**TPS. Children (9 yrs. and below)/Caregiver Treatment Preparation Sessions Checklist**

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| **AT ENROLMENT** | | **COMMENTS** |
| Have you conducted psychosocial assessments?  Review and check those that have been conducted:  Mental health assessments (PHQ-9/GAD-7), substance abuse\* in cases of mental health issues identified refer and link to appropriate care. | **Ο YES Ο NO** |  |
| Have you assessed developmental milestones?  Use the tools in **Annex 3** of the NASCOP guidelines, ensure to identify growth retardation and/or developmental challenges. Ensure to refer to appropriate care for those in need. | **Ο YES Ο NO** |  |
| Primary care giver identified?  If **no**, have you identified a CHV or peer to support and stand in as you liaise with the DCS (Department of Children services/OVC? | **Ο YES Ο NO**  **Ο YES Ο NO** |  |
| Have you established the HIV status of the child’s caregiver?  If the child’s caregiver is also infected, enroll in same clinic, and synchronize appointments. This includes any other family member receiving care at the clinic. | **Ο YES Ο NO** |  |
| Have you provided HIV education to the caregiver and child as appropriate for age? (Refer to the guide from NASCOP guidelines **pg. 5-10, Table 5.2**) | **Ο YES Ο NO** |  |
| Have you identified and established appropriate adherence intervention?  Have you linked the caregiver and child as per age to a PSSG? | **Ο YES Ο NO**  **Ο YES Ο NO** |  |
| Have you discussed benefits of disclosure of the child’s HIV status?  If yes, formulate a disclosure plan for the child.  Use the pediatric disclosure checklist | **Ο YES Ο NO** |  |
| Have you conducted ART readiness assessment?  If yes, initiate same day or agreed upon date and review the dosing and timing. | **Ο YES Ο NO** |  |
| Have you identified other needs?  If Yes, Link where appropriate. | **Ο YES Ο NO** |  |
| **\* Develop a plan of treatment and follow up plan and document on the patient file/EMR.** | | |
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| **2nd visit – 2 WEEKS after ART initiation** | | |
| Have you reviewed the caregivers understanding on key HIV messages?  Ensure to review and reinforce the messages delivered at enrolment. | **Ο YES Ο NO** |  |
| Have you reviewed ART dosing, timing, and reminders?  **NOTE:** Ensure to also have the caregiver demonstrate how they measure and administer the ART. | **Ο YES Ο NO** |  |
| Have you explored barriers to adherence?  Use the barriers to adherence checklist. | **Ο YES Ο NO** |  |
| **Link to appropriate services of need and document session on patient file/EMR** | | |
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| **Four weeks after ART initiation, and further follow ups** | | |
| Have you reviewed the caregivers understanding on key HIV messages?  Ensure to review and reinforce the messages delivered at enrolment. | **Ο YES Ο NO** |  |
| Have you reviewed ART dosing, timing, and reminders?  **NOTE:** Ensure to also have the caregiver demonstrate how they measure and administer the ART. | **Ο YES Ο NO** |  |
| Have you explored barriers to adherence?  Use the barriers to adherence checklist.  And administer **MMAS-4** | **Ο YES Ο NO** |  |
| Have you reviewed the disclosure and individualized age-appropriate disclosure plan?  If yes, document and support the caregiver by addressing any concerns or fears they might have. | **Ο YES Ο NO** |  |
| **Link to appropriate services of need and document session on patient file/EMR** | | |