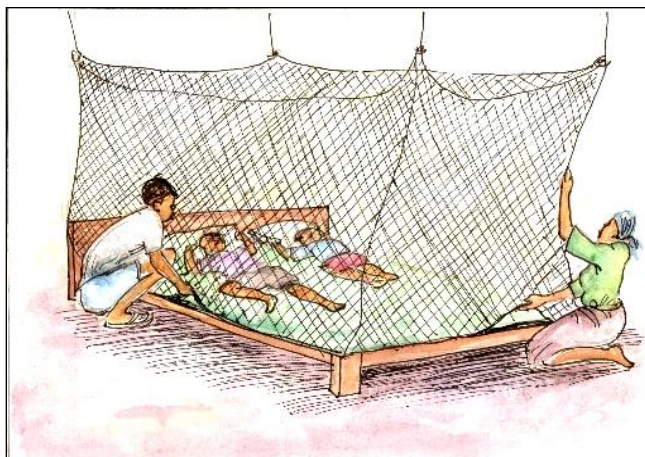




MODULE TWO

GENERAL COMMUNITY HEALTH VOLUNTEER Community Based Management of Malaria in Childhood



Community Health Services Division
Ministry of Health and Social Welfare
Monrovia, Liberia
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1.0 Session: Introduction

Malaria is very common in Liberia. For every 3 persons going to the clinic because they are sick, one will have malaria complaint. It is estimated that children under 5 can get malaria 4-5 times a year! This is it is very important that the gCHV is successful in treating under 5 children in their community that have malaria.

While treatment is very important, prevention is even more important. gCHVs must give health talks on malaria prevention both in the community and to the mothers and fathers that bring their sick children to see them. The goal of the Community Case management program is that community members will take good care of their children by preventing malaria through regular use of ITNs and seeking treatment the very first day that their child becomes sick. The sick child that has malaria should take ACT malaria medicine the correct way for 3 days. The gCHV should follow-up with the family of the sick child to ensure that the mother/caretaker is caring for the child the correct way at home.

CHVs are volunteers and will not be paid but the community should help the gCHV through work on their farm or other incentives.

1.2 Course Objectives (Prevention and Control of Malaria in the community)

At the end of the course, participants (gCHVs) will be able to:

1. Explain what is malaria
2. Describe how one gets malaria
3. Explain how malaria is spread
4. Identify signs and symptoms of malaria
5. Identify danger signs of malaria and make quick referral
6. Identify Malaria through Rapid Diagnostic Test
7. Manage a child with malaria in the Community
8. Describe and list malaria preventive measures
9. Counsel the mother

2.0 Session: What is Malaria?

2.1 What is malaria?

Malaria is an sickness caused by mosquito bites.

➡ Malaria can cause:

1. hot body (Fever)
2. Weakness
3. Body or joint pains
4. Poor appetite (refusal to feed among infants and young children)
5. Vomiting
6. Chilling (trembling)
7. Jerking and others.

➡ Malaria is an sickness that can be:

1. Prevented
2. Treated

➡ Malaria is most dangerous for children and pregnant women if treatment is not given as soon as possible

➡ In Liberia, malaria is the number one cause of sickness and death among children and pregnant women.

When a child gets sick with hot body (fever), the child should be taken to the gCHV quick quick. (the very same day or early the next day!)



Mother checking a sick child for fever



gCHV checking a sick child for fever

3.0 Session: Cause of Malaria

3.1 How malaria gets in the body to make them sick?

- Mosquito will lay eggs in water that is not running. (often rain water that is sitting down in hole or empty cup)
- Eggs will hatch and mosquito will fly away and get big to come and bite people (to suck their blood so they can lay eggs.)
- The malaria germ gets in the body through a bite of a mosquito that has sucked the blood of a malaria infected person.
- The germ will cause hot body in that person 9 to 11 days after the mosquito bite.

3.2 How is malaria spread?

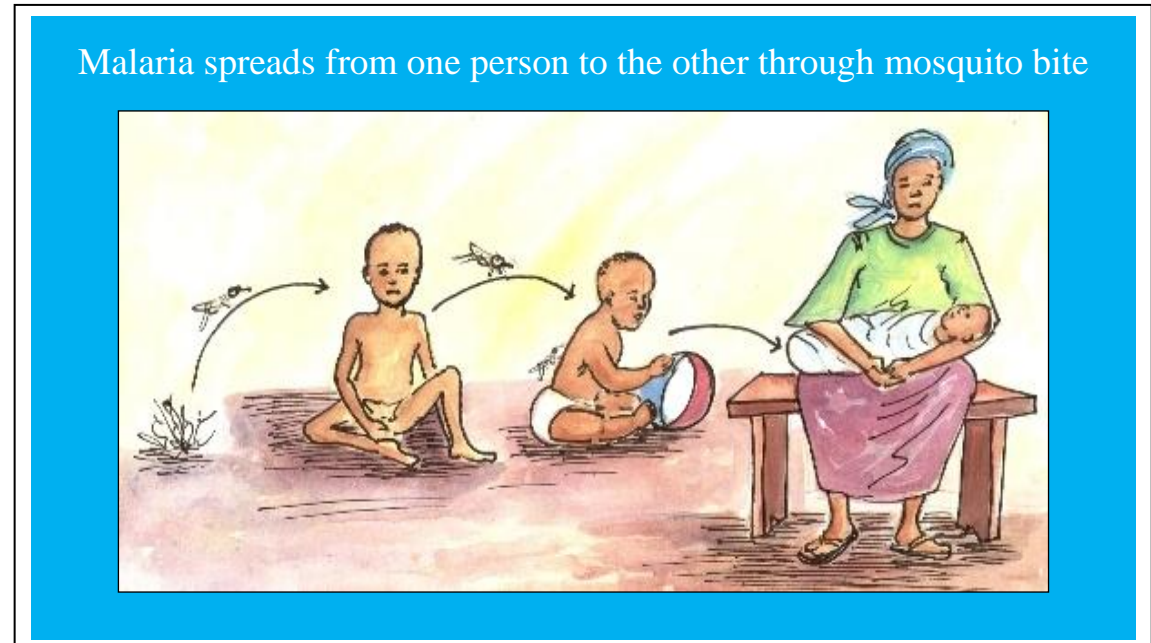
- Malaria can be spread from one person to others through the bite of a mosquito

MALARIA SPREAD FROM ONE PERSON TO ANOTHER THROUGH MOSQUITO BITES

A person will become sick with malaria once he/she is bitten by a mosquito which has taken the malaria germ from another person sick with malaria.

Note that:

1. There is no way of knowing which mosquito has malaria and therefore all mosquitoes should be considered dangerous carriers of malaria.
2. The most effective way to prevent the spread of malaria is through sleeping under mosquito net everywhere and every night because malaria mosquito bite at night.



4.0 Session: The way Malaria Looks and Feels (Signs and Symptoms of Malaria)

4.1 The way Simple Malaria Looks and Feels

Children sick with simple malaria usually have:

1. Hot Body (Fever)
2. Trembling (child complains of feeling cold but the skin is hot to touch)
3. Not able to suck, eat or play well
4. Vomit (sometimes)
5. Body pain

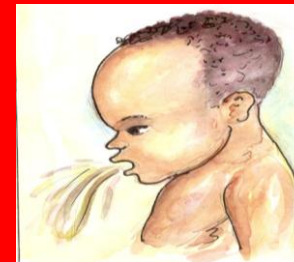
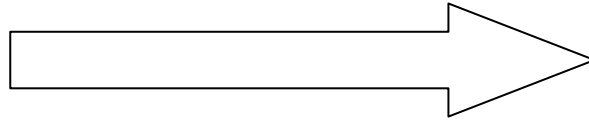
4.2 The way Serious Malaria Looks and Feels (Signs and Symptoms of Serious Malaria)

1. Very weak (Cannot sit up)
2. Jerking or stiff neck
3. Plenty vomiting
4. Child is not able to :
 - Breastfeed
 - Eat
 - Drink

Serious malaria is very dangerous.

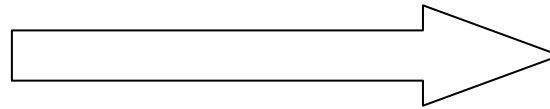
Look for **Danger signs of malaria that require quick referral:**

1. Vomiting



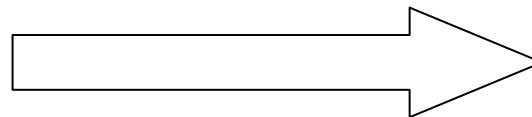
2. Very weak child

(Not able to sit without help)



3. Jerking (convulsing)

**Or
Stiff neck**

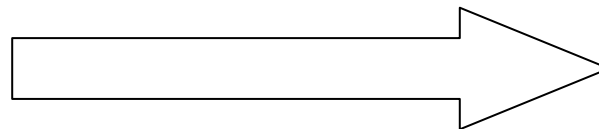


4. Child is not able to

a) Breastfeed

b) Eat

c) Drink



5.0 Session : Assess the child with Malaria

- 1) Ask
- 2) Look and Feel
- 3) Classify the Child with Malaria (*using RDT*)
- 4) Treat the Child
- 5) Counsel the Mother
- 6) Tell Mother when to go to Health Facility (refer)

5.1 Ask:

- a) How old is the child?
- b) Ask to see the child's vaccine card. Mark in ledger if the child is fully vaccinate (received certificate), partly vaccinated or has had no vaccinations.
- c) Ask: Is the child having Hot Body (fever)?
- d) Ask: How long has the child skin been hot? (*mark in the ledger: less than 24 hours (1 full day and night) or more than 24 hours*)
- e) Ask is the child's stomach running? (more than 3 times in a day) (*mark in ledger*)
- f) Use classification and ASK if DANGER SIGN is present:
 - Ask is the child refusing to eat, breastfeed or play? (**DANGER SIGN: Refer immediately**)
 - Ask is the child vomiting everything he or she eats? (**DANGER SIGN: Refer immediately**)
 - Ask if the child was jerking when the fever was high? (**DANGER SIGN: Refer immediately**)
- g) Ask is the child breast feeding? Sucking taytay (*mark in the ledger*)
- h) Ask is the child taking other food? Water? (if the mother says "no", ask the mother if leaves the child with someone while she goes to the market or farm. If the mother says "yes", ask what the caretaker gives the child to eat or drink while she is away. If the caretaker gives something mark the "other Food" column.

Note: Check the child's MUAC. Mark in Ledger the correct color. If the child is in red or orange (**DANGER SIGN: Refer**)

5.2 Look and Feel:

Check for general **DANGER SIGNS** of malaria in every child with fever. (use your classification card)

Look at the child's general condition and see if the child is:

1. *Very weak and not able to move or talk (lethargic)*
2. *Not able to wake up (unconscious)*
3. *Very sick and crying plenty*
4. The neck cannot move (stiff neck)
5. If the baby is not able to suck? Ask the mother to breast feed or give “tay-tay” to the baby while you observe the baby sucking.
6. Check if the older child able to drink or eat? Give the child food or water to drink and observe.
7. Check if the child's skin too hot? Feel child's skin and compare with your own to check if the child's skin is “too hot”.

5.3 CLASSIFY THE CHILD with Malaria

5.3.1 Simple Malaria

Children sick with simple malaria usually have:

1. Hot Body (Fever)
2. Trembling (Chilling)
3. Not able to suck, eat or play well
4. Sometime Vomit (Not plenty)
5. Body pain for older children

Note: simple malaria must be confirmed through a positive Rapid Diagnostic Test (RDT)

5.3.2 Serious Malaria

The life of a child that is sick with serious malaria is in very serious **danger**.

The child with **serious malaria** may be:

1. Very weak and not able to sit or walk without support
2. Not able to eat, drinks poorly or not able to breast feed
3. Jerking (convulsing)
4. Stiff neck
5. Not able to wake up (Coma)

Therefore, a child with any of the **danger signs** mentioned above must be sent to the clinic or hospital **quick quick** for proper care and treatment. (you do not have to do RDT on a child with **DANGER SIGNS**..only refer!)

5.3.3. Use of Classification Card for Malaria:

The classification card shows the types of cases of malaria and how each type is cared for.

See colored sections below:

1) The red color shows danger signs and what actions to take. It is a sign of danger to the life of the child. This child must be referred to a clinic or hospital.


2) The yellow color shows the actions that the gCHV may take. This child will have Simple Malaria. (RDT positive)

3) The green color shows what actions should be taken by the mother or caretakers at home. The gCHV should explain these actions to the mother.


Quickly refer any child that shows any danger signs (red color) to nearest Health Facility

CLASSIFICATION CARD FOR MALARIA


Referral Conditions (Danger Signs)




Not able to drink or breastfeed




Very weak or not to him/her self



Vomiting plenty




Jerking (Convulsions) Or stiff neck




Send the very sick child to the clinic


Treatment by gCHV



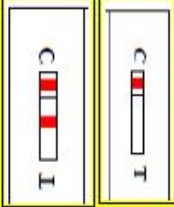
Fever (with no danger signs)




Bathe child in cool water to reduce fever



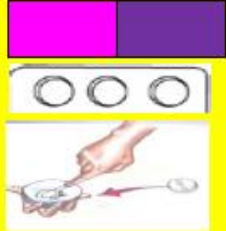
Treat by gCHV (see reverse)



RDT pos RDT neg




Give Paracetamol for fever




Give ACT to RDT pos. child ONLY 1 tablet per day x 3 days


Counsel the Mother



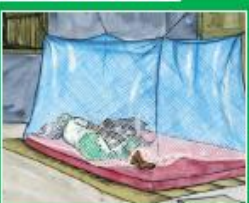
Continue exclusive breastfeeding



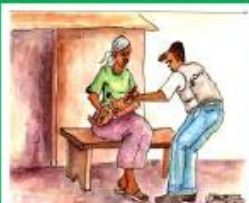
Give more good food if over 6 mths




Give more fluids if over 6 mths



Sleep under mosquito net every night every where



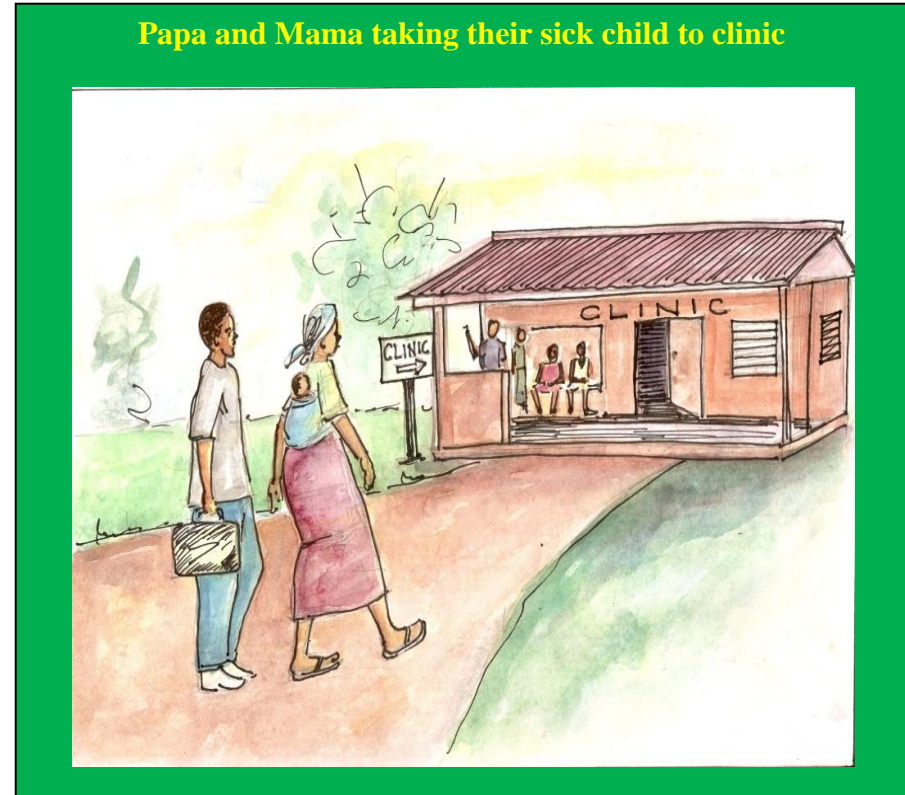
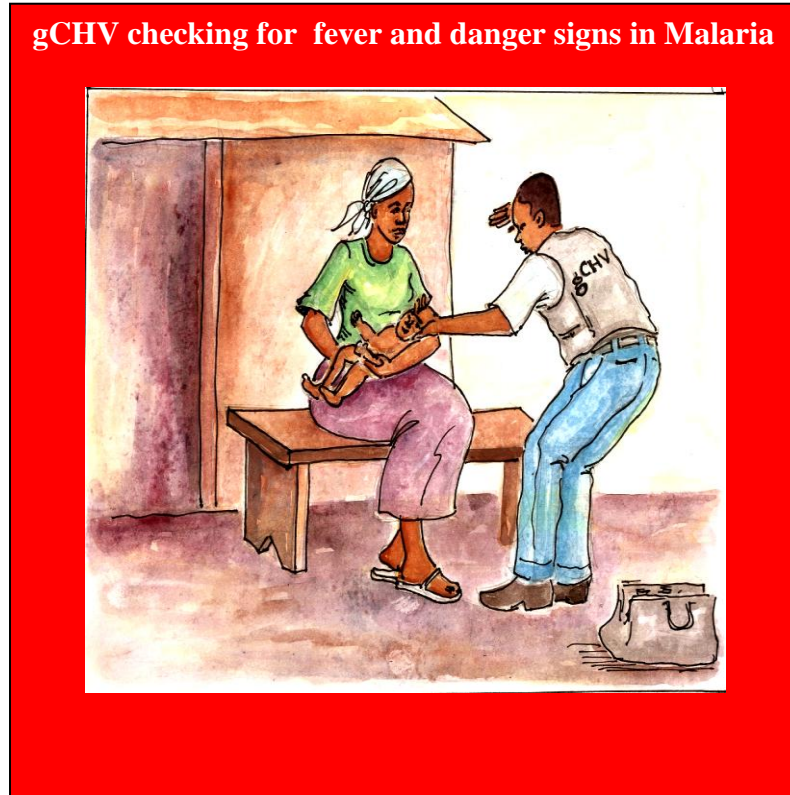
Watch for danger signs at home



Send the very sick child to the clinic

Do you see any of the above DANGER SIGNS on the child?
Refer (send) the child with her or his parents quick quick, to nearest clinic or hospital.

Advise the mother or caretaker to ‘quick quick’ take the child with **DANGER SIGNS** to the nearest clinic or hospital for proper care and treatment. Encourage the father or another friend or family member to go with the mother and child.



6.0 Session 6: TREAT THE CHILD (Community Case Management)

Only **RDT positive simple malaria** in children should be treated by the gCHV in the community.

1. Children with **DANGER SIGN** must be taken to the nearest Health Facility **AS SOON AS POSSIBLE**.
2. The child with malaria should also be checked for other problems such as running stomach (diarrhea) or breathing problems (pneumonia) which may also cause fever.

6.1 Home care of the sick child includes:

- a) Bathe the child with cool water to reduce fever and prevent jerking (convulsion)
- b) Do not put heavy clothes on the child with fever
- c) Mother or caretaker should always take the sick child 'quick quick' to the gCHV or the clinic for treatment the same day or soon in the morning. (*within 24 hours of onset of fever.*)
- d) Continue to feed the child and give plenty to drink (only taytay for child less than 6 months)

6.2 Management of Malaria in children by gCHV

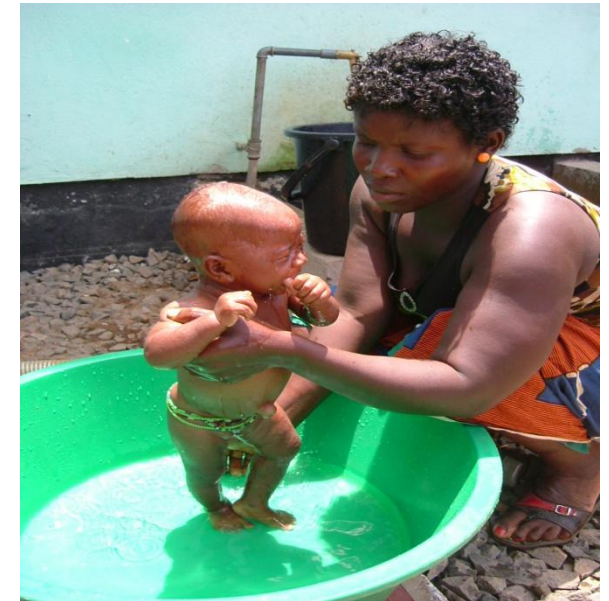
Take detail history and physical assessment

- **Ask the mother or caretaker:** (See page 9). How long has the child been sick with the fever?
- **Ask:** What has she done for the child during the course of the illness? Has she given medicine?
Listen to the mother as she explains (*do not put words in her mouth*). *Do not give PCM if the mother gave within 6 hours. Do not give ACT if child has taken ACT within 2 weeks*
- **Demonstrate how to bathe the child with cool water to reduce fever.** (*start at feet gently with cool water and move towards the head to prevent trembling.*)
- **Take RDT** to confirm malaria and **classify the malaria** using the classification card.
- Observe for signs of other illness (such as fast breathing or running stomach)
- Treat ONLY **simple malaria** with paracetamol and ACT.
- **Demonstrate how to give malaria medicine to the child, with careful explanation and feedback from the caretaker.**
- Always counsel the mother on **DANGER SIGNS**, home management and prevention of malaria.

Thank the mother or caretaker for bringing the child to you. Remind her to always bring sick children to you within 24 hours.

NOTE: IF DANGER SIGNS : ALWAYS REFER IMMEDIATELY.

Recommend that the father escort the mother and child. The mother should not go alone as she may be overly anxious.



6.2.1 Children's Paracetamol tablet (100mg)

- Give paracetamol 100mg tablet based on the child's age to reduce **fever**.
- **Children less than 2 months should be given ½ tablet paracetamol and immediately referred to the clinic.**

TREATMENT CARD FOR MALARIA																					
Treatment with Children's Paracetamol 100mg tablets																					
Age of the Child		Dosage	Day 1			Day 2			Day 3												
0 - ① mth (less than 2 mths)		½ tablet 	REFER THE CHILD TO THE CLINIC QUICK QUICK AFTER THE FIRST DOSE																		
②③ ④⑤ mth	⑥⑦ ⑧⑨ ⑩⑪ mth	① ② Yr			2 months to 2 years		1 tablet 														
③④ to less 5 yr			3-5 years		2 tablet 																

6.3 Using the Rapid Diagnostic Test Kit (RDT)

The diagnosis of malaria needs to be confirmed before the gCHV is permitted to treat the child. This can easily be done by the use of a rapid diagnostic test kit. The kit will indicate if the child has malaria or not. There are two types of Rapid Diagnostic Tests. One test uses a cassette device the other test uses a test tube and dip stick. Please check the instruction in the RDT box for details. Sample instructions for both below.

RDT Instructions:

1. **Wash hands**
2. **Explain to the mother and the child the purpose of the test and how you will do it.**
3. **Assemble all material:**
 - Clean surface area
 - RDT kit
 - Gloves
 - dry cotton
 - Safety box
 - (test tube)
4. **Put on gloves**
5. **Remove kit, RDT water and the lancet and the alcohol swab from the box**
6. Open RDT kit and remove cassette and pipette
7. Take one alcohol swab and one lancet from the small plastic bags in the Kit and place on the clean surface
8. Loosen the cap on the RDT water (buffer) (If it is the first time to open RDT water you must close cap tightly first to create opening in bottle).
9. Tear alcohol pack and remove swab
10. Ask mother to hold/restrain child for easy access to the child's left ring finger
11. gCHV to calm the child and grasp the left ring finger and clean it with the alcohol swab.
12. Dry area with cotton
13. Take your lancet and turn once to remove top
14. Hold finger firmly and prick it one time with the lancet.
Note: Do not use one lancet on 2 people. THIS IS VERY DANGEROUS!
15. Place the lancet in the safety box
16. Take dry cotton to wipe the first blood.

Device

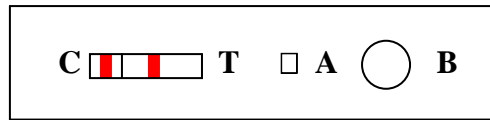
- Take pipette and hold it close to the end
- Squeeze the finger to make a large drop of blood
- Squeeze the pipette and place the tip in the blood drop
- Slowly release the pressure on the pipette to fill the tip with blood (do not draw air into the pipette)
- Give cotton to the mother to dry and hold the finger
- Squeeze pipette to place blood into the middle small hole
- Put the correct number drops of RDT water (buffer) into the first big hole (check RDT paper for the number of drops!)
- Place cotton, pipette in the empty RDT packet and fold carefully and dispose properly or burn.
- Wait 10 to 15 minutes to read the result according diagram.

Dip stick

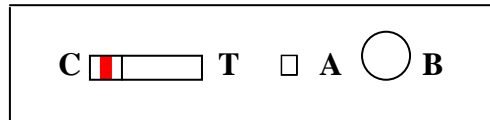
- Add 4 drops of RDT water into the test tube
- Place plastic applicator gently into the blood drop and transfer to the tip of the dip stick (area indicated on the instruction paper)
- Place the dip stick into the test tube with the RDT water
- Place cotton, pipette in the empty RDT packet and fold carefully and dispose appropriately.
- Wait 10 to 15 minutes to read the result according to your module diagram. The tube is clear, so you can look to see when the line forms.
 - If 2 lines – malaria positive.
 - If one line – malaria negative.
 - If no line – the test not correct and you must repeat it.

READING THE RDT RESULTS:

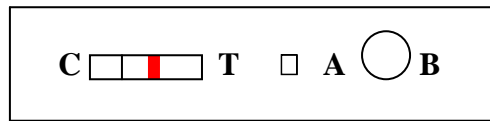
POSITIVE



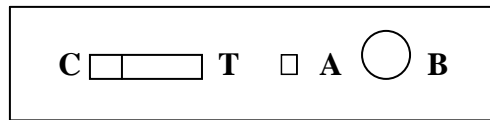
NEGATIVE



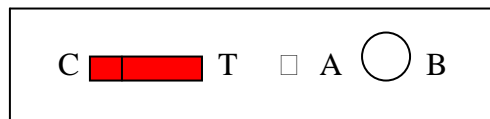
INVALID (no control) (Repeat Test)



INVALID (no lines seen) (Repeat Test)

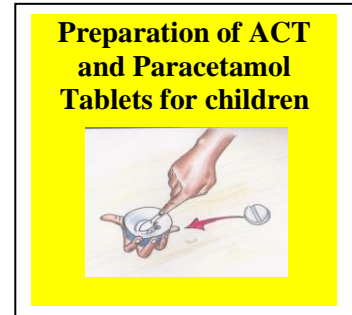


INVALID (Repeat Test)



6.3.1 Malaria medicine (ACT combined dose)

- Give the child a total of 3 ACT anti malaria tablets (Each Pink or Purple blister package contains three tablets.) Each child should receive one (1) blister package only.
- Only one ACT tablet should be taken at the same time every day for 3 days.
Eg. if the gCHV gave the first tablet at 4 p. m the first day. The mother should give the tablet every day at 4 pm.



Treatment for simple malaria (RDT positive) with ACT: Artesunate + Amodiaquine <u>fixed dose</u> 1 tablet daily for 3 days								
0 - ① mth (less than 2 mths)			REFER THE CHILD TO THE CLINIC QUICK QUICK					
Age of the Child			Product: ACT fixed dose	Dosage	Day 1	Day 2	Day 3	
②③ ④⑤ mth	⑥⑦ ⑧⑨ ⑩⑪ mth	 	2 – 11 months	Artesunate (25mg) + Amodiaquine (67.5 mg) Pack of 3 tablets	Pink 1 tablet			
① ② Yr	③④ to less 5 yr	 	1 – 5 years	Artesunate (50mg) + Amodiaquine (135 mg) Pack of 3 tablets	Purple 1 tablet			

Demonstration: For a child who can still suck taytay:

- Ask the mother to squeeze (express) breast milk onto a clean eating spoon.
- Open the blister pack to take 1 tablet out. (Do not open the whole pack.)
- Place the tablet on the spoon with the breast milk. Allow the tablet to melt.
- Place the tip of the spoon with medicine in the side of the baby's mouth .

Wait small for the baby to swallow all of the medicine.

* For the older child use clean water in place of breast milk.

DO NOT HOLD THE NOSE OF THE CHILD CLOSED WHEN GIVING MEDICINE.
DO NOT FORCE THE CHILD.
This may cause serious breathing problems.
(Pneumonia)

ACT can make children feel weak. To reduce weakness add extra sugar to juice and give small food at least 4 times in a day. This will give the child strength. If the child is breast fed. Increase the number of times the child will suck tay tay.

6.4 Counsel the mother or caretaker to:

1. **Bath the child with cool water when the skin is hot**
2. Do not put heavy clothes or blanket on the child as this will increase the fever (hot body)
3. **Give paracetamol to the child with hot body (fever)**
4. **Give ACT as instructed for RDT malaria positive children**
5. Use the classification card to explain how the ACT should be given to the child.
6. **Ask the mother/caretaker to repeat back the instructions correctly before allowing the mother to take the medicine home.**
7. Counsel caretakers (mother, grandma etc.) to always bring their sick children for treatment ‘**quick quick.**’ (within 24 hours)
8. **Advise the mother to increase the number of ‘long’ breast feeding sessions for a sick breast fed child and increase the number of times an over 6 month sick child is given food to eat . Older sick children should be given extra water to drink throughout the day and given juice with extra sugar so the strong medicine won’t make them feel weak.**
9. Arrange follow up visit with the mother or caretaker within 2 days.

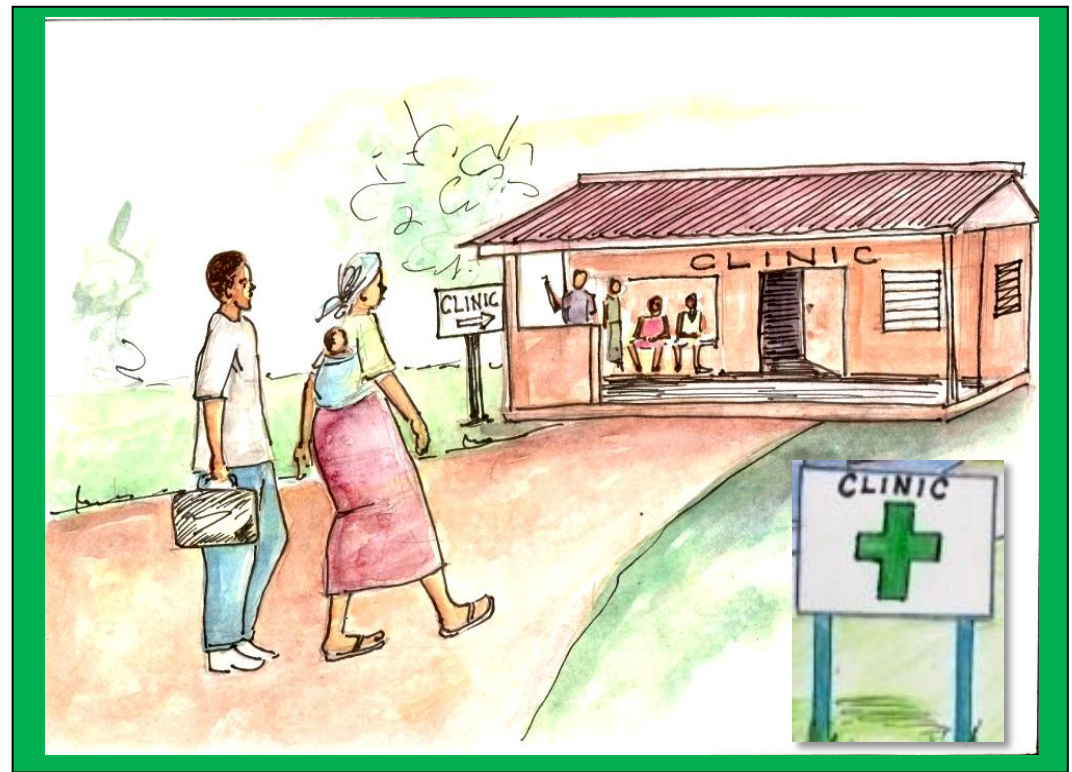
Advise the mother / caretaker to bring the child to the gCHV or go directly to clinic if no improvement or if the child continues to:

- a. have hot skin (high fever) or if **DANGER SIGNS** are present.
- b. Ask mother or caretaker to repeat what you have told her. If not said correctly, re-state what you said.
- c. Ask mother if she has any question or concern.(Advise mother to sleep with child under Mosquitoes Net every night)

....Use the classification card as a guide for counseling mothers, fathers and caretakers,
on home management (**green**), correct treatment (**back**), danger signs (**red**)

gCHV follow-up actions after treating a child for malaria :

- 1. **Home visit:** Visit the home of the sick child every day for 3 days or ask the mother to visit you with the child.
- 2. **Send** the child to the nearest clinic if he or she becomes very sick during the course of treatment. **Danger Signs!**
- 2. **Send** (refer) the child to clinic if his /her condition does not improve after 3 days of treatment.
- 3. **Always** discuss the correct care of a sick child and how to prevent sickness during your follow up visit.



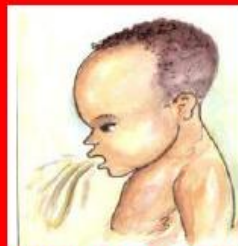
Referral Conditions (Danger Signs)



Not able to drink or breastfeed



Very weak or not to him/her self



Vomiting plenty



Jerking (Convulsions) Or stiff neck



Send the very sick child to the clinic

7.0 Session 7: How to Stop Malaria Sickness. (Malaria Prevention and Control of Malaria in the Community)

There are different ways to stop the spread of malaria by mosquitoes. When these methods are used properly, malaria can be controlled in your community.

What you can do to prevent malaria includes:

- a) Everyone in your house should sleep under Mosquito Net (Insecticide Treated Net (ITN) every night, where ever you sleep !)
** If you do not have enough nets in your home, let your pregnant wife and under 5 children sleep under the net.
- b) Clean your environment by wasting water from cups and bath area or water holes. (mosquito breeding sites)
- c) Spray Mosquito Poison on the walls of your house so it will kill mosquito when they sit on the wall (Indoor Residual Spraying (IRS))
- d) Every pregnant woman should go to the clinic to take their “three (3) tablets” to prevent Malaria (Intermittent Preventive Treatment for Pregnant Women (IPTp). This should be done 2 times during pregnancy. (between 4th to 9th month)

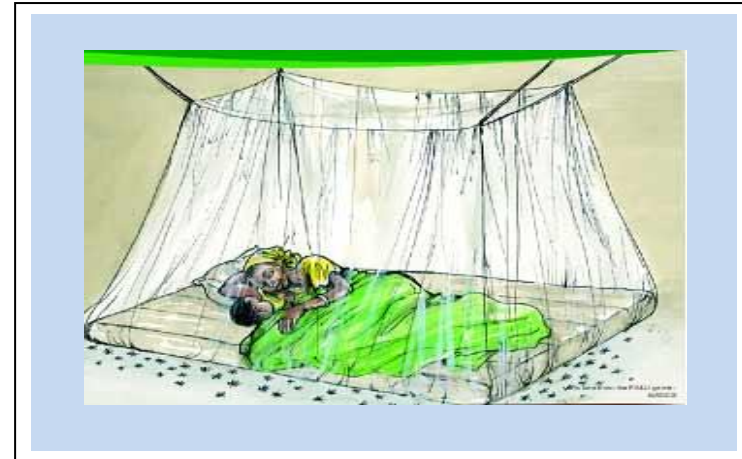
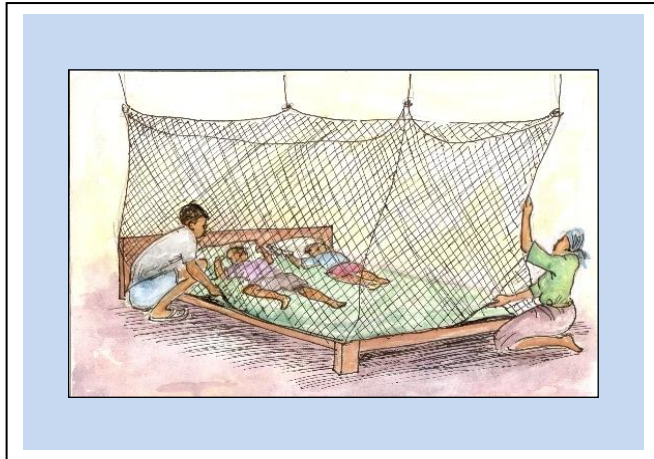
7.1 Insecticide Treated Net (ITN) or Mosquito Net:

a) Proper use of Insecticide Treated Mosquito Nets

- Mosquito carrying malaria only bite in the night.
- Mosquito nets stops mosquitoes from entering your sleeping place to bite people at night
- These are special nets that are treated with medicine to kill mosquitoes and other insects as they come in contact with the net. (the medicine on the net can make the mosquito weak and die)
- The medicine in the mosquito nets can last up to 2 to 5 years depending on how you take care of it.

b) How to use Insecticide Treated Mosquito Nets

- Nets are to be hung up with string at all 4 corners or by one string for circle net
- To be effective, mosquito nets should be used every night, even during the dry season or on the farm
- The net should be loosely hung, high enough to provide room for movement under it but low enough to tuck the edges under the mattress or mat as seen below:



*Children, pregnant mothers and all other adults should always sleep under a treated mosquito net every night.
Nets can be used over mats, mattresses and beds to sleep.*

c) How to properly care for insecticide treated nets

- Net should be rolled up during the day above the sleeping place, to protect them from damage and holes
- Nets should be washed with mild soap and cold water every 3 months or only when very dirty
- Always dry the net under the shade. (example: under a tree or inside the house) The net **must not dry in direct sunlight** as this will spoil the medicine on the net that kills mosquito.
- **Do not use Clorox and strong soap** (*iron soap, medicated soap, or country black soap*) to wash mosquito nets. Only use bath soap to wash mosquito nets.

d) Where are insecticide treated nets made available in the community?

- In Liberia, the Ministry of Health, through the National Malaria Control Program provides treated mosquito nets free of charge.
- Every household should have at least one mosquito net per sleeping place.
- There are two ways by which mosquito nets are been distributed:
 1. House to House distribution – where certain partners working with the malaria control receive mosquito nets and are responsible to give mosquito nets for free with proper recording
 2. Antenatal Consultations – pregnant women are sometimes given a mosquito net during their first antenatal visit for free at the health facilities/ as available

7.2 Clean your environment

Mosquitoes lay eggs (breed) in still water in open cups/cans, tires, coconut shells, drums, open wells and latrines or in places where water can sit by the road or bath house. If empty containers are found in your yard, collect and bury them.

Drain still water where mosquitoes can lay eggs by doing the following:

- Fill or cover water places with dirt
- Remove cups, old Tires, old containers from around the houses or yard and bury them.
- Cover all wells, pit latrines and water drums in the yard.
- Cut grass around the house.

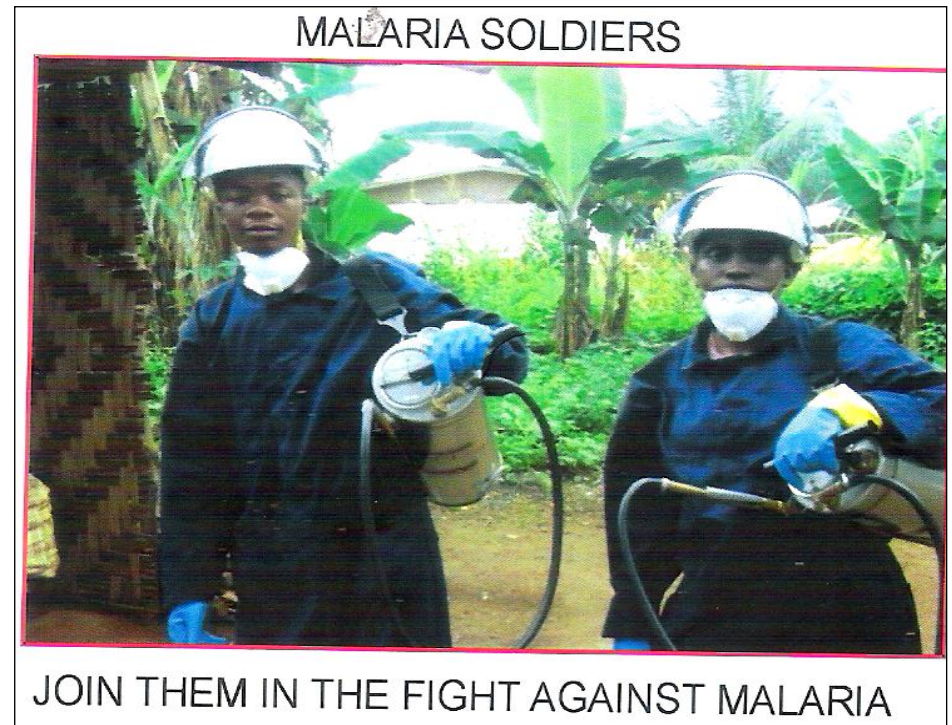


7.3 Indoor Residual Spraying (IRS) (Recommended by MOH/SW)

It is important to promote indoor residual spraying (IRS) in your town or community because:

- This method makes use of medicine (insecticides) which are sprayed on the walls inside houses
- It kills mosquitoes and other insects that come in contact with the sprayed wall.
- The chemical used has been tested and it is safe for spraying inside the houses.
- The medicine (insecticide) stays on the sprayed walls for at least 6 months

Reduce Malaria by killing mosquitoes



7.4 Malaria prevention medicine for Pregnant women: “3 tablets”

Intermittent Preventive Treatment for Pregnant Women (IPTp)

- Three IPT tablets are available to pregnant women to protect them from getting malaria
- The current recommended drug of choice is Sulfadoxine- Pyrimethamine, also called Fansidar.
- These are three white colored tablets given to pregnant women at least two times in their pregnancy
- The first three tablets are given AFTER the first three months of pregnancy or AFTER the mother feels the baby moving (quickening) (*IMPORTANT: It should not be given during the first 3 months of pregnancy.*)
- The second three tablets are given to the pregnant woman at least 4 weeks after the first dose
- These three tablets are given to the pregnant women to prevent malaria. The tablets are not to be used to treat or cure malaria for any other patient.

7.5 Other methods:

- Screening windows and Doors and close ceiling (using mat or ceiling tile)
- Closing windows and doors early in the evening.

gCHV Referral and Clinic Feedback form

gCHV Patient Referral Card	
Date: _____ Time: _____	
Name of Patient: _____	
Age: _____ Sex: _____	
Community of Patient: _____	
Referred to: _____(clinic/hospital)	
<input type="checkbox"/> Running stomach	<input type="checkbox"/> Malnutrition
<input type="checkbox"/> Fever <input type="checkbox"/> RDT pos.	<input type="checkbox"/> Family Planning
<input type="checkbox"/> Cough <input type="checkbox"/> resp. rate	<input type="checkbox"/> Other
Other symptoms & Treatment Given: _____	

Name of gCHV: _____	



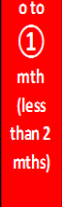

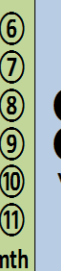
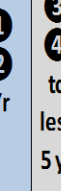













FEEDBACK from Health Facility to gCHV
Name of Patient: _____ Age: _____
Sex: _____
Date of arrival at HF: _____
Date sent home: _____
Treatment Given: _____

Patient Instruction: _____

Name of gCHV: _____
gCHV Instruction: _____

Name, title, Health Facility, Signature

gCHV Consultation Register

Date	Name	Town Name	 Boy	 Girl	 0 to 1 mth (less than 2 mths)	 2 to 5 mth	 6 to 11 mth	 1 to 2 Yr	 2 to 5 yr	vaccine			 Danger Sign	Fever		 Diarrhea			 Breast feeding	 other foods	 breast feed after 6 mths up to 2 years
														 less than 24 hr	 more than 24 hr						
1 Oct. 21	Flomo	Buutuo		✓	✓					✓				✓	✓			✓			
2 Oct. 22	Joseph Dahn	Buutuo	✓			✓				✓				✓				✓			
3 Oct. 23	Mah	Buutuo		✓			✓			✓			✓					✓	✓	✓	
4 Oct. 24	Leroy Suah	Buutuo						✓		✓			✓		✓				✓		
5 Oct. 25	Vincent Jean	Ivory Coast	✓						✓	✓				✓					✓		
6 Oct. 26	Irene Nuah	Buutuo		✓					✓		✓		✓						✓		
7																					
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**Community Health Services
Ministry of Health**

County: _____ **Date:** _____

District: _____

Clinic: _____ **Organization:** _____

Number of gCHVs: _____

Reporting Period: _____

Monthly Drugs and Supply Requisition for gCHVs

	Name of Item	Balance Beginning of the month	Quantity Received	Quantity used	Balance end of the month	Amount Requested	Remark
	Cotton						
1	ORS						
2	Zinc 20 mg						
3	RDT						
4	Glove						
5	PCM 100 mg						
6	ACT 25mg + 67.5						
6	ACT 50 mg + 135						
7	Cotri 20/100mg						

Signature: _____
Name
Signature

Position: _____