

**Community and Home Based Care
for
Adults and Children Living with HIV**

**Standard Operating Procedure
Manual**

A u g u s t 2 0 1 0

ASHA Project, FHI/Nepal
USAID Cooperative Agreement #367-A-00-06-00067-00
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FOREWORD

Through the United States Agency for International Development (USAID) funded ASHA Project, FHI Nepal is working in close partnership with 13 local NGOs to provide Community and Home Based Care (CHBC) services to people living with HIV and AIDS (PLHA) in 13 districts. The CHBC services were initiated in 2005 to provide care and support services to PLHA and their families at their homes or in a location of their choice.

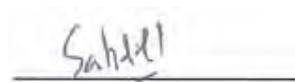
HBC services are recognized in Nepal's National HIV and AIDS Strategy as one of the key treatment, care and support components. CHBC services consist of care which responds to the physical, social, emotional and spiritual needs of PLHA and their families. These services have made it possible for PLHA to receive care in a familiar environment, to continue participating in family affairs, and to retain a sense of belonging to their social groups. CHBC services have been especially important for people living far from treatment and care facilities and those who do not have access to transport or whose mobility is otherwise restricted. The CHBC services have also contributed to greater retention in care and treatment services and have reduced loss to follow-up.

ASHA Project has integrated the CHBC component with its IHS sites¹. While some NGOs provide a mix of services, there are six local NGO partners who focus only on providing CHBC services to PLHA among them three are PLHA led NGOs. Currently, 84 CHBC team members including 42 PLHA are providing CHBC services.

This CHBC Standard Operating Procedure Manual has been revised based on the National CHBC Guidelines, SOP and CHBC service approaches. This revised SOP also includes an updated ASHA Identifier (ID), sample referral slips, Nepali CHBC forms, supportive supervision forms and quality assurance/quality improvement forms.

This SOP is intended for use by ASHA Project implementing agencies, NGOs, community-based organizations and anyone providing CHBC services.

FHI Nepal gratefully acknowledges all those who contributed to the SOP revision process. FHI Nepal is very thankful to all the NGO partners who are currently implementing the CHBC components. The feedbacks received from these organizations were immensely useful in the revision of this document. FHI Nepal also extends special thanks to USAID for providing valuable technical guidance and financial assistance to the CHBC activities in Nepal over the past five years.



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¹ Integrated Health Service (IHS) sites provide a one stop service site for STI, VCT, and EPC (Essential Package of Care) services

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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, FHI technical and program staff in order to create a common understanding of guidelines of care and service delivery.

Palliative care addresses suffering related to life-limiting illnesses. It deals from diagnosis to death, throughout bereavement, inclusive of care for children orphaned or otherwise made vulnerable by HIV. It is offered to people with HIV, including those on Anti-retroviral therapy (ART) and not on ART. Palliative care is provided at every level of the health care system through tertiary and district hospitals, home-based care, community and government services such as hospices, 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. It offers guidance on how to manage common and distressing symptoms in adults and children with HIV along with, a description of palliative care for specific populations. Annexes 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 workers;
- 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. Objectives of the manual are as follows:

- Provide CHBC teams with essential information on how to provide quality palliative care to PLHA – those receiving ART and those without.
- Provide CHBC teams with operational information on 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 the 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 orient new CHBC staff 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 enacted to ensure respectful, confidential and 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 an HIV infected person to choose home based care and support. PLHA and their families have the rights to continue or discontinue services as needed.
2. ***Part of the Continuum of Care:*** CHBC services are offered as part of a package, which include ART and hospital-based HIV clinical care. CHBC should not replace hospital/clinic based care. CHBC is a service which is one part of the continuum of care for PLHA. It provides a variety of service choices to PLHA and families intending to receive regular care in their home environment.
3. ***Service provision is based on need:*** CHBC services attempt to (within available resources) support PLHA and families meet their expressed needs. Teams conduct needs assessments within 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.
4. ***Client Confidentiality:*** Client information is kept confidential at all times. CHBC team providers take an oath of confidentiality. Client records are managed by a limited number of authorized staff; files are locked and kept in a secure location.
5. ***Interdisciplinary Teams – Role of PLHA, health care workers and social workers: CHBC teams reflect*** a balance between HIV positive/ HIV negative individuals. A balance is also maintained between 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.
6. ***Quality pain treatment and other symptom care:*** CHBC teams have a duty to provide the highest quality care possible guaranteed that resources are available. This includes an assessment of pain and other symptoms on every home visit. The history of an individual is noted down along with a basic physical assessment. Severity of the situation is also taken into consideration.
7. ***Continuity of care:*** Once a client is enrolled in the CHBC program, they receive routine visits, supporting a regular interval. Teams work out a home visit routinely. If a client is in need of more frequent support, then the CHBC team provides regular visits as required by the needs of the clientele.
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. Support staff is appropriately paid for their work. Teams have access to universal precaution and psychological support materials to help them deal effectively with care giving stress of various kinds. 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 the time of death, through out the process of bereavement and beyond – including caring for family and children of PLHA after the death of a client. 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

HIV is a lifelong infection. A HIV infected person requires different levels of care during the life time forming parts of a continuum. The continuum starts with diagnosis of HIV in a client and ends with death of the client. The set of cares required during different steps of life form continuum of care. CHBC fits everywhere starting from diagnosis to the end of the life and beyond.

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 or links to a NGO IHS 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 (e.g. health-post and sub-health post staff, and female community health volunteers)

As far as possible CHBC teams should always be formally linked to a hospital or a clinic that provides HIV clinical care and ART. The CHBC NGO will need to make an agreement between the teams, the hospital, clinic and the services provided by clarifying the roles and responsibilities of each of the above. .

Quality HIV care can rightly be administered only when PLHA are able to receive support within their home, community, hospital. When and where they need it.

B. Family-centered care

Many people living with HIV have children. There are possibilities of some children being infected by the aids virus while others may not be infected at all. 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 constant supervision, dedication and support. The CHBC team plays an important role in helping families manage their complicated schedules in the face of receiving affective care.

IV. Geographic Area Coverage and Service Package

A. Geographic coverage area

- CHBC teams usually cover a selected geographical area. Some teams are organized according to a district, while others are based according to client groups (e.g. MSM, IDU, SW, Migrants), regardless, of geographical parameters, CHBC program need to allow frequent visits to the client for quality care while reaching as many PLHA that are in need of CHBC services.
- Limits of geographical coverage also need to be clearly communicated to potential clients so that clients are aware of the services being provided in a particular area.

B. Service Package

- CHBC services need to clearly define the various services being provided. When new clients are enrolled in the CHBC program, the teams need to explain the services being provided to meet the expectations of the client. Any services not offered by the CHBC needs to be communicated as well.
- For services not offered by the CHBC team (e.g., providing grants or loans to clients), the CHBC program should associate the client with other agencies providing the above mentioned services. Working with the District AIDS Coordination Committee (DACC) helps the NGO in making these links to other organizations

V. CHBC Service Awareness and Advertisement

- All services provided by the CHBC programs can be advertised by word-of-mouth through PLHA groups, Integrated Health Service (IHS) centers and other agencies. Advertisements of other kinds include posters, pamphlets, business cards, etc. These can be distributed at IHS centers, PLHA group meeting sites, clinics, etc.
- In many cases it may not be beneficial to advertise the kinds of service offered 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, seconded by follow-up meetings to ensure optimal support from the health care system and other needed services.

Prepared by: FHI/Nepal

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Name/Grade	Signature	Date
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CHBC 2: CHBC Team Structure and Responsibilities

I. CHBC Team Composition

CHBC team members are full-time paid staff not volunteers. However, depending on the need of the program and willingness of the people, unpaid volunteers (PLHIV, Community members, FCHV) can also be included in the team. The recommended structure of team for FHI supported projects include following members:

- One health care worker (CMA/ANM)
- One PLHA or a person affected by HIV/AIDS
- One volunteer (optional)

II. Roles and Responsibilities of CHBC Staff:

- 1) **CHBC Supervisor:** Project Coordinator or designated CHBC supervisor – Provides overall supervision and management of the teams. Accompanies the CHBC team on home-visits at least once a month, observes staff visits using supervision forms and provides supportive feedback to the team following the visit.
- 2) **Team Leader: CHBC Health Worker/experienced PLHA:** Provides day-to-day supervision of CHBC team, coordinates the planning of team services, and identifies training needs of team. Provides on the spot supervision and direct home-care to clients. Team leaders spend most of their time on the field along with the teams providing care. They serve as role models for setting high quality standard of CHBC care.
- 3) **CHBC Team Member:** Provides regular, high quality care and support to PLHA clients. Receives support and feedback from team leader. Each member of the team should be designated a specific role. Health care workers should deal exclusively with clinical checkups while, PLHA be assigned counseling, and accompanying client if needed.
- 4) **CHBC Volunteer:** In the event that client load is high or clients are very difficult to reach (e.g. hilly areas), the IA may wish to recruit CHBC volunteers to support the CHBC team in providing referral, accompanying client, identifying PLHA and making referral to CHBC from their locality.

Frequency of Visit

The CHBC teams are expected to categorize their clients depending upon service preferences and condition of the client. However, the CHBC team is also required to make regular home visits as it may increase family involvement with the care of the infected personnel. If disclosure related issues are a concern for the client then the CHBC worker shall provide service at a community place as preferred by the client. So, the CHBC services are provided in a “client convenient place” such as care homes, DIC, client’s office, etc. In addition, clients who are stable and those with access to a phone can accordingly be contacted by the team for follow ups during those months when home visits are not conducted.

The CHBC teams should categorize their clients depending upon service preferences and client's conditions. The following client visiting guidelines will assist to determine the client visit.

Type of client	Frequency of visit
Asymptomatic clients	<ul style="list-style-type: none"> • New client should be visited every month for three months and follow up visit every three months, if feasible, followed by phone calls for the two months in between. • Symptomatic new client should be visited as needed • Routine check ups are conducted at Essential Package of Care (EPC) or ART sites.
Clients introduced to ART but not in a care home.	<ul style="list-style-type: none"> • 2 times a week for the first two weeks; then once a week for six weeks. • Thereafter, once a month for the next six months. • Note: if the client is having trouble with adherence or experiencing moderate to severe side effects, they should be visited couple times a week. Refer to the prescribing clinic for support.
Clients starting ART who have been discharged from a care home	<ul style="list-style-type: none"> • Once a week for the first two weeks; then twice a month for two months. • Thereafter, once a month for the next six months.
Clients with excellent ART adherence	<ul style="list-style-type: none"> • Every two months, or as per their request and preference of visiting place. • Note: These types of clients need minimum support; however, clients may interact individually, with family members, or with CHBC team members as needed. If PLHA requests a home visit the CHBC team must oblige. This approach is useful in urban areas such as Kathmandu and Pokhara and/or in the Terai in areas like Birgunj and Dharan.
Clients with less than excellent adherence	<ul style="list-style-type: none"> • Visit client every two weeks to reinforce adherence, conduct pill counts until improvements in adherence are detected and the client is able to achieve excellent adherence.
Symptomatic clients and clients who are seriously ill	<ul style="list-style-type: none"> • Symptomatic clients: every two weeks or more frequently depending on need. • Seriously ill: several times a week.
Hospitalized clients	<ul style="list-style-type: none"> • At least three times during their stay; this includes an initial visit, an additional visit during the hospital stay and discharge
Women who have just delivered/new born HIV exposed children	<ul style="list-style-type: none"> • Once a week for two months after birth
HIV positive children	<ul style="list-style-type: none"> • Once every two weeks until six months of age, every month until the child is a year old , every three months afterwards; and any time when the child is sick
Clients who are depressed, anxious	<ul style="list-style-type: none"> • Once a week until situation resolved
HIV infected/affected children with developmental problems	<ul style="list-style-type: none"> • Once to twice a week depending on need
Clients who are being treated for TB	<ul style="list-style-type: none"> • Once every two weeks for two months and then once a month until regimen completed
Other	<ul style="list-style-type: none"> • Volunteers may accompany clients for CD4 count, laboratory tests, ART, OPD, etc as per client request.

Client Load Per Team:

Client load is determined by the CHBC team. It is based on their judgment, taking into considerations physical constraints as well. The extent to which the client is sick or needs intensive support from the CHBC team – the higher number of sick clients mean more frequent visits to each household and distance and time needed to travel between their homes and client sites, modes of transportation (e.g. bicycle). Client load per team is different for rural and urban team (see below).

CHBC in Urban and Rural Settings and Client Load

In Nepal, rural and urban areas have different challenges. PLHA in urban areas have varied healthcare options ranging from government facilities to private hospitals, clinics, pharmacies, and multiple NGO supported services. Many PLHA who fear disclosing their HIV status have access to private hospitals and physicians for healthcare services. In such situations, CHBC may have limited access to fewer numbers of PLHA particularly from lower socioeconomic backgrounds. Cities also attract high numbers of PLHA from rural areas for treatment. These PLHA may seek shelter in NGO and support centers run by the different organizations. The role of the CHBC may vary according to every given situation. Instead of providing holistic care, CHBC may need to provide care as per the request of the client. Examples include escorting the client to a hospital and treatment centers, or visiting PLHA in the community instead of at home. Examples of urban settings include CHBC services provided in Kathmandu, Pokhara, Birgunj, Dharan etc.

Client Load and Travel Time

CHBC supervisors and FHI staff need to assist the CHBC team in calculating the maximum number of clients per team. However, in general – A team of 2 CHBC team members will cover up to 100 - 120 clients. The travel time may vary between 1-4 hours to reach the client. In order to improve efficiency of visits, where experienced staffs are involved, CHBC team members can go alone on home-visits. The entire team does not always need to go together, especially for asymptomatic clients and those who diligently follow their medical routines.

CHBC Services in Rural Settings

In rural settings, major obstacles to providing services are geographical barriers. Geographic difficulties in rural settings consist of high hilly areas in remote parts of far western Nepal. However the regions in the Terai belt of Nepal are comparatively easier to reach. Similarly, HIV related stigma and discrimination is relatively low in rural settings rather than an urban one. Example: HIV status of an individual can be disclosed easily in parts of western Nepal in comparison to other parts of the country. It is also easier for CHBC workers to conduct community events, in addition to routine work in rural settings as compared to an urban one. On the other hand, it is extremely difficult to garner trained health care workers in rural settings CHBC services rely on the efforts of a limited number workers and comparatively large numbers of volunteers. Hence rural settings are full of challenges and opportunities for providing CHBC.

In rural settings, CHBC services should be provided at the home of a client unless specified otherwise. A home visit provides opportunity for family education along with effective counseling. Involvement of family in the care of PLHA is enhanced with a home visit. However, if clients prefer to be examined and meet the staff at a community place then the CHBC workers will accommodate according to the preference of the client. CHBC services are provided in a “client convenient place” such as care homes, chautara, etc.

Client Load and Travel Time:

A team of 2 CHBC team members could cover up to 40 clients. The travel time may vary between 1-6 hours and /or night stop in the VDC for follow up.

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 as per the needs of the situation. In order to protect the interest of the clients, team members abstain from wearing any garment which indicates them working in the field of HIV/ AIDS.
3. **Home-care bag:** CHBC team members carry a bag containing home-care medicines and supplies but the bag should not look like a medical one –or a shoulder bag, etc. This is done to protect the confidentiality of the client.
4. **Staff holidays or trainings:** When CHBC staffs are absent due to trainings holidays or illness, they need to identify another team member as a substitute. The appointed caregiver should be briefed by the CHBC team member to provide necessary support. This is done to ensure that adequate care administered to the client is not hampered in any way. .
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 respond to emergency cases outside of normal working hours. A schedule should be developed so that on-call responsibility can rotate from person-to-person.
6. **Vehicles:** Vehicular Transport used for travel to various client homes should not display any signs indicating the involvement of 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 client services of any kind. 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 a 7-day basic training for Implementing Agencies (IA) using national CHBC training curriculum and assists IAs in organizing refresher trainings.
- **Mentoring:** Team leaders and project coordinators need to provide routine based on-the-job mentoring of CHBC team members. FHI staff and consultants will also mentor the work CHBC teams.
- **Capacity Building:** Every month during the CHBC team meeting, a skill building session should be held. Appropriate topics should be chosen as per the needs of the team (e.g. PMTCT).

V. Communication

A. General Communication

- The CHBC Team should have access to a mode of communication (e.g. public telephone) in order to communicate with hospitals during an emergency or to get clinical support including referrals. Mode of communication is essential in order to avert life threatening situations that may arise at any given time.

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 carry CHBC contact cards along with emergency telephone numbers and office addresses. In addition, the team members should establish an on-call system so that a member is available at all times in the event of an emergency.

VI. Transport

Since CHBC staff members are required to travel to client homes, CHBC programs need to pay for their transport costs or provide members with a bicycle or other means of transport. Each IA will develop feasible transport rules and regulations in accordance with FHI policies.

VII. Exit criteria

HIV infection is a life long illness and CHBC services should be provided throughout a client’s life. Care based services once started cannot be ended abruptly unless below mentioned circumstances take place.

- Death of a client
- Transfer to another area: CHBC teams with the consent of the client initiate a formal request issuing a letter to the organization providing CHBC services/or other care and support services in the area of transfer.
- Loss to follow up: a client is categorized as ‘loss to follow up’ when he/ she is unavailable for three consecutive meetings.
- Client prefers to discontinue CHBC services.

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Name/Grade	Signature	Date
_____	_____	_____
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_____	_____	_____
_____	_____	_____

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

- 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 (e.g.: opaque file folder to protect confidential files).
- 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. This is done 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 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, team members take the client file and a follow-up visit form with them in order to update information on the client's needs and well-being. CHBC teams will write down every findings regarding the care and services provided to the client at every visit.

II. CHBC Kits

- Every team should have a home-care bag; refilled at the end of each day in order to facilitate visits for the following day.
- The bag should consist of medications and additional supplies pertaining to the needs of the client.
- 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 an order for supplies at least one month prior to the supplies running out.
- Where possible, the CHBC program works with the DPHO to access kit supplies (e.g. 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 kit supply inventory)

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Reviewed by:

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 one 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 an essential role in caring for PLHA, providing encouragement, support, reinforcing adherence and providing care to the infected. Care giving can be stressful, particularly when people are ignorant in regards to HIV/ AIDS.

The CHBC programs needs to address the following in order to ensure family support and involvement in the program:

1. Where feasible, the CHBC team encourages the PLHA client to disclose their HIV status to the family. The team also provides information to the family about how HIV is transmitted
2. Provide informal and formal trainings to family members regarding HIV, in addition to care and support (see below)
3. Organize family member support groups where, family members of PLHA can meet on a routine basis (e.g. once a month) to discuss various 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 confidence of clients and families, CHBC teams provide trainings to clients and their families regarding HIV/ AIDS. Knowledge can be imparted by integrating self-care teachings at PLHA self-help group meetings; running trainings for family caregivers and PLHA in prioritized care; and through informal teachings conducted during home-visits.

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CHBC 6: Community Mobilization

I. Building awareness of the CHBC program

Since CHBC services are new to certain areas, DPHO, DACC and key hospitals are not aware of them. Orientation by the CHBC staff needs to be provided to key governmental agencies, the NGOs and the community representatives. 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 ART and
- 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 create links with hospitals, clinics, Red Cross and NGOs for various services. Such as income generation, legal issues, grants in the form of aids from various donors, and, food assistance. They are also 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 community awareness activities in areas where their clients reside. This would include:

- Conducting meetings with community leaders to garner support for PLHA. Once community leaders are involved the community as a whole can unite in order to reduce stigma and discrimination towards PLHA.
- Conducting meetings on HIV awareness, along with stigma and discrimination reduction activities among communities where PLHA clients live;
- Organizing community planning meetings that include HIV issues into the VDC and commits towards providing support in specific areas (e.g.: assistance in supporting referrals to the hospital, helping affected children to go to school, etc.);
- Organizing community meetings and partnerships with religious leaders working towards the betterment of HIV infected persons. Religious leaders can play a crucial role in spreading messages of love and empathy towards people infected by HIV/AIDS. This can be done through the medium of prayers and during religious ceremonies.

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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) or designated CHBC supervisor is to supervise the CHBC team on a routine basis. They are also expected to accompany the CHBC team on home-visits once a month, in addition to providing supportive feedback to the team. It is also within the jurisdiction of the Program Coordinator to ensure that the team adheres to SOP and CHBC quality standards. In case of any problems, the Program Coordinator (PC) is responsible for contacting FHI Office. It is recommended that the PC conduct frequent supervision visits at the onset of the program to help improve and build upon the skills of the team.

Role of the Team Leader: The CHBC Team leader is the first in line on the list of CHBC service providers. Primary responsibility of the leader includes ensuring high quality CHBC services. The team leader also fulfills the responsibility of accompanying the team members on regular home visits. He/she is expected to be a role model, setting high but achievable standards for the team members. Supervision of the team members on a regular basis is yet another important function of the team leader.

B. Role of FHI staff members

Technical Staff: FHI technical staff is responsible for monitoring and supervision of CHBC activities carried out by the teams. The monitoring assesses the quality of the work done by CHBC teams using standard CHBC Quality Assurance/ Quality Improvement check list.

Field Staff: The FHI Field Officer will be responsible for providing routine supervision to CHBC activities (including observing home-visits) at least 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 periodic 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 5).
- **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 of evaluation where the management, quality of CHBC services and client perceptions of services are assessed in order to help the program identify its strengths and weakness.
- **Program Evaluation:** The quality of life of CHBC clients may be assessed to determine the impact of the program.

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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
 - NGOs from surrounding districts who interact with PLHA
 - District and other hospitals or ART site
 - 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 prefer regular follow-ups by CHBC will be registered for the program.

II. New Client Registration

1. All clients are registered for CHBC by the CHBC team. Staff members record 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 front cover and recorded again on each page of the form.
3. The files will be taken on home visits. All forms will be completed at the home of the client using the first visit client contact form. (See Annex 2a, Nepali form).

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CHBC 9: Procedure for First Home Care Visits

I. Before the visit:

- Ensure you have approval from the client or their caregiver incase the client is very ill or unable to request care themselves, to visit them at home.
- Secure permission from the client to speak openly about their HIV status in their home. If not, ask the client how they would prefer you to present your visit to the family. It is useful to make a list of all family members unaware to the client's infected status.
- Set a time and date for the visit, convenient to you and the client
- Each new client should be assigned a new file and a new client code. (All clients' files are coded and names are not included).
- Prepare essential home care supplies and forms for the visit.
- Arrange transportation to ensure timely client visits.

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: Incase of the client being critically ill, quickly determine if he can be transported to the hospital. This should only be done with the approval of the client or the family. 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.

Incase of a terminally ill patient, the client and his family need to reach a conclusion of whether to refer the client to the hospital or not. Incase if the client is aware he needs to make the decision. Help the client to decide. Do not act on your own judgement. It is helpful to discuss this topic at earlier visits so that the client is able to make a choice; the situation is understood by the family so that necessary care is administered without having to wait for the last crucial stage.

[**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 an 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.
- Basic client information should be penned down on the record form, e.g. 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 once necessary care has been administered to the client.

1. Start with the history and physical needs assessment

- Record client's vital signs
- Ask the client about their well being. Record their worries and needs. Their concerns might be physical, emotional, social or spiritual. If the client is too ill to respond, you can ask the caregiver.

- If this is the first visit, medical history of the client should be penned down on the first visit client intake form
- If this is a follow-up visit, previous visit findings and recommendations should be noted down on 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 for a list of medicines being taken by them. Make a note of the timings for the medicines to be taken and take a look at a copy of the prescription. In case of any doubts the client may have, review the medicines and prescription with them. Help the family **prepare a calendar for remembering** when and how to take the medicines. If any inappropriate medicines are being taken, provide counseling 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 your role as a caregiver with the client or the family 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 transportation, 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 household of the client 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 he/ she believes of any religious sects or groups.
- Explain your reason which is to acquire support from religious leaders of their faith and to gain a foothold in the community.
- 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 an equal level with the caregiver
- Begin by asking the caregiver to provide information on the well being of the client, and the household as a whole.
- Take care of all immediate dietary needs, universal precautions, nursing and/or medical needs of the caregiver. Leave adequate materials with the caregiver as per the needs of the client. Provide instructions to the caregiver on how to use the materials provided to 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 entire visit. Make notes on problems that have been identified and various issues addressed during the visit. Also note down recommendations for the next visit.
- 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 the client record form to ensure all information entered upon is correct.
- Record all medications and supplies provided to the client. .
- 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 your 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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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 physically examine them in order to gain an understanding of their physical wellbeing. 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 the color of the skin look normal?
 2. Does the client look very pale, almost blue?
 3. Does the face of the client look yellow?
 - ☞ *Action: In case the face of the client reflects the color blue, it is a very dangerous sign signifying immediate hospital care. It is also associated with breathing difficulties.*
 - 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. Is it 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 Teach your client and their families 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 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 about mouth care. If it is painful for them to swallow, eat, drink and/or take medications, 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 lump is 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 the area around the groin.
 - Ask the client if it is painful for you to touch them
 - Note if there is only one or two lumps
 - ☞ *Action: If they have this problem, it could be normal, or signs 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 rash like symptoms on the trunk, arms, legs this could be signs 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 parts 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 abnormal in color (blue, red, black?)
- Are there any itchy bumps on their hands or 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 rashes? 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 fever; refer the client to a hospital*

- **Discuss:** Once you have completed the basic physical examination, explain clearly, using a simple language to your client. Communicate all findings to the client. Discuss with the PLHA and family members what you think needs to be done.
- **Decide/Do:** Take action as agreed mutually by the PLHA, family and you.
- **Follow-up and repeat:** On your next visit, refer to your previous findings. Decide on a course of action to be taken. Review the current status of the client. Conduct another basic physical assessment to compare the well-being of their client. Compare reports of your last visit. Finally ask the client about their physical well being.

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

During your initial visit, you may come across a client who is very sick. Please follow these steps during each visit to plan your agenda. :

- ⇒ Determine if the client is in need of urgent treatment.
- ⇒ If the client appears stable, continue with normal home-visit,
- ⇒ If the client does not appear to be stable, explain the situation to the client and their family. If possible seeks permission for the client to be referred to a hospital.
 - If client/family say ‘yes’ to referral
 - Take measures to stabilize the client (fever care, better positioning for easy breathing, etc)
 - Treat pain– this will improve comfort during referral
 - Arrange transport and seek appointment with the referral site
 - Accompany client to the referral site to help them access the care they need
 - Record vital signs and other information that will help the hospital to better understand the problems of your client.
 - If client/family say ‘no’ to referral
 - Continue regular assessment of the client condition and schedule follow-up visits
 - 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 at a later date.
 - If client/family say ‘no’ to referral
 - Provide necessary care that is needed.
 - Train caregivers to make the client as comfortable as possible
 - In case of persistent pain, provide the caregiver with enough pain medications to last 24 hours until further supplies can be brought.
 - Train caregivers to provide the right amount of medication at the specified time.
 - Provide medicines and other supplies as needed
 - Assess for emotional and spiritual support needs which may include counseling for family members; planning parenthood, or visits from local leaders
 - Provide CHBC team contact information in case of the client/family needing urgent care or decide to go to the hospital at a later date.

Danger Signs:

- Unconsciousness
 - Shock (weak, fast pulse; cold skin)
 - Cannot breathe very well, and/or breath is very fast and shallow
 - 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:
- Severe rashes spread all over the body.
 - Client looks weak and pale.
 - **Prolonged illness in spite of taking ARV medicines.**

- They are not taking their ARV medicines correctly (same time/every day)
Note: Cotrimoxazole can also cause rashes all over the body. If you witness rashes on the body of an adult or a child taking this medicine, immediately refer them 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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CHBC 12: Referrals and Discharge Planning

I. Referrals

Referrals are essential for helping PLHA, meet their physical, emotional, social and spiritual needs. Some examples of referral relationships to meet client needs are as follows:

- Physical Needs
 - Medical Care
 - Referral to local hospital for – OI/ART, TB, ANC/PMTCT, etc.
 - Nutrition and clean water
 - Referral to NGOs that provide food vitamins, seeds in addition to supplies for kitchen, gardens, wells, toilets, and for boring holes etc.
 - Housing
 - Referral to NGOs supporting home improvement (e.g. rebuilding the roof), assistance with housing for the homeless, etc
- Emotional Needs
 - Counseling
 - Refer client to a counselor at an NGO or mental health department in the local hospital
 - Peer support
 - Joining a support group
- Social Needs
 - Economic support
 - NGOs that provide grants, loans, skills training and other assistance
 - Legal protection
 - NGOs that can help protect property and belonging of people including protection from violence and abuse.
 - Services for children
 - NGOs that 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 capable of building meditation skills including prayers and techniques of breathing.
 - Special religious support
 - Occasional visits from religious leaders to the homes of the client or visits to holy places through the medium of referrals.

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 access the various services offered. CHBC team members should be proactive in accompanying their clients to services, particularly if the client is a new one. Referral forms need to be completed for all referrals. See Annex 6a.

II. Discharge Planning

Where feasible, CHBC team members should track the progress of their clients, receiving in-patient care. This ensures that staff members are aware of their client's diagnosis, treatment and possible

duration of stay at the facility. CHBC team member can then assist clients during discharge and monitor their progress at home.

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CHBC 13: Prevention for Positives

A. CHBC teams need to review HIV transmission risks and the need for prevention 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 your surroundings. In the presence of a large group, assessing behaviors related to transmission of HIV may not be easy – assess with sensitivity.
 - Determine current risk factors for transmitting or re-acquiring HIV and transmitting STIs to/from others.
 - Ask open-ended and direct questions.
 - Is the client sexually active?
 - Any signs or symptoms of sexually transmitted infections, especially in the genital areas?
 - Number of partners and the gender of each sexual partner.
 - Nature of sexual activity (e.g. anal, vaginal, oral) and HIV status of the partners.
 - Safe sexual practices if any.
 - Challenges, if any, for implementation safe sex practices?
 - Alcohol, legal or illicit drug (opiates, amphetamines) use if any.
 - If the client is sexually active provide the following information:
 - Unprotected sex between consensual HIV-positive individuals contains the following 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 in addition to providing 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. The client should then be supplied with adequate amounts of clean needles and syringes
 - Refer client to a drug treatment program unless specified otherwise by the client or his family.
 - 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 contraceptive method in addition to condoms refer them to family planning services.
 - Note: The recommendation is to use condoms to prevent the transmission STD'S, HIV and to prevent all forms of unwanted pregnancy.
- 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 is highly recommended.
- b. Couples are also encouraged to discuss possible parenthood choices with their doctor, including the best times to conceive and have a child.
- c. You can also provide the following information:
 - If they are taking ART, clients have to wait until there is less HIV in their body – the doctor will inform his patients about it. If the client is not ready to take ART, the doctor can inform them about choices for possible conception of a child.
 - About the PMTCT program
 - Issues with infant feeding – Clients should be encouraged to breast feed their children for a minimum period of six months. This may not look feasible regarding certain situations, yet the future of the child needs to be taken into consideration.– Who will take care of the child if anything happens to parent or them
- d. For discordant partners where the female is HIV negative and the male HIV positive, pre-conception counseling is a must. The below mentioned factors need to be discussed at length.
 - Risk of HIV transmission from the man to the woman.
Unprotected Sex should be minimal during phases of ovulation. Knowledge regarding menstruation cycle and phases of ovulation need to be shared with clients. The doctor can help with determining this.
 - 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 – Clients should be encouraged to breast feed for a minimum period of six months.
 - The HIV negative female partner needs to be tested at every interval to determine her status.
 - The health of the client may deteriorate with the passage of time. This is a major considering factor for adults trying to conceive. The future of the child is at stake. Who will bear the responsibility of the child incase if anything happens to the parents?
- e. For discordant partners where the female is HIV positive and the male HIV negative, pre-conception counseling should be done including:
 - Risk of HIV transmission from the woman to the man, if unprotected vaginal-penile intercourse.
 - Consult the doctor about ways for the woman to become pregnant while reducing the risk of HIV
 - Discussion of chances for HIV transmission to the foetus during pregnancy, the child after birth or during breastfeeding, if the woman becomes infected.
 - About the PMTCT program
 - Issues with infant feeding – Clients need to consult their doctor.
 - The health of the client may deteriorate with the passage of time. This is a major considering factor for adults trying to conceive. The future of the child is at stake. Who will bear the responsibility of the child incase if anything happens to the parents?
- f. Make referrals 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

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CHBC 14: ART Adherence for Adults and Children

A. Starting ART in Adults

1. PLHA are introduced to ART after being assessed by a trained doctor at a MoH ART hospital. The doctor and a committee consisting of individuals from varied backgrounds decide whether the PLHA is ready to begin ART. This decision is based on clinical findings.
2. Each PLHA will be prescribed ARV medicines, appropriate to them. Different sets of regimen apply to different individuals.
3. The most common ART regimens in Nepal for 1st line therapy is:
 1. Zidovudine(AZT) plus Lamivudine (3TC) plus Nevirapine (NVP)
 2. Zidovudine (AZT) plus Lamivudine (3TC) plus Efavirenz (EFV)
 3. Stavudine (d4T) plus Lamivudine (3TC) plus Nevirapine (NVP)
 4. 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, clients are prescribed 1 pill, once 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 while taking Nevirapine. Some may also develop an allergic reaction to Nevirapine.

B. Adherence

1. Adherence is taking the specified dosage at the right time, every day. HIV can become resistant to ARVs if they are not taken correctly. The only way to make sure medications are working is to administer the clients closely, and encourage them to take the prescribed dose at the right time.
2. The CHBC team plays a pivotal role in reinforcing correct information regarding the medication timings of the client. The team needs to pay close attention to all clients prescribed medications by the doctor. The team also needs to understand the regimen so that they can pass on correct information to the client and their own team. The CHBC teams can also check the ART booklet given to each client, check the prescription and make sure the medicine is being administered correctly.
3. On each visit, the CHBC team will ask the client how they are doing with regards to medications. Ask: “How it is going with taking your medicine? Have you forgotten any doses?”
4. The CHBC Team should ask to see the ART booklet or prescription.
5. The CHBC team will do a pill count to compare the amount of medications, in comparison to the prescription.
6. Help PLHA develop ways to better remember to take their medicines with the help of a calendar or a watch. 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 the prescribed dose may be due to just being forgetful, 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.
- In case of severe side-effects, inform the doctor, counselor or health worker.

D. Side-effects

1. Side effects are common, within the first few weeks of starting ART. Reassure the client that this is a normal occurrence.
2. Provide care as needed to help the client manage common side-effects examples of which include headache, nausea, dizziness, and diarrhea. Skin color changes and tingly feelings in the arms, legs, fingers and toes are also common.
3. Refer client to the hospital which prescribed ART if the below mentioned symptoms persist.
 - a. Client continues to be very sick even after taking ART
 - b. Client shows symptoms of improvement but in a few weeks' replaces back to the past condition.
 - c. Client is very pale and weak (anemic)
 - d. Client develops wet rash on the body

E. ART for Children

1. Help client plan towards integrating ART into the child's daily routine. Complications may arise because children need to go to school but with help and support from the teachers may not be impossible to achieve. .
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 should be encouraged to care for themselves.
4. If possible find a reliable system to help clients take medications on a daily basis. An alarm clock or a watch could work wonders. Involve children and encourage them to remember to take their medications.

5. Brainstorm smart ideas to help a child take his/ her own medication. The child can take the medication with juice or water, in a cup or with a syringe. Give small amounts of water. Drinking large quantities at once can make a child vomit. Medications should be followed with a reward such as a piece of fruit or a slice of bread.
6. Teach the family to use an ART calendar to record every each dose being administered. Involve the child if he/she is old enough.

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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:

Either single dose NVP as a community based approach

Or

Babies get one dose of NVP plus ZDV for either 7 days if maternal ZDV/ART was >4 weeks OR ZDV for 4 weeks if maternal ZDV /ART was < 4 wks (at facility based PMTCT site)

In 2006, WHO recommended PMTCT Protocol for pregnant women not yet eligible for ART.

Mother Antepartum Intrapartum Postpartum	Zidovudine (AZT) starting at 28 weeks of pregnancy or as soon as feasible thereafter single dose-NVP + AZT/ Lamivudine (3TC) AZT/3TC × 7 days
Infant	Single dose NVP + AZT × 7 days

B. Breastfeeding

- Infant feeding on milk from an HIV-infected mother is a complex topic. 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 ever increasing risk of infant morbidity and mortality; those are not breastfed primarily due to fear of causing infections.
- In case safe alternatives to breast-feeding is available in addition to being affordable, sustainable and acceptable, breast milk substitutes may be the best way to feed the child.
- Women who require ART and those that are breast-feeding should continue their ongoing ART regimen. Studies are underway looking at maternal ART as a prophylactic to infant infection through breast milk. One clear concept is that if a woman decides to breastfeed, it should be “exclusive breastfeeding”. Meaning no other food or drinks (even water) is given during the first 6 months of the babies’ life, except breast milk. Mixed feeding has the highest chance of passing HIV to the baby.

C. Role of CHBC Team in PMTCT

- Help refer pregnant women, infected with HIV to the hospital for check-ups according to schedule.
- Help the pregnant women remember to take her vitamins as prescribed by the doctor (e.g. 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 signs that may signal danger.
 - Baby unconscious
 - Vomiting a lot
 - Very lethargic, not moving much
 - Having convulsions
- After delivery, watch out for any signs that signal risk in newborn babies. Common signs that signal a risk in newborn babies are the same for an infected and a non infected child. However these risks may occur more frequently in a child infected by the HIV virus.
- Support the mother and baby take cotrimoxazole as prescribed by the doctor
- Encourage and support the mother to feed her child as she deems fit. (either exclusive breastfeeding or infant formula)

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CHBC 16: Caring for Children

A. HIV Diagnosis

The CHBC team should support the parents to refer the infant for HIV testing:

An infant born to an HIV positive mother, is only tested at 18 months of age, irrespective of her having participated in the PMTCT program and refer infant for Early Infant Diagnosis at 6 weeks where facility exist.

Note: The child will need to be tested 3-months after the mom stops breastfeeding

1. 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/ caregivers of the benefits of testing their children for HIV.
2. CHBC teams should facilitate referral for HIV testing in children, helping with transport and assisting the family in accessing the testing service
3. Signs which may signal danger of the child being infected by HIV and that which requires immediate referral to the hospital are:
 - 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
 - Unconsciousness
 - 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 incase these signs are seen. Children with HIV need to be referred quickly because HIV in children can lead to fatal consequences.

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 no 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 -
- Fear 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 of food, shelter, clothing
 - lack of guidance and care
 - Inadequate health care
 - Compelled to do the work of an adult.
 - 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
 - Look out for any signs that emit danger and refer right away as needed
 - Check their immunization card to make sure they are getting the protection they need
 - Assess diet and 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 plan their child's future
 - Make referrals to services as needed

D. Reference Information on Cotrimoxazole

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/mm ³)
	≥ 5 years of age	Those with symptomatic HIV conditions and / or CD4 count < 350/mm ³

Cotrimoxazole dosing for children: To be given once daily¹⁷

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

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CHBC 17: CHBC Services through volunteer Approach (Optional)

In areas of geographical constraints or where PLHA concentration is high, CHBC services can be provided under the guidance of an NGO, or a volunteer home care team.

Who are Volunteers?

Volunteers are people who are not paid for the services rendered but those who wish to contribute their time for the benefit of community. Agencies recruiting volunteers make decisions regarding transportation costs and other allowances depending upon their organizational policy. Volunteers who provide home based care and support to PLHA, work under the guidance of the organization providing CHBC service in the area.

Selection of volunteers

The organization providing CHBC takes charge regarding the selection of volunteers. It is advisable to consult with local leaders, PLHA, organizations/support groups and VDC or VACC, in selecting volunteers.

Number of clients covered by each volunteer

There will be 3-5 clients per volunteer but the location of client also plays a major role. volunteers are expected to cover clients living within walking distance of an hour each.

Frequency of visits

Volunteer are expected to visit the clients at least twice a week. Volunteers may accompany clients for CD4 count, laboratory tests, ART, OPD, etc as per the request of the client.

Basic qualification of volunteers

A person willing to take on volunteer activities has to be a literate. Knowledge of HIV is an added advantage. Priority should be given to a PLHA or a member of an affected family.

Training requirements:

Since this is a volunteer service, chances of volunteer turnovers are high therefore additional volunteers need to be trained for back up services. Trainings need to be held with greater frequency. The frequency of which will be determined in consultation with the FHI/ASHA project staff. Training should be based on existing national CHBC curriculum consisting of the below mentioned topics.

- Basic knowledge on HIV and its transmission
- Basic principles of Community and Home Based Care, its importance and approaches
- Role and responsibilities of a CHBC provider
- The steps of a home-visit
- Communication skills
- Basic principles of HIV counseling and testing: meaning of positive and negative results
- Role of PLHA in HIV prevention
- Role of CHBC volunteers in PMTCT program
- Importance of health check ups, and referrals
- PLHA and TB, importance of referral for TB screening
- Basic concepts of ART, ARV drugs and importance of adherence
- Tips for good nutrition and food safety
- Personal hygiene, hand washing, use of latrines
- Safe drinking water
- Minor symptom care (Skin care, fever, diarrhea, pain); importance ORS therapy in diarrhea

- Providing emotional support
- The needs of children living with and affected by HIV (referral, exclusive breast feeding, supplement food after six months, immunization, and referrals for screening (cotrim ,TB and ART)
- Role of volunteers on end of life care

Key responsibilities of volunteer:

- Conduct regular home visits for monitoring health, emotional, social wellbeing and ART adherence
- Provide emotional support to clients
- Refer client for VCT, PMTCT, TB screening, ART, OI management
- Provide education on nutrition, guidance on proper hygiene and sanitation, help with household tasks, etc
- Provide couples counseling for safer sex
- Provide symptom care, i.e. diarrhea, fever, pain etc; administer ORS and paracetamol as and when needed
- Accompany PLHA to health facilities as needed.
- Provide support for children living with and affected by HIV
- Participate in a monthly meeting

Monitoring and Supervision

Volunteers receive supportive supervision and monitoring from the CHBC supervisor. Once a month, the CHBC supervisor meets the team of volunteers, conducts home visit with them,, mentors, and provides feedback.

CHBC supervisor will carry out the following activities:

1. CHBC Supervisor observes each volunteer on a weekly basis for the first month after the training. He/ She serves as a mentor, provides feedback to reinforce skills learned during training and works towards better skill building from the onset.
2. From the second month onwards, the CHBC supervisor supervises each volunteer on a bimonthly basis. During the supervision visit, he/she holds discussions with CHBC team members on issues and problem encountered during home visits and provides opinions for solutions.
3. The CHBC supervisor observes home visit procedures and provides feedback.
4. Assists CHBC volunteers in managing complex cases (e.g. clients with poor adherence, clients with depression/anxiety, clients who are symptomatic or seriously ill, clients with HIV having unprotected sex).
5. Provides guidance on how to relay correct educational messages to PLHA and family.

Monthly Meeting

Volunteers will visit the Project Office once a month for skill building, discussion of complex cases and reporting. Skill building session will include reinforcing core skills (steps of a home-visit, communication skills, etc) and providing information on new areas of care (e.g. stigma and discrimination, nutrition education, ART, PMTCT, child care, hygiene and sanitation). In order to promote effectiveness, one essential topic should be covered during one particular session. Topics include issues faced by volunteers or meetings can be held as per requests from volunteers. Topics to be discussed at the next meeting should be collectively chosen during each monthly meeting. These meetings should also review complex cases so volunteers can gain learning experiences from each other. Reports will be completed at the meeting and CHBC kits refilled.

Motivating Factors

Volunteers should be permanent residents of the area where they will provide services. They will be volunteering at the time of their convenience. A social service without motivation is not sustainable. It is also recommended to recruit volunteers from among family members of PLHA. Personal necessity to a large extent motivates people to learn about HIV. Volunteers should be provided with basic kits, bag to carry items in, stationary, care series booklets, and brochures for health education. Transportation cost while attending monthly meeting at the Project Office should also be compensated for.

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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 team members to ensure they are providing high quality confidential care and support services in the home and community to PLHA and their loved ones. The administered care should promote self-reliance, self-confidence and have universal 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 (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 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, reviewing of QA forms, monitoring the work of the team on a daily basis and by providing them with supportive supervision and feedback each time their performances are observed
- Ensure strong linkages with NGOs, support organizations so that clients with children are able to access and receive the best care possible;
- 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

- Review weekly home visit plans with team members. Discuss issues about clients, which need to be resolved including referral, follow-up, etc
- Ensure your home visit plan based as per SOP , page number
- Accept monthly supervision from the project coordinator. Accept supportive feedback from supervisors for skills, 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 - Auxiliary 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, confidential care and support services to PLHA along with their loved ones. The administered care is expected to promote self-reliance and self-confidence. Team members should help PLHA access the support system that responds to immediate physical, emotional, social, spiritual needs and respect their rights to make their own care decisions (e.g., regarding use of CHBC services, whether or not to be referred, etc). Confidentiality has to be protected at all times. PLHA decision to initiate and discontinue CHBC services has to also be respected.

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

- Conduct home visits for PLHA who request CHBC services - the CHBC teams can only visit clients who have invited them to provide CHBC service. Visiting homes without prior approval can have disastrous consequences to the client and their families.
- Visit home-based care clients
- Provide a range of services to clients based on their prioritized needs. Services include symptom and pain relief, emotional support, adherence counseling, end-of-life care, future planning, referrals, etc. These services can be provided during first time or follow up visits as per CHBC SOP.
- Provide follow-up support on time to your clients. In case they have been referred to the hospital, check on your client to ensure they are receiving the desired services. Visit your client after their return home from the hospital/referral site to initiate quick recovery and to ensure family members administer effective care. Assist with referrals at all times, even at night;
- Provide family education on cleanliness, hygiene using self care book series.
- Work in close collaboration 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 which in itself is a great resource;
- Accept daily supervision from the CHBC Team Leader and monthly supervision from the Project Coordinator
- 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
- Prior work experience in HIV and AIDS
- Excellent interpersonal relationship.
- Ability to work with an entire team.
- 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 volunteer is to provide quality, confidential care and support services to PLHA along with their loved ones. The administered care should promote self-reliance and self-confidence. The volunteer should provide direct care dealing with immediate personal hygiene, emotional, social, spiritual needs and respect the right of the client to make their own decisions with regards to the use of CHBC services, whether or not to be referred, etc. Volunteers are expected to protect the confidentiality of the client at all costs. Their decision to continue or discontinue CHBC services also has to be respected at all times.

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 have disastrous consequences for PLHA and their families.
- Visit home-based care clients every week or twice a week or monthly as per the condition of the client. If the client is in need of constant care and support, visit the client as frequently as needed;
- Provide a range of services, hygiene care, emotional support, adherence counseling, spiritual support, identifying PLHA to link with CHBC service, nutritional support, future planning, referrals, etc. When visiting each client whether it is the first visit or a follow-up visit as per CHBC SOP;?
- Visit your client after their return from the hospital/referral site to initiate quick recovery and to ensure family members administer effective care.
- Assist with referrals at all times, even at night in coordination with 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 which in itself is a great resource;
- Provide reports of CHBC activities on time to the CHBC team member;
- Attend regular monthly or bimonthly meeting
- Perform other duties as deemed 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

3/d} ul/g] x]/rfx - jo:s lj/fdL M klxnf] ;Dks{ kmf/fd

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मिति: सेवार्थीले सेवा लिएको ठाउँ : घरमा समुदायमा
 लक्षित समूह लिंग : पुरुष महिला

प्रेषण गरिएको संस्था
 (संक्रमितको सहयोग समूह, ए आर टी क्लिनिक, भि सि टि, स्वास्थ्य संस्था, परिवार)

कुन संस्थाबाट प्रेषण भएको उल्लेख गर्नुहोस् :

भाग १: एच आई भी को अवस्था, सामान्य जानकारी

१.१ बच्चाहरु छ <input type="checkbox"/> छैन <input type="checkbox"/> बच्चाको संख्या	१.२ एच आई भी अवस्था एच आई भी अवस्था थाहा नभएको <input type="checkbox"/> एच आई भी संक्रमित <input type="checkbox"/>	१.३ खुलासा <ul style="list-style-type: none"> ● पहिलो हेरचाहकर्ता संग एच आई भीको अवस्थाबारे खुल्ल तयार <input type="checkbox"/> छैन <input type="checkbox"/> ● परिवारका अन्य सदस्यहरुमाभ एच आई भीको अवस्था खुल्ल तयार <input type="checkbox"/> छैन <input type="checkbox"/> ● एच आई भीको अवस्था खोल्न कुरा गर्न सक्ने <input type="checkbox"/> नसक्ने <input type="checkbox"/> ● परिवारका केहि सदस्यहरुसंग मात्र एच आई भी कोको बारेमा कुरा गर्न तयार <input type="checkbox"/> छैन <input type="checkbox"/>
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भाग २: स्वास्थ्यको विवरण, लक्षण तथा हेरचाह

गाएको महिनामा तपाईंलाई केहि समस्या थियो कि? थियो थिएन तल उल्लेख गरेको समस्याको बारे सोध्ने

२.१	लक्षण	छ	अहिले पनि छ		लक्षण	छ	अहिले पनि छ		
मुख्य खतरनाक संकेत	हात, खुट्टा छाती र अनुहारमा रातो डावरहरु वेहोस हुने र काम्ने			पाचन क्रिया सम्बन्धी समस्या	जे खाए पनि वान्ता हुने				
	शिकिस्त विरामी वा वेहोस				२४ घण्टामा ३ पटकभन्दा बढी पातलो दिसा भएको				
	शरीरमा पानीको कम भएको संकेत (जिब्रो सुख्खा हुने, आँखा गढेको, छाला कम तन्कने, पिसाब कम भएको)				दुई हप्ता भन्दा बढी लगातार पखाला भएको				
	सामान्य भन्दा १० प्रतिशत बढी तौल घटेको				सामान्य किसिमको पखाला, दिनमा ३ पटक सम्म, रगत नमिसिएको				
सामान्य	तीब्र दुखाई			मुखमा सेता पाप्रा घाउहरु भएको					
	कम वा सामान्य किसिमको दुखाई			खान मन नलाग्ने					
	लिम्फ ग्रन्थी २ सातादेखि सुन्निएको			कोट्रीम तथा एआरभी खाएपछि छालामा डावर आएको					
	२४ घण्टा भन्दा बढी देखि ज्वरो १०० डिग्री (फ) भन्दा माथी भएको			दुख्ने किसिमका दागहरु जस्तै जनै खटिरा					
स्वासप्रश्वास	२ हप्ता देखि ९७ देखि ९९ डिग्री (फ) ज्वरो			मुखको छेउछाउमा दुख्ने खालका घाउहरु					
	शवास प्रश्वासमा अठ्यारो, शवास बढ्ने, नीलो भएको			छाला चिलाउने					
	लगातार २ हप्तादेखि खोकी लागिरहेको			यौनअंगबाट पानी बग्ने वा चिलाउने					
	पटक पटक वा पुरानो छाती तथा पिनासको संक्रमण भएको			डावर, लुतो, फंगल संक्रमण आदी					
				स्नायु			लगातार टाउको दुखाई		
							आँखाको देख्ने शक्तिमा परिवर्तन, बोल्ल, हिड्न नसक्ने, रिगाउने, कमजोर, हात खुट्टा भ्रमभ्रमाउने वा लाटो हुने, दिक्क वा चिन्ता लाग्ने		

नोट :
 खरानी रंग भरेका : लक्षणहरु र आवश्यकता अनुसारको उपचार दिने र सकेसम्म छिटो एच आई भी क्लिनिकमा प्रेषण गर्ने ।
 सेतो: लक्षणहरु र आवश्यकता अनुसारको उपचार दिने र सुधार नभए प्रेषण गर्ने ।

अन्य लक्षणहरु भएमा उल्लेख गर्नुहोस् :

२.२. सिडी फोर : _____
परिक्षण गरेको मिति:

२.३ हरेकपटक भेटदा डाक्टरले दिएको पुर्जीको जांच गर्ने ।
सेवार्थीले कुन औषधी पहिला देखि वा अहिले लिइरहेको छ? कुनैपनि छैन वा

- टी बीको जांच छ छैन
- टी बीको उपचार पहिलेनै गरिएको हाल गरिएको
- कोर्ट्रीमको सुरुवाता पहिलेनै गरिएको हाल गरिएको
- ए आर टी पहिलेनै गरिएको हाल गरिएको
- ए आर भी सुरु गरेको मिति:
.....
- टीबी उपचार सुरु गरेको मिति:
.....
- कोर्ट्रीम सुरु गरेको मिति:
.....
- भिटामिन दिएको छ छैन

२.४. शारिरीक जांच तथा महत्वपूर्ण संकेत

ज्वरो _____	नाडीको गति _____	स्वासप्रश्वास _____	ब्लड प्रेसर _____	तौल _____
दुखाईको मापन : ० १-२-३-४-५-६-७-८-९-१० सामान्य <input type="checkbox"/> मध्यम <input type="checkbox"/> गम्भीर <input type="checkbox"/>				

२.५. शारिरीक जांचबाट पत्ता लागेका कुराहरु लेख्नुहोस्

२.६. हेरचाह पुरयाइएको :

२.७. औषधी उपलब्ध गराएको भए लेख्नुहोस् जस्तै : सिटामोल दिएको ।

२.८ स्वयं गरिने हेरचाह शिक्षा प्रदान गरिएको छ छैन

२.९ स्वहेरचाह शिक्षा दिएको परिवारको संख्या उल्लेख गर्नुस्
.....

२.१० सुरक्षित यौनसम्पर्कबारे शिक्षा दिईएको छ छैन

२.११ कण्डम प्रदान गरेको संख्या

२.१२ अन्य

भाग ३: ए आर टी निरन्तरता तथा प्रेषण सेवा

३.१ एआरटी निरन्तरताको मूल्यांकन

- विरामीलाई कसरी कहिले र कति औषधी खाने भन्ने जानकारी प्रष्ट छ छैन
- विरामीलाई ए आर टी निरन्तरता बारे सहयोगको आवश्यक छ छैन
- ए आर टी निरन्तरताबारे सहयोगको लागि ए आर टी क्लिनिकमा पठाउनु पर्ने छ छैन

३.२ कोर्ट्रीमोक्साजोल तथा टी बी को औषधी

- औषधी कसरी खाने भन्ने विरामीलाई राम्रो थाहा छ छैन
- विरामीलाई क्लिनिकमा निरन्तरता बारे सहयोगको लागि पठाउनु पर्ने छ छैन

३.३ प्रेषण आवश्यक भएको

- टी बी जांचको लागि उपचारको लागि तुरुन्त क्लिनिक पठाएको नियमित जांचका लागि क्लिनिक पठाएको
- पोषण सहयोगको लागि एच आई भी संक्रमितहरुको सहयोग समुहमा ए आर टी निरन्तरता (एडेहेरेन्स) सहयोगका लागि
- एच आई भी संक्रमणको उपचार अन्य

३.४ प्रेषण सहयोगको लागि अनुगमन गर्ने

गरिएको काम:

रिफर गरिएको: ठेगाना

भाग ४: सामाजिक, संवेगात्मक, धार्मिक, आदि

४.१ विरामीलाई सामाजिक, संवेगात्मक, र धार्मिक आदिको बारेमा समस्या छ? के बच्चाहरुलाई विद्यालय भर्ना तथा आय आर्जनका आदिका समस्याको पहिचान भएको छ?

के के कुरामा सहमति भयो ।

५. मृत्यु भएको वा अनुगमनको लागि नभेटिएको उल्लेख गर्नुहोस् :

६. अनुगमनको मिति

फारम भर्ने व्यक्ति नाम हस्ताक्षर मिति

Annex 2b: Adult Client Follow Up Form

3/d} ul/g] x]/rfx - jo:s lj/fdL M cg'udg kmf/fd

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मिति: सेवार्थीले सेवा लिएको ठाउँ : घरमा समुदायमा

लक्षित समूह लिङ्ग : पुरुष महिला

यस अधिको भेटमा भएको भन्दा कुनै कुरामा परिवर्तन भए त्यसलाई पुनरावलोकन गर्नुहोस् ।

भाग १: स्वास्थ्यको विवरण, लक्षण तथा हेरचाह

गाएको महिना सम्म तपाईंलाई केहि समस्या थियो कि? थियो थिएन तल उल्लेख गरेको समस्याको बारे सोच्ने

१.१	लक्षण	छ	अहिले पनि छ		लक्षण	छ	अहिले पनि छ
मुख्य खतरनाक संकेत	हात, खुट्टा छाती र अनुहारमा रातो डावरहरु			सम्बन्धी समस्या	जे खाए पनि वान्ता हुने		
	बेहोस हुने र काम्ने				२४ घण्टामा ३ पटकभन्दा बढी पातलो दिसा भएको		
	शिकिस्त विरामी वा बेहोस				दुई हप्ता भन्दा बढी लगातार पखाला भएको		
	शरीरमा पानीको कम भएको संकेत (जिब्रो सुख्खा हुने, आँखा गढेको, छाला कम तन्कने, पिसाब कम भएको)				सामान्य किसीमको पखाला, दिनमा ३ पटक सम्म, रगत नमिसिएको		
सामान्य	सामान्य भन्दा १० प्रतिशत बढी तौल घटेको			पाचन क्रिया	मुखमा सेता पाप्रा घाउहरु भएको		
	तीब्र दुखाई				खान मन नलाग्ने		
	कम वा सामान्य किसीमको दुखाई				कोट्रीम तथा एआरभी खाएपछि छालामा डावर आएको		
	लिम्फ ग्रन्थी २ सातादेखि सुन्निएको				दुख्ने किसिमका दागहरु जस्तै जनै खटिरा		
स्वासप्रश्वास	२४ घण्टा भन्दा बढी देखि ज्वरो १०० डिग्री (फ) भन्दा माथी भएको			छाला	मुखको छेउछाउमा दुख्ने खालका घाउहरु		
	२ हप्ता देखि ९७ देखि ९९ डिग्री (फ) ज्वरो				छाला चिलाउने		
	श्वास प्रश्वासमा अफ्यारो, श्वास बढ्ने, नीलो भएको				यौनअंगबाट पानी बग्ने वा चिलाउने		
	लगातार २ हप्तादेखि खोकी लागिरहेको				डावर, लुतो, फंगल संक्रमण आदी		
	पटक पटक वा पुरानो छाती तथा पिनासको संक्रमण भएको			स्नायु	लगातार टाउको दुखाई		
					आँखाको देख्ने शक्तिमा परिवर्तन, बोलन, हिड्न नसक्ने, रिगाउने, कमजोर, हात खुट्टा भ्रमभ्रमाउने वा लाटो हुने, दिक्क वा चिन्ता लाग्ने		

नोट :

खरानी रंग भरेको: लक्षणहरु र आवश्यकता अनुसारको उपचार दिने र सकेसम्म छिटो एच आई भी क्लिनिकमा प्रेषण गर्ने ।

सेतो: लक्षणहरु र आवश्यकता अनुसारको उपचार दिने र सुधार नभए प्रेषण गर्ने ।

अन्य लक्षणहरु भएमा उल्लेख गर्नुहोस् :

१.२. सिडी फोर : _____

परिक्षण गरेको मिति: _____

१.३ हरेकपटक भेटदा डाक्टरले दिएको पुर्जीको जांच गर्ने साथै ए आर भी चक्कीको गणना गर्ने सेवार्थीले कुन औषधी पहिला देखि वा अहिले लिईरहेको छ? कुनैपनि छैन वा

- टी वीको जांच छ छैन
- टी वीको उपचार पहिलेनै गरिएको हाल गरिएको
- कोट्रीमको सुरुवाता पहिलेनै गरिएको हाल गरिएको
- ए आर टी पहिलेनै गरिएको हाल गरिएको
- ए आर भी सुरु गरेको मिति: टी वी उपचार सुरु गरेको मिति:
- कोट्रीम सुरु गरेको मिति:
- भिटामिन दिएको छ छैन

१.४ शारिरीक जांच तथा महत्वपूर्ण संकेतहरू

ज्वरो _____	नाडीको गति _____	स्वासप्रश्वास _____	ब्लड प्रेसर _____	तौल _____	
दुखाईको मापन : ०-१-२-३-४-५-६-७-८-९-१०			सामान्य <input type="checkbox"/>	मध्यम <input type="checkbox"/>	गम्भीर <input type="checkbox"/>

१.५ शारिरीक जांचबाट पत्ता लागेका कुराहरू लेख्नुहोस्:

१.६. हेरचाह पुरयाइएको:

- १.८. स्वयं गरिने हेरचाह शिक्षा प्रदान गरिएको छ छैन
- १.९. स्वहेरचाह शिक्षा दिनएको परिवारको संख्या उल्लेख गर्नुस्
.....
- १.१०. सुरक्षित यौनसम्पर्कबारे शिक्षा दिईएको छ छैन
- १.११ कण्डम प्रदान गरेको संख्या
- १.१२ अन्य

१.७. औषधीको उपलब्ध गराएको भए लेख्नुस् जस्तै : सिटामोल दिएको

भाग २: ए आर टी निरन्तरता तथा प्रेषण सेवा

२.१. एआरटी निरन्तरता जांच

- विरामीलाई कसरी कहिले र कति औषधी खाने भन्ने जानकारी प्रष्ट छ छैन
- विरामीलाई ए आर टी निरन्तरता बारे सहयोगको आवश्यक छ छैन
- ए आर टी सहयोगको लागि ए आर टी क्लिनिकमा पठाउनु पर्ने छ छैन

२.२. कोट्टिमोक्साजोल तथा टी बी को औषधी

- औषधी कसरी खाने भन्ने विरामीलाई राम्रो थाहा छ छैन
- विरामीलाई क्लिनिकमा निरन्तरता बारे सहयोगको लागि पठाउनु पर्ने छ छैन

२.३. प्रेषण आवश्यक भएको

- टी बी जांचको लागि उपचारको लागि तुरुन्त क्लिनिक पठाएको नियमित जांचका लागि क्लिनिक पठाएको
- पोषण सहयोगको लागि एच आई भी संक्रमितहरूको सहयोग समुहमा ए आर टी निरन्तरताको (एड्हेरेन्स) सहयोगको लागि
- एच आई भी संक्रमणको उपचार अन्य

गरिएको काम:

रिफर गरिएको: ठेगाना

२.४. प्रेषण सहयोगको लागि अनुगमन गर्ने

भाग ३: सामाजिक, संवेगात्मक, धार्मिक, आदि

३.१ के विरामीलाई सामाजिक, संवेगात्मक, र धार्मिक आदिको बारेमा समस्या छ? के बच्चाहरूलाई विद्यालय भर्ना तथा आय आर्जनका आदिका समस्याको पहिचान भएको छ ?

के के कुरामा सहमति भयो ।

४. मृत्यु भएको वा अनुगमनको लागि नभेटिएको उल्लेख गर्नुहोला

५. अनुगमनको मिति

फारम भर्ने व्यक्ति नाम हस्ताक्षर मिति

Annex 3a: Children First Contact Form

3/d} ul/g] x]/rfx M aRrfsf] d"Nof+sg - klxnf] ;Dks{ kmf/fd

ldltM					
nIift	<input type="text"/>				

कुन संस्थाबाट प्रेषण भएको उल्लेख गर्नुहोस् :	जन्म मिति :	उमेर :			
भाग १: बच्चाको स्वास्थ्य र पोषण					
१.१ खोप तालिका अनुसार दिइएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/>	१.२ खोप पूरा भएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/>	१.३ वृद्धि तालिका हेरिएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/>	१.४ वृद्धि तालिका सामान्य छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/>	१.५ बच्चालाई जुकाको औषधी खुवाएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/>	१.६ बच्चालाई भोक लाग्छ ? लाग्छ <input type="checkbox"/> लाग्दैन <input type="checkbox"/> सामान्य रूपमा खान्छ ? खान्छ <input type="checkbox"/> खाँदैन <input type="checkbox"/>
१.७ यदि खान्छ भने, कसरी खुवाइन्छ ? आमाको दूध मात्र खुवाइन्छ <input type="checkbox"/> मिश्रित तरिकाले खुवाइन्छ <input type="checkbox"/> (आमाको, गाइभैसीको वा बट्टाको)	१.८ बच्चाको एच.आई.भी. स्थिति परीक्षण गरिएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/>	१.९ बच्चाको अवस्था एच.आई.भी. पोजिटिभ <input type="checkbox"/> एच.आई.भी. नेगेटिभ <input type="checkbox"/>	१.१० यदि एच.आई.भी. पोजिटिभ छ भने, बच्चालाई ई.पि.सी.मा दर्ता गरिएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/>		

भाग २ : स्वास्थ्यको विवरण					
स्वास्थ्यको विवरण, लक्षण र हेरचाह					
२.१ महिनाको अन्तिममा बच्चालाई केही लक्षणहरू देखिएको छ <input type="checkbox"/> छैन <input type="checkbox"/> / यदि छ भने तलको खाली ठाउँ भर्नुहोस् ।					
लक्षण	छ	छैन	लक्षण	छ	छैन
बच्चाले दुखेको अनुभव गरेको छ ? (जस्तै टाउको दुखेको) साधारण दुखाई छ ?			वाक-वाक, वमन गर्छ ?		
अधिक दुखाई छ ?			२४ घण्टामा ५ पटकभन्दा बढी पातलो दिसा भएको छ ?		
लिम्फनोड सुनिएको छ ?			शरीरमा पानीको कमी देखिएको जस्तै: भाडा-पखाला भएको बेला: जिब्रो सुख्खा हुनु, आँखा गाडिनु, छाला खुम्चिनु, पिसाव कम हुनु		
ज्वरो आएको छ ?			मुखमा वा घाँटीमा घाउ छ ?		
दुई हप्ताभन्दा बढी खोकी लागेको छ ?			दृष्टिमा समस्या छ ?		
पटक पटक पिनास र सास फेर्न कठिनाई वा गाह्रो छ ?			एआरटी, कोट्रिमोक्साजोल (बचावट) लिंदा केही डावर, खटिरा देखिएको छ ?		
पटकपटक छातीको खराबी (निमोनिया) भएको छ ?			जनै खटिरा, घमौरा वा लुतो देखिएको छ ?		
कान पाकेको छ ?			छाला चिलाउने छ ?		
सही तरिकाले घरमा सामान्य लक्षणको उपचार गर्नुहोस् यदि असामान्य वा प्रतिकूल अवस्था भएमा एक हप्ताभित्र ई.पि.सी. क्लिनिक वा अस्पतालमा प्रेषण गर्नुहोस् ।					

२.२ अन्य लक्षणहरू वा खतराको चिन्हहरू देखिएमा तुरुन्त प्रेषण गर्नुहोस् ।				
२.३ अन्तिम सी.डी.४...../मिमी ^३	२.४. बच्चाले एआरटी लिएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/>			
जाँचको मिति/...../.....	बच्चाको क्षयरोगको जाँच भएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/>			
ए आर टी लिएको मिति/...../.....	हाल बच्चाले क्षयरोगको औषधी लिएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/>			
	कोट्टिमोक्साजोल (बचावट) लिएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/>			
	भिटाभिनहरू लिएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/>			
	सुभाव.....			
महत्वपूर्ण संकेत/शारीरिक परीक्षण				
२.५ तापक्रम ___°फ/°से	नाडीको गति ____/मिनेट	शवासप्रशवास ____/मिनेट	रक्तचाप ____/____ * यदि नाप लिनु सम्भव भए	तौल ____के.जी. * यदि नाप लिनु सम्भव भए
२.६ शारीरिक परीक्षण गर्दा पतालागोको अवस्थाबारे लेख्नुहोस् ?				
२.७ दुखाईको मापन : ०-१-२-३-४-५-६-७-८-९-१० (सामान्य <input type="checkbox"/> ठीकै <input type="checkbox"/> गम्भीर <input type="checkbox"/>)				
२.८ औषधीको उपलब्ध गराएको भए उल्लेख गर्नुहोस् ।			२.९ स्वहेरचाह शिक्षा दिएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/>	
सुभाव.....				

efu # M lg/Gt/tf / k jif0f	
३.१ नियमित तथा निरन्तर एआरटी सेवनको मूल्यांकन	३.२ आवश्यक भएमा कार्यान्वयन गरेको कुरा लेख्ने
<ul style="list-style-type: none"> बच्चा वा परिवारलाई औषधी कसरी खानुपर्छ भनेर राम्रो थाहा छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/> बच्चाले एआरटी ठीक समयमा ठीक तरीकाले लिएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/> एआरटी (निरन्तरता) बारे शिक्षाको आवश्यक छ <input type="checkbox"/> छैन <input type="checkbox"/> 	
३.३ कोट्टिमोक्साजोल र क्षयरोगको औषधी /उपचार	३.४ भावनात्मक सहयोग दिएको छ ?
<ul style="list-style-type: none"> बच्चा वा परिवारलाई औषधी कसरी खानुपर्छ भनेर राम्रो थाहा छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/> बच्चाले कोट्टिमोक्साजोल (बचावट) ठीक समयमा ठीक तरीकाले लिएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/> क्षयरोगको औषधी ठीक समयमा ठीक तरीकाले खाएको छ ? छ <input type="checkbox"/> छैन <input type="checkbox"/> 	छ <input type="checkbox"/> छैन <input type="checkbox"/>
३.५ प्रेषण आवश्यकता	
जरुरी मेडिकल जाँच <input type="checkbox"/> सामान्य जाँच <input type="checkbox"/> पोषण <input type="checkbox"/> खोप <input type="checkbox"/> एआरटी निरन्तरताको लागि सहयोग <input type="checkbox"/> क्षयरोग जाँच <input type="checkbox"/> एच.आई.भी. अवसरवादी संक्रमणको उपचार <input type="checkbox"/> अन्य _____	
३.६ सामाजिक सहयोग बारे सोध्ने जस्तै : शिक्षा, पालनपोषणको सहयोगको आवश्यकता	
.....	

अर्को घरभेटको समय ? मिति : _____ सि.एच.वि.सि. सेवा दिनेको सही : _____ मिति : _____
कृपया कैफियतमा मृत्यु भएको वा अनुगमनको लागि नभेटिएको उल्लेख गर्नुहोला ।
कैफियत:

dxTjk"0f{ gf]6M

बच्चाहरूलाई बालरोगबाट बचाउन १ वर्षको उमेर भित्रै तल बताए अनुसार खोपहरू दिएको छ वा छैन अनुगमन गर्नुहोस् ।	
बच्चा जन्मेको -	
४ हप्ता भित्र : बी.सी.जी.	१४ हप्तामा : डी.पी.टी. (तेस्रो)
६ हप्तामा : डी.पी.टी. (पहिलो)	६ महिनामा : दादुरा
१० हप्तामा : डी.पी.टी. (दोस्रो)	९ महिनामा : दादुरा

Annex 3b: Children Follow Up Form

3/d} ul/g] x]/rfx M aRrfsf] d"Nof+sg - cg'udg kmf/fd

--	--	--	--	--	--

ldltM ;]jfyL{n] ;]jf lnPsf] 7fpF M 3/df
 nlift ;d'bfodf

lnE M k'?if dlxnf

kl/jf/nfO{ :jx]/rfx lzIff÷efjgfTds ;xof]u u/]sf] ;+Vof pNn]v ug'{xf]i\ M	hGd ldltM pd]/ M	tof/ ug{] wOlQmsf] gfdM -l;=Pr=la=iL=_
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अनुगमन गरेको मिति:	शारीरिक जाँचको मूल्यांकन लेख्नुहोस्	मुख्य चासो र आवश्यकताहरू-स्वास्थ्य सेवा: १. क्षयरोग, ए.आर.टी. निरन्तरता, कोट्रिमोक्साजोल (बचावट) २. लक्षण/दुखाई ६. परिवार तथा ३. भावनात्मक सहयोग सामाजिक भेदभाव ४. स्वहेरचाह शिक्षा ७. पालनपोषण ५. पोषण ८. शिक्षा	आवश्यकता पुरा गर्नका निमित्त कार्यहरू : (प्रत्यक्ष हेरचाह वा प्रेषण) प्रेषणको कारण उल्लेख गर्नुहोस् ।	कसले गर्ने? (परिवार वा सि.एच.वि.सी)	काम पूरा भएको मिति:	अर्को अनुगमनको मिति :	कैफियत (मृत्यु वा अनुगमनमा नभेटिएको उल्लेख गर्नुहोस् ।)	सी.एच.वी.सी. सेवा दिनेको सही

(१) अनुगमनमा जानु भन्दा अगाडि पहिलो सम्पर्क फाराम हेर्नुहोस्

(२) १५ वर्षभन्दा मुनिका बालबालिकाको लागि तयार पारिएको मूल्याङ्कन फाराम

अनुगमन गरेको मिति:	शारीरिक जाँचको मूल्यांकन लेख्नुहोस्	मुख्य चासो र आवश्यकताहरू-स्वास्थ्य सेवा: १. क्षयरोग, ए.आर.टी. निरन्तरता, कोट्रिमोक्साजोल (बचावट) २. लक्षण/दुखाई ३. भावनात्मक सहयोग ४. स्वहेरचाह शिक्षा ५. पोषण ६. परिवार तथा सामाजिक भेदभाव ७. पालनपोषण ८. शिक्षा	आवश्यकता पुरा गर्नका निम्ति कार्यहरू : (प्रत्यक्ष हेरचाह वा प्रेषण) प्रेषणको कारण उल्लेख गर्नुहोस् ।	कसले गर्ने? (परिवार वा सि.एच.वि.सी)	काम पूरा भएको मिति:	अर्को अनुगमनको मिति :	कैफियत (मृत्यु वा अनुगमनमा नभेटिएको उल्लेख गर्नुहोस् ।)	सी.एच.वी.सी. सेवा दिनेको सही

Annex 4: Home Care Kits

Home Based Care Supplies for Trained Health Care Worker (Nurse, CHW, etc based at district health center or health post)

Medication Name	Dose	Unit	Indication
Paracetamol	500 mg	Pill	Fever, analgesia (mild pain)
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.
Paracetamol/Codeine	500 mg/15 mg	Pill	Analgesia, Refractory Cough and Fever (Moderate pain)
Gentian Violet	Paint	Bottle	Thrush
Albendazole	100mg	Pill	Helminth Infections
Scabicide (Permethrin or Benzyl Benzoate or 1% Gamma Benzin Hexachloride)	Topical	Bottle	Scabies
Nystatin or Candid Mouth Paint, Cotrimazole			Antifungal lozenge
Tinidazole (1 Gm or Metronidazole (400mg)			Antidiarrheal
Bisacodyl e.g.(Dulcolax)	5 mg	Pill	Constipation
Domperidone	5 mg		Antiemetic
Hyoscine 10 mg e.g. (Buscopan) or Drotaverine 40 mg (Drotin)	10 mg	Pill	Abdomen Pain
Diclofenac Gel	Topical	Tube	Joint Pain
Calamine Lotion	Topical	Bottle	Itch, symptom relief
Vaseline	Topical	Tube	Itch, dry skin, pressure sore prevention
Zinc Oxide Talcum Powder	Topical	Bottle	Skin irritation
Medicated Balm	Topical	Jar	Skin breakdown, headache, nausea
Ethanol	Topical	Bottle	Disinfectant
Hydrogen Peroxide	Topical	Bottle	Disinfectant
Povidine iodine	Topical	Bottle	Disinfectant
Bleach		Bottle	Disinfectant
Multivitamin	Fixed dose	Pills	Vitamin supplementation
Multivitamin syrup	Fixed dose	Bottle	Vitamin supplementation
Oral Rehydration Salts	Sachet	Sachet	Dehydration
Condoms	Packet	Condom	Prevention of HIV Transmission

3. Other

Item	Unit	Unit/Team
Thermometer axillary clinical flat type		1
Sphygmomanometer and Stethoscope		1
Nail Cutter		1
Scissors (small, steel)		1
Kidney tray (small,steel)		1
Small plastic bowls for holding or preparing solutions, povidine iodine; salt water for cleaning wounds		3
Steel jar to hold cotton		1
Tweezers & artery forceps		1
Gloves (small & medium)	Box (100)	1
Cotton wool	Rolls	2
Gauze 4x4 sterile	Boxes	4
Bandages, crepe, 4"	Boxes	2
Bandage Tape		2
Antiseptic Soap	Bars	2
Soap dish		1
Bed Sheets		2
Hand Towels		3
Plastic sheeting (for incontinence/ to protect bed)		2
Home care kit bag		1
Flashlight		1
Plastic bags		25
Wooden tongue depressor		10
Notebook		1
Pens		2
		2
Self-care Handbook		(1 for teaching; 1 for client)
Container to hold sharps (scissors, nail clippers, etc)		1

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
Paracetamol	500 mg	Pill	Fever, analgesia
Ibuprofen	200 mg	Pill	Analgesia, fever, anti-inflammatory. Can use when cannot use paracetamol.
Gentian Violet	Paint	Bottle	Thrush
Calamine Lotion	Topical	Bottle	Itch, symptom relief
Petroleum Jelly	Topical	Tube	Itch, dry skin
Zinc Oxide Talcum Powder	Topical	Bottle	Skin irritation
Medicated Balm	Topical	Jar	Skin breakdown, headache, nausea
Multivitamin	Fixed dose	Pills	Vitamin supplementation
Oral Rehydration Salts	Sachet	Sachet	Dehydration
Condoms	Packet	Condom	Prevention of HIV Transmission

2. Other

Item	Unit	Unit/Team
Thermometer axillary clinical flat type		1
Nail Cutter		1
Antiseptic Soap	Bars	2
Soap dish		1
Hand Towels		3
Home care kit bag		1
Flashlight		1
Plastic bags		25
Notebook		1
Pens		2
Self-care Handbook		2 (1 for teaching; 1 for client)

Annex 5: Supervisor Checklist

आशा प्रोजेक्ट
घर तथा समुदायमा आधारित हेरचाह कार्यक्रम
सुपरभाइजरको चेक लिष्ट

घर तथा समुदायमा आधारित हेरचाह सुपरभाइजरको चेक लिष्ट

सुपरभाइजरको चेकलिष्ट फारम सम्पूहले घरभेट गरेको समयमा उनीहरुको कामको अवलोकन गर्दा प्रयोग गरिने निर्देशिका हो । यो एउटा निर्देशिका हो, यसका आधारमा अवलोकन गर्दा यो चेकलिष्टमा उल्लेख गरिएका सम्पूर्ण कुराहरु प्रयोग नहुन पनि सक्दछ र फारममा उल्लेख गरिएका सम्पूर्ण कुराहरु सेवाग्राहिलाई आवश्यक नपर्न पनि सक्दछन । घरभेटका बेला घरमा हेरचाह गर्ने समूहको सेवा कार्यको सुपरभिजन गरी सकेपछि, उनीहरुलाई अफिसमा आए पछि वा विरामी र उनको परिवार नभएको अवस्थामा सम्बन्धित हेरचाहकर्तालाई सहयोगिपूर्ण ढङ्गले पृष्ठ पोषण (सुझाव दिने) गर्नु पर्दछ । सहयोगिपूर्ण पृष्ठपोषण भन्नाले उनीहरुलाई आलोचना र आरोप लगाउनु नभएर थाहा नपाएको कुरालाई थाहा दिएर घरभेट सेवालाई गुणस्तरीय बनाउन उत्साहित बनाउनु हो । उनीहरुले विरामीलाई प्रदान गरेको सेवा गुणस्तरीय थियो या थिएन भन्ने बारेमा उनीहरुको विचार सुन्ने र उनीहरुले गरेका राम्रा कुराहरुलाई उल्लेख गर्ने र सुधार गर्नु पर्ने कुराको पृष्ठपोषण गर्नु पर्दछ । पहिलो घरभेटमा भए गरेका कार्यबारे कुन ढङ्गले छलफल भएको थियो र सुपरभिजन को निचोड के थियो भन्ने बारेमा नोट आफै सँग राख्नुहोस् जसले गर्दा तपाइले आफ्नो टोलीलाई आवश्यक पृष्ठपोषण गर्न सक्नु हुन्छ । प्रत्येक महिनामा एक पटक परियोजना संयोजक वाट घरभेट टोलीको सुपरभिजन गर्नु पर्दछ ।

घरभेटको मिति र समय :..... वार्ड / जिल्ला

सिएचबिसी सेवार्थीको नाम.....

सुपरभाइजरको पद र नाम

१. पूर्व घरभेट :

घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली		
१.१	१.१ के उनीहरूसँग घरमा आधारित हेरचाह मा आवश्यक औषधि सहितको वाकस ल्याएका छन् ?	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
१.२	के टोली सदस्यले सेवा ग्राहिको फाइल र सम्पर्क फारम आफैँ सँग लगेका छन् ?	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
१.३	के उनीहरूले घरभेट गर्ने बारे सेवाग्राहि सँग समय मिलाएका थिए ? सेवाग्राहिले उनीहरू आउने बारे थाहा पाएका छन् र सहमत छन् ?	छन <input type="checkbox"/> छैनन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
सुभावहरु :		

२. घरभेटका क्रममा अपनाउनु पर्ने प्रक्रिया

संचारका साधारण सीपहरु :

२.१	सवभन्दा पहिला सेवाग्राहि लाई न्यानो अभिवादन गरेको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.२	टोलीमा सेवाग्राहिले नचिनेको कोहि नयाँ व्यक्ति भए परिचय गराएको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.३	सेवाग्राहिलाई आदार गरिएको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.४	सुहाउने दूरीमा सेवाग्राहिसँग वसेको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.५	सेवाग्राहिको स्वास्थ्य र अन्य सवालमा छलफल गर्नु भन्दा पहिले परिवार सँग साधारण भलाकुसारी गरिएको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.६	विरामी, उनको विस्तारा, घर सफा र स्वस्थ भए नभएको बारेमा राम्रो सँग अवलोकन गरिएको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
सुभावहरु :		

पृष्ठभूमी र शारीरिक परिक्षणको सीप		
२.७	विरामीको अनुभूति र उनीहरुको आफ्नो स्वास्थ्य तथा अन्य विषयमा छलफल भयो?	भयो <input type="checkbox"/> भएन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.८	विरामीका समस्या (लक्षण हेरचाह, नर्सिङ्ग सेवा, सामाजिक र भावनात्मक हेरचाह) लाई प्राथमिकताका आधारमा सम्बोधन गर्न दिन सक्षम भएका छन्	छन <input type="checkbox"/> छैनन् <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.९	विरामीका कुरालाई ध्यानपूर्वक र आदरपूर्वक सुनेको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.१०	विरामीको सम्पूर्ण विवरण : पहिलो भेटमा पहिचान भएका समस्यामा सुधार आएको छ वा भन विग्रिएको छ बारे सोधिएको अन्य समस्याहरु जस्तै :	
	● भडा पखाला	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	● ज्वरो	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	● दुखाई	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	● छालाका समस्याहरु	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	● मुखमा घाँउ छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	● खोकी र स्वास प्रस्वासमा कठिनाई	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	● निद्रा नपर्ने	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	● खान मन नलाग्ने वा कम लाग्ने	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	● भूले र भ्रमित हुने	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	● कब्जियत	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	● गुप्ताङ्ग चिलाउने र दुख्ने	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	● भावनामा आउने (वेचैन, उदास, आदी)	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.११	विरामीले हाल कुन खालको औषधि सेवन गरेका छन् र सेवन गर्ने विधि सोधिएको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.१२	शारीरिक परिक्षण गर्नु अगाडी र पछाडी हात धोएको वा स्प्रिटले दलेको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.१३	मुख्य चिन्हहरुको परिक्षण गरिएको ● ज्वरो	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>

पृष्ठभूमी र शारीरिक परिक्षणको सीप		
	<ul style="list-style-type: none"> ● नाडी ● श्वास प्रस्वास प्रति मिनेट ● रक्त चाप ● तौल 	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/> छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/> छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/> छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.१४	आधारभूत शारीरिक परिक्षण <ul style="list-style-type: none"> ● आँखा ● नाक ● मुख घाँटी ● ग्रान्थिहरु (घाँटी र काखीमा) ● पेट ● गुप्ताङ्ग ● सम्पूर्ण शरीरको छाला 	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/> छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.१५	विरामीको पृष्ठभूमि, उनीहरुका चासो विषण सम्पूर्ण विवरण लिइएका आधारमा र शारीरिक परिक्षणबाट पहिचान भएका समस्याहरुको हेरचाह/नर्सिङ्ग हेरचाह आवश्यकता अनुसार प्रदान गरिएको सुझावहरु.....	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.१६	विरामीका कम खतरापूर्ण लक्षणहरुलाई भन्दा ज्यादा सिरियस र वेचैन बनाउन लक्षणहरुको हेरचाहमा प्राथमिकता दिन सक्षम भएको छ ?	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.१७	हेरचाहकर्ताले औषधी सेवन गर्ने तरिका र लक्षणहरुलाई व्यवस्थित गर्न दिईएका सामग्रीहरुको प्रयोग तरिका बारेमा प्रष्ट जानकारी दिएको छ ? औषधी सेवन गर्ने तरिका राम्रो सँग लेखिएको छ । (जस्तै पुरानो र सामान्य दुखाई कम गर्ने आवश्यक औषधी र समय तालिका)	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/> छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>

पृष्ठभूमी र शारीरिक परिक्षणको सीप		
२.१८	यदि सेवाग्राहि सिरियस अवस्थामा भए त्यसको पहिचान र उपयुक्त व्यवस्था गरिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.१९	यदि सेवाग्राहि मृत्युको मुखमा पुगेको अवस्था छ भने पनि हेरचाहटोलीले पनि अन्तिम अवस्था सम्म पनि हेरचाह पु-याइएको छ (सेवाग्राहि लाई सहज अवस्थामा भएको निश्चित गरिएको छ विरामी र उनका परिवारलाई भावनात्मक सहयोग पुऱ्याउँदै यदि विरामीले मृत्युका बारेमा कुरा गर्न चाहन्छन् भने कुरा कानी गरिएको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/> छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/> छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.२०	खाईरहेका सम्पूर्ण औषधी विस्तृत रूपमा हेर्ने र नियमित र निरन्तर सेवन गर्न सहयोग : ○ सेवाग्राहिलाई तत्काल सेवन गरिरहेको औषधीहरु देखाउन लगाइएको छ ○ विरामीलाई औषधी समयमा सेवन गर्न संभन समस्या भएको छ या छैन बारे प्रश्न सोधिएको छ ○ विरामीले औषधीका असर महसुस गरेको वा नगरेको बारेमा सोधिएको छ ? ○ यदि उनीहरुले ए.आर.भी. सेवन गरेका छन् भने उनीहरूसंग भएको औषधिहरुको चक्क र समय तालिका अनुसार नियमले खाएको वा भूलेको भए सोही अनुसार सल्लाह दिइएको छ ○ सेवाग्राहि र उनीहरुको परिवारलाई औषधि नियमित र निरन्तर सेवन गर्न आवश्यकता अनुसार सहयोग गरिएको ○ औषधिहरु सुरक्षित पूर्वक ठीक ठाँउमा भए नभएको सुपरभिजन गरिएको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/> छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.२१	यदि तत्कालै विरामीलाई प्रेषण गर्नु पर्ने आवश्यकता भए कुनै क्षेत्रिय वा जिल्ला अस्पतालमा प्रेषणको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>

पृष्ठभूमी र शारीरिक परिक्षणको सीप		
	व्यवस्था गरिएको	
२.२२	विरामीको सम्पर्क फारम भर्ने तर विरामीलाई हेरचाह प्रदान गर्ने बारेमा यसले ध्यान बाँडिएको हुनु हुँदैन	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
सुभावहरु		

स्वहेरचाहकालागि आवश्यक सीप प्रशिक्षण (यदि घरभेटमा क्रममा सिकाईएको भए मात्र त्यसको सुपरभिजन गर्ने)		
२.२३	घर तथा समुदायमा आधारित हेरचाह टोली सदस्यले विरामीको विवरण र शारीरिक अवस्थाको परिक्षण गर्ने क्रममा पहिचान गरिएका जानकारीका आधारमा विरामीलाई तत्कालै स्वास्थ्य शिक्षा सीप प्रदर्शन गरिएको छ जुन सीप सिक्नु पर्ने हो त्यसको उद्देश्य बारे प्रष्ट रुपमा बताईएको छ उक्त सीपको तरिका प्रदर्शन गरिएको छ एकै समयमा धेरै-धेरै सूचना सहितका सीपहरु सिकाएकोले अन्योल बढेको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/> छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/> छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/> छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.२४	विरामी सँग स्व-हेरचाह किताव नभएको एक प्रति दिने र उक्त किताव अनुसार हेरचाह कर्ता र विरामीले कार्य गरेको छन भन्ने कुराको गरिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.२५	सिकाउदा सरल र प्रष्ट बुझ्ने भाषामा बताईएको र प्रविधिक शब्दहरुको प्रयोग गरिएको छैन	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
भावनात्मक सहयोगकालागि आवश्यक सीपहरु :		

२.२६	विरामीले भावनात्मक रूपमा कस्तो महसुस गरीरहेका छन् भन्ने कुरा सोधिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.२७	विरामीका दुःख र वेदनाहरूलाई ध्यान दिएर आदरपूर्वक सुनिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.२८	परामर्शका सीपहरूको उपयुक्त प्रयोग गरिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	सांकेतिक संचार जस्तै टाउको हल्लाउने, आँखाको उपयुक्त किसिमले आँखामा हेरेर कुरा गरिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	कुरा गर्ने क्रममा विरामीको मुखमा देखिएको परिवर्तको अवलोकन गरि उनको मनस्थिति अनुसार कुरा गरिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	विरामीको कुरा बीचमा नकाटि सुनिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	खुला प्रश्न गरेको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	विरामीका शब्दहरूको आशय फर्काएर विरामीको कुरा बुझेको पक्का गरिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	विरामीले उनीहरूको समस्याहरूको समाधानको उपाय के सोचेका छन् भनेर उनीहरूको विचारको आदर गरिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	विरामीलाई तपाइले यो गर्नु पर्दछ भनेर निर्देशन दिने ढङ्गले कुरा गरिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
	परामर्श पछि विरामीको निर्णय अनुसार घर तथा समुदायमा आधारित हेरचाह टोली सदस्यले आफुले गर्न सक्ने सहयोगको सारांशमा बताईएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.२९	घर तथा समुदायमा आधारित हेरचाह टोलीले विरामी र हेरचाह गर्ने व्यक्तिलाई संक्रमित र प्रभावित व्यक्तिहरूको सहयोग समूह र यसको बैठका हुने समय आदि जानकारी दिईएको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
सुभावहरू.....		
	सामाजिक आवश्यकता अनुसारको सहयोगको अवलोकन (मुल्याङ्कन)	
२.३०	विरामी र हेरचाह कर्ताले सामाजिक र भौतिक	

	सहयोग (जस्तै: जागिर खोज्न्, गाँस-वास र कपास आदीमा) प्राप्त गरे का छन्	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.३१	विरामीका सामाजिक आवश्यकताहरूलाई संवोधन गर्ने योजना बनाईएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.३२	यदि उनका बच्चाहरू छन् भने उनीहरूका शारिरीक, भावनात्मक तथा सामाजिक समस्यालाई संवोधन गरिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.३३	आवश्यक देखिएमा बच्चाहरूको स्वास्थ्य जाँच गरिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.३४	यदि विरामीले आफ्नो मृत्यु पछि बच्चाहरूको लागि सम्पत्ति संरक्षणका लागि इच्छापत्र बनाउने र भविश्यमा बच्चाको हेरचाह गर्ने व्यक्तिको पहिचानको चाहना राखेको अवस्थामा सहयोग गरिएको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
सुभावहरु		
.....		
आध्यात्मिक सहयोगको आवश्यकता पहिचान		
२.३५	विरामीलाई आध्यात्मिक सहयोगको लागि प्रेषण गर्न सहयोग गर्ने ।	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.३६	सेवाग्राहिलाई उनीहरूको आफ्नो धार्मिक गुरुलाई भेट्ने इच्छा भएमा सहयोग गरेको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
सुभावहरु		
.....		

घरभेट कार्यक्रमको अन्तमा		
२.३७	छलफलको अन्त्यमा उक्तमा घरभेटमा गरेका मुख्य काम र निर्णय हरुको संक्षेपिकरण गरिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.३८	विरामी र उनका परिवारलाई कुनै सहयोगको आवश्यकतावारे सोधिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
२.३९	अर्को भेटको लागि मिति र समय निर्धारण गर्ने	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>

२.४०	यदि सान्दर्भिक भए घर तथा समुदायमा आधारित हेरचाह टोलीको ठेगाना उपलब्ध गराइएको छ (जस्तै पहिलो भेटमा)	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>

३. घरभेट कार्यक्रम पछि

घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली		
३.१	सेवाग्राहीको पृष्ठभूमी बारे जानकारीहरुलाई ठीक छ, या छैन हे पुनरावलोकन गरिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
३.२	सेवा ग्राहिलाई दिइएका औषधिहरु वा सामानहरु लगबुकमा रेकर्ड गरिएको छ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
३.३	सेवाग्राहिको फाराम ताल्चा लगाइएको दरजमा राखेको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
३.४	सेवाग्राहिलाई प्रेषण गरिएको स्थानको राम्रो रेकर्ड राखिएको हुनु पर्दछ, जस्तै अनुगमन गरि सेवा पाएको छन् भन्ने कुराको सुनिश्चित गर्न मा सहयोग पुग्दछ	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
३.५	घर तथा समुदायमा आधारित हेरचाह भोलाबाट खर्च गरिएका औषधी वा सामानहरु फेरी पूर्ति गर्ने गरिएको	छ <input type="checkbox"/> छैन <input type="checkbox"/> असान्दर्भिक <input type="checkbox"/>
घर तथा समुदायमा आधारित हेरचाह टोली सँग छलफल गरी सुधारका लागि सहमतमा गरिएका सकारात्मक सुझावहरु :		
.....		
.....		

Annex 6a: Client Referral Form

Client Referral Form

(Community to Facility)

विश्वास



तपाईं जहाँ भए पनि
सूचित, स्वस्थ र सुरक्षित रहनुहोस् !

रिफर गरिएको सेवा केन्द्रको नाम:

ठेगाना: सर्पक फोन:

रिफर गरिएको व्यक्तिको नाम:

 **USAID** | **NEPAL** 

रिफर गरिएको सेवा कोड नं.

यौन रोग परीक्षण तथा उपचार

एच आइ वी परामर्श तथा परीक्षण (मि सि टी)

एच आइ वी आधारकृत उपचार सेवा (इ पी सी)

समुदाय तथा घरमा आधारित हेरचाह (सि एच बी सी)

सपोर्ट ग्रुप

परिवार नियोजन सेवा परामर्श

अन्य:

रिफर गर्नेको नाम: सही:

संस्था: मिति:

Annex 6b: Registration Form

Government ID:

ASHA ID:

Date: _____

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

- | | |
|------------------------------------|---|
| <input type="checkbox"/> SBC staff | <input type="checkbox"/> Friend / Family member |
| <input type="checkbox"/> STI staff | <input type="checkbox"/> Sexual or Injecting partners |
| <input type="checkbox"/> VCT staff | <input type="checkbox"/> Others please specify _____ |

Annex 6c: Identity Card

विश्वास



तपाईं जहाँ भए पनि
सूचित, स्वस्थ र सुरक्षित रहनुहोस् !

नाम : _____

 **USAID** | **NEPAL**
FROM THE AMERICAN PEOPLE

 **ASHA**
BRIDGING THE HEALTH CARE GAP
FOR THE POOR AND VULNERABLE

कार्ड नं:

--	--	--	--	--	--

सेवा केन्द्रको नाम:

ठेगाना:

फोन:

हस्ताक्षर: _____

कृपया प्रत्येक पटक आउँदा यो कार्ड लिएर आउनुहोला ।

Annex 6d: Confidentiality Form

गोप्यता र गुणस्तरीय हेरचाहको लागि प्रतिबद्धता

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

- औषधोपचारको सिलसिलामा वा अत्यावश्यक अवस्थामा बाहेक मैले मेरो विरामीको विषयमा, उनको अवस्था बारे कसैलाई पनि जानकारी दिन्न । मेरो विरामीको परीक्षणको जानकारी तोकिएका व्यक्ति वा मेरो विरामीसँग सहमति लिएर मात्र अरूसँग यसको चर्चा गर्ने ।
- मेरो विरामीको सहमति नलिइकन कसैसँग उनको परिवारका सदस्यहरूसँग 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 जहाँपायो त्यहाँ नछोड्ने
- विरामीको व्यक्तिगत फाइल प्रयोग नभएको समयमा निश्चितरूपले 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 तालीमभन्दा बाहिरबाट हुनसक्दैन । मेरो पहुचभन्दा बढी हेरचाह र सहयोग आवश्यक परेमा म विरामीलाई अरु कहा सिफारिस गर्नेछु ।
- जसले सहयोग र हेरचाहको लागि मद्दत माग्छ उसैलाई दिने छु
- जसलाई हेरचाह र सहयोगको आवश्यकता पर्छ म उसलाई अस्वीकार गर्दिन । उसलाई अनुगमन सेवा दिने र हेरचाह गर्ने छु ।
- म सुपरभाइजर रहेमा मेरो टोलीले गोप्यता कायम गर्न गरेको वचनबद्धतालाई पालना गर्न लगाउने छु ।

हेरचाह गर्ने व्यक्तिको हैसियतले मेरो निम्न अधिकार हुने छ :

- कामको लागि पन्जा, ब्लिच/क्लोरिन, आदि गुणस्तरीय प्रतिरोधात्मक वस्तु पाउने ।
- कामको सिलसिलामा एचआइभी सन्ने घटना भएमा राष्ट्रिय एचआइभी नीति अनुरूप रोकथामका लागि पी.इ.पी. पाउने ।
- कामको सिलसिलामा एचआइभी संक्रमण भएमा एअरटी पाउने ।
- हेरचाह गर्ने व्यक्तिको हैसियतले मैले आफ्नो सीप र क्षमता विकास गर्न आवश्यक तालीम पाउने ।
- म भन्दा माथिका अधिकारीबाट मैले र मेरो टोलीले रेखदेख र सहयोग पाउने ।

.....
नाम र सही

.....
मिति

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.*²
- 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.

² “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.

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...)
- Teach each other how to manage common side-effects of ART
- Reinforce prevention knowledge and skills (i.e. 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 (egg 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: Stock Book

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
..... विभाग
..... कार्यालय/अस्पताल/क्लिनिक

पाना नं

खर्च भएर जाने जिन्सी मालसामानको खाता

जिन्सी सामानको नाम:

एकाई: सम्पत्ति वर्गीकरण संकेत नम्बर:

स्पेसिफिकेशन:

मिति	दाखिला नं./निकासी नं.	आम्दानी			खर्च			नोक्सान :-मिलान	बाँकी			कैफियत
		परिमाण	दर	रकम	परिमाण	दर	रकम		परिमाण	दर	रकम	
१	२	३	४	५	६	७	८	९	१०	११	१२	१३

फाटवालाको दस्तखत:
मिति:

शाखा प्रमुखको दस्तखत:
मिति:

कार्यालय प्रमुखको दस्तखत:
मिति

Annex 10: QA/QI Checklist

घर तथा समुदायमा आधारित हेरचाह र सहयोग सेवाको गुणस्तर जाँचकालागि प्रयोग गरिने
क्वालिटी अस्योरेन्स (क्यू ए)/ क्वालिटी इम्प्रुभमेन्ट (क्यू आई) प्रश्नावली

निरिक्षण गर्ने टोली सदस्यको नाम :

दिइएको सेवा :

वर्ष.....

मिति.....

पद्धति :

० = अवलोकन, रे = रेकर्ड, क. अ. = कर्मचारीको अन्तवार्ता, व्य.अ. = व्यवस्थापन अन्तवार्ता, से.अ. = सेवा ग्राहि अन्तरवार्ता, अ.= असान्दर्भिक,

प्राप्ताङ्क :

० = कमजोर, १ = सुधार गर्नु पर्ने, २ = राम्रो ३ = ज्यादै राम्रो ।

यो प्रश्नावलीमा गुणस्तर जाँच गर्न आवश्यक मापदण्डहरु सूचीबद्ध गरिएका छन् । यसलाई उपलब्ध सुविधा वा सेवा समिक्षा गर्ने कार्यमा प्रयोग गरिनु हुँदैन ।

१. तालिम	विधि	प्राप्ताङ्क	अवलोकन/नम्बर दिनुको औचित्य
१.१ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीलाई राष्ट्रिय पाठ्यक्रम अन्तर्गत तालिम दिइएको छ	रे	२	
१.२ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीले एचआईभी संक्रमित र प्रभावित बच्चाहरुको हेरचाहका लागि राष्ट्रिय पाठ्यक्रम अन्तर्गत तालिम लिएको रेकर्ड वा तालिम लिने योजना छ	क.अ./ व्य.अ.	१	
१.३ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीहरुलाई प्राविधिक रुपमा त्यस क्षेत्रमा भएका सेवाग्राहीको आवश्यकता (औषधि सेवन गर्नेहरु, समलिङ्गीहरु, वैकल्पिक थेरापी, युवा, प्रजनन स्वास्थ्य सेवा र परिवार नियोजन सेवा आदि) का बारेमा जानकारी दिइएको छ			
१.४ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीले काम गर्ने क्रममा आवश्यक सल्लाह र सुझावहरु पाईरहेका छन् ।			
१.५ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीले स्तरीय तालिम लिने अवसर पाएका छन् र निश्चित समय अवधीमा पुनर्ताजगी तालिमको लागि व्यवस्था गरिएको छ ।			

२. कार्यक्रमको योजना र तरिका	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
२.१क सहभागितामूलक तरिकाले हेरचाह र सहयोगको आवश्यकता पहिचान गरिन्छ : घर तथा समुदायमा आधारित हेरचाह र सहयोग सेवा शुरु गर्नु अगाडी यसका आवश्यकताहरुको पहिचान गरिएको छ । आवश्यकता पहिचान गर्दा संक्रमित तथा उनका परिवारहरुलाई संलग्न गरिएको छ ।			

२. कार्यक्रमको योजना र तरिका	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
२.२ घर तथा समुदायमा आधारित हेरचाह र सहयोगसेवाका रणनीतिहरू : घर तथा समुदायमा आधारित हेरचाह र सहयोग सेवाहरू संक्रमित र प्रभावितहरूको संख्या बढी भएको र हेरचाहको आवश्यकता पनि बढी भएको स्थानहरूमा संचालन गरिएको छ ।			
२.३ स्वेच्छिकरूपमा घर तथा समुदायमा आधारित हेरचाह र सहयोग सेवाहरू दिइएको छ : घर तथा समुदायमा आधारित हेरचाह र सहयोग सेवा संक्रमित तथा प्रभावितहरूको इच्छानुसार प्रदान गरिएको । यस्ता सेवाहरू विज्ञापन गरेर वा जवर्दस्ती सेवग्राहिलाई सेवालिन बाध्य गरिएको छैन ।			
२.४ घर तथा समुदायमा आधारित हेरचाह र सहयोगसेवाहरूलाई परिवारमा केन्द्रित गरिएको छ : घर तथा समुदायमा आधारित हेरचाह र सहयोग कार्यक्रमको योजना निर्माण गर्दा परिवारका साथै बच्चाहरू प्रति केन्द्रित भएर बनाइएको हुनु पर्दछ ।			
२.५ खर्चको अभावका कारण सेवाबाट बंचित हुने कुरा घटाइएको छ : घर तथा समुदायमा आधारित हेरचाह र सहयोगसेवाहरू निशुल्क वा तिर्न सक्ने मूल्यमा प्रदान गरिएको छन् ।			
२.६ घर तथा समुदायमा आधारित हेरचाह र सहयोगसेवाहरू संचालन गर्न निश्चित भौगोलिक क्षेत्रहरू प्रष्ट किटान गरिएका छन् ।			
२.७ घर तथा समुदायमा आधारित हेरचाह र सहयोग सेवाहरू र अस्पताल वा क्लिनिक सँगको समन्वय : जुनसुकै स्थानहरू (बहिरङ्ग क्लिनिक, ड्रिपिङ्ग सेन्टर, एचआईभी/एड्स हेरचाह केन्द्र) बाट सेवा प्रदान गर्ने क्रममा अस्पताल वा अन्य सेवा केन्द्रहरूसँग समन्वय गर्ने गरिएको छ ।			
२.८ घर तथा समुदायमा आधारित हेरचाह र सहयोग यो सेवाको विभिन्न पक्षलाई समेट्न र यसलाई निरन्तरता दिन एचआईभीका विरुद्ध काम गर्ने विभिन्न सेवाकेन्द्रहरूको बीचमा समन्वय वा सहयोगी सन्जालको नमूना प्रदर्शन गरिएको छ ।			
२.९ समुदाय परिचालन : समुदायमा भएको श्रोतको पहिचान गर्ने र परिचालन गर्ने कुरा घर तथा समुदायमा आधारित हेरचाह र सहयोग कार्यक्रमको एउटा महत्वपूर्ण अंगको रूपमा लिइएको छ ।			
२.१० घर तथा समुदायमा आधारित हेरचाह र सहयोग सेवामा समुदायिक श्रोतबाट योगदान गरिएको छ जस्तै : श्रमदान, खाद्यपदार्थ सहयोग, मलामी जाने, आर्थिक सहयोग आदि)			

३. व्यवस्थापन र प्रशासन	पदति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
<p>३.१ घर तथा समुदायमा आधारित हेरचाह र सहयोग सेवाहरूकालागि आवश्यक कर्मचारीको व्यवस्था गरिएको छ : प्रत्येक कार्यक्रम सेवाग्राहि र कर्मचारीको संख्याको आधारमा उपयुक्त संख्या निर्धारित गरि संतुलन गरिएको छ ।</p> <p>कर्मचारीको व्यवस्थापन गर्दा निम्न कुरामा आधारित हुनु पर्दछ :</p> <p>क) यात्राको दुरी वा घरमा पुग्न लाग्ने समय ख) पूर्णकालिन वा आंशिक कर्मचारीहरू</p> <p>ग) आर्थिक श्रोतको प्रयाप्तता घ) सुरक्षाका मुद्दाहरू</p>			
<p>३.२ अन्तरनिर्भर घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली :</p> <p>घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीसदस्यहरूमा संक्रमित तथा प्रभावित, स्वास्थ्य कर्मिहरू, सामाजिक कार्यकर्ता र आवश्यकता अनुसार अन्य व्यक्ति पनि संलग्न गरिएको छ ।</p>			
<p>३.३ : कर्मचारी तथा स्वयंसेवकहरूको लिखित कार्य विवरण तयार गरिएको छ । उक्त कार्य विवरण कर्मचारीको साथमा छ र उनीहरूले आफ्नो जिम्मेवारीको बोध गरेका छन् ।</p>			
<p>३.४ कर्मचारीलाई उनीहरूको कामको मूल्याङ्कनको आधारमा निष्पक्षतापूर्वक पारिश्रमिकको व्यवस्था गरिएको छ । स्वयंसेवकहरूलाई उनीहरूमा उत्प्रेरणा जगाउन वा सम्मान स्वरुप केहि सुविधाको व्यवस्था गरिएको छ ।</p>			
<p>३.५.कर्मचारीहरू अनुसार वा अन्य स्वीकृत छनौट प्रक्रिया अपनाएर नियुक्ति गर्ने गरिएको छ ।</p>			
<p>३.६ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीका सदस्यहरू वा स्वयंसेवकहरू दक्ष र तालिम प्राप्त व्यक्तिहरू छन् फलस्वरुप घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीको पद पूर्ति गर्नु परे सजिलै गर्न सकिने व्यवस्था गरिएको छ ।</p>			
<p>३.७ वार्षिक रुपमा कर्मचारीहरूको कामको मूल्याङ्कन गरिन्छ र त्यसको परिणाम फाइलमा राखिएको छ ।</p>			
<p>३.८ बालबालिकाहरूकालागि काम गर्ने कर्मचारीहरू बाल सुरक्षा कानूनकाबारेमा सचेत छन् ।</p>			
<p>३.९ घर तथा समुदायमा आधारित हेरचाह र सहयोगकार्यक्रको निरिक्षक पदको व्यवस्था गरिएको छ । निरिक्षकले नियमित रुपमा चेकलिष्टका आधारमा अनुगमन र निरिक्षण गर्दछ । समय समयमा कर्मचारीहरूको कार्य क्षेत्रमा गएर आवश्यक पृष्ठपोषण गर्दछन् ।</p>			
<p>३.१०.घर तथा समुदायमा आधारित हेरचाह र सहयोगका कर्मचारी र स्वयंसेवकहरूमा आउन सक्ने विक्षिप्त अवस्थालाई</p>			

३. व्यवस्थापन र प्रशासन	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
व्यवस्थित गर्न आवश्यक सहयोगको व्यवस्था गरिएको छ । जस्तै समूह वा व्यक्तिगत परामर्श, विदा र पालैपालो ड्युटिको व्यवस्था आदि ।			
३.११. घर तथा समुदायमा आधारित हेरचाह र सहयोगसेवाहरूको विस्तृत कार्यान्वयन पद्धति बनाइएको छ र सम्बन्धि कर्मचारीलाई उपलब्ध गराइएको छ साथै यसका बारेमा व्यवस्थापक र कर्मचारीहरूलाई तालिम दिइएको छ ।			
३.१२. कर्मचारी र स्वयंसेवकले निरिक्षक वा घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली नेताबाट उनीहरूको आफ्नो जिम्मेवारीहरू पूरा गर्न आफुहरूले निरन्तर रूपमा अनुगमन, प्रोत्साहन, सकारात्मक सहयोग सहितको निरिक्षण भइरहेको कुरा आफ्नो प्रतिवेदनमा प्रस्तुत गरेका छन् ।			
३.१३ घर तथा समुदायमा आधारित हेरचाह र सहयोग एउटा संगठित कार्यक्रम हो जसमा कर्मचारीको नाम र अनुगमन प्रक्रिया निर्धारण गरिएको कार्यक्रमको संरचना तयार गरिएको छ ।			
३.१४ घर तथा समुदायमा आधारित हेरचाह र सहयोग सेवाहरूमा संलग्न कर्मचारीहरूको नियमित बैठक र निर्णय पुस्तिकाको व्यवस्था छ जसले कार्यक्रमलाई पुनरावलोकन गर्न मद्दत गर्दछ ।			
३.१५ घर तथा समुदायमा आधारित हेरचाह र सहयोग कार्यक्रमलाई पुनरावलोकन गर्न आवश्यक सामाग्रीहरू जस्तै कार्यक्रमको प्रतिवेदनका साथै दिइएका सेवाहरूको सूचकहरू लाई फाइलमा व्यवस्थित गरेर आवश्यक परेको बेलामा उपलब्ध हुने अवस्थामा राखिएको छ ।			
३.१६ निर्धारित लक्ष पूरा भए नभएको मूल्याङ्कन गर्न मुख्य-मुख्य कार्यक्रमहरूको सूचकहरू निर्धारण गरिएको छ जस्तै सेवा प्राप्त गरेका व्यक्तिहरूको संख्या आदि ।			
३.१७ घर तथा समुदायमा आधारित हेरचाह र सहयोग गतिविधिहरू निर्धारित लक्ष अनुसार भएको वा नभएको कुरा कर्मचारी र व्यवस्थापकद्वारा पुनरावलोकन गरिएको छ ।			
३.१८ विगत तीन वा चार महिनाभित्रमा घर तथा समुदायमा आधारित हेरचाह र सहयोग सेवा प्राप्त गर्ने सेवाग्राहिहरूको निर्धारित लक्ष अनुसार मिल्छ वा लक्ष्य भन्दा बढी भएको छ ।			
३.१९. घर तथा समुदायमा आधारित हेरचाह र सहयोग सेवा स्वेच्छक सेवा हो भन्ने कुरामा कर्मचारीहरू प्रस्ट छन् । निश्चित लक्ष्य निर्धारण गरिएको भएता पनि सो लक्ष्य प्राप्तिको लागि सेवाग्राहिको अधिकार हनन् गरिएको छैन ।			
३.२० घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यहरूले हेपाटाईटिस् वी को परिक्षण गरेका छन् र उनीहरूमा			

३. व्यवस्थापन र प्रशासन	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
संक्रमण नदेखिए पनि हेपाटाईटिस वी विरुद्धको खोप दिएका छन् ।			
३.२१ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीको सुरक्षा सम्बन्धी समस्यालाई पहिचान गरि उक्त समस्यालाई उचित ढङ्गले व्यवस्थापन गरिएको छ ।			
३.२२ ए.आर.टी र एचआईभी /एड्स हेरचाह र सहयोगका साथै पेशागत दुर्घटनाका कारण हुन सक्ने एचआईभी संक्रमणबाट बचाउनका निम्ति आवश्यक पोष्ट एक्सपोजर प्रोफाइल्याक्सिस सेवाहरु सम्पूर्ण घर तथा समुदायमा आधारित हेरचाह र सहयोग कर्मचारीहरु र स्वयंसेवकहरुलाई निःशुल्क रुपमा उपलब्ध छ ।			
३.२३. घर तथा समुदायमा आधारित हेरचाह र सहयोग कर्मचारीहरु/स्वयंसेवकहरुमा अन्य रोगहरु संक्रमण बाट बचाउन निःशुल्क रुपमा प्रोफाइल्याक्सिस उपचार, हेरचाह र उपचारका साथै प्रेषण व्यवस्था समेत गरिएको छ ।			
३.२४ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यहरु लामो समयकालागि टाढाको फिल्डमा जानु परेको अवस्थामा उनीहरुको सुरक्षाको लागि आवश्यक निम्न सामानहरु रेनकोट, छाता, लाइट, लिसपिङ्ग व्याग आदि उपलब्ध गराउनु पर्दछ ।			

४. कार्यान्वयन सम्बन्धि साधारण मुद्दाहरु	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
४.१ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीले सहज र प्रभावकारी तरिकाले कार्यक्रमलाई कार्यान्वयन गर्नको लागि एउटा निश्चित स्थानमा पानी धारा ट्वाईलेट सहितको कार्यालयको व्यवस्था गरिएको छ जहाँ उनीहरु भेट गर्दछन, आराम गर्दछन, आफ्ना फाईलहरु, औषधी र अन्य सामानहरु सुरक्षित राख्न सक्दछन् ।			
४.२. घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यहरुले सेवाग्राहिलाई अफिसमा भेट्नु पर्ने अवस्था भएमा संभव हुन्छ भने सेवाग्राहि सँग कुराकानी गर्न नसुन्ने र नदेखिने एउटा छुट्टै कोठाको व्यवस्था गरिएको छ ।			
४.३ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीहरुले सेवाग्राहिको गोपनीयता र व्यक्तिगत कुरालाई सुरक्षित राख्न होशियारी पूर्वक हरेक सम्भव प्रयास गरेका छन् । । घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यहरुको भेषभूषामा, घर तथा समुदायमा आधारित हेरचाह र सहयोग भोलामा एचआईभी एड्समा काम गर्ने व्यक्तिको रुपमा चिनाउने कुनै संकेतको प्रयोग गरेका छैनन् ।			

४. कार्यान्वयन सम्बन्धि साधारण मुद्दाहरु	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
४.४ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यहरुले अति आवश्यक सेवाहरु जस्तै पोषण सहयोग केन्द्र, एचआईभी हेरचाह केन्द्र, बहिरङ्ग उपचार सेवा केन्द्र, टी .वी. उपचार, अस्पताल भित्र दिइने सेवाहरु, गर्भवति क्लिनिक, मातृशिशु स्याहार केन्द्र, यौनरोग र प्रजनन स्वास्थ्य/परिवार नियोजन, समाज कल्याण सेवाहरु, जिविकोर्पाजनका सेवाहरु, बाल सहयोग, विद्यालयहरु साथै कार्यक्रमसंग सम्बन्धित वा आवश्यक अन्य सेवाहरुको बीचमा सहयोगी सम्बन्ध स्थापित गरि प्रेषणको व्यवस्था गरिएको छ ।			
४.५ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यहरूसंग प्रेषण फारम उपलब्ध छ ।			
४.६ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीसंग नियमितरूपमा नविकरण गरिएको सम्बन्धित संस्थाहरुको प्रेषण सूची (Referral Directry) उपलब्ध छ ।			
४.७ एचआईभी हेरचाह र उपचार सेवा उपलब्ध भएका मुख्य प्रेषण केन्द्रहरुमा सेवा सन्तोषजनक छ र घर तथा समुदायमा आधारित हेरचाह र सहयोग कार्यक्रम र प्रेषण गरिने स्थानको बीचमा राम्रो संबन्ध स्थापित भएको छ ।			
४.८. घर तथा समुदायमा आधारित हेरचाह र सहयोग कर्मचारीहरूसंग प्रेषण गर्ने केन्द्र सँग संपर्क गर्ने माध्यमहरु (फोन, ईमेल ईन्टरनेट सेवा) उपलब्ध छन् ।	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
४.९ सेवाग्राहिहरुले उनीहरुलाई अत्यावश्यक परेको बेला घर तथा समुदायमा आधारित हेरचाह र सहयोगक टोली सदस्यहरुलाई घरमा बोलाउने व्यवस्था गरिएको छ ।			
४.१०. घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यहरुलाई घरभेट कार्यक्रममा जानकालागि उपयुक्त र सुरक्षित यातायातको प्रयोग गर्ने व्यवस्था गरिएको छ र आवश्यक परे उनीहरुलाई यातायात भाडा र फिल्ड भत्ता समेत व्यवस्था गरीएको छ ।			
४.११ यदि सान्दर्भिक भएमा घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीसेवाग्राहिहरूसंग बहिरङ्ग क्लिनिक वा अस्पतालमा नियमित रूपमा पुनरावलोकन बैठक बस्ने गरेमा उनीहरुको सम्बन्धित संस्थाहरूसंग समन्वय, अनुगमन र प्रेषण सेवा गुणस्तरी बनाउन सहयोग गरिएको छ ।			

५. संक्रमण नियन्त्रण अभ्यासहरु	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
५.१ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सँग मास्क र पन्जाहरु उपलब्ध छन् साथै ठीक ढङ्गले प्रयोग गर्ने सीप			

५. संक्रमण नियन्त्रण अभ्यासहरु	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
पनि छ ।			
५.२. घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीसँग प्राथमिक उपचार वाक्सहरु अफिसमै उपलब्ध छन् जसमा आँखा धुने, काटेको घाउ र फुटेका घाउहरुलाई ढाक्ने सामग्रीहरु समेत संलग्न गरिएका छन् ।			
५.३ घर तथा समुदायमा आधारित हेरचाह र सहयोग कार्यालयमा वा नजिकैको कुनै संस्थामा पोष्ट एक्सपोजर प्रोफाइलाक्सिस (पि इ पी) सेवा उपलब्ध छ । जोखिम घटनामा परेपछि व्यवस्थापन तरिका तरिका उपलब्ध छ । कर्मचारीहरु तालिम प्राप्त छन् र पि इ पी रजिष्टरलाई नविकरण गरेर व्यवस्थित गरिएको छ ।			
५.४. घसभेट कार्यक्रम र संक्रमण नियन्त्रण : सुई, सिरिन्जहरु दूषित कैंचि र टयुइजर जस्ता धारिला र छाला छेड्ने औजारहरुलाई उपलब्ध तरिकाले सफा गरेर नघोच्ने व्याग भित्र प्याक गरेर अफिसमा फर्काएर ल्याउनु पर्दछ । कपास, पट्टी, व्यान्डेज, कपासका साना डल्ला आदि वस्तुहरु सील गरेर लगिन्छ र प्रयोग पछि उपयुक्त प्रकारले फ्याक्ने व्यवस्था गरिएको छ ।			
५.५. उपचारमा प्रयोग भएका सामानहरु सुरक्षित ढङ्गले फ्याक्ने गरी (जलाउने वा खाल्लो खनेर गाड्ने) स्वास्थ्य मन्त्रालयको निर्देशिका अनुसार स्तरिय व्यवस्था गरिएको छ ।			
५.६. उपचारका औजारहरु सफा पानि र डिटरजेन्ट द्वारा सफा गरिन्छ ।			
५.७ सोडियम हाइड्रोक्लोराईड वा कोलोरीन सोलुसन उपलब्ध छ र उपयुक्त मात्रामा (जस्तै : ०.५% कोलोराइन सोलुसन) तयार गरिन्छ ।			
५.८ औजारहरु १२१ डिग्रि सेल्सियस, १०७ के.पीए चापमा (३० मिनेट सम्म प्याक गरेकोलाई वा प्याक नगरेकोलाई २० मिनेट सम्म) अटोक्लेभ गरी निर्मलीकरण गरिन्छ ।			
५.९ निर्मलीकरण गरिएका औजार वा सामानहरु सफा र सुख्खा ठाँउमा राखिन्छ ।			

६. घर तथा समुदायमा आधारित हेरचाह र सहयोग रेकर्ड र सेवा ग्राहिको रजिष्ट्रेसन	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
६.१ सेवाग्राहिको स्वास्थ्य मन्त्रालयकबाट स्वीकृत रजिष्ट्रेसन र रेकर्ड फाईल (गोपनियता सहित) नियमित रूपमा व्यवस्थित गरेर राखिएको छ ।			
६.२ रेकर्ड फाईलहरु दराजमा चावी लगाएर राखिन्छ । सेवा			

६. घर तथा समुदायमा आधारित हेरचाह र सहयोग रेकर्ड र सेवा ग्राहिको रजिष्ट्रेसन	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
ग्राहिको नामहरु कोडिङ्ग पद्धति अनुसार राखेर गोपनियतालाई बचाई राखिएको छ । ती फाइलहरु निश्चित पदाधिकारीहरुले मात्र हेर्न सक्ने व्यवस्था गरिएको छ ।			
६.३ घर तथा समुदायमा आधारित हेरचाह र सहयोगकार्यक्रमका सबै कर्मचारीहरुले स्तरीय वा स्वास्थ्य मन्त्रालयबाट प्रमाणित गरिएको डेटा संकलन फारम प्रयोग गर्दछन् (उदाहरणकालागि सेवाग्राहिको पूर्व विवरण, अनुगमनका लागि गरिने घरभेट फारम र रजिस्टरहरु) ।			
६.४ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीहरुले पहिलो पटक सेवाग्राहिलाइ घरभेट गर्दा प्रयोग गरिने फारम र अनुगमन घरभेटकालागि प्रयोग गरिने फारम समयमा नै पूर्ण रुपमा भर्ने गरिएको छ ।			
६.५ घर तथा समुदायमा आधारित हेरचाह र सहयोग सेवाग्राहीका फोल्डरहरु कोड गरि व्यवस्थित रुपमा राखिएको छ । त्यहाँ दैनिक प्रयोजनमा आउने फाइलहरु र नआउने फाइलहरु जस्तै : मृत्यु भएको, सेवा इन्कार गरेको, हराएका वा अनुगमनमा नभएका सेवाबाट डिस्चार्ज गरिएका फाइलहरुलाई व्यवस्थित गरिएको छ ।			
६.६ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यहरुले प्रत्येक घरभेटमा सेवाग्राहिले लिएको कार्डलाई अध्यावधि गर्ने गरेका छन् ।			
६.७ एचआईभी क्लिनिकमा आधारित घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीले सेवाग्राहिको रेकर्ड कार्डलाई उनीहरुको संस्थाको सेवाग्राहीको रेकर्डसँगै राखिएको छ ।			

७. घर तथा समुदायमा आधारित हेरचाह र सहयोगका सामानहरु	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
७.१ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सँग घर तथा समुदायमा आधारित हेरचाह र सहयोग भोला (अत्यावश्यक हेरचाहका सामग्रीहरु राखिएको भोला) छ । उक्त भोलाहरु सुरक्षित र सुख्खा ठाँउमा राखिएका छन् र आवश्यकता अनुसार खर्चभएका सामग्रीहरु पुर्ति गर्ने गरिएको छ ।			
७.२ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीले उनीहरुलाई सजिलो सँग बोक्न मिल्ने किसिमले औषधि तथा सामग्रीलाई भोलामा राखेर लाने गरेका छन् ।			
७.३ घर तथा समुदायमा आधारित हेरचाह र सहयोग भोलामा लक्षणहरुको उपचारमा प्रयोग गर्ने औषधिहरु र अन्य सामानहरु			

७. घर तथा समुदायमा आधारित हेरचाह र सहयोगका सामानहरु	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
स्वास्थ्य मन्त्रालयको स्तरीय स्वीकृत गरिएका छन् ।			
७.४ यदि बच्चाहरुको हेरचाहकोलागि प्रयोग गर्ने भोला हो भने सोहिअनुसार किट्समा उनीहरुलाई उपयुक्त हुने औषधिहरु राखिएको छ ।			
७.५ घरमा गरिने हेरचाहमा आवश्यक औषधि र सामानहरु सधै उपलब्ध भइरहेका छन् । गएको ३ महिनामा औषधि र सामानहरु सकिएको कुनै रिपोर्ट छैन ।			
७.६ घर तथा समुदायमा आधारित हेरचाह र सहयोग भोलामा भएका औषधि र अन्य सामानहरु प्रयोग गर्ने तरिकाबारे घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यहरु तालिम प्राप्त छन् ।			

स्कोर गर्ने तरिका : उ=उपलब्धता, उ.न=उपलब्ध नभएको, मौ=मौज्दात ।

७.१ घर तथा समुदायमा आधारित हेरचाह र सहयोग औषधि र अन्य सामानहरु:	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
७.०१ घर तथा समूहमा आधारित हेरचाह टोली सदस्यहरुको तल उल्लेखित औषधि र सामानहरुमा पहुँच हुनु पर्दछ :			
७.१.१.निर्मलीकरण डिस्पोजेवल (प्रयोग पछि फ्याकने) पन्जाहरु			
७.१.२ मुखको मास्क			
७.१.३ हात धुने सावुन			
७.१.४ निर्मलीकरण गरिएको औजार सफा गर्ने भोल पदार्थ ।			
७.१.५ हल्का दुखाई व्यवस्थापन गर्न प्रयोग गरिने एनाल्जेसिस (प्यारासिटामोल, एस्पिरिन, इवुप्रोफेन, डिक्लो फेन्याक मिलाएर बनाइएको) औषधिहरु			
७.१.६ मध्यमखालको दुखाइ कम गर्न आवश्यक एनाल्जेसिस (केहि पारासिटामोल/कोडिन ५०० एमजी/३० एमजी			
७.१.७ टिनिडाजोल १ ग्राम वा मेट्रोनिडाजोल ४०० एम.जी			
७.१.८ डोमपेरिडन			
७.१.९ हियोसिन १० एमजी (जस्तै बुस्कोपान) ड्रोटाभेरिन (ड्रोटिन) ४० एमजी			
७.१.१० एन्टीफंगल (जस्तै: लोजेन्ज, पेसरी र क्रीम कर्ट्रीमोक्साजोल, माइकोनाजोल, निष्टाटिन)			
७.१.११ एन्टीफंगल सोलुसन (भोल) जेन्सिएन भाइलेट			

७.१ घर तथा समुदायमा आधारित हेरचाह र सहयोग औषधि र अन्य सामानहरू:	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
७.१.१२ कब्जीयत (डल्कोल्याक्स)			
७.१.१३ जेन्सिएन भ्वाइलेट			
७.१.१४ स्काविसाइड (वेन्जिल वेन्जोट,परमेथ्रिन)			
७.१.१५ पेट्रोलियान जेली /भेसलिन			
७.१.१६ कालामाइन लोसन			
७.१.१७ जीङ्ग आक्साइड टालकम पाउडर			
७.१.१८ मेडिकेटेड वाम			
७.१.१९ रविङ्ग अल्कोहल			
७.१.२० हाइड्रोजन पोरोकसाइड			
७.१.२१ पोभिडिन आयोडिन			
७.१.२२ मल्टी भिटामिन, वि कम्प्लेक्स			
७.१.२३ भिटामिन वी कम्प्लेक्स			
७.१.२४ ओ.आर. एस			
७.१.२५ कण्डमहरू			
७.१.२६ स्फ्याग्नोम्यानोमिटर र स्टेथोसकोप			
७.१.२७ घाउ सफा गर्ने सेट			
७.१.२८ कैची र ट्वीजर लगायतका धारिला र घोच्ने बस्तुहरू राख्ने सुरक्षित भाडो			
७.१.२९ जिब्रो दवाउने काठको दाविलो, लाइटको लागि वेटी			
७.१.३० फ्याक्नु पर्ने सामानका लागि प्लास्टिक			
७.१.३१ स्वयं हेरचाहकालागि जानकारी (स्वहेरचाह पुस्तिका र पम्प्लेटहरू आदि)			
७.१.३२ स्थानिय सेवाहरूबारे जानकारी (जस्तैलागु पदार्थ सेवनबाट हुने हानी कम गर्ने, एड्स प्रभावित बच्चाहरूकोलागि सहयोग)			
७.१.३३ आइरन चक्कीहरू			
७.१.३४ स्पेयर वेटी र फ्लास लाइट			
७.१.३५ पात्रो सहितको नोट बुक			
७.१.३६ हेरचाहको हाते पुस्तिका			
७.१.३७ प्लाष्टिक एप्रोन			

८. घरमा आधारित हेरचाह र घरभेट कार्यक्रम	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
८.१ साधारण घरभेट योजना			
८.१.१ घर तथा समुदायमा आधारित हेरचाह र सहयोग कार्यक्रमले कुन खालका सेवाहरु दिने वा नदिने भन्ने कुरा परिभाषित गरेको छ र उक्त सिमाको बारेमा साभेदार संस्था र सेवाग्राहिलाई जानकारी गराइएको छ ।			
८.१.२ सेवाग्राहिलाई वेवास्ता गरेको अवस्था आउन नदिन र उनलाई निरन्तर हेरचाह गर्न घरभेट कार्यक्रम आवश्यकता अनुसार बढाइएको छ ।			
८.१.३ छिटो छिटो हेरचाहको आवश्यकता भएका सेवाग्राहिहरुलाई प्राथमिकताका आधारमा घरभेट कार्यक्रम छिटो गर्ने र नियमित घरभेट गरे पुग्ने सेवाग्राहिलाई सोहिअनुसार घरभेट कार्यक्रम गरिन्छ ।			
८.१.४ सेवाग्राहिलाई स्थिररूपमा र निरन्तर हेरचाहको लागि एउटै घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीद्वारा घरभेट गरिन्छ ।			
८.१.५ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीले संगै बसेर साप्ताहिकरूपमा घरभेट कार्यक्रमको योजना र तालिका बनाइएको छ ।			

८.२ घरभेट अवलोकन	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
८.२.१ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले सेवाग्राहिको आवश्यकता अनुसार आवश्यक औषधि र सामानहरुको समयमा आपूर्ति गरि तयारी अवस्थामा रहेका हुन्छन् ।			
८.२.२ सेवाग्राहि र उनको परिवारले घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली आउदैछन् भन्ने जानकारीकालागि घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीले सेवाग्राहि र उनका परिवारसंग भेट गर्नु पूर्व भेटको समय तय गर्दछन् ।			
८.२.३ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले सेवाग्राहि र उनका परिवारलाई उपयुक्त प्रकारले अभिवादन गर्दै घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्य र अवलोकनकर्ताहरुको परिचय दिन्छन् ।			
घर तथा समुदायमा आधारित हेरचाह र सहयोग सदस्यहरुले संक्रमित, परिवारका सदस्यहरु वा बच्चाहरुसंग उनीहरुको कुरा ध्यान दिएर आदरपूर्वक सुन्दछन् प्रष्टता पूर्वक कुरा गर्दछन् र हरेक घरभेटकार्यक्रममा उनीहरुलाई सहजहोस् भनेर विचार गर्दछन् ।			

८.२ घरभेट अवलोकन	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
८.२.५ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीले घरभेट गर्दा संक्रमित र प्रभावितका तत्कालिन आवश्यकता पहिचान गर्न र पहिलो घरभेट कार्यक्रममा पहिचान गरिएका आवश्यकतालाई समेत अनुगमन गर्दै छलफल शुरु गर्नु पर्दछ । उनीहरूले आवश्यकता पहिचान गर्दा सम्पूर्ण पक्ष जस्तै शारीरिक, भावनात्मक, सामाजिक, र आध्यात्मिक अवस्था समेटिएका छन् ।			
८.२.६ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीले कुनै एक एचआईभी संक्रमितको मात्र नभएर परिवार केन्द्रित भई पूरै परिवारको हेरचाहलाई संबोधन गरिएको छ ।			

शारीरिक हेरचाह र सहयोग	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
८.२.७ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यहरूले सेवाग्राहिका विगतका समस्याका साथै तत्काल देखिएका चिन्ह र लक्षणहरूको जस्तै दुखाई, लक्षण र खराब असरका बारेमा विवरण लिन्छन् ।			
८.२.८ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले सेवाग्राहिसँग भएको कार्ड बुकको जाँच गरेर पहिला क्लिनिक मा गरिएको उपचार, खान भनिएका औषधिहरू र अनुगमनकालागि क्लिनिकमा जाने समयका बारेमा जानकारी लिने र सेवाग्राहिले ठीक प्रकारले अनुकरण गरे नगरेको कुरा हेर्ने गरिएको छ ।			
८.२.९ सेवाग्राहिले पहिले र अहिले सेवन गरेका प्रत्येक औषधिहरू कुन र के को लागि कसरी सेवन गरिरहेको छन्, डाक्टरले लेखिएका कुराहरू ठीक ढङ्गले बुझे नबुझेको कुरा सोध्ने र भ्रम भए स्पष्ट गरिएको हुनु पर्दछ ।			
८.२.१० घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले सेवाग्राहिको हेरचाह गर्नु भन्दा पहिले गरिसके पछि राम्रो सँग हात धुन्छन् र संक्रमण रोक्ने उपायहरू अवलम्बन गरेका छन् ।			
८.२.११ घर तथा समुदायमा आधारित हेरचाह र सहयोग कार्यकर्ताले सेवाग्राहिको भाइटल साइनहरू (नाडी, ज्वरो, स्वासप्रस्वास र रक्त चाप) हेरेका छन् र परिणामबारे सेवाग्राहीलाई जानकारी दिनुका साथै सेवाग्राहिको फाइलमा रेकर्ड गर्दछन् ।			
८.२.१२ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवाग्राहिको दुखाईको बारेमा सोध्दछन् र दुखाइ बढि भए मापन गर्ने स्केलद्वारा १.....१० सम्म हेर्दछन् र दुखाइको अवस्था सेवाग्राहिको फाइलमा रेकर्ड गर्दछन् ।			

शारीरिक हेरचाह र सहयोग	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
८.२.१३ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले आधारभूत शारीरिक जाँच गरेका छन् जस्तै आँखा, मुख जिभ्रो, ग्रन्थिहरु, पेट छाला र गुप्ताङ्ग आदि ।			
८.२.१४ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवाग्राहिका लक्षण र चिन्हरुलाई राम्रो सँग वर्गिकृत गरेर खतरापूर्ण लक्षण भएमा तुरुन्तै अत्यावश्यक सेवा दिनु पर्ने आवश्यकताको पहिचान गरेका छन् । यदि प्रेषण गर्नु पर्ने अवस्था भए यसको निर्देशिका अनुसार सेवाग्राहिका आफन्तहरु सँग सहमति लिएर तुरुन्तै प्रेषणको व्यवस्थापन गरेका छन् ।			
८.२.१५ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यहरुले जाँचको निष्कर्षका र उनीहरुले गर्ने हेरचाहका बारेमा सेवाग्राहि र उनका परिवार सँग छलफल गर्दछन् ।			
८.२.१६ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले संक्रमित तथा प्रभावितलाई उपयुक्त निचोड (दुखाइको, सुतिरहँदा हुने घाउको व्यवस्था तथा अन्य लक्षणहरु) का आधारमा हेरचाहको व्यवस्था गर्दछन् ।			
८.२.१७ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले पहिचान भएका समस्यालाई व्यवस्थापन गर्ने तरिका र कहिले प्रेषण गर्ने भन्ने विषयमा संक्रमित तथा प्रभावितलाई जानकारी गराएकाछन् ।			
८.२.१८ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले पहिचान भएका समस्याको व्यवस्थापन गर्न आवश्यक औषधि र अन्य सामानहरु उपलब्ध गराउदछन् ।			
८.२.१९ ए.आर.टी र कट्रिमोक्सजोल प्रोफिल्याक्सीस उपचारको निरन्तरता : घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवाग्राहिले औषधिको निरन्तरता कायम राख्न सक्ने अवस्था छ छैन सोधेका छन् । टोली सदस्यले स्थानिय निर्देशिका अनुसार चक्की गन्ने, औषधिको समय तालिका जाँच गर्ने वा औषधि वाक्स वा अन्य जाँच गर्ने तरिकाहरु अपनाएर सेवाग्राहिलाई नियमित रुपमा निरन्तर औषधि खानकालागि सहयोग गर्दछन् । सेवाग्राहि र उनका परिवारलाई औषधिको प्रतिकूल असर भए त्यसको हेरचाह प्रदान गर्दै उनी र उनका परिवारलाई आवश्यक जानकारी गराउंदछन् ।			
८.२.२० टी.वी औषधिको अनुगमन: यदि सेवाग्राहिलाई टी.वी को उपचार गरिएको छ भने घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले टी.वी फारमअनुसार औषधिको निरन्तरताको निरिक्षण गर्दछन् । टी .वी को औषधिको असर भए नभएको सोध्दछन् र असर भए त्यसको हेरचाह प्रदान गर्दै उनी र उनका परिवारलाई आवश्यक सूचना प्रदान गर्दछन् ।			
८.२.२१ यदि सेवाग्राहि विस्तरामा परेको अवस्था छ भने सि एच			

शारीरिक हेरचाह र सहयोग	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
वि सी टोली सदस्यले उनको परिवारलाई कसरी विस्तारा सफा राख्ने, सेवाग्राहिको छालामा घाउ आउन नदिन छालाको स्याहार गर्ने भन्ने बारे जानकारी गराउँछन् । साथै विरामीलाई कोल्टे फेराउने तरिका, दिसा पिसाव गराउने तरिका र खाना खुवाउने बारेमा पनि सिकाएका छन् ।			
८.२.२२ यदि सेवाग्राहि मृत्यु नजिक पुगेको अवस्था छ भने घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले जिम्मेवार र उपयुक्त ढङ्गले अन्तिम अवस्थामा दिने स्याहार प्रदान गर्दछ । (दुखाई र लक्षणहरुको व्यवस्थापन, छालाको हेरचाह, परामर्श र अन्य)			
८.२.२३ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीले सेवाग्राहिलाई दिनको तीनपटक सन्तुलित खाना र सफापानी उपलब्ध छ या छैन अवलोकन गर्नु पर्दछ । यदि छ भने आफैले तयार गरेर खान सक्ने अवस्था छ या छैन, परिवारको अवस्था कस्तो छ यी सबै कुरा विचार गरेर समस्या समाधानमा पहल गर्न योजना बनाइएको हुनु पर्दछ ।			
८.२.२४ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवाग्राहिलाई स्व-हेरचाह र सकारात्मक जीवनको लागि उपयुक्त ढङ्गले परामर्श गरिएको छ ।			
८.२.२५ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यका साथमा शिक्षा दिन प्रयोग गरिने हाते पुस्तिका उपलब्ध छ र अन्य उपयुक्त तरिकाहरु पनि छन् जसले सेवाग्राहिलाई स्व-हेरचाह गर्ने सीप, आत्मसम्मान बढाउने काम गरेका छन् । ८.२.२६ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सुरक्षित यौन सम्पर्क, परिवार नियोजन, पी.एम.टी.सी.टी., जोखिम घटाउने बारेमा आवश्यक सूचना प्रवाह गर्दछन् ।			

भावनात्मक, सामाजिक र आध्यात्मिक सहयोग			
८.२.२७ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवाग्राहि तथा उनका परिवारहरुका भावनात्मक, सामाजिक र अध्यात्मिक आवश्यकताहरु पहिचान गर्छन् ।			
८.२.२८ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले संमवेदन शीलताका साथ सेवाग्राहिले परिवार छिमेकी, स्वास्थ्यकर्म र अन्य व्यक्ति बाट भेदभावपूर्ण व्यवहार गरिएको वा लाञ्छना अनुभूति गरिरहेको अवस्था भएमा सेवाग्राहिलाई लाञ्छना र भेदभावलाई सामना गर्ने सामर्थ्यको विकास गर्न योजना बनाउने ।			
८.२.२९ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली			

भावनात्मक, सामाजिक र आध्यात्मिक सहयोग			
सदस्यले विना कुनै सल्लाह वा निर्देशन सेवाग्राहिलाई आदरपूर्वक एवं खुल्ला मनले उनीहरुको अनुकूल हुने गरि उपयुक्त विकल्प छनोटमा सहयोग गर्दछन् ।			
८.२.३० घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवाग्राहि र उनको परिवारलाई भावनात्मक सहयोगका लागि उनीहरुका समस्यालाई सक्रियतापूर्वक सुन्ने, समयानुभूति गर्ने र समस्या समाधानमा सक्रियता पूर्वक लागि पर्ने गरेका छन् ।			
८.२.३१ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीले सेवाग्राहि र उनका परिवारलाई भावनात्मक सामाजिक र आध्यात्मिक सहयोगकोलागि योजना बनाउन मद्दत गरेका छन् ।			
८.२.३२ यदि सान्दर्भिक भए घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवाग्राहि/परिवारलाई विभिन्न सेवा (आयआर्जन, विद्यालयजान, बाल संरक्षणका लागि सहयोग) दिने संस्थाहरुका बारेमा जानकारी उपलब्ध गराएर सक्रियता पूर्व यस्ता सेवाकेन्द्रसंग सम्पर्क गराउने काममा सहयोग गर्दछन् ।			
८.२.३३ यदि अनुकूल भए घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवाग्राहि र उनका परिवारलाई निरन्तर परामर्शसेवाको व्यवस्था गरेकाछन् ।			
८.२.३४ कुनै कारणवस सेवाग्राहिमा कुनै खतराका संकेतहरु (आफैलाई वा अरुलाई नोक्सान गर्ने) देखिएमा घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवाग्राहि वा उनका परिवारलाई थप सहयोग को व्यवस्था गर्दछन् ।			

सुरक्षि यौन सम्पर्क, परिवार नियोजन र पिएमटिसिटि सेवा			
८.२.३५ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवाग्राहि/परिवार लाई यदि उनीहरु संक्रमित तथा प्रभावित सहयोग समूहको सदस्य बनेका छैनन भने त्यसकालागि लागि प्रेषण गर्दछन् ।			
८.२.३६ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले सान्दर्भिक अवस्था छ भने सेवाग्राहि र परिवारलाई सुरक्षित यौनसंपर्क, परिवारनियोजन र आमाबाट बच्चामा सर्न बाट रोक्ने तरीका जस्ता सेवाहरु कसरी प्राप्त गर्न सकिन्छ भन्ने बारेमा जानकारी दिएकाछन् ।			
८.२.३७ यदि अहिले सम्म कुनै पनि एचाआईभी/एड्स ल्किनिकमा गएर सेवा लिएका छैनन् भने घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीले यसबारेमा जानकारी गराएर सेवाग्राहिको सहमतिमा सेवा लिन प्रेषण गर्दछन् ।			
८.२.३८ यदि महिला/जोडिले बच्चा जन्माउने चाहना राख्दछन् वा गर्भवति भैसकेकी छन् भने घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले आमाबाट बच्चामा एचआईभी संक्रमणबाट बचाउने कार्यक्रम (पी.एम.टी.सी.टी)का फाईदाहरुका			

सुरक्षि यौन सम्पर्क, परिवार नियोजन र पिएमटिसिटि सेवा			
बारेमा जानकारी गराई उनीहरूको सहमतिमा पी.एम.टी.सी.टी क्लिनिकमा प्रेषणका लागि सहयोग गर्दछन् ।			
८.२.३९ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले आवश्यक भए यौनसाथी सँग आफ्नो एचआईभी संक्रमण भएको कुरा बताउन र यौनसाथीको प्रतिक्रियालाई सामना गर्न सहयोगात्मक परामर्श गर्दछन् ।			
८.२.४० पी.एम.टी.सी.टीकार्यक्रममा संलग्न दम्पतिलाई घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले उनीहरूको समय तालिका अनुसार नियमित रूपमा क्लिनिक जाँच गराउन जानकारीका लागि आवश्यक सहयोग गर्दछन् ।			
८.२.४१ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले गर्भवति आमालाई पी.एम.टी.सी.टी ए.आर.भी र कट्रिमोक्सोजोलको निरन्तरताका र साइड इफेक्टका बारेमा जानकारी लिएर आवश्यक सहयोग गर्दछन् ।			
८.२.४२ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले गर्भवति आमाको अन्य नियमित सहयोग (आइरन चक्कि टि टि खोप आदि) पाए नपाएको जानकारी लिन्छन् र आवश्यकता परेमा गर्भवति क्लिनिकमा प्रेषण गर्दछन् ।			
८.२.४३ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले गर्भावस्था सँग सम्बन्धीत लक्षणहरूको जाँच गर्दछन् र सम्पूर्ण विवरण लिने क्रममा बढी जोखिम अवस्था (रक्त श्राप, खुट्टा सुनिने, रिंगटा लाग्ने, रक्त अल्पता) देखिएमा तुरुन्तै प्रेषणको व्यवस्था गर्दछन् ।			
८.२.४४ यदि सेवाग्राहि पी.एम.टी.सी.टी सेवामा सम्पर्क विहिन भएका छन् यातायात भाडा तिर्न नसक्ने अवस्था छ, ए.आर.टीको निरन्तरता भएको छैन वा साइडइफेक्टको अनुभव भइरहेको जस्ता अवस्थामा घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यहरूले ध्यान पु-याएकाछन् ।			
८.२.४५ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीले माथि उल्लेख गरिएका जस्तै भावनात्मक, सामाजिक र आध्यात्मिक आवश्यकताको अवलोकन गर्दछन् ।			
८.२.४६ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले बच्चा जन्माए पछिको अवस्थामा पनि हेरचाहको निरन्तरता कायम राख्दछन् ।			
८.२.४७ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले सुत्केरी भइसके पछि हुन सक्ने खतराहरू (जस्तै रक्तश्राप, संक्रमण, रक्तअल्पता आदी)का बारेमा विशेष ध्यान दिन्छन् ।			

एचआईभी संक्रमणको जोखिममा परेको शिशुको हेरचाह			
८.२.४८	घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले नवजात शिशुमा देखिन सक्ने खतरापूर्ण संकेतको जाँच गर्दछन् र जोखिमपूर्ण संकेत पहिचान भएमा प्रेषण गर्दछन् ।		
८.२.४९	घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले यदि बच्चा ५ वर्ष भन्दा मुनिको छ भने सेवाग्राहिको हेरचाह पुस्तिका आधारमा (यदि यसलाई एचआईभी हेरचाहको कार्यक्रमको भागको रूपमा प्रयोग गरिन्छ र उपयुक्त छ भने) पहिला ल्किनिकमा जाँच गरेको, त्यहाँबाट लेखिएका औषधीहरू र आगामी दिनमा ल्किनिकमा जानु पर्ने मितिका बारेमा निरिक्षण गर्दछन् ।		
८.२.५०	घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले बच्चालाई मिश्रित खानाबाट देखिने असरका बारेमा समिक्षा गर्ने र आमाको दुध मात्र खुवाउने वा अन्य दुधमात्र खुवाउने भन्ने बारेमा स्थानिय निर्देशिका अनुसार आमाले विकल्पका आधारमा सहयोग गर्नेगरेका छन् ।		
८.२.५१	घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले कर्टीमाक्सजोलको निरन्तरता, यसको साइडइफेक्टका बारेमा सोधेकाछन् र हेरचाह गर्ने व्यक्तिको सीप र ज्ञानको निरिक्षण गर्दछन् । उनीहरूले स्थानिय निर्देशिका आधारमा बच्चालाई कर्टिम सेवन गर्ने तरिका, त्यसको निरन्तरतालाई निश्चित गर्न चक्की गन्ने, समय तालिका अनुसार जाँच गर्ने आदिबारे परिवारलाई जानकारी गराउने र आवश्यक परे प्रेषण गर्ने आदि कार्य गर्दछन् ।		
८.२.५२	घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले बच्चाको एचआईभी एण्टीबोडी परिक्षणको बारेमा जानकारी दिनुका साथै एचआईभीका बारेमा परामर्श गरि परिवारले निर्णय लिएमा परिक्षणको लागि सहयोग गरेका छन् ।		
८.२.५३	घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीले सदस्यले बच्चाको पहिलो खोप कार्ड र प्रतिरक्षा कार्डको निरिक्षण गर्दछन् । जसबाट बच्चाको प्रतिरक्षा समय अनुसार राम्रो अवस्थामा भएको र शारिरीक वृद्धि विकास ठीक ढङ्गले भएको कुरा सुनिश्चित गर्दछन् ।		
८.२.५४	घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवाग्राहि र उनको परिवारलाई पोषणयुक्त खानाको उपलब्धता पर्याप्त छ या छैन निरिक्षण गर्दछन् र समस्या भए त्यसको समाधानकालागि योजना बनाउँदछन् ।		
८.२.५५	घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले स्थानीय तहमा उपलब्ध पोषणसेवा (मल्टिभिटामिन भोल, जुकाको औषधि र अन्य सहायक पेय पदार्थहरू)बारे जानकारी लिन्छन् र उक्त सेवाग्राहिको पहुँचकालागि सहयोग गरेकाछन् ।		
८.२.५६	घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली		

एचआईभी संक्रमणको जोखिममा परेको शिशुको हेरचाह			
सदस्यले बच्चाहरुको शारीरिक, भावनात्मक, सामाजिक, मानसिक र आध्यात्मिक आवश्यकताहरुको समिक्षा गर्ने र सान्दर्भिक निम्न कुराहरुमा सहयोग गर्दछन्, साथै भविष्यको योजना निर्माणमा सहयोग गर्दछन् जस्तै : इच्छापत्र बनाउनु, भावनात्मक सहयोग तथा मानसिक विकासकोलागि खेल, पोषणयुक्त खाना र स्वास्थ्य हेरचाह आदि ।			
८.२.५७ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले सहयोग गर्ने संस्थाहरुमा प्रेषणको व्यवस्था गर्दछन् ।			
८.२.५८ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले बच्चालाई बच्चाहरुको खेल्ने समूहमा वा अन्य उपयुक्त बाल विकास कार्यक्रममा प्रेषणको व्यवस्था गर्दछन् ।			

एच.आइ.भी सकारात्मक बच्चाको हेरचाह	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
८.२.५९ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले बच्चालाई खतराका लक्षणहरु पहिचान गर्दछन् र आवश्यकता परेमा तुरुन्तै प्रेषण गर्दछन् ।			
८.२.६० घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले सेवाग्राहिले हेरचाहकालागि प्रयोग गर्ने पुस्तिका जाँच गरेर पहिला लिकनिकबाट दिइएका कागजहरु, निर्देशन गरिएका औषधिहरु र आगामी लिकनिकमा जाँच गर्न जाने मितिबारे जानकारी लिन्छन् ।			
८.२.६१ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले बच्चालाई मिश्रित खानाबाट देखिने असरका बारेमा परामर्श दिने र आमाको दूध मात्र खुवाउने वा तयारी बट्टाको दूधमात्र खुवाउने भन्ने बारेमा स्थानिय निर्देशिका अनुसार आमाले रोजेको विकल्पका आधारमा सहयोग गर्ने गरेका छन् ।			
८.२.६२ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले बच्चाको लागि कट्टीमोक्सोजोल, ए.आर.टी र टी.वी.उपचारको निरन्तरता र असरका बारेमा जानकारी लिन्छन् । हेरचाहबारे बुझाईको तह जाँच गर्दै उनलाई ए.आर.टी, कट्टीमोक्सोजोल, टी.वी र अन्य औषधिहरु बच्चालाई कसरी सेवन गराउनु पर्दछ भन्ने बारेमा सहयोग गर्दछन् । साथै सो कार्य स्थानिय उपचार निर्देशिका अनुसार चक्की गन्ने, औषधिको तालिका निरिक्षण गर्ने, परिवारलाई औषधिखाने कुरालाई निरन्तरता दिन आउन सक्ने जटिलतालाई (जस्तै विद्यालय पढ्ने बच्चालाई निरन्तर औषधि खुवाउने समस्या) व्यवस्था गर्ने र बच्चालाई प्रेषण गर्ने जस्ता कार्य गर्दछन्			
८.२.६३ यदि बच्चा पाँचवर्ष मुनि उमेरको भए घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले बच्चाको पोषण मापन कार्ड र प्रतिरक्षा कार्डको निरिक्षण गर्दछन् । जसबाट			

एच.आइ.भी सकारात्मक बच्चाको हेरचाह	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
बच्चाको प्रतिरक्षा समय अनुसार राम्रो अवस्थामा भएको र शारीरिक वृद्धि विकास ठीक ढङ्गले भएको कुरा सुनिश्चित गर्दछन् ।			
८.२.६४ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले पोषणयुक्त खानाको उपलब्धताको निरिक्षण गर्नुका साथै ती खानाहरुको उपलब्धतामा कुनै व्यवधान भए सो को समाधानकालागि परिवारलाई योजना बनाउन सहयोग गर्दछन् ।			
८.२.६५ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले स्थानीय तहमा उपलब्ध पोषणसेवा (मल्टिभिटामिन भोल, जुकाको औषधि र अन्य सहायक पेय पदार्थहरु) बारे जानकारी लिन्छन् र उक्त सेवामा सेवाग्राहिको पहुँचकालागि सहयोग गरेकाछन् ।			
८.२.६६ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले बच्चाहरुको शारीरिक, भावनात्मक, सामाजिक, मानसिक र आध्यात्मिक आवश्यकताहरुको समिक्षा गर्ने र सान्दर्भिक निम्न कुराहरुमा सहयोग गर्दछन्, साथै भविष्यको योजना निर्माणमा सहयोग गर्दछन् जस्तै : इच्छापत्र बनाउन, भावनात्मक सहयोग तथा मानसिक विकासकोलागि खेल, विद्यालय जानकालागि सहयोग, पोषणयुक्त खाना र स्वास्थ्य हेरचाह आदि ।			
८.२.६७ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले परिवारका सदस्यहरुलाई उपलब्ध सहयोग सेवाहरु (उदाहरणकालागि तीन वर्ष माथिका बच्चालाई खेल समूह, पारिवारीक हेरचाह र सहयोग समूह र युवा समुह आदि) का बारेमा सूचना दिन्छन् ।			
८.२.६८ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले आवश्यकता अनुसार सहयोगि सेवाकेन्द्रमा बच्चालाई प्रेषण गर्दछन् ।			
८.२.६९ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले बच्चालाई यदि उपयुक्त भएमा बच्चाको खेल्ने समूहमा वा बच्चाको बाल विकास कार्यक्रममा प्रेषण गर्न सक्दछन् ।			

बच्चाको एचआइभी संक्रमणको अवस्था थाहा भएको अवस्था	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
८.२.७० घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले बच्चालाई जाँच गर्दछन् र साधारण बच्चालाई हुने हुन् वा एचआइभी संक्रमणका कारण हुने खतराका लक्षणहरु पहिचान भए भने तुरुन्तै प्रेषण गर्दछन् ।			
८.२.७१ यदि बच्चा पाँचवर्ष मुनि उमेरको भए घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीले सदस्यले बच्चाको			

बच्चाको एचआइभी संक्रमणको अवस्था थाहा भएको अवस्था	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
पोषण मापन कार्ड र प्रतिरक्षा कार्डको निरीक्षण गर्दछन् । जसबाट बच्चाको प्रतिरक्षा समय अनुसार राम्रो अवस्थामा भएको र शारिरीक वृद्धि विकास ठीक ढङ्गले भएको कुरा सुनिश्चित गर्दछन् ।			
८.२.७२ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले पोषणयुक्त खानाको उपलब्धताको निरीक्षण गर्नुका साथै ती खानाहरुको उपलब्धतामा कुनै व्यवधान भए सो को समाधानकालागि परिवारलाई योजना बनाउन सहयोग गर्दछन् ।			
८.२.७३ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले स्थानीय तहमा उपलब्ध पोषणसेवा (मल्टिभिटामिन भोलमा, जुकाको औषधि र अन्य सहायक पेय पदार्थहरु र विश्व खाद्य संस्था)का बारे जानकारी लिन्छन् र उक्त सेवामा सेवाग्राहिको पहुँचकालागि सहयोग गरेकाछन् ।			
८.२.७४ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले बच्चाहरुको आवश्यकताहरुको पहिचान गर्दछन् र सान्दर्भिक निम्न कुराहरुमा सहयोग गर्दछन् । भविष्यको योजना निर्माणमा सहयोग गर्दछन् जस्तै : इच्छापत्र बनाउन, भावनात्मक सहयोग तथा मानसिक विकासकोलागि खेल, विद्यालय जानकालागि सहयोग, पोषणयुक्त खाना र स्वास्थ्य हेरचाह आदि ।			
८.२.७५ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले बच्चालाई यदि उपयुक्त भएमा बच्चाको खेल्ने समूहमा वा बच्चाको बाल विकास कार्यक्रममा प्रेषण गर्न सक्दछन् ।			
८.२.७६ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले आवश्यकता अनुसार सहयोगि सेवाकेन्द्रमा बच्चालाई प्रेषण गर्दछन् ।			
८.२.७७ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले परामर्श र परिक्षणकाबारेमा हेरचाहकर्तालाई जानकारी गराउँछन् र उनीहरुले इच्छा गरेमा उक्त सेवाको पहुँचमा सहयोग गर्दछन् ।			

बच्चाको एचआइभी परिणाम नकारात्मक भएको अवस्था	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
८.२.७८ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले बच्चालाई जाँच गर्दछन् र साधारण बच्चालाई हुने हुन् वा एचआइभी संक्रमणका कारण हुने खतराका लक्षणहरु पहिचान भए भने तुरुन्तै प्रेषण गर्दछन् ।			
८.२.७९ यदि बच्चा पाँचवर्ष भन्दा कम उमेरको भए घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले बच्चाको पोषण मापन कार्ड र प्रतिरक्षा कार्डको निरीक्षण गर्दछन् । जसबाट बच्चाको प्रतिरक्षा समय अनुसार राम्रो अवस्थामा भएको र शारिरीक वृद्धि विकास ठीक ढङ्गले भएको कुरा सुनिश्चित गर्दछन् ।			

बच्चाको एचआइभी परिणाम नकारात्मक भएको अवस्था	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
८.२.८० घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले पोषणयुक्त खानाको उपलब्धताको निरिक्षण गर्नुका साथै ती खानाहरुको उपलब्धतामा कुनै व्यवधान भए सो को समाधानकालागि परिवारलाई योजना बनाउन सहयोग गर्दछन् ।			
८.२.८१ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले स्थानीय तहमा उपलब्ध पोषणसेवा (मल्टिभिटामिन भोलमा, जुकाको औषधि र अन्य सहायक पेय पदार्थहरु र विश्व खाद्य संस्था)का बारे जानकारी लिन्छन् र उक्त सेवामा सेवाग्राहिको पहुँचकालागि सहयोग गरेकाछन् ।			
८.२.८२ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले बच्चाहरुको आवश्यकताहरुको पहिचान गर्दछन् र सान्दर्भिक निम्न कुराहरुमा सहयोग गर्दछन् । भविष्यको योजना निर्माणमा सहयोग गर्दछन् जस्तै : इच्छापत्र बनाउन, भावनात्मक सहयोग तथा मानसिक विकासकोलागि खेल, विद्यालय जानकालागि सहयोग, पोषणयुक्त खाना र स्वास्थ्य हेरचाह आदि ।			
८.२.८३ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले बच्चालाई बच्चाको खेल्ने समूह भएको स्थानमा र यदि उपयुक्त भएमा बच्चाको सर्वांगीण विकासमा सहयोग गर्ने कार्यक्रममा समेत प्रेषण गर्दछन् ।			
८.२.८४ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यले आवश्यकता अनुसार सहयोगि सेवाकेन्द्रमा बच्चालाई प्रेषण गर्दछन् ।			

घरभेटकार्यक्रमको अन्तमा /अनुगमन	तरिका	अंक	निरिक्षण
८.२.८५ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवाग्राहि वा परिवारले सोध्नु पर्ने कुनै प्रश्नहरु वाँकि छन् भनेर प्रश्न गरेका छन् ।			
८.२.८६ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवा ग्राहि वा परिवार सँग अहिले सम्मका गरिएका छलफलको मुख्य निष्कर्षकाबारेमा सेवाग्राहि परिवार सहमत भए नभएको सुनिश्चित गरिएको छ ।			
८.२.८७ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली सदस्यहरुले सेवाग्राहिसंग अनुगमन भेटकालागि दुवैलाइ मिल्ने समय तय गरेका छन् सेवाग्राहिलाई लिकनिकमा भेट्नु पर्ने दिन पुनःस्मरण गराउँदछन् ।			
८.२.८८ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले संबोधन गर्न नसकेका मुद्दाहरुका बारेमा आफ्ना निरिक्षकलाई, स्वास्थ्य कर्मीलाई छोटकरिमा उक्त मुद्दाहरुका बारेमा व्याख्या गर्दछन् ।			

घरभेट निरिक्षण / अवलोकन	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
८.२.८९ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्यले सेवाग्राहिका कागजात र व्यक्तिगत विवरण राखिएको फाइललाई दराजमा ठीक ढङ्गले ताल्चा लगाएर राख्दछन् ।			
८.२.९० घर तथा समुदायमा आधारित हेरचाह र सहयोग टोली सदस्य आवश्यक भए घर तथा समुदायमा आधारित हेरचाह र सहयोग भोलामा खर्च भएका अवस्यक सामानहरु थपेर तयारी अवस्थमा राख्दछन् ।			

९. सामुदायिक सेवा			
९.१ समुदायपरिचालन/चेतना अभिवृद्धि कार्यक्रम	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
९.१.१ घर तथा समुदायमा आधारित हेरचाह र सहयोगकार्यक्रममा समुदायलाई संलग्न कुरा प्राथमिकताका साथ राखिएको हुनु पर्दछ । समुदायमा चेतना अभिवृद्धि समुदाय परिचालन गर्ने सन्दर्भमा एचआईभी संक्रमणको प्रभाव परेकाहरुलाई विशेष प्रथमिकताका दिइएको छ ।			
९.१.२ समुदायमा संचालन गरिने जनचेतना अभिवृद्धि शिविरमा उपयुक्त विषयवस्तु जस्तै : एचआईभी संक्रमणका बचावटका तरिकाहरु, लाञ्छना र भेदभाव कम गर्ने र सेवाहरुमा प्राप्त गर्ने तरिका आदि समेटिएका छन् ।			
सामुदायका सदस्यहरुमा एचआईभी र एड्सबारे चेतनामा परिवर्तन गर्न सहयोगी क्रियाकलापहरु समय समयमा संचालन गरिएको छ ।			
समुदाय परिचालन गर्ने तरिका स्थानी अवस्थाअनुसार उपयुक्त छ र यसबाट घर तथा समुदायमा आधारित हेरचाह र सहयोगकार्यक्रममा समुदायको संलग्नता र अपनत्व बढेको छ ।			
एचआईभी संक्रमित व्यक्तिहरुले सामुदायिक गतिविधिहरु तय गर्न र यसको कार्यान्वयनमा योगदान गरेकाछन् ।			
समुदायले घर तथा समुदायमा आधारित हेरचाह र सहयोगकार्यक्रममा संलग्न भएको र कुनै जिम्मेवारी लिएको प्रमाणहरु छन् ।			
जब समुदायमा संक्रमितरुले सेवा लिनकालागि कुनै व्यवधान आउछन् भने उक्त व्यवधानलाई घर तथा समुदायमा आधारित हेरचाह र सहयोगकार्यक्रमले रणनीतिक किसिमले सम्बोधन गरिन्छ ।			
गाविस, नगर र जिल्ला एड्स समन्वय समिति संग सम्बन्ध स्थापना गरि स्थानीय स्रोतको परिचालन गरिएको छ ।			

९.२ सामुदायिक हेरचाह र सहयोग कार्यक्रम			
९.२.१ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीले घरवारविहिन, वैदेशिक कामदार/घुमफिर गर्ने संक्रमितहरु जसले घरमा सेवा लिन चाँहदैनन् त्यस्ता व्यक्तिहरुलाई समुदायको कुनै पनि स्थान (ड्रूप- ईन सेन्टर, कुनै सेल्टर, हस्पिस वा आपतकालिन केन्द्र आदि) बाट सेवा प्राप्त गर्ने अवसर छ ।			
घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीले सेवाग्राहिको गोपनीतालाई बढी भन्दा बढी ख्याल गरि उनीहरुले भेट्न चाहेको स्थान पार्क वा कुनै ठाउँमा भेट्दछन् ।			
घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीले सेवा दिदा घर तथा समुदायमा आधारित हेरचाह र सहयोगघरभेट कार्यक्रम अन्तर्गतको प्रक्रियालाई पालना गरेका छन् ।			
घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीले सेवाग्राहिलाई उनले चाहेमा स्थायी बसोवासकालागि कुनै ठाउँ पहिचान गर्न सहयोग गरेका छन् ।			
घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीले घरवारविहिन, वैदेशिक कामदार/घुमफिर गर्ने संक्रमितहरुका समस्यालाई सम्बोधन गर्न अन्य सम्बन्धित संस्थाहरूसंग सहकार्य गरेका छन् ।			
घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीले सेवाग्राहिले चाहेमा पुनःपरिवारसंग मिलेर बस्ने बतावरण बनाउनकोलागि सहयोग गर्दछ ।			

१०. अनुगमन र मूल्याङ्कन	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
१०.१.१ सेवाग्राहिले घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीबाट आफ्नो गोप्यता कायम राखिएको छ भन्ने कुराको अनुभूति गरेका छन् ।			
१०.१.२ सेवाग्राहिले घर तथा समुदायमा आधारित हेरचाह र सहयोगटोली द्वारा सम्मानजनक रुपमा हेरचाह गरिएको छ भन्ने महसुस गर्दछन् ।			
१०.१.३ सेवाग्राहिले घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीले उनीहरुको घरमा निरन्तर रुपमा भेट गर्दछन् भन्ने महसुस गर्दछन् ।			
१०.१.४ सेवाग्राहिले आफू पूर्णरुपमा सहयोग प्राप्त गरेको छु भन्ने महसुस गरेकाछन् ।			
१०.१.५ सेवाग्राहिले प्रेषण सेवाहरु संतोषजनक भएको अनुभव बताएका छन् ।			
१०.१.६ सेवाग्राहिले घर तथा समुदायमा आधारित हेरचाह र सहयोग सेवाहरु र अन्य मुद्दाहरुमा पृष्ठपोषण गर्ने मौका पाएकाछन् ।			

१०.२ घर तथा समुदायमा आधारित हेरचाह र सहयोगटोलीद्वारा तथ्यांक संकलन र प्रतिवेदन	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
१०.२.१ कार्यक्रमको फाइलमा तथ्यांक संकलन फारम छन् र तिनको प्रयोग ठिक सँग गरिएको छ ।			
१०.२.२ प्रत्येक तहका टोलीद्वारा गरिने तथ्यांक संकलन सहि हुनुपर्दछ ।			
१०.२.३ प्रत्येक ३ महिनामा प्रतिवेदन पेश गरिएका छन् ।			
१०.२.४ घर तथा समुदायमा आधारित हेरचाह र सहयोग टोलीले तथ्यांक विश्लेषण र निष्कर्ष निकाल्ने कार्यमा सहभागि हुन्छन् र ती निष्कर्षलाई कार्यक्रममा समावेश गरिन्छन् ।			

१०.३. घर तथा समुदायमा आधारित हेरचाह र सहयोग क्यू ए /क्यू आई र मूल्याङ्कन	पद्धति	प्राप्ताङ्क (०-३)	अवलोकन बाट प्राप्ताङ्क/औचित्य
१०.३.१ तालिका अनुसार नियमित कार्यक्रमको प्रक्रियालाई क्यू ए /क्यू आई लागु गरि मूल्याङ्कन गरिन्छ ।			
१०.३.२ सेवा ग्राहिको गुणस्तरीय जीवनको समिक्षा गर्न आवधिक रुपमा कार्यक्रमको उपलब्धीहरुलाई मूल्याङ्कन गरिन्छ ।			

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