

PERFORMANCE OF HOME-BASED CARE AND SUPPORT

Unit of learning code- COD/CU/SW/CR/08/5/A

Related Unit of Competency in Occupational Standard: Perform Home Based Care and Support

Introduction to the unit of learning

This unit covers competencies required to identify community needs, assess community needs, analyse stakeholders, identify individual needs, develop individual care plan, implement an individual care plan, monitor and document home based care and support activities

Summary of Learning Outcomes

1. Identify community needs,
2. Assess community needs,
3. Analyse stakeholders,
4. Identify individual needs,
5. Develop an individual care plan,
6. Implement an individual care plan,
7. Monitor and
8. Document home-based care and support activities

1.2.1 Learning Outcome 1

Identify community needs

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1.2.1.1 Introduction to the learning outcome

This learning outcome specifies the content of competencies required to plan for Perform Home Based Care and Support. It includes:

- Meaning importance of home based case and support
- Home based care issues
- Target groups
- Principles and guidelines of home-based care
- Practice of home based care
- Identification of relevant partners
- Establishment of collaborative linkages with structures and

1.2.1.2 Performance Standard

1. Community leadership structures are identified as per SOPs
2. Introductory meetings with the community are conducted as per organization policy
3. A needs assessment tools are identified and implemented as per organization policy
4. A needs assessment is carried out as per the organization policy
5. Report is prepared as per the needs assessment

1.2.1.3 Information Sheet

Meaning importance of home based case and support

Home-based care is a holistic collaborative effort by the hospital, the family of the client, and the community to enhance the quality of life of people. It is comprehensive care across the continuum of care from the health facility through to the community and home level. It encompasses clinical care, nursing care, counselling and psycho-spiritual care and social support (components of Home-Based Care).

Components of home based care

1. Clinical care: includes early diagnosis, rational treatment and planning for follow-up care
2. Counselling and psycho-spiritual care : includes reducing stress and anxiety for both clients and families, promoting positive living and helping individuals to make informed decisions, disclosure, plan for the future and behavioral change, make risk reduction plans and involve sexual partner(s) in such decisions
3. Social support: includes information and referral to support groups welfare services and legal advice for individuals and families, and where possible provision of material assistance.

Advantages of home-based care

To the client

1. Motivates the client to accept and cope with his/her condition , thereby maximising on their emotional health
2. Clients are cared for by their family members, this strengthens their sense of belonging to their social group.

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3. Gives the client an opportunity to continue participating in family matters e.g. decision-making
4. Many friends are able to visit the client at home
5. The client rests in his own bed other than sharing a bed in a congested ward(hospital)
6. Many clients with terminal ailments prefer to die at home

To the family

1. Holds family together e.g. pray together
2. Helps family to accept the client's condition
3. Makes it easier to provide care and support to the client while attending to other responsibilities
4. Reduces medical costs(Bills)and transport costs
5. Enables family members to be present at the time of death

To the community

1. Promotes awareness about prevention of chronic diseases
2. Helps community to understand the nature of the disease and counteract myths and misconceptions
3. Reduces costs
4. Makes it easier and convenient to provide support
5. Holds the community morally together

To the health care system

1. Reduces hospital congestion
2. Reduces the workload of health care providers
3. Reduces demand on the health facility under limited resources

Home based care issues

1. Implementation of HBC is mainly dependent on donor funding and implemented as time limited projects.
2. Demand for services is increasing due to increasing numbers of chronically ill as well as HIV/AIDS patients.
3. HBC has not been prioritized by the government and thus not included in majority of comprehensive health plans.
4. Weak link between health facility and community services.
5. Inadequate coordination of HBC implementation leading to duplication of services in some Subcounties.
6. Inadequate human resource and lack of strategies to retain the trained staff.
7. Inadequate material supplies and logistics

Target groups

- Orphans
- PLWHA
- Other chronic illnesses

Principles and guidelines of home-based care

1. To facilitate the continuity of the client's care from the health facility to the home and community
2. To promote family and community awareness of disease prevention and care related to chronic illness
3. To empower the clients, the family and the community with the knowledge needed to ensure long term care and support.
4. To enhance the acceptability of PLWHAs by the family and community, hence reducing the stigma associated with AIDS.
5. To streamline client referral from the institutions into the community and from the community to appropriate health and social facilities
6. To facilitate quality community care
7. To mobilize the resources necessary for sustainability of the service i.e. income generating activities

Practice of home based care

Health facility

1. Initiate the HBC Process by recruiting the clients to the programme on discharge from hospital
2. Prepare and educate the family caregiver for the caring responsibility at home.
3. Make initial diagnosis, institute relevant nursing and medical care

4. Initiate referral and network systems which may change with time as the client's condition and needs change
5. Care of the terminally ill depending on their wish

Home Care Team (home-visiting staff)

1. Manage AIDS-related conditions
2. Provide home nursing care
3. Arrange voluntary HIV Counselling and Testing
4. Provide supportive counselling
5. Refer for clinical and other services
6. Educate PLWHA /family on HIV/AIDS and other related diseases(opportunistic infections)
7. Train the home-care givers
8. Arrange spiritual/pastoral care
9. Mobilise material support

The community

1. Providing for social support through support groups e.g. feeding programs
2. Create supportive environment for PLWHAS
3. Supports community mobilization to tap community resources and advocacy for more resources
4. Spiritual support and emotional support to reduce stress

5. Advocacy for PLWHAS rights to reduce stigma and to hold the community morally together.
6. Provide referral link between the health facility and the home

The family

1. Providing for physical needs e.g. Nutrition, Rest, Physical exercises
2. Providing for medical needs e.g. Giving prescribed treatment, deal with referral and networking
3. Providing for social, emotional and spiritual needs e.g. Connecting with support groups, feeding programs, spiritual support groups, legal groups which can help with wills and other matters as necessary.
4. Protecting against infection e.g. Protecting the infected from nosocomial infections and protecting self from accidental contact with HIV contaminated body fluids, blood or diarrhoea.

The government

1. Create a supportive policy environment
2. Develop policies and guidelines
3. Develop and maintain standards of care
4. Provide/coordinate training
5. Provide drugs and other required commodities
6. Help in formation of support groups(CBOs), which in turn would lobby and advocate for rights of the people living with HIV/AIDS (PLWHAS)

Identification of relevant partners

- ✓ Political leaders
- ✓ Local administration leaders
- ✓ Members of District and constituency AIDS Control Committees
- ✓ Religious leaders
- ✓ Organised groups such as women, youth and religious groups (CBOs - community-based organizations)
- ✓ Community health workers (CHW)
- ✓ Traditional healers and birth attendants
- ✓ School teachers
- ✓ PLWHAS themselves

Establishment of collaborative linkages with structures and partners

1. Meetings with key persons, existing committee members and community groups
2. Home visits to talk to individuals and groups
3. Announcements through mosques, churches, temples, schools, work and market places
4. Group community talks

1.2.1.4 Learning Activities

1.2.1.4.1 Group activity

Divide yourselves into two groups. Each group should answer the following two questions:

1. What does HBC and support provide to a person living with HIV/AIDS?
2. How does the County Government in your area contribute to HBC?

1.2.1.5 Self-Assessment

You are provided with the following questions for self -assessment, attempt them and check your responses

1. How can you describe home based care?
2. What are the principles of home based care and support?
3. What are the advantages of home based care and support to the patient?
4. What is the role of the community in providing HBC?
5. What are the components of home based care?

1.2.1.6 Tools, Equipment, Supplies and Materials

- Government of Kenya Manual on Home based care and support
- Resource laboratory

1.2.1.7 References

Ministry of Health (2017). Home care Handbook. A reference manual for home based care for people living with HIV/AIDS . Nairobi

1.2.2 Learning outcome 2

Assess community needs

1.2.2.1 Introduction to the learning outcome

This learning outcome specifies the content of competencies required to assess community needs. It includes:

- Importance of home based care needs assessment
- Development of assessment tools
- Beneficiary targeting
- Administration of assessment tools
- Data collection and analysis
- Preparation of a needs assessment report
- Dissemination of report findings to relevant stakeholders

1.2.2.2 Performance Standard

- Assessment tools are developed in collaboration with the ministry of health as per SOPs.
- Targeting of the beneficiaries is done as per organization policy
- Assessment tools are administered as per SOPs
- Data collected is analyzed as per SOPs.
- Assessment report is prepared as per organization policy

- Dissemination of report findings is carried out as per organization policy

1.2.2.3 Information sheet

Importance of home based care needs assessment

1. Plan and deliver the most effective care to those in greatest need
2. Apply the principles of equity and social justice in practice
3. Ensure that scarce resources are allocated where they can give maximum health benefit
4. Work collaboratively with the community, other professionals and agencies to determine which health issues cause greatest concern and plan interventions to address those issues.

Development of assessment tools

- Supervisory reports,
- caregiver/volunteer reports
- inventory record of commodities and drugs
- observation checklists to be used to observe client-staff interaction
- pictorial tools used by low-literacy outreach workers

Beneficiary targeting

Target beneficiaries of your project, are those who benefit from a project. They can be affected directly or indirectly by the project.

While beneficiaries are not typically listed in an overview parts of the proposal, information about the beneficiaries is actually very important in a proposal. This is because helping beneficiaries is the number one reason donors are willing to give money. Information about and references to beneficiaries should be dispersed throughout the entire proposal. This helps the donor to understand the project, see the importance placed on helping others, connect emotionally with the project and people, and finally decide if they support the plan.

A direct beneficiary, sometimes called a primary beneficiary, is someone who is directly involved with the project and benefits from it. The important thing is that the direct beneficiaries are connected with the project. Since they are so closely intertwined with the project, direct beneficiaries should be easy to count and describe.

An indirect beneficiary, sometimes called a secondary beneficiary, is someone who is not directly connected with the project, but will still benefit from it. This could be other members of the community or from the area or family members of the participants. Most projects are not planned around indirect beneficiaries, and so they are more difficult to describe precisely.

Administration of assessment tools

Face-to-face or telephone interviews can be utilized using a standardized questionnaire with closed-ended and open-ended responses. The questionnaire covers a broad range of topics: background information on the respondent, his or her quality of life, ART adherence, use of and satisfaction with health facilities, use of and satisfaction with HBC services, other support and services received and services needed, and intrafamily relationships. All data collectors, supervisors, and data entry clerks should be trained and provided with manuals

tailored to their roles in the study. Once in the field, data collection teams visits HBC supervisors based at facilities, who provide comprehensive lists of HBC volunteers. Supervisors then introduce the data collection team to HBC volunteers, who provide access to the HBC registers needed for the sampling exercise.

Data collection and analysis

For the analysis, descriptive frequency distributions, cross tabulations, and basic inferential data analyses are used to describe characteristics of study participants and answer research questions. T-tests can be applied to test for difference in the means of the continuous variables by levels of the categorical variables (e.g., difference in the means of age across locality categories). Chi-square tests can be applied in cross-tabulations to test the significance of association between two categorical variables (e.g., association between receiving a visit from an HBC volunteer and clients' sex).

Preparation of a needs assessment report

- i. Overview of the Needs Assessment and Project Partners Involved
- ii. Methods Used to Gather Information-Methods used to collect data included written surveys, individual interviews, and focus groups.
- iii. Participation
- iv. Strengths and Limitations of Needs Assessment
- v. Key Findings
- vi. Recommendations

Dissemination of report findings to relevant stakeholders

- Common methods of dissemination include:
- Publishing program or policy briefs
- Publishing project findings in national journals and statewide publications
- Presenting at national conferences and meetings of professional associations
- Presenting program results to local community groups and other local stakeholders
- Creating and distributing program materials, such as flyers, guides, pamphlets and DVDs
- Creating toolkits of training materials and curricula for other communities
- Sharing information through social media or on an organization's website
- Summarizing findings in progress reports for funders
- Disseminating information on an organization's website
- Discussing project activities on the local radio
- Publishing information in the local newspaper
- Issuing a press release
- Hosting health promotion events at health fairs and school functions

1.2.2.4 Learning Activities

1.2.2.4.1 Field Visit to the Community Home based care support office

Objectives of the visit

- i. Peruse through the records and identify the vulnerable populations that require HBC and support
- ii. Identify the role of the office in providing support to the community

- iii. Develop an assessment tool that you will use to assess a client with needs for HBC and support

1.2.1.5 Self-Assessment

You are provided with the following questions for self -assessment, attempt them and check your responses

1.2.2.6 Tools, Equipment, Supplies and Materials

- Classroom
- Home based care manual
- Computer laboratory

1.2.2.7 References

Ministry of Health (2017). Home care Handbook.A reference manual for home based care for people living with HIV/AIDS. Nairobi

1.2.3 Learning outcome 3

1.2.3.1 Introduction to the learning outcome

This learning outcome specifies the content of competencies required to analyse stakeholders. It includes:

- Identification of the required resources for home-based care
- Mapping of local and external stakeholders
- Stake holders directory
- Mobilisation of resources from stakeholders

1.2.3.2 Performance Standard

- Local and external stakeholders mapping and analysis is done as per organisation policy
- Stakeholders directory is prepared as per organisation policy
- Mobilization of resources in collaboration with the stakeholders is done as per organisation policy

1.2.3.3 Analyse stakeholders

The individuals and constituencies that contribute, either voluntarily or involuntarily, to its wealth-creating capacity and activities, and are therefore its potential beneficiaries and / or risk bearers.

Stakeholder Analysis

- Identify the stakeholders likely to be affected by or influence the activities of the organization
- Assess how those stakeholders could be impacted or impact upon the organization
- Anticipate the consequences of any change in the organisation's activities
- Identify stakeholders' 'success criteria'
- Assure a successful outcome for the organisation by developing co-operation with stakeholders

Stake holders directory

A typical list of Stakeholders would include:

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- Banks and creditors
- Partners & suppliers
- Management
- Employees, unions, works councils
- Competitors
- Government & regulators: local, national, international
- Professional and industry associations
- Media: local, national, trade, financial
- NGOs
- Communities & other interest groups

Mapping of local and external stakeholders

- Within the organisation: e.g. employees & management
- Outside the organisation: e.g. government & trade associations

The Stakeholder Analysis process:

1. Identify all stakeholders (Brainstorming)
2. Identify stakeholder needs & interests

3. Classify groups of interests (Stakeholder Mapping)
4. Identify areas of conflict: Organisation v Stakeholder, Stakeholder v Stakeholder
5. Prioritise, reconcile and balance stakeholders
6. Align significant stakeholder needs with organisation's strategies and actions

Stakeholder Mapping

- Several techniques for categorizing stakeholders
- Helps identify which stakeholders may support or oppose change / organisation's actions
- Which stakeholders are the most powerful, have most influence
- Help decision makers formalise / prioritise Strategies

Stakeholder mapping is a process of finding out the key stakeholders relating to a project. The process involves identifying all individuals who have an interest in the project outcome. A project stakeholder can be one individual or multiple individuals as in the case of large public infrastructure projects.

Once all the project stakeholders are identified, the project manager must map, or categorize them, according to different levels of engagement. Mapping of the stakeholder is done according to the following two levels.

- i. The level of interest
- ii. The level of influence

By influence, it means stakeholders have power in setting and modifying project requirements. On the other hand, interest means that stakeholders are affected by the project outcome but they do not have any power to influence project requirements.

A project manager should focus on satisfying expectations of the stakeholders who have a high level of influence relating to the project. On the other hand, stakeholders having a high level of interest need to be merely kept informed of the project status.

Mapping of shareholders is a visual exercise. You can manually map the stakeholders or use a software to perform the action. Once you have fully mapped the stakeholders, you need to create an action plan on how to engage with them.

Importance of stakeholder mapping

- i. Stakeholder mapping is essential for the success of a project. The fact is that most projects involve a large number of stakeholders. When you have mapped the stakeholders, it will help in better managing their expectations.
- ii. Engaging with key stakeholders will also help project managers to get invaluable insights. The insights that the stakeholders will share regarding the project will prove invaluable in successful project outcome.
- iii. Moreover, actively engaging with the stakeholders will result in increased perception of success. This is because stakeholders whose expectations are micro-managed through stakeholder mapping are far likely to perceive the project as a success.

1.2.3.4 Learning Activities

1.2.3.4.1 Case study

An international organization wants fund a community home based care and support in a region with rampant HBC needs. What is the process the organization will go through to qualify as stakeholders?

1.2.3.5 Self-Assessment

You are provided with the following questions for self -assessment, attempt them and check your responses

1. Define a stakeholder
2. Who are some of the stakeholders that can participate in HBC?
3. Differentiate between internal and external stakeholders
4. What are the advantages of stakeholder mapping?

1.2.3.6 Tools, Equipment, Supplies and Materials

- Classroom
- Home based care manual
- Computer laboratory

1.2.3.7 References

Ministry of Health (2017). Home care Handbook. A reference manual for home based care for people living with HIV/AIDS. Nairobi

1. Develop an individual care plan,
2. Implement an individual care plan

3. Monitor home based care and support activities.
4. Document home-based care and support activities

1.5.1 Learning Outcome 5

Develop an individual care plan

1.5.1.1 Introduction to the learning outcome

This learning outcome specifies the content of competencies required to plan for performance of home based care and support. It includes Importance of advocacy for home based care, development of an advocacy plan for home based care, development of individual care plan and allocation of resources for individual care plan.

1.5.1.2 Performance Standard

- Data collected is analyzed as per organization policy
- Setting of health priorities is carried out based on the assessment findings
- *Individual care plans* are developed in collaboration with ministry of health as per SOPs,

1.5.1.3 Information Sheet

Importance of advocacy for home based care

Advocacy is the act of pleading or arguing in favours of something, such as a cause, idea, or policy i.e active support. It normally aims to influence public policy and resource allocations or decisions within political, economic and social systems and institutions. It may be motivated from moral, ethical or faith principles or simply to protect an asset of interest. Advocacy can include many activities that a person or organization undertakes including media campaigns, public speaking, commissioning or publishing research. It is a type of problem-solving designed to protect personal and legal rights, and to insure a dignified existence.

In Home based Care, advocacy may help to achieve the following: -

- ensures that quality care is available to seniors living alone, with adult children, in group homes, assisted nursing facilities, or even homes within the community
- Facilitates availability of community resources which in the long run helps ease the financial pressure of home-based care on families and relatives
- provides support, services, and information for the clients
- Helps the client to develop the skill to express clearly and unambiguously their own opinions and wishes
- Ensures that the demands and opinions of home-based care clients are heard
- Helps a client to obtain an independent opinion on the situation in which he / she found himself /herself
- Health Workers can help people with problems and concerns become part of an existing group.
- It can catalyze the process of group formation

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Development of an advocacy plan for home based care

An advocacy plan is an approach aimed at persuading someone to change action for the public interest. Without a clear obtainable goal, an advocacy plan will lack purpose. You must first analyze the problem and decide what kind of solution is within your spoke of experience. This is for both short and long term goals. A short-term goal has a more immediate resolution and may be only a one step plan. A long-term goal is one you eventually hope to obtain, and it usually has many factors to address

Advocacy planning is best done as a group activity and below is a general guide to this: -

1. Problem

Uncover the problem that needs to be addressed. Give a brief description of the problem that you want to solve to include:

- ☐ Who are those affected?
- ☐ Why is there a problem?
- ☐ What are the main causes of the problem?
- ☐ What is the impact of the problem and future consequences?
- ☐ In what ways can the problem be solved?
- ☐ What evidence can support your definition of the problem?

Make a clear statement of the implications of the problem. Use evidence from literature and other reliable sources to support your assertions. Conduct an extensive research on the issue you plan to advocate for. Try to give some examples and create a solid evidence base for your assertions.

2. Goals (or objectives)

Plan/ formulate your overall goal that you aim to achieve by indicating your vision of change.

In order to be more specific, split your goals into specific steps according to your time-frame.

Long-term goals- Decide where you want to be, by the end of your advocacy campaign

Intermediate goals- they represent concrete steps toward achieving the ultimate goals. You can use these objectives to measure your work progress. When writing the intermediate goals,

keep your focus on community and system changes – programs, policies, and practices

Short-term goals- they help to keep you motivated and measure the progress step by step.

Content outcome- Here, define clearly what you need to achieve through the advocacy campaign in order to be able to make the goals happen, like for e.g. policy change/building community and trust among participants

Ensure that your objectives are SMART:

Specific: What is your focus?

Measurable: Who? What? Where? When? How?

Achievable: Is your goal realistic? It can be actually achieved?

Relevant: What is the relevance to your mission? The goal successfully accomplish its mission?

Timed: What is the time frame?

3. Target audiences

Be very clear and specific on how your target group is!

- a) Identify who are the decision-makers that have the power to change the status of the problem.

Stakeholders' analysis will help to identify audiences as well your supporters and opponents. It involves **identification of the stakeholders, assessing their interest, whether they support or oppose you, their influence and importance.**

Identification of stakeholders may be guided by the following questions: who is more likely to benefits from the proposed change? who is more likely to be adversely influenced by the proposed change? who has the power and resources to make changes happen? who complains about the issue? who are those that may be affected by the project?

Assessment of stakeholders' interests will guide in how to approach them and the following questions may guide the process: what are the expectations of stakeholders? what are the project's benefits for stakeholders? what resources might they be able and willing to invest? Is there any conflict of interest between stakeholders and project goals?

Assessment of stakeholder support or opposition to the issue involves determining whether stakeholders are your allies or they will fight against you. The following questions may be used to guide this process: do the stakeholders support or oppose your issue publicly? Is the

stakeholder public support or opposition different from private support or opposition? what has the stakeholder's position been on previous similar issues? how did it change that over time?

Assessment of stakeholder influence determines whether the stakeholder has the capacity and power to promote a change on the issue. You should determine the following: political, social and economic power the stakeholder has, the level of influence that the stakeholder has and the stakeholder's control over strategic resources.

Assessment of the stakeholder importance determines how much the stakeholder engagement will help you to achieve a sustainable change. The following questions may help you with this process: how necessary is it to engage the stakeholder in order to address the underlying causes of the problem?

b) Primary & secondary audience

After you decide who the stakeholders are, identify the main target audience. Identify the individuals, groups or institutions that have the power and ability to influence the problem. Primary audience includes decision makers that have the authority to directly influence your advocacy outcome. Secondary group audience includes individuals, groups and/or institutions that can influence the decision makers.

c) Supporters & opponents

Identify potential allies and opponents that have the power to make changes happen. You may choose the top five individuals, institutions or groups that will support/oppose you in

your advocacy work Determine their level of influence, their position on issue and what you can do in order to successfully collaborate with each supporter/opponent.

4. Messages and messengers

i. Messages

In order to reach your audience, you will need to develop tailored messages depending on what different groups need to hear. Advocacy messages have to include two main components: “an appeal to what is right, and an appeal to the audience’s self-interest” (Jim Schultz: Strategy Development: Key Questions for Developing an Advocacy Strategy).

a) Developing the message

Include what you want to achieve, why, and how. Be clear, concise and compelling. A primary message is an evidence based key message that is a universally compelling statement like for example “injuries can be prevented in the practice of home-based care”. Highlight why the change in the issue is so important and base the primary message on evidence. **Be sure that your statements are evidence-based at all the time.** Highlight also here what you want to achieve, the solution for the problem and what you want to do in order to reach the established goals/objectives. A Secondary message has to be designed for a specific audience that needs further explanation.

Characteristics of a good advocacy message:

- ☐ **CLEAR:** How focused is your message on the main point of the issue?
- ☐ **CONCISE:** Is your message expressed in a short paragraph?

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- ☐ **CREDIBLE:** Can your message be accomplished?
- ☐ **COMPELLING:** Is your message addressed to the target audience, to their values and concerns?
- ☐ **CONTRASTING:** Is your message highlighting the difference between you and the others advocating for the same thing?

ii. Messengers

Consider that the same message can be differently perceived depending on who is delivering it, so specific audiences may need different individuals and institutions communicating the message. You have wisely chosen those who have the power to influence the audience and initiate the desired change. Your messenger has to support the issue, to be credible and clear in his arguments

5. Resources and assets

At this point it is recommended to make an inventory of all available and needed resources. Consider to include both the resources that are already available to be built on as well as what you need that is not there yet. Think at any other advocacy activities conducted in the past, already built alliances and partnerships in the field, the capacity of your team and other partners, and any other information and resources available.

According to the nature and goal of your advocacy plan, the list of available and necessary resources will vary, but you should consider to include three main categories of resources – financial, human and infrastructure.

6. Strategy and tactics

All the information gathered in the previous steps will be reflected in your strategy and tactics. You will have to decide how to reach your goal – you may choose to use friendly persuasion or you may choose to be a bit more conflictual. Based on what you’ll already develop, choose what you consider is best fitted for your case.

i. Strategy

“A strategy is a plan of action devised to achieve a goal through specific tactics” – Public Health Policy Agenda & Action Guide. The Chicago Partnership for Public Health, 2002.

Before writing down your strategy, consider to ask the following questions: What are the supporters and opponents that can influence the outcome? Who are the advisors to policy makers? How can you reduce the influence of your opponents? What are the most effective tactics for each target audience/stakeholder? What is the most effective timing for tactics? What are your tactics?

ii. Tactics

“Tactics are the activities employed to implement a strategy” – Public Health Policy Agenda & Action Guide. The Chicago Partnership for Public Health, 2002. When choosing and developing the strategy keep your focus on what is the current status of the issue related to the policy area, what you want to change and how you will facilitate the change. At this point you will have to take concrete measures to reach your target audiences and motivate them to

get actively involved. You may plan your action steps for each major objective or to go into more details including resources and support needed for each action step in part.

7. Monitoring and Evaluation

Monitoring- on-going process of ensuring that the planned activities are carried out in such a way that the the goals and objectives of a particular intervention are likely to be met.

Evaluation - The process of assessing actual progress toward goals and the impact of programs on target Groups. It is a process of determining as systematically as possible, the relevance, effectiveness and impact of activities in the light of their objectives

In Home Based Care (HBC), it involves watching for signs that show the community has accepted HBC programme and may include evidence that the: -

- Community has taken interest in supporting the activities of the programme
- Community asking for more information about HBC
- People volunteering to act or work with community Health Workers (CHWs)
- People voluntarily seeking assistance to take care of HBC clients

It also involves acknowledging positive responses and finding out more reasons for negative responses. Finally, one gives feedback to the concerned persons such as the immediate supervisor.

Monitoring and evaluation are done through data collection e.g. observation, interviews, home visits, literature review, existing reports or records, meetings especially collaborative meetings among stake holders.

In order to monitor and evaluate your work, you will have to develop two types of indicators:

1) indicators of process and 2) indicators of impact.

- The indicators of process represent the achievement of the small steps undertaken in order to achieve your goal. These indicators have to reflect the main deadlines and activities previously assumed in the advocacy plan.
- The indicators of impact represent the evidence that your advocacy activity positively influenced/changed the issue. Consider to measure the impact both at the level of policy and practice.

Development of individual care plan

Making plans is a critical activity for patients and family. All clients in need must have a care plan. So common is the need to produce plans that for most social workers, writing a plan must feel like a routine part of the job. Once they are written, most care plans will be reviewed at various formal and informal meetings. The idea behind this ‘plan and review’ approach is to make sure that everyone understands what tasks need to be completed, by when and whether sufficient progress is being made towards the overall objectives of the plan. Plans should be developed *with* clients and families. People are much more likely to meet goals they set for themselves than they are to meet goals imposed upon them by other people.

Care planning involves:

- Gathering and sharing stories: the views of all concerned, including the person’s, family, carers and professionals.

- Establishing clear mutual expectations with service users and carers
- A systematic review of the needs of the person
- Exploring and discussing choices: to help work out what's most important, and the implications of different choices
- Goal setting: what do we want to achieve and by when?
- Action planning: what are we going to do, who is responsible, and when will it be reviewed?
- Safety: how do we make care as safe as possible?
- Support: for someone to manage their own health as much as possible

Care plans should answer the following questions:

- Why are we doing this?
- What are we planning to achieve?
- How are we going to do it?
- Who will do it?
- Where will it be done?
- When will it be done by?

The care plan should also:

- ☐ Focus on people's strengths and wishes

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- ☐ Include the person's role in the plan
- ☐ Reflect the individuals cultural and ethnic background as well as their gender, sexuality, race, economic disadvantage, age, religion/spirituality, and disability
- ☐ Consider the role of any family or carers who are involved
- ☐ Include action and outcomes in all relevant aspects of an individual's life
- ☐ Consider any safeguarding issues for children or vulnerable adults
- ☐ Consider safety issues
- ☐ Include crisis and contingency arrangements
- ☐ Give the date of the next planned review
- ☐ Cover transfer details if appropriate
- ☐ Identify any unmet needs
- ☐ Acknowledge areas of difference or disagreement

Example of an individual care plan

Image Address: <https://www.socialworker.com/downloads/1750/download/SMART%20self-care%20600.jpg?cb=35b1a00cf118fb3f218071bf26218586>

Allocation of resources for individual care plan

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This entails identifying and using all available services or goods required to meet the identified needs of the clients, the family, and the community. It is essential to ensure that the goals at various levels of home-based care are achieved.

Necessary resources for effective and sustainable care can be considered in the following three categories:

- **Manpower:** The people who assist the clients in Home-based care programs, including health workers at all levels, family members, relatives/friends, community leaders, spiritual, political, and administrative leaders, and community volunteers.
- **Materials:** The material resources required to assist, including food, cooking fuel (e.g., firewood), water, transport, or money for drugs, children's education needs, or other expenses.
- **Moments:** The time required for providing care and support for persons in the Home-based care program.

Resources are required at every level of the home-based care continuum. And, the players at every level – the individual, the family, the community, and the nation – should be expected to contribute to the extent possible.

1.5.1.4 Learning Activities

1.5.1.4.1 Case study

You are working in community Z as a social worker with the main role of ensuring that Home based care programmers are efficiently meeting the needs of its clients, families and care givers. Develop an individualized care plan for a 90-year old male client who is newly enrolled into the program due to multiple chronic diseases related to aging.

1.5.1.4.2 Field Visit to a community with a home care facility

Objective of the visit

1. To develop an advocacy plan for Home based care in Community

1.5.1.5 Self-Assessment

You are provided with the following questions for self -assessment, attempt them and confirm your responses

1. What are five (5) importances of advocacy in Home- based care?
2. What is the difference between monitoring and evaluation?
3. What is an ‘advocacy plan’ as used in Home based care?
4. What are three (3) indicators that a community has embraced HBC programme?
5. Which five (5) specific questions must a care plan answer?
6. What is the difference between ‘indicators of impact’ and ‘indicators of response’ as used in monitoring and evaluation?
7. Outline how you would write a strategy in advocacy planning for HBC
8. What are five (5) characteristics of a good advocacy message?

1.5.1.6 Tools, Equipment, Supplies and Materials

- Aprons

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- Gum boots
- Gloves
- Operational office
- Fully operational residential institution
- First aid kit
- Legal documents on home based care
- Personnel

RESPONSES

1. What are five (5) importances of advocacy in Home- based care?
 - ensures that quality care is available to clients
 - Facilitates availability of community resources to clients, families and relatives
 - provides support, services, and information for the clients
 - Helps the client to develop the skill to express their own opinions and wishes
 - Ensures that the demands and opinions of home-based care clients are heard
 - Helps a client to obtain an independent opinion on their own situation
 - Health Workers can help home based clients become part of an existing group.
 - It can catalyze the process of group formation
2. What is the difference between monitoring and evaluation?
 - Monitoring- on-going process of ensuring that the planned activities are carried out in such a way that the the goals and objectives of a particular intervention are likely to be met.

- Evaluation - a process of determining as systematically as possible, the relevance, effectiveness and impact of activities in the light of their objectives
3. What is an 'advocacy plan' as used in Home based care?
It is an approach aimed at persuading someone to change action for the public interest.
 4. What are three (3) indicators that a community has embraced HBC programme?
 - Community has taken interest in supporting the activities of the programme
 - Community asking for more information about HBC
 - People volunteering to act or work with community Health Workers (CHWs)
 - People voluntarily seeking assistance to take care of HBC clients
 5. Which five (5) specific questions must a care plan answer?
 - Why are we doing this?
 - What are we planning to achieve?
 - How are we going to do it?
 - Who will do it?
 - Where will it be done?
 - When will it be done by?
 6. What is the difference between 'indicators of impact' and 'indicators of response' as used in monitoring and evaluation?
 - The indicators of process represent the achievement of the small steps undertaken in order to achieve your goal.
 - The indicators of impact represent the evidence that your advocacy activity positively influenced/changed the issue.

7. Outline examples of questions you would write a strategy in advocacy planning for HBC

Before writing down my strategy, I would consider to ask the following questions:

What are the supporters and opponents that can influence the outcome? Who are the advisors to policy makers? How can I reduce the influence of your opponents? What are the most effective tactics for each target audience/stakeholder? What is the most effective timing for tactics? What are my tactics?

8. What are five (5) characteristics of a good advocacy message?

- clear
- concise
- credible
- compelling
- contrasting

1.6.1 Learning Outcome 6

Implement an individual care plan

1.6.1.1 Introduction to the learning outcome

This learning outcome specifies the content of competencies required to plan for performance of home-based care and support. It includes Community mobilisation in support of home-based care, Implementation of the advocacy plan, Monitoring and review of the advocacy plan as well as Preparation and sharing of the advocacy report.

1.6.1.2 Performance Standard

- Resources are allocated based on the care plan
- Individual Plan is implemented based on the allocated resources

1.6.1.3 Information Sheet

Community mobilisation in support of home-based care

Community mobilization refers to the process whereby individuals (members of a community) who share concerns or problems form groups and work together to improve their situation.

Steps in community mobilization

1 A period of gestation

The individuals explore their concerns and develop trust and cohesion.

2 A period of decision-making

The individuals confront such questions as: are there things that we could do together? Are there ways that we could help our-selves by working together?

3 *A period of planning*

Those who want to work together begin to explore how they will proceed: What specifically they will do, how they will organize themselves and deciding what assistance they might require.

4 *Implementation and replanning*

A group alternates in putting their outlined objectives into action and replanning, sometimes with attention to internal maintenance or self-assessment (evaluation)

Progression of the groups

- Become officially registered by the ministry of social services
- Attracts more participants
- Formalize their structure
- Establish goals and objectives and a common code of behavior (norms)
- Raise resources through funding proposals and other assistance channels
- Initiate income-generating activities e.g. projects, investments
- Monitor and evaluate their activities through regular meetings and site visits.

Importance of social mobilization

- Members develop as they learn from each other
- They share concerns and experiences, therefore become more effective in solving their problems.
- They think more creatively and positively about their situation and problems, and so they are able to meet their challenges and influence others to modify negative behavior.
- members benefit from each other's strength, abilities and expertise
- members sustain, support and help each other
- Members maximize and legitimize their influence through joint action and advocacy.
- members develop pride and ownership (sense of belonging)
- Members gain access to needed services and benefits
- Members protect their rights and those of others

Implementation of the advocacy plan

The advocacy implementation plan should be dynamic and capable of addressing changing needs as the need for Home-based care continues increasing. A good advocacy plan will be able to respond to newly identified needs for political support and awareness-raising in the community.

A logic model is a visual presentation of how your group will do its advocacy work, and of the theory and assumptions underlying the action plan you are seeking to implement. It shows the relationships between the many resources you have (or need) to implement your plan, the activities you plan to do, and the results you hope to achieve

Components of a logic model.

Each component in a logic model is linked to the next in a conditional logic “if-then” relationship, in much the same way as in computer programming. If you have access to resources, then you can carry out planned activities. If you carry out activities (inputs), then you can deliver advocacy actions (outputs). If you have a positive effect on Home-based care control policies, then the public will benefit (outcomes). If your citizens benefit, then hoped for changes will happen in your community and your country (impact).

In taking action, remember:

- Do not fear controversy. Rather, try to turn it to your own advantage.
- Avoid any illegal or unethical activities.
- Hold policy-makers accountable to their commitments.
- Keep a record of successes and failures.
- Post your advocacy plan on your web site (or the web site of one of your member groups), and use it to measure your progress every month.
- Schedule a monthly meeting or conference phone call to keep your advocacy group members on track, informed and motivated.

- Monitor public opinion and publicize positive developments.
- Acknowledge and credit the role of policy-makers and coalition partners

Monitoring and review of the advocacy plan

As discussed previously under outcome 1, monitoring is the measurement of progress towards the achievement of set objectives, noting which activities are going well and which are not. Evaluation is about judging the quality and impact of activities. Evaluation asks why some actions went well and others did not, and why some activities had the desired impact while others did not. Both process evaluation (how you worked) and impact evaluation (what changed) need to be considered.

Methods of monitoring and evaluating advocacy work.

- qualitative (e.g. case studies, stories, opinions, survey questionnaires)
- quantitative (e.g. statistics or trends that indicate a change over time).

Monitoring methods should be chosen according to the indicators that you have selected to evaluate the impact of your work. Monitoring methods may include:

- i. keeping records of meetings, correspondence or conversations with target audiences and the responses elicited
- ii. tracking when your key messages or briefing notes are used by elected officials, other key influencers or the media
- iii. carrying out surveys and interviews to determine the impact your actions have had and the recognition they have received

- iv. monitoring the media and keeping track of coverage of your topic in the media.

Evaluation should be based on the goals and objectives that were set at the outset of the advocacy planning process. Questions that you might ask in order to evaluate the impact of your work are as follows:

- Have you achieved your objectives?
- How many meetings have you had with key target decision-makers and what were the outcomes of those meetings?
- What actions were taken by these target decision-makers?
- Is the situation better than before? By how much?
- If there is no change, how might you change your advocacy methods?
- What would you do differently next time?
- Are the people involved with the advocacy effort happy with the results and the way the work was implemented? Are they still involved?

Advocacy is often an ongoing process. Thus rather than simply aiming for a single policy or piece of legislation, advocacy plans may have multiple or even changing goals and objectives. Ideally then, advocacy plans should be designed to be sustainable over time. Planning for continuity means articulating long-term goals, keeping functional coalitions together and adjusting advocacy methods as situations change.

Over the long term, you will need to evaluate the situations that result from advocacy activities. Possible scenarios, and recommended courses of action, are:

- If desired policy changes occur, monitor their implementation.

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- If desired policy changes do not occur, review previous advocacy strategy and action, revise the strategy, enact a new advocacy process or identify other actions to be taken.
- Develop plans to sustain or reinforce the desired change.

Preparation and sharing of the advocacy report

Review and reflection should happen throughout your advocacy initiative. This means you should meet and share findings with your colleagues, and reflect on your progress, successes and learnings.

The following link provides examples of advocacy reports:

1.6.1.4 Learning Activities

1.6.1.4.1 Case study

You are working in community M as a social. Guide members with cancer of breast in formation of a support group.

1.6.1.4.2 Field Visit to Theatre

Objectives of the visit

1. To understand the process of community mobilization

1.6.1.5 Self-Assessment

You are provided with the following questions for self -assessment, attempt them and confirm your responses

1. What are the four (4) steps in community mobilization?
2. What three (3) methods may be used in monitoring home-based care activities?
3. What does a “logical model” mean in relation to implementation of an advocacy plan?
4. What is community mobilization?
5. Which are five (5) importances of social mobilization?
6. What is the process of implementation of an advocacy plan?
7. What is the purpose of scheduling meetings in implementation of an advocacy plan?
8. What are three examples of methods in qualitative monitoring of advocacy work?

1.6.1.6 Tools, Equipment, Supplies and Materials

- Aprons
- Gum boots
- Gloves
- Operational office
- Fully operational residential institution
- First aid kit
- Legal documents on home based care
- Personnel

RESPONSES

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1. What are the four (4) steps in community mobilization?

A period of gestation: The individuals explore their concerns and develop trust and cohesion.

A period of decision-making: The individuals confront such questions as: are there things that we could do together? Are there ways that we could help our-selves by working together?

A period of planning: Those who want to work together begin to explore how they will proceed: What specifically they will do, how they will organize themselves and deciding what assistance they might require.

Implementation and replanning: A group alternates in putting their outlined objectives into action and replanning, sometimes with attention to internal maintenance or self-assessment (evaluation)

2. What three (3) methods may be used in monitoring home-based care activities?

- i. keeping records of meetings, correspondence or conversations with target audiences and the responses elicited
- ii. tracking when your key messages or briefing notes are used by elected officials, other key influencers or the media
- iii. carrying out surveys and interviews to determine the impact your actions have had and the recognition they have received
- iv. monitoring the media and keeping track of coverage of your topic in the media

3. What does a “logical model” mean in relation to implementation of an advocacy plan?

A logic model is a visual presentation of how your group will do its advocacy work, and of the theory and assumptions underlying the action plan you are seeking to implement

4. What is community mobilization?

Community mobilization refers to the process whereby individuals (members of a community) who share concerns or problems form groups and work together to improve their situation.

5. Which are five (5) importances of social mobilization?

Members develop as they learn from each other

- They share concerns and experiences, therefore become more effective in solving their problems.
- They think more creatively and positively about their situation and problems, and so they are able to meet their challenges and influence others to modify negative behavior.
- members benefit from each other's strength, abilities and expertise
- members sustain, support and help each other
- Members maximize and legitimize their influence through joint action and advocacy.
- members develop pride and ownership (sense of belonging)
- Members gain access to needed services and benefits
- Members protect their rights and those of others

6. What is the process of implementation of an advocacy plan?

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- Do not fear controversy. Rather, try to turn it to your own advantage.
 - Avoid any illegal or unethical activities.
 - Hold policy-makers accountable to their commitments.
 - Keep a record of successes and failures.
 - Post your advocacy plan on your web site (or the web site of one of your member groups), and use it to measure your progress every month.
 - Schedule a monthly meeting or conference phone call to keep your advocacy group members on track, informed and motivated.
 - Monitor public opinion and publicize positive developments.
 - Acknowledge and credit the role of policy-makers and coalition partners
7. What is the purpose of scheduling meetings in implementation of an advocacy plan?
To keep your advocacy group members on track, informed and motivated.
8. What are three (3) examples of methods in qualitative monitoring of advocacy work?
- case studies
 - stories
 - opinions
 - survey questionnaires

1.7.1 Learning Outcome 7

Monitor home based care and support activities.

1.7.1.1 Introduction to the learning outcome

- This learning outcome specifies the content of competencies required to plan for performance of home-based care and support. It includes Identification of client's performance indicators, Tracking and analysing of client's performance indicators, Preparation of the clients individual home-based care report and Execution of referral where necessary

1.7.1.2 Performance Standard

- Indicators aligned to the individual care plan are identified as per SOPs,
- Indicators are tracked based on the care plan
- Indicators are analysed based on the care plan
- Report is prepared as per organisation policy
- Necessary referrals are executed as per SOPs

1.7.1.3 Information Sheet

Identification of client's performance indicators

Performance indicators are measures that describe how well a program is achieving its objectives. They tell us specifically what to measure to determine whether the objective

has been achieved. Indicators are usually quantitative measures but may also be qualitative observations.

They define how performance will be measured along a scale or dimension, without specifying a particular level of achievement.

Importance of Performance Indicators

Performance indicators are at the heart of a performance monitoring system -- they define the data to be collected to measure progress and enable actual results achieved over time to be compared with planned results. Thus, they are an indispensable management tool for making performance-based decisions about program strategies and activities.

Other ways that performance indicators, and the data collected on them, can be used include the following:

- to orient and motivate operating unit staff toward achieving results
- to communicate achievements to stakeholders and clients of Home-based care programs

Steps in Selecting Performance Indicators

Step 1. Clarify the results statements.

Good performance indicators start with good results statements that people can understand and agree on. Carefully consider the result desired. Review the precise wording and intention of the strategic objective, strategic support objective, special objective, intermediate result, critical assumption, or result supported by partners.

Avoid overly broad results statements. Sometimes objectives and results are so broadly stated it is difficult to identify the right performance indicators. Instead, specify those aspects believed to make the greatest difference to improved performance.

Step 2. Develop a List of Possible Indicators.

There are usually many possible indicators for any desired outcome, but some are more appropriate and useful than others. In selecting indicators, don't settle too quickly on the first that come most conveniently or obviously to mind. A better approach is to start with a list of alternatives, which can then be assessed against a set of selection criteria.

To create the initial list of possible indicators, tap the following sources:

- internal brainstorming by the strategic objective team
- consultations with experts in the substantive program area
- experience of other operating units with similar indicators.
- opportunity for a free flow of ideas and creativity.

Step 3: Assess each possible indicator

Next, assess each possible indicator on the initial list. Experience suggests using seven basic criteria for judging an indicator's appropriateness and utility. These seven criteria are described below.

Seven criteria for assessing performance indicators

1. DIRECT. A performance indicator should measure as closely as possible the result it is intended to measure. It should not be pegged at a higher or lower level than the result being measured.
2. OBJECTIVE. An objective indicator has no ambiguity about what is being measured. That is, there is general agreement over interpretation of the results. It is both unidimensional and operationally precise. To be unidimensional means that it measures only one phenomenon at a time. Avoid trying to combine too much in one indicator, such as measures of both access and use. Operational precision means no ambiguity over what kind of data would be collected for an indicator.
3. ADEQUATE. Taken as a group, a performance indicator and its companion indicators should adequately measure the result in question. A frequently asked question is "how many indicators should be used to measure any given result?" The answer depends on

a) the complexity of the result being measured, b) the level of resources available for monitoring performance, and c) the amount of information needed to make reasonably confident decisions. For some results that are straightforward and have tried and true measures, one performance indicator may be enough.

4. **QUANTITATIVE, WHERE POSSIBLE.** Quantitative indicators are numerical. Qualitative indicators are descriptive observations (an expert opinion of institutional strength, or a description of behaviour). While quantitative indicators are not necessarily more objective, their numerical precision lends them to more agreement on interpretation of results data, and are thus usually preferable. However, even when effective quantitative indicators are being used, qualitative indicators can supplement the numbers and percentages with a richness of information that brings a program's results to life.
5. **DISAGGREGATED, WHERE APPROPRIATE.** Disaggregating people-level program results by gender, age, location, or some other dimension is often important from a management or reporting point of view. Experience shows that development activities often require different approaches for different groups and affect those groups in different ways. Disaggregated data helps track whether or not specific groups participate in and benefit from activities intended to include them. Therefore, it makes good management sense that performance indicators be sensitive to such differences.
6. **PRACTICAL.** An indicator is practical if data can be obtained in a timely way and at a reasonable cost. Managers require data that can be collected frequently enough to inform them of progress and influence decisions.
7. **RELIABLE.** A final consideration in choosing performance indicators is whether data of sufficiently reliable quality for confident decision-making can be obtained.

Step 4. Select the "Best" Performance Indicators.

The next step is to narrow the list to the final indicators that will be used in the performance monitoring system. They should be the optimum set that meets the need for management-useful information at a reasonable cost

Preparation of the clients individual home-based care report

Information should be shared using a variety of channels including a programme of visits to the demonstration sites. All those participating in the implementation of HBC model in the demonstration sites may be used as resource persons to assist in the implementation in other sites

Execution of referral where necessary

Referral is an effective and efficient two-way process of linking Home-based care clients from one caring service to another or to other needed services. Referral and networking are essential to ensure continuity of quality care at all times. Referring a HBC client will be deemed necessary: When services or resources within reach are not able to meet the immediate needs of clients, For better, more competent management in the next stage of required care, For specialized care in a hospital setting, especially if the client is deteriorating, In cases where the acute phase of the PLWHA's care has been dealt with and it is deemed safe to transfer care to other caring services/organizations within the community, When the care provider experiences burnout and has no access to counselling services for personal growth, When the caregiver has limitations in meeting certain needs of the clients, e.g., based on cultural or religious beliefs, For continuity of care from the health facility to the family or from family level back to the health facility.

1.7.1.4 Learning Activities

1.7.1.4.1 Case study

Develop a list of possible performance indicators in a home-based care program for persons living with HIV/AIDS

1.7.1.5 Self-Assessment

You are provided with the following questions for self -assessment, attempt them and confirm your responses

1. What are performance indicators?
2. What are two importances of performance indicators?
3. What are the seven (4) criteria for assessing performance indicators?
4. What are four (4) reasons for execution of referral in home-based care?

1.7.1.6 Tools, Equipment, Supplies and Materials

- Operational office
- Fully operational residential institution
- Legal documents on home based care
- Personnel

RESPONSES

Performance indicators are measures that describe how well a program is achieving its objectives. They tell us specifically what to measure to determine whether the objective has been achieved.

1. What are two importances of performance indicators?

They define how performance will be measured along a scale or dimension, without specifying a particular level of achievement.

They orient and motivate operating unit staff toward achieving results

They facilitate communication of achievements to stakeholders and clients of Home-based care programs

2. What are the seven (4) criteria for assessing performance indicators?

DIRECT. A performance indicator should measure as closely as possible the result it is intended to measure. It should not be pegged at a higher or lower level than the result being measured.

OBJECTIVE. An objective indicator has no ambiguity about what is being measured. That is, there is general agreement over interpretation of the results. It is both unidimensional and operationally precise. To be unidimensional means that it measures only one phenomenon at a time. Avoid trying to combine too much in one indicator, such as measures of both access and use. Operational precision means no ambiguity over what kind of data would be collected for an indicator.

ADEQUATE. Taken as a group, a performance indicator and its companion indicators should adequately measure the result in question.

QUANTITATIVE, WHERE POSSIBLE. Quantitative indicators are numerical. Qualitative indicators are descriptive observations (an expert opinion of institutional strength, or a description of behaviour). While quantitative indicators are not necessarily more objective, their numerical precision lends them to more agreement on interpretation of results data, and are thus usually preferable. However, even when effective quantitative indicators are being used, qualitative indicators can supplement the numbers and percentages with a richness of information that brings a program's results to life.

5. DISAGGREGATED, WHERE APPROPRIATE. Disaggregating people-level program results by gender, age, location, or some other dimension is often important from a management or reporting point of view. Experience shows that development activities often require different approaches for different groups and affect those groups in different ways. Disaggregated data helps track whether or not specific groups participate in and benefit from activities intended to include them. Therefore, it makes good management sense that performance indicators be sensitive to such differences.

6. PRACTICAL. An indicator is practical if data can be obtained in a timely way and at a reasonable cost. Managers require data that can be collected frequently enough to inform them of progress and influence decisions.

7. RELIABLE. A final consideration in choosing performance indicators is whether data of sufficiently reliable quality for confident decision-making can be obtained.

3. What are four (4) reasons for execution of referral in home-based care?

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- When services or resources within reach are not able to meet the immediate needs of clients
- For better, more competent management in the next stage of required care
- For specialized care in a hospital setting, especially if the client is deteriorating
- In cases where the acute phase of the PLWHA's care has been dealt with and it is deemed safe to transfer care to other caring services/organizations within the community
- When the care provider experiences burnout and has no access to counselling services for personal growth
- When the caregiver has limitations in meeting certain needs of the clients, e.g., based on cultural or religious beliefs
- For continuity of care from the health facility to the family or from family level back to the health facility.

1.8.1 Learning Outcome 8

Document home-based care and support activities

1.8.1.1 Introduction to the learning outcome

This learning outcome specifies the content of competencies required to plan for performance of home-based care and support. It includes Documentation plan for advocacy and lobbying activities, Documentation tools, Implementation of the documentation plan and Analysis of the documentation

1.8.1.2 Performance Standard

- Documentation procedures are identified as per SOPs
- Documents are stored as per organization policy
- Documentation plan prepared as per the organization policy.
- Documentation tools are prepared as per the documentation plan.
- Documentation analysis is conducted as per the organization policy.

1.8.1.2 Information Sheet

Documentation plan for advocacy and lobbying activities

Lobbying is the process of trying to persuade legislators or other decision-makers to take a course of action that the advocate recommends.

Guide for Lobbying

1. Draw up the list of individuals you will lobby and collect information about their background and potential position
2. Based on your list, make a plan on how best to approach them individually by starting first with your potential allies
3. When you do lobby work, make sure you have written work or materials to submit relating to your issue and requested action
4. Use common sense in determining whether attempts to persuade particular people and institutions should be made.

Document and report progress to key stakeholders on a semi-regular basis.

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Documentation tools

Advocacy documents/ tools in HBC may include:

- copies of policies that you have helped develop
- Political and/or stakeholder mapping
- Opposition mapping
- Advocacy Messages and Communication
- Advocacy Campaign Planning
- Monitoring and evaluation plan
- Advocacy and lobbying reports

Implementation of the documentation plan

Effective monitoring and evaluation is facilitated if you have based your lobby and advocacy efforts on SMART objectives. Monitoring can take place in various ways. However, process indicators are always a valuable tool. Results are ideally evaluated by keeping a log book of activities and their outcomes. Such a log must comprise the activities effectuated and the (intermediate) objectives achieved. The feasibility of lobby objectives must be evaluated periodically according to changing contexts and (new) insights - do prior assumptions still apply; are the objectives still attainable?- and adjusted accordingly.

Analysis of the documentation

Conduct an analysis of your advocacy, including your objectives, strategies and tactics, what worked, what didn't, and any other lessons learned. This analysis will serve as an invaluable

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resource for your next action. Use the Monitoring and Evaluating tool to help you evaluate the overall effort.

1.8.1.4 Learning Activities

1.8.1.5 Self-Assessment

You are provided with the following questions for self -assessment, attempt them and check your responses

1. What are three(3) examples of advocacy documents in HBC?
2. What is lobbying?
3. What guide will you follow in lobbying for HBC?
4. What is the main importance of analysing documentation material after advocacy and lobbying?

1.8.1.6 Tools, Equipment, Supplies and Materials

- Operational office
- Fully operational residential institution
- Legal documents on home-based care
- Advocacy documents
- Personnel

RESPONSES

5. What are three (3) examples of advocacy documents in HBC?

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- copies of policies that you have helped develop
 - Political and/or stakeholder mapping
 - Opposition mapping
 - Advocacy Messages and Communication
 - Advocacy Campaign Planning
 - Monitoring and evaluation plan
 - Advocacy and lobbying reports
6. What is lobbying?

Lobbying is the process of trying to persuade legislators or other decision-makers to take a course of action that the advocate recommends.

7. What guide will you follow in lobbying for HBC?
- Draw up the list of individuals you will lobby and collect information about their background and potential position
 - Based on your list, make a plan on how best to approach them individually by starting first with your potential allies
 - When you do lobby work, make sure you have written work or materials to submit relating to your issue and requested action
 - Use common sense in determining whether attempts to persuade particular people and institutions should be made
8. What is the main importance of analysing documentation material after advocacy and lobbying?

Analysis will serve as an invaluable resource to guide the next action

REFERENCES

Uhnáková, Dominika. (2017). REFLECTION OF ROLE OF SOCIAL WORKER AS ADVOCATE BY SLOVAK SOCIAL WORKERS. 10.5593/sgemsocial2017/33/S12.077.

Public Health Policy Agenda & Action Guide. The Chicago Partnership for Public Health, 2002.

Cancer Control: Knowledge into Action: WHO Guide for Effective Programmes: Module 6: Policy and Advocacy. Geneva: World Health Organization; 2008. ADVOCACY STEP 7: DEVELOPING AND IMPLEMENTING THE ADVOCACY PLAN. Retrieved March 18, 2021, from: <https://www.ncbi.nlm.nih.gov/books/NBK195418/>

APHA. nd. "Media Advocacy Manual." Accessed on 18th March 2021, at <http://www.apha.org/NR/rdonlyres/A5A9C4ED-1C0C-4D0C-A56C-C33DEC7F5A49/0/Media_Advocacy_Manual.pdf>.

Jim Schultz: *Strategy Development: Key Questions for Developing an Advocacy Strategy*. Democracy Center, San Francisco and *Advocacy Toolkit. A guide to influencing decisions that improve children's lives*, United Nations Children's Fund (UNICEF), New York, 2010.

D'Onofrio Sharon, *Steps in Advocacy Planning: A Workbook for Microfinance Associations*. The SEEP Network. Washington, 2010.

The Chicago Partnership for Public Health, *Public Health Policy Agenda & Action Guide*, 2002. Retrieved March 18, 2021, from http://www.cityofchicago.org/dam/city/depts/cdph/policy_planning/PP_Developing%20AdvocacyPlan.pdf.

Day, T. and Tosey, P. (2011) *Beyond SMART? A new framework for goal setting*. Retrieved March 18, 2021, from: <https://core.ac.uk/download/files/108/9426096.pdf>