PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME I

A LIST OF
Service
and
Support
ACTIVITIES

CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
Supported by the U.S. Agency for International Development

PRIMARY HEALTH CARE THESAURUS
VOLUME I
A LIST OF SERVICE AND SUPPORT ACTIVITIES

PRICOR

PRIMARY HEALTH CARE OPERATIONS RESEARCH

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PREFACE

Much work has been done in recent years to measure the effects and impact of primary health care programs, but little has been done to objectively measure day to day activities and processes. Effect measures, if properly made, tell us whether programs work and which ones work better than others, but they tell us little about the internal operations leading to identified results. As ex post facto measures, moreover, they are of relatively little help in refining daily activities. By the time effect (or lack thereof) is measured, it may be too late to modify program processes. The development of objective indicators for day to day activities is clearly a high priority for the strengthening of primary health care and child survival programs.

> From a systems perspective, the process of service delivery can be viewed as the net result of a large number of individual, potentially observable, activities. On a day to day basis, the opportunities for a manager to improve the cost-effectiveness of a program lie primarily in affecting these individual activities. There is little prospect for improving the performance of an activity when performance itself cannot be measured. To address performance at this level of specificity the activities of service delivery personnel must be defined in measurable terms. (PRICOR Statement of Work)

Under the terms of a cooperative agreement with the Agency for International Development, the Primary Health Care Operations Research (PRICOR) Project has undertaken a major international effort to document and analyze the activities of primary health care programs in developing countries. The objective of this effort is to improve the cost-effectiveness of basic health services, by documenting and analyzing prevailing problems and by applying operations research techniques to resolve them.

PRICOR is attempting to achieve this objective by conducting a series of systematic analyses of primary health care programs in about a dozen countries. Analyses describe in some detail how service delivery personnel carry out the specific tasks that comprise child survival services, and how training, supervision, management information and other systems support these activities. These analyses are primarily based on direct observation of activities at peripheral levels; they measure activities objectively, in quantifiable form, using standardized indicators that may be compared from one program to another. Their net result, a long felt need, will be to redirect analytical attention from outputs, effects, and impacts to processes and to give managers tools for more routine activity monitoring and refinement.

New analytical and measurement techniques are being developed for this on a scale not previously attempted. We are pleased to present the preliminary results of this methodological work in the volume that follows.

THE PRICOR THESAURUS DEFINES PRIMARY HEALTH CARE ACTIVITIES IN MEASURABLE TERMS

This volume contains one of PRICOR's most innovative analytical tools, a Thesaurus of primary health care service delivery and support activities. The Thesaurus contains extensive lists of service delivery activities for oral rehydration therapy, immunizations, prevention and treatment of malaria, treatment of acute respiratory infections, child

spacing, growth monitoring, and maternal health care. It also provides activity lists for planning, training, supervision, community organization, logistics, financial management, and information systems/monitoring/evaluation. The Thesaurus, in brief, covers the routine activities that are the core of primary health care.

The Thesaurus is more than an activity list, however, because it defines activities in measurable form by breaking them down into concrete tasks and subtasks. Activities are detailed to the point needed for construction of quantitative indicators, making it possible to objectively observe and record their performance. The indicators themselves are one of the most important outputs of the Thesaurus development process and have been published in Volume II of this series. Indicators largely reflect direct observation of service delivery and support activities as illustrated by the following example taken from the immunization service delivery activity list:

2.2.2.3 Administer all vaccines with sterile needles

■	*Are health workers administering vaccines with sterile needles?*
a.	% of observed vaccine injections given with sterile needles **Immunization Encounter Observation**

The Thesaurus, in sum, enumerates and operationally defines service delivery and support activities and provides objectively measurable indicators for them. In doing so, it complements the broad existing literature on program effects and outputs and concentrates on the processes that largely determine effects and outputs. The Thesaurus is, thus, the single most important tool for the programmatic analyses described above.

THE THESAURUS IS SYSTEMATIC BUT NOT EXHAUSTIVE

An important feature of the Thesaurus is that it touches on all significant service delivery and support activities within its frame of reference, including activities that may occur infrequently or be difficult to observe. The reason for comprehensiveness is to ensure that analysts examine parts of the delivery system with which they may be personally unfamiliar and devote due attention to activities that may be underdeveloped. In doing this, the Thesaurus directs attention to the less documented and often forgotten activities that may be critical to effective performance.

The Thesaurus does not, however, attempt to exhaustively enumerate all possible tasks and subtasks for primary health care because such a list would be unmanageably long and would almost certainly obscure the broad system picture. To make the tool manageable, initial activity lists were intensively scrutinized and only those activities thought to be most closely related to program effects retained. Numerous experts, WHO guidelines, and committee reports were consulted; several expert panels were convened to critique and pare down early drafts. Intensive field testing is underway and has already resulted

in major reductions in detail. This process will continue and will be reflected in later versions of the Thesaurus. The goal is to produce a screening tool for program managers and operational staff rather than an exhaustive activity list.

By design, activity definitions presented in the Thesaurus are oriented toward a program in which these services are provided by non-professional health workers or lower-level professionals. The Thesaurus thus concentrates on activities that should be routinely performed by health workers at the most peripheral levels. It also includes support activities that must be carried out by mid-level personnel.

The Thesaurus is designed for international applicability by allowing wide latitude for program variations. Managers can simply use those parts of the Thesaurus that are relevant to their activities. The Thesaurus also allows for policy variations by making certain activity lists very general, leaving details to be added by local analysts.

THE PRICOR THESAURUS IS FOR RESEARCHERS, MANAGERS, AND EVALUATORS

The programmatic analyses that PRICOR has initiated represent a major attempt to document how programs function on a day to day basis and how these activities relate to program effects. They represent a thorough, data-based, effort to learn how we can strengthen programs WHILE THEY ARE UNDERWAY instead of waiting until they are finished. They also move research attention from output and effect indicators, which are already well developed, to process measures which are not. Researchers, managers, and evaluators will all gain from this work.

PRICOR uses the Thesaurus as a research tool (1) to identify problems that require operations research, (2) to identify the strongest correlations between program effects and specific activities, and (3) to permit objective comparisons between programs. The Thesaurus facilitates objective quantification of program activities and research based on such data. Its use will streamline study design and permit accumulation of research findings within a standardized framework.

As it is refined and simplified, the PRICOR Thesaurus will gradually become a management as well as a research tool because it will highlight the activities found to be most closely related to program effects. Simplified versions of the Thesaurus indicators may eventually be used for management information systems as well as for periodic rapid appraisals. While not in any sense a cookbook, its activity lists may help in program design as well.

The Thesaurus, finally, will serve as a valuable evaluation tool outside the context of formal systems analyses. Resulting evaluations will differ from those often conducted in their thoroughness, objectivity, and emphasis on observation of concrete activities. Logically necessary service delivery and support activities will be identified beforehand to ensure that they are looked at (or looked FOR when they are rare or underdeveloped). Guidelines will be provided for managers and evaluators who may not know what to examine in unfamiliar parts of the system. Actual service delivery and support activities will be assessed, not simply the plans for them. Observations will be objectively measured and recorded using standardized indicators that can be compared across programs. Results will be very different from those of traditional evaluation in that they

will be better documented, more thorough and easier to analyze systematically. Systems analysis rationalizes and "hardens" the impressionistic "art" of traditional evaluation and is likely to change the nature of such evaluations in the future.

The field response to systems analyses based on the Thesaurus has been uniformly enthusiastic. Managers have benefited greatly from direct observation of field activities, especially at peripheral levels that they do not normally reach. Researchers have appreciated the thoroughness of observation and documentation. Activities have been measured objectively, rather than impressionistically and subjectively. Problems have been looked at from multiple points of view; problem clusters have quickly emerged even with limited data analysis. Everyone involved has gained understanding of how programs operate and how their various components relate to each other. The effort, though substantial, has proven worthwhile in every country in which PRICOR has worked. We recommend replication by other local and international agencies.

Comments on this series are welcome and may be addressed to:

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Guide to Volume I

Volume I of the PRICOR Primary Health Care Thesaurus is divided into seven chapters: Immunization; Oral Rehydration Therapy; Malaria; Acute Respiratory Infections; Maternal Health; Child Spacing; and Growth Monitoring/Promotion.

Each chapter has two major sections: service delivery activities; and support activities. Within the support activity section, activity lists are presented separately for seven support systems: planning; training; supervision; community organization; logistical support; financial management; and information system, monitoring, and evaluation.

Service delivery and support activity lists are presented in outline formats. Activities are numbered with single-digit arabic numerals. Where applicable, activities are broken down into their component tasks, sub-tasks and sub- sub-tasks; these are numbered with double-, triple- and quadruple-digit arabic numerals respectively. An example of such a breakdown, taken from the Growth Monitoring/Promotion service delivery list, follows:

2. PROVIDE GROWTH MONITORING

- **2.1 PREPARE EQUIPMENT AND SUPPLIES**
  - 2.1.1 TARE SCALE TO 0
- **2.2 MONITOR CHILDREN'S GROWTH**
  - 2.2.1 CALCULATE CHILD'S AGE
    - 2.2.1.1 Record child's birthdate
    - 2.2.1.2 Count the number of months since child's birthmonth and record in appropriate place on card
  - 2.2.2 WEIGH CHILD
    - 2.2.2.1 Set scale to 0
    - 2.2.2.2 Remove child's clothing
    - 2.2.2.3 Place child correctly on scale
    - 2.2.2.4 Read scale indicating child's weight

PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME I

Immunization Service ACTIVITIES

Version 1.2
May 1, 1988

CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
Supported by the U.S. Agency for International Development

IMMUNIZATION
SERVICE DELIVERY ACTIVITIES, TASKS AND SUBTASKS

1. CHANNEL CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) NEEDING IMMUNIZATIONS TO IMMUNIZATION SERVICES

1.1 IDENTIFY CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) NEEDING IMMUNIZATIONS

1.1.1 MAINTAIN RECORDS WHICH IDENTIFY ALL CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY)

1.1.2 SEEK TO IDENTIFY CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) NEEDING IMMUNIZATIONS AT CLINIC SESSIONS

1.1.3 SEEK TO IDENTIFY CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) NEEDING IMMUNIZATIONS DURING HOME VISITS

1.2 RECRUIT CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) NEEDING IMMUNIZATIONS (SEE IMMUNIZATION: SERVICE DELIVERY -- 3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING IMMUNIZATION)

1.3 DIRECT CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) NEEDING IMMUNIZATIONS TO SOURCES OF IMMUNIZATION SERVICES

1.3.1 DIRECT CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) IDENTIFIED AT CLINIC SESSIONS AS NEEDING IMMUNIZATIONS TO SOURCES OF IMMUNIZATION SERVICES

1.3.2 DIRECT CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) IDENTIFIED DURING HOME VISITS AS NEEDING IMMUNIZATIONS TO SOURCES OF IMMUNIZATION SERVICES

1.3.3 EXPLAIN WHEN AND WHERE IMMUNIZATIONS ARE PROVIDED DURING GROUP IMMUNIZATION EDUCATION SESSIONS (SEE IMMUNIZATION: SERVICE DELIVERY -- 3.2.1.4 EXPLAIN WHEN AND WHERE IMMUNIZATIONS ARE PROVIDED)

2. PROVIDE IMMUNIZATIONS

2.1 PREPARE VACCINES AND IMMUNIZATION EQUIPMENT AND SUPPLIES

2.1.1 PREPARE VACCINES (SEE IMMUNIZATION: LOGISTIC SUPPORT)

2.1.2 STERILIZE NEEDLES AND SYRINGES

2.2 IMMUNIZE CHILDREN

2.2.1 DETERMINE IMMUNIZATIONS REQUIRED

2.2.1.1 Examine child's vaccination card or question mother to determine immunizations required

2.2.2 ADMINISTER VACCINES

2.2.2.1 Administer recommended doses for all vaccines

2.2.2.2 Use correct administration technique for all vaccines

2.2.2.3 Administer all vaccines with sterile needles

2.2.2.4 Administer all vaccines with sterile syringes

2.2.2.5 Protect BCG, polio and measles vaccines from heat and light during use

2.2.3 COUNSEL MOTHER (SEE IMMUNIZATION: SERVICE DELIVERY -- 3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF CHILDREN ATTENDING IMMUNIZATION SESSIONS)

2.3 RECORD IMMUNIZATION INFORMATION ON VACCINATION CARD

2.3.1 RECORD CHILD'S BIRTHDATE

2.3.2 RECORD INFORMATION ON VACCINES ADMINISTERED

2.3.2.1 Record date

2.3.2.2 Record dose (vaccine series #)

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING IMMUNIZATION

3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF CHILDREN ATTENDING IMMUNIZATION SESSIONS

3.1.1 TRANSMIT KEY IMMUNIZATION MESSAGES

3.1.1.1 Tell mother which vaccines were administered to her child

3.1.1.2 Tell mother when and where to take her child for next required immunizations

3.1.1.3 Tell mother of the child who received DPT3 and/or Polio3 immunization that she must take her child at 9 months of age (or other age per local policy) for measles immunization

3.1.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.1.2.1 Ask mother to repeat when and where to bring her child for next required immunizations

3.1.2.2 Ask mother if she has any questions

3.2 PROVIDE OUTREACH IMMUNIZATION EDUCATION

3.2.1 TRANSMIT KEY IMMUNIZATION MESSAGES

3.2.1.1 Explain the purpose of immunization

3.2.1.2 Explain what diseases can be prevented by immunization

3.2.1.3 Explain recommended age of first immunization after birth

3.2.1.4 Explain when and where immunizations are provided

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME I

Immunization Support **ACTIVITIES**

Version 1.2
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CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
Su ported by the U.S. A / for International Develo ment

IMMUNIZATION
PLANNING ACTIVITIES, TASKS AND SUBTASKS

1. ASSESS OUTPUTS, EFFECTS (COVERAGE) AND IMPACT OF CURRENT IMMUNIZATION ACTIVITIES UTILIZING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET IMMUNIZATION OBJECTIVES AND TARGETS

   2.1 SPECIFY TARGET AGE GROUP(S)

   2.2 DETERMINE DESIRED IMMUNIZATION PROGRAM IMPACT

   2.3 DETERMINE DESIRED IMMUNIZATION COVERAGE

   2.4 SET QUANTITATIVE AND DATED IMMUNIZATION TARGETS

3. DEVELOP IMMUNIZATION STRATEGY

   3.1 DEVELOP IMMUNIZATION POLICIES

      3.1.1 DEVELOP RECOMMENDED IMMUNIZATION SCHEDULE

      3.1.2 DEVELOP POLICY ON CONTRAINDICATIONS TO IMMUNIZATION

      3.1.3 DEVELOP POLICY ON INCENTIVES FOR IMMUNIZATION

   3.2 DEVELOP IMMUNIZATION PROCEDURES

      3.2.1 DEVELOP PROCEDURES FOR CHANNELLING CHILDREN TO IMMUNIZATION SERVICES, INCLUDING OUTREACH IMMUNIZATION EDUCATION

      3.2.2 DETERMINE SITES FOR IMMUNIZATION SESSIONS

      3.2.3 DETERMINE FREQUENCY OF IMMUNIZATION SESSIONS

   3.3 DEVELOP BUDGET FOR IMMUNIZATION ACTIVITIES

   3.4 DEVELOP IMMUNIZATION WORKPLANS AND SCHEDULES

      3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT IMMUNIZATION ACTIVITIES

      3.4.2 PROVIDE LOGISTIC SUPPORT FOR IMMUNIZATION ACTIVITIES

4. COMMUNICATE IMMUNIZATION PLAN

IMMUNIZATION
TRAINING ACTIVITIES, TASKS AND SUBTASKS

1. PLAN IMMUNIZATION TRAINING

1.1 ASSESS IMMUNIZATION TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR IMMUNIZATION TRAINING

1.3 SELECT IMMUNIZATION TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN IMMUNIZATION TASKS

2.1 TRANSMIT KEY IMMUNIZATION INFORMATION AND REQUIRED SKILLS PER TRAINEES' IMMUNIZATION TASKS

2.1.1 TEACH WHAT DISEASES CAN BE PREVENTED BY IMMUNIZATION

2.1.2 TEACH RECOMMENDED IMMUNIZATION SCHEDULE (LOCALLY DETERMINED)

2.1.3 TEACH CONTRAINDICATIONS TO IMMUNIZATION (PER LOCAL POLICY)

2.1.4 TEACH POSSIBLE SIDE EFFECTS OF IMMUNIZATION

2.1.5 TEACH RECOMMENDED DOSES FOR VACCINES

2.1.6 TEACH VACCINE ADMINISTRATION TECHNIQUES

2.1.7 TEACH HOW TO STERILIZE NEEDLES AND SYRINGES

2.1.8 TEACH IMPORTANCE OF USING A STERILE NEEDLE AND A STERILE SYRINGE FOR EACH VACCINE INJECTION

2.1.9 TEACH PROCEDURES FOR RECORDING IMMUNIZATION INFORMATION ON VACCINATION CARDS

2.1.10 TEACH IMPORTANCE OF TELLING ALL MOTHERS OF CHILDREN ATTENDING IMMUNIZATION SESSIONS WHEN AND WHERE TO TAKE CHILDREN FOR NEXT REQUIRED IMMUNIZATIONS

2.1.11 TEACH USE OF COUNSELLING AND HEALTH EDUCATION TECHNIQUES AND MATERIALS

2.1.12 TEACH PROCEDURES FOR CHANNELLING CHILDREN TO IMMUNIZATION SERVICES

2.1.13 TEACH METHODS FOR DETERMINING QUANTITIES OF VACCINES AND NEEDLES AND SYRINGES TO ORDER

2.1.14 TEACH COLD CHAIN MAINTENANCE PROCEDURES

2.1.14.1 Teach procedures for packing vaccines for transport

2.1.14.2 Teach procedures for reading and recording refrigerator temperature

2.1.14.3 Teach procedures for protecting vaccines from heat and light during use

2.1.14.4 Teach procedures for discarding vaccines that are no longer potent or that have been opened

2.1.15 TEACH PROCEDURES FOR MAINTAINING IMMUNIZATION RECORDS AND REPORTING IMMUNIZATION INFORMATION

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED IMMUNIZATION SKILLS

2.2.1.1 Demonstrate how to sterilize needles and syringes

2.2.1.2 Demonstrate how to administer vaccines

2.2.1.3 Demonstrate counselling and health education

2.2.1.4 Demonstrate cold chain maintenance procedures

2.2.1.4.1 Demonstrate procedures for packing vaccines for transport

2.2.1.4.2 Demonstrate procedures for reading and recording refrigerator temperature

2.2.1.4.3 Demonstrate procedures for protecting vaccines from heat and light during use

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY INFORMATION

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE IMMUNIZING CHILDREN DURING TRAINING

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON IMMUNIZATION

2.3 TEST COMPETENCE OF TRAINEES IN IMMUNIZATION TASKS

2.3.1 TEST TRAINEE KNOWLEDGE OF RECOMMENDED IMMUNIZATION SCHEDULE BY: (1) OBSERVING WHETHER THEY FOLLOW THE RECOMMENDED SCHEDULE WHEN IMMUNIZING CHILDREN (IN IMMUNIZATION SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF THE RECOMMENDED SCHEDULE

2.3.2 TEST TRAINEE KNOWLEDGE OF RECOMMENDED PROCEDURES FOR STERILIZING NEEDLES AND SYRINGES BY: (1) OBSERVING WHETHER THEY FOLLOW RECOMMENDED PROCEDURES (IN IMMUNIZATION SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF RECOMMENDED PROCEDURES

2.3.3 TEST TRAINEE STERILE TECHNIQUE (USE OF A STERILE NEEDLE AND A STERILE SYRINGE FOR EACH VACCINE INJECTION) BY OBSERVING WHETHER THEY USE STERILE TECHNIQUE WHEN ADMINISTERING VACCINES (IN IMMUNIZATION SESSIONS OR IN ROLE-PLAY EXERCISES)

2.3.4 TEST TRAINEE KNOWLEDGE OF RECOMMENDED COLD CHAIN MAINTENANCE PROCEDURES

2.3.4.1 Test trainee knowledge of procedures for packing vaccines for transport by: (1) observing whether they follow recommended procedures (in role-play exercises); or (2) by administering written or oral tests of recommended procedures

2.3.4.2 Test trainee knowledge of procedures for reading and recording refrigerator temperature by: (1) observing whether they follow recommended procedures (in role-play exercises); or (2) administering written or oral tests of recommended procedures

2.3.4.3 Test trainee knowledge of recommended procedures for protecting vaccines from heat and light during use by: (1) observing whether they follow recommended procedures (in immunization sessions or in role-play exercises); or (2) administering written or oral tests of recommended procedures

2.3.4.4 Test trainee knowledge of recommended procedures for discarding vaccines that are no longer potent or that have been opened by: (1) observing whether they follow recommended procedures (in immunization sessions or in role-play exercises); or (2) administering written or oral tests of recommended procedures

3. EVALUATE IMMUNIZATION TRAINING

3.1 TEST COMPETENCE OF TRAINEES IN IMMUNIZATION TASKS (SEE IMMUNIZATION: TRAINING -- 2.3 TEST COMPETENCE OF TRAINEES IN IMMUNIZATION TASKS)

3.2 ASSESS HEALTH WORKER IMMUNIZATION TASK PERFORMANCE (SEE IMMUNIZATION: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN IMMUNIZATION TRAINING RECORDS AND REPORT IMMUNIZATION TRAINING INFORMATION (SEE IMMUNIZATION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

IMMUNIZATION
SUPERVISION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 IDENTIFY AND TRAIN SUPERVISORS

1.4 DEVELOP SUPERVISION SCHEDULES AND WORKPLANS

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE IMMUNIZATION SERVICE DELIVERY AND SUPPORT ACTIVITIES

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING IMMUNIZATION TASKS

2.1.1 SET OR COMMUNICATE IMMUNIZATION TARGETS

2.1.2 DEVELOP IMMUNIZATION WORKPLAN

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR IMMUNIZATION TASK PERFORMANCE

2.2 IDENTIFY IMMUNIZATION SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

2.2.1 ASSESS ATTAINMENT OF IMMUNIZATION TARGETS, IF PRESENT, AND/OR FREQUENCY OF IMMUNIZATION SERVICE DELIVERY ACTIVITIES

2.2.1.1 Assess attainment of immunization targets by: (1) reviewing service delivery facility records to obtain data on the proportion of children immunized; or (2) conducting sample household immunization coverage surveys

2.2.1.2 Assess frequency of immunization sessions by: (1) reviewing service delivery facility records to obtain data on the number of immunization sessions held; (2) interviewing community leaders and members about the frequency of immunization sessions; or (3) asking health workers about the frequency of immunization sessions

2.2.1.3 Assess occurrence and frequency of channelling activities by: (1) observing whether records identifying specific children needing immunization are maintained; (2) observing whether health workers identify children needing immunizations during clinic sessions and/or home visits and whether they direct these children to sources of immunization services; (3) reviewing service delivery facility records to obtain data on the number of home visits made and/or group immunization education sessions held; (4) interviewing community leaders and members about the frequency of group immunization education sessions; or (5) asking health workers about the occurrence and frequency of channelling activities.

2.2.2 ASSESS QUALITY OF IMMUNIZATION SERVICE DELIVERY ACTIVITIES

2.2.2.1 Assess whether health workers sterilize needles and syringes per standard procedures by observing health workers sterilize needles and syringes (in immunization sessions or in role-play exercises)

2.2.2.2 Assess whether health workers examine children's vaccination cards or question mothers to determine immunizations required by observing health workers screen children (in immunization sessions or in role-play exercises)

2.2.2.3 Assess whether health workers administer recommended doses of vaccines by observing health workers administer vaccines (in immunization sessions)

2.2.2.4 Assess whether health workers use correct administration technique when administering vaccines by observing health workers administer vaccines (in immunization sessions)

2.2.2.5 Assess whether health workers use sterile needles and syringes for all children immunized by observing health workers administer vaccines (in immunization sessions)

2.2.2.6 Assess whether health workers protect BCG, polio and measles vaccines from heat and light during use per standard procedures by observing health workers handle vaccines (in immunization sessions)

2.2.2.7 Assess whether health workers correctly record immunization information on vaccination cards by: (1) observing health workers record immunization information on vaccination cards (in immunization sessions); or (2) reviewing previously-recorded vaccination cards for completeness and correctness of information

2.2.2.8 Assess whether health workers tell all mothers of children attending immunization sessions when and where to take children for next required immunizations by: (1) observing health workers counsel mothers (in immunization sessions or in role-play exercises); or (2) interviewing mothers leaving immunization sessions to determine whether they know when and where to take children for next required immunizations

2.2.2.9 Assess whether health workers effectively provide outreach immunization education by: (1) observing health workers provide outreach immunization education (in group immunization education sessions, in home visits, or in role-play exercises); or (2) interviewing mothers leaving group immunization education sessions and/or after home visits to determine whether they know key immunization messages

2.2.3 ASSESS QUALITY OF IMMUNIZATION SUPPORT ACTIVITIES

2.2.3.1 Assess whether the service delivery facility has adequate quantities of vaccines, needles and syringes by: (1) observing quantities of vaccines, needles and syringes available at the service delivery facility; or (2) asking health workers about shortages of vaccines, needles and syringes

2.2.3.2 Assess whether the service delivery facility maintains refrigerator temperature in the safe range by: (1) reviewing refrigerator temperature log; or (2) checking current refrigerator temperature

2.2.3.3 Assess whether health workers transport vaccines per standard procedures by: (1)observing health workers pack vaccines for transport; or (2)checking vaccines for coldness (in immunization sessions)

2.2.3.4 Assess whether health workers adequately maintain immunization registers by reviewing immunization registers for completeness and correctness of information

2.3 ASSIST IN RESOLVING IMMUNIZATION SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON IMMUNIZATION PERFORMANCE

2.3.1.1 Praise or otherwise reward good immunization performance

2.3.1.2 Advise or instruct health workers how to improve poor immunization performance

2.3.1.3 Provide direct assistance in performing immunization tasks

2.3.2 TAKE FOLLOW-UP ACTION ON IMMUNIZATION PERFORMANCE

2.3.2.1 Provide or arrange for formal immunization in-service training

2.3.2.2 Provide immunization logistic support, if applicable

2.3.2.2.1 Provide vaccines and/or immunization and/or cold chain equipment and supplies

2.3.2.2.2 Provide reference materials on immunization

2.3.2.3 Refer persistent immunization performance problems to higher-level supervisors

2.3.2.4 Apply sanctions for poor immunization performance, if applicable

2.4 MOTIVATE HEALTH WORKERS (SEE IMMUNIZATION: SUPERVISION -- 2.3 ASSIST IN RESOLVING IMMUNIZATION SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF IMMUNIZATION SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER IMMUNIZATION TASK PERFORMANCE (SEE IMMUNIZATION: SUPERVISION, INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE IMMUNIZATION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

IMMUNIZATION
COMMUNITY ORGANIZATION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING IMMUNIZATION ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.3 DECIDE WHETHER OR NOT TO SEEK COMMUNITY-MANAGED RESOURCE GENERATION FOR IMMUNIZATION ACTIVITIES (SEE IMMUNIZATION: FINANCIAL MANAGEMENT)

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES

2. ORGANIZE COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE IMMUNIZATION ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN IMMUNIZATION ACTIVITIES

2.1.2 EXPLAIN IMMUNIZATION OBJECTIVES AND STRATEGIES

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE IMMUNIZATION ACTIVITIES

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING IMMUNIZATION ACTIVITIES

2.2.1 PLAN IMMUNIZATION SERVICE DELIVERY ACTIVITIES

2.2.1.1 Obtain community suggestions and/or decisions regarding health system immunization service delivery activities

2.2.1.2 Plan community-managed channelling activities, including outreach immunization education

2.2.1.3 Select community members for training as unsalaried health workers

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*The term "community-managed immunization activities" refers to immunization service delivery and support activities carried out by unsalaried community members and/or health workers. It does not refer to the utilization of immunization services by community members, e.g. to having children immunized or to attending health education sessions. The specific immunization activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

2.2.2 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR IMMUNIZATION ACTIVITIES (SEE IMMUNIZATION: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN IMMUNIZATION SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN IMMUNIZATION CHANNELLING TASKS, INCLUDING OUTREACH IMMUNIZATION EDUCATION

2.4 ORGANIZE COMMUNITY-MANAGED RESOURCE GENERATION FOR IMMUNIZATION ACTIVITIES

3. MONITOR COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS

3.1.1 MONITOR COMMUNITY-MANAGED IMMUNIZATION SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR IMMUNIZATION ACTIVITIES

IMMUNIZATION
LOGISTIC SUPPORT ACTIVITIES, TASKS AND SUBTASKS*

Vaccines
(BCG, DPT, Polio, Measles, Tetanus Toxoid)

Immunization Equipment and Supplies
(Needles, Syringes, Vaccination Cards, Sterilizers)

Cold Chain Equipment and Supplies
(Cold Boxes, Icepacks, Refrigerators, Fuel)

1. PLAN IMMUNIZATION LOGISTIC SUPPORT ACTIVITIES

   1.1 DEVELOP POLICY ON QUANTITIES OF VACCINES, NEEDLES AND SYRINGES TO BE ORDERED OR ISSUED FOR IMMUNIZATION SESSIONS

   1.2 DEVELOP PROCEDURES FOR PROCURING VACCINES

   1.3 DEVELOP PROCEDURES FOR COLD CHAIN MAINTENANCE

      1.3.1 DEVELOP PROCEDURES FOR TRANSPORTING VACCINES

      1.3.2 DEVELOP PROCEDURES FOR READING AND RECORDING REFRIGERATOR TEMPERATURE

      1.3.3 DEVELOP PROCEDURES FOR PROTECTING VACCINES FROM HEAT AND LIGHT DURING USE

      1.3.4 DEVELOP PROCEDURES FOR DISCARDING VACCINES THAT ARE NO LONGER POTENT OR THAT HAVE BEEN OPENED

2. PROCURE VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

   2.1 ESTIMATE REQUIREMENTS FOR VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

   2.2 SECURE AND DISBURSE FUNDS FOR VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES, IF APPLICABLE

   2.3 ORDER OR BE ISSUED VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

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*We recognize that there exist many different organizational arrangements for procuring, storing and distributing vaccines. In some instances, these activities are principally conducted by large central, regional or district facilities; in others, peripheral service delivery facilities play an important role in procuring and storing vaccines, and may distribute these to outreach locations. In organizing the immunization logistic support indicators as we have, we have assumed the peripheral model. In programs in which peripheral facilities play a minimal role in procuring and storing vaccines, the indicators in section 2, which measure peripheral facility performance in procuring vaccines and supplies, would more appropriately belong in section 4, as measures of the distribution performance of central, regional or district facilities. In this case, it may be of interest to add measures of the availability of vaccines and supplies at the central, regional or district level to section 2 as well as measures of vaccine storage conditions at this level to section 3.

2.4 COLLECT OR RECEIVE VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

2.4.1 TRANSPORT VACCINES PER STANDARD PROCEDURES

3. STORE VACCINES AND STORE AND MAINTAIN IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

3.1 ORGANIZE AND ROTATE VACCINE STOCKS IN REFRIGERATORS

3.2 MAINTAIN REFRIGERATOR TEMPERATURE IN SAFE RANGE (0-8°C)

3.2.1 READ AND RECORD REFRIGERATOR TEMPERATURE DAILY

3.3 DISCARD VACCINES THAT ARE NO LONGER POTENT OR THAT HAVE BEEN OPENED AT IMMUNIZATION SESSIONS

3.4 CLEAN AND CHECK REFRIGERATORS WEEKLY

3.5 REPAIR REFRIGERATORS, IF NECESSARY

4. DISTRIBUTE VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

4.1 RECEIVE ORDERS FOR OR ISSUE VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

4.2 DELIVER VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

4.2.1 TRANSPORT VACCINES PER STANDARD PROCEDURES

5. MAINTAIN INVENTORY AND EQUIPMENT RECORDS FOR VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES (SEE IMMUNIZATION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

IMMUNIZATION
FINANCIAL MANAGEMENT ACTIVITIES, TASKS AND SUBTASKS

1. SECURE RESOURCES FOR IMMUNIZATION ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR IMMUNIZATION ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR IMMUNIZATION ACTIVITIES

1.1.2 OBTAIN ALLOCATED VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES (SEE IMMUNIZATION: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR IMMUNIZATION ACTIVITIES

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR IMMUNIZATION ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for immunization activities

1.2.1.2 Develop procedures for user and/or social financing for immunization activities

1.2.1.2.1 Establish fee schedules for immunizations

1.2.1.2.2 Establish sales prices for vaccination cards

1.2.1.2.3 Ensure indigents equal access to immunization services

1.2.1.2.2.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.2.2 Set sliding scale

1.2.1.2.4 Develop other community and/or social financing mechanisms for immunization activities

1.2.2 COLLECT LOCAL RESOURCES FOR IMMUNIZATION ACTIVITIES

1.2.2.1 Collect user fees for immunizations and sales receipts for vaccination cards per local policy and procedures

1.2.2.2 Receive other community resources for immunization activities

2. DISBURSE AND ACCOUNT FOR FUNDS FOR IMMUNIZATION ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE IMMUNIZATION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

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*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for immunization activities. Instead they receive material resources (vaccines, equipment and supplies) and human resources (personnel). This chapter covers financial management and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

IMMUNIZATION INFORMATION SYSTEM, MONITORING AND EVALUATION ACTIVITIES, TASKS AND SUBTASKS

1. COLLECT IMMUNIZATION DATA

1.1 COLLECT DATA ON SIZE OF IMMUNIZATION TARGET POPULATION

1.2 COLLECT IMMUNIZATION SERVICE DELIVERY DATA

1.2.1 MAINTAIN CLIENT RECORDS (SEE IMMUNIZATION: SERVICE DELIVERY -- 1.1.1 MAINTAIN RECORDS WHICH IDENTIFY ALL CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY)

1.2.2 MAINTAIN IMMUNIZATION RECORDS

1.2.2.1 Record children's ages

1.2.2.2 Record vaccines administered by dose (series #)

1.2.3 MAINTAIN ACTIVITIES RECORDS

1.2.3.1 Record number of immunization sessions held

1.2.3.2 Record number of group immunization education sessions held

1.2.3.3 Record number of home visits made

1.3 COLLECT DATA ON IMMUNIZATION SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISION RECORDS

1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on vaccines

1.3.4.1.1 Record quantities received (by type of vaccine)

1.3.4.1.2 Record quantities distributed (by type of vaccine)

1.3.4.1.3 Record current stock levels (by type of vaccine)

1.3.4.2 Record information on immunization and cold chain equipment and supplies

1.3.4.2.1 Record quantities received (by item)

1.3.4.2.2 Record quantities distributed (by item)

1.3.4.2.3 Record dates of cold chain equipment maintenance

1.3.5 MAINTAIN ACCOUNTS LEDGER

1.3.5.1 Record immunization receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for immunization services and supplies*

1.3.5.2 Record funds disbursed for immunization activities

1.3.5.3 Record current balances

1.4 COLLECT IMMUNIZATION IMPACT DATA

1.4.1 MAINTAIN RECORDS ON CASES OF VACCINE-PREVENTABLE DISEASES

1.4.2 MAINTAIN RECORDS ON DEATHS FROM VACCINE-PREVENTABLE DISEASES

1.5 CONDUCT SPECIAL IMMUNIZATION KAP, COVERAGE AND IMPACT STUDIES

2. PROCESS IMMUNIZATION DATA

2.1 VERIFY/VALIDATE IMMUNIZATION DATA COLLECTED

2.2 CODE IMMUNIZATION DATA

2.3 FILE IMMUNIZATION DATA

2.4 TABULATE IMMUNIZATION DATA

2.4.1 TABULATE NUMBER OF IMMUNIZATIONS PROVIDED MONTHLY BY TYPE OF VACCINE, VACCINE DOSE (SERIES #), AND AGE OF RECIPIENT

2.5 ANALYZE IMMUNIZATION DATA

2.5.1 CALCULATE INCIDENCE RATES OF VACCINE-PREVENTABLE DISEASES

2.5.2 CALCULATE MORTALITY RATES FROM VACCINE-PREVENTABLE DISEASES

2.5.3 CALCULATE IMMUNIZATION COVERAGE RATES

3. REPORT IMMUNIZATION INFORMATION

3.1 PREPARE REQUIRED IMMUNIZATION REPORTS

3.2 TRANSMIT REQUIRED IMMUNIZATION REPORTS

3.3 RECEIVE FEEDBACK ON IMMUNIZATION INFORMATION REPORTED (SEE IMMUNIZATION: SUPERVISION)

4. UTILIZE IMMUNIZATION INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTYING IMMUNIZATION SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE ALSO IMMUNIZATION: SUPERVISION)

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*We, the World Health Organization and other experts in this field do not advocate charging fees for immunization services. We do recognize, however, that in some programs fees are charged, and the task of recording monies collected for these services, if applicable, has therefore, been included in this chapter of the Thesaurus.

4.2 UTILIZE INFORMATION FOR PLANNING IMMUNIZATION ACTIVITIES (SEE IMMUNIZATION: PLANNING)

PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME I

Oral Rehydration Therapy Service ACTIVITIES

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ORAL REHYDRATION THERAPY
SERVICE DELIVERY ACTIVITIES, TASKS AND SUBTASKS

1. IDENTIFY CHILDREN UNDER 5 NEEDING ORT* SERVICES

2. MANAGE DIARRHEA CASES

2.1 PREPARE ORS OR OTHER RECOMMENDED SOLUTION (PER LOCAL POLICY)

2.1.1 MIX ORS PACKET INGREDIENTS WITH CORRECT AMOUNT OF WATER (LOCALLY DETERMINED)

2.1.2 PREPARE OTHER RECOMMENDED SOLUTION USING CORRECT RECIPE (LOCALLY DETERMINED)

2.2 ASSESS HYDRATION STATUS

2.2.1 TAKE MEDICAL HISTORY

2.2.1.1 Ask about duration of diarrhea

2.2.1.2 Ask about frequency of stools

2.2.1.3 Ask about consistency of stools

2.2.1.4 Ask about presence of blood and/or mucus in stools

2.2.1.5 Ask about presence of vomiting

2.2.1.6 Ask about frequency of vomiting

2.2.1.7 Ask about fever

2.2.1.8 Ask about urine output

2.2.1.9 Ask about thirst

2.2.1.10 Ask about treatment administered at home

2.2.1.11 Ask about other illnesses

2.2.2 CONDUCT PHYSICAL EXAMINATION

2.2.2.1 Assess general status (alertness, muscle tone)

2.2.2.2 Examine mucus membranes of mouth

2.2.2.3 Pinch skin

2.2.2.4 Examine if eyes are sunken or if tears are present

2.2.2.5 Touch fontanelle

*The term "ORT" refers to a method for managing diarrhea and/or dehydration by oral administration of ORS or other recommended solutions. The term "ORS" refers to a specific mixture of salts used to prepare solutions for ORT. Most commonly, it is a standard mixture consistent with the WHO formulation; in some countries a modified WHO formulation may be used for the same purpose.

2.2.2.6 Feel radial pulse

2.2.2.7 Weigh child

2.2.2.8 Determine nutritional status/degree of malnutrition using growth card

2.2.2.9 Take temperature

2.2.3 CLASSIFY CHILD BY DEGREE OF DEHYDRATION (SEE APPENDIX A: "HOW TO ASSESS YOUR PATIENT FOR DEHYDRATION AND OTHER PROBLEMS"(WHO))

2.3 ADMINISTER OR PRESCRIBE APPROPRIATE TREATMENT PER CHILDREN'S CLASSIFICATIONS AND PER LOCAL POLICY (SEE APPENDIX B: "TREATMENT PLANS A, B AND C" (WHO))

2.3.1 RECOMMEND HOME ADMINISTRATION OF ORS OR OTHER RECOMMENDED SOLUTION (PER LOCAL POLICY)

2.3.2 ADMINISTER ORS OR OTHER RECOMMENDED SOLUTION (PER LOCAL POLICY) IN APPROPRIATE AMOUNTS

2.3.3 ADMINISTER IV THERAPY OR NASOGASTRIC TUBE THERAPY

2.4 MONITOR CHILDREN TREATED AT SERVICE DELIVERY FACILITY

2.4.1 REASSESS CHILD'S HYDRATION STATUS DURING TREATMENT

2.4.2 DISCHARGE REHYDRATED CHILD WITH INSTRUCTIONS FOR CONTINUING HOME TREATMENT (PER LOCAL POLICY)

2.5 COUNSEL MOTHER (SEE ORT: SERVICE DELIVERY – 3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF DIARRHEA CASES)

2.6 REFER CHILDREN WHO ARE UNABLE TO DRINK IF NEITHER IV THERAPY NOR NASOGASTRIC TUBE THERAPY IS POSSIBLE

2.7 FOLLOW UP SELECTED DIARRHEA CASES TO ASCERTAIN STATUS AND CONFIRM IMPROVEMENT

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING DIARRHEA AND ORT

3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF DIARRHEA CASES

3.1.1 TRANSMIT KEY MESSAGES AND REQUIRED SKILLS

3.1.1.1 Tell mother to give extra fluids during diarrhea

3.1.1.2 Tell mother how to prepare ORS or other recommended solution (per local policy)

3.1.1.3 Tell mother how to administer ORS or other recommended solution

3.1.1.4 Tell mother how ORT works (i.e. that ORS or other recommended solution replaces water and salt lost in diarrhea rather than stopping diarrhea)

3.1.1.5 Tell mother about appropriate feeding practices during and after diarrhea

3.1.1.5.1 Tell mother to continue breastfeeding

3.1.1.5.2 Tell mother to continue feeding

3.1.1.5.3 Tell mother to give appropriate foods (locally determined)

3.1.1.5.4 Tell mother to give extra foods after diarrhea episode

3.1.1.6 Tell mother about the signs and symptoms of dehydration

3.1.1.6.1 Tell mother about lethargy

3.1.1.6.2 Tell mother about absence of tears while crying

3.1.1.6.3 Tell mother about pinched skin retracting slowly

3.1.1.6.4 Tell mother about cessation of urination

3.1.1.6.5 Tell mother about dry mouth

3.1.1.6.6 Tell mother about sunken eyes

3.1.1.6.7 Tell mother about sunken fontanelle

3.1.1.7 Tell mother to bring child for return consultation if child's condition worsens or does not improve

3.1.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.1.2.1 Demonstrate preparation and administration of ORS or other recommended solution

3.1.2.2 Ask mother to repeat key messages and/or demonstrate required skills

3.1.2.2.1 Ask mother to repeat the recipe for ORS or other recommended solution (per local policy) and the procedures for administration

3.1.2.2.2 Ask mother to demonstrate the preparation and administration of ORS or other recommended solution (per local policy)

3.1.2.3 Give mother written, including pictorial, instructions for preparing and administering ORS or other recommended solution (per local policy)

3.1.2.4 Ask mother if she has any questions

3.2 PROVIDE OUTREACH ORT EDUCATION

3.2.1 TRANSMIT KEY MESSAGES AND REQUIRED SKILLS

3.2.1.1 Explain that additional fluids should be given at the onset of diarrhea and throughout diarrhea episodes

3.2.1.2 Explain recommended treatment for diarrhea in the home (per local policy)

3.2.1.3 Explain how to prepare ORS or other recommended solution (per local policy)

3.2.1.4 Explain how to administer ORS or other recommended solution

3.2.1.5 Explain appropriate feeding practices during and after diarrhea

3.2.1.5.1 Explain that breastfeeding should be continued if children are breastfeeding

3.2.1.5.2 Explain that feeding should be continued if children are being/have been weaned

3.2.1.5.3 Explain that appropriate foods (locally determined) should be given if children are being/have been weaned

3.2.1.5.4 Explain that extra foods should be given after diarrhea episodes if children are being/have been weaned

3.2.1.6 Explain the signs and symptoms of dehydration

3.2.1.6.1 Explain about lethargy

3.2.1.6.2 Explain about absence of tears while crying

3.2.1.6.3 Explain about pinched skin retracting slowly

3.2.1.6.4 Explain about cessation of urination

3.2.1.6.5 Explain about dry mouth

3.2.1.6.6 Explain about sunken eyes

3.2.1.6.7 Explain about sunken fontanelle

3.2.1.7 Explain indications for seeking medical care (locally determined)

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Demonstrate preparation of ORS or other recommended solution

3.2.2.2 Ask questions of and respond to questions from attendees

APPENDIX A:

HOW TO ASSESS YOUR PATIENT FOR DEHYDRATION AND OTHER PROBLEMS

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, Revised 1987.

APPENDIX A:

After a child with diarrhea has been examined, decide how to treat child.

- Find on the table "HOW TO ASSESS YOUR PATIENT" the signs which describe the child's condition.

- Decide if the child has any of the signs in the column labeled "FOR OTHER PROBLEMS." If so, there are problems which require treatment in addition to any treatment which may be needed for dehydration. Treat these problems according to customary practice or refer for treatment.

If there is blood in the stool and diarrhoea for less than 14 days, give antibiotics. If there is diarrhoea for longer than 14 days with or without blood in the stool or if there is severe undernutrition, continue feeding the child and refer for treatment. If there is fever, show the mother how to cool the child with a wet cloth and fanning, then look for and treat other causes (for example, malaria).

- Determine the degree of dehydration.

  Look at Column C. If 2 or more of the signs listed in that column are present, conclude that the patient has severe dehydration.

  If 2 or more signs from Column C are not present, look at Column B. If 2 or more of the signs listed in that column are present, conclude that the patient has some dehydration.

  If 2 or more signs from column B are not present, conclude that the patient has no signs of dehydration.

- Select the appropriate treatment plan based on the degree of dehydration. These treatment plans are described on the DIARRHOEA TREATMENT PLANS (APPENDIX B).

For no signs of dehydration, select Treatment Plan A - To Treat Diarrhoea.
For some dehydration, select Treatment B - To Treat Dehydration.
For severe dehydration, select Treatment Plan C - To Treat Severe Dehydration Quickly.

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, page 13, Revised 1987.

HOW TO ASSESS YOUR PATIENT

		FOR DEHYDRATION			FOR OTHER PROBLEMS
		A	B	C	
1 ASK ABOUT	DIARRHOEA	Less than 4 liquid stools per day	4 to 10 liquid stools per day	More than 10 liquid stools per day	Longer than 14 days duration Blood in the stool
	VOMITING	None or a small amount	Some	Very frequent	
	THIRST	Normal	Greater than normal	Unable to drink	
	URINE	Normal	A small amount dark	No urine for 6 hours	
2 LOOK AT	CONDITION	Well alert	Unwell sleepy or irritable	Very sleepy unconscious. floppy or having fits	Severe undernutrition
	TEARS	Present	Absent	Absent	
	EYES	Normal	Sunken	Very dry and sunken	
	MOUTH and TONGUE	Wet	Dry	Very dry	
	BREATHING	Normal	Faster than normal	Very fast and deep	
3 FEEL	SKIN PINCH	A pinch goes back quickly Normal	A pinch goes back slowly Faster than normal	A pinch goes back very slowly Very fast weak or you cannot feel it	
	FONTANELLE (in infants)	Normal	Sunken	Very sunken	
4 TAKE TEMPERATURE					Fever - 38.5°C (or 101°F) or greater
5 WEIGH IF POSSIBLE		Loss of less than 25 grams for each kilogram of weight	Loss of 25-100 grams for each kilogram of weight	Loss of more than 100 grams for each kilogram of weight	
6 DECIDE		The patient has no signs of dehydration Use Plan A	If the patient has 2 or more of these signs he has some dehydration Use Plan B	If the patient has 2 or more of these danger signs he has severe dehydration Use Plan C	

IF YOUR PATIENT HAS:	THEN:
Blood in the stool and diarrhoea for less than 14 days	Treat with an appropriate oral antibiotic for shigella dysentery If the child is also - dehydrated - severely undernourished or - less than 1 year of age, reassess the child's progress in 24 - 48 hours For the severely undernourished or all also refer for treatment of severe undernutrition
Diarrhoea for longer than 14 days with or without blood	Continue feeding and refer for treatment
Severe undernutrition	
Fever - 38.5°C (or 101°F) or greater	Show the mother how to cool the child with a wet cloth and fanning Look for and treat other causes (for example pneumonia malaria)

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, page 54, Revised 1987.

APPENDIX B:

TREATMENT PLAN A - TO TREAT DIARRHEA

TREATMENT PLAN B - TO TREAT DEHYDRATION

TREATMENT PLAN C - TO TREAT SEVERE DEHYDRATION QUICKLY

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, Revised 1987.

PLAN A
TO TREAT DIARRHOEA

EXPLAIN THE THREE RULES FOR TREATING DIARRHOEA AT HOME:

1. GIVE YOUR CHILD MORE FLUIDS THAN USUAL TO PREVENT DEHYDRATION. SUITABLE FLUIDS INCLUDE:
   - The recommended home fluid or food-based fluids, such as gruel, soup, or rice water
   - Breastmilk or milk feeds prepared with twice the usual amount of water.

2. GIVE YOUR CHILD FOOD
   - Give freshly prepared foods. Recommended foods are mixes of cereal and beans, or cereal and meat or fish. Add a few drops of oil to the food, if possible.
   - Give fresh fruit juices or bananas to provide potassium.
   - Offer food every 3 or 4 hours (6 times a day) or more often for very young children.
   - Encourage the child to eat as much as he wants.
   - Cook and mash or grind food well so it will be easier to digest.
   - After the diarrhoea stops, give one extra meal each day for a week, or until the child has regained normal weight.

3. TAKE YOUR CHILD TO THE HEALTH WORKER IF THE CHILD HAS ANY OF THE FOLLOWING:
   - passes many stools
   - is very thirsty
   - has sunken eyes

   These 3 signs suggest your child is dehydrated.
   - has a fever
   - does not eat or drink normally
   - seems not to be getting better.

TEACH THE MOTHER HOW TO USE ORS SOLUTION AT HOME, IF:

- The mother cannot come back if the diarrhoea gets worse,
- It is national policy to give ORS to all children who see a health worker for diarrhoea treatment, or
- Her child has been on Plan B, to prevent dehydration from coming back.

SHOW HER HOW TO MIX AND GIVE ORS

SHOW HER HOW MUCH TO GIVE
- 50-100 ml (¼ to ½ large cup) of ORS solution after each stool for a child less than 2 years old.
- 100-200 ml (½ to 1 large cup) for older children.
- Adults should drink as much as they want.

TELL HER IF THE CHILD VOMITS, wait 10 minutes. Then continue giving the solution but more slowly – a spoonful every 2 - 3 minutes.

GIVE HER ENOUGH PACKETS FOR 2 DAYS

Note: While a child is getting ORS, he should be given breastmilk or dilute milk feeds and should be offered food. Food-based fluids or a salt and sugar solution should *NOT* be given in addition to ORS.

EXPLAIN HOW SHE CAN PREVENT DIARRHOEA BY:

Giving only breastmilk for the first 4 - 6 months and continuing to breastfeed for at least the first year.

Introducing clean, nutritious weaning foods at 4 - 6 months.

Giving her child freshly prepared and well-cooked food and clean drinking water.

Having all family members wash their hands with soap after defecating, and before eating or preparing food.

Having all family members use a latrine.

Quickly disposing of the stool of a young child by putting it into a latrine or by burying it.

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, page 55, Revised 1987.

TREATMENT PLAN B
TO TREAT DEHYDRATION

1. AMOUNT OF ORS SOLUTION TO GIVE IN FIRST 4 TO 6 HOURS

Patient's age	2 4 6 8 10 12 18 2 3 4 6 8 15 adult months → years →					
Patient's weight in kilograms	3 5 7 9 11 13 15 20 30 40 50					
Give this much solution for 4-6 hours — in ml:	200-400	400-600	600-800	800-1000	1000-2000	2000-4000
Give this much solution for 4-6 hours — in local unit of measure:						

* Use the patient's age only when you do not know the weight.

NOTE: ENCOURAGE THE MOTHER TO CONTINUE BREASTFEEDING.

If the patient wants more ORS, give more.
If the eyelids become puffy, stop ORS and give other fluids. If diarrhoea continues, use ORS again when the puffiness is gone.
If the child vomits, wait 10 minutes and then continue giving ORS, but more slowly.

2. IF THE MOTHER CAN REMAIN AT THE HEALTH CENTRE

- Show her how much solution to give her child.
- Show her how to give it – a spoonful every 1 to 2 minutes.
- Check from time to time to see if she has problems.

3. AFTER 4 TO 6 HOURS, REASSESS THE CHILD USING THE ASSESSMENT CHART. THEN CHOOSE THE SUITABLE TREATMENT PLAN.

NOTE: If a child will continue on Plan B, tell the mother to offer small amounts of food.

If the child is under 12 months, tell the mother to:
- continue breastfeeding or
- if she does not breastfeed, give 100-200 mls of clean water before continuing ORS.

4. IF THE MOTHER MUST LEAVE ANY TIME BEFORE COMPLETING TREATMENT PLAN B

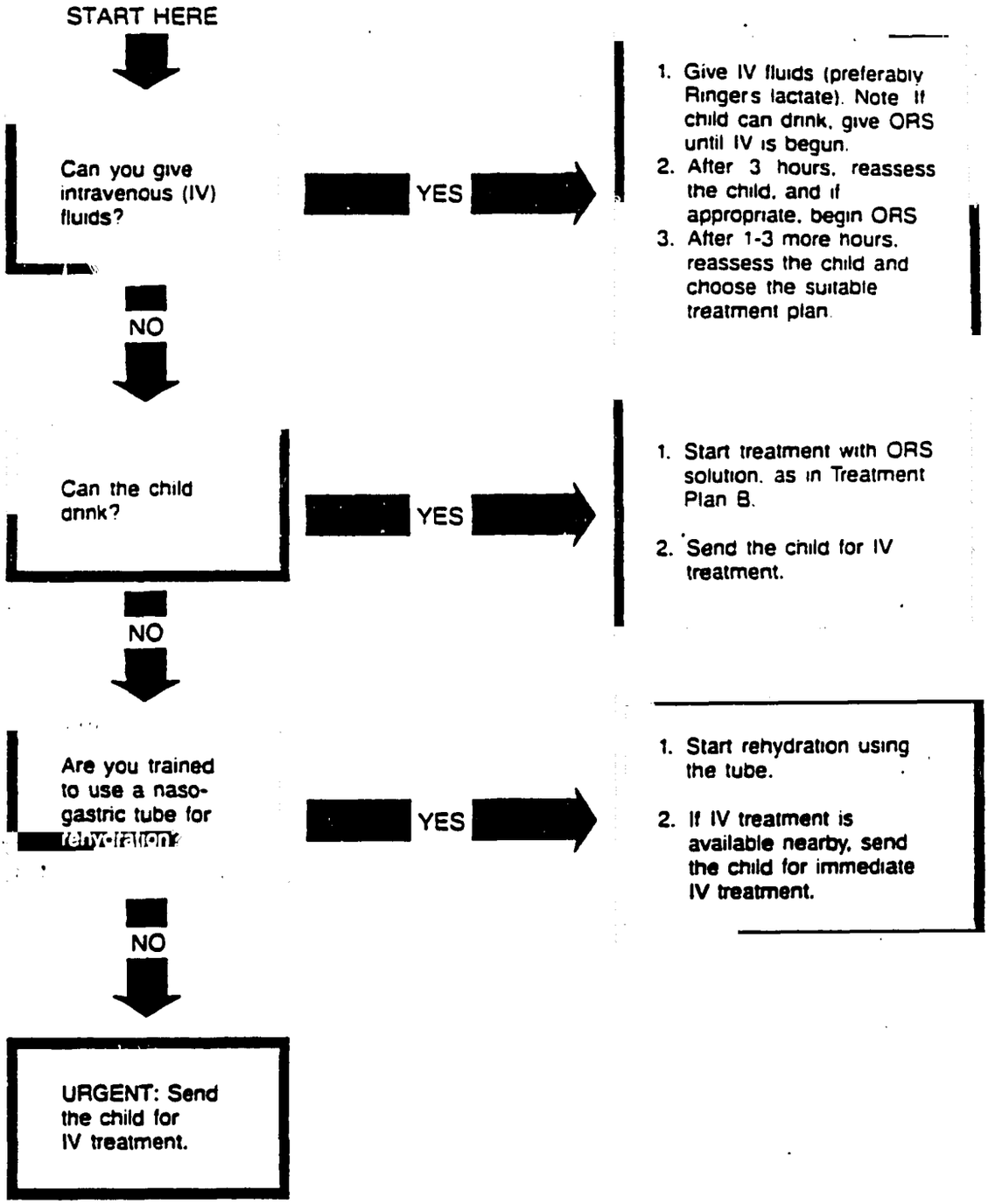
- Give her enough ORS packets for 2 days and show her how to prepare the fluid.
- Show her how much ORS to give to finish the 4-6 hour treatment at home.
- Tell her to give the child as much ORS and other fluids as he wants after the 4-6 hour treatment is finished.
- Tell her to offer the child small amounts of food every 3-4 hours.
- Tell her to bring the child back to the health worker if the child has any of the following:
  - passes many stools
  - is very thirsty
  - has sunken eyes

  These 3 signs suggest the child is dehydrated.
  - has a fever
  - does not eat or drink normally
  - seems not to be getting better.

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, page 56, Revised 1987.

TREATMENT PLAN C
TO TREAT SEVERE DEHYDRATION QUICKLY

Follow the arrows. If the answer to the questions is 'yes', go across. If it is 'no', go down



NOTE: If the child is above 2 years of age and cholera is known to be currently occuring in your area, suspect cholera and give an appropriate oral antibiotic once the child is alert.

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, page 57, Revised 1987.

PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME I

Oral Rehydration Therapy Support ACTIVITIES

Version 1.2
May 1, 1988

CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
Supported by the U.S. Agency for International Development

ORAL REHYDRATION THERAPY PLANNING ACTIVITIES, TASKS AND SUBTASKS

1. ASSESS OUTPUTS, EFFECTS AND IMPACT OF CURRENT ORT ACTIVITIES UTILIZING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET ORT OBJECTIVES

   2.1 SPECIFY TARGET AGE GROUP(S)

   2.2 DETERMINE DESIRED ORT PROGRAM IMPACT

   2.3 DETERMINE DESIRED ORT USE RATE

   2.4 DETERMINE DESIRED ORS USE RATE

3. DEVELOP ORT STRATEGY

   3.1 DEVELOP ORT POLICIES

      3.1.1 DEVELOP POLICY ON HOME MANAGEMENT OF DIARRHEA

      3.1.2 DEVELOP STANDARD PROTOCOL FOR MANAGING DIARRHEA AT THE SERVICE DELIVERY FACILITY

      3.1.3 DEVELOP POLICY ON REFERRAL OF DIARRHEA CASES

      3.1.4 DEVELOP POLICY ON FOLLOW-UP OF DIARRHEA CASES

   3.2 DEVELOP ORT PROCEDURES

      3.2.1 DEVELOP PROCEDURES FOR IDENTIFYING CHILDREN UNDER 5 NEEDING ORT SERVICES

      3.2.2 DEVELOP SERVICE DELIVERY FACILITY DIARRHEA TREATMENT PROCEDURES

      3.2.3 DEVELOP REFERRAL PROCEDURES

      3.2.4 DEVELOP FOLLOW-UP PROCEDURES

      3.2.5 DEVELOP PROCEDURES FOR PROVIDING OUTREACH ORT EDUCATION

   3.3 DEVELOP BUDGET FOR ORT ACTIVITIES

   3.4 DEVELOP ORT WORKPLANS AND SCHEDULES

      3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT ORT ACTIVITIES

      3.4.2 PROVIDE LOGISTIC SUPPORT FOR ORT ACTIVITIES

4. COMMUNICATE ORT PLAN

ORAL REHYDRATION THERAPY
TRAINING ACTIVITIES, TASKS AND SUBTASKS

1. PLAN ORT TRAINING

1.1 ASSESS ORT TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR ORT TRAINING

1.3 SELECT ORT TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN ORT TASKS

2.1 TRANSMIT KEY ORT INFORMATION AND REQUIRED SKILLS PER TRAINEES' ORT TASKS

2.1.1 TEACH HOW TO ASSESS HYDRATION STATUS

2.1.2 TEACH RECOMMENDED DIARRHEA/DEHYDRATION CLASSIFICATION SCHEME

2.1.3 TEACH RECOMMENDED DIARRHEA/DEHYDRATION TREATMENT PROTOCOL

2.1.4 TEACH HOW TO PREPARE ORS OR OTHER RECOMMENDED SOLUTIONS (PER LOCAL POLICY)

2.1.5 TEACH HOW TO ADMINISTER ORS OR OTHER RECOMMENDED SOLUTIONS (PER LOCAL POLICY)

2.1.6 TEACH HOW ORT WORKS (I.E., THAT ORT REPLACES WATER AND SALT LOST IN DIARRHEA RATHER THAN STOPPING DIARRHEA)

2.1.7 TEACH APPROPRIATE FEEDING PRACTICES DURING AND AFTER DIARRHEA

2.1.8 TEACH IMPORTANCE OF TELLING MOTHERS OF DIARRHEA CASES TO GIVE EXTRA FLUIDS DURING DIARRHEA

2.1.9 TEACH USE OF COUNSELLING AND HEALTH EDUCATION TECHNIQUES AND MATERIALS

2.1.10 TEACH METHODS FOR DETERMINING QUANTITIES OF ORS PACKETS TO ORDER

2.1.11 TEACH PROCEDURES FOR MAINTAINING DIARRHEA TREATMENT RECORDS AND REPORTING ORT/DIARRHEA INFORMATION

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED ORT SKILLS

2.2.1.1 Demonstrate how to prepare ORS or other recommended solutions (per local policy)

2.2.1.2 Demonstrate how to rehydrate children

2.2.1.3 Demonstrate counselling and health education

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY INFORMATION

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE REHYDRATING CHILDREN DURING TRAINING

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON ORT/DIARRHEA

2.3 TEST COMPETENCE OF TRAINEES IN ORT TASKS

2.3.1 TEST TRAINEE SKILL IN ASSESSING HYDRATION STATUS BY OBSERVING WHETHER THEY CORRECTLY CLASSIFY CHILDREN BY SEVERITY OF DEHYDRATION (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES)

2.3.2 TEST TRAINEE SKILL IN PREPARING ORS OR OTHER RECOMMENDED SOLUTIONS (PER LOCAL POLICY) BY OBSERVING WHETHER THEY CORRECTLY PREPARE ORS OR OTHER RECOMMENDED SOLUTIONS (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES)

2.3.3 TEST TRAINEE SKILL IN REHYDRATING CHILDREN BY OBSERVING WHETHER THEY CORRECTLY REHYDRATE CHILDREN (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES)

3. EVALUATE ORT TRAINING

3.1 TEST COMPETENCE OF TRAINEES IN ORT TASKS (SEE ORT: TRAINING--2.3 TEST COMPETENCE OF TRAINEES IN ORT TASKS)

3.2 ASSESS HEALTH WORKER ORT TASK PERFORMANCE (SEE ORT: SUPERVISION; INFORMATION SYSTEM MONITORING AND EVALUATION)

4. MAINTAIN ORT TRAINING RECORDS AND REPORT ORT TRAINING INFORMATION (SEE ORT: INFORMATION SYSTEM, MONITORING AND EVALUATION)

ORAL REHYDRATION THERAPY SUPERVISION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 IDENTIFY AND TRAIN SUPERVISORS

1.4 DEVELOP SUPERVISION SCHEDULES AND WORKPLANS

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE ORT SERVICE DELIVERY AND SUPPORT ACTIVITIES

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING ORT TASKS

2.1.1 SET OR COMMUNICATE ORT OBJECTIVES

2.1.2 DEVELOP ORT WORKPLAN

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR ORT TASK PERFORMANCE

2.2 IDENTIFY ORT SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

2.2.1 ASSESS ATTAINMENT OF DESIRED ORT AND ORS USE RATES, IF PRESENT, AND/OR FREQUENCY OF ORT SERVICE DELIVERY ACTIVITIES

2.2.1.1 Assess attainment of desired ORT and ORS use rates by: (1) reviewing service delivery facility records to obtain data on the proportion of diarrhea cases treated with ORT and ORS; or (2) conducting sample household ORT and ORS coverage surveys

2.2.1.2 Assess occurrence and frequency of outreach ORT education activities by: (1) reviewing service delivery facility records to obtain data on the number of home visits made and/or group ORT education sessions held; (2) interviewing community leaders and members about the frequency of group ORT education sessions; or (3) asking health workers about the occurrence and frequency of outreach ORT education activities

2.2.2 ASSESS QUALITY OF ORT SERVICE DELIVERY ACTIVITIES

2.2.2.1 Assess whether health workers correctly prepare ORS or other recommended solutions by observing health workers prepare ORS or other recommended solutions (in consultation sessions or in role-play exercises)

2.2.2.2 Assess whether health workers correctly assess children's hydration statuses by observing health workers treat diarrhea cases (in consultation sessions or in role-play exercises)

2.2.2.3 Assess whether health workers administer, prescribe or distribute appropriate treatments to diarrhea cases according to children's classifications and local policy by observing health workers treat diarrhea cases (in consultation sessions or in role-play exercises)

2.2.2.4 Assess whether health workers monitor diarrhea cases treated at the service delivery facility by observing health workers treat diarrhea cases (in consultation sessions or in role-play exercises)

2.2.2.5 Assess whether health workers tell all mothers of diarrhea cases how to prepare and administer ORS or other recommended solutions (per local policy) by: (1) observing health workers counsel mothers (in consultation sessions or in role-play exercises); or (2) interviewing mothers of diarrhea cases leaving consultation sessions to determine whether they know how to prepare and administer ORS or other recommended solutions (per local policy)

2.2.2.6 Assess whether health workers tell all mothers of diarrhea cases to administer extra fluids and to follow appropriate feeding practices during and after diarrhea by: (1) observing health workers counsel mothers (in consultation sessions or in role-play exercises); or (2) interviewing mothers of diarrhea cases leaving consultation sessions to determine whether they know to give extra fluids and to follow appropriate feeding practices during and after diarrhea

2.2.2.7 Assess whether health workers tell all mothers of diarrhea cases to bring their children for return consultation if children's conditions worsen or do not improve by: (1) observing health workers counsel mothers (in consultation sessions or in role-play exercises); or (2) interviewing mothers of diarrhea cases leaving consultation sessions to determine whether they know that they should bring their children for return consultation if their children's conditions worsen or do not improve

2.2.2.8 Assess whether health workers effectively provide outreach ORT education by: (1) observing health workers provide outreach ORT education (in group ORT education sessions, in home visits, or in role-play exercises); or (2) interviewing mothers leaving group ORT education sessions and/or after home visits to determine whether they know key ORT messages

2.2.3 ASSESS QUALITY OF ORT SUPPORT ACTIVITIES

2.2.3.1 Assess whether the service delivery facility has adequate quantities of ORS packets and preparation equipment for ORS or other recommended solutions by: (1) observing quantities of ORS packets and preparation equipment available at the service delivery facility; or (2) asking health workers about shortages of ORS packets and preparation equipment

2.2.3.2 Assess whether health workers properly organize and rotate ORS packets by examining the service delivery facility ORS storage place

2.2.3.3 Assess whether health workers adequately maintain diarrhea treatment records by reviewing diarrhea treatment records for completeness and correctness of information

2.3 ASSIST IN RESOLVING ORT SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON ORT PERFORMANCE

2.3.1.1 Praise or otherwise reward good ORT performance

2.3.1.2 Advise or instruct health workers how to improve poor ORT performance

2.3.1.3 Provide direct assistance in performing ORT tasks

2.3.2 TAKE FOLLOW-UP ACTION ON HEALTH WORKER ORT PERFORMANCE

2.3.2.1 Provide or arrange for formal in-service training in ORT

2.3.2.2 Provide ORT logistic support, if applicable

2.3.2.2.1 Provide ORS packets and/or preparation equipment for ORS or other recommended solutions

2.3.2.2.2 Provide reference materials on ORT and diarrhea

2.3.2.3 Refer persistent ORT performance problems to higher-level supervisors

2.3.2.4 Apply sanctions for poor ORT performance, if applicable

2.4 MOTIVATE HEALTH WORKERS (SEE ORT: SUPERVISION--2.3 ASSIST IN RESOLVING ORT SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF ORT SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER ORT TASK PERFORMANCE (SEE ORT: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE ORT: INFORMATION SYSTEM, MONITORING AND EVALUATION)

ORAL REHYDRATION THERAPY
COMMUNITY ORGANIZATION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN COMMUNITY-MANAGED ORT ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING ORT ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.3 DECIDE WHETHER OR NOT TO ESTABLISH COMMUNITY-MANAGED ORT SUPPLY DEPOTS

1.1.4 DECIDE WHETHER OR NOT TO SEEK COMMUNITY-MANAGED RESOURCE GENERATION FOR ORT ACTIVITIES (SEE: ORT FINANCIAL MANAGEMENT)

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED ORT ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED ORT ACTIVITIES

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED ORT ACTIVITIES

2. ORGANIZE COMMUNITY-MANAGED ORT ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE ORT ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN ORT ACTIVITIES

2.1.2 EXPLAIN ORT OBJECTIVES AND STRATEGIES

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE ORT ACTIVITIES

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING ORT ACTIVITIES

2.2.1 PLAN ORT SERVICE DELIVERY ACTIVITIES

2.2.1.1 Obtain community suggestions and/or decisions regarding health system ORT service delivery activities

2.2.1.2 Plan community-managed activities for identifying children needing ORT services

2.2.1.3 Plan community-managed diarrhea treatment activities

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*The term "community-managed ORT activities" refers to ORT service delivery and support activities carried out by unsalaried community members and/or health workers. It does not refer to the utilization of ORT services by community members, e.g. to having children with diarrhea treated at the service delivery facility or to attending health education sessions. The specific ORT activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

2.2.1.4 Plan community-managed outreach ORT education activities

2.2.1.5 Select community members for training as unsalaried health workers

2.2.2 DECIDE WHERE AND HOW TO ESTABLISH COMMUNITY-MANAGED ORT SUPPLY DEPOTS

2.2.3 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR ORT ACTIVITIES (SEE ORT: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN ORT SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO IDENTIFY CHILDREN NEEDING ORT SERVICES

2.3.1.1 Train unsalaried community members and/or health workers to recognize dehydration

2.3.1.2 Train unsalaried community members and/or health workers in referral procedures

2.3.2 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO TREAT DIARRHEA CASES

2.3.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN ORT EDUCATION TASKS

2.4 ASSIST UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO ESTABLISH AND MAINTAIN COMMUNITY-MANAGED ORS SUPPLY DEPOTS

2.4.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO ESTABLISH AND MAINTAIN COMMUNITY-MANAGED ORS SUPPLY DEPOTS

2.4.2 DISTRIBUTE ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS (SEE ORT: LOGISTIC SUPPORT)

2.5 ORGANIZE COMMUNITY-MANAGED RESOURCE GENERATION FOR ORT ACTIVITIES

3. MONITOR COMMUNITY-MANAGED ORT ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED ORT ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS

3.1.1 MONITOR COMMUNITY-MANAGED ORT SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED ORT LOGISTIC SUPPORT ACTIVITIES

3.1.3 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR ORT ACTIVITIES

ORAL REHYDRATION THERAPY
LOGISTIC SUPPORT ACTIVITIES, TASKS AND SUBTASKS

ORS Packets

Preparation Equipment for ORS or Other Recommended Solutions
(Spoons, Containers)

1. PLAN ORT LOGISTIC SUPPORT ACTIVITIES

   1.1 DEVELOP POLICY ON QUANTITIES OF ORS PACKETS TO BE ORDERED OR ISSUED

   1.2 DEVELOP PROCEDURES FOR PROCURING ORS PACKETS

2. PROCURE ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

   2.1 ESTIMATE REQUIREMENTS FOR ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

   2.2 SECURE AND DISBURSE FUNDS FOR PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS, IF APPLICABLE

   2.3 ORDER OR BE ISSUED ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

   2.4 COLLECT OR RECEIVE ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

3. STORE ORS PACKETS AND STORE AND MAINTAIN PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

   3.1 ORGANIZE AND ROTATE STOCK OF ORS PACKETS

   3.2 STORE ORS PACKETS IN A COOL, DRY PLACE

   3.3 DISCARD ORS PACKETS THAT HAVE EXPIRED OR HAVE BEEN DAMAGED

   3.4 CLEAN PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS AFTER USE

4. DISTRIBUTE ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

   4.1 RECEIVE ORDERS FOR OR ISSUE ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

   4.2 DELIVER ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

5. MAINTAIN INVENTORY AND EQUIPMENT RECORDS FOR ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS (SEE ORT: INFORMATION SYSTEM, MONITORING AND EVALUATION)

ORAL REHYDRATION THERAPY
FINANCIAL MANAGEMENT ACTIVITIES, TASKS AND SUBTASKS

1. SECURE RESOURCES FOR ORT ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR ORT ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR ORT ACTIVITIES

1.1.2 OBTAIN ALLOCATED ORS PACKETS AND ORS PREPARATION EQUIPMENT (SEE ORT: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR ORT ACTIVITIES

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR ORT ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for ORT activities

1.2.1.2 Develop procedures for user and/or social financing for ORT activities

1.2.1.2.1 Establish fee schedules for consultations

1.2.1.2.2 Establish sales prices for ORS packets

1.2.1.2.3 Ensure indigents equal access to ORT services and supplies

1.2.1.2.3.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.3.2 Set sliding scale

1.2.1.2.4 Develop other community and/or social financing mechanisms for ORT activities

1.2.2 COLLECT LOCAL RESOURCES FOR ORT ACTIVITIES

1.2.2.1 Collect user fees for consultations and sales receipts for ORS packets per local policy and procedures

1.2.2.2 Receive other community resources for ORT activities

2. DISBURSE AND ACCOUNT FOR FUNDS FOR ORT ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE ORT: INFORMATION SYSTEM, MONITORING AND EVALUATION)

*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for oral rehydration activities. Instead they receive material resources (ORS packets, and ORS preparation equipment) and human resources (personnel). This chapter covers financial management and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

ORAL REHYDRATION THERAPY INFORMATION SYSTEM, MONITORING AND EVALUATION ACTIVITIES, TASKS AND SUBTASKS

1. COLLECT ORT/DIARRHEA DATA

1.1 COLLECT DATA ON SIZE OF ORT TARGET POPULATION

1.2 COLLECT ORT SERVICE DELIVERY DATA

1.2.1 MAINTAIN DIARRHEA TREATMENT RECORDS

1.2.1.1 Record children's ages

1.2.1.2 Record diarrhea/dehydration classifications

1.2.1.3 Record diarrhea/dehydration treatments administered, prescribed or distributed

1.2.1.4 Record diarrhea/dehydration referrals made

1.2.2 MAINTAIN ACTIVITIES RECORDS

1.2.2.1 Record number of group ORT education sessions held

1.2.2.2 Record number of home visits made

1.3 COLLECT DATA ON ORT SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISION RECORDS

1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on ORS packets

1.3.4.1.1 Record quantities received

1.3.4.1.2 Record quantities distributed

1.3.4.1.3 Record current stock levels

1.3.4.2 Record information on preparation equipment for ORS or other recommended solutions

1.3.4.2.1 Record quantities received (by item)

1.3.4.2.2 Record quantities distributed (by item)

1.3.5 MAINTAIN ACCOUNTS LEDGER

1.3.5.1 Record ORT receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for ORT services and supplies

1.3.5.2 Record funds disbursed for ORT activities

1.3.5.3 Record current balances

1.4 COLLECT ORT/DIARRHEA IMPACT DATA

1.4.1 MAINTAIN RECORDS ON DIARRHEA-ASSOCIATED DEATHS

1.5 CONDUCT SPECIAL ORT/DIARRHEA KAP, COVERAGE AND IMPACT STUDIES

2. PROCESS ORT/DIARRHEA DATA

2.1 VERIFY/VALIDATE ORT/DIARRHEA DATA COLLECTED

2.2 CODE ORT/DIARRHEA DATA

2.3 FILE ORT/DIARRHEA DATA

2.4 TABULATE ORT/DIARRHEA DATA

2.4.1 TABULATE NUMBER OF DIARRHEA CASES IN CHILDREN UNDER 5 TREATED MONTHLY BY DEGREE OF SEVERITY

2.4.2 TABULATE NUMBER OF DIARRHEA CASES IN CHILDREN UNDER 5 TREATED MONTHLY WITH ORT BY DEGREE OF SEVERITY AND BY TYPE OF ORAL REHYDRATION SOLUTION

2.4.3 TABULATE NUMBER OF DIARRHEA CASES IN CHILDREN REFERRED MONTHLY BY DEGREE OF SEVERITY

2.5 ANALYZE ORT/DIARRHEA DATA

2.5.1 CALCULATE DIARRHEA-ASSOCIATED MORTALITY RATE

2.5.2 CALCULATE DIARRHEAL DISEASE CASE-FATALITY RATE

2.5.3 CALCULATE PROPORTION OF DIARRHEA CASES REFERRED

2.5.4 CALCULATE ORT USE RATE

2.5.5 CALCULATE ORS USE RATE

3. REPORT ORT/DIARRHEA INFORMATION

3.1 PREPARE REQUIRED ORT/DIARRHEA REPORTS

3.2 TRANSMIT REQUIRED ORT/DIARRHEA REPORTS

3.3 RECEIVE FEEDBACK ON ORT/DIARRHEA INFORMATION REPORTED (SEE ORT: SUPERVISION)

4. UTILIZE ORT/DIARRHEA INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTIFYING ORT SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE ALSO ORT: SUPERVISION)

4.2 UTILIZE INFORMATION FOR PLANNING ORT ACTIVITIES (SEE ORT: PLANNING)

PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME I

Malaria Service ACTIVITIES

Version 1.2
May 1, 1988

CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
Supported by the U.S. Agency for International Development

MALARIA
SERVICE DELIVERY ACTIVITIES, TASKS AND SUBTASKS
Treatment

1. IDENTIFY PREGNANT WOMEN AND/OR CHILDREN UNDER 5 NEEDING MALARIA TREATMENT SERVICES

2. MANAGE MALARIA CASES

2.1 DIAGNOSE MALARIA OR OTHER FEVER-RELATED ILLNESSES

2.1.1 TAKE MEDICAL HISTORY

2.1.1.1 Ask about level of fever

2.1.1.2 Ask about pattern of fever

2.1.1.3 Ask about chills/sweats

2.1.1.4 Ask about headache

2.1.1.5 Ask about vomiting

2.1.1.6 Ask about convulsions (cerebral malaria)

2.1.1.7 Ask about antimalarial drug administration in last 24 hours

2.1.1.8 Ask about the following to rule out other fever-related illnesses:

2.1.1.8.1 Ask about diarrhea

2.1.1.8.2 Ask about cough

2.1.1.8.3 Ask about runny nose/sore throat

2.1.1.8.4 Ask about ear pain

2.1.1.8.5 Ask about urinary symptoms (dysuria, frequency)

2.1.1.8.6 Ask about joint pain or swelling

2.1.2 CONDUCT PHYSICAL EXAMINATION

2.1.2.1 Take temperature

2.1.2.2 Examine neck for stiffness

2.1.2.3 Palpate abdomen/stomach

2.1.2.4 Ascultate lungs (per local policy)

2.1.2.5 Examine ears, nose, throat

2.1.2.6 Examine skin

2.1.2.7 Weigh patient

2.1.3 PERFORM LABORATORY TESTS

2.1.3.1 Make blood slide (per local policy)

2.1.3.2 Examine blood slide (per local policy)

2.2 ADMINISTER APPROPRIATE TREATMENTS PER PATIENTS' DIAGNOSES AND PER LOCAL POLICY

2.2.1 ADMINISTER ANTIMALARIAL DRUGS

2.2.1.1 Administer appropriate antimalarial drug per recommended (presumptive or radical treatment) schedule (locally determined)

2.2.1.2 Prescribe or distribute appropriate antimalarial drug for home administration per recommended treatment schedule (locally determined)

2.2.2 ADMINISTER SUPPORTIVE TREATMENTS FOR HYPERPYREXIA IF FEVER IS OVER 39 DEGREES CENTIGRADE

2.2.2.1 Administer antipyretic drug

2.2.2.2 Sponge or bathe with water

2.3 COUNSEL (EXPECTANT) MOTHERS* (SEE MALARIA: SERVICE DELIVERY TREATMENT – 2.1 PROVIDE INDIVIDUAL COUNSELLING TO MALARIA CASES OR MOTHERS OF MALARIA CASES)

2.4 REFER FEVER CASES

2.4.1 REFER CASE OF CEREBRAL OR OTHER SERIOUS/COMPLICATED OR UNRESPONSIVE MALARIA

2.4.2 REFER FOR FURTHER DIAGNOSIS/OTHER TREATMENT IF OTHER SERIOUS FEVER-RELATED ILLNESS IS SUSPECTED, E.G. MENINGITIS, TYPHOID, OR DENGUE FEVER

2.4.3 REFER SUSPECTED MALARIA CASE TO A HIGHER LEVEL HEALTH FACILITY FOR A BLOOD SLIDE (PER LOCAL POLICY)

2.5 MAKE AND EXAMINE BLOOD SLIDES AT APPROPRIATE INTERVALS (LOCALLY DETERMINED) DURING DRUG THERAPY TO DETERMINE CHANGE IN PARASITE COUNT AND DETECT ANY RESISTANCE TO ANTIMALARIAL DRUG BEING USED (PER LOCAL POLICY)

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING MALARIA TREATMENT

3.1 PROVIDE INDIVIDUAL COUNSELLING TO MALARIA CASES OR MOTHERS OF MALARIA CASES

3.1.1 TRANSMIT KEY MESSAGES ABOUT MALARIA TREATMENT

3.1.1.1 Tell (expectant) mother how to administer antimalarial drug prescribed or distributed for home administration

3.1.1.2 Tell (expectant) mother when to return for the next drug administration at service delivery facility

*The term "(expectant) mothers" refers to both pregnant women and mothers of children under 5 identified by health workers as fever cases.

3.1.1.3 Tell observed (expectant) mother the importance of completing entire treatment course

3.1.1.4 Tell (expectant) mother the signs and symptoms of unresponsive and complicated malaria

3.1.1.4.1 Tell (expectant) mother about unconsciousness, severe drowsiness

3.1.1.4.2 Tell (expectant) mother about fever continuing for more than two days after initiation of treatment

3.1.1.4.3 Tell (expectant) mother about any relapse of fever within three weeks after initiation of treatment

3.1.1.4.4 Tell (expectant) mother about jaundice

3.1.1.5 Tell (expectant) mother to return for consultation if signs of unresponsive or complicated malaria develop

3.1.1.6 Tell (expectant) mother how to prevent malaria by chemoprophylaxis and by other methods, such as the use of mosquito nets, household spraying, and eliminating standing water

3.1.2 USE APPROPRIATE INDIVIDUAL COUNSELLING TECHNIQUES

3.1.2.1 Ask mother to repeat key messages

3.1.2.1.1 Ask (expectant) mother to repeat the administration schedule for antimalarial drug prescribed or distributed for home administration

3.1.2.1.2 Ask (expectant) mother to repeat when to return for the next drug administration at service delivery facility

3.1.2.1.3 Ask (expectant) mother to repeat under what circumstances to return for consultation

3.1.2.2 Give (expectant) mother written, including pictorial, instructions for administering antimalarial drug prescribed or distributed for home administration

3.1.2.3 Ask (expectant) mother if she has any questions

3.2 PROVIDE OUTREACH MALARIA TREATMENT EDUCATION

3.2.1 TRANSMIT KEY MESSAGES

3.2.1.1 Explain malaria signs and symptoms, especially fever

3.2.1.2 Explain importance of immediate treatment of malaria (fever) in the home

3.2.1.3 Explain which drug(s) should be used to treat fever in the home

3.2.1.4 Explain recommended antimalarial drug administration schedule (treatment)

3.2.1.5 Explain indications for seeking medical care (locally determined)

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

Chemoprophylaxis

1. CHANNEL PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY TO CHEMOPROPHYLAXIS SERVICES

1.1 IDENTIFY PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY)

1.1.1 SEEK TO IDENTIFY PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) AT CLINIC SESSIONS

1.1.2 SEEK TO IDENTIFY PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) DURING HOME VISITS

1.1.3 MAINTAIN RECORDS WHICH IDENTIFY ALL WOMEN AGED 15-44 AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY)

1.2 RECRUIT PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) (SEE MALARIA: SERVICE DELIVERY - CHEMOPROPHYLAXIS -- 3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING MALARIA PREVENTION)

1.3 DIRECT PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) TO SOURCES OF CHEMOPROPHYLAXIS SERVICES

1.3.1 DIRECT PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) IDENTIFIED AT CLINIC SESSIONS TO SOURCES OF CHEMOPROPHYLAXIS SERVICES

1.3.2 DIRECT PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) IDENTIFIED DURING HOME VISITS TO SOURCES OF CHEMOPROPHYLAXIS SERVICES

1.3.3 EXPLAIN WHEN AND WERE TO GO TO OBTAIN CHEMOPROPHYLAXIS SERVICES DURING GROUP MALARIA PREVENTION EDUCATION SESSIONS (SEE MALARIA: SERVICE DELIVERY - CHEMOPROPHYLAXIS -- 3.2.1.4 EXPLAIN WHEN AND WHERE TO GO TO OBTAIN CHEMOPROPHYLAXIS SERVICES)

2. PROVIDE CHEMOPROPHYLAXIS

2.1 ADMINISTER ANTIMALARIAL DRUGS

2.1.1 ADMINISTER APPROPRIATE ANTIMALARIAL DRUG PER RECOMMENDED SCHEDULE (LOCALLY DETERMINED)

2.1.2 PRESCRIBE OR DISTRIBUTE APPROPRIATE ANTIMALARIAL DRUG FOR HOME ADMINISTRATION PER RECOMMENDED SCHEDULE (LOCALLY DETERMINED)

2.2 COUNSEL (EXPECTANT) MOTHERS** (SEE MALARIA: SERVICE DELIVERY - CHEMOPROPHYLAXIS -- 3.1 PROVIDE INDIVIDUAL COUNSELLING TO PREGNANT WOMEN AND/OR MOTHERS OF CHILDREN RECEIVING CHEMOPROPHYLAXIS)

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING MALARIA PREVENTION

3.1 PROVIDE INDIVIDUAL COUNSELLING TO PREGNANT WOMEN AND/OR MOTHERS OF CHILDREN RECEIVING CHEMOPROPHYLAXIS

**The term "(expectant) mothers" refers to both pregnant women and mothers of children under 5 receiving chemoprophylaxis.

3.1.1 TRANSMIT KEY MALARIA PREVENTION MESSAGES

3.1.1.1 Tell (expectant) mother why is it especially important that she (or her child) receive chemoprophylaxis

3.1.1.2 Tell (expectant) mother what antimalarial drug has been prescribed or distributed for home administration

3.1.1.3 Tell (expectant) mother how to administer antimalarial drug prescribed or distributed for home administration

3.1.1.4 Tell (expectant) mother when to return for next antimalarial drug administration at service delivery facility

3.1.1.5 Tell (expectant) mother the possible side effects of antimalarial drug(s)

3.1.1.6 Tell (expectant) mother about other methods of malaria prevention, such as the use of mosquito nets, household spraying, eliminating standing water, etc.

3.1.2 USE APPROPRIATE INDIVIDUAL COUNSELLING TECHNIQUES

3.1.2.1 Ask (expectant) mother to repeat key messages

3.1.2.1.1 Ask mother to repeat the administration schedule for antimalarial drug prescribed or distributed for home administration

3.1.2.1.2 Ask (expectant) mother to repeat when she should return for the next antimalarial drug administration at service delivery facility

3.1.2.2 Give (expectant) mother written, including pictorial, instructions for administering antimalarial drug prescribed or distributed for home administration

3.1.2.3 Ask (expectant) mother if she has any questions

3.2 PROVIDE OUTREACH MALARIA PREVENTION EDUCATION

3.2.1 TRANSMIT KEY MESSAGES

3.2.1.1 Explain the importance of chemoprophylaxis for pregnant women and/or children under 5 (per local policy)

3.2.1.2 Explain which drug(s) can be used for malaria prevention

3.2.1.3 Explain recommended antimalarial drug administration schedule (chemoprophylaxis)

3.2.1.4 Explain when and where to go to obtain chemoprophylaxis services

3.2.1.5 Explain other malaria prevention techniques, such as the use of mosquito nets, household spraying, eliminating standing water, etc.

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

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MALARIA
PLANNING ACTIVITIES, TASKS AND SUBTASKS

1. ASSESS OUTPUTS, EFFECTS (COVERAGE) AND IMPACT OF CURRENT MALARIA ACTIVITIES UTILIZING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET MALARIA TREATMENT AND PREVENTION OBJECTIVES AND TARGETS

   2.1 DETERMINE DESIRED MALARIA TREATMENT PROGRAM IMPACT

   2.2 SPECIFY TARGET GROUP(S) FOR MALARIA TREATMENT ACTIVITIES

   2.3 DETERMINE DESIRED MALARIA TREATMENT RATE

   2.4 DETERMINE DESIRED MALARIA PREVENTION PROGRAM IMPACT

   2.5 SPECIFY TARGET GROUP(S) FOR MALARIA CHEMOPROPHYLAXIS ACTIVITIES

   2.6 DETERMINE DESIRED MALARIA CHEMOPROPHYLAXIS COVERAGE

   2.7 SET QUANTITATIVE AND DATED MALARIA CHEMOPROPHYLAXIS TARGETS

3. DEVELOP MALARIA TREATMENT AND PREVENTION STRATEGIES

   3.1 DEVELOP MALARIA TREATMENT AND PREVENTION POLICIES

      3.1.1 DEVELOP POLICY ON HOME MANAGEMENT OF FEVER

      3.1.2 DEVELOP STANDARD PROTOCOL FOR MANAGING FEVER AT THE SERVICE DELIVERY FACILITY

      3.1.3 DEVELOP POLICY ON REFERRAL OF FEVER CASES

      3.1.4 DEVELOP STANDARD PROTOCOL FOR MALARIA CHEMOPROPHYLAXIS

   3.2 DEVELOP MALARIA TREATMENT AND PREVENTION PROCEDURES

      3.2.1 DEVELOP PROCEDURES FOR IDENTIFYING PREGNANT WOMEN AND/OR CHILDREN UNDER 5 NEEDING MALARIA TREATMENT SERVICES

      3.2.2 DEVELOP SERVICE DELIVERY FACILITY FEVER TREATMENT PROCEDURES

      3.2.3 DEVELOP REFERRAL PROCEDURES

      3.2.4 DETERMINE SITES FOR DISTRIBUTION OF ANTIMALARIAL DRUGS

      3.2.5 DEVELOP PROCEDURES FOR CHANNELLING PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) TO CHEMOPROPHYLAXIS SERVICES, INCLUDING OUTREACH MALARIA PREVENTION EDUCATION

   3.3 DEVELOP BUDGET FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

   3.4 DEVELOP MALARIA TREATMENT AND PREVENTION WORKPLANS AND SCHEDULES

3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT MALARIA TREATMENT AND PREVENTION ACTIVITIES

3.4.2 PROVIDE LOGISTIC SUPPORT FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

4. COMMUNICATE MALARIA TREATMENT AND PREVENTION PLAN

MALARIA
TRAINING ACTIVITIES, TASKS AND SUBTASKS

1. PLAN MALARIA TREATMENT AND PREVENTION TRAINING

1.1 ASSESS MALARIA TREATMENT AND PREVENTION TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR MALARIA TREATMENT AND PREVENTION TRAINING

1.3 SELECT MALARIA TREATMENT AND PREVENTION TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN MALARIA TREATMENT AND PREVENTION TASKS

2.1 TRANSMIT KEY MALARIA TREATMENT AND PREVENTION INFORMATION AND REQUIRED SKILLS PER TRAINEES' MALARIA TASKS

2.1.1 TEACH HOW TO DIAGNOSE MALARIA

2.1.2 TEACH HOW TO DIAGNOSE OTHER FEVER-RELATED ILLNESSES

2.1.3 TEACH RECOMMENDED MALARIA TREATMENT PROTOCOL

2.1.4 TEACH POSSIBLE SIDE EFFECTS OF ANTIMALARIAL DRUGS

2.1.5 TEACH HOW TO MAKE AND EXAMINE BLOOD SLIDES (PER LOCAL POLICY)

2.1.6 TEACH IMPORTANCE OF CHEMOPROPHYLAXIS FOR PREGNANT WOMEN AND CHILDREN UNDER 5 (PER LOCAL POLICY)

2.1.7 TEACH RECOMMENDED MALARIA CHEMOPROPHYLAXIS SCHEDULE

2.1.8 TEACH USE OF COUNSELLING AND HEALTH EDUCATION TECHNIQUES AND MATERIALS

2.1.9 TEACH PROCEDURES FOR CHANNELLING PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) TO CHEMOPROPHYLAXIS SERVICES

2.1.10 TEACH METHODS FOR DETERMINING QUANTITIES OF ANTIMALARIAL DRUGS TO ORDER

2.1.11 TEACH PROCEDURES FOR MAINTAINING MALARIA TREATMENT AND CHEMOPROPHYLAXIS RECORDS AND REPORTING MALARIA TREATMENT AND PREVENTION INFORMATION

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED MALARIA TREATMENT AND PREVENTION

2.2.1.1 Demonstrate how to make and examine blood slides (per local policy)

2.2.1.2 Demonstrate counselling and health education

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY INFORMATION

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE TREATING MALARIA DURING TRAINING

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON MALARIA TREATMENT AND PREVENTION

2.3 TEST COMPETENCE OF TRAINEES IN MALARIA TREATMENT AND PREVENTION TASKS

2.3.1 TEST TRAINEE KNOWLEDGE OF RECOMMENDED MALARIA TREATMENT PROTOCOL BY: (1) OBSERVING WHETHER THEY FOLLOW THE RECOMMENDED PROTOCOL WHEN TREATING MALARIA CASES (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF THE RECOMMENDED PROTOCOL

2.3.2 TEST TRAINEE KNOWLEDGE OF RECOMMENDED MALARIA CHEMOPROPHYLAXIS SCHEDULE BY: (1) OBSERVING WHETHER THEY FOLLOW THE RECOMMENDED SCHEDULE WHEN PROVIDING CHEMOPROPHYLAXIS (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF THE RECOMMENDED SCHEDULE

2.3.3 TEST TRAINEE SKILL IN TAKING AND/OR EXAMINING BLOOD SLIDES (PER LOCAL POLICY) BY: (1) OBSERVING WHETHER THEY FOLLOW RECOMMENDED PROCEDURES WHEN TAKING BLOOD SLIDES (IN CONSULTATION SESSIONS); (2) ADMINISTERING WRITTEN OR ORAL TESTS OF RECOMMENDED PROCEDURES FOR MAKING BLOOD SLIDES; (3) REEXAMINING BLOOD SLIDES EXAMINED BY TRAINEES; AND/OR (4) ADMINISTERING WRITTEN OR ORAL TEST OF IDENTIFYING CHARACTERISTICS OF DIFFERENT MALARIAL PARASITES

3. EVALUATE MALARIA TREATMENT AND PREVENTION

3.1 TEST COMPETENCE OF TRAINEES IN MALARIA TREATMENT AND PREVENTION TASKS (SEE MALARIA: TRAINING--2.3 TEST COMPETENCE OF TRAINEES IN MALARIA TREATMENT AND PREVENTION TASKS)

3.2 ASSESS HEALTH WORKER MALARIA TREATMENT AND PREVENTION TASK PERFORMANCE (SEE MALARIA: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN MALARIA TREATMENT AND PREVENTION TRAINING RECORDS AND REPORT MALARIA TREATMENT AND PREVENTION TRAINING INFORMATION (SEE MALARIA: INFORMATION SYSTEM, MONITORING AND EVALUATION)

MALARIA
SUPERVISION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 DEVELOP SUPERVISION SCHEDULES AND WORKPLANS

1.4 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY AND SUPPORT ACTIVITIES

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING MALARIA TREATMENT AND PREVENTION TASKS

2.1.1 SET OR COMMUNICATE DESIRED MALARIA TREATMENT AND PREVENTION OBJECTIVES AND TARGETS

2.1.2 DEVELOP MALARIA TREATMENT AND PREVENTION WORKPLANS

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR MALARIA TREATMENT AND PREVENTION TASK PERFORMANCE

2.2 IDENTIFY MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

2.2.1 ASSESS ATTAINMENT OF DESIRED MALARIA TREATMENT RATE AND/OR FREQUENCY OF MALARIA TREATMENT SERVICE DELIVERY ACTIVITIES

2.2.1.1 Assess attainment of desired malaria treatment rate by: (1) reviewing service delivery facility records to obtain data on the proportion of fever cases in pregnant women and children under 5 treated with antimalarial drugs; or (2) conducting sample household surveys

2.2.1.2 Assess frequency of outreach malaria treatment education activities by: (1) reviewing service delivery facility records to obtain data on the number of home visits made and/or group malaria treatment education sessions held; (2) interviewing community leaders and members about the frequency of group malaria treatment education sessions; or (3) asking health workers about the frequency of outreach malaria treatment education activities

2.2.2 ASSESS ATTAINMENT OF MALARIA CHEMOPROPHYLAXIS TARGETS, IF PRESENT, AND/OR FREQUENCY OF MALARIA PREVENTION SERVICE DELIVERY ACTIVITIES

2.2.2.1 Assess attainment of chemoprophylaxis targets by: (1) reviewing service delivery facility records to obtain data on the proportion of pregnant women and/or children under 5 (per local policy) provided chemoprophylaxis, or (2) conducting sample household chemoprophylaxis coverage surveys

2.2.2.2 Assess occurrence and frequency of chemoprophylaxis channelling activities by: (1) observing whether health workers identify pregnant women and/or children under 5 (per local policy) during clinic sessions and/or home visits and whether they direct these women and/or children to sources of chemoprophylaxis services; (2) observing whether records identifying all women aged 15-44 and/or children under 5 (per local policy) are maintained; (3) reviewing service delivery facility records to obtain data on the number of group malaria prevention education sessions held and/or home visits made; (4) interviewing community leaders and members about the frequency of group malaria prevention education sessions ; or (5) asking health workers about the frequency of chemoprophylaxis channelling activities

2.2.3 ASSESS QUALITY OF MALARIA TREATMENT SERVICE DELIVERY ACTIVITIES

2.2.3.1 Assess whether health workers administer antimalarial drugs to all fever cases (per local policy) by observing health workers treat fever cases (in consultation sessions or in role-play exercises)

2.2.3.2 Assess whether health workers follow the recommended antimalarial drug administration schedule (treatment) by: (1) observing health workers treat fever cases (in consultation sessions or in role-play exercises); (2) reviewing records to obtain data on the proportion of cases where the administration schedule was correctly followed; or (3) interviewing health workers to determine whether they know the recommended administration schedule

2.2.3.3 Assess whether health workers tell fever cases the recommended administration schedule for antimalarial drugs prescribed or distributed for home administration by: (1) observing health workers counsel fever cases (in consultation sessions or in role-play exercises); or (2) interviewing fever cases leaving consultation sessions to determine whether they know the recommended administration schedule

2.2.3.4 Assess whether health workers are effectively transmitting the message that fever should be treated immediately with antimalarial drugs by: (1) observing health workers provide outreach malaria treatment education (in group malaria treatment education sessions, in home visits, or in role-play exercises); or (2) interviewing mothers leaving group malaria treatment education sessions and/or after home visits to determine whether they know that fever should be treated immediately with antimalarial drugs

2.2.3.5 Assess whether health workers correctly take and examine blood slides (per local policy) by: (1) observing health workers take blood slides (in consultation sessions); (2) testing health workers to determine whether they know correct procedures for taking blood slides; (3) reexamining blood slides examined by health workers; and/or (4) testing health workers to determine whether they know identifying characteristics of different malarial parasites

2.2.4 ASSESS QUALITY OF MALARIA CHEMOPROPHYLAXIS ACTIVITIES

2.2.4.1 Assess whether health workers follow the recommended antimalarial drug administration schedule (chemoprophylaxis) by: (1) observing health workers provide chemoprophylaxis (in clinic sessions or in role-play exercises); (2) reviewing records to obtain data on the proportion of cases where the administration schedule was correctly followed; or (3) interviewing health workers to determine whether they know the recommended administration schedule

2.2.4.2 Assess whether health workers tell chemoprophylaxis recipients the recommended administration schedule for antimalarial drugs prescribed or distributed for home administration by: (1) observing health workers counsel chemoprophylaxis recipients (in clinic sessions or in role-play exercises); or (2) interviewing chemoprophylaxis recipients leaving clinic sessions to determine whether they know the recommended administration schedule

2.2.4.3 Assess whether health workers are effectively transmitting the message that chemoprophylaxis is especially important for pregnant women and/or children under 5 (per local policy) by: (1) observing health workers counsel pregnant women and/or mothers of children under 5 (in clinic sessions or in role-play exercises); (2) interviewing pregnant women and/or mothers of children under 5 leaving consultation sessions to determine if they know that it is important for them or their children to receive chemoprophylaxis; (3) observing health workers provide outreach malaria prevention education (in group malaria prevention education sessions, in home visits or in role-play exercises); or (4) interviewing women leaving group malaria prevention education sessions and/or after home visits to determine whether they know that it is important for pregnant women and/or children under 5 to receive chemoprophylaxis

2.2.5 ASSESS QUALITY OF MALARIA TREATMENT AND PREVENTION SUPPORT ACTIVITIES

2.2.5.1 Assess whether the service delivery facility has adequate quantities of antimalarial drugs by: (1) observing quantities of antimalarial drugs available (at the service delivery facility); or (2) asking health workers about shortages of antimalarial drugs

2.2.5.2 Assess whether health workers are adequately maintaining malaria treatment and chemoprophylaxis records by reviewing malaria treatment and chemoprophylaxis records for completeness and correctness of information

2.3 ASSIST IN RESOLVING MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON MALARIA TREATMENT AND PREVENTION PERFORMANCE

2.3.1.1 Praise or otherwise reward good malaria treatment and prevention performance

2.3.1.2 Advise or instruct health workers how to improve poor malaria treatment and prevention performance

2.3.1.3 Provide direct assistance in performing malaria treatment and prevention tasks

2.3.2 TAKE FOLLOW-UP ACTION ON MALARIA TREATMENT AND PREVENTION PERFORMANCE

2.3.2.1 Provide or arrange for formal malaria treatment and prevention in-service training

2.3.2.2 Provide malaria treatment and prevention logistic support, if applicable

2.3.2.2.1 Provide antimalarial drugs and/or blood slide equipment and supplies

2.3.2.2.2 Provide reference materials on malaria treatment and prevention

2.3.2.3 Refer persistent malaria treatment and prevention performance problems to higher-level supervisors

2.3.2.4 Apply sanctions for poor malaria treatment and prevention performance, if applicable

2.4 MOTIVATE HEALTH WORKERS (SEE MALARIA: SUPERVISION – 2.3 ASSIST IN RESOLVING MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER MALARIA TREATMENT AND PREVENTION TASK PERFORMANCE (SEE MALARIA: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE MALARIA: INFORMATION SYSTEM, MONITORING AND EVALUATION)

MALARIA
COMMUNI ORGANIZATION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN CO..MUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.3 DECIDE WHETHER OR NOT TO ESTABLISH COMMUNITY-MANAGED DISTRIBUTION SYSTEMS FOR ANTIMALARIAL DRUGS

1.1.4 DECIDE WHETHER OR NOT TO SEEK COMMUNITY-MANAGED RESOURCE GENERATION FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES (SEE MALARIA: FINANCIAL MANAGEMENT)

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES

2. ORGANIZE COMMUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE MALARIA TREATMENT AND PREVENTION ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN MAI .RIA TREATMENT AND PREVENTION ACTIVITIES

2.1.2 EXPLAIN MALARIA TREATMENT AND PREVENTION OBJECTIVES AND STRATEGIES

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE MALARIA TREATMENT AND PREVENTION ACTIVITIES

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING MALARIA TREATMENT AND PREVENTION ACTIVITIES

2.2.1 PLAN MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY ACTIVITIES

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*The term "community-managed malaria treatment and prevention activities" refers to malaria treatment and prevention service delivery and support activities carried out by unsalaried community members and/or health workers. It does not refer to the utilization of malaria treatment and prevention services by community members, e.g. to having pregnant women and/or children under 5 (per local policy) with malaria treated at the service delivery facility or to attending health education sessions. The specific malaria treatment and prevention activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

2.2.1.1 Obtain community suggestions and/or decisions regarding health system malaria treatment and prevention service delivery activities

2.2.1.2 Plan community-managed activities for identifying pregnant women and/or children under 5 (per local policy) needing malaria treatment services

2.2.1.3 Plan community-managed malaria treatment activities

2.2.1.4 Plan community-managed outreach malaria treatment and prevention education activities

2.2.1.5 Select community members for training as unsalaried health workers

2.2.2 DECIDE WHERE AND HOW TO ESTABLISH COMMUNITY-MANAGED DISTRIBUTION SYSTEMS FOR ANTIMALARIAL DRUGS

2.2.3 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES (SEE MALARIA: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN MALARIA SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO IDENTIFY PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) NEEDING MALARIA TREATMENT SERVICES

2.3.1.1 Train unsalaried community members and/or health workers to recognize malaria

2.3.1.2 Train unsalaried community members and/or health workers in referral procedures

2.3.2 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO TREAT MALARIA CASES

2.3.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN MALARIA TREATMENT AND PREVENTION EDUCATION TASKS

2.4 ASSIST UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO ESTABLISH AND MAINTAIN COMMUNITY-MANAGED DISTRIBUTION SYSTEMS FOR ANTIMALARIAL DRUGS

2.4.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO ESTABLISH AND MAINTAIN COMMUNITY-MANAGED DISTRIBUTION SYSTEMS FOR ANTIMALARIAL DRUGS

2.4.2 DISTRIBUTE ANTIMALARIAL DRUGS (SEE MALARIA: LOGISTIC SUPPORT)

2.5 ORGANIZE COMMUNITY-MANAGED RESOURCE GENERATION FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

3. MONITOR COMMUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS

3.1.1 MONITOR COMMUNITY-MANAGED MALARIA SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED MALARIA LOGISTIC SUPPORT ACTIVITIES

3.1.3 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

MALARIA
LOGISTIC SUPPORT ACTIVITIES, TASKS AND SUBTASKS

Antimalarial Drugs
(Chloroquine, Sulphadoxine with Pyrimethamine, Quinine)

Blood Slide Equipment and Supplies
(Slides, Lancets or Needles, Stain, Microscopes)

1. PLAN MALARIA TREATMENT AND PREVENTION LOGISTIC SUPPORT ACTIVITIES

   1.1 DEVELOP POLICY ON QUANTITIES OF ANTIMALARIAL DRUGS TO BE ORDERED OR ISSUED

   1.2 DEVELOP PROCEDURES FOR PROCURING ANTIMALARIAL DRUGS

2. PROCURE ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

   2.1 ESTIMATE REQUIREMENTS FOR ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

   2.2 SECURE AND DISBURSE FUNDS FOR ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES, IF APPLICABLE

   2.3 ORDER OR BE ISSUED ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

   2.4 COLLECT OR RECEIVE ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

3. STORE ANTIMALARIAL DRUGS AND STORE AND MAINTAIN BLOOD SLIDE EQUIPMENT AND SUPPLIES

   3.1 ORGANIZE AND ROTATE STOCK OF ANTIMALARIAL DRUGS

   3.2 STORE ANTIMALARIAL DRUGS IN A COOL, DRY PLACE

   3.3 DISCARD ANTIMALARIAL DRUGS THAT ARE NO LONGER POTENT

4. DISTRIBUTE ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

   4.1 RECEIVE ORDERS FOR OR ISSUE ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

   4.2 DELIVER ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

5. MAINTAIN INVENTORY AND EQUIPMENT RECORDS FOR ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES (SEE MALARIA: INFORMATION SYSTEM, MONITORING AND EVALUATION)

MALARIA
FINANCIAL MANAGEMENT ACTIVITIES, TASKS AND SUBTASKS

1. SECURE RESOURCES FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.1.2 OBTAIN ALLOCATED ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES (SEE MALARIA: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for malaria treatment and prevention activities

1.2.1.2 Develop procedures for user and/or social financing for malaria treatment and prevention activities

1.2.1.2.1 Establish fee schedules for consultations

1.2.1.2.2 Establish sales prices for antimalarial drugs

1.2.1.2.3 Ensure indigents equal access to malaria treatment and prevention services and drugs

1.2.1.2.3.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.3.2 Set sliding scale

1.2.1.2.4 Develop other community and/or social financing mechanisms for malaria treatment and prevention activities

1.2.2 COLLECT LOCAL RESOURCES FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.2.2.1 Collect user fees for consultations and sales receipts for antimalarial drugs per local policy and procedures

1.2.2.2 Receive other community resources for malaria treatment and prevention activities

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*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for malaria treatment and prevention activities. Instead they receive material resources (antimalarial drugs) and human resources (personnel). This chapter covers financial management and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

2. DISBURSE AND ACCOUNT FOR FUNDS FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE MALARIA: INFORMATION SYSTEM, MONITORING AND EVALUATION)

MALARIA
INFORMATION SYSTEM, MONITORING AND EVALUATION ACTIVITIES, TASKS AND SUBTASKS

1. COLLECT MALARIA DATA

1.1 COLLECT DATA ON SIZE OF MALARIA TREATMENT AND PREVENTION TARGET POPULATION(S)

1.2 COLLECT MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY DATA

1.2.1 MAINTAIN CLIENT RECORDS (SEE MALARIA: SERVICE DELIVERY-CHEMOPROPHYLAXIS -- 1.1.3 MAINTAIN RECORDS WHICH IDENTIFY ALL WOMEN AGED 15-44 AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY))

1.2.2 MAINTAIN MALARIA TREATMENT RECORDS

1.2.2.1 Record women's or children's ages and/or weights (per local policy)

1.2.2.2 Record diagnoses

1.2.2.3 Record antimalarial drugs administered, prescribed or distributed

1.2.3 MAINTAIN CHEMOPROPHYLAXIS RECORDS

1.2.3.1 Record women's or children's ages and/or weights (per local policy)

1.2.3.2 Record antimalarial drugs administered, prescribed or distributed

1.2.4 MAINTAIN ACTIVITIES RECORDS

1.2.4.1 Record number of group malaria treatment and prevention education sessions held

1.2.4.2 Record number of home visits made

1.3 COLLECT DATA ON MALARIA TREATMENT AND PREVENTION SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISION RECORDS

1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on antimalarial drugs

1.3.4.1.1 Record quantities received (by type of drug)

1.3.4.1.2 Record quantities distributed (by type of drug)

1.3.4.1.3 Record current stock levels (by type of drug)

1.3.4.2 Record information on blood slide equipment and supplies

1.3.4.2.1 Record quantities received (by item)

1.3.4.2.2 Record quantities distributed (by item)

1.3.5 MAINTAIN ACCOUNTS LEDGER

1.3.5.1 Record malaria treatment and prevention receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for malaria treatment and prevention services and drugs

1.3.5.2 Record funds disbursed for malaria treatment and prevention activities

1.3.5.3 Record current balances

1.4 COLLECT MALARIA IMPACT DATA

1.4.1 MAINTAIN RECORDS ON MALARIA DEATHS

1.4.2 MAINTAIN RECORDS ON MALARIA CASES (SEE MALARIA: INFORMATION SYSTEM, MONITORING AND EVALUATION--1.2.2 MAINTAIN MALARIA TREATMENT RECORDS)

1.5 CONDUCT SPECIAL MALARIA TREATMENT AND PREVENTION KAP, COVERAGE AND IMPACT STUDIES

2. PROCESS MALARIA DATA

2.1 VERIFY/VALIDATE MALARIA TREATMENT AND PREVENTION DATA COLLECTED

2.2 CODE MALARIA TREATMENT AND PREVENTIOI DATA

2.3 FILE MALARIA TREATMENT AND PREVENTION DATA

2.4 TABULATE MALARIA TREATMENT AND PREVENTION DATA

2.4.1 TABULATE NUMBER OF MALARIA CASES IN PREGNANT WOMEN AND/OR CHILDREN UNDER 5 TREATED MONTHLY

2.4.2 TABULATE NUMBER OF PREGNANT WOMEN AND/OR CHILDREN UNDER 5 PROVIDED CHEMOPROPHYLAXIS MONTHLY

2.5 ANALYZE MALARIA TREATMENT AND PREVENTION DATA

2.5.1 CALCULATE MALARIA INCIDENCE RATE

2.5.2 CALCULATE MALARIA CASE-FATALITY RATE

2.5.3 CALCULATE MALARIA TREATMENT RATE

2.5.4 CALCULATE MALARIA CHEMOPROPHYLAXIS RATE

3. REPORT MALARIA TREATMENT AND PREVENTION INFORMATION

3.1 PREPARE REQUIRED MALARIA TREATMENT AND PREVENTION REPORTS

3.2 TRANSMIT REQUIRED MALARIA TREATMENT AND PREVENTION REPORTS

3.3 RECEIVE FEEDBACK ON MALARIA TREATMENT AND PREVENTION INFORMATION REPORTED (SEE MALARIA: SUPERVISION)

4. UTILIZE MALARIA TREATMENT AND PREVENTION INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTIFYING MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE ALSO MALARIA: SUPERVISION)

4.2 UTILIZE INFORMATION FOR PLANNING MALARIA TREATMENT AND PREVENTION ACTIVITIES (SEE MALARIA: PLANNING)

PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME i

Acute Respiratory Infections Service ACTIVITIES

Version 1.1
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CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
Supported by the U.S. Agency for International Development

ACUTE RESPIRATORY INFECTIONS SERVICE DELIVERY ACTIVITIES, TASKS AND SUBTASKS

1. IDENTIFY CHILDREN UNDER 5 NEEDING ARI SERVICES

2. MANAGE ARI CASES

2.1 ASSESS SEVERITY OF ARI

2.1.1 TAKE MEDICAL HISTORY

2.1.1.1 Ask about presence/level of fever

2.1.1.2 Ask about duration of cough

2.1.1.3 Ask about activity level

2.1.1.4 Ask about ability to drink

2.1.1.5 Ask about presence of sore throat

2.1.1.6 Ask about presence of earache

2.1.1.7 Ask about any past history of respiratory problems (asthma)

2.1.1.8 Ask about past history of choking on food or swallowing foreign body

2.1.1.9 Ask about family history of TB or other respiratory illness

2.1.1.10 Ask about any treatment administered

2.1.2 CONDUCT PHYSICAL EXAMINATION

2.1.2.1 Count respiratory rate

2.1.2.2 Observe breathing for chest indrawing

2.1.2.3 Listen for stridor, wheeze and/or hoarseness

2.1.2.4 Observe for nasal flaring and/or listen for grunting

2.1.2.5 Auscultate chest (per local policy)

2.1.2.6 Assess general status (alertness, muscle tone)

2.1.2.7 Observe coloration of lips, ears, face and nailbeds

2.1.2.8 Examine throat for exudate/discharge, enlarged tonsils and inflamed pharynx

2.1.2.9 Examine neck for tender glands

2.1.2.10 Examine ears (tympanic membrane) (per local policy)

2.1.2.11 Take temperature

2.1.3 CLASSIFY CHILD BY SEVERITY OF ARI (SEE APPENDIX A FOR CLASSIFICATION SCHEME)

2.2 ADMINISTER APPROPRIATE TREATMENTS PER CHILD'S CLASSIFICATION AND PER LOCAL POLICY (SEE APPENDIX B FOR TREATMENT PROTOCOLS)

2.2.1 ADMINISTER THERAPEUTIC TREATMENT

2.2.1.1 Administer appropriate antimicrobial drug per recommended schedule (locally determined)

2.2.1.2 Prescribe or distribute appropriate antimicrobial drug per recommended schedule (locally determined)

2.2.2 ADMINISTER SUPPORTIVE TREATMENTS

2.2.2.1 Administer fluids, if child is dehydrated

2.2.2.2 Administer, prescribe or distribute antipyretic drug

2.2.2.3 Administer appropriate bronchodilator and/or cough mixture (locally determined)

2.2.2.4 Drain nose, if necessary

2.3 COUNSEL MOTHER (SEE ARI: SERVICE DELIVERY -- 3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF ARI CASES)

2.4 REFER CHILDREN WITH SEVERE ARI OR WITH COUGH LASTING MORE THAN 30 DAYS

2.5 FOLLOW UP ARI CASES AS APPROPRIATE TO REASSESS CONDITION AND MODIFY TREATMENT, IF NECESSARY (SEE ARI: SERVICE DELIVERY -- 3.1.1.5 TELL MOTHER TO BRING HER CHILD FOR RETURN CONSULTATION IF CHILD'S CONDITION WORSENS OR DOES NOT IMPROVE)

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING ARI TREATMENT

3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF ARI CASES

3.1.1 TRANSMIT KEY MESSAGES AND REQUIRED SKILLS

3.1.1.1 Tell mother how to administer antimicrobial drug prescribed or distributed for home administration

3.1.1.2 Tell mother the importance of completing entire treatment course

3.1.1.3 Tell mother how to administer basic supportive treatments

3.1.1.3.1 Tell mother to continue breastfeeding and to give extra fluids and appropriate foods (locally determined)

3.1.1.3.2 Tell mother to maintain a neutral temperature in the home or sickroom

3.1.1.3.3 Tell mother how to administer appropriate brochodilator and/or cough mixture (locally determined)

3.1.1.3.4 Tell mother how to drain nose and ears, if necessary

3.1.1.4 Tell mother about the signs and symptoms of moderate or severe ARI

3.1.1.4.1 Tell mother about stridor

3.1.1.4.2 Tell mother about chest indrawing/rapid breathing

3.1.1.4.3 Tell mother about inability to drink

3.1.1.4.4 Tell mother about cyanosis

3.1.1.4.5 Tell mother about weakness or lethargy

3.1.1.5 Tell mother to bring her child for return consultation if child's condition worsens or does not improve

3.1.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.1.2.1 Demonstrate required skills

3.1.2.1.1 Demonstrate how to recognize rapid breathing

3.1.2.1.2 Demonstrate how to inspect for chest indrawing

3.1.2.1.3 Demonstrate how to inspect for cyanosis

3.1.2.1.4 Demonstrate nasal draining methods

3.1.2.2 Ask mother to repeat key messages and/or demonstrate required skills

3.1.2.2.1 Ask mother to repeat the administration schedule for antimicrobial drug prescribed or distributed for home administration

3.1.2.2.2 Ask mother to repeat under what circumstances to return for consultation

3.1.2.2.3 Ask mother to demonstrate how to recognize rapid breathing

3.1.2.2.4 Ask mother to demonstrate how to inspect for chest indrawing

3.1.2.3 Ask mother if she has any questions

3.2 PROVIDE OUTREACH ARI EDUCATION

3.2.1 TRANSMIT KEY MESSAGES

3.2.1.1 Explain how to distinguish mild from moderate or severe ARI

3.2.1.2 Explain recommended treatment for mild ARI in the home

3.2.1.3 Explain importance of immediate medical care if signs of moderate or severe ARI develop

3.2.1.4 Explain general preventive measures for ARI

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

ACUTE RESPIRATORY INFECTIONS

Appendix A

Plan of Classification for Mild, Moderate, and Severe ARI

Definitions:

ARI Case: Any child suffering from one or more of the following conditions will be considered a possible case of ARI - cough, wheeze, stridor, grunting, chest indrawing, nasal flaring, hoarseness, sore throat, earache or ear discharge.

Severity of ARI: Once it has been established that a child has possible ARI, severity is determined by the signs and symptoms listed below. A child is classified as moderate or severe if the child has one or more signs or symptoms in that category.

SEVERE ARI

- Respiratory rate >70/minute
- Chest indrawing
- Inability to drink
- Stridor at rest
- Cyanosis
- Apnea, seizures, or change in consciousness
- Marked reduction in activities and play
- Dehydration

MODERATE ARI

- Respiratory rate 50-70/minute
- Temperature $\geq$ 40°C (104°F)
- Nasal flaring or grunting
- Earache, ear discharge, or pulling at ears (classification and treatment per local policy)
- Sore throat with enlarged tender nodes, with or without exudate, (classification and treatment per local policy)
- Moderate reduction in activities and play

MILD ARI

- Respiratory rate, <50/minute
- Temperature < 40°C (104°F)
- Stridor relieved at rest
- Sore throat without enlarged tender nodes

SEE ACCOMPANYING NOTES ON CLASSIFICATION SCHEME

Notes on ARI Classification Scheme

1. One important objective of this classification scheme is to identify those children who should receive antibiotics. One is especially interested in treating early pneumonia.

2. There is no perfect scheme for classifying cases of ARI in the field. This is a fairly conservative approach in that it tends to err on the side of treating rather than not treating.

3. Using fever as a classification criterion is problematic in that high fever due to any cause may increase respiratory rate. In general a child should have some sign or symptom of ARI (see above definition) before assuming that fever and increased respiratory rate are due to ARI. If there is doubt, one might administer an antipyretic and see if the respiratory rate returns to normal when the fever drops.

4. Local program directors should decide if they wish to classify or treat suspected cases of throat infection that could be caused by Group A Beta Hemolytic Streptococcus or ear infections, especially where laboratory or otoscopic examination is not feasible.

ACUTE RESPIRATORY INFECTIONS

Appendix B

Treatment Protocols for mild, moderate and severe ARI

SEVERE ARI: The child must be seen by a health worker immediately. Therapeutic and/or supportive treatment can be initiated by the health worker or the mother, but the patient should be referred to a higher facility as soon as possible, if he/she does not respond to therapeutic treatment administered or if his/her condition worsens. Recommendations:

A. Supportive treatment[1]
B. Therapeutic treatment[2]
C. Referral to higher facility for more intensive treatment[3]

MODERATE ARI: Supportive treatment can be initiated by the mother, but a health worker will usually have to intervene without delay, particularly for antimicrobial treatment. Recommendations:

A. Supportive treatment [1]
B. Therapeutic treatment [2]

MILD ARI: Treatment can be initiated by the mother with or without information to a health worker. Recommendations:

A. Supportive treatment [1] only

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[1]Supportive treatments:

- Antipyretics
- Bronchodialators and cough medicine (per local policy)
- Adequate fluids
- Proper feeding
- Maintenance of neutral environmental temperature
  (Do not bundle up the child with too many clothes. Do not overheat the room. Assure proper ventilation but protect the child from chills)
- Keep air passages clear
- Other recommended local measures

[2]Therapeutic treatments:

Primarily first line antimicrobials to be given per local policy. According to WHO recommendations benzylpenicillin or procaine penicillin G injections, or cotrimoxazole, amoxcillin, or ampicillin orally should be considered as first line antimicrobials, which can be distributed for ambulatory treatment.

[3]Intensive treatment:

May include intensive first line or second line antimicrobials (such as gentamycin, kanamycin, oxacillin and chloramphenicol), oxygen therapy, brochodialators, steam humidification or other measures that are available mainly in referral centers.

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ACUTE RESPIRATORY INFECTIONS
PLANNING ACTIVITIES, TASKS AND SUBTASKS

1. ASSESS OUTPUTS, EFFECTS (COVERAGE) AND IMPACT OF CURRENT ARI INTERVENTION ACTIVITIES UTILIZING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET ARI OBJECTIVES

   2.1 SPECIFY TARGET AGE GROUP(S)

   2.2 DETERMINE DESIRED ARI PROGRAM IMPACT

   2.3 DETERMINE DESIRED ARI TREATMENT COVERAGE

3. DEVELOP ARI STRATEGY

   3.1 DEVELOP ARI POLICIES

      3.1.1 DEVELOP POLICY ON HOME MANAGEMENT OF ARI

      3.1.2 DEVELOP STANDARD PROTOCOL FOR MANAGING ARI AT THE SERVICE DELIVERY FACILITY

      3.1.3 DEVELOP POLICY ON REFERRAL OF ARI CASES

      3.1.4 DEVELOP POLICY ON FOLLOW-UP OF ARI CASES

   3.2 DEVELOP ARI PROCEDURES

      3.2.1 DEVELOP PROCEDURES FOR IDENTIFYING CHILDREN UNDER 5 NEEDING ARI SERVICES

      3.2.2 DEVELOP SERVICE DELIVERY FACILITY ARI TREATMENT PROCEDURES

      3.2.3 DEVELOP REFERRAL PROCEDURES

      3.2.4 DEVELOP PROCEDURES FOR PROVIDING OUTREACH ARI EDUCATION

   3.3 DEVELOP BUDGET FOR ARI ACTIVITIES

   3.4 DEVELOP ARI WORKPLANS AND SCHEDULES

      3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT ARI ACTIVITIES

      3.4.2 PROVIDE LOGISTIC SUPPORT FOR ARI ACTIVITIES

4. COMMUNICATE ARI PLAN

ACUTE RESPIRATORY INFECTIONS TRAINING ACTIVITIES, TASKS AND SUBTASKS

1. PLAN ARI TRAINING

1.1 ASSESS ARI TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR ARI TRAINING

1.3 SELECT ARI TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN ARI TASKS

2.1 TRANSMIT KEY ARI INFORMATION AND REQUIRED SKILLS PER TRAINEES' ARI TASKS

2.1.1 TEACH HOW TO ASSESS SEVERITY OF ARI

2.1.2 TEACH HOW TO COUNT RESPIRATORY RATE

2.1.3 TEACH RECOMMENDED ARI CLASSIFICATION SCHEME

2.1.4 TEACH RECOMMENDED ARI THERAPEUTIC TREATMENT PROTOCOL

2.1.5 TEACH RECOMMENDED SUPPORTIVE TREATMENTS FOR ARI

2.1.6 TEACH USE OF COUNSELLING AND HEALTH EDUCATION TECHNIQUES AND MATERIALS

2.1.7 TEACH METHODS FOR DETERMINING QUANTITIES OF ANTIMICROBIAL AND ANTIPYRETIC DRUGS TO ORDER

2.1.8 TEACH PROCEDURES FOR MAINTAINING ARI TREATMENT RECORDS AND REPORTING ARI INFORMATION

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED ARI SKILLS

2.2.1.1 Demonstrate how to count respiratory rate

2.2.1.2 Demonstrate how to examine for chest indrawing

2.2.1.3 Demonstrate how to look for signs of cyanosis

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY INFORMATION

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE TREATING CHILDREN WITH ARI DURING TRAINING

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON ARI

2.3 TEST COMPETENCE OF TRAINEES IN ARI TASKS

2.3.1 TEST TRAINEE SKILL IN ASSESSING SEVERITY OF ARI BY OBSERVING WHETHER THEY CORRECTLY CLASSIFY CHILDREN BY SEVERITY OF ARI (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES)

2.3.2 TEST TRAINEE KNOWLEDGE OF RECOMMENDED ARI THERAPEUTIC TREATMENT PROTOCOL BY OBSERVING WHETHER THEY FOLLOW THE RECOMMENDED PROTOCOL WHEN TREATING ARI CASES (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES)

3. EVALUATE ARI TRAINING

3.1 TEST COMPETENCE OF TRAINEES IN ARI TASKS (SEE ARI: TRAINING--2.3 TEST COMPETENCE OF TRAINEES IN ARI TASKS)

3.2 ASSESS HEALTH WORKER ARI TASK PERFORMANCE (SEE ARI: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN ARI TRAINING RECORDS AND REPORT ARI TRAINING INFORMATION (SEE ARI: INFORMATION SYSTEM, MONITORING AND EVALUATION)

ACUTE RESPIRATORY INFECTIONS (ARI) SUPERVISION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 IDENTIFY AND TRAIN SUPERVISORS

1.4 DEVELOP SUPERVISION SCHEDULES AND WORKPLANS

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE ARI SERVICE DELIVERY AND SUPPORT ACTIVITIES

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING ARI TASKS

2.1.1 SET OR COMMUNICATE DESIRED ARI TREATMENT COVERAGE

2.1.2 DEVELOP ARI WORKPLAN

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR ARI TASK PERFORMANCE

2.2 IDENTIFY ARI SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

2.2.1 ASSESS ATTAINMENT OF ARI TREATMENT COVERAGE TARGET, IF PRESENT, AND/OR FREQUENCY OF ARI SERVICE DELIVERY ACTIVITIES

2.2.1.1 Assess attainment of ARI treatment coverage target by: (1) reviewing service delivery facility records to obtain data on the proportion of children with ARI treated; or (2) conducting sample household ARI treatment coverage surveys

2.2.1.2 Assess frequency of group ARI education sessions by: (1) reviewing service delivery facility records to obtain data on the number of group ARI education sessions held; (2) interviewing community leaders and members about the frequency of group ARI education sessions; or (3) asking health workers about the frequency of group ARI education sessions

2.2.1.3 Assess occurrence and frequency of channelling activities by: (1) observing whether records identifying specific children with ARI by severity are maintained; (2) observing whether health workers classify children with ARI by severity during clinic sessions and/or home visits and whether they direct these children to sources of ARI service delivery facility; (3) reviewing service delivery facility records to obtain data on the number of home visits made and/or group ARI education sessions held; (4) interviewing community leaders and members about the frequency of group ARI education sessions; or (5) asking health workers about the occurrence and frequency of channelling activities

2.2.2 ASSESS QUALITY OF ARI SERVICE DELIVERY ACTIVITIES

2.2.2.1 Assess whether health workers correctly classify children by severity of ARI by observing health workers treat ARI cases (in consultation sessions or in role-play exercises) or by interviewing health workers to determine whether they know the recommended classification scheme

2.2.2.2 Assess whether health workers follow the recommended ARI treatment protocol by observing health workers treating ARI cases (in consultation sessions or in role-play exercises) by reviewing health worker records to obtain data on the proportion of cases where the treatment protocol was correctly followed, or by interviewing health workers to determine whether they know the recommended treatment protocol

2.2.2.3 Assess whether health workers tell mothers of ARI cases (1) about the signs and symptoms of severe ARI, (2) how to inspect for these signs, and (3) that they should bring children for return consultation if these signs develop, by observing health workers counselling mothers (in consultation sessions or in role-play exercises) or by interviewing mothers leaving consultation sessions to determine whether they know the signs and symptoms of severe ARI, how to inspect for these signs and that they should being their children for return consultation if these signs develop

2.2.2.4 Assess whether health workers effectively provide outreach ARI education by: (1) observing health workers provide outreach ARI education (in group ARI education sessions, in home visits, or in role-play exercises); or (2) interviewing mothers leaving group ARI education sessions and/or after home visits to determine whether they know key ARI intervention messages

2.2.3 ASSESS QUALITY OF ARI SUPPORT ACTIVITIES

2.2.3.1 Assess whether the service delivery facility has adequate quantities of antimicrobial drugs by: (1) observing quantities of antimicrobial drugs available (in patient encounter sessions); or (2) asking health workers about shortages of antimicrobial drugs

2.2.3.2 Assess whether health workers adequately maintain ARI treatment registers by reviewing ARI registers for completeness and correctness of information

2.3 ASSIST IN RESOLVING ARI SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON ARI PERFORMANCE

2.3.1.1 Praise or otherwise reward good ARI task performance

2.3.1.2 Advise or instruct health workers how to improve poor ARI task performance

2.3.1.3 Provide direct assistance in performing ARI tasks

2.3.2 TAKE FOLLOW-UP ACTION ON ARI PERFORMANCE

2.3.2.1 Provide or arrange for formal ARI intervention in-service training

2.3.2.2 Provide direct assistance in performing ARI intervention tasks

2.3.2.3 Provide ARI intervention logistic support, if applicable

2.3.2.3.1 Provide ARI intervention drugs and supplies

2.3.2.3.2 Provide reference materials on ARI

2.3.2.4 Refer persistent ARI task performance problems to higher-level supervisors

2.3.2.5 Apply sanctions for ARI task performance, if applicable

2.4 MOTIVATE HEALTH WORKERS (SEE ARI: SUPERVISION – 2.3 ASSIST IN RESOLVING ARI SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF ARI SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER ARI TASK PERFORMANCE (SEE ARI: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE ARI: INFORMATION SYSTEM, MONITORING AND EVALUATION)

ACUTE RESPIRATORY INFECTIONS
COMMUNITY ORGANIZATION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN COMMUNITY-MANAGED ARI ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING ARI ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS/HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.3 DECIDE WHETHER OR NOT TO SEEK COMMUNITY-MANAGED RESOURCE GENERATION FOR ARI ACTIVITIES (SEE ARI: FINANCIAL MANAGEMENT)

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED ARI ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED ARI ACTIVITIES

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED ARI ACTIVITIES

2. ORGANIZE COMMUNITY-MANAGED ARI ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE ARI ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN ARI ACTIVITIES

2.1.2 EXPLAIN ARI OBJECTIVES AND STRATEGIES

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE ARI ACTIVITIES

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING ARI ACTIVITIES

2.2.1 PLAN ARI SERVICE DELIVERY ACTIVITIES

2.2.1.1 Obtain community suggestions/decisions regarding health system ARI service delivery activities

2.2.1.2 Plan community-managed activities for identifying children needing ARI services

2.2.1.3 Plan community-managed outreach ARI education activities

2.2.1.4 Select community members for training as unsalaried health workers

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*The term "community-managed ARI activities" refers to ARI service delivery and support activities carried out by unsalaried community members and/or health workers. It does not refer to the utilization of ARI services by community members, e.g., to having children with ARI treated at the service delivery facility or to attending health education sessions. The specific ARI activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

2.2.2 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR ARI ACTIVITIES (SEE ARI: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS/HEALTH WORKERS IN ARI SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO IDENTIFY CHILDREN NEEDING ARI SERVICES

2.3.1.1 Train unsalaried community members and/or health workers to recognize moderate and severe ARI

2.3.1.2 Train unsalaried community members and/or health workers in referral procedures

2.3.2 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN ARI EDUCATION TASKS

2.4 ORGANIZE COMMUNITY-MANAGED FINANCING/RESOURCE GENERATION FOR ARI ACTIVITIES

3. MONITOR COMMUNITY-MANAGED ARI ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED ARI ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS

3.1.1 MONITOR COMMUNITY-MANAGED ARI SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR ARI ACTIVITIES

ACUTE RESPIRATORY INFECTIONS
LOGISTIC SUPPORT ACTIVITIES, TASKS AND SUBTASKS

Antimicrobial and Antipyretic Drugs

(Penicillin, Ampicillin, Sulpha-Methaxazole, Aspirin, Acetomenophen)

1. PLAN ARI LOGISTIC SUPPORT ACTIVITIES

   1.1 DEVELOP POLICY ON QUANTITIES OF ANTIMICROBIAL AND ANTIPYRETIC DRUGS TO BE ORDERED OR ISSUED

   1.2 DEVELOP PROCEDURES FOR PROCURING ANTIMICROBIAL AND ANTIPYRETIC DRUGS

2. PROCURE ANTIMICROBIAL AND ANTIPYRETIC DRUGS

   2.1 ESTIMATE REQUIREMENTS FOR ANTIMICROBIAL AND ANTIPYRETIC DRUGS

   2.2 SECURE AND DISBURSE FUNDS FOR ANTIMICROBIAL AND ANTIPYRETIC DRUGS, IF APPLICABLE

   2.3 ORDER OR BE ISSUED ANTIMICROBIAL AND ANTIPYRETIC DRUGS

   2.4 COLLECT OR RECEIVE ANTIMICROBIAL AND ANTIPYRETIC DRUGS

3. STORE ANTIMICROBIAL AND ANTIPYRETIC DRUGS

   3.1 ORGANIZE AND ROTATE STOCK OF ANTIMICROBIAL AND ANTIPYRETIC DRUGS

   3.2 STORE ANTIMICROBIAL AND ANTIPYRETIC DRUGS IN A COOL, DRY PLACE

   3.3 DISCARD ANTIMICROBIAL AND ANTIPYRETIC DRUGS THAT ARE NO LONGER POTENT

4. DISTRIBUTE ANTIMICROBIAL AND ANTIPYRETIC DRUGS

5. MAINTAIN INVENTORY RECORDS FOR ANTIMICROBIAL AND ANTIPYRETIC DRUGS (SEE ARI: INFORMATION SYSTEM, MONITORING AND EVALUATION)

ACUTE RESPIRATORY INFECTIONS
FINANCIAL MANAGEMENT ACTIVITIES, TASKS AND SUBTASKS

1. SECURE RESOURCES FOR ARI ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR ARI ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR ARI ACTIVITIES

1.1.2 OBTAIN ALLOCATED ANTIMICROBIAL AND ANTIPYRETIC DRUGS (SEE ARI: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR ARI ACTIVITIES

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR ARI ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for ARI activities

1.2.1.2 Develop procedures for user and/or social financing for ARI activities

1.2.1.2.1 Establish fee schedules for consultations

1.2.1.2.2 Establish sales prices for antimicrobial and antipyretic drugs

1.2.1.2.3 Ensure indigents equal access to ARI services and drugs

1.2.1.2.3.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.3.2 Set sliding scale

1.2.1.2.4 Develop other community and/or social financing mechanisms for ARI activities

1.2.2 COLLECT LOCAL RESOURCES FOR ARI ACTIVITIES

1.2.2.1 Collect user fees for consultations and sales receipts for antimicrobial and antipyretic drugs per local policy and procedures

1.2.2.2 Receive other community resources for ARI activities

2. DISBURSE AND ACCOUNT FOR FUNDS FOR ARI ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE ARI: INFORMATION SYSTEM, MONITORING AND EVALUATION)

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*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for ARI activities. Instead they receive material resources (antimicrobial and antipyretic drugs) and human resources (personnel). This chapter covers financial management and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

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ACUTE RESPIRATORY INFECTIONS INFORMATION SYSTEM, MONITORING AND EVALUATION ACTIVITIES, TASKS AND SUBTASKS

1. COLLECT ARI DATA

1.1 COLLECT DATA ON SIZE OF ARI TARGET POPULATION

1.2 COLLECT ARI SERVICE DELIVERY DATA

1.2.1 MAINTAIN ARI TREATMENT RECORDS

1.2.1.1 Record children's ages

1.2.1.2 Record ARI classifications

1.2.1.3 Record ARI treatments administered, prescribed or distributed

1.2.1.4 Record ARI referrals made

1.2.2 MAINTAIN ACTIVITIES REGISTER

1.2.2.1 Record number of group ARI education sessions held

1.2.2.2 Record number of home visits made

1.3 COLLECT DATA ON ARI SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISION RECORDS

1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on antimicrobial and antipyretic drugs

1.3.4.1.1 Record quantities received (by type of drug)

1.3.4.1.2 Record quantities distributed (by type of drug)

1.3.4.1.3 Record current stock levels (by type of drug)

1.3.5 MAINTAIN ACCOUNTS LEDGER

1.3.5.1 Record ARI receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for ARI services and drugs

1.3.5.2 Record funds disbursed for ARI activities

1.3.5.3 Record current balances

1.4 COLLECT ARI IMPACT DATA

1.4.1 MAINTAIN RECORDS ON ARI DEATHS

1.5 CONDUCT SPECIAL ARI KAP, COVERAGE AND IMPACT STUDIES

2. PROCESS ARI DATA

2.1 VERIFY/VALIDATE ARI DATA COLLECTED

2.2 CODE ARI DATA

2.3 FILE ARI DATA

2.4 TABULATE ARI DATA

2.4.1 TABULATE NUMBER OF ARI CASES IN CHILDREN UNDER 5 TREATED MONTHLY BY DEGREE OF SEVERITY

2.4.2 TABULATE NUMBER OF ARI CASES IN CHILDREN UNDER 5 REFERRED MONTHLY BY DEGREE OF SEVERITY

2.5 ANALYZE ARI DATA

2.5.1 CALCULATE ARI MORTALITY RATE

2.5.2 CALCULATE ARI CASE-FATALITY RATE

2.5.3 CALCULATE ARI TREATMENT RATE

3. REPORT ARI INFORMATION

3.1 PREPARE REQUIRED ARI REPORTS

3.2 TRANSMIT REQUIRED ARI REPORTS

3.3 RECEIVE FEEDBACK ON ARI INFORMATION REPORTED (SEE ARI: SUPERVISION)

4. UTILIZE ARI INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTIFYING ARI SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE ARI: SUPERVISION)

4.2 UTILIZE INFORMATION FOR PLANNING ARI ACTIVITIES (SEE ARI: PLANNING)

PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME I

Maternal Health Service ACTIVITIES

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CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
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MATERNAL HEALTH -- PRENATAL SERVICE DELIVERY ACTIVITIES, TASKS AND SUBTASKS

1. CHANNEL PREGNANT WOMEN TO PRENATAL SERVICES

1.1 IDENTIFY PREGNANT WOMEN

1.1.1 MAINTAIN RECORDS WHICH IDENTIFY ALL PREGNANT WOMEN

1.1.2 IDENTIFY PREGNANT WOMEN AT CLINIC SESSIONS

1.1.3 IDENTIFY PREGNANT WOMEN DURING HOME VISITS

1.2 RECRUIT PREGNANT WOMEN (SEE MATERNAL HEALTH - PRENATAL: SERVICE DELIVERY -- 3. MOTIVATE/EDUCATE WOMEN AND OTHER COMMUNITY MEMBERS REGARDING PRENATAL CARE)

1.3 DIRECT PREGNANT WOMEN TO PRENATAL SERVICES

1.3.1 DIRECT PREGNANT WOMEN IDENTIFIED AT CLINIC SESSIONS TO SOURCES OF PRENATAL SERVICES

1.3.2 DIRECT PREGNANT WOMEN IDENTIFIED DURING HOME VISITS TO SOURCES OF PRENATAL SERVICES

1.3.3 EXPLAIN WHEN AND WHERE PRENATAL SERVICES ARE PROVIDED DURING GROUP MATERNAL HEALTH EDUCATION SESSIONS (SEE MATERNAL HEALTH -- PRENATAL: SERVICE DELIVERY--3.2.1.2 EXPLAIN WHEN AND WHERE TO OBTAIN PRENATAL CARE)

2. PROVIDE PRENATAL SERVICES

2.1 PREPARE PRENATAL EQUIPMENT AND SUPPLIES

2.1.1 STERILIZE SPECULA, GLOVES, SYRINGES, NEEDLES, SWABS

2.2 ASSESS PREGNANCY RISK AND DIAGNOSE PRENATAL OBSTETRIC AND MEDICAL PROBLEMS (SEE APPENDICES A AND B FOR PRENATAL RISK FACTORS AND SELECTED PRENATAL OBSTETRIC AND MEDICAL PROBLEMS)

2.2.1 TAKE PREGNANCY HISTORY

2.2.1.1 Ask about number of previous pregnancies

2.2.1.2 Ask about outcome of each pregnancy

2.2.1.3 Ask about complications of previous pregnancies (bleeding, toxemia, infection, prolonged labor, cesarean section, stillbirth, spontaneous abortion)

2.2.1.4 Ask date of last delivery

2.2.1.5 Ask about current or past breastfeeding

2.2.1.6 Ask date of last menstrual period

2.2.1.7 Ask age

2.2.2 ASK ABOUT RISK FACTORS IN CURRENT PREGNANCY

2.2.2.1 Ask about any spotting or bleeding during current or past pregnancies

2.2.2.2 Ask about burning on urination or foul smelling vaginal discharge

2.2.2.3 Ask about any existing medical conditions (especially diabetes, cardiovascular and renal problems, circumcision) or previous injuries, especially to pelvis

2.2.2.4 Ask about any medications currently being taken (therapeutic medications, contraceptives, antimalarial drugs)

2.2.2.5 Ask about immunization against tetanus

2.2.2.6 Ask about any problems associated with current pregnancy

2.2.2.7 Ask about amounts and types of food being eaten during pregnancy

2.2.2.8 Ask about plans for delivery

2.2.3 CONDUCT PHYSICAL EXAMINATION

2.2.3.1 Examine legs for signs of edema

2.2.3.2 Palpate abdomen to determine size of uterus/gestational age and position of fetus

2.2.3.3 Auscultate abdomen for fetal heart sounds and rate

2.2.3.4 Examine genitals for signs of infection or obstruction

2.2.3.5 Examine eyes and mucus membranes for signs of anemia

2.2.3.6 Perform vaginal exam to confirm pregnancy and evaluate pelvic size

2.2.3.7 Take vital signs (TPR, BP)

2.2.3.8 Measure height and weight

2.2.4 PERFORM LABORATORY TESTS

2.2.4.1 Examine urine for sugar and protein (per local policy)

2.2.4.2 Draw blood for glucose, hemoglobin and malaria diagnosis (if medically indicated)

2.2.5 CALCULATE EXPECTED DATE OF DELIVERY

2.3 ADMINISTER APPROPRIATE TREATMENT(S) PER WOMAN'S DIAGNOSES AND PER LOCAL POLICY

2.3.1 ADMINISTER, PRESCRIBE OR DISTRIBUTE IRON AND/OR FOLIC ACID TABLETS (PER LOCAL POLICY)

2.3.2 ADMINISTER, PRESCRIBE OR DISTRIBUTE NUTRITION SUPPLEMENTS (PER LOCAL POLICY)

2.3.3 IMMUNIZE AGAINST TETANUS PER RECOMMENDED SCHEDULE (LOCALLY DETERMINED)

2.3.4 ADMINISTER, PRESCRIBE OR DISTRIBUTE ANTIMALARIAL DRUGS (FOR MALARIA CHEMOPROPHYLAXIS) PER RECOMMENDED SCHEDULE (LOCALLY DETERMINED) (SEE MALARIA: SERVICE DELIVERY -- CHEMOPROPHYLAXIS)

2.3.5 TREAT OBSTETRIC AND MEDICAL PROBLEM(S) AND EMERGENCIES (SEE APPENDIX B FOR INTERVENTIONS FOR SELECTED OBSTETRIC AND MEDICAL PROBLEMS)

2.3.5.1 Manage ectopic pregnancy

2.3.5.2 Manage infection or bleeding from abortion

2.3.5.3 Manage other prenatal problems and emergencies especially hemorrhage, sepsis and eclampsia

2.4 COUNSEL PREGNANT WOMEN (SEE MATERNAL HEALTH - PRENATAL CARE: SERVICE DELIVERY -- 3.1 PROVIDE INDIVIDUAL COUNSELLING TO PREGNANT WOMEN RECEIVING PRENATAL CARE)

2.5 RECORD FINDINGS OF PRENATAL EXAMINATIONS AND HISTORIES ON MATERNAL HEALTH CARDS (PER LOCAL POLICY)

2.6 REFER AT-RISK PREGNANCIES PER LOCAL POLICY

3. MOTIVATE/EDUCATE PREGNANT WOMEN AND OTHER COMMUNITY MEMBERS REGARDING PRENATAL CARE

3.1 PROVIDE INDIVIDUAL COUNSELLING TO PREGNANT WOMEN RECEIVING PRENATAL SERVICES

3.1.1 TRANSMIT KEY MESSAGES

3.1.1.1 Tell pregnant woman about danger signs and emergencies during pregnancy and labor

3.1.1.1.1 Tell pregnant woman about pre-eclampsia, infection, bleeding, sharp or constant abdominal pain, prolonged or severe headache, fever

3.1.1.1.2 Tell pregnant woman about passage of meconium

3.1.1.1.3 Tell pregnant woman about prolapsed cord or abnormal foot/hand/shoulder/ buttocks presentation

3.1.1.1.4 Tell pregnant woman about labor lasting over 24 hours

3.1.1.2 Transmit nutrition messages

3.1.1.2.1 Tell pregnant woman to increase her total food intake or to balance her food intake and activities during pregnancy and lactation (per local policy)

3.1.1.2.2 Tell pregnant woman the administration schedule for nutrition supplements, iron and/or folic acid tablets prescribed or distributed for home administration

3.1.1.1.3 Warn pregnant woman of dangers of alcohol, smoking, drugs

3.1.1.3 Give instructions to pregnant woman with specific medical problem(s) (See Appendix B for instructions for selected prenatal medical problems)

3.1.1.4 Tell pregnant woman to have family seek assistance or transport her to clinic/hospital if danger signs of obstetric emergencies or complications of labor occur

3.1.1.5 Encourage pregnant woman to have delivery attended by a trained health worker

3.1.1.6 Tell pregnant woman when to return for next prenatal visit

3.1.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.1.2.1 Ask pregnant woman to repeat key messages

3.1.2.2 Ask expectant mother if she has any questions

3.2 PROVIDE OUTREACH PRENATAL EDUCATION

3.2.1 TRANSMIT KEY MESSAGES

3.2.1.1 Explain importance of prenatal care during pregnancy

3.2.1.2 Explain when and where to obtain prenatal services

3.2.1.3 Explain benefits of weight gain during pregnancy

3.2.1.4 Explain increased nutritional needs and types of foods to include in diet during pregnancy and lactation

3.2.1.5 Explain types of foods to include in diet during pregnancy and lactation

3.2.1.6 Explain danger signs of pregnancy which require immediate attention (swelling of feet, severe or prolonged dizziness, bleeding from vagina, sharp or constant abdominal pain, fever, vaginal odor or discharge)

3.2.1.7 Explain importance of tetanus toxoid immunization during pregnancy

3.2.1.8 Explain the importance of having delivery attended by a trained health worker

3.2.1.9 Explain the dangers of non-therapeutic abortion

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

MATERNAL HEALTH
APPENDIX A: PRENATAL RISK FACTORS

MATERNAL AGE LESS THAN 16 OR OVER 35

FIRST PREGNANCY OVER 30 YEARS OF AGE

5-8 PAST PREGNANCIES

OVER 10 YEARS SINCE LAST PREGNANCY

PREVIOUS CESAREAN SECTION

PREVIOUS DELIVERY COMPLICATIONS

PREVIOUS S[illegible] BIRTH

PREVIOUS MISCARRIAGES: 2 OR MORE

PREVIOUS NEONATAL DEATH

3 OR MORE ABORTIONS

2 OR MORE INFANT DEATHS

PREVIOUS LOW BIRTH WEIGHT BABY

MATERNAL HEIGHT LESS THAN LOCAL STANDARD

SMALL PELVIC OUTLET

MATERNAL LIMP/POLIO LEG

BLEEDING SINCE LAST PERIOD

CLINICALLY ANEMIC

FEVER

BLOOD PRESSURE GREATER THAN 140/90

SPUTUM AFB POSITIVE

DIABETES

HEART DISEASE

PRE-ECLAMPSIA

ABNORMAL FETAL PRESENTATION

SICKLE CELL

MALARIA

AIDS

BREECH PRESENTATION OR TRANSVERSE LIE

LARGE FOR DATE PREGNANCY

SUSPECTED TWINS

MATERNAL HEALTH
APPENDIX B: SELECTED PERINATAL MEDICAL AND OBSTETRIC PROBLEMS

Problem	Intervention
Bleeding - prenatal	**Prevent shock, IV fluids, blood transfusion, deliver baby (if profuse)**
Bleeding - intrapartal	**Prevent shock, IV fluids, blood transfusion, deliver baby (if possible), refer for Cesarean section (if indicated), ocytocics**
Bleeding - postpartal	**Prevent shock, IV fluids, blood transfusion, ocytocics, uterine massage, remove retained placenta fragments**
Infection	**Antibiotic therapy**
Pre-eclampsia	**Antihypertensives (if indicated), avoid salt intake, frequent rest with legs elevated**
Eclampsia	**Anticonvulsants, safety precautions, deliver baby**
Anemia	**Iron and/or folic acid Improved dietary intake**
Premature labor	**Refer (if possible) to facility capable of caring for premature infant**
Transverse lie, cephalo-pelvic disproportion	**Refer for cesarean section**
Dystocia	**Refer for surgical or medical intervention**
Ectopic pregnancy	**Surgical Intervention, IV fluids, blood transfusion**

MATERNAL HEALTH
LABOR AND DELIVERY
SERVICE DELIVERY ACTIVITIES, TASKS AND SUBTASKS

1. CHANNEL NEAR-TERM AND DELIVERING WOMEN TO LABOR AND DELIVERY SERVICES

1.1 IDENTIFY NEAR-TERM AND DELIVERING WOMEN (SEE MATERNAL HEALTH PRENATAL: SERVICE DELIVERY -- 1.1 IDENTIFY PREGNANT WOMEN)

1.2 RECRUIT NEAR-TERM AND DELIVERING WOMEN TO APPROPRIATE LABOR AND DELIVERY SERVICES (SEE MATERNAL HEALTH PRENATAL: SERVICE DELIVERY -- 2.2 ASSESS PREGNANCY RISK AND DIAGNOSE OBSTETRIC AND MEDICAL PROBLEMS)

1.2.1 CONDUCT PRENATAL EXAMINATIONS

1.2.2 IDENTIFY HIGH RISK PREGNANCIES

1.2.3 IDENTIFY OBSTETRIC PROBLEMS AND EMERGENCIES PER LOCAL POLICY (SEE MATERNAL HEALTH LABOR AND DELIVERY: SERVICE DELIVERY -- 2.2 ASSESS POTENTIAL OBSTETRIC COMPLICATIONS AND EMERGENCIES)

1.3 DIRECT NEAR-TERM AND DELIVERING WOMEN TO APPROPRIATE LABOR AND DELIVERY SERVICES

1.3.1 DIRECT NORMAL DELIVERIES TO TRAINED BIRTH ATTENDANT (SEE MATERNAL HEALTH PRENATAL SERVICE DELIVERY: -- 3.1.1.5 ENCOURAGE PREGNANT WOMEN TO HAVE DELIVERY ATTENDED BY A TRAINED HEALTH WORKER)

1.3.2 DIRECT AT-RISK PREGNANCIES TO APPROPRIATE LABOR AND DELIVERY SERVICES, PER LOCAL POLICY (SEE MATERNAL HEALTH PRENATAL: SERVICE DELIVERY -- 2.6 REFER AT-RISK PREGNANCIES PER LOCAL POLICY)

1.3.3 DIRECT OBSTETRIC COMPLICATIONS AND EMERGENCIES TO REFERRAL FACILITY (SEE MATERNAL HEALTH LABOR AND DELIVERY: SERVICE DELIVERY -- 2.3.5 REFER OBSTETRIC COMPLICATIONS AND EMERGENCIES PER LOCAL POLICY)

1.3.4 ARRANGE TRANSPORT TO REFERRAL FACILITY, IF REQUIRED

2. MANAGE LABOR AND DELIVERY

2.1 PREPARE EQUIPMENT AND SUPPLIES

2.1.1 STERILIZE NEEDLES, SYRINGES, CORD TIES, SCISSORS/RAZOR BLADE, CATHETER, IV INFUSION SET, GLOVES

2.1.2 PREPARE CLEAN BIRTHING PLACE

2.2 ASSESS POTENTIAL OBSTETRIC COMPLICATIONS AND EMERGENCIES

2.2.1 TAKE LABOR HISTORY

2.2.1.1 Ask when labor pains began

2.2.1.2 Ask about frequency of contractions

2.2.1.3 Ask if and when bag of water broke

2.2.1.4 Ask about vaginal bleeding

2.2.1.5 Ask about dark black/green discharge (meconium)

2.2.1.6 Ask about bloody show

2.2.1.7 Ask when woman in labor last ate

2.2.1.8 Ask when woman in labor last passed stool

2.2.1.9 Ask when woman in labor last urinated and about problems urinating

2.2.1.10 Ask about any medication or treatment taken

2.2.1.11 Take prenatal history if woman in labor was not examined prenatally

2.2.2 CONDUCT PHYSICAL EXAMINATION

2.2.2.1 Take vital signs (TPR, BP)

2.2.2.2 Palpate abdomen

2.2.2.2.1 Determine strength and length of contractions

2.2.2.2.2 Determine position of fetus

2.2.2.2.3 Determine if more than one fetus

2.2.2.3 Auscultate fetal heart rate

2.2.2.4 Perform vaginal or rectal exam (per local policy)

2.2.2.4.1 Wash hands and woman in labor's perineum

2.2.2.4.2 Palpate cervix to determine thickness and firmness (effacement), openness (dilation), whether bag of water has broken (membranes ruptured)

2.2.2.4.3 Determine how far into the pelvis the presenting part has come (station)

2.2.2.4.4 Determine the presenting part and its position

2.2.2.4.5 Feel for prolapsed cord, placenta previa

2.2.3 MONITOR WOMEN THROUGHOUT LABOR

2.2.3.1 Take BP and pulse regularly

2.2.3.2 Take temperature regularly

2.2.3.3 Measure duration and frequency of contractions regularly

2.2.3.4 Auscultate fetal heart beat regularly

2.2.3.5 Palpate abdomen to determine any changes in fetal position regularly

2.2.3.6 Perform vaginal or rectal exam to assess dilation, effacement and station at appropriate intervals (per local policy)

2.2.3.7 Observe perineum for crowning, opening of the vulva and/or rectum to indicate beginning of second stage of labor

2.2.3.8 Monitor blood loss regularly

2.2.4 DIAGNOSE OBSTETRIC COMPLICATIONS AND EMERGENCIES

2.2.4.1 Diagnose dystocia

2.2.4.2 Diagnose hemorrage and shock

2.2.4.3 Diagnose eclampsia

2.2.4.4 Diagnose infection

2.2.4.5 Diagnose cause of maternal distress

2.2.4.6 Diagnose cause of fetal distress

2.2.4.7 Diagnose abnormal presentation of fetus

2.3 MANAGE DELIVERY

2.3.1 ASSIST PROGRESS OF LABOR

2.3.1.1 Tell woman not to bear down until fully dilated and effaced

2.3.1.2 Make woman urinate frequently or catheterize her for urinary retention (per local policy)

2.3.1.3 Reposition woman in labor or increase her activities (i.e., walking) to help presenting part move further into the pelvis and birth canal and to speed labor

2.3.1.4 Administer low enema if bowel is full of stool and woman in labor cannot pass it (per local policy)

2.3.1.5 Administer anesthetic or analgesic (per local policy)

2.3.2 PROVIDE EMOTIONAL SUPPORT DURING LABOR

2.3.3 ASSIST WITH NORMAL DELIVERY

2.3.3.1 Wash hands and woman in labor's perineum

2.3.3.2 Deliver head

2.3.3.2.1 Support perineum to prevent tearing when fetal head is crowning

2.3.3.2.2 Perform episiotomy if perineum is very tight, swollen, inflamed, or appears likely to tear

2.3.3.2.3 Support fetus' head as it passes over perineum

2.3.3.2.4 Feel if umbilical cord is around fetus' neck, and slip it over head

2.3.3.2.5 Suck mucus and/or meconium from infant's nose and mouth

2.3.3.3 Deliver shoulders and body

2.3.4 TREAT OBSTETRIC PROBLEMS AND EMERGENCIES

2.3.4.1 Treat shock and hemorrhage

2.3.4.1.1 Administer ergonovine, IV crystaloids, blood (per local policy)

2.3.4.1.2 Place mother in trundelenberg position

2.3.4.2 Treat infection

2.3.4.2.1 Administer antibiotics

2.3.4.3 Treat eclamptic convulsions

2.3.4.3.1 Administer anticonvulsants (per local policy)

2.3.4.3.2 Protect physical safety of mother during convulsions

2.3.4.3.3 Deliver infant immediately

2.3.4.4 Attempt manual manipulation of fetal head in cases of incomplete internal rotation

2.3.4.5 Use appropriate technique to deliver fetus in abnormal position (footling, buttocks, face, brow, arm, shoulder presentations)

2.3.4.6 Provide other emergency care as indicated

2.3.5 REFER OBSTETRIC PROBLEMS AND EMERGENCIES PER LOCAL POLICY

2.3.6 PROVIDE IMMEDIATE CARE FOR NEWBORN

2.3.6.1 Establish respiration/loud cry

2.3.6.2 Tie umbilical cord in three places with sterile ties

2.3.6.3 Cut umbilical cord with sterile scissors or razor blade; leave 2 ties on infant's side

2.3.6.4 Wrap in clean cloth and cover head to maintain warmth

2.3.6.5 Determine APGAR score at 1 minute and 5 minutes after birth

2.3.6.6 Give to mother to suckle

2.3.6.7 Weigh

2.3.6.8 Insert antibiotic eye ointment or silver nitrate drops into eyes within one hour after birth (per local policy)

2.3.6.9 Immunize (per local policy)

2.3.6.10 Administer Vitamin K (per local policy)

2.3.6.11 Provide emergency care, as indicated

2.3.7 DELIVER PLACENTA

2.3.7.1 Deliver placenta and examine for completeness

2.3.7.2 Manually remove retained (partial or complete) placenta (per local policy)

2.3.8 REPAIR EPISIOTOMY OR PERINEAL LACERATION

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2.3.8.1 Administer local anesthetic to perineum (per local policy)

2.3.8.2 Suture episiotomy or laceration

2.3.9 ESTABLISH BREASTFEEDING

2.4 PREVENT COMPLICATIONS DURING IMMEDIATE POSTPARTUM PERIOD

2.4.1 MONITOR MOTHER IMMEDIATELY AFTER DELIVERY

2.4.1.1 Monitor blood pressure and pulse regularly

2.4.1.2 Massage uterus within 15 minutes after delivery and regularly thereafter

2.4.1.3 Monitor blood loss

2.4.2 ADMINISTER ERGONOVINE 1 MG IM IF MOTHER IS BLEEDING HEAVILY (PER LOCAL POLICY)

2.5 CONDUCT THOROUGH EXAMINATIONS OF INFANTS

2.5.1.1 Assess general appearance, alertness, tone

2.5.1.2 Examine head and feel for fontanelles and sutures

2.5.1.3 Examine eyes for redness, discharge, jaundice, pallor

2.5.1.4 Examine ears and nose for signs of infection

2.5.1.5 Listen to chest to assess respiration and heartbeat

2.5.1.6 Palpate abdomen and liver

2.5.1.7 Examine genitals for normality, hernias

2.5.1.8 Examine for muscle tone and moro reflex

2.5.1.9 Examine skeletal system for broken or dislocated bones

2.5.1.10 Inspect skin for sores, breaks

2.5.1.11 Examine for birth defects

2.5.1.12 Weigh

2.5.1.13 Take temperature

2.6 REFER INFANTS WITH MEDICAL EMERGENCIES AND BIRTH DEFECTS

2.7 RECORD LABOR AND DELIVERY INFORMATION ON LABOR CHARTS

3. PROVIDE INDIVIDUAL COUNSELLING TO NEWLY DELIVERED MOTHERS

3.1 TRANSMIT KEY MESSAGES

3.1.1 TELL MOTHER HOW TO CARE FOR HER GENITALS

3.1.1.1 Tell mother to keep her genital area clean

3.1.1.2 Tell mother to return to clinic if gross bleeding occurs, or if lochia remains red or has foul smell

3.1.1.3 Tell mother to refrain from intercourse for 4-6 weeks

3.1.2 TELL MOTHER HOW TO CARE FOR INFANT'S UMBILICAL CORD

3.1.2.1 Tell mother to keep area around cord clean and dry

3.1.2.2 Tell mother not to put anything (soil/salve) on the cord and not to remove the ties

3.1.2.3 Tell mother to bring infant to clinic if any redness or discharge from cord occurs

3.1.3 TELL MOTHER ABOUT BREASTFEEDING

3.1.3.1 Instruct mothers in the health benefits of breastfeeding

3.1.3.2 Tell mother to feed colostrom

3.1.3.3 Tell mother that normal milk flow will begin after 2-3 days

3.1.3.4 Tell mother to breastfeed infant frequently during the first few days

3.1.3.5 Tell mother to use both breasts, feeding from one until it is empty, then from the other

3.1.3.6 Tell mother to start feeding with the breast that is not the breast she started feeding from last time

3.1.3.7 Tell mother to continue breastfeeding when she or infant is ill

3.1.3.8 Tell mother to keep nipples clean and dry to prevent cracking

3.1.4 TELL MOTHER WHEN TO RETURN FOR FIRST POSTPARTUM VISIT AND FOR INFANT'S FIRST WELL-CHILD VISIT

3.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.2.1 DEMONSTRATE REQUIRED SKILLS

3.2.1.1 Demonstrate to mother how to wash her genitals

3.2.1.2 Demonstrate how to bathe and clean infant, especially around umbilical cord

3.2.1.3 Demonstrate how to express breastmilk to relieve congestion and prevent engorgement

3.2.1.4 Demonstrate how to position infant's mouth around areola for breastfeeding

3.2.2 ASK MOTHER TO REPEAT KEY MESSAGES AND/OR DEMONSTRATE REQUIRED SKILLS

3.2.2.1 Ask mother to demonstrate how to wash her genitals

3.2.2.2 Ask mother to demonstrate bathing the infant, cleaning around the cord and cleaning the genitals

3.2.2.3 Ask mother to demonstrate breastfeeding and breast care

3.2.2.4 Ask mother to repeat the warning signs for her and/or her infant to return to clinic

3.2.2.5 Ask mother to repeat when she will return for first postpartum visit and for infant's first well-child visit

3.2.3 ASK MOTHER IF SHE HAS ANY QUESTIONS

MATERNAL HEALTH -- POSTPARTUM
SERVICE DELIVERY ACTIVITIES, TASKS AND SUBTASKS

1. CHANNEL RECENTLY DELIVERED MOTHERS TO POSTPARTUM SERVICES

1.1 IDENTIFY RECENTLY DELIVERED MOTHERS

1.1.1 MAINTAIN RECORDS WHICH IDENTIFY RECENTLY DELIVERED MOTHERS

1.1.2 IDENTIFY RECENTLY DELIVERED MOTHERS AT CLINIC SESSIONS

1.1.3 IDENTIFY RECENTLY DELIVERED MOTHERS DURING HOME VISITS

1.2 RECRUIT RECENTLY DELIVERED MOTHERS (SEE MATERNAL HEALTH - POSTPARTUM: SERVICE DELIVERY -- 3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING POSTPARTUM CARE)

1.3 DIRECT RECENTLY DELIVERED MOTHERS TO POSTPARTUM SERVICES

1.3.1 DIRECT RECENTLY DELIVERED MOTHERS IDENTIFIED AT CLINIC SESSIONS TO SOURCES OF POSTPARTUM SERVICES

1.3.2 DIRECT RECENTLY DELIVERED MOTHERS IDENTIFIED DURING HOME VISITS TO SOURCES OF POSTPARTUM SERVICES

1.3.3 EXPLAIN WHEN AND WHERE POSTPARTUM SERVICES ARE PROVIDED DURING GROUP POSTPARTUM EDUCATION SESSIONS (SEE MATERNAL HEALTH -- POSTPARTUM: SERVICE DELIVERY--3.2 PROVIDE OUTREACH POSTPARTUM EDUCATION)

2. PROVIDE POSTPARTUM SERVICES

2.1 PREPARE POSTPARTUM EQUIPMENT AND SUPPLIES

2.2 ASSESS MOTHERS' POSTPARTUM SERVICE NEEDS

2.2.1 TAKE POSTPARTUM HISTORY

2.2.1.1 Ask mother when and where she delivered, or obtain from maternal health card

2.2.1.2 Ask mother the outcome of the delivery, or obtain from maternal health card

2.2.1.3 Ask mother about vaginal bleeding

2.2.1.4 Ask mother about foul smelling vaginal discharge

2.2.1.5 Ask mother if she has any pain or tenderness in the abdomen or breasts

2.2.1.6 Ask mother if she has had a fever

2.2.1.7 Ask mother if she is taking any medications, including contraceptives

2.2.1.8 Ask mother what she is eating

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*The term "postpartum" refers to the period beginning immediately after discharge following delivery and ending 6 weeks after delivery.

2.2.2 CONDUCT PHYSICAL EXAMINATION

2.2.2.1 Examine the abdomen for swelling and for condition of cesarean incision and to determine the size and firmness of the uterus

2.2.2.2 Examine the genitals for swelling, discharge, bleeding, tears, fistula and episiotomy repair

2.2.2.3 Examine the breasts for cracked nipples, engorgement, abscess

2.2.2.4 Take vital signs (TPR, blood pressure)

2.2.2.5 Weigh the mother

2.2.2.6 Examine eyes for signs of anemia

2.3 ADMINISTER APPROPRIATE TREATMENT TO MOTHERS IF NEEDED PER DIAGNOSIS AND LOCAL POLICY

2.3.1 PROVIDE IRON AND/OR FOLIC ACID TABLETS (PER LOCAL POLICY)

2.3.2 PROVIDE NUTRITION SUPPLEMENTS (PER LOCAL POLICY)

2.3.3 PROVIDE MALARIA CHEMOPROPHYLAXIS (PER LOCAL POLICY)

2.3.4 GIVE OTHER THERAPEUTIC MEDICATIONS TO TREAT MEDICAL CONDITIONS PER WOMEN'S DIAGNOSIS AND LOCAL POLICY

2.4 RECORD FINDINGS OF HISTORY AND PHYSICAL ON MATERNAL HEALTH CARD (PER LOCAL POLICY)

2.5 REFER POSTPARTUM CASES REQUIRING SPECIAL TREATMENT

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING POSTPARTUM CARE

3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS RECEIVING POSTPARTUM CARE

3.1.1 TRANSMIT KEY MESSAGES

3.1.1.1 Tell mother about breastfeeding

3.1.1.1.1 Tell mother to feed infant with breastmilk only, for the first 4-6 months

3.1.1.1.2 Tell mother to continue eating extra food while she is breastfeeding

3.1.1.1.3 Tell mother to continue breastfeeding even if she and/or infant is ill

3.1.1.1.4 Tell mother about specific, locally available, nutritious, appropriate foods

3.1.1.2 Give appropriate instructions to mother with specific medical problem(s) (See Appendix B for instructions for selected postpartum medical problems)

3.1.1.3 Tell mother when to return for next postpartum visit per local policy

3.1.1.4 Tell mother about child spacing

3.1.1.4.1 Tell mother to refrain from vaginal intercourse for 4-6 weeks after delivery

3.1.1.4.2 Tell mother that breastfeeding will not prevent her from getting pregnant even if her periods have not begun

3.1.1.4.3 Tell mother where she can obtain child spacing services and supplies (See Child Spacing: Service Delivery–3.2.1.3 Explain when and where interested persons can obtain child spacing services and supplies)

3.1.1.5 Tell mother about enrolling infant in well-child clinic and about having infant immunized

3.1.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.1.2.1 Ask mother to repeat key messages

3.1.2.2 Ask mother if she has any questions

3.2 PROVIDE OUTREACH POSTPARTUM EDUCATION

3.2.1 TRANSMIT KEY MESSAGES

3.2.1.1 Explain the importance of postpartum care for the mother and infant

3.2.1.2 Explain the importance of breastfeeding

3.2.1.3 Explain the importance of increased maternal food intake while breastfeeding

3.2.1.4 Explain benefits of child spacing and when and where interested families can obtain child spacing services and supplies

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

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PRIMARY HEALTH CARE THESAURUS

VOLUME I

Maternal Health Support ACTIVITIES

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CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
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MATERNAL HEALTH
PLANNING ACTIVITIES, TASKS AND SUBTASKS

1. ASSESS OUTPUTS, EFFECTS (COVERAGE) AND IMPACT OF CURRENT MATERNAL HEALTH ACTIVITIES UTILIZING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET MATERNAL HEALTH OBJECTIVES AND TARGETS

2.1 DETERMINE DESIRED MATERNAL HEALTH PROGRAM IMPACT

2.2 DETERMINE DESIRED COVERAGE FOR MATERNAL HEALTH CARE

2.2.1 DETERMINE DESIRED PROPORTION OF PREGNANT WOMEN WHO WILL MAKE AT LEAST ONE PRENATAL VISIT

2.2.2 DETERMINE DESIRED NUMBER OF PRENATAL VISITS PER PREGNANCY

2.2.3 DETERMINE DESIRED PROPORTION OF BIRTHS TO BE DELIVERED BY TRAINED BIRTH ATTENDANTS

2.2.4 DETERMINE DESIRED COVERAGE FOR POSTPARTUM MATERNAL HEALTH SERVICES

2.3 SET QUANTITATIVE AND DATED TARGETS FOR MATERNAL HEALTH SERVICES

3. DEVELOP MATERNAL HEALTH STRATEGY

3.1 DEVELOP MATERNAL HEALTH POLICIES

3.1.1 DEVELOP RECOMMENDED SCHEDULE FOR PRENATAL AND POSTNATAL VISITS

3.1.2 DEVELOP POLICY ON PRENATAL FOOD, IRON, FOLIC ACID SUPPLEMENTATION

3.1.3 DEVELOP POLICY ON PROVISION OF MALARIA CHEMOPROPHYLAXIS TO PREGNANT WOMEN

3.1.4 DEVELOP POLICY ON PRENATAL TETANUS IMMUNIZATION

3.1.5 DEVELOP CRITERIA FOR DIAGNOSING PREGNANCIES AT RISK

3.1.6 DEVELOP POLICY ON REFERRAL OF AT-RISK PREGNANCIES

3.2 DEVELOP MATERNAL HEALTH PROCEDURES

3.2.1 DEVELOP PROCEDURES FOR CHANNELLING WOMEN TO MATERNAL HEALTH SERVICES

3.2.2 DETERMINE SITES FOR MATERNAL HEALTH SERVICES

3.2.3 DETERMINE FREQUENCY OF MATERNAL HEALTH SESSIONS

3.2.4 DEVELOP PROTOCOLS FOR TREATMENT OF OBSTETRIC AND MEDICAL PROBLEMS

3.2.5 DEVELOP PROTOCOLS FOR LABOR AND DELIVERY

3.2.6 DEVELOP PROTOCOL FOR IMMEDIATE POSTPARTUM MONITORING

3.2.7 DEVELOP REFERRAL PROCEDURES

3.3 DEVELOP BUDGET FOR MATERNAL HEALTH ACTIVITIES

3.4 DEVELOP MATERNAL HEALTH WORKPLANS AND SCHEDULES

3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT MATERNAL HEALTH ACTIVITIES

3.4.2 PROVIDE LOGISTIC SUPPORT FOR MATERNAL HEALTH ACTIVITIES

4. COMMUNICATE MATERNAL HEALTH PLAN

MATERNAL HEALTH
TRAINING ACTIVITIES, TASKS AND SUBTASKS

1. PLAN MATERNAL HEALTH TRAINING

1.1 ASSESS MATERNAL HEALTH TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR MATERNAL HEALTH TRAINING

1.3 SELECT MATERNAL HEALTH TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN MATERNAL HEALTH TASKS

2.1 TRANSMIT KEY MATERNAL HEALTH INFORMATION AND REQUIRED SKILLS PER TRAINEES' MATERNAL HEALTH TASKS

2.1.1 TEACH HEALTH WORKERS HOW TO DIAGNOSE PRENATAL, INTRAPARTAL, AND POSTPARTUM RISK, PROBLEMS AND COMPLICATIONS

2.1.1.1 Teach trainees how to take present pregnancy, past pregnancy, labor, and postpartum histories

2.1.1.2 Teach trainees how to conduct physical, vaginal or rectal, and abdominal examinations of perinatal women

2.1.1.3 Teach trainees signs and symptoms of prenatal, intrapartal, and postpartum risk, problems and complications

2.1.1.3.1 Teach how to diagnose prenatal risk

2.1.1.3.2 Teach how to diagnose infection

2.1.1.3.3 Teach how to diagnose hemorrhage

2.1.1.3.4 Teach how to diagnose pre-eclampsia and eclampsia

2.1.1.3.5 Teach how to diagnose dystocia

2.1.1.3.6 Teach how to diagnose other obstetric problems or complications

2.1.2 TEACH MANAGEMENT OF PROBLEMS OR COMPLICATIONS

2.1.2.1 Teach management of prenatal risk

2.1.2.2 Teach management of hemorrhage

2.1.2.3 Teach management of infection

2.1.2.4 Teach management of pre-eclampsia and eclampsia

2.1.2.5 Teach management of dystocia

2.1.2.6 Teach management of other problems or complications

2.1.3 TEACH HEALTH WORKERS HOW TO CALCULATE EXPECTED DATE OF DELIVERY

2.1.4 TEACH HEALTH WORKERS DOSAGES AND SCHEDULES FOR PROPHYLACTIC AND THERAPEUTIC MEDICATION TREATMENTS

2.1.5 TEACH IMPORTANCE OF HAVING BIRTH ATTENDED BY TRAINED BIRTH ATTENDANT

2.1.6 TEACH DELIVERY OF INFANT IN NORMAL PRESENTATION

2.1.7 TEACH DELIVERY OF INFANT IN BREECH, SHOULDER, FACE PRESENTATIONS

2.1.8 TEACH PERFORMANCE AND REPAIR OF EPISIOTOMY

2.1.9 TEACH IMMEDIATE CARE OF THE NEWBORN

2.1.10 TEACH HOW TO PERFORM PHYSICAL EXAMINATION OF THE NEWBORN

2.1.11 TEACH APPROPRIATE COUNSELLING AND HEALTH EDUCATION TECHNIQUES

2.1.12 TEACH PROCEDURES FOR CHANNELLING PERINATAL WOMEN TO MATERNAL HEALTH SERVICES

2.1.13 TEACH PROCEDURES FOR RECORDING INFORMATION FROM MATERNAL HEALTH HISTORIES, PHYSICAL EXAMINATIONS, AND TREATMENTS ON MATERNAL HEALTH CARDS

2.1.14 TEACH PROCEDURES FOR MAINTAINING MATERNAL HEALTH REGISTERS AND REPORTING MATERNAL HEALTH INFORMATION

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED MATERNAL HEALTH SKILLS

2.2.1.1 Demonstrate how to take present pregnancy, past pregnancy, labor, and postpartum histories

2.2.1.2 Demonstrate physical, vaginal or rectal, and abdominal examinations

2.2.1.3 Demonstrate delivery of infant in normal position

2.2.1.4 Demonstrate delivery of infant in breech, shoulder, face presentation

2.2.1.5 Demonstrate performance and repair of episiotomy

2.2.1.6 Demonstrate management of perinatal problems or complications

2.2.1.6.1 Demonstrate management of prenatal, intrapartal and postpartum hemorrhage

2.2.1.6.2 Demonstrate management of prenatal, intrapartal and postpartum infection

2.2.1.6.3 Demonstrate management of pre-eclampsia and eclampsia

2.2.1.6.4 Demonstrate management of dystocia

2.2.1.6.5 Demonstrate management of other problems or complications

2.2.1.7 Demonstrate immediate care of the newborn

2.2.1.8 Demonstrate physical examination of the newborn

2.2.1.9 Demonstrate appropriate counselling and health education techniques

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY INFORMATION

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE REQUIRED MATERNAL HEALTH SKILLS

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON MATERNAL HEALTH CARE

2.3 TEST COMPETENCE OF TRAINEES IN MATERNAL HEALTH TASKS

2.3.1 TEST TRAINEE SKILL IN DIAGNOSING PRENATAL, INTRAPARTAL, AND POSTPARTUM RISK, PROBLEMS AND COMPLICATIONS BY: (1) OBSERVING WHETHER TRAINEES CORRECTLY IDENTIFY PRENATAL, INTRAPARTAL, AND POSTPARTUM RISK, PROBLEMS AND COMPLICATIONS - (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF PRENATAL, INTRAPARTAL, AND POSTPARTUM RISK, PROBLEMS AND COMPLICATIONS

2.3.1.1 Test trainee skill in diagnosing and classifying prenatal risk

2.3.1.2 Test trainee skill in diagnosing hemorrhage

2.3.1.3 Test trainee skill in diagnosing infection

2.3.1.4 Test trainee skill in diagnosing pre-eclampsia and eclampsia

2.3.1.5 Test trainee skill in diagnosing dystocia

2.3.1.6 Test trainee skill in diagnosing other obstetric complications and problems

2.3.2 TEST TRAINEE SKILL IN MANAGING PRENATAL, INTRAPARTAL, POSTPARTAL PROBLEMS AND COMPLICATIONS BY: (1) OBSERVING WHETHER TRAINEES CORRECTLY MANAGE PRENATAL, INTRAPARTAL, POSTPARTAL RISK, PROBLEMS AND COMPLICATIONS (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF RECOMMENDED PROCEDURES

2.3.3 TEST TRAINEE SKILLS IN CONDUCTING PHYSICAL, VAGINAL OR RECTAL, AND ABDOMINAL EXAMINATIONS BY: OBSERVING WHETHER HEALTH WORKERS CORRECTLY PERFORM PHYSICAL, VAGINAL OR RECTAL, AND ABDOMINAL EXAMINATIONS (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES)

2.3.4 TEST TRAINEE KNOWLEDGE OF HOW TO CALCULATE EXPECTED DATE OF DELIVERY BY: (1) OBSERVING WHETHER TRAINEES CORRECTLY CALCULATE EXPECTED DATE OF DELIVERY (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF HOW TO CALCULATE EXPECTED DATE OF DELIVERY

2.3.5 TEST TRAINEE KNOWLEDGE OF DOSAGES AND SCHEDULES FOR PROPHYLACTIC AND THERAPEUTIC MEDICATION TREATMENTS BY: (1) OBSERVING WHETHER TRAINEES CORRECTLY PRESCRIBE OR ADMINISTER PROPHYLACTIC AND THERAPEUTIC MEDICATION TREATMENTS (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF PROPHYLACTIC TREATMENTS ADMINISTERED PERINATALLY

2.3.6 TEST TRAINEE SKILL IN DELIVERING INFANT IN NORMAL, BREECH, SHOULDER, FACE POSITIONS BY: OBSERVING WHETHER TRAINEES CORRECTLY DELIVER INFANT (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES)

2.3.7 TEST TRAINEE SKILL IN PERFORMING EPISIOTOMY AND REPAIRING EPISIOTOMY/PERINEAL LACERATION BY OBSERVING WHETHER TRAINEES CORRECTLY PERFORM EPISIOTOMY AND REPAIRS EPISIOTOMY/PERINEAL LACERATION (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES)

2.3.8 TEST TRAINEE SKILL IN MANAGING IMMEDIATE CARE OF THE NEWBORN BY OBSERVING WHETHER TRAINEES CORRECTLY MANAGE IMMEDIATE CARE OF THE NEWBORN (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES)

2.3.9 TEST TRAINEE SKILL IN RECORDING MATERNAL HEALTH INFORMATION ON INDIVIDUAL RECORDS AND HEALTH FACILITY REGISTRY BY OBSERVING TRAINEES RECORDING MATERNAL HEALTH INFORMATION ON INDIVIDUAL MATERNAL HEALTH RECORDS AND HEALTH FACILITY REGISTRY (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES)

3. EVALUATE MATERNAL HEALTH TRAINING

3.1 TEST COMPETENCE OF TRAINEES IN MATERNAL HEALTH TASKS (SEE MATERNAL HEALTH: TRAINING -- 2.3 TEST COMPETENCE OF TRAINEES IN MATERNAL HEALTH TASKS)

3.2 ASSESS HEALTH WORKER MATERNAL HEALTH TASK PERFORMANCE (SEE MATERNAL HEALTH: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN MATERNAL HEALTH TRAINING RECORDS AND REPORT MATERNAL HEALTH TRAINING INFORMATION (SEE MATERNAL HEALTH: INFORMATION SYSTEM, MONITORING AND EVALUATION)

MATERNAL HEALTH
SUPERVISION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 IDENTIFY AND TRAIN SUPERVISORS

1.4 DEVELOP SUPERVISION SCHEDULES AND WORKPLANS

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE MATERNAL HEALTH SERVICE DELIVERY AND SUPPORT ACTIVITIES

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING MATERNAL HEALTH TASKS

2.1.1 SET OR COMMUNICATE MATERNAL HEALTH TARGETS

2.1.2 DEVELOP MATERNAL HEALTH WORKPLAN

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR MATERNAL HEALTH PERFORMANCE

2.2 IDENTIFY MATERNAL HEALTH SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

2.2.1 ASSESS ATTAINMENT OF MATERNAL HEALTH SERVICE DELIVERY TARGETS, IF PRESENT, AND FREQUENCY OF MATERNAL HEALTH SERVICE DELIVERY ACTIVITIES

2.2.1.1 Assess attainment of maternal health care coverage, by type of maternal health service delivery activity (prenatal, labor and delivery, postpartum), by: (1) reviewing service delivery facility records to obtain data on the number and proportion of perinatal women who received care, by type of maternal health service delivery activity; or (2) conducting sample household maternal health care coverage surveys

2.2.1.2 Assess frequency of maternal health sessions by: (1) reviewing health worker records to obtain data on the number of maternal health sessions held; or (2) interviewing community leaders and members about the number of maternal health sessions held; or (3) asking health workers about the frequency of maternal health sessions

2.2.1.3 Assess occurrence and frequency of channelling activities, by: (1) observing whether records identifying perinatal women are maintained; (2) observing whether health workers identify perinatal women during clinic sessions and/or home visits and whether they direct these women to sources of maternal health services; (3) reviewing service delivery facility records to obtain data on the number of home visits made and/or group maternal health sessions held; (4) interviewing community leaders and members about the frequency of group maternal health education sessions; or (5) asking health workers about the occurrence and frequency of channelling activities

2.2.2 ASSESS QUALITY OF MATERNAL HEALTH SERVICE DELIVERY ACTIVITIES

2.2.2.1 Assess whether health workers correctly identify prenatal risk factors and classify pregnancies at risk by: (1) observing health workers provide prenatal care (in maternal health sessions or in role-play exercises); or (2) interviewing health workers to determine whether they know the prenatal risk factors and risk classification scheme

2.2.2.2 Assess whether health workers correctly diagnose perinatal problems and complications by observing health workers provide prenatal care (in maternal health sessions or in role-play exercises)

2.2.2.3 Assess whether health workers correctly manage prenatal, intrapartal and postpartal problems and complications by observing health workers manage problems and complications (in maternal health service delivery sessions or in role-play exercises)

2.2.2.4 Assess whether health workers correctly prescribe or administer prophylactic and therapeutic medication treatments (in maternal health service delivery sessions or in role-play exercises)

2.2.2.5 Assess whether health workers correctly deliver infants in normal, breech, face, shoulder presentations by observing health workers deliver infants (in labor and delivery situations or in role-play exercises)

2.2.2.6 Assess whether health workers correctly provide immediate care to newborns by observing health workers provide immediate care to newborns (in labor and delivery situations or in role-play exercises)

2.2.2.7 Assess whether health workers correctly perform and repair episiotomies and perineal lacerations (in labor and delivery situations or in role-play exercises)

2.2.2.8 Assess whether health workers are effectively transmitting key maternal health messages about having birth attended by a trained provider, about nutrition and breastfeeding, and about postpartal child spacing by: (1) observing health workers counsel perinatal women (in maternal health sessions or in role-play exercises); (2) interviewing women leaving maternal health sessions to determine whether they know the key maternal health messages; (3) observing health workers provide group maternal health education (in group maternal health education sessions or in role-play exercises); or (4) interviewing community leaders and members to determine whether they know the key maternal health messages

2.2.3 ASSESS QUALITY OF MATERNAL HEALTH SUPPORT ACTIVITIES

2.2.3.1 Assess whether the service delivery facility has adequate quantities of maternal health drugs, equipment and supplies by: (1) observing quantities of drugs, equipment and supplies available at the service delivery facility; or (2) asking health workers about shortages of maternal health drugs, equipment and supplies

2.2.3.2 Assess whether there are adequate community-managed procedures for identifying and transporting women in difficult labor by: (1) interviewing service delivery facility health workers; or (2) interviewing community leaders and members about community-managed identification and transportation procedures

2.2.3.3 Assess whether health workers adequately maintain maternal health registers by reviewing maternal health registers for completeness and correctness of information

2.3 ASSIST IN RESOLVING MATERNAL HEALTH SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON MATERNAL HEALTH PERFORMANCE

2.3.1.1 Praise or otherwise reward good maternal health performance

2.3.1.2 Advise or instruct health workers how to improve poor maternal health performance

2.3.1.3 Provide direct assistance in performing maternal health tasks

2.3.2 TAKE FOLLOW-UP ACTION ON MATERNAL HEALTH PERFORMANCE

2.3.2.1 Provide or arrange for formal maternal health in-service training

2.3.2.2 Provide maternal health logistic support, if applicable

2.3.2.2.1 Provide maternal health medications, equipment and supplies

2.3.2.2.2 Provide reference materials on maternal health

2.3.2.3 Refer persistent maternal health performance problems to higher-level supervisors

2.3.2.4 Apply sanctions for poor maternal health performance, if applicable

2.4 MOTIVATE HEALTH WORKERS (SEE MATERNAL HEALTH: SUPERVISION -- 2.3 ASSIST IN RESOLVING MATERNAL HEALTH SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF MATERNAL HEALTH SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER MATERNAL HEALTH TASK PERFORMANCE (SEE MATERNAL HEALTH: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE MATERNAL HEALTH: INFORMATION SYSTEM, MONITORING AND EVALUATION)

MATERNAL HEALTH
COMMUNITY ORGANIZATION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING MATERNAL HEALTH ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS, TRADITIONAL BIRTH ATTENDANTS, AND/OR HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.2.1 Decide whether or not to establish a community-based transport system for women in labor with delivery complications

1.1.3 DECIDE WHETHER OR NOT TO SEEK COMMUNITY-MANAGED RESOURCE GENERATION FOR MATERNAL HEALTH ACTIVITIES (SEE MATERNAL HEALTH: FINANCIAL MANAGEMENT)

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES

2. ORGANIZE COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE MATERNAL HEALTH ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN MATERNAL HEALTH ACTIVITIES

2.1.1.1 Assess interest of traditional birth attendants in maternal health training

2.1.2 EXPLAIN MATERNAL HEALTH OBJECTIVES AND STRATEGIES

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE MATERNAL HEALTH ACTIVITIES

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING MATERNAL HEALTH ACTIVITIES

2.2.1 PLAN MATERNAL HEALTH SERVICE DELIVERY ACTIVITIES

2.2.1.1 Obtain community suggestions and/or decisions regarding maternal health service delivery activities

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*The term "community-managed maternal health activities" refers to maternal health service delivery and/or support activities carried out by unsalaried community members, traditional birth attendants, and/or health workers. It does not refer to utilization of maternal health services by community members or to attendance at health education sessions. The specific maternal health activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

2.2.1.2 Plan community-managed activities for notifying health workers of pending deliveries, especially high risk cases

2.2.1.3 Plan community-managed transport systems for women in or near labor who need specialized care

2.2.1.4 Plan community-managed outreach maternal health education activities

2.2.1.5 Select community members and traditional birth attendants for training as unsalaried health workers

2.2.2 DECIDE HOW TO ESTABLISH A COMMUNITY-BASED TRANSPORT SYSTEM FOR HIGH RISK WOMEN IN LABOR (PER LOCAL POLICY)

2.2.3 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR MATERNAL HEALTH ACTIVITIES (SEE MATERNAL HEALTH: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS, TRADITIONAL BIRTH ATTENDANTS, AND/OR HEALTH WORKERS IN MATERNAL HEALTH SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS, TRADITIONAL BIRTH ATTENDANTS AND/OR HEALTH WORKERS TO IDENTIFY AND REFER HIGH RISK WOMEN NEEDING MATERNAL HEALTH SERVICES (SEE MATERNAL HEALTH: TRAINING)

2.3.1.1 Train unsalaried community members, traditional birth attendants, and/or health workers to identify high risk women

2.3.1.2 Train unsalaried community members, traditional birth attendants and/or health workers in referral procedures for high risk women

2.3.2 TRAIN UNSALARIED COMMUNITY MEMBERS, TRADITIONAL BIRTH ATTENDANTS, AND/OR HEALTH WORKERS IN LABOR AND DELIVERY TASKS (SEE MATERNAL HEALTH: TRAINING)

2.3.3 TRAIN UNSALARIED COMMUNITY MEMBERS, TRADITIONAL BIRTH ATTENDANTS, AND/OR HEALTH WORKERS IN MATERNAL HEALTH EDUCATION TASKS

2.4 ORGANIZE COMMUNITY-MANAGED RESOURCE GENERATION FOR MATERNAL HEALTH ACTIVITIES

3. MONITOR COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS

3.1.1 MONITOR COMMUNITY-MANAGED MATERNAL HEALTH SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR MATERNAL HEALTH ACTIVITIES

MATERNAL HEALTH
LOGISTIC SUPPORT ACTIVITIES, TASKS AND SUBTASKS

Drugs
(Iron, Folic Acid, Ergonovine, Antimicrobial Drugs, Anticonvulsant Drugs IV Crystaloids)

Equipment and Supplies
(Needles, Syringes, Scissors or Razor Blades, Sutures, Specula, Cord Ties, Maternal Health Cards, IV Set-Ups)

~~Tetanus Toxoid and BCG Vaccines~~
(See Immunization: Logistic Support)

Antimalarial Drugs
(See Malaria: Logistic Support)

1. PLAN MATERNAL HEALTH LOGISTIC SUPPORT ACTIVITIES
   - 1.1 DEVELOP POLICY ON QUANTITIES OF DRUGS TO BE ORDERED OR ISSUED
   - 1.2 DEVELOP PROCEDURES FOR PROCURING DRUGS
2. PROCURE DRUGS, EQUIPMENT AND SUPPLIES
   - 2.1 ESTIMATE REQUIREMENTS FOR DRUGS, EQUIPMENT AND SUPPLIES
   - 2.2 SECURE AND DISBURSE FUNDS FOR DRUGS, EQUIPMENT AND SUPPLIES, IF APPLICABLE
   - 2.3 ORDER OR BE ISSUED DRUGS, EQUIPMENT AND SUPPLIES
   - 2.4 COLLECT OR RECEIVE DRUGS, EQUIPMENT AND SUPPLIES
3. STORE DRUGS AND STORE AND MAINTAIN EQUIPMENT AND SUPPLIES
   - 3.1 ORGANIZE AND ROTATE STOCKS OF DRUGS
   - 3.2 STORE DRUGS IN A COOL DRY PLACE
   - 3.3 DISCARD OUTDATED DRUGS AND SUPPLIES
   - 3.4 MAINTAIN EQUIPMENT
4. DISTRIBUTE DRUGS, EQUIPMENT AND SUPPLIES
   - 4.1 RECEIVE ORDERS FOR OR ISSUE DRUGS, EQUIPMENT AND SUPPLIES
   - 4.2 DELIVER DRUGS, EQUIPMENT AND SUPPLIES
5. MAINTAIN INVENTORY AND EQUIPMENT RECORDS FOR DRUGS, EQUIPMENT AND SUPPLIES (SEE MATERNAL HEALTH: INFORMATION SYSTEM, MONITORING AND EVALUATION)

MATERNAL HEALTH
FINANCIAL MANAGEMENT ACTIVITIES, TASKS AND SUBTASKS

1. SECURE RESOURCES FOR MATERNAL HEALTH ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR MATERNAL HEALTH ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR MATERNAL HEALTH ACTIVITIES

1.1.2 OBTAIN ALLOCATED MATERNAL HEALTH DRUGS, EQUIPMENT AND SUPPLIES (SEE MATERNAL HEALTH: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR MATERNAL HEALTH ACTIVITIES

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR MATERNAL HEALTH ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for maternal health activities

1.2.1.2 Develop procedures for user and/or social financing for maternal health activities

1.2.1.2.1 Establish fee schedules for prenatal and postpartum visits and for labor and delivery

1.2.1.2.2 Establish sales prices for maternal health drugs and supplies

1.2.1.2.3 Ensure indigents equal access to maternal health services, drugs and supplies

1.2.1.2.3.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.3.2 Set sliding scale

1.2.1.2.4 Develop other community and/or social financing mechanisms for maternal health activities

1.2.2 COLLECT LOCAL RESOURCES FOR MATERNAL HEALTH ACTIVITIES

1.2.2.1 Collect user fees for prenatal and postpartum visits and for labor and delivery and sales receipts for maternal drugs and supplies per local policy and procedures

1.2.2.2 Receive other community resources for maternal health activities

2. DISBURSE AND ACCOUNT FOR FUNDS FOR MATERNAL HEALTH ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE MATERNAL HEALTH: INFORMATION SYSTEM, MONITORING AND EVALUATION)

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*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for maternal health activities. Instead they receive material resources (drugs and supplies) and human resources (personnel). This chapter covers financial management, and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

MATERNAL HEALTH INFORMATION SYSTEM, MONITORING AND EVALUATION ACTIVITIES, TASKS AND SUBTASKS

1. COLLECT MATERNAL HEALTH DATA

1.1 COLLECT DATA ON SIZE OF MATERNAL HEALTH TARGET POPULATION

1.2 COLLECT MATERNAL HEALTH SERVICE DELIVERY DATA

1.2.1 MAINTAIN CLIENT RECORDS (SEE MATERNAL HEALTH -- PRENATAL CARE: SERVICE DELIVERY -- 1.1.1 MAINTAIN RECORDS WHICH IDENTIFY ALL WOMEN AGED 15-44)

1.2.2 MAINTAIN PRENATAL AND POSTPARTUM CARE RECORDS

1.2.2.1 Record women's ages

1.2.2.2 Record date of last menstrual period and/or expected delivery

1.2.2.3 Record diagnoses

1.2.2.4 Record preventive and therapeutic treatments administered, prescribed or distributed

1.2.2.5 Record referrals made (by reason)

1.2.3 MAINTAIN LABOR AND DELIVERY RECORDS

1.2.3.1 Record birth complications

1.2.3.2 Record treatments administered

1.2.3.3 Record birth outcomes

1.2.3.4 Record referrals made (by reason)

1.2.4 MAINTAIN ACTIVITIES RECORDS

1.2.4.1 Record number of group maternal health education sessions held

1.2.4.2 Record number of home visits made

1.3 COLLECT DATA ON MATERNAL HEALTH SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISION RECORDS

1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on maternal health drugs, equipment and supplies

1.3.4.1.1 Record quantities received (by item)

1.3.4.1.2 Record quantities distributed (by item)

1.3.4.1.3 Record current stock levels (by item)

1.3.5 MAINTAIN ACCOUNTS LEDGER

1.3.5.1 Record maternal health receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for maternal health services and supplies

1.3.5.2 Record funds disbursed for maternal health activities

1.3.5.3 Record current balances

1.4 COLLECT MATERNAL HEALTH IMPACT DATA

1.4.1 MAINTAIN RECORDS ON MATERNAL DEATHS

1.4.2 MAINTAIN RECORDS ON NEONATAL DEATHS

1.5 CONDUCT SPECIAL MATERNAL HEALTH KAP, COVERAGE AND IMPACT STUDIES

2. PROCESS MATERNAL HEALTH DATA

2.1 VERIFY/VALIDATE MATERNAL HEALTH DATA COLLECTED

2.2 CODE MATERNAL HEALTH DATA

2.3 FILE MATERNAL HEALTH DATA

2.4 TABULATE MATERNAL HEALTH DATA

2.4.1 TABULATE NUMBER OF PRENATAL AND POSTPARTUM VISITS

2.4.2 TABULATE NUMBER OF DELIVERIES BY OUTCOME

2.4.3 TABULATE NUMBER OF MONTHLY REFERRALS OF DELIVERING WOMEN BY REASON

2.5 ANALYZE MATERNAL HEALTH DATA

2.5.1 CALCULATE MATERNAL MORTALITY RATE

2.5.2 CALCULATE NEONATAL MORTALITY RATE

2.5.3 CALCULATE PROPORTION OF PREGNANT WOMEN RECEIVING PRENATAL CARE

2.5.4 CALCULATE MEAN NUMBER OF PRENATAL VISITS PER PREGNANCY

2.5.5 CALCULATE PROPORTION OF DELIVERIES ATTENDED BY TRAINED BIRTH ATTENDANTS

3. REPORT MATERNAL HEALTH INFORMATION

3.1 PREPARE REQUIRED MATERNAL HEALTH REPORTS

3.2 TRANSMIT REQUIRED MATERNAL HEALTH REPORTS

3.3 RECEIVE FEEDBACK ON MATERNAL HEALTH INFORMATION REPORTED (SEE MATERNAL HEALTH: SUPERVISION)

4. UTILIZE MATERNAL HEALTH INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTIFYING MATERNAL HEALTH SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE ALSO MATERNAL HEALTH: SUPERVISION)

4.2 UTILIZE INFORMATION FOR PLANNING MATERNAL HEALTH CARE ACTIVITIES (SEE MATERNAL HEALTH CARE: PLANNING)

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PRIMARY HEALTH CARE THESAURUS

VOLUME I

Child Spacing Service ACTIVITIES

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CHILD SPACING
SERVICE DELIVERY ACTIVITIES, TASKS AND SUBTASKS

1. CHANNEL HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS TO CHILD SPACING SERVICES

1.1 IDENTIFY HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS

1.1.1 IDENTIFY HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS DURING CLINIC SESSIONS

1.1.2 IDENTIFY HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS DURING HOME VISITS

1.1.3 MAINTAIN RECORDS WHICH IDENTIFY HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS

1.2 RECRUIT POTENTIAL CHILD SPACING USERS (SEE CHILD SPACING: SERVICE DELIVERY – 3. MOTIVATE/EDUCATE CHILD SPACING USERS AND OTHER COMMUNITY MEMBERS REGARDING CHILD SPACING)

1.3 DIRECT HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS TO SOURCES OF CHILD SPACING SERVICES

1.3.1 DIRECT HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS IDENTIFIED AT CLINIC SESSIONS TO SOURCES OF CHILD SPACING SERVICES

1.3.2 DIRECT HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS IDENTIFIED DURING HOME VISITS TO SOURCES OF CHILD SPACING SERVICES

1.3.3 EXPLAIN WHEN AND WHERE CHILD SPACING SERVICES AND SUPPLIES ARE PROVIDED DURING GROUP CHILD SPACING EDUCATION SESSIONS (SEE CHILD SPACING: SERVICE DELIVERY--3.2.1.3 EXPLAIN WHEN AND WHERE INTERESTED PERSONS CAN OBTAIN CHILD SPACING SERVICES AND SUPPLIES)

2. MANAGE CHILD SPACING CLIENTS

2.1 IDENTIFY APPROPRIATE CHILD SPACING METHODS

2.1.1 INTERVIEW CLIENT

2.1.1.1 Ask about reproductive history

2.1.1.1.1 Ask about previous use of child spacing methods

2.1.1.1.2 Ask about reasons for stopping or switching methods

2.1.1.1.3 Ask about number, spacing and outcome of pregnancies

2.1.1.2 Ask about personal and family considerations

2.1.1.2.1 Ask if and when client/partner would like to have children

2.1.1.2.2 Ask about other personal and family factors affecting method selection (personal preferences, partner/family approval, privacy)

2.1.1.3 Take medical history

2.1.1.3.1 Ask about breast lumps, cancer

2.1.1.3.2 Ask about history of heart disease, liver disease or high blood pressure

2.1.1.3.3 Ask about history of Pelvic Inflammatory Disease

2.1.1.3.4 Ask about history of suspected or confirmed venereal disease

2.1.1.3.5 Ask about history of blood clots or thromboemboli

2.1.1.3.6 Ask about occurrence of severe headaches

2.1.1.3.7 Ask about regularity of menstrual periods

2.1.1.3.8 Ask about current breastfeeding

2.1.1.3.9 Ask about current reproductive status (dates of last menstrual period and most recent intercourse)

2.1.2 CONDUCT PHYSICAL EXAMINATION (PER LOCAL POLICY)

2.1.2.1 Take blood pressure

2.1.2.2 Examine breasts for lumps

2.1.2.3 Perform pelvic exam

2.1.2.3.1 Look for signs of pregnancy

2.1.2.3.2 Look for signs of cervical erosion

2.1.2.3.3 Look for signs of uterine tumors

2.1.2.4 Examine patient for signs of anemia

2.1.3 PERFORM LABORATORY TESTS, PER LOCAL POLICY

2.1.3.1 Take Pap smear

2.1.3.2 Examine Pap smear

2.1.3.3 Examine urine for glucose

2.2 ADMINISTER CHILD SPACING METHODS

2.2.1 ADMINISTER, PRESCRIBE OR DISTRIBUTE CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

2.2.1.1 Prescribe or distribute condom, pills or foam

2.2.1.2 Insert IUD

2.2.1.3 Measure client and prescribe or distribute diaphragm

2.2.1.4 Prescribe or distribute recommended supplies for natural child spacing methods

2.2.1.5 Administer injectable contraceptive or implant

2.2.2 COUNSEL CLIENT ABOUT HOW TO USE METHOD (SEE CHILD SPACING: SERVICE DELIVERY -- 3.1 PROVIDE INDIVIDUAL COUNSELLING TO CHILD SPACING ACCEPTORS AND METHOD SWITCHERS)

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2.3 FOLLOW-UP CHILD SPACING USERS

2.3.1 FACILITATE CONTINUED USE OF A CHILD SPACING METHOD

2.3.1.1 Verify correct usage of method

2.3.1.2 Support user in managing side-effects

2.3.2 ASSIST DISSATISFIED USERS IN FINDING ALTERNATIVE METHODS

2.3.3 ASSIST USER WISHING TO HAVE CHILDREN

2.3.4 ASSIST PREVIOUS USER TO RESUME USE AFTER PREGNANCY AND BREASTFEEDING

2.4 REFER CHILD SPACING CLIENTS WITH SEVERE SIDE EFFECTS, ECTOPIC PREGNANCIES, PELVIC INFLAMMATORY DISEASE, CASES OF INFERTILITY AND STERILIZATION CANDIDATES

3. MOTIVATE/EDUCATE CHILD SPACING CLIENTS AND COMMUNITY MEMBERS REGARDING CHILD SPACING

3.1 PROVIDE INDIVIDUAL COUNSELLING TO CHILD SPACING ACCEPTORS AND METHOD SWITCHERS

3.1.1 TRANSMIT KEY MESSAGES AND REQUIRED SKILLS (PER SELECTED CHILD SPACING METHOD)

3.1.1.1 Explain correct use of selected method (see Appendix A for user instructions for selected child spacing methods)

3.1.1.2 Explain possible side effects of selected method (see Appendix A for side effects of selected child spacing methods)

3.1.1.3 Explain types of side effects which warrant return consultation

3.1.1.4 Explain when and where to go for resupplies and checkups

3.1.1.5 Explain reversibility of method for next desired pregnancy

3.1.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.1.2.1 Demonstrate required skills for appropriate use of child spacing method

3.1.2.1.1 Demonstrate how to correctly insert and remove diaphragms

3.1.2.1.2 Demonstrate how to correctly place vaginal foam tablets

3.1.2.1.3 Demonstrate how to check IUD strings to ensure proper position

3.1.2.1.4 Demonstrate how to correctly use pill packets

3.1.2.2 Ask child spacing user to repeat key messages and/or demonstrate required skills

3.1.2.2.1 Ask child spacing user to repeat common side effects of his/her selected child spacing method

3.1.3.2.2 Ask child spacing user to repeat when and where to return for supplies and checkups

3.1.2.3 Ask child spacing user if he/she has any questions

3.2 PROVIDE OUTREACH CHILD SPACING EDUCATION

3.2.1 TRANSMIT KEY MESSAGES ABOUT CHILD SPACING

3.2.1.1 Explain child spacing benefits and options

3.2.1.1.1 Explain benefits of child spacing for mothers, children and families

3.2.1.1.2 Explain various methods of child spacing

3.2.1.1.3 Explain that couples/women can select methods which are best for them

3.2.1.1.4 Explain side effects/contraindications to dispel fears and rumors about child spacing

3.2.1.2 Explain benefits of breastfeeding for healthy babies and natural child spacing

3.2.1.3 Explain when and where interested persons can obtain child spacing services and supplies

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

CHILD SPACING

APPENDIX A

CONTRAINDICATIONS, SIDE EFFECTS AND USER INSTRUCTIONS FOR SELECTED CONTRACEPTIVE METHODS

ORAL CONTRACEPTIVES

CONTRAINDICATIONS

CORONARY ARTERY DISEASE

MALIGNANCY OF BREAST OR REPRODUCTIVE SYSTEM

SEVERE HEADACHES, MIGRAINE

HYPERTENSION

SICKLE CELL DISEASE

UNDIAGNOSED, ABNORMAL VAGINAL BLEEDING

OVER 40 YEARS OF AGE

BREASTFEEDING A CHILD UNDER 6 WEEKS OF AGE

SIDE EFFECTS (MINOR)

- NAUSEA, WEIGHT GAIN, FLUID RETENTION, MILD HEADACHES, SPOTTING BETWEEN PERIODS, MOOD CHANGES, SLIGHT SKIN CHANGES

SIDE EFFECTS (MAJOR):* REPORT TO CLINIC

SEVERE ABDOMINAL PAIN, OR CHEST PAIN, SEVERE HEADACHES, BLURRED VISION, LEG PAIN OR OTHER INDICATIONS OF VASCULAR PROBLEMS

USER INSTRUCTIONS

TAKE THE FIRST PILL FROM YOUR PACK ON THE FIRST DAY OF YOUR PERIOD

TAKE PILL EVERY DAY AT THE SAME TIME

CHECK PACKAGE EVERY DAY TO MAKE SURE YOU TOOK PILL THE DAY BEFORE:

If you miss one pill, take yesterday's (forgotten pill) immediately and today's pill at the usual time

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* Major side effects indicate conditions requiring medical attention. However, peripheral health workers should be trained to recognize that minor side effects may be serious since they often result in dissatisfied users, method switching or drop-outs. Health worker training programs must include culturally sensitive messages to help support users and manage difficult cases. User instructions include generic messages gleaned from literature reviews and field experience.

If you miss two pills in a row, take two pills as soon as you remember, and two the next day. Also, use other forms of contraception (i.e.condoms, diaphragm, or foam) until your next period

If you miss three pills in a row, throw away old pack. Use another form of contraception. Start a new pack on the first day of bleeding. Continue using both methods of contraception for the first two weeks of the new packet. Finally, consider using an alternative method.

INTRAUTERINE DEVICES

CONTRAINDICATIONS

ACTIVE, RECENT OR RECURRENT PELVIC INFECTION, INCLUDING SUSPECTED OR CONFIRMED GONORRHEA

PREGNANCY

CERVICAL OR UTERINE MALIGNANCY

HISTORY OF UTERINE BLEEDING

HISTORY OF ECTOPIC PREGNANCY

NULLIPARITY

ANEMIA

ABNORMAL UTERINE SHAPE

SIDE EFFECTS (MINOR)

INCREASED VAGINAL BLEEDING

INCREASED CRAMPING

MINOR PAIN

SIDE EFFECTS (MAJOR)*: REPORT TO CLINIC

PERIOD LATE, NO PERIOD

SEVERE ABDOMINAL PAIN

INCREASED TEMPERATURE, FEVER, CHILLS

NOTICEABLY HEAVY AND OR FOUL DISCHARGE

SPOTTING, HEAVY PERIODS, CLOTS

SIGNS OF PREGNANCY

USER INSTRUCTIONS

CHECK DAILY FOR IUD STRINGS

DO NOT REMOVE IUD

RETURN FOR CHECK-UP SIX MONTHS AFTER INSERTION

CONDOMS

CONTRAINDICATIONS

NONE

SIDE EFFECTS (MINOR)

DECREASED SENSATION

SIDE EFFECTS (MAJOR)*: REPORT TO CLINIC

SEVERE ITCHING; MAY INDICATE ALLERGY TO MATERIAL OR LUBRICANT

USER INSTRUCTIONS

KEEP CONDOM SUPPLY AT HAND, PREFERABLY IN COOL, DRY PLACE

PUT CONDOM ON BEFORE GENITAL CONTACT

UNROLL CONDOM ON ERECT PENIS; PLACE ROLLED PORTION OUT SO THAT IT WILL UNROLL PROPERLY

AFTER EJACULATION, BE SURE CONDOM DOES NOT BECOME DISLODGED FROM PENIS. HOLD RIM OF CONDOM FIRMLY AGAINST THE BASE DURING WITHDRAWAL

IF YOU WANT TO REUSE CONDOM, WASH THOROUGHLY AND DUST WITH POWDER

DO NOT REUSE IF CONDOM IS FOUND STUCK TOGETHER OR YELLOWED

DIAPHRAGMS

CONTRAINDICATIONS

PROLAPSED UTERUS

ALLERGY TO RUBBER OR SPERMICIDE

LACK OF PRIVACY

REPEATED URINARY TRACT INFECTIONS FOLLOWING DIAPHRAGM USE

SIDE EFFECTS (MINOR)

ALLERGIC REACTIONS

FOUL-SMELLING VAGINAL DISCHARGE

SIDE EFFECT (MAJOR)*: REPORT TO CLINIC

MONILIA VAGINITIS

RECURRENT CYSTITIS

USER INSTRUCTIONS

USE THE DIAPHRAGM WHENEVER YOU HAVE INTERCOURSE, EVEN DURING YOUR PERIOD.

PLAN TO INSERT THE DIAPHRAGM BEFORE INTERCOURSE (MAY BE INSERTED UP TO 6 HOURS BEFORE INTERCOURSE.)

LEAVE THE DIAPHRAGM IN PLACE AT LEAST 6 HOURS AFTER INTERCOURSE.

IF YOU HAVE INTERCOURSE MORE THAN ONCE WITHIN THE 6 HOUR PERIOD, USE THE PLASTIC APPLICATOR TO INSERT FRESH JELLY OR CREAM IN FRONT OF THE DIAPHRAGM.

NATURAL CHILD SPACING METHODS

CONTRAINDICATIONS:

IN USING NATURAL CHILD SPACING TO AVOID PREGNANCY, INTERCOURSE MUST BE CONFINED TO A LIMITED NUMBER OF DAYS BASED ON THE METHOD PRACTICED:

CERVICAL MUCUS METHOD - 1/2 OF THE DAYS OF THE CYCLE

BASAL BODY TEMPERATURE METHOD - 7-13 DAYS OF THE CYCLE

CALENDAR METHOD - DEPENDS ON CYCLE VARIABILITY AND LENGTH

NATURAL CHILD SPACING IS NOT RECOMMENDED FOR WOMEN WHO DO NOT HAVE STEADY, HIGHLY MOTIVATED PARTNERS

SIDE EFFECTS

ABSTINENCE MAY CAUSE MARITAL DIFFICULTIES

USER INSTRUCTIONS

CERVICAL MUCUS METHOD:

Abstain during menstruation

Abstain on days when mucus is present and for at least three days afterward

While learning the method, abstain on alternate "dry" days prior to the onset of feeling or observation of mucus

BASAL BODY TEMPERATURE METHOD:

(Ovulation occurs during the days when temperature is .2°C higher for three consecutive days)

Take temperature in the morning, immediately after awakening and before rising

Use certified clinical or expanded scale thermometer; the temperature can be measured vaginally (3 min) or orally (4-5 min)

If the mercury stops between two temperature graduations, record the lower temperature as the BBT reading

Record temperature daily on chart

Abstain four days before ovulation, three days during ovulation and three days after last day of ovulation

CALENDAR (RHYTHM) METHOD:

(This method is somewhat difficult for women who have irregular cycles)

Use a standard calendar or menstrual diary

Record the length of each menstrual cycle

To calculate the earliest day of fertility, subtract 20 from the number of days of the shortest cycle

To calculate the first day you are not fertile, subtract 10 from the number of days of the longest cycle

PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME I

Child Spacing Support ACTIVITIES

Version 1.1
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CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
Supported by the U.S. Agency for International Development

CHILD SPACING
PLANNING ACTIVITIES, TASKS AND SUBTASKS

1. ASSESS OUTPUTS AND EFFECTS (CONTRACEPTIVE PREVALENCE) OF CURRENT CHILD SPACING ACTIVITIES USING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET CHILD SPACING OBJECTIVES AND TARGETS

   2.1 SPECIFY TARGET GROUP(S) FOR CHILD SPACING ACTIVITIES

      2.1.1 DEFINE "WOMEN AT RISK" (PER LOCAL POLICY)

      2.1.2 IDENTIFY POPULATION GROUPS WITH SIGNIFICANT NUMBERS "AT RISK" (PER LOCAL POLICY)

   2.2 DETERMINE DESIRED CONTRACEPTIVE PREVALENCE RATE (PER LOCAL POLICY)

   2.3 SET QUANTITATIVE AND DATED CHILD SPACING TARGETS (PER LOCAL POLICY)

      2.3.1 SET TARGET FOR NEW ACCEPTORS TO BE SOUGHT

      2.3.2 SET DESIRED ALL-METHOD CONTINUATION RATE

3. DEVELOP CHILD SPACING STRATEGY

   3.1 DEVELOP CHILD SPACING POLICIES

      3.1.1 DEVELOP POLICY ON CHILD SPACING METHODS TO BE OFFERED

      3.1.2 DEVELOP POLICY ON CONTRAINDICATIONS FOR SPECIFIC CHILD SPACING METHODS

      3.1.3 DEVELOP POLICY ON REFERRALS

   3.2 DEVELOP CHILD SPACING PROCEDURES

      3.2.1 DEVELOP PROCEDURES FOR CHANNELLING HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS TO CHILD SPACING SERVICES, INCLUDING OUTREACH CHILD SPACING EDUCATION

      3.2.2 DETERMINE SITES FOR PROVISION OF CHILD SPACING SERVICES

      3.2.3 DETERMINE TIMES OF AVAILABILITY OF CHILD SPACING SERVICES

      3.2.4 DEVELOP STANDARD PROTOCOL FOR MANAGING CHILD SPACING CLIENTS

         3.2.4.1 Develop standard protocol for client interview/physical exam

         3.2.4.2 Develop standard protocol for return visits to service delivery facility

         3.2.4.3 Develop standard protocol for home visits

      3.2.5 DEVELOP REFERRAL PROCEDURES

   3.3 DEVELOP BUDGET FOR CHILD SPACING ACTIVITIES

   3.4 DEVELOP CHILD SPACING WORKPLANS AND SCHEDULES

3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT CHILD SPACING ACTIVITIES

3.4.2 PROVIDE LOGISTIC SUPPORT FOR CHILD SPACING ACTIVITIES

4. COMMUNICATE CHILD SPACING PLAN

CHILD SPACING
TRAINING ACTIVITIES, TASKS AND SUBTASKS

1. PLAN CHILD SPACING TRAINING

1.1 ASSESS CHILD SPACING TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR CHILD SPACING TRAINING

1.3 SELECT CHILD SPACING TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN CHILD SPACING TASKS

2.1 TRANSMIT KEY CHILD SPACING INFORMATION AND REQUIRED SKILLS PER TRAINEES' CHILD SPACING TASKS

2.1.1 TEACH WHAT MATERNAL AND CHILD HEALTH PROBLEMS CAN BE REDUCED BY CHILD SPACING

2.1.2 TEACH HOW TO IDENTIFY WOMEN AND FAMILIES IN NEED OF CHILD SPACING

2.1.3 TEACH HOW TO IDENTIFY APPROPRIATE CHILD SPACING METHODS FOR USERS

2.1.3.1 Teach contraindications to child spacing methods

2.1.3.2 Teach minor and major side effects of child spacing methods

2.1.3.3 Explain other considerations for child spacing methods, including users' and partners' preferences, access to privacy, and reversibility of methods

2.1.4 TEACH HOW TO MANAGE DISSATISFIED CHILD SPACING USERS OR METHOD-SWITCHERS

2.1.5 TEACH HOW TO ADMINISTER CHILD SPACING METHODS

2.1.6 TEACH USE OF COUNSELLING AND HEALTH EDUCATION TECHNIQUES AND MATERIALS

2.1.7 TEACH PROCEDURES FOR CHANNELLING FAMILIES TO CHILD SPACING SERVICES

2.1.8 TEACH METHODS FOR DETERMINING QUANTITIES OF CONTRACEPTIVES OR OTHER CHILD SPACING SUPPLIES TO ORDER

2.1.9 TEACH PROCEDURES FOR MAINTAINING CHILD SPACING RECORDS AND REPORTING CHILD SPACING INFORMATION

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED CHILD SPACING SKILLS

2.2.1.1 Demonstrate how to perform pelvic exams

2.2.1.2 Demonstrate how to take and examine Pap smears

2.2.1.3 Demonstrate how to insert IUDs

2.2.1.4 Demonstrate how to measure for and insert diaphragms

2.2.1.5 Demonstrate how to use pill packets

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY INFORMATION

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE CHILD SPACING SKILLS DURING TRAINING

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON CHILD SPACING

2.3 TEST COMPETENCE OF TRAINEES IN CHILD SPACING TASKS

2.3.1 TEST TRAINEE SKILL IN IDENTIFYING APPROPRIATE CHILD SPACING METHODS FOR USERS BY OBSERVING WHETHER THEY SELECT APPROPRIATE CHILD SPACING METHODS FOR USERS (IN CHILD SPACING SESSIONS OR IN ROLE-PLAY EXERCISES)

2.3.2 TEST TRAINEE SKILL IN ADMINISTERING CHILD SPACING METHODS BY OBSERVING WHETHER THEY CORRECTLY INSERT IUDS, MEASURE FOR DIAPHRAGMS, ETC. (IN CHILD SPACING SESSIONS)

3. EVALUATE CHILD SPACING TRAINING

3.1 TEST COMPETENCE OF TRAINEES IN CHILD SPACING TASKS (SEE CHILD SPACING: TRAINING--2.3 TEST COMPETENCE OF TRAINEES IN CHILD SPACING TASKS)

3.2 ASSESS HEALTH WORKER CHILD SPACING TASK PERFORMANCE (SEE CHILD SPACING: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN CHILD SPACING TRAINING RECORDS AND REPORT CHILD SPACING TRAINING INFORMATION (SEE CHILD SPACING: INFORMATION SYSTEM, MONITORING AND EVALUATION)

CHILD SPACING
SUPERVISION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 IDENTIFY AND TRAIN SUPERVISORS

1.4 DEVELOP SUPERVISION SCHEDULES AND WORKPLANS

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE CHILD SPACING SERVICE DELIVERY AND SUPPORT ACTIVITIES

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING CHILD SPACING TASKS

2.1.1 SET OR COMMUNICATE CHILD SPACING TARGETS

2.1.2 DEVELOP CHILD SPACING WORKPLAN

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR CHILD SPACING TASK PERFORMANCE

2.2 IDENTIFY CHILD SPACING SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

2.2.1 ASSESS ATTAINMENT OF CHILD SPACING TARGETS, IF PRESENT, AND/OR FREQUENCY OF CHILD SPACING SERVICE DELIVERY ACTIVITIES

2.2.1.1 Assess attainment of child spacing targets by: (1) reviewing service delivery facility records to obtain data on the proportion of women 15 to 44 who have accepted a child spacing method; or (2) conducting sample household contraceptive prevalence surveys

2.2.1.2 Assess availability of service delivery facility child spacing services by: (1) reviewing service delivery facility records to obtain data on the number of days when child spacing services were available at the service delivery facility and the number of home visits made; (2) interviewing female community leaders and members about the availability of child spacing services; or (3) asking health workers about the availability of child spacing services

2.2.1.3 Assess occurrence and frequency of channelling activities by: (1) observing whether records identifying high risk women and other potential child spacing users are maintained; (2) observing whether health workers identify high risk women during clinic sessions and/or home visits and whether they direct these women to sources of child spacing services; (3) reviewing service delivery facility records to obtain data on the number of home visits made and/or group child spacing education sessions held; (4) interviewing community leaders and members about the frequency of group child spacing education sessions; or (5) asking health workers about the occurrence and frequency of channelling activities.

2.2.2 ASSESS QUALITY OF CHILD SPACING SERVICE DELIVERY ACTIVITIES

2.2.2.1 Assess the quality of health worker counselling to acceptors about method choices by observing health workers interview and counsel acceptors (in child spacing encounters or in role-play exercises)

2.2.2.2 Assess the quality of health worker medical histories and physical exams by observing health workers take medical histories and conduct physical exams (in child spacing encounters or in role-play exercises)

2.2.2.3 Assess the quality of health worker method administration and instruction by observing health workers administer methods and instruct users (in child spacing encounters or in role-play exercises)

2.2.2.4 Assess the quality of health worker assistance to users experiencing side effects or wishing to change methods by observing health workers counsel dissatisfied users (in child spacing encounters or in role-play exercises)

2.2.2.5 Assess whether health workers effectively provide outreach child spacing education by: (1) observing health workers provide outreach child spacing education (in group child spacing education sessions, in home visits, or in role-play exercises); or (2) interviewing mothers leaving group child spacing education sessions and/or after home visits to determine whether they know key child spacing messages

2.2.3 ASSESS QUALITY OF CHILD SPACING SUPPORT ACTIVITIES

2.2.3.1 Assess whether the service delivery facility has adequate quantities of contraceptives by: (1) observing quantities of contraceptives available at the service delivery facility; or (2) asking health workers about shortages of contraceptives

2.2.3.2 Assess whether health workers adequately maintain child spacing registers by reviewing child spacing registers for completeness and correctness of information

2.3 ASSIST IN RESOLVING CHILD SPACING SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON CHILD SPACING PERFORMANCE

2.3.1.1 Praise or otherwise reward good child spacing performance

2.3.1.2 Advise or instruct health workers how to improve poor child spacing performance

2.3.1.3 Provide direct assistance in performing child spacing tasks

2.3.2 TAKE FOLLOW-UP ACTION ON CHILD SPACING PERFORMANCE

2.3.2.1 Provide or arrange for formal child spacing in-service training

2.3.2.2 Provide child spacing logistic support, if applicable

2.3.2.2.1 Provide contraceptives

2.3.2.2.2 Provide reference materials on child spacing

2.3.2.3 Refer persistent child spacing performance problems to higher-level supervisors

2.3.2.4 Apply sanctions for poor child spacing performance, if applicable

2.4 MOTIVATE HEALTH WORKERS (SEE CHILD SPACING: SUPERVISION -- 2.3 ASSIST IN RESOLVING CHILD SPACING SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF CHILD SPACING SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER CHILD SPACING TASK PERFORMANCE (SEE CHILD SPACING: INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE CHILD SPACING: INFORMATION SYSTEM, MONITORING AND EVALUATION)

CHILD SPACING
COMMUNITY ORGANIZATION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN COMMUNITY-MANAGED CHILD SPACING ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING CHILD SPACING ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.3 DECIDE WHETHER OR NOT TO ESTABLISH COMMUNITY-MANAGED CONTRACEPTIVE SUPPLY DEPOTS

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED CHILD SPACING ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED CHILD SPACING ACTIVITIES

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED CHILD SPACING ACTIVITIES

2. ORGANIZE COMMUNITY-MANAGED CHILD SPACING ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE CHILD SPACING ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN CHILD SPACING ACTIVITIES

2.1.2 EXPLAIN CHILD SPACING OBJECTIVES AND STRATEGIES

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE CHILD SPACING ACTIVITIES

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING CHILD SPACING ACTIVITIES

2.2.1 PLAN CHILD SPACING SERVICE DELIVERY ACTIVITIES

2.2.1.1 Obtain community suggestions and/or decisions regarding health system child spacing service delivery activities

2.2.1.2 Plan community-managed channeling activities, including outreach child spacing education

2.2.1.3 Select community members for training as unsalaried health workers

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*The term "community-managed child spacing activities" refers to child spacing service delivery and support activities carried out by unsalaried community members and/or health workers. It does not refer to the utilization of child spacing services by community members; e.g. to practicing child spacing or to attending health education sessions. The specific child spacing activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

2.2.2 DECIDE WHERE AND HOW TO ESTABLISH COMMUNITY-MANAGED CONTRACEPTIVE SUPPLY DEPOTS

2.2.3 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR CHILD SPACING ACTIVITIES (SEE CHILD SPACING: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN CHILD SPACING SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN CHILD SPACING CHANNELLING TASKS, INDLUCING OUTREACH CHILD SPACING EDUCATION

2.3.1.1 Train unsalaried community members and/or health workers to identify "women at risk" (per local policy)

2.3.1.2 Train unsalaried community members and/or health workers to educate mothers about child spacing

2.3.1.3 Train unsalaried community members/health workers in referral procedures

2.4 ASSIST UNSALARIED COMMUNITY MEMBERS/HEALTH WORKERS TO ESTABLISH AND MAINTAIN COMMUNITY-BASED CONTRACEPTIVE DISTRIBUTION SYSTEMS

2.4.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO ESTABLISH AND MAINTAIN COMMUNITY-MANAGED CONTRACEPTIVE SUPPLY DEPOTS

2.4.2 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO MAKE HOME VISITS TO DISTRIBUTE CONTRACEPTIVES

2.4.2 DISTRIBUTE CONTRACEPTIVES TO COMMUNITY-MANAGED DEPOTS (SEE CHILD SPACING: LOGISTIC SUPPORT)

2.5 ORGANIZE COMMUNITY-MANAGED RESOURCE GENERATION FOR CHILD SPACING ACTIVITIES

3. MONITOR COMMUNITY-MANAGED CHILD SPACING ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED CHILD SPACING ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS.

3.1.1 MONITOR COMMUNITY-MANAGED CHILD SPACING SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED CONTRACEPTIVE DISTRIBUTION ACTIVITIES

3.1.3 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR CHILD SPACING ACTIVITIES

CHILD SPACING
LOGISTIC SUPPORT ACTIVITIES, TASKS AND SUBTASKS

Contraceptives And Other Child Spacing Supplies
(Oral Contraceptives, IUDs, Diaphragms, Foam, Condoms, Thermometers)

1. PLAN CHILD SPACING LOGISTIC SUPPORT ACTIVITIES

   1.1 DEVELOP POLICY ON QUANTITIES OF CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES TO BE ORDERED OR ISSUED

   1.2 DEVELOP PROCEDURES FOR PROCURING CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

2. PROCURE CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

   2.1 ESTIMATE REQUIREMENTS FOR CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

   2.2 SECURE AND DISBURSE FUNDS FOR CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES, IF APPLICABLE

   2.3 ORDER OR BE ISSUED CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

   2.4 COLLECT OR RECEIVE CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

3. STORE CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

   3.1 STORE CONTRACEPTIVES IN A DRY PLACE

4. DISTRIBUTE CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

   4.1 RECEIVE ORDERS FOR OR ISSUE CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

   4.2 DELIVER CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

5. MAINTAIN INVENTORY AND EQUIPMENT RECORDS FOR CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES (SEE CHILD SPACING: INFORMATION SYSTEM, MONITORING AND EVALUATION)

CHILD SPACING
FINANCIAL MANAGEMENT ACTIVITIES, TASKS AND SUBTASKS

1. SECURE RESOURCES FOR CHILD SPACING ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR CHILD SPACING ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR CHILD SPACING ACTIVITIES

1.1.2 OBTAIN ALLOCATED CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES AND EQUIPMENT (SEE CHILD SPACING: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR CHILD SPACING ACTIVITIES

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR CHILD SPACING ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for child spacing activities

1.2.1.2 Develop procedures for user and/or social financing for child spacing activities

1.2.1.2.1 Establish fee schedules for child spacing visits

1.2.1.2.2 Establish sales prices for contraceptives and other child spacing supplies

1.2.1.2.3 Ensure indigents equal access to child spacing services and supplies

1.2.1.2.3.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.3.2 Set sliding scale

1.2.1.2.4 Develop other community and/or social financing mechanisms for child spacing activities

1.2.2 COLLECT LOCAL RESOURCES FOR CHILD SPACING ACTIVITIES

1.2.2.1 Collect user fees for child spacing visits and sale receipts for contraceptives and other child spacing supplies per local policy and procedures

1.2.2.2 Receive other community resources for child spacing activities

2. DISBURSE AND ACCOUNT FOR FUNDS FOR CHILD SPACING ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE CHILD SPACING: INFORMATION SYSTEM, MONITORING AND EVALUATION)

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*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for child spacing activities. Instead they receive material resources (contraceptives and other child spacing supplies) and human resources (personnel). This chapter covers financial management and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

CHILD SPACING INFORMATION SYSTEM, MONITORING AND EVALUATION ACTIVITIES, TASKS AND SUBTASKS

1. COLLECT CHILD SPACING DATA

1.1 COLLECT DATA ON SIZE OF CHILD SPACING TARGET POPULATION

1.2 COLLECT CHILD SPACING SERVICE DELIVERY DATA

1.2.1 MAINTAIN CLIENT RECORDS (SEE CHILD SPACING: SERVICE DELIVERY -- 1.1.3 MAINTAIN RECORDS WHICH IDENTIFY HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS (PER LOCAL POLICY))

1.2.2 MAINTAIN CHILD SPACING RECORDS

1.2.2.1 Record women's ages (and parities)

1.2.2.2 Record child spacing methods administered, prescribed or distributed

1.2.2.3 Record referrals made (by reason)

1.2.3 MAINTAIN ACTIVITIES RECORDS

1.2.3.1 Record number of group child spacing education sessions held

1.2.3.2 Record number of home visits made

1.3 COLLECT DATA ON CHILD SPACING SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISION RECORDS

1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on contraceptives and other child spacing supplies

1.3.4.1.1 Record quantities received (by item)

1.3.4.1.2 Record quantities distributed (by item)

1.3.4.1.3 Record current stock levels (by item)

1.3.5 MAINTAIN ACCOUNTS LEDGER

1.3.5.1 Record child spacing receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for child spacing services and supplies

1.3.5.2 Record funds disbursed for child spacing activities

1.3.5.3 Record current balances

1.4 CONDUCT SPECIAL CHILD SPACING KAP STUDIES AND CONTRACEPTIVE PREVALENCE SURVEYS

2. PROCESS CHILD SPACING DATA

2.1 VERIFY/VALIDATE CHILD SPACING DATA COLLECTED

2.2 CODE CHILD SPACING DATA

2.3 FILE CHILD SPACING DATA

2.4 TABULATE CHILD SPACING DATA

2.4.1 TABULATE NUMBER OF MONTHLY CHILD SPACING VISITS BY CLIENT AGE, VISIT TYPE AND OUTCOME

2.5 ANALYZE CHILD SPACING DATA

2.5.1 CALCULATE METHOD-SPECIFIC CONTRACEPTIVE PREVALENCE RATES

2.5.2 CALCULATE PROPORTION OF WOMEN AGED 15-44 MAKING AT LEAST ONE CHILD SPACING VISIT ANNUALLY

2.5.3 CALCULATE METHOD-SPECIFIC CONTINUATION RATES

2.5.4 CALCULATE METHOD-SPECIFIC DROP-OUT RATES BY CAUSE

3. REPORT CHILD SPACING INFORMATION

3.1 PREPARE REQUIRED CHILD SPACING REPORTS

3.2 TRANSMIT REQUIRED CHILD SPACING REPORTS

3.3 RECEIVE FEEDBACK ON CHILD SPACING INFORMATION REPORTED (SEE CHILD SPACING: SUPERVISION)

4. UTILIZE CHILD SPACING INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTIFYING CHILD SPACING SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE CHILD SPACING: SUPERVISION)

4.2 UTILIZE INFORMATION FOR PLANNING CHILD SPACING ACTIVITIES (SEE CHILD SPACING: PLANNING)

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VOLUME I

Growth Monitoring/ Promotion Service ACTIVITIES

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CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
Supported by the U.S. Agency for International Development

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GROWTH MONITORING/PROMOTION SERVICE DELIVERY ACTIVITIES, TASKS AND SUBTASKS

1. CHANNEL CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) TO GROWTH MONITORING SERVICES

1.1 IDENTIFY CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY)

1.1.1 SEEK TO IDENTIFY CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) AT CLINIC SESSIONS

1.1.2 SEEK TO IDENTIFY CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) DURING HOME VISITS

1.1.3 MAINTAIN RECORDS WHICH IDENTIFY CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY)

1.2 RECRUIT CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) (SEE GROWTH MONITORING/PROMOTION: SERVICE DELIVERY--3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING GROWTH MONITORING

1.3 DIRECT CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) TO WEIGHING SESSIONS

1.3.1 DIRECT CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) IDENTIFIED AT CLINIC SESSIONS TO WEIGHING SESSIONS

1.3.2 DIRECT CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) IDENTIFIED DURING HOME VISITS TO WEIGHING SESSIONS

1.3.3 EXPLAIN WHEN AND WHERE TO GO FOR GROWTH MONITORING SERVICES DURING GROUP NUTRITION EDUCATION SESSIONS (SEE GROWTH MONITORING/PROMOTION: SERVICE DELIVERY--3.2.1.8 EXPLAIN WHEN AND WHERE TO GO FOR GROWTH MONITORING SERVICES)

2. PROVIDE GROWTH MONITORING

2.1 PREPARE EQUIPMENT AND SUPPLIES

2.1.1 TARE SCALE TO 0

2.2 MONITOR CHILDREN'S GROWTH

2.2.1 CALCULATE CHILD'S AGE

2.2.1.1 Record child's birthdate

2.2.1.2 Count the number of months since child's birthmonth and record in appropriate place on card

2.2.2 WEIGH CHILD

2.2.2.1 Set scale to 0

2.2.2.2 Remove child's clothing

2.2.2.3 Place child correctly on scale

2.2.2.4 Read scale indicating child's weight

2.2.3 PLOT CHILD'S WEIGHT PER TYPE OF CARD (LOCALLY DETERMINED)

2.2.3.1 Point child's age on card

2.2.3.2 Point child's weight on card

2.2.4 COUNSEL MOTHER (SEE GROWTH MONITORING/PROMOTION: SERVICE DELIVERY -- 3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF CHILDREN ATTENDING GROWTH MONITORING SESSIONS)

2.3 REFER CHILDREN

2.3.1 REFER SICK/MALNOURISHED CHILD FOR MEDICAL ATTENTION

2.3.2 REFER MALNOURISHED CHILD FOR NUTRITIONAL REHABILITATION

2.4 FOLLOW UP NONATTENDERS

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING GROWTH MONITORING

3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF CHILDREN ATTENDING WEIGHING SESSIONS

3.1.1 INTERPRET CHILD'S PROGRESS TO MOTHER

3.1.1.1 Tell mother whether child has gained weight, lost weight or stayed the same since last weighing

3.1.1.2 Tell mother the nutritional status of the child

3.1.1.3 Ask mother how her child has been doing at home and if he/she has had any problems since last weighing

3.1.1.4 Use growth card to explain to mother how her child is growing

3.1.2 TRANSMIT KEY GROWTH MONITORING MESSAGES

3.1.2.1 Make recommendations per local policy regarding child feeding and care per child's age, growth monitoring results, and what mother has said regarding her child

3.1.2.2 Tell mother when to take child for next weighing

3.1.3 USE APPROPRIATE INDIVIDUAL COUNSELLING TECHNIQUES

3.1.3.1 Ask mother questions about recommendations made to determine her understanding

3.1.3.2 Ask mother to repeat when she should take child for next weighing

3.1.3.3 Ask mother if she has any questions

3.2 PROVIDE OUTREACH NUTRITION EDUCATION

3.2.1 TRANSMIT KEY NUTRITION MESSAGES

3.2.1.1 Explain importance of good breastfeeding and weaning practices

3.2.1.2 Explain which locally available foods constitute a balanced diet for children

3.2.1.3 Explain how to feed children during illness

3.2.1.4 Explain the importance of gaining weight as an indicator of health

3.2.1.5 Explain the relation between food consumption and growth

3.2.1.6 Explain causes for non-growth

3.2.1.7 Explain the purpose of growth monitoring

3.2.1.8 Explain when and where to go for growth monitoring services

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Demonstrate preparation of weaning foods

3.2.2.2 Ask questions of and respond to questions from attendees

3.2.2.3 Use visual aids in transmitting key messages

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GROWTH MONITORING/PROMOTION PLANNING ACTIVITIES, TASKS AND SUBTASKS

1. ASSESS OUTPUTS, EFFECTS (COVERAGE) AND IMPACT OF CURRENT GROWTH MONITORING/PROMOTION ACTIVITIES UTILIZING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET GROWTH MONITORING/PROMOTION OBJECTIVES AND TARGETS

   2.1 SPECIFY TARGET AGE GROUP(S)

   2.2 DETERMINE DESIRED GROWTH MONITORING COVERAGE

   2.3 SET QUANTITATIVE AND DATED GROWTH MONITORING TARGETS

3. DEVELOP GROWTH MONITORING/PROMOTION STRATEGY

   3.1 DEVELOP GROWTH MONITORING/PROMOTION POLICIES

      3.1.1 DEVELOP RECOMMENDED WEIGHING SCHEDULE

      3.1.2 DEVELOP POLICIES ON GROWTH STANDARD AND GROWTH CARD TO BE USED

      3.1.3 DEVELOP POLICY ON ELIGIBILITY

      3.1.4 DEVELOP POLICIES ON REFERRAL AND FOLLOW-UP OF MALNOURISHED CHILDREN

      3.1.5 DEVELOP POLICIES ON INCENTIVES FOR GROWTH MONITORING

   3.2 DEVELOP GROWTH MONITORING/PROMOTION PROCEDURES

      3.2.1 DEVELOP PROCEDURES FOR CHANNELLING CHILDREN TO GROWTH MONITORING/ PROMOTION SERVICES, INCLUDING OUTREACH NUTRITION EDUCATION

      3.2.2 DETERMINE SITES FOR WEIGHING SESSIONS

      3.2.3 DETERMINE FREQUENCY OF WEIGHING SESSIONS

      3.2.4 DEVELOP STANDARD WEIGHING PROCEDURES

      3.2.5 DEVELOP STANDARD PROCEDURES FOR COMPLETING GROWTH CARDS

      3.2.6 DEVELOP STANDARD PROCEDURES FOR COUNSELLING MOTHERS

      3.2.7 DEVELOP PACKAGE OF KEY NUTRITION MESSAGES

      3.2.8 DEVELOP REFERRAL PROCEDURES

   3.3 DEVELOP BUDGET FOR GROWTH MONITORING/PROMOTION ACTIVITIES

3.4 DEVELOP GROWTH MONITORING/PROMOTION WORKPLANS AND SCHEDULES

3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT GROWTH MONITORING/PROMOTION ACTIVITIES

3.4.2 PROVIDE LOGISTIC SUPPORT FOR GROWTH MONITORING/PROMOTION ACTIVITIES

4. COMMUNICATE GROWTH MONITORING/PROMOTION PLAN

GROWTH MONITORING/PROMOTION TRAINING ACTIVITIES, TASKS AND SUBTASKS

1. PLAN GROWTH MONITORING/PROMOTION TRAINING

1.1 ASSESS GROWTH MONITORING/PROMOTION TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR GROWTH MONITORING/PROMOTION TRAINING

1.3 SELECT GROWTH MONITORING/PROMOTION TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN GROWTH MONITORING/PROMOTION TASKS

2.1 TRANSMIT KEY GROWTH MONITORING/PROMOTION INFORMATION AND REQUIRED SKILLS PER TRAINEES' GROWTH MONITORING/PROMOTION TASKS

2.1.1. TEACH STAGES OF GROWTH AND DEVELOPMENT OF CHILDREN

2.1.2 TEACH IMPORTANCE OF BREASTFEEDING

2.1.3 TEACH PROPER WEANING PROCEDURES

2.1.4 TEACH SIGNS AND SYMPTOMS OF ACUTE MALNUTRITION

2.1.5 TEACH PACKAGE OF KEY NUTRITION MESSAGES

2.1.6 TEACH DIETARY MANAGEMENT OF ILLNESS

2.1.7 TEACH WEIGHING TECHNIQUE

2.1.8 TEACH PLOTTING TECHNIQUE

2.1.9 TEACH HOW TO INTERPRET AND USE GROWTH CARD FOR EDUCATING MOTHERS

2.1.10 TEACH IMPORTANCE OF TELLING ALL MOTHERS OF CHILDREN ATTENDING WEIGHING SESSIONS HOW THEIR CHILDREN ARE GROWING

2.1.11 TEACH IMPORTANCE OF TELLING ALL MOTHERS OF CHILDREN ATTENDING WEIGHING SESSIONS WHEN AND WHERE TO RETURN FOR NEXT WEIGHINGS

2.1.12 TEACH USE OF COUNSELLING AND HEALTH EDUCATION TECHNIQUES AND MATERIALS

2.1.13 TEACH PROCEDURES FOR CHANNELLING CHILDREN TO GROWTH MONITORING SERVICES

2.1.14 TEACH PROCEDURES FOR MAINTAINING WEIGHING RECORDS AND REPORTING GROWTH MONITORING/PROMOTION INFORMATION

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED GROWTH MONITORING/PROMOTION SKILLS

2.2.1.1 Demonstrate weighing technique

2.2.1.2 Demonstrate plotting technique

2.2.1.3 Demonstrate counselling and health education

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY MESSAGES

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE REQUIRED GROWTH MONITORING/PROMOTION SKILLS

2.2.4.1 Provide opportunities for trainees to practice weighing children

2.2.4.2 Provide opportunities for trainees to practice plotting children's weights

2.2.4.3 Provide opportunities for trainees to practice counselling mothers

2.2.4.4 Provide opportunities for trainees to practice providing group nutrition education

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON GROWTH MONITORING/PROMOTION

2.3 TEST COMPETENCE OF HEALTH WORKERS IN GROWTH MONITORING/ PROMOTION TASKS

2.3.1 TEST TRAINEE SKILL IN PLOTTING CHILDREN'S WEIGHTS BY OBSERVING WHETHER THEY CORRECTLY PLOT CHILDREN'S WEIGHTS (IN WEIGHING SESSIONS OR IN ROLE-PLAY EXERCISES)

2.3.2 TEST TRAINEE KNOWLEDGE OF KEY NUTRITION MESSAGES (LOCALLY DETERMINED) BY: (1) OBSERVING WHETHER THEY CORRECTLY TRANSMIT KEY NUTRITION MESSAGES (IN WEIGHING OR GROUP NUTRITION EDUCATION SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF KEY NUTRITION MESSAGES

3. EVALUATE GROWTH MONITORING/PROMOTION TRAINING

3.1 TEST COMPETENCE OF TRAINEES IN GROWTH MONITORING/PROMOTION TASKS (SEE GROWTH MONITORING/PROMOTION--2.3 TEST COMPETENCE OF TRAINEES IN GROWTH MONITORING/PROMOTION TASKS)

3.2 ASSESS HEALTH WORKER GROWTH MONITORING/PROMOTION TASK PERFORMANCE (SEE GROWTH MONITORING/PROMOTION: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN GROWTH MONITORING/PROMOTION TRAINING RECORDS AND REPORT GROWTH MONITORING/PROMOTION TRAINING INFORMATION (SEE GROWTH MONITORING/PROMOTION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

GROWTH MONITORING/PROMOTION SUPERVISION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 IDENTIFY AND TRAIN SUPERVISORS

1.4 DEVELOP SUPERVISION SCHEDULE AND WORKPLANS

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE GROWTH MONITORING/PROMOTION SERVICE DELIVERY AND SUPPORT ACTIVITIES

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING GROWTH MONITORING/PROMOTION TASKS

2.1.1 SET OR COMMUNICATE GROWTH MONITORING TARGETS

2.1.2 DEVELOP GROWTH MONITORING/PROMOTION WORKPLANS

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR GROWTH MONITORING/PROMOTION PERFORMANCE

2.2 IDENTIFY GROWTH MONITORING/PROMOTION SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

2.2.1 ASSESS ATTAINMENT OF GROWTH MONITORING TARGETS, IF PRESENT, AND/OR FREQUENCY OF GROWTH MONITORING/PROMOTION SERVICE DELIVERY ACTIVITIES

2.2.1.1 Assess attainment of growth monitoring targets by: (1) reviewing service delivery facility records to obtain data on the proportion of children weighed; or (2) conducting sample household growth monitoring coverage surveys

2.2.1.2 Assess frequency of weighing sessions by: (1) reviewing service delivery facility records to obtain data on the number of weighing sessions held; (2) interviewing community leaders and members about the frequency of weighing sessions; or (3) asking health workers about the frequency of weighing sessions

2.2.1.3 Assess occurrence and frequency of channelling activities by: (1) observing whether records identifying children under 5 (or other age per local policy) and/or "high risk" children are maintained; (2) observing whether health workers identify children under 5 (or other age per local policy) and/or "high risk" children during clinic sessions and/or home visits and whether they direct these children to sources of growth monitoring services; (3) reviewing service delivery facility records to obtain data on the number of home visits made and/or group nutrition education sessions held; (4) interviewing community leaders and members about the frequency of group nutrition education sessions; or (5) asking health workers about the occurrence and frequency of channelling activities.

2.2.2. ASSESS QUALITY OF GROWTH MONITORING/PROMOTION SERVICE DELIVERY ACTIVITIES

2.2.2.1 Assess whether health workers weigh children per standard procedures by observing health workers weigh children (in weighing sessions or in role-play exercises)

2.2.2.2 Assess whether health workers correctly plot children's weights on growth cards by: (1) observing health workers plot children's weights (in weighing sessions or in role-play exercises); or (2) reviewing previously plotted growth cards for correctness

2.2.2.3 Assess whether health workers correctly interpret children's growth by observing health workers counsel mothers (in weighing sessions or in role-play exercises)

2.2.2.4 Assess whether health workers counsel mothers individually about their children's growth statuses by: (1) observing health workers counsel mothers (in weighing sessions or in role-play exercises); or (2) interviewing mothers leaving weighing sessions to determine whether they know their children's growth statuses

2.2.2.5 Assess whether health workers tell all mothers of children attending weighing sessions when and where to take children for next weighings by: (1) observing health workers counsel mothers (in weighing session or in role-play exercises); or (2) interviewing mothers leaving weighing sessions to determine whether they know when and where to take their children for their next required weighings

2.2.2.6 Assess whether health workers refer sick and/or malnourished children by observing health workers provide growth monitoring (in weighing sessions or in role-play exercises)

2.2.2.7 Assess whether health workers follow up non-attenders by: (1) reviewing health worker records to obtain data on the proportion of nonattenders followed up; (2) interviewing health workers about the frequency of follow-up; or (3) conduct sample household surveys to determine the proportion of non-attenders followed up

2.2.2.8 Assess whether health workers effectively provide outreach nutrition education by: (1) observing health workers provide outreach nutrition education (in group nutrition education sessions, in home visits, or in role-play exercises); or (2) interviewing mothers leaving group nutrition education sessions and/or after home visits to determine whether they know key nutrition messages

2.2.3 ASSESS QUALITY OF GROWTH MONITORING/PROMOTION SUPPORT ACTIVITIES

2.2.3.1 Assess whether health workers are adequately maintaining weighing registers by reviewing registers for completeness and correctness of information

2.3 ASSIST IN RESOLVING GROWTH MONITORING/PROMOTION SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON GROWTH MONITORING/PROMOTION PERFORMANCE

2.3.1.1 Praise or otherwise reward good growth monitoring/promotion performance

2.3.1.2 Advise or instruct health workers how to improve poor growth monitoring/promotion performance

2.3.1.3 Provide direct assistance in performing growth monitoring tasks

2.3.2 TAKE FOLLOW-UP ACTION ON GROWTH MONITORING/PROMOTION PERFORMANCE

2.3.2.1 Provide or arrange for formal growth monitoring/promotion in-service training

2.3.2.2 Provide reference materials on growth monitoring/promotion

2.3.2.3 Refer persistent growth monitoring/promotion performance problems to higher-level supervisors

2.3.2.4 Apply sanctions for poor growth monitoring/promotion performance, if applicable

2.4 MOTIVATE HEALTH WORKERS (SEE GROWTH MONITORING/PROMOTION: SUPERVISION – 2.3 ASSIST IN RESOLVING GROWTH MONITORING/PROMOTION SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF GROWTH MONITORING/PROMOTION SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER GROWTH MONITORING/PROMOTION TASK PERFORMANCE (SEE GROWTH MONITORING/PROMOTION: SUPERVISION, INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE GROWTH MONITORING/PROMOTION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

GROWTH MONITORING/PROMOTION COMMUNITY ORGANIZATION ACTIVITIES, TASKS AND SUBTASKS

1. PLAN COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING GROWTH MONITORING/PROMOTION ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.3 DECIDE WHETHER OR NOT TO SEEK COMMUNITY-MANAGED RESOURCE GENERATION FOR GROWTH MONITORING/PROMOTION ACTIVITIES (SEE: GROWTH MONITORING/PROMOTION: FINANCIAL MANAGEMENT)

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION ACTIVITIES

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION ACTIVITIES

2. ORGANIZE COMMUNITY GROWTH MONITORING/PROMOTION ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE GROWTH MONITORING/PROMOTION ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN GROWTH MONITORING/PROMOTION ACTIVITIES

2.1.2 EXPLAIN GROWTH MONITORING/PROMOTION OBJECTIVES AND STRATEGIES

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE GROWTH MONITORING/PROMOTION ACTIVITIES

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING GROWTH MONITORING/PROMOTION ACTIVITIES

2.2.1 PLAN GROWTH MONITORING/PROMOTION SERVICE DELIVERY ACTIVITIES

2.2.1.1 Obtain community suggestions and/or decisions regarding health system growth monitoring/promotion service delivery activities

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*The term "community-managed growth monitoring/promotion activities" refers to growth monitoring/promotion service delivery and support activities carried out by unsalaried community members and/or health workers. It does not refer to the utilization of growth monitoring/promotion services by community members, e.g. to having children weighed or to attending health education sessions. The specific growth monitoring/promotion activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

2.2.1.2 Plan community-managed channelling activities, including outreach nutrition education

2.2.1.3 Plan community-managed weighing sessions

2.2.1.4 Select community members for training as unsalaried health workers

2.2.2 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR GROWTH MONITORING/PROMOTION ACTIVITIES (SEE GROWTH MONITORING/PROMOTION: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN GROWTH MONITORING/PROMOTION SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN GROWTH MONITORING/PROMOTION CHANNELLING TASKS, INCLUDING OUTREACH NUTRITION EDUCATION

2.3.2 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO CONDUCT WEIGHING SESSIONS

2.5 ORGANIZE COMMUNITY-MANAGED RESOURCE GENERATION FOR GROWTH MONITORING/PROMOTION ACTIVITIES

3. MONITOR COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS

3.1.1 MONITOR COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR GROWTH MONITORING/PROMOTION ACTIVITIES

GROWTH MONITORING/PROMOTION LOGISTIC SUPPORT ACTIVITIES, TASKS AND SUBTASKS

Growth Monitoring/Promotion Equipment and Supplies (Scales, Growth Cards)

1. PLAN GROWTH MONITORING/PROMOTION LOGISTIC SUPPORT ACTIVITIES

   1.1 DEVELOP POLICY ON QUANTITY OF GROWTH CARDS TO BE ORDERED OR ISSUED

   1.2 DEVELOP PROCEDURES FOR PROCURING GROWTH CARDS

2. PROCURE GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES

   2.1 ESTIMATE REQUIREMENTS FOR GROWTH MONITORING/ PROMOTION EQUIPMENT AND SUPPLIES

   2.2 SECURE AND DISBURSE FUNDS FOR GROWTH MONITORING/ PROMOTION EQUIPMENT AND SUPPLIES, IF APPLICABLE

   2.3 ORDER OR BE ISSUED GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES

   2.4 COLLECT OR RECEIVE GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES

3. STORE AND MAINTAIN GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES

   3.1 MAINTAIN SCALES IN WORKING ORDER

   3.2 STORE GROWTH CARDS IN A DRY PLACE

4. DISTRIBUTE GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES

   4.1 RECEIVE ORDERS FOR OR ISSUE GROWTH MONITORING/ PROMOTION EQUIPMENT AND SUPPLIES

   4.2 DELIVER GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES

5. MAINTAIN INVENTORY AND EQUIPMENT RECORDS FOR GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES (SEE GROWTH MONITORING/PROMOTION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

GROWTH MONITORING/PROMOTION FINANCIAL MANAGEMENT ACTIVITIES, TASKS AND SUBTASKS

1. SECURE RESOURCES FOR GROWTH MONITORING/PROMOTION ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR GROWTH MONITORING/PROMOTION ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR GROWTH MONITORING/PROMOTION ACTIVITIES

1.1.2 OBTAIN ALLOCATED EQUIPMENT AND SUPPLIES FOR GROWTH MONITORING/PROMOTION ACTIVITIES (SEE GROWTH MONITORING/PROMOTION: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR GROWTH MONITORING/PROMOTION ACTIVITIES

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR GROWTH MONITORING/PROMOTION ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for growth monitoring/promotion activities

1.2.1.2 Develop procedures for user and/or social financing for growth monitoring/promotion activities

1.2.1.2.1 Establish fee schedules for weighings

1.2.1.2.2 Establish sales prices for growth cards

1.2.1.2.3 Ensure indigents equal access to growth monitoring services

1.2.1.2.3.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.3.2 Set sliding scales

1.2.1.2.4 Develop other community and/or social financing mechanisms for growth monitoring/promotion activities

1.2.2 COLLECT LOCAL RESOURCES FOR GROWTH MONITORING/PROMOTION ACTIVITIES

1.2.2.1 Collect user fees for weighings and sales receipts for growth cards per local policy and procedures

1.2.2.2 Receive other community resources for growth monitoring/promotion activities

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*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for growth monitoring/promotion activities. Instead they receive material resources (scales, and growth cards) and human resources (personnel). This chapter covers financial management and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

2. DISBURSE AND ACCOUNT FOR FUNDS FOR GROWTH MONITORING/ PROMOTION ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE: GROWTH MONITORING/PROMOTION INFORMATION SYSTEM, MONITORING AND EVALUATION)

GROWTH MONITORING/PROMOTION INFORMATION SYSTEM, MONITORING AND EVALUATION ACTIVITIES, TASKS AND SUBTASKS

1. COLLECT GROWTH MONITORING/PROMOTION DATA

1.1 COLLECT DATA ON SIZE OF GROWTH MONITORING/PROMOTION TARGET POPULATION

1.2 COLLECT GROWTH MONITORING/PROMOTION SERVICE DELIVERY DATA

1.2.1 MAINTAIN CLIENT RECORDS (SEE GROWTH MONITORING/PROMOTION: SERVICE DELIVERY -- 1.1.3 MAINTAIN RECORDS WHICH IDENTIFY ALL CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY))

1.2.2 MAINTAIN GROWTH MONITORING OR WEIGHING REGISTER

1.2.2.1 Record children's ages

1.2.2.2 Record children's weights and/or nutritional statuses

1.2.2.3 Record referrals made (by destination)

1.2.3 MAINTAIN ACTIVITIES RECORDS

1.2.2.1 Record number of weighing sessions held

1.2.2.2 Record number of group nutrition education sessions held

1.2.2.3 Record number of home visits made

1.3 COLLECT DATA ON GROWTH MONITORING/PROMOTION SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISORY RECORDS

1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on growth cards

1.3.4.1.1 Record quantities received

1.3.4.1.2 Record quantities distributed

1.3.4.1.3 Record current stock levels

1.3.5 MAINTAIN ACCOUNTS LEDGER

1.3.5.1 Record growth monitoring/promotion receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for growth monitoring services and supplies

1.3.5.2 Record funds disbursed for growth monitoring/promotion activities

1.3.5.3 Record current balances

1.4 CONDUCT SPECIAL GROWTH MONITORING/PROMOTION KAP AND COVERAGE STUDIES AND NUTRITION SURVEILLANCE STUDIES

2. PROCESS GROWTH MONITORING/PROMOTION DATA

2.1 VERIFY/VALIDATE GROWTH MONITORING/PROMOTION DATA COLLECTED

2.2 CODE GROWTH MONITORING/PROMOTION DATA

2.3 FILE GROWTH MONITORING/PROMOTION DATA

2.4 TABULATE GROWTH MONITORING/PROMOTION DATA

2.4.1 TABULATE NUMBER OF CHILDREN UNDER 5 WEIGHED MONTHLY BY AGE CATEGORY AND BY NUTRITIONAL STATUS

2.4.2 TABULATE NUMBER OF CHILDREN UNDER 5 REFERRED MONTHLY FOR NUTRITIONAL REHABILITATION AND FOR MEDICAL CARE BY NUTRITIONAL STATUS

2.5 ANALYZE GROWTH MONITORING/PROMOTION DATA

2.5.1 CALCULATE GROWTH MONITORING COVERAGE RATE*

3. REPORT GROWTH MONITORING/PROMOTION INFORMATION

3.1 PREPARE REQUIRED GROWTH MONITORING/PROMOTION REPORTS

3.2 TRANSMIT REQUIRED GROWTH MONITORING/PROMOTION REPORTS

3.3 RECEIVE FEEDBACK ON GROWTH MONITORING/PROMOTION INFORMATION REPORTED (SEE GROWTH MONITORING/PROMOTION: SUPERVISION)

4. UTILIZE GROWTH MONITORING/PROMOTION INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTIFYING GROWTH MONITORING/PROMOTION SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE ALSO GROWTH MONITORING/PROMOTION: SUPERVISION)

4.2 UTILIZE INFORMATION FOR PLANNING GROWTH MONITORING/PROMOTION ACTIVITIES (SEE GROWTH MONITORING/PROMOTION: PLANNING)

*See Growth Monitoring/Promotion: Service Delivery--2.a for definition of growth monitoring coverage rate.