Telephone: (+254)532033471/2 | Postal Address: P.O. Box 4606-30100, Eldoret, Kenya | Email: info@usaidampathuzima.or.ke

Guidelines on Conducting a Home Visit for Case Managers

Home Visits are components of case management. The objective of conducting a home visit is to provide both the case manager and facility team a better understanding of the patient's living situation and probable barriers to treatment. **Important:**

- Ensure that the patient has consented for the home visit and agree with the patient on the most convenient date and time of visit - avoiding out of work and meal times unless so agreed upon.
- However, there are instances that may warrant an impromptu visit to the patient's home.
- The case manager or designated health provider usually conducts the visit alone but there may be occasions where a multidisciplinary team jointly conducts the home visit.
- Where possible/feasible a gift basket should be carried along during the home visit .
- The visit should preferably be conducted by a provider whom the patient has built trust with eg the CM - if not, the new visitor is introduced to them prior by the CM
- The timeline and frequency of the home visit may be determined by the nature of the case being handled. As a general guidance home visits may be conducted:

  a. Within a month of enrollment or ART initiation for new clients undergoing case management.
  b. Prior to MDT case review for suspected treatment failure patients and other difficult cases due for review
  c. Monthly, for children undergoing case management and older clients undergoing DWI (Daily Witnessed Ingestion)

When conducting the home visit, the case manager (provider) should:

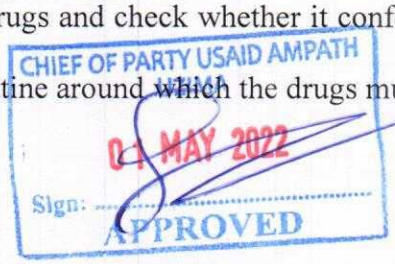
- Be professional and at all times ensure the client's confidentiality
- Ensure the client feels safe and comfortable to discuss issues during the visit
- Have a non-judgemental attitude
- Exercise patience throughout the visit while employing the counseling skills such as empathy and active listening.

Points to Note during the home visit

NB: Prepare for the visit in advance: Stationary, notes, and other necessities

CHIEF OF PARTY USAID AMPATH UZIMA
01 MAY 2022
Sign: .....

1. **Review the patient's general profile**: Review client's medical records before the visit. At the home, verify names and contact information; treatment supporter details. Clinic information including viral load results and current treatment regimen may also be confirmed if client is comfortable to discuss these
2. Highlight the **objective of the visit** and ensure the client has consented to proceed
3. Review previously discussed issues if any and planned activities according to the **case management plan**
4. **General home Assessment:**
    - Assess the general living conditions, within the house and compound or surrounding area. Note down general cleanliness, crowding, etc
    - Assess ventilation in the clients' house and provide education on the importance of good ventilation (TB infection control)
    - Assess the patient's ability to perform their daily tasks or activities. Are they independent in the activities of daily living (e.g. feeding, grooming, toileting) or do they require some form of assistance? Are they bedridden?
5. Socio economic condition assessment
    - Are the patient's basic needs being met (e.g. clothing, shelter, food)?
    - You can Assess for the presence of a kitchen garden
    - Probe for:
        - The number of meals the client takes per day
        - occupation of the client which might contribute to food insecurity/poor nutrition
    - Comment on the client or Caregiver's occupation/economic activity. Explore with the client on whether their occupation of the client/caregiver which might be a barrier to adherence
    - Does the client/caregiver engage in other social activities/habits that could serve as barriers to adherence?
    - Has the patient ever stopped taking medication because of their faith or other cultural beliefs
6. Mental health status check, GBV screening
    - Assess whether the patient suffering from any stressful situation or significant loss/grief
    - For children and adolescents: asses performance in school and social interactions
    - Does the patient have mental health issues that need to be addressed (You may use PHQ9 to screen for depression)
    - Explore whether the client is facing any of these forms of violence
        - Physical
        - sexual
        - Psychological
        - economical
7. Alcohol/Drug use assessment
    - Assess whether the client or caregiver may be using drugs or alcohol
    - Counsel on dangers of drug or alcohol use and their impact when taken together with ARVs. Determine if the client needs referral for further assessment and support
8. Anti-retroviral medication routines and pills count:
    - How does the patient take his/her drugs (How does the Caregiver administer the drugs – confirm whether this is per the dosing instructions given from the clinic)
    - **Pill Count**: Conduct a physical count of the drugs that the client has at the time of visit against the TCA to gauge whether drugs are taken correctly.
    - **Storage:** Assess drug storage by requesting to see where and how the drugs are stored (advise/compliment accordingly)
    - Look out for any knowledge gaps and provide the correct information.
    - Explore the time the client takes the drugs and check whether it conforms to the agreed time during adherence counseling sessions
    - Does the client have an established routine around which the drugs must be taken?



- What does the client rely on in order to know the time of taking drugs? (clock? Mobile phone?.....) . Determine if the client has a reliable system or whether there is need to adjust the timings in order to ensure adherence.
- Assess for drug sharing especially where other family members are on care

9. Toxicity/Drug to Drug Interaction
    - Is the patient experiencing any side effects from the medication?
    - Assess whether the client/caregiver may be using any drugs other than ARVs and other prescribed medications and for what purpose.
    - Also Probe for the use of herbal medicines
    - Provide the right information concerning the possibility of drug toxicity or reduced ARV levels. Emphasize the importance of allowing the ARVs to work optimally
10. Disclosure and Other Support
    - Has the patient disclosed their HIV status to other household members?
    - Has he/she disclosed to any other person outside of the household? Are other relatives or family members aware and supporting them?
    - If Not explain the importance of disclosure and support the patient to come up with a plan to disclose
    - Does the patient receive social support from household members? Do they feel discriminated against or stigmatized?
    - Does the patient receive social support from his/her community?
    - Is the patient linked to other potential networks of support (e.g. spiritual, legal or other e.g. support group, CBO…..?)
11. Assess condom use and access where appropriate
12. Explore aPNS with the client where applicable
13. Summarize:
    - What are the Client's treatment motivators?
    - What are the Client's barriers to treatment adherence?
    - Give feedback to client, and together agree on action items including possible referrals
    - Outline an adherence support plan based on your visit and interaction with the client
    - Agree on return date back to the clinic or a follow up visit to the home
    - Ensure case manager or provider name/initials are indicated in your home visit notes