Ministry of Health

STANDARD OPERATING PROCEDURE (SOP)

FOR

IMPLEMENTING COMMUNITY HOME-BASED CARE ACTIVITIES

IN CAMBODIA

National Center for HIV/AIDS, Dermatology and STDs
(NCHADS)

April 2006

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1. BACKGROUND AND RATIONALE

With an increasing number of PLHAs in need of care and support, NCHADS, with technical and financial assistance from the World Health Organization, introduced the pilot project on community home-based care (CHBC) in Phnom Penh in 1998. The Project was introduced in a context where there was a lack of access to ART, limited capacity of the public health services to manage severe opportunistic infections (OIs) and to cope with increasing needs for HIV/AIDS care, which put further burden on health services. Stigma and discrimination were widespread, making it difficult for PLHAs to access health care services. Given the fact that common symptoms associated with HIV infection can be treated at home or as part of ambulatory care, CHBC was proposed as an option to help these people in need of care and support. The evaluation of the pilot has shown satisfactory results with established strong links between the CHBC team and community resources such as local community leaders, traditional healers and other faith-based organizations. The pilot model was used as the best practice in the country to expand CHBC service in other part of the country. Since the introduction of the pilot project, CHBC activities have gained increasing momentum. As of September 2005, there have been 261 home-based care teams nationwide, covering 350 health centers in 52 operational districts (OD) of 17 provinces, providing care and support services to PLHAs in the community, most of which are being operated by the civil society including international and national NGOs.

Over the past few years, significant improvements in care and treatment for PLHAs, both within the health services and the community, have been made. The Ministry of Health approved the Operational Framework for Continuum of Care for PLHAs in April 2003. By the end of 2005, testing and counseling services have been integrated in health care system and increased up to 109 VCCT. Coverage of OI and ARV treatment programme has also increased. As of December 2005, 12,355 PLHAs including 1071 children received OI and ART services provided by 32 referral and national hospitals. Collaboration between national programmes (TB and MCH) has been and is being strengthened to deliver better health care services such as cross referral of patients to access services provided by responsible programmes. In the community, with increased availability of services, more PLHAs revealed themselves and are become more involved in care, treatment and prevention activities through the establishment of Cambodian People Living with HIV/AIDS Network (CPN+) and support groups in the community. As a result, stigma and discrimination against PLHAs have been significantly reduced.

The Ministry of Health of Cambodia acknowledges important contributions of community home-based care activities to the improvement of the quality of care for PLHAs. It considers community home-based care as one of the essential elements of its Operational Framework for Continuum of Care for PLHAs. The implementation of CHBC is being seen as an integral part of the continuum of care framework. In an effort to improve the quality of the CHBC service, various mechanisms have been

established. At national level, a Sub-committee on CHBC, whose members are drawn from many stakeholders involved and AIDS Care Unit of NCHADS, was established to provide technical advice on the review of guidelines for community home-based care. At Provincial levels, Provincial Networks for CHBC have been established in many provinces. Coordination at Operational District (OD) level is assured by the HIV/AIDS/STI OD Coordinators.

Given significant changes in the situation in the field of care and treatment, the classical paradigm of home-based care needs to be shifted to efficiently response to the needs of PLHAs, particularly in the context of the new global initiative "universal access to prevention, treatment, care and support" (**see Annex 1**-proposed new roles of community home-based care programme). To help the programme fulfill these new roles and to assist all concerned stakeholders to operationalise the CoC framework nationwide, partnerships and coordination between the public sector and the civil society need to be strengthened.

2. OBJECTIVES OF THE SOP

The purpose of the SOP on community home-based care (CHBC) is to provide practical guidance on the programme implementation by all stakeholders of CHBC programme nationwide as part of the Operational Framework for Continuum of Care (CoC) for PLHAs, approved by the Ministry of Health. It also aims to harmonize the implementation at national, provincial operational levels in a well coordinated manner. This is an evolving document that needs to be updated based on the recommendation of the Sub-committee on CHBC to reflect the changing roles of home-based care programme.

3. IMPLEMENTATION ARRANGEMENTS

3.1. Implementation at National Level

The implementation will be assured by Sub-committee on CHBC, with membership drawn from representatives from various departments of the health sector, partner agencies, and local and international non-governmental organizations working on care of PLHAs and CPN+. The Sub-committee is chaired by NCHADS, who will serve as the Secretariat of the Sub-committee. Based on its agreed agenda, the Sub-committee will assume the following tasks:

3.1.1. Programme planning, coordination and resource mobilization

- Participation in the review of the national strategic plan for HIV/AIDS Control in the Health Sector, especially the CHBC component of the Operational Framework for CoC for PLHAs;

- Identify needs for implementation of new functions and advise NCHADS and other stakeholders involved;

- Identify programme gaps and set national annual target for CHBC programme based on need assessments conducted by the AIDS Care Unit of NCHADS and NGO partners in consultation with Provincial Networks for CHBC. This is done as part of the Annual Operational Comprehensive Plans;

- Recommend appropriate solutions to achieve the set targets including recommending NCHADS on engagement of public health sector, local NGOs or other community-based organizations to implement CHBC activities in specific areas.

- Other activities as suggested by members of the Sub-committee.

3.1.2. Monitoring of the implementation of the programme

- Develop and review on regular basis the indicators and checklist for supervision and report format for home-based care;

- Monitor the implementation of CHBC programme in all provinces;

- Review the performance of community home-based care projects contracted by various partners.

- Review reports submitted by the Provincial Networks for CHBC and provide feedback on specific matters.

- Other activities as suggested by members of the Sub-committee.

3.1.3. Provision of Technical Advice

- Develop and review policies and guidelines related to CHBC;

- Develop, review and recommend standard operating procedure to operationalise the CHBC component of approved Operational Framework for CoC for PLHAs;

- Assess needs for training in home-based care at various levels (provincial, OD and health centres and community) and develop the national training curriculum for CHBC.

- Serve as resource persons in the training in CHBC for Provincial Network for CHBC coordinators.

- Provide technical advice on specific matters as requested by Provincial Networks for CHBC and ODs.

- Other activities as suggested by members of the Sub-committee.

3.1.4. Sharing experience in home-based care

To document best practices and lessons learned on home-based care programme, the Sub-committee will be responsible for organizing semi-annual national forum on community home-based care with participation from all stakeholders involved, including PAO, CPN+, local NGOs, international NGOs and donors. Funds to support this activity shall be discussed and agreed upon among all stakeholders involved during Sub-committee meetings.

To harmonize programme implementation and to achieve "universal access" to community home-based care services nationwide, resources should be "pooled" to cover specific gaps as agreed by all stakeholders represented at the Sub-committee. The Sub-committee will meet every quarter to discuss and recommend issues related the above tasks based on agreed agenda. *Ad hoc* meetings will be convened to discuss urgent priority matters. Between face-to-face meetings, the Sub-committee will use email and telephone as means of communication.

3.2. Implementation at Provincial Level

In each province where CHBC activities are being implemented, a Provincial Network for CHBC will be established with membership drawn from representatives from partners involved in care and support activities, such as NGOs, CBOs, ODs, referral hospitals, Provincial PLHA Network (PPN+), Distict PLHA Network (DPN+), and PHD. The Network will be chaired by the Provincial AIDS

Programme Manager (PAO manager). The PAO officer in charge of CoC will serve as the coordinator of the Network.

The Provincial Network for CHBC will assume the following responsibilities:

- With technical support from the Sub-committee on CHBC and in collaboration with HIV/AIDS/STI OD Coordinators, during the last quarter of each calendar year, undertake an assessment of need for home-based care activities in the province. The needs and proposed annual provincial target shall be submitted to the Sub-committee on CHBC to revise and recommend to MoH/NCHADS for approval.

- Develop referral mechanism related to home-based care within the province. A directory of available referral services should be developed and updated on an annual basis.

- Identify need for training and refresher training in home-based care and include them in the annual operational comprehensive plans for the province to be submitted to Sub-committee on CHBC to revise and recommend to NCHADS.

- Serve as resource person team for the training or refresher training of CHBC team using the approved training package developed by the national Sub-committee on CHBC.

- Provide technical assistance in home-based care to OD Coordinators and CHBC Teams

- Conduct quarterly supervision visits to each OD to ensure smooth coordination. Supervision to selected home-based care teams with implementation problems can be conducted upon the request from the HIV/AIDS/STI OD Coordinator. The supervisory checklist for home-based care shall be used during each supervisory visit.

- Submit quarterly progress report on CHBC activities against the annual operational comprehensive plans for the province to the Sub-committee on CHBC for review.

- Disseminate updates on Policies, Guidelines to all provincial stakeholders involved in community home-based care activities.

- Coordinate with NGOs implementing CHBC in the province to avoid overlapping area.

- Other activities as suggested by the members of the Provincial Network for CHBC

To achieve the above responsibilities, the Sub-committee on CHBC shall mobilize resource to support the Provincial Network for CHBC. The Provincial Networks for CHBC will meet on a quarterly basis to share information, identify and solved problems. Ad hoc meetings shall be convened to address urgent matters. All activities to be implemented by the Provincial Network for CHBC will be included in the PAO Quarterly work plan.

3.3. Implementation at OD Level

Coordination of the CHBC activities at OD level will be assured by the OD HIV/AIDS/STI Coordinator who will:

- Facilitate the referral of patients within relevant CoC components in the OD;

- Facilitate health center to provide staff to involved in CHBC activities

- Conduct monthly supervision visits and provide feedback to selected CHBC teams in the OD;

- Identify the need for training and serve as a resource person for training of volunteers and PLHAs;

- participate as a member of the OD CoCCC (Continuum of Care Coordinating Committee) to ensure smooth coordination with other element of the CoC Operational Framework;

- Prepare and submit monthly report to the Provincial Network.

- Attend the quarterly meetings of the Provincial Network for CHBC

3.4. Implementation at Health Center and Community Levels

The implementation at this level will be assured by community home-based care teams. The total number of team members may vary from 3 to 5 depending on magnitude of the problem. The team shall perform their activities within the catchments area of a health center. However, in the case of insufficient number of PLHAs (less than 100 PLHAs), the team may perform their activities in the catchments area of more than one health center. Three options can be proposed depending on involvement of health centre staff and NGOs.

Option 1: CHBC teams should be based in health centers and team members should include health center staff, NGO staff and PLHAs. In general, each home care team consists of 1 part-time health centre staff, 1 or 2 NGO staff and 1 or 2 PLHAs.

Option 2: In case health centre staff cannot be involved, the team shall comprise 1 or 2 NGOs staff, and 2 or 3 PLHAs and community-based organization staff.

Option 3: If there is no NGO working in the area, but there is increased number of PLHAs, a team composed of 3 to 4 PLHAs should be formed. PPN+ and DPN+ with assistance from health care workers and PAO will be responsible to manage this team.

Option 1 is recommended as the first priority. However, the adoption of the appropriate option for CHBC team shall be the responsibility of the HIV/AIDS/STI OD Coordinators in consultation with the PAOs and their partners. Community members can participate in the home-based care activities as volunteers. Volunteers can be PLHAs, their family member(s), community leaders or other community members (including monks) interested in home and community care. Generally, there are 5 volunteers for each CHBC team.

The following is the roles of each team member and volunteers

- *HC staff will:*
  - provide technical support and sharing information on OI/ART, VCCT, TB, and PMTCT to the other team members
  - provide health education and counseling to the patients and their families
  - manage home care kit
  - manage mild symptoms
  - home visits
  - facilitate referral to other health services in the OD

- *Other CHBC Team members will:*
  - report to OD
  - organize team activities
  - represent team at various meetings
  - conduct home visits

- provide health education to PLHAs and family
- initiate the formation of support groups
- refer PLHAs to or from other places if necessary.
- identify PLHAs in the community.
- prepare monthly and quarterly work plan to OD
- provide/facilitate care and support services to OVC
- other activities related to care and support for patients and families

- *Volunteers will:*
  - identify PLHAs in the community.
  - provide care and visit PLHAs at home
  - refer PLHAs to or from other places if necessary.
  - create linkage between home care team and the community.
  - provide psychological support and education to PLHAs, their families and the community.

3.5. Mode of operation of home-based care teams:

Based on the discussion among team members, the CHBC team shall submitted to the HIV/AIDS/STI OD coordinator a monthly work plan that specify the number and location of the visits. Monthly reports on the activities by the CHBC teams shall be prepared and submitted to the Provincial network via the HIV/AIDS/STI OD Coordinator.

Budgeting and payments of activities are made in accordance with the standard rates approved by the Sub-committee on CHBC. The following table summarizes important rates to be used for payment of CHBC related activities under NCHADS funding.

Activities	Amount per 12 months per CHBC team	Rates	Remarks
1. Initial Training for CHBC team members and volunteers.	502$	One week training for 4 team members; and 3 day training for 5 volunteers. The cost includes allowance for 2 resource persons (12.5$/person/day), allowance for trainees (5$/person/day), training materials (2$/person) and coffee break (1$/person/day).	The cost may vary depending on number of participants and where the training is conducted.
2. Per diem /DSA	3360$	The cost includes incentive for 3 full-time NGO or PLHA team members (80$/month) and incentive for 1 part-time health center staff (40$/month) if health center staff is included as team members.	
3. Travel	1740$	The cost includes travel for 3 full-time team members (20$/per/month), 1 part-time member (10$/per/month) and 5 volunteers (15$/per/month)	
4. Home-care kit	240$	20$/month	The cost may vary according to the existence of OI/ART service and number of patients
5. Transport for PLHAs to OI/ART service including TB and other services such as VCT	1200$	This calculation supposed 50 referrals of individual patient a month (40 referrals to OI/ART service and TB screening, and 10 referrals to VCT) and each referral costs 2$	This cost depends on number of patients, distance and number of referrals.
6. Support Group activities	180$	This depends on the number of support groups in each CHBC team. This calculation assumed that there are 2 support groups of 15-20 PLHAs in the team. The cost covers only the coffee break of the monthly support group meeting.	NCHADS will not cover this cost. This activity is conducted in collaboration with CPN+
7. Socio-economic	1200$		NCHADS will not

support (shelter, food, clothes etc) for PLHAs facing with difficult living situation			cover this cost.
8. OVC: • monthly club meeting • Socio economic support • Support for school materials	2400$		NCHADS will not cover this cost
9. Income generation assistance	800$	40$/family for 20 families a year	NCHADS will not cover this cost
10. Admin cost	120$	10$/month	
11. Prevention activity to raise community awareness on HIV/AIDS	480$	2 educational sessions for community members per month and 20$/session for snack and materials.	NCHADS will not cover this cost
12. Family education on HIV/AIDS and health care	300$	5 educational sessions a month for 5 families. 5$/session for snack, and materials	NCHADS will not cover this cost

Total 12522$
7162$ (if exclude items 6, 7, 8, 9, 11, 12)

Note: this cost does not include equipment, office rent and NGO support staff.

4. Recruitment of NGOs to implement CHBC Activities

In light of annual assessment of the CHBC needs, gaps are identified and annual national and provincial targets will be set. The Sub-committee will recommend additional number of CHBC teams needed for each province.

Local NGOs can be selected to implement the CHBC activities at specific location(s). Recruitment process will be done by individual funding partners in a transparent and fair manner. NCHADS' recruitment procedures will involve the following steps. First, Terms of Reference and Invitation of expression of interest shall be posted in local newspapers. All NGOs applying for fund from NCHADS are invited to submit letter of intent and/or proposal to NCHADS/HBC Sub-Unit. Then, NCHADS/HBC-Sub-unit will review and evaluate technical proposal and recommend award of contract to qualified NGOs. Contracts will be signed between NCHADS director and the selected NGO(s).

However, in some cases direct selection (sole source) procedures may be applied. Direct selection may be justified in cases where one qualified NGO is available to undertake a particular activity. In this case, prior to application of the direct selection procedures, the Sub-committee on CHBC will need to certify that all other sources of competitive expertise have been reviewed and found unsuitable.

Summary of NCHADS recruitment procedure

Step	*Activity*	*Performed*	*Approved*
1	Prepare Terms of Reference and Evaluation Criteria	NCHADS/HBC Sub-unit	NCHADS Director
2	• Advertise or • request Expressions of Interest or • identify sole source	NCHADS/HBC Sub-unit	NCHADS Director
3	Review and evaluation of the proposals	NCHADS/HBC Sub-unit	NCHADS Director
4	Select, negotiate availability, etc	NCHADS/HBC Sub-	NCHADS Director

		unit	
5	Draft contract, set rate	NCHADS/HBC Sub-unit	NCHADS Director
6	Recruit	NCHADS/HBC Sub-unit	NCHADS Director

5. Programme Monitoring and REPORTING

The following indicators should be used for monitoring and reporting the progress of the CHBC programmes:

- Data Indicators for national level
  - Number of community home based care teams
  - Number of health center covered by CHBC teams
  - Number of PLHAs receiving CHBC services
  - Number of people including TB patients referred to VCCT
- Data Indicators for Provincial Network for CHBC :
  - Number of regular coordinating meetings;
  - Number of regular report to national level;
  - Number of field supervision visits.
- Data Indicators for CHBC teams:
  - Number of PLHA receiving CHBC services
  - Number of PLHA referred to OI/ART services, MMM, support groups, TB program, and PMTCT programmes.
  - Number of people referred to VCT
  - Number of home visits
  - Number of OVC and CAA receiving support

The attached reporting formats in Annex 3 shall be used to report activities from

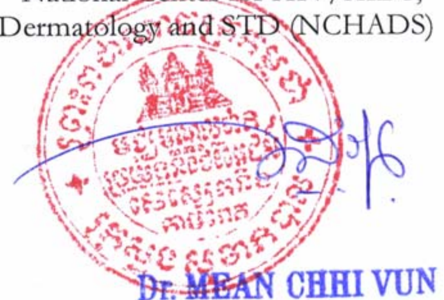
- CHBC team to OD
- OD to province
- Province to Sub-committee on CHBC

Field supervision carried out by OD Coordinators and PAO Officer using the attached checklist (see Annex 4).

Phnom Penh, March 2006
Seen and Approved by
Director General for Health

Dr. TEP LUN

National Center for HIV/AIDS,
Dermatology and STD (NCHADS)



Dr. MEAN CHHI VUN

ANNEX 1- NEW ROLES OF CHBC PROGRAMME

1. **Ensure that PLHAs receive appropriate physical care and treatment:**

   - Provide treatment and care for mild symptoms (as specified in the revised CHBC Guidelines, approved by the Ministry of Health) at home;
   - Train and support PLHA, patient's family and volunteers to provide physical care at home, including mild symptom management, nursing care, and general hygiene.
   - Refer PLHA to health facility based services when appropriate

2. **Ensure effectiveness of OI treatment and/or ART**

   - Support and encourage adherence of PLHAs to regimens for prophylaxis and treatment of OI, including TB
   - Support and encourage adherence of PLHAs to ART regimens, including those for pediatric care and for PMTCT
   - Support PLHAs in monitoring and coping with mild side effects of OI and ART regimens, and facilitate referral to health facility services for management of adverse reactions.
   - Follow up patients (lost follow up, move, died) and inform OI and ART Team in RH

3. **Support collaboration: public health programmes and support groups**

   - Provide information and counseling (group or individual) to TB patients for HIV testing and counseling and facilitate referral to nearest VCCT sites
   - Provide information and counseling (group or individual) to pregnant women for undertaking HIV testing- via ANC services at PMTCT sites- and facilitate referral to VCCT sites
   - Support MMM activities and collaboration with peer-support groups, CPN+, PPN+ and DPN+

4. **Ensure that PLHAs can receive psychosocial support and counseling**

   - Support establishment and facilitate activities of PLWHA Support Groups.
   - Provide individual, family or group counseling
   - Facilitating religious groups (monks….) to give psychological and social support
   - Refer patients to VCT

5. **Ensure that PLHAs and their family get benefits from social support**
   - Support income generation activities
   - Lobbying pagoda, community leaders, NGOs, and Charity to provide socio-welfare support to patients and their family
   - Support patients and their family in planning for their children before the patients die
   - Seek support for orphans, homeless patients, and poor families
   - Advocacy for equal rights to health care and education
   - Advocating for effective and affordable treatment for PLHAs

6. **Raise community awareness on HIV/AIDS Prevention and the need for care and support for PLHA**

   - Educate PLHA, family and other community members on HIV/AIDS, self care, hygiene, and UP
   - Raise awareness on VCCT,PMTCT, Available of OIs and ART Services and promote the use of these services
   - Collaborate and participate in community activities related to HIV/AIDS.

7. **Provide Palliative care, end of life support**

   - Ensure PLHA receive adequate palliative care and end of life support

Note. *These roles will be revised on a regular basis based on the recommendation of the Sub-committee on CHBC to reflect changes in the situation.*

ANNEX 2- CONTENT OF HOME-BASED CARE KIT

Items	Quantity
Paracetamol 500mg Potassium Permanganate 10% Iodine Solution Benzyl Benzoate Promethazine Syrup Multivitamin Oral Rehydration Salts Menthol Balm Coconut Oil Tweezers Bandages Scissors Cotton Wool Plastic Bags Elastic Bands Cloths Soap Powder Household Bleach Hydrogen Peroxide Gloves Micropore Tap Talcum Powder Condoms Elastic Bands Plasters	

Note. - *This list will be revised by the Sub-committee on CHBC on a regular basis to reflect changes in the situation.*

Annex 3- Reporting Formats
Format from CHBC team to OD

Date:
Name of team:
Name of health center(s):

1. Patients Information:

No	Name of health center	Name of NGOs	Number of patients covered by CHBC					Number of HIV+ covered by CHBC team				
			Existing cases (A)	New cases (B)	Death (C)	Moved (D)	Remained (A+B)-(C+D)	Existing cases (E)	New cases (F)	Death (G)	Moved (H)	Remained (E+F)-(G+H)
1												
2												
3												
Total												

2. Number of clients referred to VCT, TB service and OI/ART services

No	Name of health center	Referred to VCT								Referred to TB		Referred to OI/ART service	
		No referred for HIV test		HIV+		HIV-		Not get result yet		No of PLHA referred for TB screening	No of PLHA diagnosed as TB	No of PLHA referred to OI/ART	No of PLHA received ART
		Total	TB patients	Total	TB patients	Total	TB patients	Total	TB patients				
1													
2													
3													
Total													

3. Number of OVC received care from CHBC team (0-18 years)

No	Name of health center	Name of NGOs	Number of OVC covered by CHBC					Number of CIA covered by CHBC team				
			Existing cases (I)	New cases (J)	Death (K)	Moved (L)	Remained (I+J)-(K+L)	Existing cases (M)	New cases (N)	Death (O)	Moved (P)	Remained (M+N)-(O+P)
1												
2												
3												
Total												

4. Total number of home visits made during the month:
5. Total number of support groups
6. Total number of education sessions conducted for community members and total number of people attended the education sessions
7. Number of families receiving health education
8. Community Contacts
    - Contacts made with local community leaders
    - Visit to NGOs, pagodas and other community based organization
    - Liaison with referral hospitals and VCT
    - General reaction from the community
9. Monthly attendance of Home Care Staff
10. Volunteer activities
11. Monthly expenditure
12. Other information or problems

Format from OD to Provincial CHBC Network

Date:
Name of OD:

1. Patients Information:

No	Name of health center	Name of NGOs	Number of patients covered by CHBC					Number of HIV+ covered by CHBC team				
			Existing cases (A)	New cases (B)	Death (C)	Moved (D)	Remained (A+B)-(C+D)	Existing cases (A)	New cases (B)	Death (C)	Moved (D)	Remained (A+B)-(C+D)
1												
2												
3												
Total												

2. Number of clients referred to VCT, TB service and OI/ART services

No	Name of health center	Referred to VCT								Referred to TB		Referred to OI/ART service	
		No referred for HIV test		HIV+		HIV-		Not get result yet		No of PLHA referred for TB screening	No of PLHA diagnosed as TB	No of PLHA referred to OI/ART	No of PLHA received ART
		Total	TB patients	Total	TB patients	Total	TB patients	Total	TB patients				
1													
2													
3													
Total													

3. Number of OVC received care from CHBC team (0-18 years)

No	Name of health center	Name of NGOs	Number of OVC covered by CHBC					Number of CIA covered by CHBC team				
			Existing cases (I)	New cases (J)	Death (K)	Moved (L)	Remained (I+J)-(K+L)	Existing cases (M)	New cases (N)	Death (O)	Moved (P)	Remained (M+N)-(O+P)
1												
2												
3												
Total												

4. Total number of CHBC teams
5. Total number of health centers covered by HBC teams
6. Total number of support groups
7. Other information or problems

Format from Provincial CHBC Network to Sub-working group

Date:
Name of Province:

1. Patients Information:

No	Name of OD	Name of health center	Name of NGOs	Number of patients covered by CHBC					Number of HIV+ covered by CHBC team				
				Existing cases (A)	New cases (B)	Death (C)	Moved (D)	Remained (A+B)-(C+D)	Existing cases (A)	New cases (B)	Death (C)	Moved (D)	Remained (A+B)-(C+D)
1													
2													
3													
Total													

2. Number of clients referred to VCT, TB service and OI/ART services

No	Name of OD	Name of health Center	Referred to VCT								Referred to TB		Referred to OI/ART service	
			No referred for HIV test		HIV+		HIV-		Not get result yet		No of PLHA referred for TB screening	No of PLHA diagnosed as TB	No of PLHA referred to OI/ART	No of PLHA received ART
			Total	TB patients	Total	TB patients	Total	TB patients	Total	TB patients				
1														
2														
3														
4														
Total														

3. Number of OVC received care from CHBC team (0-18 years)

No	Name of OD	Name of health center	Name of NGOs	Number of OVC covered by CHBC					Number of CIA covered by CHBC team				
				Existing cases (I)	New cases (J)	Death (K)	Moved (L)	Remained (I+J)-(K+L)	Existing cases (M)	New cases (N)	Death (O)	Moved (P)	Remained (M+N)-(O+P)
1													
2													
3													
Total													

4. Total number of CHBC teams
5. Total number of health centers covered by CHBC teams
6. Total number of support groups
7. Other information or problems

Annex 4-Supervision Checklist

Date:
Name of OD:
Name of health center covered by the CHBC team:
Name of supervisor:

Issues to be checked	Comments
Organization of daily team activities	
Assessment of patient needs	
Contact with community	
Relationship with patients and families	
Management of volunteers	
Educational activities	
Support group activities	
Relationship within the team	
Regular meeting within the team	
Use of CHBC kit	
Contact with partners in the referral system	
Record keeping and reporting	

Conclusion and recommendation of supervisor:
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