

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH

COURSE PLAN FOR TRAINING COMMUNITY HBC PROVIDERS

National AIDS Control Programme

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LIST OF ABBREVIATIONS

AIDS- Acquired Immune Deficiency Syndrom

AMREF- African Medical Research Foundation

DHMT- District Health Management Team

HBC- Home Based Care

HIV- Human Immune Virus

NACP- National Aids Control Programme

NGO- Non Government Organisation

MOH- Ministry of Health

STDs- Sexual Transmitted Diseases

1. INTRODUCTION

.The training of HBC providers at community level will assist in bringing the gap between the existing health care delivery system and the community.

.The ultimate goal of this training is to educate families to be the main key actors in the provision of care to persons living with HIV/AIDS and other chronic illnesses. The educator of the patient and family will be the HBC provider working in the community.

.The Community HBC provider to be trained will be selected by the community or an NGO according to the accepted criteria. This will be after the community has been sensitised to identify HBC as a felt need.

.The community will have to own this service and enter into contractual agreement with the community HBC provider on aspect ohncentive pqckage in order to support and sustain this service.

.The HBC provider shall be a person who has volunteered her/himself for this service and ready to serve the community. He/she could be a public servant, private person or from an NGO.

- The Course Plan for Training HBC providers of persons living with HIV/AIDS and other chronic illnesses at community level will be used hand in hand with the Trainers Guide and National Course Plan for Training HBC providers (Contact person).

2. AIM AND PURPOSE OF THIS COURSE PLAN

To enable the HBC provider at community level to train and support the patient and family to implement HBC services for persons living with HIV/AIDS and other chronic illnesses.

3. SCOPE AND ROLES OF HOC PROVIDER AT COMMUNITY LEVEL

.Training, supporting, supervising, and evaluating the patient's family (carers) in providing quality care.

.Having an understanding and applying practical skills in identifying and coping with common problems/conditions of patients, and referring patients to a health facility when the need for it arises.

.Linking the family with the local health facility for continuity of care.

.Keeping a register of clients requiring HBC services and submitting monthly reports to the contact person at the health facility.

.Ensuring the availability of equipment medicines and supplies by replenishing them from the health facility, or material support from the community, for the patients.

.Conducting community sensitisation in order to establish and sustain HBC services in terms of financing it.

.Maintaining confidentiality of all informations related to patients.

.Keeping her/himself up to date with trends in HBC by continuing learning.

4. PHILOSOPHY

HBC is perceived as assisting the individual, sick or well, in the performance of those activities contributing to health, its recovery or to a peaceful death. This individual would perform those activities unaided if he had the necessary and adequate strength, will or knowledge to do this in such a way as to help gain

independence as rapidly as possible.

Each person living with HIV/AIDS and other chronic condition is an individual with the right to appropriate HBC service to meet his needs. He/she has the right to knowledge and understanding of his/her condition to enable him and his family to make realistic choices, the treatment and care needed including terminal care.

It is the aim of HBC provider to work in partnership with his/her patient, family, relatives, friends and the community to help him/her maintain and improve health, comfort and satisfaction life and to help with investigation, correct diagnosis, treatment and rehabilitation during the entire time of illness.

The community HBC provider must act as part of the family, community and health care worker team in promoting the care of the patient, maintaining his independence and fostering his sense of identity and dignity, assisting to a peaceful and pain free death in the terminal stages of life.

It is held that a home environment, in which the following aims of caring are fostered, and is best suited to achieving these goals.

- The home and community are to be utilised as appropriate resources and maintained at a level where all activities are focused on the central function of caring for the person living with HIV/AIDS or other chronic conditions.

Within the home-based environment, it is recognised that the needs of the patient in particular, and the family and care provider in general, to develop their knowledge skills and positive attitudes must be met.

Interpersonal relationships of a positive nature are considered to be significant in the HBC environment and can best be encouraged and nurtured to avoid stigma, managing pain - both physical and emotional pain - by constant training and support.

- Health care workers (contact persons, trainers and supervisors) shall strive to lead the HBC excellence by:

Setting an example of clinical service and educational competence and continuum evaluating these standards.

Organizing the care providers, the community and family to attain their full potential and effectiveness in HBC.

Ensuring that HBC philosophy, procedures and training objectives are adhered to.

Controlling the costs of HBC and preventing wastage.

5. COURSE ORGANIZATION

5.1. Creating conditions for learning

- Know the trainees background - i.e.

Level of general Education.

Knowledge of health care

Ability to read and write.

A pre-test should be given to assess the knowledge, skill and attitude of the trainees.

- Let trainees share and compare their experiences.

5.2. Trainer's four basic tasks.

(i) Knowing the tasks for which the trainees are to be trained by making it clear to trainees exactly what they have to learn to do, by setting learning objectives and tasks which need to be trained.

(ii) Deciding exactly how to evaluate students learning and performance by observing the trainee performance.

(iii) Setting a conducive environment for learning, setting specific objectives for each task, providing different exercises and repeated opportunities to practice for better performance. Setting conditions which are similar to those in which practice will be done.

(iv) Checking the trainee's performance by using a checklist to see if the trainees have reached an acceptable level of performance.

5.3. Duration of the course

- The training programme will be of four weeks duration, of which the first week will be for theory, second week for supervised HBC provision, third week for field work and forth_week for feed back revision and evaluation. Trainer and trainees will practice by working in patients homes with patients and families (in real situation).

Time allocation

- Theory hours: - Practical hours: - Total hours:

- 63 -96 - 159

The training will mostly be practical oriented and will be conducted by the contact person (T.O.T) based at the district or at a health facility under the support of DHMT.

5.4. Selection Criteria / Characteristics of trainees.

The HBC provider will be selected considering the following criteria:

- The community or an NGO will select the HBC provider to be trained.
- He / She should be mature, committed and interested in the field of HBC
- Should have a minimum education of a person who can read and write well in Kiswahili.
- Should have good interpersonal relationship with the community which he / she will serve.

- Preferably someone who has had some exposure in voluntary work or health services provision at any level.

- One who maintains confidentiality.

5.5. Methods of training.

Methods of teaching will be those used in adult learning and will be accompanied by role plays, demonstrations, individual exercises, group discussions, oral instructions and clinical instructions. (Participatory methods)

- A pre and post tests will be administered at the beginning and end of the four week training period.

- Each trainee will provide care to two patients under Trainer's Supervision during training.

5.6. Training Personnel

- Contact Persons (T.O.T) at District and Health Facility. Institute instructors where available.

Members of the DHMT

People living with HIV/AIDS (Volunteers if any) NGO and Private Health Workers.

Church/mosque group and institutions.

5.7. Training Materials

.Locally available materials in the homes.

Posters

Video tapes.

Other materials as listed in the National Course Plan.

5.8. Evaluation

.Pre test

Continuous assessment through the four weeks of training. Three HBC visits observed and graded during field training. Post test.

6. HBC COURSE OBJECTIVE

To impart knowledge, attitudes and skills into the community HBC provider on HBC services on the health care provider at community level on relation to HBC for persons living with HIV/AIDS and other chronic conditions

6.1. General Objective

6.2. Specific Objectives

On successful completion of the HBC course, the health care provider at community level will be able:

.To explain the concept of HBC in simple terms.

.To educate and support families on nursing care of their HIV/AIDS patients and other chronic illnesses.

- To alleviate chronic pains in persons living with HIV/AIDS and other chronic illness.

.To manage different clinical conditions seen in HIV/AIDS patients and other chronic illnesses.

.To refer all complicated conditions to a health facility.

.To provide supportive counselling to clients and families at community level.

.To sensitise and encourage the community to see the felt-need of establishing and sustaining HBC services.

7. COMPETENCIES FOR HBC

The same as stipulated in the Trainers Guide and National Course Plan for training HBC providers for persons living with HIV/AIDS and other chronic illnesses i.e. at the district level.

.Alleviating chronic pain

.Managing different clinical conditions related to HIV/AIDS and other chronic illnesses.

.Educating and supporting families on nursing care of their patients.

.Counselling families and patients on managing pain, crisis and stress associated with HIV/AIDS and other chronic illnesses.

8.COURSE PLAN

8.1. SUMMARY OF UNITS

UNIT	CONTENT	THEORY HOURS	CLINICAL. HOURS
1.	<ul style="list-style-type: none"> • INTRODUCTION TO HOME BASED CARE CONCEPT <ul style="list-style-type: none"> -Descriptive definition of HBC -Basic needs of patient living with HIV/AIDS or other chronically ill patients. -Scope and Roles of a HBC provider -Community sensitisation for HBC support (initiating and sustaining). 	4	
2.	<ul style="list-style-type: none"> • Basic Facts about HIV/AIDS in Tanzania 	3	
3.	<ul style="list-style-type: none"> • Principles of HBC and the Caring Model 		

	<ul style="list-style-type: none"> - The caring model - Providing the basic nursing care to patients - The referral system 	10	20
4.	<ul style="list-style-type: none"> • Provision of HBC for the most common conditions seen in persons living with HIV/AIDS and other chronic illnesses. 	10	20
5.	<ul style="list-style-type: none"> • Living positively with HIV/AIDS or other chronic illnesses and care of the terminally ill and dying patients. • Paediatric care • Orphan support • Supportive counselling and confidentiality in HBC • Nutrition and diet counselling. 	8	9
6.	<ul style="list-style-type: none"> • Using HBC monitoring forms integrated into Health Management Information system (MTUHA) 	4	2
7.	<ul style="list-style-type: none"> • Field Practice - Feedback, revision and Evaluation 	24	45
	TOTAL	63	96

Note: Time allocation for theory and practical hours is subject to changes to meet trainees needs.

UNIT 1.0
8.2 COURSE CONTENT OUTLINE

UNIT TITLE:

INTRODUCTION TO HOME BASED CARE CONCEPT

TIME ALLOCATION:

Theory Hours: 4

Practical Hours: 0

WEEK	OBJECTIVE	CONTENT	TRAINER/TRAINEE ACTIVITIES	RESOURCE	EVALUATION
1 st Week	<p>1.By the end of this unit the trainees will be able to:</p> <p>Give a descriptive definition of HBC concept.</p>	<p>Introduction to HBC concept.</p> <ul style="list-style-type: none"> - Definition - Importance of HBC - Qualities of an effective HBC provider. - Guidelines for HBC provider when visiting a home. 	<ul style="list-style-type: none"> • A PRE - TEST • Group discussion. • Lecture/Discussion. • Plenary sessions. 	<ul style="list-style-type: none"> • Select some question from the summary of Unit of Course Plan. <p>Trainees and Trainer.</p> <ul style="list-style-type: none"> • NACP 1998 <p>Proposed curriculum for HBC provider (Annex I & II).</p> <p>NACP 1999.</p> <p>Huduma Majumbani kwa walioathirika na UKIMWI na magojwa mengine sugu.</p> <p>Trainer refer to:</p> <ul style="list-style-type: none"> • NACP 1999. <p>Trainers Guide for training HBC providers of persons living with HIV/AIDS and other chronic illnesses.</p>	<p>Questions and Answers.</p>

	<p>2. List the basic needs of patient with HIV/AIDS and other chronic illnesses</p>	<p>Basic needs with patient with HIV/AIDS and other chronically illnesses. - Observation of v.ital signs - General body hygiene, oral hygiene - Nutrition - Clean clothing and bedding - Prevention of pressure sores. - Elimination of waste products - Respiration integrity - Rest and sleep - Safety - Comfort - Protection from infections and injury - To be loved - Supportive counselling and overcoming stigma - Exercises (active and passive) - Health education - Reporting and recording</p>	<ul style="list-style-type: none"> • Buzzing • Brainstorming • Trainer explains importance of each need. • Lecture / discussion • Croup work • Plenary session 	<p>NACP 1999 Huduma Majumbani kwa Walioathirika na UKIMWI na magonJwa mengine sugu</p> <p>Trainer refer to: NACP 1 999. Trainer's Guide for trainers.</p>	<p>Questions and. Answers.</p> <p>Questions and. Answers.</p>
	<p>3. Explain the scope and roles of a HBC provider.</p>	<p>Scope and roles of a community HBC provider.</p>	<ul style="list-style-type: none"> • Brain storming • Group discussion • Brief lecture (15 mins) 	<p>NACP 1999 Huduma Majumabani kwa Waliathirika na UKIMWI na mengine sugu NACP 1999</p>	<p>Question and Answers</p>

EVALUATION

				(For trainer) National course plan for training HBC provider	
	4. Sensitize the community in supporting of HBC activities for persons living with HIV / AIDS and other chronic illnesses	Community sensitization in HBC (Refer to unit 6-of the national Trainers Guide and course plan for HBC providers of persons living with HIV / AIDS and other chronic illnesses	Buzzing Group discussion Brief lecture (15min) Role play	Trainer refer to: NACP 1999- District Guidelines for community involvement and Participation in Home based Care for Chronically ill patients and the role of.	Question and Answers.

UNIT: 3**UNIT TITLE:****PRINCIPLES OF HBC CARING MODEL AND REFERRAL SYSTEM****TIME ALLOCATION:**

Theory hours: 10

Practical hours: 20

WEEK	OBJECTIVE	CONTENT	TRAINER / TRAINEE	RESOURCE	EVALUATION
1 st Week	By the end of this unit' . the trainee will be able to: 1 Utilize the caring model while providing HBC care	Organizing the caring model - Assessing and identifying needs and problems of the patients Planning Care for identified problems in priority order Implementing the care Evaluating the care given and re-planning if necessary.(Translate this into Kiswahili)	.. Brief lecture (15 mins) ▪ Group discussion . Trainees: To be instructed on provision of HBC in patients home under supervision of the trainer. . Demonstration	▪Community leaders. Patients homes. .Trainer refer to: NACP 1999. . Trainers Guide for training HBC provider	Question and answers
	2 Utilize the established District referral system in referring patients	. Referral in the context of HBC. ▪ Criteria of referral for HBC provider	. Brain storming . Group discussions . Brief lecture (15 mins)	Trainer refer to: ▪ NACP 1999. Guidelines for referral of chronically ill patients.	Question and Answers
	3 Provide nursing care to patients living with HIV/ AIDS and other chronic illnesses	The Basic nursing care given to patients. ▪ Observation of vital signs . Providing nutrition to patient -(Feeding helpless patients) Maintenance of body hygiene of the patient - Bed bathing - Oral hygiene Prevention of pressure sores	. Group work . Plenary session . Brief lecture Demonstration	NACP, 1999 Mwongozo wa kuhudumia wagonjwa majumbani	

		<p>(Tepid sponging and cold compresses)</p> <ul style="list-style-type: none"> . Care of wound and ulcers (Dressing) Dressing of open wounds Treatment of pressure sores <p>■ Common positions used in nursing</p> <p>Recumbent</p> <p>Semi - recumbent</p> <p>Prone</p> <p>Dorsal</p> <p>Sitting - up position</p> <ul style="list-style-type: none"> . Providing exercises (active and passive) . Health Education for the patient and family . Recording and reporting. . Buzzing . Group discussion 	. Brief lecture	<p>NACP1999.</p> <ul style="list-style-type: none"> . Mwongozo wa kuhudumia wagonjwa majumbani <p>MOH 1990.</p> <ul style="list-style-type: none"> Mwongozo wa kuwahudumia wagonjwa wenye viini na ugonjwa wa UKIMWI 	Questions and Answers.
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UNIT: 4

UNIT TITLE:

PROVISION OF HBC FOR THE MOST COMMON CONDITIONS SEEN IN PERSONS LIVING WITH HIV/AIDS AND OTHER CHRONIC ILLNESSES.

TIME Allocation:

Theory hours: 10

Practical hours: 20

WEEK	OBJECTIVE	CONTENT	TRAINER / TRAINEE ACTIVITIES	RESOURCE	EVALUATION
2 nd week	By the end of this unit the trainee will be able to: 1 Provide H BC for the most common conditions seen in persons with HIV/AIDS and other chronic illnesses	Care of the patients with any of the most common conditions seen in HIV/AIDS and other chronic illnesses	<ul style="list-style-type: none">• Brain storming• Group Discussion• Brief lecture (15 mins)	NACP 1999. <ul style="list-style-type: none">• Mwongozo wa kuhudumia wagonjwa majumbani. . Trainer refer to: NACP 1999. National Course Plan for Training HBC providers of persons with HIV/AIDS and other chronic illnesses. (Translateitin to Kiswahili)	Questions and Answers.

UNIT: 5

UNIT TITLE:

LIVING POSITIVELY WITH HIV/AIDS OR OTHER CHRONIC ILLNESSES AND CARE OF THE DYING INCLUDING SUPPORTIVE COUNSELLING

TIME ALLOCATION:

WEEK	OBJECTIVE	CONTENT	TRAINER / TRAINEE ACTIVITIES	RESOURCE	EVALUATION
1 st week	By the end of this unit • the trainee will be able to: 1 Support patient living positively with HIV/AIDS or Other chronic illnesses	Assisting patients to live positively with HIV/AIDS • Assisting the patient family by providing 'supportive counselling. • Confidentiality in HBC Descriptive definition of confidentiality as related to patients with HIV/AIDS	Trainer refer to: NACP 1999. National Course outline for Training HBC providers Demonstration Brain storming	NACP 1999. • Mwongozo wa kuhudumia wagonjwa majumbani • See: National Course Plan for Training HBC providers (Unit 8.4)	Question and answers
	2. Provide supportive counselling	Care of terminally ill and Dying patients.	Testimonials Lecture / discussion		
		• Basic needs of child affected by HIV infection. • Practice short counselling sessions in class room	Lecture discussion Trainer refer to: NACP 1999. Trainer Guide for HBC providers	NACP 1999 Trainer's Guide for HBC providers	Question and answers
	4. Provide terminal care that will		Brainstorming Buzzing		

	assist the patient have a peaceful				
	Assist the mother / family in providing care to HIV		Brief lecture (15 min) Role play		
	Identify the basic needs of an orphan	Basic needs of an orphan		See: NACP 1999 National course plan for training HBC provider (Unity 8.5)	
	Develop a mechanism to identify orphans in the community	<ul style="list-style-type: none"> • Utilization of the referral system within the district. Eg. <ul style="list-style-type: none"> - Refer to MCH clinic - Refer to social welfare officer - Refer to NGOs dealing with orphans etc 	Lecture / Discussion Group work Plenary session	NACP 1999 Trainer's Guide	Question and answers

UNIT: 6

UNIT TITLE:

USING MONITORING FORMS INTEGRATED INTO HEALTH MANAGEMENT INFORMATION SYSTEM (LMTUHA)

TIME ALLOCATION:

Theory hours: 4

Practical hours: 2

WEEK	OBJECTIVE	CONTENT	TRAINER / TRAINEE ACTIVITIES	RESOURCE	EVALUATION
3 rd week	<p>By the end of this unit the trainee will be able to:</p> <p>Utilize the six HBC monitoring forms correctly (form no. 1 to 6)</p>	<p>Forms used in monitoring HBC services.</p> <p>Form no.1 - HBC Monthly Report.</p> <p>Form no.2 - HBC quarterly/annual report.</p> <p>Form no.3 - Monthly report from Dispensary/Health centre.</p> <p>Form no. 4 - Patient's referral form.</p> <p>Form no.S - Patient's consent to pass information to third part.</p> <p>Form no. 6 - Numerical scoring chart</p>	<p>Lecture/Discussion Trainer show how to fill in each form.</p> <p>Trainees practice filling in the forms</p> <p>Demonstration</p>	<p>Trainer refer to: NACP 1999 Trainer's Guide</p>	<p>Question and answers</p>

UNIT: 7**UNIT TITLE:****FIELD PRACTICE, FEEDBACK, REVISION AND EVALUATION****TIME ALLOCATION:****Theory hours: 24****Practical hours: 45**

WEEK	OBJECTIVE	CONTENT	TRAINER / TRAINEE ACTIVITIES	RESOURCES	EVALUATION
3 rd week	By the end of this unit 4th week the trainees will be able to: 1. Utilize the Home Based Caring model for care provision in real situation	Use the clinical objectives for HBC field practice. Practice HBC in – patients homes	Brief lecture Demonstration	NACP 1999 Trainer's Guide	Evaluating clinical performance of trainees
3 rd and 4 th week	Provide feedback of the HBC field practice.	Field work practice in-patient's homes Preparation of fieldwork reports ready for presentation at the end of fieldwork period	Trainer:- will supervise and work with trainees in patients homes Trainees:- Applying the theoretical knowledge into practice while providing HBC POST TEST	NACP 1999 Huduma kuwahudumia wagonjwa majumbani	Evaluating clinical performance using a deisgned checklist. Case evaluation.

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HBC PRO

