Republic of Malawi
Ministry of Health

NATIONAL COMMUNITY HOME BASED CARE POLICY AND GUIDELINES

DECEMBER 2005

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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 (CHBC). 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.

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SECRETARY OF HEALTH

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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:

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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 chronically/terminally ill persons and other vulnerable people in their homes.

CHBC 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 training 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
HIV	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
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 840,000 45% of these are orphaned due HIV/AIDS related conditions.

The epidemic 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/AIDS 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/AIDS activities in Malawi.

*The Care of the Carer **HIV AND AIDS** workplace 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) guidlines
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 preyail.

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 HIV/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 Goal

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
- 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.
Care of 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

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 heath surveillance assistants.

- Non health workers who are care providers in the home and community

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 Health Care facilities

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 catchment area.

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

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

6.5 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 catchment 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 workers
- Trained health workers

7.3. **Competence of trainers and CHBC providers**

To ensure that Community Home Based Care providers have necessary knowledge and skills, they 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 shall be certified health workers such as Nurses, Medical Assistants, Clinical Officers and Doctors. They should have successfully completed a ten days formal training in community home based care, principles of teaching and adult learning.

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

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

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.

7.5 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.

7.6 Package of services for community care

A *comprehensive* Community Home Based Care package shall consist of the following interventions:

- Basic Nursing Care
- Prevention, identification and management of common health ailments in the home
- Referral of patients with opportunistic infections
- Palliative care including psychosocial and spiritual care
- Transfer of skills to the primary care giver
- Infection prevention and control in the home
- Nutrition education and food supplementation where feasible
- Monitoring of the patient on ARV, Cotrimoxazole prophylaxis and TB, treatment
- 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 orphans and vulnerable 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/clients 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.
- Promote use of Insecticide treated nets by PLWHA and chronically ill patients
- Compile and submit monthly reports to the nearest health facility

7.8.2 Health 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.

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

- 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.

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.

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.

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:

- Skin care
- 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

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 cotrimoxazole 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

3.1.3 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.

PLWHAs 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.

PLWHAs 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)

11.10.1 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.

1000	Albendazole 200mg	1000
1000	Amoxycillin 250mg	1000
1000	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
1000	Metronidazole 200mg	1000
1000	Paracetamol 500mg	1000
1000	Penicillin V 250mg	1000
1000	Vitamin A 100,000 IU	1000
1000	Vitamin B complex strong	1000
100	Vitamin, multiple	200
500ml	Benzyl benzoate application 25%	500ml
500ml	Calamine lotion aqueous	1000mls
5L	Cetrimide 15% + chlorhexidine 1.5% soln.for dilution (Sav	5L
500g	Chlorinated lime, pharmaceutical grade, 30% chlorine	500g
20g	Clotrimazole cream 1%	20g
500ml	Gentian violet paint, aqueous 1%	500ml
100ml	Multivitamin syrup	100ml
20ml	Nystatin oral suspension 100,000 IU/dose	20ml
each	Oral rehydration salt, satchet (WHO formula) for 1 l. solutio	200 pkts
5L	Sodium hypochlorite concentrated solution	5L
3.5g	Tetracycline eye ointment 1%	3.5g
each	Bandage, crepe 5cm	20
each	Bandage, orthopaedic 7.5cm	20
500g	Cotton wool, 500gm	500g
each	Gauze, absorbent 90cmx100m, 24x20 mesh 17thread/cm	2 pkts
each	Plaster, elastic adhesive 5cm x 5m	1

ANNEX 2

SAMPLE COMMUNITY HOME BASED CARE PATIENT RECORD BOOK

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 Health Facility_____
Name of CBO/FBO/NGO_____

Date	Condition of patient on the day of the visit	On ARVs? Yes/No	Care given during the home visit			
			Activities of daily living	Medicine given	Nutritional Supplements given	Other

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

ANNEX 2

SAMPLE COMMUNITY HOME BASED CARE PATIENT RECORD BOOK

To be completed by all CHBC providers
Name of patient_____Address_____
Age_____Sex_____Date entered home based care_____
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Date	Condition of patient on the day of the visit	On ARVs? Yes/No	Care given during the home visit			
			Activities of daily living	Medicine given	Nutritional Supplements given	Other

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

ANNEX 3

Sample referral Form for Community home based care services

NAME OF CBO/FBO/NGO/Support group /Health facility .....
Address.....
NAME OF PATIENT: .....AGE: ..... Sex:.....
Address.....
.....
Next of Kin: Name.....Address.....
DATE of referral.....
REFERRED TO:.....

REASON FOR REFFERAL :.....
.....
.....
.....

TREATMENT GIVEN :
.....
.....
.....

Refferred by : .....

Position: .....

To be completed after patient/client has been seen
.....
.....
.....
.....

Name of officer.....
Signature.....
Date.....

ANNEX 4A

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 .....

NAME & TITLE OF PERSON SUPERVISED .....

NAME OF SUPERVISOR .....

1. Community Profile

Item	Number	Remarks
Number of villages		
Number of households receiving care for patients who have been chronically ill for 3 months or more		

2. Training

Item	Remarks
Have you been trained in community home based care service provision?	

3. Availability of drugs and supplies

Item	Available	No of days out of stock	Remarks
Tetracycline ointment			
Panadol			
Aspirin			
Albendazole			
Fansidar			
Multivitamin			
Iron tablets			
Oral rehydration salts			
Benzyl Benzoate paint			
Whitefield ointment			
Gentian violet paint			
Calamine lotion			
Vaseline			
Adhesive plaster			
Cotton wool			
Pair of scissors			
Gauze squares			
Bandages			
Cetrimide			
Etsol			
Jik/Javel			
Plastic apron			
Gloves			
Tablet of soap			
Condoms			
Pen			
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			
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			
Practices IEC to patient and family			
Adheres to scope of practice			
Documents findings			

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 patients who have been chronically ill for 3 months or more			
# of patients referred to ambulatory care			
# of patients referred to home based			
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?			
Basic care			
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			

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			
Adheres to scope of practice			
Documents findings			
Management processes			
Local committee meetings			
Community involvement in planning & care provision			
Regularity of supervision			

ANNEX 5

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*

Item	Number	Remarks
Number of villages		
Number of households receiving care for patients who have been chronically ill for 3 months or more		

2. *Availability of staff*

Cadre	Expected	No available	Remarks
Trained CHBC nurse			
Trained health Surveillance Assistant			
Trained volunteers/service providers			

3. *Availability of drugs and supplies*

Item	Available	No of days out of stock	Remarks
Tetracycline ointment			
Panadol			
Aspirin			
Albendazole			
Fansidar			
Multivitamin			
Iron tablets			
Oral rehydration salts			
Benzyl Benzoate paint			
Whitefield ointment			
Gentian violet paint			
Calamine lotion			
Vaseline			
Adhesive plaster			
Cotton wool			
Pair of scissors			
Gauze squares			
Bandages			

Cetrimide			
Et sol			
Jik/javel			
Plastic apron			
Gloves			
Tablet of soap			
Condoms			
Pen			
Stock book			
Salt			
Other drugs			

4. Workload statistics

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			
Practices IEC to patient and family			
Adheres to scope of practice			
Documents findings			

6. Other issues

Data management			
Records well kept			
Records well documented			
Transport & logistics			
Local transport available for patient transfers			
Local transport available for supervision			
Availability of drugs			
Are all drugs and supplies available?			
How are drugs and supplies replenished?			
How are drugs accounted for?			

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 patients who have been chronically ill for 3 months or more			
# of patients referred to ambulatory care			
# of patients referred to home based			
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?			
Basic care			
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			
Provides IEC to patient and family			
Adheres to scope of practice			
Documents findings			
Management processes			
Local committee meetings			
Community involvement in planning & care provision			
Regularity of supervision			

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**.....**Name of catchment area**.....

Period of reporting.....Reported by.....Title.....Signature.....Date.....

	Year												TOTALS THIS QUARTER
	Month 1				Month 2				Month 3				
	M		F		M		F		M		F		
	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													
2. # of households receiving external assistance to care for adults who have been chronically ill for 3 or more months (Cummulative)													
3. # patients successfully referred to ambulatory care													
4. # CHBC patient deaths													

	Month 1	Month 2	Month 3	TOTALS THIS QUARTER
5. # CHBC trainers trained (Cum)				
6. # nurses trained in CHBC (Cum)				
7. # HSAs trained in CHBC (Cum)				
8. # volunteers trained in CHBC (Cum)				
9.Cummulative # of service deliverers trained to provide HBC (includes trainers, nurses, HSAs & volunteers)				
10. # of Home visits to HBC patients by health workers				
11. # of Home visits to HBC patients by volunteers				
12. # of CBOs providing home based care & support				

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

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