DATA MANAGEMENT MANUAL

Home-Based Care (HBC) Services

September, 2017
Version 2.0

Ghana AIDS Commission

Acknowledgements

Acronyms and Abbreviation

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
BCC	Behaviour Change Communication
CD	Compact Disc
CHBC	Community Home Based Care
CRIS	Country Response Information System
DHS	Demographic and Health Survey
DQAM	Data Quality Assurance Manual
DSW	Department of Social Welfare
FP	Family Planning
FSWs	Female Sex Workers
GAC	Ghana AIDS Commission
HBC	Home Based Care
HTC	HIV Testing and Counselling
HIV	Human Immunodeficiency Virus
IP	Implementing Partner
IEC	Information, Education and Communication
KYS	Know Your Status
M&E	Monitoring and Evaluation
MARPs	Most At Risk Populations
MDAs	Ministries, Departments and Agencies
MSM	Men who have Sex with Men
MTCT	Mother to child transmission
NACP	National AIDS and STI Control Programme
NAP+	National Association of People Living with HIV
NGOs	Non-Governmental Organisations
NSP	National Strategic Plan
OVC	Orphans and Vulnerable Children
PR	Prevention
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPAG	Planned Parenthood Association of Ghana
ROM	Read Only Memory
SCT	Standard Common Tools
SOPs	Standard Operating Procedures
STIs	Sexually Transmitted Infections
TSU	Technical Support Unit
WP	Workplace

Table of Contents

INTRODUCTION

This Data Management Manual has been developed by the Ghana AIDS Commission and its Implementing Partners to provide guidelines and tools for collecting, reporting, and managing the data required to deliver and manage Home Based Care services in the national response to HIV.

This version of the Data Management Manual is intended for use by all service delivery staff, data managers, M&E officers, and program managers in organisations providing Home Based Care services.

The Data Management Manual is organised in three major sections:

- **Overview of Data Management:** summarises key concepts and information as well as basic data management policies.

- **Data Management Tools and Instructions**: provide guidance for using each of the forms and reporting formats use in providing Home Based Care Services.

- **Data Collection and Reporting Procedures**: summarises how the data collection and reporting tools are used at all levels of the organisations providing Home Based Care Services.

This document is an updated version of the Home Based Care Data Management Manual. Ghana AIDS Commission will continue to lead the review of the manual when the need arises.

The Ghana AIDS Commission recognises that the success and ultimate effectiveness in the national response to HIV depends on accurate and timely data. This Data Management Manual is intended as a foundation to generate, manage and use data for the benefit of all Ghanaians whose lives and livelihoods depend on effective prevention, care, and treatment services.

OVERVIEW OF DATA MANAGEMENT

Data management is a critical component of the HIV and AIDS Monitoring and Evaluation system in Ghana. The Data Management System generates and manages the data that is needed to answer critical questions about the scope and reach of HIV and AIDS services, the extent to which planned interventions are actually implemented, and the outcomes for the targeted populations.

This section provides an overview of the HIV Data Management System in Ghana. It describes:
- Relationship of Data Management to Monitoring and Evaluation (M&E)
- Information requirement for the Data Management System
- Data Management tools for collecting and reporting data
- Data Management procedures
- Data Management policies and issues

Data Management – the "Engine" for Monitoring and Evaluation

The national response to HIV and AIDS is implemented through a broad range of interventions and services to prevent HIV, treat, care and support people living with HIV, and mitigate the social and economic impacts of the disease. The progress and actual results of these services are assessed through the national Monitoring and Evaluation (M&E) system.

Monitoring and Evaluation are two essential, but very different functions, for managing the national HIV and AIDS response in Ghana. As defined in the Global Fund's M&E Toolkit[1]:

- Monitoring is "the *routine* tracking of the key elements of program/project performance (usually inputs and outputs) through record-keeping, regular reporting and surveillance systems, as well as health facility observation and surveys. Monitoring helps program or project managers determine which areas require greater effort and identify areas which might contribute to an improved response."

- Evaluation, in contrast, is "the *episodic* assessment of the change in targeted results related to the program or project intervention. In other words, evaluation attempts to link a particular output or outcome directly to an intervention after a period of time has passed. Evaluation thus helps program or project managers determine the value or worth of a specific program or project."

Both monitoring and evaluation rely on quality data that are collected, aggregated, reported, and managed through a data management system. In that sense, the data management system is the "engine" that drives both the routine monitoring and the periodic evaluations of the national response to HIV and AIDS.

The data management system described in this Manual, however, is limited to monitoring activities – the routine assessment of program performance. It is not intended to support periodic and formal evaluations of the national HIV and AIDS program.

Information Requirement for the Data Management System

The specific data in the data management system are determined by the information that is required to monitor the performance of services provided through the national HIV and AIDS program. These service areas are described in the National Monitoring and Evaluation Plan (2016-2020)[2], and are organized into several Thematic Areas:

Thematic Areas	Service Areas
Prevention of New HIV Infections	HIV Prevention Programmes (Prevention)
	HIV Testing Services
	Prevention of Mother-to-Child Transmission (PMTCT)
HIV Treatment, Care and Support	Services to People Living with HIV (PLHIV) through Support Groups
	Home-Based Care (HBC)

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[1] Monitoring and Evaluation Toolkit: HIV/AIDS. Tuberculosis, and Malaria, January 2006, 2nd ed. ISBN 92-9224-029-3, page 11.
[2] Ghana National HIV & AIDS Monitoring and Evaluation Plan (2016-2020), Ghana AIDS Commission, September 2017.

Thematic Areas	Service Areas
Mitigation of Social & Economic Impact of HIV and AIDS	Services to Orphans and Vulnerable Children (OVC)

Each of these service areas has explicit results that are defined in clearly stated performance indicators – specific statements about what the service will accomplish (typically defined by a number of people served, number of commodities distributed), for whom, and in a prescribed period of time.

These indicators focus on different dimensions, or levels of service delivery:

- Resources or inputs: the staff, money and facilities needed to implement programme activities – e.g., the number of peer educators recruited, the number of HIV testing centres established.

- Activities to deliver services – e.g., the number of peer education training sessions, number of PLHIV support group meeting held, number of community home-based care visits undertaken

- Outputs: the products and services resulting from the programme activities – e.g., the number of condoms distributed, number of men and women tested and know their results, number of clients provided with home-based care and support services

- Outcomes: the actual changes in the actions or behaviours of the targeted individuals receiving services – e.g., number of FSW reporting use of a condom with their last client.   (*Note:* outcome assessments typically require non-routine, specialised surveys and assessments and therefore may not be included in routine monitoring activities.)

The performance indicators (whether input, activity, or output) therefore determine what data shall be collected, aggregated, and reported in the data management system.

This Data Management Manual describes the data management system that is needed to report these and other indicators in the National M&E Plan (2016-2020). **The national capability to routinely monitor the performance of the National HIV and AIDS program therefore depends on the effective implementation of the tools, procedures, roles and responsibilities, and policies described in this Manual.**

Tools for Collecting and Reporting Data

The Data Management System is based on a set of data collection and reporting tools for each of the HIV and AIDS service areas provided by the Ghana AIDS Commission and its Implementing Partners:

- HIV Prevention Programmes (Prevention)
- HIV Testing Services (HTS)
- Prevention of Mother-to-Child Transmission (PMTCT)
- Services to People Living with HIV (PLHIV)
- Home-Based Care (HBC)
- Services to Orphans and Vulnerable Children (OVC)

The data collection tools are registers/forms and report formats that have been developed by the Ghana AIDS Commission and its Implementing Partners, and the Ministry of Health/ National AIDS Control Program to report their performance results for each of the performance indicators in the service delivery areas.

These data collection tools are briefly summarised in *Exhibit 1*. They are listed in two columns – one for source register/forms (to capture original data at the level where services are provided), and reporting forms (to aggregate and report data to a higher organisational level).

The individual Data Management tools – the actual forms and reporting formats, including instructions for their use – are presented in a section of this Data Management Manual.

Exhibit 1
HIV and AIDS Data Management Tools: Source Documents and Reports (By Service Area)

Service Area	Source Documents	Reports
HIV Prevention Programmes (Prevention)	• KP Individual tracking sheet tool (SCT 1) • Peer Educator Daily Activity Sheet (SCT 2) • Attendance Register, Group Activities (SCT 3)	• Prevention Indicator Summary (PR 1) • Key Population (KP1) • Workplace Programs Periodic Summary Report (WP 1)
HIV Testing Services (HTS)	• HTS Register (HTS 1) • Self-test kit distribution register (HTS3)	• HTS Monthly Returns / Indicator Summary Sheet (HTS 2) • Prevention Indicator Summary (PR 1) • Key Population (KP1) • Workplace Programs Periodic Summary Report (WP 1)
Prevention of Mother-to-Child Transmission (PMTCT)	• PMTCT Register • EID register	• PMTCT Monthly Returns / Indicator Summary Sheet
Services to People Living with HIV (PLHIV)	• PLHIV Enrolment Form (PLHIV 3) • PLHIV Support Group Meeting Register (PLHIV 4) • PLHIV Exit Register (PLHIV 5)	• PLHIV Enrolment Summary Sheet (PLHIV 2) • PLHIV Indicator Summary Report (PLHIV 1)
Home Based Care (HBC)	• Home Based Care Enrolment Form (HBC 3) • Home Visit Register (HBC 5) • Models of Hope In-Clinic Tool (HBC 6)	• Home Based Care Home Visit Summary (HBC 4) • Home Based Care Enrolment Summary Sheet (HBC 2) • HBC and Models of Hope Indicator Summary Report (HBC 1)
Services to Orphans and Vulnerable Children (OVC)	• OVC Register (OVC 3)	• OVC Support Summary Form (OVC 2) • OVC Summary Indicator Form (OVC 1) • OVC Enrolment Summary Sheet (OVC 4)
Other Standard Common Tools (SCT) *Note: these forms are used in all service areas*	• Training Record Form (SCT 4) • Two-way Referral Form (SCT 5) • Commodity Stock Management Sheet (SCT 6) • Post Gender Based Violence Care (SCT 8) • NHIS Enrolment form (SCT 10) • Clinical Care Register (SCT 9a & 9b)	• Commodity Stock Management Summary Sheet (SCT 7) • Clinical Care summary (SCT 9c)

Data Management Procedures

Data management procedures provide standardised guidelines for using all relevant data collection tools and reporting formats for a given Service Area. These Service Areas include: HIV Prevention Programmes, HIV Testing Services (HTS), Prevention of Mother-to-Child Transmission (PMTCT), Services to People Living with HIV (PLHIV), Home Based Care (HBC), and services to Orphans and Vulnerable Children (OVC).

Each of the Data Management Procedures provides two types of information: general introductory information, and specific guidelines for generating and aggregating the data into district, regional, and national reports to monitor Service Area performance.

The general introductory information includes:

- Target audience
- Services provided
- Performance indicators
- Source documents
- Summary reports

The usage and reporting guidelines are sequenced by organisational level: service provision, district, regional, national Implementing Partner, and national level (Ghana AIDS Commission). For each organisational level they include the following information:

- who completes the activity
- Brief description of the activity
- When the activity occurs
- Forms and reports used
- Result of the activity

These Data Management Procedures are presented by service areas in a separate section of the Data Management Manual.

Data Quality Issues

Effective and efficient implementation of the NSP depends on the availability of quality data – i.e., data that are valid, reliable, accurate, complete, and timely. To ensure that HIV and AIDS data meet these standards, the national Monitoring and Evaluation Plan developed by the Ghana AIDS Commission and its partners mandated establishment of a national data quality assurance system for HIV.

GAC's Quality Assurance initiative seeks to minimise (and even eliminate) data errors by focusing on the quality principle of "getting it right first time" when collecting, recording, transcribing, collating, and reporting data. This quality principle refers to investing more up front in designing tools and processes; changing procedures, processes, and tools to produce better outputs; and doing things differently (i.e. correctly) at the earliest stages of the production process so that errors and product issues never get upstream. In the context of data production, this principle means preventing data errors from occurring in the first place or correcting them at the lowest level before those errors are rolled up to higher levels of the data management system.

The Conceptual Framework for this Data Quality Assurance Manual (DQAM) emphasizes three overarching and coordinated processes for Data Quality Assurance:

- **Error Prevention:** involves processes to support and ensure that data is collected as planned for preventing errors from occurring in the first place and for easily identifying and resolving data quality issues that arise;

- **On-going Quality Control**: involves planned measures and systematic checks built into data collection, data entry, and data reporting procedures to ensure that data captured in the system are accurate and reliable; and

- **Quality Assessments:** includes in-depth retrospective evaluations and assessments of over- and/or under-reporting. During the assessments, data quality is measured and steps taken to improve data quality.

This data quality system is being implemented at all levels and in all sectors, as one of the strategies to ensure high-quality strategic information for timely decision making and action. It is described and documented in a National DQAM that is available separately from this Data Management Manual.

Data Management Policies

The following Data Management policies have been established to provide guidance to service providers, program administrators, auditors, and other authorised personnel in three critical areas:

- Data security and client confidentiality
- Storing and archiving HIV and AIDS program data and documents
- Backing up program documents and data

Data Security and Client Confidentiality

Rationale: Data security and client confidentiality are essential for the provision of effective prevention, care, and treatment services in the HIV and AIDS program. Breaches of client confidentiality and data security are a violation of personal privacy and further undermine the value and effectiveness of all prevention and treatment services in the national HIV and AIDS program.

Policy: All personal data and records for clients of the HIV and AIDS program, and all records and documentation for purposes of administering and supporting the national HIV and AIDS program, must be secured against unauthorised access to protect the confidentiality of clients and the integrity of the program. All service providers, program administrators, and other program personnel are required to observe and maintain the confidentiality of clients and the integrity of program data at all levels.

1. **Access to client and program data.** Data access should be granted only to authorised persons. Authorised persons may include service delivery staff, program managers and officers, auditing staff, and national level authorities.

2. **Anonymous client identifiers.** Anonymous unique client identifiers shall be used whenever possible in order to ensure client confidentiality. Client personal information (including names, telephone numbers, pictures, and other personal data) shall only be used when anonymous identifiers are not possible and shall never be used when presenting or summarising program data.

3. **Confidentiality agreements**. Service Providers, and other direct service personnel, who are authorized to view and maintain personal client information shall sign a confidentiality agreement that requires absolute adherence to client confidentiality in providing services or administering the HIV and AIDS program.

4. **Password protection for electronically stored confidential data.** Service providers, program managers, and administrators, and anyone else with authorized access to client and program data shall be assigned and shall use private passwords when accessing confidential data in electronic formats.

5. **Reporting data privacy violations.** Anyone observing or inadvertently causing a violation of client confidentiality shall report this violation to the responsible Field Supervisor, Program Officer, or Program Manager**.**

6. **Contracted or external service providers.** Contracted or external service providers shall be required to observe client confidentiality and data security in the provision of HIV and AIDS services. Contractual agreement authorising participation in the national HIV and AIDS program shall include provisions conforming to the policies on Client Confidentiality and the Security of Program Data, Records, and Documents.

Storing and Archiving HIV and AIDS Program Data and Documents

Rationale: All HIV and AIDS program data and documents must be available for referencing client and program performance information during and after a project. It is essential that these documents are available for program audits, to verify the quality of data, and to justify or document program performance. If documents and records are not readily available, intact and in usable condition, the integrity of project data – and the project itself – may be questioned.

Policy: All HIV and AIDS program documents, records, and data shall be stored and archived in accordance with the following provisions:

1. **Period of Storage:** All HIV and AIDS program documents, records, and data shall be stored and made available:

   - during the entire funding period, or period of program performance, for the program or project; and

   - for a period not less than four years after the program or project has ended.

   Notwithstanding the above, all relevant national laws on storage and archiving of documents shall be observed.

2. **Storage conditions:** Documents and records shall be stored in secure and clean conditions that shall prevent tampering, damage, or destruction.

3. **Accessibility:** Stored documents shall be accessible to authorised persons for purposes of managing, reporting, or supporting program operations. Authorised persons may include service delivery staff, program managers and officers, auditing staff, and national level authorities.

4. **Disposal of stored documents:** Stored documents may be disposed of at the end of the period of storage, in conformance with the HIV and AIDS program policy on Document Security.

Backing Up Program Documents and Data

Rationale: It is essential that program data, including source documents and reports, be backed up to prevent the catastrophic loss of data and to ensure its availability and use in the future whenever needed.

Policy: All HIV and AIDS program source documents and reports shall be regularly backed up, in hard copy and/or electronic formats, to prevent the loss of essential client and program information. The back-up process shall be completed according to the following guidelines and requirements.

1. **Hard Copy Backups**

   1.1. **When copies shall be created.**

      1.1.1. **Source documents:** Copies of source document shall be created whenever new source document are created, updated, or submitted to a higher program level as supporting documentation for program reports.

      1.1.2. **Reports:** Copies of hard copy reports shall be made when they are prepared or, alternatively, when they are submitted to a higher program level (e.g., at the end of a monthly or quarterly reporting period).

   1.2. **Backup methods:** Source documents and hard copy reports shall be made using manual carbon copy formats or a photocopier machine.

   1.3. **Storage and maintenance of backup copies:** Copies of source documents and reports shall be stored in the location where they were originally created, unless otherwise mandated by program administrators. They shall be stored according to the HIV and AIDS Data Management policy on *Storing and Archiving HIV and AIDS program Data and Records*.

2. **Electronic Backups**

   2.1. **Types and frequencies of backups:** The frequency of electronic backups shall be determined by the type of backup;

      2.1.1. **Partial back-ups** shall be created whenever data has been changed in a file. Only the data that has changed must be updated.

      2.1.2. **Full back-ups** shall be created whenever;
      - reports are created and submitted

   2.2. **Backup devices.** Electronic backups shall be created on a separate storage device (e.g., a flash drive, CD-ROM, standalone hard drive, or a network server). Whenever these technology formats risk obsolescence, existing backed-up files shall be transferred to current technology formats or media in order to assure access and availability in the future. For the avoidance of doubt, there must be technology formats and versions review at least every two years to assess their currency and compatibility.

2.3. Off-site locations for backup devices: Backup devices shall be stored in off-site locations to ensure data security in case of theft, fire, flooding, or other disaster.

2.4. Testing of backup files: All backed-up files shall be tested at least quarterly to assure that back-up files are accessible and usable.

2.5. Storage and maintenance of backed up files: The files from all previous full backup operations shall be saved and maintained for future access. Backed-up files shall be maintained according to the policy on *Storing and Archiving HIV and AIDS program Data and Documents*.

DATA MANAGEMENT TOOLS AND INSTRUCTIONS: HBC

The HIV and AIDS data collection forms and reporting formats are the foundation for the HIV and AIDS Data Management System. This section of the HBC Data Management Manual contains the forms and reports for Home Based Care (HBC) services, as well as the instructions for completing them.

There are two basic types of data management tools for the HBC services area:

- **Source documents** are completed by Caregivers and other service delivery personnel to register clients, document the number of individuals reached, and record services and referrals provided to individuals and clients.

- **Report formats** are used to aggregate and report service delivery data at various levels – community, district, regional, and national.

The HBC source documents and reporting formats are summarized below. The forms and report formats, with the instructions for their use, are presented on subsequent pages.

Tools	Purpose	Who Uses Form	When Form is Used
Source Forms			
HBC 3 Home Based Care Enrolment Form	Records basic information about the Client to be enrolled into the HBC program	Caregiver (Community Health Workers, Models of Hope, Household/Family members)	When a new HBC client is identified
HBC 5 Home Visit Register	To track Home-Based Care services provided to an individual client by an HBC Caregiver	Caregiver (Community Health Workers, Models of Hope, Household/Family members)	Whenever a service is rendered to an HBC Client
HBC 6 Models of Hope In-Clinic Tool	To track In-Clinic services provided to clients by a Model of Hope	Model of Hope	Whenever an In-Clinic service is rendered to a client.
SCT 4 Training Record Form	To capture information about training related events: the target community; the focus (topics) of the training; when and where the training was organized	Training organiser	At the beginning of each day of training
SCT 5 Two-Way Referral Form	To facilitate the referral of an individual being referred, by one organization, for services from another organization.	Peer Educator, or a Caregiver, who is referring a client for services	When a Caregiver, determines that it an individual or client should be referred for services from another organization

Tools	Purpose	Who Uses Form	When Form is Used
Reports			
HBC 4 Home Visit Summary	To aggregate and report Home-Based Care services provided by an individual Caregiver to all clients during a reporting period	Caregiver (Model of Hope, Community Health Workers, House/Family Member)	At the end of the month/quarter, using the Home Visit Registers (HBC 5) for all of the Caregiver's clients
HBC 2 Home Based Care Enrolment Summary Sheet	To aggregate and report enrolment information from the Home Based Care Enrolment Form (HBC 3) and the Home Visit Summary (HBC 4)	Caregiver (Model of Hope, Community Health Workers, Household/Family Members)	At the end of the month/quarter
HBC 1 Home Based Care and Models of Hope Indicator Summary Report	To summarize key information, disaggregated by sex and age group, for Home Based Care during the reporting period • clients enrolled and completed/exited • services provided • referrals for other services • Caregivers trained to provide HBC to clients	Data Managers; M&E Officers / Regional Program Officers	Monthly (District and Regional levels) Quarterly (National level)

HBC 1: Home Based Care and Models of Hope Indicator Summary Sheet

Thematic Area: HIV Treatment, Care and Support
Intervention Area: HIV Care and Support
Service Area: Home Based Care

General Information

Purpose

To summarise key information, disaggregated by sex and age group, for the Home-Based Care during the reporting period:

- clients enrolled and exited
- services provided
- referrals for other services
- Caregivers trained to provide HBC to clients

Reporting Period

Monthly/Quarterly (District and Regional levels)
Quarterly (National level)

Who uses form

National M&E Officers / Regional Program Officers

Who verifies data

Next Supervisory Officer

Performance indicators using data from this form

<u>National Summary Report</u>

- Number of clients enrolled in program

- Number of clients provided with home-based care and support services

- Number of clients who have completed/exited the HBC programme

- Number of clients referred for other services

- Number of persons trained to provide HBC services to clients.

<u>National M&E Plan</u>

- Number and percentage of adults and children living with HIV who receive care and support services outside health facilities during the reporting period

Instructions for Using This Form

Section A
Background Information

1. Enter the name of the <u>organisation</u> providing the service.

2. Enter the <u>region</u> and <u>district</u> where the services were provided.

3. Enter the <u>reporting period</u> ("from" date," to" date).

- When used for <u>monthly</u> reporting, the "from" and "to" dates must coincide with the first and last dates of the reporting month.

- When used for <u>quarterly</u> reporting, the "from" and "to" dates must

coincide with the quarterly reporting period (i.e., January-March, April-June, July-September, October-December)

4. Enter the date of submission for the HBC 1.

5. **Number of clients enrolled:** Enter the total numbers of HBC clients enrolled in by <u>client status</u> (new / currently enrolled), <u>sex</u>, and <u>age group</u>.

   - **New clients:** Aggregate data from Line 2 ("Newly enrolled clients") from all relevant HBC 2 (Enrolment Summary Sheets)

   - **Currently enrolled clients:** Aggregate data from Line 4 ("Currently enrolled clients") from all relevant HBC 2 (Enrolment Summary Sheets)

6. **Number of clients provided with HBC Support Services:** Enter the total numbers of clients who received support services, by age group and by type of service.

   - **By Age Group:** Using all HBC 5 forms for the reporting period, aggregate the number of clients who received at least one Support Service, by age group and by sex

     Note: *This indicator is <u>not</u> counting the number of <u>Support Services</u> in a given period, but rather the number of <u>individuals</u> who received Support Services. If an individual received more than one Support Service in a given reporting period, he / she should only be counted once. This technique will avoid double counting of individuals served.*

     – Using the HBC 5 forms, tally the number of male clients, by age group, who received at least one service during the reporting period

     – Similarly, tally the number of female clients, by age group, who received at least one service during the reporting period.

     – Transfer the totals, by age group and sex, to Section 2.1 of the HBC 1.

   - **By Type of Service:** Using all relevant HBC 4 Home Visit Summary reports, aggregate the data for "Support Services" by type of service and sex.

7. **Number of clients who have completed/exited the HBC programme:** Use data from Section 2 (Item 5) of the HBC 2 (Enrolment summary) to report the total number of clients who have completed/exited the program, disaggregated by "reason" category and by sex.

8. **Number of clients referred for other services:** Use data from all relevant HBC 4 Home Visit Summaries to report the number of clients who were referred for other services and the referral services referred. Disaggregate the data by sex and type of referral (TB, ART, STI, SRH/FP, Post GBV Care and other).

9. **Number of Referred Clients Who Received Services:** Use data from all relevant SCT 5 (Two-Way Referral Form) to report the number of referred clients who received services for which they were referred. Disaggregate the data by sex and type of support services received (TB, ART, STI, SRH/FP, Post GBV Care and other)

10. **Number of persons trained to provide HBC services to clients:** Use SCT 4 (Training Record forms) to aggregate and report this data. Disaggregate this data by type of caregiver and type of primary caregiver

11. **Number of Clients Provided with Services through the support of Models of Hope:** Use data from the HBC4 (Home Visit Enrolment Summary) of all Models of Hope caregivers to aggregate and report this data. The disaggregation must be by type of service and by sex.

12. **Number of Clients Newly Enrolled into care with support of Models of Hope:** Use data from HBC 2 (HBC Enrolment Summary) of all Models of Hope Caregivers to aggregate and report this data. The disaggregation must be by sex and type of service.

Section C
Submission

Signatures: Provide signatures and date of preparation.

National HIV Data Collection Tool
HBC 1: Home Based Care and Models of Hope Indicator Summary Report

Section A:	Background Information

Name of Organization: _____ Region _____ District _____

Reporting Period, From: _____ To: _____ Date of submission: _____

Section B: Indicator Results							

Indicator	Achieved						
1) Number of clients enrolled in program		By Age Group ➔	<15	15-19	20-24	25+	Total
	New	Male					
		Female					
		Total					
	Currently Enrolled	Male					
		Female					
		Total					

2) Number of clients provided with home based care and support services	**2.1) By Age**				
	Age Group ==>	<15	15-19	20-24	25+	Total

(Table 2.1 continued)

	<15	15-19	20-24	25+	Total
Male					
Female					
Total					

2.2) By Type of Services (***A patient can receive support in more than one area)

	Nursing Care	Psycho social	Nutrition / Food	ARV Adherence	SRH/FP
Male					
Female					
Total					

3) Number of clients who have exited the HBC programme

3.1) By Reason

	Healthy	Migrated	Dead	Unknown	Others (Specify)
Male					
Female					
Total					

4) Number of clients referred for other services, by type of service

4.1) By Service Referred (***A Client can be referred to services in more than one area)

	TB	ART	STI	SRH/FP	Post GBV Care	Other (Specify)
Male						
Female						
Total						

4.2) By Services Received

	TB	ART	STI	SRH/FP	Post GBV Care	Other (Specify)
Male						
Female						
Total						

5) Number of persons trained to provide HBC services to clients

5.1) By Type of Caregivers

Types of Caregivers	Primary Caregivers	Prescribers	Total
Male			
Female			
Total			

5.2) By Type of Primary Caregivers

Type of Primary Caregivers	CHN/ CHW	Models of Hope	Household or Family Members
Male			
Female			
Total			

6) Number of Clients provided with services through the support of Models of Hope		In Patient Care	Adherence Counselling	Prevention Info	Psychosocial Counselling	Nutrition Counselling	Defaulter Tracing	ARV Delivery
	Male							
	Female							
	Total							

7) Number of Clients newly enrolled into care with the support of Models of Hope		Home Based Care	Clinical Care	**Total**
	Male			
	Female			
	Total			

Section C: Submission

Prepared by: _____ **Signature:** _____

HBC 2: HBC Enrolment Summary Sheet

Thematic Area: HIV Treatment, Care and Support
Intervention Area: HIV Care and Support
Service Area: Home Based Care

General Information

Purpose	To aggregate and report enrolment and completion/exit information from the Home Based Care Enrolment Form (HBC 3) and the Home Visit Summary (HBC 4).
Reporting Period	Monthly/Quarterly (District and Regional levels) Quarterly (National level)
Who uses this form	Group Leader, peer educator, or "Model of Hope" for HBC Clients.
Who verifies data	Field Supervisor / M&E Assistant / Next Supervising Officer
When form is used	At the end of the month / quarter
Performance indicators using data from this form	<u>National Summary Report (HBC 1)</u> • Number of clients enrolled in program <u>National M&E Plan</u> • Number and percentage of adults and children living with HIV who receive care and support services outside health facilities during the reporting period

Instructions for Using This Form

Section 1 Background Information	**1.** Enter the name of the Organisation **2.** Enter the <u>region</u> and <u>district</u> where the services were provided. **3.** Enter the name and type of caregiver **4.** Enter the <u>reporting period</u> ("from" date," to" date). • When used for <u>monthly</u> reporting, the "from" and "to" dates must coincide with the first and last dates of the reporting month • When used for <u>quarterly</u> reporting, the "from" and "to" dates must coincide with the quarterly reporting period (i.e., January-March, April-June, July-September, October-December) Enter the date of submission for the HBC 1. **5.** Indicate the name of the <u>person preparing</u> the form.
Section 2 Summary of Enrolment Data	**6.** Enrolled **from previous reporting period.** Enter the summary totals, by age group and sex, from Section 2 Item 4 of the previous month's HBC 2. **7. Newly enrolled clients:** Enter the number of newly enrolled clients since the last report was completed. This number will be based on a review of all HBC 3 Home Based Care Enrolment Forms for all Caregivers, noting which members

have been registered since the last report ("Date of Enrolment").

- Disaggregate the number of newly enrolled clients by age group and sex

- Add the sex disaggregated data for all age groups to arrive at "Total" clients enrolled since the last period.

8. **Clients who have completed/exited from programme:** Enter the number of clients who have completed or exited the program since the last report was completed.

   This number will be transferred from the HBC 4 (Home Visit Summaries) for all Caregivers, using data from the rows for Section 2, Item 3 ("Clients who have completed/exited from programme").

9. **Currently enrolled clients:** For each age group and sex group

- Add the totals from Section 2, Item 1 (Enrolled from Previous Reporting Period) and Section 2, Item 2 (Newly Enrolled Clients).

- Subtract the totals in Section 2, Item 3 (Clients Who Have Completed/Exited from Programme)

- Enter sex disaggregated net total in Section 2, Item 4 (Currently Enrolled Clients)

10. **Clients who have completed/exited from programme, by reason:** Aggregate sex disaggregated data from all the HBC 4 (Home Visit Summaries) for all Caregivers for number of clients who have exited from the program, "by reason" (Section 2, Item 5).

11. **Comments and Remarks:** Enter any clarifying comments and remarks for the information or calculations in the HBC 2.

Section 3
Other

   Signatures: Provide signatures and date for Caregiver and Supervisor.

National HIV Data Collection Tool

HBC 2: Home Based Care Enrolment Summary Sheet

Section 1: Background Information

Name of Organisation: _____

Region: _____ District: _____

Name of Caregiver: _____ Type of Caregiver: _____

Reporting Period: From _____ To _____ Prepared By: _____

Section 2: Summary of Enrolment Data

Age Group -->		<15	15-19	20-24	25+	Total
(1) Enrolled from the previous reporting period	Male					
	Female					
	Total					
(2) Newly enrolled clients	Male					
	Female					
	Total					
(3) Clients who have completed / exited from programme	Male					
	Female					
	Total					
(4) Currently enrolled clients = (1)+(2)-(3)	Male					
	Female					
	Total					
(5) Clients who have completed / exited from programme, by reason	By Reason	Healthy	Migrated	Dead	Unknown	Others
	Male					
	Female					
	Total					

Section 3: Other

Comments and Remarks

Signature of Caregiver: _____ **Date:** _____

Signature of supervisor: _____ **Date:** _____

HBC 3: Home-Based Care Enrolment Form

Thematic Area: HIV Treatment, Care and Support
Intervention Area: HIV Care and Support
Service Area: Home Based Care

General Information	
Purpose	To document personal and status information for an individual receiving home-based care.
Reporting Period	The enrolment form may be used as a reference for monthly reporting (e.g., HBC 2 - HBC Enrolment Summary Sheet). However, it is primarily a record of each client's personal and status information.
Who uses form	Caregivers (Community Health Nurses, Model of Hope etc)
Who verifies data	Field Supervisor / Project Officer / M&E Assistant / Next Supervising Officer
When form is used	When a new client is registered and enrolled for Home Based Care
Performance indicators using data from this form	National Summary Report (HBC 1) • Number of clients enrolled in program National M&E Plan • Number and percentage of adults and children living with HIV who receive care and support services outside health facilities during the reporting period

Instructions for Using This Form

1. **Background Information:** Enter the background information for this new client
   - Name of Organisation
   - Region, District, Community
   - Name and Type of Caregiver
   - Date of enrolment
   - UIC of Client
   - Sex and Age

2. **Next of Kin:** Provide Next of Kin information for the new client
   - Name
   - Relationship to client
   - Sex
   - Contact address and Telephone

3. **Client Status Information:** Indicate the status of the new client for each of the following;
   - symptom / major problem **–** tick all that apply
   - medication taken by client– tick all that apply
   - support needed – tick all that apply

4. **Comment and Remarks:** Enter any clarifying comments or remarks that are relevant for the new client.

5. Indicate name of the person who prepared the HBC 3 Enrolment Form and signature

HBC 3: HBC Enrolment Form

Section 1: Background Information

Name of Organisation: _____   Date of Enrolment _____

Region: _____   District: _____ Community   _____

Name of Caregiver _____   Type of Caregiver _____

Client UIC _____   Sex: Male   Female   Age _____

Section 2: Next of kin Information:

1) Name _____   2) Relationship to Client _____

3) Sex: Male / Female   4) Contact Address and Telephone _____

Section 3: Client Status Information

1) Marital Status:

Single □   Married □   Widow/Widower □   Divorced   □   On separation □   Cohabiting □

2) Weight _____

3) Symptom/Major problem (if any)
 1. Pain □   2. Loss of Weight □   3. Diarrhoea □   4. Mouth Infection □   5. Fever □
 6. Skin Disease □   Other (Specify) _____

4) Medication taken by Member
   ARV □   TB Drugs □   Cotrimoxizole □   Other (Specify) _____

5) Support Needed
1. Medical support □   2. Legal Aid □   3. Psychosocial Support □
4. Food/Nutrition □   5. Shelter/Housing □   6. Nursing Care □
7. Other (Specify)

Comments and Remarks

Prepared by: _____   **Signature**: _____

HBC 4: HBC Home Visit Summary

Thematic Area: HIV Treatment, Care and Support
Intervention Area: HIV Care and Support
Service Area: Home Based Care

General Information

Purpose	To aggregate and report Home-Based Care services provided by an individual Caregiver to all clients during a reporting period
Reporting period	Monthly or Quarterly
Who uses this form	Caregiver (Model of Hope, Community Health Worker, House/Family Member
Who verifies data	Field Supervisor / Regional Programmes Officer / Next Supervisory Officer
When form is used	The HBC 4 is completed at the end of the month/quarter, using the Home Visit Registers (HBC 5) for all of the Caregiver's clients.

Note: Data from the Home Visit Registers should be aggregated on a monthly or quarterly basis, from the first day of the month to the last day of the month or from the first month of the quarter to the last month of the quarter).

Performance indicators using data from this form

National Summary Report (HBC 1)

- Number of clients provided with home-based care and support services

- Number of clients referred for other services

- Number of clients who have completed/exited the HBC programme

National M&E Plan

- Number and percentage of adults and children living with HIV who receive care and support services outside health facilities during the reporting period

- Number and percentage of clinically malnourished HIV positive clients who received therapeutic or supplementary food

Instructions for Using This Form

Section 1
Background Information

1. Enter the name of the Caregiver's <u>organization</u>

2. Identify the <u>Region</u> and <u>District</u> for the Caregiver

3. Enter the name and type of <u>Caregiver</u>

4. Enter the <u>reporting period</u> ("from" date," to" date). The "from" and "to" dates will coincide with the first and last days of the reporting month or the first and last months of the quarter.

Section 2
Patient Support and Referrals

Support Services Summary Information

1. Tally the data from all the Caregiver's Home Visit Registers (HBC 5) to report the number of clients, disaggregated by age group and sex, who received Support Services during the reporting period.

2. *Note: This form does <u>not</u> report the number of Support Services provided.*

Instead, it reports the number of HBC <u>clients</u> who received Support Services during the reporting period. If an individual receives a Support Service (e.g., "Nutrition / Food") twice during a reporting period, the number of client serviced is still only one. This distinction is important to avoid double counting of HBC clients in the reporting process.

3. Group all Home Visit Registers (HBC 5) for an individual Caregiver into two groups – one for males, the other for females. Then organize the HBC 5 forms for males and females again into sub-groups corresponding to "Age Groups".

Male Clients

4. Using the Home Visit Registers for male clients in the age group "<15", tally the number with tick marks in the column for "Nursing Care"

    Note: *This indicator is tracking the number of male <u>clients</u> receiving Nursing Care – <u>not</u> the number of times Nursing Care <u>services</u> were provided. Although services may be provided more than once to the same client in a reporting period, it is important to count the individual only once during that period.*

    Therefore, if an HBC 5 form has <u>more than one</u> tick mark in the column for "Nursing Care", <u>disregard</u> the other tick marks for the reporting period (since they are multiple instances of the service provided to the same individual). This approach avoids multiple counting of clients receiving the service during a reporting period.

5. Enter the number of Nursing Care services provided by the Caregiver to males into the HBC 4 in the cell for Males, Age Group "<15", "Nursing Care".

6. Repeat steps 3 & 4 for the other Age Groups and enter the totals into the appropriate cells for "Nursing Care" on the HBC 4.

7. Repeat steps 3, 4 & 5 for the other four Support Services and Age Groups.

    Note: *Remember that the HBC 4 is reporting the number of <u>clients</u> receiving services, not the number of times services are provided, in the reporting period. To avoid double counting, do not tally a service more than once if it has been provided multiple times to a single individual in the reporting period.*

Female clients

8. Using the HBC 5 Home Visit Registers for Female clients, follow the same procedure in steps 3 to 6 above for aggregating Support Services by Age Group.

9. As with males, do not tally a service to a single female client more than once – even if it has been provided multiple times to that client during the reporting period.

10. Enter the totals for all female clients for the Caregiver, by type of Support Service into the HBC 4 Home Visit Summary.

Referrals

11. Use the same procedure in steps 3 to 6 from Support Services to tally the number of clients, disaggregated by Sex and Age Group, who were referred for other services.

Note: If a referral has been ticked on more than one row for a reporting period, it should not be counted multiple times. Instead, it should only be counted as once for an individual client who was referred during the reporting period, even if the client was referred multiple times for other services.

12. E**xit from HBC**: Using the Home Based Registers (HBC 5) for all the Caregiver's clients, tally the number of clients who have exited Home Based Care during the reporting period:

- by reason for leaving and by sex
- total number

Section 3
Other
Information

1. Comments: Provide any comments or remarks

2. Provide the name and signature of the officer who completes the form with date

National HIV Data Collection Tool							
HBC 4: HBC Home Visit Summary							

Section 1: Background Information

Name of organization: _____

Region: _____ District: _____

Name of Caregiver: _____ Type of Caregiver: _____

Reporting Period from _____ To_____

Section 2: Summary Information

	Services	Sex	Age Group				
			<15	**15-19**	**20-24**	**25+**	**Total**
(1) Support Service	Nursing Care	Male					
		Female					
		Total					
	Nutritional/Food	Male					
		Female					
		Total					
	ARV Adherence	Male					
		Female					
		Total					
	Psycho social	Male					
		Female					
		Total					
	SRH/FP	Male					
		Female					
		Total					

			Male					
(2) Referral Services Referred	TB	Male					
		Female					
		Total					
	ART	Male					
		Female					
		Total					
	STI	Male					
		Female					
		Total					
	SRH/FP	Male					
		Female					
		Total					
	Post GBV Care	Male					
		Female					
		Total					
	Other	Male					
		Female					
		Total					
(3) Referral Services Referred	TB	Male					
		Female					
		Total					
	ART	Male					
		Female					
		Total					
	STI	Male					
		Female					
		Total					
	SRH/FP	Male					
		Female					
		Total					
	Post GBV Care	Male					
		Female					
		Total					

	Other	Male					
		Female					
		Total					
(4) Clients who have completed/exited from programme	Male						
	Female						
	Total						
	By Reason		Healthy	Migrated	Dead	Unknown	Others
	Male						
	Female						
	Total						

Comments and Remarks:

Prepared by: _____   Date: _____

Signature: _____   Supervisor's Signature: _____

HBC 5: Home Visit Register

Thematic Area: HIV Treatment, Care and Support
Intervention Area: HIV Care and Support
Service Area: Home Based Care

General Information

Purpose	To track Home-Based Care services provided to an individual client by a Caregiver
Reporting period	Monthly / Quarterly (the HBC 5 is a continuous Register of services provided but services provided to various clients by caregivers will be recorded and reported monthly or quarterly, till the client completes or exits the programme)
Who uses form	Caregivers (Community Health Nurses, Model of Hope among others)
Who verifies data	Field Supervisor / Regional Project Officers / Next Supervisory Officer
When form is used	The HBC 5 is updated when the Caregiver completes a Home Visit. A new row is entered after each Home Visit. **Note***: a new HBC 5 is started whenever all the rows on the previous HBC 5 are completed.*
Performance indicators using data from this form	<u>National Summary Report (HBC 1)</u> • Number of clients provided with home-based care and support services • Number of clients who have completed/exited the HBC programme • Number of clients referred for other services by type of service <u>National M&E Plan</u> • Number and percentage of adults and children living with HIV who receive care and support services outside health facilities during the reporting period • Number and percentage of clinically malnourished HIV positive clients who received therapeutic or supplementary food

Instructions for Using This Form

Section 1
Background
Information

1. Enter background information about the <u>Caregiver</u>
- Name of organization providing services
- Name and Type of Caregiver
- Region and District where services are provided

2. Enter background information about the <u>client</u>

- UIC
- Sex
- Age
- Community

Section 2
Client
Support and
Referrals

Complete each row to describe the services provided to client. Use one row for each visit.

3. **Date:** specify the date of the home visit.

4. **Support:** specify the type of support provided by ticking (✓) in the appropriate column.

5. **Referral:** specify the type of referral by ticking (✓) the appropriate column. If "other", briefly describe in the appropriate column.

Section 3
Other
Information

6. If client has completed/exited from home-based care, indicate date.

7. Underline reason for client completing/exiting the program

8. Provide any other clarifying or appropriate comments or remarks

HBC 5: Home Visit Register (Home Based Care)

Section 1: **Background** Information

Name of organization: _____

Name of Caregiver: _____ Type of Caregiver: _____

UIC of Client: _____ | Sex: Male / Female   Age: _____

Community of Client: _____ Region: _____ District: _____

Section 2: Type of Support Provided to Patient

Date	Support Services				Referral			
	Nursing Care	Nutritional / Food	ARV Adherence	Psycho social	TB	ART	STI	Other (Specify)

Section 3: Other Information					
Completion/Exit from HBC date: _____					
Reason for leaving: 1) Healthy 2) Migrated 3) Dead 4) Unknown 5) Other					
Comments and Remarks					

HBC 6: HBC and Models of Hope Indicator Summary Report

Thematic Area:	HIV Treatment, Care and Support
Intervention Area:	HIV Care and Support

Service Area: **Home Based Care**

General Information

Purpose	To track In-Clinic services provided to clients by a Model of Hope
Reporting period	The Model of Hope In-Clinic Tool may be used as a reference for monthly reporting (e.g., HBC 1 - HBC and Models of Hope Indicator Summary Report). However, it is primarily a record of In-Clinic Services rendered to clients.
Who uses form	Model of Hope
Who verifies data	Field Supervisor / Regional Project Officers / M&E Assistant
When form is used	The HBC 6 is used whenever an In-Clinic service is rendered to a client.
Performance indicators using data from this form	<u>National Summary Report (HBC 1)</u> • Number of clients provided with services through the support of Models of Hope • Number of clients newly enrolled into care with the support of Models of Hope <u>National M&E Plan</u> • Number of clients provided with services through the support of Models of Hope

Instructions for Using This Form

Section 1 Background Information	**1.** Enter background information • Name of Organisation • Name of Model of Hope • Name of Facility in which service is being provided • Region and District • Month and Year
Section 2 Type of In-Clinic Support Services Provided to Client	**2. Date:** Indicate the date that the In-Clinic Service was provided for each client. **3. UIC of Client:** On separate rows, enter the UICs of every client being provided In-Clinic Service. **4. Age:** Provide the age of each client being provided In-Clinic Service **5. Sex:** Indicate the sex of the client **6. In-Patient Care:** For each In-Patient Care (Care provided for a client on admission at the facility) provided, indicate by ticking (✓) the appropriate column that corresponds to the UIC of the client for whom it was provided.

7. Services Provided: Specify the type of In-Clinic Services provided each client by ticking (✓) in the appropriate column that corresponds to the UIC of the client for whom it was provided.

Section 3
Summary

8. Total Clients

Tally the number of clients receiving In-Patient Care and In-Clinic Services, by type of Service.

- Total Number of Clients receiving In-Patient Care, <u>Male</u>
  - Using the column for "male" and the column for In-Patient Care, tally the number of rows with ticks in both columns
  - Enter the total in the cell for Total, Male, In-Patient Care

- Total Number of Clients receiving In-Patient Care, <u>Female</u>
  - Follow the same process as above (for males), using the columns for "female", and the column for In-Patient Care.

- Total Number of Clients, <u>Male</u> – by type of service
  - Use the column for "male", and each of the columns for each In-Clinic Service.
  - Using the columns for "Male" and "ARV Adherence", tally the number of rows with ticks in both columns

  - Enter the total in the cell for Total, Male, ARV Adherence

  - Repeat this process for the other In-Clinic Services columns, entering the totals in the respective rows for Total, Male

- Total Number of Clients, <u>Female</u> – by type of service
  - Follow the same process as above (for males), using the columns for "female", and each of the different In-Clinic Services.

- **Total Number of Clients –** for In-Patient Care and by type of In-Clinic Service

  - Add the males and female totals, for In-Patient Care and each In-Clinic Service column, to determine the totals for all clients
  - Enter these sums into the row for "Total".

NB: Total numbers are only given per In-Clinic Service to avoid double counting, as a client can obtain more than a type of In-Clinic Service.

Signature

The Model of Hope In-Clinic Tool must be signed by both the Model of Hope and the Supervising Officer

National HIV Data Collection Tool

HBC 6: Models of Hope In-Clinic Tool

Section 1: Background Information

Name of Organisation**:** _____

Name of Model of Hope: _____ **Facility** Name: _____

Region: _____ **District**: _____

Month: _____ **Year:** _____

Section 2: Type of In-Clinic Support Services Provided to Client

Date	UIC of Client	Age	Sex		In-Patient Care	ARV Adherence	Psychosocial Counselling	Nutritional Counselling	ARV Delivery	Other
			Male	Female	In-Clinic Services					

Section 3: Summary							
		In-Patient Care	Services				
			ARV Adherence	Psychosocial Counselling	Nutritional Counselling	ARV Delivery	Other
Total Clients	**Male**						
	Female						
	Total	0	0	0	0	0	0

Signature of Model of Hope_____   Signature of Supervising Officer: _____

SCT 4: Training Record Form

Thematic Area: HIV Treatment, Care and Support
Intervention Area: HIV Care and Support
Service Area: Home Based Care

General Information	
Purpose	To capture information about training events
	• the target population (Caregivers or Service Providers of HBC Clients)
	• the focus (topics) of the training
	• when and where the training was organized
Reported period	Each day of a training event (e.g., class, workshop, other)
Who uses this form	Field Coordinator, Focal person, or Technical Support Unit staff
Who verifies data	Next Supervisory Officer (e.g., Program Manager)
When form is completed	Before or during each day of training

Performance Indicators using data from this form	<u>National Summary Reports</u>
	
	• Number of Peer Educators or other Caregivers trained
	   o Orphans and Vulnerable Children (OVC1)
	   o Home Based Care (HBC1)

Instructions for Using This Form	
Section 1	**1.** Enter the general identifying information for the training event or activity:

- Name of the organization conducting the training
- Date of the training
- Region and District where the training is conducted
- Venue or specific facility for conducting the training
- Target population
  Note: The target population refers to the specific group of persons that will benefit from this training. These target populations may include PLHIV, OVC and care givers.

- Topics covered – list topics covered during the training. Add additional topics as needed (on back of form).

Section 2
Training
Participants

2. Provide the following information for each individual attending the training, using a separate row for each individual:
- sequential number designating training participants
- name
- sex
- organization
- position
- telephone number

3. Each individual shall provide his/her signature in the column at the far right.

Signature

4. The SCT 4 (Training Record Form) must be signed and dated by - the training organiser

SCT 4: Training Record Form

Section 1: Background Information	

Name of Organization: **Date:**

_____   _____

Region: **District:**   **Venue:**

_____   _____   _____

Target Population: _____

Topics Covered: 1. _____

                                    2. _____

                                    3. _____

Section 2: Training Participants						
No.	**Name**	**Sex**		**Designation (organization and position)**	**Telephone**	**Signature**
		M	**F**			

Signature, supervising officer: _____   **Date:** _____

SCT 5: Two-way Referral Form

Thematic Area: HIV Treatment, Care and Support
Intervention Area: HIV Care and Support
Service Area: Home Based Care

General Information

Purpose	To facilitate the referral for services of an individual from one organisation to another
Reporting period	Monthly or Quarterly
Who uses this form	Peer Educator, Field Officer or Care Giver who is referring a client for services, and an Officer at the receiving organisation
Who verifies data	Field Supervisor / Regional Project Officers / Next Supervisory Officer
When form is used	The SCT 5 is used when a Peer Educator or Care Giver determines that an individual or client should be referred for services from another organisation and when the client is served by the receiving organisation.
Performance indicators using data from this form	As reported in National Summary Reports: • Number of individuals referred for other services o Clients receiving Home Based Care (HBC1)

Instructions for Using This Form

REFERRING ORGANISATION Sections

Section 1 (Part 1) (Completed by the Organisation <u>Making</u> the Referral)	**Basic client information:** Enter basic identifying information about the individual who is being referred for service: Name / UIC, Age, Sex, Address, Date of the Referral 1. **Basic client information:** Enter basic identifying information about the individual who is being referred for service: name, age, sex, address, date of the referral 2. **Name of referring organization**: Enter the name of the organization making the referral. 3. **Name of the organization OVC is referred to**: Enter the name of the organization that will provide other / additional services to the child. 4. **Services:** Tick (✓) the services that the child is being referred to receive at the other organization. Indicate "other" services, as appropriate. 5. **Name and signatures of referring party:** the individual making the referral must provide his name and signature. 6. **Title / Position:** Indicate the title or position of the individual making the referral.

Section 1 (Part 2) (Completed by the Organisation <u>Making</u> the Referral)	**7. Copy** the information from ***Section 1 (Part 1)*** into ***Section 1 of Part 2***. **8. Detach** along the dotted lines after ***Section 1 (Part 1)***. Give ***Part 2*** to the individual being referred.

RECEIVING ORGANISATION SECTIONS

Section 2 (Part 2) (Completed by Organisation <u>Receiving</u> the Referral)	**1. Receiving Organisation's Information:** Enter the name, phone number, and address of your organisation. **2. Services Provided:** Indicate the services provided in the appropriate rows and cells of the table. For each service, indicate: • the name / type of service provided • whether the services were completed as requested (yes / no) • whether follow-up is needed (yes/no) **3.** Date, if follow-up is needed; otherwise indicate "N/A" **4. Comments:** Provide additional comments, as needed, regarding the services provided and / or any required follow-up. **5. Name and signatures of Caregiver:** Indicate the name of the individual providing the service(s) and sign the form. **6. Title / Position:** Indicate the title or position of the individual providing the service(s).

National HIV Data Collection Tool
SCT 5: Two-Way Referral Form

Part 1: To be Retained by Referring Organization

Section 1: To be filled out by the organization or person making the referral (Referring Organization)

Client's Name/UIC: ………………………………………………… Age: ………………… Sex: …………………….…...

Address: ………………………………………………………. Date: …………………………………………………..

Referring Organization: ……………………………………. Referred To: ………………………………………..

1. ART	( )	9. Medical Screening	( )	167. Skills Training	( )
2. STI Treatment	( )	10. Welfare Assistance/LEAP	( )	18. Micro Credit Scheme	( )
3. HTC	( )	11. Faith Based Support	( )	19. Income Generating Activities	( )
4. PEP	( )	12. Psycho Social Support	( )	20. Legal Services	( )
5. PMTCT Services	( )	13. PLHIV Support Group	( )	21. Cervical Cancer Screening	( )
6 TB/HIV	( )	14. Peer Counselling	( )	22. HBV Screening	( )
7. SRH/FP	( )	15. NHIS	( )	23. HCV Screening	( )
8. PrEP	( )	16. Nutrition Support	( )	24. Other (Specify)……….	( )

Name & Signature of Person Referring: …………………………………………… Title/Position: …………………………

Please detach along this line

SCT 5: Two-Way Referral Form
Part 2: To be Sent to Receiving Organisation

Section 1: To be filled out by the organization or person making the referral (Referring Organization)

Client's name: ………………………………………………… Age: ………………….. Sex: ……...………........

Address: ……………………………………………………… Date: …………………………………………….

Referring Organization: …………………………………............. Referred To: …………………………………….

1. ART	( )	9. Medical Screening	( )	17. Skills Training	( )

2. STI Treatment	( )	10. Welfare Assistance/LEAP	( )	18. Micro Credit Scheme	( )
3. HTC	( )	11. Faith Based Support	( )	19. Income Generating Activities	( )
4. PEP	( )	12. Psycho Social Support	( )	20. Legal Services	( )
5. PMTCT Services	( )	13. PLHIV Support Group	( )	21. Cervical Cancer Screening	( )
6 TB/HIV	( )	14. Peer Counselling	( )	22. HBV Screening	( )
7. SRH/FP	( )	15. NHIS	( )	23. HCV Screening	( )
8. PrEP	( )	16. Nutrition Support	( )	21. Other (Specify)..........	( )

Name & Signature of Person Referring: ………..…………..…………………… Title/Position: …………..…………

Section 2: To be filled out by the organization receiving the referral (Receiving Organization)

Name of Receiving Organization: …………………………………………… Phone Number: ……………………………………………………
Address: …………………………………………………………….…………………………………………………

List of Services Provided	Services Completed as Requested Y/N	Follow Up Needed Y/N	Follow Up Date

Additional Comments:

Name & Signature of Caregiver: …………………... Title/Position: …………………………………………

DATA COLLECTION AND REPORTING PROCEDURES: HBC

The Data Management tools described in the previous section are used to document and report the treatment, care and support services provided to clients and individuals served through the Home Based Care (HBC) Service Area.

This section of the Data Management Manual describes the procedures for preparing and using the HBC source forms, as well as aggregating the data from source forms into routine HBC performance reports at the community, district, and national levels.

These data collection and reporting procedures describe:

- General information about the HBC service area
    - target audiences
    - services provided
    - performance indicators
    - source documents and summary reports

- Procedures for preparing the source documents

- Procedures for aggregating data at the community, district, and national levels

Each procedure describes a series of activities that are completed as well as the position or individual responsible for that activity, when the activity is completed, the forms and reports that are used, and the result or outcome of the activity.

Overview

Overview	
Thematic Area:	HIV Treatment, Care and Support
Intervention Area:	HIV Care and Support
Target Populations	• People Living with HIV and AIDS
Service Types	• Nursing Care • Psychosocial • Nutrition/ Food • ARV Adherence • SRH/FP
Performance Indicators	<u>National Indicator Summary Report</u> (HBC 1) 1. Number of clients enrolled in a programme 2. Number of clients provided with home-based care and support services 3. Number of clients who have exited the HBC programme 4. Number of clients referred for other services by type of service 5. Number of persons trained to provide HBC services to clients. <u>National M&E Plan</u> • Number and percentage of adults and children living with HIV who receive care and support services outside health facilities during the reporting period • Number of districts with functioning Home Based Care programmes • Number and percentage of clinically malnourished HIV positive clients who received therapeutic or supplementary food ***Note:*** *this indicator is measured using data from the Ghana Health Service (GHS). In the absence of data from GHS, the data from this report can be used as a proxy for this indicator.*
Source Documents:	HBC 3 Home Based Care Enrolment Form HBC 5 Home Visit Register SCT 5 Two-Way Referral Form SCT 4 Training Record Form
Summary Reports:	HBC 4 HBC Home Visit Summary HBC 2 Home Based Care Enrolment Summary Sheet HBC 1 Home Based Care and Models of Hope Indicator Summary Report

Preparation of Source Documents

Two HBC source documents, as well as two Standard Common Tools, are used for HBC services:

- **Home Based Care Enrolment Form (HBC 3)**: documents personal and status information when a new client is enrolled for Home Based Care

- **Home Visit Register (HBC 5):** documents services provided by an HBC Caregiver to an individual client

- **Training Record Form (SCT 4)**: provides information about an HBC related training event

- **Two-way Referral Form (SCT 5)**: facilitates the referral of clients for TB, ART, STI, SRH/FP, Post GBV Care and Other services

HBC 3 Home Based Care Enrolment Form

The HBC 3 is completed when a new client is registered and enrolled in Home Based Care. It provides important personal information about the client, next of kin, and the client's status (symptoms, medication taken, support needed). It serves as a reference for the Caregiver.

	Who	What Activity	When	Result
1	Caregivers (Community Health Nurses & Models of Hope)	Enters client information, next of kin information, and client status information	When client enrols in HBC programme	New client is registered for HBC services, HBC 3 Enrolment Form is completed
2	Caregivers (Community Health Nurses & Model of Hope)	Files copy of HBC 3 for reference	After HBC 3 is completed	HBC 3 is available for future reference / use
3	Regional Programme Officers, M& E Assistants (Field Supervisors)	Reviews entered information to verify that the information is complete and accurate	During monthly visits	HBC 3 data is verified

HBC 5 Home Visit Register

The HBC 5 is a record of Home Based Care services provided to an individual client by a Caregiver. A new row is used each time the Provider makes a home visit.

	Who	What Activity	When	Result
1	Caregiver (Community Health Nurses & Model of Hope)	Creates a new HBC 5 to track HBC services provided to an individual client	When service(s) is / are rendered to a new HBC client by a Caregiver for the first time Whenever all the rows in Section 2 of HBC 5 are filled and a new HBC 5 is required	Home Visit Register is created to track client's services and referrals
2	Caregiver (Community Health Nurses & Model of Hope)	Provides one -on-one HBC support services to clients, and makes referrals as needed for other services	During Home Visits	Clients receive HBC services and/ or are referred for other needed services
3	Caregiver (Community Health Nurses & Model of Hope)	Documents services and referrals provided to clients during a home visit. A new row in Section 2 is completed for each home visit.	Whenever HBC services are provided	HBC services are documented on HBC 5
4	Field Supervisor / Regional Programme Officers / M& E Assistant	Reviews entered information to verify that the information is complete and accurate	At end of month	Information entered onto HBC 5 by Caregivers is verified

SCT 5 Two-way Referral Form

	Who	What Activity	When	Result
1	Model of Hope or Care Giver	Determines that client needs other services, and completes top portion of SCT 5	During / after home visit, when a need for further diagnosis or treatment has been identified.	Decision to refer client for other services
2	Model of Hope or Care Giver	Completes Part 1 and Section 1 of Part 2 and signs form	When referring client to other organization	SCT 5 is completed by referring organization
3	Model of Hope or Care Giver	May complete other SCT 5 forms, as needed, for additional services provided by other organizations	As needed	Client has referrals for services from different organizations
4	Model of Hope or Care Giver	Detaches Part 2 of SCT 5 form(s) and gives it to client	When referring client to other organization	Client has referral for additional service(s)
5	Client	Takes Part 2 of the completed SCT 5 form(s) to new organization(s) / Caregiver(s) / Service Provider(s)	When seeking other services at new service delivery site	Client is received by new Caregiver(s)

	Who	What Activity	When	Result
6	Caregiver(s) / Service Provider(s) in receiving organization(s)	Receive(s) client, provide(s) appropriate service(s), and document(s) service(s) provided in Section 2 of Part 2 of SCT 5, and signs form	After services are provided	Referral services are documented
7	Caregiver(s) / Service Provider(s) in receiving organization(s)	Maintains Part 2 of SCT 5 form(s) on file for use in monthly reporting on referral activity	After SCT 5 forms have been completed	SCT 5 forms are available for use in monthly reporting

SCT 4 Training Record Form

	Who	What Activity	When	Result
1	Training Organiser	Completes Section 1 Information providing background information about training event	Start of training event	SCT 4 is set up to track participants
2	Training Participants	Each enters their personal information (name, sex, organizational designation, telephone) and signature in Section 2	Before or during training event	Completed SCT 4 recording number participants and target population
3	Training Organiser	Reviews SCT 4 for accuracy and stores with other forms for use in reporting.	After training event	Completed SCT 4 available for reporting

Aggregating Data for District, Regional, and National Reports

This Section describes the processes for aggregating data from the HBC source documents into three summary reports:

- **Home Visit Summary (HBC 4)** – reporting aggregated data for services and referrals provided by a <u>single Caregiver</u> during a quarterly reporting period

- **Home Based Care Enrolment Summary (HBC 2)** – reporting aggregated data for the number of HBC clients enrolled and exited, across all Caregivers, for the <u>reporting unit/level</u> (e.g., district, region)

- **Home Based Care and Models of Hope Indicator Summary Report (HBC 1)** – reporting indicator information, for the <u>reporting unit</u> (e.g., district, region), about HBC clients enrolled, services and referrals, Clients completing or exiting the programme (by reason) and Caregivers trained

The aggregation process takes place at several organizational levels:

- Community
- Districts
- Regions
- National

The procedures for aggregating the Home Based Care Services data are described for each of these levels.

Community Aggregation and Reporting

Activity: Prepare HBC 4and HBC 2: Home Visit Summary and Enrolment Summary reports for all Caregivers at the community, using HBC 5 and HBC 3 of their clients

Forms / Reports Used HBC3: HBC Enrolment Forms (for individual clients)
HBC 5: Home Visit Registers (for individual clients)

Due Date: Monthly or Quarterly

	Who	What Activity	Summary Report(s), Forms Used	Result
1	Field Supervisor / Caregiver	Collects all Enrolment Forms (HBC 3) and Home Visit Registers (HBC 5) that were completed (for individual clients) by all Caregivers in previous month or quarter	All HBC 5 and HBC 3 forms from all Caregivers	HBC Enrolment Forms and Home Visit Registers for all clients, from all Caregivers, are available for monthly or quarterly reporting
2	Field Supervisor / Caregiver	Tallies services, referral, and enrolment data from all Client Enrolment Forms (HBC 3) and Home Visit Registers (HBC 5) onto <u>HBC Enrolment Summaries</u> and <u>Home Visit Summaries</u> (HBC 4), one for each Caregiver	All HBC 3 and 5 (all clients) HBC 2 and 4 (all clients)	<u>HBC 2 (HBC Enrolment Summaries) and HBC4 (Home Visit Summaries)</u> are prepared for each Caregiver for the current reporting period
3	Field Supervisor / Caregiver	Makes a copy of each HBC 2 (HBC Enrolment Summary) and HBC 4 (Home Visit Summary); originals will be sent to next level and copies will be filed at site level	All HBC 2 and HBC 4	Copies of HBC 2 and HBC 4 are filed and available for reference

District Aggregation and Reporting

Activity: Prepare district-level reports on services / referrals and enrolments (HBC 1)

Forms / Reports Used
HBC 4 Home Visit Summaries for all Caregivers
HBC 2 Enrolment Summary for all Caregivers (current quarter)
HBC 2 Enrolment Summary (previous quarter)

Due Date: Monthly or Quarterly

	Who	What Activity	Summary Report(s), Forms Used	Result
1	Field Supervisor (District level)	Collects all HBC 4 Home Visit Summaries and HBC 2 Enrolment Summaries (one for each Caregiver)	HBC 4 Home Visit Summaries HBC 2 Enrolment Summaries	Home Visit Registers and Enrolment data from each Caregiver is available for aggregation
2	Field Supervisor (District level)	Aggregates <u>enrolment</u> data for District by using data from previous month or quarter's HBC 2 Enrolment summary (Section 2 Item 4 data – Currently Enrolled, which will become Section 2 Item 1 data for new reporting period (Enrolled from previous Reporting period) HBC 2 Enrolment Summary (number of newly enrolled clients) Current HBC 4 Home Visit Summaries (aggregate to obtain number of clients who have exited program)	HBC 2 Enrolment Summary HBC 4 Home Visit Summary	<u>HBC 2 Enrolment Summary</u> is prepared for district for current reporting period
3	Field Supervisor (District level)	Aggregates all district-level data for <u>services and referrals</u>, <u>enrolments</u>, and <u>training</u> activities on HBC 1 Summary Report	HBC 2 Enrolment Summary HBC 4 Home Visit Summary SCT 5 Two-Way Referral Forms SCT 4 Training Record Forms	District-level HBC 1 Indicator Summary Report
4	Field Supervisor (District level)	Makes a copy of each HBC 2 Enrolment Summary, HBC 4 Home Visit Summary and HBC 1 Indicator Summary Report; originals are sent to regional level and copies are filed at district level	HBC 4 Home Visit Summary HBC 2 Enrolment Summary HBC 1 Summary Indicator Report	Copies of HBC 1, HBC 2 and HBC 4 are created and available for reference
5	Field Supervisor (District level)	Submits completed HBC 1 Indicator Summary Report to Regional level and gives copy to District Focal Person	HBC 1	District level HBC 1 data is available for aggregation at regional level
6	Field Supervisor (District level)	Provides feedback to Caregivers at the Community level on reports submitted	HBC 1	Feedback provided to Community level Caregivers

Regional Aggregation and Reporting

Activities: Aggregate District-level HBC data on services and referrals, enrolments, and training into a regional HBC 1: Summary Report

Forms / Reports Used HBC 1: Home Based Care and Models of Hope Indicator Summary Reports (Districts)

Due Date: Monthly and Quarterly

	Who	What Activity	Summary Report(s), Forms Used	Result
1	Regional Coordinator / Program Officer	Collects all district-level HBC 1 Summary reports completed for the quarter	All District HBC 1 Reports	Reports for services / referrals, enrolment, and training activities are available for regional aggregation
2	Regional Coordinator / Program Officer	Aggregates data from all District HBC 1 Summary Reports to a new HBC 1 Indicator Summary Report at the Regional level.	District HBC 1 reports	Aggregated service and referral data from all HBC 1 added to give Regional HBC 1
3	Regional Coordinator / Program Officer	Captures District-level Summary Indicator Reports into Country Response Information System (CRIS)	District-level Summary Indicator Reports	District level reports entered into CRIS database
4	Regional Coordinator / Program Officer	Transmits regional-level HBC 1 Indicator Summary Report, with attached copies of District-level HBC 1 reports, to IP national level and gives copy to Technical Support Unit/Regional Focal Person	Regional HBC 1 Report	Regional HBC data available for aggregation by Implementing Partner at national level
5	Regional Coordinator / Program Officer	Analyzes monthly and quarterly results for HBC services as reported in district HBC 1 reports	Regional IP HBC 1 Report	Data are analyzed for trends and key findings at district and regional levels
6	Regional Coordinator / Program Officer	Provides feedback to District levels on reports submitted	HBC 1	Feedback provided to District Field Supervisors

National Aggregation and Reporting: Implementing Partners

Activities: Aggregate Regional-level HBC data on services and referrals, enrolments, and training into a national-level HBC 1: Summary Report for the Implementing Partner

Forms / Reports Used HBC 1: Home Based Care and Models of Hope Indicator Summary Reports (Regions)

Due Date: Quarterly

	Who	What Activity	Summary Report(s), Forms Used	Result
1	IP National M&E Officer (assisted by Data Officers)	Receives all completed regional-level Indicator Summary Reports, with copies of District-level Summary Indicator Reports	District and Regional Level Reports (HBC 1)	All Regional Summary Indicator Reports are available for verification and aggregation at national level
2	IP National M&E Officer (assisted by Data Officers)	Verifies data on District / Regional Indicator Summary Reports, with supporting District-level reports	Regional Level Reports (HBC 1), with supporting District reports	All submitted Summary Indicator Reports are verified
3	IP National M&E Officer (assisted by Data Officers)	Aggregates data from all Regional Summary Sheets into relevant national-level IP Indicator Summary Report (HBC 1)	Regional Level IP Reports (HBC 1)	National Summary Reports are prepared
4	IP National M&E Officer (assisted by Data Officers)	Reviews and edits District-level data (entered by regions) in CRIS	CRIS data (districts, regions)	District and Regional CRIS data are reviewed for quality assurance
5	IP National M&E Officer	Analyses quarterly results for HBC services	Regional and national level IP Summary Indicator Reports	Data are analysed for trends and key findings at level of national IP
6	IP National M&E Officer	Provides feedback to Regional Coordinator / Program Officer on District and Regional-level reports submitted	Regional Level Reports (HBC 1), with supporting District reports	Feedback provided by National level M&E to regional level M&E
7	IP National M&E Officer (assisted by Data Officers)	Aggregated national IP data are submitted to Ghana AIDS Commission	National Level IP Reports (HBC 1)	Ghana AIDS Commission receives National IP Reports

National Aggregation and Reporting: Ghana AIDS Commission

Activity: Report and analyse data for all HBC services, referrals, and training activities at the country level

Forms Used: HBC 1: Home Based Care Summary Indicator Reports (National Implementing Partners)

Due Date: Semi-annually, 60 days after end of half year

	Who	What Activity	Reporting Tools Used	Result
1	Director General	Receives all national IP Summary Indicator Reports for HBC services. Summary reports are transferred to Director RM&E	National Level IP Summary Indicator Reports (HBC 1)	All National IP Summary Indicator Reports available for GAC analysis and reporting
2	M&E Coordinator, Evaluation Team	Reviews all national level IP Summary Indicator Reports	National Level IP Summary Indicator Reports (HBC 1)	National IP Summary Indicator Reports are reviewed for quality assurance
3	Data Management Officer	Approved national-level IP Summary Indicator Reports are validated against data entered into CRIS, recording any errors in error log	National Level IP Summary Indicator Reports (HBC 1)	IP Summary Indicator Reports are validated (in reference to CRIS data)
4	Data Management Officer / Project Officer	Files hard copy reports for each IP	National Level IP Reports (HBC 1)	Hard copy National IP Reports are filed and available for reference
5	Data Quality Assurance Manager	Applies quality checks to submitted data	CRIS data	CRIS data is reviewed for quality assurance.
6	Data Manager	Analyses quarterly results for HBC services	CRIS database for HBC services	Data are analysed for trends and key findings
7	Data Quality Assurance Manager	Provides feedback to all national M&E Officers on submitted reports	National IP Summary Indicator Reports (HBC 1)	Feedback provided by National level GAC to national level IPs