COMMUNITY AND HOME-BASED CARE STANDARD OPERATING PROCEDURE MANUAL

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Community and Home-Based Care
Standard Operating Procedure Manual

August 2007

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Family Health International

Nepal Country Office
G.P.O. Box 8803
Kathmandu, Nepal
Tel: 977-1-4437173
Fax: 977-1-4414063
E-mail: fhinepal@fhi.org.np
www.fhi.org

Foreword

People living with HIV/AIDS (PLHA) in Nepal have the right to holistic care including physical, social, spiritual and emotional support. Community and Home Based Care (CHBC) service is an essential component for providing this support for PLHA in their home and community environments. Trained CHBC teams can provide timely and quality support and assist PLHA and family members to access necessary hospital and social services to improve their well being and quality of life.

This CHBC Standard Operating Procedures (SOP) Manual has been developed to assist CHBC sites in establishing high quality services. This CHBC SOP Manual will be used by FHI/Nepal Implementing Agencies and is also available to all NGOs in Nepal who provide CHBC services.

FHI/Nepal would like to express sincere appreciation to the many contributors to this manual. We hope that it can be used to help ensure timely, appropriate and high quality CHBC service provision for PLHA in Nepal.

Jacqueline McPherson

Jacqueline McPherson
Country Director
Family Health International/Nepal

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Acronyms

ART	Antiretroviral Therapy
CHBC	Community and Home Based Care
CoC	Continuum of Care
DACC	District AIDS Coordination Committee
DIC	Drop-in-Center
DPHO	District Public Health Office
EPC	Essential Package of Care
FCHV	Female Community Health Volunteer
IGA	Income Generating Activities
IHS	Integrated Health Service
NCASC	National Centre for AIDS and STD Control
NGO	Non Government Organization
OI	Opportunistic Infection
OPC	Outpatient Clinic
OVC	Orphans and Vulnerable Children
PLHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
QA/QI	Quality Assurance/Quality Improvement
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counseling and Testing

Introduction

This manual, Standard Operating Procedures for Community and Home-Based Palliative Care for Adults and Children Living with HIV, is intended for Community and Home-Based Care (CHBC) teams, supervisors of CHBC teams and FHI technical and program staff in order to create a common understanding of standards for care and service delivery. This Standard Operating Procedures (SOPs) manual complements the Module VIII: HIV Care and Treatment SOP.

The standards included in this SOP manual are drawn from tools developed by FHI for CHBC and HIV out-patient care in Vietnam, the 2006 WHO Palliative Protocol for Europe, WHO Integrated Management of Adult Illnesses (IMAI) Palliative Care Guide and the US Human Resources and Services Administration (HRSA) and Africa Palliative Care Association (APCA) editions of clinical guides for palliative care in people with HIV/AIDS.

Palliative care addresses suffering related to life-limiting illnesses from the point of diagnosis to death and through bereavement, including the care for children orphaned or otherwise made vulnerable by HIV. It is offered to people with HIV both those on Anti-retroviral therapy (ART) and not on ARTat every level of the health care system through tertiary and district hospitals, home-based care, community and government services such as hospice and day-care, and primary health centers. This SOP manual outlines the essential requirements and processes for palliative care offered through CHBC services but many of the approaches are applicable to HIV care providers at sub-health posts, health-posts and district hospitals.

This SOP manual provides detailed steps in organizing CHBC services; information about conducting a general assessment of client and family needs; guidance on how to manage common and distressing symptoms in adults and children with HIV; and, a description of palliative care for specific populations. Annexes in the back include forms required for the CHBC program.

Who will use the CHBC SOP manual ?

The CHBC SOP manual is intended for use by the following people:

- CHBC teams;
- CHBC volunteers;
- CHBC supervisors;
- FHI technical and program staff;
- Hospital HIV care and ART clinic managers

What are the objectives of this CHBC SOP manual ?

The primary objective of the CHBC SOP manual is to provide information on procedures for quality care delivery. Specific objectives are to:

- Provide CHBC teams with essential information on how to provide quality palliative care to PLHA - both those on ART and not on ART;
- Provide CHBC teams with operational information about how to organize and deliver CHBC services;

- Ensure that CHBC service delivery procedures are performed consistently to maintain quality;
- Provide holistic care to PLHA and families that addresses physical, emotional, social and spiritual needs;
- Support a continuum of care for people with HIV/AIDS and their families;
- Ensure that procedures comply with national CHBC standards and guidelines;
- Serve as training documents to prepare new staff in CHBC and reinforce standards for existing staff who need additional training;
- Serve as a quality assurance tool for management to evaluate service delivery and reinforce performance in accordance with national and FHI standards and guidelines.

CHBC 1: Organization and Services

I. CHBC Service Guiding Principles

The following fundamental principles of CHBC programs are applied to ensure respectful, confidential, appropriate services to PLHA and their loved ones:

1. **Use of home-based care services is voluntary:** CHBC services are only provided to those who request home-care services; teams respect the individual rights of someone living with HIV to choose whether or not they would like to receive home-based care support. PLHA and families have the right to continue or discontinue services as needed.
2. **Part of the Continuum of Care:** CHBC services are offered as part of a package of services which include ART and hospital-based HIV clinical care – CHBC should not be provided in lieu of hospital/clinic based care; CHBC is a service which is part of the continuum of care for PLHA and provides more choice of services to PLHA and families who want to receive regular care in the home environment.
3. **Service provision is based on need:** CHBC services attempt to (within available resources) support PLHA and families meet expressed needs. Teams conduct needs assessments with the affected community to determine the content and style of services provided and to map other available services to which CHBC teams could link clients. Home care services, therefore, are provided only in areas where there is an expressed need and are not driven by targets (e.g., numbers of PLHA to be reached) imposed by a government, donor, NGO, etc.
4. **Client Confidentiality:** Client information is kept confidential at all times. CHBC team providers take an oath of client confidentiality. Client records are managed by a limited number of authorized staff; files are locked and kept in secure location.
5. **Interdisciplinary Teams – Role of PLHA, health care workers and social workers:** CHBC teams reflect a balance of people who are HIV positive and negative and a balance of individuals with health worker skills, community mobilization/advocacy skills and psychosocial support/social work skills. Teams also actively engage PLHA and families as part of the care team. Job responsibilities of CHBC team staff and volunteers need to be well defined and training and supervision provided based on job description. A well-balanced CHBC team might consist of the following combinations: PLHA/social worker and health care worker; PLHA/health care worker and PLHA/social worker; or PLHA, social worker and health care worker.
6. **Quality pain treatment and other symptom care:** CHBC teams have a duty to provide the highest quality care possible given resources available. This includes assessment of pain and other symptoms on every home visit through history taking and basic physical assessment and provision of symptom care based on assessment findings and/or referral given the needs of the client/severity of the situation.
7. **Continuity of care:** Once a client is enrolled in the CHBC program, they receive routine visits, every two weeks if they are ambulatory and not in need of intensive support. Teams establish a routine time of care with the client so the client and family know when to expect the CHBC team each week. If a client is in need of more frequent support, then the CHBC team provides regular visits as required by the client and family.
8. **Provide optimal care within resources:** CHBC programs need to balance numbers of clients in need of services with resources available. Programs are clear about the number of clients they can reasonably support given resources available to the program and if needed place limits on in-take if there are concerns that quality will be jeopardized.
9. **CHBC teams are adequately remunerated, trained and protected:** CHBC staff and volunteers receive adequate training to provide quality care to PLHA, they are appropriately paid for their work and they have access to universal precaution materials and psychological support to manage care giving burn-out. They have the right to access PEP if exposed and ART if infected.

II. CHBC Service Parameters

CHBC services are to be provided to people living with HIV/AIDS from the time of diagnosis until death, through the bereavement process and beyond – including caring for family and children of PLHA after the client dies if appropriate. CHBC services are only provided to PLHA and families who request the service.

III. Continuum of Care and Models of CHBC Services

A. Continuum of Care and CHBC Service Delivery Model

FHI Nepal supports three approaches to CHBC in Nepal - all are part of a Continuum of Care of services.

1. CHBC run by a PLHA group which has an in-house out-patient clinic (OPC) or links to a NGO OPC and hospital-based clinical care/ART
2. CHBC run by an NGO which links to PLHA groups, NGO out-patient clinic, Integrated Health Services/Essential Package of Care and hospital-based clinical care/ART
3. CHBC offered by either of the above in partnership with public health providers (eg health-post and sub-health post staff, and female community health volunteers)

CHBC teams are always formally linked to a hospital or clinic which provides HIV clinical care and ART. The CHBC NGO will need to make an agreement with these services such as preparing a memorandum of understanding clarifying the CHBC team roles and responsibilities and the ART hospital/clinics roles and responsibilities.

Quality HIV care can only be provided when PLHA are able to receive care in the home, community and hospital when and where they need it.

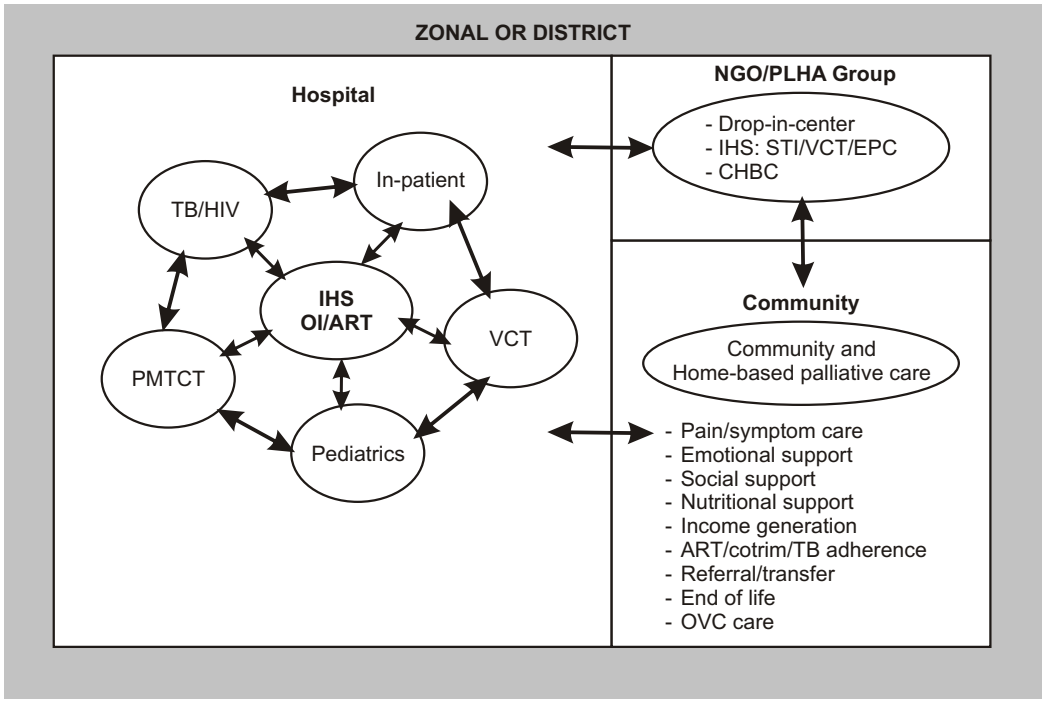

Figure 1. Continuum of Care

B. Family-centered care

Many people living with HIV have children. Some children may have HIV, some may not. The role of the CHBC team is to assess the needs of the whole family – both adults and children – and provide care, support and referrals as needed.

Children taking ART and other medicines may require adherence support. The CHBC team plays a very important role in helping families to manage the complicated adherence schedules of both adults and children in the family.

IV. Geographic Area Coverage and Service Package

A. Geographic coverage area

- Generally CHBC teams cover a geographic area around a hospital which provides ART. Some teams are organized by district, others by client group (eg MSM, IDU, SW, Migrants), regardless, the geographic parameters of the CHBC program need to allow frequent enough visits to the client for quality care while reaching as many PLHA as are in need of CHBC service
- Limits of geographic coverage also needs to be clearly communicated with potential clients so that clients and families know where the service will and will not be offered.

B. Service Package

- CHBC services need to clearly define what services they provide, and what services they do not provide. This should be written down and placed on the wall of the NGO so clients and staff are familiar with it.
- When new clients are enrolled in the CHBC program, the teams need to explain what services they can and cannot provide to make sure client expectations are realistic.
- For the services the CHBC team do not provide (e.g., providing grants or loans to clients), the CHBC program should link with other services in the community who are providing this service (if they exist). Working with the District AIDS Coordination Committee (DACC) helps the NGO in making these links to other organizations.

V. CHBC Service Awareness and Advertisement

- CHBC programs can advertise their services by word-of-mouth through PLHA groups, Integrated Health Service (IHS) centers and other services. They can also advertise more formally by creating service posters, pamphlets, business cards, etc and leaving them at IHS centers, PLHA group meeting sites, clinics, etc.
- In many cases it may not be beneficial to advertise the service through mass media due to stigma and discrimination.
- The DPHO and DACC need to be aware of the CHBC service. The IA must hold an orientation meeting and then follow-up meetings with them to ensure optimal support from the health care system and other needed services.

Prepared by: FHI/Nepal

Date adopted: August 2007

Reviewed by:

Name/Grade	Signature	Date

CHBC 2: CHBC Team Structure and Responsibilities

I. CHBC Team Composition and Workload

A. General Considerations:

- CHBC team members should be full-time paid staff not volunteers, although they can and should be supported by community volunteers (e.g., community members, FCHVs, etc).
- CHBC teams need to reflect a balance of staff who are HIV positive and negative and a balance of individuals with health worker skills, community mobilization/advocacy skills and psychosocial support/social work skills.
  - There are many combinations a team can have. Here are a few examples:
    - **Team Structure 1:** One PLHA as team leader and two team members: one PLHA and one NGO health care worker + volunteers (infected or affected).
    - **Team Structure 2:** One NGO healthcare worker as team leader, two PLHA as team members or one PLHA and one health care worker + volunteers (infected or affected).
    - **Team Structure 3:** One NGO health care worker leader, two PLHA team members and 1-3 volunteers (infected or affected) or (FCHV)
- A well-balanced CHBC team consists of one team leader and 1-3 team members for a total of 2-4 staff. The number of staff needed depends on client load - the number of people needing CHBC.
- Client load is determined by the CHBC team based on their judgment of their physical limit given the following factors. :
  - the extent to which the clients are sick or need intensive support from the CHBC team the higher number of sick clients means more frequent visits to each household;
  - distance and time needed to travel to home; mode of transportation (eg bicycle versus motorcycle);
  - staff time whether or not the team is working full time as CHBC providers.
- CHBC supervisors and FHI staff need to assist the CHBC team in calculating the maximum number of clients per team. However, in general -
  - In geographically compact areas, one team of three can care for 25-45 PLHA (if clients live in a geographically close area - within 20 kilometers of the CHBC team base).
  - If clients are more dispersed, then client load per team may be lower this number needs to be calculated.
  - In hilly areas where it can take up to a day to reach a client, alternative strategies such as utilizing health post/sub-health post, female community health volunteers (FCHV) and community volunteers needs to be explored.

B. Number of CHBC visits to clients per month

In order to ensure quality of care and to prevent neglect, home-visits are conducted with the following frequency:

- Clients who are asymptomatic and do not need much assistance from the home-care team visits once every month depending on the needs of the client.
- Clients who are symptomatic but stable need once a week or more frequent visits.
- Clients who are in serious need of support or care should be visited as frequently as needed by the client and family. In some cases, this could require nearly daily visits.
- Clients just starting ART should be visited 2-3 times a week (for the first four weeks on ART) to provide adherence support and education on how to take the pills, to develop ART adherence

support measures (e.g. treatment reminder calendars), to assist in side-effect management and to refer clients with severe side-effects or poor adherence.

- Clients discharged from in-patient care at the hospital often need regular follow-up until their condition has been stabilized. CHBC team member should visit as frequently as needed given the health situation of the client.

II. Roles and Responsibilities of CHBC Staff:

1) **CHBC Supervisor:** Project Coordinator Provides overall oversight and management of the teams. Accompanies the CHBC team on home-visits at minimum once a month, observes visits using supervision forms and provides supportive feedback to the team following the visit.

2) **CHBC Team Leader:** Provides day-to-day supervision of CHBC team, leads planning of team services, identifies training needs of team, and provides on the spot supervision and direct home-care to clients. Team leader spend most of their time in the field with the teams providing care. They are the role model for setting high quality standard of CHBC care. Note: If there are two members in the team, the team leader divides her/his time and accompanies one member on home visits at a time.

3) **CHBC Team Member:** Provides regular, high quality care and support to PLHA clients. Receives support and feedback from team leader.

CHBC Volunteer: In the event that client load is high or clients are very difficult to reach (eg hilly areas), the IA may wish to recruit CHBC volunteers to support the CHBC team in providing routine care to all its clients.

Note: For IA partners with less than 10 clients, ASHA Project recommends starting with one CHBC staff (team leader) and then recruiting 1 to 2 more staff (team members) based on increase in client uptake.

III. Community and Home Care Team Considerations

1. **Client Confidentiality Statement:** All CHBC staff and assistants are required to sign a commitment to confidentiality statement. (See CHBC 3)
2. **Dress code:** CHBC team members do not wear a uniform but dress appropriately and politely. To protect clients, they do not wear anything which indicates they are working in the field of HIV/AIDS.
3. **Home-care bag:** CHBC team members bring a bag containing home-care medicines and supplies but the bag should not look medical it should look like a bag which is common in the area: backpack, shoulder bag, etc. This is done to protect client confidentiality.
4. **Staff holidays or trainings:** When CHBC staff are absent because of training, holiday or illness, they need to identify team member as a substitute home-caregiver or family member who is educated by the CHBC team member to provide necessary care so that care to the client is not interrupted.
5. **On-call:** Since clients may call at any time, day or night, CHBC teams need to develop an on-call system where one team (or team members) is available to care for emergency cases outside of work hours. A schedule should be developed so that the on-call responsibility can rotate from person-to-person.
6. **Vehicles:** Transport used to travel to client homes should not have signage on the vehicle which indicates involvement in HIV related prevention or care services.

IV. Certification Training, Mentoring and Capacity Building

- **Certification Training:** All CHBC team members are required to participate in the initial 7-day CHBC training before offering CHBC services. Those who have completed TOT training are expected

to train their teams in CHBC using the national 7-day basic competency training plus practicum. FHI holds 7-day basic training for Implementing Agency (IA) using national CHBC training curriculum and assist IAs in organizing refresher trainings.

- **Mentoring:** Team leaders and project coordinators need to provide routine on-the-job mentoring of CHBC team members. FHI staff and consultants will also mentor CHBC teams as appropriate.
- **Capacity Building:** Every month during the CHBC team meeting, a skills building session should be held. Topics should be chosen which are needed by the team (eg PMTCT).

V. Communication

A. General Communication

- The CHBC Team should have a communication system in place (e.g. access to public telephone) in order to communicate with the hospital during an emergency or to get clinical support including referrals. This is very important and could save a client's life.

B. Communication between clients and home care team

- CHBC clients need to be able to contact home care team members in the event of an emergency. Home care team members should develop CHBC Contact Cards with their work contact numbers and office address. In addition, the team members should establish and on-call system so that one member is available at all times in the event of an emergency.

VI. Transport

Since CHBC requires traveling to homes, CHBC programs need to pay for team transport costs or provide them with a bicycle or other form of transport. Each IA will develop transparent and fair transport rules and regulations according to FHI policies.

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Name/Grade	Signature	Date

CHBC 3: Commitment to Confidentiality and Quality Care

I. All CHBC staff and volunteers must sign the Commitment to Confidentiality and Quality Care. The original copy is kept in the staff or volunteer file and a copy is given to the CHBC staff or volunteer.

I,_____(name)_____, commit to protect the confidentiality of my clients by:

- Not discussing my client or anything about his/her condition or situation with anyone unless required for referral or receiving clinical second opinion. Information regarding my client will only be shared for a referral or to receive a clinical second opinion with approval from my client.
- This includes not discussing my client's HIV status with anyone including family members of the client unless given clear approval from the client to speak openly about their HIV status with some or all of the client's family members
- Using code numbers instead of names for client files, forms, etc.
- Not leaving client files in public view
- When not using the client file, ensuring it is kept in a locked cabinet

I also commit to do the following:

- Provide quality care and support to my clients to the best of my ability.
- Not provide care and support which is beyond my ability or training. To refer clients when I am unable to provide the care and support they need.
- Only provide services to people who request them.
- Do not abandon or reject clients who need care, but to provide immediate follow-up services and care to clients who require it
- If I am a supervisor, I will closely monitor the activities implemented by my team to ensure that this commitment to confidentiality is followed.

As a care provider, I have the right to:

- Have access to standard precautions materials: gloves, bleach/chorine, etc.
- Access post-exposure prophylaxis if exposed to HIV as per the national guidelines
- Access ART in the event of becoming HIV infected while working with the project
- Receive training to upgrade my skills and capacities as a care provider
- To receive supportive supervision from my supervisors and to provide supportive supervision to my team

_____ _____

Name Date

CHBC 4: Maintaining Client Files and CHBC Kits

I. Maintaining Client Information and Files

- All clients need to be given a code number and a file (using opaque file folder so information inside cannot be seen).
- Client files are kept in a locked cabinet to which only a few staff will have access. Files should not be left out in the open to protect client confidentiality.
- Files should be well organized (e.g., by code number, district, team, etc) and easy to access. If possible, files should be kept as hanging files so it is easy to organize and use them.
- Files of individuals who have died, been discharged or who are lost to follow-up should be kept on record for 5 years. After which they should be destroyed to protect confidentiality of clients/family.
- On each CHBC visit, the team takes the client file and follow-up visit form with them in order to update information on the client's needs/well-being. CHBC teams will write down client need findings and care/services provided on every visit.

II. CHBC Kits

- Each team should have one home-care bag; which is refilled at the end of every day in order to be ready for the next day's visits.
- There is a list of all medicines and supplies which should be kept in the CHBC bag.
- CHBC kits are kept clean and well-organized.
- A consistent supply of CHBC related medicines and other supplies must be kept at all times.
  - Team member should keep a record of medications/supplies used, in order to track inventory.
  - Each team should place orders for supplies at least one month before the supplies run out.
- Where possible, the CHBC program works with the DPHO to access kit supplies (eg paracetamol, ORS, vitamins (B, iron, folic acid), condoms)

  Note: ASHA Project funds can only be used to support non-medical items within the home-care kit (e.g. soap, towels, scissors, etc). (See annex 4 for suggested kit contents and annex 5 for kit supply inventory)

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Name/Grade	Signature	Date

CHBC 5: PLHA Support Groups and Family Member Support Groups

I. PLHA Support Groups

PLHA participation is an integral component of CHBC. If the IA providing CHBC is not a PLHA group or not linked to a PLHA group then it needs to either partner with existing PLHA group or facilitate the development of PLHA self-help groups in the area where CHBC is provided (see Annex 7 for guidance on facilitating the formation of a PLHA self-help group).

II. Family Caregiver Support Groups

Family members play and essential role in caring for PLHA, providing encouragement and support, reinforcing adherence and providing care when they are sick. Care giving can be stressful, particularly when people do not know how HIV is transmitted and how to provide care.

The CHBC program needs to address the following in their program to ensure family members are adequately supported and involved in the program:

1. Where feasible, the CHBC team supports the PLHA client to disclose HIV status to the family and provides information to the family about how HIV is transmitted
2. Provide informal and formal training to family members in HIV, providing care and adherence support (see below)
3. Organize family member support groups where, family members of PLHA can meet on a routine basis (eg once a month) to discuss any concerns, learn new skills and receive support from each other.

III. Client and Family skills building

Since one of the primary responsibilities of CHBC workers is to increase the self-reliance of clients and families, CHBC teams train clients and family members on skills and knowledge in HIV prevention and care. This can be done through integrating self-care teaching at PLHA self-help group meetings; running trainings for family caregivers and PLHA in prioritized care and prevention topics; and through the informal teaching done during home-visits.

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Name/Grade	Signature	Date

CHBC 6: Community Mobilization

I. Building awareness of the CHBC program

Since CHBC services are new in some areas and the DPHO, DACC and key hospitals are not aware of them, the CHBC program needs to orient key government, NGO and community representatives on the role of the CHBC program. This can be done by:

- Meeting with each group individually to brief them on CHBC;
- Holding an orientation meeting on CHBC with key organizations; and,
- Providing updates on the program through regular DACC and other coordination meetings.

The purpose of the CHBC orientation is to:

- Improve referral relationships;
- Increase support and aware of CHBC activities among key agencies;
- Develop a formal link with hospitals offering HIV care and ART.
- Improve access to key resources such as medicines available in the DPHO which can be used in CHBC kits.

II. Developing linkages to community resources

IAs are required to network with existing essential services such as hospitals, clinics, Red Cross and NGOs for various support services (income generation, legal aid, food assistance). IAs are encouraged to develop referral agreements with core services including hospitals providing HIV clinical care and ART for adults and children, TB-DOTS centers and PMTCT services.

III. Community education and support building

Since stigma and discrimination remain strong in many communities in Nepal, CHBC teams should conduct focused community awareness activities in areas where their clients live. This could include:

- Conducting meetings with community leaders to gain their support for PLHA care and to encourage their involvement in stigma and discrimination reduction activities;
- Conducting HIV awareness and stigma and discrimination reduction activities among communities where PLHA clients live;
- Organizing community planning meetings where the community includes HIV issues into the VDC and commits to providing support in specific areas (egg assistance in supporting referrals to the hospital, helping affected children to go to school, etc.); and
- Organizing community meetings and partnerships with religious leaders who can include messages of love and empathy towards people with HIV/AIDS in prayers, during religious ceremonies.

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Reviewed by:

Name/Grade	Signature	Date

CHBC 7: CHBC Monitoring and Supervision

I. Roles and responsibilities

A. Role of the IA staff members

Project Coordinator: The role of the Project Coordinator (PC) is to supervise the CHBC team on a routine basis (at minimum accompany the CHBC team on home-visits once a month), provide supportive feedback to the team and ensure that the team follows this SOP and CHBC quality standards. The PC is responsible for contacting CHBC specialist if quality problems are identified. It is recommended that the PC conduct more frequent supervision visits at the start of the program to help improve the team's skills in CHBC from the very beginning of the program.

Team Leader Role: The CHBC team leader is the first line supervisor for the CHBC team. They have primary responsibility for ensuring high quality CHBC service delivery. The Team Leader will accompany the Team Member(s) on home visits every day and will identify areas of development for the team and provide mentoring or mini-training accordingly. The Team Leader is expected to be a role model, providing very high quality care and setting a quality standard for team members.

B. Role of FHI staff members

Technical Staff: FHI technical unit staff members will for a CHBC monitoring and supervision team consisting of the FHI CHBC Specialist, PLHA representatives and senior nurses. This CHBC monitoring and supervision team will assess the quality of IA's CHBC teams as per FHI monitoring plan. This team will use standard CHBC program Quality Assurance Tools to assess service and program quality.

Field Staff: The FHI Field Officer will be responsible for providing routine supervision to CHBC activities (including observing home-visits) at minimum once a month using standard CHBC Project supervision tools.

II. Supervision Procedures, Checklists and Tools

Routine home-visit observations: Both IA and FHI staff will be involved in routine supervision of CHBC services. During routine visits the supervision checklist for observing home-visits will be used by the IA and FHI supervisors in assessing the quality of home-visits (Annex 3a).

QA/QI Assessment: A formal QA/QI assessment should be conducted. However, the QA/QI checklist can be used as an informal assessment tool during routine supervision visits.

Program Reviews: Periodically, FHI will work with individual IAs to implement a program review. This is a process evaluation where the management, quality of CHBC services and client perceptions of services are assessed in order to help the program identify strengths and areas for program improvement

Program Evaluation: The quality of life of CHBC clients may be assessed to determine the impact of the program.

III. CHBC Program Quality Review Meeting

FHI will conduct 6 monthly reviews of all CHBC programs. In the review, concerned CHBC project staff and representatives of IAs (Project Coordinator and CHBC Team Leader) meet to discuss program achievements, challenges and steps to be taken for improvement over the next 6 months.

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Name/Grade	Signature	Date

CHBC 8: Client Enrollment in the CHBC Service

I. Referrals to the CHBC program

1. Clients enter the CHBC program by referral through the following channels:
   - HIV voluntary counseling and testing (VCT) sites
   - NGO's from surrounding districts who interact with PLHA
   - District and other hospitals
   - PMTCT (Prevention of Mother to Child Transmission) services
   - TB services
   - Primary Health Care Centers
   - Self referral
2. When a client is referred by another service, s/he ideally brings a letter of referral to present to the CHBC team.
3. When a client has no medical record with an HIV-positive test result, regardless of current or previous symptoms or illnesses, they are referred to VCT before registration.
4. All HIV infected clients who choose to be regularly followed-up by CHBC will be registered for the program.

II. New Client Registration

1. All clients are registered for CHBC by the CHBC team. S/he records the patient's name, address, phone number (if available), date of birth, age, sex, marital status, and other emergency contact details in the register.
2. A new file is prepared for the client with a unique code number on the green front cover and recorded again on each page of the record.
3. The files will be taken on home visits and completed in the home using the first visit client contact form. (See Annex 6d, Nepali form).

Prepared by: FHI/Nepal

Date adopted: August 2007

Reviewed by:

Name/Grade	Signature	Date

CHBC 9: Procedure of First Home Care Visits

I. Before the visit:

- Ensure you have approval from the client (or their caregiver if the client is very ill or otherwise unable to request care themselves) to visit them at home.
- Ask the client if it is acceptable to speak openly about their HIV status in their home or not. If not, ask the client how they would prefer you to present your visit to the family. It is useful to make a list in the client's file of who in the family is and is not aware of their HIV status.
- Set a time and date for the visit which is both convenient to you and the client
- Make a new file for the new client and assign them a client code (all client files are coded and names are not included).
- Prepare the home care supplies and forms for the visit.
- Arrange transport.

II. During the visit:

- As you approach the house, observe the physical environment. When you first arrive at the clients home, warmly greet the client and their family
- Introduce yourself and your team member(s) and the work of the home-care team
- Make friendly conversation with the new client and family members for a few minutes
- After you feel that the family is comfortable with you, ask the new client if it is ok for you to ask some questions and to do the basic physical assessment.

Important: If you observe the client is in critical condition, quickly determine if he can be transported to the hospital, and if the client and family approves of making this referral. If the family agrees, call the hospital to make emergency referral and accompany the client to the hospital so you can help them get emergency care.

If the client is in terminal condition, the client and his family need to make the very difficult decision of whether to refer the client to the hospital or not. If the client is aware, he needs to lead in the decision-making process. Help to make this decision but do not make it yourself. It is helpful to discuss this topic at earlier visits so that the client is able to make his choices understood to the family and the CHBC team without waiting for a crises situation.

[**Note:** Client Needs Assessment (involve the family caregiver if this is ok with your client. It is better for the family caregiver to be present, if possible, so they can learn care giving techniques from you)]

- Sit at equal level with the client.
- Assure the client that all information taken by you is confidential and will only be used by the home care team.
- Communicate respectfully and warmly during needs assessment.
- Take basic client information in the record form, eg marital status, number of children. If the client is in need of immediate care, skip this section and go straight to the physical needs assessment. You can always fill this information in once the client's most pressing problems have been prioritized.

1. **Start with the history and physical needs assessment**
   - Take client's vital signs
   - Ask the client how they are feeling and what they feel their most pressing worries and needs are. Their concerns might be physical, emotional, social or spiritual. If the client is too ill to respond, you can ask the caregiver.
     - ❍ If first visit, take complete history using the first visit client intake form

- ❍ If follow-up visit, take history based on previous visit findings and recommendations using the follow-up visit form

Note: If you determine an immediate need for the client to go to the district health center or hospital, stop the history taking and arrange for immediate referral if the family agrees.

- Ask the client to show you any medicines they are taking. Ask the client and caregiver to tell you how and when to take each medicine that they have been prescribed. If they are not clear on the medicines, review the medicines and prescription with them and help the family to prepare a calendar for remembering when and how to take the medicines. If they are taking medicines which are inappropriate, counsel them on this issue.
- Now start the basic physical assessment of your client.
- Based on history and exam provide symptom and nursing care and support to the client as needed; discuss with client and family what you are doing and why it is important. Demonstrate care giving skills to family caregiver/PLHA as needed and leave supplies that the PLHA/family can use to manage the problem themselves in the home.
- If the client needs to be referred to the health center or hospital for out-patient or in-patient care, help to arrange a time and transport for this referral, as needed.
- Ask the client and family members if they have questions, or want to know anything about how to take better care for them. Provide your client with the PLHA self-care handbook; refer to it as you explain self-care techniques.
- Ask your client if they are in a PLHA support group. If not, give them information about the local groups, the number of the group leader and the time and place of the next meeting.

2. Now ask the client how they have been feeling emotionally

- Ask open ended questions such as:
  - ❍ Is there anything that is worrying you?
  - ❍ How you have been able to sleep?
- Listen with empathy.
- Paraphrase what the client has said
- Assist the client in brainstorming ways they can respond to the issues raised
- Then, help the client to decide on a course of action
- If the client is very depressed, distressed and expresses the desire to commit suicide, get help! Contact your supervisor right away.

3. Now ask about social needs:

- Ask the client the questions in the client record form such as:
  - ❍ Does the client, household have enough food to eat?
  - ❍ What is their monthly income?
  - ❍ Do they need income generation support?
  - ❍ How are their children?
- If the client needs food, assess the amount of food they are able to provide for themselves. Discuss with home-care team the amount of food that would be an appropriate supplement.
- Provide referral information to your client about local social support services which could assist the client with their specific social needs and concerns.
- Arrange follow-up and referral as appropriate.

4. Now ask about spiritual needs:

- Ask the client if they are actively involved in a religion.

- Explain that you only ask to know whether or not they would like your assistance in helping them receive support from a religious leader of their faith.
- Provide referral information to your client about local religious support services within the faith of your client.
- Arrange, follow-up on referral as appropriate.

Note: Stop the needs assessment whenever the client seems too tired to continue, you can always continue it on your next visit.

Assessment Caregiver

Follow the above steps with the caregiver, if the client is too ill to respond. In summary:

- Sit at equal level with the caregiver
- Begin asking the caregiver to provide information on the well being of the client, themselves and the household as a whole.
- Take care of any immediate food, universal precautions, nursing and/or medical needs of the caregiver. Leave materials as needed with the caregiver. Provide instructions to the caregiver in how to use materials you have given them.
- Stop assessment if the caregiver is unable to continue.

III. End of visit:

- Ask the client and caregiver if they have any other questions or requests.
- Summarize the visit findings: problems identified, problems addressed during the visit and next steps to address other problems.
- Ensure you have left needed supplies with client/family to care for physical and social problems identified during the visit.
- Arrange and help with referrals if needed.
- Schedule a time and date for your next visit.

IV. After the visit:

- Review client record form to ensure it is correct.
- Record medicines or supplies which were given to the client in the logbook.
- Place the client's file in the locked file cabinet where client files are kept.
- Follow-up on any referrals you helped make for your client to ensure that are able to receive the care that they need.
- Refill the home care kit as needed for the next visit
- Debrief with your supervisor about what you felt went well on this visit and what you would like to improve for the next visit. Ask for advice and help from your supervisor, if there were issues with your client that you were not sure about how to respond to.

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Name/Grade	Signature	Date

CHBC 10: Symptom Care: Doing a Basic Physical Assessment

After you have observed, asked and listened, you will need to look and feel to gain a better understanding of the symptoms faced by your client and to understand what is normal physically for your client.

Explain to your client that you would like to feel them to get a better idea of how they are doing physically. Ask your client if it is ok if you touch them. If they agree, start the basic physical assessment. Pay special attention when you do the basic physical assessment to the areas of the body where your client says they are having a problem.

Doing the physical assessment is very important because it helps you to know what is normal for your client. If you know what is normal, you will also be better able to recognize what is abnormal -- if there is something wrong with your client.

The below steps explain how to do the basic physical examination and what to do if you find certain physical problems. Not all home care giving steps are listed below. Once you have identified which symptoms the client has, you can also use the self-care book for ideas about how to provide home-care for the symptom, if the client does not need to be immediately referred to the hospital.

1. Vital Signs

- **Check temperature by:**
  - Placing the back (not palm) of your hand on your forehead and the client's forehead. Leave your hands there until you begin to feel differences between the temperatures of your head and theirs. This is not an exact method but if you do not have a thermometer it can give you an idea if your client has a fever.
  - Or, by using a thermometer. Only use a thermometer if you know how to read it.
    - ***Action: If they have a fever more than 37.2 °C (99.0 °F), provide fever care to reduce the fever. If the fever is > 38.5°C (101.4°F), provide paracetamol (one or two 500mg tablets every 4-6 hours).***
    - ***If the fever remains high after providing fever care, or you find other problems in addition to fever (such as yellow eyes or chronic cough) refer them to the hospital.***
    - ***If the fever is 40-42°C (104-107.6°F), it is a very serious sign and indicates that your client needs immediate medical attention. Provide fever care including paracetamol and refer.***
- **Check the pulse :**
  - The pulse is usually found on the side of the lower neck, on the inner side of the elbow, or at the wrist. While taking pulse:
  - Use the first and second fingertips, press firmly but gently on the arteries until you feel a pulse.
  - Start counting the pulse when the clock's second hand is on the 12.
  - Count the pulse for full 60 seconds.
  - When counting, do not watch the clock continuously, but concentrate on the beats of the pulse.

  Action: The normal pulse range for a healthy adult ranges from 60 to 100 beats per minute. If the pulse is more than 10 points above or below this range it is a sign that the client is in ill-health and they need to be referred to the hospital.
- **Check the breathing (respiration rate) of your client by:**

- The respiration rate is the number of breaths a person takes per minute. To check the rate of your client, you will count the number of breaths they take in one minute by counting how many times their chest rises. You may put your hand on the belly of the client to feel the movement.
  - Respiration rates may increase with fever, illness, and with other medical conditions.
  - When checking respiration, it is important to also note whether a person has any difficulty breathing.

  Action: At rest, normal respiration rate for healthy adults ranges from 13 to 20 breaths per minute. Respiration rates over 25 or below 12 breaths per minute (when at rest) is a sign that the client is in ill-health and they need to be referred to the hospital. If the client is having difficulty breathing, this is very serious and means they need to be referred to the hospital urgently.

2. Physical Exam

- **Start with the head and then work your way down to their eyes, and mouth.**
  - Observe their face in general
    1. Does their skin color look normal?
    2. Do they look very pale, almost blue?
    3. Does their face look yellow?

    Action: Blue colour of face including lip and tongue is a danger sign, if it is associated with breathing difficulties arrange immediate transfer to the hospital.
  - Now, look into their eyes.
    4. Look in their eyes to see if they are/have:
       - Yellow
       - Very red
       - Unusual spots on their eyes
       - Sores near/around their eyes
       - Pink rash near/around their eyes
       - Sunken

       Action: If you see any of these problems it is a sign that something is wrong and you need to refer them to the hospital.
    5. Gently pull down the lower eye lid to see the color of the skin (the conjunctiva). If it is very light (pale), and not pink/red then this could be a sign of anemia.

       Action: If you think they may have anemia, refer them to the hospital. This could be a danger sign if they are taking ARVs.
    6. Ask the client if:
       - Their eyes are very itchy
       - They are having any difficulty seeing
       - They feel pain in their eyes

       Action: If they say yes to the above, this it is a sign that something is wrong and you need to refer them to the hospital.
  - Now, using a torch, look in their nose

7. Is there a lot a mucous, is it irritated?

Action: If they say yes to the above, this it is a sign that something is wrong and you need to refer them to the hospital.

- Now, using a torch, look in their ears

8. Are they clean, is there discharge, are they irritated?
9. Ask the client if:
   - They have any pain in their ears
   - They are able to hear as they did before they were sick or if anything is different.

   Action: If they say yes to the above, this it is a sign that something is wrong and you need to refer them to the hospital.

- Now, look at their mouth

10. Are their lips very dry or cracked?

    Action: If they have dry lips, apply petroleum jelly to them and teach your client and family how to keep the lips moist.

11. Do they have any blisters, or ulcers on their lips?

    Action: If they have blisters, ask if they are painful. If yes, treat for pain. If the blister is open, clean it with salt water or gentian violet. Also ask if they have other blisters on their body and if they are painful. If so, this is a sign that something is wrong and you need to refer them to the hospital.

- Now, ask them to open their mouth

12. Look at their tongue
    - Are there white, patchy spots on their tongue?
    - Can they swallow easily or not? If not, are they able to eat? Drink? Take their medicines?

    Action: If they have white, patchy spots on their tongue, help the client to gently brush their teeth with salt water and then apply gentian violet (or antifungal medicine if prescribed by the doctor) to the tongue and mouth; teach the PLHA and family how to provide mouth care. If it is painful for them to swallow, eat, drink and/or take their medicines this is a danger sign, you need to refer them to the hospital.

13. Look at their gums and teeth
    - Are there gums red and bleeding?
    - Do they have any tooth pain (tooth decay)?
    - Do they have bad breath?

    Action: If they have these problems, please show the client and their family how to keep the mouth and, teeth clean through regular brushing and gargling with salt. Also refer them to the hospital if they have tooth pain/decay or bleeding gums to the hospital.

- **Now feel the lymph nodes, first along the side of the neck**
  - **Feel for a hard lump under the ear and the jaw.**

14. If you feel nothing, this is normal
15. If you feel small hard lumps:
    - Ask the client if it is painful for you to touch them

- Note if the hard lumps are only on one side, or on both sides of the neck

Action: If they have this problem, it could be normal, or it could be the sign of an infection. If the client also has other symptom (fever, difficulty swallowing, cough), this is a sign that something is wrong and you need to refer them to the hospital.

16. If you feel/see large hard lumps:
    - Ask the client if it is painful for you to touch them
    - Note if the hard lumps are only on one side, or on both sides of the neck
    - Ask if it is also difficult for the client to swallow

    Action: If they have this problem, this is a sign that something is wrong and you need to refer them to the hospital.

- **Feel for a hard lump in the underarms of your client.**
  - Ask the client if it is painful for you to touch them
  - Note if the hard lumps are only on one side, or on both sides of the neck

  Action: If they have this problem, it could be normal, or it could be the sign of an infection. If the client also has other symptom (fever, skin infection near the underarm, sore breasts/nipples if they are female; cough), this is a sign that something is wrong and you need to refer them to the hospital.

- **Feel for a hard lump in the groin area of your client.**
  - Only do this if your client approves of you touching their groin area
  - Ask the client if it is painful for you to touch them
  - Note if there are only one or two lumps

  Action: If they have this problem, it could be normal, or it could be the sign of an infection. If the client also has other symptom (fever, pain in the groin, sore in the genital area or genital discharge), this is a sign that something is wrong and you need to refer them to the hospital.

- **Now gently feel/palpate the client's abdomen**
  - Note: If the client has a full bladder, feeling their stomach may hurt. If possible, the client should go to the toilet before the exam

    17. Gently feel the stomach, moving slowly in circular motion. The stomach should feel soft,
    18. Ask the client if it hurts as you feel their stomach
        - Does the client feel any pain when you press?
        - How strong is the pain and where is the pain?
        - Do you feel any unusual hardness in the stomach?

        Action: If you feel unusual hardness in the stomach and/or the client feels strong pain when you press/touch the stomach, this is a sign that something is wrong and you need to refer them to the hospital.

- **Now look at and feel the skin of the client.**
  - Note: If you observe a rash on the trunk, arms, legs this could be the sign of a serious problem. Please refer your client as soon as you can to the hospital.

    19. Look on the skin of the trunk, front and back
        - Does the skin look dry, scaly?
        - ***Action: If they have dry skin, moisten the skin with a little water, then apply***

petroleum jelly; teach your client and family how to keep the skin moist.

- ❍ Do they have a rash? Lumps? Are they itchy?

➤ Do they have a wound or abscess? Are they infected? (pus, red, swollen?)

- ❍ Do they have blisters which are all together on one part of the back or stomach? Are these blisters painful?

Action: Provide appropriate care for the skin problem (see self-care book). If there is a wound which is very infected, this is dangerous, especially if they also have a fever; refer the client to the hospital

20. Look and feel the arms, hands and legs of the client

- ❍ How do their nails look? Are they an abnormal color (blue, red, black?)
- ❍ Are there any itchy bumps on their hands? In between their fingers?
- ❍ Does the skin look dry, scaly?
- ❍ When you do the dehydration skin-test, does the skin return quickly to its normal place or not?

Action: If they have dry skin, moisten the skin with a little water, then apply petroleum jelly; teach your client and family how to keep the skin moist. If the dehydration skin-test shows that the client is dehydrated, you will need to encourage them to drink ORS and refer them to the hospital as soon as possible.

- ❍ Do they have a rash? Lumps? Are they itchy?
- ❍ Do they have a wound or abscess? Are they infected? (Pus, red, swollen?)
- ❍ Do they have blisters which are all together on one part of the back or stomach? Are these blisters painful?

Action: Provide appropriate care for the skin problem (see self-care book). If there is a wound which is very infected, this is dangerous, especially if they also have a fever; refer the client to the hospital

- **Discuss:** Once you have completed the basic physical examination, explain clearly, using common language to your client what you have found. Discuss with the PLHA and the family what you think needs to be done.
- **Decide/Do:** Take action as agreed mutually by the PLHA, family and you.
- **Follow-up and repeat:** When you visit your client again, refer to the findings and actions to be taken decided on in the last visit. Review how the client feels now; ask about what action was taken, and then do another basic physical assessment to compare the well-being of their client from the last visit to how they are feeling now.

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Name/Grade	Signature	Date

CHBC 11: First Home-Visit Protocol for Urgent Referral- Adult with HIV

During your first visit, you may come across a client who is very sick. Please follow these steps during each first visit to decide what to do:

- Assess urgency of client condition
- If client appears stable, continue with normal home-visit,
- If they are not stable, explain situation and ask the client and family if they agree to referral to the hospital.
  - If client/family say 'yes' to referral
    - Take measures to stabilize client (fever care, better positioning for easy breathing, etc)
    - Treat pain this will improve comfort during referral
    - Arrange transport and appointment with referral site
    - Go with client to the referral site to help them access the care they need
    - Record vital signs and other information that will help hospital to better understand the problem of your client.
  - If client/family say 'no' to referral
    - Continue with first-contact assessment and schedule follow-up visit
    - Assess for pain and other symptoms. Treat and provide other measures of comfort.
    - Provide CHBC team contact information in the event the client/family needs urgent help or decide to go to the hospital.
  - If client/family say 'no' to referral AND client near death
    - Provide needed care
    - Train caregiver to make the client as comfortable as possible
    - If pain present, provide caregiver with enough pain medicine for around the clock pain control
    - Train caregiver how to provide medicines on time
    - Provide medicines and other supplies as needed
    - Assess for emotional and spiritual support needs (counseling for family members; planning children; need for visit from local religious leader)
    - Provide CHBC team contact information in the event the client/family needs urgent help or decide to go to the hospital.

Danger Signs:

- Unconsciousness
- Shock (weak, fast pulse; cold skin)
- Cannot breath very well, and/or breath is very fast and shallo
- Convulsing (now or recently)
- Severe headache; stiff neck
- Severe pain
- Severe dehydration (sunken eyes, skin test)
- High fever; prolonged fever
- Prolonged cough for two weeks and is very weak

If the client is sick, or stable, but taking ARVs, also refer if:

- They have a severe rash all over the body
- They are very weak and pale
- They are still sick even though they are taking ARV medicines
- They are not taking their ARV medicines correctly (same time/every day)

Note: Cotrimoxazole can also cause a rash all over the body. If you see this in an adult or child taking this medicine, please refer immediately to the hospital.

Remember: All clients need to be asked if they want to enroll in a hospital-based HIV care and ART clinic and PLHA support group in case they have not already done so. If there are family support groups in place, then also notify the family about the time and location of these meetings.

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Name/Grade	Signature	Date

CHBC 12: Referrals and Discharge Planning

I. Referrals

Referrals are essential for helping PLHA to meet their physical, emotional, social and spiritual needs. The following are the type of referral relationships that are important to meet needs:

- **Physical Needs**
  - **Medical Care**
    - Referral to local hospital for OI/ART, TB, ANC/PMTCT, etc.
  - **Nutrition and clean water**
    - Referral to NGO which provides food support, vitamins, seeds and other support for kitchen gardens, wells and bore holes, toilets, etc
  - **Housing**
    - Referral to NGOs which support improving homes (eg rebuilding the roof), assistance with housing for the homeless, etc
- **Emotional Needs**
  - **Counseling**
    - Refer to a counselor as needed at an NGO or mental health department in the local hospital
  - **Peer support**
    - Joining a support group
- **Social Needs**
  - **Economic support**
    - NGOs which provide grants, loans, skills training and other assistance
  - **Legal protection**
    - NGOs which can help protect property and belonging of people; protect from violence and abuse, etc
  - **Services for children**
    - NGOs which support access to schooling - uniforms, books, school fees; child protection if children are being abused; foster care and orphanages as a last resort if there is no where else for children to stay
- **Spiritual Needs**
  - **Meditation**
    - NGOs which can build skills in meditation including prayers and breathing techniques
  - **Special religious support**
    - Organizing visits from religious leaders to the home or visits to holy places directly or through referral

CHBC team members need to accompany the client to the referral site not only to assist them in locating the site but also in helping them to access the service. CHBC team members should be proactive in accompanying their clients to services, particularly if clients are new to the service.

Referral forms need to be completed for all referrals. See Annex 6C.

II. Discharge Planning

CHBC team members should track progress of their clients who are receiving in-patient care to ensure they are aware of their client's diagnosis, treatment and possible duration of stay at the facility. CHBC team member can then assist client during discharge and monitor their progress at home.

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Name/Grade	Signature	Date

CHBC 13: Prevention for Positives

A. CHBC teams need to review HIV transmission risks and prevention needs on each visit.

B. This review includes, at minimum, the following:

1. Screening for HIV Transmission Behaviors and STIs

a. During the first CHBC visits, conduct a brief, non-judgmental, but specific risk assessment. Be sensitive to who is nearby during the visit. If many people are around, assessing behaviors related to transmission of HIV may not be easy assess with sensitivity.

- Determine current risk for transmitting and/or re-acquiring HIV or transmitting other STIs to/from others.
- Ask questions both open-ended and directed:
  - Is the client sexually active?
  - Any signs or symptoms of a sexually transmitted infections, especially at the sexual organs, anal and oral regions?
  - How many partners and of what gender?
  - Nature of sexual activity (e.g. anal, vaginal, oral) and partners' HIV status?
  - Use of safer sex practices, if any?
  - Challenges, if any, for implementation of safer sex practices?
    - Current alcohol, legal or illicit drug (opiates, amphetamines) use
- If the client is sexually active provide them with the following information:
  - Unprotected sex between consensual HIV-positive individuals still contains risks: 1) STI transmission or 2) transmission of HIV superinfection (i.e., re-infection with a different strain of the HIV virus)
  - Information about how to use condoms and provide the client with an adequate supply of condoms
- If the client is an active injecting drug user, provide information on not sharing needles and syringes and provide the client with an adequate supply of clean needles and syringes
  - Refer to drug treatment program if client wishes to join a program
  - Refer patients to STI clinic for:
- Regular screening for asymptomatic STIs
  - Yearly cervical PAP smear for women, if available

2. Follow-up CHBC visits

a. Reinforce prevention messages:

- At each CHBC visit
- Through longer or more intensive interventions if needed
- Provide referrals for additional prevention counseling as needed

3. Contraception evaluation and referral

a. All clients should be asked about contraception. Contraception is an issue for all PLHA whether male or female, single, married, widowed or separated.

b. If the client wants to use a contraception method in addition to condoms refer them for family planning services when needed with assisted referral as necessary.

Note: The recommendation is to use both condoms to prevent STI and HIV transmission and another family planning method for pregnancy prevention.

c. All adolescents need family planning counseling.

4. PLHA wishing to have children:

a. For couples where both the woman and the man are HIV positive, pre-conception counseling should be done including:

b. Encouragement to discuss the choice with their doctor who can provide them with information on when the best time if to have a child.

c. You can also provide the following information:

- If they are taking ART, they will have to wait until there is less HIV in their body the doctor will tell them when this is. If they are not yet ready to take ART, the doctor can tell them if they are in good enough health to have a child.
- About the PMTCT program
- Issues with infant feeding: tell the client to ask their doctors about this
- That their health may not always be good and that they will need to consider that in planning for the future of the child who will take care of the child if anything happens to them

d. For discordant partners where the woman is HIV negative and the man HIV positive, pre-conception counseling should be done including:

- Risk of HIV transmission from the man to the woman.
- Limiting unprotected sex to the most fertile days of the woman's cycle only. Couples need to be taught how to estimate the most fertile days of the cycle. The doctor will help the couple know when this is.
- Discussion of chances of transmitting HIV to the child during pregnancy, birth or breastfeeding, if the woman becomes infected.
- About the PMTCT program
- Issues with infant feeding: tell the client to ask their doctors about this
- Repeat HIV testing for the woman should be discussed.
- That their health may not always be good and that they will need to consider that in planning for the future of the child who will take care of the child if anything happens to them.

e. For discordant partners where the woman is HIV positive and the man HIV negative, pre-conception counseling should be done including:

- Risk of HIV transmission from the woman to the man, if unprotected vaginal-penile intercourse.
- To consult their doctor about ways that the woman can become pregnant while reducing the risk of HIV
- Discussion of chances of transmitting HIV to the child during pregnancy, birth or breastfeeding, if the woman becomes infected.
- About the PMTCT program
- Issues with infant feeding: tell the client to ask their doctors about this
- That their health may not always be good and that they will need to consider that in planning for the future of the child who will take care of the child if anything happens to them.

f. Make referral whenever you feel it is necessary.

5. Facilitate the Notification of Sexual and other At-Risk Partners

Patient-led process for individuals determined to be at risk

a. Support HIV status disclosure
   - To sexual and other partners at risk for HIV infection
   - Only if and when it is safe for the patient to do so

b. Facilitate the provision of:
   - Information, education
   - Voluntary HIV counseling and testing
   - Appropriate referral

Prepared by: FHI/Nepal

Date adopted: August 2007

Reviewed by:

Name/Grade	Signature	Date

CHBC 14: ART Adherence for Adults and Children

A. Starting ART in Adults

1. PLHA start ART after they are assessed by a trained doctor at a MoH ART hospital, and the doctor and a committee of different individuals decided based on clinical findings that the PLHA is ready to start taking ART
2. Each PLHA will be prescribed ARV medicines which are appropriate to them. Not all will have the same regimen.
3. The most common ART regimens in Nepal for 1st line therapy are:
   - Zidovudine(AZT) plus Lamivudine (3TC) plus Nevirapine (NVP)
   - Zidovudine (AZT) plus Lamivudine (3TC) plus Efavirenz (EFV)
   - Stavudine (d4T) plus Lamivudine (3TC) plus Nevirapine (NVP)
   - Stavudine (d4T) plus Lamivudine (3TC) plus Efavirenz (EFV)

   Note: For most adult clients and children less than 3 years of age, the preferred first line regimen will be: Zidovudine (AZT) plus Lamivudine (3TC) plus Nevirapine (NVP)

   Note: For PLHA starting Nevirapine they will take only 1 pill 1 time a day for 2 weeks. After that they will take 2 pills a day one in the morning and one in the evening. This is normal and is done to help the body adjust to taking Nevirapine which some people can have an allergic reaction to.

B. Adherence

1. Adherence is taking the right does, at the right time, the right way every day. HIV can easily become resistant to ARVs if they are not taken exactly right. The only way to make sure the medicines work as best they can is to support clients to take their medicines exactly as prescribed by the doctor.
2. The role of the CHBC team is to reinforce correct information regarding when the client needs to take their medicines. The CHBC team must listen very carefully to what the doctor prescribed and make sure they understand the regiment correctly so they can provide the correct support and information to the CHBC team. The CHBC teams can also check the ART booklet given to each client to check the prescription and make sure they are telling the client the correct thing.
3. On each visit, the CHBC team will ask the client how they are doing with taking their medicines. Ask: "How it is going with taking your medicine? Have you forgotten any doses?"
4. They will ask to see the ART booklet or prescription.
5. The CHBC team will do a pill count to compare the amount of ART the client has to the prescription.
6. Help PLHA to develop ways to better remember to take their medicines including using a calendar, watch (if affordable). Train a family member to support the PLHA in remembering when to take ART.
7. If the client is not remembering to take their medicines correctly and exactly on time, refer the client to the hospital that is prescribing ART.

C. Forgetting doses:

Reasons for missing doses may vary from simply forgetting, travel, work hours, running out of pills, sharing medications, etc. Most of these reasons are linked to barriers that the patient faces. Identifying and addressing barriers has been discussed in earlier modules. Patients can be given the following advice:

- When you notice that you missed a dose, take your pills right away.

NEXT DOSE

- If the next planned pill-taking time is four or more hours away, take your next dose at the planned time and continue on regular schedule

- If your next planned pill-taking time is less than four hours away, DO NOT take your next dose. Instead, wait four hours and then take your next dose.
- Do not take two doses at one time.
- If it is already time for the next dose, just take that dose and carry on with the treatment schedule. Mark the pill diary for the missed dose with the reason for missing medication.
- If severe side-effects occur, inform the doctor, adherence counselor or health worker.

C. Side-effects

1. Side effects are normal within the first few weeks of starting ART. Reassure the client that they are normal.
2. Provide symptom care as needed to help the client manage common side-effects. Common side-effects include headache, nausea, dizziness, and diarrhea. Skin color changes and tingly feelings in the arms, legs, fingers and toes are also common.
3. Refer the client to the hospital that prescribed ART if you see any of the following:
   a. Client continues to be very sick even after taking ART
   b. Client gets better and then in a few weeks starts to get sick again
   c. Client is very pale and weak (anemic)
   d. Client develops wet rash on the body

D. ART for Children

1. Help client to plan how they will integrate ART into the child's daily routine. This can be complicated for children who go to school. Teachers may have to become involved to support adherence while children are in school.
2. Listen carefully to the instructions of the health care provider. The child's dose of medicine will change frequently according to his/her weight.
3. If the child is old enough to understand she/he should be fully involved in the responsibility of taking ART the correct way. Even young children can get involved in their own care.
4. Help the client and family to find a reliable system to help remind them of the time to give the ART, such as an alarm clock or other person in the household who has a watch. Involve the child in helping to remind when they need to take their medicines.
5. Provide ideas to the family about how to offer the child choices of how to take the medicine e.g. with juice or water, in a cup or with a syringe. Give small amounts of water. Drinking large amounts of water can make a child vomit. Follow the medicine with a treat such as a piece of fruit or bread.
6. Teach the family to use an ART calendar to record when each dose has been given. Involve the child in recording if he/she is old enough.

Prepared by: FHI/Nepal
Date adopted: August 2007
Reviewed by:

Name/Grade	Signature	Date

CHBC 15: Prevention of Mother to Child Transmission (PMTCT)

A. Drug prophylaxis:

According to Nepal National PMTCT Guidelines 2005, prevention is done by providing mother to child transmission by providing: Single dose of Nevirapine 200 mg at the start of labour to HIV positive mother and 2mg /Kg body weight of Nevirapine (NVP) suspension to the infant immediately after birth. If mother has received no ARV prophylaxis then give NVP 2mg/kg oral suspension immediately after birth and Zidovudine(ZDV) 4 mg/kg twice a day for 7 days to the newborn.

When ZDV oral suspension not available:

NVP 2mg/kg oral suspension immediately after birth and one dose of NVP oral suspension 72 hours after birth to the newborn

According to 2006 WHO Recommended PMTCT Protocol for pregnant women who are not yet eligible for ART16

Mother	
Antepartum	AZT starting at 28 weeks of pregnancy or as soon as feasible thereafter
Intrapartum	Sd-NVP[a] + AZT/3TC[a]
Postpartum	AZT/3TC × 7 days[b]
Infant	Sd-NVP + AZT × 7 days[c]

B. Breastfeeding

- Infant feeding by HIV-infected women is a complicated topic and families deserve comprehensive and ongoing counseling on this issue
- HIV can be transmitted from mother to child by breastfeeding
- However, these risks need to be weighed against the greatly increased risk of morbidity and mortality in infants who are not breastfed primarily due to infectious causes.
- If alternatives to breast-feeding are safe, available, affordable, sustainable and acceptable, breast milk substitutes may be the best way to feed the child.
- Women who require ART and who are breast-feeding should continue their ongoing ART regimen. Studies are underway looking at maternal ART as a prophylactic to infant infection through breastmilk. One thing that is very clear, if a women decides to breastfeed, it should be "exclusive breastfeeding". This means no other foods or drinks (even water) are given during the first 6 months of the babies life, except breastmilk. Mixed feeding has the highest chance of passing HIV to the baby.

C. Role of CHBC Team in PMTCT

- Help refer pregnant women with HIV to the hospital for check-ups according to schedule
- Support the pregnant women to remember to take her vitamins as prescribed by the doctor (eg iron)
- Discuss feeding choices with the woman before delivery or refer to an experienced infant feeding counselor.
- Support the pregnant women to deliver at a hospital with PMTCT services.
- After the mother has delivered the baby, watch out for danger signs:
- Baby unconscious
- Vomiting a lot

- Very lethargic, not moving much
- Having convulsions
- After delivery, watch for general danger signs in newborn babies. These are no different in HIV infected/exposed babies than other babies, but may occur more frequently.
- Support the mother and baby to take cotrimoxazole as prescribed by the doctor
- Support the mother to feed her child however she decides to feed them (either exclusive breastfeeding or infant formula)

Prepared by: FHI/Nepal

Date adopted: August 2007

Reviewed by:

Name/Grade	Signature	Date

CHBC 16: Caring for Children

A. HIV Diagnosis

1. For infants born to HIV positive women, whether they participated in a PMTCT program or not, the infant is tested for HIV only at age 18 months.
   - The CHBC team should support the parents to refer the infant for HIV testing at this time.

   Note: The child will need to be tested 3-months after the mom stops breastfeeding
2. Since the CHBC and other HIV care services are new in many areas, there will be older children with HIV who have not yet been tested. The CHBC team should inform HIV positive parents/child's caregivers of the benefits of testing their children for HIV.
3. CHBC teams should facilitate referral for HIV testing for children, helping with transport and assisting the family in accessing the testing service
4. Signs that the child may have HIV which require immediate referral to the hospital include:
   - The infant is symptomatic with two or more of the following:
   - Oral thrush;
   - Severe pneumonia;
   - Severe sepsis.

B. Danger Signs

1. CHBC Teams also need to know danger signs in infants and children
   - Unconscious
   - Vomiting a lot
   - Very lethargic, not moving much
   - Having convulsions
   - Difficulty breathing
   - Coughing more than 3 weeks
   - Not growing
   - Chronic ear infections
   - Thrush in the throat
2. Refer the child to the hospital is these signs are seen. Children with HIV need to be referred quickly because HIV is very serious in children.

C. Caring for children with HIV and affected by

1. All children need -
   - Love and a stable family
   - To live in their community not in an orphanage unless there is not choice
   - Opportunities to learn and play
   - To be safe and secure and protected from abuse
   - Good nutrition
   - Good personal and environmental hygiene

- Growth and development monitoring
- Prompt treatment for illness
- Immunisations

2. HIV can cause many problems for children. It can cause them to -
   - be afraid about their future
   - feel angry
   - lose confidence in themselves
   - feel sad, guilty or ashamed
   - suffer stigma and discrimination
   - lose their home
   - be separated from loved ones
   - drop out of school
   - lack food, shelter, clothing
   - lack guidance and care
   - not get good health care
   - be forced to do adult work
   - be vulnerable to abuse
3. The CHBC Team can do the following to help children living with and affected by HIV
   - Assess their needs every time they visit the house
     - ❍ Check for danger signs every time and refer right away as needed
     - ❍ Check their immunization card to make sure they are getting the protection they need
     - ❍ Ask about/assess nutrition to see how well children are getting the nutrients they need
     - ❍ Check their emotional and social well-being. Are they playing? Do they have friends? Are they active and engaged or shy or sad?
     - ❍ Provide lots of love and encouragement
     - ❍ Help parents to plan for their future
     - ❍ Make referrals to services as needed

SITUATION	**AGE**	**Who needs Cotrimoxazole?**
HIV EXPOSED INFANTS AND CHILDREN	Any Age	All exposed babies from 4-6 weeks after birth continuing until at least 3 months after stopping breastfeeding with negative HIV test
HIV INFECTED INFANTS AND CHILDREN (confirmed)	Less than 1 year of age	All regardless of CD4 or clinical status
	1-4 years of age	Those with symptomatic HIV conditions and / or CD4 count < 25% (or absolute 1000/mm3)
	≥ 5 years of age	Those with symptomatic HIV conditions and / or CD4 count < 350/mm3

Cotrimoxazole dosing for children: To be given once daily 17

Recommended daily dosage	Suspension (5 ml syrup 200mg/40mg)	Pediatric Tablet (100mg/20mg)	Single strength adult tablet (400mg/80mg)	Double strength adult tablet (800mg/160mg)
< 6 months 100mg SMX/ 20mg TMP	2.5 ml	One tablet	---	---
6 months – 5 years 200mg SMX/ 40mg TMP	5 ml	Two tablets	Half tablet	---
6 - 14 years 400mg SMX/ 80mg TMP	10 ml	Four tablets	One tablet	Half tablet
> 14 years 800mg SMZ/ 160mg TMP	---	---	Two tablets	One Tablet

Prepared by: FHI/Nepal

Date adopted: August 2007

Reviewed by:

Name/Grade	Signature	Date

Annex 1a: Team Leader Job Description

Community and Home Based Care Team Leader

Job Description

The fundamental goal of the CHBC Team Leader is to supervise and support a team of 2-3 home-care team members to ensure they are providing high quality and confidential care and support services in the home and community to PLHA and loved ones. This care should promote their self-reliance and self-confidence and their access to fundamental care and support services. It should provide direct care which responds to immediate physical, emotional, social and spiritual needs; and respects their right to make their own care decisions (eg. regarding use of CHBC services, whether or not to be referred, etc). It should protect their confidentiality and support their decision to initiate and discontinue CHBC services.

Specific job duties of the CHBC Team Leader include the following:

1. PROVIDE QUALITY CHBC SERVICE

- Set the standard for community and home-based care by demonstrating high quality skills and respect for clients in the community.
- Conduct referral resource mapping in your area with partners: PLHA group, mass organizations and other. Meet with key referral resources to work out cross-referral relationships with them.
- Ensure that all team members understand what is expected of them by reviewing their job descriptions with them, by reviewing the QA forms, by monitoring the work of the team on a daily basis and by providing them with supportive supervision and feedback each time you observe their performance.
- Conduct home visits for PLHA to provide a range of services (symptom and pain relief, emotional support, adherence counseling, end-of-life care, future planning, referrals, etc) to clients based on their prioritized needs. Follow the home visit steps as per SOP when visiting each client whether it is the first visit or a follow-up visit.

2. SUPERVISION, MONITORING AND REPORTING

- Arrange weekly team meetings to plan who the team will visit that week. Discuss issues about clients, which need to be resolved including referral, follow-up, etc
- Ensure your team visits home-based care clients at least once a week, unless the client is doing well and only needs a monthly or two weekly maintenance visits. When the client is in need of more constant care and support, ensure that the team is visiting the client as frequently as needed
- Accept thrice-weekly supervision from the project coordinator. Openly accept supportive feedback from supervisors for skill, knowledge and attitude improvement.
- Provide monthly reports of CHBC activities on time to the home-care supervisor or project coordinator

3. OTHER DUTIES

- Assist Project coordinator for team member job performance review
- Participate in DACC, the ART selection committee and other hospital or district committee meetings as relevant to the local setting
- Perform other duties as appropriate

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

- Must be a Nepali citizen.
- Prior work experience in HIV/AIDS
- Excellent interpersonal relationship.
- Ability to work with team and other NGOs.
- Must be willing to travel for home visit

EDUCATION AND EXPERIENCE:

Staff Nurse or, Health Assistant equivalent - Auxilary Nurse Midwife or

Community Medical Assistant with 2 years of work experience in HIV and AIDS.

Annex 1b: Team Member Job Description

Community and Home Based Care Team Member

Job Description

The fundamental goal of the CHBC Team Member is to provide quality and confidential care and support services to PLHA and loved ones which promote their self-reliance and self-confidence. You should also help them access fundamental care and support services. It should provide direct care which responds to immediate physical, emotional, social and spiritual needs; respects their right to make their own care decisions (e.g., regarding use of CHBC services, whether or not to be referred, etc). It should protect their confidentiality and support their decision to initiate and discontinue CHBC services.

Specific job duties of the CHBC Team Member include the following:

- Conduct home visits for PLHA who request CHBC services - the CHBC team can only visit clients who have invited them to provide CHBC service. Visiting homes without prior approval can cause serious harm to the client and their family;
- Visit home-based care clients every two weeks, unless the client is doing well and needs less frequent (eg monthly) visits. When the client is in need of more constant care and support, visit the client as frequently as needed;
- Provide a range of services (symptom and pain relief, emotional support, adherence counseling, end-of-life care, future planning, referrals, etc) to clients based on their prioritized needs. When visiting each client whether it is the first visit or a follow-up visit as per CHBC SOP.
- Provide follow-up support on time to your clients. If they have been referred to the hospital, check on your client to ensure they are receiving the services they need. Visit your client just after they have returned home from the hospital/referral site to ensure they are recovering well and that family members know how to provide care for them. Assist with referrals at all times, even at night;
- Provide family education on cleanliness, hygiene using self care book series.
- If there are CHBC Assistants in the program, the CHBC Team Member supervises their work by observing them once a week after they have been trained and once every month after they are performing their work satisfactorily;
- Work very closely with the local PLHA support groups to support clients and respond to their needs. In many cases, the PLHA support group may be able to provide significant support to clients and is a great resource;
- Ensure strong linkages with NGOs support organization so that clients with children are able to access and receive the best care possible;
- Accept daily supervision from the CHBC Team Leader and monthly supervision from the Project Coordinator three times a month. Openly accept supportive feedback from supervisors for skill, knowledge and attitude improvement;
- Provide monthly reports of CHBC activities on time to the CHBC team leader;
- Attend regular team meeting to plan weekly schedule for CHBC and referral support
- Perform other duties as appropriate.

KNOWLEDGE, SKILLS, EXPERIENCE AND ABILITIES REQUIRED:

- Must be a Nepali citizen.
- Ability to read and write Nepali and English
- Prior work experience in HIV and AIDS
- Excellent interpersonal relationship.
- Ability to work with team and other NGOs.
- Must be willing to travel for home visit

Annex 1c: CHBC Volunteer Job Description

Community and Home Based Care Volunteer (infected or affected)

Job Description

The fundamental goal of the CHBC Team Member is to provide quality and confidential care and support services to PLHA and loved ones which promote their self-reliance and self-confidence. You should also help them access fundamental care and support services. It should provide direct care which responds to immediate hygine care, emotional, social and spiritual needs; respects their right to make their own care decisions (e.g., regarding use of CHBC services, whether or not to be referred, etc). It should protect their confidentiality and support their decision to initiate and discontinue CHBC services.

Specific job duties of the CHBC Volunteer include the following:

- Conduct home visits for PLHA who request CHBC services - the CHBC team can only visit clients who have invited them to provide CHBC service. Visiting homes without prior approval can cause serious harm to the client and their family;
- Visit home-based care clients every week or twice a week or monthly as per client condition. When the client is in need of more constant care and support, visit the client as frequently as needed;
- Provide a range of services, hygiene care, emotional support, adherence counseling, spiritual support, nutritional support, future planning, referrals, etc) to clients based on their prioritized needs. When visiting each client whether it is the first visit or a follow-up visit as per CHBC SOP;
- Provide follow-up support on time to your clients. If they have been referred to the hospital, check on your client to ensure they are receiving the services they need. Visit your client just after they have returned home from the hospital/referral site to ensure they are recovering well and that family members know how to provide care for them. Assist with referrals at all times, even at night in coordination with Team Leader or CHBC Team Member;
- Work very closely with the local PLHA support groups to support clients and respond to their needs. In many cases, the PLHA support group may be able to provide significant support to clients and is a great resource;
- Accept supervision from the CHBC Team Leader or Team Member and monthly supervision from the Project Coordinator. Openly accept supportive feedback from supervisors for skill, knowledge and attitude improvement;
- Provide reports of CHBC activities on time to the CHBC team member;
- Attend regular team meeting to plan weekly or monthly schedule for CHBC and referral support
- Perform other duties as appropriate.

KNOWLEDGE, SKILLS, EXPERIENCE AND ABILITIES REQUIRED:

- Must be a Nepali citizen.
- Ability to read and write Nepali
- Prior work experience in HIV and AIDS
- Excellent interpersonal relationship.
- Ability to work with team and other NGOs.
- Must be willing to travel for home visit

Annex 2a: Adult Client First Contact Form

Home Care Adult Client First Contact Form

Client Family Name:..... **Client Given Names:**.....

Sex: Male..... Female..... Age..... Date of Birth: Day..... Month.....Year.....

Registered with HIV clinic/hospital? Yes..... **No**..... **Facility name:**.....

Name/number of Clinic Contact:.....OPC#:.....

Name/number of Emergency Family Contact:.....

Client was referred by:.....
(name of PLHA group, OPC, NGO, health service, etc)

I. Client Background Information

Contact Information

Client Address:.....

Ward:..... District:..... Town:.....

Phone Number (if any):..... Alt Phone Number:.....

Disclosure:

- Is it ok to discuss client's HIV status with the primary caregiver? Yes ☐ No ☐
- Is it ok to discuss client's HIV status with other family members? Yes ☐ No ☐
  1) Can speak about HIV status opening
  2) Can only discuss HIV status with following family members:

Literacy: Read Nepali:..... Education Level (highest class completed):.....

Working? Yes ☐ No ☐ Occupation: ..... Monthly Income:.....

Marital status (circle answer): Single // Married // Have boy or girlfriend // Divorced // Widowed

Have Children? Yes ☐ No ☐ // How many?.....

HIV Diagnosis and Care

When did you first test HIV positive? Day..... Month..... Year .....

Are you now receiving HIV medical care? Yes ☐ No ☐ // If yes, Where? .....

II. History Taking and Physical Assessment

II a. Triage (record vital signs)

Temp:_____ c Pulse:_____/min BPM:_____/min Weight:_____ kg

Pain Scale (0-1-2-3-4-5-6-7-8-9-10):_____ BP (Min/Max):_____/_____mmHg (if possible)
Mild/Moderate/Severe

II b. History and Physical Assessment

- Has clinical records: Yes ☐ No ☐ // (if yes, look at records note recent health problems and medicine prescriptions from the HIV clinic)
  - **TB:** Checked for TB? Yes ☐ No ☐ //Diagnosed with TB? Yes ☐ No ☐
    - On treatment? Yes ☐ No ☐
- **ART:** Taking ART now or taken it before? Yes ☐ No ☐ // When started? Month___Year____
  - Are you still taking ART? Yes ☐ No ☐
  - What time do you take ART each day?_____
  - Are you having any problems remembering to take ART? Yes ☐ No ☐
    (If No, reinforce adherence by asking your client what they do to remember to take their medicines ontime every time/If yes, reinforce adherence and refer to ART clinic)
  - Do you have any side-effects from these medicines? Yes ☐ No ☐
    (If yes, provide symptom care for mild symptoms/refer for serious side-effects to ART Clinic)

Medications (ask client to show you all medications they are taking)

Prophylaxis:

- Cotrimoxazole: Yes ☐ No ☐ Prescribed by:_____
- Other:_____ Prescribed by:_____

Treatment

- TB Regimen:_____Prescribed by:_____
- ART Regimen:_____ Prescribed by:_____

Other

_____ Prescribed by:_____

_____ Prescribed by:_____

_____ Prescribed by:_____

Functional Status: Can the client generally take care of self without help? Yes ☐ No ☐

If no, can the client?

a. Move in/out of bed, around house without help? Yes ☐ No ☐ b. Bath self? Yes ☐ No ☐

c. Feed self? Yes ☐ No ☐ d. Go to the toilet by themselves? Yes ☐ No ☐

e. Move in bed without help? Yes ☐ No ☐

If, "No", what help do they/family caregiver need? _____

Present problems described by client

Say: "Please tell me about how you are feeling? Do you have any pain or discomfort?

.....

.....

.....

Also ask about problems not mentioned by the client, such as:

☐ Fever	☐ Fatigue	☐ Weight loss	☐ Inability/lack of desire to eat
☐ Dehydration/feel thirsty	☐ Diarrhea	☐ Difficulty breathing	☐ Cough
☐ Pain (body, head, stomach, neck…)	☐ Skin problems (pain, rash, itchiness, abscess, wound)	☐ Sore mouth	☐ Inability to sleep
☐ Nausea and vomiting	☐ Constipation	☐ Genital pain, discharge, itchiness	☐ Tingling/ numbness
☐ Forgetfulness or confusion	☐ Anxiety	☐ Sadness/depression	

Physical assessment findings .....

☐ Eyes: Normal Problem:.....

☐ Mouth/Throat: Normal Problem:.....

☐ Lymph nodes: Normal Problem:.....

☐ Skin: Normal Problem:.....

☐ Abdomen: Normal Problem:.....

☐ Genital area: Normal Problem:.....

Care provided .....

.....

.....

Supplies given to client/family .....

II c. Self Care Teaching and Empowerment

Self-care book provided to client and family: Yes ☐ No ☐

Self-care topics taught to family? Yes ☐ No ☐ // Topics taught? _____

Ask client if they want to attend local PLHA support group meeting: Yes ☐ No ☐

If yes, referred client to: _____ group. Arrange to take client to next meeting so they know where to go. Yes When? _____

Self-care topics taught to family? Yes ☐ No ☐ // Topics taught?

II d. Sex

Ask: Are you currently sexually active? Yes ☐ No ☐

- If yes, do you use condoms when you have sex? Yes ☐ No ☐
- Do you need condoms? Yes ☐ No ☐ // If yes, how many/month? _____/month
- Demonstrate how to use condom using wooden penis and ask client to practice
- Provide condoms to client

Comments _____

II e. Substance Use

Ask: Are you currently using drugs? Yes ☐ No ☐ // If yes, what drugs?_____

- Do you inject? Yes ☐ No ☐ If yes, what drug?_____
- Do you need clean needles and syringes? Yes ☐ No ☐ If yes, how many/day?_____/day
- If yes, refer to IDU club in area.
- Are you interested in receiving help to reduce or stop using drugs? Yes No
- If yes, refer to IDU club in area.

Comments_____

II f. Ask: Are you currently consuming alcohol? Yes ☐ No ☐

- Are you interested in receiving help to stop alcohol? Yes ☐ No ☐
- If yes, refer to rehabilitation center.

Comments_____

IIg. Do you smoke? ☐ Yes ☐ No.

- Are you interested in receiving help to stop smoking? ☐ Yes ☐ No
- If yes, refer to rehabilitation center.

Comments_____

III. Emotional/Social/Spiritual wellbeing assessment

Say: In addition to your physical health, how are you feeling emotionally? Is there anything you would like to share or discuss with me? Is there anything worrying you? ☐ Yes ☐ No

Are there any social support needs you would like to discuss? ☐ Yes ☐ No

Are there any spiritual needs you would like to discuss? ☐ Yes ☐ No

Issues identified:.....

.....

Actions agreed to:.....

.....

IV. Children Needs Assessment (if applicable)

Say: Are there any concerns or specific issues you would like to raise about your child/ren such as their health, HIV status, their access to school, planning for their future? Yes No

Issues identified:.....

.....

Actions agreed to:.....

.....

V. Family Caregiver Information

Ask the client's main family caregiver: How many hours a day do you provide care?_____

Is there anyone else who can help you with care giving? ☐ Yes ☐ No Who?_____

Do you need any extra help or support? ☐ Yes ☐ No

Issues identified:_____

_____

Actions agreed to:_____

_____

VI. Referrals

Referral Needed for:_____Site Referred To:_____ Site Referral Contact:_____ Referral Follow-up Actions Required by CHBC Team:_____

Date of Next Appointment: _____

Name of CHBC Worker:_____

Annex 2b: Adult Client Follow-up Form

Home Care Adult Client Follow-up Form

II. History Taking and Physical Assessment

II a. Triage (record vital signs-on every visit)

Temp:_____ c Pulse:_____/min BPM:_____/min Weight:_____ kg

Pain Scale (0-1-2-3-4-5-6-7-8-9-10):____ BP (Min/Max):____/____mmHg (if possible)

Mild/Moderate/Severe

II b. History and Physical Assessment

If answered no to this before, please re-check

- Has clinical records: Yes ☐ No ☐ // (if yes, look at records note recent health problems and medicine prescriptions from the HIV clinic)
  - **TB:** Checked for TB? Yes ☐ No ☐ //Diagnosed with TB? Yes ☐ No ☐
    - On treatment? Yes ☐ No ☐
- **ART:** Taking ART now or taken it before? Yes ☐ No ☐ // When started? Month___Year____
  - Are you still taking ART? Yes ☐ No ☐
  - What time do you take ART each day?_____
  - Are you having any problems remembering to take ART? Yes ☐ No ☐
    (If No, reinforce adherence by asking your client what they do to remember to take their medicines ontime every time/If yes, reinforce adherence and refer to ART clinic)
  - Do you have any side-effects from these medicines? Yes ☐ No ☐
    (If yes, provide symptom care for mild symptoms/refer for serious side-effects to ART Clinic)

Medications (ask client to show you all medications they are taking)

Prophylaxis:

- Cotrimoxazole: Yes ☐ No ☐ Prescribed by:_____
- Other:_____ Prescribed by:_____

Treatment

- TB Regimen:_____Prescribed by:_____
- ART Regimen:_____ Prescribed by:_____

Other

_____ Prescribed by:_____

_____ Prescribed by:_____

_____ Prescribed by:_____

Functional Status: Can the client generally take care of self without help? Yes ☐ No ☐

If no, can the client?

a. Move in/out of bed, around house without help? Yes☐ No☐ b. Bath self? Yes☐ No☐

c. Feed self? Yes☐ No☐ d. Go to the toilet by themselves? Yes☐ No☐

e. Move in bed without help? Yes☐ No☐

If, "No", what help do they/family caregiver need? _____

Review previous problems with client

Say: "Please tell me about how you are feeling now with xxxx problem? Do you still have any pain or discomfort from xxxx?

.....

.....

Present problems described by client

Say: "Please tell me about how you are feeling in additional to the other problems? Do you have any pain or discomfort? Where? For how long?

.....

.....

Also ask about problems not mentioned by the client, such as:

☐ Fever	☐ Fatigue	☐ Weight loss	☐ Inability/lack of desire to eat
☐ Dehydration/feel thirsty	☐ Diarrhea	☐ Difficulty breathing	☐ Cough
☐ Pain (body, head, stomach, neck…)	☐ Skin problems (pain, rash, itchiness, abscess, wound)	☐ Sore mouth	☐ Inability to sleep
☐ Nausea and vomiting	☐ Constipation	☐ Genital pain, discharge, itchiness	☐ Tingling/ numbness
☐ Forgetfulness or confusion	☐ Anxiety	☐ Sadness/depression	

Physical assessment findings .....

☐ Eyes: Normal Problem:.....

☐ Mouth/Throat: Normal Problem:.....

☐ Lymph nodes: Normal Problem:.....

☐ Skin: Normal Problem:.....

☐ Abdomen: Normal Problem:.....

☐ Genital area: Normal Problem:.....

Care provided .....

.....

.....

Supplies given to client/family .....

II c. Self Care Teaching and Empowerment

Self-care topics taught to family? Yes☐ No☐ // Topics taught? _____

Follow up with client if they want to attend local PLHA support group meeting: Yes☐ No☐

If not attended yet, ask the client if they want you to take them to the next meeting.

If yes, referred client to:_____ group. Arrange to take client to next meeting so they know where to go. Yes When?_____

Self-care topics taught to family? Yes☐ No☐ // Topics taught?

II d. Sex

If answered no to this before, please re-check:

Ask: Are you currently sexually active? ☐Yes ☐ No

- If yes, do you use condoms when you have sex? Yes ☐ No☐
- Do you need condoms? Yes☐ No☐ // If yes, how many/month?_____/month
- Demonstrate how to use condom using wooden penis and ask client to practice
- Provide condoms to client _____

Comments

II e. Substance Use

If answered no to this before, please re-check:

Ask: Are you currently using drugs? Yes☐ No☐ // If yes, what drugs?_____

- Do you inject? Yes☐ No☐ If yes, what drug?_____
- Do you need clean needles and syringes? Yes☐ No☐ If yes, how many/day?_____/day
- If yes, refer to IDU club in area.
- Are you interested in receiving help to reduce or stop using drugs? ☐ Yes ☐ No
- If yes, refer to IDU club in area.

Comments_____

III. Emotional/Social/Spiritual wellbeing assessment

If answered no to this before, please re-check:

Say: In addition to your physical health, how are you feeling emotionally? Is there anything you would like to share or discuss with me? Is there anything worrying you? ☐ Yes ☐ No

Are there any social support needs you would like to discuss? ☐ Yes ☐ No

Are there any spiritual needs you would like to discuss? ☐ Yes ☐ No

Issues identified:.....

.....

Actions agreed to:.....

.....

IV. Children Needs Assessment (if applicable)

If answered no to this before, please re-check:

Say: Are there any concerns or specific issues you would like to raise about your child/ren such as their health, HIV status, their access to school, planning for their future? ☐ Yes ☐ No

Issues identified:.....

.....

Actions agreed to:.....

.....

V. Family Caregiver Information

If answered no to this before, please re-check:

Ask the client's main family caregiver: How many hours a day do you provide care?_____

Is there anyone else who can help you with care giving? ☐ Yes ☐ No Who?_____

Do you need any extra help or support? ☐ Yes ☐ No

Issues identified:_____

_____

Actions agreed to:_____

_____

VI. Referrals

Referral Needed for:_____Site Referred To:_____ Site Referral Contact:_____ Referral Follow-up Actions Required by CHBC Team:_____

Date of Next Appointment _____ Name of CHBC Worker: _____

Signature: _____ Date: _____

Annex 3: Supervisor Check-list

Community and Home Based Care Supervisor Check-list

The supervisor check-list form is to be used as a guide in reviewing the performance of home-care teams during home-care visits. The check-list is a guide, not all of it may apply to the visit you observe, as not all services may be needed by the client on a given visit.

After observing the work of the home-care team, provide supportive feedback to the home-care team in a private place back in the office. Supportive feedback means that you encourage the home-care team and do not criticize or blame them; you ask them about what they thought about the quality of the service they provided to the client and then provide them with specific feedback about what they did well and what they need to improve. Keep notes of what was discussed on this form and bring the supervision findings from previous visits with you every time you supervise the team so you can refer back to the feedback you provided to the team on previous visits.

Supervision of each home-care team needs to be done at least once a month by the Project Coordinator and once a month by the Program officer.

Date and time of visit:..... Ward/district:.....

Names of home care team providers:.....

Name and title of supervisor:.....

I. Pre-visit

The home-care team:		
1.1	● Brought a fully stocked home-care kit with them	Yes ☐ No ☐ NA ☐
1.2	● Brought the client file and client contact forms with them	Yes ☐ No ☐ NA ☐
1.3	● Made an appointment with the client. The client is aware of and has agreed to the visit	Yes ☐ No ☐ NA ☐
Comments:		

II. During the home-visit

General Communication Skills:		
2.1	Warmly greets the client	Yes ☐ No ☐ NA ☐
2.2	Introduces you and anyone else who is new to the client	Yes ☐ No ☐ NA ☐
2.3	Respectfully communicates with the client	Yes ☐ No ☐ NA ☐
2.4	Sits closely to the client, faces them and sits at the same level	Yes ☐ No ☐ NA ☐
2.5	Makes general conversation with the family and PLHA if appropriate before starting to discuss health and other concerns of the client	Yes ☐ No ☐ NA ☐
2.6	Observes the cleanliness and hygiene of the home, client's bed area and client	Yes ☐ No ☐ NA ☐
Comments:		
History and physical exam skills:		
	Asks the client to talk about how they are feeling and to discuss any concerns they might have about their health or other issues	Yes ☐ No ☐ NA ☐
	Listens carefully and respectfully to the client	Yes ☐ No ☐ NA ☐
	Is able to prioritize the most immediate needs of the client and address those issues first	Yes ☐ No ☐ NA ☐
	● Conducts a complete history Asks about improvement or worsening of problems identified in the previous visit Asks about other problems, such as: ◆ Diarrhea ◆ Fever ◆ Pain ◆ Skin problems ◆ Sore mouth ◆ Cough or difficulty breathing ◆ Inability to sleep ◆ Inability/lack of desire to eat ◆ Forgetfulness or confusion ◆ Constipation ◆ Genital pain or itchiness ◆ Emotional state (sadness, anxiety, etc)	Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐
	● Asks the client explain and show what medicines they are currently taking	Yes ☐ No ☐ NA ☐
	● Washes hands (or does alcohol rub) before and after conducting the physical exam	Yes ☐ No ☐ NA ☐
	● Assessed vital signs+ ◆ Temperature ◆ Pulse ◆ Breaths per minute	Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐

	◆ Pain ◆ Blood Pressure (if measurable) ◆ Weight (if measurable)	Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐
	● Conducts a basic physical examination ◆ Eyes ◆ Nose ◆ Mouth ◆ Lymph nodes (neck, underarms) ◆ Abdomen ◆ Groin/Genitals ◆ Thoroughly examines the skin	Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐
	● Provides symptom care/ nursing care needed by the client as identified by the client's concerns, history and the physical exam	Yes ☐ No ☐ NA ☐
Comments:		
	● Is able to prioritize most uncomfortable/ serious symptoms and provide care for them first before caring for less aggravating/ serious symptoms	Yes ☐ No ☐ NA ☐
	● Provides clear information on how to take medicines or use supplies given to manage the symptom(s). Writes down instructions of how to take medicines (*e.g. if giving paracetamol/codeine for chronic moderate pain provides information and a time schedule for taking medicine 'around the clock'*)	Yes ☐ No ☐ NA ☐
	● If client is in serious condition, is able to recognize the serious condition and respond appropriately	Yes ☐ No ☐ NA ☐
	● If the client is at the end-stage, the home-care team provides end-of-life care to the client (ensures client is comfortable, provides pain medicine as needed, provides emotional comfort to client and family, talks to client about death if they want to, etc)	Yes ☐ No ☐ NA ☐
	● Detailed Medicine Check/Adherence Support ◆ Asks client to show medicines they are currently taking ◆ Asks client if they are having any problems in remember to take their medicines ◆ Asks if they are experiencing any side effects ◆ If they are taking ARVs, ask to see their pill box to see if they have forgotten to take any pills; also asks to see their ARV calendar to review if the client is using it correctly	 Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐
	● Provides respectful corrective adherence reinforcement skills if required (e.g. how to use pill box, reminder calendar, use of family member as treatment supporter) and refers to OPC for further adherence counseling if indicated	Yes ☐ No ☐ NA ☐
	● Assesses if the medicines are kept in a safe and appropriate place	Yes ☐ No ☐ NA ☐

	● If needed, correctly arranges for referral for client to regional or district level hospitals	Yes ☐ No ☐ NA ☐
	● Fills out client contact form but does not let form completion distract from providing care to the client	Yes ☐ No ☐ NA ☐
Comments:		
Self-care Teaching Skills (only assess if teaching is done during the visit)		
	● Correctly identifies a skill to teach the client and caregiver based on needs identified during the history and physical taking	Yes ☐ No ☐ NA ☐
	◆ Explains the purpose of the skill clearly	Yes ☐ No ☐ NA ☐
	◆ Demonstrates how to do it	Yes ☐ No ☐ NA ☐
	◆ Had the caregiver and client practice the skill	Yes ☐ No ☐ NA ☐
	◆ Does not teach too many skills or confuse the client with too much information	Yes ☐ No ☐ NA ☐
	● Asks if client has the self-care book; if not, gives the client a self-care book and uses it when teaching the client and caregiver a new skill	Yes ☐ No ☐ NA ☐
	● Uses language which is clear and simple; uses words that are understandable; does not use terminology	Yes ☐ No ☐ NA ☐
	● Asks if client has the self-care book; if not, gives the client a self-care book and uses it when teaching the client and caregiver a new skill	Yes ☐ No ☐ NA ☐
	● Uses language which is clear and simple; uses words that are understandable; does not use terminology	Yes ☐ No ☐ NA ☐
Emotional Support Skills		
	● Asks the client how they were feeling emotionally	Yes ☐ No ☐ NA ☐
	● Listens carefully and respectfully to the client's worries and concerns.	Yes ☐ No ☐ NA ☐
	● Demonstrates correct counseling skills	Yes ☐ No ☐ NA ☐
	◆ Correct non-verbal communication: nodding, eye contact, reflecting the mood of the client, facing the client	Yes ☐ No ☐ NA ☐
	◆ Listens and does not interrupt the client	Yes ☐ No ☐ NA ☐
	◆ Asks open ended questions	Yes ☐ No ☐ NA ☐
	◆ Reflects on and paraphrases the statements of the client	Yes ☐ No ☐ NA ☐
	◆ Asks the client what they would like to do in response to the problem they have raised	Yes ☐ No ☐ NA ☐
	◆ Does not advise the client to do anything; does not use sentences like 'you should do this'	Yes ☐ No ☐ NA ☐
	◆ Summarizes the conversation including the actions that the client has decided to take and what the CHBC team will do if anything to support the client in the action they have decided to take	Yes ☐ No ☐ NA ☐

	● The CHBC team informs the client and caregiver about the PLHA and Caregiver support groups including the date and time of the next meetings	Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA ☐
Comments:		
Assesses social support needs:		
	● Assesses whether or not the client and caregiver have social or material needs (assistance with finding work, food, better shelter, etc)	Yes ☐ No ☐ NA ☐
	● Assists client in preparing plan to address social needs	Yes ☐ No ☐ NA ☐
	● If client has children, asks about how the children are doing physically, emotionally, socially	Yes ☐ No ☐ NA ☐
	● Performs physical check of children as needed	Yes ☐ No ☐ NA ☐
	● Discusses future planning with client if requested regarding preparing a will, securing property and identifying a future caregiver for their children	Yes ☐ No ☐ NA ☐
Comments:		
Assesses spiritual care needs:		
	● Asks the client if they need support in accessing support from a religious leader of their faith	Yes ☐ No ☐ NA ☐
	● Assists client in preparing referral to access spiritual support	Yes ☐ No ☐ NA ☐
Comments:		
End of Visit:		
	● Summarizes main findings and action decided on during the visit	Yes ☐ No ☐ NA ☐
	● Asks the client and family if there is anything else they need help with	Yes ☐ No ☐ NA ☐
	● Schedules a time and date for the next visit	Yes ☐ No ☐ NA ☐
	● Provide contact information of CHBC team if relevant (i.e. first visit)	Yes ☐ No ☐ NA ☐
Comments:		

III. Post-visit (after the visit, back in the office)

The home-care team:		
3.1	● Reviews history record form to ensure it is correct	Yes ☐ No ☐ NA ☐
3.2	● Record medicines or supplies which were given to the client in the logbook	Yes ☐ No ☐ NA ☐

3.3	● Place the client's form in the locked file cabinet where client forms are kept	Yes ☐ No ☐ NA ☐
3.4	● Provide correct instruction of a place to follow-up on any referrals made for the client to ensure that the service is received.	Yes ☐ No ☐ NA ☐
3.5	● Refill the home care kit as needed for the next visit	Yes ☐ No ☐ NA ☐
Comments:		

Overall positive feedback and suggestions for improvement discussed with and agreed to by the home-care team:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Annex 4: Home Care Kits

Home Based Care Supplies for Trained Health Care Worker (Nurse, CHW)

Standard CHBC Supply List								
Home Based Care Supplies for Trained Health Care Worker (Nurse, CHW)					**Home Based Care Supplies for Trained Lay CHBC Worker (PLHA, Support Group members, etc. who are not formally trained health care workers)**			
Medication Name	**Dose**	**Unit**	**Indication**		**Medication Name**	**Dose**	**Unit**	**Indication**
Paracetamol	500 mg	Pill	Fever, analgesia(mild pain)		Paracetamol	500 mg	Pill	Fever, analgesia
Paracetamol syrup	120 mg/5cc - 60 cc bottle	Bottle	Fever, younger children, analgesia					
Ibuprofen	200 mg	Pill	Analgesia, fever, anti-inflammatory. Can use when cannot use paracetamol.		Ibuprofen	200 mg	Pill	Analgesia, fever, anti-inflammatory. Can use when cannot use paracetamol.
Paracetamol/Codeine	500 mg/15 mg	Pill	Analgesia Refractory Cough and Fever, (Moderate pain)					
Gentian Violet	Paint	Bottle	Thrush		Gentian Violet	Paint	Bottle	Thrush
Bisacodyl (dulcolax)	5 mg	Pill	Constipation					
Mebendazole	100 mg	Pill	Helminth Infections					
Metronidazole	400 mg	Pill	Diarrhea					
Hyoscine e.g (Buscopan)	10 mg	Pill	Pain Abdomen					
Drotaverine e.g.(Drotin)	40 mg	Pill	Pain Abdomen					
Cotrimazole Lozenges		Tube	Thrush or whitish plaques in mouth					
Scabicide (Permethrin or Benzyl Benzoate)	Topical	Bottle	Scabies		Scabicide (Permethrin or Benzyl Benzoate)		Bottle	Scabies
Domperidon	10-20 mg	Pill	Nausea, vomiting					
Calamine Lotion	Topical	Bottle	Itch, symptom relief		Calamine Lotion	Topical	Bottle	Itch, symptom relief

Petroleum Jelly	Topical	Tube	Itch, dry skin, pressure sore prevention		Petroleum Jelly	Topical	Tube	Itch, dry skin
Zinc Oxide Talcum Powder	Topical	Bottle	Skin irritation		Zinc Oxide Talcum Powder	Topical	Bottle	Skin irritation
Medicated Balm	Topical	Jar	Skin breakdown, headache, nausea		Medicated Balm	Topical	Jar	Skin breakdown, headache, nausea
Ethanol	Topical	Bottle	Disinfectant		Ethanol	Topical	Bottle	Disinfectant
Hydrogen Peroxide	Topical	Bottle	Disinfectant		Hydrogen Peroxide	Topical	Bottle	Disinfectant
Povidine iodine	Topical	Bottle	Disinfectant		Povidine iodine	Topical	Bottle	Disinfectant
Chlorine		Bottle	Disinfectant		Chlorine		Bottle	Disinfectant
Multivitamin	Fixed dose	Pills	Vitamin supplementation		Multivitamin	Fixed dose	Pills	Vitamin supplementation
Multivitamin syrup	Fixed dose	Bottle	Vitamin supplementation					
Oral Rehydration Salts	Sachet	Sachet	Dehydration		Oral Rehydration Salts	Sachet	Sachet	Dehydration
Condoms	Packet	Condom	Prevention of HIV Transmission		Condoms	Packet	Condom	Prevention of HIV Transmission

Other			**2**	**Other**		
ITEM	**UNIT PER TEAM/KIT**	**UNIT**		**ITEM**	**UNIT PER TEAM/KIT**	**UNIT**
Thermometer axillary clinical flat type	1			Thermometer axillary clinical flat type	1	
Nail Cutter	1			Nail Cutter	1	
Sphygmomanometer and Stethoscope	1	set				
Swabstick (sterile)	1	Packet		Swab sticks (sterile)	1	Packet
Scissors (small, steel)	1			Scissors (small, steel)	1	
Kidney tray (steel)	1			Kidney tray (small, steel) (sterile)	1	
Small plastic bowels for holding or preparing solutions, povidine iodine; salt water for cleaning wounds	3			Small plastic bowels for preparing solutions, e.g. salt water for cleaning wounds	3	

Steel jar to hold cotton	1			Steel jar to hold cotton	1	
Tweezers & artery forceps	1			Tweezers	1	
Gloves (small & medium)		Box		Gloves (small & medium)		Box
Cotton wool		Rolls		Cotton wool		Rolls
Gauze 4x4 sterile	25	Packets		Gauze 4x4 sterile		Packets
Bandages, crepe, 4”		Boxes		Bandages, crepe, 4”		Boxes
Bandage Tape				Bandage Tape		
Antiseptic Soap	2	Bars		Antiseptic Soap	2	Bars
Soap dish	1			Soap dish	1	
Bed Sheets	2			Bed Sheets	2	
Hand Towels	3			Hand Towels	3	
Plastic sheeting (for incontinence/ to protect bed)	2			Plastic sheeting (for incontinence/ to protect bed)	2	
Home care kit bag	1			Home care kit bag	1	
Flashlight	1			Flashlight	1	
Plastic bags	25			Plastic bags	25	
Notebook	1			Notebook	1	
Pens	2			Pens	2	
Self-care Handbook	2 per kit : 1for teaching; 1 for client			Self-care Handbook	2 per kit : 1for teaching; 1 for client	
Container to hold sharps (scissors, nail clippers, etc)	1			Container to hold sharps (scissors, nail clippers, etc)	1	
Wooden tongue depressor	1 Box			Detergent	1 Box	

Annex 5: Consumption Form

Home Based Care Supply Monthly Consumption Form

Date: _____ Name of Report Writer: _____

Please complete this form at the end of every month. Please make sure that supplies are reordered on time to prevent stock-outs. If you have reordered stock and they have not arrived on the expected date please notify your supervisor.

Supplies/equipment/medicines	Unit	Supply ordered	Supply received	Supply used	Supply remaining	Supply needed	Supply reordered: Quantity and date of order	Comments

Annex 6a: Registration Form

Community Home-Based Care
Registration Form

Government ID: _____

ASHA ID: | | | | | | |

PATIENT IDENTIFICATION

Patient name: _____

Address: Ward ____ Municipality/VDC _____ District _____ Zone _____

Telephone number: Home_____ Work_____ Mobile _____

Date of birth: _____

Gender: ☐ Male ☐ Female

Marital status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widow(er)

Occupation: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Address: Ward ____ Municipality/VDC _____ District _____ Zone _____

Telephone number: Home_____ Work_____ Mobile _____

REFERRAL INFORMATION

REFERRED/ ADVISED BY

☐ SBC staff ☐ Friend / Family member

☐ STI staff ☐ Sexual or Injecting partners

☐ VCT staff ☐ Others please specify_____

Date: _____

Annex 6b: Identity Card

ASHA

Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS

Address _____

_____

_____

_____

Phone _____

Identity Number

DIS: _____	Governments ID:
IA: _____	
IHS: _____	
Reg. Mth: _____	
Reg. Yr: _____	
Reg. No: _____	

Follow up Dates:

Annex 6c: Client Referral Forms

Client Referral Form

(Facility to Facility)

Name of the Service Center: _____

Date: _____

Name (Optional, false name are acceptable**):** _____

Age / Sex: _____

Code (if Applicable): [ ]

Referred by: _____

Reasons for the referral

- ☐ Medical checkup/management
- ☐ ART service
- ☐ Financial/Social support
- ☐ Drugs and alcohol counseling
- ☐ Crisis Management
- ☐ TB Screening/Treatment
- ☐ STI Case management
- ☐ Essential Package of Care
- ☐ Family planning services
- ☐ Home care assistance
- ☐ VCT
- ☐ Support group/ post test club
- ☐ Psychological support

☐ Others Specify _____

Chief complaints:

Provisional Diagnosis: _____

Treatment (if provided):

Referred to: _____

Signature: _____

Name/ Designation: _____ / _____

Date: _____

Client Referral Form

(Community to Facility)

Name of the Service Center: _____

Date: _____

Name of the Client/Patient: _____

Age / Sex: _____

Target Group:

1	2	3	4	5	6	7	8	9	10	11	12	66	67

We are referring the patient / client for following reasons:

- ☐ Home care assistance
- ☐ ART services
- ☐ Essential Package of Care
- ☐ STI Case management
- ☐ VCT
- ☐ Support group

☐ **Others (specify)** _____

Referred by: _____

Signature: _____

Name/ Designation: _____ / _____

Date: _____

Annex 6d: CHBC Forms in Nepali

मिति :

लक्षित समूह ☐☐

घरमै गरिने हेरचाह वयश्क विरामी : पहिलो सम्पर्क फाराम

१. खुलासा

- मुख्य हेरचाहकर्तालाई तपाईंको एचआईभी अवस्था बारे छलफल गर्न हुन्छ ?
  ☐ हुन्छ ☐ हुँदैन
- सेवार्थीका अन्य पारिवारिक सदस्यहरुसँग सेवार्थीको एचआईभी अवस्था बारे छलफल गर्नु हुन्छ ?
  ☐ हुन्छ ☐ हुँदैन

क) शुरुमा एचआइभीको केही कुरा गर्नु हुन्छ

ख) परिवारका निम्न सदस्यहरुसँग एचआई बारे कुरा गर्न सकिन्छ

---

२. शैक्षित योग्यता : नेपाली लेखपढः _____

शैक्षिक स्तर (पूरा गरेको माथिल्लो कक्षा): _____

३. रोजगारीमा लागेको ?

☐ छ पेशा : _____. मासिक तलवः _____

☐ छैन

४. बैवाहिक स्थिति (ठीक जवाफमा घेरा लगाउनुहोस्)

एकल/अविवाहित/विवाहित/केटा साथी वा केटी साथी /पारपाचुके भएको/विधवा

सन्तान छन् ?

☐ छ कति छन् ?_____.

☐ छैन

५. एचआइभी निदान र हेरचाह

एचआइभी संक्रमण भएको कहिले थाहा भयो ? दिन _____ महिना _____वर्ष _____

एच.आई.भीको उपचार गरिरहनु भएको छ ?

☐ छ यदि छ भने कहाँ ?_____

☐ छैन

६. व्यक्तिगत स्वास्थ्यको विवरण र शारीरिक जाँच

Triage (record vital signs)

- शरीरको तापक्रमः ..... से.
- नाडीको गति ..... प्रति मिनेट
- वजन .....केजी
- रक्तचाप ...../..... मी.मी. Hg (संभव भएमा)
- दुखाइको मापन स्केल : (०-१-२-३-४-५-६-७-८-९-१०) अथवा

क) सामान्य ख) ठीकै ग) गम्भीर

७. व्यक्तिगत स्वास्थ्यको विवरण र शारीरिक जाँच

- क्लिनिकमा भएको उपचारको विवरण : ☐ छ ☐ छैन
  (यदि छ भने तत्कालको स्वास्थ्य समस्या सम्बन्धि विवरण टिप्पणी र एचआइभी क्लिनिकले कुन औषधि दिएको छ हेर्नुहोस्)

८. क्षयरोग

- क्षयरोगको जाँच भयो ? ☐ भयो ☐ भएन
- क्षयरोग देखियो ? ☐ देखियो ☐ देखिएन
- उपचार चलिरहेको छ ? ☐ छ ☐ छैन

९. एआरटी

- एआरटी अहिले लिएको हो वा पहिले देखि नैलिएको हो ? ☐ अहिले ☐ पहिले
- कहिले शुरु गर्नु भयो ?
  महिना..... वर्ष.....
- अझै एआरटी लिदैहुनुहुन्छ ? ☐ छु ☐ छैन
- दिनहुँ कुन समयमा एआरटी लिनु हुन्छ ? .....
- ए.आर.टी लिने कुरा सम्झन कुनै समस्या पऱ्यो कि ? ☐ पऱ्यो ☐ परेन

(यदि परेन भने, सेवार्थीलाई उनीहरुको औषधि सम्झन हरेक पटक हरेक समयमा के गर्नुहुन्छ भन्ने प्रश्न सोध्ने र एडहेरेन्सको लागि जोड गर्ने/ यदि पऱ्यो भने, एडहेरेन्सको लागि जोड गर्नेर ए.आर.टी क्लिनिकमा पठाउने)

- यी औषधिहरु खाएपछि औषधिको कुनै प्रतिकुल असर देखा पऱ्यो कि ? ☐ पऱ्यो ☐ परेन

(यदि पऱ्यो भने, सामान्य लक्षण देखा परेमा सामान्य उपचार दिने र असामान्य अवस्था भएमा एआरटी क्लिनिक जान सल्लाह दिने)

- सामान्य प्रतिकूल असरमा के सल्लाह दिनुभयो ?
  ----

१०. औषधीहरु

(उनीहरुले खाइरहेका सबै औषधिहरु तपाइलाई देखाउन अनुरोध गर्ने)

<u>रोकथाम मूलक औषधी सेवन :</u>

- कोट्रिमोक्साजोल : ☐ हो ☐ होइन कसले खानु भन्यो ? .....
- अन्य : ..... कसले खानु भन्यो ? .....

<u>उपचार</u>

- क्षयरोग औषधि व्यवस्था कसले खानु भन्यो ?.....
- ए.आर.टी. औषधि व्यवस्था कसले खानु भन्यो .?.....

<u>अन्य</u>

..... कसले खानु भन्यो ? .....
..... कसले खानु भन्यो ? .....

११. कार्यक्षमताको अवस्था

- सेवार्थी अरुको सहयोग नलिइकन आफनो हेरचाह गर्नसक्ने अवस्थामा छ ? ☐ छ ☐ छैन
- यदि छैन भने, सेवार्थीले यी काम गर्न सक्छ ?
  क) अरुको सहयोग नलिई विछ्यौनामा जान, ओर्लन र घरमा हिड डुल गर्नसक्छ ? ☐ सक्छ ☐ सक्दैन
  ख) आफै नुहाउन सक्छ ? ☐ सक्छ ☐ सक्दैन
  ग) आप खान सक्छ ? ☐ सक्छ ☐ सक्दैन
  घ) दिसा पिसा गर्न आफै जान सक्छ ? ☐ सक्छ ☐ सक्दैन
  ङ) अरुको सहयोग विना बिछ्यौनामा हलचल गर्नसक्छ ? ☐ सक्छ ☐ सक्दैन
  च) यदि यी कुरा कुनैपनि गर्न सक्दैनन भने सेवार्थीका हेरचाहकर्ता वा परिवारले कस्तो सहयोगको आवश्यकता पर्दछ ?
  .....

१२. सेवार्थीले बताएका तत्कालीन समस्याहरु

सेवार्थीसँग भन्नुहोस्: "कृपया मलाई बताउनुहोस् तपाई अहिले कस्तो अनुभव गरिरहनु भएको छ ? तपाईलाई दुःखेको छ कि, तपाईलाई कतै असजिलो भएको छ कि ?"

.....

.....

सेवार्थीले उल्लेख नगरेका समस्याहरुको सम्बन्धमा पनि प्रश्न गर्नुहोस्, जस्तै

☐ ज्वरो	☐ थकान	☐ वजन घटनु	☐ खान मन नलाग्नु/खान असक्षम
☐ पानीको कमी /तिर्खा	☐ झाडा पखाला	☐ सासफेर्न कठिनाइ	☐ खोकी
☐ दुखाइ (जिउ, शीर,पेट, घाँटी)	☐ छालाको समस्या(दुखाइ, खटिरा, चिलाउने, घाउ, डावर	☐ मुखमा खटिरा	☐ निदाउन कठिनाइ
☐ वाकवाकी बमन	☐ कब्जियत	☐ गुप्तामा दुख्नु तलर बहनु चिलाउनु	☐ झमझमाउनु छाला लाटो हुनु
☐ बिर्सने बानी, भ्रमित हुनु	☐ चिन्ता	☐ दिक्क, उदास	

१३. सि.एच.बी.सी.ले गरेको मूल्याङ्कन परिणाम.....

☐ आँखा : सामान्य समस्या.....
☐ मुख/घाँटी सामान्य समस्या.....
☐ लम्फ ग्रन्थी सामान्य समस्या.....
☐ छाला सामान्य समस्या.....
☐ पेट सामान्य समस्या.....
☐ गुप्ताङ्गको क्षेत्र सामान्य समस्या.....

दिइएका स्याहारहरु

.....
.....

सेवार्थी/परिवारलाई दिइएका सामान वा औषधि .....

.....

१४. स्वहेरचारको शिक्षा र सशक्तिकरण

- स्वहेरचाह सम्बन्धि पुस्तक सेवार्थी र परिवारलाई दिएको छ ? ☐ छ ☐ छैन
- स्वहेरचाह सम्बन्धि विषय परिवारलाई सिकाएको छ ? ☐ छ ☐ छैन
- कुन विषय सिकाएको .....
- सेवार्थीलाई सोध्नुहोस् उनीहरु एच.आई.भी तथा एड्स भएका वा प्रभावित मानिसहरु (पि.एल.एच.ए) लाई सहयोग गर्ने समूहसँग भेट गर्नइच्छुक छन्? ☐ छ ☐ छैन

यदि इच्छुक छन्भने क्लिनिक कहाँ छ बताइदिनु : .....समूह ।

अर्को बैठकमा उनीहरुलाई लैजाने प्रबन्ध गर्नु ताकि उनीहरुलाई थाहा होस कुन स्थानमा जानुपर्छ। कहिले जाने निर्णय गर्नुहोस् ।

.....

१५. यौन

- यौन सम्पर्कमा अचेल पनि सक्रिय हुनुहुन्छ ? ☐ छु ☐ छैन
- यदि हुनुहुन्छ भने, तपाई कण्डम प्रयोग गर्नु हुन्छ ? ☐ गर्छु ☐ गर्दिन
- तपाईंलाई कण्डमको आवश्यकता छ ? ☐ छ ☐ छैन
- आवश्यक छ भने एक महिनामा कति चाहिन्छ .....

  ▶ काठको लिङ्ग देखाएर कण्डम प्रयोग विधि सिकाउनुहोस् उनीहरुलाई आफ्नै हातले कण्डम प्रयोग गर्न लगाउनुहोस्

  ▶ सेवार्थीलाई कण्डम उपलब्ध गराउनु होस्

  ▶ कण्डम वितरणको संख्या लेख्नुहोस्

  .....

१६. लागू औषध प्रयोग (यो प्रश्न आवश्यक परेमा मात्र सोध्नुहोस्)

<u>प्रश्न गर्नु होस्</u>

- अहिले लागु औषधी प्रयोग गरिरहनु भएको छ ? ☐ छ ☐ छैन
  गरिरहनु भएको छ भने कुन औषधि? .....
- सूईबाट लागु औषधी लिनु हुन्छ ? ☐ लिन्छु ☐ लिन्न
  लिनु हुन्छ भने कुन औषधि? .....
- तपाईलाई सियो र सिरिन्ज चाहिन्छ ? ☐ चाहिन्छ ☐ चाहिंदैन
  चाहिन्छ भने दिनमा कति वटा चाहिन्छ ? .....

  ▶ यदि चाहिन्छ भने, त्यस स्थानमा रहेको नशाबाट लागु औषधि लिनेहरु (आई.डी.यु) को क्लवमा उनीहरुलाई प्रेषण गर्नुहोस्
- तपाई लागु औषधिको मात्रामा कमी गर्न वा प्रयोग गर्न छोड्नका लागि सहयोग लिन चाहनु हुन्छ ? ☐ चाहन्छु ☐ चाहन्न

  ▶ यदि चाहनु हुन्छ भने, त्यस स्थानमा रहेको नशाबाट लागु औषधि लिनेहरु (आईडी यु) को क्लवमा उनीहरुलाई प्रेषण गर्नुहोस्

टिप्पणी.....

१७. मदिरा पिउने बारे

- तपाई मदिरा पिउने गर्नु हुन्छ ? ☐ गर्छु ☐ गर्दिन
- तपाई मदिरा सेवन छोडन सहयोग लिन चाहनु हुन्छ ? ☐ चाहन्छु ☐ चाहन्न

  ▶ चाहनु हुन्छ भने, पुनःस्थापन केन्द्रमा प्रेषण गर्नुहोस्

टिप्पणी.....

- तपाई धुमपान गर्नुहुन्छ ? ☐ गर्छु ☐ गर्दिन
- तपाई धुम्रपान छोडन सहयोग लिन चाहनु हुन्छ ? ☐ चाहन्छु ☐ चाहन्न

  ▶ चाहनु हुन्छ भने पुनःस्थापना केन्द्रमा पठाउनु होस्

टिप्पणी.....

१८. भावनात्मक/सामाजिक/आध्यात्मिक अवस्थाको मूल्याङ्कन

<u>सेवार्थीलाई सोध्नुहोस्</u>

- तपाईको शारीरिक स्वास्थ वाहेक भावनात्मक रुपमा तपाई कस्तो अनुभव गरिरहनु भएको छ ? मसँग अनुभव बाँडनु पर्ने वा छलफल गर्नु पर्ने त्यस्ता कुनैकुरा छन् कि ? तपाई कुनै कुरालाई लिएर चिन्तित हुनुहुन्छ कि ? ☐ छु ☐ छैन
- तपाई कुनै सामाजिक सहयोगको विषयमा छलफल गर्नचाहनुहुन्छ कि ? ☐ चाहन्छु ☐ चाहन्न
- कुनै आध्यात्मिक कुराहरु छनकि जुन तपाई छलफल गर्न इच्छुक हुनु हुन्छ ? ☐ छु ☐ छैन

समस्याको पहिचान.....

.....

कार्यान्वयन गर्न मन्जुर भएका कार्यहरु.....

.....

१९. बालवच्चाहरुको आवश्यकताहरुको पहिचान (चाहिएमा) सोध्नुहोस्

● केटाकेटीहरुको स्वास्थ्य, एचआईभीको अवस्था, उनीहरुको विद्यालयसम्मको पहुँच, उनीहरुको भविष्यको योजना आदि जस्ता समस्या र अन्य केटाकेटी सम्बन्धि चिन्ता लाग्ने कुनै कुराहरु छन्कि ? ☐ छ ☐ छैन

समस्याको पहिचान.....
.....

कार्यान्वयन गर्न मन्जुर भएका कार्यहरु.....
.....

२०. परिवारका स्याहार सुसार गर्ने व्यक्तिको जानकारी

● सेवार्थीलाई स्याहार गर्ने परिवारका सदस्यलाई सोध्नुहोस्: तपाई सेवार्थीलाई दिनमा कति घण्टा स्याहार सुसार गर्नु हुन्छ.....
.....

● तपाईको यो स्याहार सुसार कार्यमा सघाउने अरु कोही छन् कि ? ☐ छन् ☐ छैनन्
छन् भने को छन् ?.....

● तपाईलाई अरु सहयोग चाहिन्छ कि ? ☐ चाहिन्छ ☐ चाहिंदैन

समस्याको पहिचान.....
.....

कार्यान्वयन गर्न मन्जुर भएका कार्यहरु.....
.....

२१. प्रेषण

प्रेषणको आवश्यकता.....
सिफारिस गरिएको स्थान.....
साइट प्रेषण सम्पर्क.....
सि.एच.बी.सी. ले आवश्यकता अनुसार प्रेषणको अनुगमन गर्ने
.....
भेटघाटको अर्को मिति.....
सि.एच.बी.सी. कार्यकर्ताहरुको नाम.....
कैफियतः .....
कृपया कैफियतमा मृत्यु भएको वा अनुगमनको लागि नआएको उल्लेख गर्नुहोला ।

मिति :

लक्षित समूह ☐☐

घरमै गरिने हेरचाह वयश्क विरामी : अनुगमन फाराम

१. व्यक्तिगत स्वास्थ्यको विवरण र शारीरिक जाँच

Triage (record vital signs) (प्रत्येक पटक जाँदा)

शरीरको तापक्रम : .....से,

नाडी को गति..... प्रति मिनेट

रक्तचाप :.....

वजन ..... केजी

दुखाइको मापन स्केल : (०-१-२-३-४-५-६-७-८-९-१०) .....:..... अथवा.

क) सामान्य ख) ठीकै ग) गम्भीर

२. व्यक्तिगत स्वास्थ्यको विवरण र शारीरिक जाँच

यदि पहिलेको भेटमा सोधेको प्रश्नको उत्तर नकारात्मक रहेमा, कृपया पुनः जाँच्नु होस्

- क्लिनिकमा भएको उपचारको विवरण : ☐ छ ☐ छैन

(यदि छ भने तत्कालको स्वास्थ्य समस्या सम्बन्धि विवरण (पूर्जा) र एचआइभी क्लिनिकले कुन औषधि दिएको छ हेर्नुहोस्)

३. ए.आर.टी पछिल्लो भेटपछि

- एआरटी लिदै हुनुहुन्छ ? ☐ छ ☐ छैन
- दिनहुँ कुन समयमा एआरटी लिनु हुन्छ ? .....
- एआरटी लिने कुरा सम्झन कुनै समस्या पऱ्यो कि ? ☐ पऱ्यो ☐ परेन
- गएको हप्ता एआरटीको कुनै मात्रा लिन बिर्सनु भयो कि ? ☐ भयो ☐ भएन

यदि बिर्सनु भएको भए कुन औषधि कति चक्की खान बिर्सनु भयो ।

टिप्पणी.....

.....

नोट : (सेवार्थीलाई उनीहरुको औषधि सम्झन हरेक पटक हरेक समयमा के गर्नुहुन्छ भन्ने यदि पऱ्यो भने, एडहेरेन्सको लागि जोड दिने र एआरटी क्लिनिकमा पठाउने)

- यी औषधिहरु खाएपछि औषधिको प्रतिकुल असर देखा पऱ्यो कि ? ☐ पऱ्यो ☐ परेन

(यदि पऱ्यो भने, सामान्य लक्षण देखा परेमा सामान्य उपचार बताउने र असामान्य प्रतिकूल अवस्था भएमा एआरटी क्लिनिक जान सल्लाह दिने)

- सामान्य प्रतिकूल असरमा के सल्लाह दिनुभयो

टिप्पणी.....

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४. क्षयरोग: (पहिला जाँच भएर औषधी लिँदै गरेको भए नसोध्ने)

- क्षयरोग जाँच भयो ? ☐ भयो ☐ भएको छैन

५. औषधिहरु

प्रत्येक पटक जाँदा (उनीहरुले खाईरहेका सबै औषधिहरु र डाक्टरले दिएको विवरण (पूर्जा) हेर्ने)

औषधी सेवन :

- रोकथाम मुलक कोट्रिमोक्साजोल लिदै हुनुहुन्छ ?: ☐ छ ☐ छैन
- क्षयरोगको औषधि लिदै हुनुहुन्छ ? ☐ छ ☐ छैन
- अन्य औषधि लिदै हुनुहुन्छ ? ☐ छ ☐ छैन

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६. कार्यक्षमताको अवस्था

सेवार्थी अरुको सहयोग नलिइकन आफनो हेरचाह गर्नसक्ने अवस्थामा छ ? ☐ छ ☐ छैन

यदि छैन भने, सेवार्थी यी काम गर्नसक्छ ? ☐ सक्छ ☐ सक्दैन

- अरुको सहयोग नलिई बिछ्यौनामा जान, ओर्लन र घरमा हिंडडुल गर्नसक्छ ? ☐ सक्छ ☐ सक्दैन
- आफै नुहाउन सक्छ ? ☐ सक्छ ☐ सक्दैन
- आफै खान सक्छ ? ☐ सक्छ ☐ सक्दैन
- दिसा पिसा गर्न आफै जान सक्छ ? ☐ सक्छ ☐ सक्दैन
- अरुको सहयोग विना बिछ्यौनामा हलचल गर्नसक्छ ? ☐ सक्छ ☐ सक्दैन
- यदि यी कुरा कुनैपनि गर्न सक्दैनन भने सेवार्थीका हेरचाहकर्ता वा परिवारले कस्तो सहयोगको आवश्यक पर्दछ ?

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दिइएका स्याहारहरु बारे लेख्नुहोस् .....

<u>सेवार्थीसँग भन्नुहोस्</u>

तपाईलाई पहिलाको समस्याबारे कस्तो अनुभव गरिरहनु भएको छ ? पहिलाको समस्याबाट अझै दुःखेको छ कि वा कतै असजिलो भएको छ कि ? ☐ छ ☐ छैन

टिप्पणी.....

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७. सेवार्थीले बताएको अहिलेका समस्याहरु बारे सोध्नुहोस् र स्पष्ट गर्नुहोस्

- अरु समस्या भए पनि तपाइं अहिले कस्तो अनुभव गरिरहनु भएको छ ? ☐ ठिक छ ☐ ठिक छैन
- तपाईलाई अहिले कुनै नयाँ समस्या वा असजिलो भएको छ ? ☐ छ ☐ छैन

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सेवार्थीले उल्लेख नगरेका समस्याहरुको सम्बन्धमा पनि प्रश्न गर्नुहोस्, जस्तैः

☐ ज्वरो	☐ थकान	☐ वजन घटनु	☐ खान मन नलाग्नु/खान असक्षम
☐ पानीको कमी /तिर्खा	☐ झाडा पखाला	☐ सासफेर्न कठिनाइ	☐ खोकी
☐ दुखाइ (जिउ, शीर,पेट, घाँटी)	☐ छालाको समस्या(दुखाइ, खटिरा, चिलाउने, घाउ, डावर	☐ मुखमा खटिरा	☐ निदाउन कठिनाइ
☐ वाकवाकी बमन	☐ कब्जियत	☐ गुप्तामा दुख्नु तलर बहनु चिलाउनु	☐ झमझमाउनु छाला लाटो हुनु
☐ बिर्सने बानी, भ्रमित हुनु	☐ चिन्ता	☐ दिक्क, उदास	

८ सि.एच.बी.सी.ले गरेको मूल्याङ्कन परिणाम.....

- आँखामा समस्या छ ? ☐ छ ☐ छैन
- मुख/घाँटीमा समस्या छ ? ☐ छ ☐ छैन
- लम्फ ग्रन्थीमा समस्या छ ? ☐ छ ☐ छैन
- छालामा समस्या छ ? ☐ छ ☐ छैन
- पेटमा समस्या छ ? ☐ छ ☐ छैन
- गुप्ताङ्गको क्षेत्रमा समस्या छ ? ☐ छ ☐ छैन

दिइएका स्याहारहरु लेख्नुहोस् .....

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सेवार्थी/परिवारलाई दिइएका सामान वा औषधि बारे लेख्नुहोस् .....

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९. स्वहेरचारको शिक्षा र सशक्तिकरण

- स्वहेरचाह सम्बन्धि ज्ञान परिवारलाई दिएको छ ? ☐ छ ☐ छैन

कुन विषय सिकाएको लेख्नुहोस् ? .....

- पोषण बारे छलफल गर्नुभयो ? ☐ भयो ☐ भएन
- पि.एल.एच.ए लाईसहयोग गर्ने समूहसँग भेट गर्नेगरेका छन्? ☐ छ ☐ छैन ।

छैन भने बैठकमा उनीहरूलाईलैजाने प्रवन्ध गर्नुहोस्.....

१०. यौन

हाल यौन सम्पर्कमा अचेल सक्रिय हुनुहुन्छ ? ☐ छ ☐ छैन

- यदि हुनुहुन्छ भने, तपाई कण्डम प्रयोग गर्नु हुन्छ ? ☐ गर्छु ☐ गर्दिन
- तपाईंलाई कण्डमको आवश्यकता छ ? ☐ छ ☐ छैन
  - ▶ काठको लिङ्ग देखाएर कण्डम प्रयोग विधि सिकाउनुहोस् उनीहरुलाई आफ्नै हातले कण्डम प्रयोग गर्न सिकाउनुहोस्
  - ▶ कण्डम वितरणको संख्या लेख्नुहोस्.....

११. लागू औषध प्रयोग (यो प्रश्न आवश्यक परेमा मात्र सोध्नुहोस्)

यदि यस अघि उनीहरुको उत्तर नकारात्मक रह्यो भने, कृपया पुनः जाँच गर्नु होस्

- तपाईलागु औषधिको मात्रामा कमी गर्न वा प्रयोग गर्न छोड्नका लागि सहयोग लिन चाहनु हुन्छ ? ☐ चाहन्छु ☐ चाहन्न
  - ▶ यदि चाहनु हुन्छ भने, त्यस स्थानमा रहेको नशाबाट लागु औषधि लिनेहरु (आईडी यु) को क्लवमा उनीहरुलाई प्रेषण गर्नुहोस्

टिप्पणी.....

१२. सेवार्थीलाई भावनात्मक/सामाजिक/आध्यात्मिक बारे सोध्नोस्

- तपाईको शारीरिक स्वास्थ वाहेक भावनात्मक रुपमा तपाई कस्तो अनुभव गरिरहनु भएको छ ? मसँग अनुभव बाँडनु पर्ने वा छलफल गर्नु पर्ने त्यस्ता कुनै कुरा छन् कि वा तपाई कुनै कुरालाई लिएर चिन्तित हुनुहुन्छ कि ? ☐ छ ☐ छैन
- तपाई कुनै सामाजिक सहयोगको विषयमा छलफल गर्न चाहनु हुन्छ कि ? ☐ चाहन्छु ☐ चाहन्न
- कुनै आध्यात्मिक कुराहरु छन कि, के तपाई छलफल गर्न चाहनु हुन्छ ? ☐ चाहन्छु ☐ चाहन्न

समस्याको पहिचान.....

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कार्यान्वयन गर्न मन्जुर भएका कार्यहरु लेख्नुहोस्.....

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१३. बालवच्चाहरुको आवश्यकताहरुको पहिचान

- केटाकेटीहरुको स्वास्थ्य, एचआईभीको अवस्था, उनीहरुको विद्यालयसम्मको पहुँच, उनीहरुको भविष्यको योजना आदि जस्ता समस्या र अन्य केटाकेटी सम्बन्धि चिन्ता लाग्ने कुनै कुराहरु छन् कि ? ☐ छ ☐ छैन

समस्याको पहिचान.....

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कार्यान्वयन गर्न मन्जुर भएका कार्यहरु.....

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१४. प्रेषण

प्रेषणको आवश्यकता.....

सिफारिस गरिएको संस्था/सम्पर्क गर्ने ठेगाना.....

सि.एच.बी.सी. ले आवश्यकता अनुसार रिफरल अनुगमन गर्ने .....

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भेटघाटको अर्को मिति.....

सि.एच.बी.सी. कार्यकर्ताहरुका नाम.....

सही.....मिति.....

कृपया कैफियतमा मृत्यु भएको वा अनुगमनको लागि नभेटिएको उल्लेख गर्नुहोला ।

कैफियतः .....

Annex 7: PLHA Support Groups

PLHA Support Groups

Strengthening existing PLHA groups and helping to form new ones are the priorities of CHBC program. CHBC team members should support the formation of such groups using the following guidelines.

What is a PLHA Support Group?

A PLHA support group is:

- A group of PLHA that meet regularly to provide each other with emotional support, plan and implement community and clinic-based care and support activities, advocate for the things they need, teach each other self-care skills, promote adherence and enjoy themselves.
  - The group is self-managed by PLHA
  - Participation in the group is voluntary

Why is a PLHA Support Group important and how does it fit into the CoC?

The Continuum of Care (CoC) is a network of clinic/hospital and community-based services which respond to the needs of PLHA and their families. Since PLHA know their needs better than anyone, PLHA need to be actively and meaningfully involved in shaping these CoC services. One very important way for PLHA to develop the skills and strength to support themselves and develop leadership skills is through PLHA support groups.

- The PLHA group helps PLHA to feel more self-confident, more hopeful, more able to cope with having HIV, more knowledgeable about how to stay healthy and eventually more comfortable in talking with health-care workers, family, friends and neighbors about their concerns and needs. *Peer groups are the first step of PLHA empowerment; they open the door to more meaningful involvement of PLHA as peer counselors, educators, advocates and leaders.*[1]
- Support groups are often very important for people who have just tested positive and are in the first stages of attempting to cope with their HIV status. Joining a support group can help them to recover faster from the shock of testing positive:
- PLHA support groups are the starting point for PLHA themselves to respond to the real needs of group members and other PLHA in the community. Tasks which may be accomplished by the PLHA groups include making home-visits to sick members, providing bedside care to hospitalized members, counseling members that are not adherent about how and why to remain adherent, fund-raising to support members to afford health care, or to meet other needs; providing childcare to members; starting group income generating activities and much, much more. In Thailand, Nepal, Cambodia, India and many other countries around the world, PLHA groups become registered organizations and fundraise, manage their own funds and plan and implement their own activities. In Thailand, PLHA groups have become like any other community development organization and now provide grants and support to other vulnerable populations in the community.

What do PLHA Support Groups Do?

PLHA support groups fundamentally offer emotional support, understanding and solidarity to members. Groups are a place for people who may have been rejected by many people in society to feel loved and valued. When groups meet together members may talk with each other about how they are feeling, problems they are facing and what they might consider doing to address the problem. Just being able to talk freely with others facing similar situations can be very empowering.

PLHA support groups also:

- Teach each other self-care skills (nutrition, exercise, meditation, symptom care)
- Help each other reinforce medicine adherence by talking about member experiences with ART and other medicines and helping members to find ways to improve their adherence (buddy systems, training PLHA family member to remind PLHA, memory aids etc…

[1]"Values Voices GIPA Toolkit for the Greater Involvement of People Living with HIV/AIDS", Asia Pacific Network of People Living with HIV/AIDS (APN+), 2004.

- Teach each other how to manage common side-effects of ART
- Reinforce prevention knowledge and skills (ie. harm reduction, safer sex)
- Provide correct information and referrals on PMTCT, TB, VCT and other CoC services commonly needed by group members
- Plan and conduct the following community services:
  - Provide care to hospitalized members through regular visits, bringing food, providing basic nursing care, etc
  - Make home-visits to sick members
  - Organize meetings or events at the HIV out-patient clinic
  - Develop an emergency support fund for members who need medicines, support with hospital costs, etc
  - Fund-raise for group activities,
- Develop group work plans, assign roles to group members and implement their plans
- Negotiate to improve services for PLHA and their members
- Advocate for better policies, laws and services for PLHA

Who leads the PLHA Support Group?

- The group elects a PLHA Leader and a Vice-Leader(s)
- The Leader and Vice-leader are responsible for planning PLHA support group meetings and organizing PLHA support group activities.
- The Leader is also responsible for managing any conflicts or problems which may develop between members
- The Leader and Vice-leader need to be responsible, present at all group meetings, responsive to the group members needs, fair, honest, light-hearted, kind and welcoming to all, able to accept feedback, respectful of all group members and compassionate.
- There should be gender balance if possible in the group leadership

How many PLHA should be in a Support Group?

- A support group can range from 3 members to 100. If there are many PLHA in the group, the group may decide to divide the group into smaller groups.

How often should the PLHA Support Group meet?

- The PLHA support group members decide when is best for them to meet
- Most PLHA support groups meet at least once a month
- Groups often select a time to meet each month that is fixed, for example, the PLHA support group meets the last Friday of every month.

Where should the PLHA Support Group meet?

- The PLHA support group should meet where it is best for members. They should take into consideration transportation costs/distance issues for group members.
- Some groups meet at a health facility so they can also get a health check-up; others meet at one of their homes, or at the group office if they have one.

What is the role of the health worker, NGO or home-care team in supporting the PLHA support group?

- Some PLHA groups may need help in organizing the first few PLHA support group meetings. In this case, the health care worker, etc should:
  - Help the PLHA who want to start the support group plan for the first meeting (eg deciding who to invite, preparing the meeting agenda, finding a meeting place, sending out invitations to PLHA who might be interested in attending, deciding whether or not to help cover meeting transport costs, etc).
  - Assist in facilitating the first few meetings, if needed

- The CoC services (VCT or Out Patient Care, etc) should share information about the PLHA support group and when/where the meeting takes place and refer those who are interested in joining to the PLHA group to the group leader.
- Ensure the group is involved in all CoC planning meetings, activities
- Join support group meetings periodically to discuss issues or provide training in specific self-care techniques
- Provide funding to the PLHA group to assist them in implementing their own activities.

What should happen in the first PLHA support group meeting?

- Make sure all participants have a meeting agenda (if this is appropriate in the given circumstance)
- Participants should introduce themselves to each other (through a game or however is appropriate)
- The PLHA who initiated the group should share with participants why they decided to invite the other PLHA to this meeting and what the purpose of this PLHA support group is. They should also describe what other groups in their country and other nearby countries do.
- Then review the meeting agenda with the group and ask if there is anything else that participants would like to add to the agenda
- The group can then brainstorm names for the group and vote for the name they like best
- After deciding on the name, the group should set norms about how they will function. For example: members need to show respect to each other, all information shared in the group is confidential and will not be shared with anyone outside of the group, group members should not criticize each other, etc.
- PLHA in the group should discuss what they think the Vision of the group should be. For example, the group may decide the Vision is to empower all group members to feel more self-confident and comfortable in their community; or the Vision is to create a group where all PLHA feel supported and loved
- Group members can brainstorm the types of things they think the groups should do. This list can be reviewed in the second meeting to see how members would like to prioritize the activities brainstormed on the list
- In the first meeting, the members can decide to elect the group Leader and Vice-Leader or they can wait to do it at the second meeting so members have more time to consider whether or not they would like to nominate themselves for these roles.
- If the meeting takes place at the health facility, after the meeting, members can meet with health care workers to discuss any health concerns or questions they might have.

What kinds of things happen in PLHA support group meetings?

- Sharing of things that made members happy or sad since they met last
- Problems faced with health care or other services, for example, problems with referral, attitudes of health care workers, etc
- Planning for group activities outside of group meetings such as income generation activities, home-care visits, visiting PLHA members who are hospitalized, visits to the local pagoda or church, trainings on self-care or other topics
- Self-care discussions, demonstration and practice new self-care skills. These can include sessions on nutrition, skin care, cotrimoxazole prophylaxis, antiretroviral therapy, meditation, role of traditional medicine, etc. It is up to the PLHA support group to prioritize what self-care topics it is interested in learning about.
- Games and fun
- Snacks or lunch
- Other activities as defined by the group

When does the PLHA Support Group do activity planning?

- After the first few meetings, the PLHA Support Group should organize a meeting which focuses on making a six-month or one year activity plan.
- The activity plan can look like this:

Example:

Activity	Date	Person Responsible	Cost
1. Monthly meeting	Apr 1	Group Leader	xxxx
2. Group visit to the hospital or crisis home or home	May 1	Group Vice-Leader	xxxx
3. ART adherence support meeting	May 15	Group Leader	xxxx

- Once a year, the group should meet to make the annual workplan and reflect on the successes of the group over the past year
- Home-care teams can help the group with making the annual plan if the group wants help from them

What are PLHA Support Group Outings?

- At least twice a year, the project supports PLHA support groups to plan and go on outings.
- The outings can be picnics, visits to local parks or historical sites, etc. It is up to the PLHA support group to decide where to go but should not be too far away so that it is easy to organize transportation to the outing site.

Annex 8:

CHBC SOP # 10: Symptom care and its management

Item	Symptoms	What to do	Refer to the clinic
1.	Fever	Give cold sponge, Give plenty of oral fluid (soup, water, Oral Rehydration Solution (ORS) Give paracetamol orally 1 tab stat, 8 hourly for one day	HIGH fever >101 F Refer to clinic if fever is high> 102.F if fever not coming down in 1 day
2.	Nausea & vomiting	Give sips of water and black tea, Give oral rehydration solution even vomiting continues , continue sips of ORS Give tab domperidon (10-20 mg) 12 hourly , orally, maximum for 2 days	If fever & diarrhea Blood in the vomit & stool Vomiting lasts more than two days Pain in stomach Refer to clinic if nausea vomiting if it is not control Vomiting in excess and not relieved by medication
3.	Diarrhea	Give oral rehydration solution, Give plenty of oral fluid: black tea, soup, rice water, banana, curd and soft rice Give tab metronidazole 400mg orally x 3 times x 5 days	Assess clients for dehydration (dry lip, dry tongue, sunken eyes, Refer , if diarrhea is more than 10 in 12 times & urine out put is low or absent Associated with fever and vomiting
4.	Sore throat	Gargle with warm salted water	Refer if difficulty in swallowing or high fever (>101oF)
5.	Lack of desire to eat	Give desired food, eat frequently Give multivitamin if poor food intake	
6.	Bodyache, headache	Rub Balm Give paracetamol 500mg orally , upto 4 times	Refer to clinic in severe headache associated with headache
7.	Severe headache and bodyache	Tab paracetamol & codeine e.g. (codomol) 1 tab x 8 hourly,	Refer if symptoms does not go away
8.	Skin problem/rashes /dry skin/skin irritation	Keep the skin dry , daily bath, moisten the skin with a little water and apply calamine lotion for itching and petroleum jelly for dry skin	Refer if persistent problem or if on ART and eye, mouth, genital symptoms or blister formation.
9.	Cough & chest pain	Give luke warm water orally Keep in upright position Give paracetamol 1 tab x 8 hourly for mild pain , scale 1-3, maximum for 1day Give paracetamol & codeine e.g. (codomol) 1tab x 8 hourly , in moderate pain, scale 4-6	Refer if symptoms does not go away even after medication
10.	Thrush (whitish plaques in mouth)	First , gentian violet paint, if symptoms persist give Clotrimazole Lozenges as needed	Refer if symptoms does not go away even after medication
11.	Pain abdomen	Give Hyoscine e.g. (Buscopan)10 mg orally for mild pain, scale 1-3, 1 day Give drotaverine (Drotin) 40 mg orally x 3 times x maximum for 2 days for moderate pain, scale 4-6	Refer if symptoms does not go away even after medication

12.	Bed sore/wound	Frequent position changes. Keep the wound clean and dry Dressing with Betadine Maintain sterile technique	Refer to hospital if increasing in size and not healing
13.	Constipation	Give plenty of fluids orally Give green vegetables high fiber diet (vegetables & pulses) Give tab Bisacodyl e.g.(dulcolax) 1 or 2 tab at bed time	Refer if symptoms does not go away for more than three to four days
14.	Tingling numbness	Soak feet in warm water & massage with soaked cloth in warm water Ibuprofen 400mg 1 tab after meals up to 2-3 times a day	Refer if symptoms does not go away
15.	Joint pain	Diclofenac gel, massage as needed If pain do not subside, give Ibuprofen 1 tab after meal, up to 2-3 times, maximum for 2 days	Refer if symptoms does not go away
16.	If patient is pale / anemic who are aking ARV		Refer to hospital If diagnosed as iron deficient anemia, educated client and family on high iron diet with Vitamin C containing foods.
17.	Anxiety	Refer care series booklet	Refer if symptoms does not go away
18.	earache	Give paracetamol 1 X 8 hourly maximum for 2 days	Refer if persistent pain
19.	ear discharge		Refer
20.	Genital pain, itching discharge	Advice for genital hygiene	Refer to hospital or clinic. For purulent and foul smelling discharge refer directly

Annex 9: Confidentiality Statement in Nepali

गोप्यता र गुणस्तरीय हेरचाहको लागि प्रतिबद्धता

म,.....निम्न उपायबाट मेरो विरामीको गोप्यता संरक्षण गर्छु:
(नाम)

- औषधोपचारको सिलसिलामा वा अत्यावश्यक अवस्थमा वाहेक मैले मेरो विरामीको विषयमा, उनको अवस्था बारे कसैलाई पनि जानकरी दिन्न । मेरो विरामीको परीक्षणको जानकारी तोकिएका व्यक्ति वा मेरो विरामीसँग सहमति लिएर मात्र अरुसँग यसको चर्चागर्ने ।
- मेरो विरामीको सहमति नलिइकन कसैसँग उनको परिवारका सदस्यहरुसँग समेत उनको एचआइभी परीक्षणको विषयमा जानकारी दिइने छैन र छलफल गरिने छैन ।
- विरामीको फाइल, फाराम आदिमा उनको नाम उल्लेख नगरी संकेत चिन्ह दिन सबैले देख्ने गरी विरामीको फाइल जहाँ पायो त्यहाँ नछोड्ने
- विरामीको व्यक्तिगत फाइल प्रयोग नभएको समयमा निश्चितरुपले लकरमा ताला मारी राख्ने

म निम्न कुराको पालना गर्न प्रतिज्ञारत छु :
मेरो क्षमताले भ्याएसम्म विरामीलाई सर्वोत्तम सुविधा दिने छु

- निजको हेरचाह र सहयोग मेरो क्षमता र तालीम भन्दा बाहिरबाट हुनसक्दैन । मेरो पहुचभन्दा बढी हेरचाह र सहयोग आवश्यक परेमा म विरामीलाईअरु कहा सिफारिस गर्नेछु ।
- जसले सहयोग र हेरचाहको लागि मद्दत माग्छ उसैलाई दिनेछु
- जसलाई हेरचाह र सहयोगको आवश्यकता पर्छम उसलाई अस्वीकार गर्दिन । उसलाई अनुगमन सेवा दिने र हेरचाह गर्ने छु ।
- म सुपरभाइजर रहेमा मेरो टोलीले गोप्यता कायम गर्नगरेको वचनवद्धतालाई पालना गर्नलगाउने छु ।

हेरचाह गर्ने व्यक्तिको हैसियतले मेरो निम्न अधिकार हुने छ :

- कामको लागि पन्जा, ब्लिच/क्लोरिन, आदि गुणस्तरीय प्रतिरोधात्मक वस्तु पाउने ।
- कामको सिलसिलामा एचआइभी सर्ने घटना भएमा राष्ट्रिय एचआइभी नीति अनुरुप रोकथामका लागि पी.इ.पी. पाउने ।
- कामको सिलसिलामा एचआइभी संक्रमण भएमा एआरटी पाउने ।
- हेरचाह गर्ने व्यक्तिको हैसियतले मैले आफनो सीप र क्षमता विकास गर्नआवश्यक तालीम पाउने ।
- म भन्दा माथिका अधिकारीबाट मैले र मेरो टोलीले रेखदेख र सहयोग पाउने ।

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नाम र सही मिति