

Client Tracing Tools: These tools are designed to support the CHW organize and report on client tracing efforts, regardless on the reason for tracing. The **Client Tracing Form** provides a document to record the client's locator information, tracing attempts and final tracing outcome. The **CHW Client Tracing List** helps the CHW manage and track all his/her client's that require tracing and their current tracing status. The **Locator Form** can be used in cases where there is not space or an opportunity to record a patient's locator details in an existing register/sheet. The **Home-Based Visit SOP** describes the process for conducting home-based tracing visits with confidentiality and respect.

This set of tools is broken up into the following four sections:

[Section 1: Client Tracing Form](#)

[Section 2: Client Tracing Lists](#)

[Section 3: Client Locator Form](#)

[Section 4: Home Based Visit Procedure](#)

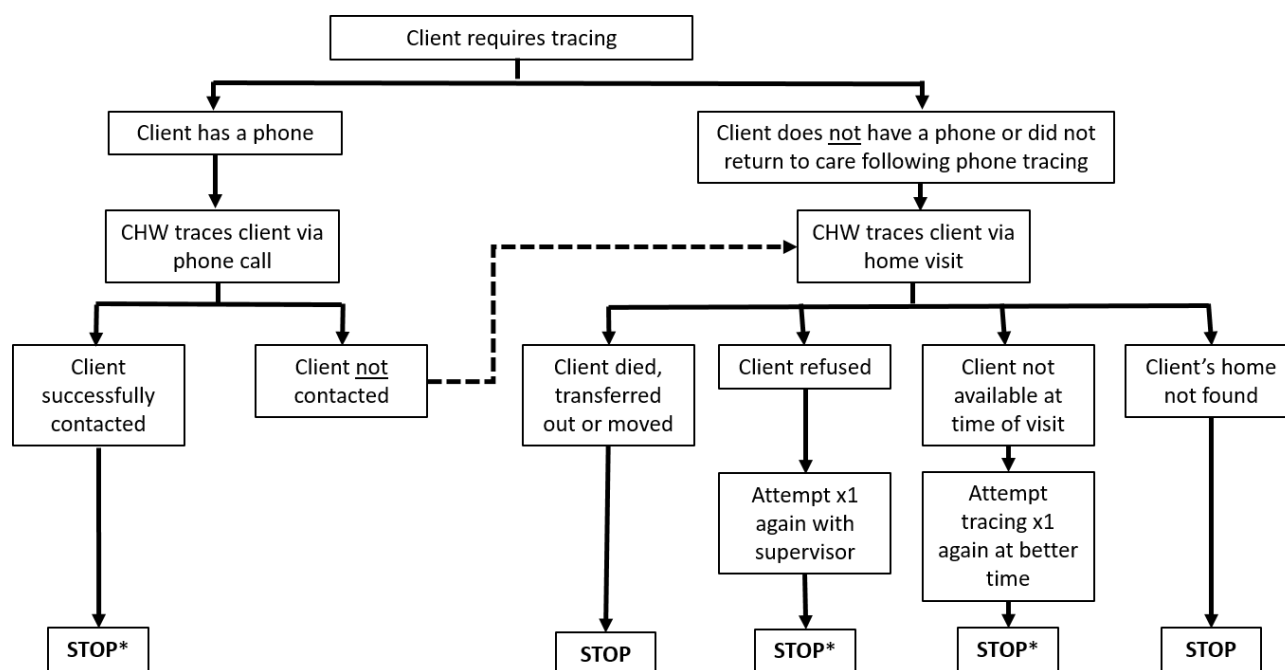
[Appendix: Client Tracing Form, Client Tracing List, Client Locator Form](#)

Section 1: Client Tracing Form

A client may be traced for many reasons: missed appointment, defaulting, or linkage to care or to follow up VL or TB test results. For each assigned client for tracing, the CHW should follow the following procedure:

1. Complete a **Client Tracing Form** to keep track of the tracing activity. Clearly document client information on the form. If client is an EID infant, then s/he should be prioritized for tracing.
2. Follow the tracing procedure described in **Figure 1**. If phone number is available, begin by trying to reach the client by phone. If the client is successfully contacted but has not returned to care in two weeks, make a home visit. If the client is not home but it is the correct house, return one other time at a better time.
3. If the client does not have a phone, proceed directly to a home visit.
4. Tracing attempts should be documented on the Client Tracing Form. While in use, store the Client Tracing form in a binder.
5. Once a client has a final tracing outcome, update the appointment/linkage register with the final outcome. Then pair the completed Client Tracing Form with the client's MasterCard.

Figure 1. Client Tracing Flowchart



**Note: CHW should stop tracing efforts at this time, but continue to follow the client. If the client does not return to care 2 weeks after tracing, the CHW may make another tracing attempt.*

Section 2: Client Tracing Lists

The **CHW Client Tracing List** provides an overview of the CHW's assigned clients for Client Tracing. To use the CHW Client List, the CHW should follow following procedure:

1. Tick the month of the encounter in the row of the client's name every time contact has been made with the client (at facility, on phone, or at home visit).
2. Monitor Client Lists – if it has been > 2 months since contact with an assigned client (sooner if an urgent issue), make an effort to connect with the client – at an upcoming appointment, by phone, or on home visit.
3. Maintain the Client Tracing Forms and Client Lists in binders/files.
4. The supervisor should review Client Tracing Forms and Client Lists for each CHW at least quarterly to ensure quality activity.

Section 3: Patient Locator Form

The Patient Locator Form can be used to record detailed locator information for a patient. It is designed for use in situations where there is not an existing place in client records for recording tracing information. For example, a client locator form can be filled for existing ART patient's requesting home-based HIV testing of their family members.

1. The CHW should fill the client locator form with the patient present in as much detail as possible. When possible, it is recommended to:
 - a. Form some rapport with the patient to promote the patient to feel comfortable giving accurate details
 - b. Have the form filled by a CHW who is familiar with the area that the patient is from and/or the person assigned to trace the patient
 - c. Fill the form in as much detail as possible. If there is not enough space on the front of the form, the back can also be used
2. Complete the top of the form with the name of the CHW filling it and the date that it is filled. It is important that the CHW filling the form to make instructions as clear as possible because s/he may not be the one tracing the patient.
3. Ask for consent for both home and phone-based tracing.
4. Complete the 'Phone Follow Up' section with the client's phone number and any other details to ensure confidentiality/comfort to the client.
5. Complete the 'Home-Based Follow Up' section in addition the map.
6. If the client is comfortable, ask and complete the other questions on the form. This information can be used to trace the client if the written instructions and map are not enough.
7. Once completed the form should be stored with other patient records.
8. When conducting home-based tracing, the Locator Form should not be taken with the CHW to trace. Instead notes about the location should be copied onto another sheet or a picture of the form can be taken by the CHW on their phone for reference.
9. If needed, the Follow Up/Tracing section can be used to record notes and dates of tracing.

Section 4: Home-Based Visit Procedure

Home-based patient visits can be done for a number of reasons including defaulter tracing, testing of household members and/or general follow up for special cases/patients. This procedure outlines the general process for conducting a home visit and should be adapted to include details for conducting specific visits. It is intended for use by all CHWs assigned to patients who have agreed to home visits. Preparation for the home visit should be done at the health facility, while home visits are conducted at the patient's home.

*Agreement on home visits is usually decided at the time of enrolment into any program (Linkage, PMTCT, etc) with details written on the patient's entry in the register, MasterCard or **Locator Form**. However, the time/day of any visit should be adjusted to the preference of the patient, and they may change their decision at any time. It is important to always respect the preference of the patient.*

HOME VISIT BY A CHW

Part 1: Preparation

1. Visits should be conducted only by those who have proper training and consent from the head office.
2. Bring with you:
 - a. The complete locator information and know where you're going
 - b. Your ID badge, but you don't have to wear it (to maintain confidentiality and avoid attracting unnecessary attention)
 - c. Notebook and pen
 - d. Any counselling/testing tool needed for reference
 - e. Charged cell phones (for security)

3. Ensure professional behavior and attire.
4. Remember that confidentiality is a PRIORITY.
5. No hand-outs or incentives should be given or received.
6. If going by bicycle or motorcycle, confirm that it is in working order and bring any necessary tools or safety equipment with you.

Part 2: Conducting the Home Visit

1. After arriving at the home, lock and store your bicycle/motorcycle in a secure area.
2. Ensure that you are speaking to the appropriate person before you disclose any information.
 - a. If the person is not your patient, ask to speak with your patient as well.
3. If the home is in close proximity to another,, agree with the patient on a private area to speak.
 - ❖ When patient or caregiver is of the opposite sex, make sure you maintain appropriate distance.
 - ❖ If a young child is present, be careful to avoid accidental disclosure (avoid words like HIV or AIDS in their presence)
 - ❖ Try to involve yourself in their conversation or let them finish if the situation permits you to do so (rapport building).
4. Introduce yourself as a CHW (use ID badge if needed).
5. Ask about disclosure. If the patient has disclosed to their spouse and/or family, ask if anyone else would like to join the session.
6. Explain to the patient the reason for your visit and what will be happening.
7. Complete any necessary tasks. Tasks may include:
 - a. Adherence counselling
 - b. Pill count
 - c. Assistance with disclosure
 - d. HIV testing of household members
 - e. Screening for signs of TB / need for IPT among patient and/or family members
8. Document your visit in the appropriate places, including the patient's health passport book (if available), being sure to include the following:
 - Date of the visit
 - Important information about the visit
 - Next clinic appointment
 - CHW name
9. Remind the patient of their next clinic visit.
10. Agree with the patient on a time and date for their next home visit (if appropriate).

Part 3: Post Visit Documentation

1. Upon returning to the health facility, record all information you have collected onto the proper forms (i.e. patient MasterCard, patient Locator Form, register, etc). Do this within 24 hours of the home visit.
 - ❖ Documentation should still be done, even if the patient was not found at home.
2. Let the Site Supervisor/Assistant SS know if there are any concerning issues about a patient.

SUPERVISION OF HOME VISITS

Supervised visits by the Site Supervisor should be conducted on a regular basis to ensure procedures are followed by all CHWs. These visits can be either planned or random spot-checks.

Part 1: Supervision of Visit

1. Prepare for the home visit by reviewing the patient's information you plan on visiting including: the number and frequency of visits, the reasons for visits, any difficult issues.
2. Travel to the site with the CHW, following steps 1-4 of the Conducting Home Visit Section.
3. Meet the patient/guardian. Have the CHW introduce you.
4. Observe the CHW as they perform a home visit.
 - a. Observe if the CHW is:
 - i. Maintaining confidentiality
 - ii. Practicing active listening
 - iii. Explaining things in detail in a way the patient can understand
 - iv. Being patient and not getting frustrated
 - v. Respecting the patient
 - b. Confirm that the CHW completes the following tasks (if the situation is appropriate):
 - i. Follows proper procedures for any scheduled activity (e.g. HTC, pill count, adherence counselling)

- ii. Checks and records any important information in the health passport book
5. After the CHW finishes, check documentation in the health passport book and cross check it with information you brought with you.
6. Ask the patient if you can ask some follow-up questions without the CHW so you can know whether the patient is helped by the CHW and the Tingathe program at large.
 - a. Do you think it is important to have a CHW come for home visits? Why or why not?
 - b. How do you feel you have benefited from the Tingathe program?
 - c. Have you had any issues – positive or negative – with your CHW?
7. Document your visit in the patient's passport book.
8. Leave the home and go back to the health facility.

Part 2: Follow-Up and Reporting on Supervision

1. Compare documentation found in the passport book with the information in the patient's record.
2. Give feedback to CHW in the presence of the SS/Asst. SS.
3. Give feedback to CHW once at the site. Discuss the following issues:
 - a. Performance during home visit
 - b. Documentation in the passport book and MasterCard
 - c. Concerns for documentation
 - d. If any, concerns for falsification
 - e. Any other patient findings not found in patient records
 - ❖ Concerns for falsification **must** be reported to the main office within 2 days.
4. Properly document the patients you supervised.

Appendix: Client Tracing Form, Client Tracing List, Client Locator Form

CLIENT TRACING FORM

TO BE FILLED IN BY THE CHW

Date client referred for tracing: _____ CHW Responsible: _____

Reason for tracing:

Linkage to care ☒ ☐ Positive DNA-PCR
☐ Positive Rapid Test
☐ Known +, not on ART

Patient HTC/PCR ID #: _____

EID Infant? ☐ YES ☐ NO

☐ Other Reason (Please Specify): _____

☐ Missed appointment ☐ Defaulter (missed appt ≥2mo)

Patient ART/HCC#: _____

EID Infant? ☐ YES ☐ NO

Name of Patient: _____ Age: _____ Sex: _____

Guardian Name: _____

Phone number: _____

Physical address (Descriptive): _____

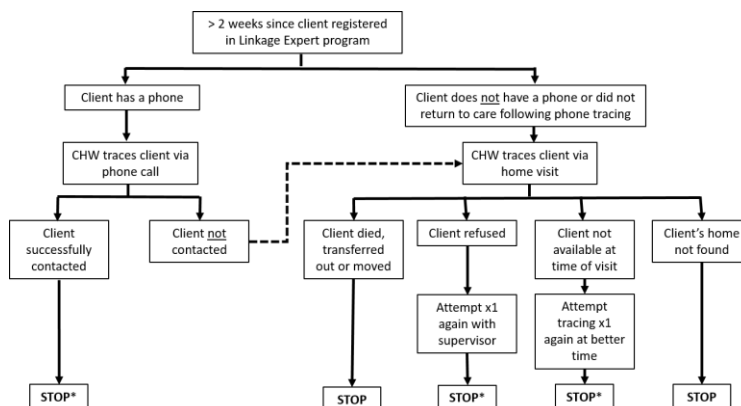
Tracing visits:

Date	Type of encounter	Notes
	<input type="checkbox"/> Home <input type="checkbox"/> Phone	
	<input type="checkbox"/> Home <input type="checkbox"/> Phone	
	<input type="checkbox"/> Home <input type="checkbox"/> Phone	

Tracing Outcomes (Tick one box)- Update Linkage or Appointment Register with Outcome

- ☐ Died
☐ Found, intends to return: Date to Return (dd/mm/yy): _____ (For ART patients, update appointment register with client's new appointment)
☐ Declined/ refused
☐ Attempted, but not found
☐ Moved
☐ ART at another facility
☐ Other (please explain).....

Date of Tracing Outcome: _____ Name of CHW: _____



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CHW CLIENT TRACING LIST

SITE: _____ **CHW NAME:** _____ **MONTH/YEAR:** _____

[illegible]

Name of Person Filling Form: _____

Date Locator Form Filled: ____/____/____

CONSENT:

CAN WE CONDUCT FOLLOW UPS AT YOUR HOME?: Yes No

CAN WE CONDUCT FOLLOW UPS BY CALLING YOUR MOBILE PHONE?: Yes No

PATIENT'S NAME: _____

PHONE FOLLOW UP

MOBILE PHONE NUMBER: _____

SPECIAL INSTRUCTIONS FOR PHONE CONTACT (E.G. HUSBAND'S PHONE, ALTERNATE NUMBER)

HOME BASED FOLLOW UP

VILLAGE NAME: _____

BEST DAY(S) FOR HOME VISITS: _____

SPECIAL INSTRUCTIONS FOR CONDUCTING FOLLOW UPS:

WRITTEN DIRECTIONS TO AND/OR LANDMARKS AROUND YOUR HOME _____

ONLY ASK THE QUESTIONS BELOW IF PATIENT IS COMFORTABLE ANSWERING:

CHILD'S SCHOOL NAME: _____

NEIGHBOR'S NAME: _____

NAME OF YOUR CHURCH: _____

ALTERNATIVE CONTACT/CAREGIVER FOR PATIENT:

NAME: _____ **RELATION:** _____

PHONE: _____ **VILLAGE NAME:** _____

*****PLEASE DRAW A MAP TO THE HOUSE OR DESCRIBE HOW TO GET TO THE HOUSE (IF PATIENT MOVES, PLEASE FILL OUT A NEW LOCATOR FORM AND ATTACH TO PATIENT MASTERCARD)**

Comments:

Follow Up:

Date	Follow Up Notes	Initials

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