

Sick Child Treatment Register

Developed by:	MOH in Countries and partners	Developed in:	
Adapted in:	Respective countries		
Purpose:	To record sick child treatment encounters		
Completed by:	CHW	Frequency:	Every encounter
Submitted to:	CHW Supervisor (for review)	Frequency:	Periodically
Tool(s) linked to:			
<p>Overview: Registers vary widely in complexity, size, cost and lay-out. Registers usually have blanks at the top for CHW name, community and reporting period. All reviewed Registers have rows for children. Most have columns for variables and reserve the bottom row for totals. Recommended core variables (columns) include: <u>identification</u> (date, child name, mother's name or other precise identifier, sex, age), <u>assessment</u> (respiratory rate, RDT result), <u>classification</u> (fast breathing, diarrhea, malaria/fever, danger sign, other), <u>treatment</u>, <u>referral</u> and <u>remarks</u> (e.g., died, stock-out, refused treatment or referral). Programs with RDTs may want to distinguish between malaria and non-malaria fever. Wide columns and high rows accommodate less skilled writers; light shading of every second or third row eases horizontal tracking.</p>			
<p>Illustrative Variations: The Registers for <u>Ethiopia's</u> Health Extension Workers (HEW) and <u>Malawi's</u> Health Surveillance Assistants (HSA) recapitulate most of the content of the Sick Child Recording Form (SCRF). Ethiopia's has 18 open-ended questions and up to 53 data points to collect. Malawi's form is unique in devoting seven rows per encounter to capture seven open-ended responses and up to 52 other data points. Ethiopia's large IMNCI Register format accommodates 10 patients per page. Malawi's format only allows two to five patients per page and lacks a bottom row for aggregating. At the other extreme, International Rescue Committee's semi-literate form for <u>South Sudan</u> only four open-ended identification questions followed by tick-columns for sex, age, treatment given (including a "no treatment" option), referral, and follow-up. For simplicity, it omits assessment and treatment information and a total row. The <u>Uganda's</u> Village Health Team (VHT) 23-row Register tracks "treatment within 24 hours" and adds a small five-row newborn module beneath the main Register to record postnatal home visitation, danger signs and referral. Targeted diseases vary; for example, Malawi adds red eye, <u>Nicaragua</u> adds dysentery, and Ethiopia adds ear problems and HIV/AIDS. Save the Children's Toolbox Register can inform 10 global indicators.</p>			
<p>Issues: (1) CHWs need training in completing the Register. (2) A CHW should complete the Register during or as soon as possible after an encounter; however, CHWs may unexpectedly encounter and even treat sick children without a Register. Carrying a loose Register page for temporary note-taking may enable registration later. (3) How to register re-visits can cause confusion. Re-visits for the same illness do not warrant a new row, unless a new classification arises. (4) SCRFs can capture information that Registers lack (e.g., referral or treatment compliance and vaccination status), but aggregating the information is not likely. (5) Few programs can sustain one SCRF per encounter. How do programs assess when a CHW can transition to using the SCRF as a guide for recording only in the Register? (5) Registers with closed-ended (ticks) treatment modules do not accommodate single-dose, pre-referral treatment (although this may be on Referral Form). Ticked "referral" and "treatment" columns cannot distinguish between single-dose, pre-referral vs. full-course treatment for recommended, but refused, referral. "Remarks" column might capture this. (6) Unticked "Yes/No" columns for RDT are uninterpretable. Save the Children adds "RDT done" before the "Yes/No" columns. (7) A "Stock-Out" option would inform lack of treatment. (8) IRC's "no treatment" column distinguishes between no treatment vs. treated but not recorded and <u>may</u> limit unnecessary treatment – because of less pressure to treat if an alternative exists.</p>			
<p>Use of data: CHWs are commonly proud of their Registers. The Register serves as evidence of activities performed as well as a case management guide, a record, and a source of information for quality assurance and program monitoring.</p>			
Potential adaptations:			
Other comments:			