FACILITATOR’S GUIDE
FOR
COMMUNITY HOME BASED CARE ORIENTATION WORKSHOP
IN MYANMAR

"A Guide for the conduct of CHBC Orientation Workshop for planning and implementing CHBC program in townships"

Prepared for
Myanmar Nurses Association
As part of Strengthening Nurses and Midwives for HIV/AIDS 2003

in collaboration with
National AIDS Program,
Division of Nursing, Department of Health,
UNAIDS, UNICEF and WHO.
Preface.
The development of the Facilitator’s Guide for Community Home Based Care Orientation Workshop in Myanmar, "A Guide for the conduct of CHBC Orientation Workshop for planning and implementing CHBC program in townships" started in October 2001 as part of “Strengthening Nursing and Midwifery personnel for HIV/AIDS in Myanmar”. This initiative primarily focuses on establishing a national approach to Community Home based Care (CHBC) and secondarily to provide input to basic education curricula on CHBC and HIV/AIDS. The initiative is supervised by the Component Group on Care, Compassion and Support to PLHA, under the UN Thematic Group on HIV/AIDS in Myanmar. Myanmar Nurses Association (MNA) is implementing activities in close collaboration with National AIDS Program and Department of Health.

The CHBC Orientation Workshop is the third milestone in the process of establishing a CHBC program at township level. The first milestone being an assessment visit to the township, conducted by the MNA team, to sensitize township health authorities, local administration and civil society representatives for CHBC and to advocate for CHBC program. During this assessment visit the selection of CHBC wards/villages within the township and of a CHBC Coordinator is usually accomplished. The second milestone is the conduct of two types of training courses; 1) training of trainers from the township (CHBC Coordinator and 1-2 associates) and 2) Training of volunteers and others involved in the CHBC program.

The very first CHBC Orientation Workshop was held in Monywa, Sagaing Division, in October 2001 where the workshop approach and materials were used for the first time. Up to date the CHBC orientation workshop has been held in more than 20 additional townships and subsequently, the workshop materials have been field tested, revised and improved by the consultant and the MNA team during this period of time.
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Part 1.

Introduction to Facilitator's Guide
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1. Introduction.
Like other care and support initiatives for people living with HIV/AIDS and their families and communities, planning needs to take place before the initiative can be implemented. Likewise, for the establishment of a Community Home Based Care (CHBC) program in a township, there is a need to involve a broad range of key stakeholders from the township, e.g. district/township health authorities, administration, NGOs, institutions, civil society groups and individual resource persons in the planning and consensus building process.

Because CHBC uses a multidisciplinary approach and tries to bridge the gap between family/community on the one hand and the health system and services on the other, the full participation and support from both sides is very much needed. Also the input and participation of people living with HIV/AIDS (PLHA) is necessary, to ensure that the planning of activities is relevant in responding to the needs of people.

The skill-up grading and planning workshop described in this Facilitator's Guide of CHBC Orientation Workshop is designed to build ownership of the CHBC program among the participants, as they are provided with theoretical and concrete information and then facilitated through a process of applying and consolidating the learning in terms of producing a work plan for the CHBC program.

The CHBC orientation workshop is all about going through a planning process, where participants are facilitated in planning their own CHBC program. It is done in a way, that ensures that it is participants who select the priority services for the Program and identify the critical issues to address in order for the implementation to be successful.

The Facilitator's Guide provides instructions and materials for organizing and conducting the CHBC Orientation Workshop as well as concrete guidance on the steps that need to be taken after the workshop.

2. How to use the Facilitator’s Guide.
The Guide contains a selection of resource materials and tools for CHBC program implementation, that are presented in three main parts:

Part 1. Introduction, Background and Preparations.
This part of the Guide gives a short introduction to both the CHBC Orientation Workshop and to the CHBC Program. It gives an explanation on how to use the Facilitator's Guide and an overview of what it contains.

It goes into some detail, in presenting what the CHBC Orientation Workshop is all about, the planning process that is being used and the products that are produced during the workshop. This part of the Guide also includes a short outline of what is supposed to happen after the CHBC Orientation Workshop.
Part 2. Facilitator's Guide for conduct of CHBC Orientation Workshop

This part of the Guide is the actual Facilitator's Guide, and it focuses on the proceedings of the CHBC orientation workshop. For each agenda item of the workshop, there is a corresponding Facilitators Guide Note containing self-explainable and very user-friendly instructions on how to initiate and conduct a specific agenda item. The Facilitator's Guide contains e.g.:

- Handouts for the participants; group work assignments, resource materials
- Facilitator's Note for each agenda item of the workshop.
- Transparencies
- Examples on how to present a subject
- Example of forms, check lists and other tools
- Evaluation of workshop

The agenda items of the orientation workshop are:

- presentations,
- group work sessions,
- role-plays
- plenary sessions (discussions/questions, experiences, summary by facilitator/s).

For the presentations, during the first day of the workshop, this Facilitator's Guide makes reference to "Community Home Based Care in Myanmar. A Resource and Training Guide For Care Givers" where background reading and transparencies are found for each presentation.

For each group work (1-6) there is a Handout for the participants and a Facilitator's Guide page and some support material for the Facilitator. If seen necessary there are examples given on e.g. how to present a certain subject, followed by transparencies and sometimes additional handouts for the participants.

For role-play there is a script of the story for the participants to read and instructions to each of the main characters in the play.

For plenary sessions there are Facilitator's Guide page with a step-by-step approach for initiating the session, sometimes with transparencies, handouts and background materials as relevant.

Part 3. Background Reading and Tools for CHBC implementation

This part contains a collection of resource materials that may or may not be used in the CHBC orientation workshop. However, the background reading materials are on highly relevant issues for CHBC program implementation, e.g. referral system and monitoring/evaluation. Likewise, some tools and guidelines are presented that might be of use in program planning and implementation, e.g. selection criteria for CHBC program area, steps on how to estimate HIV/AIDS prevalence in a given area and example of Sick Person Registration Card.
3. Background to the CHBC Program.

This Community Home Based Care (CHBC) Program is for all chronically and long-term ill individuals, including Persons Living with HIV/AIDS (PLHA). The CHBC Program tries to expand and emphasize the home based care role and tasks of the existing Basic Health Staff (BHS), a role and a responsibility that is mentioned in their existing job descriptions.

The BHS will work closely together with a team of trained volunteers; both private health personnel (midwives and nurses) and community members, including PLHA for the provision of care and treatment in homes. In doing so, a closer contact will be established between the ill individual, the family, the health care system and the support groups/organizations within the civil society.

This CHBC model has been developed to increase access to care and support in the community, and the program has an organizational structure that is part of the existing township health structure. The CHBC program aims to meet health and psychosocial needs of individuals, families and communities who are most in need, by strengthening the Basic Health Staff (BHS) to include CHBC provision as part of their PHC duties. Training and supervision of CHBC care-givers is an important part of the Program to ensure quality of care and support.

Likewise, skill upgrading and support to ill individuals, their families and community members to be better prepared and capable of caring for themselves or for the ill individual, is of high priority.

The program seeks to introduce a stronger sense of shared responsibility within the community for care and support to those most in need, and a funding of the CHBC program that supports this commitment by charity, fundraising activities and donations to the CHBC program.

3.1. The Implementation of the CHBC Program.

The process of implementing a CHBC Program in a township usually takes 1-11/2 year during which time there are several milestone events.

The first milestone is an assessment visit/s to the selected CHBC township, to discuss and make concrete steps towards initiating the CHBC program, e.g. selecting 1) wards/villages to be covered by the CHBC Program and 2) CHBC Coordinator.

The second milestone is the conduct of training of trainers (ToT) from the selected CHBC Coordinators and 1-2 associate coordinators from each CHBC Township. Sometimes training of CHBC Volunteers is conducted after the ToT.
The third milestone event is the CHBC Orientation Workshop for all involved partners in the township. The Orientation Workshop is a three-day event, with an invitational list of thirty workshop participants and an official opening session participated by app. 60 health and administration officials, representatives, community members and health personnel (see paragraph 5 on workshop participants).

The forth milestone event is the establishment of the CHBC office and the actual home based care service provision to sick persons registered with the Program.

This Facilitator’s Guide makes reference to “Implementation Guide for Community Home Based Care in Myanmar” where the strategy and approach of this CHBC program is described. The Implementation Guide, has been developed to support the establishment of the CHBC Program, and offers a step-by-step approach, which basically directs the reader towards; strategic issues for implementation and secondly brings focus on a verity of different types of CHBC services.

4. The Users of the Facilitator’s Guide:
Everyone who is charged with the responsibility of implementing Community Home Based Care (CHBC) in Myanmar, who wishes to follow a nationally approved model for CHBC, that emphasizes an integrated and sustainable approach, building on the existing structure of the health system.

Presently, the users of the Facilitator’s Guide are members of MNA’s central CHBC implementation team. The MNA members act as facilitators of the orientation workshops and they each have assigned responsibilities for implementing the CHBC program in various parts of Myanmar. In the very near future, as the CHBC program is being expanded, there is a need to engage local MNA branch offices to a higher degree, and form additional CHBC implementation teams in a decentralized manner. Thus, these new MNA team members will also use the Facilitator's Guide.

5. Workshop Participants:
The workshop involves a range of key stakeholders for CHBC development from different sectors in addition to app. 30 formal and non-formal care-givers, and seeks to solicit their commitment for long-term support of Program.

The opening ceremony of the workshop is usually attended by app. 60 invitees; representatives from the District/Township Medical office (DMO/TMO), Township State, Peace and Development Council, Medical Superintendent, Matron, HIV/AIDS Social worker and Lab technician of township hospital, Divisional Assistant Director Nursing and Nursing Officer, STD and TB Team Leaders, Health Assistant, Public Health Supervisor, Representative from National AIDS Program and Myanmar Nurses Association's local branch office, Heads of departments, training institutions and NGOs, Red Cross, Fire Brigade, as well as representatives from the community, the private health sector and civil society and not the least the thirty selected workshop participants.
These participants are selected according to criteria (see workshop program day 3) and are mainly: 1) Basic Health Staff (BHS); midwives, Lady Health Visitors and/or Public Health Supervisors from the Health / Sub centres and MCH clinic within the selected CHBC area and 2) volunteers; either formal volunteers as private nurses and midwives and informal volunteers as social workers, students, teachers, housewives, Red Cross members, PLWHA and any community member that fulfils the criteria.

6. Aims of the Facilitator’s Guide
As part of strengthening CHBC development in Myanmar with focus on the contribution of nursing/midwifery personnel for HIV/AIDS prevention, care and support, this Facilitator's Guide is intended as a tool for capacity building.

By systematically collecting and revising all the workshop materials that have been developed and used during the past three years for the conduct of the CHBC orientation workshops, this Guide specifically aims at:

1. providing guidance and support to the workshop facilitator/s
2. ensuring a uniform and standardized approach to conduct of CHBC Orientation Workshop and thus to planning and implementation of the CHBC program in townships,
3. building ownership and support among participants for CHBC program
4. ensuring that expected outcomes of the orientation workshop are produced

7. What is the CHBC Orientation Workshop about?
This three-day orientation workshop is held in the township with the purpose of introducing and establishing the Community Home Based Care (CHBC) program. As part of the existing public health system and as an alternative to hospital based care the CHBC program will give care and support to chronically and long-term ill individuals, including people living with HIV/AIDS.

The workshop will start out with introducing the CHBC concept and approach to the district and township health authorities, planners, managers, health personnel and social/community workers, local administration, NGOs and other key stakeholders from the township and the community. The workshop will give an opportunity to discuss and reach agreement on the specific priorities and characteristics of their township CHBC program and finally to produce a plan of action for the establishment of the Program.

A standardised approach will be used for conducting and facilitating the orientation workshop, and a package of ready-made materials will be used to guide this development process.
7.1. **Overall objective of the workshop:**
Establishment of a sustainable foundation for Community Home Based Care in the township, supported by key stakeholders, with the commitment of health personnel as well as community volunteers to work towards the establishment of the CHBC program by following a process of learning, making choices and developing a CHBC implementation plan.

7.2. **Specific objectives:**
1. Introduce the CHBC program concept and approach, including core functions of CHBC;
2. Highlight the benefits of CHBC;
3. Familiarize the participants with priority issues and concepts related to CHBC;
4. Review key interventions in HIV/AIDS Care and Support;
5. Assess existing home based care activities in the township and identify partners for collaboration;
6. Establish the Township CHBC team and the organizational structure of the CHBC Program;
7. Select priority CHBC services for the township and critical issues for successful implementation of the program;
8. Familiarize the participants with CHBC operational issues, incl. referral of patients, record keeping and patient documentation;
9. Establish working groups according to selected CHBC priority services and critical implementation issues;
10. Develop and agree on an implementation plan with a realistic time-line and assigned accountability.

7.3. **Expected Outcomes**
The outcomes of the workshop should include at least the following:

1. Identification of main partners to be involved in the organization and delivery of CHBC services, including establishment of a referral system in the township; e.g. health providers and facilities, organizations, institutions, groups and individual resource persons.
2. Organizational structure of the CHBC Program, with identification of members of CHBC Township Steering Committee, CHBC Coordinator and team, as well as CHBC working groups.
3. Identification of the main type of services to be provided in the CHBC program,
4. Identification of the main issues that impact on the implementation of the CHBC program and it's sustainability.
5. Work plan for the CHBC implementation.
6. Recommendations related to the CHBC program development, utilization and resource requirements to be presented to the National AIDS Program, Department of Health and funding agencies.
7.4. Workshop Methodology
The workshop will involve key stakeholders and soliciting their commitment for long-term support of the CHBC program. The methodology of the workshop will be built around the "experiential learning model", which gives the learner theoretical and concrete information and then creates an opportunity for the learner to apply the information and consolidate the learning.

7.5. The process of developing CHBC work plan
Part of the group work will focus on the identification of priority services to be provided by their CHBC Program in the future and on the critical issues for successful program implementation. The groups will subsequently be facilitated in the work of preparing a detailed plan of work, on how to initiate this work.

To this end, the participants are introduced to two lists: 1) a list of possible priority services, that the CHBC Program could be delivering, 2) a list of issues that might be critical for the successful implementation of the CHBC Program.

The participants are then asked to form groups with the tasks of discussing and selecting 4-5 types of services form the list, which they think are the most important for their township CHBC program. Likewise, the participants are asked to select 4-5 issues from the second list, which they think are most critical in their township for a successful implementation of the CHBC program.

The participants are invited to add any priority service/issue not mentioned on the suggested lists, if they are found relevant. The groups The groups are then asked to present their selection.

During these presentations the workshop facilitators will consolidate the selections made by the groups and identify, by counting the majority of votes, the top 4-5 priority services of the program and the top 4-5 critical issues for successful program implementation. These consolidated lists are then presented to the participants.

For the development of the CHBC work plan, each group is assigned one priority service and one critical issue from the consolidated list. The group is asked to use a specific format when they record their ideas and activities for how to initiate the work in relation to their assigned service and issue.

After the groups have finalized their work plans, they each present their work to the rest of the participants. The facilitators then collect all work plans and keep them for compilation and revision after the orientation workshop. These work plans will then constitute a comprehensive work plan for the CHBC program implementation in the township developed by township and community members.
The suggested *list of priority services for the CHBC Program* could look like this and do not attempt to be complete in any sense:

1. Provide basic nursing care and support at home, including treatment of opportunistic infections.
2. Help establish social support groups for PLWA and mobilize family and community to be involved in CHBC program.
3. Encourage and strengthen Voluntary Counseling and Testing (VCT) for HIV
4. Improve access to TB/DOTS in collaboration with TB team
5. Provide counseling on HIV/AIDS, including prevention of mother to child transmission (PMCT)
6. Provide counseling for children and help find solutions to care taking of orphans or orphans to be
7. Establish income generating activities for women (and men)
9. Target high-risk groups; e.g. IDUs, CSW, MSM, seasonal/migrant workers and their families for provision of care and support.

The suggested list of *critical issues important for the implementation of the CHBC Program* could look like this:

1. Uptake of patients; (how should the CHBC program learn about individual care needs, get in touch with people who need care and support and receive new patients to the program?)
2. Referral system for the CHBC program to ensure continuum of care; including planned discharge from hospitals and development of criteria for referral (home to health facility and back to home)
3. Mechanisms for supervision of care-givers; including role and responsibilities of the health personnel (Township Health Nurse, Lady Health Visitor, Midwife, Aux Midwife) for community home based care. Is it part of their scope of work and daily duties?
4. Composition of CHBC Team and recruitment of CHBC volunteers
5. Ensure supplies for CHBC; content of the CHBC Kit, including condoms and medicines.
6. Payment for CHBC?
7. Involvement of the ward leaders and community at large
8. Methods of collecting and generating funds for long term funding of the CHBC program.
9. Incentives for CHBC team, including volunteers.
10. Provisions and other support to most poor families.
Note: Some critical implementation issues are common to each township CHBC program, they are not optional and thus not included in the above list, e.g.:

- organizational structure of the CHBC Program,
- initial working process in CHBC working groups
- criteria for selection of CHBC volunteers
- training of CHBC team (and other involved social workers, health personnel) and families/communities
- CHBC Fund
- CHBC documentation; e.g. Care-givers note, supervisory forms, CHBC patient registration, patient referral slips, progress report forms, supplies/medicine storage keeping.
- Mechanism for monitoring and evaluation of CHBC program

7.6. What happens after the Orientation Workshop?

Following the orientation workshop, the CHBC working groups formed during the workshop (according to the top priority services and implementation issues), will meet as soon as possible and initiate their work according to the work plan. A coordinator for each working group will call meetings and support the group.

The task of each working group is to develop a specific proposal for the implementation of the component assigned to them and submit the proposal to the Township CHBC Steering Committee for approval before the work is started.

The MNA Implementation Team together with the CHBC Coordinator, will prepare a brief report of the Orientation Workshop, including the CHBC work plan. They will present the report with future recommendations to the central level (DOH, NAP, TB Program, and others) and to the CHBC Township Steering Committee for it's endorsement.

Training of health personnel, volunteers and community members will be initiated shortly after the workshop, starting with training of trainers (ToT) course for the CHBC Coordinator and selected associate/s as soon as practical possible.

Follow-up visits will be conducted by the MNA Implementation team and regular contact will be kept with the CHBC Coordinator during the next year. Monitoring and evaluation is part of the regular reporting requirements and follow-up visits, and will also be done specifically after the Program has been operating for 6-8- months.

8. Preparations for the CHBC Orientation Workshop

8.1. Before the CHBC Orientation Workshop can be held in the township, there are two milestone events that need to take place; these are:

- Assessment visit to selected CHBC township
• Conduct of two types of training courses for the future CHBC team and other involved personnel; Training of Trainers (ToT) and Training of Volunteers (TOV)

Regarding the assessment visit, the Terms of Reference (ToR) for this visit to selected CHBC township are:

1. Discuss the CHBC Program; management, content, and service provision with township health authorities, administration and NGOs,

2. Assess the interest of initiating the CHBC program in the township,

3. Identify key stakeholders for CHBC program development and their contribution to CHBC,

4. Select, together with the township, the CHBC wards/villages (usually 2-3) and CHBC Coordinator,

5. Discuss care needs for AIDS and long-term/chronically ill persons at home and estimate the potential service requirements.

6. Discuss charity, Community Based Organizations and religious society in terms of support for CHBC program.

7. Visits to pilot area (wards/village tracts) to meet with health staff at health center, Sub center,

8. Meet with District/Township Health Department, Township AIDS Committee, STD Prevention and Control Team, TB clinic/outpatient ward and relevant NGOs as time permits.

9. Make plans for the next steps to be taken for initiating the CHBC program implementation.

Expected outcome of the assessment visit:

• Agreement with the township health authorities and administration to implement the CHBC program
• Selection of CHBC wards/villages
• Selection of CHBC coordinator
• Arrangements for CHBC Orientation Workshop
• Invitation list
• Preliminary arrangements for selection of CHBC team (Basic Health Personnel and community volunteers)
• Preliminary arrangements for establishment of CHBC office
Regarding the second milestone event before the CHBC Orientation Workshop, namely training courses for the future CHBC team and other involved personnel; *Training of Trainers (ToT) and Training of Volunteers (TOV)* there are standard training programs for each type of training and standard training material packages. Reference is made here to two publications; the CHBC training modules and Tool – Kit for CHBC Program implementation.

This training will give the workshop participants a basic introduction to CHBC and knowledge of related issues, so that they are better prepared for the planning work that takes place during the workshop. The training also increases the likelihood, that the expected outcomes of the CHBC Orientation Workshops are fulfilled and of good quality.

**8.2. List of invitees for CHBC Orientation Workshop:**
Invitations need to be prepared and sent out to all participants well in advance. See paragraph 5, workshop participants.

**8.3. Materials to be prepared for the workshop.**
According to the Facilitator's Guide a number of transparencies and photocopied handouts and other resource materials need to be prepared in advance:

**List of Transparencies:**
1. Objectives and expected outcomes of CHBC Orientation workshop
2. CHBC program goals and objectives
3. Presentation: Key interventions in HIV/AIDS Care and Support
4. Presentation: Chronic conditions
5. Presentation: Continuum of Care and Referral System
6. Presentation: Voluntary Counseling and Testing (VCT),
7. Presentation: Confidentiality and Stigmatization
8. Benefits of CHBC program
9. Priority services of the CHBC Program
10. CHBC – Kit content list
11. Critical issues important for implementation of CHBC program
12. Care-Giver's Note (example in Myanmar)
13. Organizational structure of CHBC Program
14. Example of completed CHBC work plan
15. CHBC work plan format (15 copies; 3/working group)
16. Criteria for selection of CHBC volunteers
17. Workload estimate for CHBC team

**Additional transparencies**
1. Basic nursing care and support at home (p.31, group work 2 introduction)
2. Improve access to TB/DOTS (p.32, group work 2 introduction)
3. Counseling on HIV/AIDS, incl. PMCT (p. 33, 34, 35, group work 2 introduction)
4. Definition of referral system (p.49, group work 3 introduction)
5. Criteria for referral (p.50, 51, group work 3 introduction)
List of photocopies:
1. Workshop Program (for invitees of opening session)
2. Objectives and expected outcomes of Orientation Workshop 1 copy/participant
3. Handouts for Group work 1-6
4. Needs Assessment of PLHA (CARE/Myanmar) 1 copy/group
5. Role play on VCT
6. Grid for registration of selected priority CHBC services (group work 2) 3 copies
7. CHBC – Kit content list (1/participant)
8. Grid for registration of selected critical issues important for CHBC implementation (group works 3) 3 copies
9. Care-Giver's Note (1/participant)
10. CHBC work plan format (15 copies; 3/working group)
11. Handout for group work 5, Example of completed CHBC work plan (1 copy/group) 5 copies
12. Future steps for CHBC working groups (2 copies/working group)
13. Evaluation Form (1/participant)

Prepare lists with participants name for group works, especially group work 5, CHBC work plan development (give consideration to placing the right participants in the right group according to participant's present responsibilities, skills and experience relevant to the subjects that the group has been given)

8.4. Arrangements for the workshop venue
A suitable facility needs to be identified for the CHBC Orientation Workshop. Sometimes the Township Medical Officer makes available a meeting room, sometimes the Superintendent at the hospital can identify a large room, sometimes the nursing school can offer a class room and other times a facility needs to be rented.

8.5. Materials to bring:
- Participants folder
- Overhead projector
- Pencils and pens,
- Paper flip charts, writing paper,
- Extra transparencies
- Documentation on CHBC program (for advocacy purpose); e.g. CHBC Pamphlet, Implementation Guide and other program overview papers
- CHBC training modules "A Resource and Training Guide For Care-Givers (module 1-5) 1 set/ per CHBC Coordinator.
- Participants Tool- Kit for CHBC implementation, publication.
- CHBC Kits
Part 2.

Facilitator's Guide for Conduct of CHBC Orientation Workshop
Orientation Workshop
for
Establishment of Community Home Based Care,

WORKSHOP PROGRAM

Day 1
8.30  Official Opening: Community Home Based Care Program
      Opening speech local Administration
      Speech by State Health Director/Township Medical Officer
      Speech by MNA
      Speech by NAP
      Workshop objectives and expected outcomes (MNA)
9.15  Closing of the ceremony

9.15  Morning Coffee break

10.00 Opening of the working session, present workshop approach and schedule
      Self-introduction of participants
10.15 CHBC program goal and objectives (facilitator)
10.30 Comments, own experiences and questions by participants.
10.45 Presentation: Key interventions in HIV/AIDS Care and Support
11.30 Presentation: Chronic conditions

12.15 Lunch break

13.15 Presentation: Continuum of Care and Referral System
14.00 Presentation: Voluntary Counseling and Testing (VCT), Role-play,
14.30 Presentation: Confidentiality and Stigmatization
      Discussion

15.15 Tea break

15.30 Group work 1: Why do we need CHBC and who should benefit?
16.00 Plenary session; presentation of group work 1 by each group.
16.30 Summary.
Day 2

08.00. Introduction to group work 2; what are the priority services of the Community Home Based Care Program?

08.20. Group work.

09.00 Demonstration of the CHBC Kit (by facilitator).

09.10 Plenary session; Presentation by each group on group work 2.

09.45 Introduction to group work 3; what will be the critical issues important for successful implementation of the CHBC Program?

10.10 Group work

10.50 Coffee break

11.0 Plenary session; presentation by each group on group work 3, followed by questions/discussion.

11.30 CHBC Caregiver’s Note (presented with example by facilitator).

11.45 Introduction to group work 4: Existing care and support activities and resources in the township? Are there any ongoing CHBC activities? Who should be involved in CHBC? Are there resources available for CHBC? Who can help?

Group work

12.30 Lunch break

13.00 Presentation by each group on group work 4

13.25 Presentation: Final selection of priority CHBC services and critical issues for program implementation (by facilitator).

Questions and discussion.

13.35 Presentation: Organizational Structure of the CHBC Program (by facilitator)

13.40 Introduction to Group work 5: Development of the CHBC work plan (show example of completed work plan).

14.00 Group work

15.00 Tea break

15.15 Group work continued

16.00 Announcements
Day 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.00</td>
<td>Presentation by groups on Group work 5; development of work plans for each assigned CHBC priority service and critical implementation issue.</td>
</tr>
<tr>
<td>9.00</td>
<td>Presentation: Criteria for selecting CHBC Volunteers (by facilitator). Discussion on selection</td>
</tr>
<tr>
<td>9.30</td>
<td>Plenary session: Agreements and working arrangements for implementation of CHBC program. (e.g. commitment of volunteers and personnel for CHBC, collaboration with health facilities, funding, supplies, program sustainability).</td>
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<tr>
<td>10.00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>10.15</td>
<td>Presentation of membership of CHBC Steering Committee and working groups (by CHBC Coordinator).</td>
</tr>
<tr>
<td>10.30</td>
<td>Group work 6: What are the resource requirements of the CHBC program? Followed by short group presentations.</td>
</tr>
<tr>
<td>11.15</td>
<td>Discussion on future work and key recommendations (“Next steps of CHBC working groups”).</td>
</tr>
<tr>
<td>11.45</td>
<td>Workshop Evaluation (use translated evaluation form).</td>
</tr>
<tr>
<td>12.00</td>
<td>Closure of the workshop</td>
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<tr>
<td>12.15</td>
<td>Lunch</td>
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</tbody>
</table>
Facilitator’s Guide for Community Home Based Care Orientation Workshop

Handout; Group work 1: (30 minutes)

Why do we need Community Home Based Care?

- Prepare 5 –10 min. presentation.
- Select one group member to present for all participants using transparencies.
- Discuss the following questions and record your answers:

  1) What are the most likely events to happen for the individual and his/her family, when someone falls ill with a chronic or long-term illness?

  2) Where do people seek health care when they need it? (public health services; e.g. hospital, health center, MCH center) or private health sector; e.g. General Practitioner’s clinic, Pharmacist, private Nurse, traditional medicine, or others)

  3) Who need home-based care?

  4) Why do we need Community Home Based care?

  5) What are the caring needs at home for individuals (and their families) with long-term chronic illnesses?

  6) Can we rely on family member/s as the principal day-to-day care-giver/s? and are they willing to give care?

  7) How often should the CHBC health personnel and volunteers visit the ill person at home to assist in the care giving and support the family? What is a realistic estimation?

Support material:
Needs Assessment of PLWHA (by CARE/MYANMAR)
Insert paragraph on CHBC workshop presentations
Facilitator’s Guide for Group work 1:
Why do we need CHBC and whom should it benefit?

Before the group work:

- Prepare photocopies of the support material "Needs Assessment of PLWHA" (by CARE/Myanmar)
- Prepare transparency on "Benefits of CHBC program"
- Divide the participants into 5 groups. 
  Do a randomly selection of participants; let participants count from 1-5 in line with their seating. All who count 1 goes into group no 1, all who count 2 goes into group no. 2, etc.)
- Ask each group to prepare 5-10 minutes presentation.
- Ask the group to select a member of the group to present the work for all participants using transparencies.
- Distribute the handout with the questions to each group
- Give introduction to the group work by speaking to the points below on CHBC.

During the group work:

- Distribute support materials to the groups "Needs Assessment of PLWHA" (prepared by CARE/MYANMAR) see following pages

After the group work presentations:

- Present transparency on "Benefits of CHBC program" (see following pages)

Introduction points to group work 1:

1. Definition of Community Home Based Care (CHBC)
Community Home Based Care (CHBC) is the "care given to individuals in their own natural environment, which is their home, by their families: supported by skilled health workers, trained volunteers and communities to meet physical, psycho-social, spiritual, and material needs"; with the individual playing a crucial role.

2. Target group for CHBC Program:
Any person with long-term or chronic condition, including HIV/AIDS related diseases.
3. Scope of work:
The CHBC program will address health prevention and promotion, long term and palliative care at home.

4. The Family as the traditional caring unit
The extended family is traditionally the greatest resource to persons who are in need of care and support due to long-term illness. The family will in most cases be available, and capable of sharing responsibility for care with health workers, allied health professionals and community volunteers.

In fact, the Community Home Based Care model places the main responsibility for day-to-day care on the family, who is supported and assisted by health personnel and trained volunteers. This responsibility is indeed a challenge for most families, but it is also an important wish of the sick family member, that is being fulfilled. Because most people prefer to be cared for at home and not in a hospital, also when they are terminally ill with e.g, AIDS; this is also the case in Myanmar.

5. Sharing the challenge.
According to the 1995 World Health Organization, World AIDS Day theme of "shared rights shared responsibilities", CHBC support is seen as a key strategy to sharing care tasks between hospitals, district health services, families and the community. Providing support to families to care for people in the home during chronic and terminal stages of AIDS creates an alternative to prolonged hospitalization.

6. The family as a target for the AIDS prevention:
   • Home visits is an opportunity to combine care, HIV prevention and health information
   • Promote use of condoms,
   • Discuss openly about sexual risk behaviors, beliefs and attitudes,
   • Correct misconceptions about HIV/AIDS,
   • Listen and learn from the patient and family,
   • Suggest and find solutions with patient and family together,
   • Help the patient/family get in contact with other care and support facilities and groups if and when needed,
   • Avoid being judgmental and moralistic.
What are the benefits of CHBC program?

- Access to care and support is increased
- Alternative to expensive hospital care.
- Contributes to prevention of HIV infection.
- Reduces spread of TB, also among the PLHA, (by making TB, Directly Observed Treatment, Short Course (DOTS) part of the CHBC program, and do early diagnosis and treatment)
- Help alleviate stigma and discrimination, because HBC demonstrates that it is not dangerous to care for a person with HIV/AIDS.
- Social and economic benefits (because PLHA will live longer and healthier, the loss of income for themselves and their families is postponed, and the future of their dependents will be better. The economy will benefit through the better performance of its workforce).
- Builds confidence and hope in the individual, when the quality of life of PLHA improves because they receive care and support.
- Gives opportunity for PLHA to become involved in care and support to other PLHA, and therefore CHBC action more relevant and focused.
- Reduces workload of health personnel in hospitals.
- Strengthens Primary Health Care by demonstrating how basic health staff can become organized, skilled and involved in providing nursing care at home
- Strengthens referral between the different health providers (public/private), charity organizations, social support groups and institutions and religious groups
- Gives families and communities skills in caring for ill members.
- Prepares health workers and volunteers to respond to increasing need for care and support at home.
NEEDS ASSESSMENT OF PEOPLE LIVING WITH HIV/AIDS (PLHA)
developed by CARE/MYANMAR

Explanation for Community Home Based Care (CHBC) Staff

- PLHA (people living with HIV/AIDS) means a person infected with HIV/AIDS. Close family members e.g. the spouse, parents, children and others might also be HIV positive and living with HIV/AIDS.

- This questionnaire can be used in interviewing with:
  - Person with HIV infection, who shows no symptoms yet
  - AIDS person who is declining in general health condition
  - Family members who are living in the same household
  - The family of a deceased who died of AIDS

- If the C.H.B.C staff know PLHA personally, then they can interview them directly

- Other professional staff can also be interviewing PLHA (e.g. counseling trainees)

- Be careful not to breach confidentiality (by letting others know that the person has HIV/AIDS) and not to stigmatize PLHAs.

The purpose of the question is not to find out who has AIDS or how many have AIDS but rather to find out about the needs of the PLHAs.

PLHA Questionnaire

Note! - The interviewer should provide the information asked for below (in boxes).

- It is not necessary to note down the name on this interview form of PLHA or the Family of PLHA.

Date of interview: ___________________

Township _______________________________________
CHBC Program coverage (list the wards/villages): _______________________
_________________________________________________________________

Interviewer:
Name _________________________
Occupation: ____________________
The following questions are structured in order to find out the needs of PLHA. Either the PLHA or a close family member can respond to the questions.

✔ Please answer with a check off each answer if relevant in the given space or write down the answer wherever necessary.

**Diagnosis:**
1. How do you known that the person you are interviewing is living with HIV/AIDS?
   - Blood Test
   - A doctor’s diagnosis
   - Clinical signs
   - Other means

**Respondent’s data:**

<table>
<thead>
<tr>
<th>PLHA’s:</th>
<th>If the family member responded:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Age</td>
</tr>
<tr>
<td>Sex</td>
<td>Sex</td>
</tr>
<tr>
<td>Single</td>
<td>Single</td>
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<tr>
<td>Married</td>
<td>Married</td>
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<td>Windows/widower</td>
<td>Windows/widower</td>
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<tr>
<td>Divorced</td>
<td>Divorced</td>
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<tr>
<td>Separated</td>
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<tr>
<td>Address:</td>
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<tr>
<td>Urban</td>
<td>Urban</td>
</tr>
<tr>
<td>Rural</td>
<td>Rural</td>
</tr>
</tbody>
</table>

PLHA in relation with the respondent
2. Did you have your blood tested?  yes: _____ no: _______

3. Do the family members know about the result?  yes: _____ no: _______

4. With whom do you (the PLHA) live? _______________________________________

5. Do you have a job now?  yes: _____ no: _______
   If yes, what is the job? __________________________________
   If no, did you have a job before?  yes: _____ no: _______
   If yes, what was the job before? __________________________________

6. If you stopped working, what was the reason? ______________________________

Financial status:

7. Is your income enough for living?  yes: _____ no: _______

8. Are your savings is enough for living?  yes: _____ no: _______

9. Does other family members support your living?  yes: _____ no: _______

10. Do you have financial problems, and shortage of money?  yes: _____ no: _______

11. Have you suffered from any chronic and/or serious illness before?  yes: _____ no: _______
   If yes, What was it? _____________________________________________

12. Did you seek consultation to the hospital/clinic before? (tick off as relevant)
   - no consultation at all
   - consultation to a general practitioner
   - hospitalization once
   - hospitalization several times

13. If you consulted the General Practitioner, what was the reason? (tick off)
   - Prefer to go to General Practitioner rather than other health providers: _______
   - Clinics/hospital were not willing to take care of PLHA: _______
   - Any other reason/s: _____________________________________________

14. What are your present health needs: (tick off the relevant one/s)
   - oral multivitamins: _______
   - injection or infusion of vitamins and other supplements: _______
   - get enough rest: _______
   - treatment in hospital: _______
- indigenous medicine:
- better nutrition/food:
- tablets (medicines) to relieve suffering:
- injection to relieve suffering:

15. What is necessary in order to fulfill these needs?
- Money
- indigenous medicine
- western medicine
- a doctor who can take care of him/her
- a hospital which can take care of him/her
- a family member who can take care of him/her
- Knowledge about healthy living, nutrition and care

Give reasons for your choices above (Why is it necessary?).
________________________________________________________________________
________________________________________________________________________

16. Where do you prefer to stay when you are ill?
- at home
- at hospital

17. Do the family members take care of you while you are ill?
- they do
- they don’t
- they want to but they don’t known how
- If they want to but do not know how, then how come they don't know?
________________________________________________________________________
________________________________________________________________________

18. What activities are enjoyable to you?
- watching movie/video
- reading books/novels
- keeping busy with religious matters
- having a conversation with a close friend
- listening to/singing songs
- shopping
- having sex with a partner you like
- drinking alcohol
- taking drugs/substance
- doing physical exercise/watching sports
- seeing natural sceneries
- keeping and treating pets
- visiting/being out with friends
19. In order for you to do the activities above what is needed? (tick off)
- Knowledge
- Money
- Friends
- Good health
- Time
- Others, please specify

20. If you have a friend who has knowledge about HIV/AIDS and is someone you trust and who is faithful to you, will you disclose your problem to him/her? yes: _____ no: ______
If yes, why? _______________________________________________________________
If no, why? _______________________________________________________________

21. What do you prefer to be cared for when you are ill?
- at the hospital
- at the clinic
- stay at home and get help from the family

22. If you are cared for at home what do you need help with?
- need help to wash and other personal hygiene
- need help to eat
- need help to take care of children
- others, please specify:
Handout; Group work 2:  
(45 minutes)

What should, in your view, be the priority *services* of the CHBC program?

1. Prepare 5 –10 min. presentation.

2. Select one group member to present for all participants using transparencies.

3. Discuss each type of service listed below.

4. Add service/s to the list below, if you find that something has been left out, which is equally important for the CHBC program to provide

5. Select 4-5 types of services that are most important for your township CHBC program. 
(These selected services will the ones given by the CHBC program in the future)

6. Give reasons why these service are the most important.

List of possible CHBC services:

1. Provide basic nursing care, treatment and support at home.
2. Help establish social support groups for people living with AIDS (PLA) and mobilize family and community to be involved in CHBC program.
3. Encourage and strengthen Voluntary Counseling and Testing (VCT) for HIV
4. Improve access to TB/DOTS in collaboration with TB team
5. Provide counseling on HIV/AIDS, including prevention of mother to child transmission (PMCT)
6. Provide counseling for children and help find solutions to care taking of vulnerable children or orphans.
7. Establish income generating activities for women (and men)
9. Target high-risk groups; e.g. IDUs, CSW, MSM, seasonal/migrant workers and their families for provision of care and support.
Facilitators Guide for Group Work 2:  
(45 minutes)

What should, in your view, be the priority services of the CHBC program?

Before the group work:

1. Prepare photocopies of the Grid for Registration of Selected Priority CHBC Services (see following pages) to record the votes.

2. Prepare transparency on "Priority services of the CHBC program".

3. Divide the participants into 5 groups.  
   *Prepare in advance lists with names of participants in each of the five groups, keeping in mind that there need to be a good balance in each group of different knowledge/skills and areas of responsibility.*

4. Ask each group to prepare 5-10 minutes presentation of their work.

5. Ask the group to select a member of the group to present the work for all participants using transparencies.

6. Distribute the handout with the questions to each group

7. Use transparency next page and introduce the participants to the list of possible priority services for the CHBC program; explain that the CHBC program cannot provide all services from the beginning and that a choice of top priorities is necessary.

8. Explain in detail each type of CHBC service, e.g. what the service is and what it takes to give this service  
   *Note: The participants should have enough information to be able to discuss each service among themselves later e.g. is it relevant for the township? is it realistic to give the service?, who should be involved?, what are the attitudes of communities and families towards this type of service?, how should it be done?, why is it a priority?*

9. This discussion should lead the participants to choose 4-5 top priority services for their township CHBC program.  
   *Note: Any priority service not mentioned on the suggested lists should of course be added, if they are found relevant.*
Facilitators Guide for Group Work 2:
(continued)

During the group work:

10. Important Facilitator Tasks during the presentations are:

✓ Register the selection of priority CHBC services made by each group (by using the prepared grid next page for counting the votes).
✓ Identify the top 4-5 priority services by counting the number of votes for each listed service (the 4 or 5 services with highest number of votes are the priorities),
✓ Keep the list of priority services for group work 5, day 2, to be presented and used for development of the CHBC work plan.

Note: Merging of two related services can sometimes be done, if two services have received the same number of votes or, if voting is spread out among too many services, e.g. service no 5 and 6 related to respectively counseling and counseling for children can be merged.
Facilitators Guide for Group Work 2:
(continued)

Grid for registration of selected Priority CHBC Services
(counting the votes made by each group)

Group:
1  2   3  4   5

| 1. Provide basic nursing care and support at home, including treatment of opportunistic infections |
| 2. Help establish social support groups for PLWA and mobilize family and community to be involved in CHBC program. |
| 3. Encourage and strengthen Voluntary Counseling and Testing (VCT) for HIV |
| 4. Improve access to TB/DOTS in collaboration with TB team |
| 5. Provide counseling on HIV/AIDS, including prevention of mother to child transmission (PMCT) |
| 6. Provide counseling for children and help find solutions to care taking of vulnerable children or orphans |
| 7. Establish income generating activities for women (and men) |
| 9. Target high-risk groups; e.g. IDUs, CSW, MSM, seasonal/migrant workers and their families for provision of care and support. |

Identify the top 4-5 selected priority CHBC services by counting the majority votes (merge related services if necessary).
Suggested Priority services for the CHBC Program:

NB: Add other services if needed

1. Provide basic nursing care and support at home, including treatment of opportunistic infections.

2. Help establish social support groups for PLWA and mobilize family and community to be involved in CHBC program.

3. Encourage and strengthen Voluntary Counseling and Testing (VCT) for HIV

4. Improve access to TB/DOTS in collaboration with TB team

5. Provide counseling on HIV/AIDS, including prevention of mother to child transmission (PMCT)

6. Provide counseling for children and help find solutions to care taking of vulnerable children or orphans.

7. Establish income - generating activities for women (and men)


9. Target high-risk groups; e.g. IDUs, CSW, MSM, seasonal/migrant workers and their families for provision of care and support.
Facilitators Guide for Group Work 2:  
(continued)

Supporting Notes for introducing priority services for CHBC program.

1. How to introduce service 1. Basic nursing care and support at home, incl. treatment of opportunistic infections

Most common Services in Community Home Based Care:
(Core Functions)

- Help with personal hygiene; bed bath, oral hygiene, care of hair and nails
- Bed making and linen washing
- Keeping the patient’s environment clean and safe
- Help function of bowel and bladder
- Prevention of pressure sores
- Nutritional and liquid intake; feeding of patient if necessary
- Wound dressing and ulcer care
- Administration of medicines
- Observation of vital signs (temperature, pulse, respiration)
- Getting more help or refer the patient if necessary
- Providing exercises (active and passive)
- Recreation
- Providing rest and sleep
- Giving health education
- Support coping mechanisms of the family
- Children welfare and health.
Facilitators Guide for Group Work 2: (continued)

2. How to introduce service 4. Improve access to TB/DOTS in collaboration with TB team

2.1. Collaboration with TB team:
The TB medication according to the Directly Observed Treatment, Short course (DOTS) will be administered in close coordination with TB clinic and TB Zone team within the township.

2.2. Aims of TB Treatment:
- cure the disease without affecting daily routine work of the patient
- prevent death of the patient in serious cases
- prevent consequences of severe lung destruction
- prevent occurrence of resistant TB and transmission of disease
- prevent family and community from being infected

2.3. The CHBC team's main role is:
- supervise the medicine intake,
- support patient and family throughout the treatment period,
- ensure control visits in TB clinic,
- early TB detection and
- general information and prevention of TB.
Facilitators Guide for Group Work 2:
(continued)

3. How to introduce service 5: Counseling on HIV/AIDS, including prevention of mother to child transmission (PMCT)

3.1. Aim of HIV/AIDS counseling:

- To prevent transmission of HIV infection by changing the life style and behavior
- To provide psychosocial support to those already infected

3.2. Counseling can:

- ensure that correct information is given to families and communities
- provide support at times of crisis
- encourage change when change is needed for control of HIV/AIDS
- help client identify their needs
- prepare realistic action for the individual client or relative
- assist clients to accept and act on information
- help client to appreciate implication of HIV testing

3.3. Counseling Issues concerning Pregnancy:

(Women with HIV infection need information and counseling:)

- to decide whether to get pregnant
- to decide whether to terminate a pregnancy
- to discuss methods of contraception
- to manage a pregnancy
- to plan for care of a child who is infected.
3.4. Counseling message related to Way of Transmission from Mother to Child:

(Women who are HIV infected might transmit the virus to the baby:)

- during pregnancy
- during delivery
- during breast feeding

3.5. Ways to Prevent Mother to Child Transmission of HIV:

- Primary prevention of mother to child transmission (use condoms, avoid becoming HIV infected)
- Provision of family planning services and pregnancy termination where this is legal (use condoms avoid becoming pregnant, abortion)
- Antiretroviral drug therapy for the mother
- Nevirapine (HIV drug) at time of delivery has proved to reduce risk of HIV transmission from mother to baby up to a year after the medicine has been given
- Replacement feeding for the infant (powder milk)

3.6. The Risk of HIV Transmission through Breast Milk:

- If no anti-retroviral drugs are given and the baby is breastfed by its HIV positive mother, the risk of baby becoming infected is around 30-35%
- If no antiretroviral drugs are given and the baby is not breastfed by it,s HIV positive mother, the risk of baby becoming infected is around 20%

3.7. How many Infants are at Risk of HIV Transmission through Breast Milk?:

- In countries with low seroprevalence of HIV (5% women HIV infected):
  - < 1% of the infants are likely to become infected through breast feeding
- In countries with a high prevalence (25% of women HIV infected):
  - up to 4% of infants will be infected, if they are breastfed for long time.
3.8. Counseling must Include the Benefits of Breast Milk:

- Protects the child against infections
- Improves quality of life through its nutritional and psychological benefits
- Convenient for mother
- Prevents mother from pregnancy
- Protects mother against ovarian and breast cancers

3.9. Main Counseling Messages to HIV Positive Mother who has chosen to Breastfeed:

- Give only breast milk for the first 3-6 months
- Early weaning is recommended (i.e. stop breast feeding completely when the baby is 3-6 months old).
- Do not give mixed feeding (i.e. a mix of breast milk and other fluids and solid foods at the same time, because it increases the risk of HIV transmission)
- Continue with only replacement foods (other foods i.e. porridge, rice soup, mashed vegetables, etc and fluids instead of breast milk).
Facilitators Guide for Group Work 2:
(continued)

4. How to introduce service 6. Provide counseling for children
and help find solutions to care taking of vulnerable children or
orphans

4.1. Support to the family care-givers:

The CHBC program also looks after the rest of the family. If family members, who are
giving care fall ill themselves or in other ways starts not being able to cope with the caring
tasks, then care of the long term ill AIDS patient is jeopardized.

**Burn-out** among care givers is common, and can be avoided if properly handled.

The family care-giver and the rest of the family need support and guidance from the CHBC
team in carrying out their caring tasks.

The care-giver needs to *share the tasks* with other family members or trusted friends, and get
enough sleep and time to her/him-self for recreation and social contacts. The family needs to
share between themselves the other daily living activities and duties, so that not one family
member (often the women) is left with all responsibilities and tasks. If so there is a high
chance that she will become exhausted and suffer "burn out".

It is important and in the interest of the whole family that the ill family member continues to
get quality care and support, and that the family as a whole feels confident that they can
manage and cope with the difficult situation they are living

**Encouraging the ill family member together with the rest of the family to make plans
for the future**, e.g. regarding financial issues, care taking and responsibility for children,
harvesting and property will be an important way of strengthening the coping mechanisms of
the PLWA and the affected family.

4.2. Monitor the welfare of children in the household

Visiting households is a prime opportunity to listen and discuss problems related to having an
ill family member and caring for him/her. There are many situations in the every-day-life that
becomes very different and much more demanding than before.

Part of the job is to try together with patient and family members to find solutions to these
problems so that the patient and the family feel more confident and at ease with the
immediate and long-term future. A challenge for the CHBC team is to support and make sure
that the family caregiver/s stay healthy and fit, not only to undertake their caring tasks, but also maintain all other roles and functions in the family e.g. looking after the children.

The CHBC team constituted by LHV, midwives, nurses and volunteers are well positioned because of the home visits, to monitor and intervene, to prevent or reduce problems in relation to vulnerable children and/or orphans.

The home visits are opportunities for monitoring the welfare of the children in the household, e.g. their nutritional status, school attendance, psychosocial needs and general health status. Care and support to the children can be planned for or agreed to well in time, before a problem or situation develops further. It is important to avoid unnecessary suffering of the children. E.g. if a child is going to loose one or both parents arrangements need to be made in time for care taking of the child, by either other family members, friends, home for orphans or other. If there is food shortage, as a result of the disease and lost income, food needs to be supplied either by CHBC program, NGO, charity, community or others.

Action points:

- Estimate number of orphans in need of care and support in CHBC area
- Take care of children who are at risk or who will become orphans in future
- Talk with parents and family about who should be responsible for affected children
- Clarify the wish of the dying person and help make arrangements for care of children in future
- Discuss and present the need for care taking of children with ward leader and other community resource persons and find solutions

4.2.1. Issues concerning child with AIDS

- AIDS in children is similar to AIDS in adults, but
- Disease is more difficult to diagnose in children
- Blood test cannot be done with certainty until child is 15 months old
- Immune system less developed, therefore infant more at risk of infections
- Babies with HIV infection develop signs of AIDS more quickly than adults
Facilitator's Guide.
Workshop agenda item: Demonstration of the CHBC Kit

Before the presentation:

1. Prepare photocopies of the CHBC –Kit content list for all participants

During the presentation:

2. Introduce concept of the Home Based Care Kit:
   - important for the provision of appropriate care and treatment.
   - an incentive for health workers and volunteers

3. Content:
The National AIDS program has approved the content of the CHBC Kit. Each Kit contains a selection of essential care items as well as different types of home remedies, western medicines and traditional medicines (see content list next page). The Kit is used in all CHBC programs, and the content of the Kit should not be changed without consultation with MNA central team.

There are two versions of the CHBC Kit:

- **Basic version for CHBC volunteers** contains:
  - essential items for basic care
  - home remedies
  - natural medicines
  - selection of western medicines
  - condoms

- **Complete version for CHBC health professionals** contains:
  - all of the above plus Stethoscope and BP cuff.
  - additional selection of western medicines for treatment of primarily opportunistic infections, incl. TB as well as anti-malaria drugs and painkillers.

The selection of medicines for treatment of opportunistic infections (OP) is in accordance with the recommendations made by the National AIDS Program, "Guidelines for Treatment of Opportunistic Infections in Myanmar" 2002, and covers medicines like broad spectrum antibiotics, antifungal, antidiarrhoetics, antitussive, antiemetic and analgetica.
The **TB medication** according to the **Directly Observed Treatment, Short course (DOTS)** will be administered by the TB Zone leader and TB- clinic personnel and distributed to the CHBC program team in accordance with agreements made for distribution to patients at home.

The **CHBC team's main roles** in increasing access to TB/DOTS are:
- to supervise the medicine intake,
- support patient and family throughout the treatment period,
- ensure control visits in TB clinic,
- early TB detection and
- general information and prevention of TB.

### 4. Administration of the Kit:

The **CHBC Coordinator** in each township is responsible for the administration and replenishment of the CHBC kits.

The estimated cost per CHBC Kit is US$ 50, and the **initial cost** of the Kit is covered by the supporting agency. **Maintenance cost** for the Kit content, is covered partly by the supporting agency during the implementation period, partly by the township health authorities. Gradually, the maintenance cost are supposed to be taken over by the township health authorities, e.g. through the Central Drug Administration, CHBC funding mechanism, and charity.

### 5. Give a demonstration of the CHBC Kit

### 6. Distribute the content list to participants

### 7. Explain briefly what each item of medicine, ointment etc. is used for
COMMUNITY HOME BASED CARE KIT
MYANMAR
(prepared by Myanmar Nurses Association)
(July 2003)

Content list
Note: two versions of the Kit will be prepared; one for volunteers with basic supplies and few medicines and one for health professionals with complete content, incl. additional medicines.

Basic Content:

Medicines (for use by all care-givers):
1. Aseptol (surface and equipment disinfectant)
2. Alcohol (Spirit for skin disinfectant)
3. Asperin, tbl. (for moderate pain)
4. Benzyl benzoate 25% (for scabies)
5. Bromhexine sirup (for cough)
6. Burmeton tbl. (antihestamine; for allergy; skin irritation)
7. B-6 Vitamin , tbl (against nausea and dizziness)
8. Bleaching powder (surface disinfection, 0.1% solution)
9. C vitamin, tbl.
10. Dicotil tbl. (against diarrhoea)
11. Folic Acid tbl. (B-12 vitamin for stabilizing intestinal flora)
12. Gun-ywet-bon (traditional medicine against coughing)
13. Mebendazole tbl. ”Fugacar” (de-worming)
14. Menzingel lotion (skin irritation)
15. Oral dehydration salts (ORS)
16. Mighati ointment (muscle pain relief)
17. Paracetamol, tbl. 500 mg (1 tbl.) 3-4 times/day (for moderate pain)
18. Potassium permanganate (ulcer cleaning)
19. Povidine solution (skin disinfectant/ulcers)
20. Sodium bicarbonate (powder for hydration)
21. Tanaka (skin rashes)
22. Vitazone tbl. (multivitamins)
23. U Chain Twee (traditional medicine for indigestion)

Materials (for use by all care-givers):
24. Apron
25. Ball pen
26. Bandage
27. Cotton
28. Condoms
29. Cotton swabs
30. Gauze
31. Gloves (disposable)
32. IEC materials (Flip Charts, pamphlets, etc)
33. Note book
34. Plastic bags
35. Plastic tray
36. Soap and soap dish
37. Soap powder
38. Safety pins
39. Scissors (small and big)
40. Torch light
41. Tissue paper
42. Tweezers (disposable)
43. Thermometer
44. Tongue Depressors (Disposable Wooden)

**Materials (for use by health personnel):**
45. Stethoscope
46. BP Cuff

**Medicines: (for use by health professionals)**

**Prophylaxis/treatment of opportunistic infections associated with HIV:**

1. **Co-trimoxazole** 400 mg (Septrim, Cotrimol, Cotryhexol, Bactrim)
   For: *Treatment of Pneumocystis Carinii Pneumonia* (PCP)
   Dosage: 400 mg, 12 tbl./day, (for bodyweight > 45kg) 3 weeks
   *Primary prophylaxis of Pneumocystis Carinii Pneumonia (PCP) and Primary prophylaxis of Toxoplasmosis.*
   Dosage: 800 mg (or 2 tbls) /day, lifelong, can start with onset of oral thrush, wasting syndrome, chronic diarrhea
   For: *1st line treatment of chronic diarrhea (> 14 days,) cyclospora, isospora belli.*
   Dosage: 400 mg 6 tbl./day for 14 days

2. **Fluconazole** 50, 100, 200 mg caps. (Focan, Zostan)
   For: *Treatment of Cryptococcus Menigitis*
   Dosage: (mild cases, only when confirmed) 400 mg /day, 8-12 weeks
   For: *Oral/Oesophageal candidiasis*
   Dosage: curative treatment; 100-200 mg/day, 10 days
   secondary prophylaxis; 50 mg/day, lifelong
   For: *Treatment of Penicilliniase*
   Dosage: 400 mg/day, 10 days

3. **Metronidazole** 200 mg (Flagyl)
   For: *Chronic Diarrhea (2nd line treatment, entamaebei, Giardia)*
   Dosage: 500mg/2 times per day, 7 days

4. **Albandazole** 200 mg or **Mebendazole** 500 mg.
   For: *Chronic Diarrhea (2nd line treatment, helminths)*
   Dosage: Albandazole 400 mg. (or 2 tablets) /day, 3 days
   Dosage: Mebendazole 500 mg. as single dosage

5. **Norfloxacin** 400 mg.
   For: *Chronic Diarrhea (2nd line treatment, bacteria)*
   Dosage: 400 mg/2 times per day, 3-10 days

6. **Doxycycline** 100 mg cap.
   For: *Bacterial skin infections* (and malaria treatment if first choice treatment failure)
   Dosage: 100 mg /three times per day, for 3-10 days

7. **Acyclovir** 400 mg tbl.
   For: *Herpes Simplex infection*
Dosage: 400-800 mg 5 times per day every 4 hours (omitting the nighttime dosage) for 7 days.
For: *Herpes Zoster infection*
Dosage: 800 mg 5 times per day every 4 hours (omitting the nighttime dosage) for 7 days.

**Analgesics.**

8. **Voltaren** 25, 50 mg tbls.
For: *Opioid responsive pain*
Dosage: 25-50 mg/2-3 times day. Severe pain: 1st dose 100 mg tbl. a further dose of up to 100 mg can be given after min.4 hours. Max. dosage per day 200 mg. Long term administration: max 150mg/day

Over dosage: hypotension, respiratory depression, gastrointestinal irritation, renal failure, convulsion.

9. **Cimetidine** 400 mg, or **Renatidine** 100 mg.
For: *Abdominal pain*
Dosage: Cimetidine: 2 tablets or 800 mg twice a day
Renatidine: 100 mg. or 1 tbl at bedtime

10. **Buscopin** 1 tablet, combination drug.
For: *Antispasmodic, severe pain*
Dosage: 1 tablet, can be repeated every 4-6 hours.
Over dosage: bleeding

**Malaria treatment.**

11. and 12. **Artesunate** 50, 200 mg tbl in combination with **Mefloquine** 250/base tbl.
For: *Plasmodium Falciparum Malaria*. Only if Dipstick (rapid diagnostic test kit for malaria) or microscopy confirmed case. Treatment all over country.
Dosage: Artesunate 4 mg/kg/day for 3 days (e.g. 50 kg bodyweight; 200mg/day)
Dosage: Mefloquine: 25 mg base/kg given either over 1-2 days or over 3 days.

1-2 days option: 15mg/kg for 1st dosage (e.g. 750mg) followed by 2nd dosage 8-24 hours later of 10 mg/kg (e.g. 500 mg) for 50 kg bodyweight)
3 days option: 25 mg base/kg equal divided dosages in 3 days (e.g.1250mg given as 416 mg /day for 3 days)

13 **Doxycycline** 100 mg caps
For: *Treatment failure of Plasmodium Falciparum Malaria*. The combination is Artesunate together with Doxycycline.
Dosage: Doxycycline; 3mg/kg/day for 7 days (e.g. 150mg/day; 50kg bodyweight)
Dosage: Artesunate; 4mg/kg start dose followed by 2mg/kg/day for 6 days (total dose 16mg/kg)

**Tuberculosis treatment (TB/DOTS)**
(available in close coordination with TB clinic and TB Zone team)
Handout; Group work 3:
(40 minutes)

What are, in your view, the critical issues important for implementation of this CHBC program?

1. Prepare 5–10 min. presentation.

2. Select one group member to present for all participants using transparencies.

3. Discuss each critical issue listed below.

4. Add critical issues to the list below, if you find that something has been left out, which is equally important for the CHBC program to address

5. Select the top 5 most critical issues that need to be handled well in order for the program to be implemented successfully, and give reasons why they are the most important ones to address.

List of possible critical issues important for implementation of the CHBC program:

1. Uptake of patients; (how should the CHBC program learn about individual care needs, get in touch with people who need care and support and receive new patients to the program?)
2. Ensure supplies for CHBC; content of the CHBC Kit, including condoms and medicines
3. Referral system for the CHBC program; including planned discharge from hospitals and development of criteria for referral (home to health facility and back to home)
4. Ensure confidentiality in the CHBC program and all documentation
5. Supervision of care givers; including role and responsibilities of the Basic health Staff (Township Health Nurse, Lady Health Visitor, Midwife, Aux Midwife) for provision of CHBC. Is it part of their scope of work and daily duties?
6. Composition of CHBC Team and recruitment of CHBC volunteers
7. Payment for CHBC?
8. Involvement of the ward leaders and community at large
9. Methods of collecting and generating funds for long term funding of the CHBC program.
10. Incentives for CHBC team, including volunteers.
11. Provisions and other support to most poor families.

(NB. Training of care-givers (health personnel, volunteers and family members) in CHBC and counseling will be started by MNA as soon as possible after the workshop.)
Facilitators Guide for Group work 3:  
(40 minutes)

What are, in your view, the critical issues important for implementation of this CHBC program?

**Before the group work:**

1. Prepare photocopies of the Handout, grid for registration of selected critical issues and support notes.

2. Prepare transparency on "Critical issues important for implementation of this CHBC program"

3. Keep the participants in the same 5 groups as during group work 2.

4. Ask each group to prepare 5-10 minutes presentation of their work.

5. Ask the group to select a member of the group to present the work for all participants using transparencies.

6. Distribute the Handout for group work 3 (previous page)

7. Show transparency (see next page) and introduce participants to the list of critical issues by:

   7.1 First explain the meaning of "critical issue"

   ✓ An issue, which must to be addressed in order for the CHBC program to be successfully established,
   ✓ If overlooked or not addressed in the right way, it might cause difficulties for the Program
   ✓ If handled well the CHBC program will have support, operate well and deliver the services it is supposed to.
   ✓ A critical issue is as important as "building a strong foundation of a house".
   ✓ Some issues are more important than others, therefore it is necessary to prioritize.

   7.2 Then introduce briefly each critical issue and give examples by referring to the supporting notes on following pages. E.g. explain referral system and why is it important to be able to refer patients.

8. Ask the groups to select 4 – 5 critical issues that in their view are the most important for successful implementation of their CHBC program.
Note: The participants should have enough information about each critical issue to be able to judge whether it is important or not for their CHBC program. e.g. is it relevant in our township?, is it realistic to do?, who should be involved?, what are the attitudes of communities and families towards this issue?, how should it be done?, why is it a priority?

During the group work:

9. Important Facilitator Task during the presentations are:

- Register the selection of the critical issues made by each group (use the grid prepared next page for counting votes).
- Identify the top 5 priority issues critical for a successful implementation of the CHBC program by counting the number of votes for each issue on the list (the 5 issues with highest number of votes are the selected ones).
- Keep the list of 5 top critical issues for group work 5, day 2, to be presented and used for development of the CHBC work plan.

Note: Merging of two related issues can sometimes be done, if two issues get the same number of votes or if voting is spread out among many of the issues on the list. By merging related issues the selection will become more comprehensive, e.g. 1. uptake of patients can be merged (brought together) with 3 referral system for the CHBC program.

This working procedure is similar to consolidating the selected CHBC services during group work 2
Critical **Issues** important for implementation of this CHBC program:

*NB: Add other issues if relevant:*

1. Uptake of patients; (how should the CHBC program learn about individual care needs, get in touch with people who need care and support and receive new patients to the program?)

2. Ensure supplies for CHBC; content of the CHBC Kit, including condoms and medicines

1. Referral system for the CHBC program to ensure continuum of care; including planned discharge from hospitals and development of criteria for referral

2. Ensure confidentiality in the CHBC program and the CHBC documentation

3. Supervision of caregivers; including role and responsibilities of the Basic Health Staff (Township Health Nurse, Lady Health Visitor, Midwife) for provision of CHBC. Is it part of their scope of work and daily duties?

4. Composition of CHBC Team and recruitment of CHBC volunteers

5. Payment for CHBC?

6. Involvement of the ward leaders and community at large

7. Methods of collecting and generating funds for long term funding of the CHBC program

8. Incentives for CHBC team, including volunteers

9. Provisions and other support to most poor families.
Facilitators Guide for Group work 3: (continued)

Grid for registration of selected critical issues for successful implementation of CHBC Program (counting the votes made by each group)

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<tr>
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Facilitators Guide for Group work 3: (continued)

After the group work presentations:

10. Important Facilitator Note to Critical Issues:

There might be critical implementation issues that have not been mentioned yet. If the issues are mentioned below, then it is **issues common to each CHBC township program and part of the standardized CHBC program implementation approach**, managed by the MNA team. The following issue does not need to be included in the CHBC work plan:

- Organizational structure of the CHBC Program,
- Role and responsibility of CHBC Coordinator
- Working process of CHBC working groups
- Criteria for selection of CHBC Volunteers
- Training of CHBC team members (volunteers, health personnel, social workers, and others)
- Training of individuals, families and communities in care and support
- CHBC Fund and fundraising activities
- CHBC documentation e.g.:
  - Care-giver's note,
  - Sick person registration
  - Monthly summary report of sick person registration
  - Supplies/medicine storage keeping,
  - Supervisory forms,
  - Patient referral slips
  - Quarterly progress report.
- Mechanism for monitoring and evaluation of CHBC program

*The above issues have either already been addressed or they will be addressed during the CHBC workshop*
Facilitators Guide for Group work 3: (continued)

Supporting Notes for introducing critical issues.

1. How to introduce critical issue 3 "Referral system to ensure continuum of care, including planned discharge from hospitals and development of criteria for referral".

What is a referral system? :
- Agreed upon working procedures between different health providers (public/private), social and civil society groups and NGOs,
- A system of care that ensures continuity of care and support for a sick person by referring to relevant health providers and/or social groups/NGOs when needed
- Referral of someone sick happens in the interest of the sick person
- Criteria for referral give guidance for how, when and to whom to send the sick person to depending upon his/her care and support needs.
- Referral happens when you as an individual care–giver and/or health provider, facility, institution or group cannot or is not authorized to provide the necessary care and support or when it is better taken care of by others.
- Referral can be towards more clinical expertise, or into community/peer groups or back to home and family context.

What is Continuum of Care? :
- A continuity of comprehensive care,
- Given during the period of time someone ill is in need of care
- Care is given:
  - at hospital,
  - at home,
  - in the community (NGO, social support group, religious group)
  - health center/ clinic
1.1. Explain what planned discharge from hospital is:

- When a patient is sent home from hospital (discharged) then the homecoming is planned for by the hospital staff,

- Hospital staff, together with the patient discuss:
  - what type of care/support does the patient need at home,
  - if there is a family member/s that will help with the day-to-day care tasks,
  - if the medication should continue
  - when and where should the patient go for medical check-up and follow-up,

- Hospital staff contact CHBC program before the patient is discharged to:
  - give patient's name, address, name of closest family member
  - describe main health problem and care/support needs
  - use discharge slips

- **If there is no planned discharge:**

  Hospital staff can be part of establishing a referral system and ensure continuum of care by: e.g.:

  1. Identify patients in need of CHBC services after discharge from hospital.
  
  
  3. Avoid stigmatization and discrimination of PLHA.
  
  4. Identify the patient's home address and the CHBC program operating in that particular location,
  
  5. Identify principal care-giver in patient's family.
6. Counsel patient and principal family care-giver (if possible) on HIV/AIDS and respect confidentiality,

7. Encourage the patient and relatives to contact the CHBC Program once they are at home,

8. Distribute the CHBC pamphlet and explain about the CHBC program services or

9. Notify (with the agreement of the patient) the CHBC Program by using referral slip, that the patient is returning home with certain care and support needs.

1.2. Explain what criteria for referral is.

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<thead>
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<th>What are criteria for referral?</th>
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<tr>
<td>☐ A &quot;rule&quot; for when someone in need of care and support should move from one place to another,</td>
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<tr>
<td>☐ A certain health condition and/or socio/economic situation that is used as principle or standard for judgment on when and where to refer the person in need of care and support.</td>
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**Criteria for referral from hospital to home, e.g.:**
- patient is able to care for him/herself and manage at home
- patient has a strong wish to return home
- patient has family members that are willing and capable of providing care
- hospital treatment/care is completed

**Criteria for referral from home to hospital, e.g.:**
- patient's disease has progressed and the condition is not manageable at home for the care-givers,
- patient's condition needs medical attention
- burn-out among care-givers
- patient wish to go to hospital

**Criteria for referral from General Practitioner to CHBC program, e.g.:**
- patient need care/support at home
- patient need assistance with following medical treatment
- patient does not wish to seek hospital care
- family need support with care of sick family member
Criteria for referral from station/township hospital to referral hospital

- Only patients needing specialized care should be transferred to the referral hospital.
- Attempts should be made to manage the patient at a local level.
- If the patient wishes to be transferred to a private health institution, the process should be facilitated after counseling.
- In case the patient has been referred from a private institution to the public CHBC program, he/she should be accepted and cared for following the guidelines for the public CHBC program.

1.3. Present the main benefits of establishing a referral system:

- Ensures continuum of care,
- Effects of the HIV/AIDS epidemic is eased and somewhat reduced,
- Quality of life of PLHAs is improved, incl. their family members, social circle,
- Stigma related to having HIV/AIDS is reduced,
- Spread of AIDS-related illnesses e.g. TB and STIs is better controlled and prevented.
- Social and economic benefits of having people to live longer and healthier
  *(if PLHA live longer and healthier the future of their dependents will most likely be better, less expenditure for health care and better performance of workforce)*.
- Better HIV prevention
  (because easier to access care/support services, less stigma).
- Gives opportunity for PLHA to become involved in care/support.
  *(programs will be more targeted and effective)*

1.4. Conditions needed to establish a referral system?

- Partnership and collaboration between the different care providers
  (hospitals, health centers, community care and social groups)
- Information about the CHBC program and its services to promote care seeking behavior and to de-stigmatize HIV/AIDS
- Community is involved
- Clearly defined procedures for referral; where to refer, when to refer, how to refer, etc.
• Criteria for referral

• Training of health personnel, volunteers and other care-givers

• Supervision of care-givers.

*(the above text can be prepared as transparencies if needed)*
Facilitators Guide for Group work 3:
(continued)

2. How to introduce critical issue 7 "Involvement of the ward leaders and community at large".

2.1. Explain the Process of Involvement.
To get the community involved and actively to participate in home based care activities is a process of first:
- raising awareness among community members about the CHBC program and the benefits of it
- select community members to become involved that are capable, willing and influential

If community members are aware of the CHBC program it is more likely that they see the need for CHBC, they realize the gains and they appreciate the initiative. This awareness might lead to them becoming actively involved in the CHBC activities and/or supporting the development of CHBC. So from the very beginning questions like: what good does it bring? and why is it worth to participate in? need to be answered.

2.2. Why involvement?
It is important to involve the community, including people living with HIV/AIDS, because their participation and support will definitely make the CHBC program more relevant, stronger and well accepted.

2.3. Who should be involved in the community? :
1. Community development officials
2. Community leaders
3. District PHC committee and District Health Management team
4. religious leaders
5. teachers
6. NGOs, including Red Cross society
7. the media
8. Civil society; Fire Brigade, police, youth/women’s groups, charity,
9. local institutions

2.4. What activities can be undertaken to involve community members in CHBC? :
- Active participation in CHBC planning, training and management
- Giving responsibilities for parts of the CHBC development work
- Invite communities to information meetings and assess care needs
- Speeches at schools, institutions and organizations
✓ Seminars
✓ IEC activities,
✓ Newspaper articles, leaflets, brochures, posters
✓ Radio and television
✓ Cultural, youth and women group activities and events
✓ Drama
✓ Fundraising by lucky draws, lottery, sport events
Facilitator's Guide for workshop agenda item:  
CHBC Caregiver's Note (Nurse Note)

Before the presentation:

1. Prepare photocopics of the Caregivers Note for all participants (see following page)

2. Prepare transparency on Caregivers Note

During the presentation:

3. Hand out copies of the Caregiver's Note to each participant

4. Give a short presentation on the purpose of using Caregiver's Note:
   - gives continuity in the care and support
   - improves quality of care
   - opportunity to share and involve patient and family members in care and support

5. Introduce the Caregiver's Note and explain the use of it by stressing the following point:

   5.1. The Care Giver’s Note is based upon the process of caring;
   step 1: identify the problem,
   step 2: decide on the intervention or treatment to give,
   step 3: provide the care and support,
   step 4: evaluate if it worked or if changes are needed.

   5.2. The Note is kept in the household by the ill person or the family members in a plastic folder. Every time a care-giver (volunteer or health personnel) visits the ill person and provides care and support the care-giver is supposed to use the Care Giver’s Note.

   5.3. The care-giver whether CHBC volunteer or health personnel, must always sign and date whenever he/she writes in the Caregiver's Note.

   5.4. Show transparency with Care-giver's Note and introduce with an example each column using the following points:

How to fill out the columns?

1st column: Enter the date and hour of the visit to the patient at home

2nd column: Talk with the patient and family, examine the patient and decide what the problem is. Enter the symptom, problem/issue or complaint e.g. the patient has nausea, need help for personal hygiene, is dehydrated, constipated, has pain, is depressed, feels
isolated, need more health information, etc.

3rd column: Decide what the solution to the problem should be. Talk with patient/family to hear if it has been tried earlier, with what result, if the suggested intervention/care is acceptable for the patient. Then enter the care provided or the intervention you have chosen in response to the listed problem/issue. The focus in 3rd column is to describe what was done to solve the problem or meet the need of the patient? E.g. instructions and demonstration was given to family member for daily help with personal hygiene, help with daily preparation of food and/or liquid intake was arranged, pain killers were provided, contacts were established with community group for social contacts, health information was given, referred to health center or GP, etc.

4th column: is used to evaluate if the action taken in meeting the need of the patient was effective/useful. Did it work or do we need to try something else? This assessment can sometimes not be done immediately because more time is needed before an effect can be observed. The assessment remarks can sometimes best be filled out during the following visit to the patient.

5.5. It is important to follow-up and assess to what extent the care and support is effective and whether it works or not.

- For monitoring and evaluation purposes it's important to know if the CHBC team is able to find solutions to the problems that are observed in the day-to-day home visits? do these solutions and suggestions work?
- For continuity in care and support purposes there needs to be memory of what happened and what was tried out. If there are written statements, like in the Care-givers note, there is memory of what was done, why it was done, by whom and when. It is not always realistic to expect the patient and/or family members to remember details. Moreover, they cannot always be expected to give the necessary information regarding the care and support given earlier or even be able to.

With good documentation in Care-giver's Note there is memory, and with memory there is continuity and the likelihood that the care and support is useful, effective and of good quality is considerably higher than not having any written accounts.

5.6. Ask participants to practice filling out the distributed Care-giver's Note.

5.7. Facilitator's should circulate to the groups and be available for questions and clarifications.
Caregiver’s Notes
(to be kept with the household / ill person)

Name of client: _________________________ Age: _____ Ward: ________
Main health problem: ______________________________
Referred to CHBC from: ____________________________ Date of First Visit: ______
Name of Close Relative: ______________________________

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Problem / observation</th>
<th>Care provided / medication</th>
<th>Effect of intervention (remarks)</th>
<th>Signature of caregiver</th>
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Handout; Group Work 4: (40 minutes)

Identification of existing home based care activities and resources for CHBC in the township.

Prepare 5 minutes presentation
Select group member to present for all participants using transparencies.

1. Are there any ongoing home based care activities in the township done by public health system, (incl. TB clinic, STD, MCH), NGOs, charity groups, religious groups, agencies or private health providers etc.?

2. What type of care-givers visit ill persons at home, if any? e.g. nursing/midwifery personnel, General Practitioners, health assistants, traditional healers, TBAs

3. How can these individuals, institutions and services work together in the CHBC program? Please suggest ways and mechanisms.

4. Are there resources available in support of CHBC program?
   - people to work for the CHBC program?
   - facilities to use?
   - supplies and equipment to use?
   - medicine from e.g. central drug supplies, donor?
   - financial support, e.g. community funds and charity, fundraising?
Facilitator's Guide for Group work 4:
(40 minutes)

Identification of existing care and support activities and resources in the township.

1. Divide the participants into 5 groups (you may choose to keep the same groups as during earlier group works)

2. Ask each group to prepare 5 minutes presentation of their work.

3. Ask the group to select a member of the group to present the work for all participants using transparencies.

4. Distribute the handout for Group Work 4 containing four questions to be answered

5. Give a short introduction to the purpose of the group work by highlighting the following:

- If we are able to identify others, who are also working in the township on home based care or other care and support activities, then we might be able to establish collaboration with these partners and improve the community outreach, referral of patients and continuity of care.

- If we are successful in finding additional resources for the CHBC program; e.g. medicines, supplies, staff, facilities and funding, then the sustainability of the program is ensured.

6. Summarize the tasks for the groups:

- first to identify the health and social care services existing in the township (selected CHBC area) or those that potentially have the capacity to provide elements of comprehensive care. **Who does what in relation to care and support?**

- secondly, the participants should discuss how these potential partners can be invited to participate and contribute to the CHBC program implementation. (Perhaps some of these health and social service providers are present at the orientation workshop).

- thirdly, are there existing resources that might be available for CHBC development? **Who can help with what?** (see supporting notes next page)
Facilitator's Guide for Group work 4:  
(continued)

Supporting Notes on different types of resources:

A. Human resources;  
The health personnel, who are supposed and willing to be involved in AIDS and long term/chronic care need to be identified. This concerns health personnel working in the health center or sub-center in the selected CHBC areas, who are automatically invited to work in the CHBC program (LHV, midwifes, health assistants, public health supervisors) Additionally, retired (or not active in public service) health personnel (nurses and midwives) are also important resources for the CHBC Program. Auxiliary midwifes and auxiliary nurse-midwives are other important health personnel in rural areas and sometimes the only health personnel.

Hospital and clinic based health personnel working in different key program areas e.g. TB, malaria, leprosy, STD, MCH are very important working partners and should also be invited to participate in the CHBC orientation workshop and the CHBC program work. Their input and collaboration is crucial for prevention of HIV/AIDS and for increasing access to care and support for people already infected. For example an estimate of 5%, or sometimes much higher, of TB patients will be HIV-positive and many people with HIV will either be having or be developing TB. This double-infection is also the case among groups of intravenous drug users (IDUs) or among clients of STI clinics, respectively 56% and 8-10% are estimated to be HIV positive. Collaboration with antenatal care clinics would additionally be of importance, due to the estimation of 3% of women attending ANC clinics being HIV positive. Therefore, close coordination with TB, STI, ANC(MCH) and NGO program staff will be necessary for joint training, establishment of easy referral mechanisms and common drug supply lines.

Equally important, community volunteers willing to dedicate time and efforts in the CHBC program need to be identified and recruited for the CHBC Program. Selection criteria will be used for this purpose (see presentation day 3 of workshop), specifying e.g. that the volunteers should be residing in the pilot area and be known to the community in the pilot area as someone who is working with other health program activities. This is important due to the potential stigmatization by the community towards the individual and the family being visited by the Program.

Additionally, NGOs, Civil Based Organizations (CBOs), resource persons and/or partners in the community who are presently undertaking or planning to undertake care and support activities for chronic or long term ill persons need to be identified. It is important to know of each other's activities and scope of work, because coordination and collaboration can increase the possibility of successfully reaching objectives. By establishing collaboration a synergetic effort can be achieved and duplications can be avoided.
B Supplies and medicines;
As part of the CHBC implementation, the current supply system of e.g. drugs, HIV test kits and laboratory equipment need to be reviewed as to their adequacy and regularity as well as their potential support to the CHBC program. **Would it be possible for the CHBC program to receive essential drugs from the central drugs supplies?**

C. Facilities;
The CHBC program needs to have an office location, e.g. a room within an MCH clinic, health center or TB center, where the Program keeps records and supplies. The facility is used as a meeting place for the CHBC team, to plan the work, supervise, keep stock of medicines and supplies, do administration and record keeping, and it serves to be a contact point for the CHBC program. It is **not supposed to function as a clinic and replace home visits**. However, patient may come from time to time to visit the office.

Sometimes a facility is made available by the local authority on an appropriate compound next to a civil based organization or NGO, other times it's a rented facility within the selected CHBC area. The CHBC office needs to have running water (or easy access to clean running water) and basic standard furniture and equipment. It would be a major advantage, if the CHBC office had a telephone or access to use a telephone. The office needs to be located within or close to the selected CHBC wards and provide easy access for patients and their families and for the community at large.

D. Financial resources, Government, NAP, NGOs, CBOs, religious groups and charity are possible supporters of the CHBC program. Depending upon the overall objectives and the number of activities the CHBC program intends to offer (as determined during the CHBC orientation workshop), the required resources will need to be mobilized.

The financial support will cover training, supplies/equipment, medicines, personnel support, transportation, etc. The **possible sources of funding could come from the government; National AIDS Program, local administration and/or authorities, donors, NGOs (national and international), charitable groups and societies, and from the community.** All interested partners and individuals, including resource persons within the community, will be approached to obtain support for CHBC development and for establishing a mechanism for sustainable funding of CHBC. To this end the Program will seek to establish a **CHBC Fund**, which should possibly cover, if not fully then partially, the supplies and medicines requirements of the program as well as basic needs of individuals and families, who have extreme shortage of resources. All partners and potential supporters of CHBC (charity and welfare organizations, NGOs, individuals etc) will be encouraged to be pooling their resources in support of CHBC. The administration of the CHBC program will be responsible for the CHBC Fund. Fundraising will be an important task for the community volunteers and others.
Facilitator's Guide for workshop agenda item:
Organizational structure of CHBC program

1. This short presentation aims at:
   - giving an overview of how the CHBC program is organized and managed and
   - clarify how the program coordinates and links with the existing township health system.

2. Start by point out that the **CHBC program is first of all about reaching out to individuals and families** to ensure that the chronic or long-term ill individual, incl. PLWA receive care and support in their homes.

3. Therefore it **needs to involve and work with a broad range of people** both within and outside health

4. Explain that the **Program aims at being part of the existing health system** by working with BHS, Township Medical Officer and his/her team, other township health structures as well as influential decision makers from the management and administration of the township

5. **Present the organizational chart of the CHBC program** by showing the transparency (see next page)

6. **Explain briefly the role and function** of the CHBC Coordinator, CHBC working groups, Township Steering Committee and the MNA team by referring to the supporting text next pages.

7. **Give examples of the type of memberships** of the CHBC Steering Committee and the four CHBC working groups.

*Note: Names of members will be announced day 3, under agenda item "Presentation of membership of CHBC Steering Committee and working groups".*
Fig 1. Organizational Chart for the CHBC Program,

**MNA/NAP IMPLEMENTATION TEAM**  
(central)

**CHBC TOWNSHIP ADVISORY COMMITTEE**  
(incl. CHBC COORDINATOR)

**CHBC COORDINATOR**

- **CHBC WORKING GROUP 1**  
  CHBC SUPPLIES AND RESOURCES (INCL. MEDICINES, CONDOMS, SUPPORT TO POOR)  
  ESTABLISHMENT OF CHBC FUND

- **CHBC WORKING GROUP 2**  
  - VCT, HIV/AIDS INFORMATION AND COUNSELING  
  - HIV PREVENTION, CONDOM DISTRIBUTION TARGETING RISK GROUPS

- **CHBC WORKING GROUP 3**  
  INCREASE ACCESS TO TB/DOTS (as part of CHBC)

- **CHBC WORKING GROUP 4**  
  - UPTAKE OF PATIENTS TO CHBC  
  - REFERRAL SYSTEM  
  - PLANNED DISCHARGE FROM HOSPITAL
Facilitator's Guide for workshop agenda item:
Organizational structure of CHBC program (continued)

Explanation notes to the CHBC Organizational Chart:

The CHBC Coordinator must be an official appointment with health managerial expertise and current administrative and technical influence in the township. Sometimes retired nursing personnel with health managerial experiences, e.g. ex A. D. Nursing, Township Health Nurse, Lady Health Visitor can be considered. The CHBC Coordinator will report on a regular basis to the Township Advisory Committee and the MNA Implementation Team, and work closely with the Township Medical officer and his/her team.

The CHBC Coordinator is a key person for the development of the CHBC program. The Coordinator must involve and work closely with the rest of her CHBC team (Basic Health Staff, nurses and volunteers). She must provide leadership, initiative and supervision on the day-to-day operation of the CHBC program services. Together with selected resource persons in the township, (e.g. TMO, THN, LHV, HA.) the Coordinator should organize and conduct training courses for the CHBC team, so that they are able to train and supervise patients and their families at home as well as giving health information. The training of CHBC care-givers can also include community members, incl. PLHA, NGOs and facility based health personnel.

In carrying out her terms of reference the CHBC Coordinator will be supported by the CHBC Township Advisory Committee for the following tasks:

1. Facilitate and supervise the CHBC program implementation according to distributed guidelines
2. Support and supervise the CHBC team (Midwives, Nurses, LHV's, Community Volunteers and other Basic Health Staff) as well as civil society groups and NGOs for CHBC development and service delivery
3. Input and follow-up of work according to the CHBC implementation plan (developed during the orientation workshop), including coordination of work in the four CHBC working groups and ensure implementation.
4. Establish a referral system between the CHBC program and involved health providers, groups and institutions, by e.g. introducing discharge-slip and/or referral slips from hospital, TB clinic and other facilities, and mechanisms for collaboration.
5. Ensure use of the CHBC documentation; Care-Giver's Note (nursing note), CHBC registration system, summary report of patient registration, supplies and medicine storage records, and supervision check-list.
6. Organize and help to arrange training of CHBC health personnel, volunteers and other community members with regular intervals according to defined training needs and distributed materials and programs.
7. Support the work to establish sustainable mechanisms for supplies and funding of CHBC program
8. Ensure outreach and coverage of the CHBC program, particularly to people most in need, including poorest families and vulnerable children
9. Timely submission of Quarterly Progress reports to the MNA Implementation team according to distributed forms
10. Prepare monthly summary reports of CHBC patient registration
11. Input to monitoring and evaluation activities, incl. reporting on staffing requirements
12. Encourage and help with the establishment of community support groups and networks for PLHA.
13. Collaborate with all partners for CHBC development.

The CHBC Coordinator refers to the CHBC Advisory Committee and to the DMO, and keeps a close contact to the central CHBC Implementation team.

**Four CHBC working groups** will be formed during the Orientation Workshop, with the purpose of developing specific proposals for how to initiate work in relation to each of the selected priority CHBC services and implementation issues. The working groups will submit their proposals to the Advisory Committee for approval, and then start the actual implementation work. If e.g. a priority areas like formation of social support groups for PLHA, or establishment of referral systems and planned discharge from hospital are chosen as priorities, to become part of the CHBC program in the township, then specific one or two working groups will be assigned these topics to get the work started. Each working group should have a coordinator who will also call meetings. The groups should keep in close contact with the CHBC Coordinator.

Members of these working groups will be announced the last day of the orientation workshop.

*A CHBC Township Advisory Committee* is established in every selected CHBC township with app. 12 members; e.g. Divisional Health Director as Chair, Medical Superintendent, from Divisional or Township Hospital, as Vice Chair, and TMO as Secretary. Other members include e.g. A.D. Nursing/Nursing officer, Township Health Nurse, members of the Township Medical team, CHBC Coordinator, Ward Leaders, STD and TB Team leaders, and other persons representing the different facilities and organizational/administrative entities in the township that are important for the CHBC development.

The members of the CHBC Advisory Committee all have decision-making power or influence within the township, due to their current responsibilities and roles. They have relevant health background and/or are representatives from civil society and local township authorities. The CHBC Township Advisory Committee is responsible for the overall planning, co-ordination, and supervision of the CHBC program implementation, as well as co-ordination of the monitoring and evaluation activities of the Program.

The Committee should meet regularly and approve proposals submitted by the CHBC working groups (or provide input to improve and finalize proposals) so that the implementation of CHBC program can proceed.

The Committee must provide leadership and support the work of the CHBC team and working groups. Generating funds locally and coordinate budgeting for the future costs of
running the CHBC program in the township, will be an important task of the CHBC Advisory Committee

Myanmar Nurses Association (MNA) Implementation Team has a central team in Yangon, which is responsible for the overall coordination and management of CHBC program implementation in various locations of the country. This team consists of 14 senior nurse/midwifery leaders; the President of MNA being the Program Coordinator and team members each appointed responsibilities according to geographical areas of the country and funding source. The MNA team may appoint state/divisional MNA team/s to support the overall coordination and implementation. MNA works in close coordination with the National AIDS Program (NAP) and Department of Health.

Focal points for CHBC should be identified in each facility and organizational entity, that will be part of the referral, e.g. hospital, MCH and TB-center, health post, community-, social-, and/or religious group, NGO or Association. This will make the procedures for referrals and co-ordination much easier. If an AIDS focal point already exists in a facility or organization, then the same person can be focal point for CHBC as well.

The CHBC Team is the actual team that visits homes and undertakes various care and support activities. The number of CHBC team members depends on the scope of the CHBC program and the size of the population it is providing services to. As a rough estimation of capacity and workload the following estimated have been made:

The CHBC volunteers are selected by the community/township using certain criteria developed by the CHBC program (see day 3 of the workshop program). The volunteers are recruited from e.g. NGOs, incl. Red Cross, Fire Brigade, civil society groups, local township authorities, schools and institutions. They have been involved in health related activities before and they are residents in the selected CHBC area. Among volunteers can also be professional health personnel, e.g. nurses that are currently out of public service.

The team should also include health personnel presently working at the health centers and clinics within the selected CHBC area, usually Basic Health Staff; Midwives, LHV's Auxiliary Nurse/Midwifes, Health Assistants and Public Health Supervisors. Retired nurses or nurses not in public services are also an important part of the workforce.

The CHBC team, including the Coordinator, is usually working out of the CHBC clinic. The location of the CHBC clinic can be e.g. at the public health center, MCH clinic or Sub-center, in conjunction with an NGO or Civil Based Organization (CBO), or in any rented facility. The CHBC clinic is a public service that carries a sign-board above the entrance. The CHBC clinic should not be located inside private businesses or inside some ones home.
Handout; Group Work 5:  
(2 hours)  

Development of CHBC Work Plan  

Prepare a 10 – 15 minutes presentation.  
Use the format that has been distributed, for the development of your work plan.  
Select group member to present to all participants using overheads.  

5. Clarify the subject/s that your group has been given?  

6. Are the subjects related to CHBC service or is it an issue important for the implementation of the CHBC program?  

10. Discuss in detail the subjects that your group have been given, e.g. how will the CHBC give this type of service, or how will the program address or handle this issue during the establishment of the CHBC program.  

6. Develop detailed work plan for each subject using the work plan format provided. Be very specific and detailed in giving your suggestions and ideas.  

Support materials to be used:  

Work plan format  
Example of completed work plan
Facilitator's Guide for Group work 5:
(2 hours)

Development of CHBC work plan.

Preparation for group work:
✓ use the consolidated lists that were developed during group work 2 and 3 on respectively "priority services for the CHBC program" and "critical issues for successful CHBC program implementation" and

✓ assign from these lists; 1) one "priority service" and 2) one "critical issue for successful CHBC implementation" (if there are more services/issues assign as necessary) to each of the five groups

✓ divide participants into 5 groups according to the assigned service/issue topics so that particular skills, knowledge and influence of the participants is used in the best way for work plan development. (e.g. for the service of TB/DOTS to become part of CHBC program, it is useful if the TB team member is part of that group. Likewise, for critical implementation issue of CHBC funding, it is necessary to have community members with influence participating in the group).

Group work instructions:
✓ announce the members of the five groups (by using the lists of names prepared above)

✓ explain to the groups:

  • their task is to develop a detailed work plan on how to start the work on establishing the CHBC program.

  • the purpose of having a work plan is for everyone to know what specific tasks there are ahead and what his/her own role will be when the workshop has closed.

  • the focus of the work plan will be on the selected CHBC services and implementation issues, that the participants selected earlier during the workshop.

  • therefore, each group has been assigned one of the priority service that were selected during group work 2 and one critical issue that were selected during group work 3

✓ Announce the assigned services and issues to each group

✓ Distribute to each group the format to be used for developing the work plan (see next page).
✓ Explain the use of the format for work plan development and

✓ Distribute to each group an example of a completed work plan (use example next pages).

**During the group work:**
✓ Facilitators need to be present in the groups during the work and help out with clarifications needed, how to use the work plan format and to help the group with the task of making the plans as detailed and realistic as possible.

✓ After the groups have finalized their work plans, they are asked to present their work on transparencies

**After the group work presentations:**
✓ Collect the presentation sheets (transparencies) from each group and keep them for later revision.

✓ Explain to the participants that all work plans are collected for further compilation and revision, as to constitute a comprehensive work plan for the CHBC program implementation in that particular township.

✓ Mention that the work plan will be included in the workshop report, which will be sent to the township and the CHBC coordinator shortly after this workshop.

**Support materials:**
Format for CHBC work plan
Example of completed work plan
# HANDOUT: CHBC WORKPLAN

**Subject (service/issue):** ________________________________

**Objective:** ____________________________________________

<table>
<thead>
<tr>
<th>WHAT activities/tasks</th>
<th>WHO Responsible Persons</th>
<th>WHEN starting and completing dates</th>
<th>INPUT NEEDED people, money, facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Facilitator's Guide for Group work 5:  
Development of CHBC work plan (continued)

HANDOUT: Example of completed work plan for one subject.

**CHBC service:**  
_Provision of TB Directly Observed Treatment, Short Course (DOTS) and care_, including case detection, as part of the CHBC program, in close collaboration with TB Team Leader and TB clinic personnel.

**Objective:** To increase access to free TB/DOTS in communities, strengthen case detection and contribute to the prevention of TB transmission.

<table>
<thead>
<tr>
<th>WHAT Activity/Tasks</th>
<th>WHO Person/s responsible</th>
<th>WHEN Starting and completion date</th>
<th>INPUT NEEDED People, Money, Facilities</th>
</tr>
</thead>
</table>
| Make detailed plan with TMO and TB team leader on TB patient referral, | CHBC Coordinator with TB working group | As soon as possible | - Coordination/management  
- referral slip from TB clinic to CHBC program |
| Make detailed plan with TMO, TB team leader regarding TB drugs supplies and distribution | Do | Do | - Coordination/management  
- Storage facilities for TB drugs |
| Identify focal point for CHBC in TB clinic | Do | Do | None |
| Submit proposal on integrating TB/DOTS in CHBC program to Steering Committee | Do | do | meetings in the working group 2 |
| Conduct training on TB/DOTS to 1) BHS and 2) volunteers and community members | CHBC coordinator and two selected BHS will train BHS. Then BHS will train volunteers | Following ToT at central level | Use training material made available from MNA and TB program |
| - Clarify reporting requirements of CHBC program team to TB clinic reg. Case detection, monthly check.  
- Monitoring and evaluation of activities | Do | Before the home visits to TB patients starts | Report format  
After 3 –6 months | Monitoring report |
| Develop documentation on the TB/DOTS integration into CHBC program activities | MNA Team (Yangon) with the CHBC Coordinator and TB team leader | After 6-8 months implementation | Report |
Facilitator's Guide for workshop agenda item: Criteria for selection of CHBC volunteers

1. The objectives of this short session are:
   1. familiarize the participants with the criteria for being selected as CHBC volunteer
   2. assess how many of the participants are interested in becoming CHBC volunteers
   3. clarify the procedures for the final selection of CHBC volunteers

1.1. Additional objective:
   1. assess how many of the participating health personnel are interested in working with the CHBC program
   2. obtain commitment form health personnel to work with CHBC program.

2. The facilitator will:
   • Start with a presentation of the criteria for selecting a CHBC volunteer (use transparency next page)
   • ask participants how many would be interested in working with the CHBC program as CHBC volunteers
   • ask participating health personnel (midwifes, lady health visitors, nurses, public health supervisors, others) how many would be interested in working with the CHBC program.
   • take note of participants' names who have shown interest
   • clarify with CHBC coordinator and others how the selection of CHBC volunteers will be finalized. What will be the next steps? Who should be involved in finalizing the selection?
Transparency

Criteria for selection of CHBC volunteers

The volunteer should be:

a. residing in the selected CHBC pilot area,

b. associated with and known in the community for being involved in health activities

c. literate

d. of mature age for proving care and support to long-term and chronically ill persons and their families,

e. interested in health promotion and preventive work, and capable of showing empathy for ill community members, and

f. able to work minimum two days per week for the CHBC program
Facilitator's Guide for workshop agenda item:
Plenary session; Agreements and working arrangements for implementation of the CHBC program.
(30 minutes)

1. Explain that this discussion is an opportunity to:
   a) bring into focus any question that has not yet come up during the workshop,
   b) return to questions that have not been sufficiently covered or answered during the workshop,
   c) discuss in practical terms any working arrangement that needs to be established, so that the CHBC work can continue after the closure of the workshop.

2. Decide together with the participants what issues/questions should be discussed during this session, and write it on the board. Give some examples of important questions e.g.:
   a) What is the expected commitment of health personnel for CHBC? How many hours per week should they work for CHBC?
   b) What is the expected commitment of volunteers for CHBC in terms of hours per week?
   c) How does the CHBC program establish collaboration with health facilities for referral of patients?
   d) How will the CHBC program get funding?
   e) How can the CHBC program be sustainable?.
   f) What type of social support groups could be established?
   g) How will the ward leader/s be involved in CHBC? and other community resource persons?
   h) Would it be possible to involve PLHA in CHBC program implementation? Discuss the benefits in relation to reducing stigmatization

3. Ask participants, if there are other important working arrangements or issues to be discussed in order to implement the CHBC program. Add suggestions to the list on the board.

4. Continue the discussion using the notes below.
   (If the question has already been addressed, leave it out).

Regarding 1. Commitment of health personnel and volunteers for CHBC.
✓ Start out with relating the discussion to the newly selected participants as CHBC team members.
✓ Present transparency next page with workload estimate for CHBC team.

  o Explain the calculation for each category of care-giver. Calculate average 30-60 minutes for each home visit. Include time for transportation between patients, meetings for team at CHBC office, supervision, administration, etc.)

  o Ask selected CHBC team members (health personnel and volunteers) if this amount of hours per week is realistic, given that they have additional tasks and responsibilities apart from CHBC. Make adjustments if needed.

✓ Decide when the CHBC office will be open to community members; select weekdays and opening hours.
Workload estimate for CHBC Team.

For 50 patients CHBC Program:

Recommended staffing:
minimum 20 volunteers and 5–6 health personnel.

Workload:
3-4 visits/week per CHBC volunteer
(if 50% of the patients need 2 visits per week and the other 50% need 1 visit biweekly) Duration per visit app. 30-60 min.

A volunteer working with CHBC should calculate app. 1-2 days/week for the CHBC activities.

5-6 visits/week per health personnel (plus other CHBC tasks)
(if 90% of the patients in program need 1 visit/biweekly and the remaining 10% need 2 visits/week). Duration per visit app. 30-60 min.

A health professional working with CHBC should calculate app. 2 days /week for the CHBC activities.
Plenary session; Agreements and working arrangements for implementation of the CHBC program

✓ Discuss with participants the content of present job description for midwives and Lady Health Visitors (LHV)s as issued by Department of Health (MOH). (see following page)

  o Clarify the functions and responsibilities described in their job descriptions in relation to home visits (focus on paragraph 9,10,11,12,13, 17 and 18 of the job description),

  o Point out that the job description mentions “home visits to every community member in need of nursing care and treatment”; not only for deliveries and pre/post natal visits, as seem to be common practice,

✓ Ensure that participants understand, the CHBC Program is organized and managed as part of the existing health system in the township, using a mix of health personnel working publicly and privately in addition to volunteers.

Regarding 2. Collaboration between CHBC Program and health facilities for referral of patients:

✓ Explain that in order for patients to be able to be either referred to the CHBC program (from e.g. health facilities) or referred from the CHBC program to health facilities, there need to be agreements and a good system of working procedures between CHBC program and these facilities.

✓ Highlight that the collaboration starts among the participating health personnel from the different health facilities; e.g. TB clinic, STD team, hospital, MCH clinic, General Practitioner's clinic, etc.

✓ How is collaboration started? e.g. by introducing referral slips or other documentation. Ask participants to suggest and comment.

✓ Mention that the four CHBC working groups (mentioned earlier under organizational structure of CHBC program) will be formed to implement this collaboration among health facilities and other care/support groups

Regarding 3. Funding and Program Sustainability.

✓ Point out that the CHBC Program is not a "project", that will terminate when the funding ends; it is a "program", that is meant to continue as part of the established health system. It therefore needs to seek it's independent funded (alternative funding) from the beginning.
o Have participants suggest possible sources of funding for CHBC: e.g. government; (DOH, National AIDS Program), township administration and/or authorities, donors, NGOs (national and international), charitable groups and foundations, and very importantly individual resource persons in the community.

o Discuss how could CHBC get funding on a long-term basis and how could it be organized?

o Discuss establishment of a CHBC Fund, to cover, if not fully then partially, the supplies and medicines, basic needs of poorest individuals/families. Explain how the Fund is supposed to function

☑ Point out that the CHBC program will work with local community and administration; e.g. ward leaders, PLWHA, NGO members, civil society and other health providers to be sustainable.

o How can ward leaders best be involved in CHBC?

o Refer to earlier discussion about CHBC program being part of existing health system, introducing new role and tasks for Township health Nurse, Lady health Visitor and midwives (and nurses).

5. Clarify what plans or action has been taken for establishment of the CHBC office within the selected ward/s. (If facility is rented app. 10.000 Kyats /monthly)

6. Discuss CHBC medicine supply and basic care provisions, including storage facilities. Has the District/Township Medical Officer been requested to compliment the supplies of medicines for CHBC? If not yet, it is necessary to do so.
Job description of multipurpose Midwife (Myanmar).

The midwife is a multipurpose community health worker with specialization in maternal and child health. She works in a demarcated area under the guidance of the Lady Health Visitor. Her work being coordinated with that of other members of the health team by the Health Assistant.

The midwife exercises supervision (guidance and teaching) over the auxiliary to the Midwife and shares with the Public Health Supervisor grade II the supervision of the community health workers. In the course of her duties the multipurpose Midwife will be responsible for:

1. General A.N. care in the homes and clinics including case finding, full A.N. checks, provision of T/T injections, health teaching and right referral if required, and preparation for the new baby (special attention to high risk mothers),
2. Home deliveries with full management for the safety of the mother and baby including right referral and the immediate care of emergencies as required. (Midwifery kit must always be kept in a state of readiness),
3. Provision of post-natal care for mother and baby both through personal service and teaching the family to give safe practice in her absence,
4. Support guidance and service to the family in the care of the infant and young child under 5 years, giving special attention to nutrition, developmental needs, control of infection and early detection and treatment of health breakdown,
5. Assisting the Health Visitor with the organization and conduct of A.N., P.N. care of children, including set-up, preparation and sterilization of equipment and the maintenance of the required standard of practice and referral,
6. Ensuring the proper use, maintenance, storage of equipment and general cleanliness and order of the sub-center and the surrounding (shared with THN, HA and LHV in RHC) and Township,
7. Participation with other members of the Health Team in the expanded immunization program (D.P.T., D.T. and BCG) including routine provision, mass campaign and finding the unprotected,
8. Assisting the Health Visitor and Health Assistant with the provision of health care for the school children, special attention to nutrition, control of infection (immunization) and general health teaching,
9. Finding suspected cases failing within the special Disease Control Program and their follow-up as required (responsibility shared with P.H.S. grade II under guidance of the health assistant),
10. Provision of minor treatment and nursing care in the home teaching the family to provide safe attention for their sick and handicapped,
11. Provision of immediate First Aid as required right referral and management of emergencies,
12. Encouraging improvements in environmental hygiene especially the use of safe water, the provision of safe latrines and safety within the home,
13. General Health teaching to individuals and groups in the home, health center and school as opportunity arises to promote healthy living habits,
14. Persuasion for speedy registration of births. Collection of vital statistics in the course of her work and any other relevant health information,
15. Recording of activities as required for public health and personal health records,
16. Guidance and teaching of any indigenous birth attendants,
17. Supervision of the Auxiliary Midwives, and the P.H.S. grade II in supervision of the community health workers,
18. Keeping good relations within the community, co-operation with the people's Council, to maintain a high standard of health service,

The multipurpose Midwife is responsible for observing professional standards of behavior both on and off duty.

(prepared by Department of Health)
Handout; Group work 6:
(45 minutes)

What resources are needed to start the CHBC program? and who should provide this support?

Prepare a five minutes presentation
Select a group member to present to all participants.

1. Prepare a list of resources and input needed for the CHBC implementation, using the following headings:
   - inventory/supply for the CHBC office,
   - CHBC documentation,
   - CHBC training materials,
   - Information, education and communication (IEC) materials
   - technical input and follow-up,
   - long-term medicine supply for CHBC Kit,
   - long-term basic care supplies for CHBC Kit,
   - financial contributions, incl. support to poorest families
   - incentives for CHBC volunteers
(45 minutes)

What resources are needed to start the CHBC program? and who should provide this support?

NB! If you are running short of time, this group work can alternatively be done as a plenary session.

☐ Let the participants go into 5 groups

☐ Ask each group to prepare 3-5 minutes presentation of their work.

☐ Ask the group to select a member of the group to present the work for all participants using transparencies.

1.1.Distribute the handout for Group Work 6

1.2.Give a short introduction to the purpose of the group work:
   1.2.1. identification of the resources needed for implementing the CHBC program, including
   1.2.2. clarification of the need for technical input during the implementation period

☐ Ask the participants to prepare a list of resources and input needed for the CHBC implementation, using the following headings:

- Inventory and equipment for the CHBC office,
- CHBC documentation,
- CHBC training materials,
- Information, education and communication (IEC) materials
- Technical input and follow-up,
- Medicine supply for CHBC Kit (estimate per month),
- Basic care supplies for CHBC Kit (estimate per month)
- Financial contributions, incl. support to poorest families,
- Incentives for CHBC volunteers

☐ Invite the groups to present (5 minutes each) and/or collect the presentations and keep aside for later revision and include in the workshop report

*NB: Be aware that there might be a standard list of inventory and equipment for the CHBC office (prepared by MNA team)*
Facilitator's Guide for workshop agenda item:
Discussion on Future Work and Key Recommendations.
(30 minutes)

This session lasts app. 30 minutes, and gives an opportunity to clarify the work that will start in the CHBC working groups and the function of the CHBC Steering Committee. It is important to ensure that everyone knows what his or her role and responsibilities are, and that everyone feels comfortable with the future working arrangements.

**Future Work:**
1. Ask participants if they have any questions concerning the future CHBC work and the activities to be undertake after the workshop.

2. Verify that the CHBC team (health personnel and volunteers) has been selected and that the names have been written down? Does the selection need approval?

3. Clarify whether the membership list of the Township CHBC Steering Committee needs approval, and who will call the first meeting of the Committee?

4. Explain the working arrangements of the CHBC working groups;

   - Membership lists must be finalized, if not already done? Do the lists need approval?,
   - Each group should have a Chair. (Usually appointed by the facilitators during the workshop when they prepare membership lists),
   - The chair of each CHBC working group is responsible for calling the meetings and for keeping the CHBC Coordinator informed and involved (the CHBC Coordinator can also be Chair of one of the CHBC working groups).
   - Each group will meet regularly over the next 1-2 months to put their experiences and ideas together on how to carry out the work in relation to the subjects, that they have been assigned,
   - How often should the CHBC working groups meet?
   - A short proposal on the assigned subjects should be finalized by each group within the next 1-2 months and submitted to the CHBC Steering Committee for approval,
   - In order to get started the groups should use the work plan that was produced during this workshop (final version of work plan will be attached to workshop report and sent shortly after the workshop, preferably in Myanmar language), meanwhile,
   - The group should use the suggestions given in handout “Future steps for CHBC working groups” distributed during this session.

5. Distribute the handouts “Future Steps for CHBC working groups”. (see following pages) to each CHBC working group, making sure that each group gets the relevant handout that addresses the issue/s the group has been assigned.
Facilitator's Guide for workshop agenda item:
Discussion on Future Work and Key Recommendations.
(continued)

6. Explain about the CHBC training of health personnel and community volunteers on
CHBC, HIV/AIDS and counseling, and mention that the training will start shortly after this
workshop (or in the case of the trainers continue after the orientation workshop).

6.1. There are two levels of CHBC training:

**Training of trainers (ToT)** conducted by MNA in coordination with NAP, three
days duration. Usually ToT is held prior to the CHBC Orientation Workshop. Content
covers CHBC modules.

**Target group:**
- CHBC coordinators and their appointed associates (1 coordinator and 1
  associate/CHBC program)

**Training of volunteers (TOV) and other CHBC team members. This training is
done on a continuous basis** by the CHBC coordinator at township level, 1-2 days
training is repeated with regular intervals; content covers selected parts of the CHBC
modules and the practical skills required.

**Target group:**
- CHBC team (community volunteers, Basic Health Staff in CHBC areas
  working in health/sub centers and private health personnel; nurses/midwives)
  app. 25–30,
- Hospital staff referring to CHBC program (e.g. counselor, ward sister, matron,
  social worker, Lab Tech. OPD) total 3-5
- Community resource persons/leaders and civil society groups
- People living with HIV/AIDS interested in CHBC program activities
- NGOs collaborating and supporting the CHBC program activities

6.2. Introduce to the participants the CHBC training modules and other material to be
used for the training, and distribute minimum 1 set of CHBC modules (module1-5) to
the CHBC Coordinator and her associate.

6.3. Make arrangements for the training:
- Give tentative dates for both levels of training. Ideally, the ToT should come
  before the CHBC continuous training, and the TOV should follow the
  orientation workshop.
- The CHBC Coordinator has responsibility for initiating, arranging and
  conducting the CHBC continuous training, with the help of her associate.
  Usually, the township medical team, e.g. TMO, TB team leader and STD team
  leader, Township Health Nurse or their associates, will also act as trainers
7. Discuss how the Township Health Authorities and Administration can support the CHBC program? Raise the following questions and ask participants to give suggestions:

- Introduction of planned discharge from the hospital (use of discharge slips from hospital),
- How can the referral system be strengthened?
- What should be done to reduce stigmatization of PLWHA?
- How can health personnel and other caregivers promote and ensure confidentiality?
- What could be done to make VCCT services more easy to use and to expand the services?

8. Discuss the important role of the general practitioners and pharmacists in referring to CHBC program. How can they become involved in CHBC?

9. Ask participants, if there are any other issues that should be discussed?
Discussion on Future Work and Key Recommendations.  
(continued)

Handouts on “Future Steps for CHBC working groups”.

Working Group on CHBC Resources and supplies.

The group will:

- Develop and submit proposal on how the CHBC program can establish: 1) sustainable supplies of materials and medicines and 2) sustainable funding from other sources than international aid.

- The CHBC coordinator and working group members will discuss with Township Medical Officer (TMO) and Superintendent of Township Hospital if it would be possible for the CHBC program to receive medicines from the Central Medical Supplies (CMS) as a compliment to medicines supplied by the CHBC Program itself.

- Estimate the average medicine requirements per month (50 patient program).

- Work out a supplies stock keeping system for the basic content of the CHBC Kit and other items,

- Estimate bimonthly supply requirements for basic content of CHBC Kit and other supplies for CHBC office, incl. administration.

- Discuss ways of fundraising for CHBC; who should be involved in fundraising and how should the work be organized?

- Establish the CHBC Fund and identify the management and criteria for payments of the Funds resources.

- Report to the CHBC Coordinator and the CHBC Township Advisory Committee,

- Submit proposal to CHBC Advisory Committee for approval.
Discussion on Future Work and Key Recommendations. 
(continued)

Handouts on “Future Steps for CHBC working groups”.

Working Group on HIV/AIDS information and counseling, strengthening VCCT, help reduce stigmatization of people living with HIV/AIDS (PLWHA) and initiate activities for high risk groups.

The group will:

- Identify the HIV/AIDS information needs of the community.
- Identify the socio-physiological needs of people and families infected or affected by HIV/AIDS.
- Identify partners both in the health sector and in the community who will be interested and influential to participate and/or support HIV/AIDS work related to: information activities, reduction of stigmatization, counseling initiatives and social support groups for PLWHA and their families and high risk groups. The partners are e.g. General Practitioner's, pharmacists, NGOs, Ward leaders, associations, individual resource persons, schoolteachers, religious groups, police, teashop and entertainment establishment owners.
- Propose activities, in collaboration with the above partners, for community awareness raising on HIV/AIDS e.g. in work places, for out of school youth, and in tea and beer establishments,
- Clarify what IEC materials are needed and make sure that it becomes available to the community,
- Propose activities for organizing community meetings and/or social support groups for ill individuals and their families, to give health and HIV/AIDS information, facilitate help to neighbors, clarify where to seek help and support and provide opportunity for sharing of experiences.
- Identify training needs among CHBC health personnel and volunteers on counseling.
- Promote the use of VCCT
- Promote the use of condoms and ensure that condoms are easily available
• Involve PLHA as much as possible in all of the above activities.

• Develop and submit a proposed work plan to the CHBC Township Advisory Committee.
Discussion on Future Work and Key Recommendations. (continued)

Handouts on “Future Steps for CHBC working groups”.

Working Group on TB/Direct Observed Treatment, Short Course (DOTS) as part of CHBC Program.

The group will:

- Help increase access to TB/DOTS and care in the pilot area as part of the CHBC program.

- Initiate a collaboration with the TB Team Leader and the personnel at the TB clinic to define how the CHBC Program can help with the TB/DOTS program activities, e.g.:
  - Referral procedure of TB patients to the CHBC Program
  - Ensure regular patient's check-up and control at the TB clinic
  - Procedure description for how CHBC program team will handle TB drugs
  - CHBC responsibilities for reporting and monitoring on TB patients.
  - Strengthening of TB case detection

- Develop and submit a proposal, jointly with the TB Team Leader, to the CHBC Township Advisory Committee for the collaboration between the TB clinic and the CHBC program.

- Report to the CHBC Coordinator and the CHBC Township Advisory Committee
Discussion on Future Work and Key Recommendations.
(continued)

Handouts on “Future Steps for CHBC working groups”.

Working Group on CHBC Referral System.

The group will:

- Suggest ways to establish a referral system of chronic and long-term patients to the CHBC Program from e.g. hospitals, TB, STD or MCH clinics, GPs consultation, and/or NGOs.

- Contact (focal person for CHBC in) each referral facility; refer to the above, including social support groups and religious groups and agree on working procedures for referral of patients in need of CHBC. If no focal person has been selected try to get agreement for appointing someone suitable.

- Develop and recommend discharge slips or other documentation for the referral.

- Discuss and suggest ways to ensure confidentiality of CHBC patients.

- Establish working routine in CHBC program for regular monitoring of referral mechanisms; e.g. recording and analysis of where patients are referred from when entering CHBC program? number of self referrals, number of patients identified by CHBC program, use of referral slips, number of referrals from CHBC program.

- Develop and submit proposal on the above issues to the CHBC Advisory Committee for approval.

- Report to the CHBC Coordinator and the CHBC Township Advisory Committee
Facilitator's Guide for workshop agenda item: Workshop evaluation

The purpose of this evaluation is to assess if:

✓ the workshop fulfilled its objectives in terms of providing sufficient and relevant information on CHBC in order to get started with the implementation of the program,
✓ the workshop could be improved in fulfilling it's objectives

(see workshop objectives p. 7)

Before the evaluation:
• Prepare in advance copies of the evaluation form for each participant (see next page)

During the evaluation:
• Distribute the evaluation form, and encourage participants to be open and frank in answering the questions, and provide any suggestions and comments they find relevant, including suggestions for the improvement of the workshop
• Explain that the evaluation is anonymous, and that it is not required to put names on the forms
• Collect the completed evaluation forms from each participant

After the evaluation:
• Summarize and analyze the answers (see section on additional support materials, example of progress report on CHBC orientation workshop)
• Include results of the evaluation when you prepare the progress report of the orientation workshop
• Make necessary changes in the workshop presentations and/or procedures if required.
NOTE: Please answer the following questions (tick off option when indicated) and give any additional comments you may have regarding the workshop. We are interested in knowing how useful this workshop has been in terms of providing orientation on Community Home Based Care (CHBC) and for planning the work in relation to establishing the CHBC program? Any suggestions you may have for improving the future CHBC workshops are very welcome. Thank you for your contribution.

1. Has the workshop been helpful in terms of understanding Community Home Based Care (CHBC)? Choose one option.
   - Very much: _______
   - Some what: _______
   - Not much: _______

2. As a result of the workshop do you think you are ready to put into practice the CHBC program that was discussed in your groups?
   - Yes: _______
   - Some what: _______
   - Not much: _______

3. What subject/topic was easiest to understand and why?
   ________________________________________________________________
   ________________________________________________________________

4. What subject/topic was hardest to understand and why?
   ________________________________________________________________
   ________________________________________________________________

5. What could be improved in the future CHBC workshops?:
   5.1. The choice of subjects were well chosen (tick off): yes ____ no _____
   If no, give comments:
   ________________________________________________________________
   ________________________________________________________________
   5.2. Do you have suggestions for other subjects to be included in future CHBC workshops (please specify):
   ________________________________________________________________
5.3. Time spent on group work was:
too much:______ just right: ______ too little:______

Time spent on presentations by facilitator was
too much:______ just right: ______ too little:______

More time should be spent on (please specify):

5.4. any other suggestions/comments:

6. What was the least useful part of the workshop and why?

7. What was the most useful part of the workshop and why?

8. How was the workshop organized?
   Good: _____          Average: _____          Not good: _____

9. Any other comments?

_____________________________________________________________________
Part 3.

Background Reading
and
Tools for CHBC implementation
Part 3. Background Reading and Tools for CHBC Orientation Workshop

Table of Content:

1. Background reading on:
   1.1. Referral system and continuum of care
   1.2. IEC
   1.3. Monitoring and evaluation in HBC
       1.3.1. Examples of Indicators
       1.3.2. Example of Quarterly Progress Report for CHBC Program

2. Documentation in Home Based Care:
   2.1. Supervision of Care-and Support activities
   2.2. CHBC registration of Sick Persons

3. Selection criteria for CHBC program area

4. How to estimate HIV/AIDS prevalence

5. CHBC pamphlet
1. Background reading.

The following resource materials are meant as an additional orientation of the facilitators should they be further interested. The materials are short summaries and suggestions for the development of work related to specific CHBC services or implementation issue.

1.1. The Referral System.

The vision of the CHBC program is to make available a continuum of care that responds to the prevention and care needs of individuals who are infected and affected by HIV/AIDS and other long-term/chronic illnesses in various stages of their disease and in various settings; including hospital, clinics, home and community based services. However, CHBC can only be managed where a functioning health clinic exists and where there are functioning health facilities to refer to. If a referral system is to function, the existing health care system needs to be able to; first of all to accommodate the referred patient/s and secondly, it must be adequately staffed, funded and managed in order to respond to the needs of the patients.

The cost of health care in Myanmar can be high for the individual and his/her family. However, it might be possible to set up the CHBC program services in a way that implies minimum cost for the client at home. But if and when a referral becomes necessary, say from home to clinic or hospital there will most likely be costs involved. These associated costs of care from other parts of the health care system make access to health care limited or not feasible for poor patients. As a result referrals might not be an option, unless there are funding resources to be generated within the CHBC program or community or other arrangements made with clinics/hospitals.

Broad objective:
Increase access to care and support through establishing effective referral between hospital, clinic and community.

Specific objectives.

1. Avoid unnecessary referrals to and from higher levels of the health system.
2. Establish a scheme of planned discharge from hospitals and avoid premature discharge of patients without adequate CHBC plans.
3. Avoid unnecessary and/or prolonged admission.
4. Contribute to the strengthening of appropriate services and supplies at different facility levels.
5. Ensure that all partners in care know and play their roles to avoid duplications.
6. Ensure that care takers and all key players know and utilize other available partners in care.
7. Ensure that care-takers are fully involved and informed about the care plan.
8. Establish adequate documentation and encourage proper use of recorded information.

Criteria for referral.
In order to manage and utilize the CHBC services optimally it is necessary to establish criteria for when someone ill needs to be moved from one setting to another. Some examples of criteria for referral are listed in presentation of group work 3, identification of critical issues important for successful implementation.
Background reading on:

1.2. Information, Education and Communication (IEC) on HIV/AIDS.

Broad objective.
To disseminate information on HIV/AIDS to individuals, families and communities for the prevention of HIV transmission and for the promotion and maintenance of quality care to HIV/AIDS infected and their families.

Specific objectives.
1. To assess and gather available information on level of knowledge, attitudes, beliefs and practices for specific target groups within the community.
2. To determine I.E.C. approaches most suitable for specific target groups.
3. To integrate I.E.C. activities within related activities/services in the community.
4. To mobilize and motivate target groups towards the implementation of the CHBC program to ensure sustainability through seminars, focus groups discussions, use of video, plays etc.
5. To monitor and evaluate I.E.C. strategies.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Activities</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify I.E.C. needs</td>
<td>1. Develop tool for assessment</td>
<td>1. Tool developed and pre-tested</td>
</tr>
<tr>
<td>Identify different I.E.C. approaches</td>
<td>Analyze and select appropriate I.E.C. approaches for different target groups.</td>
<td>1. List of suitable I.E.C. approaches.</td>
</tr>
<tr>
<td>Determine I.E.C. activities to be integrated into existing health services.</td>
<td>1. Work with relevant and interested parties to draw up a plan of action.</td>
<td>1. Collaborative plan drawn.</td>
</tr>
<tr>
<td>Determine methods of mobilizing and motivating different target groups</td>
<td>1. Conduct seminars and workshops.</td>
<td>1. workshops held.</td>
</tr>
<tr>
<td></td>
<td>2. Develop educational material.</td>
<td>1. Material developed and translated</td>
</tr>
<tr>
<td>Determine monitoring and evaluation techniques to be part of overall monitoring and evaluation exercise.</td>
<td>1. Develop tools and collect data</td>
<td>1. Evaluation reports available.</td>
</tr>
</tbody>
</table>

Target groups for I.E.C. include all individuals, groups, organizations and departments that potentially play a role for the effective and sustainable operation of the CHBC program. A prioritization would probably need to be made of which target groups would be most important to focus on; e.g. the prime care givers, community volunteers, traditional leaders in the community, Civil Based organizations (CBO)s, charity organizations, local health department, local AIDS Committee, and NAP.
Background reading on:

1.3. Monitoring and evaluation of CHBC program.

For the development of a monitoring and evaluation system for the CHBC Program it is important to clarify the objective; namely to ensure an on-going and sustainable improvement of the CHBC program. Therefore, regular supervision and reporting is part of any monitoring.

Both the township CHBC team, clinic and hospital staff at the township/district hospital and the central level CHBC administration team, will be involved in monitoring progress by jointly measuring outcome indicators (see below). The data gathered during the period where the CHBC Program was started, will serve as a baseline towards which the monitoring and evaluation will be done, e.g. estimation of number of PLHA in selected CHBC area/s, care and support needs assessment, training needs, resource requirements etc,

The information will be obtained by the following means:

- Interview with PLWA and their families.
- Interviews with community groups with a potential role in CHBC support.
- Review of progress reports, patient registration and other records.
- Observation of care, teaching, supervision and counseling activities.

1.3.1. List of Suggested Monitoring and Evaluation Indicators.

This list is not attempting to be complete

Health Institution related:

- Notification of each patient with AIDS (resident within the CHBC pilot areas), who is discharged from the hospital, is done by a nurse from the hospital who will transfer the responsibility for further follow-up to the CHBC team (and clinic staff.)
- Notification is likewise done of each patient discharged from the hospital that needs care at home due to chronic or long-term illness (resident within the pilot areas).
- No of TB/DOTS patients in the CHBC Program out of total number of estimated TB cases in CHBC area.
- Regular meeting/collaboration with TB Zone team Leader and CHBC Coordinator and Team.
- Number of TB defaulters out of total number of registered TB cases in CHBC Program.
- Focal points in each health facility, involved in the referral system of the CHBC program, have been identified and are collaborating
- Number of referrals to the CHBC Program/month
- Number of referrals from CHBC Program to other health facilities/services per month
- Number of care/support supplies, type of medicines and number of condoms distributed.
- Changes in hospital attendance (e.g. reduction of number of long term chronically ill patients)
Home and Community related:

- Each client/patient and family has, after being discharged from the hospital, received at least two home visits by a health professional from the CHBC team during a period of one month.
- At least one family member involved in the care of the PLWA has acquired basic knowledge about AIDS at home.
- Each client/patient and the family has been provided with basic minimum supplies and materials for home care according to a list and depending on the assessed needs.
- Number of community volunteers who are trained to provide basic care and counseling in the home.
- Number of care-givers in the home (family members), who are trained in caring for the sick at home.
- Proportion of AIDS patients who are receiving appropriate care and support services at home.
- Available list of patients/clients in the CHBC program.
- Number of visits per month per patients/clients by community volunteer in CHBC program.
- Number of hospital re-admissions and other referrals.
- Patient's and family's satisfaction with the care and treatment provided at home.
- Changes in the community attitudes towards PLWA.
- The number of PLWA sharing news of their diagnosis with family/friends.
- Support mechanisms for PLWA and the family.
- Support for the care-givers to avoid burn-out and fatigue.
- Number of PLWA accessing resources in the continuum of care.

For verifying the achievement of CHBC program objectives, it is necessary to create a conducive and effective working environment. A number of issues need to be addressed e.g. leadership and teamwork, work motivation, incentives and commitment. Regular meetings with the CHBC team should be held to share working experiences, do case reviews and assess the level of satisfaction among team members.

The evaluation should include both process elements and outcome elements, and a guide for conducting monitoring and evaluation will be developed. With respect to the process evaluation the purpose is to collect information during the preparatory work as well as during the implementation stage, and assess the findings, so that corrections of the activities can occur as quickly and effectively as possible. The process evaluation focuses on e.g. the degree of program implementation and the quality of the care provided. It assesses whether the planned activities were carried out or not, whether the time schedule has been realistic or not possible to follow, and whether mechanisms for collaboration have been established and are functioning or not, and it looks at utilization of program funds.

The outcome evaluation, on the other hand is done e.g. 12 – 18 months after the initiation of the CHBC program. For the outcome evaluation, data should be collected to examine impact of the program at township level, describing to what extend the expected outcomes have been
achieved. In addition, the program impact and potential for sustainability will need to be evaluated.

In addition to process and outcome evaluation, other aspects such as influencing factors, critical success factors, lessons learned, "spin-off" effects, and enhancements required can be studied in order to further contribute to the development and improvement of the implementation process elsewhere in the country.

1.3.2. CHBC Quarterly Progress Report.
Regular reporting is important for keeping track of the developments, to be updated on events and the current status of the Program. Reporting is also important for provision of information concerning achievements and challenges being faced. Moreover, reporting is one of the key elements of monitoring and evaluation of the CHBC Program. The written report is often the basis for bringing attention to issues or problems in time for finding solutions, and for highlighting achievements and approaches that are successfully implemented.

Regular monthly meetings of the CHBC team with the CHBC coordinator is necessary to gather information for the reporting and in order to ensure that the reporting is capturing the correct and relevant information. An outline could look like the following:

**Format for CHBC Quarterly Report**
(see next pages)
Myanmar Nurses Association
Community Home Based Care Program,

Quarterly Progress Report
(Every three months, pages 1-7)

Township: _________________________

Name of ward/s covered by CHBC: ________________ _______________
______________ ________________

Reporting months (list the 3 months): ____________ ____________ ____________

Year: ______

Name of CHBC Coordinator: ____________________________

Note: Please enter the numbers required in the tables below and tick off answers to the questions listed. Information should combine all wards under one CHBC Coordinator's responsibility, if nothing else is indicated.

The completed quarterly report form should be sent to MNA/Yangon office. Thank you.

Define reporting area and general population (demographic data) for CHBC program.

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<th>Sr. No</th>
<th>Ward</th>
<th>Demography</th>
<th>Age Groups</th>
<th>Remarks</th>
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(If this information is given in earlier reports, then copy from previous report).
1. Sick person Registration and Profile by month (combine wards under Coordinator)

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<th>Total no of sick persons</th>
<th>Age distribution</th>
<th>Diseases</th>
<th>Sick person status</th>
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2. Referrals (sick person movements) by month

<table>
<thead>
<tr>
<th>Month</th>
<th>Total no of sick persons</th>
<th>sick persons into program</th>
<th>sick persons out of program</th>
<th>sick persons in program</th>
<th>Places referred to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>health facility</td>
<td>GP</td>
<td>self contact</td>
<td>NGO/others</td>
</tr>
</tbody>
</table>

|       |                          |                                              |                             |                                         |                    |
|       |                          |                                              |                             |                                         |                    |
|       |                          |                                              |                             |                                         |                    |
|       |                          |                                              |                             |                                         |                    |
3. CHBC team members and Workload.

a) CHBC Volunteers:

<table>
<thead>
<tr>
<th>Month</th>
<th>Total no sick persons in program</th>
<th>No volunteers in program</th>
<th>Average time/visit</th>
<th>Average no working days/week</th>
<th>Average no of visits/week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>community volunteers</td>
<td>health personnel</td>
<td>community volunteers</td>
<td>health personnel</td>
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<tr>
<td></td>
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</tbody>
</table>

b) Basic Health Staff (BHS) working with CHBC program:

<table>
<thead>
<tr>
<th>Month</th>
<th>Total no sick persons in program</th>
<th>No BHS with program</th>
<th>Average time/visit</th>
<th>Average no working days/week</th>
<th>Average no of visits/week</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

(BHS include: midwife, LHV, Public Health Supervisor grade 1 and 11)
4. Summary of training activities (volunteers and in-service health personnel)

<table>
<thead>
<tr>
<th>Ward</th>
<th>Type of training</th>
<th>Dates</th>
<th>Type of Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>In - service</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>CO-ord TN TN LN M W IV</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Red Cross/ Fire Brigade MMCWA</td>
</tr>
</tbody>
</table>

*Type of training: (OW) orientation Workshop, (TOV) Training of Volunteers, (SUP) Supervision, (others) please specify*

5. How often do CHBC volunteers come to the CHBC office (for any purpose) …..tick off the answer

<table>
<thead>
<tr>
<th></th>
<th>daily</th>
<th>always after home visits</th>
<th>occasionally</th>
<th>rarely</th>
</tr>
</thead>
</table>

6. Has there been supervision of volunteers during reporting period?
   6.1. If yes, who gave supervision? ________________

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

6.2. Type of supervision (please tick off)

<table>
<thead>
<tr>
<th></th>
<th>individual</th>
<th>group</th>
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</thead>
</table>

6.3. Please list the topics:

______________________________
______________________________
______________________________

6.4. Place for supervision (tick off)

<table>
<thead>
<tr>
<th></th>
<th>during home visits</th>
<th>at CHBC office</th>
<th>other</th>
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</thead>
</table>
6.5. Has there been supervision of health personnel during reporting period? If yes, please list the topics:

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<tbody>
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</tbody>
</table>

7. List the achievements of the CHBC working groups

<table>
<thead>
<tr>
<th>Group</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Group 1</td>
<td></td>
<td></td>
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<tr>
<td>Group 2</td>
<td></td>
<td></td>
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<tr>
<td>Group 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.1. List the difficulties of the CHBC working groups

<table>
<thead>
<tr>
<th>Group</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Group 1</td>
<td></td>
<td></td>
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<td>Group 2</td>
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<tr>
<td>Group 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Decisions taken by the CHBC Township Steering Committee during last three months, list the decisions:

<p>| | |</p>
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<tbody>
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</tbody>
</table>

8.1. How many times have the Committee met during the last three months? Give number, if any:

9. Is the Nurse Note being used by the CHBC team? (tick of)

- for all patients
- for some
- for few
- not at all

10. Is there collaboration between CHBC and TB clinic for DOTS treatment? (tick off)

- yes
- no

<p>| | |</p>
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</tbody>
</table>
11. Does CHBC program collaborate with ward leaders? (tick off)  
   yes  ☐  no  ☐

12. Does CHBC program get support from religious groups, charity groups, etc.  
   yes  ☐  no  ☐

12.1. If yes, please list the issues for support:  
   __________   __________   __________
   __________   __________   __________
   __________   __________   __________

13. How is confidentiality of CHBC documentation being respected?  
   very well  ☐  could be better  ☐  not well  ☐

14. Stigmatization of people living with HIV/AIDS is: (tick off answer)  
   everywhere  ☐  rather often  ☐  occasional  ☐  very little  ☐

15. Has the CHBC program received medicines from township hospital? (tick off)  
   yes  ☐  no  ☐

15.1. If yes, what type of medicines and in what quantities?  
   Please list:  
   __________   __________   __________
   __________   __________   __________
   __________   __________   __________

15.2. Is the CHBC Kit being used by CHBC health personnel? (tick off)  
   yes  ☐  no  ☐

15.3 Do PLHA in Program receive treatment for opportunistic infections? (tick off)  
   yes  ☐  no  ☐

15.4 Do PLHA in program receive prophylaxis for opportunistic infections, e.g. Septrim? (tick off)  
   yes  ☐  no  ☐

15.5. Is the CHBC Kit being used by CHBC volunteers? (tick off)  
   yes  ☐  no  ☐
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.6. How is the basic content of the CHBC Kit being replenished?</td>
<td>(tick off answer).</td>
</tr>
<tr>
<td>15.7. Has the CHBC Program received any supply or in-kind donations?</td>
<td>If yes, what type and in what quantities? Please list:</td>
</tr>
<tr>
<td></td>
<td>By:</td>
</tr>
<tr>
<td></td>
<td>external funding</td>
</tr>
<tr>
<td></td>
<td>township and/or community funding</td>
</tr>
<tr>
<td></td>
<td>mix of the above</td>
</tr>
<tr>
<td></td>
<td>other</td>
</tr>
<tr>
<td>16. Has the CHBC program been able to raise funds or</td>
<td>(tick off)</td>
</tr>
<tr>
<td>has the CHBC program received money donations?</td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>no</td>
</tr>
<tr>
<td>16.2. If yes, please estimate the amount during last three months:</td>
<td>_________________(Kyats)</td>
</tr>
<tr>
<td></td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>no</td>
</tr>
<tr>
<td>16.3. If yes, what is the money used for? Please list items:</td>
<td>_______________ _______________ _______________</td>
</tr>
<tr>
<td></td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>no</td>
</tr>
<tr>
<td>17. Is there support being given to poorest individuals/families as</td>
<td>(tick off)</td>
</tr>
<tr>
<td>part of the CHBC program support?</td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>no</td>
</tr>
<tr>
<td>18. Is there care and support being given to orphans or vulnerable</td>
<td>(tick off)</td>
</tr>
<tr>
<td>children as part of the CHBC program support?</td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>no</td>
</tr>
<tr>
<td>18.1. If yes, please list the kind of care and support:</td>
<td>_______________ _______________ _______________</td>
</tr>
<tr>
<td></td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>no</td>
</tr>
</tbody>
</table>
2. Documentation in Home Based Care.

Why do we need documentation?
For any activity, initiative or development as well as care/treatment provided in the CHBC Program it is very important to write down and provide documentation of what is being undertaken and what is happening, in order to e.g.:

- account for how the funds are being used,
- ensure continuity of care of the individual patient, so that other care-giver/s can know what was done or initiated earlier,
- present how care is being provided, and what approach is being used
- describe how quality and standards are being maintained,
- provide an overview of the current situation of the Program, e.g. no of patients, type of health problems, work load.
- share experiences and lessons learned,
- monitor and evaluate the CHBC Program
- advocate for the CHBC Program

How do we provide documentation?
For the purpose of documenting different activities, situations, conditions and tasks within the CHBC Program, we need to routinely use a number of different forms and report outlines. These forms and reports need to be standardized and used by all CHBC programs, to enable easy comparison and aggregation of data between the programs, focus the reporting, raise attention to successes and/or difficulties, share experiences and increase accountability. The following is a list of suggested documentation that might be needed:

- Care Giver's Note (nursing note)
- Supervisory check list/s
- CHBC patient registration "Sick Person Registration Card"
- Monthly Summary Report of CHBC Patient Registration
- Medicine stock keeping forms (from CMS, TB/DOTS, CHBC program supported)
- Financial book keeping
- CHBC team work schedules (home visits/CHBC team member/week)
- CHBC Progress Report Format for Quarterly Reporting (see above section on monitoring and evaluation)
- Monitoring and evaluation tools

The following contains examples of documentations:
2.1. Supervision of Care-and Support activities

2.1.1. Focus of Supervision.

Basically, the supervision within the CHBC program focuses on two main areas:

1) quality of nursing care/treatment and medication and the care-giver’s ability to use technical skills and knowledge.

2) efficiency and effectiveness of CHBC program, specifically managerial and operational issues; e.g. day-to-day operation of the program, referral of patients, confidentiality, coverage, community participation and support, operational costs. The supervision of all health personnel and specifically the CHBC volunteers need to be carried out regularly.

Supervision can take place in different settings e.g.:

• accompany the person subject to supervision (e.g. CHBC volunteer) on home visits; e.g. once a month and use the time spent together to discuss, demonstrate, observe and give input to the actual patient/family care-giver situation.

• meet at the CHBC office or elsewhere, for case review and discussion, skill upgrading, sharing of experiences and peer support.

2.1.2. The methods of supervision:

Individual supervision (examples):

The supervisor:

• observes the care-giver at work and gives feedback,

• demonstrates, and then observes the care-giver's performance and gives feedback to care-giver,

• lectures,

• discusses with the care-giver (incl. family and/or community members)

Group supervision (examples):

• Case review (presentation of imaginative or real case, followed by review and discussion),

• Peer review (care-giver presents own care-giving case, followed by discussion and review by group and coordinator).

• Group discussion, questions/answers and sharing of experiences.
2.1.3. Why is Supervision Necessary?

*Examples:*
- Ensure quality of care
- Support and encourage care-giver
- Avoid burn-out among care giver/s
- Solve problems before they become too big
- Ensure effectiveness (are care and support interventions reaching the desired objectives? or are changes necessary?)
- Ensure efficiency (Is the job being done with realistic amounts of efforts, time and money? or are changes necessary)

4.1.4. Who should Supervise?

The supervisors of the CHBC volunteers should be health personnel from the CHBC team, health center or hospital.

Supervisors of health personnel (nursing/midwifery personnel, including Auxiliary Midwifes) could be senior nurses and midwifes, e.g. Nursing Officers, LHV, Township Health Nurses or physicians from the township hospital or member of the District Medical Team. It would be useful to have medical supervision specifically in the field of AIDS care and treatment of opportunistic infections.

Managerial and operational supervision can be carried out by the CHBC Coordinator, CHBC Steering Committee, MNA central team as well as by the Township/District Medical Team members.

4.1.5. Supervision Checklists

Several supervision checklists might be needed for supervision of the different categories of the CHBC personnel, e.g. health personnel with different responsibilities and volunteers. The following are some suggestion for what to include in the supervision.

For supervision of CHBC volunteers the following issues should have attention in the supervision:
- Does the volunteer work regularly? How often? How many hours/week?
- Is there a work plan for the volunteers’ home visits?
- Does the volunteer use and know how to use the Care-Giver’s Note?
- How often does the volunteer meet with other CHBC personnel?
- Are there possibilities for the volunteer to discuss and review individual cases and situations with other CHBC health personnel?
- Technical knowledge of the volunteer
- How is the contact with the patient and family member?
- Is the volunteer able to suggest and provide care and support as expected?
- Does the volunteer use the CHBC Kit? Is the Kit content maintained?
- Is resource material available for the volunteer?
- What is the general attitude of the volunteer of working with the CHBC Program?
- How is the relationship between the volunteer and the rest of the CHBC team?

**Supervision of Team Supervisor**  
*(health personal)*

**DATE:**
**TOWNSHIP:**
**NAME OF WARDS/VILLAGES COVERED BY THE CHBC PROGRAM:**

**NAME OF CHBC COORDINATOR:**

<table>
<thead>
<tr>
<th>ORGANISATION OF DAILY TEAM ACTIVITIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSESSMENT OF PATIENT NEEDS</td>
<td></td>
</tr>
<tr>
<td>CONTACT WITH COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>RELATIONSHIP WITH PATIENTS AND FAMILIES</td>
<td></td>
</tr>
<tr>
<td>MANAGEMENT OF VOLUNTEERS</td>
<td></td>
</tr>
<tr>
<td>EDUCATION AND SUPERVISION ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>RELATIONSHIPS WITHIN THE CHBC TEAM</td>
<td></td>
</tr>
<tr>
<td>PATIENT REGISTRATION RECORD KEEPING</td>
<td></td>
</tr>
<tr>
<td>USE OF CHBC FUNDS</td>
<td></td>
</tr>
<tr>
<td>REGULAR MEETING WITH CHBC TEAM, CASE REVIEW, PEER REVIEW</td>
<td></td>
</tr>
<tr>
<td>CONTACT WITH PARTNERS AND COLLEAGUES IN THE REFERRAL SYSTEM</td>
<td></td>
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</tbody>
</table>
2.2. CHBC Registration of Sick Persons.

For the registration of the individual sick person, presently in the CHBC Program a registration card is needed. It is suggested to keep the registration card in a card box system (an archive box of cards) corresponding to the number of sick persons who are presently in the CHBC Program. A card can easily be taken out or entered into the CHBC card box system, according to sick persons either entering or leaving the Program to give a true picture of the present number of sick persons currently in the Program. For overview purposes a box with the registration cards is easy to manage practical to use.

It is common that, sick persons enter into the CHBC Program and leave the Program with frequent intervals, and it is often the same individuals, that come and go. Therefore, cards on patients who are presently not in the CHBC Program, but are expected to come back into the Program, are easily kept separately. Cards are taken out and added to the box very easily.

Example of registration card on sick person:

<table>
<thead>
<tr>
<th>Community Home Based Care Program,</th>
<th>page 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Township: _______________________</td>
<td></td>
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<td></td>
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<tr>
<td>Sick Person Registration Card</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>First entry Date in CHBC Program:</strong> date: _____ month: _____ year: ______</td>
<td></td>
</tr>
<tr>
<td>re-entry dates in Program: _______ ______ ______ ______</td>
<td></td>
</tr>
<tr>
<td>Code/ number: ________________</td>
<td></td>
</tr>
<tr>
<td>Name ___________________________</td>
<td>Male: _____ Female: _____</td>
</tr>
<tr>
<td>Date of birth: ______ Age: ______</td>
<td></td>
</tr>
<tr>
<td>Address: House no. ___ Street: __________ Ward: __________</td>
<td></td>
</tr>
<tr>
<td>Township: _______________________</td>
<td></td>
</tr>
<tr>
<td><strong>Occupation:</strong> ___________</td>
<td><strong>Marital Status:</strong> __________</td>
</tr>
<tr>
<td><strong>Referred to CHBC program from (tick off):</strong></td>
<td></td>
</tr>
<tr>
<td>hospital: ______ health center: ______ GP: ______</td>
<td></td>
</tr>
<tr>
<td>NGO: ______ (which NGO) _______ TB clinic: ______</td>
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</tr>
<tr>
<td>STD clinic: ______ personal contact/initiative: ______</td>
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<tr>
<td>other: ______________</td>
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</table>

see page 2 next page
Main health problem: __________________________________________

Care and support needs; For what? ____________________________________

Home visits how often by nurse/midwife?:
___times/day ___times/week ____times/month

Home visits how often by volunteer?:
_____times/day _____times/week ____times/month

Name of closest relative: __________________________________________

Number of family members living with the patient: adults: _____ children: ___

Remarks:

The total number of sick persons registered with the CHBC Program needs to be calculated per month, and data needs to be collected on the profile of the sick persons per month. This summary data is used for overview purposes, and as evidence of workload, program coverage, etc.

2.3. Monthly Summary Sheet of Sick Persons in CHBC Program.
(see next page)
Myanmar Nurses Association
CHBC Program Monthly Sick Person registration
(CHBC Coordinator's monthly report)

Ward/Village: ___________________ Township: ___________________
State/Division: ___________________ Reporting month: _______________
Total number of sick persons in Program (by end of month): _______________

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Main Health Problem</th>
<th>No persons into program</th>
<th>No persons within program</th>
<th>No persons out of program</th>
<th>Treatment and care given</th>
<th>No Visits to health center/clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>hosp.</td>
<td>clinic</td>
<td>self-referral</td>
<td>NGO</td>
<td>in progress</td>
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<td>1.</td>
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</table>
3. Selection criteria for CHBC program area.

1. The selected township must be classified as high HIV/AIDS prevalence area.

2. The local Myanmar Nurses Association branch office must show interest and have capacity to take the lead on CHBC program implementation and be willing to participate and support the CHBC Program in a sustainable way.

3. The existence of ongoing home-based care activities in the township is a positive contributing factor.

4. Several (minimum 3) of the following conditions must be present in the township:

   - Access to Voluntary Counseling and HIV Testing (VCT)
   - Access to Sexually Transmitted Infection (STI) clinic
   - Easy access to condoms
   - HIV/AIDS surveillance is being undertaken in township
   - TB/DOTS program (services are available in OPD or clinic)
   - Basic health services/PHC services are available, e.g. sub or health center
   - Access to prevention of Mother to Child Transmission (PMCT) of HIV activities
   - Interest for CHBC of the local authorities and communities
   - Interest for CHBC of the Township Health Department and Township AIDS Committee
4. How to estimate HIV/AIDS prevalence
available on CD Rom (CHBC implementation Guide)
5. CHBC Pamphlet