



JOB AID FOR COMMUNITY BASED TREATMENT BY COMMUNITY DRUG DISTRIBUTORS


HOW TO COMPLETE THE REPORTING FORMS

SCHISTOSOMIASIS (PRAZICQUANTEL)

ON THE FRONT COVER OF THE COMMUNITY REGISTER

- County
- District
- Health Facility
- Name of community
- Name of CDD
- Sex of CDD
- CDD's phone number

MINISTRY OF HEALTH
NEGLECTED TROPICAL DISEASES PROGRAM


**SCHISTOSOMIASIS AND SOIL TRANSMITTED HELMINTHES
TREATMENT WITH PRAZICQUANTEL, ALBENDAZOLE OR
MEBENDAZOLE**

COUNTY			
DISTRICT			
HEALTH FACILITY	COMMUNITY		
CDD's NAME			SEX
CDD's Phone #			

INSIDE THE COMMUNITY REGISTER

SECTION 1, PART 1 (MDA DETAILS):

- County, District, Health Facility & Community
- MDA start date
- MDA end date
- Total population of community
- Target SAC population
- Target adult population
- Name of CDD



COUNTY	DISTRICT	HEALTH FACILITY	COMMUNITY
MDA START DATE	MDA END DATE	TOTAL POPULATION	TARGET SAC POPULATION
TARGET ADULT POPULATION		COMMUNITY DISTRIBUTOR	

No	NAME	E = enrolled N = non-enrolled	SEX	AGE	TABLETS GIVEN		TABLETS WASTED		SIDE EFFECTS	Child referred to HF? (Y/N)
					PQZ	ALB/MEB	PQZ	ALB/MEB		
TOTAL:		Enrolled Male: Non-Enrolled Male:	Enrolled Female: Non-Enrolled Female:							

SEX: F = FEMALE, M = MALE PREGNANT: P = PREGNANT SIDE EFFECTS: S = SICK, R = REFUSED, A = ABSENT, F = FADING, D = DIZZINESS, A = ABDOMINAL PAIN, E = EARTHQUAKE, N = NERVOUSNESS, W = WOUNDING, H = HEADACHE, B = BURN, O = OTHER

SECTION 1, PART 2 (TREATMENT RECORD):

Record the following information for every individual treated:

- Name
- School attendance (enrolled or non-enrolled)
- Sex
- Age
- Number of tablets given
- Number of tablets wasted
- Any side effects
- Whether child was referred to health facility



COUNTY	DISTRICT	HEALTH FACILITY	COMMUNITY
MDA START DATE	MDA END DATE	TOTAL POPULATION	TARGET SAC POPULATION
TARGET ADULT POPULATION		COMMUNITY DISTRIBUTOR	

No	NAME	E = enrolled N = non-enrolled	SEX	AGE	TABLETS GIVEN		TABLETS WASTED		SIDE EFFECTS	Child referred to HF? (Y/N)
					PQZ	ALB/MEB	PQZ	ALB/MEB		
TOTAL:		Enrolled Male: Non-Enrolled Male:	Enrolled Female: Non-Enrolled Female:							

SEX: F = FEMALE, M = MALE PREGNANT: P = PREGNANT SIDE EFFECTS: S = SICK, R = REFUSED, A = ABSENT, F = FADING, D = DIZZINESS, A = ABDOMINAL PAIN, E = EARTHQUAKE, N = NERVOUSNESS, W = WOUNDING, H = HEADACHE, B = BURN, O = OTHER

NB: Remember sometimes people will be hidden in a household, for example because they have a disability or are sick. Remember to ask questions about if everyone is really recorded or identified to you. Reassure people that you won't tell other people who is in their household.



JOB AID FOR COMMUNITY BASED TREATMENT BY COMMUNITY DRUG DISTRIBUTORS

SECTION 2 (CENSUS DATA):

The second section of the summary form is to record the census data for the whole community.

- Number of enrolled school-aged males
- Number of non-enrolled school-aged males
- Number of adult males
- Total number of males
- Number of enrolled school-aged females
- Number of non-enrolled school-aged females
- Number of adult females
- Total number of females
- Total number of enrolled school-aged children (male + female)
- Total number of non-enrolled school-aged children (male + female)
- Total number of adults (male + female)
- Overall total



SCHISTO/STH COMMUNITY SUMMARY FORM

COUNTY _____ DISTRICT _____ HEALTH FACILITY _____

COMMUNITY _____ POPULATION _____ TARGET POP ADULT _____

MDA START DATE _____ MDA END DATE _____ TARGET SAC POPULATION _____

1st COMMUNITY DISTRIBUTOR _____ COMMUNITY DISTRIBUTOR SEX _____

2nd COMMUNITY DISTRIBUTOR _____ COMMUNITY DISTRIBUTOR SEX _____

Schistosomiasis Treatment Cycle: 1 2 3 4 5 6 7
Soil Transmitted Helminths Treatment cycle: 1 2 3 4 5 6 7

CENSUS DATA

Sex	Enrolled School aged children Population 5-14yrs	Non - Enrolled School aged children Population 5-14yrs	Adult 15yrs & above	Total
Male				
Female				
Total				

TREATMENT NUMBERS

Treated P20/ALB/MEB	Enrolled School aged children 5-14yrs	Non - Enrolled School aged children 5-14yrs	Adult	Total
Male				
Female				
Total number of People Treated				

NON-TREATMENT NUMBERS

Sex	Sick	Absent	Pregnant	Refused
Male				
Female				
Total				

SECTION 3 (TREATMENT NUMBERS):

In this section you should record a summary of the total treatments delivered within the community.

- Total number of enrolled school-aged males treated
- Total number of non-enrolled school-aged males treated
- Total number of adult males treated
- Total number of males treated
- Total number of enrolled school-aged females treated
- Total number of non-enrolled school-aged females treated
- Total number of adult females treated
- Total number of females treated
- Total number of enrolled school-aged children treated (male + female)
- Total number of non-enrolled school-aged children treated (male + female)
- Total number of adults treated (male + female)
- Overall total number of people treated



SCHISTO/STH COMMUNITY SUMMARY FORM

COUNTY _____ DISTRICT _____ HEALTH FACILITY _____

COMMUNITY _____ POPULATION _____ TARGET POP ADULT _____

MDA START DATE _____ MDA END DATE _____ TARGET SAC POPULATION _____

1st COMMUNITY DISTRIBUTOR _____ COMMUNITY DISTRIBUTOR SEX _____

2nd COMMUNITY DISTRIBUTOR _____ COMMUNITY DISTRIBUTOR SEX _____

Schistosomiasis Treatment Cycle: 1 2 3 4 5 6 7
Soil Transmitted Helminths Treatment cycle: 1 2 3 4 5 6 7

CENSUS DATA

Sex	Enrolled School aged children Population 5-14yrs	Non - Enrolled School aged children Population 5-14yrs	Adult 15yrs & above	Total
Male				
Female				
Total				

TREATMENT NUMBERS

Treated P20/ALB/MEB	Enrolled School aged children 5-14yrs	Non - Enrolled School aged children 5-14yrs	Adult	Total
Male				
Female				
Total number of People Treated				

NON-TREATMENT NUMBERS

Sex	Sick	Absent	Pregnant	Refused
Male				
Female				
Total				



JOB AID FOR COMMUNITY BASED TREATMENT BY COMMUNITY DRUG DISTRIBUTORS

SECTION 4 (NON-TREATMENT NUMBERS):

In this section you should record a summary of the people not treated within the community, and the reasons why.

- Number of males not treated because they were sick
- Number of males not treated because they were absent
- Number of males not treated because they refused
- Number of females not treated because they were sick
- Number of females not treated because they were absent
- Number of females not treated because they were pregnant
- Number of females not treated because they refused
- Total number of people not treated because they were sick (male + female)
- Total number of people not treated because they were absent (male + female)
- Total number of people not treated because they were pregnant (female)
- Total number of people not treated because they refused (male + female)



SCHISTO/STH COMMUNITY SUMMARY FORM				
COUNTY _____	DISTRICT _____	HEALTH FACILITY _____		
COMMUNITY _____	POPULATION _____	TARGET POP ADULT _____		
MDA START DATE _____	MDA END DATE _____	TARGET SAC POPULATION _____		
1 st COMMUNITY DISTRIBUTOR _____		COMMUNITY DISTRIBUTOR SEX _____		
2 nd COMMUNITY DISTRIBUTOR _____		COMMUNITY DISTRIBUTOR SEX _____		
<small>Schistosomiasis Treatment Cycle: 1 2 3 4 5 6 7</small>				
<small>Soil Transmitted Helminths Treatment cycle: 1 2 3 4 5 6 7</small>				
CENSUS DATA				
Sex	Enrolled School aged children Population 5-14yrs	Non - Enrolled School aged children Population 5-14yrs	Adult 15yrs & above	Total
Male				
Female				
Total				
TREATMENT NUMBERS				
Treated PZQ/ALB/MEB	Enrolled School aged children 5-14yrs	Non - Enrolled School aged children 5-14yrs	Adult	Total
Male				
Female				
Total Number of People Treated				
NON-TREATMENT NUMBERS				
Sex	Sick	Absent	Pregnant	Refused
Male				
Female				
Total				

SECTION 5 (THERAPEUTIC COVERAGE):

In this section, you should record the treatment coverage percentage for the community.

This should be the number of people treated in the community, divided by the target population in the community. This number should then be multiplied by 100 to get the percentage.



Therapeutic Coverage				
Therapeutic coverage of community	_____ %			
Adverse Event				
# of SAC with minor side effects				
# of SAC referred to HF (severe)				
Drug Management	# of tablets received in community	# of tablets distributed in community	# of tablets wasted	# of tablets remaining & returned to FLHF
PZQ				
ALB/MEB				
CDD PARTICIPATION				
Number of CDDs Involved		Total		
Male				
Female				

SECTION 6 (SIDE EFFECTS):

In this section you should record information on side effects within the community.

- Number of school-aged children with minor side effects
- Number of school-aged children referred to the health facility (indicating severe side effects)



Therapeutic Coverage				
Therapeutic coverage of community	_____ %			
Adverse Event				
# of SAC with minor side effects				
# of SAC referred to HF (severe)				
Drug Management	# of tablets received in community	# of tablets distributed in community	# of tablets wasted	# of tablets remaining & returned to FLHF
PZQ				
ALB/MEB				
CDD PARTICIPATION				
Number of CDDs Involved		Total		
Male				
Female				



JOB AID FOR COMMUNITY BASED TREATMENT BY COMMUNITY DRUG DISTRIBUTORS

SECTION 7 (DRUG MANAGEMENT):

- Number of tablets received in the community
- Number of tablets distributed in the community
- Number of tablets wasted
- Number of tablets remaining and returned to the health facility



Therapeutic Coverage				
Therapeutic coverage of community	_____ %			
Adverse Event				
# of SAC with minor side effects				
# of SAC referred to HF (severe)				
Drug Management				
	# of tablets received in community	# of tablets distributed in community	# of tablets wasted	# of tablets remaining & returned to FLHF
FZQ				
ALB/MEB				
CDD PARTICIPATION				
Number of CDDs Involved		Total		
Male				
Female				

SECTION 8 (CDD information):

In this section you should record information on the CDDs involved in the community treatment.

- Number of male CDDs involved
- Number of female CDDs involved
- Total number of CDDs involved (male + female)



Therapeutic Coverage				
Therapeutic coverage of community	_____ %			
Adverse Event				
# of SAC with minor side effects				
# of SAC referred to HF (severe)				
Drug Management				
	# of tablets received in community	# of tablets distributed in community	# of tablets wasted	# of tablets remaining & returned to FLHF
FZQ				
ALB/MEB				
CDD PARTICIPATION				
Number of CDDs Involved		Total		
Male				
Female				

ONCE YOU HAVE COMPLETED AND CHECKED ALL SECTIONS OF THE COMMUNITY SUMMARY FORM, YOU SHOULD SUBMIT IT TO THE HEALTH FACILITY.

