

Practical Strategy 4:

PMTCT & EID Program



Photo by: Chris Cox

Targeted support for HIV-infected mothers and their infants

This procedure aims to decrease lost to follow up of mother-infant pairs by partnering them with a community health worker (CHW). This CHW monitors the pair as they move through the prevention of mother-to-child transmission (PMTCT) Cascade of Services, supporting them through counselling, home-based visits and facilitated linkage to all PMTCT and early infant diagnosis (EID) services offered.



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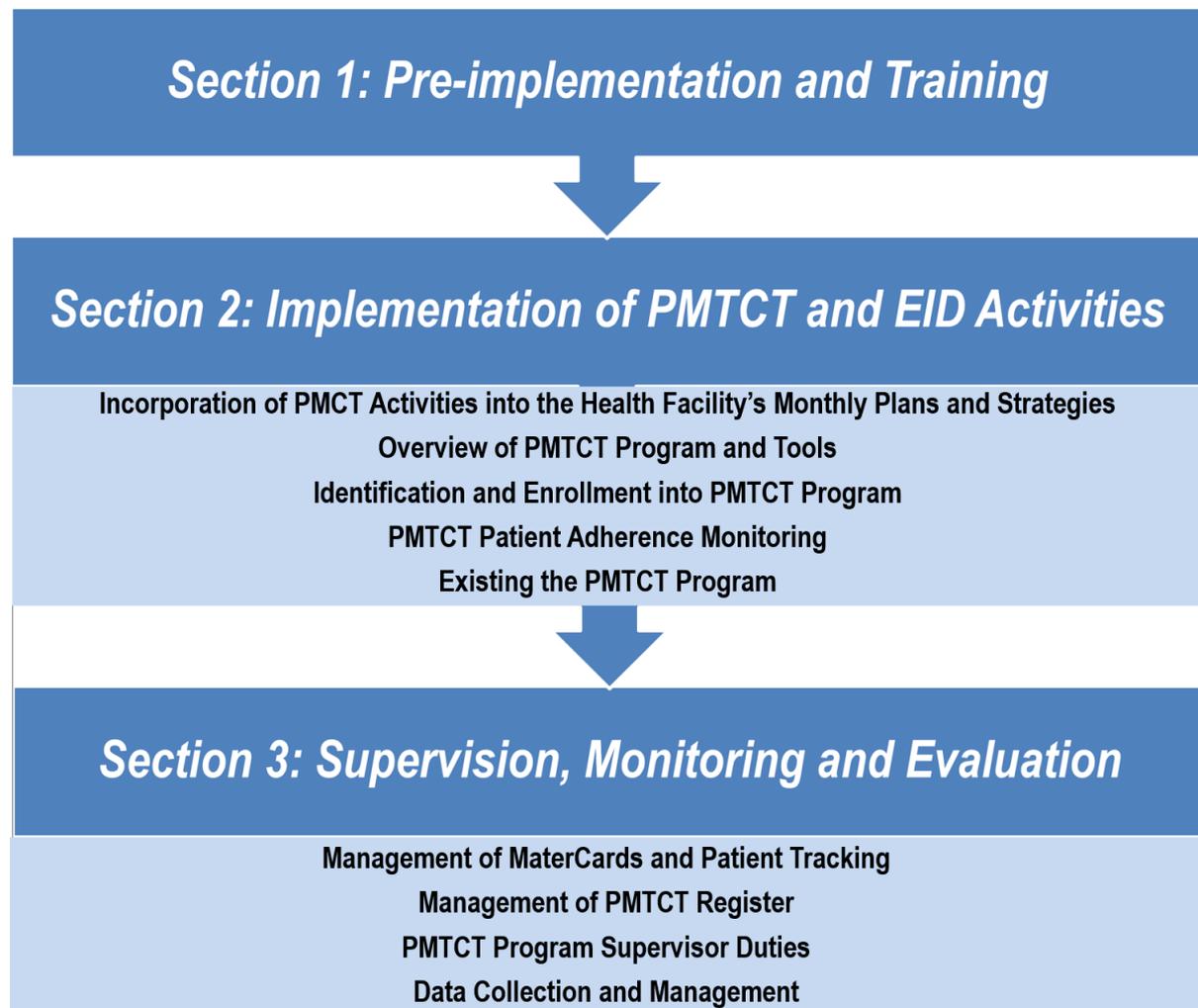
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SOP SUMMARY



TOOLS AND FORMS

PMTCT Program Package: This procedure outlines the tools used for the PMTCT program, a routine follow up system for mother-infant pairs and exposed infants. The tools include: a PMTCT MasterCard and Locator Form designed for CHWs to help keep track of important information and dates regarding their patient's care; a PMTCT Register designed to keep track of all registered patients and their follow up; a PMTCT Follow Up Schedule designed to provide guidance to CHWs as they conduct home-visits and help their patient access

services; and a PMTCT Follow Up Summary designed for CHWs to keep track of the home-visits done to their patients.

Pre-ART Flipchart: Special Issues for Pregnant and Breastfeeding Women: This nationally adopted pre-ART flipchart highlights special issues for HIV-infected pregnant and breastfeeding women when they first begin ART. It covers important topics such as: importance of ART adherence for health and transmission prevention, family planning and prevention of mother-to-child transmission techniques (i.e. exclusive breastfeeding, mother's adherence to ART, NVP for the infant).

EID Positive Register: This procedure explains the process of linking infants with a positive DNA PCR result to ART care immediately. Malawi National HTC Guidelines for exposed infants recommend a DNA PCR test done at 6 weeks, followed by two confirmatory rapid tests at 12 and 24 months in order to determine the HIV status of the infant. The Positive DNA PCR Register is designed to be used for those exposed infants that received a positive DNA PCR result for their test at 6 weeks of age. By closely monitoring all positive DNA PCR results, CHWs are able to quickly return results and enroll infants into care. Additionally, the register can help identify gaps in the DNA PCR laboratory process.

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.

Community Health Worker Training Curriculum: This curriculum is designed to provide CHWs the knowledge needed to perform any activity in this toolkit. It is recommended that all CHWs receive the full training.

FEATURED CASE STUDIES

Case Study 1: EID Positive Register

Case Study 2: Techniques for Tracking Patients

Case Study 3: PMTCT Cascade of Services

ACRONYMS

ANC	antenatal clinic
CBO	community-based organization
CHW	community health worker
EBF	exclusive breastfeeding
EID	early infant diagnosis
FBO	faith-based organization
FP	family planning
HTC	HIV testing and counselling
IPT	WHO
MIP	mother-infant pair
MOH	ministry of health
PMTCT	prevention of mother-to-child transmission (of HIV)
SS	site supervisor
STI	sexually transmitted infection
TBA	traditional birth attendant



TINGATHE TOOLKIT
STANDARD OPERATING PROCEDURE

Subject: PMTCT & EID Program

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PURPOSE:

This procedure aims to decrease lost to follow up of mother-infant pairs by partnering them with a community health worker (CHW). This CHW monitors the pair as they move through the PMTCT Cascade of Services supporting them through counselling, home-based visits and facilitated linkage to all PMTCT activities offered. The procedure is separated into three sections with sub-sections:

[Section 1: Pre-implementation and Training](#)

[Section 2: Implementation of PMTCT and EID Activities](#)

- A. Incorporation of PMTCT Activities into the Health Facility's Monthly Plans and Strategies
- B. Overview of PMTCT Program and Tools
- C. Identification and Enrollment into PMTCT Program
- D. PMTCT Patient Adherence Monitoring
- E. Exiting the PMTCT Program

[Section 3: Supervision, Monitoring and Evaluation](#)

- A. Management of MasterCards and Patient Tracking
- B. Management of PMTCT Register
- C. PMTCT Program Supervisor Duties
- D. Data Collection and Management

SCOPE:

PMTCT and EID activities target pregnant and breastfeeding HIV-infected mothers and their exposed infants. Activities take place within the health facility with optional home and community-based components.

RESPONSIBILITIES:

Section 1 of the SOP is intended for use by the trainer/organizer of the PMTCT and EID activities.

Sections 2 and 3 are intended for use by PMTCT program health care workers and the PMTCT program site supervisor/focal person. Referrals for case finding can be taken from any health facility employee, referring CBO, FBO and/or HIV support group.

PROCEDURE:

Section 1: Pre-implementation and Training

1. Inform Ministry of Health officials and other relevant district and facility personnel that your facility is planning to scale up PMTCT and EID activities.
2. Organize a workshop with the health facility and invite all relevant personnel (in-charge, department heads, etc.). This workshop should take place at the facility and take approximately two hours. The workshop should take a participatory approach to discuss the following key items:
 - a. What PMTCT and EID are and their importance
 - b. PMTCT and EID goals for the facility
 - c. Which activities would be feasible to implement. It is recommended:
 - i. To build a team of CHWs that are assigned a maximum of 60 mother-infant pairs each.
 - ii. That each team have a CHW site supervisor (SS) or focal person that dedicates the majority of their time to supervision and assists with follow up of mother-infant pairs only in special situations.
 - iii. That PMTCT and EID activities are built into the existing standard of care (SOC) activities in the facility when possible and CHWs participate in both PMTCT activities in addition to other HIV-related responsibilities including: active case finding, linkage to care, case management and defaulter tracing of all HIV-infected patients.
 - d. Monitoring and evaluation techniques and key indicators to measure
 - e. Training dates and persons to be invited



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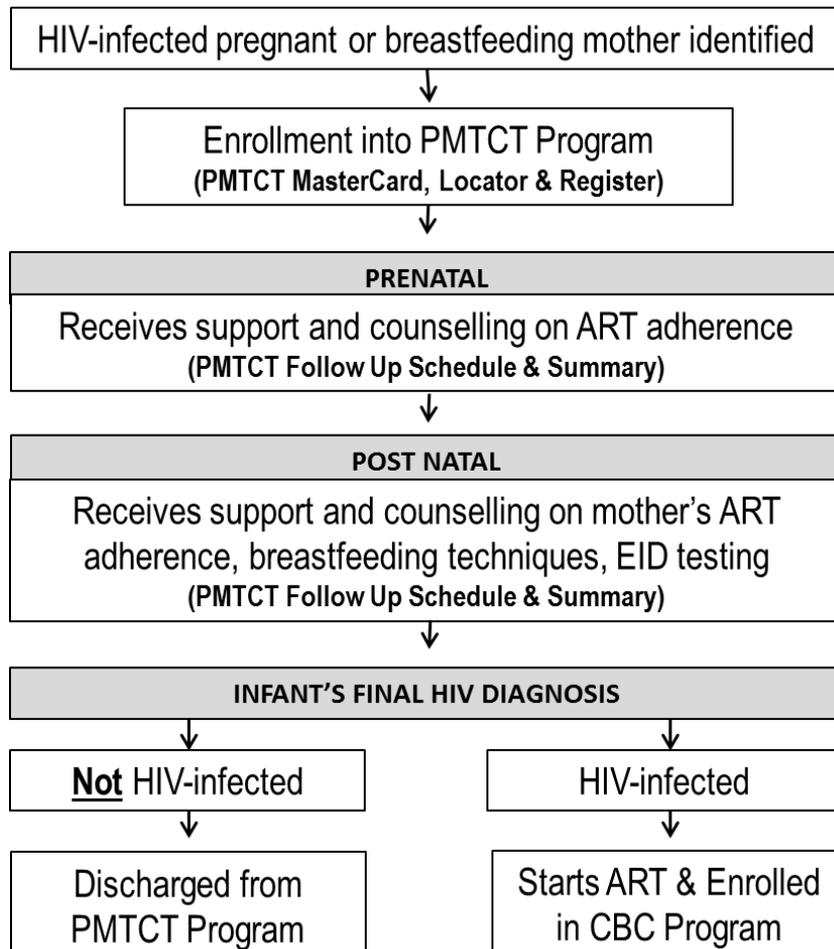
3. Organize the training and invite appropriate staff. It is recommended that CHWs are trained using the full **CHW Training Curriculum** and SSs attend an additional workshop which teaches basic leadership skills as well as their supervision responsibilities.

Section 2: Implementation of PMTCT Activities

A. Incorporation of PMTCT Activities into the Health Facility’s Monthly Plans and Strategies

1. Incorporate routine active case finding activities into the Monthly Plans and Strategy that target pregnant and breastfeeding women and their infants. To maximize yield:
 - a. Target departments including: antenatal, maternity/labor ward, pediatric wards, infant immunization clinics and nutrition programs
 - b. Ensure HIV testing is part of the standard of care offered at antenatal clinic, family planning clinic and STI clinic. It is recommended, if possible, to retest all women at the labor ward, regardless of when their last HIV test was.
 - c. Develop a system which connects the health records of the mother and the infant to ensure the health and next steps in terms of breastfeeding and testing are reviewed at every clinic visit, regardless of whether the infant is present or not
2. Communicate and form relationships with the following groups to facilitate identification and referral systems:
 - a. Health facility staff in all departments
 - b. Local women’s groups and motherhood programs
3. Consider implementing an ART clinic day and/or time which is targeted especially for mother-infant pairs (i.e. MIP clinics)

B. Overview of PMTCT Program and Tools





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C. Identification and Enrollment into PMTCT Program

All eligible patients identified anywhere in the facility should be referred to a CHW to begin the enrollment process. Eligible patients include:

- HIV-infected pregnant mothers
- HIV-infected breastfeeding mothers and their infants (i.e. mother-infant pair)
- Exposed infants (whenever possible, infants should be enrolled with their mothers as a mother-infant pair)

1. Escort the patient to a private area for recruitment.
2. Explain the PMTCT Program.
 - a. Outline the role of a PMTCT Program CHW:
 - i. Facility (and home-based) adherence monitoring
 - ii. Counseling and Education
 - iii. Support
 - iv. If a pregnant or lactating mother, liaison between mother-baby pair and health facility
 - b. Describe how having a PMTCT Program CHW can help deal with issues surrounding HIV and understanding:
 - i. What HIV is
 - ii. The importance of ART and adherence
 - iii. PMTCT techniques and exposed infant care
 - iv. Disclosure
 - v. Infant feeding
 - vi. Psychosocial issues
 - c. Answer any other questions from the patient.
3. Enroll the patient in the PMTCT Program.
 - a. Open a **PMTCT MasterCard** and complete:
 - i. The top section including patient details and permission to do follow ups
 - ii. 'Mother Details at Enrollment' section
 - iii. If exposed infant, complete the 'Infant Details' section and any relevant portion of the 'Infant HIV Testing' section as well
 - iv. Assign a PMTCT ID number
 - 1 Record the number on the patient's personal health records (e.g. health passport book).
 - 2 To ensure confidentiality of the patient, the PMTCT Program ID number should not be written on the part of the record that can be easily seen by others (i.e. do not write on the outside cover of a health passport book).
 - b. If the patient consents to home-based follow up, complete the **Locator Form** (note: the Locator Form can be found in **Client Tracing Tools**). Note that all eligible women and exposed children will be enrolled in the program regardless as to whether they consent to home-based follow up.
4. Ensure that the mother/mother-infant pair has received all counselling needed. Use the checklists on the **PMTCT Follow Up Schedule** and **Pre-ART Flipchart: Special Issues for Pregnant and Breastfeeding Women**.
5. Assist patients to enroll in appropriate HIV services if they have not already.
 - a. For pregnant and breastfeeding women, this means starting HIV treatment as soon as possible. This is important both for the women's own health and to prevent transmission of the HIV virus to her infant.
 - i. If mother does not agree to start ART, follow-up closely and continue counseling.
 - ii. Any difficult cases should be discussed with the PMTCT program supervisor.
 - b. For exposed infants, this involves checking the HIV test results of the child in their health records. If the child has NOT had a recent HIV test, refer to national EID guidelines and request the appropriate test to be done *today*.
 - c. Ensure that both the mother and infant's future HIV appointments are scheduled for the same day.



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- d. Ensure that the mother and infant's health records are connected in some form
6. Thank the patient for their time and let them know where they may usually find a PMTCT CHW at the health facility should they have any questions.

D. PMTCT Patient Adherence Monitoring

Adherence monitoring activities can be done either at the health facility or the patient's home by the patient's assigned CHW. If done at the patient's home, refer to the **Home-Based Visit SOP** (note: the SOP can be found in **Client Tracing Tools**).

1. Record and keep track of each of your patient's key PMTCT dates, including:
 - a. Due date (if patient is pregnant)
 - b. Future HIV care and ARV refill appointments
 - c. Infant HIV testing dates
2. The assigned CHW should monitor the patient using phone calls or personal home-based visits at the time points outlined on the **PMTCT Follow Up Schedule** in addition to:
 - a. Every time the patient visits the health facility (i.e. during scheduled HIV appointments).
 - b. When DNA PCR results for the exposed infant are available. Can use the **EID Positive Register**.
 - c. Anytime the mother or infant misses a scheduled appointment
 - d. Patient monitoring will vary with the patient. Some patients will need additional monitoring and support. In those cases, PMTCT supervisors can advise CHWs to follow up more often if necessary.
3. At each visit/phone call with the patient, the CHW should use the **Follow Up Schedule** to counsel the patient on key points and accomplish at needed tasks. In addition to the points listed on the Follow Up Schedule, the CHW should also work to accomplish the Main Goals listed on the patient's MasterCard.
4. Write details of your home visit in the patient's personal health records (e.g. health passport book) and remind them of their next clinic appointment and home-visit from a CHW.
5. Update the following documents with details of the meeting and any changes in the patient's details:
 - a. **PMTCT Follow Up Summary**
 - b. **PMTCT MasterCard**
 - c. **PMTCT Register**

E. Exiting the PMTCT Program

A mother-infant pair (or exposed infant) exits the PMTCT program when one of the following outcomes is reached. *All outcomes are based on the infant, not the mother.* Outcomes can be adapted to fit program preferences.

Outcome	Description
Transferred out	The patient received an official transfer to receive HIV services at a different clinic. Indicate the clinic in the space provided.
Moved	The patient moved to a new location without a proper transfer out. Indicate the place/village that the patient moved in the space provided.
Mom died during pregnancy	Mother died during pregnancy. Indicate the cause of death in the space provided.
Infant date died	The infant died before a final HIV diagnosis could be determined. Indicate cause of death in the space provided.
Nil palpable	Woman was found <u>not pregnant</u> after follow up pregnancy test
Infant infected or PSHD and on ART	The infant's final diagnosis is HIV-infected (either by positive HIV test or PSHD). Note: All HIV-infected infants should start ART immediately.
Infant definitely not infected	The infant's final diagnosis is <u>not</u> HIV-infected. Note: A non-infection can only be determined with a negative HIV test done at 24 months and/or 6 weeks after the cessation of breastfeeding.
Fetal demise	The fetus died before birth (either diagnosed miscarriage or stillbirth). Note: this is different than infant death. Do NOT indicate DOB of the infant in this case.



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Refused	The patient declines enrolment or declines ongoing clinical care (may refuse home visits but still be active)
Lost	The patient did not return to the clinic and could not be traced. This includes patients that have moved to an unknown location. Write details of why/how lost and tracing efforts in the space provided.

When a patient outcome has been reached, the CHW should complete the following steps:

1. Complete the outcome section of the patient's PMTCT MasterCard.
2. Discharge the patient's MasterCard.
3. Report the discharge to you supervisor. Discuss any difficult or unusual cases and make adjustments to the program as needed
4. The supervisor updates and double checks the PMTCT Register.

Section 3: Monitoring and Evaluation and Supervision of the PMTCT Program

A. Management of MasterCards and Patient Tracking

CHWs are responsible for managing each of their assigned patients. Each CHW is recommended to do the following activities to ensure proper record keeping and tracking:

- Keep track of the patient's scheduled appointments, her delivery date and infant testing dates using a diary which records key patient dates and information.
- Store their patient MasterCards in a single binder.
- Use the checklists on the MasterCard and Follow Up Schedule to help ensure the patient is accessing all services
- Meet with the SS regularly to updated patient information in the PMTCT Register

B. Management of PMTCT Register

The PMTCT Register is the primary source of all patient data and should be the source of information for all program reports. PMTCT Register can be updated by any CHW, but must be checked by the supervisor.

- Update the register regularly with information from the MasterCards.
- MasterCards and register entries should be cross checked to ensure each patient has a MasterCard and an entry
- After a section in the register has been completed, the Site Supervisor should double check the entries for accuracy and completeness.
- The M&E team will provide an additional check during data entry into the main database.

C. PMTCT Program Supervisor Duties

1. At the end of each day the PMTCT CHW Supervisor should:
 - a. Assign a specific CHW to each patient. This CHW will be responsible for tracking the patient throughout the PMTCT Cascade of Services.
 - b. Register each patient into the **PMTCT Register**
2. The PMTCT Supervisor should complete the following tasks on a regular basis:
 - a. Follow up with CHW difficult patients
 - b. Cross-check CHW MasterCard management and tracking systems
 - c. Update the PMTCT register based on updates from patient MasterCards and Counselling Checklists
 - d. Hold team meetings to discuss best practices
 - e. Share data
 - f. Liaise regularly with HIV support groups and other HIV organizations to help identify HIV-infected mother-infant pairs
 - g. Bring together CHWs from other facilities to discuss challenges and best practices for PMTCT program implementation.

D. Data Collection and Management



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1. Collect PMTCT data from the PMTCT Register regularly.
2. Analyze PMTCT data regularly. Key indicators may include:
 - a. Number of new infant HIV-infections
3. Compare PMTCT register data to:
 - a. Facility department records that also record mother-infant pair HIV information (e.g. antenatal clinic register)
 - b. Linkage to care data to ensure HIV-infected patients identified are enrolled in HIV services
4. EID positive register
5. Share data and best practices regularly between departments and facilities.

Case Study 1: EID Positive Register

Malawi National HTC Guidelines for exposed infants recommend a DNA PCR test done at 6 weeks, followed by two confirmatory rapid tests at 12 and 24 months in order to determine the HIV status of the infant. The Positive DNA PCR Register is designed to be used for those exposed infants that received a positive DNA PCR result for their test at 6 weeks of age. By closely monitoring all positive DNA PCR results, CHWs are able to quickly return results and enroll infants into care. Additionally, the register can help identify gaps in the DNA PCR laboratory process.

POSITIVE DNA PCR REGISTER SITE: _____

EID # and Tingathe#	Enrolled in PMTCT before or after Infant Birth?	Infant and Mom Names (Surname, First name)	Infant Sex (circle one)	Date of Birth (dd/mm/yy)	Date PCR taken (dd/mm/yy)	PCR result given and date given to patient (dd/mm/yy)	CHW Assigned (Surname, First name)	Infant MOH ART # and ART start date (dd/mm/yy)	# days from PCR result rcvd to ART start	Mom on ART (circle one)	Mom MOH ART # and ART start date (dd/mm/yy)
ED#	BEFORE	Infant (Surname, First Name)	MALE			Date result received from lab		ART#:		YES	ART#:
Tingathe#	AFTER	Mother (Surname, First Name)	FEM			Date PCR result given to patient:		ART start date:		NO NA	ART start date:

PSHD (circle one)	Infant ART Outcome (tick only one)	Infant Outcome Date (dd/mm/yy)	Mom ART Outcome (tick only one)	Mom Outcome Date (dd/mm/yy)	Did infant receive NVP for PMTCT? (circle one)	If infant ART not started within 2 weeks of PCR result, please explain:
YES	<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP		<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP		YES	
NO	<input type="checkbox"/> DEF <input type="checkbox"/> DIED		<input type="checkbox"/> DEF <input type="checkbox"/> DIED		NO	

Case Study 2: Patient Tracking Techniques

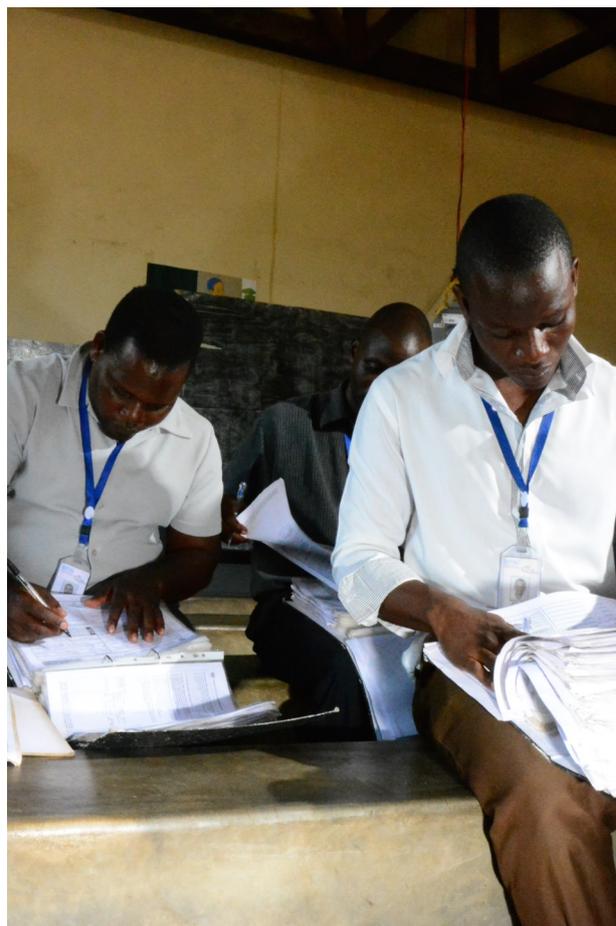
CHWs use a number of methods to help keep track of their patients. Described below are just a few.

Diary: Each CHW is given a diary which they write down important patient dates such as clinic appointments, expected dates of delivery and EID testing dates

Notepad: CHWs use a small notepad to write down notes or reminders to themselves. These small notebooks are easily transportable and can be taken in place of the patient MasterCard to do home-visits. CHWs can then transfer their notes from the notepad to the MasterCard when they return back to the clinic.

Daily Work Plan: CHWs make a daily work plan every morning outlining their tasks in order of priority. Making these lists and priorities can help CHWs plan their days.

Weekly Update: Every week, CHWs will sit down together to update patient MasterCards and the PMTCT Register. This gives CHWs the chance to take a big picture look at their patients, discuss difficult cases with their peers and report any issues to their supervisor.



CHWs doing a weekly update of patient MasterCards

Photo courtesy of Louis Hugo

Case Study 3: PMTCT Cascade of Service

Step in the PMTCT Cascade	Description of Step	PMTCT CHW Role and Responsibility in the Program
ANTENATAL		
ACCESS Antenatal Care	<ul style="list-style-type: none"> Ensure women remain HIV uninfected: family planning, condom distribution, community education Ensure pregnant women access ANC services 	<ul style="list-style-type: none"> Sensitize and educate the community on family planning, safe sex practices and importance of accessing HIV services Distribute condoms in the community
TEST for HIV infection and ENROLL into care	<ul style="list-style-type: none"> Identify women known to be HIV-infected Test and counsel those with unknown HI status, retest later in pregnancy Enroll all HIV infected pregnant women into HIV care services 	<ul style="list-style-type: none"> Ensure women receive HIV testing and counselling at ANC Ensure that HIV infected pregnant women are enrolled into care services, including receipt of CPT and routine ANC care
INITIATE ART	<ul style="list-style-type: none"> Initiate ART 	<ul style="list-style-type: none"> Ensure that mother is started on ART for her own health Community education on PMTCT, EID, and importance of HIV care and treatment
FOLLOW UP	Continue ongoing care: <ul style="list-style-type: none"> Adherence support Routine ANC care Ensure health center delivery Infant feeding counselling 	<ul style="list-style-type: none"> Ensure other family members are HIV tested Assist with partner disclosure, counseling, and testing Infant feeding, family planning and PMTCT counselling Adherence and psychosocial support
POSTNATAL		
ACCESS Postnatal Care	<ul style="list-style-type: none"> Ensure peripartum and post-natal prophylaxis for mother and infant received 	<ul style="list-style-type: none"> Confirm that antenatal and peripartum PMTCT received Peripartum and post-natal home visit Infant feeding, adherence, and family planning
TEST for HIV infection and ENROLL into Care	<ul style="list-style-type: none"> Test infants for HIV by 2 months of age Enroll exposed infants into care and start CPT 	<ul style="list-style-type: none"> Ensure infant receives HIV/DNA PCR testing and routine childhood immunizations Ensure infant is enrolled into care and started on CPT
DETERMINE HIV status of infant	<ul style="list-style-type: none"> Process HIV test results Return HIV test results to mother/caregiver 	<ul style="list-style-type: none"> Ensure DNA PCR test results are communicated to the mother/caregiver
INITIATE ART	<ul style="list-style-type: none"> Promptly initiate ART once HIV infection determined 	<ul style="list-style-type: none"> Ensure HIV infected infants are promptly initiated on ART and enrolled into ART clinic
FOLLOW UP	Continue ongoing care: <ul style="list-style-type: none"> Repeat HIV test exposed infants after weaning Ongoing clinical care and infant feeding counselling for mothers and infants 	<ul style="list-style-type: none"> Counsel mothers on exclusive breastfeeding and complementary feeding Ensure that repeat HIV testing takes place after weaning Nutritional assessment Provide ongoing psychosocial support

Adapted from Kim, et al. JIAS 2014

This procedure outlines the tools used for the PMTCT program, a routine follow up system for mother-infant pairs and exposed infants. The tools include: a PMTCT MasterCard and Locator Form designed for CHWs to help keep track of important information and dates regarding their patient’s care; a PMTCT Register designed to keep track of all registered patients and their follow up; a PMTCT Follow Up Schedule designed to provide guidance to CHWs as they conduct home-visits and help their patient access services; and a PMTCT Follow Up Summary designed for CHWs to keep track of the home-visits done to their patients.

[SECTION 1: OVERVIEW OF PMTCT PROGRAM](#)

[SECTION 2: PMTCT MASTERCARD](#)

[SECTION 3: PMTCT REGISTER](#)

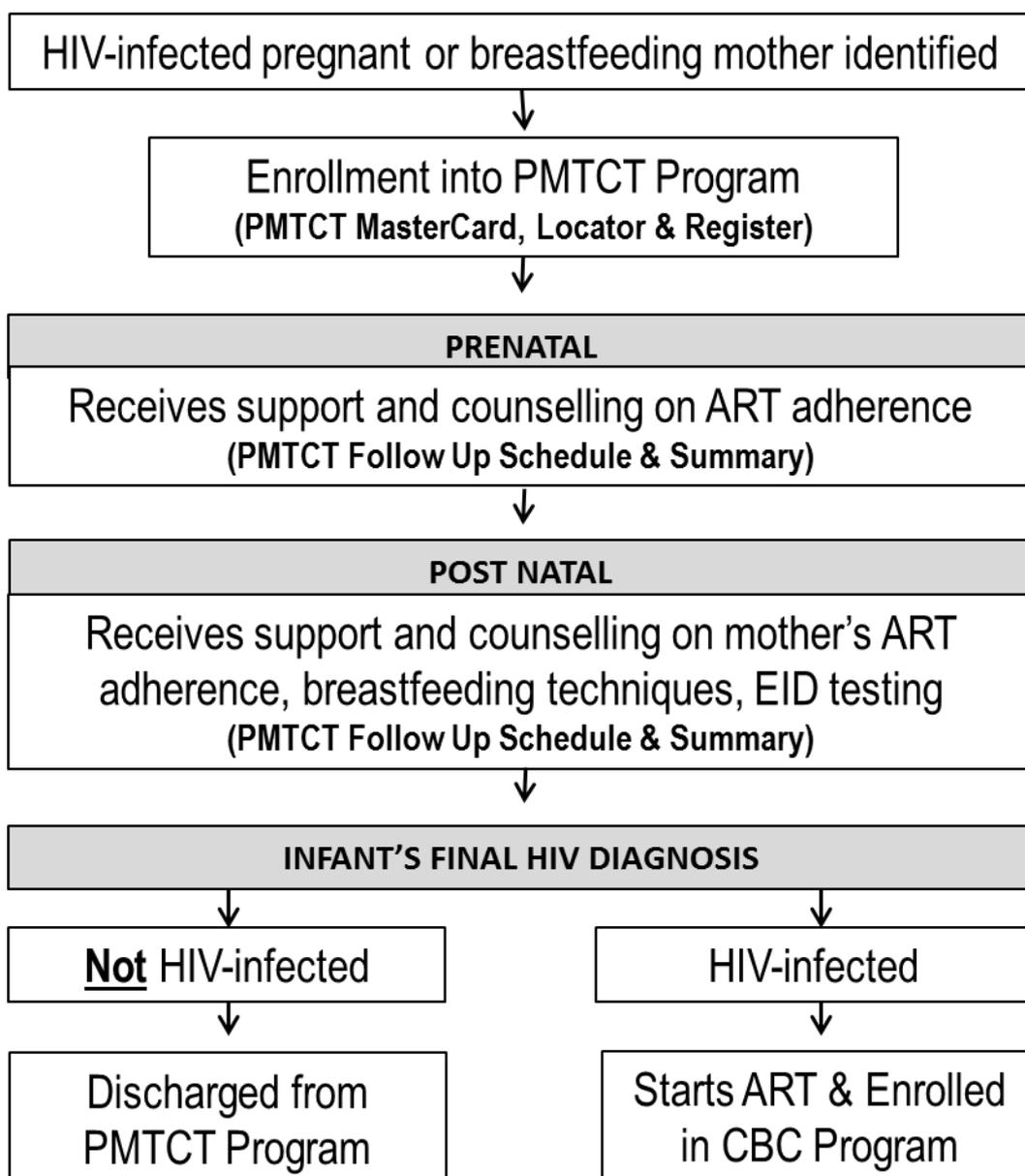
[SECTION 4: PMTCT FOLLOW UP SCHEDULE](#)

[SECTION 5: PMTCT FOLLOW UP SUMMARY](#)

[Appendix:](#) PMTCT MasterCard; PMTCT Register; PMTCT Follow Up Schedule; PMTCT Follow Up Summary

SECTION 1: OVERVIEW OF PMTCT PROGRAM

The main goal of the program is to prevent mother-to-child transmission of HIV. By partnering a CHW with each HIV-infected mother-infant pair (or only exposed infant if mother is not available), CHWs are able to offer support and guidance through the steps that need to be taken to prevent transmission. This flowchart provides a brief overview of the program’s activities and key goals. Detailed instructions can be found in the Case Management SOP and in the instructions for the corresponding forms below.



SECTION 2: PMTCT MASTERCARD**A. General Enrolment Details**

This section should be filled completely at the time of the patient's enrollment into the PMTCT program.

Heading	Description	Response Options
Tingathe PMTCT Patient ID #	Unique ID assigned to all patients. Should be assigned the day of enrolment.	
Enrolment Date	Date that the mother or exposed infant was enrolled into the PMTCT program	DD/MM/YY
Enroled During or After Pregnancy	Indication of the mother's pregnancy status at the time of enrollment	During= at any time when the mother is still pregnant; After= enrollment any time after the mother has given birth and the child is still considered exposed; Mom NA= mother not available (e.g. mother died and only enrolling exposed infant)
Permission to do home visit	Patient's preference for the CHW to conduct home-based follow ups	Yes= patient consents to home-based follow up; No = patient does not consent to home-based follow up
CHW assigned	First and last name of the CHW assigned to the patient	
First Home Visit Day	The first day that the CHW visited the patient at their home. Should only be filled for those who consented to home-based follow up (see above). It is recommended that the first home visit be done within one week of the patient's enrollment into the program.	DD/MM/YY
# of days from enrollment to first visit	The number of days between the time of the patient's enrollment and the time the CHW conducted the first home visit. For example, if the patient was enrolled on 10/06/16 and the first home visit was done on 16/06/16, the time would be 6 days. The goal for all patients is to have a visit within the first 7-10 days after enrollment.	
New CHW (and date)	If at any time during the patient's enrollment in the program the patient gets a new CHW, the CHW's name and the date that the switch was done should be indicated	CHW name, DD/MM/YY

B. Mother Details at Enrolment

This section should be filled completely at the time of the patient's enrollment into the PMTCT program. For all sections that do not apply to the patient or for which there is no response, please mark X.

Heading	Description	Response Options
ANC #	Unique ID assigned by the Ministry of Health to pregnant women upon their first visit to antenatal clinic (ANC). Only enter if mother was enrolled during into the PMTCT program before delivery.	
First Name	First name of the mother. If mother's information is not available (e.g. mother is dead), please enter 'Mom Dead' here and explain further in the comments section.	
Surname	Surname of the mother	
DOB	Date of birth of the mother	DD/MM/YY
Age	Age of the mother in years	
HIV Test Date	Date that the mother was diagnosed with HIV	DD/MM/YY
New or Known dx?	The mother's HIV diagnosis in terms of the mother's enrolment into the PMTCT Program	New= the mother's HIV diagnosis is new (i.e. diagnosed the same day as enrolment); Known= the mother's HIV diagnosis was known before pregnancy/enrollment into the program
EDD	Estimated delivery date of the mother. This should be estimated by a certified clinician or nurse.	DD/MM/YY

GA	Gestational age in weeks. This should be estimated by a certified clinician or nurse.		
Residence/Phone	The name of the patient's village (be as specific as possible) and the patient's mobile phone number if available. CHWs should test the mobile phone number during enrollment to ensure it is the correct number.		
Partner Disclosed status at enrolment	The mother's disclosure of her HIV status to her partner at the time of her enrollment into the program	N= No, the partner has not been disclosed to; Y = yes, the partner has been disclosed to; NA = not applicable (i.e. no mother)	
Partner tested?	The mother's partner's testing history. Partner's testing history is dependent on national HTC guidelines (e.g. If guidelines suggest retesting high risk patient's every 3 months and the partner had his last HIV test within that time period, he would be considered 'Y' = yes, tested).	N= no, partner has not been tested within the time recommended; Y= yes, the partner has been tested within the time recommended or has ever had a HIV positive test; NA = not applicable (i.e. no mother); Uk= partner's last HIV test/status is unknown	
Partner in care	The mother's partner's enrollment in HIV services.	N= no, the partner is HIV-infected and not enrolled in care; Y= yes, the partner is HIV-infected and enrolled in care; NA= partner is not HIV-infected or not applicable (i.e. no mother)	
Already on ART?	Indication that the mother is or is not taking ART at the time of enrollment in the PMTCT program	N= no, the mother was not on ART at the time of enrollment; Y= yes, the mother was on ART at the time of enrollment	
WHO Stage	The clinical stage of the patient at the time of the patient's registration into the PMTCT program. Must be done by a clinician/nurse using WHO Staging Guidelines.	1= Stage 1; 2= Stage 2; 3= Stage 3; 4= Stage 4	
Staging Diagnosis	Disease of condition for which a patient was assigned their WHO stage		
On IPT?	Indication that the mother is or is not taking IPT at the time of enrollment in the PMTCT program	N= no, not taking IPT at time of registration; Y= yes, taking IPT at time of registration	
MOH ART Information	TB Status	The tuberculosis status of the patient at the time of their registration	Never treated = Never had a TB diagnosis/treatment Last 2 years = Has had TB within the last two years Curr= currently diagnosed/taking treatment for TB
	MOH ART#	A unique ID assigned by the Ministry of Health for patients that have started ART	
	ART Start Date	The date that the patient start ART.	DD/MM/YY
	ART Regimen	The ART regimen that the patient is currently taking	
	PMTCT hx Mom (confirmed at delivery)	PMTCT history of mother. According to PMTCT recommendations, mothers should take ART throughout pregnancy to prevent mother-to-child-transmission of HIV. Indicate at the time of delivery whether or not the mother was taking ART or taking alternative measures during pregnancy to avoid transmission to her infant.	None= the patient was taking no measures for PMTCT; ART= the mother was taking ART for PMTCT; Other (specify)= any PMTCT measure that is not ART

C. Infant Details

Guidance for filling this section can be found on the **PMTCT Follow Up Schedule** tool. Infant ART information will only be filled if/when the infant has a positive HIV test. It is recommended that all children under the age of five should start ART the same day as diagnosis.

Heading	Description	Response Options	
First name	First name of exposed infant		
Surname	Last name of exposed infant		
DOB	Date of birth of exposed infant	DD/MM/YY	
Sex	Gender of infant	M= male; F= female	
Delivery Location	The location that the exposed infant was delivered	Home= home delivery without a traditional birth attendant; TBA= any location with a traditional birth attendant; HC/HOSP= delivery at the health centre or hospital	
Name of health centre	Name of health centre where the exposed infant was delivered		
PMTCT hx of infant (On Register: Infant PMTCT Regimen)	The PMTCT history of the infant. According to PMTCT recommendations, infants should receive NVP for six weeks immediately following birth. Indicate whether or not the infant was given NVP for 6 weeks immediately following birth, or an alternative scenario (e.g. NVP for 3 weeks only).	None= no PMTCT measures were taken for the infant; NVPx6wks= the child received NVP for the full first 6 weeks of life; Other= any alternative PMTCT measures taken for the infant	
Birth weight	Birth weight of the infant in kilograms (kgs)		
Infant feeding choice at birth	The method of infant feeding decided on by the infant's caregiver at his/her time of birth	EBF= exclusive breastfeeding; Mix= mixed feeding; Rep= replacement feeding	
BF End Date	Date that the exposed infant has stopped breastfeeding	DD/MM/YY	
MOH HCC #	A unique ID assigned by the Ministry of Health for patients on pre-ART/enrolled in HIV Care Clinic (HCC)		
First clinic visit date	The date of the exposed infant's first visit to the ART/HCC clinic after birth	DD/MM/YY	
Family planning method	The family planning method, if any, that is being used by the mother. If the mother is using FP, indicate the type in the space provided.	N= no the mother is not using a FP method; Y= yes, the mother is using a FP method (indicate method)	
Infant ART Information	WHO Stage	The clinical stage of the patient at the time of the patient's registration at the time of ART initiation. Must be done by a clinician/nurse using WHO Staging Guidelines.	1= Stage 1; 2= Stage 2; 3= Stage 3; 4= Stage 4
	Staging Dx	Disease of condition for which a patient was assigned their WHO stage	
	MOH ART#	A unique ID assigned by the Ministry of Health for patients that have started ART	
	ART Start Date	The date that the patient started ART.	DD/MM/YY
	ART Regimen	The ART regimen that the patient is currently taking	
	Tingathe CBC #	Unique ID assigned to all HIV-infected children when being enrolled into the CBC program. Should be assigned the day of registration.	

D. Infant HIV Testing

This section will be filled anytime the infant receives an HIV test and when the infant receives his/her final HIV diagnosis.

Heading	Description	Response Options
Initial HIV test	Type of the first HIV test done on the infant after birth. Circle only one. Note: it is recommended that the first test is a DNA PCR test at 6 weeks. A rapid test should only be done on a patient <12 months if PSHD is suspected.	PCR= DNA PCR HIV test; Rapid= rapid HIV test
Test number (EID/HTC)	Unique identification number of the HIV test done (assigned by the MOH)	
Test date	Date of the HIV test	DD/MM/YY
Result	Result of the HIV test done	Neg= HIV negative; Pos= HIV positive
Date Result Given	The date that the result was given to the infant's mother/caregiver	DD/MM/YY

Test done at <2 mo	Indicate if the test was done on the infant when s/he was less than two months old	
Age (months)	The age, in months the infant was at the time of the HIV test	
Follow up rapid HIV test from 12 (or 24) mo test date	The date of the follow up rapid test done on the infant at around 12 (or 24) months of age	
Result	Result of the HIV test done	Neg= HIV negative; Pos= HIV positive
Final diagnosis	The final HIV diagnosis of the child. Note: A non-infection can only be determined with a negative HIV test done at 24 months and/or 6 weeks after the cessation of breastfeeding.	Infected= child is HIV-infected; Not inf= child is definitely not HIV-infected (at age of 24 mo)
Date of final dx	The date the final HIV diagnosis was made. Note: for non-infected infants, this can only be 24+ months of age.	DD/MM/YY

E. Final Outcome

This section should be filled at the time of the **final outcome of the infant**. The date (DD/MM/YY) should be indicated in the space given and **one** of the final outcomes checked with additional details written if requested.

Outcome	Description
Transferred out	The patient received an official transfer to receive HIV services at a different clinic. Indicate the clinic in the space provided.
Moved	The patient moved to a new location without a proper transfer out. Indicate the place/village that the patient moved in the space provided.
Mom died during pregnancy	Mother died during pregnancy. Indicate the cause of death in the space provided.
Infant date died	The infant died before a final HIV diagnosis could be determined. Indicate cause of death in the space provided.
Nil palpable	Woman was found <u>not pregnant</u> after follow up pregnancy test
Infant infected or PSHD and on ART	The infant's final diagnosis is HIV-infected (either by positive HIV test or PSHD). Note: All HIV-infected infants should start ART immediately.
Infant definitely not infected	The infant's final diagnosis is <u>not</u> HIV-infected. Note: A non-infection can only be determined with a negative HIV test done at 24 months and/or 6 weeks after the cessation of breastfeeding.
Fetal demise	The fetus died before birth (either diagnosed miscarriage or stillbirth). Note: this is different than infant death. Do NOT indicate DOB of the infant in this case.
Refused	The patient declines enrolment or declines ongoing clinical care (may refuse home visits but still be active)
Lost	The patient did not return to the clinic and could not be traced. This includes patients that have moved to an unknown location. Write details of why/how lost and tracing efforts in the space provided.

Heading	Description	Response Options
Partner disclosed status at discharge	The mother's disclosure of her HIV status to her partner at the time of the patient's discharge (i.e. outcome)	N= No, the partner has not been disclosed to; Y = yes, the partner has been disclosed to; NA = not applicable (i.e. no mother)
Partner tested	The mother's partner's testing history at the time of the patient's discharge (i.e. outcome). Partner's testing history is dependent on national HTC guidelines.	N= no, partner has not been tested within the time recommended; Y= yes, the partner has been tested within the time recommended or has ever had a HIV positive test; NA = not applicable (i.e. no mother)
All children at home tested	Have all the children (those aged <16 yo) in the patient's household have a known HIV status at the patient's time of discharge (i.e. outcome).	Y= yes all child household members have known HIV status (i.e. been tested for HIV) N= no, there are still children in the patient's household that have an unknown HIV status

F. Locator Form

1. Fill this form during the patient's enrollment into the PMTCT program.
 - a. It is important to fill this at the first encounter as fully as possible to ensure follow up can be done.
 - b. Try to build rapport with the patient before filling the locator form. This encourages accurate and detailed information.
 - c. When possible, have a CHW that is familiar with the area the patient is living fill the map section of the form.
2. Write as much detail as the patient is comfortable giving.
3. Remember to do the following before completing the form:
 - a. Repeat back the instructions you have written to get to the patient's house
 - b. Try the phone number of the patient if the mobile phone is with the patient
 - c. Ensure map and/or directions are written clearly

G. Main Goals for PMTCT Patients

This section is a checklist for CHWs to ensure all important tasks for the patient have been completed. This section is not mandatory and can be filled by anytime by the CHW. This checklist should be adapted based upon the needs of the patient being followed.

H. Comments

Write any comments or notes about the patient, the follow up visits conducted and any other important notes.

I. Supervision Dates

This section should be filled by the Site Supervisor (SS), Program Manager (PM) and/or monitoring and evaluation clerk (ME) every time s/he conducts a supervision visit to the patient. Indicate:

1. The date the visit was conducted (DD/MM/YY)
2. Signature initials of the person doing the supervision visit
3. Circle the type of supervision visit (SS, PM or ME)

SECTION 3: PMTCT REGISTER

The PMTCT Register is the primary source of all patient data and should be the source of information for all program reports. For that reason, it is important that it be regularly updated and accurate using data from the patient MasterCard.

- All HIV-infected pregnant and breastfeeding mothers and exposed infants should be entered into the register regardless if they give consent or home-based follow ups or not
- New patients should be entered into the register the same day as being identified
- Patient data should be updated and checked on a regular basis by the Site Supervisor

The majority of the data comes directly from the patient MasterCard and the definitions and responses are the same for both documents. Below are additional sections NOT taken directly from the MasterCard.

Heading	Description	Response Options
Section Completed	Indication that the supervisor and the M&E team have checked that all entries are complete for the previous section. The SS/M&E should check/initial/date the box when they have finished checking it.	Sup= supervisor has checked it; M&E = the M&E team has checked the data
Mother reason for ART	The reason the mother was eligible to start ART when she was first initiated. Reasons are based upon WHO guidelines	Preg= pregnant; Lact= lactating; CD4 low=CD4 count was below given threshold; WHO3/4= staged WHO 3 or 4
Accepted or refused care	The mother's acceptance or refusal to begin ART. This can be updated in the comments section if it changes.	Accept= mother accepts taking ART; Refuse= mother refuses to begin ART treatment

SECTION 4: PMTCT FOLLOW UP SCHEDULE

This form outlines the recommended times for patient follow up and corresponding counselling points and tasks to be done during that time. Each patient should have a follow up schedule attached to their MasterCard so that the CHW can easily track important dates and events. Below is an example of how a CHW may use the form.

1. The CHW knows to conduct a home visit, or look for the patient at the health centre 3-7 days following the infant's delivery. The CHW indicates that a visit was done at the home (H) and the date of the visit.

- The CHW moves through the checklist to fill the corresponding boxes within the patient MasterCard and ensure the MIP has received all needed services. The CHW also does a pill count to determine ART adherence and asks the mother to demonstrate how she administers the NVP.
- At the end of the visit, the CHW writes the dates for the next visit and any additional comments.

Postnatal (after delivery) 3-7 days after delivery <input checked="" type="checkbox"/> Y <input type="checkbox"/> N, HC visit date: <u>20/04/16</u> <input checked="" type="checkbox"/> Mom received post-natal check date: <u>17/04/16</u> <input checked="" type="checkbox"/> Where did the delivery take place (put in infant box) <input checked="" type="checkbox"/> Feeding method chosen <u>EBF</u> MIX REP <input checked="" type="checkbox"/> Counseled on importance of exclusive breastfeeding <input checked="" type="checkbox"/> Checked mom taking ART with good adherence <input checked="" type="checkbox"/> Checked that mom is giving the infant NVP properly - infant less than 2500g at birth: 1ml daily for 6 wks - infant more than 2500g at birth: 1.5ml daily for 6 wks <input checked="" type="checkbox"/> Checked that mom is using the syringe properly and cleanly <input checked="" type="checkbox"/> Reminded the mother about infant PCR test at 6 weeks <input checked="" type="checkbox"/> Put all information in Infant Box <input checked="" type="checkbox"/> Next CHW visit date: <u>14/05/16</u> Next clinic apmt date: <u>16/05/16</u> Comments: <u>Have had some issues BF. Encouraged woman to go to HC immediately if bleeding</u>		Infant Details: First Name: <u>Jane</u> Surname: <u>Doe</u> DOB: <u>16/04/16</u> Sex: <u>M</u> <u>F</u> Delivery Location: Home TBA <u>HC/HOSP</u> Name of Health Center: <u>Tingathe HC</u> PMTCT hx Infant: None NVPx6wks Other: Infant birthweight (Kg): <u>EBF</u> MIX REP BF End date: MOH HCC#: <u>THC - 001</u> First Clinic Visit Date: Family planning method: N Y Method: WHO Stage: 1 2 3 4 Staging Dx: (write PSHD is applicable) MOH ART #: <u>Tingathe CBC #:</u> ART Start Date: ART Regimen: AZT/3TC/NVP Other:		
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SECTION 5: PMTCT FOLLOW UP SUMMARY

This form was designed for CHWs to easily track their patient's follow up schedule.

Fill patient details at the top of the sheet. Write down the details of each follow up visit with the patient. Keep this form with the patient's PMTCT MasterCard for a quick reference.

Heading	Description	Response Options
Visit Date	Date of visit (either to the home or health center)	DD/MM/YY
Comments	Any comments regarding the visit or patient's status	
CHW responsible	First and last name of CHW responsible for the follow up of the patient	
CHW visit scheduled date	The next planned home-based visit by the CHW	DD/MM/YY
Patient next clinic visit date	The patient's next scheduled ART clinic appointment	DD/MM/YY

An example of an entry is shown below:

Visit Date	Comments:	CHW responsible	CHW next visit scheduled date	Patient next clinic visit date
<u>28/6/16</u>	<u>Child appeared malnourished. Referred to HC for follow up.</u>	<u>J. Doe</u>	<u>29/7/16</u>	<u>13/7/16</u>

APPENDIX: PMTCT MasterCard; PMTCT Register; PMTCT Follow Up Schedule; PMTCT Follow Up Summary



PMTCT Patient Mastercard Tingathe PMTCT Patient ID#: _____

Permission to do home visit:	yes	no
CHW assigned:	_____	
First Home Visit Date:	_____	
# of days from enrollment to first visit	_____	
New CHW (and date):	_____	
New CHW (and date):	_____	

Enrolment Date: _____ Enrolled **DURING** or **AFTER** pregnancy (circle one): DURING AFTER Mom NA

Mother Details at Enrolment: ANC #: _____			
First Name:	Surname:	DOB:	Age:
HIV Test Date:	New or Known dx? NEW KNOWN	EDD:	GA:
Residence/Phone:	Partner Disclosed Status at enrolment: N Y N/A	Partner tested? N Y NA UK	Partner in Care: N Y N/A
Already on ART? N Y	WHO Stage (circle one): 1 2 3 4	Staging Diagnosis:	On IPT? N Y N/A
MOM ART information	TB Status:	MOH ART #:	ART Start Date:
	ART Regimen: d4T/ TDF/ alt 2nd 3TC/NVP 3TC/EFV 1st line	PMTCT hx MOM (confirmed at delivery): None ART Other: _____	

Infant Details:			
First Name:	Surname:	DOB:	
Sex: M F	Delivery Location: Home TBA HC/HOSP	Name of Health Center:	
PMTCT hx Infant: None NVPx6wks Other:	Infant birthweight (Kg):	Infant Feeding Choice at Birth: EBF MIX REP	BF End date:
MOH HCC#:	First Clinic Visit Date:	Family planning method: N Y Method: _____	
INFANT ART information	WHO Stage: 1 2 3 4	Staging Dx: (write PSHD is applicable)	MOH ART #:
	ART Start Date:	ART Regimen: AZT/ 3TC/NVP Other: _____	Tingathe CBC #:

Infant HIV Testing:					
Initial HIV test:	Test Number (EID/HTC):	Test Date:	Result:	Date Result Given:	Test done at <2mo: N Y
PCR			NEG		Age (months):
RAPID			POS		
Additional PCR test:	Test Number (EID):	PCR Test Date:	Result:	Date Result Given:	Test done at <2mo: N Y
PCR			NEG		Age (months):
PCR			POS		
Follow up rapid HIV test from 12mo test date:	Result: NEG POS	Follow up rapid HIV test from 24mo test date:	Result: NEG POS		
Final Diagnosis: Infected NOT Infected Unk	Date of Final Dx:	If HIV Infected, start ART as soon as possible! Please fill in ART information in Infant Box			

Final Outcome Date: _____ (please tick the appropriate box)		
<input type="checkbox"/> Transferred Out <input type="checkbox"/> Moved Location: _____		
<input type="checkbox"/> Mom Died during pregnancy, Cause of Death: _____		
<input type="checkbox"/> Infant Date died, Cause of Death: _____		
<input type="checkbox"/> Nil palpable		
<input type="checkbox"/> Infant infected or PSHD and on ART (complete infant ART info above)		
<input type="checkbox"/> Infant definitively NOT infected		
<input type="checkbox"/> Fetal Demise (miscarriage or stillbirth) - do <u>NOT</u> enter as infant death or an infant DOB		
<input type="checkbox"/> Refused: Details: _____		
<input type="checkbox"/> Lost: Details of why lost: _____		
Partner Disclosed Status at Discharge: N Y NA	Partner tested : N Y NA UNK	All children at home tested: N Y NA

Name of Person Filling Form: _____

Date Locator Form Filled: ___/___/_____

MOTHER'S NAME: _____

VILLAGE NAME: _____

MOBILE PHONE NUMBER: _____

BEST DAY(S) FOR HOME VISITS: _____

CONSENT:

CAN WE CONDUCT FOLLOW UPS AT YOUR HOME?: YES NO

CAN WE CONDUCT FOLLOW UPS BY CALLING YOUR MOBILE PHONE?: YES NO

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)**

MAIN GOALS:

- Home visit within one week of enrollment
- Mom started ART, ART start date: _____
- Mom adherent to ART
- Safe delivery and infant EBF for 6 months
- Infant took NVP for 6 weeks, mom understands how to give it
- Infant taking CPT and enrolled in HCC, HCC #: _____
- PCR at 6 weeks, date: _____
- PCR result _____, returned to mom, date: _____
- If HIV positive-> started on ART ASAP, ART start date _____
- Confirmatory tests from 12 and 24 months done
- Whole family knows their status and is in care
- Family planning discussed and plan made

Suggested visit schedule

- within 1 week of enrollment
- every month during pregnancy
- once at 0-1 month of age
- once at 2-3 months
- once at 3-5 months
- once from 5-9 months
- at 11 months
- at 13 months
- once at 14-22 months
- at 23 months
- final visit

Supervision Dates:

Date: _____ Sig: _____ SS Co PM ME

Partner Disclosed Status at Discharge	Partner tested by Discharge	All Children Tested by Discharge	<p style="text-align: center;">Comments</p> <p style="text-align: center;">(If all steps not completed, explain why- for example why maternal ART not started, reasons for refusing care, if infant HIV infected why ART not started)</p>	SECTION COMPLETED
NO	NO	NO		Sup
YES	YES	YES		M&E
N/A	N/A	N/A		



Prenatal (before delivery)- once a month.

Visit dates H/C: _____, _____, _____
_____, _____, _____, _____

- Iron Folate Albendazole bednet
- CPT Tetanus vaccines
- Started on ART (write ART#, start date, regimen in Mother Details box)!!**
- Asked about side effects
- Plan for delivery (circle): Home TBA HC/Hosp
- Counseled on exclusive breast feeding
- Counseled on Family Planning
- Counseled partner: disclosure, HIV testing, PMTCT
- Checked that mom has infant NVP and knows how to give:
 - infant less than 2500g at birth: 1ml daily for 6 wks
 - infant more than 2500g at birth: 1.5ml daily for 6 wks
- Checked that mom knows how to use syringe and keep syringe clean
- Checked that mom knows how to store medicines safely
- Asked other children in the family tested
- Next CHW visit date: _____ Next clinic apmt date: _____
- Comments: _____

Postnatal (after delivery)

3-7 days after delivery Y/N, H/C visit date: _____

- Mom received post-natal check date: _____
 - Where did the delivery take place (put in infant box)
 - Feeding method chosen: EBF MIX REP
 - Counseled on importance of exclusive breastfeeding
 - Checked mom taking ART with good adherence
 - Checked that mom is giving the infant NVP properly
 - infant less than 2500g at birth: 1ml daily for 6 wks
 - infant more than 2500g at birth: 1.5ml daily for 6 wks
 - Checked that mom is using the syringe properly and cleanly
 - Reminded the mother about infant PCR test at 6 weeks
 - Put all information in Infant Box
 - Next CHW visit date: _____ Next clinic apmt date: _____
- Comments: _____

4 weeks after delivery Y/N, H/C visit date: _____

- Counseled on exclusive breastfeeding and adherence
 - Asked about side effects of mom and infant meds
 - Checked that mom giving NVP to infant properly and daily
 - Reminded the mother about infant PCR test at 6 weeks
 - Reminded the mother importance of infant CPT at 6 wks
 - Next CHW visit date: _____ Next clinic apmt date: _____
- Comments: _____

8 weeks after delivery Y/N, H/C visit date: _____

- Made sure mom brought infant for 6 week PCR and CPT
 - Made sure infant taking CPT
 - Put testing information in HIV Testing Box
 - Infant's first clinic date: _____ (put in infant box)
 - Checked mom taking ART with good adherence
 - Checked that mom finished giving infant NVP at 6 weeks
 - Next CHW visit date: _____ Next clinic apmt date: _____
- Comments: _____

IF patient enrolled AFTER delivery First visit:

H/C visit date: _____

- First clinic date: _____
- Recorded all mothers information in mom details box
- Made sure mom is on ART, or plan to get mom on ART**
- Infant first HIV test done and result received. (put in infant details box)
- Counseled on EBF and complementary feeding
- Counseled on Family Planning
- Checked all children and partner HIV tested and in care
- Next CHW visit date: _____ Next clinic apmt date: _____
- Comments: _____

3 months after delivery Y/N, H/C visit date: _____

- Made sure mom received PCR result (put information in infant box- EID#, PCR date, result, result date)
 - If infant is HIV infected: NEEDS TO START ART AS SOON AS POSSIBLE (enter data into infant box)**
 - Made sure infant taking CPT & went to clinic
 - Counseled on exclusive breastfeeding
 - Checked mom taking ART with good adherence
 - Checked all children HIV tested
 - Checked partner HIV tested and in care
 - Next CHW visit date: _____ Next clinic apmt date: _____
- Comments: _____

4-5 months after delivery Y/N, H/C visit date: _____

- Counseled EBF & complementary feeding
 - Checked mom taking ART with good adherence
 - Made sure infant taking CPT & went to clinic
 - Counseled on importance of family planning
 - Next CHW visit date: _____ Next clinic apmt date: _____
- Comments: _____

7 months after delivery Y/N, H/C visit date: _____

- Checked that patient is complementary feeding
 - Checked mom taking ART with good adherence
 - Family Planning method chosen:** _____
 - Reminded patient about rapid test at 1 yr old
 - Next CHW visit date: _____ Next clinic apmt date: _____
- Comments: _____

11 months after delivery Y/N, H/C visit date: _____

- Checked mom taking ART with good adherence
 - Made sure infant taking CPT & went to clinic
 - Reminded patient about rapid test at 1 yr old
 - Counseled on importance of family planning
 - Checked all children HIV tested & partner in care
 - Next CHW visit date: _____ Next clinic apmt date: _____
- Comments: _____

12 month clinic visit done Y/N, date: _____

- 12 month rapid test done (enter data into HIV test box)**
- If infant is HIV infected: NEEDS TO START ART AS SOON AS POSSIBLE (enter data into Infant box)**

Comments: _____

This procedure explains the process of linking infants with a positive DNA PCR result to ART care immediately. Malawi National HTC Guidelines for exposed infants recommend a DNA PCR test done at 6 weeks, followed by two confirmatory rapid tests at 12 and 24 months in order to determine the HIV status of the infant. The Positive DNA PCR Register is designed to be used for those exposed infants that received a positive DNA PCR result for their test at 6 weeks of age. By closely monitoring all positive DNA PCR results, CHWs are able to quickly return results and enroll infants into care. Additionally, the register can help identify gaps in the DNA PCR laboratory process.

[SECTION 1: USE OF THE POSITIVE DNA PCR REGISTER](#)

[SECTION 2: FILLING THE POSITIVE DNA PCR REGISTER](#)

[Appendix: Positive DNA PCR Register](#)

SECTION 1: USE OF THE POSITIVE DNA PCR REGISTER

1. Update the register with all DNA PCR results as soon as the results are received from the laboratory. Note: If there are delays in receiving results, the appropriate logistics coordinator should be notified.
2. Inform patients as soon as possible through either a phone call or home-based visit that their test results are available and that they should go to the health center to receive them. If the patient does not return to the health facility within the next few days, CHWs should continue home-based follow up and counselling.
3. When the patient comes to the health facility for results:
 - a. Counsel the mother/caregiver about the patient's status and next steps
 - b. Start the infant on ART
 - c. Update all remaining sections of the Positive DNA PCR Register

SECTION 2: FILLING THE POSITIVE DNA PCR REGISTER

Heading	Description	Response Options
EID #	Early infant diagnosis number. A unique ID assigned by the MOH to every DNA PCR test. Can be found in the EID Register.	
Tingathe #	Unique ID assigned by the Tingathe Program to all women and exposed infants in the PMTCT Program	
Enrolled in PMTCT before or after infant birth?	The enrollment status of the MIP/exposed infant in terms of the infant's birth	Before= the mother was enrolled in the PMTCT program before the infant's birth; After= the mother/exposed infant was enrolled in the PMTCT program after the infant's birth
Infant Name	Infant's name	Last name, First name
Mom Name	Infant's mother's name	Last name, First name
Infant Sex	Gender of the infant	MALE = male; FEM= female
Date of Birth	Date of birth of the infant	DD/MM/YY
Date PCR Taken	Date that the PCR was drawn	DD/MM/YY
Date PCR returned from lab	Date that the result from the DNA PCR test was received	DD/MM/YY
PCR result given to patient	Date that the result from the DNA PCR test was formally communicated to the mother/infant caregiver	DD/MM/YY
CHW assigned	The CHW assigned to following up the exposed infant and ensure s/he starts ART (should be the same CHW assigned to the patient for the PMTCT program)	Last name, First name
Infant MOH ART # and ART start date	MOH ART # is the unique ID assigned by the MOH to all patients who start ART. ART start date is the date the patient started ART	ART Start Date: DD/MM/YY
# of days from PCR result	Count the number of days from the date the DNA PCR result was received at the clinic and the date that the patient started ART	Example: result was received on 28/6/16 and the patient started ART on 5/07/16. The number of days between is: 7

Positive DNA PCR Register

rcvd to ART start		
Mom on ART	Is the mother of the infant taking ART	Y= yes she is taking ART; N= no she is not taking ART; NA= infant's mother is not available (e.g. died)
Mom MOH ART# and ART Start Date	MOH ART # is the unique ID assigned by the MOH to all patients who start ART. ART start date is the date the patient started ART	ART Start Date: DD/MM/YY
PSHD	If the child was diagnosed with PSHD	Y= yes the infant was diagnosed with PSHD; N= no the infant was not diagnosed with PSHD
Infant ART Outcome	The outcome of the infant.	
Infant Outcome Date	The date of the infant's outcome	
Mom ART Outcome	The outcome of the mother.	
Mom Outcome Date	The date of the mother's outcome	
Did infant receive NVP for PMTCT?	If the infant received NVP for PMTCT (i.e. did the infant take NVP for the first six weeks of life)	Y= yes the infant received 6 weeks (or less) of NVP for PMTCT; N= no the infant did not receive NVP for PMTCT
If infant ART not started within 2 weeks of PCR result, please explain.	Infants are at high risk of morbidity and mortality if they do not start ART immediately. It is important that CHWs strive to start all infants on ART as soon as possible. Explain any reason why this was not possible in the space provided	

APPENDIX: Positive DNA PCR Register

POSITIVE DNA PCR REGISTER

SITE: _____

EID # and Tingathe#		Enrolled in PMTCT before or after Infant Birth?	Infant and Mom Names (Surname, First name)	Infant Sex (circle one)	Date of Birth (dd/mm/yy)	Date PCR taken (dd/mm/yy)	PCR result given and date given to patient (dd/mm/yy)	CHW Assigned (Surname, First name)	Infant MOH ART # and ART start date (dd/mm/yy)	# days from PCR result rcvd to ART start	Mom on ART (circle one)
EID#	BEFORE	Infant (Surname, First Name)	MALE F				Date result received from lab		ART#:		YES NO NA
Tingathe#		AFTER					Mother (Surname, First Name)		EM		
EID#	BEFORE	Infant (Surname, First Name)	MALE F				Date result received from lab		ART#:		YES NO NA
Tingathe#		AFTER					Mother (Surname, First Name)		EM		
EID#	BEFORE	Infant (Surname, First Name)	MALE F				Date result received from lab		ART#:		YES NO NA
Tingathe#		AFTER					Mother (Surname, First Name)		EM		
EID#	BEFORE	Infant (Surname, First Name)	MALE F				Date result received from lab		ART#:		YES NO NA
Tingathe#		AFTER					Mother (Surname, First Name)		EM		
EID#	BEFORE	Infant (Surname, First Name)	MALE F				Date result received from lab		ART#:		YES NO NA
Tingathe#		AFTER					Mother (Surname, First Name)		EM		
EID#	BEFORE	Infant (Surname, First Name)	MALE F				Date result received from lab		ART#:		YES NO NA
Tingathe#		AFTER					Mother (Surname, First Name)		EM		
EID#	BEFORE	Infant (Surname, First Name)	MALE F				Date result received from lab		ART#:		YES NO NA
Tingathe#		AFTER					Mother (Surname, First Name)		EM		
EID#	BEFORE	Infant (Surname, First Name)	MALE F				Date result received from lab		ART#:		YES NO NA
Tingathe#		AFTER					Mother (Surname, First Name)		EM		
EID#	BEFORE	Infant (Surname, First Name)	MALE F				Date result received from lab		ART#:		YES NO NA
Tingathe#		AFTER					Mother (Surname, First Name)		EM		
EID#	BEFORE	Infant (Surname, First Name)	MALE F				Date result received from lab		ART#:		YES NO NA
Tingathe#		AFTER					Mother (Surname, First Name)		EM		

Mom MOH ART # and ART start date (dd/mm/yy)	PSHD (circle one)	Infant ART Outcome (tick only one)	Infant Outcome Date (dd/mm/yy)	Mom ART Outcome (tick only one)	Mom Outcome Date (dd/mm/yy)	Did infant receive NVP for PMTCT? (circle one)	If infant ART not started within 2 weeks of PCR result, please explain:
ART#: _____ ART start date: _____	YES NO	<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		YES NO	
ART#: _____ ART start date: _____	YES NO	<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		YES NO	
ART#: _____ ART start date: _____	YES NO	<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		YES NO	
ART#: _____ ART start date: _____	YES NO	<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		YES NO	
ART#: _____ ART start date: _____	YES NO	<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		YES NO	
ART#: _____ ART start date: _____	YES NO	<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		YES NO	
ART#: _____ ART start date: _____	YES NO	<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		YES NO	
ART#: _____ ART start date: _____	YES NO	<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		YES NO	
ART#: _____ ART start date: _____	YES NO	<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		YES NO	
ART#: _____ ART start date: _____	YES NO	<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		<input type="checkbox"/> AliveNoART <input type="checkbox"/> Alive on ART <input type="checkbox"/> T/O <input type="checkbox"/> STOP <input type="checkbox"/> DEF <input type="checkbox"/> DIED		YES NO	

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](#)

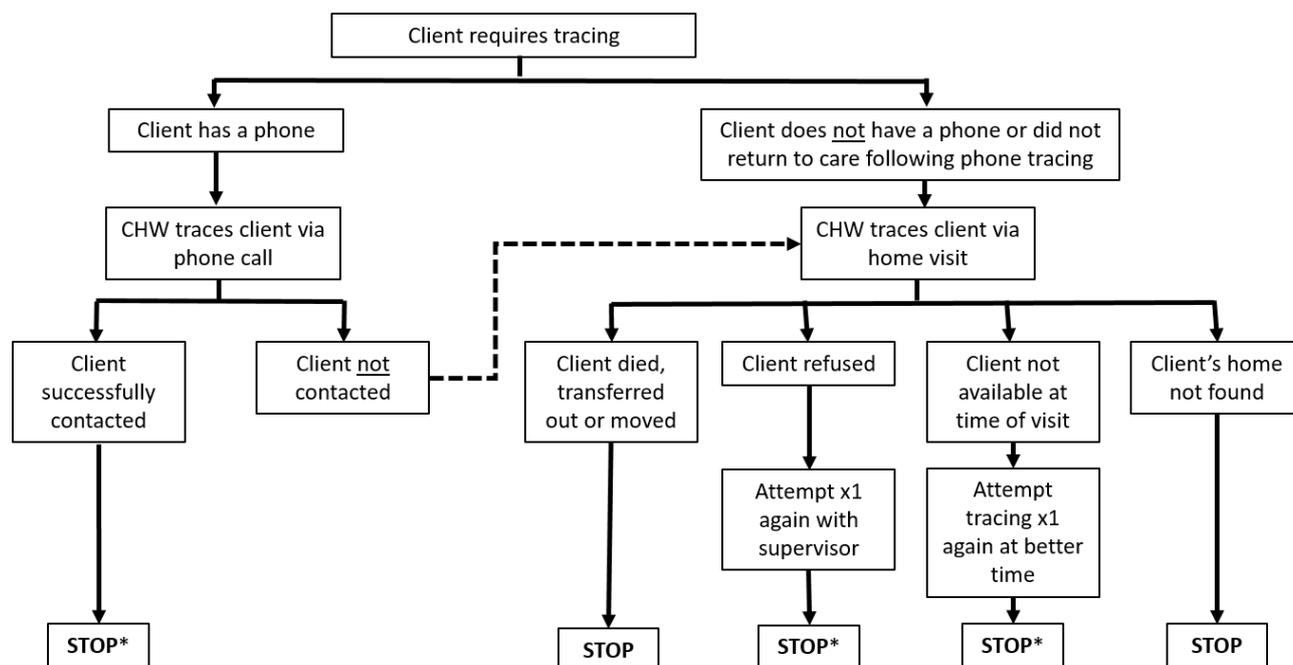
[Appendix: Client Tracing Form, Client Tracing List, Client Locator Form](#)

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: _____

<p>Reason for tracing: Linkage to care <input checked="" type="checkbox"/> <input type="checkbox"/> Positive DNA-PCR <input type="checkbox"/> Positive Rapid Test <input type="checkbox"/> Known +, not on ART</p> <p>Patient HTC/PCR ID #: _____</p> <p>EID Infant? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/> Missed appointment <input type="checkbox"/> Defaulter (missed appt ≥2mo)</p> <p>Patient ART/HCC#: _____</p> <p>EID Infant? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><input type="checkbox"/> Other Reason (Please Specify): _____</p>	

Name of Patient: _____ Age: _____ Sex: _____
 Guardian Name: _____

Phone number: _____

Physical address (Descriptive): _____

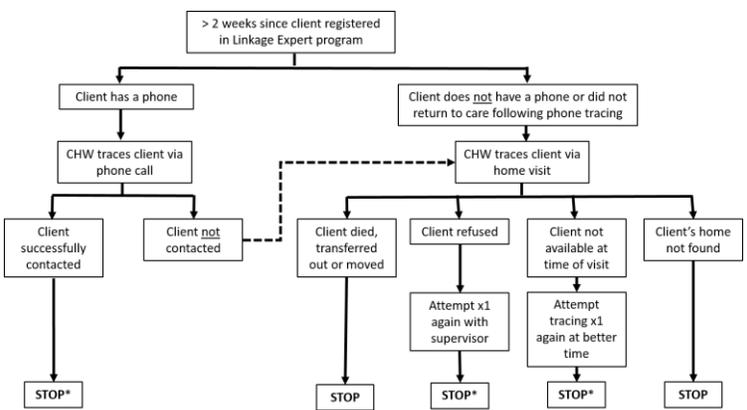
Tracing visits:

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: _____



*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.

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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