tr>
<td>▪ Correctly classify the nutritional status of the</td>
<td>Classify the child according to the color</td>
<td>5mn</td>
<td><strong>Classify</strong>&lt;br&gt;Classify the child according to the color showing through the window. Trainer explains that the child with red showing is</td>
<td></td>
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</tbody>
</table>
severely malnourished; the one with yellow showing is mildly malnourished and the one with green showing is properly nourished.

- **Properly complete the Individual Sick Child Recording Form**
  - **Exercises**
    - **30mn**
      - **Practical exercises**
        - Record the color and the measurement in cm on the individual sick child recording form.

- **5mn**
  - **Summary** of the lesson and **Review** of the objectives

<table>
<thead>
<tr>
<th>Individual Sick Child Recording Form</th>
<th>List of objectives</th>
<th>Individual Sick Child Recording Form</th>
<th>List of objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of the lesson and Review of the objectives</td>
<td></td>
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</tbody>
</table>
Part 3: Danger signs

Objectives
By the end of this lesson, the CHW should be able to:

- Check for and identify danger signs
- Explain and properly complete the individual sick child recording form
- Make a correct decision to refer or treat based on presence or absence of danger signs

Materials

- Individual Sick Child Recording Form
- Video cassettes, DVD
- Video or cassette player
- Copies of exercises on danger signs at the end of this lesson

Preparation

- Organize the sick children at the health center
- Prepare practical exercises at the health center
- Select two people to be in charge of video session
- Prepare a complete list of danger signs using flip chart
Lesson 3
Individual Sick Child Recording Form
Part 3: Danger signs

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSON</th>
<th>Materials</th>
</tr>
</thead>
</table>
| By the end of this lesson, the CHW should be able to:                     | Explanation of danger signs               | 5mn   | **Introduction**  
Make participants comfortable, introduce the new lesson, and present the lesson objectives                      | Flip chart                 |
| ▪ Check for and identify danger signs                                      | Presence of one danger sign requires referral | 10mn  | **Brainstorming**  
The trainer should ask participants what is the meaning of danger signs. After the participants have presented what they know, the trainer should explain the danger signs relative to CCM program:  
*Any child with a danger sign needs to be referred. A danger sign means that the child’s condition requires emergency attention by staff at health center or hospital* |                            |
|                                                                           | List of Danger Signs                      | 15mn  | **Reading, Explanation and Discussion**  
Trainer asks participants to read all danger signs. The trainer tells participants that some danger signs can be visible while others may be difficult to see. The trainer engages the participants in a discussion on every danger sign. The trainer will describe how to detect them.  
The trainer should help participants identify the danger signs associated with different diseases:  
▪ Danger signs of diarrhea: slow skin pinch, sunken eyes, thirsty.  
▪ Danger signs of pneumonia: difficult breathing, chest in-drawing, stridor | Individual Sick Child Recording Form |
<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
<th>Description</th>
<th>Resources</th>
</tr>
</thead>
</table>
| ▪ Make a correct decision to refer or treat based on presence or absence of danger signs | Make a decision whether referral is necessary | 1hr 30min | **Video on danger signs**  
The trainer shows the video, asks participants to follow attentively and pose any questions they have.  
The presence of only one danger sign means the child needs referral to the health center. | Video/computer/ DVD/cassette of danger signs and symptoms |
|                                                                          | 25 min | **Exercises**  
Can be done orally or written | Copies of exercises at the end of this lesson |
|                                                                          | 5min   | **Summary** of the lesson and **Review** of the objectives                  | List of objectives                             |
Exercise 1:

Bizimana is 2 months old, has frequent fever and cough. The mother didn’t give him any medications at home. He breast feeds, but after an hour he vomits. Record the child’s signs and symptoms. Identify danger signs and symptoms, if any. Then decide whether the child should be referred to the health center.

Exercise 2:

Mutoni is 1.5 months old. There is no fever. There aren’t any other signs or symptoms. The mother found that the child doesn’t breast feed well. When Mutoni starts breast feeding, she suddenly stops. It is two days now and Mutoni has become weaker. Complete the individual sick child recording form, marking all danger signs. Explain whether the child should be referred to the health center.

Exercise 3

Bora is one year old. She has the following signs and symptoms. When she is given water, she vomits before swallowing. Mother says that her skin appears dehydrated. When you touch her, she doesn’t respond and her eyes don’t blink. She breathe with difficulty and her nose quivers. Fill out the sick child recording form, and indicate any danger signs. Decide whether she is to be referred to the health center.

Exercise 4

Disimasi is 4 years old and her mother has taken her to a CHW. The mother says that the child has sunken eyes and doesn’t respond to touch, has vomited five times since morning. Complete the individual sick child recording form. Identify the danger signs. Decide whether the child should be referred to the health center.

Exercise 5

A 2 year old child has the following signs and symptoms: fever and diarrhea for three days; doesn’t eat but does breast feed; pale palms; body rash; passes bloody feces. Complete the individual sick child recording form. Identify any danger signs and symptoms. Decide whether the child should be referred to the health center.
Part 4: Symptoms, classification and treatment

4.1. FEVER

Objectives

By the end of this lesson, the CHW should be able to:
- Correctly use RDT
- Read correctly the RDT results
- Classify fever
- Treat the malaria
- Correctly complete the individual sick child recording form Part 4:1
- Counsel the caretaker

Training materials

- Individual sick child recording form
- Algorithm three diseases
- Fever algorithm
- RDTs
- Sharps safety box
- Pictoral Job aids in Annex 3bis
- Gloves
- Cups, tea spoons
- Clean water
- Red and yellow strips of Primo tablets
- Sharps safety box

Preparation

- Identify children with fever
- Training material
- Exercises
Lesson 3  Individual Sick Child Recording Form  
Part 4: Symptoms, classification and treatment  
4.1: FEVER

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSON</th>
<th>MATERIALS</th>
</tr>
</thead>
</table>
| By the end of this lesson, the CHW should be able to:  
- Classify fever  | Explain fever as a symptom | 5mn | **Introduction**  
Make participants comfortable, introduce the new lesson, and present the lesson objectives  
**Guided reading**  
The trainer should ask the participants to read section 4 of the form: symptoms, treatment, drugs, prescription of medicine. The trainer should ask participants for the symptoms found: fever, diarrhea, cough, weight loss.  
The trainer tells the participants that they are going to learn how to treat fever. The trainer presents the algorithm describing three diseases. Ask the participants to take turns to read out loud the instructions on the algorithm describing the three diseases. Focus on how to treat a child with fever as indicated in algorithm of three diseases.  | Individual sick child recording form  
Algorithm three diseases  
Algorithm Fever  |
| Definition of fever | 10min | **Brainstorming**  
The trainer asks the participants to explain how they can tell when the child has a fever. The trainer writes what the participants say on a flip chart.  
The trainer asks to participants how the fever is measured without a thermometer by using the out side of the outer side of hand. The trainer has to explain that not all fevers are due to  | Flip-Chart and markers  |
malaria. Fever is a general symptom of many diseases. That is why there is a blood test done on every child who has fever to find out if it is malaria.

**Definition of Fever:** When the CHW touches the child’s body he asks if the child has been playing in the sun or has been on his mother’s back. If the mother says that the child had a fever before being brought to the CHW, the CHW should believe what the mother has said even though at that time the child may not have fever.

<table>
<thead>
<tr>
<th></th>
<th>Correctly use RDT</th>
<th>Read correctly the RDT results</th>
<th>What is RDT and why is it used</th>
<th>How to use RDT</th>
<th>How to interpret RDT results</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1hr</td>
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<td>If the RDT is positive, it means that there is malaria in the blood and the CHW should begin treatment.</td>
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<td></td>
<td>If RDT is negative and the child has no other symptoms, then the child is referred to the health center. If RDT is negative and the child has other symptoms, then the CHW uses the specific algorithm for those symptoms.</td>
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<td></td>
<td>The trainer tells the participants that they are going to see how to perform a RDT</td>
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<td><strong>Demonstration RDT</strong></td>
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<td></td>
<td>- Check the expiration date of the RDT</td>
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<td>- Check that RDT is sterile and safe</td>
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<td>- Open the RDT as indicated in the job aid and put all materials on a clean place</td>
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<td>- Put on sterile gloves</td>
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<td>- Use the alcohol to clean the child finger</td>
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</table>

- RDTs
- Sharps safety box
- Job aids in Annex 3bis
- Gloves
- Let the child’s finger dry, open the package, hold finger firmly and make a quick prick of fingertip.
- Put the used lancet in sharps safety box
- Press the finger to increase blood flow, touch the pipette to the blood, then release pressure on pipette slowly to allow blood to enter into the pipette correctly
- Put the pipette blood into the second small hole of RDT
- Put two drops of reagent in the first large hole
- Put the bottle of reagent and the pipette into the sharps safety box
- Wait for 20 minutes

**How to interpret the RDT results**

1. No malaria in the blood: When the result shows the baguette on the voyelle C
2. There is malaria in the blood:  
   - two lines: one next to the letter C and the other next to the word PAN  
   - three lines on the letter C, the letters PAN and the letters PF
3. The test is invalid when:  
   - there are no lines  
   - there is no line on the letter C

**Important Note:**
1. One pack is used for one patient
2. If the result is invalid, check if you followed the instructions correctly. If yes, redo the test.
3. All materials you used should be thrown into the sharps safety box for quality control purposes.
4. Used RDTs should be saved in the medicine box.
5. New RDTs are also stored in the medicine box.

<table>
<thead>
<tr>
<th>1hr</th>
<th>Exercises on RDT</th>
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<tbody>
<tr>
<td>The trainer gives the practical exercises to the CHWs and gives special attention to those who have difficulties.</td>
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<tr>
<td>NB.</td>
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<tr>
<td>Additional practical can be done by a subgroup the next day while another subgroup will be doing clinical practice</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Treat the malaria</th>
<th>ACT to treat malaria</th>
<th>30mn</th>
<th>Explanation of how to treat malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the RDT result is positive, the CHW continues with the fever algorithm.</td>
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<tr>
<td>Show the algorithm and explain it. Show drugs used for malaria and how many tablets to give: PRIMO RED for children between 6 and 35 months; PRIMO YELLOW for children between 36 and 59 months. Show how to complete the individual sick child recording form and how to administer drugs.</td>
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<tr>
<td>Focus on how to take drugs: number of tablets, number of times daily, and number of days. The trainer should remind</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Sample drugs</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>PRIMO RED</td>
</tr>
<tr>
<td></td>
<td>PRIMO YELLOW</td>
</tr>
<tr>
<td>Activity</td>
<td>Content of the Individual sick child recording form to guide the CHW in the process</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Correctly complete the Individual sick child recording form</td>
<td></td>
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<tr>
<td>Council the caretaker</td>
<td>Give the first dose of PRIMO</td>
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</table>

The trainer should tell the participants to read the instructions on how to completely fill the card.

- Exercises:
  - On how to complete individual sick child recording form, based on the exercises provided at the end of this lesson or other scenario

- Individual sick child recording form
- Copies of exercises at the end of this lesson

- Cups, tea spoons
- Clean water

- The trainer asks two volunteers to play a case scenario. One CHW will play the role of CHW and the other will play the role of mother who bring her child suffering from fever.
  - Ask the other participants to observe and make comments on the counseling after the role play
  - The trainer make additional guidance

- List of objectives
Exercise 1:

A girl named Mahoro was brought to the CHW. She is 1 year old and weighs 10kg. She lives in Jari village. The mother brought her after three days of fever. The CHW couldn’t find any danger signs. He touched the child and found she has fever. There was no other symptom except fever.
- Correctly complete the individual sick child form
- Decide whether or not the child should be referred to the health center

Exercise 2

Cyiza is a 1 year old girl who was brought to CHW. She weighs 10kg. The mother said that she administered PRIMO yellow but the condition persisted. The CHW failed to find the danger signs and symptoms. But found the child had a high fever.
- Fill the card
- Show the signs and symptoms
- Classify the child’s disease
- Explain whether the child should be referred to the health center or not.
4.2. COUGH/FLU

Objectives

After this lesson, the CHW should be able to:

- Correctly classify cough/flu
- Correctly use the timer to count breathing rate
- Properly treat Acute Respiratory Infection
- Complete the individual sick child recording form
- Counsel the caretaker

Materials

- Video cassette
- Television
- Flip chart and markers
- Timer
- Individual sick child recording form
- Algorithm of three diseases
- Algorithm of cough/flu
- Cup
- Tea spoon
- Clean water
- Amoxicillin
- Honey/lemon

Preparation

- Identify children who are sick at the health center
- Assign two facilitators to be in charge of video
- Exercises
Lesson 3  Individual Sick Child Recording Form
Part 4: Symptoms, classification and treatment
4.2: COUGH/FLU

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSON</th>
<th>MATERIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>After this lesson, the CHW should be able to:</td>
<td>Detection of pneumonia</td>
<td>5mn</td>
<td>Introduction</td>
<td>▪ Flip chart and markers ▪ Timer</td>
</tr>
<tr>
<td>▪ Correctly classify cough/flu</td>
<td>15mn</td>
<td>Make participants comfortable, introduce the new lesson, and present the lesson objectives.</td>
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</tr>
<tr>
<td>Guided Discussion</td>
<td></td>
<td>The trainer asks how the participants know whether a child has pneumonia. What are there are negative consequences of cough or flu? What are the signs of pneumonia: frequent cough and rapid breathing?</td>
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<td></td>
<td>The trainer explains the use of a timer to confirm pneumonia.</td>
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<td></td>
<td>Pneumonia is assessed based on breathing rate:</td>
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<td></td>
<td>• Child under 1 year with breathing rate of <strong>50 times per minute or more</strong> is said to have pneumonia.</td>
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<tr>
<td></td>
<td></td>
<td>• Child 1 to 5 years with breathing rate of <strong>40 times per minute or more</strong> is said to have pneumonia</td>
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<tr>
<td>▪ Correctly use the timer to count breathing rate</td>
<td>Use of timer to count breathing rate</td>
<td>1hr</td>
<td>Demonstration</td>
<td>▪ Video cassette ▪ Television ▪ Timer</td>
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<td></td>
<td>The trainer shows the timer used for counting the breathing rate and how it is used.</td>
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<td></td>
<td></td>
<td>Practice</td>
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</table>

40
The trainer asks CHWs to manipulate the timer and to practice among themselves.

**Video exercise**
Practice counting breathing rate of children on video using the timer can be done either now or planned in a separate video session if the logistical arrangements do not allow video to be played during the lesson.
Mark the number and classify the cough. CHW uses the algorithm to avoid mistakes.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Individual sick child recording form</strong></td>
<td><strong>Algorithm of three diseases</strong></td>
<td><strong>Algorithm of cough/flu</strong></td>
</tr>
</tbody>
</table>

- **Properly treat Acute Respiratory Infection**
  - Treat pneumonia with Amoxicillin
  - Treat mild cough with honey/lemon juice
  - **15mn**
  - **Treatment of cough**
  - The trainer explains how mild cough is treated.
  - The trainer explains how pneumonia is treated.
  - The trainer reminds participants to give counseling after treating a child based on the algorithm

- **Complete the individual sick child recording form**
  - Content of the Individual sick child recording form about ARI
  - **20mn**
  - **Written Exercises**
  - Use the algorithm of cough and flu to classify the cough or flu and decide correct treatment for cough/cold or pneumonia. The trainer checks that the individual sick child recording form is correctly completed.

- **Individual sick child recording form**
- **Algorithm of three diseases**
- **Algorithm of cough/flu**
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>30mn</td>
<td>Counsel the caretaker</td>
<td>Give the first dose of Amoxicillin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Counsel about honey/lemon juice remedies</td>
</tr>
<tr>
<td>5mn</td>
<td>Role Play</td>
<td>The trainer asks two volunteers to play a case scenario. One CHW will play the role of CHW and the other will play the role of mother who brings her child suffering from cough or flu. Ask the other participants to observe and make comments on the counseling after the role play. The trainer makes additional guidance.</td>
</tr>
</tbody>
</table>

- Cups, tea spoons
- Clean water

Summary of the lesson and Review of the objectives

List of objectives
Exercise 1

Maneza is brought to the CHW. She is 2 and a half years old. She weighs 12.3 kg and lives in Buhoro village. The mother said that the child coughed throughout the night. There is no diarrhea and no fever. Her breathing rate is 48 per minute.

- Complete the individual sick child recording form
- Classify the child’s condition
- Treat the child
- Counsel the caretaker

Exercise 2

Kamanzi is a 3 year 8 month old child. He weighs 15.1 kg and lives in Muhubura village. His mother brought him for treatment after two days with flu and cough. The CHW didn’t find any danger sign. There is no fever and no diarrhea. His breathing rate is 36 per minute.

- Complete the individual sick child recording form
- Classify the child’s condition
- Treat the child
- Counsel the caretaker

Exercise 3

Mutoni is an 8 month old girl. She weighs 9 kg. Her mother brought her to the CHW in Tetero village. Mutoni’s mother said that she has had cough for two days. The child has no danger sign and symptoms. She has a high fever.

- Complete the individual sick child recording form
- Classify the child’s condition
- Treat the child
- Counsel the caretaker
4.3. DIARRHEA

Objectives

By the end of this lesson, the CHW should be able to:

- Identify diarrhea
- Complete the individual sick child recording form
- Treat the diarrhea
- Counsel the caretaker

Materials

- Video cassette or DVD
- Television and the cassette player
- Flip Chart and markers
- Algorithm for diarrhea
- Cup
- Tea spoon
- Clean water
- ORS
- Zinc
- Copies of exercises at the end of this lesson

Preparation

- Preparing exercises
### Lesson 3

**Individual Sick Child Recording Form**

**Part 4:** Symptoms, classification and treatment

**4.3:** DIARRHEA

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSON</th>
<th>MATERIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this lesson, the CHW should be able to:</td>
<td>Define diarrhea</td>
<td>5mn</td>
<td><strong>Introduction</strong>&lt;br&gt;Make participants comfortable, introduce the new lesson, and present the lesson objectives.</td>
<td>Flip Chart and markers</td>
</tr>
<tr>
<td></td>
<td>CHW treats mild diarrhea only</td>
<td>10mn</td>
<td><strong>Guided Discussion</strong>&lt;br&gt;The trainer asks the participants to explain how they recognize mild diarrhea. After the different responses, the trainer writes on the flip chart&lt;br&gt;&lt;br&gt;<strong>Definition of diarrhea:</strong> child uses the toilet at least three times in 24 hours.&lt;br&gt;CHWs only treat children with mild diarrhea; all others with danger signs are referred.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Define diarrhea</td>
<td>15mn</td>
<td><strong>Video</strong>&lt;br&gt;Review of dehydration danger signs that indicate a child should be referred to the health center.&lt;br&gt;NB. Video session can be planned in a separate session if the logistical arrangements do not allow video to be played during the lesson.</td>
<td>Video cassette or DVD</td>
</tr>
</tbody>
</table>

### Material
- Flip Chart and markers
- Video cassette or DVD
- Television and the cassette player
- Algorithm for three diseases
- Algorithm for
<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
<th>Activity Description</th>
<th>Materials/Objects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treat the diarrhea</strong></td>
<td>15mn</td>
<td><strong>Explanation and Demonstration of Treatment</strong></td>
<td>- ORS</td>
</tr>
<tr>
<td><strong>Treat mild diarrhea with zinc and ORS</strong></td>
<td></td>
<td>Use algorithm 2 to explain the treatment of a child with mild diarrhea using ORS and zinc based on age groups. The trainer demonstrates how to make ORS. The trainer explains the role of zinc in treating diarrhea.</td>
<td>- Zinc</td>
</tr>
<tr>
<td><strong>Complete the individual sick child recording form</strong></td>
<td>10mn</td>
<td><strong>Written Exercises</strong></td>
<td>- Individual sick child recording form</td>
</tr>
<tr>
<td><strong>Section of the Individual sick child recording form</strong></td>
<td></td>
<td></td>
<td>- Copies of exercises at the end of this lesson</td>
</tr>
<tr>
<td><strong>Counsel the care taker</strong></td>
<td>30mn</td>
<td><strong>Role Play</strong></td>
<td>- Cups, tea spoons</td>
</tr>
<tr>
<td><strong>Give the first dose of Zinc and ORS</strong></td>
<td></td>
<td>The trainer asks two volunteers to play a case scenario. One CHW will play the role of CHW and the other will play the role of mother who brings her child suffering from diarrhea.</td>
<td>- Clean water</td>
</tr>
<tr>
<td><strong>Counsel about treatment at home</strong></td>
<td></td>
<td>Ask the other participants to observe and make comments on the counseling after the role play</td>
<td>- ORS</td>
</tr>
<tr>
<td><strong>The trainer make additional guidance</strong></td>
<td></td>
<td></td>
<td>- Zinc</td>
</tr>
<tr>
<td><strong>Summary of the lesson and Review of the objectives</strong></td>
<td>5mn</td>
<td></td>
<td>List of objectives</td>
</tr>
</tbody>
</table>
Exercise 1

Mutima is brought to the CHW by her mother. She is 20 months old and weighs 12kg. She lives in Kirehe village. The mother says that Mutima fever and diarrhea. She gave her PRIMO and ORS but the child is still sick. The child has no fever. There is no body rash. The mother says that the child has been passing watery stool four to five times a day. But there is no blood in the stool. There is no symptom of dehydration.

- Properly complete the individual sick child recording form
- Classify the child’s condition
- Indicate whether or not the child will be referred to the health center

Exercise 2

Mahoro is a 28 month little boy who weighs 12kg and lives in Amahoro cell. His mother says that he passes watery stools three times a day and has no appetite. The mother gave him de-worming drugs.

- Properly complete the individual sick child recording form
- Classify the child’s condition
- Indicate whether or not the child will be referred to the health center
4.4: POOR FEEDING/ LOSING WEIGHT

Introduction
This topic was introduced in part two: nutritional status. In this part, we explain to CHWs how to classify the children using the MUAC recordings or weight measurement, and how to prescribe drugs for Mebendazole and Iron Folate.

Objectives
By the end of this lesson, the CHW should be able to:
 Classify the nutritional status of a child
 Complete the individual sick child recording form
 Treat the child with moderate malnutrition
 Counsel the caretaker

Materials
 Flip Chart and markers
 Algorithm for diarrhea
 Individual sick child recording form
 Mebendazole
 Iron folate

Preparation
 Preparing exercises
Lesson 3  Individual Sick Child Recording Form

Part 4:  Symptoms, classification and treatment

4.4  POOR FEEDING/ LOSING WEIGHT

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
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<th>MATERIALS</th>
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<tbody>
<tr>
<td>By the end of this lesson, the CHW should be able to:</td>
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<td></td>
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<tr>
<td>▪ Classify the nutritional status of a child</td>
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<tr>
<td>▪ Complete the individual sick child recording form</td>
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<tr>
<td>▪ Treat the child with moderate malnutrition</td>
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<td></td>
<td></td>
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<tr>
<td>▪ Counsel the caretaker</td>
<td></td>
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</tr>
<tr>
<td>Symptoms of malnutrition</td>
<td>5mn</td>
<td>Introduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment for moderate malnutrition</td>
<td></td>
<td>Make participants comfortable, introduce the new lesson, and present the lesson objectives.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advice for caretakers</td>
<td>20mn</td>
<td>Guided Discussion</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>The trainer reminds the participants of the importance nutrition for health of the child and using MUAC and weighing to determine the nutritional status of a child.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>The trainer asks for symptoms of malnutrition: severe loss of weight, swollen legs, stomach and cheeks, then reminds how how to find out if a child is losing weight: by help of a weighing scale, MUAC, and growth chart on the vaccination card.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>The trainer explains that a child with severe malnutrition (red MUAC band) should be referred to the health center. For moderate malnutrition (Yellow MUAC band), give Mebendazole and Iron Folate. If the drugs are not available at the village, the child is referred to the health center.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>The trainer should explain how to complete the individual sick child recording form.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>5mn</td>
<td>Summary of the lesson and Review of the objectives</td>
<td>List of objectives</td>
<td></td>
</tr>
</tbody>
</table>

By the end of this lesson, the CHW should be able to:

1. Classify the nutritional status of a child
2. Complete the individual sick child recording form
3. Treat the child with moderate malnutrition
4. Counsel the caretaker

**Guided Discussion**

The trainer reminds the participants of the importance nutrition for health of the child and using MUAC and weighing to determine the nutritional status of a child.

The trainer asks for symptoms of malnutrition: severe loss of weight, swollen legs, stomach and cheeks, then reminds how how to find out if a child is losing weight: by help of a weighing scale, MUAC, and growth chart on the vaccination card.

The trainer explains that a child with severe malnutrition (red MUAC band) should be referred to the health center. For moderate malnutrition (Yellow MUAC band), give Mebendazole and Iron Folate. If the drugs are not available at the village, the child is referred to the health center.

The trainer should explain how to complete the individual sick child recording form.

**Materials**

- Flip Chart and markers
- Algorithm for diarrhea
- Individual sick child recording form
- Mebendazole
- Iron folate
Part 5: Prevention

Objectives:

After this lesson, the CHW should be able to:

- Explain the importance of prevention and key prevention practices
- Identify children who have not completed vaccination
- Identify children who are not up to date on growth monitoring
- Identify children who are not up to date Vitamin A and Mebendazole supplementation
- Know when to take a decision to refer
- Counsel on follow up for preventive practices

Materials

- Vaccination/growth monitoring card
- Individual sick child recording forms
- Copies of the exercises at the end of this lesson

Preparation

- Locating vaccination/growth monitoring cards at health center
- Preparing enough forms (photocopying)
## Part 5: Prevention

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSON</th>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>After this lesson, the CHW should be able to:</td>
<td>Importance of vaccination, Vitamin A, Mebendazole and growth monitoring</td>
<td>5mn</td>
<td><strong>Introduction</strong>&lt;br&gt;Make participants comfortable, introduce the new lesson, and present the lesson objectives. After checking for the signs and symptoms of three key diseases and correctly treat, we are now going to discuss important preventive actions that you will check as part of an integrated health program.</td>
<td><strong>Introduction</strong>&lt;br&gt;Make participants comfortable, introduce the new lesson, and present the lesson objectives. After checking for the signs and symptoms of three key diseases and correctly treat, we are now going to discuss important preventive actions that you will check as part of an integrated health program.</td>
</tr>
<tr>
<td>▪ Explain the importance of prevention and key prevention practices</td>
<td></td>
<td>10mn</td>
<td><strong>Guided Discussion</strong>&lt;br&gt;The trainer asks participants what can be done to prevent diseases: include all health activities done to make sure the child doesn’t fall sick.</td>
<td><strong>Guided Discussion</strong>&lt;br&gt;The trainer asks participants what can be done to prevent diseases: include all health activities done to make sure the child doesn’t fall sick.</td>
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<td></td>
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<td></td>
<td>The trainer asks participants to take turns to read out loud the prevention methods on the individual sick child recording form: completing vaccination, vitamin A and Mebendazole/deworming tablets every 6 months, and growth monitoring.</td>
<td>The trainer asks participants to take turns to read out loud the prevention methods on the individual sick child recording form: completing vaccination, vitamin A and Mebendazole/deworming tablets every 6 months, and growth monitoring.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>The trainer asks the participants about the importance of child vaccination and administering vitamin A and Mebendazole,</td>
<td>The trainer asks the participants about the importance of child vaccination and administering vitamin A and Mebendazole,</td>
</tr>
<tr>
<td>▪ Identify children who have not completed vaccination</td>
<td>Schedules for vaccination, Vitamin A and Mebendazole, and growth monitoring</td>
<td>10mn</td>
<td><strong>Demonstration and explanation</strong>&lt;br&gt;Provide the vaccination card and individual sick child recording form. The trainer shows how you can tell whether the child completed vaccination and is up to date on Vitamin A, deworming drugs and growth monitoring.</td>
<td><strong>Demonstration and explanation</strong>&lt;br&gt;Provide the vaccination card and individual sick child recording form. The trainer shows how you can tell whether the child completed vaccination and is up to date on Vitamin A, deworming drugs and growth monitoring.</td>
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<tr>
<td>▪ Identify children who are not up to</td>
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<td>Using the form the trainer should explain the growth of the</td>
<td>Using the form the trainer should explain the growth of the</td>
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<td></td>
<td><strong>Materials</strong></td>
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<td></td>
<td>Flip Chart and markers</td>
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<td></td>
<td></td>
<td>Vaccination and growth monitoring card</td>
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<td>Individual sick child recording</td>
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</tbody>
</table>
- date on growth monitoring
  - Identify children who are not up to date on Vitamin A and Mebendazole supplementation
  - Know when to take a decision to refer
  - Counsel on follow up for preventive practices

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Notes</th>
</tr>
</thead>
</table>
| 15min | **Written or oral exercises**
                   Ask participants to do the exercises at the end of this lesson | Copies of the exercises at the end of this lesson |
| 5mn   | **Summary** of the lesson and **Review** of the objectives | List of objectives |
Exercise 1

The growth chart for a child called Peter who is 2 years three months of age shows the following: he received all the dosages of vaccination except for measles and received a dose of Vitamin A less than 6 months ago. What can be done for this child at the health center?

Exercise 2

The growth chart of Makasi, 8 months old, shows the following:
He has not received the BCG, OPV3, PENTA3. He received a dose of vitamin A within 6 months. How can this child be helped at the health center?

Exercise 3

The growth chart of Masaro, 11 months old, shows he did not receive the following vaccination dosages: OPV3, PENTA3, measles. He received the previous dosage of Vitamin A. His weight was recently measured. What can be done for this child at the health center?

Exercise 4

The growth chart of Moses, 11.5 months old shows the following: Did not receive BCG, OPV3, PENTA3, measles vaccines, received the last dosage of vitamin A and was recently weighed. What can be done for this child at the health center?

Exercise 5

The growth form of Mado, 8 months old shows the following: Did not receive the following vaccination dosages: OPV3, PENTA3, measles. - Got the last dosage of vitamin A. - Weight was recently measured. What can be done for this child at the health center?
Part 6: Counseling the caretaker

Objectives

By the end of this lesson, the CHW should be able to:

- Provide caretaker with important counseling on treatment, feeding, and when to return

Materials

- Flip chart and markers
- Individual sick child recording form
- All algorithms
- Copies of role play exercises at the end of this lesson

Preparation

- Prepare cards that have counseling advice written on them
- Role play exercises
### Part 6: Counseling the caretaker

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSON</th>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>After this lesson, the CHW should be able to:</td>
<td>Important common counseling to give to all caretakers:</td>
<td>5mn</td>
<td><strong>Introduction</strong>&lt;br&gt;Make participants comfortable, introduce the new lesson, and present the lesson objectives.</td>
<td>Flip chart and markers</td>
</tr>
<tr>
<td>- Give important counseling to the caretaker on treatment, feeding, and when to return</td>
<td>- continue breastfeeding even during sickness&lt;br&gt; - Increase drinking, tell them when to return</td>
<td>15mn</td>
<td><strong>Guided Discussion</strong>&lt;br&gt;The trainer asks the participants what kind of counseling should be given to the caretaker. The trainer explains the important common counseling to give to all sick children: continue breastfeeding, give small frequent feedings, offer more to drink. The trainer should ask the participants to take turns to read out loud the specific counseling on each disease of three diseases in the algorithm.</td>
<td>Individual sick child recording form</td>
</tr>
<tr>
<td>Specific counseling related to each disease</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>Fever:</strong> sleep under treated mosquito net, get rid of stagnant water and bushes around house, close windows in evening, indoor spraying when possible.</td>
<td>20mn</td>
<td><strong>Role Play Exercises</strong> at the end of this lesson</td>
<td>All algorithms</td>
</tr>
<tr>
<td></td>
<td><strong>Diarrhea:</strong> 4 times to wash hands with ash or soap: after going to toilet, after cleaning a child who has defecated, before preparing food and eating, before serving child food. Cover drinking water and food. Give child water stored in clean containers.</td>
<td></td>
<td><strong>Summary</strong> of the lesson and <strong>Review</strong> of the objectives</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Cough/flu:</strong> protect from cold by covering young child, sleep in clean, uncongested and smoke-free room</td>
<td>5mn</td>
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</tbody>
</table>
Exercise 1 Role Play

Demonstrate to the parent how to administer each drug prescribed. Prepare exercises and role plays on children with high fever, diarrhea, pneumonia, malnutrition at different ages: under the 6 months, between 6 and 11 months, 1 year, 2 years and above. The following key points should be covered in each role play:

- Show the quantity and frequency to take each drug
- Show how drugs are crushed and mixed
- Make sure the caretaker understands by asking checking questions on how the child take the medicine: tablets, dose, how many times per day, how many days, and how the drug is mixed
- To make sure that the caretaker has understood the prescriptions, the CHW gives her time to demonstrate

Exercise 2 Role Play

Give the caretaker other instructions concerning the child’s disease:

- day of return
- reason for immediate return
- how to prevent diseases
- question the caretaker to prove that she has understood

Exercise 3 Role Play

A child who is supposed to be referred to the health center due to:

- Danger signs and symptoms
- Not completing vaccination, vitamin A, Mebendazole, or follow-up on growth monitoring and feeding problems
Part 7: Follow up

Objectives

After this lesson, the CHW should be able to:

- Reassess the child’s condition
- Decide other care or treatment needed for the child
- Complete the follow up section of individual sick child recording form
- Make home visit to children who did not return for follow-up

Materials

- Flip-chart and markers
- Individual sick child recording forms
- Referral forms
- All algorithms
- Timer

Preparation

- Exercises at the end of this lesson
## Part 7: Follow-Up

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSON</th>
<th>MATERIALS</th>
</tr>
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<tbody>
<tr>
<td>After this lesson, the CHW should be able to:</td>
<td></td>
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<tr>
<td>- Explain the importance of follow-up</td>
<td>The importance of following up a child</td>
<td>10mn</td>
<td><strong>Introduction</strong></td>
<td>Flip-chart and markers</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Make participants comfortable, introduce the new lesson, and present the lesson objectives. The trainer asks why it is important to follow-up a child that was treated by CHW and to do the home visit for follow-up. The trainer explains the part of the form to complete during follow-up visit on the individual sick child recording form.</td>
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<td></td>
<td><strong>Guided Discussion</strong></td>
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<td>Discuss taking decisions on care based on 3 possible scenarios: 1. Child is sicker: check again danger signs on individual sick child recording form completed during this treatment (getting sicker is a danger sign by itself, but you may find others). Complete the referral form with danger signs found and refer sick child to the health center 2. Child developed another disease: complete a new individual sick child recording form. If there are no dangers signs and you find that the child has one of the 3 diseases that a CHW can treat, classify and treat in an integrated manner as done before. 3. Child is getting better: correctly complete the part of the follow-up on the individual sick child recording form.</td>
<td>Individual sick child recording form Referral form</td>
</tr>
<tr>
<td>- Reassess the child’s condition</td>
<td>3 possible scenarios at follow-up visit</td>
<td>15mn</td>
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<tr>
<td>- Decide other care or treatment needed for the child</td>
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</tbody>
</table>

58
- Complete the follow up section of individual sick child recording form
- Make home visit to children who did not return for follow-up

| Completion of the part of the follow-up on the individual sick child recording form | Home visit for children failing to come to follow-up | 15mn | **Written or oral exercises**
Discuss the importance of visiting a child who does not return.
Discuss about a child who gets worse since treated and why there is a need for referral.
Discuss what CHW can do | 5mn | **Summary** of the lesson and **Review** of the objectives | 15mn | **Exercises at the end of this lesson**
**List of objectives**
Exercise 1

CHW visited a child named Bizimana after two days. He found the child still had fever and flu. The mother administered drugs as prescribed. The child still vomits. How will the CHW treat this case?

Exercise 2

CHW visited a child called Mutoni who first visited the health center at 3 months of age. On the form it is found that the child was on medication. The child is getting better. How will the CHW treat this case?

Exercise 3

The CHW makes a home visit to follow-up Karera who is 1 year old. Karera initially had the following signs and symptoms:

- Vomits water without swallowing, when he breathes the stomach gets sunken and the nostrils quiver.

The CHW learns that the child is well but had not completed his medication. What would the CHW do?
Lesson 4: ICCM Register

Objectives:

By the end of the lesson, CHW should be able to:

- Explain the importance of the ICCM Register
- Properly fill the ICCM Register (Annex 4)

Training Materials

- Flip-chart and markers
- Completed Individual Sick Child Recording Forms (those filled-out by CHWs during Lesson 3 or other samples)
- ICCM Register (Annex 4)

Preparation

- Prepare the materials
### Lesson 4: ICCM Register

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSONS</th>
<th>MATERIALS</th>
</tr>
</thead>
</table>
| By the end of the lesson, CHW should be able to: | Importance of keeping records of cases treated, treatment given and evolution | 5mn | **Introduction:**  
Make the comfortable, introduce the new lesson and present the lesson objectives  
**Question and answers**  
Ask the CHWs why is it important to keep records of all children treated in a single book?  
The trainer summarizes answers and emphasize on the need of written records to allow supervisors to monitor how well the CHWs are doing and what kind of support do they need. The records also help facilitate the reporting | Flip chart  
Markers |
| - Explain the importance of the ICCM Register | | | | |
| Properly fill the ICCM Register | Content of the ICCM Register | 10mn | **Demonstration and explanation:**  
The trainer shows the ICCM Register and asks CHWs to describe the different parties they find.  
Then the trainer briefly describes the six parts of the form.  
By using the instructions in Annex 5, the trainer guides CHWs section by section on the ICCM Register. He regularly checks if they properly understand | ICCM Register |
| | | | | |
| | | 40mn | **Exercises**  
The trainer takes one sample Individual Sick Child Recording Form already completed and guide participants to fill-out the ICCM Register while he reads the sample | ICCM Register  
Completed Individual Sick Child Recording |
The facilitator checks all CHWs understand the different parts of the Register

Then each CHWs are asked to take the Individual Sick Child Recording Form filled-out by CHWs during Lesson 3 and continues to fill-out the ICCM Register. If needed, CHWs can work in groups and any other samples of Individual Sick Child Recording Form can be used.

<table>
<thead>
<tr>
<th>5mn</th>
<th><strong>Summary</strong> of the lesson and <strong>Review</strong> of the objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The trainer asks the CHWs to keep the completed Register because we need it for the next lesson</td>
</tr>
</tbody>
</table>

| Forms | List of objectives |
Lesson 5: Referral and Counter-Referral Form for a Child

Objectives:

By the end of the lesson, CHW should be able to:

- Explain the importance of the Referral and Counter-Referral Form for a Child
- Properly fill the Referral and Counter-Referral Form for a Child (Annex 5)

Training materials

- Flip-chart and markers
- Referral and Counter-Referral Form for a Child
- Copies of the exercises at the end of this lesson

Preparation

- Prepare the material
Lesson 5: Filling the Referral and Counter-Referral Form for a Child

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of the lesson, CHW should be able to:</td>
<td>Review cases to be referred</td>
<td>5mn</td>
<td><strong>Introduction:</strong>&lt;br&gt;Make the comfortable, introduce the new lesson and present the lesson objectives&lt;br&gt;<strong>Question and answers</strong>&lt;br&gt;Ask the CHWs when they are supposed to refer the child to the health center.&lt;br&gt;Possible answers include: if they find one of the danger signs and symptoms, when they do not have appropriate drug on hand, when they find other classification needing reference such as children under 2 months or over 5 years of age etc.&lt;br&gt;The trainer summarizes answers and reminds the participant how to look for danger signs and symptom and that after examining the danger signs and symptoms, the decision to refer or treat should be taken.&lt;br&gt;The trainer show the Referral and Counter-Referral Form for a Child and ask the CHWs why is it important to fill it out&lt;br&gt;The trainer summarizes answers and emphasize on the need of written records and the counter-referral, by explaining the second part to be filled-out by the health center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain the importance of the Referral and Counter-Referral Form for a Child</td>
<td>Importance of writing key information to HC when referring a child</td>
<td>10mn</td>
<td><strong>Demonstration and explanation:</strong>&lt;br&gt;The trainer shows the Referral and Counter-Referral Form, allows time to read its content and explain that only the first part should be filled out by</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flip chart</td>
</tr>
<tr>
<td>Markers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral and counter referral form</td>
</tr>
</tbody>
</table>
He explains that the care provider at the health center will return the Counter Referral form back to the CHW with his comments. The CHW should keep it for records.

By using the instructions in Annex 4, the trainer guides CHWs section by section on the Referral and Counter-Referral Form. He regularly checks if they properly understand.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10mn</td>
<td><strong>Exercises</strong></td>
<td>Use the exercises next page to fill the Referral and Counter Referral Form</td>
</tr>
<tr>
<td>5mn</td>
<td><strong>Summary</strong> of the lesson and <strong>Review</strong> of the objectives</td>
<td>List of objectives</td>
</tr>
</tbody>
</table>
Exercise 1

CHW received a male child called Joseph, 3 and half years, 17kg 800. The child came in with high fever, very weak and very thirsty. Fill in the form.

Exercise 2

After five days Joseph, 7 months returned for examination. His cough was stronger and he was experiencing shortness of breath. CHW found that the breathing rate was 45 per minute. When he told the mother to breast feed him, he could not breast feed. Fill in the form.
Lesson 6: Drug Management

Objectives

By the end of the lesson, CHW should be able to:

- Explain how they get the drugs from the health center
- Properly manage drugs to avoid stock outs
- Properly store drugs to maintain the quality

Training materials

- Flip-chart and markers
- Storage box
- Samples of drugs: Primo, Zinc, Amoxicillin, ORS, Sur'eau, TDR
- Enveloppes for drugs not pre-packaged
- Drug Management Form (Annex 6)

Preperation

- Prepare the materials
Lesson 6: Drug Management

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSONS</th>
<th>MATERIALS</th>
</tr>
</thead>
</table>
| By the end of the lesson, CHW should be able to: | CHWs drug logistics system | 5mn | **Introduction:**  
Make the comfortable, introduce the new lesson and present the lesson objectives | Flip-chart and markers |
| ▪ Explain how they get the drugs from the health center | | 5mn | **Questions and answers**  
Ask participants how they can obtain drugs from health facility:  
▪ Who will provide drugs to CHWs  
▪ What are the procedures to get drugs?  
▪ Write all the answers on a flip chart and ask participants to comment  
Summarize and explain the adequate procedures | |
| ▪ Properly manage drugs to avoid stockouts | Drug management with emphasis on proper use of the Drug Management Form | 30mn | **Exercise on drug management**  
Collect ideas from CHWs about their role after they receive the drugs from the health center (e.g., what is supposed to be done after a CHW receives drugs  
Show the Drug Management Form to CHWs and explain the importance of its use (Annex 6)  
Do exercises on how to fill out the Drug Management Form | Drug Management Form |
| 15mn | **Ask the CHW how to properly store the drugs**
Explain CHWs why it is important to careful storage the drugs.
Ask participants what does proper storage of drugs mean to them?
What may destroy the drugs if improperly stored?
Provide a summary of proper drug storage by emphasizing that:
1. When you receive drugs, you should check they are not damaged or expired, then:
   - Count the number of units for each product received and compare to issue voucher
   - Record the date and quantity received on Drugs Management Form
   - Ensure the expiry date is visibly marked on every package or unit.
   - Arrange products in the Storage Box to facilitate the first-to-expire, first-out (FEFO) procedure.
2. Make sure all the drugs are inside the Storage Box. This prevents them to be exposed to excessive heat and insulation.
3. You should keep the Storage Box in a dry and safe place, out of reach of children.
4. Perform regular physical inventories by counting by hand the number of each product and by ensuring that the stock on hand balances recorded on Drugs Management Form match the quantities actually in the Storage Box. |
|——|——|——|
| 5mn | **Summary** of the lesson and **Review** of the objectives | **List of objectives**
Storage Box, Samples of drugs: Primo, Zinc, Amoxicillin, ORS, Sur’eau, TDR
Enveloppes for drugs not pre-packaged |
Exercise

Bizimana Charles is a CHW in Amariza village. At the beginning of July he received drugs as follows;

- Fifty five packages of red (expiration date is March 2011)
- Forty five packages of yellow (expiration date November 2011)

At the end of June he was left with 4 packages of red and 6 packages of yellow. In July he received children as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Children between 6 and 35 months</th>
<th>Children under (between?) 36 and 49 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/07/2009</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>05/07/2009</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>09/07/2009</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>14/07/2009</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>17/07/2009</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>18/07/2009</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>20/07/2009</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>24/07/2009</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>31/07/2009</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

1. Fill the storage (stock?) form for the red and yellow drugs
2. How many red and yellow packages of drugs were given at the end of July?
3. How many packages of drugs remained in storage (stock?) in July?
Lesson 7: Supervision Forms of CHW activities

Part 1. Supervision Forms of CHW activities at Umudugudu Level

Objectives

By the end of the lesson, CHW should be able to:

▪ Explain the importance of the Supervision by Cell Coordinators
▪ Properly fill the Supervision Form of CHW Activities at Umudugudu level
▪ Make appropriate decision according to the result of the supervision

Training materials

▪ Flip-chart and markers
▪ Supervision Forms of CHW activities at Umudugudu Level (Annex 7)
▪ CHW’s Performance Checklist (Annex 7)

Preperation

▪ Prepare the materials
Lesson 7: **Supervision Forms of CHW activities**

Part 1. **Supervision Forms of CHW activities at Umudugudu level**

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSONS</th>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of the lesson, CHW should be able to:</td>
<td>Importance of Supervision by Cell Coordinators</td>
<td>5mn</td>
<td><strong>Introduction:</strong>&lt;br&gt;Make the CHWs comfortable, introduce the new lesson and present the lesson objectives</td>
<td>Flip chart</td>
</tr>
<tr>
<td>■ Explain the importance of the Supervision by Cell Coordinators</td>
<td>Why all CHWs should know how to fill the form</td>
<td>5mn</td>
<td><strong>Question and answers</strong>&lt;br&gt;Ask the CHWs what are the roles of Cell Coordinators</td>
<td>Markers</td>
</tr>
<tr>
<td></td>
<td>(1) provide the same services to communities as CHW and (2) in addition, they have more roles, including:</td>
<td></td>
<td>The trainer summarize answers and emphasize that they are supposed to:</td>
<td></td>
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<tr>
<td></td>
<td>■ Examine whether the CHW is following the program’s guidelines when administering treatment in their communities</td>
<td></td>
<td>(1) provide the same services to communities as CHW and (2) in addition, they have more roles, including:</td>
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<tr>
<td></td>
<td>■ Providing advice to CHWs, encouraging and supporting them</td>
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<td></td>
<td>■ Identifying problems CHWs are facing, helping them correct potential mistakes and suggesting appropriate solutions</td>
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<td></td>
<td>■ Making sure that tools are available, well kept and functional</td>
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<td></td>
<td>The trainer explains that, in consequence, the Cell Coordinators should be able to properly fill out all CHW’s forms.</td>
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<tr>
<td></td>
<td>The trainer explains that the “Supervision Forms of CHW activities at Umudugudu level” is a specific tool for Cell Coordinators.</td>
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<td></td>
<td>It is important that all CHWs know how to fill it because they might be elected as Cell Coordinator.</td>
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<tr>
<td>■ Properly fill</td>
<td>Content of</td>
<td>10mn</td>
<td><strong>Demonstration and explanation:</strong></td>
<td>Supervision</td>
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</table>

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The trainer shows the Supervision Form of CHW Activities at Umudugudu level, allows time to read its content. By using the instructions in Annex 7, the trainer guides CHWs section by section on the Supervision Form of CHW Activities at Umudugudu level. He regularly checks if they properly understand.

<table>
<thead>
<tr>
<th>The trainer asks the CHWs to organize themselves in groups of three: one will play the role of CHW, the second will play the role of Cell Coordinator and the last will play the role of the mother at the second part of the supervision (home visit). Use any available form to make a case scenario or ask CHWs to just perform role play. The facilitators supervise role plays and provide guidance to groups if needed. All groups will work at the same time in order to optimize the time. Allow 15 minutes for the exercise and change the role. The trainer asks a volunteer to present the problems encountered during the exercise. Ask all CHWs to add/comment and make additional recommendations as needed.</th>
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<tbody>
<tr>
<td>Exercises</td>
<td>45mn</td>
<td>The trainer asks the CHWs to organize themselves in groups of three: one will play the role of CHW, the second will play the role of Cell Coordinator and the last will play the role of the mother at the second part of the supervision (home visit). Use any available form to make a case scenario or ask CHWs to just perform role play. The facilitators supervise role plays and provide guidance to groups if needed. All groups will work at the same time in order to optimize the time. Allow 15 minutes for the exercise and change the role. The trainer asks a volunteer to present the problems encountered during the exercise. Ask all CHWs to add/comment and make additional recommendations as needed.</td>
</tr>
<tr>
<td>▪ Make appropriate decision according to the result of the supervision</td>
<td>Performace criteria</td>
<td>10mn</td>
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<tr>
<td>Activity</td>
<td>Duration</td>
<td>Details</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Demonstration and explanation:</td>
<td></td>
<td>The trainer shows the Performance Checklist and allows time to read its content. He explains that CHWs will be evaluated based on these criteria. By using the instructions in Annex 7, the trainer guides CHWs section by section on the Performance Checklist. He regularly checks if they properly understand.</td>
</tr>
<tr>
<td>Decision making and support to CHWs</td>
<td>10mn</td>
<td><strong>Oral exercises</strong>&lt;br&gt;By using examples and scenario for each section of the Performance Checklist, the trainer guide CHWs to identify problems and potential solutions.</td>
</tr>
<tr>
<td></td>
<td>5mn</td>
<td><strong>Summary</strong> of the lesson and <strong>Review</strong> of the objectives</td>
</tr>
</tbody>
</table>

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List of objectives
Part 2. Supervision Form on CHWs activities by the Health Center

Objectives

By the end of the lesson, CHW should be able to:

- Explain the importance of the Supervision by Health Center
- Understand the content of the Supervision Form on CHWs Activities by the Health Center Level

Tools

- Supervision Forms of CHW activities by Health Center (Annex 7)
Lesson 7: Supervision Forms of CHW activities

Part 2. Supervision Forms of CHW activities by Health Center

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSONS</th>
<th>MATERIALS</th>
</tr>
</thead>
</table>
| By the end of the lesson, CHW should be able to:  
  - Explain the importance of the Supervision by Health Center | Importance of the Supervision by Health Center | 5mn | **Introduction:**  
Make the CHWs comfortable, introduce the new lesson and present the lesson objectives  
**Question and answers:**  
Ask the CHWs what are the roles of Health Centers in the ICCM program.  
The trainer summarizes answers and emphasize that the CHW activity In-Charge at the health center is responsible of supervision of CHWs. | Flip chart  
Markers |
| ▪ Understand the content of the Supervision Form on CHWs Activities by the Health Center Level | Content of the Supervision Form on CHWs Activities by the Health Center Level | 10mn | **Explanation:**  
The trainer shows the Supervision Form on CHWs Activities by the Health Center Level. He explains that this form will be used during supervision in order to check the way the CHW:  
  - Fills the different parts of the Individual Sick Child Recording Form  
  - Connects the signs to the classification of the disease  
  - Connects the classification to the treatment  
  - Connects the age of the child to the quantity of drugs prescribed  
In addition, the form assesses:  
  - The overall knowledge of the CHW  
  - The management of drugs and supplies  
  - The overall performance of the CHW | Supervision Form on CHWs Activities by the Health Center Level. |
| The trainer provides an overview of the Supervision Form by the Health Center Level | **Summary**
CHWs will not be asked to do exercise on this form during the training
Review the objective and summarize the key points of the lesson |
Lesson 8: Monthly Activity Report for CHWs

Objectives:

By the end of the lesson, CHW should be able to:

- Explain the importance of reporting
- Properly fill the Monthly Activity Report for CHWs (Annex 6)
- Analyze the information and make appropriate decision.

Training Materials

- Flip chart
- Markers
- Monthly Activity Report for CHWs (Annex 8)
- ICCM Register completed during Lesson 6
- Drug Management Form completed
- Copy of the sample pre-filled Monthly Activity Report presented in Annex 8

Preparation

- Prepare the materials
Lesson 8: Monthly Report Form

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY POINTS</th>
<th>TIME</th>
<th>HOW TO CONDUCT THE LESSONS</th>
<th>MATERIALS</th>
</tr>
</thead>
</table>
| By the end of the lesson, CHW should be able to: | Importance of reporting achievements and keeping records | 5mn   | **Introduction:**  
Make the comfortable, introduce the new lesson and present the lesson objectives  
**Question and answers**  
The trainer asks the CHWs to enumerate the various tools used in collecting monthly information and write them on the flip chart.  
He then asks CHWs why it is important to regularly report the activities. He summarizes answers and emphasize that:  
- Supervisors need to know what are the achievements of the CHWs,  
- Supervisors need to know the potential problems CHWs are facing in order to provide assistance  
- CHWs need to understand his data and accordingly make appropriate decision | Flip chart, Markers     |
|                          |                                                     | 10mn  |                                                                                                                                                                                                                           |                          |
|                          |                                                     |       |                                                                                                                                                                                                                           |                          |
|                          |                                                     |       |                                                                                                                                                                                                                           |                          |
|                          |                                                     |       |                                                                                                                                                                                                                           |                          |
|                          |                                                     | 15mn  | **Demonstration and explanation:**  
The trainer shows the Monthly Activity Report for CHWs and asks CHWs to describe the different parties they find.  
Then the trainer briefly describes the eight sections of the form.  
By using the instructions in Annex 6, the trainer guides CHWs section by section on the Monthly Activity Report | Monthly Activity Report for CHWs |
He explains that the *binomes* are responsible for the following sections of the report: A, B, C, some of G and H

<table>
<thead>
<tr>
<th>Duration</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>45mn</td>
<td><strong>Group Exercise</strong></td>
<td>The trainer arranges participants in groups of five or six. Give them different materials mentioned in the next column. Then he asks them to fill the monthly report form. Each group is supported and directed by a facilitator through the exercise. A representative of one group presents how his group filled the form. The trainer asks comments from the other groups and corrects any mistakes in plenary.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly Activity Report for CHWs, ICCM Register completed during Lesson 4, Drug Management Form completed during Lesson 6</td>
</tr>
<tr>
<td>15mn</td>
<td><strong>Interpretation</strong></td>
<td>The trainer distributes a copy of the sample pre-filled Monthly Activity Report presented in Annex 8 to all CHWs and asks them to identify the key issues in this report. He then summarizes the answers and add other potential interpretations presented in Annex 8 if needed. CHWs are asked to identify key decisions to be made, based on the information recorded on the sample. He then summarizes the answers and add other potential decisions presented in Annex 8 if needed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Copy of the sample pre-filled Monthly Activity Report presented in Annex 10bis</td>
</tr>
<tr>
<td>5mn</td>
<td><strong>Summary</strong> of the lesson and <strong>Review</strong> of the objectives</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>List of objectives</td>
</tr>
</tbody>
</table>
Annex 1.

INSTRUCTIONS ON IMPLEMENTATION OF ICCM

A. Introduction

The robust national health policy based on community participation stipulates that there should be four Community Health Workers (CHW) at Umudugudu level. Two (one male and one female) will be responsible to conduct health promotion activities aimed to improve the health of the community. In places where a CHW is already in place to address MCH activities, she will continue this responsibility. One additional CHW will follow up on severe patients discharged from health services due to incurable diseases eg. cancer and AIDS.

The sector level will lead, in collaboration with health centers, to monitor and supervise CHWs. The sector level will sensitize other levels of leadership whose personnel share the responsibility for the well being of the community at the village level together with CHWs.

- Integrated management of childhood illness at the community level (ICCM) will be conducted by the two CHWs responsible for common health activities. They will be monitored and supported by health center staff.
- The following three diseases will be treated and the following drugs provided in ICCM program:
  - Diarrhea affecting children under 5 years old will be treated with ORS and Zinc
  - Malaria affecting children under 5 years old will be treated with Coartem (PRIMO)
  - Pneumonia affecting children under 5 years will be treated with Amoxicillin and Vitamin A
- Health centers are responsible for training all CHWs in ICCM, monitoring their activities and sending them drugs according to their order list.
Health centers will purchase drugs used in this program at the district pharmacy.

At the health center, an account will be opened to deposit money received from treatment provided at the community level.

For a village child who has health insurance, the fee is Rwf200. For a village child without health insurance, the fee is Rwf500.

Every child treated by the CHW or referred by the CHW to the health center will pay these fees. This money will be given to the health center to be deposited in the ICCM account.

CHW must have a register book where s/he writes the name of every child treated, the drugs administered and the counseling given.

CHW will prepare a monthly report of all children who complete treatment at village level and who do not need to go to the health center. The CHW will send this report to the health center.

CHW must write a weekly report based on the register of what was done. This report will be given to the health insurance committee at village, cell, sector and health center levels.

CHW must write a monthly report of activities and send it to the health insurance department at the health center.

Every health insurance department must have an agreement with the CHW cooperative showing how the department will pay for the health services provided by CHWs.

The health insurance department writes a monthly drug payment report and sends it to the health insurance company with a copy to the health center which monitors ICCM village health activities in its catchment area.

“Children should not die” is the purpose underlying the ICCM program.

B. Explain the diseases affecting children addressed by ICCM

- High Child Mortality of under five year old children is one of the important problems faced by Rwanda

- Based on research conducted on welfare of the community (2007), it shows that in general 110 children under five years die daily (for every 1000 births every year, there are 103 deaths of children under five years)

- Like other African countries, Rwanda responded to the integrated management of child illness (ICCM) program on disease affecting under-five children. It was introduced by World Health Organization (WHO) in partnership with UNICEF in 1995 with the aim of reducing diseases, deaths and disabilities caused by the most common childhood diseases.

- ICCM includes the approach growth promotion, prevention and treatment of these most common and deadly diseases.

- ICCM activities are carried out at health centers, villages and households.

- ICCM has three aims: provide efficient treatment, increase knowledge about the nature of health conditions, and sensitize community on healthy ways of living.
- There are two levels designed for this program: health center and village.
- A Trainers’ group was created at national level and in six districts to train health workers to start ICCM activities at the health center level: Ruhango, Nyanza, Kirehe, Rwamagana, Ngororo, Gisagara.
ICCM operations of CHWs are divided into two parts:

**Part 1 is for teaching and counseling caretakers on key family practices:**

1. optimal breastfeeding
2. providing complementary foods in addition to breastfeeding after 6 months
3. completing vaccination series
4. hygiene at home
5. using treated mosquito nets
6. preventing HIV/AIDS
7. proper feeding and increased drinking by all sick children
8. preventing injuries and accidents
9. preventing illegal trafficking and abuse of children
10. sensitizing men to conduct a proper sexual lifestyle
11. seeking early treatment for sick children
12. taking drugs as prescribed
13. bringing sick child back for follow-up visit to CHW
14. following CHW advice when referral to next level is needed
15. need for pregnant women to attend antenatal care
16. family planning, birth spacing, safe delivery, post partum care, follow-up of newborns, etc.

**Part 2 is for treating children suffering from the four most important conditions:**

1. Malaria
2. Diarrhea
3. Pneumonia
4. Poor feeding.
C. Community General Health Activities

1. Prevention and behavioral change activities:
   - Vaccination of children (getting closer to those far from health center)
   - Prevention of sexually transmitted infections and teaching on sexual behavior
   - Family planning and birth spacing
   - Prevention of tuberculosis, malaria and AIDS
   - Advice on proper child nutrition
   - Responsibility on environmental health
   - Mental health
   - Preventable diseases that severely affect children
   - Spraying of pesticides in homes, etc.

2. Community Case Management activities:
   - Integrated management of child illness: malaria, diarrhea, and pneumonia
   - Prevention and behavior change communication

3. Home-based care activities:
   - Palliative care and follow-up of people discharged from hospitals because of incurable diseases

4. Activities targeting behavior change (promotional services):
   - Behavior change and communication (BCC)
   - Advertising substances and tools like condoms, beads, family planning injections, family planning pills, and water purification tablets, etc

5. Surveillance activities during epidemics and to follow-up deaths that occur in the village

6. Persons responsible for health activities at village level:
   - Binome: Two CHWs - male and female - workers for child health
   - ASM (Agent de Santé Maternel): CHW responsible for mother and newborn health
   - CHW responsible for social affairs, wellbeing of the community and follow-up of those discharged with incurable diseases at the village level
   - Others to be given responsibility according to program needs
Annex 2.
INDIVIDUAL SICK CHILD RECORDING FORM

Instructions for filling the form

This form is filled by the CHW every time he receives the sick child. It is in 7 parts. The CHW should not skip any of the parts.

Part 1: Identification

This part contains where the child lives, his name, his parents’ names, date of birth, age in year, age in months and total ages in moth, sex, start of illness and symptoms, drugs received. All of the boxes should be filled.

Part 2: Nutrition:

CHW fills in the measurement he got when using the MUAC or the weight of the child written on the vaccination card. Classification in Green-Yellow-Red will be mentioned in corresponding box.

Part 3: Danger signs and symptoms;

The CHW should verify all the listed danger signs and symptoms in the form. When a sign and symptom is found, the CHW indicates ✓ in the box YES, and refers the child to the health center. If there is no danger signs and symptoms, the CHW indicates ✓ in the box NO, and continues to treat the child.

NB: One single danger sign or symptom is enough to refer the child to the health center. CHW indicates ✓ in the box YES, and refers the child to the health center.

Part 4: Symptoms, classification, treatment & drug dispensing

This part includes four sub parts: Signs and symptoms, treatment, drugs given, how drugs are given.

- **Subpart 1** shows signs and symptoms the child might have, CHW must first examine the child for all signs and symptoms of diseases and indicates ✓ in the box YES, when they are found or ✓ in the box indicate with a NO, when not found.

- **Subpart 2** shows the classification of the diseases. The CHW allocates the disease according to the indicated classification. He checks each line and indicates ✓ in corresponding box: YES means the classification was found or NO, if the classification was not found.

  **Subpart 3** shows drugs that matches the classification: The child who has:
Fever of malaria is given PRIMO red or yellow according to age.

Diarrhea is given Zinc and ORS

Mild cough is given honey and lemon juice

Pneumonia is given Amoxicillin

Mild under nutrition is referred to the health center until deworming tablets (Mebendazole) and Iron Folate are available at the community level

- **Subpart 4** is filled by CHW on how the drug is given, number of pills prescribed, number of times in a day and duration of the treatment.

  NB: CHW has to use a diagram to know how much of the drug he is supposed to give

**Part 5: Disease Prevention**

CHW examines how the child has been following the prevention program targeting children: Vaccination, Vitamin A, de-worming drugs and growth monitoring

He indicates ✓ a YES if the child has been correctly following the program or NO, if the child didn’t follow the program

**Part 6: Counseling given to the caregiver**

This part includes 6 pieces of counseling that are given to the parent:

Explaining on conditions and illness, How the child is supposed to take the drugs, Continue feeding and breastfeeding the child, Increase the quantity of drinks to the sick child, Give the first dose of medicine, Remind the parent to return if child’s condition gets worse.

CHW fills in ✓ either YES or NO where he provides the corresponding advice.

**Part 7: Follow up of the sick child recording form**

This part is filled when the parent returns to the CHW or when the CHW visits the child he treated before:

A. The reason of the follow-up: the CHW fills in ✓ YES or NO the time he visited the child.

B. If he finds the child in a worse condition, he should refer him.

C. If the child is suffering from another disease he uses another Individual Sick Child Recording Form.

D. CHW identifies danger signs has and fills in ✓ on YES or NO box. He refers immediately in presence of danger sign. If nit, he assesses the signs and symptoms and take appropriate actions as shown in box

E. CHW provides counseling to caretakers

F. Write final result of the visit: cured, referred to the HC or died
cMCI sick child management form -- Draft March 31, 2011

2. IDENTIFICATION

District: ___________________________ Sector: ___________________________ (OSA)
Date: ______/____/______ Ummadugu: ___________________________ Start of
Name of child: ___________________________ Parent: ___________________________
Class: ___________________________ Date of birth: ______/____/______
Sex: M F
Illness: Fever: Y N Diarrhea: Y N Cough/Cold: Y N Other: ___________________________
Received drugs before seeing CHW? Y N If yes, what? ___________________________

3. NUTRITIONAL STATUS

MUAC: ______ cm OR WEIGHT: ______ kg CLASSIFICATION: Green Yellow Red

4. SYMPTOMS, CLASSIFICATION, TREATMENT AND DRUG DISPENSING

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>CLASSIFICATION</th>
<th>TREATMENT (check if given)</th>
<th>DOSE GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td></td>
<td>Refer for fever only</td>
<td># pills</td>
</tr>
<tr>
<td>RDT</td>
<td>Malaria</td>
<td>Primo Red Yellow</td>
<td>10 pills</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>to treat</td>
<td>ORS 4 pockets</td>
<td></td>
</tr>
<tr>
<td>Cough/Cold</td>
<td>Pneumonia</td>
<td>Amox</td>
<td>2-4 mos</td>
</tr>
<tr>
<td>Respiratory rate = _______ per min</td>
<td>MUC or W/Age is yellow</td>
<td>Refer after treatment of other symptoms</td>
<td></td>
</tr>
</tbody>
</table>

5. PREVENTION

Vaccinations complete Y N Vitamin A received in last 6 months Y N
Mebendazole received Y N Growth monitoring carried out Y N

6. ADVICE TO CAREGIVER

Explanation of illness Y N Increase quantity of liquids for child Y N
Explanation of dosage Y N Give first dose of treatment Y N
Continue to feed the child Y N Advise when to return if severe illness Y N

7. FOLLOW-UP OF THE SICK CHILD

A. The sick child was visited because:
1. S/he returned as scheduled: after 2 days Y N after 3 days Y N
2. S/he returns immediately due to severity of disease: Y N
3. Home visit: Y N

B. Has the child’s illness become more severe? Y N If ‘yes’ refer the child Y N
C. Does the child suffer from a different illness? Y N If ‘yes’ use a different form Y N

D. IDENTIFY DANGER SIGNS (IF ‘YES REFER THE CHILD TO THE HEALTH CENTER’)

Under 2 months of age Y N Difficulty breathing, chest in-drawing, stridor (wheezing)
Severe malnutrition (status red) Y N Illness lasting > 14 days Y N
Edema with pitting Y N Recurrent illness Y N
Unstable to drink, breastfed or eat Y N Initial treatment without improvement Y N
Vomits everything Y N Fever with rash Y N
Convulsions Y N Bloody stool Y N
Unconscious Y N Under 6 months with fever Y N
Very weak Y N Over 5 years old Y N
Palmar pallor Y N Agitated Y N
Sunken eyes Y N Skin tending (poor skin turgor) Y N
Thirsty Y N Other: ___________________________

E. CONSULTING THE CARE TAKER ON DRUGS ADMINISTRATION

- Ask the caregiver to say how she has been giving drugs to the sick child (dose, how many times a day for how many days)
- If the caregiver gave the drugs properly, praise and encourage to continue in the same way
- If the caregiver gave the drugs incorrectly, demonstrate and explain how to give them to the sick child (dose of drug taken daily, times per day and number of days), ask the caregiver to repeat after you and give the drug(s) to the child in your presence. Observe to make sure the caregiver understands.
- Advise the caregiver to continue and finish the dose.
Annex 3
ALGORITHMS

There are 4 Algorithms:

- ALGORITHM FOR THREE DISEASES

- Algorithm no.1:
  CHART TO TREAT A CHILD WITH FEVER

- Algorithm no.2:
  CHART TO TREAT A CHILD WITH DIARRHEA

- Algorithm no.3:
  CHART TO TREAT A CHILD WITH PNEUMONIA
ALGORITHM FOR THREE DISEASES

The child comes with diarrhea, fever, cough or flu

Assess and examine emergency signs

Presence of any emergency sign

1. The child is under 2 months
2. The child's nutrition, RED
3. Edema
4. The baby doesn't drink nor eat, and isn't breastfed
5. The baby vomits any food
6. Seizures
7. Convulsion (seizure)
8. The baby is extremely sick and is too weak.
9. The baby has anemia
10. The baby has breathing difficulties
11. Any disease which exceeds 14 days
12. The baby is sickly
13. The baby has Fever and skin allergies
14. Bloody diarrhea
15. The baby has signs of Dehydration (eye disorders, feeling thirst, and waves on skin)
16. The baby has taken some drugs but does not recover.

Transfer the child immediately to the Health Center

The child has NO emergency signs

Is there any other sign apart from those of fever, diarrhea, cough or flu?

No

If it is a FEVER refer to algorithm no.1

Treat the child and counsel the mother

Verify if the child
- Does not suffer from malnutrition
- Is immunized
- Received vitamin A

Advise the mother according to exams you have done

Follow the child at home

Yes

Transfer the child to the Health Center.

If it is PNEUMONIA refer to algorithm no.2

If it is DIARRHEA, refer to algorithm no.3

If the baby is getting too sick, transfer him/her to the Health Center.

No

If it is a FEVER refer to algorithm no.1

Treat the child and counsel the mother

Verify if the child
- Does not suffer from malnutrition
- Is immunized
- Received vitamin A

Advise the mother according to exams you have done

Follow the child at home

Yes

Transfer the child to the Health Center.

If it is PNEUMONIA refer to algorithm no.2

If it is DIARRHEA, refer to algorithm no.3

If the baby is getting too sick, transfer him/her to the Health Center.
Counseling given by CHW before referring the child to the health center

Explain to the caretaker that the child should be referred to the health center if the child has any danger signs or if the child is under 2 months or over 5 years of age.

Explain to the caretaker that referring the child to the health center is not because the CHW failed to treat him but means that he/she wants to save the child’s life.

Trying to treat a child who has severe illness or is suffering from another disease, even if the caretaker insists, could lead to the child’s death.

Explain to the caretaker that the health center is better equipped with drugs and professional health workers to treat the disease.

Explain to the caretaker the importance of taking the referral form to the health center and bringing back the feedback form.

Counseling given by CHW to the caretaker for administering drugs

1. At the time you give the first dose, explain to the caretaker that she should crush the tablet and mix it with clean water on a teaspoon.

2. Give the child the first dose and explain clearly to the caretaker how she will go about doing it when she gets home.

3. After the first dose is administered by the CHW, wait 30min. If the child vomits during this time, the child is given another dose and then waits for another 30min. If he vomits again, he is immediately referred to the health center. The unfinished medicine is kept and returned to the health center.

4. Explain to the caretaker that it is important to complete all the drugs dispensed.

5. Explain to the caretaker that if the child improves, he must finish the drugs. The caretaker must not keep them to give at a later time if the child falls sick again or keep to give to another sick child.

6. Explain to the caretaker that the drug you have provided will properly cure the child if he follows all instructions. The drug is not harmful to the child’s life.

7. Explain to the caretaker that the drugs should be kept out of reach from children.

8. Explain to the caretaker that the child should be taken back to the CHW or health center if any of the following occur:

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. After getting drugs, the child gets worse instead of improving</td>
</tr>
<tr>
<td>2. There were new signs and symptoms</td>
</tr>
<tr>
<td>3. The condition has not improved after one day of receiving medication</td>
</tr>
<tr>
<td>4. Child who is still sick after finishing the medication</td>
</tr>
<tr>
<td>5. Child gets a rash or another sign and symptom during the time he is still on drugs or completed</td>
</tr>
</tbody>
</table>

NB: If any of above reasons occurs, a caretaker can go to CHW to get a referral form or the caretaker can go directly to the health center.
FEVER

How to manage a case of fever

There are many diseases that cause fever. A child is said to have a fever if the body is touched and it feels hot when it is not sunny or has not just gotten off of the mother’s back. If the parent says that the child was hot before bringing him to the CHW, the child will be considered to have fever even if the child is not hot at this time.

The program for treating malaria in the village is only for children between 6 months and 5 years. The Rapid Diagnostic Test (RDT) helps us determine if the fever is caused by malaria. Use RDT to test children between 6 months and 5 years who have fever and no danger signs. If RDT is positive, treat the child with PRIMO.

At the time of giving the first dose to the child, show the caretaker how to crush the tablet and mix it well with clean water on a teaspoon.

1. Explain that she should administer the second dose in 8 hours but:
   - If the first dose was given before midday, he will be given the second dose late in the evening.
   - If the first dose was after midday the child will be given the second dose early in the morning of the next day

2. Explain to the caretaker that on the second and third day the child has to receive one dose in the morning and one in the evening (1-2 tablets according to age)

Counsel the caretaker on home treatment

Give 3 important messages for caretakers of a sick child:

- If the child is breast feeding, continue breastfeeding.
- If the child has started eating, feed many times in small quantities daily.
- Increase the drinks offered given to the child each day and increase breastfeeding to a child that is still breastfeeding

If the child is still sick or getting worse after 24 hours of taking drugs, it is important for the caretaker to take the child to the health center or hospital.

Counsel the caretaker on malaria prevention

Explain well to the caretaker how to prevent childhood malaria:

- Sleep under a treated mosquito net at all times
- Get rid of stagnant water and bushes around the house
- Close windows in the evening
- Spray insecticides in the house if possible
Algorithm no.1: CHART TO TREAT A CHILD WITH FEVER

Does the baby have fever? Did the baby have fever in the last 24 hours?

No

Does the child present the Danger Signs?

No

Ask if the child is less than 6 months or more than 5 years old

Yes

Fill in the referral form
Explain to the mother the reason why you refer the child
Give advice about referring the child
Tell the mother that she should bring back the referral form after the child has been treated.

No

Ask if the child has taken some drugs before for the illness or has taken anti-malaria drugs within less than 1 month.

Yes

Test for malaria parasites; does the RDT show that there is malaria?

No

Yes

So, it is a FEVER OF MALARIA

The child is between 6 months and 3 years old; give:

PRIMO (RED blister pack) and should take it during 3 days and make sure you follow up the sickness

The child is between 3 and 5 years old; give:

PRIMO (YELLOW blister pack) and should take during 3 days and make sure you follow up the sickness.

Tell the mother that the medication is for 3 days. She should not take the pills out of the blister pack until time for the next dose. If the child does not get better within 24 hours, she should take the child to the Hospital or to Health Center.
1. FIRST, read carefully these instructions.

2. Collect:
   1) alcohol
   2) cotton
   3) gloves
   4) lancet
   5) buffer
   6) timer

3. Look at the expiry date at the back of the package.
   Use another package if expiry date has passed.

4. Open the package and look for the following:
   1) Desiccant
   (Check correct colour)
   2) Device
   3) Loop

5. Write patient’s name at the back of the device.

6. Clean the patient’s finger with alcohol. The finger MUST be dry before pricking.

7. Prick the patient’s finger to get a drop of blood.

8. Touch the loop to the blood. A film of blood fills the loop.

9. Immediately touch the loop with blood on the square hole marked “A.”

10. Put two (2) drops of buffer into the round hole marked “B.”

11. Read results exactly twenty (20) minutes after adding buffer.
    Do not read the results before twenty (20) minutes. Reading too early or too late can give false results.

12. HOW TO READ:
    - NEGATIVE (no falciparum malaria) - one line in window “C” at left.
    - POSITIVE falciparum malaria - one line in window “C” at left and one line in window “T” at right.
    - It is positive even if test line is faint.
    - NO RESULT - no line in “C” or “T.”
      If the control line does NOT appear, any other lines should be disregarded. The test should be repeated!

13. Record results.


Use new package and lancet for each patient.
DIARRHEA
How to manage a case of diarrhea

A child with diarrhea loses much water which can lead to death in a short time.

Ask the caretaker how long the child has been passing watery stools, eg, Does your child pass watery stools? For how long?

If a child passes watery stools for 3 times or more in 24 hours, it is considered diarrhea.

A child who has diarrhea is given Zinc and ORS.

ORS is prepared by mixing one packet (1) of ORS with 1 litre of clean water.

Explain clearly to the caretaker how ORS is administered. Demonstrate giving ORS to the child when together at the CHW’s premises. The caretaker should remain with the CHW for about 2 hours to give ORS or until the diarrhea stops.

If the child vomits, you wait for 10 minutes before you administer more ORS.

Explain to the caretaker that once ORS is prepared, it should be used within 24 hours and the remainder thrown away.

Counsel the caretaker about home treatment

Give 3 important messages for caretakers of a sick child:
- If the child is breast feeding, continue breastfeeding.
- If the child has started eating, feed many times in small quantities daily.
- Increase the drinks offered given to the child each day (water from rice, porridge, clean water) and increase breastfeeding to a child that is still breastfeeding.

Counsel the caretaker on prevention of diarrhea

- For children under 6 months, it is important to breast feed the child every time he wants to during day or night, minimum 9 times in 24 hours, and give no food or drinks.
- Four important times that everyone has to wash hands with the use of soap or ash if there is no soap:
  - After using the toilet
  - After cleaning a child who has defecated
  - Before preparing food and eating food
  - Before serving the child food
- It is important to cover drinking water and food
- Give the child clean water that is stored in a clean container.
Algorithm no.2: CHART TO TREAT A CHILD WITH DIARRHEA

Does the child have diarrhea?
(watery stool 3 times or more per day in 24 hours)

Diarrhea with no emergency signs;
Give ORS and Zinc

ORS

The child is under 2 years old
½ a glass after every stool

The child is More than 2 years old
A full glass after every stool

Zinc

The child is under 6 months old
1 pill 10 mg per day
For 10 days

The child is more than 6 months old
2 pills 10 mg per day for 10 days
PNEUMONIA

How to manage a case of pneumonia

A child who has pneumonia, a caretaker explains that he coughs, breathes rapidly or has difficulty breathing.

You confirm that the child has pneumonia by counting the breathing rate for one minute with a timer.

When you count the number of times the child breathes per minute, he must be calm and without a shirt covering his chest or stomach.

The CHW looks at the chest and stomach to count the number of breaths after starting the timer.

When counting, you should be careful not to look at the timer after pressing it. Keep your eyes on watching the chest and counting the breathing rate of the child.

Once the timer stops then you stop counting.

If you feel that you don’t trust the count, it is important you stop the timer and then recount.

The first alarm of the timer goes off at the 30 sec, the second alarm goes off after one minute.

Counsel the caretaker about home treatment

Give 3 important messages to caretakers of a sick child:

- If the child is breast feeding, continue breastfeeding.
- If the child has started eating, feed many times in small quantities daily.
- Increase the drinks offered given to the child each day (water from rice, porridge, clean water) and increase breastfeeding to a child that is still breastfeeding

Counsel the caretaker on prevention of cough and flu

- protect from cold by covering young child
- sleep in clean, uncongested and smoke-free room
- Covering mostly young children and sleeping in uncongested rooms
- Being careful not to lay the child where there is smoke (kitchen, cigarette smoke)
- Being careful not to lay a child in dusty places
Algorithm no.3: CHART TO TREAT A CHILD WITH PNEUMONIA

The child suffers from cough or flu but does not present emergency signs

Use the timer to know how many times /1 minute does the child breath.

The child is under 1 year old

- The child breaths less than 50 times
  - Normal Cough or Flu
  - Cough drugs with no negative effects (lemon juice or diluted honey)

- The child breaths 50 times or more
  - PNEUMONIA
  - Amoxicillin 125 mg
    1 pill 2 times a day
    5 days

The child breaths less than 40 times

- Normal Cough or Flu
  - Cough drugs with no negative effects (lemon juice or diluted honey)

- The child breaths 40 times or more
  - PNEUMONIA
  - Amoxicillin 125 mg
    4 pills 2 times a day
    5 days

The child is between 1 and 5 years old

- The child breaths less than 40 times
  - Normal Cough or Flu
  - Cough drugs with no negative effects (lemon juice or diluted honey)

- The child breaths 40 times or more
  - PNEUMONIA
  - Amoxicillin 125 mg
    3 pills 2 times a day
    5 days

The child is under 1 year old

- 2-4 months
  - PNEUMONIA
  - Amoxicillin 125 mg
    1 pill 2 times a day
    5 days

- 5-12 months
  - PNEUMONIA
  - Amoxicillin 125 mg
    2 pills 2 times a day
    5 days

The child is between 1 and 5 years old

- 13-30 months
  - PNEUMONIA
  - Amoxicillin 125 mg
    1 pill 2 times a day
    5 days

- 31 months - 5 years
  - PNEUMONIA
  - Amoxicillin 125 mg
    4 pills 2 times a day
    5 days
Annex 4.

ICCM REGISTER

Instructions for filling the form

The register is filled by the CHW and to record all the children he treated. Every child recorded on Individual Sick Child Record Form must appear in the ICCM Register.

The register is in form of as book with 28 columns, grouped in 6 important parts on each page: Identification of the sick child, disease prevention, danger signs, symptoms of the disease, drugs provided and severity of the disease.

CHWs must fill every part

Part 1: Identification (Column 1-5)

This part includes, date when child came for treatment like it appears on the examination form, child and parents names, age in months, sex

Part 2: Disease Prevention (Column 6-8)

This part includes three other sub-parts: nutritional status, vitamin A and vaccination.

Fill in ✓ if the part has been examined or write – in the box if that part is not examined.

Part 3: Danger signs (Column 9)

In this part the CHW records signs. If none are found he writes – in the box, which means there are none.

Part 4: Symptoms of the disease (Columns 10-15)

The signs and symptoms are: fever treated before or after 24 hours, diarrhea, cough, flu, pneumonia, physical appearance and growth of the child.

CHW indicates ✓ when the sign or symptom has been examined or – in the box, if not examined.

Part 5: Drugs provided (Columns 16-23)

Drugs provided by the CHW are PRIMO red and yellow, Zinc, ORS, Amoxicillin, Mebendazole and vitamin A.

The CHW records all the drugs given to treat diseases or records – in the box, if he did not give any drugs.

In the section of others, CHW writes other things like counseling or any other thing done for the child as positive RDT or negative RDT.

Part 6: Severity of the disease (Columns 24-28)

This part includes 5 sub parts that show: Referring the child to the doctor, healing, death and other evolution. CHW fills using ✓ on the exact decision on the disease or – where it is unnecessary.
Then he writes the money he received in the last column and if the child has national medical insurance he indicates with √, if the child doesn’t have national medical insurance he indicates with (-) and (+) if a child has other medical insurance.
| Date of admission (DD/MON/Y) | Names | Age in months | Sex (M/F) | Mother/ Father name | MUAC (R, Y, G) | Danger signs (X if yes) | Before 24 hrs | After 24 hrs | RDT+ | RDT- | Diarrhea | Cough or cold | Pneumonia | Refer during first visit | Red | Yellow | Zinc | ORS | Amoxicillin | Mebendazole | Vitamin A | Other | Refer after treatment | Counter-referral received | Recovered | Date died | Other | Amount received | Debt incurred | Debt recovered | Mutuelle? |
|-----------------------------|-------|---------------|-----------|--------------------|----------------|---------------------|---------------|--------------|------|------|---------|----------------|----------|-----------------|------|--------|------|-----|-------------|-------------|-----------|-------|-----------|---------------------|-----------|-------------|--------|----------|-------------|-------------|-------------|--------|
|                             |       |               |           |                    |                |                     |               |              |      |      |         |                |          |                 |      |         |      |     |             |              |           |        |           |                      |          |             |        |          |             |             |             |        |
Annex 5.
REFERRAL AND COUNTER REFERRAL FORM

Instructions for filling the form

This form is filled by the CHW if is necessary that he refers the child to the health center. The form is made of two parts: Part 1 is filled by the CHW; part 2 is filled by the health center.

Part 1: Referral

This part has two sub parts: (1) the child’s identification and (2) the reason for referral in a table
- If the child is found with any of the signs and symptoms in the table, you indicate (✓) in the column “YES”.
- If the sign is not found then you indicate (✓) in the columns “NO”. 

Part 2: Counter-Referral

The health center will responds to the CHW after he has filled the second part. This part helps the CHW to know the progress of the child’s condition.

NB:
CHW should fill in all the boxes and other spaces.
Remind the mother or child’s care taker to bring the counter-referral back so that instructions will be followed by CHWs
REFERRAL AND COUNTER REFERRAL FORM FOR A CHILD

Programme (tick): ICCM  MNH  CBP  Nutrition  HIV/AIDS  TB  others.  

Name of the patient ..........................  Name of parents
.............................................

Date of birth ....../....../.....  Name of health
center..........................................................

District................. Sector ............... Cell ............... Village level
........................................

Is referred to the Health Center For the following reasons:

<table>
<thead>
<tr>
<th>Number</th>
<th>Danger signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

Others reasons:
.........................................................................................
...
.........................................................................................

Medication received before referral:
.........................................................................................

The CHW’s name ...........................................Signature
................................................................
Date ......../......../........ Time .................

\[\text{Counter referral}\]

Programme (tick): ICCM  MNH  CBP  Nutrition  HIV/AIDS  TB  others.  

Name of the patient ..........................  Name of parents
.............................................
Date of birth ……/……/…… Name of health center………………………………………………………………………………
District…………………… Sector ………………… Cell ………………… Village level ……………………………

DIAGNOSIS / ………………………MEDICATION:
………………………………………………………………………………………………………………………………………………..

ADMITTED:…………….OUT PATIENT/………………REFERRED……..DIED………….MISSED………………
Counseling (including date of appointment if necessary…………………………………………………………………….
Destination (tick) ICCM MNH CBP Nutrition HIV/AIDS TB Others………………………….
The name of the nurse who treated the child …………………………………………………………………………….

Signature ……………………………………… Date ……………/………………/…………
Annex 6.
DRUG MANAGEMENT FORM

STOCK FORM

Name of the CHW’s village:
Hospital:
District:
Province:

<table>
<thead>
<tr>
<th>Date</th>
<th>Drug source/destination</th>
<th>Drug received (quantity)</th>
<th>Drug use deadline</th>
<th>Drug distributed (quantity)</th>
<th>Drug remains</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to previous form</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Drug name:
<table>
<thead>
<tr>
<th>Drugs distributed to patients</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex 7.

SUPERVISION FORMS

There are two supervision forms: one for the use of Cell Coordinators at the Umudugudu level and another one for the use of Health Centers.

SUPERVISION FORMS OF CHWS ACTIVITIES AT UMUDUGUDU LEVEL

Instructions for filling the form

This form is filled by a representative of CHWs who supervises their activities at the village level. It includes 3 parts: (1) information to be collected at the CHW’s house, (2) information to be collected during visit of child recently treated and (3) overall evaluation of the CHW’s performance.

Part 1: Information to be collected at the CHW’s house

This includes 4 sub-parts:

- Sub-part 1: identification of the CHW. The supervisor fills in the date on which he visited the CHW, district, sector, health center where he operates, village, names, contact number and sex of the CHW visited.
- Sub-part 2: Appreciation of Community. The supervisor fills and indicates in the box ✓ YES or NO, if the activities of the CHW are supported or not, if he reported for the meeting or not.
- Sub-part 3: ICCM Register. The supervisor indicates in the box ✓ YES or NO, if the book is present or not, properly filled or not.
- On the treatment, sub-part, he fills in the number of those properly treated and those not properly treated for each of the three targeted diseases: fever, diarrhea and pneumonia
- Sub-part 4: Drug and Supply Management. The supervisor indicates in the box ✓ YES if the drug or tool is present or NO when they are not present.

Part 2: Information collected during the visit of a recently treated child:

In this part the supervisor looks at:

- Signs and symptoms and age of child the CHW recently treated he indicates using ✓ YES or NO if the sign or symptom was examined or not.
- Drugs that were given to the child: all together, daily, in how many days.
- According to how the drugs were used he indicates using ✓ YES or NO, if he properly used the drugs or not.
- Follow-up and relationship with different levels of the health system: he indicates within the box ✓ YES or NO, if the child was referred to the health center or not, was visited or not as it is supposed to be done by the CHW according to the decision made during consultation.
- The money paid for treatment by the CHW or at the health center should be indicated in the box.
Part 3: Overall Performance

The supervisor evaluates the level of performance according to the following checklist.

CHW’s Performance Checklist

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appreciation of the community</td>
<td>……..</td>
<td>out of 2</td>
</tr>
<tr>
<td>2. Proper completion of the ICCM Register</td>
<td>……..</td>
<td>out of 2</td>
</tr>
<tr>
<td>3. Proper Drug Management</td>
<td>……..</td>
<td>out of 2</td>
</tr>
<tr>
<td>4. Correct treatment</td>
<td>……..</td>
<td>out of 2</td>
</tr>
<tr>
<td>5. Home visit and counselling</td>
<td>……..</td>
<td>out of 2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>……..</td>
<td>out of 10</td>
</tr>
</tbody>
</table>

Instructions

1. *Appreciation of community*
   - The CHW is appreciated by the community = 1 point
   - The CHW participated in the previous meeting = 1 point

2. *Proper completion of the ICCM Register*
   - The register is available = 1 point
   - The register is completed properly = 1 point

3. *Proper Drug management*
   - Availability of all drugs = 1 point
   - Proper storage = 1 point

   NB. If one drug is not available, check whether the problem comes from the CHW or from the Health Center.

4. *Correct treatment*
   - Correct completion of Sick Child Recording Form = ½ point
   - Correct connection between signs and classification = ½ point
   - Correct connection between classification and treatment = ½ point
   - Correct connection between age and the quantity of drugs prescribed = ½ point

5. *The last is Home visit and counselling:*
   - Home-Visit performed = 1 point
   - Counselling provided = 1 point

Interpretation:
## Overall Performance

<table>
<thead>
<tr>
<th>The CHW performance</th>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 to 9</td>
<td>8 to 7</td>
<td>6 to 5</td>
<td>4 or less</td>
<td></td>
</tr>
</tbody>
</table>

The supervisor indicates in the box the level of performance on the supervision form.

### SUPERVISION FORM OF CHWS ACTIVITIES AT UMUDUGUDU LEVEL

<table>
<thead>
<tr>
<th>Date</th>
<th>District</th>
<th>Sector</th>
<th>Health Center</th>
<th>Cell</th>
<th>Umudugudu</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Umudugudu</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHW name</th>
<th>Sex:</th>
<th>CHW number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Appreciation of the Community

<table>
<thead>
<tr>
<th>The CHW is appreciated by the community</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CHW participated in the previous meeting</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### ICCM Register

<table>
<thead>
<tr>
<th>The register is available</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The register is completed properly</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Treatment

<table>
<thead>
<tr>
<th># treated</th>
<th># mistreated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
</tr>
</tbody>
</table>

### Management of Drugs and Supplies

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs are kept in the safe box</td>
<td></td>
</tr>
<tr>
<td>Amoxicillin</td>
<td></td>
</tr>
<tr>
<td>Primo red (6-35 months)</td>
<td></td>
</tr>
<tr>
<td>Primo Yellow (36-59 months)</td>
<td></td>
</tr>
<tr>
<td>ORS</td>
<td></td>
</tr>
<tr>
<td>Zinc</td>
<td></td>
</tr>
<tr>
<td>Vitamin A (6-59 months)</td>
<td></td>
</tr>
<tr>
<td>Mebendazole (12-59 months)</td>
<td></td>
</tr>
<tr>
<td>Condoms</td>
<td></td>
</tr>
<tr>
<td>Sûr'eau</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Timer</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Home visit for a recently treated child</strong></td>
<td>yes</td>
</tr>
<tr>
<td><strong>Symptoms</strong></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
</tr>
<tr>
<td>Respiratory disorders</td>
<td></td>
</tr>
<tr>
<td><strong>Child's Age (in months)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Child treatment (drugs)</strong></td>
<td>Total</td>
</tr>
<tr>
<td>Amoxicillin for a child &gt;2 months</td>
<td></td>
</tr>
<tr>
<td>Primo red (6-35 months)</td>
<td></td>
</tr>
<tr>
<td>Primo yellow (36-59 months)</td>
<td></td>
</tr>
<tr>
<td>Zinc</td>
<td></td>
</tr>
<tr>
<td>ORS</td>
<td></td>
</tr>
<tr>
<td><strong>Anti-malaria drugs well administered</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Anti-diarrhea drugs well administered</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Anti-pneumonia drugs well administered</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Follow up and referral network</strong></td>
<td></td>
</tr>
<tr>
<td>The child was referred to the HC</td>
<td></td>
</tr>
<tr>
<td>Follow up done by the CHW</td>
<td></td>
</tr>
<tr>
<td><strong>Disease</strong></td>
<td></td>
</tr>
<tr>
<td>Serious</td>
<td></td>
</tr>
<tr>
<td>Not recovered</td>
<td></td>
</tr>
<tr>
<td>Recovered</td>
<td></td>
</tr>
<tr>
<td>Cured</td>
<td></td>
</tr>
<tr>
<td>Died</td>
<td></td>
</tr>
<tr>
<td><strong>Child Status</strong></td>
<td></td>
</tr>
<tr>
<td>Fee paid by the parent at the CHW</td>
<td></td>
</tr>
<tr>
<td>Fee paid by the parent to the HC</td>
<td></td>
</tr>
<tr>
<td><strong>Overall Performance</strong></td>
<td>Excellent</td>
</tr>
<tr>
<td>The CHW performance</td>
<td></td>
</tr>
<tr>
<td>The HC performance</td>
<td></td>
</tr>
</tbody>
</table>

SUPERVISION FORM ON CHWs ACTIVITIES BY THE HEALTH CENTER LEVEL
Instructions for filling the form

The form will be completed by the CHW activity In-Charge at the Health Center, not by CHWs. Therefore, detailed instructions are provided in other documents.
SUPERVISION FORM ON CHWs ACTIVITIES BY THE HEALTH CENTER LEVEL

Monitoring the way the CHW treat children at Umudugudu Level

<table>
<thead>
<tr>
<th>CHW:</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Gather all ICCM forms that the CHW completed during a month</td>
</tr>
<tr>
<td></td>
<td>- Analyze the forms according to the following indicators:</td>
</tr>
<tr>
<td></td>
<td>- YES = shows an activity carried out successfully; NO = shows an activity that was not completed successfully; Non Applicable (N/A) = shows an activity that should not be done.</td>
</tr>
<tr>
<td></td>
<td>- Count the total number (sum) of YES and NO for each section.</td>
</tr>
</tbody>
</table>

### COMPLETION OF THE ICCM FORM FOR EACH SECTION

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Visit 1</th>
<th>Visit 2</th>
<th>Visit 3</th>
<th>Visit 4</th>
<th>Visit 5</th>
<th>Visit 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### SECTION

1. Identity
2. Nutritional status
3. Danger signs
4. Symptoms, treatment, administering drugs, classification
5. Disease prevention
6. Advice to mother/caregiver about prevention
7. Follow-up of sick child

| Total number |

#### RECOGNITION OF SYMPTOMS AND CLASSIFICATION

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### CLASSIFICATION AND TREATMENT

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of appetite or weight</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>--</td>
</tr>
<tr>
<td><strong>Total number</strong></td>
<td></td>
</tr>
<tr>
<td><strong>RECOGNITION OF THE CHILD'S AGE AND THE DOSE</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Primo</td>
<td></td>
</tr>
<tr>
<td>Zinc</td>
<td></td>
</tr>
<tr>
<td>Amoxicillin</td>
<td></td>
</tr>
<tr>
<td>Mebendazole</td>
<td></td>
</tr>
<tr>
<td>Iron/folate</td>
<td></td>
</tr>
<tr>
<td><strong>Total number</strong></td>
<td></td>
</tr>
<tr>
<td>Visit 1</td>
<td>Visit 2</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>CHW KNOWLEDGE</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>The CHW</td>
<td></td>
</tr>
<tr>
<td>Knows the respiratory rate of a healthy under 1 year old child</td>
<td></td>
</tr>
<tr>
<td>Knows the respiratory rate of a healthy child &gt;1 year old.</td>
<td></td>
</tr>
<tr>
<td>Knows to identify symptoms of a child</td>
<td></td>
</tr>
<tr>
<td>Knows to identify edema symptoms</td>
<td></td>
</tr>
<tr>
<td>Knows to identify respiratory difficulty and chest in-drawing</td>
<td></td>
</tr>
<tr>
<td>Knows to use MUAC</td>
<td></td>
</tr>
<tr>
<td>Knows the 3 rules of treating a child at home</td>
<td></td>
</tr>
<tr>
<td>Knows to count respiratory rate</td>
<td></td>
</tr>
<tr>
<td>Total number</td>
<td></td>
</tr>
<tr>
<td><strong>CHECK TOOLS AND DRUGS GIVEN TO THE CHW</strong></td>
<td></td>
</tr>
<tr>
<td>Functional Timer</td>
<td></td>
</tr>
<tr>
<td>MUAC (yellow in 125cm)</td>
<td></td>
</tr>
<tr>
<td>Primo red available not expired</td>
<td></td>
</tr>
<tr>
<td>Primo yellow available not expired</td>
<td></td>
</tr>
<tr>
<td>Amoxicillin available not expired</td>
<td></td>
</tr>
<tr>
<td>ORS available not expired</td>
<td></td>
</tr>
<tr>
<td>Zinc available not expired</td>
<td></td>
</tr>
<tr>
<td>Drug box secured</td>
<td></td>
</tr>
<tr>
<td>All registers available</td>
<td></td>
</tr>
<tr>
<td>All ordinograms available</td>
<td></td>
</tr>
<tr>
<td><strong>GENERAL OVERVIEW</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>Percentage (%)</td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>Date, name and signature of the Supervisor</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex 8.

MONTHLY ACTIVITY REPORT BY CHWs

Instructions for filling the form

This report is filled by various levels: Umudugudu, Cell and Cooperative. Every level does a report and they are collected at a higher level.

This report includes eight parts: treating sick children, nutrition (weight or MUAC) and vaccination, supervision and meeting/IEC participation, maternal health, those that died at home, disease follow up, drugs and supplies management and RDT.

It is important identify the level that completed the report.

Part A: treating sick children

This part concerns the Binome. The numbers required in this part are found in the ICCM Register.

Part B: Nutrition and vaccination

This part concerns the Binome. The numbers required in this part are found in the ICCM Register.

Part C: Supervision and meetings/IEC participation

This part looks at the number of times the CHW was visited. The numbers required in this part is found in the Supervision form of CHWs activities at umudugudu level

Part D: Maternal health

This part concerns the Agent de Santé Maternel (ASM). The numbers required in this part are found in the Register and Referral forms filled by ASM. Despite the fact that this part is the responsibility of the ASM, all CHWs should work as a team to fill the report out.

Part E: Those who died at home

This part concerns both the Binome and the ASM. All CHWs are responsible for reporting the deaths at home they recorded.

Part F: Disease follow-up

This part is specific to TB, thus it concerns CHWs specifically trained in TB. The numbers required in this part are found in particular forms for TB program.

Part G: Drugs and supplies

This part concerns all CHWs. Everyone fills in the numbers of drugs and supplies initially in stock, what was dispensed, spoiled or damaged and what remains in stock. The numbers required in this part are found in the Drugs Management Form

Part H: RDT

This part concerns the Binome. The numbers required in this part are found in the ICCM Register
**NB:** Do not forget the date when you finish filling out the report, name and signature of the person who completed it on one side. On the other side the date on which the report arrived at the higher level, name and signature of the person who received it.
### MOM MONTHLY REPORT FOR COMMUNITY HEALTH WORKERS' ACTIVITIES

**Report date from:**
- Village
- Cell
- Cooperative
- Month
- Year
- CHWs
- Active
- Reporting

**Village:**
- Village: annual renewal request once a year by CHWs with support from supervisors
- Cell: total population in village
- Health center: number children <5 years
- District: number women 15-49 years

| A. Treating sick children (IMCI per binome) | Total | Treated | Referred
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Number of sick children under 5 years old seen by the CHW</td>
<td></td>
<td></td>
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<tr>
<td>Cases 6-59 months with fever/malaria presenting within 24 hrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases 6-59 months with fever/malaria presenting after 24 hrs</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cases seen with diarrhea (2-59 months of age)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cases seen with pneumonia (2-59 months of age)</td>
<td></td>
<td></td>
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<tr>
<td>Number of counter-referral forms received (by the CHW)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of RDTs carried out</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B1. Nutrition (during community monthly growth monitoring session)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children in green</td>
</tr>
<tr>
<td>Number of children in yellow</td>
</tr>
<tr>
<td>Number of children in red</td>
</tr>
<tr>
<td>Number of children with oedema</td>
</tr>
<tr>
<td>Number of children referred to FOSA for possible malnutrition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B2. Vaccination and nutritional supplementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children receiving Vitamin A (BDT YET CONFIRMED with IMCI group)</td>
</tr>
<tr>
<td>Number of children receiving mebendazole (BDT YET CONFIRMED with IMCI group)</td>
</tr>
<tr>
<td>Number of children between 9 and 12 months who did not complete vaccinations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Malaria prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
</tr>
<tr>
<td>16 Number of households visited during the month</td>
</tr>
<tr>
<td>17 Number of beds nets hanging over the bed (installed) during the month</td>
</tr>
<tr>
<td>18 Number of beds nets not installed during the month</td>
</tr>
<tr>
<td>19 Number of beds nets received by the household during the month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D1. Maternal health (ASM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
</tr>
<tr>
<td>20 Number of pregnant women newly identified by ASM (confirmed pregnant)</td>
</tr>
<tr>
<td>21 Number of currently pregnant women</td>
</tr>
<tr>
<td>22 Number of women within 4 months of pregnancy referred by ASM to ANC</td>
</tr>
<tr>
<td>23 Number of pregnant women with danger signs referred by ASM to ANC</td>
</tr>
<tr>
<td>24 Total number of home deliveries</td>
</tr>
<tr>
<td>25 Total number of health facility deliveries</td>
</tr>
<tr>
<td>26 Number of women accompanied by ASM to deliver at the health facility</td>
</tr>
<tr>
<td>27 Number of women and child (alive) pairs accompanied to postnatal visit within 24 hours of home</td>
</tr>
<tr>
<td>28 Number of children &lt; 2 months referred to a health facility due to danger signs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D2. Community-based nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
</tr>
<tr>
<td>29 Number of children receiving RUTF or SOSOMA</td>
</tr>
<tr>
<td>30 Number of breastfeeding women with MUAC &lt; 21cm</td>
</tr>
<tr>
<td>31 Number of pregnant women with MUAC &lt; 21cm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Family Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
</tr>
<tr>
<td>32 Number of FP clients new to the CHW (after being seen at FOSA)</td>
</tr>
<tr>
<td>33 Number of consultations for FP clients continuing in the CBF program</td>
</tr>
<tr>
<td>34 Number of clients discontinuing FP in the CBF program</td>
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</tbody>
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<thead>
<tr>
<th>F. Mortality</th>
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</thead>
<tbody>
<tr>
<td>FOSA</td>
</tr>
<tr>
<td>35 Number of maternal deaths during pregnancy or delivery</td>
</tr>
<tr>
<td>36 Number of under-5 deaths (x3)</td>
</tr>
<tr>
<td>37 Number of neonatal deaths (up to 28 days) (subset of all US deaths)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>G. Disease follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
</tr>
<tr>
<td>38 Number of persons suspected to have TB referred to the health center</td>
</tr>
<tr>
<td>39 Number of TB patients receiving DOTs at home</td>
</tr>
<tr>
<td>40 Number of polio suspects referred to the health center</td>
</tr>
<tr>
<td>41 Number of measles suspects referred to the health center</td>
</tr>
<tr>
<td>42 Number of people referred to health center for VCT</td>
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<thead>
<tr>
<th>H. Supervision and meeting/IEC participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
</tr>
<tr>
<td>43 Number of individual supervision visits received by the CHW from a health center staff</td>
</tr>
<tr>
<td>44 Number of individual supervision visits received (by the CHW) from the cell supervisor</td>
</tr>
<tr>
<td>45 Number of mass education sessions in the community (mass IEC)</td>
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<table>
<thead>
<tr>
<th>I. Payments (Paid)</th>
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</thead>
<tbody>
<tr>
<td>Payments received</td>
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Date filled: Name and signature: Date received: Name and signature: