## **CHW Accompaniments, Referrals and Home Visits**

	CHW Output	Accompany	Refer	Documentation R/A: Referral & Accomp Form	Home Visit
HIV/STI	CHW refer sexually active men and women for testing		✓	R/A: tick HIV testing or tick Other STI testing	
	CHW accompany dangerous side effects (ARVs)	<b>√</b>		R/A Other (name)	Monthly
	CHW accompany ART patients to routine visits in first year	<b>1</b>		R/A (Other) and explain reason	HIV Patient Visit for 1 year, Monthly after 1 year
	CHW refer ART clients who miss appointment	-	<b>✓</b>	HH Register: TRACE section	TRACE report cycle
	CHW refer when PLWHIV are due for viral load check		<b>✓</b>	HH Register: TRACE section	When clinic alerts CHW
	CHW refer mothers and newborns 10 week EID visit for testing and results using TRACE report		✓	HH Register: TRACE section	TRACE report cycle
ТВ	CHW monitor and refer household members with signs of TB for		✓	R/A: Tick Cough (TB)	Monthly for new suspected cases
	testing CHW refer TB clients who miss appointment		1	HH Register: TRACE section	TRACE report cycle
	For clients who have submitted sputum, follow up with smear		1	R/A: tick Other TB sputum follow-up	TB Patient Visit
	negative clients for danger signs and refer for further examination CHWs refer all family members of new TB clients for screening at the facility and refer all children <5 to the facility for preventive		1	R/A: tick Other TB contact tracing	
	treatment, as notified by HSA/Site supervisor	1		D/A Other ()	
	CHW accompany dangerous side effects CHW accompany TB patients to routine visits	<b>✓</b>		R/A Other (name) R/A Other (name)	
			<b>/</b>	R/A: tick Family planning	Monthly for those on short-term methods or withou
Family Planning	CHW refer WCBA and partners for family planning services			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	CHW follow up and refer advise women to seek family planning counselling during their ANC referral and during their 6-week PNC referral		<b>V</b>	R/A: tick Family planning	Monthly Home Visit (during woman's final pregnan months), PNC
Maternal and	CHW accompany to first ANC appointment	✓		HH Register	Monthly
Neonatal Health	CHW refer women to 3 follow-up ANC visits		✓	HH Register	
	CHW accompany danger signs during pregnancy	✓		HH Register	
	CHW accompany/refer pregnant woman and partner to go for delivery/waiting home (Accompaniment depends on whether facility has delivery).	<b>4</b>	<b>√</b>	HH Register	
	CHW accompany PNC danger signs for mother and baby	<b>1</b>		HH Register	PNC + when alerted
	CHW accompany 1 week PNC	1		HH Register	PNC
	CHW refer for 6 week visit		<b>√</b>	HH Register	Monthly
Child Health	CHW refer low MUAC and oedema in <5year olds		1	R/A: tick Malnutrition	Monthly
	CHW refer signs of wasting and oedema in 0-5 months		<b>√</b>	R/A: tick Malnutrition	Monthly
	CHW refer malnutrition patients with poor appetite or a cough		1	R/A: tick "Other"note client is enrolled Malnutrition client with cough or poor appetite	At monthly Follow Up
	CHW refer other households members in patient households who meet malnutrition criteria.		<b>1</b>	R/A: tick Malnutrition	At monthly Follow Up
	CHW tracks & refer patients who miss an appointment for CMAM through TRACE		<b>√</b>	HH Register: TRACE section	TRACE report cycle
	CHW refer relapse cases who meet malnutrition criteria again		✓	R/A: tick Malnutrition	Monthly
	CHW refer cough, fever, fast breathing or diarrhea cases in under 5s		<b>~</b>	R/A: tick "other" and explain reason	Monthly
	CHW refer children for immunization to outreach or health facility		<b>√</b>	R/A: tick "other" Immunization	PNC and Monthly (for unimmunized or for 9 month visit)
Malaria	CHWs refer suspected malaria cases		✓	R/A Malaria	Monthly
NCDs	CHW refer NCD patients to attend routine IC3 visits		√	R/A tick Other (Explain reason)	Monthly
	CHW refer NCD clients who miss appointment		<b>'</b>	HH Register: TRACE section	TRACE report cycle
	CHW accompany Heart Failure cases with danger signs	1		R/A tick Other (Explain reason)	Monthly + when alerted
	CHW accompany Hypertension and Diabetes cases with danger signs	<b>~</b>		R/A tick Other (Explain reason)	Monthly + when alerted
	CHW identify epileptic cases and refer for treatment		✓	R/A tick Other (Explain reason)	Monthly for new suspected cases
	CHW accompany epileptic danger signs (frequent seizures)	<b>~</b>		R/A tick Other (Explain reason)	Monthly + when alerted
	CHW accompany asthma patients having danger signs	✓		R/A tick Other (Explain reason)	Monthly + when alerted
	CHW accompany mental health patients with psychiatric emergencies	1		R/A tick Other (Explain reason)	Monthly + when alerted