

Community Case Management Agreement Form For CBDs

IRC/DHMT
Community Case Management Program
Kenema District – SL

Statement by CBD

Village _____

I, _____ agree to accept my position as a Community-Based Distributor. I wish to be trained as a Community-Based Distributor and serve my community voluntarily following the training. I agree that, as a Community-Based Distributor, I shall not ask for any payment or benefits from IRC, but hope to benefit from the training as a community volunteer.

I shall diligently serve the community in treating children under 5 years old for malaria, diarrhea, and pneumonia with the drugs provided and supervised by PHU, DHMT and IRC. I also will diligently refer to the Public Health Unit any patient showing danger signs.

_____	_____
Community Distributor's Signature	Date
_____	_____
PHU In-charge's Signature	Date
_____	_____
Community Leader's Signature	Date
_____	_____
Child Survival Program Manager's Signature	Date



MoHS/SL