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BASICS

TOOLKIT FOR COMMUNITY CASE MANAGEMENT OF CHILDHOOD ILLNESSES

SUPERVISOR'S GUIDE

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The present document is one of nine elements in the USAID/BASICS Community Case Management of Childhood Illnesses Toolkit. The Toolkit includes:

Manuals and Guides
- Implementation Guide
- Trainer's Guide
- Training Exercise Manual
- Community Health Worker's Manual
- Communications Guide
- Supervisor's Guide

Facility-level tools
- Patient Form
- Patient Follow-up Form
- Data Collection Form

Adaptation of the toolkit for use in DR Congo was completed thanks to close collaboration between USAID/BASICS, the DR Congo Ministry of Health, UNICEF, WHO, GTZ, IRC, and Management Sciences for Health.

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PREFACE

This guide is designed for the supervisor of community-based healthcare sites, to assist him in providing healthcare to children aged between 0-5 years in the community. As supervisors, our target is the Head nurse of a health center, and the community *Animateur* in the health area.

The head nurse of a health center is the closest supervisor to community health care sites. Although his supervision will cover all aspects of the operation of community health care sites, he will be more focused on technical aspects of health care. While the Community *Animateur* will mostly look at the logistical aspects of the Sites, the organization of COGESITE, the relationship between the health care providers CHWs and other promotional CHWs , site management, etc...

The community health care site is set up to bring health care to inaccessible people, and thus help to reduce excessive infant mortality. Indeed, children aged between 0-5 years are one of the most vulnerable age groups. Once they get sick, they must receive their first treatment within 24 hours after the onset of illness.

In the DRC, children often die for several reasons:

- The distance to a Health Center,
- The late arrival and in distress at a health service
- The lack of good quality medicines in the community
- Inappropriate first aid or self-medication administered by parents at home,
- Ignorance of mothers and families about the warning signs and key healthy practices,
- Financial impediment, etc....

The community health care site responds to the needs of populations that live far from a HC, the need for the availability of quality medicines in the community, the administration of appropriate first aid within 24 hours after the onset of child illness, and cost affordability.

The activities of the Community health Care site will be:

1. Community management of cases of diarrhea, malnutrition, and ARIs (Acute Respiratory Infections)
2. Promotion of Case by case advice/key practices
3. The community-based surveillance of diseases
4. The involvement in outreach activities planned by the Health Centers.

In its operational definition, the site is not a house built to provide health care, but rather for an identified CHW who will manage a certain consignment of medicines for community health care, in collaboration with a local site committee, under the supervision of the health center head nurse.

The community health care site will be run by 2 trained CHWs. It will be directly supervised by the health center head nurse and receive regular monitoring by the Health Zone Central Office and all provincial and national health levels. It will be managed by a local committee and the community mobilization unit (CAC) so as to avoid mismanagement. In order to fight against infant mortality, the IMCI - Integrated Management of Childhood Illnesses, advocates for family and community involvement in the fight against the diseases which pose a deadly threat to children.

According to the IMCI framework of implementation, community involvement should be at the bottom of a MULTISECTORAL 3 levels PLATFORM:

- The Health Center level, where the population must participate in the Health Committee (CODESA) as a Partner.
- The community level, where the CHW will be able to give advice and needed first aid to the child and family
- The family level, where parents will implement the key practices for child survival, under the supervision of the CHW who will visit them in households.

INTRODUCTION

The health center head Nurse and community *Animateur* will accompany the training of community CHWs.

When the CHWs will be undergoing training, supervisors will be next to them for guidance, both in theoretical and practical sessions under the supervision of trainers.

Preferably, we should have ONE SUPERVISOR FOR EACH CHW. The Supervisor will be sitting next to the CHW, or behind him, while reassuring that this is not to control but to help him better understand the lessons and to practice properly.

This Guide describes the theoretical training session of Site CHW. Practice or case studies for the CHW are attached to this Guide. Instructions for practical sessions will be given by Facilitators to Supervisors.

As the CHW develops his skills during the session, the tasks of the Supervisor are the following:

- Supervise the CHW to ensure that he follows well the training sessions
- Make personal feedback to the CHW after each CASE STUDY (practice) or management of a sick child.
- Respond to the requests of the CHW whenever he has particular difficulties
- With the help of an evaluation form, progressively evaluate the CHW on all theoretical and practical sessions until the end of the training.

It is recommended that the Supervisor should not be intrusive during the training of the CHW, but rather let him/her work and respond alone, and only intervene during PERSONAL feedback. Because an intrusive attitude would prevent the CHW from thinking for himself and would cause him to obey the supervisor without having understood what needs to be done.

In addition, it is recommended that the supervisor keep their Guide handy for the entire session, in order not to give the CHW feedback which is contrary to the correct instructions.

Methodological note for the training of the site CHW

The philosophy on facilitation methodology

The philosophy is that if a CHW can correctly identify the signs and symptoms, fill out the patient form, and use the tools at his disposal, then he will correctly manage cases in the community. This way, emphasis is placed on theory in the classroom and on practice during clinical sessions at the hospital, health center or households.

In class, the techniques used are:

1) Interactive lessons where CHWs will learn how to fill out tools and call for experience
2) demonstration
3) role playing game
4) video projection

Throughout the session, the CHW will use the "CHW manual". This manual includes mainly pictures and sections of appropriate tools for each section, practice exercises will be given to the CHW to be solved in the classroom.
Practice is used either in class, when using tools, during exercises and case management at the hospital, health center or in households.

Training language

The training of the CHW will be made in the language which he speaks fluently. The most important thing is that the CHW understands the tools that are presented do him, even if they are not in his familiar language. Thus, it is recommended that trainers seek first the understanding of the documents rather than their literal translation.

The training methodology

For theoretical study, the methodology will be interactive and experiential. Most often, we will have to start from the CHWs experience or knowledge, and fill the knowledge gaps. We should avoid, as much as possible, being masterful during the training session.
The methodology will proceed by:

1. Questions to the learners in the first place to determine their knowledge and understanding; which is a review of the CHWs knowledge. (through Q&A, brainstorming)
2. Clarifications by learners themselves first on their responses.
3. Writing CORRECT answers on the board. Thus, in order not to frustrate students who give incorrect answers, trainers can write the responses on the board or in 2 columns (without saying which column is for the right answers), and rule out the wrong answers, along with the learners and retain only the correct ones.
   On each answer the trainer will ask the opinion of other students and write on the board the right answers.
4. Guided reading of tools
   Take enough time to clarify only elements not mentioned or those which are problematic.
5. Checking comprehension of learners by a set of open questions and answers
6. Synthesis by the Facilitator.
7. Announce the following theme

PRACTICE will focus on:

- Filling out of working tools by the site CHW
- Case studies (exercises to be solved in class)
- Class Role playing games
- The application in a practice session of case management (maximum exposure of learners to the reality of patients)
- The Retro-information (feed-back for correction). Particular emphasis will be placed on personal feedback of CHWs to the supervisors who accompany them during the training session, to better monitor and assess the evolution of each CHW until the end of the training session.

Group feedback will have to be limited.

Whenever possible the CHW will be monitored by the same supervisor during the session.
PERSONAL EVALUATION FORMS WILL BE FILLED OUT AS THE CHW LEARNS NEW LESSONS.

Raise participation of learners

The Trainer is required to identify students who participate less, and encourage them to better participate. One strategy is to ask them questions which are easy to answer in order to encourage them to talk. The trainer should distribute the floor to all participants rather than simply designate the same individuals who are used to raise their hands.

About repetition of lessons

It is often recommended to use questions and answers instead of having the trainer repeat the lessons for review. This helps to identify the subjects on which to put emphasis.

Position of learners towards supervisors

It is recommended that the HC head nurse sits next to his/her CHWs (or behind them) to accompany them during the theoretical and practical sessions. This allows Supervisors to identify weaknesses in the CHWs on time and help them improve.

AT THE BEGINNING, CHWs SHOULD BE INFORMED OF THE BENEFITS OF THIS ARRANGEMENT - THE SUPERVISOR'S POSITION NEXT TO THEM...
Supervisors should intervene as little as possible and often leave the CHWs work alone.

LOGISTICS AND EDUCATIONAL PREPARATION OF THE TRAINING

FOR A TRAINING SESSION OF 14 CHWs.

- Salter scales: ± 3
- CPS cards: ± 20
- Training evaluation form: ± 20/Form
- Patient form: 1.500
- Consultation Registers: ± 20
- CHW Manual: ± 20
- Practice Manual: ± 40
- Trainer's Guide: ± 20
- Demonstration materials: Goblets, Spoons, Drugs
- Supplies: Flip-chart, Markers, Pencils, Rubbers, pens, Notebooks, Chalks, Scotch tape, Staples....
- Video logistics

LOGISTIC PREPARATION:

1. Ensure transport of CHWs who come from distant locations
2. Ensure Video projection (source of electricity, power generator, CD for the laptop, (LCD if possible)
3. Ensure food and coffee breaks ON TIME
4. Ensure the availability of all the training materials for practice
5. Ensure the availability of the essential medicines and boxes for the launching of the sites immediately after the training.
6. *ALLOCATION OF THEMES TO FACILITATORS*.

MATERIALS NEEDED AFTER TRAINING

- Getting Medicines ready, boxes, forms and management tools in sufficient quantities for all the sites to start immediately after the session
  All this should be ready before the start of the training sessions, to allow CHWs to begin practice immediately after the training, lest they forget what they learned.
- Prepare monitoring – supervision forms to enable the Central Office Managers and supervisors to better fulfill their mission of mentoring sites.

N.B: the training of members of COGESITES will be made by the health center Head Nurse and the Community *animateur* in their health areas, UNDER THE SUPERVISION OF THE CENTRAL OFFICE.

AGENDA FOR THE TRAINING OF SITES' COMMUNITY HEALTH WORKERS

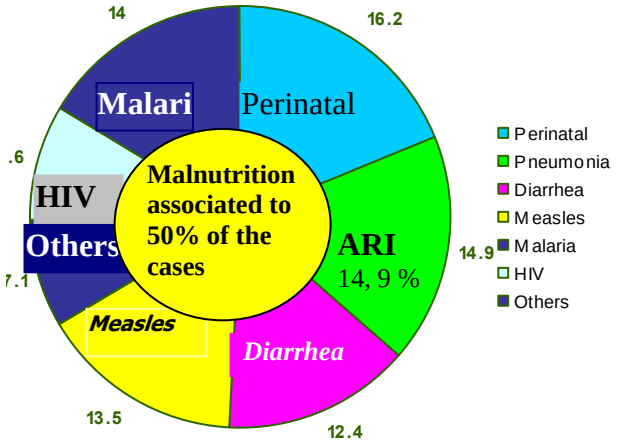
HOURS	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
8:00-9:30	Session 1: INTRODUCTION + Pre-test 30 ' - introductory session - Recall the C-IMCI framework of implementation - Organization of C-IMCI including Sites in a health area. 60' - Training objectives	Session 9 Light: danger/warning signs DIARRHEA	Session 14 Recall PRACTICE WITH FOCUS ON: - difficult Breathing - Counting respiratory movements - filling out forms.	Session 20 Recall Clinical Practice	Session 25 Clinical practice: 2Hours	Meeting of Cogesites
9:30-10:00 10:00 - 10:30	Session 2 Presentation of site management tools identification of patients Documentation of complaints.	Session 10 CLINICAL PRACTICE Sessions	Session 15 CLINICAL PRACTICE Sessions			Idem
10:30-10:45	Coffee-break	Suggestion ...	Break in the morning at 8H	Encourage	Time: 7:30 - 8:30	
10:45-11:45	Session 3 Exercises on Session 2 + role playing game	10-1245 CLINICAL PRACTICE Sessions (continuation)	CLINICAL PRACTICE Sessions	Session 21 To advise the mother	Session 26 MANAGEMENT OF THE DRUGS	Idem
11:45-12:45	Session 4 DANGER/WARNING SIGNS	10-1245 CLINICAL PRACTICE Sessions (continuation)	CLINICAL PRACTICE Sessions	Session 21 To advise the mother		Idem
12:45-13:30	Session 5 Weighing and Interpretation of the weight curves	Session 11 PRACTICE Fever, Diarrhea (Exercises A, B, C with choice) Session 6	Session 16 Case study	Session 22 Reference and reference note	Idem	Idem
13:30-14:30	LUNCH BREAK					
14:30-15:30	Session 6 VIDEO danger/warning signs	Session12 COUGH Theory Practice on the counting of respiratory movements	Session 17 MALNUTRITION	Session 23 Follow-up	Idem	Idem
15:30-16:30	Session 7 Practice on danger/warning signs	COUGH -Theory -Practice on counting of respiratory movements (continuation)	Session 18 PRACTICE - Session 6 (Malnutrition) - Practice summary Sessions 1-6	Session 24 Other management tools	Idem	Idem
16:30-16:45	COFFEE - BREAK					
16:45-17:30	Session 8 + Fever	Session 13 VIDEO presentation of a difficult breathing and fast breathing. Video practice.	Session 19 Vitamin A, Vaccination, weighing and other problems Practice	Session 25 Recall Integrated community based management	SUMMARY AND CLOSURE	SUMMARY AND CLOSURE
17:30	Summary of the day	Summary of the day	Summary of the day	Summary of the day		

Note: It is recommended to organize breakfast between 7:30 and 8:00 a.m. to stimulate arrival on time.

Justification of Community IMCI

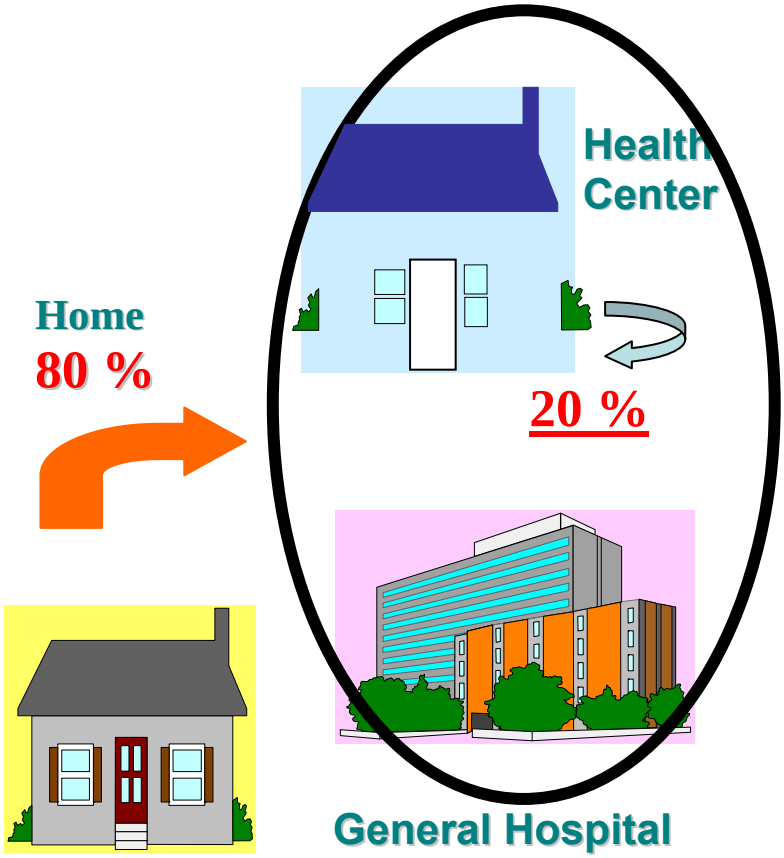
C-IMCI is justified by:
- The six common child killer diseases
- Malnutrition in the centre, and often associated with others
- The place where most of the sick children die, i.e. in the community.

DISTRIBUTION OF CAUSES OF DEATH IN CHILDREN LESS THAN 5 YEARS OF AGE

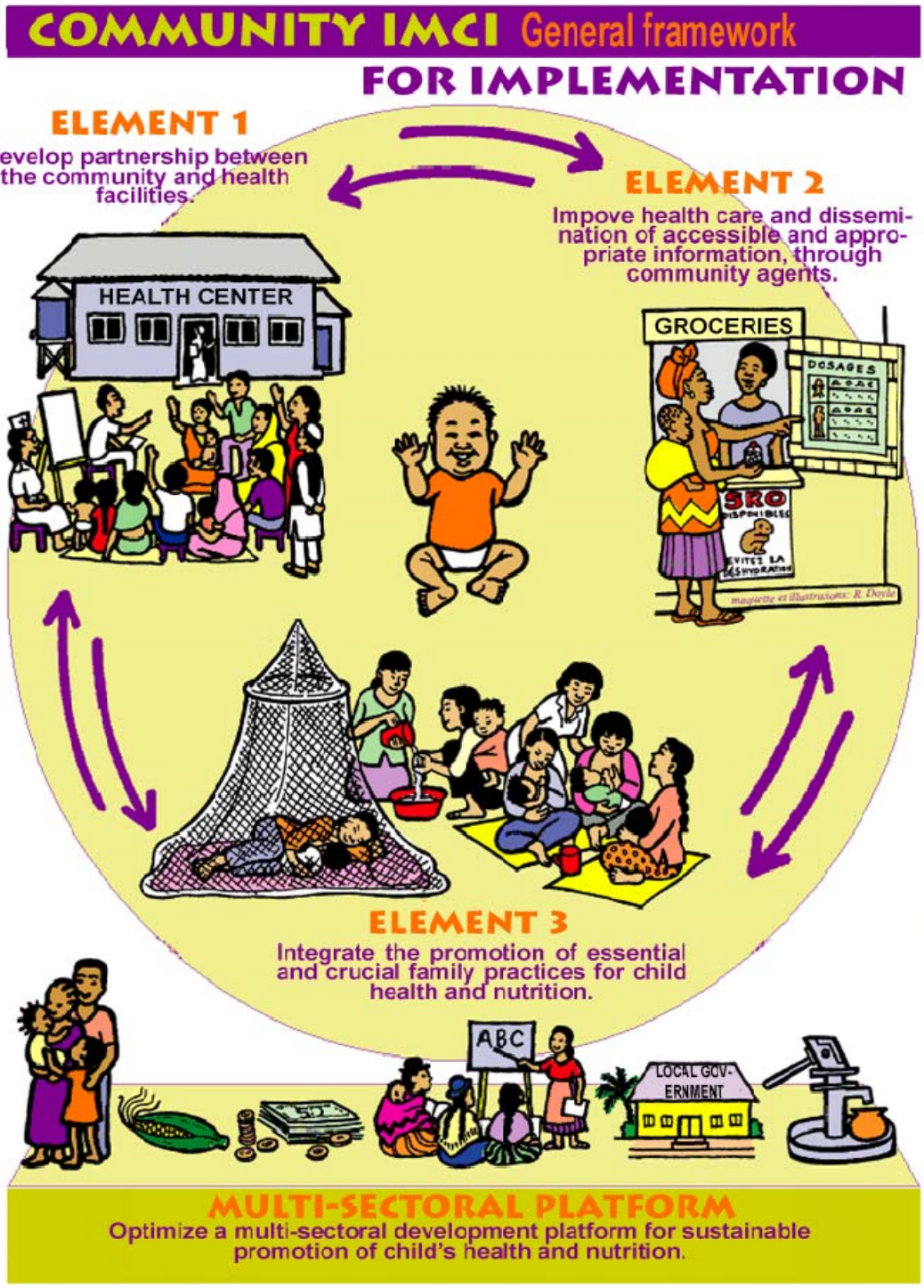


«These causes are preventable or curable »

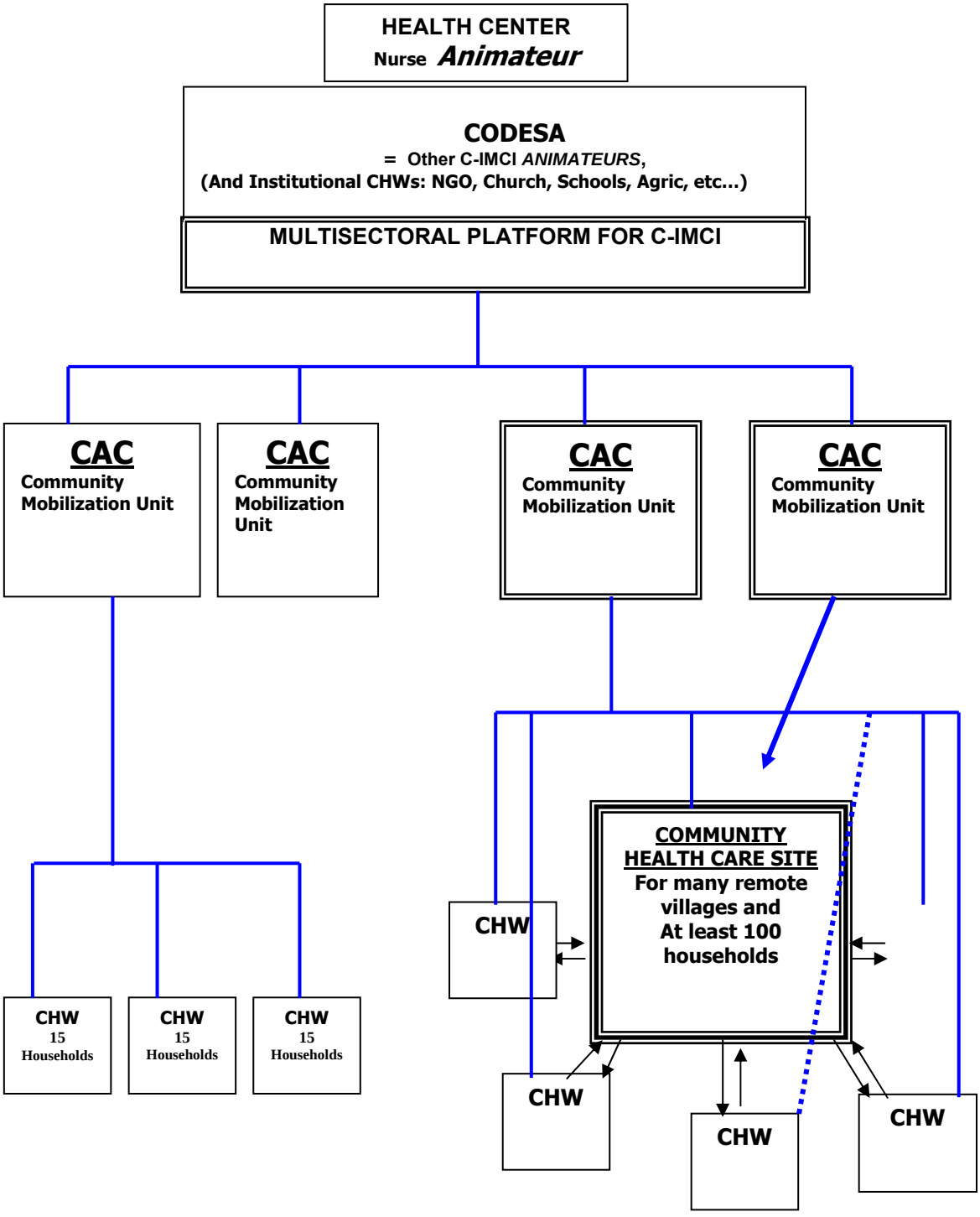
WHERE DO CHILDREN DIE?



Community IMCI framework for implementation



ORGANIZATION OF COMMUNITY IMCI



Note:
- **A site may comprise 2 or 3 (or more) remote villages**
- **Site CHWs collaborate with promotional CHWs in households**
- **The promotional CHW is in charge of 15 households.**
- **Several villages can be organized around one community site.**

Key practices in Community IMCI

15 family and community health practices to promote

They are grouped into four areas:

(1) Home based care.
(2) Search for health care and adherence.
(3) Disease prevention.
(4) Promotion and development of growth.

Practice area	*RECOMMENDED KEY PRACTICES*
1. Home based care	*1. Give appropriate treatment at home* *2. Continue feeding and increase fluids in the sick child*
2. Disease prevention	*3. Completely immunize the child before his 1st birthday*
	4. Continue weighing of the child up to 5 years
	5. Have the mother and child sleep under a mosquito net
	6. Proper disposal of feces and wash hands with soap or ash after defecation, before preparing food and feeding the child.
	7. Adopt and maintain an appropriate behavior as regards the prevention and treatment of HIV/AIDS
3. Promotion of growth and development	*8. Exclusively breastfeed the child for 6 months...* *(for a child whose mother is HIV positive, discuss with the mother the different options for feeding the child)*
	9. From 6 months, provide appropriate complementary feeding; and continue to breastfeed th child for at least 24 months
	10. Provide adequate nutrients (Vit A, Iron, iodine) through diet or supplements
4. Search for health care and adherence	*11. Recognize when the child needs treatment outside home; and take him to a health agent*
	12. Follow the advice of the health agent regarding treatment, follow up and reference.
	13. Ensure that any pregnant woman receives ANC, malaria treatment, tetanus immunization, iron supplementation, and has access to an assisted delivery. And give the mother a pill of Vitamin A within 8 weeks after delivery.
	14 Ensure that the woman has the support of his family and community at delivery, durin post partum and during breastfeeding.
	15. Engaging men in child care and reproductive health activities

THE SITE CHW:

Learning objectives for the site CHW

At the end of his training, the CHW will be able to:

1. Treat a sick child aged between 0-5 years and correctly fill out the patient form at the community health care site.
2. Look for danger/warning signs in children aged between 0-5 years.
3. Assess, classify fever, diarrhea, cough and respiratory problems in children less than 5 years
4. Assess the nutritional problems of any child less than 5 years who is sick.
5. Treat the sick child and advise the mother on the child's problems
6. Carry out follow-up visit to sick children
7. Advise the mother on the health of her child
8. Fill out site management tools for treatment of cases
9. Manage the stock of medicines at the site

SESSION 1: Presentation of the form, identification and collection of complaints

I. Objectives

At the end of this chapter, the CHW in charge of the site will be able to:

Correctly fill out the patient form at reception of the sick child at the site, including:

- Site identification
- Identification of sick child
- Record of complaints of the child

II. Community site patient form

The site CHW will learn to use the **standard patient form** for the management of cases at the site level. This form contains necessary guidance so that the CHW commits the fewest mistakes possible.

Thus; it is necessary that these standard forms are always available at the community health care sites.

It is also recommended that the colors are taken into account in the reproduction of these forms to enable the understanding of the CHW. These forms are designed in such a way that the CHW would write the least possible. They often have two things to do: **CHECK and ENCIRCLE**, besides the identification and registration of children.

Chapter 1 is meant to teach the CHW how to go through the patient form when taking care of the sick child. Clarifications on the child's examination will be given throughout the following chapters.

DEMOCRATIC REPUBLIC OF CONGO / MINISTRY OF HEALTH

CHILD PATIENT FORM **Form N°**.....

DATE: ...../...../..... **NAME OF THE SITE CHW** (*Relais*).....

HEALTH ZONE: ..... **HEALTH CENTER:** ..... **SITE:** ....

1. IDENTIFICATION

Names: ..... **Mother's Name:** ..... **Adress:** .....

Gender M F **Age** ..... **Weight** ....Kg **Child's Nutritional status** Green Yellow Red

2. COMPLAINTS (Tick NO or YES)

	NO	YES	For how many days	Treatment received at home
Fever			.....days	.....
Diarrhea.....			.....days	.....
Cough or cold.....			.....days	.....

SPECIFY other complaints..... .....

3. LOOK FOR DANGER OR WARNING SIGNS (REFER IF YES)

ASK, SEARCH Tick	NO	YES
Infant from 1week to 2 months brought to the SITE	NO	YES
Nutritional status of the child , RED	NO	YES
Is the child able to drink or breastfeed?	NO	YES
Does the child vomit all that he consumes?	NO	YES
Did the child have convulsions or is convulsing now?	NO	YES
The child is unconscious or not responding to external stimuli	NO	YES

ASK, SEARCH Tick	NO	YES
Palmar pallor or anemia	NO	YES
Difficulty breathing or wheezing	NO	YES
Any disease that lasts 15 days or more	NO	YES
The child is often sick	NO	YES
The child is very weak	NO	YES
The child becomes sicker despite adequate home care	NO	YES

4	**FEVER** (= Hot to the touch or history of fever within the 2 days)	(Tick) NO YES		
	REFER IF:	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)	NO YES	FEVER case to be REFERRED
		- Fever with generalized rash	NO YES	
	FEVER case to be treated at the site	All the problems above are absent,	NO YES	MALARIA
5	**DIARRHEA**	(= Loose stool 3 times per day or more)	NO YES (Tick)	
	REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or	NO YES	DIARRHEA case to be REFERRED
		- Blood in the stool, or	NO YES	
		- Liquid diarrhea (like water)	NO YES	
	DIARRHEA case to be treated at the site	All the problems above are absent	NO YES	Simple DIARRHEA
6	**COUGH or COLD**	NO YES (Tick)		
		Respiratory mvts= Nber ..... per Minute (Write)		
	BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year	NO YES	PNEUMONIA
		- 40 respiratory movements (or more) in a child aged > year	NO YES	
	BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year	NO YES	COUGH or COLD
		- less than 40 respiratory movements in a child aged > 1 year	NO YES	
7	**MALNUTRITION**	(we have to search for point 7, 8, and 9 in every child)		
	SEVERE MALNUTRT° to be referred	- Visible and severe Thinning	NO YES	Severe MALNUTRIT°
		- or swollen lower limbs	NO YES	
	Slight MALNUTRITION or Children at risk	Low weight for age: - In the YELLOW stripe, or	NO YES	SLIGHT MALNUTRITION or Child at risk
		- Stationary weight or decrease after 3 successive weightings	NO YES	
	NO MALNUTRITION	- Normal weight (GREEN Zone),	NO YES	NO MALNUTRITION
		- No signs of malnutrition	NO YES	

8. VACCINATION STATUS, CPS and Vitamin A **CPS CARD SEEN.** NO YES (Tick)

	- Did the child attend to weighing sessions?	NO YES	*Catching up*	NO YES
	- Is the child immunized?	NO YES	*Catching up*	NO YES
	- Did he receive Vitamin A?	NO YES	*Catching up*	NO YES
9	**OTHER PROBLEM** ANY OTHER PROBLEM (refer)	NO YES	OTHER: Refer	

10. *REFERRED CASES* NO YES

- If the child can breastfeed or drink; continue to breastfeed on the way (or give expressed milk in a cup) or give sugar water in case of a weaned child
- INFANT of 1 week to 2 months: keep the child warm

ADVICE FOR CASES REFERRED TO THE INTEGRATED HC

- IF FEVER: Paracetamol (½ Tab for child < 3 years old, ¾ Tab for child between 3-5 years old) + Bath in plain water or wrap the head wet in case of high fever.
- IF DIARRHEA: give frequently sips of ORS with a cup, (even in case of exclusive breastfeeding)

NOTE: FILL OUT THE REFERENCE FORM AND REFER

11. TREATMENT

TREATMENT OF FEVER/MALARIA

1) Drugs
   A) ANTI MALARIA drugs:
   - Child 2-6 month: QUININE drops 20%(1 drop/kg of weight, 3 times per day, for 7 days)
   - Child 7-11 months: Art ½ Tab + AQ ½ Tab, for 3 days (TOTAL 1½ Tab Art + 1½ Tab AQ)
   - Child 12-59 months: Art 1 Tab + AQ 1 Tab, for 3 days

   Note: In case of lack of ART+AQ, give the SP according to the following dosage:
   - Child 2-11 months: SP ½ Tab single-dose, only for 1 day
   - Child of 1-2 years: SP ¾ Tab single-dose, only for 1 day.
   - Child of 3-5 years: SP 1 single-dose Tab, only for 1 day

   B) Paracetamol 500 Mg Tab: (4 times per day).
   - Child less than 3 years old: ½ Tab, for 2 days (TOTAL 4 Tab)
   - Child above 3 years old: ¾ Tab, for 2 days (TOTAL 6 tab)

2) Advice: See CHART 1
3) Appointment after 2 days

TREATMENT OF DIARHEA

1) Drugs:

   a) ORS (at least 2 bags) or other recommended liquids:
   - ½ glass of ORS after each stool: Child < 2 years
   - 1 glass of ORS after each stool: Child 2 years and above

   (If Vomiting: Wait 10 min. then give again)

   b) Mebendazole: 100 mg Tab 2 times per day for 3 days (TOTAL 6 Tabs) (or 1 Tab of 500 mg single-dose from one year of age)

   c) Zinc Tab for 10 days with the following dosage:
   - ½ 20 Mg tab, child of less than 6 months (TOTAL : 5 Tabs)
   - 20 mg tab, child 6 months and above (TOTAL: 10 Tabs)

2) Advice: See CHART 2
3) Appointment after 2 days

TREATMENT OF PNEUMONIA AND COUGH/COLD

1) PNEUMONIA :

   a) COTRIMOXAZOLE
   - Child 2 - 6 months: ¼ Tab 2 times per day for 5 days (TOTAL 2½)
   - Child 6 months - 3 years: ½ Tab 2 times per day for 5 days (TOTAL 5 Tab)
   - Child 3 years - 5 years: 1 Tab 2 times per day for 5 days (TOTAL 10 Tab)

   b) Remedy against cough: Lemon juice (diluted) or honey
   c) If fever: See Treatment for malaria.

2) SIMPLE COUGH OR COLD:
   a) Remedy against cough (Lemon juice or diluted honey)
   b) If fever: See treatment for malaria.

3) Advice: See CHART 3
4) Appointment after 2 Days

MANAGEMENT OF SLIGHT MALNUTRITION

1) Drugs

   a) Mebendazole : 100 mg Tab 2 times a day for 3 days (TOT 6 Tabs) (or 500 mg Tab single dose from one year of age)

   b) Ferrous sulfate 1 tablet per day for 1 month (TOT 30 Tabs)

2) Advice : See CHART 4

3) Appointment after 2 days to verify whether the advice given was followed,

   Then appointment after 7 days

12. CATCHING UP (See Vaccination status, CPS & Vit. A, and advice for catching up if necessary)

In all cases, encourage the mother to continue child weighing sessions, immunization and Vitamin A supplementation at the HC

13 FOLLOW UP VISIT CARRIED OUT? NO YES — INSTRUCTIONS FOR FOLLOW UP APPOINTMENT.

A. **POSSIBILITY n°1:** The child's mother returned ☐

Tick if:
- a. Returned according to the given appointment ☐
- b. Returned immediately due to child worsening health ☐

POSSIBILITY n°2: The child's mother did not return ☐

Tick why she did not return:
- a. Consultation by a traditional practitioner or traditional treatment ☐
- b. Lack of money ☐
- c. Child got better ☐
- d. Mother's activities: Seller, field, work, illness in the family... ☐
- e. Death ☐
- f. Other causes: ☐

B. IS THE CHILD's STATE AGGRAVATED? (Ask the mother) NO ☐ YES ☐ (Tick) IF YES, REFER

C. DOES THE CHILD HAVE A NEW COMPLAINT? NO ☐ YES ☐ IF YES, TAKE A NEW FORM

D. LOOK FOR WARNING AND DANGER SIGNS — REFER IN CASE A SINGLE SIGN IS PRESENT

	NO	YES
• The child is unable to drink or breastfeed	☐	☐
• The child vomits all that he consumes	☐	☐
• Had convulsions or convulsing now	☐	☐
• Unconscious or very weakened	☐	☐
• Difficult breathing (pulling or wheezing)	☐	☐
• Palmar paleness (anemia)	☐	☐
• The child becomes sicker	☐	☐

	NO	YES
• Fever that persists despite treatment	☐	☐
• Appearance of rash and/or pruritus	☐	☐
• Dehydration signs	☐	☐
• Blood in the stool,	☐	☐
• Very liquid diarrhea (like water)	☐	☐
• or another abnormal phenomenon	☐	☐

E. IF THE CHILD HAD COUGH OR COLD, Nber of respiratory mvts/minute ☐ Fast Respiration? NO ☐ YES ☐ REFER IF YES

F. VERIFY IF THE CHILD RECEIVED HIS DRUGS AS PRESCRIBED. Did he receive his dose? NO ☐ YES ☐
- Verify the remaining quantity of drugs in the mother's bag.

G. ADVISE TO CONTINUE CHILD TREATMENT
- Ask the mother to recall how she administered the drugs (review the «3 HOWS »)
- If the mother administered well the drugs, CONGRATULATE AND ENCOURAGE HER TO CONTINUE THIS WAY
- If the mother has administered the drugs inappropriately, make a demonstration on drug dispensation (review the « 3 HOWS ») then ask her to repeat and administer a dose in your presence. Verify her understanding.

SESSION 1 (CONTINUED): IDENTIFICATION AND DOCUMENTATION OF COMPLAINTS

a) Site identification

Write in the dotted space the village, the health area (Name of the HC) and health zone in which site is located.
First mention the date, then the Form Number, in order of arrival during this month.
THE INTEREST OF SITE IDENTIFICATION: among others, during reference or feedback; it is necessary to know where the child came from.

Democratic Republic of Congo/ Ministry of Health
PATIENT FORM FOR SICK CHILD. FORM N° .....

DATE: ...../..... /..... NAME OF SITE CHW .....

HEALTH ZONE: ..... HEALTH CENTER ..... SITE: .....

b) Identification of the sick child

Complete the identification below, by asking the following questions to the mother (or guardian of the child):

Democratic Republic of Congo/ Ministry of Health
PATIENT FORM FOR SICK CHILD. FORM N° .....

DATE: ...../..... /..... NAME OF SITE CHW .....

HEALTH ZONE: ..... HEALTH CENTER ..... SITE: .....

1. IDENTIFICATION
Names.....Name of the mother..... Address: .....

Gender	**M**	**F**	**Age**	.....	**Weight**	.....kg	**Nutritional status of the child**	**Green**	**Yellow**	**Red**

- Tick if gender is Male: M or female: F For example: F
- Regarding the age of the child:
  - less than 1 year, mention the age in **months**,
  - More than one year, write the number of years and months. For instance: 1 year and 4 months.
- Measure the weight of the child and write it
- Immediately interpret the curve, to be able to say if the child is in the green, yellow or red strip according to his weight. Tick the constant nutritional status of the child. For instance: Green

2). COLLECT THE CHILD'S COMPLAINTS AND HISTORY OF HIS DISEASE

Ask: what is he complaining about (fever, diarrhea, cough/cold, others), for how many days, and what treatment did he receive at home.

2. COMPLAINTS	**(Tick NO or YES)**		**For how many days**	**Treatment received at home**
Fever	**NO**	**YES**	**days**	
Diarrhea	**NO**	**YES**	**days**	
Cough	**NO**	**YES**	**days**	

SPECIFY other complaints..... .....

Tick for each complaint YES or NO, If that sign is present, for example **Fever.....** YES

- Go through the complaints, one after another and note each time YES or NO.
- Indicate how many days the child has had this complaint for
  Example : 2 **days**
- Indicate the treatment received at home
  For example: .....
  (if the child received nothing, leave a black space

The patients register

At this level, introduce the PATIENTS REGISTER to the CHWs, so that they may learn how to write information in it as they progress through the training session.

Session 2
SEARCH THE DANGER OR WARNING SIGNS IN CHILDREN LESS THAN 5 YEARS OF AGE

2.1. OBJECTIVE.

At the end of this chapter, the CHW in charge of the community site should be able to:

- Recognize the danger or warning signs that require immediate reference to the health center;
- Systematically search for these signs in every sick child;
- Advise the mother about reference to the Health center

2.2. DANGER OR WARNING SIGNS to search for at the site

These signs are listed in the following table.
And every time a sign is present, you should first ENCIRCLE the specific sign and then tick/check in the box to say YES: ☑
If the sign is absent, tick in the corresponding "NO" box ☐

Important Note:
In the danger/warning signs column, you should always mark/tick NO or YES, to make sure that the CHW has verified everything and nothing is omitted.
But, where there is warning sign, you should also ENCIRCLE. *(See example below of a much weakened child).*

After searching for danger/warning signs, even A SINGLE warning sign is enough to refer the child

3. LOOK FOR DANGER OR WARNING SIGNS (REFER IF YES)

ASK, SEARCH	Tick	NO	YES
Infant from 1week to 2 months brought to the SITE		NO	YES
Nutritional status of the child , RED		NO	YES
Is the child able to drink or breastfeed?		NO	YES
Does the child vomit all that he consumes?		NO	YES
Did the child have convulsions or is convulsing now?		NO	YES
The child is unconscious or not responding to external stimuli		NO	YES

ASK, SEARCH	Tick	NO	YES
Palmar pallor or anemia		NO	YES
Difficulty breathing or wheezing		NO	YES
Any disease that lasts 15 days or more		NO	YES
The child is often sick		NO	YES
The child is very weak		NO	YES
The child becomes sicker despite adequate home care		NO	YES

Danger sign = RED LIGHT

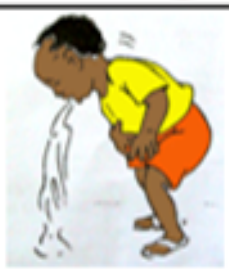
Recall the concept of RED, YELLOW and GREEN traffic lights.

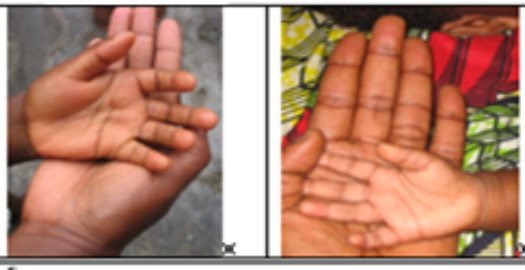
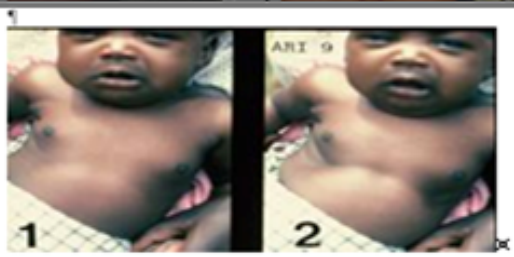
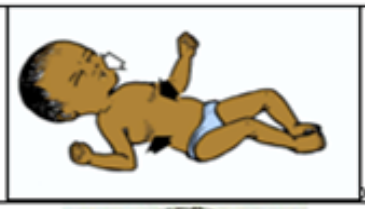
IN CASE OF A SINGLE DANGER/WARNING SIGN, STOP EXAMINATION AND REFER THE CHILD, by following the advice on the reference, including:

1. Make sure you wrote on the patient form data on:
    i. Identification
    ii. Complaints on arrival
    iii. The identified danger sign
2. Fill out the reference note
3. Give the mother advice for the reference and recommended medicine (or case by case)
4. Dismiss the mother informing the community
5. Record the data in the register

2.3. RECOGNIZING DANGER/WARNING SIGNS

It is important that in the search for danger/warning signs; the CHW explains to the mother, for a progressive education of parents to recognize danger/warning signs.

	DANGER OR WARNING SIGNS	ILLUSTRATIONS	HOW TO LOOK FOR THEM
1	Infant, 1 week to 2 monhs brought to the site.		From the moment that the mother brought him to the site, the infant should be referred to the HC
2	Child's nutri-tional status - RED		The child's weight for age is below the lower curve on CPS card
3	The child is unable to drink or breastfeed.		When the baby is given breast-milk or water, there is no swallowing movement at the throat. The breastmilk or water falls without being swallowed.
4	The child vomits everything he consumes		The child vomits everything he takes: water, food, milk (breastmilk). This is different from selective or repetitive vomiting.
5	The child is convulsing or had convulsions		Even if the child had convul-sions at home, we must consider what the mother says.
6	The child is unconscious or he is not responding to external stimuli		He doesnt respond to external stimuli (such as tapping, call, etc). He may have capped eyes. Significant weakness should also be a warning sign!

	DANGER OR WARNING SIGNS	ILLUSTRATIONS	HOW TO LOOK FOR THEM
7	**Anemia or Palmar pallor**		The palor will show a white hand But good colouring will show redness of the palm of the child's hand.
8	**Difficult breathing Costal breathing or wheezing**		In case of difficult breathing, we can observe: - regular titration or sag on the thorax during inspiration (at the base of the chest or above the chest) - You can also hear a regular hiss during breathing. - There often are mouvements of nose wings as well.
			
9	**Any disease that lasts 15 days or more**		
10	**Every child who is often sick**		
11	**The child becomes sicker despite adequate health care given at home**		The state of the child gets worse or other signs appear while he is receiving treatment.
12	**Very weak child**		

P.S IN CASE OF A SINGLE DANGER OR WARNING SIGN , STOP EXAMINATION AND REFER THE CHILD FOLLOWING ADVICE ON REFERRED CASES.

CLASSIFICATION

After searching a sign (i.e. examine and assess the child for possible illness), you have to classify, i.e. give the probability of diagnosis or say what it is…

Thus, in case there is a danger/warning sign the classification would be: **"Danger/Warning sign**. (YES)**"**

2.4. REFERRAL MANAGEMENT

CHW's worksheet at the community health care site

GIVE ADVICE TO THE MOTHER FOR EVERY REFERRED CASE
• Consult the closest Integrated HC • If the child can breastfeed or drink, on the way: → Continue to breastfeed the child on the way (or give milk in a cup) → Or, if the child is weaned, give him sugar water (4 Tbsp of sugar in 1 cup of water) • For infants of 1 Week to 2 months: Keep the infant warm and against his mother and covered, lest he catches a cold on the way to the health center.
In addition, In case of FEVER, • Give paracetamol (½ Tab for less than 3 years, ¾ Tab between 3-5 years). And bring the child to the HC • If high fever: + - Bath with plain water (warm) - Or wrap the head with a wet piece of fabric.
In addition, In case of DIARRHEA : • If the child breastfeeds, continue to breastfeed the child on the way (or give milk in a cup), • And have the child frequently drink sips of ORS with a cup, on the way (even in a period of exclusive breastfeeding)
In addition, In case of cough/cold or breathing problems • Give in pre-reference: - 1 spoon of honey or lemon juice - Cotrimoxazole according to the child's age • Cover the child on the way to the HC to avoid cooling

In addition,

WRITE THE REFERENCE NOTE:

- The name of the sick, gender, age, address
- Sign or identified health problem
- Received treatment
- CHW's signature, Name and date...

SESSION 3: Assess, classify and treat fever in children aged less than 5 years

3.1. Objective

At the end of this chapter, the CHW in charge of the community health care site will be able to:

a) Recognize fever in a sick child.
b) Search for the signs associated with fever
c) Refer cases which are beyond the competence of the community sites
d) Administer appropriate community health care, give the mother appropriate advice, as the case may be referred or treated in the community.

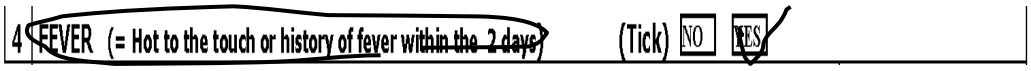
3.2. Fever definition

We consider fever as any case where the child is hot to touch, or if he has a temperature ≥ 37,5° C (measured with a thermometer), or if the mother says that the child was hot to touch in 48 hours.

3.3. Steps of fever assessment

In case of fever, you must first ENCIRCLE, either hot to touch, or history of fever, or both situations at the same time according to the case. And then tick **YES** ; for example:

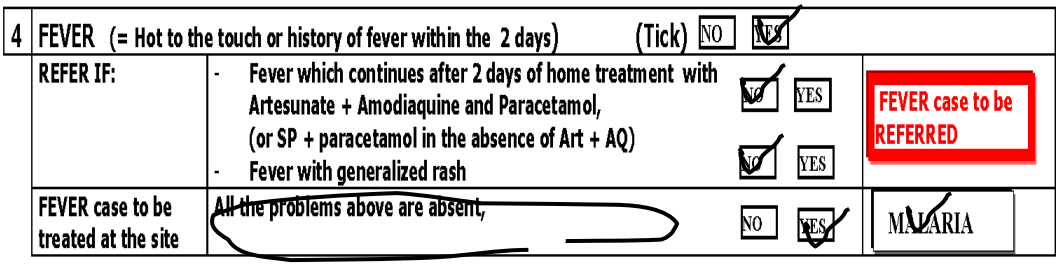
Si la fièvre est absente, ne rien entourer, et cocher NON



a) Fever case to be referred

When we have encircled YES, we enter the following box to assess or search signs that are associated with that fever and which would cause to refer the case.

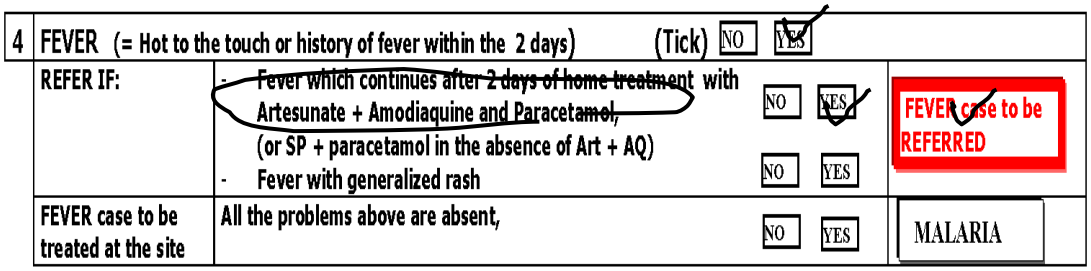
ENCIRCLE every time the sign is present. Then, tick YES. And afterwards, tick on the classification. For example:



In case no sign is present to refer the case, do not encircle anything, and tick NO.

b) Fever to be treated at the community health care site

The CHW, after ticking YES to enter the following box, and then ticks NO for all absent signs.
At the end, He encircles the "all the problems above are absent" answer, ticks YES, and then MALARIA



3.3. FEVER/MALARIA MANAGEMENT

1) Drugs dosage

Every case of fever or hot to touch must be treated as MALARIA, with the following drugs:

a) ARTESUNATE + AMODIAQUINE + PARACETAMOL, in the following manner:

- **Inf 7-11 months: Art ½ Tab + AQ ½ Tab, for 3 days (TOT 1½ Tab Art + 1½ Tab AQ)**
- **Inf 12-59 months: Art 1 Tab + AQ 1 Tab, for 3 days (TOT 3 Tab each)**

Note: Children less than 7 months do not receive ART+AQ. Then they must be treated with liquid quinine according to the following dosage: QUININE drops 20% (1 drop/ weight kg, 3 times per day, for 7 days)

b) Paracetamol Tab 500 mg: (4 times/day)

- **Inf. of less than 3 years: ½ Tab, for 2 days (TOT 4 Tab)**
- **Inf. of more than 3 years, ¾ Tab, for 2 days (TOT 6 Tab)**

2) Advice: See CHART 1

3) Appointment after 2 days: REFER IF NO CHANGE

NOTICE: In case there is no ART + AQ, see dosage of Sulfadoxine Pyrimethamine (SP)

DOSAGE FOR MALARIA TREATMENT

- ARTESUNATE + AMODIAQUINE + PARACETAMOL

Age group	Weight		1st Day		2nd Day		3rd Day	
			ART	AQ	ART	AQ	ART	AQ
7 - 11 months	7-10 Kg							
12 to 59 months	11 to 20 Kg							
1-5 years								
6- 13 years	21-40 Kg							
>13 years	>40 Kg							

PARACETAMOL in case of fever

	2 to 11 months	1 to 2 years	3 to 5 years	6 to 10 years	10 to 12 years	13 to 15 years
	 5-10 Kg	 11-13 Kg	 14-20 Kg	 21-30 Kg	 31-41 Kg	 41-60 Kg
In case of fever, give PARACETA-MOL 4 times a day						
	Less than 3 years old: 1/2 Tab		3 to 5 years old 3/4 Tab			

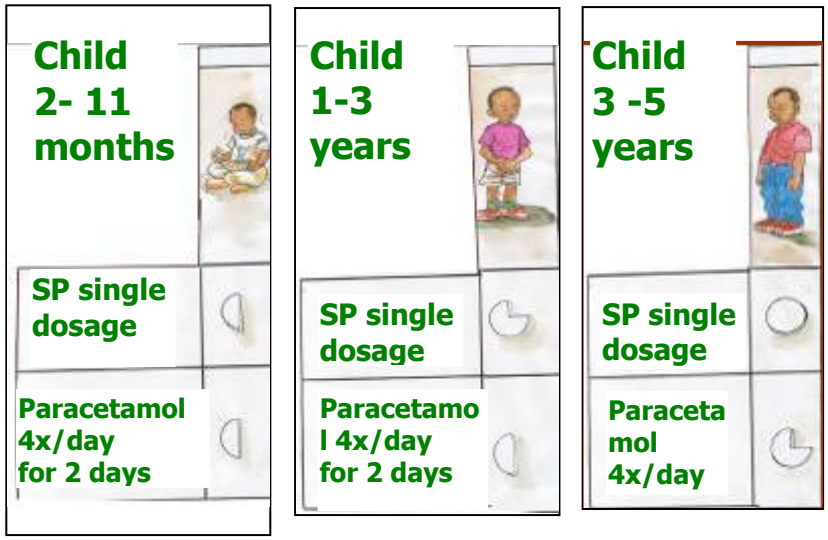
3.3. FEVER/MALARIA MANAGEMENT
(USE SP IN CASE THE ART + AQ IS UNAVAILABLE)

1) Dosage

Every case of fever or when the body feels hot to the touch must be treated as malaria MALARIA, with the following drugs:

SP and Paracetamol, in the following manner:

- SP in single dose: ½ Tab if infant is 2-11months old, ¾ Tab between 1-2 years, and 1 Tab between 3-5 years.
- Paracetamol: ½ Tab for less than 3 years old, ¾ Tab between 3-5 years, 4 times/day (or every 6 hours)



2) Advice to the mother

a) Appointment after 2 days

b) WHEN IT IS NECESSARY TO COME BACK TO THE SITE (during child's treatment)

THE CHILD GETS SICKER, or other abnormal signs appear (Example : fever rises, difficult breathing, blood in the stool, paleness, etc	**REFER,** • **If he comes back immediately,** • **or if he comes back for the same disease within a month**

c) The 3 rules of home treatment:
- Continue feeding the sick child
- Increase the quantity of fluids to drink (or breastfeeding in it is exclusive)
- WHEN TO COME BACK IMMEDIATELY to the site

d) KEY RECOMMENDED PRACTICES:
- Children between 0-5 year and pregnant women must sleep under a treated mosquito net
- Exclusive breastfeeding for infants under 6 months.

NOTE

REFER to the Health center if the CHILD comes back immediately to the site (see above). Or if the child does not get better on the follow up visit (Appt on the 3rd day). Or if the child comes back with fever within a month.

SEE CHART N° 1: FEVER/MALARIA (Enclosed Job aid)

SESSION 4: Weighing and growth curve interpretation

(See growth curve on the next page)

The CHW and the mother will have to learn to interpret the growth curve in order to know that :

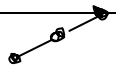
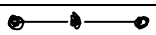
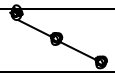
- The child has normal weight for his age: Weight which is located above the curve in **BOLD** (or between the upper and intermediate curves) = **Green** Zone **(Good)**
- The child is a little underweight for his age : weight located **UNDER** the curve in bold (but above the lower curve in a **dotted line**) = **YELLOW** Zone **(Warning)**
- The child is highly underweight for his age (weight located under the lowest curve) = **RED** Zone **(danger)**

	Green	**GOOD**
	Yellow	**WARNING**
	Red	**DANGER**

THE INTERPRETATION OF THE GROWTH CURVE AFTER MANY SUCCESSIVE WEIGHINGS

(Link corresponding points on the form and observe the **trend** of the curve) :

- A growing curve after 3 successive weighing sessions is good, it shows that the child is growing well and it is a sign of good nutritional status.
- A stationary or downward curve after 3 successive weighing sessions is a warning sign; it is either a health or nutritional problem; and is to be considered as MALNUTIRITION.
- A downward curve after successively weighing the child 3 times is a serious warning sign which must raise much attention.

	GOOD
	WARNING
	WARNING (+)

Weighing technique (with Salter Scales) :

a) Preparation of Material:

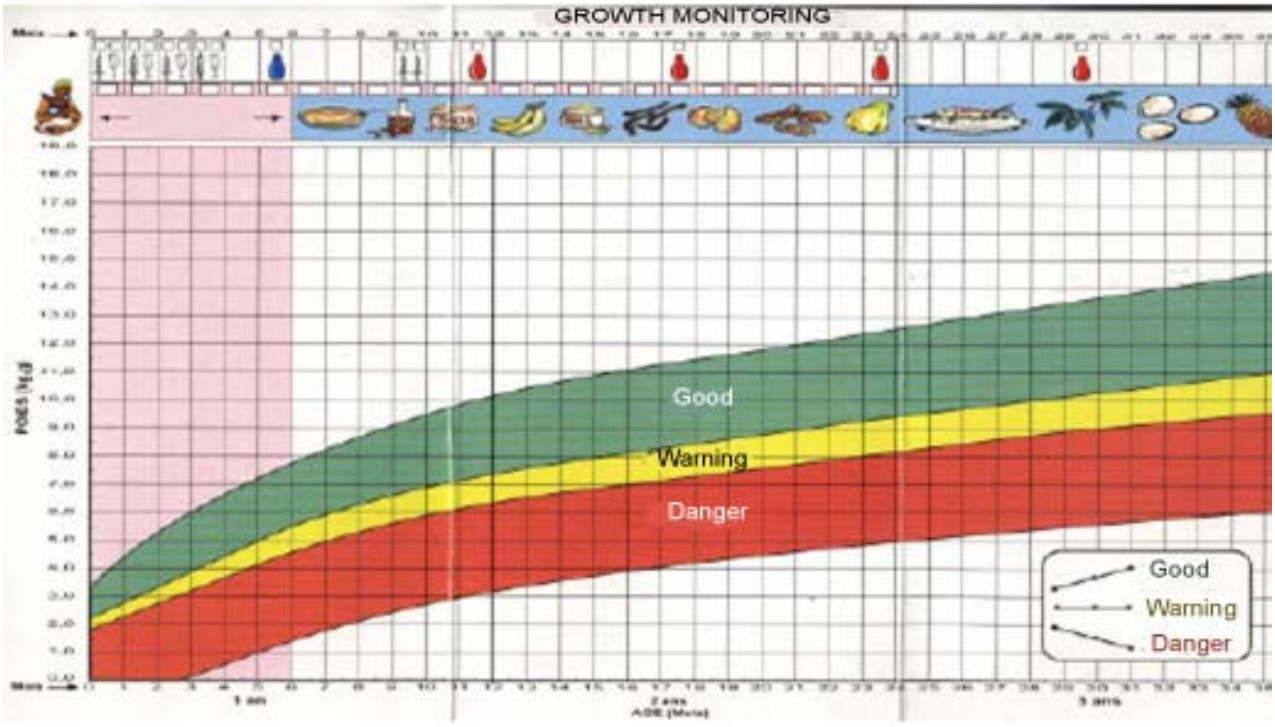
- Suspend the Salter scales to a tree or a solid beam
- Hang the weight pants on the scales and put the needle to zero.
- Prepare growth follow up forms, registers and pens.

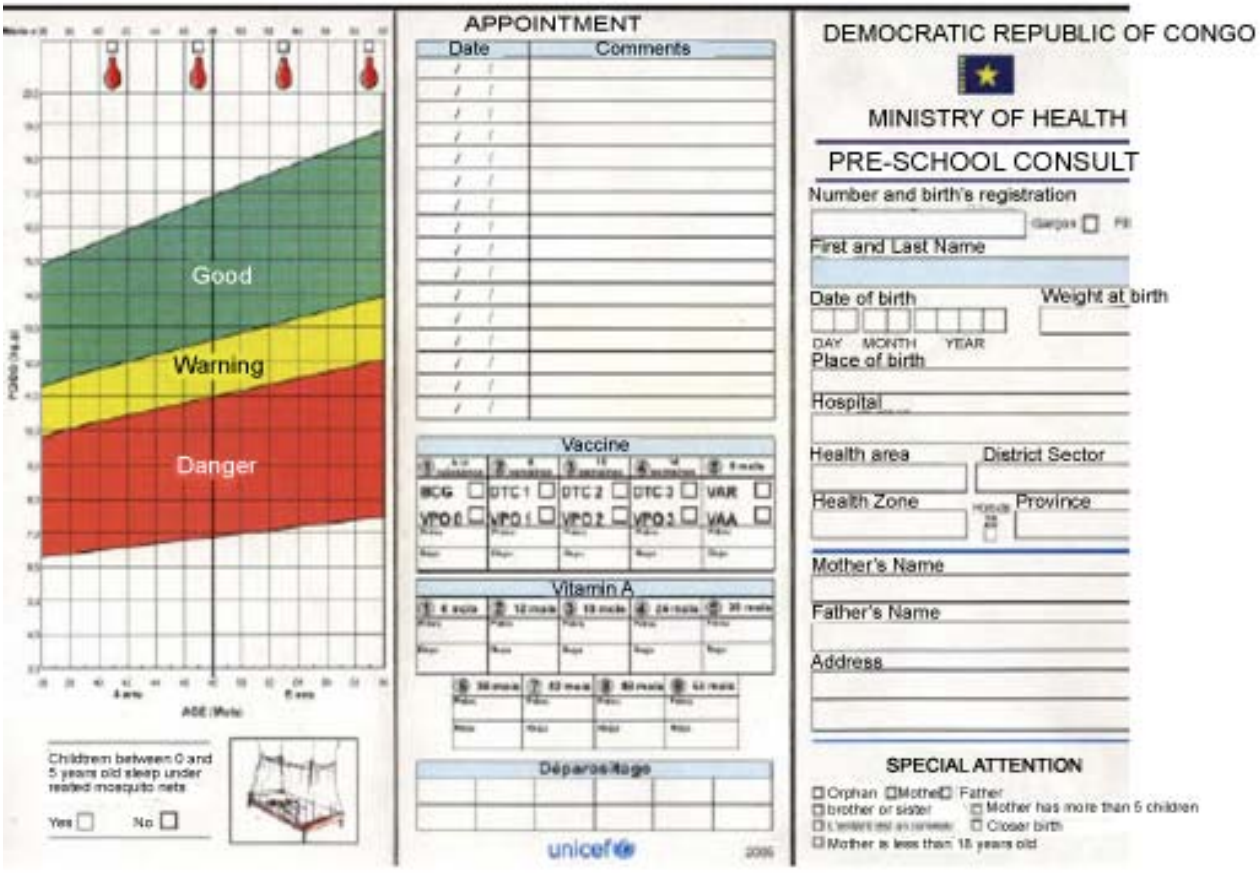
b) Weighing steps on Salter scales.

- Take off the child's clothes and put the child in the weight pants.
- Attach the weight pants' straps to the scales.
- Read the weight when the needle is stabilized.
- Write the read weight on the growth follow-up form.
- Tell the weight to the mother.
- Show the point on the curve and indicate the corresponding color: Red, Green or Yellow.

Completing the form and drawing the curve

- Indicate the weight by a point in the box corresponding to the intersection of the column indicating the month and the horizontal row representing the weight.
- The point is put in the middle of the corresponding box.
- After many successive weighing sessions , link the points in order to get the curve


GROWTH MONITORING
Good
Warning
Danger
Good
Warning
Danger


Good
Warning
Danger
Children between 0 and 5 years old sleep under treated mosquito nets
Yes
No
APPOINTMENT
Date
Comments
Vaccine
BCG
DTC 1
DTC 2
DTC 3
VAR
VPO 0
VPO 1
VPO 2
VPO 3
VAA
Vitamin A
Déparasitage
unicef
DEMOCRATIC REPUBLIC OF CONGO
MINISTRY OF HEALTH
PRE-SCHOOL CONSULT
Number and birth's registration
First and Last Name
Date of birth
DAY
MONTH
YEAR
Weight at birth
Place of birth
Hospital
Health area
District Sector
Health Zone
Province
Mother's Name
Father's Name
Address
SPECIAL ATTENTION
Orphan
Mother
Father
brother or sister
Mother has more than 5 children
Closer birth
Mother is less than 18 years old

SESSION 5: Assess, classify and treat diarrhea in children aged between 0-5 years

4.1. Objective

At the end of this chapter, the CHW in charge of the community health care site should be able to:

a) Recognize diarrhea in a sick child.
b) Look for signs associated with diarrhea.
c) Refer cases which are beyond the site's competence
d) Provide appropriate community health care

4.2. Definition of diarrhea

Diarrhea is identified as the emission of liquid stools 3 times per day or more.

4.3. Diarrhea assessment steps

If diarrhea is present, you must first CIRCLE « stool 3 times per day or more ». Then tick **YES**

5	DIARRHEA	(= Loose stool 3 times per day or more)	NO	YES	(Tick)
	REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or - Blood in the stool, or - Liquid diarrhea (like water)	NO NO NO	YES YES YES	DIARRHEA case to be REFERRED
	DIARRHEA case to be treated at the site	All the problems above are absent	NO	YES	Simple DIARRHEA

If diarrhea is absent, do not circle anything, and tick NO

a) Diarrhea referral

When we encircled YES, we look at the following box to assess or search the signs associated to that diarrhea and which necessitate referral.

Each time ENCIRCLE the present sign. Then, tick YES. For example:

5	DIARRHEA	(= Loose stool 3 times per day or more)	NO	YES	(Tick)
	REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or - Blood in the stool, or - Liquid diarrhea (like water)	NO NO NO	YES YES YES	DIARRHEA case to be REFERRED
	DIARRHEA case to be treated at the site	All the problems above are absent	NO	YES	Simple DIARRHEA

How do we search for signs of dehydration?

- *Sunken eyes: The orbits are clearly visible. (In case of doubt, ask the mother's impression).*
- *Persistent skin fold: If you pinch at the belly side and pull; the skin pinch goes back slowly.*
- *Much thirst : Thirst is noticed when the child drinks eagerly ; i.e. if you give it water in a cup, the child clings to the cup and wants to continue to drink even when you want to take back the water container.*

b) Diarrhea treated at the community health care sites

5	DIARRHEA	(= Loose stool 3 times per day or more)	NO	YES	(Tick)
	REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or - Blood in the stool, or - Liquid diarrhea (like water)	NO NO NO	YES YES YES	DIARRHEA case to be REFERRED
	DIARRHEA case to be treated at the site	All the problems above are absent	NO	YES	Simple DIARRHEA

4.4. Diarrhea management

DIARRHEA TREATMENT WORKSHEET

4.4.1) DOSAGE

Any case of diarrhea (or loose stools more than 3 times/day), should be treated with the following medications: ORS, Zinc and Mebendazole, in the following manner:

a) Zinc in Tab for 10 days, as follows:
   10 mg Tab for children less than 6 months.
   20 mg Tab for children of 6 months and more than 6 months.

b) Mebendazole: 2X 1Tab/day for 3 days. (From the age of 1 year)

c) ORS, for the duration of diarrhea, as follows:

½ cup of ORS for each diarrheal stool: for children less than 2 years
1 cup of ORS for each diarrheal stool: for children aged 2 years or more.

Note:

- DEMONSTRATE to the mother and start the giving ORS before dismissing the child to continue taking ORS at home.
- IF THE CHILD VOMITS: wait 10 minutes before you give another sip (Tell that to the mother).
- If diarrhea persists after 5 days of treatment, refer the case to the health center.

4.4.2) ADVICE TO THE MOTHER

a) APPOINTMENT after 1 day

b) WHEN DOES SHE HAVE TO COME BACK IMMEDIATELY at the Site (while the child continues treatment at home)

CHILD BECOMES SICKER, or other abnormal signs appear (Example : fever rises, difficult breathing, blood in the stool, paleness, etc	**REFER,** **• If the child comes back immediately;** **• Or if the child comes back within a month suffering from the same disease**

c) The 3 rules of home treatment:
   - Continue feeding the sick child
   - Increase fluids to drink (or breastfeeding in case it is exclusive)
   - When to come back immediately to the site (when the child is under treatment at home)

d) KEY PRACTICES (diarrhea prevention methods):
   - Exclusive breastfeeding of the child for 6 months.
   - Wash hands with soap / ash: after defecation, before cooking for and feeding the child.

e) Other advice
   - Cover food and eat it hot.
   - Drink pure water.

f) Other recommended liquid in case of diarrhea: pure water, rice water, soup, coconut milk, soy milk, squash soup, porridge...

NOTE

REFER the case to the health center if the the child comes back immediately
Or if the diarrhea continues 5 days after the onset of treatment (even if the case has not worsened).

SEE CHART N° 2: DIARRHEA (Enclosed Job aid)

SESSION 6: Assess, classify, treat cough or cold or respiratory problems in a child aged less than 5 years

5.1. Objective

At the end of the chapter, the CHW in charge of community health care sites should be able to:

a) Recognize a respiratory problem in a sick child
b) Recognize fast respiration in a sick child
c) Assess and classify a child with cough/cold or respiratory problem
d) Provide health care to the child with cough /cold or respiratory problems.
e) Give advice to the mother of the sick child.

5.2. Definition of cases

a) Difficult respiration: We recognize a child who breathes with difficulty by the following signs:

- Either that the bottom (or top) of his chest sinks when the child breathes
- Or the child emits a sharp or hoarse sound or an abnormal whistling sound when breathing
- Or else the child's nose wings are moving when the child breathes.

Reminder: Cases with difficult breathing were already aligned among the danger signs and referred.

b) Fast breathing: Fast breathing in children is determined by counting respiratory movements per minute.

Threshold of fast breathing is:

- **50 Respiratory Mvts or (+) in children less than 1 year**
- **40 Respiratory Mvts or (+) in children aged 1 year or more**

5.3. Stages for assessment of cough, cold or respiratory problem

6	COUGH or COLD	NO ☐ YES ☑ (Tick)	
		Respiratory mvts= Nber ..... per Minute (Write)	
	BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year NO YES - 40 respiratory movements (or more) in a child aged > year NO YES	PNEUMONIA
	BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year NO YES - less than 40 respiratory movements in a child aged > 1 year NO YES	COUGH or COLD

Once cough and/or cold are present, you must tick **YES.** (If absent, tick **NO**).
If **YES**, **assess,** i.e. search other associated signs. ENCIRCLE signs which are present, before ticking YES or NO and then the **classification.**

a) Children aged between 2 months to 5 years with FAST BREATHING/RESPIRATION

Count first and NOTE the number of respiratory movements, and DECIDE IF BREATHING IS FAST OR NORMAL
In case of fast breathing, the CHW will be limited to the top row entitled FAST BREATHING.
In case breathing is normal, the CHW will write NO on the top row and will move down on the bottom one of NORMAL BREATHING.

6	COUGH or COLD	NO ☐ YES ☑ (Tick)	
		Respiratory mvts= Nber 55 per Minute (Write)	
	BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year NO YES - 40 respiratory movements (or more) in a child aged > year NO YES	PNEUMONIA

b) Child with normal breathing (children aged between 2 months - 5 years)

If breathing is NORMAL, tick NO on the first row, which means that there is no *pneumonia*, then move down on the next row to ENCIRCLE and then TICK.

6	COUGH or COLD	NO ☐ YES ☑ (Tick)	
		Respiratory mvts= Nber 33 per Minute (Write)	
	BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year NO YES - 40 respiratory movements (or more) in a child aged > year NO YES	PNEUMONIA
	BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year NO YES - less than 40 respiratory movements in a child aged > 1 year NO YES	COUGH or COLD

5.2. <u>Cough, cold or respiratory problem management</u>
WORKSHEET FOR TREATMENT OF COUGH AND PNEUMONIA

5.2.1) <u>Dosage</u>

Every case of PNEUMONIA must be treated with the following medications: Cotrimoxazole, harmless remedy against coughing.

And the case of simple COUGH or COLD must be treated in the following manner:

a) Harmless remedy against coughing : Honey or lemon juice: 3 times 1 Tbsp
b) Cotrimoxazole, according to the child's age:
(**Note: Give only in case of PNEUMONIA, i.e. Fast breathing**)

Patient's AGE	**COTRIMOZAZOLE (Tab Ad 400mg Sulfamethoxazole+ 80 mg Trimethoprim**
From 2 to 6 months	**¼ Tablet 2 times per day for 5 days**
From 6 months to 3 years	**½ Tablet 2 times per day for 5 days**

<u>Note</u>:
If the child does not get better after 5 days of treatment, refer to the health center.

5.2.2) <u>Advice to the mother</u>

a) Appointment after 2 days **=> if the case is getting worse, REFER the child.**
b) WHEN DOES SHE HAVE TO COME BACK IMMEDIATELY at the Site (while the child is undergoing treatment at home)

THE CHILD GETS SICKER or other abnormal signs appear (For instance: fever rises, difficult breathing, blood in the stool, paleness, etc	**REFER,** • **If the child comes back immediately,** • **Or if he comes within a month suffering from the same disease**

c) The 3 rules of home treatment:
- Continue feeding the sick child
- Increase fluids to drink (or breastfeeding in case it is exclusive)
- When to come back immediately to the site (when the child is under treatment at home)

d) Cough PREVENTION:
To prevent your child from catching COUGH, avoid exposure:
- To the cold
- To dust
- To smoke

<u>NOTE</u>
REFER to the health center if the child comes back immediately (see above), or if the child does not get better after on the follow up visit (Appointment on the 3rd day)
Or if the child comes back within a month with cough/cold or respiratory problem.

SEE CHART N° 3: COUGH / COLD AND PNEUMONIA (Enclosed Job aid)

SESSION 7: Assess, classify and treat nutritional problems in children aged less than 5 years

6.1. Objective

At the end of this chapter, the CHW in charge of the site should be able to:

a) Assess nutritional problems in a child aged between 0-5 years
b) Refer cases that are beyond the community health care site's competence
c) Provide appropriate health care
d) Give appropriate advice to the mother

6.2. Steps of assessment of nutritional problems

Here, there is no "YES" or "NO" at the beginning; for this step must be systematic, no matter what the child is complaining about.

Evaluate the child and determine, either:
Severe malnutrition, or slight malnutrition, or absence of malnutrition.

7	MALNUTRITION (we have to search for point 7, 8, and 9 in every child)			
SEVERE MALNUTRTº to be referred	- Visible and severe Thinning - or swollen lower limbs	NO NO	YES YES	Severe MALNUTRITº
Slight MALNUTRITION or Children at risk	Low weight for age: - In the YELLOW stripe, or - Stationary weight or decrease after 3 successive weightings	NO NO	YES YES	SLIGHT MALNUTRITION or Child at risk
NO MALNUTRITION	- Normal weight (GREEN Zone), - No signs of malnutrition	NO NO	YES YES	NO MALNUTRITION

a) SEVERE MALNUTRITION

In Case the weight has shown a RED nutritional status (***very low*** weight for age), the child has to be considered immediately as a case with a DANGER/WARNING SIGN.
If the weight did not show that, 2 additional signs can help determine severe malnutrition cases: these are severe thinning and edema of the lower limbs.
If those signs are present, you ENCIRCLE, and we TICK "YES » on the right side, and we tick on classification.

7	MALNUTRITION (we have to search for point 7, 8, and 9 in every child)			
SEVERE MALNUTRTº to be referred	- Visible and severe Thinning - or swollen lower limbs	NO NO	YES YES	Severe MALNUTRITº

b) SLIGHT MALNUTRITION : This is the case when the weight is low for the age, i.e.: It is either a YELLOW nutritional status , or stationary or decreasing weight after 3 successive weighing sessions

7	MALNUTRITION (we have to search for point 7, 8, and 9 in every child)			
SEVERE MALNUTRTº to be referred	- Visible and severe Thinning - or swollen lower limbs	NO NO	YES YES	Severe MALNUTRITº
Slight MALNUTRITION or Children at risk	Low weight for age: - In the YELLOW stripe, or - Stationary weight or decrease after 3 successive weightings	NO NO	YES YES	SLIGHT MALNUTRITION or Child at risk
NO MALNUTRITION	- Normal weight (GREEN Zone), - No signs of malnutrition	NO NO	YES YES	NO MALNUTRITION

c) NO MALNUTRITION: Here, the weight is normal for the age, and no other sign of malnutrition. The CHW has to first tick « NO » on preceding lines, before going to the last lign about malnutrition

7	MALNUTRITION (we have to search for point 7, 8, and 9 in every child)			
SEVERE MALNUTRTº to be referred	- Visible and severe Thinning - or swollen lower limbs	NO NO	YES YES	Severe MALNUTRITº
Slight MALNUTRITION or Children at risk	Low weight for age: - In the YELLOW stripe, or - Stationary weight or decrease after 3 successive weightings	NO NO	YES YES	SLIGHT MALNUTRITION or Child at risk
NO MALNUTRITION	- Normal weight (GREEN Zone), - No signs of malnutrition	NO NO	YES YES	NO MALNUTRITION

6.3. Malnutrition management at the community health care sites

MALNUTRITION MANAGEMENT TECHNIQUES

1) MALNUTRITION TREATMENT

Every malnutrition case admitted at the community health care site, have to be treated as following :

a) Recommend food for the child according to his/her age group,
b) Taking vit A as recommended, in case the child didn't get it in the last 6 months,
c) Mebendazole : 2X 1tab/day for 3 days (from 1 year of age)
d) Iron 1 tab per day for 1 month.

Note :
Refer the child to the health center, If there is no change after one month.

2) OTHER recommendations to the mother

a) APPT after 7 days
b) WHEN DOES SHE HAVE TO COME BACK TO THE SITE IMMEDIATELY

WHEN THE CHILD DISEASE BECOMES WORSE, or when other abnormal signs appear (Example : fever rises, difficult breathing, blood in the stool, paleness, etc)	**REFER,** **• If the child comes back immediately,** **• Or if he comes within a month suffering from the same disease**

c) 3 rules of home based treatment :
1. Continue feeding the Child
2. Increase the amount of fluids taken (or breastfeeding when exclusive)
3. Knowing when to come back immediately at the site (when the child is being treated at home)

d) KEY PRACTICES:
1. Continue monthly WEIGHING.
2. Following vaccination and Vit A supplementation schedule.

REMARK
REFER to the health center the child who comes back immediately. (see above),
Or if there is no change on the given appointment (Appt on the 8th day)
Or if the child comes back within a month with the same nutritional status.

SEE CHART N° 4: SLIGHT MALNUTRITION (Enclosed Job aid)

INFANT FEEDING RECOMMENDATIONS (for both healthy and sick children)

From 0 to 6 months

- **Breastfeed the baby whenever he wants it, day or night, *at least 8 times within 24 hours*. (no other food or drinks given)**
- **Baby and mother body contact since the baby's birth.**
- **Start breastfeeding just after birth (do not throw away the colostrum)**

From 6 months to 11months

- ***Continue breastfeeding every time the baby wants it.***
- **Nutritive porridge containing :**
  - **Cereals: (maize, rice, sorghum, millet, cassava…)**
  - **Enriched either with soya, Pea nuts, beans, fish, worms, or meat.**
  - **And in addition with palm oil.**
- **Give mashed vegetables and fruits (mango, banana, orange…)**
- ***Increase meals progressively from 3 to 4 per day (if the baby is breastfed)***
- **Go *up to 5 times when the baby is weaned.***

From 12 months to 23 months

- **Continue *breastfeeding all the time the baby wants it.***
- **Accustom the child to family meals and progressively reduce giving porridge:**
- **5 *meals a day (meat, fish, vegetables, worms…..*)**
- **Give fruits and vegetables.**

2 years and above

- **Family meals food: 3 *meals per day*.**
- **In addition to the meals give nutritive food *2 times per day* between meals such as:**
  - ***enriched porridge*,**
  - **doughnuts,**
  - **Biscuits, cakes, etc…..**
- **Seasonally add fruits**

« Every good food diet must be appropriate in quantity and includes food rich in energy (for example: cereals porridge added with oil); in proteins (example: meat, fish, eggs or vegetables. Worms.) and vitamins (example : fruits)»

RECOMMANDATIONS ON FEEDING A CHILD WITH *PERSISTANT DIARRHEA*

- Breastfeed the child more frequently and longer day and night, in case he is not wane.

- If the baby takes commercial whole milk :

- **Replace that milk by increasing breastfeeding or**
- **Replace that milk with nutritive semi-solid food: cereals porridge + milk.**
- **Regarding other meals, follow child feeding recommendations according to the child's age group.**

Observe breastfeeding to verify:

- **The baby's <u>POSITION</u>: the mother has to support the baby's body (not only the neck or the shoulders) Maintain the baby's body against the mother's chest.**
- **<u>HOLDING WELL THE BREAST</u>:**
  - **The chin touching the breast.**
  - **the baby's mouth widely opened**
  - **the lower lip of the baby straight**
  - **The breast areola better seen on top than on the bottom**
- **<u>Efficient breastfeeding</u>: i.e. Sucking which is deep, slow and alternating with breaks.**

SEE CHARTN° 4: SLIGHT MALNUTRITION (Enclosed)

SESSION 8: CPS, EPI or PEV, VIT. A catch-up and other health problems in children

Objective of the session :

At the end of this session the CHW will be able to:
- Explain the CPS, PEV/EPI and Vit A calendars.
- Identify children who are not in order with the CPS, PEV and Vit A calendars for catch up.

Instructions for the CPS.
The baby has to be followed-up **monthly** for CPS up to 3 years and followed **once in 3 months** after 3 years.

Instructions for the Vitamin A.
From 6 months, the child must receive **Vitamin A supplement every 6 months** up to 59 months of age.

The PEV catch up. The vaccination calendar is established as shown below :
- **BCG and VPOo : At birth (or within 2 weeks following the birth)**
- **VPO1 and DTC1: after 6 weeks.**
- **VPO2 and DTC2 : in a 4 weeks interval**
- **VPO3 and DTC3 : in a 4 weeks interval**
- **VAR and VAA : from 9 months**

Though vaccines are administrated up to 9 months of age, catch up vaccine can still be given to the baby before its one year birthday (12 months).

SESSION 9: Instructions for the follow up appointment

13 FOLLOW UP VISIT CARRIED OUT? — INSTRUCTIONS FOR FOLLOW UP APPOINTMENT.

A.

POSSIBILITY nº1:	POSSIBILITY nº2:
The child's mother returned ☐	**The child's mother did not return** ☐
Tick if: **a. Returned according to the given appointment** ☐ **b. Returned immediately due to child worsening health** ☐	**Tick why she did not return:** **a. Consultation by a traditional practitioner or traditional treatment** ☐ **b. Lack of money** ☐ **c. Child got better** ☐ **d. Mother's activities: Seller, field, work, illness in the family…** ☐ **e. Death** ☐ **f. Other causes:** ☐

B **IS THE CHILD's STATE AGGRAVATED? (Ask the mother)** NO ☐ YES ☐ **(Tick)** **IF YES, REFER**

C **DOES THE CHILD HAVE A NEW COMPLAINT?** NO ☐ YES ☐ **IF YES, TAKE A NEW FORM**

D **LOOK FOR WARNING AND DANGER SIGNS** **REFER IN CASE A SINGLE SIGN IS PRESENT**

	NO	YES
• The child is unable to drink or breastfeed	☐	☐
• The child vomits all that he consumes	☐	☐
• Had convulsions or convulsing now	☐	☐
• Unconscious or very weakened	☐	☐
• Difficult breathing (pulling or wheezing)	☐	☐
• Palmar paleness (anemia)	☐	☐
• The child becomes sicker	☐	☐

	NO	YES
• Fever that persists despite treatment	☐	☐
• Appearance of rash and/or pruritus	☐	☐
• Dehydration signs	☐	☐
• Blood in the stool,	☐	☐
• Very liquid diarrhea (like water)	☐	☐
• or another abnormal phenomenon	☐	☐

E. **IF THE CHILD HAD COUGH OR COLD, Nber of respiratory mvts/minute** ☐ **Fast Respiration?** NO ☐ YES ☐
REFER IF YES

F. **VERIFY IF THE CHILD RECEIVED HIS DRUGS AS PRESCRIBED.** **Did he receive his dose?** NO ☐ YES ☐
- **Verify the remaining quantity of drugs in the mother's bag.**

G. **ADVISE TO CONTINUE CHILD TREATMENT**
- **Ask the mother to recall how she administered the drugs (review the «3 how many »)**
- **If the mother administered well the drugs, CONGRATULATE AND ENCOURAGE HER TO CONTINUE THIS WAY**
- **If the mother has administered the drugs inappropriately, make a demonstration on drug dispensation (review the « 3 how many ») then ask her to repeat and administer a dose in your presence. Verify her understanding.**

SESSION 10: Give advice to the mother

7.1. Objectives

At the end of this chapter, the CHW responsible of the site will be able to:

a) Give appropriate recommendations to the mother, according to the case (to be referred or treated at the site)
b) Use visual communication media.
c) Assess the mother's understanding

7.2. How to give appropriate recommendation to the mother?

a) First explain the mother how each administrated medicine is given to the child :
   1. Show her :
      - the quantity (dosage)
      - Number of times per day
   2. Show her how to mix medicines
   3. Asses her understanding (by means of open questions): ask her to explain how each medicine is used: the quantity taken, the number of times it is taken per day, for how long it has to be used and how to mix those medicines.
   4. Ask the mother to give the child the first dose on site, in the presence of the CHW to make sure she well understood the process.

b) Give to the mother other recommendations relating to the child's sickness:
   1. Recommend her on :
      - The day of appointment
      - When she needs to come back to the site immediately (and verify her understanding)
      - 3 rules of home base treatment (and verify understanding)
      - Means of disease prevention (KEY HEALTH PRACTICES)
   2. Verify her understanding/comprehension (by asking her open questions)
   3. Congratulate and encourage the mother.

7.3. How to use visual media for communication.

a) The advice chart is used for face to face recommendations both the CHW and mother presence, and the image box is used in educating group animations.
b) The image must be presented to the interlocutor.
c) With the help of the animation guide, the CHW will follow the steps to take and/or questions to ask
d) The following are the steps to follow:

   1. Brief introduction
   2. Ask the interlocutor(s) to interpret the image: ask about what he/she/they see(s) and what he/she/they think (s) of that image.
   3. Briefly give the key message with the help of image illustration.
   4. Wait/ ask for the interlocutor's feedback before you get on clarifying or elaborating on it.
   5. Asses understanding (*through open questions*)
   6. Make a summary

7.4. Verifying the mother's understanding

For this the CHW will:

a) Will ask the mother open questions, i.e. asking the mother TO EXPLAIN what she understood. Short questions answered by YES or NO must be avoided.

b) In case it concerns medicine administration to the child, the mother has to:
   - Remind the CHW how the medicine is mixed /prepared.
   - Show the quantity (dosage),
   - Say how many times it is taken per day and for how long.

c) During the follow-up visit, if the child does not get better the CHW will have to ask the mother, to recall the way she gave her child the medicines (to check if that is due to the treatment failure or to drug misuse by the mother).

SESSION 11 : Site management Tools

8.1. Objective:

At the end of this chapter, the CHW in charge of the site will be able to:

Use the patient register for children treated at the site.

b) Well archive on site the patient forms for treated children.

c) Make site activity reports…

d) Make the reference note for children referred to the health center…

8.2. Patient register, for children treated at the community site

Date	N°	Name	Age	Gender	Weight	Mother 's name	Village	Status				Classification	Treatment	Price	Observa
								Nutri	CPS	Vit A	vaccine				

Date: Write a date in a column

Order Number:

⇒ Assign a new number (N°) as a NEW CASE, in case of a new episode of illness.

⇒ If the child comes in for the follow-up visit, use his initial number and encircle it to show that it is a follow-up visit.

Archiving of patient forms

⇒ The assignment of a new **N°** to a sick child should always follow the chronological order of recording in the register

⇒ At the beginning of each month, the numbering should restart to 1 and the CHW should begin to assign a new number to each new case.

⇒ Patients' charts should also be filed the same chronological order, and per month to be easily found in case of need.

Status :

⇒ Nutrition: Indicate if the weight for age is located in the green, yellow or red area. Use the first vowel for each category **G, Y, R**.

⇒ CPS: Indicate '**YES'** or '**NO'** in relation to whether children underwent CPS for five years; which means every month up to 3 years, and every quarter above 3 years of age.

⇒ Vitamin A: Choose '**YES'** or '**NO'** relating to whether children above 6 months have received vitamin A supplementation, over the last 6 months.

⇒ Vaccination: Report if the child has received all recommended vaccines for his age. Respond by '**YES'** or '**NO'**

Classification :

Write the classification recorded on the treatment form such as :

- **Warning signs**
- either the classification which has been chosen for fever: **Fever/Malaria**
- or the classification chosen for diarrhea :`**Diarrhea**
- or that which was chosen for cough/cold or other respiratory problems (such as **severe pneumonia**, or **pneumonia** or **cold**)
- or **Malnutrition**

Treatment:

- Identify the treatment given.
- In case of reference: write **referred**: (we can also write for instance: **referred + paracetamol**, etc…)

Observation: Particularly identify counter reference (using the counter-reference form brought back to the site).

REFERENCE NOTE

N°…… **Date** ……/……/……

Health Zone …… **Health Area**……..
Site …… …… **Village**……

SITE SECTION

(***Fill out and submit to the child's parents***)

CHILD'S NAME…… **Name of the mother or surrogate** ……
Age …… **Weight**……**kg**

Reasons for the reference ***Encircle the motive(s)***

DANGER SIGNS	
a) Infant from 1week to 2 months brought to the SITE **b) Nutritional status of the child - RED** **c) Is the child able to drink or breastfeed?** **d) Does the child vomit all that he consumes?** **e) Did the child have convulsions or is convulsing now?** **f) The child is unconscious or not responding to external stimuli**	**g) Palmar pallor or anemia** **h) Difficult breathing or wheezing** **i) Any disease that lasts 15 days or more** **j) The child is often sick** **k) The child is very weak** **l) The child becomes sicker despite adequate home care**

FEVER referred for :	**DIARRHEA referred for**
- **Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol)** - **Fever with generalized rash**	- **Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child),** - **Blood in the stool, or** - **Liquid diarrhea (like water)**
COUGH OR COLD OR RESPIRATORY PROBLEMS referred for **- Difficult breathing (with pulling or wheezing)** **- Cough or cold for 15 days or more** **- Respiratory rate: ……/Minutes**	**SEVERE MALNUTRITION referred for** - **Visible and severe Thinning** - **or swollen lower limbs**
OTHER PROBLEM (Specify) ? ……	
RECEIVED TREATMENT (Drugs, dosage, Number of days)…… ……	
	CHW's Name and Signature

REFERENCE HEALTH FACILITY SECTION: Feedback note

Health Facility……
.

Signs, Diagnostic……

Received treatment ……
……
Recommendations …… ……
……
……

Names and Signature……
Date

Supervisor

SITE ACTIVITY MONTHLY REPORT

MONTH……YEAR……

HEALTH ZONE: …… HEALTH AREA: ……..
HEALTH CARE SITE…… ……. Villages covered by Site……..
Total Population of the Site:…… Inhabitants.

Activities	Number/ month	Death at Site
TOTAL NC		
NC from Health Area		
NC from outside health area		
NC from outside health zone		
Nber of referred cases		
Nber of cases counter-referred		
Status		
Weight Green (G)		
Yellow (Y)		
Red (R)		
….. **CPS** (YES)		
….. **Vit A** (YES)		
….. **PEV** (YES)		
Nber of supervision visits by the nurse in charge of HC		
Nber of supervision visits by the central office of the health zone		
Nber of meetings held with the local committee.		
Nber of death cases of children aged between 0-5 years declared by the community in the site's catchment area.		

Disease classifications:	**Number/ month**
1. Danger signs	
2. Fever / Malaria	
3. Diarrhea	
NC of diarrhea treated with ZINC	
4. Cough or Cold	
5. Pneumonia	
6. Malnutrition	
TOTAL	

Drugs and Revenue Management					
N°	**Drugs**	**Nber of days of stock out**	**Opening inventory plus incoming stock of the month**	**Consumed quantity**	**Closing stock of the month**
1	Artesunate+ amodiaquine				
2	Quinine syrup (20 %)				
3	SP (480 mg Tab)				
4	Paracetamol (500 mg Tab)				
5	ORS (Bags)				
6	Zinc 10 mg Tab				
7	Zinc 20 mg Tab				
8	Mebendazole (100 mg Tab)				
9	Cotrimoxazole (480 mg Tab)				
10	Iron 10 mg				
11	Condom				
	~~Monthly revenue~~ =……CF	**Monthly expenditure =……CF**		**Monthly balance =……CF**	

Signature of the COGESITE member **Date.** **Name and signature of the CHW**

SESSION 11: Drugs management at the community health care site

I. INTRODUCTION :

The present training manual is designed to complement the existing training materials on the general management of drugs; and more specifically on drugs management at the community based health care sites

It aims to improve the quality of medicines management and insure medicines availability. This emphasizes the necessity of filling out properly the drugs' management tools, the essential steps in placing a medicine order, and the administration of those medicines.

However there are a number of management tools at community health care sites. It is important to know 5 of them (The RUMER, the consultation register, Supply/order form, site report book, and the checklist) in order to better monitor and manage the stock of medicine, thus avoiding overstocking or stock outs.

LEARNING OBJECTIVE:

General purpose :

Reinforce the community health worker (CHW) competency in medicine stock management.

Specific purpose :

At the end of the training, the CHW will be able to:

a. Correctly deliver medicine to patients.
b. Fill out properly the drugs' management tools Keep used at the site.
c. Well preserve the medicines in appropriate conditioning
d. Quantify the needs in drugs.
e. Correctly make a supply order for drugs in order to refill the stock
f. Periodically make physical stock count.

TABLE SPECIFYING DIFFERENT THEMES AND THEIR CONTENTS

N°	THEME	CONTENT
1	Drugs dispensary	• Appropriate packing of medicine • Correct labeling • Interpersonal Communication
2	Drug stock management tools.	• Properly fill out stock management tools • Physical stock count
3	Medicine storing/ conservation	• Storage conditions
4	Estimating the quantity of medicine to order	• Measure the Average monthly consumption (AMC) • Quantity to order

DISPENSATION OF MÉDICINES
When administrating medicine, it is necessary that the patient gets :

The appropriate medicine, with its description/name.

All the correct information about how the medicine is used, i.e. :

- The exact dosage of the medicine
- How often the medicine is taken per day
- For how long/ many days

Dispensation Process
Giving a medicine to the patients consists of :

Drug packaging which means:
Count the necessary quantity necessary for a complete dose; using a clean spoon,
Pack the medicine in a small bag and label with the name of the medicine, dosage and duration of the treatment.

Show the medicine
Show the mother the name, shape and use of the medicine.
Show the mother how to prepare and make medicine solutions.

Explain the way the medicines are taken (the 3 'HOW MANY'):
How many tablets per dose,
How many times per day
How many days the medicine will be taken for

Verify the mother's understanding
The CHW must have the mother repeat the 3 « HOW MANY »

DEMONSTRATION :
Ask the mother to break the first tablet or dilute the medicine and administrate the first dose in your presence.

Note: At the end of dispensation don't forget to remind the mother when she needs to come back immediately and the next appointment.

MANAGEMENT TOOLS

The management tools that should be available at the community health care site are the following:

- RUMER (Register for recording essential drugs use and returns)
- Supply order form
- Site consultation register
- Essential drugs management report
- Checklist

Instructions for filling out the tools :

Community site consultation: (Annex 1)

It is completed according to the instructions on tools completion found in the Community health care manual.

The RUMER (Register for recording essential drugs use and returns) : (Annex 2)

It is to be completed at the end of each day. Thus; it should proceed as follows:

- Initial Stock: Write in the column of « initial stock » the remaining drugs quantity from last month.
- Incoming stock of the month: The column « incoming stock per month» will help in recording all the incoming drugs within a month.
- The total available stock: It is the amount of stock calculated from the initial stock and all incoming stock of the month.
- Daily consumption: This is the total quantity of any distributed product at each end of the day. Calculate the amount of the total quantity distributed of each product and mentioned in the consultation register for the day and write it in the column of « daily consumption»
- Daily revenues from selling drugs are mentioned every day at end of the day.
- Monthly consumption: It is the total of the distributed drugs from the stock up to the end of the month. At the end of the month, totalize the monthly consumption and indicate it in the column of « monthly consumption». Calculate the total income generated within a month.
- The closing stock or « stock at the end of the month» is calculated in subtracting between the general total and the monthly consumption (=general total – monthly consumption).
- At the end of the physical inventory, write down the total calculated quantity in the « physical inventory» column
- The stock value: mention the current stock value for each drug at the end of the inventory.

The supply order/requisition form (Annex 3):

It will be filled out each time that the CHW will have to make a new drugs request to the Head Nurse of the HC. For this, the following areas need to be filled in :

- The Title.
- The order number.
- The drug name/description.
- Different AMC (Average Monthly Consumption)
- The quantity requested.
- The unit price requested.
- The total price requested.

The daily checklist for drugs consumption. (Annex 4)

The checklist is a sheet on which the columns are divided according to days to enable the checking of the distributed drugs quantity. A model of the checklist is presented in the table below :

N°	Medicine	1/11		2/11	3/11	4/11	5/11
1	S P500/25 mg	~~////~~ //// ////	15				
2	Artesunate- amodiaquine	~~////~~ //// //	12				
3	Quinine drops 2 %	~~////~~ ////	10				
4	Paracetamol 500 mg	~~////~~	5				
5	ORS	~~////~~	5				
6	Zinc 10 mg Tab	~~////~~	5				
7	Zinc 20 mg Tab	~~////~~	5				
8	Mebendazole 100 mg	~~////~~	5				
9	Cotrimoxazole 400/80mg	~~////~~	5				
10	Condom	~~////~~	5				

Drug checking is done immediately after providing care to the mother, despite the fact that the RUMER will be filled in at end of the day.
Note: The management tools must be kept in a safe place for three to four years after being filled out.
The management tools are important for a good management of stock.

PHYSICAL INVENTORY
Before requesting drugs, the CHW has to make a full inventory of the stock and mention the physically counted amount on the RUMER. The stock should be counted regularly (full inventory) so as to ensure that the recorded quantities corresponds to those counted.

Importance of the inventory.
Assure permanent checking of the stock.
Identifying the difference between the theoretical stock and the physical one.
Identifying the expired and damaged products.

How to make an inventory :
Counting items one by one.
Identify expired and/or damaged products, and take them out of the stock.
Write on the RUMER the remaining counted amount in the column of «Physical inventory».
Expired drugs are products which are well kept but for which the validity date fixed by the producer has passed. The expiry date is always indicated on the packaging.
The damaged drugs are drugs of which the external aspect have changed (color, smell, taste, …)

Note: The expired and damaged products, taken out of the stock have to be brought back to the health center (HC) so that the HC may in turn send them to the health zone central office for destruction. These drugs are considered as recorded loss.
Frequency of the inventory: Monthly basis

HOW TO MAKE A NEW MEDICINE ORDER?
The most important thing is to make the order earlier so as to avoid drugs stock outs. To make a good requisition you have to consider the minimum monthly consumption for each drug, and you multiply by 2.
The order has to be made at a precise period of the month (for example between the 1st and 5th of every month).

Calculation of the minimum monthly consumption (MMC)
The minimum monthly consumption (MMC) of each product is calculated from the RUMER.

Definition: The minimum monthly consumption of a product is the average quantity of the product distributed (used) each month at the site.

The MMC is calculated by dividing the total quantity of a product consumed in a given period of time with the number of months in that particular period. That period to consider when calculating the average will be 6 months.

Example :
For the Paracetamol 500 mg tablets, the consumption has been as follows as shown by the RUMER:
Month of November : 200 tablets;
Month of December : 160 tablets;
Month of January : 240 tablets;
Month of February : 190 tablets;
Month of March : 260 tablets
Month of April : 277 tablets
The total consumption for the 6 months is of: 200 + 160 + 240 + 190 + 260 + 277 = 1327 tablets.
The average monthly consumption (AMC) is of: 1327/6 = 221 tablets.

Exercise 1 :
The community health care site of Mwana-Katuwa has consumed Artesunate + Amodiaquine co-blister :
Month of January : 50 co-blister of 12 over 12
Month of february : 70 co-blister of 12 over 12
Month of March : 30 co-blister of 12 over 12
Month of April : 45 co-blisters of 12 over 12
Month of May : 67 co-blisters of 12 over 12
Month of June : 72 co-blisters of 12 over 12
Calculate the AMC of Artesunate + Amodiaquine of this community health care site.

Quantity to order per month

The quantity to order every month must be two times the AMC (2x AMC) to which we deduct the remaining/available stock (RS). The formula to retain regarding the quantity to order (QTO) at the community health care site level for monthly requisitions is:

QTO = (2 x AMC) - RS

The remaining/available stock is the amount we get after the physical stock count.

Example: How much Artesunate-Amodiaquine do we have to order per month given that the AMC is 40 co-blisters?
The quantity of Artesunate + Amodiaquine to order is of:
QTO = (2 x AMC) - RS
QTO = (2 x 40) - 0 = 80 co-blisters.

Note: When placing an order, if the remaining stock is low, you have to order the maximum quantities taking into account the formula above.

Exercise 2 :
The CHW of the KIKWE (HZ of KENGE) community site; wants to order paracetamol tablets for his site. The average monthly consumption for paracetamol is of 350 Tablets. How much quantity of paracetamol does he have to order so as not to stock out of paracetamol; and given that he places the order only once a month?

Exercise 3 :
The CHW of the KAKESA site (HA of KOLOKOSO) wants to order mebendazole 100 mg tablets. His average monthly consumption is of 250 tables. He has available 500 tablets of mebendazole in stock at the he is making the requisition. How much quantity of mebendazole does he have to request in his monthly order?

Note :
Once the quantity to order is calculated for each production; correctly write on the requisition/supply order form the calculated quantities. And then, give the form to the health center to approve of the order. Thus, the order will be followed-up on at the health center level.

DRUG STORAGE CONDITIONING:

Medications should be kept in a place which is:
Clean and well maintained: regularly sweep and dust the storage place
Well ventilated: the room must be ventilated so as not to expose the medications to high temperatures
Dry: the storage space must be dry for moisture can affect drugs quality
Secured (lockable): you have to limit access to the storage room and thus avoid the risk of theft …
Well organized: Which means a good storage of medicine to make them easier to find at time of delivery.

Note: It is important to always verify the drugs expiry date which is written on the packaging. Drugs which have a close expiry date should be sold first.

Exercise n°4: Role playing game

The CHW receive a mother whose child has fever for 2 days. After collecting the complaints, he assesses the child and fills out the patient form. He gives the correct drugs and exact dosage and takes time to advise the mother. At the end he fills out correctly his site management tools and the RUMER. He ends up by preparing a monthly report with that single patient received.

ANNEX 1
Democratic Republic of Congo
Ministry of Health

Site consultation register

Date:													
N°	**Full Name**	**Age**	**Gender**	**Mother's name**	**Village**	**Status**				**Classification**	**Treatment**	**Price**	**Observation**
						Weight	**CPS**	**Vit. A**	**Vaccine**				

(Draw on a double page in a notebook, during training)

ANNEX 2
Democratic Republic of Congo
Ministry of Health

RUMER

Medicine Description	Initial stock	Incoming stock of the month				Available stock	Daily consumption												Monthly consumption	Stock at the end of the month	Physical inventory	Stock value
							1	2	3	4	5	…	…	27	28	29	30	31				
Artesunate+amodiaquine																						
Quinine drops 20 %																						
Paracetamol 500 mg																						
ORS																						
Zinc 10 mg Tab																						
Zinc 20 mg Tab																						
Mebendazole 100 mg																						
Cotrimoxazole 400/80mg																						
Iron 10 mg																						
Condom																						
Revenue collected during the day																						
Amount deposited to the Treasurer																						
Observations																						
Signature																						

ANNEX 3
Democratic Republic of Congo
Ministry of Health

SUPPLY ORDER/REQUISITION FORM

Health Zone: .....
Order N°: .... Date: .....
Community health care site: .....
Order placed at: ..... By: .....
Order approved by: ..... Signature: .....

N°	Drugs description	AMC	Quantity		Unit Price		Total Price	
			Ordered	Delivered	Ordered	Delivered	Ordered	Delivered
1	Artesunate-amodiaquine							
2	Quinine drops 20 %							
3	Paracetamol 500 mg							
4	ORS							
5	Zinc 10 mg Tab							
6	Zinc 20 mg Tab							
7	Mebendazole 100 mg							
8	Cotrimoxazole 400/80mg							
9	Iron 10 mg							
10	Condom							
TOTAL PRICE								

Amount Received in CF: (in letters)..... …….
Delivery date: .....
Names and signature of the stock manager: ..... …….
Names and signature of the nurse in charge of health center…….....

ANNEX 4
Democratic Republic of Congo
Ministry of Health

DAILY CHECKLIST MODEL

N°	Medicines	1/11		2/11	3/11	4/11	5/11
1	S P 500/25 mg	𝍸 𝍸 𝍸	15				
2	Artesunate- amodiaquine	𝍸 𝍸 //	12				
3	Quinine drops 2 %	𝍸 𝍸	10				
4	Paracetamol 500 mg	𝍸	5				
5	ORS	𝍸	5				
6	Zinc 10 mg Tabs	𝍸	5				
7	Zinc 20 mg Tabs	𝍸	5				
8	Mebendazole 100 mg	𝍸	5				
9	Cotrimoxazole 400/80mg	𝍸	5				
10	Condom	𝍸	5				