## CHW Accompaniments, Referrals and Home Visits

| CHW Output | Accompany | Refer | Documentation | Home Visit |
|------------|-----------|-------|---------------|-----------|
| **HIV/STI** | CHW refer sexually active men and women for testing | ✓ | R/A: tick HIV testing or tick Other STI testing | Monthly |
| | CHW accompany dangerous side effects (ARVs) | ✓ | R/A: Other (name) | Monthly |
| | CHW accompany ART patients to routine visits in first year | ✓ | R/A (Other) and explain reason | HIV Patient Visit for 1 year, Monthly after 1 year |
| | CHW refer ART clients who miss appointment | ✓ | HH Register: TRACE section | TRACe report cycle |
| | CHW refer when PLWHTV are due for viral load check | ✓ | 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 |
| **TB** | CHW monitor and refer household members with signs of TB for testing | ✓ | R/A: Tick Cough (TB) | Monthly for new suspected cases |
| | CHW refer TB clients who miss appointment | ✓ | HH Register: TRACE section | TRACe report cycle |
| | For clients who have submitted sputum, follow up with smear negative clients for danger signs and refer for further examination | ✓ | R/A: tick Other TB sputum, follow-up | TB Patient Visit |
| | CHW refer all family members of new TB clients for screening at the facility and refer all children ≤5 to the facility for preventive treatment, as notified by HSA/Site supervisor. | ✓ | R/A: tick Other TB contact tracing | |
| | CHW accompany dangerous side effects | ✓ | R/A: Other (name) | ✓ |
| | CHW accompany TB patients to routine visits | ✓ | R/A: Other (name) | ✓ |
| | **Family Planning** | CHW refer WSCA and partners for family planning services | ✓ | R/A: tick Family planning | Monthly for those on short-term methods or without contraception |
| | CHW follow up and refer advise women to seek family planning counseling during their ANC referral and during their 6-week PNC referral | ✓ | R/A: tick Family planning | Monthly Home Visit (during woman's final pregnancy months), PNC |
| | **Maternal and Neonatal Health** | CHW accompany to first ANC appointment | ✓ | HH Register | Monthly |
| | CHW refer women to 3 follow-up ANC visits | ✓ | HH Register | Monthly |
| | CHW accompany danger signs during pregnancy | ✓ | HH Register | Monthly |
| | CHW accompany/refer pregnant woman and partner to go for delivery/exiting home (Accompaniment depends on whether facility has delivery) | ✓ | HH Register | Monthly |
| | CHW accompany PNC danger signs for mother and baby | ✓ | HH Register | PNC + when alerted |
| | CHW accompany 1 week PNC | ✓ | HH Register | PNC |
| | CHW refer for 6 week visit | ✓ | HH Register | Monthly |
| | **Child Health** | CHW refer low MUAC and oedema in ≤5 year olds | ✓ | R/A: tick Malnutrition | Monthly |
| | CHW refer signs of wasting and oedema in ≤5 months | ✓ | R/A: tick Malnutrition | Monthly |
| | CHW refer malnutrition patients with poor appetite or a cough | ✓ | R/A: tick Other “thin” client is enrolled | Malnutrition client with cough or poor appetite |
| | CHW refer other households members in patient households who meet malnutrition criteria. | ✓ | R/A: tick Malnutrition | At monthly: Follow Up |
| | CHW tracks & refers patients who miss an appointment for CMAM through TRACe | ✓ | 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 | ✓ | R/A: tick “other” and explain reason | Monthly |
| | CHW refer children for immunisation to outreach or health facility | ✓ | R/A: tick “other” Immunisation | PNC and Monthly (for unimmunized or for 9-month visit) |
| **Malnutrition** | CHW refer suspected malnutrition 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 | ✓ | HH Register: TRACE section | TRACe report cycle |
| | CHW accompany Heart Failure cases with danger signs | ✓ | R/A: tick Other (explain reason) | Monthly + when alerted |
| | CHW accompany Hypertension and Diabetes cases with danger signs | ✓ | 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) | ✓ | 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 | ✓ | R/A: tick Other (explain reason) | Monthly + when alerted |
| **Other** | CHW refer other illnesses and accompany emergencies | ✓ | ✓ | R/A: tick Other and explain | Monthly + when alerted |