Standard Operational Procedure (SOP)  
On Day-3 (+) Intensified Pf Malaria Case  
Management at Health Facility and at Community  

By  

CNM, WHO, and CAP-Malaria  

September, 2012
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1. Introduction

In Cambodia, web based Health Information System (HIS) and Malaria Information System (MIS) are the two crucial tools to understand the malaria magnitude. In addition, the National Center for Parasitology, Entomology, and Malaria Control (CNM) in Cambodia has been monitoring the efficacy of antimalarial treatment since 1991.

Evidence of emerging the *Artemisinin* parasites resistance along Cambodian-Thai border, since 2006, has made national and international concerned on the risk of spreading the resistant strains globally, and it will devastate the impact gained through current intensified malaria control and elimination effort.

To respond to the situation, several strategies are developed and implemented such as maintaining high coverage of ITN for population in containment zones and making widely access to early diagnosis and appropriate treatment in public health facility and in community. Moreover, the active case management of malaria affecting with resistant strains are becoming an important strategy in containing and eliminating those parasites resistant strains.

In order to effectively contain the current threat of the *Artemisinin* resistant *falciparum* parasites, the active, effective, and intensified case management system has been established and maintained the function of adequate supports and effective monitoring.

The great success of VMW in early cases detection and treatment (EDAT) in Cambodia has been motivated CNM, WHO, and NGOs partners to explore a comprehensive intensified day-3 case management system by the community and the health facility. These intensified day-3 case management and artemisinin containment response aim to underpin the elimination effort in mitigating and decreasing malaria incidence in the target places/villages where infected case(s) with potential resistant parasites is/are identified through appropriate responses (e.g. active case detection and treatment, maintained high coverage of ITN with/without additional Indoor Residual Spray (IRS) intervention. The project had been piloting since September, 2010 to follow up cases from Day-0 to Day-3, and then from June 2011 onward, all cases remained positive on Day-3 have been followed up until Day-28.

The overall objective of the community-health facility malaria Pf intensified case management is to contribute in mitigating, containing the potential spread of, and eventually eliminating falciparum parasites resistance to Artemisinin derivative from the emerging area to other areas, nationally and internationally. The specific objectives are: (1) to provide strategic approach for concerning partners involving in malaria intensified case management and (2) to guide the development of future strategic intervention.

Therapeutic efficacy study (TES) results indicated the evidence of artemisinin resistance occurred along the Cambodian-Thai border areas (zone 1). Day-3 surveillance is encouraging to conduct in the buffer areas of drug resistance (zone 2) and the rest of malaria endemic area (zone 3). However, the intensified Day-3 positive case management is highly recommended in all malaria endemic areas in Cambodia. Therefore, a comprehensive and integrated screening activities surrounding Day-3 case in the villages are strongly advocated.
2. Objective
- Use as standardize manual for national program and partners
- Tracking and monitoring quality surveillance system and effective response

3. Strategy and Methodology

3.1 Stepwise Approach
Different steps are noted in terms of case identification; cases verification, case notification, investigation and containment response. A comprehensive practical intervention will be taken when D3 positive is notified.
3.2 Inclusion Criteria

All malaria patients contracted by Pf or Mix by RDT or Microscope and fulfill the following conditions:
- Be simple malaria which is manageable by VMW/MMW (exclude: severe, pregnancy, U5…)
- No history taken antimalarial drugs within the last 28 days
- Voluntarily accepted VMWs/MMWs visit to their house and agree to appointment time
- Be accessible by VMWs
- Completed three days DOT (uncompleted DOT will be excluded from analysis)

All exclude cases will get treatment as routine practice: DOT on day-1 and get two doses to take at home.

3.3 Drugs regimens

- First line: DHA-PIP for three days (A+M if applicable)
- Second line: Quinine +/- Tetracycline/Doxycycline
Ensuring correct treatment and completed 3 days DOT

Patient took DHA-PIP

Day-0 at VMW’s house

Day-1 & 2 at Patient’s house

**VMW:**
- Providing DHA-PIP using treatment chart, dosage based on body weight
- Must follow up the patients during his/her swallowing DHA-PIP and 1 h thereafter, if vomiting occur, giving another dose (DOT)
- Must record properly in CIF on DHA-PIP dosage separately on Day-0, Day-1 and Day-2
- Be aware of important of drug compliance for treatment success and prevent drug resistance
- Be aware of information crosscheck directly from the patient with focus on DOT by HC staff, ODMS and Partner
- Be aware of financial support cut if not properly conduct his/her job regarding DOT
- Get clarification on how DOT had been done during monthly meeting, feedback result meeting and through phone calls

**Lab staff:**
- When parasite remained positive on Day-3, lab staff called VMW to clarified on patient’s compliance

**Malaria staff at HC:**
- Discussion on issue related to DOT during monthly meeting and emphasis on the important of completed three days DOT
- Selected 3 cases per month for DOT crosscheck directly from the patients through phone calls and 3 cases in person at patient’s house using CIF Day-0 to Day-3 (annex 1)

**ODMS and Partner/CNM:**
- Selected 5 cases per quarter for DOT crosscheck directly from the patients through phone calls and 5 cases in person at patient’s house using check list on intensified case management part A (annex 10)
- Interview Day-3(+) patient on DOT and other history related to malaria during intervention
4. Practical Approaches

**Roles and Responsibilities of key actors**

**VMW**
- Enrolled Pf/P. Mix simple cases
- Making slides, patient follow-up, completing CIF
- Provide DOT of DHA-PIP (Day-0 at VMW’s house, Day-1&2 preferably at patient’s house)
- Send slides and CIFs to HC
- Send patients to HC for severe or treatment failure cases
- Actively participate in intervention surrounding index day-3(+) cases

**OPD staff:**
- Enrolled Pf/P. Mix simple cases
- DOT first dose of DHA-PIP
- Give two other doses of DHA-PIP to the patient
- Refer the patient with referral letter to VMW at his/her villages

**IPD staff:**
- Admit and assess referral case
- Provide second line treatment to patient with 7 days quinine +/- Tetracycline with DOT
- Slide fixing, staining and reading
- Lab results recorded
- Send SMS for Day-3(+) case to stakeholders
- Phone call to VMW for Day-(+), Day-7(+) or Day-28(+) and to clarify other information
- On the job training to VMW
- Attend VMW’s monthly meeting
- Participate in intervention surrounding index case
- Data collection and validation
- Reinforce VMW on smear making, fill in CIF and DOT
- Communication between field and central level levels
- Organizing surrounding index case intervention
- Regular field visit
- Feedback meeting
- Quarterly visit to VMWs and HFs
- Microscopic results and patient’s DOT cross-checked
- Conducting IRS
- Data entry and analysis
- Reportings
- Organizing meetings held at different levels

**Partners**
**Resources and Technical support**
- HF’s Lab staff
- OD/PHD/CNM

4.1. Roles of community volunteer (VMW)

VMW will perform RDT test to all suspected malaria patients who come to his/her house as his/her routine activity (RDT only for pre-treatment diagnosis)

For Pf or Mix cases that fulfill inclusion criteria, VMW will enroll them and conduct extra activities as the following:

- Making slides, patient follow-up, completing patients record forms (annex1. CIF Day-0 to Day-3)
- DOT support to ensure treatment adherence (Day-0 at VMW’s house, Day-1&2 preferably at patient’s house): VMW observe patient for one hour after taking DHA-PIP, if patient vomit, VMW will give one full dose to the patient
- Send slides and CIFs to HC
- In cases the patient remained parasitemia positive on Day-3, VMW will follow the patient on Day-7 and Day-28. In cases the patient remained parasitemia positive on Day-7 or Day-28 and or patients having malaria symptoms within this period, the VMW will refer the patient immediately for second line treatment at health facility.
- Actively participate in intervention surrounding index day-3(+) cases
- Participate in monthly meeting, feedback results meetings
- Participate in on the job training or refresher trainings

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**VMW’s Practical Approach**

<table>
<thead>
<tr>
<th>Day-0 VMW house</th>
<th>Day-1 Patient house</th>
<th>Day-2 Patient house</th>
<th>Day-3* Patient house</th>
<th>Day-7** Patient house</th>
<th>Day-28** Patient house</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOT Slide CIF</td>
<td>DOT CIF</td>
<td>DOT CIF</td>
<td>Slide CIF To HC</td>
<td>Slide CIF To HC</td>
<td>Slide CIF To HC</td>
</tr>
</tbody>
</table>

* In case smear on Day-3 is positive *Pf*, VMW will make smear on Day-7 & Day-28
** In case patient have malaria symptoms or smear is (+) on Day-7 or Day-28, VMW will refer the patient for second line treatment at HC
4.2. Roles of health facility OPD
- Testing malaria suspected patient by laboratory unit (Smear Day-0)
- In case of pf malaria is confirmed and patient is fulfilling inclusion criteria, OPD staff has to:
  o Providing first dose of DHA-PIP with direct observe therapy (DOT) approach
  o Filling referral letter from HF to VMW (see annex5)
  o Giving another two doses of DHA-PIP and referral letter to the patient
  o Giving advice to the patient to bring the letter to VMW in his/her village
  o Calling to the concerned VMW to inform above the referral patient

4.3. Roles of health facility laboratory
- Precisely record in the case investigation form (CIF in annex 2) and lab registration book:
  o The date of receiving slides
  o The date of reading slides
  o Malaria species and number of parasites count per microliter
  o Present or absent of gametocyte form
- Real time alert system:
  o Send SMS of all Day-3 positive cases, immediately after slides reading to central server database (see annex2)
  o SMS receivers: CNM, MC, PMS, ODMS, URC
  o Calling to concerning VMW to inform above those cases
  o Alternative to SMS is mHealth
- Training and on the job training to VMWs
  o Smear making during the first training at HC and in monthly meetings if required
  o Smear making at VMW house during supportive visits

4.4. Roles of operational and central levels
- HF chief and malaria key person
  o Supervision visit using check list CIF (annex 2) and on the job training to VMWs
  o Monthly meeting with VMWs
  o Data validation and crosschecking and feedback with focus on DOT
  o Intervention in cases of Day-3(+), Day-7(+) and Day-28(+)
- ODMS/PMS
  o Supervision visit using check list on intensified case management part A(annex10), part B(annex11) and technical support
  o DOT crosscheck and patient’s information crosscheck
Data management: Data collection, entry and analysis and reporting
Intervention in cases of Day-3(+), Day-7(+) and Day-28(+)
DOT crosscheck and patient’s information crosscheck

- CNM Technical Bureau
  Overall management of the program
  Technical support and supplies including RDT, microscopic materials and Drugs
  Supervision visit using check list on intensified case management part A(annex10) and part B(annex11)

4.5. Partners (URC/WHO/MC)
- Technical Support
  Training and on the job training on smear making, filling CIF, DOT and follow up
  Monthly meeting with VMWs and feedback
- Material and Supplies
  Necessary lab material/reagent, waste management containers, material for cases management
  Intervention in cases of Day-3(+), Day-7(+) and Day-28(+)
- Financial support
  Compensation package for VMW conducting treatment follow up and sending slides and CIF to HC
  Communication: air times for mobile phone for VMW and health facilities staff
  Quarterly dissemination result workshops

5. Containment response
5.1 Index case (Day-3 positive cases)

5.1.1 Follow up of Index case
As Day-3+ case had been highly considered as an early warning sign of Artemisinin resistance parasite, thus follow up this case was crucial to contain the spreading of parasite resistance. In this situation, VMW has to follow up the patient thoroughly: (1) if patient had no symptom on Day-3, VMW will visit the patient on Day-7 and then on Day-28, (2) in case the patient had symptom, VMW must refer patient to nearest HF.

5.1.2. Second line malaria treatment
For Day-3 positive case if symptom persists or patient condition worsen (Early clinical treatment failure) and also when Day-7 and or Day-28 test is still positive (Parasitological failure), the second line treatment is needed and patient must be treated at HF.
5.1.3. Exploration for detail information of the index case
The exploration will focus on patient’s travel history, treatment history and knowledge and practice using CIF D-0/3, D7 by ODMS.

5.2 Intervention Surrounding Index Cases
At this stage, Day-0 positive cases remain high in some places. Therefore, it is challenging to conduct intervention surrounding the Day-0 index case. It is feasible to implement intervention surrounding Day-3 index cases as described in the chart below.

* 40 are residential, all MMP presented during the screening will be added up

5.2.1 Active cases detection surrounding Day-3(+) cases
Active case detection and prompt treatment by screening 40 people (About 10 HHs) living surrounding the index case (D3 positive case). Additional screening would be implemented outside the village if recent traveling history of the index case indicates possible transmission beyond the cluster of his/her HH. For instance, the case moves often to do farming far from home. In this case screening of relevant farm workers (including migrant workers) is vital. The screening and treatment will be conducted by VMWs under supervision of HC staff. See annex1 on how to select 40 people surrounding index case.

5.2.2 Provision of treatment for positive cases finding
All positive cases by RDT and or Microscopic will be treated in accordance with national malaria guideline. For Pf or Mix case will be included in the community day-3 surveillance by concern VMW.
5.2.3 Provision of preventive measures/HE

Ensure availability of BCC services: Health education session, Distribution of IEC material, activities of VHV/VMW, etc. Health message on malaria prevention and treatment will be provided through individual or group session on spot.

5.2.4. Ensure high coverage of LLIN/ LLHIN

During these activities, assessment on LLINs coverage is included and provision of extra LLINs for local residents and mobile and migrant population could be done at the same time using national ratio of 1 LLINs/person.

5.2.5. Indoor Residual Spraying (IRS)

The spraying is conducted in households located surrounded the index case’s house by using the radius of 500m. Practically, 10-20 households receive IRS per index case. The complementary distribution repellents should be considered.

5.3. Recording/reporting

5.3.1. Recording

- Registration book: Use new VMW’s monthly recording book as screening record book. This record is kept by HC staff for specific screening record (see annex3).
- Record all pre-list/presumed 40 screened persons plus mobile and migrant population who were not counted in the list.
- All suspected cases (positive/negative) must be recorded in the VMWs’ own recording book for adjusting balance of RDT/Duo-Cotexcin

5.3.2. Summary report:

The summary report of the intervention will be written by HC/OD/ODC (see annex9)

6. Supplies and Financial Supports

6.1. Supplies for routine activities

- RDT and Drugs: by routine system, from CMS to OD to HC to VMWs
- Reagents and Lab material: by routine system, from CMS to OD to HC to VMWs. However, NGOs should fill in gaps as temporally basic.

<table>
<thead>
<tr>
<th>No</th>
<th>Description</th>
<th>Unit</th>
<th>Nature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alcohol 70 %</td>
<td>Litre</td>
<td>Consummable</td>
</tr>
<tr>
<td>2</td>
<td>Alcohol cotton can</td>
<td>Can</td>
<td>Long lasting</td>
</tr>
<tr>
<td>3</td>
<td>Purified cotton balls</td>
<td>Pack</td>
<td>Consummable</td>
</tr>
<tr>
<td>4</td>
<td>Blood lancet (box of 200 pieces)</td>
<td>Box</td>
<td>Consummable</td>
</tr>
<tr>
<td>5</td>
<td>Microscope slides (box of 72 slides)</td>
<td>Box</td>
<td>Consummable</td>
</tr>
<tr>
<td>6</td>
<td>Slide's box (100 slides/box)</td>
<td>Box</td>
<td>Long lasting</td>
</tr>
<tr>
<td>7</td>
<td>Non-sterilezed glove (roll of 200g)</td>
<td>Roll</td>
<td>Consummable</td>
</tr>
<tr>
<td>8</td>
<td>Tray (18 cm x 25 cm)</td>
<td>Piece</td>
<td>Long lasting</td>
</tr>
</tbody>
</table>
### 6.2. Supplies for intervention surrounding index case

**Materials/drugs (for one index case)**

- RDT: 3 boxes;
- DHA-PIP: 10 blisters;
- IEC materials: flipchart 2
- Microscope: 1
- Slides: 2 boxes (box of 72)
- Slides box (of 100): 1
- Safety box: 1
- Alcohol cotton box: 1
- Non-sterilize glove: 2 boxes (box of 50 pairs)
- Tray: 2 (18cmx25cm)
- Cotton ball: 2 plastic bag (of 100 gram)
- VMW recording book: 2 (include pens/pencils/bank book)
- A3 poster on LLINs use: 10

**Human resources**

- 1 ODMS, 1 HC staff,
- 1 lab technician
- 2 VMWs/MMWs + 1 Village chief
- 1 PC/ODC
- 1 driver

**Transport/support**

- 1 car+- local transport
- Partner for financial
- MOH for Consumable

**Timeframe**

- One index case shall be conducted this above mentioned activities in one day
- Report shall be send to the coordination team (OD/MTO) within two week after accomplishing activities.
7. Monitoring and Supervision and Information sharing

7.1. Supportive supervision:
- Monthly visit to selected village from HC staff using CIF (annex 2)
- Monthly visit to selected village from ODMS/PMS staff using checklist on Intensified Case Management part A&B (annex 10)
- Semester visit to selected village from CNM staff using checklist on Intensified Case Management part A&B&C (annex 10)

7.2 Appropriate treatment according to NTG and DOT crosschecking
- HC staff: during the supportive supervision and direct interview with patients through phone call or head to head (selected patients) using CIF
- ODMS/PMS/CNM/Partner: Randomly selected patients for crosschecking using check list on intensified case management part A&B (annex10)

7.3. Information sharing:
- Quarterly feedback and technical guidance: VMWs, HC
- Annual dissemination of feedback results: HC, OD, PHD, CNM, Partners

8. References
- Evaluation of community and health facility bases system for surveillance of cases of day-3 positive plasmodium falciparum in Cambodia (Jonathan Cox 2011)
- Global report on antimalarial drug efficacy and drug resistance: 2000-2010
- TES of CNM from 2008
- Pilot project of community-day-3 (+) Pf surveillance in Cambodia, containment project 2009-2011
10. Annexes

Annex 1. CIF Day-0 to Day-3 fill by VMW

Community Surveillance Case Investigation Form from Day-0 to Day-3

This page fills in by VMW:

- Patient’s Name: ........................................... Age: ...................... Sex □ Male □ Female
- Patient’s Phone number: ........................................... or Relative Phone: ..................................................
- Current Address: (village that patient stay during treatment course, mostly in the same VMW’s village)
  Village: ........................................... Commune: ....................... District: ....................... Province: .......................  
- Location of overnight stay during the past 30 days:  □ In the village □ In the forest/farm
  Village 1: ........................................... Commune: ....................... District: ....................... Province: .......................  
  Village 2: ........................................... Commune: ....................... District: ....................... Province: .......................  
- Permanent Address: (officially registered with local authority)
  Village: ........................................... Commune: ....................... District: ....................... Province: .......................  

Past History of Malaria Treatment:

- Have you ever been treated for malaria before? □ Yes, □ No □ Not remember
- If yes, duration from then until now: ........................................... days
- Duration of taken drugs: ........................................... days □ Not remember
- Antimalarial name: ........................................... □ Not known/not remember

Patient’s Condition:

- Temperature: ........................................... (°C) Weight: ........................................... (kg)
- □ Fever: ........................................... days □ Chill: ........................................... days □ Sweating: ........................................... days □ Headache: ........................................... days
- Other signs: .............................................................................................................................................  

RDT Result: □ Pf □ Pf+I-Other Species

Smear Before Treatment (Slide Day-0):

- Day-0 slide: Day.............Month.............Year.............Time: ...........................................  

Malaria Regimen (by direct observed therapy “DOT” approach): Duo-Cotecxin 240/40 # tables

- Day-0 Treatment: Day.............Month.............Year.............Time: ...........................................  
- Day-1 Treatment: Day.............Month.............Year.............Time: ...........................................  
- Day-2 Treatment: Day.............Month.............Year.............Time: ...........................................  

Smear After Treatment (Slide Day-3):

- Day-3 slide: Day.............Month.............Year.............Time: ...........................................  

Slides handed to HC lab staff by VMW: Day.............Month.............Year.............Time: ...........................................  

VMW’s Name: ........................................... Phone: ........................................... Signature: ...........................................  

Remarks: please send this paper together with slide day-0 and slide day-3 to health centre on day-3 or soon after that.
Annex 2. CIF Day-0 to Day-3 fill by Lab staff

Community Surveillance Case Investigation Form from Day-0 to Day-3

This page fills in by laboratory staff

- Date of Receiving Slides: \[\text{Day} \ldots \text{Month} \ldots \text{Year} \ldots \text{Time}\]

Slide before treatment (Slide Day-0):
- Thick smear (☐ Good, ☐ Poor) Thin smear (☐ Good, ☐ Poor) ☐ Broken/Lost

Slide after treatment (Slide Day-3):
- Thick smear (☐ Good, ☐ Poor) Thin smear (☐ Good, ☐ Poor) ☐ Broken/Lost
- Date of Reading Slides: \[\text{Day} \ldots \text{Month} \ldots \text{Year} \ldots \text{Time}\]

Slide Day-0 results:
- ☐ Pf (\ldots/\mu l) ☐ P+Pf (\ldots/\mu l) ☐ P- Negative ☐ Gametocyte(+) ☐ Gametocyte(-)

Slide Day-3 results:
- ☐ Pf (\ldots/\mu l) ☐ P+Pf (\ldots/\mu l) ☐ P- Negative ☐ Gametocyte(+) ☐ Gametocyte(-)

SMS Code for Day-3 (+) Case:

<table>
<thead>
<tr>
<th>OD Code</th>
<th>Space</th>
<th>Code of Patient's Current Address</th>
<th>Space</th>
<th>Name Age Sex</th>
</tr>
</thead>
</table>

- Name of Person sending the SMS: .................................................. Position: ..................................................
- Date of sending SMS: \[\text{Day} \ldots \text{Month} \ldots \text{Year} \ldots \text{Time}\] ..................................................
- Phone sending SMS: ........................................................................
- Phone receiving SMS: ........................................................................
- The sender had received “Thank You” message within 1 hour: ☐ Yes ☐ No (if no, please send it again)

Date of completing the form by lab staff:
- \[\text{Day} \ldots \text{Month} \ldots \text{Year}\] ..........................

Lab Staff’s Name: ............................................................ Phone: .......................................................... Signature: ..........................................................

Date of completing data entry by OD Health Information Officer:
- \[\text{Day} \ldots \text{Month} \ldots \text{Year}\] ..........................

Lab Staff’s Name: ............................................................ Phone: .......................................................... Signature: ..........................................................
Annex 3. CIF Day-7

Case Investigation Form Day-7

code ........................................

1. General information

- Health Centre's Name:........................, Operational District:...........................Province:......................

- Lab staff Name:.............................., Phone number:..............................

<table>
<thead>
<tr>
<th>OD Code</th>
<th>Space</th>
<th>Code of Patient's Current Address</th>
<th>Space</th>
<th>Name Age Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Follow up clinical signs and Symptoms

Tick (P) in correct box

<table>
<thead>
<tr>
<th>Day-4</th>
<th>Day-5</th>
<th>Day-6</th>
<th>Day-7 (meet patient)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever/Temperature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thrill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Assessing Patient's Knowledge and Practice on Malaria Services

Record number in the answer box (answer more than one is possible) Answer

What cause malaria? (1) Female Anopheles,( 2) Others

What type of net do you have? (1) LLIN, (2) Impregnated, (3) Conventional

How often do you slept under LLINs at night? (1) regularly, (2) irregularly, (3) never

In the past, where did you get malaria treatment? (1) VMW, (2) Public HF, (3) Clinic, (4) Drugs store

Which place do you prefer most? (1) VMW, (2) Public HF, (3) Clinic, (4) Drugs store

Do you know how to take antimalarial correctly? (2) compete dose and timely, (2) by own feeling

Now, have you had plan to go far away from here? (1) No, (2) in the coming weeks, (3) in >1month

4. Smear Making and Sending to Health Centre

- Day-0 date :................................./................................./.................................

- Day 7(Day-0+7) :................................./................................./.................................

- Slide send to HC :................................./................................./.................................

- VMW’s Name:................................., Phone Number:.................................

5. Laboratory record

- Date received slide :................................./................................./.................................

- Reading slide :................................./................................./.................................

- Lab Results : □ Pf □ Pv □ Pf+Pv □ Negative

- Parasite density :................................./μl

- Gametocytes : □ Positive □ Negative

Lab technician:................................., Phone number:.................................
Annex4. CIF Day-28

Case Investigation Form Day-28

code

1. General information
- Health Centre’s Name:......................, Operational District:......................Province......................
- Lab staff Name:......................, Phone number:......................

<table>
<thead>
<tr>
<th>OD Code</th>
<th>Space</th>
<th>Code of Patient’s Current Address</th>
<th>Space</th>
<th>Name Age Sex</th>
</tr>
</thead>
</table>

2. Follow up clinical signs and Symptoms

<table>
<thead>
<tr>
<th>Tick (P) in correct box</th>
<th>Week 2 (Day-8-14)</th>
<th>Week 3 (Day-15-21)</th>
<th>Week 4 (Day-22-27)</th>
<th>Day-28 (meet patient)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever/Temperature</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thrill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Assessing Patient’s Knowledge and Practice on Malaria Services

<table>
<thead>
<tr>
<th>Record number in the answer box (answer more than one is possible)</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have ever heard of who didn’t cure from malaria? (1) Yes, (2) No</td>
<td></td>
</tr>
<tr>
<td>What are the reasons s/he didn’t cure? (1) Didn’t get correct treatment, (2) get treatment very late, (3) other:</td>
<td></td>
</tr>
<tr>
<td>Do you have ever heard of drug resistance? (1) Yes, (2) No</td>
<td></td>
</tr>
<tr>
<td>What are factors contribute to drug resistance? (1) Poor compliance, (2) Fake/substandard drugs, (3) Inappropriate prescription, (4) Others:</td>
<td></td>
</tr>
<tr>
<td>Do you know how to preserve drug from getting resistance? (1) Good compliance, (2) Effective drugs, (3) Appropriate prescription, (4) Others:</td>
<td></td>
</tr>
<tr>
<td>What are the benefits of early diagnosis and prompt treatment? (1) Cure from malaria, (2) Save money, (3) Others:</td>
<td></td>
</tr>
<tr>
<td>Now, have you had plan to go far away from here? (1) No, (2) in the coming weeks, (3) in &gt; 1month</td>
<td></td>
</tr>
</tbody>
</table>

4. Smear Making and Sending to Health Centre
- Day-0 date:.................................
- Day 7 (Day-0+7):.................................
- Slide send to HC:.................................
- VMW’s Name:................................., Phone Number:.................................

5. Laboratory record
- Date received slide:.................................
- Reading slide:.................................
- Lab Results: □ Pf □ Pr □ Pf+Pr □ Negative
- Parasite density:................................./µl
- Gametocytes: □ Positive □ Negative
Lab technician:................................., Phone number:.................................
Annex 5. CRF from HF to VMW

Community-Health Facility Day-3(+) Pf Surveillance
Referral Form from Health Centre to VMW

This page fills in by Out Patient Department (OPD) staff:

- Health Facility Name: ........................................ OD: ........................

- Patient’s registration number (OPD recording book): .................. Date: .......... / .......... / ................

- Patient’s Name: ........................................... Age: ................... Sex ☐ Male ☐ Female

- Patient’s Phone number: .................................. or Relative Phone: ........................................

- Current Address: (village that patient stay during treatment course, mostly in the same VMW’s village)

- Location of overnight stay during the past 30 days: ☐ In the village ☐ In the forest/farm
  Village1: ........................................ Commune: .................. District: ............... Province: ................

- Permanent Address: (officially registered with local authority)

Past History of Malaria Treatment:

- Have you ever been treated for malaria before? ☐ Yes, ☐ No ☐ Not remember

- If yes, duration from then until now: .................. days

- Duration of taken drugs: .................. days ☐ Not remember

- Antimalarial name: ........................................... ☐ Not known/not remember

Patient’s Condition:

- Temperature: ..................(°C)  Weight: ..................(kg)

☐ Fever: .................. days  ☐ Chill: .................. days  ☐ Sweating: .................. days  ☐ Headache: .................. days

- Other signs: .................................................................................................................................

Microscopic Result:

☐ Pf  ☐ Pf+Pv

Smear Before Treatment (Slide Day-0): Date of Day-0 slide: .......... / .......... / ................

Malaria Regimen (by direct observed therapy ‘DOT’ approach): Duo-Cotecx in 240/40 # tables

- Date of Day-0 Treatment: .......... / .......... / ................ Time: ..............................

- Duo-cotecx in providing to the patient take home: .................................................................

Refer the patient to VMW: Village: .................. Commune: .................. District: ................

Name of OPD staff: ........................................ Phone: ........................ Signature: ........................

Remarks: please show this paper to VMW in your village per you arrival home!
Annex 6. Selecting population for screening: 40 people surrounding the index case

- Start from patient household member → the closest household → next one till reaching 40 persons.
- All member of last household should be screened even if the total screening could be more than 40.
- Any member of these 40 persons who are on treatment or were treated for malaria less than one month will be also screened /tested but should not be treated and must be recorded in the screening list.
- Any MMP presented on that day should be screened as extra so the number will be higher than 40.

Example of selection house hold

<table>
<thead>
<tr>
<th>House Hold (HH)</th>
<th># of people</th>
<th>Accumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH0 (HH of index case)</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>HH1: the closest to HH0</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>HH2: 2\textsuperscript{nd} closest to HH0</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>HH3: 3\textsuperscript{rd} closest to HH0</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>HH4: 4\textsuperscript{th} closest to HH0</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>HH5: 5\textsuperscript{th} closest to HH0</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>HH6: 6\textsuperscript{th} closest to HH0</td>
<td>5</td>
<td>29</td>
</tr>
<tr>
<td>HH7: 7\textsuperscript{th} closest to HH0</td>
<td>6</td>
<td>35</td>
</tr>
<tr>
<td>HH8: 8\textsuperscript{th} closest to HH0</td>
<td>7</td>
<td>42</td>
</tr>
</tbody>
</table>
Annex 7. Assessment on LLINs coverage (ratio LLIN/Person: 1/1)

- Count # of LLINs, LLIHN, Conventional Net(CN), CTN? and fill in the table below
- Look at LLINs directly to evaluate on quality of LLINs
- Good coverage defined as 100% or one head hold one net, regardless of age

<table>
<thead>
<tr>
<th>HH</th>
<th># people (1)</th>
<th># of LLINs</th>
<th># of good quality LLINs (2)</th>
<th>Coverage (2)/(1)</th>
<th># of conventional treated nets</th>
<th># of conventional nets</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example

<table>
<thead>
<tr>
<th>HH</th>
<th># people (1)</th>
<th># of LLINs</th>
<th># of good quality LLINs (2)</th>
<th>Coverage (2)/(1)</th>
<th># of conventional treated nets</th>
<th># of conventional nets</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH0</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>2/5:40%</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>HH1</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6/6: 100%</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>HH2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2/2:100%</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HH3</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>3/7: 43%</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>HH4</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6/6: 100%</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>HH5</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7/7:100%</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HH6</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>5/8:63%</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>15</td>
<td>13</td>
<td>100%:4 &lt;100%:3</td>
<td>5</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
Annex 8. Recording book
| ល។ | ថ្ងៃទី | ឈ្មោះ/ឈឺកញ្ចក់ | ទីកន្លែងទិញ/រត់ | ជនជភាគិក (សូមគូស) | អាជីវកម្ម (Medication) | មើលប្រភេទប្រជាជន | កម្រិត | ដុយអ្ូកូតិចសុីន (Duocotexcin) |
|------|--------|----------------|-----------------|---------------------|----------------|---------------------|------|----------------|---------------|
| 1    | 20/02/13 | Sok Kha | M | 22 | ✓ | ✓ | ✓ | ✓ | ✓ |
|      | Slide code | 01-M-22 |
| 2    | 20/02/13 | Seang Pha | F | 20 | ✓ | ✓ | ✓ | ✓ | ✓ |
|      | Slide code | 02-F-20 |
| 3    | 20/02/13 | Meng Tha | M | 12 | ✓ | ✓ | ✓ | ✓ | ✓ |
|      | Slide code | 03-M-12 |
|      |          |          |          |          |          |          |      |          |               |

ប្រភេទប្រជាជន ជន (សូមគូស) ចល័ត មិន ចល័ត រថយន្ត ថ្ងៃទី ថ្ងៃ ឆ្នាំ ភ្លើអ្នកជាំងឺ ភគត អាយុ មាន ផ្ទៃ ភ្លើរ ុន្មម ន ថ្ងៃ? ហ្វា ល់ សុីប រូម លទធទលភតសតរហ័ស អ្ឌីធី (សូមគូស) ឱសង (Medication) អ្វិជជ មាន វិជជមាន អា + អ្ឹម 1 (A+M1) អា + អ្ឹម 2 (A+M2) អា + អ្ឹម 3 (A+M3) អា + អ្ឹម 5 (A+M5) ធុូមិ ឱសង ឱសង ធុូមិ ឱសង ឱសង ធុូមិ ឱសង ឱសង ធុូមិ ឱសង ឱសង ធុូមិ ឱសង ឱសង ធុូមិ ឱសង សរុរ សកមមភាព្យអ្រ់រាំសុែភាព្យ ចល័ត VMW project

ប្រភេទប្រជាជន ជន (សូមគូស) ចល័ត មិន ចល័ត រថយន្ត ថ្ងៃទី ថ្ងៃ ឆ្នាំ ភ្លើអ្នកជាំងឺ ភគត អាយុ មាន ផ្ទៃ ភ្លើរ ុន្មម ន ថ្ងៃ? ហ្វា ល់ សុីប រូម លទធទលភតសតរហ័ស អ្ឌីធី (សូមគូស) ឱសង (Medication) អ្វិជជ មាន វិជជមាន អា + អ្ឹម 1 (A+M1) អា + អ្ឹម 2 (A+M2) អា + អ្ឹម 3 (A+M3) អា + អ្ឹម 5 (A+M5) ធុូមិ ឱសង ឱសង ធុូមិ ឱសង ឱសង ធុូមិ ឱសង ឱសង ធុូមិ ឱសង ឱសង ធុូមិ ឱសង ឱសង ធុូមិ ឱសង ឱសង ធុូមិ ឱសង សរុរ សកមមភាព្យអ្រ់រាំសុែភាព្យ ចល័ត VMW project
Annex 9. Reporting template on screening and intervention surrounding Day-3+ case (index case)

Reporting Date: ……/……/…………
Report writer:…………………………………………
Position……………………………………………………
Team member: …HC staff/OD, ….VMWs, ….VC : total ……..
Village: …………………..Commune………………., HC…………………………., OD………………………….
Patient’s code (Index case):………………, Sex, ……….Age………., Day-0 date:…………/……./………… and Day-3 date:…………/……./…………
Date of activities conducted:…………/……./…………

1. General Situation
- Plan/Forestry/Mountainous landscape
- Road condition/Distance from HC/HP
- # of HH, # of peoples
- Main products/occupation
- (Add pictures are preferable)

2. Summary of Output

<table>
<thead>
<tr>
<th>Indicators</th>
<th># of</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total people screened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total positive case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Species (….Pf…..Mix…….Pv)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of cases treated</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of cases referred</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of HH with 100% LLINs coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of HH with &lt;100% LLINs coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Group HE session (……..Persons)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Individual session</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of HH got IRS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Attached documents
- Recording of screening cases (VMW record)
- LLINs coverage table
Annex 10. Checklist on Intensified Case Management Part A: (For ODMS/PMS/CNM to VMW)

<table>
<thead>
<tr>
<th>Item/ Scoring</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Material/Drugs:</strong> 1 (No), 2 (not sufficient/not proper store), 3 (acceptable), and 4 (appropriate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHA-PIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RDT Combo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety box</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glove</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooler box</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Documents:</strong> 1 (No), 2 (not sufficient/not proper fill in), 3 (acceptable), and 4 (appropriate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly registration book</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIF Day-0/Day-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIF Day-7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIF Day-28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Case Management:</strong> 1 (Wrong), 2 (not sufficient/not proper fill in), 3 (acceptable), and 4 (appropriate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct Antimalaria Drug</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct Antimalaria dosage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOT Day-0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOT Day-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOT Day-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Slide preparation:</strong> 1 (Bad), 2 (not good enough), 3 (acceptable), and 4 (appropriate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slide Day-0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slide Day-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slide Day-7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slide Day-28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transport and Communication:</strong> 1 (Very late/not accessible), 2 (Late), 3 (acceptable), and 4 (appropriate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Send slide to HC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaching by phone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Remark:** Each component with average score < 3 need on the job training, if total average score < 15 refresher training at HF

Annex 11. Checklist on Intensified Case Management Part B: (For ODMS/PMS/CNM to HF)
<table>
<thead>
<tr>
<th>Item/Scoring</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material/Drugs: 1 (No), 2 (not sufficient/not proper store), 3 (acceptable), and 4 (appropriate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHA-PIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RDT Combo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Drug store (room) in HC</td>
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<td>Antimalaria stock card</td>
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<td>Documents: 1 (No), 2 (not sufficient/not proper fill in), 3 (acceptable), and 4 (appropriate)</td>
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<td>Monthly registration book</td>
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<td>Referral from HC to VMW</td>
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<td>Lab registration book</td>
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<tr>
<td>Case Management: 1 (wrong), 2 (not sufficient/not proper fill in), 3 (acceptable), and 4 (appropriate)</td>
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<td>Correct Antimalaria Drug</td>
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<td>Correct Antimalaria dosage</td>
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<td>DOT Day-0</td>
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<td>Slide storage: 1 (Bad), 2 (not good enough), 3 (acceptable), and 4 (appropriate)</td>
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<td>Slide box 1</td>
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<td>Slide box 2</td>
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<td>Slide box 3</td>
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<td>Slide Reading: 1 (Bad), 2 (not good enough), 3 (acceptable), and 4 (appropriate)</td>
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<td>Positive day-0 (4 slides)</td>
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<td>Negative day-0 (4 slides)</td>
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<td>Positive day-3/7/28 (4 slides)</td>
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<td>Negative day-3/7/28 (4 slides)</td>
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<td>Transport and Communication: 1 (very late/not accessible), 2 (late), 3 (acceptable), and 4 (appropriate)</td>
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<td>Send Referal Form to VMW</td>
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<td>Lab staff call to VMW</td>
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<td>Reaching by phone</td>
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Remark: Each component with average score < 3 need on the job training, if total average score < 18 refresher training at OD required.