REPUBLIC OF KENYA – MINISTRY OF HEALTH

Community Health Services
"Afya Yetu, Jukumu Letu"

MINISTRY OF HEALTH

COMMUNITY TREATMENT AND TRACKING REGISTER

Register code...

NAME OF CHU:		**COUNTY:**	
MCHUL CODE:		**SUB COUNTY:**	
LINK FACILITY:		**WARD:**	
NAME OF CHV:		**LOCATION:**	
CHV CONTACT:		**SUB LOCATION:**	
NUMBER OF HHs:		**VILLAGE:**	
START DATE:		**END DATE:**	

INSTRUCTIONS ABOUT THE USE OF THE TOOL

DESCRIPTION

✔The Community Treatment and Tracking Register is **a diary** that is used to record the information on ICCM and other service deliveries during the household visitation.

What type of information is collected?

✔The basic information recorded is factual data based on what was assessed or treated through the CHV kits in the community, among households and/or individual (s) served. The Community Treatment and Tracking Register should be written or filled during the household visitation. The register is treatment for under 5s during household visits. For those above 5 years, pre-referral treatment given should be documented.

Who should fill?

✔CHVs/CHEW

When and to whom it should be submitted?

✔The Community Treatment and Tracking Register should be submitted to the CHA for summarization by 2nd of the following month.

LIST OF ACRONYMS

Acronym	Full Form
ABZ	Albendazole
ACT	Artemisinin-based Combination Therapy
ADR	Adverse Drug Reaction
iCCM	Integrated Community Case Management
LLIN	Long Lasting Insecticidal Net
MUAC	Mid-Upper Arm Circumference
ORS	Oral Rehydration Salts
mRDT	Malaria Rapid Diagnostic Tests
TEO	Tetracycline Eye Ointment

Basic Information

A	**Date of Data Collection**	Record as DD:MM:YY (e.g.) 30/04/19 the date when the household member receives a treatment service from a Community Health Volunteer
B	**Name of Patient**	Record at least **THREE names** of the patient (e.g.) James Karani Bosire.
C	**Patient Contact - Phone No.**	Indicate in this column the telephone number for the patient or closest person to enable tracing or follow-ups
D	**Household Number**	Record the household number
E	**Sex**	This should be recorded as M for male and F for female
F	**Age in Completed Years / Months/ Days**	Record the age of the household member at the last birth day, expressed in numbers. Age here must be indicated in years or months or days (record Y for years if age is more than 1 year e.g. 7 Y for 7 years, M for months if age is less than 12 months e.g. 10 M for 10 months and D for days if age is less than 30 days e.g. 16 D for 16 days)
G	**Slept under LLINs last night**	Indicate with a tick (✔) if the child slept under LLIN. Record (**X**) if not.
H	**Exclusive Breastfeeding**	Indicate with a tick (✔) if a child under 6 months is exclusively breastfed. Record (**X**) if not. Record **N/A** if the member is not a child under 6 months

Assessment for treatment

I	**Duration of illness (days)**	Indicate duration of illness in days
J	**Diarrhoea less than 14 days**	Indicate with a tick (✔) if the patient has had diarrhoea for less than 14 days. Record (**X**) if not.
K	**Temperature**	Record the temperature measured in degrees Celsius
L	**Fever**	Indicate with a tick (✔) if the patient has fever. Record (**X**) if not.
M	**Fever less than 7 days RDT done**	Indicate with a tick (✔) if the patient has had fever for less than 7 days with RDT done. Record (**X**) if not. Record **N/A** if the member has not had fever
N	**Fever less than 7 days RDT -ve**	Indicate with a tick (✔) if the patient has had fever for less than 7 days with RDT negative. Record (**X**) if RDT is not negative. Record **N/A** if the patient has not had fever or RDT has not been done
O	**Fever less than 7 days RDT +ve**	Indicate with a tick (✔) if the patient has had fever for less than 7 days with RDT positive. Record (**X**) if RDT is not positive. Record **N/A** if the patient has not had fever or RDT has not been done
P	**Fast breathing**	Indicate with a tick (✔) if the patient (0-59 months) has fast breathing. Record (**X**) if not. Record **N/A** if patient is not of 0-59 months

Referrals

Q	Cough of any duration	Indicate with a tick (✔) if the patient has been referred due to cough. Record (**X**) if patient has had cough but has not been referred. Record **N/A** if patient has not had cough.
R	Diarrhoea for 14 days or more	Indicate with a tick (✔) if the patient has been referred due to diarrhoea for 14 days or more. Record (**X**) if patient has had diarrhoea for 14 or more days but has not been referred. Record **N/A** if patient has not had diarrhoea or has had diarrhoea for less than 14 days
S	Blood in stool	Indicate with a tick (✔) if the patient has been referred due to blood in stool. Record (**X**) if the patient has had blood in stool but has not been referred. Record **N/A** if patient has not had blood in stool
T	Fever for 7 days or more (RDT+ve or -ve or not done)	Indicate with a tick (✔) if the patient has been referred due to fever for 7 days or more (RDT positive or negative or not done). Record (**X**) if the patient has had fever for 7 days or more but has not been referred. Record **N/A** if the patient has not had fever or has had fever for less than 7 days
U	Convulsions	Indicate with a tick (✔) if the patient has been referred due to convulsions. Record (**X**) if the patient has had convulsions but has not been referred. Record **N/A** if the patient has not had convulsions.
V	Not able to drink or feed at all	Indicate with a tick (✔) if the patient has been referred due to inability to drink or feed. Record (**X**) if the patient has not been able to drink or feed at all but has not been referred. Record **N/A** if the patient has not experienced inability to drink or feed at all
W	Vomits everything	Indicate with a tick (✔) if the patient has been referred due to vomiting everything. Record (**X**) if the patient has had vomiting of everything but has not been referred. Record **N/A** if the patient has not experienced vomiting everything
X	Chest in-drawing	Indicate with a tick (✔) if the patient has been referred due to chest in-drawing. Record (**X**) if the patient has had chest in-drawing but has not been referred. Record **N/A** if the patient has not had chest in-drawing
Y	Unusually sleepy or unconscious	Indicate with a tick (✔) if the patient has been referred due to being unusually sleepy or unconscious. Record (**X**) if the patient has been unusually sleepy or unconscious but has not been referred. Record **N/A** if the patient has not been unusually sleepy or unconsious
Z	Yellow on MUAC	Indicate with a tick (✔) if the child (6-59 months) has been referred due to moderate malnutrition (yellow). Record **(X)** if the child (6-59 months) has had moderate malnutrition but has not been referred. Record **N/A** if the patient is a child (6-59 months) but has not had moderate malnutrition or is not a child of that age
AA	Red on MUAC	Indicate with a tick (✔) if the child (6-59 months) has been referred due to severe malnutrition (red). Record (**X**) if the child (6-59 months) has had severe malnutrition but has not been referred. Record **N/A** if the patient is a child (6-59 months) but has not had severe malnutrition or is not a child of that age
AB	Swelling of both feet	Indicate with a tick (✔) if the patient has been referred due to swelling of both feet. Record (**X**) if the patient has had swelling of both feet but has not been referred. Record **N/A** if the patient has not had swelling of both feet
AC	Immunization required	Indicate with a tick (✔) if the child (0-11 months) was referred for immunization. Record (**X**) if the child (0-11 months) was not referred for immunization. Record **N/A** if the member is not a child of 0-11 months

AD	**New-born danger signs present**	Indicate with a tick (✔) if a new-born has been referred due to danger signs. Record (**X**) if a new-born has had danger signs but has not been referred. Record **N/A** if the member is not a new-born

Treatment/Management

AE	**Zinc and ORS (Co-pack)**	Indicate with a tick (✔) if the child has diarrhea and has been managed with Zinc and ORS (Co-pack). Record (**X**) if the child has diarrhea and has not been managed by Zinc and ORS(Co-pack)
AF	**ORS (20.5g/ltr); Sachets**	Indicate the number of ORS sachets dispensed

AG	ZINC (20mg)' Tabs	Indicate the number of Zinc tablets dispensed
AH	AMOXYCILLIN DTS	Indicate the number of Amoxycillin tablets dispensed
AI	MRDT	Indicate the number of mRDTs dispensed
AJ	ACTs (6s)	Indicate the number of ACT (6s)dispensed
AK	ACTs (12s)	Indicate the number of ACT (12s)dispensed
AL	ACTs (18s)	Indicate the number of ACT (18s)dispensed
AM	ACTs (24s)	Indicate the number of ACT (24s)dispensed
AN	Albendazole (ABZ); Tabs	Indicate the number of Albendazole tablets dispensed
AO	Paracetamol; Tabs	Indicate the number of Paracetamol tablets dispensed
AP	Tetracycline Eye Ointment (TEO); 1%; tube	Indicate the number of Tetracycline Eye Ointment tubes dispensed
AQ	Injuries and wounds managed	Indicate with a tick (✔) if the patient had injuries or wounds and was treated. Record (**X**) if not.
AR	Counselled	Indicate with a tick (✔) if the patient was counselled. Record (**X**) if not.
AS	Treated within 24 hrs of illness onset	Indicate with a tick (✔) if the patient has been treated within 24 hours of onset of illness. Record (**X**) if not.

Outcome

AT	Date of 1st Follow up	Record the day of first follow-up as DD:MM:YY (e.g.) 31/07/14
AU	Referral compliance within 24 hours	Indicate with a tick (✔) if the patient has complied with the referral within 24 hours. Record (**X**) if not.
AV	Referral compliance more than 24hrs	Indicate with a tick (✔) if the patient has complied with the referral more than 24 hours. Record (**X**) if not.
AW	Adverse Drug Reaction (ADR)	Indicate with a tick (✔) if adverse drug reaction (ADR) occurred. Record (**X**) if not.
AX	Defaulted on: 1=Treatment; 2=referral	Indicate with "1" if the patient has defaulted on treatment and "2" if defaulted on referral
AY	Recovered	Indicate with a tick (✔) if the patient has recovered. Record (**X**) if not.

AZ	Died	Indicate with a tick (✔) if the patient has died. Record (**X**) if not.
	Remarks	Any comments

Community Treatment and Tracking Register

	Basic information								Assessment for treatment								Referrals					
Date of Data Collection (Record as DD:MM:YY e.g. 30/04/19)	Name of Patient	Patient Contact - Phone No.	Household Number	Sex (M/F)	Age in Completed Years / Months/ Days	Slept under LLINs last night (✔/X)	Exclusive breastfeeding (✔/X/ N/A)	Duration of illness (days)	Diarrhoea less than 14 days (✔/X)	Temperature	Fever (✔)	Fever less than 7 days RDT done (✔/X/ N/A)	Fever less than 7 days RDT +ve (✔/X/ N/A)	Fever less than 7 days RDT -ve (✔/X/ N/A)	Fast breathing (✔/X/ N/A)	Cough of any duration (✔/X/ N/A)	Diarrhoea for 14 days or more (✔/X/ N/A)	Blood in stool (✔/X/ N/A)	Fever for 7 days or more (RDT+or -or not done)	Convulsions (✔/X/ N/A)	Not able to drink or feed at all (✔/X/ N/A)
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
Total																					

Community Treatment and Tracking Register

Referrals								Treatment/Management														Outcome							
Vomits everything (✔)	Chest in-drawing (✔/X/ N/A)	Unusually sleepy or unconscious (✔/X/ N/A)	Yellow on MUAC (✔/X/ N/A)	Red on MUAC (✔/X/ N/A)	Swelling of both feet (✔/X/ N/A)	Immunization required (✔/X/ N/A)	New-born danger signs present (✔/X/ N/A)	Zinc and ORS (Co-pack) (✔/X)	ORS(20.5g/ltr); Sachets (✔/X)	ZINC (20mg)` Tabs (✔/X)	AMOXYCILLIN (DT) (✔/X)	mRDT	ACTs (6s)	ACTs (12s)	ACTs (18s)	ACTs (24s)	Albendazole (ABZ); Tabs	Paracetamol; Tabs	Tetracycline Eye Ointment (TEO); 1%; tube	Injuries and wounds managed (✔/X)	Counselled (✔/X)	Treated within 24 hrs of illness onset (✔/X)	Date of 1st Follow up (✔)	Referral compliance within 24 hours (✔/X)	Referral compliance more than 24hrs (✔/X)	Adverse Drug Reaction (ADR) (✔/X)	Defaulted on: 1=Treatment; 2=referral	Recovered (✔/X)	Died (✔/X)	Remarks
W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	