Family Health International

Name of Implementing Agency	
Assessment team member:	

Facility Name:	
Date:	

Reminder: This checklist is a standalone list and should not be used in conjunction with other facility or service assessment lists.

1.	Training	Method	Score				Observations/rationale for score
1.1	CHBC teams have been trained/certified by MoH, FHI or an organization approved by FHI.	R/SI/MI	NA	MS	-	2	
1.2	CHBC teams have received or will receive training in caring for children living with and affected by HIV by MoH, FHI or an organization approved by FHI.	SI/MI	NA	MS	-	2	
1.3	CHBC teams have been provided a technical overview in areas appropriate to client population (e.g., drug use, harm reduction, substitution therapy; needs of MSM, SWs, youth; reproductive health, including family planning and PMTCT).	R/SI/MI	NA	0	1	2	
1.4	CHBC teams are receiving on-the-job mentoring and support.	R/SI/MI	NA	MS	-	2	
1.5	CHBC teams have received or there is a plan for them to receive periodic refresher and advanced training.	R/SI/MI	NA	0	1	2	

2.	Program planning and approach	Method	Score				Observations/rationale for score
2.1	HIV care needs are assessed in a participatory manner: a CHBC service needs assessment is conducted before the initiation of services. PLWHA and families are involved in the needs assessment.	R/SI/MI/CI	NA	MS	-	2	
2.2	CHBC services are strategic: CHBC services are provided in locations of greatest number and concentration of PLWHA in need of care services.	R/SI/MI/CI	NA	MS	-	2	
2.3	CHBC services are voluntary: CHBC is only provided to PLWHA or family who request the service. No coercive incentives are advertised (e.g., food) to urge clients to accept CHBC services.	SI/MI/CI	NA	MS	-	2	

Scoring Notes:

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(MS) Failure to reach minimum standard
  (0) No   (1) Yes, partially   (2) Yes

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2.	Program planning and approach	Method		Score			Observations/rationale for score
2.4	The service is family centered: the design of the CHBC program is family centered and includes provision of care to children.	R/SI/MI/CI	NA	MS	-	2	
2.5	Cost barriers are reduced: CHBC service is free of charge or otherwise made affordable to those who need it.	R/MI/SI/CI	NA	MS	-	2	
2.6	CHBC service is offered in a clearly defined geographic area.	R/MI/SI	NA	0	1	2	
2.7	CHBC is linked to clinic/hospital-based care: CHBC service is either based in an HIV outpatient clinic (OPC), drop-in center (DIC) or other HIV service center; or otherwise linked to a facility which provides HIV care, treatment and support.	O/SI/MI	NA	MS	-	2	
2.8	The CHBC service is demonstratively part of a network of HIV and related services (e.g., participates in continuum of care or other referral/coordination system).	R/SI/MI	NA	MS	-	2	
2.9	Community mobilization: gathering support from the community is being explored or underway as part of the CHBC program.	R/SI/MI	NA	0	1	2	
2.10	Community resources are being contributed to the CHBC program (e.g., labor, food, support for funerals, donations, etc.).	R/SI/MI	NA	0	1	2	

3.	Management and administration	Method		Score			Observations/rationale for score
3.1	CHBC services are adequately staffed (2-3 individuals per team). There is a balanced client-to-team ratio (e.g., no more than 35 clients per team). *Note: The optimal number of PLWHA clients per team should be determined by each program. Formula should include at least the following: 1) distance/travel time to homes, 2) level of effort (team full-time or part-time), 3) funding /resources available and 4) security issues.*	R/SI/MI	NA	MS	-	2	
3.2	CHBC teams are interdisciplinary; they include PLWHA, health care workers, social workers or others as needed.	R/SI/MI	NA	MS	-	2	
3.3	Written job descriptions for staff/volunteers are available. Staff/volunteers have been given a copy of their JD and are aware of their roles and responsibilities.	R/SI/MI	NA	MS	-	2	

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3.	Management and administration	Method		Score			Observations/rationale for score
3.4	Staff and volunteers are fairly remunerated for the work performed. Volunteers are not expected to work without adequate compensation. They are recompensed according to local norms.	R/SI/MI	NA	MS	-	2	
3.5	Staff members are recruited according to FHI/IA or other agreed recruitment practices.	R/MI	NA	MS	-	2	
3.6	A system is in place to cross-train staff/volunteers to ensure CHBC team members can be replaced efficiently.	MI	NA	0	1	2	
3.7	Staff performance is appraised annually. Results are available on file.	R/MI	NA	MS	-	2	
3.8	All staff members have signed the "Oath of Confidentiality". The documents are available to the review team.	R	NA	MS	-	2	
3.9	Staff members working with children are aware of child protection laws and have signed a child protection pledge.	R/SI/MI	NA	MS	-	2	
3.10	There is a designated CHBC supervisor. The supervisor routinely observes and mentors CHBC teams. The supervisor uses supervision checklists and provides feedback to staff on performance.	SI/MI	NA	MS	-	2	
3.11	Provisions are made to help CHBC staff/volunteers manage burnout (e.g., through group/individual counseling, work breaks, etc.).	MI/SI	NA	MS	-	2	
3.12	Written procedures (SOPs) detailing how the CHBC services are to be implemented are accessible to all relevant staff. Managers and staff have been trained on these procedures.	MI/SI/R	NA	MS	-	2	
3.13	Staff and volunteers report that they are receiving ongoing mentoring, encouragement, supportive supervision to fulfill their responsibilities from supervisors and team members.	SI	NA	MS	-	2	
3.14	A CHBC program organogram with names of staff members and clear lines of supervision is available.	R/O	NA	0	1	2	
3.15	There are regular staff meetings. Minutes from staff meetings are available for review.	R/SI	NA	0	1	2	
3.16	Program reports, including service coverage indicators, are filed and readily available for review.	R	NA	0	1	2	
3.17	Targets have been set for key performance indicators (e.g., number of people receiving services).	R/SI/MI	NA	0	1	2	

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3.	Management and administration	Method	Score				Observations/rationale for score
3.18	Performance against targets is reviewed by managers and staff.	SI/MI	NA	0	1	2	
3.19	The number of CHBC clients served during last month meets or exceeds targets.	R/SI/MI	NA	0	1	2	
3.20	It is made clear to CHBC staff that CHBC is a <u>voluntary service</u>. Although targets might have been set, they cannot violate client rights to choose CHBC to meet that target.	SI/MI	NA	MS	-	2	
3.21	All CHBC teams have had Hepatitis B serology checked and if negative have been offered vaccination.	R/SI/MI	NA	MS	-	2	
3.22	Security for CHBC teams has been assessed and addressed as appropriate (e.g., travel as teams, only work in areas which are safe, carry radios/phones, etc.).	SI/MI	NA	MS	-	2	
3.23	PEP, HIV care and ART are available to all staff/volunteers with occupational exposure to HIV, and are provided free of charge.	R/SI/MI	NA	MS	-	2	
3.24	Prophylaxis, and care and treatment for other diseases which staff/volunteers are exposed to while on the job are provided free of charge (e.g., TB, Hep B/C, malaria, etc.).	R/SI/MI	NA	MS	-	2	
3.25	Given long periods of outdoor exposure, teams are provided, as relevant, with measures to protect them from the elements, including raincoats, umbrellas, boots, hats, water, mosquito net, etc.	SI/MI/O	NA	MS	-	2	

4.	General operational issues	Method	Score				Observations/rationale for score
4.1	The CHBC team has a base/office where they meet, rest, keep files, and store medicines and other consumables. The space includes basic facilities (e.g., toilets, running water).	O/SI	NA	MS	-	2	
4.2	If relevant, visual and auditory privacy for clients are maintained (applicable only if the CHBC team also sees clients at the office).	O	NA	MS	-	2	

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4.	General operational issues	Method	Score				Observations/rationale for score
4.3	The CHBC teams take all necessary precautions to protect client confidentiality and privacy through their dress, etc. CHBC teams do not wear uniforms, use bags or have other distinguishing features which would indicate that they are working in HIV care.	O/SI/MI/CI	NA	MS	-	2	
4.4	Essential referral relationships have been established with a HIV care and treatment outpatient clinic, TB services, inpatient care and other services deemed essential by the program.	R/SI/MI	NA	MS	-	2	
4.5	Other important referral relationships have been established. These include health facilities (ANC, IMCI, STI, RH/FP); and social welfare services, income-generation services, schools, OVC support programs, etc.	R/SI/MI	NA	0	1	2	
4.6	Referral forms are available and used by CHBC team members.	R/O/SI/MI	NA	0	1	2	
4.7	A service referral directory is available and was updated in the last year.	R/O/SI/MI	NA	0	1	2	
4.8	Primary referral site for facility-based HIV care and treatment is satisfied with referral relationship with CHBC service.	MI/SI	NA	0	1	2	
4.9	CHBC staff members have a means of communication with referral sites and teams (e.g., phone, email and internet access).	O	NA	0	1	2	
4.10	There is an 'on-call' system in place where clients can contact a member of the CHBC in the event of an emergency.	R/MI/SI	NA	0	1	2	
4.11	A CHBC team transport system is in place. An appropriate and safe transport system is being used for home visits and referrals. Teams are being remunerated for transport fees, as needed.	SI/MI	NA	MS	-	2	
4.12	If relevant, CHBC teams participate in regular case review meetings with the outpatient clinic/hospital they are linked with in order to improve quality of coordination, follow-up and referrals.	O/SI/MI	NA	0	1	2	

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5.	Infection control practices	Method	Score				Observations/rationale for score
5.1	Masks and gloves are available to CHBC team and are being used correctly.	O	NA	MS	-	2	
5.2	There is a first aid box in the office which is available to staff, including simple methods for eye washing, covering of cuts and lesions.	O	NA	MS	-	2	
5.3	PEP is available on site or close by, an algorithm describing management of an exposure is present and staff members are trained in PEP. PEP register is maintained and updated.	O/SI/MI	NA	MS	-	2	
5.4	Infection control during CHBC visits: sharps (needles, syringes), contaminated scissors, tweezers, etc. are cleaned (as feasible) and packed on site in puncture-proof bags/containers for transport back to the office. Soiled materials (e.g., bandages, cotton wool) are bagged and sealed for disposal using standard procedures (see below).	O/SI/MI	NA	MS	-	2	
5.5	Procedures exist for the safe disposal of all waste (incineration and dumping) in accordance with MoH standards.	O	NA	MS	-	2	
5.6	Instruments are cleaned with clean water and detergent.	O	NA	MS	-	2	
5.7	Sodium hypochlorite solution or chlorine solution is available and prepared at the right strength (e.g., 0.5% for chlorine solution).	O	NA	MS	-	2	
5.8	Instruments are sterilized by autoclave at 121^0C at 106 KPa pressure for 30 minutes (for wrapped) or 20 minutes (unwrapped).	O	NA	MS	-	2	
5.9	Sterile instruments are stored in a clean and dry place.	O	NA	MS	-	2	

6.	CHBC records and client registration	Method	Score				Observations/rationale for score
6.1	Standard FHI-approved client registration and filing system (that maintains confidentiality) is in place and being maintained at all times.	R/O/SI	NA	MS	-	2	
6.2	Files are kept in a locked cabinet. Access to files is limited to only those designated. A coding system is used so that names of clients are protected.	R/O/SI	NA	MS	-	2	

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6.	CHBC records and client registration	Method	Score				Observations/rationale for score
6.3	All staff members use standardized MoH or FHI-approved data collection forms (e.g., client history and follow-up visit forms, registers).	R/O/SI	NA	MS	-	2	
6.4	There is evidence that CHBC teams promptly and completely fill in 'client first visit' and 'follow-up visit' forms.	R/O/SI	NA	MS	-	2	
6.5	CHBC client folders are coded and filed in an organized manner. There is a system for managing active and inactive files (e.g., files of individuals who have died, who are lost to follow up or who have been discharged from the service).	R/O/SI	NA	0	1	2	
6.6	CHBC teams update client-held record books on every visit (if applicable to program).	R/O/SI	NA	MS	-	2	
6.7	For CHBC teams based at an HIV clinic, there is an attempt to link or integrate CHBC client records into facility client records.	O/R/SI	NA	0	1	2	

7.	CHBC supplies	Method	Score				Observations/rationale for score
7.1	CHBC teams have a home care kits (bag of essential care supplies). The kits are stored in a safe and dry place, and are replenished as needed.	O/SI	NA	MS	-	2	
7.2	CHBC kit is contained in a bag selected by the CHBC team that is comfortable to carry (e.g., a backpack).	O/SI	NA	0	1	2	
7.3	CHBC kits contain a standard set of symptom care medicines and supplies approved by MoH/FHI.	O/R/SI	NA	MS	-	2	
7.4	Where care is provided to children, the kits contain medicines appropriate to them.	O/SI	NA	MS	-	2	
7.5	Home care supplies are consistently available. No stock-outs have been reported in the past 3 months.	O/SI	NA	MS	-	2	
7.6	CHBC teams are trained to use the medicines and supplies in the kit.	O/SI	NA	MS	-	2	

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7.	CHBC supplies	Method	Score				Observations/rationale for score
7.7	Home-care teams have access to the following medicines and supplies: *This list must be adapted to the needs of clients and available medicines in each area.*						
	7.7.1 Sterile disposable gloves	O/SI	NA	MS	-	2	
	7.7.2 Masks	O/SI	NA	MS	-	2	
	7.7.3 Soap for hand washing	O/SI	NA	MS	-	2	
	7.7.4 Sterilizing fluid for cleaning equipment, blood spills	O/SI	NA	MS	-	2	
	7.7.5 Analgesics for mild pain (combination of a few e.g., paracetamol, aspirin, ibuprofen, diclofenac)	O/SI	NA	MS	-	2	
	7.7.6 Analgesics for moderate pain [paracetamol/ codeine (500mg/30mg), 50mg tramadol]	O/SI	NA	MS	-	2	
	7.7.7 Antihistamine and sleep aid (e.g., diphenhydramine, promethazine)	O/SI	NA	MS	-	2	
	7.7.8 Antihistamine: non-drowsy (e.g., loratadine)	O/SI	NA	MS	-	2	
	7.7.9 Antifungal lozenge, pessary and cream (e.g., clotrimazole, miconazole, nystatin)	O/SI	NA	MS	-	2	
	7.7.10 Antifungal solution (gentian violet)	O/SI	NA	MS	-	2	
	7.7.11 Antidiarrheal (e.g., loperamide)	O/SI	NA	MS	-	2	
	7.7.12 Constipation (e.g., senna or sorbitol)	O/SI	NA	MS	-	2	
	7.7.13 Antiemetic (e.g., primperin)	O/SI	NA	MS	-	2	
	7.7.14 Scabicide (e.g., benzyl benzoate, permethrin)	O/SI	NA	MS	-	2	
	7.7.15 Petroleum jelly/vaseline	O/SI	NA	MS	-	2	

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7. CHBC supplies	Method	Score				Observations/rationale for score
7.7.16 Calamine lotion	O/SI	NA	MS	-	2	
7.7.17 Zinc oxide talcum powder	O/SI	NA	MS	-	2	
7.7.18 Medicated balm	O/SI	NA	MS	-	2	
7.7.19 Rubbing alcohol	O/SI	NA	MS	-	2	
7.7.20 Hydrogen peroxide	O/SI	NA	MS	-	2	
7.7.21 Povidine iodine	O/SI	NA	MS	-	2	
7.7.22 Multivitamin	O/SI	NA	MS	-	2	
7.7.23 Vitamin B complex	O/SI	NA	MS	-	2	
7.7.24 ORS	O/SI	NA	MS	-	2	
7.7.25 Condoms and lubricant	O/SI	NA	MS	-	2	
7.7.26 Needles and syringes (as relevant)	O/SI	NA	MS	-	2	
7.7.27 Wound dressing sets	O/SI	NA	MS	-	2	
7.7.28 Scissors, tweezers and container for sharps	O/SI	NA	MS	-	2	
7.7.29 Tongue depressors, flashlight and back-up batteries	O/SI	NA	MS	-	2	
7.7.30 Plastic bags for refuse and materials for disposal at facility	O/SI	NA	MS	-	2	
7.7.31 Self-care information (self-care book, pamphlets, etc.)	O/SI	NA	MS	-	2	
7.7.32 Local service information (e.g., harm reduction, OVC care)	O/SI	NA	MS	-	2	

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8.	Home-based care visits						

8.1	General home visit planning			Score			Observations/rationale for score
8.1.1	CHBC program has formally defined what services it will and will not offer. It has communicated these limitations to partners and clients.	R/SI/MI/CI	NA	MS	-	2	
8.1.2	Client visits are made with optimum frequency (e.g., once a week) to ensure continuity of care and prevent neglect.	R/SI/MI	NA	MS	-	2	
8.1.3	Clients are prioritized. Those with greater care needs are visited with greater frequency than those who only require routine visits.	R/SI/MI	NA	MS	-	2	
8.1.4	Clients are visited by the same team to promote stable and continuous care.	R/SI/MI	NA	0	1	2	
8.1.5	There is a weekly home visit plan in place. Teams plan and schedule home visits together. If there are specialized CHBC and OVC providers, they plan their visits to families together.	O/R/SI/MI	NA	0	1	2	
8.2	Home visit observation	Method		Score			Observations/rationale for score
8.2.1	CHBC members are well prepared and bring appropriate supplies according to patient needs.	O	NA	0	1	2	
8.2.2	CHBC teams make appointments with client and family. Client and family know the CHBC team is coming.	O	NA	0	1	2	
8.2.3	CHBC team greets clients and family in an appropriate manner, including introduction of CHBC team members and observers.	O	NA	0	1	2	
8.2.4	CHBC members do not ignore PLWHA, family or children and communicate respectfully and clearly with them. Attempts are made to make PLWHA and family comfortable with every visit.	O	NA	MS	-	2	
8.2.5	CHBC members start the visit by enquiring after the needs of PLWHA and family, and following up on previously identified needs. CHBC members conduct a holistic assessment, asking about physical, emotional, social and spiritual needs.	O	NA	MS	-	2	
8.2.6	When caring for families, the CHBC team addresses needs of the whole family, not just the individual with HIV (family-centered care).	O	NA	MS	-	2	

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8.2	Home visit observation	Method	Score				Observations/rationale for score
Physical care and support							
8.2.7	CHBC team member takes client history: asks about new signs or symptoms (e.g., pain, symptoms and side effects).	O	NA	MS	-	2	
8.2.8	CHBC team member checks the client-held care book (if used as part of the HIV care program and as appropriate) for previous clinic visits, medicines prescribed and next clinic appointment.	O	NA	0	1	2	
8.2.9	CHBC team member reviews new and old medicines being taken; asks to see medicines; clarifies what each is being taken for; and checks how well the client understands their prescriptions.	O	NA	MS	-	2	
8.2.10	CHBC team member washes hands before/after providing care and takes other infection prevention measures, as appropriate (e.g., gloving).	O	NA	MS	-	2	
8.2.11	CHBC team member takes vital signs (pulse, temperature, respiration, BP), informs PLWHA of the results and documents them in client file.	O/R	NA	MS	-	2	
8.2.12	CHBC team member asks client if they have pain and uses pain scale to determine the severity of pain (e.g., 0-10 or another scale). Results are documented in the client file.	O/R	NA	MS	-	2	
8.2.13	CHBC team member does basic physical exam: examines eyes, mouth, tongue, lymph nodes, abdomen, skin and genitals (as appropriate).	O	NA	MS	-	2	
8.2.14	CHBC team member correctly classifies signs and symptoms to determine if the client needs more skilled care for acute conditions or if danger signs are present. If referral is needed, the team member informs client/family of findings, asks client/family for approval to refer, and makes referrals promptly and according to protocol.	O	NA	MS	-	2	
8.2.15	CHBC team member discusses exam findings with client and family, and explains the care they will provide.	O	NA	MS	-	2	
8.2.16	CHBC team member provides care (appropriate to findings) to PLWHA (manages pain, bed sores and other symptoms).	O	NA	MS	-	2	
8.2.17	CHBC team member teaches PLWHA/family how to manage problems identified and when to refer.	O	NA	MS	-	2	

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8.2	Home visit observation	Method	Score				Observations/rationale for score
8.2.18	CHBC team member provides care supplies needed to manage problem identified.	O	NA	0	1	2	
8.2.19	ART and cotimoxazole prophylaxis adherence: CHBC team member asks client about ability to adhere to medicines. As per the local adherence protocol, the team member performs a pill count; checks medicine calendar, pill boxes or other tools used by the program/client to support adherence; asks about side effects; and provides side-effect care and information to the client and family.	O	NA	MS	-	2	
8.2.20	TB med check: if client is being treated for TB, CHBC team member checks TB forms and adherence to medicines, asks about medicine side effects, and provides side effect care and information to the client and family, as needed.	O	NA	MS	-	2	
8.2.21	If client is bed-bound, CHBC team member teaches family how to clean and care for skin and change position to prevent bed sores; how to provide bowel and bladder care; and how to feed, hydrate and comfort client.	O	NA	0	1	2	
8.2.22	If client is near end of life, CHBC team member provides responsive and appropriate end-of-life care (pain, symptoms, skin care; counseling, preparations).	O	NA	MS	-	2	
8.2.23	CHBC team member assesses availability to and intake of food and clean water, and if the client is able to eat three balanced meals a day; reviews overall family access to food; and develops plans to address any barriers to food for client and family.	O	NA	0	1	2	
8.2.24	CHBC team member provides self-care and positive living counseling, as appropriate.	O	NA	MS	-	2	
8.2.25	CHBC team member uses available educational tools (the self-care series books) and other tools to promote self-care skills and self-reliance of clients, and provides such tools to the client, as appropriate.	O	NA	0	1	2	
8.2.26	CHBC team member provides information on safer sex, family planning, PMTCT, harm reduction, as needed.	O	NA	0	1	2	
Emotional, social and spiritual support							
8.2.27	CHBC team member assesses client's and families' emotional, social and spiritual needs.	O	NA	MS	-	2	

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8.2	Home visit observation	Method	Score				Observations/rationale for score
8.2.28	CHBC team member assesses in a sensitive manner experiences with stigma and discrimination (self-stigma; stigma and discrimination from family, neighbors, health care workers and others) and helps client develop a plan for coping with stigma and discrimination.	O	NA	0	1	2	
8.2.29	CHBC team member communicates respectfully and openly but without providing advice or directing client to a specific choice.	O	NA	0	1	2	
8.2.30	CHBC team member provides emotional support, including active listening, empathy and active problem solving.	O	NA	MS	-	2	
8.2.31	CHBC team member helps client and family to prepare a social, emotional, spiritual support plan.	O	NA	MS	-	2	
8.2.32	If relevant, CHBC team member provides information to client/family regarding referrals (e.g., income generation, schooling support for OVC, etc.); and actively supports clients/family in linking to key services.	O	NA	0	1	2	
8.2.33	If appropriate, CHBC team member arranges for follow-up counseling with client/family.	O	NA	0	1	2	
8.2.34	In case of danger signs (intention of harm to self/others), CHBC team member provides support and arranges for additional help to client/family.	O	NA	MS	-	2	
8.2.35	CHBC team member refers client and family to PLWHA and family support groups if they are not already members.	O	NA	MS	-	2	
Safer sex, family planning and PMTCT							
8.2.36	As relevant, CHBC team member provides client with basic information on safer sex, family planning, PMTCT and on how to access services.	O	NA	0	1	2	
8.2.37	If not already seeking care at an HIV clinic, CHBC team member provides information on clinics and actively supports referral if client opts to go.	O	NA	MS	-	2	
8.2.38	For female/couple clients wanting to be or already pregnant, CHBC team member provides information on benefits of PMTCT service and actively supports referral to service if clients opt to go.	O	NA	MS	-	2	

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(MS) Failure to reach minimum standard
 (0) No   (1) Yes, partially   (2) Yes

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8.2	Home visit observation	Method	Score				Observations/rationale for score
8.2.39	CHBC team member provides supportive counseling, including assistance with partner disclosure and coping with partner reaction.	O	NA	MS	-	2	
8.2.40	For women/couples enrolled in PMTCT program, CHBC team member reviews clinic visit schedule and provides support if needed in attending routine clinics.	O	NA	0	1	2	
8.2.41	CHBC team member asks about PMTCT ARV and cotrimoxazole adherence and side effects, and provides support.	O	NA	MS	-	2	
8.2.42	CHBC team member asks about other routine ANC support (access to Fe & Folic Acid, TT, etc.) and provides referral to ANC services as needed.	O	NA	MS	-	2	
8.2.43	CHBC team member checks for pregnancy-related danger signs as part of overall history and exam taking: hemorrhaging, swollen legs, dizziness, anemia, etc.	O	NA	MS	-	2	
8.2.44	CHBC team member notifies PMTCT service provider if client has missed an appointment, cannot afford transport to services, is not able to be adherent to ARV or is experiencing side effects.	O	NA	MS	-	2	
8.2.45	CHBC team member assesses emotional, social and spiritual needs (as above).	O	NA	MS	-	2	
8.2.46	CHBC team member visits family just after delivery to provide continuity of care.	O	NA	MS	-	2	
8.2.47	CHBC team member checks for post-partum danger signs: hemorrhaging, infection, anemia, etc.	O	NA	MS	-	2	
If caring for an HIV-exposed child							
8.2.48	CHBC team member checks for danger signs; refers if danger signs identified.	O	NA	MS	-	2	
8.2.49	If < age 5, CHBC team member checks the client-held care book (if used as part of the HIV care program and as appropriate) for previous clinic visits, medicines prescribed and next clinic appointment.	O	NA	0	1	2	
8.2.50	CHBC team member assesses infant feeding, counsels mother/caregiver about dangers of mixed feeding and provides support for either exclusive breast or exclusive formula feeding (as per local guidelines / mother's choice).	O	NA	MS	-	2	

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Scoring Notes:

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(MS) Failure to reach minimum standard
　(0) No　　(1) Yes, partially　　(2) Yes

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8.2	Home visit observation	Method	Score				Observations/rationale for score
8.2.51	CHBC team member asks about cotrimoxazole adherence, side-effects and provides support; checks the level of understanding of the caregiver in how cotrim should be taken by the child; as per local adherence protocol, does a pill count, checks medicine calendar, pill boxes, etc.; helps family manage adherence; and refers child to the clinic if problems with adherence are identified.	O	NA	MS	-	2	
8.2.52	CHBC team member provides information on HIV testing for infants and support in accessing HIV counseling and testing if the family opts for it.	O	NA	0	1	2	
8.2.53	CHBC team member checks yellow IMCI growth monitoring and immunization card (ensures child is getting immunizations on schedule, growing well, etc.).	O	NA	0	1	2	
8.2.54	CHBC team member assesses availability to food and nutritional intake, and makes plan to address any barriers to food for client and family.	O	NA	MS	-	2	
8.2.55	CHBC team member asks about use of/access to local nutrition supplies/services (e.g., multi-vitamin syrup, deworming, supplemental feeding and WFP food packages).	O	NA	MS	-	2	
8.2.56	CHBC team member assesses physical, emotional, social, cognitive and spiritual needs of children, and provides care and support as relevant, including: future planning, wills, foster care placement, emotional support, and cognitive development, including play, nutrition and health care.	O	NA	0	1	2	
8.2.57	CHBC team member arranges for referrals to supportive services.	O	NA	0	1	2	
8.2.58	CHBC team member refers child to play group activities (or other early childhood development programs), if appropriate.	O	NA	0	1	2	
If caring for HIV+ child							
8.2.59	CHBC team member checks for danger signs (general childhood and HIV-related illness); and promptly refers child if danger signs are identified.	O	NA	MS	-	2	
8.2.60	CHBC team member checks the client-held care book (if used as part of the HIV care program) for previous clinic visits, medicines prescribed and next clinic appointment.	O	NA	0	1	2	

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8.2	Home visit observation	Method		Score			Observations/rationale for score
8.2.61	CHBC team member assesses infant feeding, counsels mother/caregiver about dangers of mixed feeding and provides support for either exclusive breast or exclusive formula feeding (as per local guidelines/mother's choice).	O	NA	MS	-	2	
8.2.62	CHBC team member asks about cotrimoxazole, TB and ART adherence, side-effects and provides support; checks the level of understanding of the caregiver in how ART, cotrim, TB and other medication should be taken by the child; as per local adherence protocol, does a pill count, checks medicine calendar, pill boxes, etc.; helps family manage complicated adherence (e.g., taking medicines at school); and refers child to ART clinic if problems with adherence are identified.	O	NA	MS	-	2	
8.2.63	If < age 5, CHBC team member checks yellow IMCI growth monitoring and immunization card (ensures child is getting immunizations on schedule, growing well, etc.).	O	NA	0	1	2	
8.2.64	CHBC team member assesses availability to food and nutritional intake, and develops a plan to address any barriers to food for client and family.	O	NA	MS	-	2	
8.2.65	CHBC team member asks about use of/access to local nutrition supplies/services (e.g., multi-vitamin syrup, deworming, supplemental feeding, WFP food packages).	O	NA	MS	-	2	
8.2.66	CHBC team member assesses needs of children and provides care and support as relevant (future planning, wills, foster care placement, emotional support, cognitive development, including play, schooling support, nutrition and health care).	O	NA	0	1	2	
8.2.67	CHBC team member informs family of available support services (e.g., play groups for children > 3 yrs of age; family caregiver support groups; youth groups, etc.).	O	NA	0	1	2	
8.2.68	CHBC team member arranges for referrals to supportive services as needed.	O	NA	0	1	2	
8.2.69	CHBC team member refers child to play group activities (or other early childhood development programs), if appropriate.	O	NA	0	1	2	

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8.2 Home visit observation	Method	Score				Observations/rationale for score
If child is HIV status unknown						
8.2.70 CHBC team member checks for danger signs (general childhood and HIV-related illness); promptly refers child if danger signs are identified.	O	NA	MS	-	2	
8.2.71 If < 5 years of age, CHBC team member checks yellow IMCI growth monitoring and immunization card (ensures child is getting immunizations on schedule, growing well, etc.).	O	NA	0	1	2	
8.2.72 CHBC team member assesses availability to food and nutritional intake, and develops a plan to address any barriers to food for client and family.	O	NA	MS	-	2	
8.2.73 CHBC team member asks about use of/access to local nutrition supplies/services (e.g., multi-vitamin syrup, deworming, supplemental feeding and WFP food packages).	O	NA	MS	-	2	
8.2.74 CHBC team member assesses needs of children and provides care and support as relevant (future planning, wills, foster-care placement, emotional support, schooling support, nutrition and health care).	O	NA	0	1	2	
8.2.75 CHBC team member refers child to play group activities (or other early childhood development programs), if appropriate.	O	NA	0	1	2	
8.2.76 CHBC team member arranges for referrals to supportive services as needed.	O	NA	0	1	2	
8.2.77 CHBC team member provides information on HIV counseling and testing to caregivers support in accessing CT if the family opts for it.	O	NA	MS	-	2	
If child is HIV negative						
8.2.78 CHBC team member checks for childhood illness danger signs; refers if danger signs identified.	O	NA	MS	-	2	
8.2.79 If < age 5, CHBC team member checks yellow IMCI growth monitoring and immunization card (ensures child is getting immunizations on schedule, growing well, etc.).	O	NA	0	1	2	

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8.2	Home visit observation	Method	Score				Observations/rationale for score
8.2.80	CHBC team member assesses availability to food and nutritional intake, and develops a plan to address any barriers to food for client and family.	O	NA	MS	-	2	
8.2.81	CHBC team member asks about use of/access to local nutrition supplies/services (e.g., multi-vitamin syrup, deworming, supplemental feeding and WFP food packages).	O	NA	MS	-	2	
8.2.82	CHBC team member assesses needs of children and provides care and support as relevant (future planning, wills, foster-care placement, emotional support, schooling support, nutrition and health care).	O	NA	0	1	2	
8.2.83	CHBC team member refers child to play group activities (or other early childhood development programs), if appropriate.	O	NA	0	1	2	
8.2.84	CHBC team member arranges for referrals to supportive services as needed.	O	NA	0	1	2	
End of home visit/follow up							
8.2.85	CHBC team member asks if the client/family have any remaining needs or questions.	O	NA	0	1	2	
8.2.86	CHBC team member summarizes main findings and main actions to be taken with client and family, and checks with client and family to ensure that they agree with findings and next steps.	O	NA	MS	-	2	
8.2.87	CHBC team member makes appointment for follow-up visit with client and reminds client of upcoming clinic appointments.	O	NA	0	1	2	
8.2.88	CHBC team member debriefs with supervisor and/or OPC clinic staff if any issues were raised that CHBC team was unable to address.	O	NA	0	1	2	
8.2.89	CHBC team member correctly documents and files report in locked cabinet.	O	NA	MS	-	2	
8.2.90	CHBC team member replenishes CHBC kits as needed.	O	NA	MS	-	2	

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9.	**Community services** (assess if relevant to program)						

9.1	**Community mobilization/awareness building**	**Method**	**Score**				**Observations/rationale for score**
9.1.1	Communities involved are prioritized by the program; those more affected by HIV receive priority focus of community awareness and mobilization.	R/SI/MI	NA	0	1	2	
9.1.2	Community awareness campaigns contain appropriate and relevant content: HIV transmission and prevention, stigma and discrimination reduction, how to access services, etc.	O/R/MI/SI/ CI	NA	0	1	2	
9.1.3	Community awareness activities are organized with adequate frequency to contribute to changes in knowledge among community members.	R/ SI/MI	NA	0	1	2	
9.1.4	Community mobilization techniques are appropriate to the local area and include a focus on building involvement in and ownership of CHBC work.	O/R/MI/SI/ CI	NA	0	1	2	
9.1.5	PLWHA provide input and shape content and implementation of community activities.	R/SI/MI/CI	NA	0	1	2	
9.1.6	There is evidence of community involvement and ownership of the program.	R/SI/MI/CI	NA	0	1	2	
9.1.7	Where community barriers to PLWHA accessing support and services exist, the CHBC program is strategically addressing such barriers.	R/SI/MI/CI	NA	0	1	2	
9.2	**Community care**	**Method**	**Score**				**Observations/rationale for score**
9.2.1	CHBC teams provide care to homeless, migrant/mobile PLWHA, not wanting or able to receive care in the home, in the community or at other locations (e.g., drop-in center, shelter, hospice, crisis center).	R/SI/MI	NA	0	1	2	
9.2.2	CHBC teams meet clients at their preferred location and optimize privacy for clients given the environment of care (street, park, etc.).	R/SI/MI/O	NA	0	1	2	
9.2.3	CHBC teams follow procedures under *II. Home-based care visits* when assessing needs and providing care.	R/SI/MI/O	NA	0	1	2	
9.2.4	CHBC teams support client to access a stable living environment if that is what the client wants.	R/SI/MI	NA	0	1	2	

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9.2	Community care	Method		Score			Observations/rationale for score
9.2.5	For homeless, migrants/mobile populations, CHBC teams work with others to address shelter needs.	R/SI/MI	NA	0	1	2	
9.2.6	CHBC teams assist client in reuniting with family, if that is what client wants.	R/SI/MI	NA	0	1	2	

10.	Monitoring and evaluation						
10.1	Client satisfaction	Method		Score			Observations/rationale for score
10.1.1	Clients feel confidentiality is being maintained by CHBC team.	CI	NA	MS	-	2	
10.1.2	Clients feel that they are being treated with respect and dignity by CHBC program.	CI	NA	MS	-	2	
10.1.3	Clients feel CHBC team comes to their home with adequate frequency.	CI	NA	MS	-	2	
10.1.4	Clients feel adequately supported and that needs are being met.	CI	NA	MS	-	2	
10.1.5	Clients report satisfactory experiences with referral services.	CI	NA	O	1	2	
10.1.6	Clients are given opportunity to provide feedback about the CHBC services and other related issues.	CI	NA	MS	-	2	
10.2	CHBC reporting and data collection	Method		Score			Observations/rationale for score
10.2.1	Data collection forms are available in project files and used correctly.	O/R	NA	O	1	2	
10.2.2	Data collected at each level of staff is correct and complete.	O/R	NA	O	1	2	
10.2.3	Reports (monthly/quarterly) are completed and submitted to FHI as scheduled for the past three months. FHI Project monitor responds within one month.	O/R	NA	O	1	2	
10.2.4	CHBC teams understand what is being measured by report forms and how to collect the data.	R/MI/SI	NA	MS	-	2	
10.2.5	CHBC teams participate in/lead data analysis and in using findings to adapt the program.	R/MI/SI	NA	MS	-	2	

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10.2	CHBC reporting and data collection	Method	Score				Observations/rationale for score
10.2.6	A process is in place for routine and participatory team analysis of program data.	R/MI/SI	NA	MS	-	2	
10.3	**CHBC QA/QI and evaluation**	**Method**	**Score**				**Observations/rationale for score**
10.3.1	Routine program process evaluation is conducted which includes QA/QI.	R/MI/SI	NA	MS	-	2	
10.3.2	As relevant, periodic outcome evaluation of the program is conducted, including assessing the quality of life of clients.	R/MI/SI	NA	0	1	2	

TOTAL SCORE:	/ 456	TOTAL MS MET:	/ 148	NUMBER NAs CIRCLED	/ 228

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