



NATIONAL COMMUNITY HOME BASED CARE POLICY AND GUIDELINES

DECEMBER 2005

Publications of the Ministry of Health enjoy copyright protection in accordance with the provisions of Protocol **2** of the Universal Copyright Convection. All rights reserved

ġ,

i

ł

The Ministry of Health welcomes requests from persons or institutions wishing to reproduce or translate its publications, in part or in full. Applications and enquiries should be addressed to the Secretary for Health, P. O. Box 30377, Lilongwe 3, who will provide the latest information on any changes made to the text, plans for new editions, and reprints and translations already available.

Ministry of Health 2005

The mention of certain manufacturers' products does not imply that they are endorsed or recommended by the ministry of Health preference to others of a similar nature that are not mentioned

Foreviord					
Acknowledge	Acknowledgementiv				
List of acron	yms and abreviations	vii			
Definition of	f terms	viii			
Chapter 1 Pr	reamble	· · · · · · · · · · · · · · · · · · ·			
Chapter 2 A	pplicability to other policies and guidelines	2			
Chapter 3 Ra	ationale, goal and policy objectives	4			
Chapter 4 G	uiding principles	5			
Chapter 5 Ap	pplication of the Policy and guidelines.	5			
Chapter 6 Re	esponsibility and authority	6			
Chapter 7 G	eneral CHBC Policy statements	8			
Chapter 8 Po	olicy implementation	15			
Chapter 9	Monitoring and evaluation				
Chapter 10	Policy review	15			
Chapter 11 (Community home based care guidelines				
Annex I	Community Home Based Care Kit.				
Annex 2	CHBC indicators	29			
Annex 3	Sample CHBC patient record book.				
Annex: 4	Sample referral form	31			
Annex 5	Supervisory checklist	32			
Annex 6	Sample reporting form				
References					

Table of conients

語

i

FOREWORD

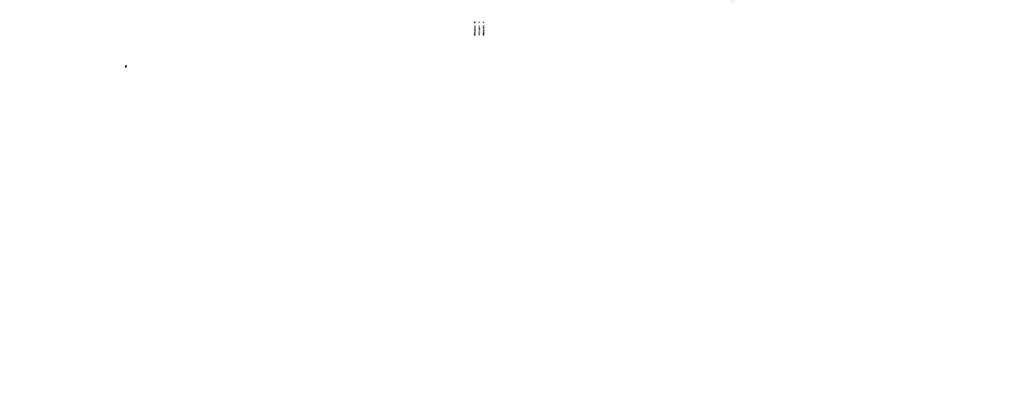
The HIV/AIDS epidemic has affected all sectors of the economy in Malawi. The health sector has experienced increasing number of patients with HIV/AIDS related infections admitted in hospitals. Most of the patients are chronically ill and although they are discharged in a stable state, they require ongoing care in the home.

Care of chronically sick people in the home has existed in the past in different societies. Home care draws on two strengths that exist throughout the world: *families and communities.* They form the basis of Community home based care (CABC). CHBC provides hope to patients as they receive care in their natural settings, maintain independence and achieve the best possible quality of life.

The need for policy and guidelines for CHBC has been urgent; Non Governmental, Community and Faith Based Organization, have been providing CHBC services without any guidelines. This document will assist programme managers, health and social workers in planning, designing, implementation and evaluation of Community Home Based Care services in Malawi. Adherence to the policy and guidelines by all implementers will ensure improved service delivery, coordination and networking amongst stakeholder institutions at all levels.

Ministry of Health wishes to appeal to all government agencies, the donor community, NGOs, FBOs, Civil society and communities to get involved and participate in providing care and support to individuals, families and communities inline with this policy. Your dedication and commitment is vital in improving the quality of life for chronically ill patients.

DR. W. O. O. SANGALA SECRETARY OF HEALTH



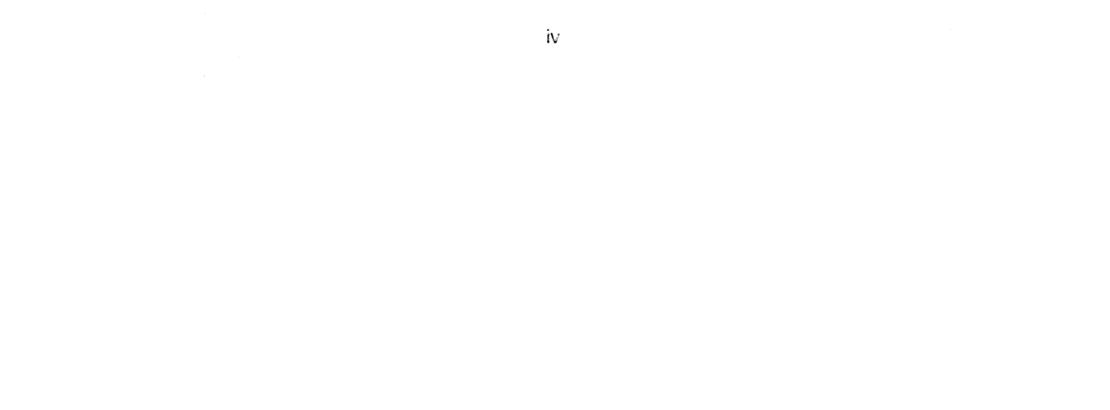
ACKNOWLEDGEMENTS

The Ministry of Health acknowledges the assistance of all the individuals who contributed to the development of the Community Home based Care (CHBC) Policy and guidelines.

A task force comprising members of the CHBC subgroup drafted the policy followed by stakeholder consultations and consensus building which was represented at national and district level.

The following members of the taskforce and stakeholder institutions dedicated their time and efforts in finalizing the document:

Dr. Ann Phoya; Director of Nursing Services, Ministry of Health Mrs. Sheila Bandazi; Deputy Director of Nursing Services, Ministry of Health Fose Kolola; Chief Nursing Officer (Community Health), Ministry of Health Mrs Hilda Matalala: Care and Support Advisor, MANET Enous Chang'ana; Deputy Director Lighthouse Mirs Kesby Hara; Care and Support Officer, NAPHAM Morey Pindani; Lecturer, Community Health Dept. Kamuzu College of Nuising McPherson Gondwe; Senior CHBC Officer, Family Health International Mins. Ann Chinguwo; CHBC Officer; Save the Children USA Mirrium Kalua; CHBC Officer, National AIDS Commission Ellious Chasukwa; HIV/AIDS Coordinator, CHAM Secretariat. Pranscisca Munthali; PMTCT Programme; UNICEF. Willard Manjolo; Ministry of Gender Child Welfare and Community Services Labana Steven; Medicine San Frontier (Belgium); CHBC Coordinator Mrs Evelyn Chitsa Banda; Nursing Officer, Lilongwe District Health Office Mrs Yasinta Kavalo; District Nursing Officer, Mwanza District Health office



DEFINITION OF TERMS

Adult is a person from 18 years of age and above.

Carer: an individual who has responsibility of caring for the sick and vulnerable persons in a health facility and community.

Child is a person below the age of 18 years.

CBO is an organization whose membership is voluntary, members come from the same community and offer community services including CHBC.

Community care provider is a community member identified by the community and trained in CHBC to render direct patient care to c^b tortically/terminally ill persons and other vulnerable people in their homes.

 $C \oplus BC$ plus are clients who were once chronically ill and have improved and do not need care but will require support. Care providers can visit these clients at least once a month.

Extension workers are individuals who work with communities such as social welfare assistants, community development assistants, agriculture field assistants, home craft workers, and health surveillance assistants.

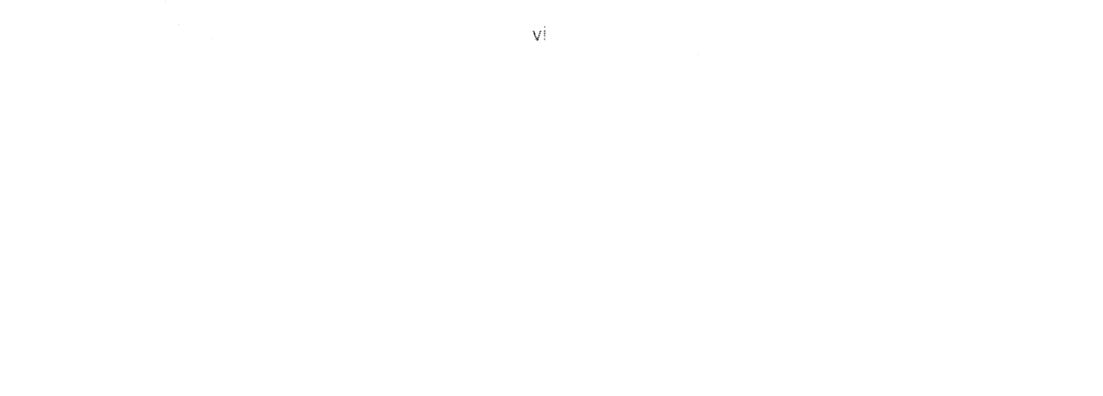
OVC is any child aged between 0 18 who has lost one or both parents due to death or has no able parents and no fixed place of stay.

Partners: refers to institutions that deal with health issues for example: Christian Health Association of Malawi, Non Governmental organizations and raining institutions.

Primary caregiver is a family member, relative, friend, neighbour who is directly involved in the care of terminally/ chronically ill persons and spend most of the time with the patient.

Stakeholders are private, public, CHAM, CBOs, FBOs and NGO institutions who have interest in CHBC services.

Trained Health worker is an individual who has gone through formal training in medical, nursing or clinical medicine and community home based care.



LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-Retroviral
ART	Anti-Retroviral Therapy
BBP	Benzyl Benzoate Paint
CHBC	Community Home Based Care
CBO	Community Based Organization
CT	Counseling and Testing
DACC	District Aids Coordinating Committee
DHO	District Health Office
DRF	Drug Revolving Fund
EHP	Essential Healthcare Package
FBO	Faith Based Organization
GMV	Growth Monitoring Volunteer
GV	Gentian Violet
$\mathbf{H}\mathbf{V}$	Human Immunodeficiency Virus
HSA	Health Surveillance Assistant
IEC	Information Education and Communication
IGA	Income Generation Activities
IMCI	Integrated Management of childhood illness
M & E	Monitoring and Evaluation.
MIPA	Meaningful Involvement People living with HIV/AIDS
MoH	Ministry of Health
NAC	National AIDS Commission
NAF	National HIV/AIDS Action Framework
NGO	Non Governmental Organizations
ORS	Oral Rehydration Salts
OVC	Orphaned and vulnerable children
\mathbf{PEP}	Post Exposure Prophylaxis
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
TB	Tuberculosis
WHO	World Health Organization



CHAPTER 1

PREAMBLE

Malawi like its neighbours in the Sub-Saharan Africa has been severely affected by HIV and AIDS. Almost two decades have passed since the first case of AIDS in the country was diagnosed in 1985. Malawi's national adult prevalence (15-49 years) is estimated at 14%, and 760,000 adults are living with HIV/AIDS (National AIDS Commission, 2003). HIV prevalence is almost twice as high in urban areas, at 25%, as in rural areas, at 13%. There are 70,000 HIV positive children under the age of 15 in the country. According to National AIDS Commission (2003), the number of orphans below 18 years is approximately 840,00045% of these are orphaned due HIV/AIDS related conditions.

The opidemic has affected all sectors of the economy including the health sector. In hospitals, HIV and AIDS chronically ill patients occupy more that 50% of medical-ward-beds and more than 70% of all pulmonary TB patients have HIV infection. Due to frequency of opportunistic infections, patients stay longer in hospitals impacting on the already inadequate resources. Most of the patients consequently are discharged home still requiring on-going care in the home.

The national response to this problem has been the development of the National HIV/AIDS Policy and the HIV/AID3 Strategic Framework (NAF). NAF specifies priority areas, one of which is the provision of equitable treatment for People Living With HIV/AIDS (PLWHA) and mitigation of the impact of HIV/AIDS including improvement of the quality of life of PLWHAs and others affected by the epidemic. One of the strategies to achieve this goal is through the provision of Community Home Based Care services.

In Malawi Community and Home-Based Care was being provided by Non governmental, Community and Faith based Organisations and community support groups in different parts of the country. However, the care was not standardized and was being provided in an uncoordinated and inequitable manner. In order to ensure coordination, equity and standardization of the quality of care, national policy and guidelines on community home-based care have been developed.

CHAPTER 2

APPLICABILITY TO OTHER POLICIES AND GUIDELINES

The policy and guidelines shall be utilized with the following other policy and guideline documents:

The National HIV/AIDS Policy (2003)

The policy is an overarching guiding document for implementation of HIV/AEDS activities in Malawi.

The Care of the Carer HIVANDAIDS work place Policy (2005)

The policy aims at rendering the workplace for health worker as well as other care providers safe with regard to HIV/AIDS and other infections. Parts of the policy also apply to CHBC care providers

ARV guidelines

The document provides guidance on all issues of ARV and patient monitoring. CHBC services shall facilitate patient monitoring in the community.

The Orphan and Vulnerable Child Care Policy (2004)

Orphan and vulnerable child care forms part of the comprehensive package for CHBC services. The policy and guidelines shall be reffred to in the implementation of interventions for this group.

Early Childhood and development (ECD) Policy and guidelines

The policy is a guide in the promotion of early childhood development for all children including the affected and infected. It also provides direction on community based interventions for ECD

 The Community Integrated Management of Childhood Illness (CIMCI) guidelines

Community Integrated management of childhood illness guidelines promote early identification, treatment and care and referral of sick children in the home. In managing common childhood illnesses for the chronically ill child CIMCI policy and guidelines shall prevail.



PMTCT policy and guidelines

The document provides direction on implementation of PMTCT interventions. Providers dealing with chronically ill pregnant and postnatal mothers will be guided by both the PMTCT and CHBC policy and guidelines

Infection Prevention and Control Policy and guidelines

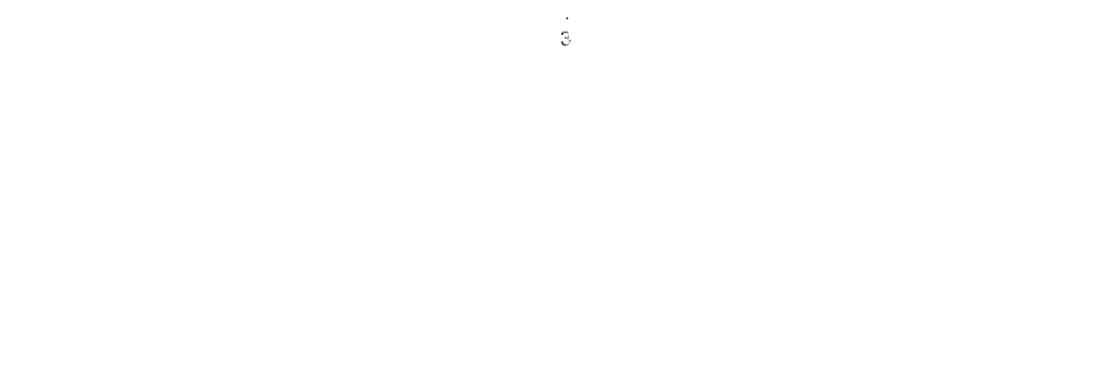
The document provides guidelines on infection prevention and control measures while managing the patient in any setting

National Counseling and Testing guidelines

Counseling and testing is an intervention on the continuum of care for HTV/AIDS patients. It shall be referred to on issues pertaining to CT for the CHBC patient

Management of HIV related opportunistic infections

The guidelines apply to health practitioners as they manage patients with HIV/AIDS related infections. Health workers in CHBC services will utilize the guidelines during review of patients referred to them by community care providers



CHAPTER 3

RATIONALE, GOAL AND OBJECTIVES

3.1 Rationale for the policy

The rationale for development of the policy and guidelines on Community and Home based Care is three fold:

- The policy demonstrates the intention of government and its partners on the provision of community home-based care as part of the health sector response to the HIV/AIDS problem.
- It provides guidance to stakeholders in the implementation of Community
 Home Based Care Programmes in Malawi.
- * It is an advocacy tool for CHBC in Malawi.

3.2 Coal

The goal of the policy and guidelines is to provide standards for the provision of quality care for the chronically and terminally ill including at risk groups and other vulnerable persons in the home/community.

3.3 Objectives

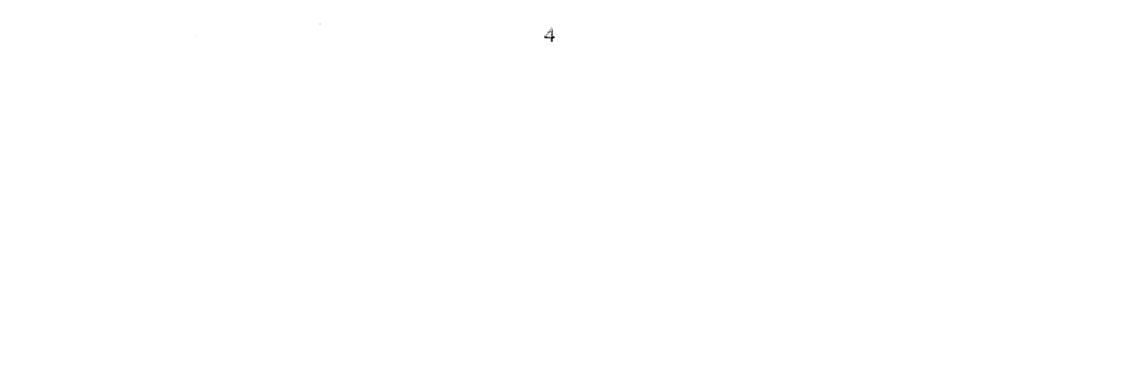
Objectives of the policy and guidelines are to:

- Promote availability, access and utilization of quality and comprehensive care for chronically and terminally ill and at risk groups in the home and community
- Strengthen the capacity of individuals, families, communities and institutions to deliver safe and quality community and home based care services

3

ž

- Strengthen coordination and collaboration amongst CHBC implementing institutions
- Promote research and delivery of evidence based community home based
 care services



CHAPTER 4

GUIDING PRINCIPLES

The policy is based upon and shall be guided by the following principles: *Holistic approach in care provision*. In order to improve quality of life; physical, psychological, social and spiritual aspects of care shall be provided to the patient and family in a holistic manner.

Meaningful involvement of the PLWHAs at all levels and programme stages. PLWHAs shall be enabled to play an active role in the planning and implementation of CHBC programmes.

Sustainability through active community participation, capacity building including gender mainstreaming at all levels. Community participation promotes ownership. Capacity building empowers families and communities to care for the sick and the affected families. Men and women should share responsibility in the provision of care.

Promotion and protection of human rights of patients/clients and care providers including health workers. It is internationally observed that the promotion and protection of human rights of PLWHAs strengthens care and support programmes. It promotes an environment of openness and utilization of services in the care continuum.

Partnership, Coordination and sharing of evidence-based practices. For sustained and enhanced mitigation of the impact of HIV/AIDS it is important that institutions continuously work together and share experiences and best practices. Concoof carers. Care providers play an important role inby providing basic care to the patient/client. They need appropriate technical supervisory and psychosocial support to prevent stress and burn out.

Good governance, transparency and accountability. Funds and other resources shall be efficiently and effectively used to benefit households with chronically ill patients and their families. Institutions should demonstrate transparency and accountability in managing these resources

5

-

CHAPTER FIVE:

APPLICATION OF THE POLICY AND GUIDELINES

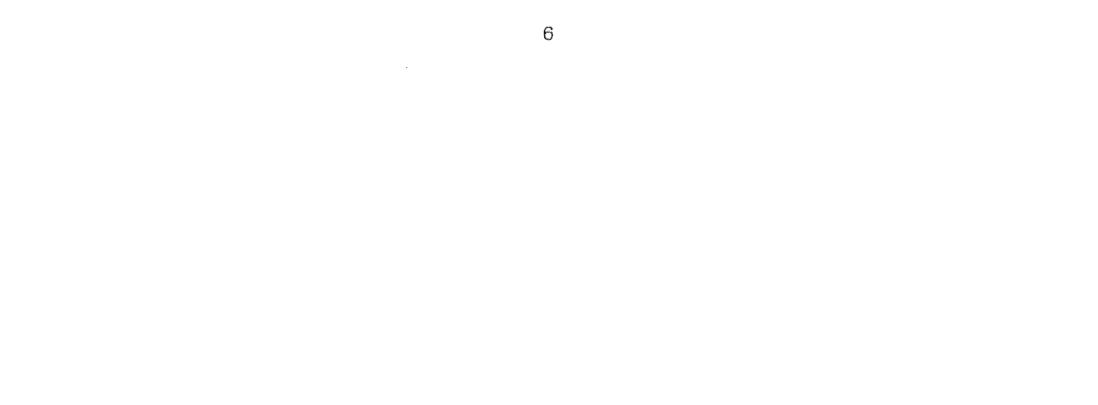
This policy and guidelines applies to:

- All institutions that are involved in the design, planning, implementation and evaluation of CHBC services in Malawi. They include government sectors, CHAM, private health facilities, non governmental, faith based and community based organizations.
- Health, social welfare, community development workers and community members who are involved in the provision of community home based care services. It also applies to traditional healers and traditional birth attendants in the course of providing care and support to the sick
- Professional health care workers such as community health nurses, nurses, clinical officers, medical assistants and doctors and also community health workers in the community such as environmental health officers, their assistants and hearth surveillance assistants.
- Non health workers who are care providers in the home and community

4

4

Ŷ



CHAPTER 6

RESPONSIBILITY AND AUTHORITY

There are various levels of responsibility in the implementation of the CHBC policy guidelines:

6.1 Ministry of Health (Central Level)

The ministry shall provide leadership and coordination of CHBC in Malawi. It shall be responsible for the development, approval, revision and monitoring of implementation of the CHBC policy and guidelines.

It shall coordinate services and promote the delivery of quality CHBC as an essential component on the continuum of care for PLWHA and other vulnerable groups

It shall facilitate training and certification of trainers and supervisors.

It shall also initiate research on CHBC and palliative care and delivery of evidence based practices

6.2 District Health Offices

Have responsibility for implementing policy, coordinating, and regulating CHBC services, allocation of additional resources for implementation at district and community levels, training and certification of care providers.

They shall supervise and monitor patient care issues including health care of vulnerable groups as provided by NGOs, FBOs and CBOs at district level.

An officer shall be designated to be responsible for monitoring adherence to standards set in the policy and guidelines and other related documents.

The district health office will initiate and participate in operational research and disseminate findings to all stakeholders.

DACC subcommittee on Community Home Based Care shall be chaired by the DHO.

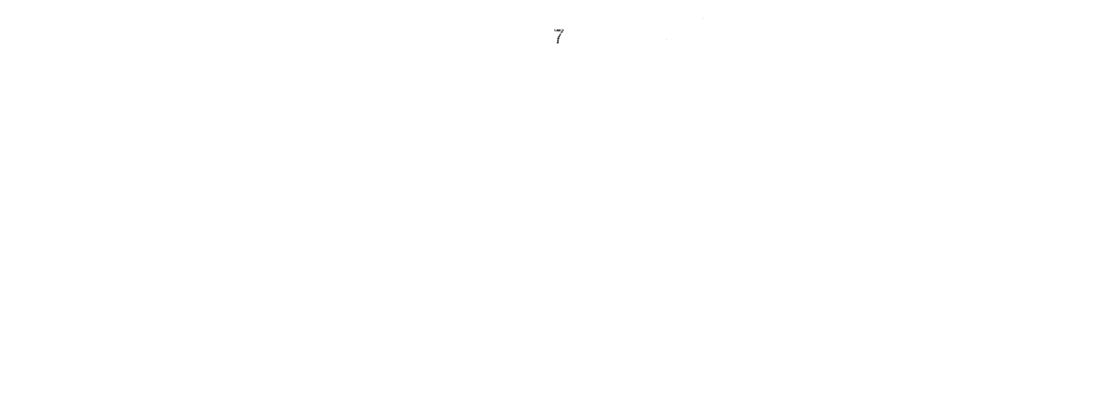
6.3 Mealth Care facilities

K,

.....

Individual facilities shall be responsible for implementation of the policy and guidelines. They shall receive, maintain and update data on CHBC from all service delivery organizations in the health facility's catchment area.

They will conduct monitoring and supervision of CHBC services in their catchmentarea.



An effective referral system within the health facility's catchment area shall be known by all health workers and communities in order to facilitate access and utilization of services by all patients/clients.

A designated officer shall be responsible for ensuring implementation of these policies and guidelines. Health care facilities will participate in research and utilize findings in promoting evidence based care

6.4 Regulatory bodies (professional councils) and educational/training institutions

Ŷ

9

2

Regulatory and educational institutions are responsible for ensuring that preservice and continuous education curricula for training of health workers reflect adequate and appropriate content in CHBC and are consistent with this policy.

5.5 Non-governmental, Faith Based and Community Based Organizations

All NGOs, FBOs, CBOs wanting to establish or are implementing CHBC programmes must seek guidance, clearance and approval from the District Health Office, and shall have a trained health professional responsible for patient care services where applicable.

These organizations are implementers of CHBC. They are responsible for sensitizing and mobilizing communities to establish CHBC committees/ community support groups and mobilize resources to support community initiatives.

The trained health professional shall supervise volunteers and monitor patient care with the support of health surveillance assistants from the catchment area.

Data on reporting indicators form the every organization shall be submitted to the health facility in the exteriment area for analysis, interpretation and utilization.

NGOs and FBOs shall conduct operational research to guide delivery of evidence based care

CHAPTER 7

GENERAL COMMUNITY HOME BASED CARE POLICY STATEMENTS

The general community home based care policy statements have been identified to provide guidance in CHBC services. They are considered essential to the effective implementation of the CHBC programme in Malawi

7.1. Eligibility criteria for community home based care.

All chronically/terminally ill people (3 months or more) of all age groups in the community shall be eligible for CHBC. They include adults and children (0-18 years) suffering from HIV/AIDS, Tuberculosis and Cancer, stroke and other chronic illnesses

Vulnerable groups of people in the community shall benefit from CHBC. They include PLWHAs, orphans and vulnerable children, at risk pregnant mothers and the elderly.

Both male and female patients of all age groups in the category above regardless of sero status are eligible for CHBC services.

7.2 Care Providers for Community Home Based Care.

Community Home Based Care shall be provided by:

- Family members

- Trained community members including traditional birth attendants and healers

- Trained extension worthers

- Trained health workers

7.3. Competence of trainers and CHBC providers

To ensure that Community Home Based Care providers have necessary knowledge and skinls, mey shall be specially trained in Community Home Based Care. Both care providers and trainers shall undergo formal training as prescribed by this policy.

Trainers in CHBC shell be certified health workers such as Nurses, Medical Assistants, Clinical Officers and Doctors. They should have successfully completed a tendeys formal training in community home based care, principles of teaching and adult hearding.

Government approved CHBC manuals shall be used in the facilitation of training of trainers, health works wand service providers.

Care providers shall that are providers and training in home based care. A refresher for previously trained that providers and trainers will be conducted depending on identified needs. It shall be conducted for five days.

•

19

4

9

Trained care providers shall transfer skills to the primary caregiver during each home visit as basic nursing care skills are being provided.

7.4 Training of Care Providers

The minimum number of participants shall be 20 against 4 facilitators. The maximum number of participants shall be 25 against 5 facilitators.

%.5 Community level care providers

Community care providers shall be selected by the community, considering gender, community acceptance and willingness to care for others.

Both male and females between ages 18 to adulthood are eligible.

Community care providers shall be able to read and write the local language; those who are identified by the community but are illiterate should be supported by care providers who are literate.

Community care providers shall stay in the same community with his/her clients/patients

Shall be reliable, committed and willing to undergo training and shall maintain confidentiality.

Traditional birth attendants and traditional healers are self selected traditional health practitioners in the community. They may volunteer to become community care providers for CHBC services.

1.46 Feedage of services for community care

to comprehensive Community Home Based Care package shall consist of the tollowing interventions:

- Basic Nursing Care
- Prevention, identification and management of common health ailments in the honce
- Referral of patients with opportunistic infections

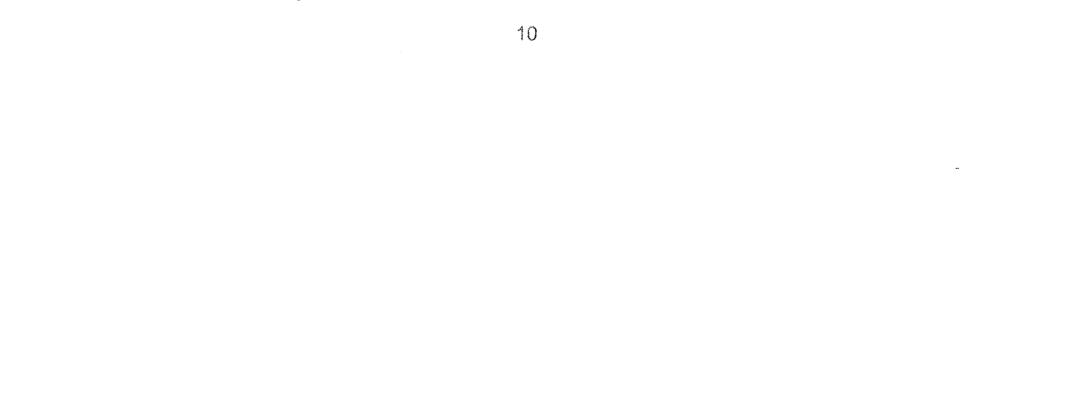
- Pallative care including psychosocial and spiritual care

- Transfer of skills to the primary care giver

- lafection prevention and control in the home

• Nuclition education and food supplementation where feasible

- Nonitoring of the patient on ARV, Cotrimoxazole prophylaxis and TB. treamont
- Discharge planning and referral to appropriate services
- Counseling and testing
- IEC on prevention of HIV, TB and Malaria to patient and family members



- Promote use of Insecticide Treated Nets by chronically ill patients
- Assistance with social economical needs of family and food security*
- Care of orphans and vulnerable children addendum *

Implementation of comprehensive CHBC package could be feasible with adequate financial, human, material resources, strong community mobilization and participation.

Every CHBC implementing institution should provide a *minimum package* of community home based care services to patients. Care providers shall at each visit to the patient implement the package as determined by individual patients needs.

The minimum package shall comprise:

- Basic nursing care.
- Management of common health ailments in the home/community
- Prevention, identification and referral of opportunistic infections
- Palliative care including psychosocial and spiritual care
- Support to the primary care giver
- Infection prevention and control in the home
- Nutrition education and food supplementation where feasible
- Monitoring of the patient on Cotrimoxazole prophylaxis, ARV and TB treatment
- IEC on prevention of HIV, TB and Malaria to patient and family members
- Promote use of Insecticide Treated Nets by chronically ill patients
- Discharge planning and referral to appropriate services.
- Ongoing counseling

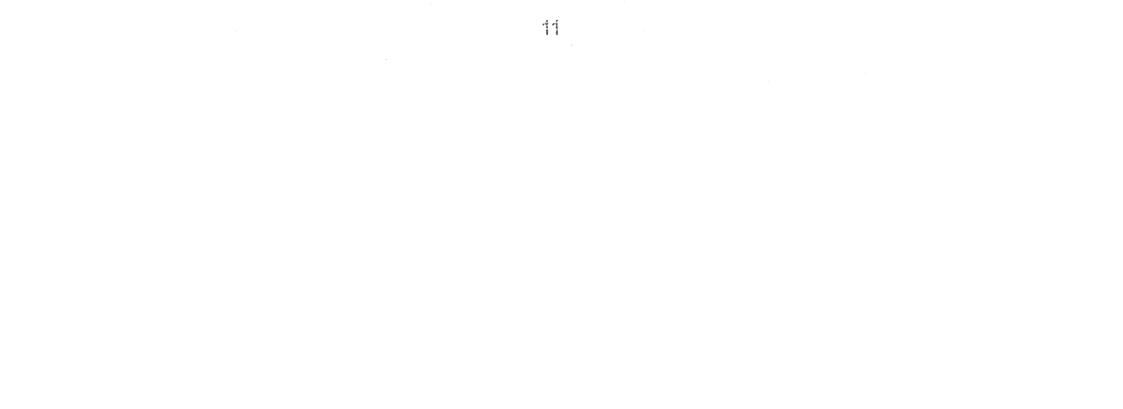
7.7 Equipment and supplies for CHBC

The professional health worker shall be provided with a supervisor's kit whilst a community care provider shall be provided with provider's kit. The approved items for each kit are found in the Annex 1 and 2 to the guidelines.

Equipment, supplies and drugs for the kits shall be replenished by the nearest government facility, NGOs, FBOs and CBOs funding the programme.

Supervisors may prescribe or administer only those drugs that are licensed by their professional bodies.

In Malawi care of chronically ill patients is a biomedical intervention. Mitigating the impact of disease at household level through non biomedical interventions targeted at socio economic needs, food security and care of orphana and valuerable children are addenda activities, which are implemented by other sectors under the impact mitigation framework.



7.8 Scope of practice for care providers

Community home based care is provided by professional health workers and non health workers. The following is their scope of practice:

7.8.1. Trained health care workers

Trained professional health workers for CHBC are those that have undergone special training as care provider and supervisor in CHBC. Their roles shall include:

- Provision of direct care to patients referred to them by HSA and Community care providers
- Refer patient /client for further medical care including ART clinics and other support services as required.
- Keep records pertaining to patients/clients under his/her care in the community including drugs and supplies.
- Educate people about HIV/AIDS related issues and other health issues (including prevention of HIV, TB Malaria, ARV, prevention of stigma and home care).
- Supervise extension workers and community members providing community home based care.
- Facilitate transportation of referred patients/olients from community to health facility.
- Order community home based care drug and supply requirements
- Monitor patient's response to care including adherence to long term drugs (cotrimoxazole prophylaxis, ARV and TB treatment).
- Coordinate and network with other community home based care providers working in the community.
- Fromote use of Insecticide treated nets by PLWHA and chronically ill patients
- Compile and submit monthly reports to the nearest health facility

7.8.2 Realth Surveillance Assistants (HSA)

HSAs are extension workers in the health sector who work directly with communities, community care providers and village health committees. In the CHBC programme they are a link with health care facilities and communities.

12

Ş

Their roles are as follows:

- Provision of direct patient/client basic nursing care in the home where required.
- Provision of psycho-social support to patient/clients and their families
- Refer patient /client for further care to health and other support services and groups as required.
- Keep records pertaining to patients/client under his/her care and other community home based care in his/her catchment area.
- Educate people about HIV/AIDS related issues, HIV testing, prevention of HIV, TB and Malaria, ARV treatment adherence, prevention of stigma and home care.
- Promote use of Insecticide Treated nets by PLWHA and chronically ill patients
- Support treatment adherence for patients on long term drugs (cotrimoxazole prophylaxis, ARV and TB drugs).
- Monitor storage and utilization of drugs and supplies for the community care providers.
- Supervise community care providers on patient care issues

7.8.3 Community Care provider

Roles of the Community care provider shall be as follows:

- Identify and recruit patients requiring CHBC as per recommended criteria
- Provision of basic patient care.
- Ensure a safe and health home environment for the patient; seek assistance
 from community resources as required
 - Managing simple ailments such as cough, fever, diarrhea, vomiting, skin problems and other common problems.
- Provide psycho-social support and nutrition counseling to patients/clients and families
- Refer patients/clients to health and other support services as required.
- Keep patient's records on care given and provide monthly reports to immediate supervisor

. M

-2

13

- Monitor side effects and adherence/compliance for patients on long term drugs including ARVs, Cotrimoxazole prophylaxis, and TB drugs.
- Discharge patients who do not require basic nursing care.
- Conducts follow up visits for CHBC plus clients.
- Provide IEC to patient and family members on prevention of HIV, TB and malaria and importance of HIV testing.
- Promote use of Insecticide treated nets by PLWHA and chronically ill patients
- Monitor patients/clients response to treatment and community Home Based Care.
- Facilitate mobilization of community transport for referral of patients from community to health facilities.

7.9 Coordination and participation of beneficiaries and communities People living with HIV/AIDS shall be actively involved in all activities pertaining to community home-based care.

Community participation in CHBC planning, implementation, monitoring and evaluation shall be promoted. Community leaders and members shall be an integral part.

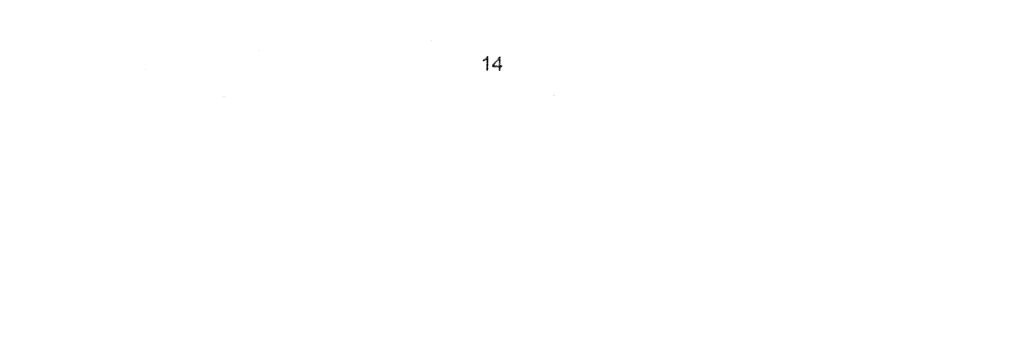
Coordination and linkages shall be strengthened among all stakeholders

7.10 Safety precautions and observation of human rights

All aspects of human rights and patients rights shall be observed during planning and implementation of CHBC activities.

Safety precautions and infection prevention measures must be utilized to protect both the patient and the care providers

Care providers shall be provided with necessary support (physical, social, psychological and spiritual needs) in order to effectively deliver CHBC services Patients/clients shall give consent to be registered in CHBC programme.



¢

ş.

11.4

CHAPTER 8 POLICY IMPLEMENTATION

Ministry of Health has adopted the Sector Wide Approach to health development as the overarching strategy for the implementation of the programme of Work (POW). Priorities of the POW revolve around the provision of the Essential Health Package (EHP) of which the community home based care programme is an integral part.

For efficient and effective implementation of the CHBC policy and guidelines adequate financial, human and material resources are required. Government, Donors and development partners shall assist in the provision of the needed resources. This will enable delivery of quality services by implementing institutions.

3

ġ

CHAPTER 9

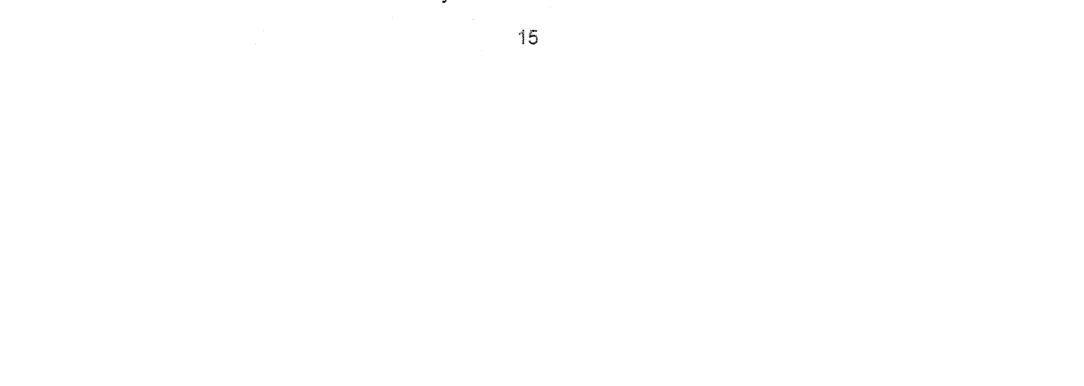
MONITORING AND EVALUATION

In order to effectively monitor and evaluate the CHBC policy and guidelines implementation, the process of M & E has to be conducted at all levels. This will be facilitated by the implementing institutions, Health Management Information Unit at Ministry of Health central office and District Health Office in collaboration with Monitoring and evaluation office at district assemblies.

Information from the community will be provided to District health office through health centers where NGOs, FBOs, and CBOs are operating, on quarterly basis. Information collected during monitoring and evaluation should be interpreted and utilized at all levels of implementation to support programme planning and redesigning of interventions. Evaluation will be conducted using baseline information and through periodic surveys.

CHAPTER 10 POLICY REVIEW

This policy shall be continuously reviewed to ensure that it remains relevant and responsive to the needs of the chronically/terminally ill patient/clients, at risk and other vulnerable groups. This will take into account the progression of the impact of the epidemic, scientific developments and other technologies. The policy shall be reviewed at least every 3 years or at any other intervals before the 3 years cycle as when it becomes necessary.



CHAPTER 11

COMMUNITY HOME BASED CARE GUIDELINES

The guidelines for the implementation of CHBC pertain to care of the chronically ill including vulnerable groups in the community as defined in the context of Malawi. They are derived from the general policy statements and guiding principles for CHBC.

5

S.

¥

11.1 Holistic approach to care

Chronically ill patients/clients shall be provided with comprehensive care across the continuum, from home and community to institutional services and back in order to ensure that their diverse needs and those of families are met.

Key interventions in the provision of comprehensive care to the chronically ill people and their families are:

- Medical care
- Basic Nursing Care
- Psychosocial and spiritual care
- Palliative care
- Prevention, identification and management of common health ailments
 in the home and referral of patients with opportunistic infections
- Nutrition education and food supplementation where feasible
- Transfer of skills to the primary care giver
- Infection prevention and control in the home
- Monitoring of the patient on ARV and TB treatment
- Discharge planning and referral to appropriate services
- Counseling and testing

11.1.1 Medical care

Community Home Based Care programmes shall assist patients to have access to appropriate laboratory tests, diagnosis, treatment of opportunistic infections and other illnesses, provision of ART and clinical monitoring. Care providers and primary caregivers should monitor and support patients/clients to adhere to treatment and avoid use of unprescribed drugs. Care providers should specifically monitor patients adherence to ARV, TB drugs and cotrimoxazole prophylaxis.



11.1.2 Basic nursing care

Basic nursing care shall aim at improving quality of life for the patient. It shall consist of assisting the sick person to live in a healthy environment, assist with activities of daily living and relief of symptoms in the home. During a home visit, the care provider shall:

Assess general cleanliness of home surroundings, waste disposal, availability of safe water and its utilization, availability and food utilization in the home.

A general assessment of the patient/client should follow (may also depend on the condition of the patient at the time of the visit).

Assessment of the patient shall include:

- General condition (physical, psychosocial and spiritual)
- Ask patient for any problems/complaints
- Checking on the treatment/drugs taken, side effects and adherence
- Ask about feeding pattern and any feeding problems
- Ask about elimination pattern and presence of problems

Basic nursing care shall be provided as required with special attention given to the following areas:

- Skincare
- Mouth care
- Pressure area care
- Wound care
- Elimination
- Ambulation and range of motion exercises
- Health education including HIV/AIDS, TB and Malaria prevention.
- Feeding, nutritional counseling and support
- Psychological and spiritual care

Patient shall be assisted with relief of symptoms for example:

- Cough
- Diarrhea
- Nausea and vomiting
- Dehydration
- Loss of appetite
- Tiredness and weakness
- Sore mouth and throat
- Fever and pain relief



11.1.3 Psychosocial care/ Counseling

Individuals, families and patients shall be provided with counseling and referred for counseling and testing services if required.

Individuals and families infected and affected by HIV/AIDS or other chronic diseases shall be provided with ongoing psychosocial support and spiritual counseling.

Primary caregiver, family and children shall be provided with ongoing counseling and emotional support

Bereavement counseling shall be provided to the family in the event of death of a patient

PLWHA groups shall assist in providing peer counseling and psychological support to chronically ill patients/clients.

Counselling services shall be a link between patients/clients to other support services such as medical care, CHBC, PMTCT, ARV, welfare, legal and spiritual support within communities.

11.1.4 Palliative care

All patients who are suffering from life threatening diseases and ultimately incurable illness shall be provided with palliative care with the aim of achieving the best quality of life. Palliative care shall include:

- Relief from pain and other distressing symptoms as per medical and nursing practice regulations
- Helping the patient to maintain personal hygiene & comfort
- Assisting the patient to cope with increasing disability.
- Assisting the patient to go through the grieving process and to peaceful death
- Help patients and their families prepare for death. This includes writing of wills and memory books
- Support families with bereavement care after death of patient

11.1.5 Nutritional support and positive living

11.1.5.1 Nutrition support

Chronically ill patients and PLWHAs shall be encouraged to eat a variety of foods comprising animal products, legumes, staples, fruits, oils, fats and vegetables. People with HIV/AIDS shall be encouraged to take high energy foods because of their increased energy requirements which increase by approximately 20-30% in adults and children by 50-100% over normal requirements



Care providers shall advise primary caregivers and patients/clients on a diet rich in selenium, vitamin A, zinc, vitamin B complex, vitamin C, folic acid, magnesium, iron, calcium, vitamin E and iodine.

Patients with moderate to severe malnutrition shall be provided with therapeutic feeds and/or food supplements through the ARV clinic or other supporting structures existing in the continuum of care

Food hygiene and safe food handling, preparation and storage practices shall be observed by care provider, primary care giver and patient/client.

Water shall be obtained from a protected source and safety measures taken to avoid contamination. Households with chronically ill patients and use unsafe water are at risk of acquiring diarrhoeal diseases, therefore they should be provided with chlorine tablets for water chlorination to make the water safe.

11.1.5.2 Positive living

.

Care providers shall encourage PLWHAs on positive living through:

- Use of impregnated bed nets to prevent malaria
- Proper personal and food hygiene to reduce gastrointestinal and skin infections
- Use of condoms to protect against sexually transmitted infections
- Early recognition of opportunistic infections such as TB and seeking of early treatment
- Access of PMTCT services if pregnant
- Will writing and memory book
- On going counseling to assist them cope with stress

11.1.6 Socio-economic support

District level committees shall assist communities mobilize resources to build or sustain economic resources for individuals and their households and to support community safety nets.

Community resources shall be mobilized to support patients and families in areas of nutrition, clothing, income, and education of orphaned children and other necessities

Community Development Assistants shall facilitate with income generating activities in the communities

19

11.2 Care of children

Children who are suspected of HIV/AIDS, are infected and affected shall have access to comprehensive care. Comprehensive care of children shall include:

Promotion of growth and development:

Antenatal mothers shall be provided with information on PMTCT and feeding options and make informed choice as appropriate for children 0-6 months however exclusive breastfeeding should be advocated

Provide information on appropriate complementary feeding to mothers with children from six months of age.

Provide information on intake of adequate micronutrients through diet or supplementation. Administer vitamin A from 6 months to five years of age

Conduct ongoing nutritional assessment of the child at each home visit

At each home visit care provider should assess child's condition, monitor weight and developmental milestones and offer appropriate advice

Care provider shall ensure that child has received immunizations at the recommended time

Children presenting with common illness shall be managed in the home in line with Community IMCI guidelines.

Care providers shall advise mothers when to take child to health facility

Children born from HIV positive mothers may have HIV/AIDS. They require special care as follows:

- * Support and advice to ensure compliance with prescribed interventions to prevent mother to child transmission
- Early identification of symptoms and signs of HIV/AIDS and opportunistic infections
- Prophylactic treatment with cotrimoxazoie shall be given if the child is born to an HIV+ mother from the age of six weeks to 18 months and Isoniazid if the hild is living in a household with a TB smear positive member
- Standard integrated management of childhood illness care including all immunizations, nutritional advice and care of childhood infections



• Referral to health facility if suspected TB, uncontrolled pain, esophageal thrush and failure to thrive

- Treatment of common symptoms such as oral thrush, skin rashes, discharging ears, chronic diarrhea and chronic cough
- Provision of small frequent enriched feeds
- Provision of play and stimulation activities in the home and school
- Treatment of terminal symptoms such us uncontrolled pain and breathlessness.
- Promotion of hygiene and comfort
- In the event that mother of the child is chronically ill, child minder in the family should be supported with skills in care of the well and sick child. This includes feeding, immunizations and weighing, signs and symptoms of disease, first aid measures and importance of seeking treatment early. Child minders should also learn importance of play and stimulation for the child.

Children requiring psychosocial care/ support such as children who are orphaned and vulnerable, neglected and abused shall be referred to child welfare assistants/officers in the catchment area

1.3 Meaningful involvement of PLWHAS

All institutions implementing HIV/AIDS activities shall sensitize and mobilize communities to form PLWHA support groups.

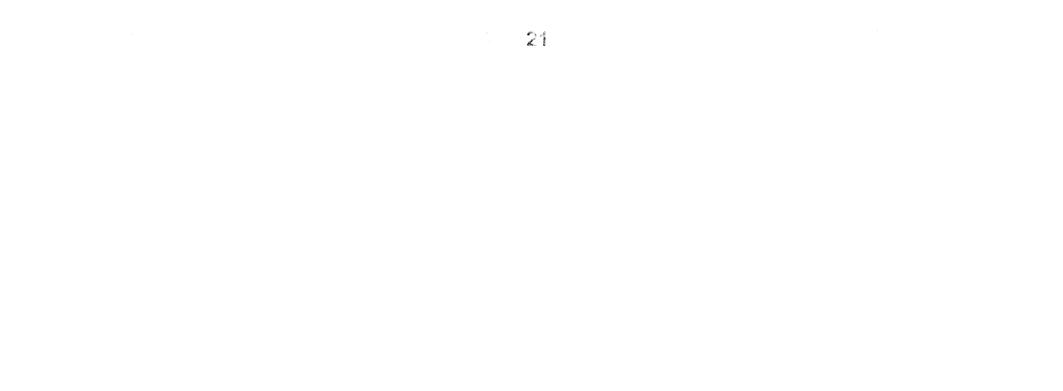
All Community Home-Based Care meetings at all levels shall be represented by PLWHAs.

FLWHAs shall be utilized as resource persons in education, counseling and training in various forums/activities.

PLWHAs shall be utilized to encourage communities and patients to be tested for HIV.

PLWHAs shall be involved in planning, implementation and evaluation of CHBC activities.

FLWHAs shall be involved in formulation of CHBC policies.



11.4 Sustainability through active participation, capacity building and gender mainstreaming

Provision of patient care shall involve both males and females.

Continuous training shall be conducted for both health workers and care providers in CHBC in order to maintain adequate numbers of care providers in the community.

Training and support in group IGAs shall be encouraged.

Community members shall be involved in the design, implementation, monitoring and evaluation of care and support programmes and strategies to ensure feasibility, quality and sustainability.

Community leaders/members shall be involved in the selection and recruitment of community care providers based on set criteria.

The chief and other community leaders shall introduce trained community care provider within their communities.

Community Based Health Care systems shall be strengthened to facilitate implementation of CHBC services.

Communities shall be encouraged to form committees to support CHBC activities Community Health workers managing health posts and growth monitoring volunteers shall participate in the implementation of CHBC services.

11.5. Promotion of human rights and legal support

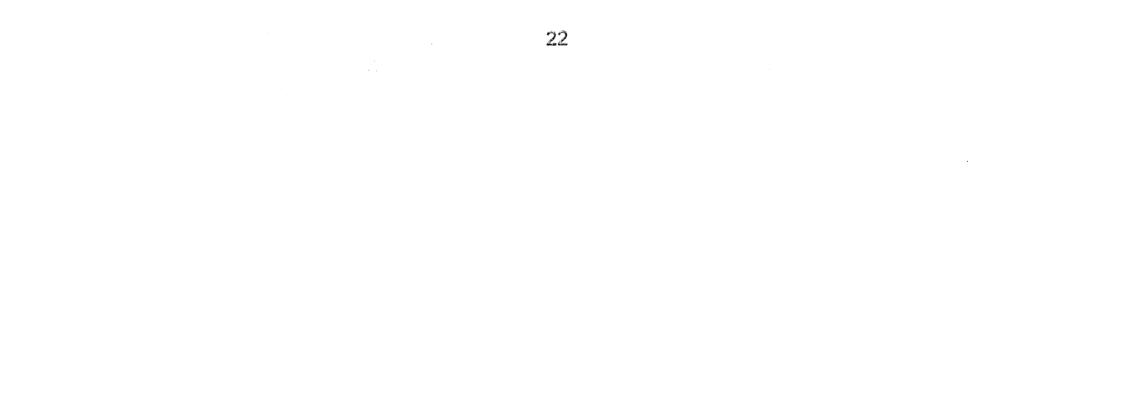
All PLWHAs shall not be discriminated against at all levels of care provision.

Planners of CHBC programmes shall ensure that all programming takes account of the basic human rights of PLWHAs including people with other chronic illnesses.

Every community-based care provider shall observe patients' rights as articulated in the patients' charter of Malawi.

All chronically and terminally ill patients shall have access to Community Home-Based Care.

Patients/clients shall not be subjected to unnecessary pains and discomfort, physically, psychologically or socially.



Patients/clients shall be made to feel loved, respected and accepted as valued members of the family and community.

Patients/clients shall be given nursing care, psychosocial and spiritual support with love and empathy. Patients/Clients shall have full recognition of right to life, hope and privacy.

Legal services shall be provided to people living with HIV and their Families and regulations enforced in will writing shall be respected.

11.6 Partnership, coordination, collaboration and research Stakeholders shall document and share evidence-based practices.

CHBC committees shall be established and strengthened at all levels. They shall be guided by CHBC technical experts.

Linkages shall be established for CBOs, FBOS, NGOS and community support groups to relevant stakeholder agencies in care and support for chronically ill and their families.

Exchange visits between communities providing CHBC services shall be conducted to promote sharing of experiences and lessons learned.

The District Health Office shall coordinate all CHBC activities and facilitate District CHBC networks. NGOs, FBOs, CBOs and community support groups shall have separate catchment areas for service delivery to avoid duplication of services.

11.7 Care of carers

Care providers shall be provided with safe and supportive environment for effective provision of care. Equipment, supplies and guidelines for infection prevention shall be available.

11.7.1 Infection prevention and control

Institutions implementing Community Home-Based Care Programmes shall provide information, training on infection prevention for PLWHAs and care providers alike.

CHBC programmes shall make available all resources for infection prevention and control. Gloves and chlorine (Jik) should always be available for use by the care providers

Care providers shall be informed of:

Alternative infection prevention practices that can be used in resource limited settings in the absence of the recommended materials/supplies



The need to practice infection prevention to avoid situations where they may pass infections to PLWHAs

Possibility of contracting the virus through contact with contaminated body fluids Safer sexual practices shall be emphasized for patients/clients/everyone in the community affected and infected with HIV and condoms freely available.

All care providers shall be trained in basic procedures for handling body fluids and practicing infection prevention procedures such as wearing gloves, use of protective wear and disinfectants.

Care providers who are accidentally exposed to the virus shall follow guidelines for post exposure prophylaxis (PEP).

CHBC providers shall access CT, exposure prophylaxis with ARV and free ARV treatment for opportunistic infections if infected.

11.7.2 Prevention of stress and burnout

Adequate care providers shall be recruited and trained on continuous basis to fill gaps from drop out

Care providers shall be provided with refresher courses in CHBC on yearly basis All institutions providing CHBC shall establish care provider support groups, peer or group counseling services for care providers. Carer counselors shall be identified from the communities

Networking meetings for carers shall be organized regularly to discuss issues that concern them. They shall participate in decision making for issues that affect them Care providers shall be provided with regular social events and any other incentives such as T- shirts, raincoats, Umbrellas, Gumboots and bicycles

11.8 Good governance, transparency and accountability

All donations made to CBOs, community support groups providing CHBC in form of drugs and medical supplies shall be channeled through District Health Office.

DACC sub-committee on CHBC shall be informed of all funds, materials or food donated to any Community Home Based Care institutions.

All mobilized resources including but not limited to financial resources shall be properly documented and regularly audited



11.9 Monitoring and evaluation

Monitoring and evaluation is essential to assess services and guide future strategies and interventions. It provides information to support policy, strategies, and plans. Monitoring and evaluation in community home based care shall assess coverage of services, service delivery and quality of services delivered.

District health office shall be responsible for overall monitoring of CHBC services at district level.

Capacity building for all care providers implementing CHBC shall be conducted so that they are able to provide information required for monitoring and evaluation.

Data collected shall be analyzed and utilized for programme improvement and disseminated to partners and other interested parties.

Best practices shall be identified and disseminated for implementation and replication by all stakeholders.

Ministry of Health shall conduct annual review meetings where scientific evidence based practices on CHBC shall be disseminated

11.10 Supervision

Supervision is an important aspect of monitoring. Institutions providing CHBC services in Malawi will be supervised as follows:

The district health office shall be responsible for overall supervision of CHBC services.

Implementing institutions shall also be responsible for supervision of their CHBC programmes.

A standardized checklist shall be utilized for supervision (refer to annex 4a and 4b)

12.10.1 Supervision at district/CBO level shall include:

- Quality of training of care providers
- Availability of resources for medical and basic nursing care.
- Frequency of supervision of care providers
- Record-keeping, documentation and report writing.
- Support given to care providers.



- Drug and supplies storage and replenishment.
- Quantity and quality of volunteers
- Ratio of patients to volunteers/care providers.
- Availability and utilization of CHBC guidelines.

Community care providers shall be supervised in the following areas:

- Whether home assessment is conducted
- Practices on infection prevention and control
- Provision of basic nursing care, knowledge and skills
- Drug usage and storage
- Utilization of supplies and storage
- Record-keeping, documentation and report writing
- Patient referral system.
- Patient response and satisfaction with care.
- Provision of health education to patients, clients and families
- Adherence to scope of practice.

11.10.2 Records to be kept by community care providers are:

Patients register/CHBC monthly case work record book (*Refer Annex 2*)
 Referral form (*Refer Annex 3*)

11.10.3 Reporting System

Community care providers shall provide monthly reports to immediate supervisors.

Supervisors shall provide quarterly reports through district programme managers who in turn will submit copies of their reports to district health office, district AIDS Coordinator, National AIDS Commission and to the Department of Nursing in the Ministry of Health.

The District Health Management Information System shall compile data on CHBC at district level.

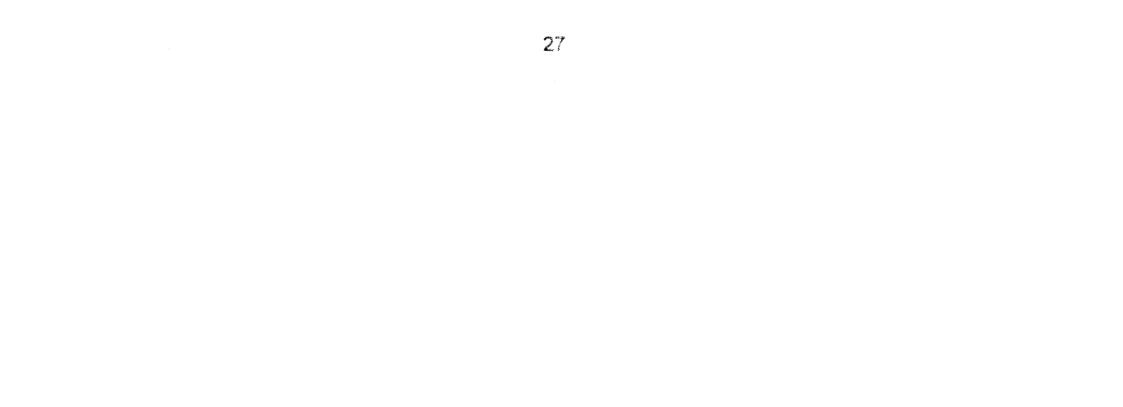
Feedback mechanisms shall be established in the district for patients referred to health facility or support services.

Monthly meetings for CHBC committees shall be held to assess progress and address any problems at both district and community level. At National level quarterly Community Home-Based Care sub-group meetings shall be held to discuss progress and address problems.



J 54 15. 6		an a
	Albendazole 200mg	1000
1000	Amoxycillin 250mg	1000
The base of a second state in the second state of the second state of the	Fansidar	1000
1000	Aspirin 300mg	1000
1000	Cotrimoxazole 480mg	1000
100	Diclofenac sodium 25mg	100
1000	Ferrous sulphate 200mg	1000
1000	Folic acid 5mg	1000
1000	Ibuprofen 200mg	1000
1000	Magnesium trisilicate compound	1000
100 0	Metronidazole 200mg	1000
1000	Paracetamol 500mg	1000
Anther Section 1. Parties a section of Philippine and the particular of the section of the secti	Penicillin V 250mg	1000
1000	Vitamin A 100,000 IU	1000
100 0	Vitamin B complex strong	1000
100	Vitamin, multiple	200
500 ml	Benzyl benzoate application 25%	500ml
500 ml	Calamine lotion aqueous	1000mls
5L	Cetrimide 15% + chlorhexidine 1.5% soln.for dilution (Sav	51
50 0g	Chlorinated lime, pharmaceutical grade, 30% chlorine	50 0 g
20 g	Clotrimazole cream 1%	20g
500ml	Gentian violet paint, aqueous 1%	500ml
1.00ml	Multivitamin syrup	100ml
20ml	Nystatin oral suspension 100,000 IU/dose	20ml
each	Oral rehydration salt, satchet (WHO formula) for 1. solution	200 pkts
51	Sodium hypochlorite concentrated solution	51.
3.5g	Tetracycline eye ointment 1%	3.50
each	Bandage, crepe 5cm	20
each	Bandage, orthopaedic 7.5cm	20
500g	Cotton wool, 500gm	500a
each	Gauze, absorbent 90cmx100m, 24x20 mesh 17thread/cm	2 pkts
each	Plaster, elastic adhesive 5cm x 5m	na ann an chuire ann ann ann ann ann ann ann ann ann an
Sayan San Sayan San Sayan San Sayan San Sayan San Sayan San Sayan Sayan Sayan Sayan Sayan Sayan Sayan Sayan Say		ала марды зарамандар у мана кака кака кака кака кака кака кака

•



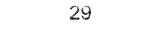
SAMPLE COMMUNITY HOME BASED CARE PATIENT RECORD BOOK

To be completed by all CHBC providers					
Name of	f patient	Address			
Age	Sex	Date entered home based	care		
Conditio	n of patier	nt on admission			
Name of	f nearest I	Health Facility			
Name o	f CBO/FBC	D/NGO			

Date	Condition of	On ARVs? Yes/No	Care given during the home visit			
is d' fait facture	patient on the day of the visit		Activities of daily living	Medicina given	Wutritional Supplements piven	Other
					er en statut an aller op mei hyget maa praar vaak op aak det 1994 here (angelen te	
na n			n an			genetikan para kan bana kan kan bana k
na na se a						

Condition of patient: 1. Bedridden 2. Weak, but able to walk around home 3.Currently ill with an opportunistic infection (specify the infection) 4. Well, has not been seriously ill. 5. Very well

Daily **living:** Help with activities of daily living and others such as 1. Bathing 2. Turning, **3.** Pressure area care, **4.** Feeding 5. Mouth care 6. Toileting 7. Washing 8. Getting dressed, **9.** Moving around 10. Passive and active exercises



SAMPLE COMMUNITY HOME BASED CARE PATIENT RECORD BOOK

To be co	To be completed by all CHBC providers				
Name of	patient	Address			
Age	Sex	Date entered home based care			
Condition of patient on admission					
Name of	nearest He	ealth Facility			
Name of	CBO/FBO/	NGO			

Date	Condition of On		Care given during the home visit			
6.709 fakts	patient on the day of the visit		Activides of daily living	Medicina pives	Nutritional Supplaments given	othsr
Vander 18. a. statilijaan ta d <mark>igg oeks ⁴in mer kan saking b</mark> ara (March 10			anne Maganaka, san ang pananaka san ang panganakan san ang panganakan san ang panganakan san ang panganakan sa	naan ahan aa ta ta baha ahay sa maa sa maa sa ahaa da ahaa sa ahaa ahaa ahaa aha	en an an a Maria an Maria an	
in fa Million da, ma darga a ma miya masariyi gaba san <u>a gaba ya ya sana sana sana</u>			ang ringgan daga manakanyan ngara manjara da ang manakan mangana da sa	name da aser a manascio necessario del senem sur subservina e	all ₁₉₉₇ - un channel (1964) - 1760, en catilita, 1970 (1993) (1993) (1993) (1993) (1993)	
**************************************				annan a fair an ann an ann ann ann ann ann ann ann		() - a state in a gargin our fan her it fan state fan her fan h
f ang dialakit ga ang didaga ganar i daganing kanang paga ang ang ang ang ang ang ang ang ang			an with and a second	an a	ng ng santang gi pang ganang kanang katang katan	
najaanaan, Jamaangagara (Inggoonaliga karanangad <mark>Infogona ang ananga</mark>				annan an a	an a	

Condition of patient: 1. Bedridden2. Weak, but able to walk aroundhome3.Currently ill with an opportunistic infection (specify the infection) 4.Well, has not been seriously ill.5. Very well

Daily living: Help with activities of daily living and others such as 1. Bathing 2. Turning, 3. Pressure area care, 4. Feeding 5. Mouth care 6. Tolleting 7. Washing 8. Getting dressed, 9. Moving around 10. Passive and active exercises



Sample referral Form for Community home based care services

NAME OF CBO/FBO/NGO/Suppor Address		*
NAME OF PATIENT: Address	AGE:	Sex:
Next of Kin: Name DATE of referral REFERRED TO:	Address:	· · · . · · · · · · · · · · · · · · · ·
REASON FOR REFFERAL :		
· · · · · · · · · · · · · · · · · · ·	•••••••	
TREATMENT GIVEN :		
· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	
Refferred by :	•••••••••••	
Position:	• • • • • • • • • • • • • • • • • • • •	•
To be completed after patient/client l		
	· • • • • • • • • • • • • • • • • • • •	:
Name of officer		
Signature		
Date	******	N & C < Y & A & F & F & F & F & F & F & G & G & G & G



ANNEX 4A

1

B. COMMUNITY HOME BASED CARE PROGRAMME; SUPERVISORY CHECKLIST FOR SERVICE PROVIDERS/VOLUNTEERS

The form should be used for the supervision of community service providers/volunteers

NAME OF TRADITIONAL AUTHORITY	
DATE OF VISIT	482232460066644444444444444444444444444444
NAME & TITLE OF PERSON SUPERVISED	
NAME OF SUPERVISOR	••••••••••••••••••••••••••••••••••••••

1. Community Profile

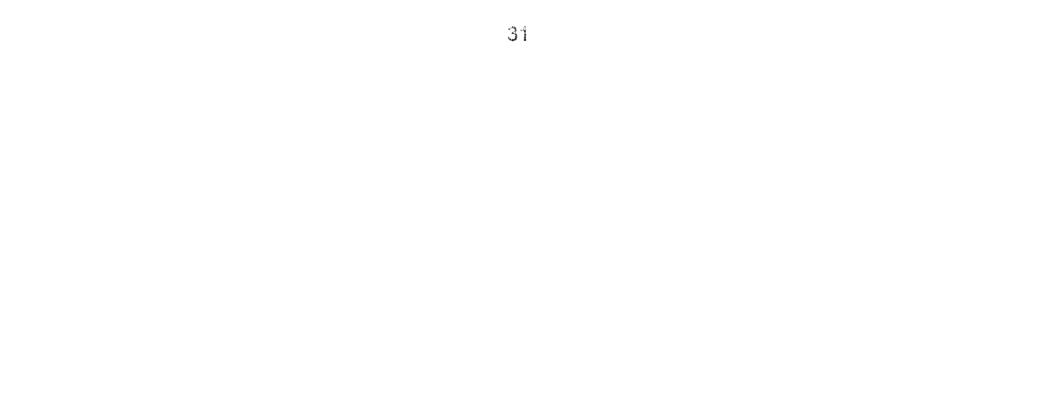
lsem	Number	Remarks
Number of villages		
Number of households receiving care for patients who have been		
chronically ill for 3 months or more	lana antani e sa para amin'ny difi fananganan aja anto amin'ny ara-	

2. Training	
item	Remarks
Have you been trained in community home based care	
service provision?	

3. Availability of drugs and supplies

•

Itein	Avail	No of days out	Remarks
	able	of stock	
l'etracycline ointment		Construction and an annual mean mathematical and the second se	
Panadol			
Aspirin			
Albendazole			
Fansidar			
Aultivitamin			
ron tablets			
Oral rehydration salts			
Benzyl Benzoate paint			name and a sub-state of the second system whereas and provide state and the sub-state of the
Whitefield ointment		and a second	
Gentian violet paint			
Calamine lotion			
Vaseline			
Adhesive plaster			
Cotton wool			
Pair of scissors			
Gauze squares			
Bandages			
Cetrimide			
Et sol		Congress to on, so againing surger from the degree former at the or Aparents' Aparents	See - white a second of the construction of the set of the paper the second
Ji:/javel		and the second s	
Plastic apron			۲ - المانين
Gloves			
Tablet of soap			
Condoms			
Pyn			
Stock book			
Salt			



4. Workload statistics

In the past month	Number	% coverage	Remarks
How many chronically ill patients have been provided with home based			
care services			
How many patients have been referred to home based care			
How many patients have been referred to ambulatory care			

5. Service delivery

During a home visit does the service provider conduct the following activities?	Yes	No	Remarks
Assesses patients general condition		na pri vinani 19. gi nanazi e di nani nanazi na di nani nani nani nani nani nani na	1999 - 199
Identifies patients problem		 To other a second and as second and a second	
Assesses home environment (cleanliness of surroundings, safe water, clean toilet. Intervenes accordingly			
Patient assisted with activities of daily living (bathing, pressure area care, feeding, mouth care, toileting, dressing, range of motion exercises etc			
Practices infection prevention and control practices			
Practices IEC to patient and family		11000	
Adheres to scope of practice			9999 - 1999 - 1999 - 1997 - 19
Documents findings			and 1997 1999 1999 1997 1997 1997 1997 199

SUMMARY OF ISSUES ARISING FROM THE SUPERVISION CHECKLIST

Supervision element	Observations	Action to be taken	Action taken(Evaluated during the next visit)
# of households who have received care for	and and a second s	- Production and a state of the state of	9 m
patients who have been chronically ill for 3			
months or more		and a survey of the state of th	۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ -
# of patients referred to ambulatory care			
# of patients referred to home based			a na seu constante por por esta constante constante de la constante de la constante de la constante de la const
CHBC data			
Records well kept			
Records well documented			
Transport & logistics			
Local transport available for patient transfers			
Availability of drugs			
Are all drugs and supplies available?			
How are drugs and supplies replenished?			
How are drugs accounted for?	an gir a being 1999 gir an gan de san an a		
Basic care	na na mana ann an Anna ann		
Assesses patients general condition			, and a second secon
Identifies patients problem		an a	
Assesses home environment (cleanliness of		a de la parte de la constante de la parte de la constante de la constante de la constante de la constante de la	
surroundings, safe water, clean toilet. Intervenes			
accordingly			
Patient assisted with activities of daily living	nen (1999) (and a second s		
(bathing, pressure area care, feeding, mouth			
care, toileting, dressing, range of motion			



Patient assisted with activities of daily living	NYA pagementeka manintar operandeka pamerekan panakatan penakan penakan penakan penakan penakan banya bahar pon	**************************************
(bathing, pressure area care, feeding, mouth		
care, toileting, dressing, range of motion		
exercises etc		
Practices infection prevention and control		
practices		
Practices IEC to patient and family		
Adheres to scope of practice	in y g ang anting pa ra ang ar fan Newyn yn i'n rygan yn Mergen am ar gang man an yn antin a rannad ar fan ar fan Newyn yn Anting	
Documents findings	ers genegense van een en de bekergen van dit van geheerde de een een geweerste van de seen werken. Het omde ke	
Management processes	na ' Nananggabhada' Na lan Kapanahanan a panlangga Anton kanangganggangganggangganggangganggangga	
Local committee meetings		
Community involvement in planning & care		
provision		
Regularity of supervision	nn, seisenningesenne von seisennen auch einen von seisennen seisen seisen seisen seisen von seisen von seisen s	n na na manana na manana mangana na kanana na mangana na manana na manana na manana na manana na manana na mana

ť

7

•



A. COMMUNITY HOME BASED CARE SUPERVISORY CHECKLIST FOR SUPERVISION OF IMPLEMENTING INSTITUIONS

The form should be used for the supervision of institutions implementing community home based care in the district. One form should be used per institution. Supervision should include a visit to a household of a chronically ill patient

NAME OF ORGANISATION	
DISTRICT	
NAME OF CATCHMENT AREA	•••••••••••••••••••••••••••••••••••••••
DATE OF VISIT	
NAME OF CONTACT PERSON SUPERVISED	
NAME & POSITION OF SUPERVISOR	••••••

1. Community Profile

ltem	Number	Remarks
Number of villages		
Number of households receiving care for patients who have been	in the state of the same sector the sector of the same	
chronically ill for 3 months or more		

2. Availability of staff

.

Cedre	Expected	No available	Remarks
Trained CHBC nurse			a
Trained health Surveillanc e Assistant	народаличными начаров на с составляет начае на н		
Trained volunteers/service providers		n (1999)	

3. Availability of drugs and supplies

ltem	Avail able	No of days out of stock	Remarks
Tetracycline ointment	nin marka a nagamanning kanaka ang ang mangkalan di Magang ng ang anang nin di Mini Mang di Kanaka Mang Manamin	ο μεταπολογιστικό το μεταγγά το πολογιστικό το μεταγράφου το μεταγγά το ματά το πολογιστικό το μεταγγά ματαγγά 	
Panadol		n yn oeder de ferste fan de ferste	
Aspirin			
Albendazole	an man a se de la fan man an al a fan ministrik geyn yn gefan yn reddin y ffyng yn yn haffer y dy ffi ffyn dae		
Fansidar			
Multivitamin			
Iron tablets	an na an a		
Oral rehydration salts			
Banzyl Benzoate paint			
Whitefield ointment			
Gentian violet paint	999 - California	1	
Calamine lotion			4
Vaseline			
Adhesive plaster	an ang tang ang ang ang ang ang ang ang ang ang		
Catton wool	den die die 14 metrik werden die bestehen eine Berneten aus einstellen von einder von einder der die 14 metrik – Als weige verbeit.	· · · · · · · · · · · · · · · · · · ·	
Pair of scissors	na na sana na s		
Gauze squares		 Comparison of the state of the	
Bandages		· · · · · · · · · · · · · · · · · · ·	



······································		
	1. and 1999	

	n den ittenen Magenisetan – Agesperiten ernegengen menten (* 1999)	

	n gent i fan namte plaansen op i is Plaan ander yn gen of Hyggendy Hyggendy Hyggendy i generen yn yn yn yn yn y F	9 - 1. Martin Martin - 1. 2011 - 1. 2011 - 1. 2011 - 1. 2011 - 1. 2011 - 1. 2011 - 1. 2011 - 1. 2011 - 1. 2011
	r yð feir fra sí fið hafsti farði í stur í fillstir fra flystillinn flystillinn fra skuldt sen skilder sí skild	
	an de la companya de	
	ng lan ar e colons theory entry connect y alternation on depth light of the province search search of	
**************************************	,	
**************************************	age en stat fan it de fersen it fersen in fil en sekkelingen stille gemeinte gesteren gesteren gesteren gestere	
def Principal Martine (1977) har gere May Landol et al. angel (* 1998) har en haf y side (1999).	nghan Marin - phintaggana and gang ya ci gan bir Marinan Milanan Milanda Bakada Batagana ta ya ayan. I	
	an a	
	ann a' a marainn a' a Anna ann ann a sharrann an arrainn an ann an ann an ann ann ann ann an	

Workload statistics

•

1

,

١

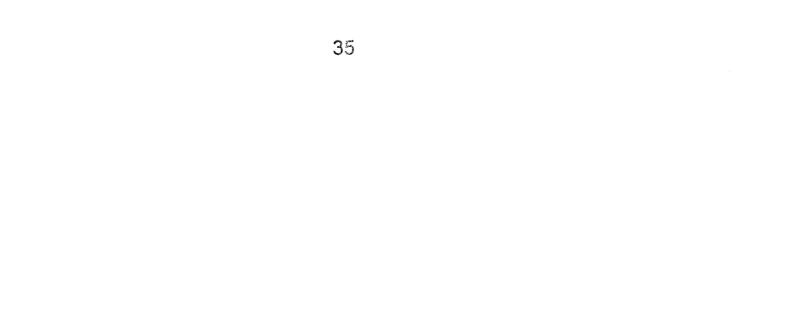
in the past month	Number	% coverage	Remarks
How many households with chronically ill patients (3 months or more)			
have been provided with home based care services			
How many patients have been referred to home based care			
How many patients have been referred to ambulatory care			

5. Service delivery

During a home visit does the service provider/volunteer conduct the following activities?	Yes	No	Remarks
Assesses patients general condition		· · · · · · · · · · · · · · · · · · ·	
Identifies patients problem			
Assesses home environment (cleanliness of surroundings, safe water, clean toilet. Intervenes accordingly			
Patient assisted with activities of daily living (bathing, pressure area care, feeding, mouth care, toileting, dressing, range of motion exercises etc			
Practices infection prevention and control practices	and the same in the sa		
Practices IEC to patient and family			
Adheres to scope of practice			
Documents findings			والمستحدين والمقاورين الطريبي والمتريبين والمراجع والمراجع والمراجع

6. Other issues

••••••		 والمراجع المراجع المراجعين والمحاورة والمحصور محادثان المحصورة والمراجع	
Data management			
Records well kept			
Records well documented	namen and an and a second s		
Transport & logistics			
Local transport available for patient transfers			
Local transport available for supervision			and the second strategies and the second str
Availability of drugs			
Are all drugs and supplies available?			
How are drugs and supplies replenished?			
How are drugs accounted for?]	



Supervision element	Observations	Action to be taken	Action taken(Evaluated during the next visit)
# of households who have received care for patients who have been chronically ill for 3 months or more		n kanan menangan kanan kana	feren nyen tekan kalan kalan kalan kalan yang dari kalan yang dari kalan kalan kalan kalan kalan kalan kalan k A
# of patients referred to ambulatory care			
# of patients referred to home based	ferne en altre al a da monte altre de la compañía d		
CHBC data		- Propaga - Part 2 april 1 apr	······································
Records well kept	nam a name a fan men werden i fan men werden fan de ser werden fan de ser en ser en ser en ser i ser en ser en		
Records well documented	namen an	annange men en annange men annange an annang	
Transport & logistics		анарады жа С 1 : : : : : : : : : : : : : : : : : :	
Local transport available for patient transfers	ter anna dhara ta anna ta anna ad tharanna a' falaganna a' ta saonna anna an anna an an		
Availability of drugs		ernalmaff – v 1. urbeker anvalfa llstatus ffelmingaseernen missageli eennen ernamang van Frankeis.	
Are all drugs and supplies available?	and a second statement in the second statement of the second statement of the second statement of the second st	1999 - 1999 -	
How are drugs and supplies replenished?	**************************************		an dalaman kanyan yang tu pakan dar Manggana ya da darah ya tahun ya tahu da d
How are drugs accounted for?	anna ann an Ann Allan ann an Ann ann an Ann ann an Ann	n an faile an an Anna a	
Basic care	inne an ann an Anna Anna ann an Anna an Anna an Anna an Anna a	(Noticedant) () () () () () () () () () () () () ()	
Assesses patients general condition	**************************************	ennenan ber in und anderse anderse anderse anderse anderse anderse anderse anderse anderse and ander an or ander	
Identifies patients problem		ana na bana na tang na	
As as ho ne environment (cleanliness of		- mentanger i her andere damagerer den son ander er der der son er	
surroundings, safe water, clean toilet. Intervenes accordingly			
Patient assisted with activities of daily living	anna an anna an an anna ann an anna ann an a	a nonnen har in sussemmen men finder den gebienen erer etter i seguerrer menne eren sesse sesse etter i sess	
(bathing, pressure area care, feeding, mouth			
care, toileting, dressing, range of motion			
exarcises etc			y ana any any distribution and a substances with the page of a particular substance of the substances of the st
Practices in ection prevention and control			
prictilles	er men mennemente e meneren enterenten en meneren en enteren en enteren en enteren en enteren en enteren en en		
Procedues IEC to patient and family		Anternal (and in) a second	
Adverses to scope of practice		MAN PARAN TANA LAN AND MANA MANA MANA MANA MANA MANA MAN	al. 7 a Die Bernen, Mari A., & Sanzard M. B., Aphilys, B. S. 1. Aphilance, "Processing Mathematical State States States and States
Decuments findings			
Ala nagremaent processes	and a state of the	ەر بەر بەر مەرىپەر بەر بەر بەر بەر بەر بەر بەر بەر بەر ب	
Local committee meetings		1117 1999 - 1197 11 - 11 - 11 - 11 - 11	ger mennen ig nagt kann skaansy men is om ongelikelikeling gefikasionsspin, die menne de finde for open, der k
Community involvement in planning & care			
provision			
Regularity of supervision			

SUMMARY OF ISSUES ARISING FROM THE SUPERVISION CHECKLIST

.

.



•

,

and the second second

This form should be filled by every institution providing Community Home Based Care Services. A completed form from CBO/FBO/NGO should be sent to the nearest Health Facility in whose catchment area the institution operates. The Health Facility will submit a report to the District Health Office who will compile data and submit to MOH Headquarters. DHO will share data with District AIDS Coordinator and other relevant stakeholders

Name of CBO/FBO/NGO......District.....District.....Name of catchment area.....

Period of reporting......Signature......Date......Date......

	Year												TOTALS
	Month 1 M F		Month 2			Month 3							
			F		М		F		M		F		1
the second s	18yrs & over	Below 18yrs	18yrs & over	Below 18yrs	18yrs & over	Below 18yrs	18yrs & over	Below 18yrs	18yrs & over	Below 18yrs	18yrs & over	Below 18yrs	_
1. # of new persons enrolled for CHBC	Į	ļ		ļ	4			Į					4
2. # of households receiving external assistance to care for adults who have been chronically ill for 3 or more months (Cummulative)	A FRANK PARTY AND A STATE OF A ST	outo estas da la constanción de la cons	alfreiten an falle blieft fan 'n er waarde	and a star water and a star water and	a	And a standard and a	m qaannaa miliingaan oo ah fi dar			a er e dan fill an		n version and the second se	
 # patients successfully reterred to ambulatory care 													
4. # CHBC patient deaths	-		1				are .						
11-11-12 Sectors	Month 1	and a set of the set of	10 BE 104 (1997)	900 - 4 <u>0 - 40 - 70 - 70 - 70 - 70 - 70 - 70 - 7</u>	-	Monin	2			Month	3	National States of the set	TOTALS
5. # CHBC trainers trained (Cum)					C AND				ALC STATE				
S. # nurses trained in CHBC (Cum)													
7. # HSAs trained in CHBC (Cum)					1040° 111				and a second				No. of the second s
8. # volunteers trained in CHBC (Cum)					7 2				(al) subject (Statute .
9.Cummulative # of service deliverers trained to provide HBC (includes trainers, nurses, HSAs & volunteers)					No aport for a source of the s								
10. # of Home visits to HBC patients by health workers							ann an thaist that the state of			مى يەرىپ يېرىكى بىرىكى بىر يېرىكى بىرىكى			
11. # of Home visits to HBC patients by volunteers									ALL COLLEGE AND				
12. # of CBOs providing home based care & support			and the second second	<u>್ರಾಯನ್ರಾ ವ್ಯವಸಿಕ್ಕಾನಿಕೆ</u>				·		n an		and the second second second	

Note: Organisations will only complete information on indicators applicable to their situation.

Ministry of Health; June 2006

37



S THIS QUARTER S THIS QUARTER

REFERENCES

 National Home-Based Care Policy Guidelines (May, 2002): Republic of Kenya.

Community Home-Based Care in Resource-Limited settings: A Framework for Action WHO, 2002

- 2. Prevention of Mother-to-Child Transmission in Malawi Guidelines for Implementation MoH, 2003
- 3. Prevention of Mother-to-Child Transmission in Malawi Handbook for Health workers; MoH, 2003
- 4. Community Home-Based Care Providers' Handbook: National AIDS Commission, 2003.
- 5. Treatment of AIDS. Guidelines for use of Antiretroviral therapy in Malawi. First Edition, MoH, 2003.
- 6. Code of Nursing Ethics for Malawi with Interpretative/Explanatory statements. Nurses and Midwives Council of Malawi: Second Edition, 2002.
- 7. National HIV/AIDS Policy: A call to Renewed Action. National Aids Commission, 2003.
- HIV Care and Support: A strategic Framework. Family Health International, 2001.
- 9. Community Home Based Care for people living with HEV/AIDS/TB; Thyolo District Health Services and Medicins-Sans Frontieres Luxembourg, 2003.
- 10. Community Home-Based Care: A Supervisors' Guide. National AIDS Commission, 2003.
- 11. World Health Organization's Policies on Infection Prevention.
- 12. Infection Prevention: Guidelines for Healthcare facilities with limited Resources. JHPIEGO.
- 13. Malawi National HIV/AIDS Strategic Framework, 2000–2004: The Agenda for Action. National AIDS Control Programme, MoH.; 1999.
- 14. Management of HIV-Related Diseases. First edition, 2004; MoH.
- 15. Treatment of AIDS: Guidelines for the use of Antiretroviral therapy in: Malawi. National AIDS Commission of Malawi and MoH; 2003.

