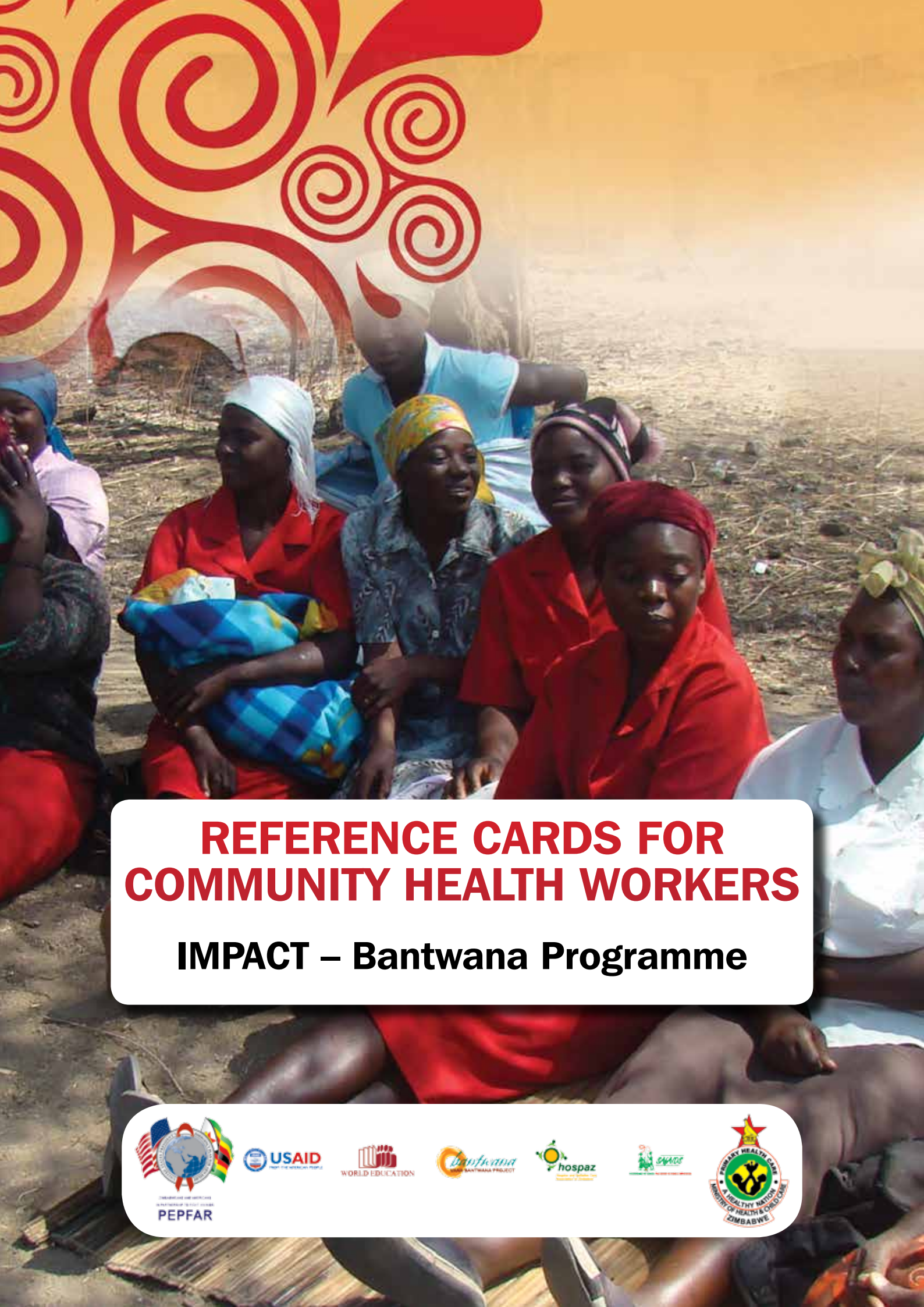

REFERENCE CARDS FOR COMMUNITY HEALTH WORKERS

IMPACT – Bantwana Programme

PEPFAR

This toolkit was developed by World Education Inc. and partners under the auspices of the USAID funded Children First Project.

SAfAIDS, 2013

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List of Topics

What are the Reference Cards for?

The reference cards form part of the IMPACT Bantwana Toolkit produced by World Education to support the IMPACT programme in Zimbabwe. The kit includes training materials for Community-based Organisations (CBOs) to use in training and updating their community health workers (CHWs) in the identification and care of HIV infected children and young people in their communities. There are also reference materials (the Reference Cards) for use by the CHWs, and Fact sheets that can be left with clients to for their reference once the CHW has left.

The reference cards are intended for use by the CHWs, to improve and standardise their knowledge levels on the various issues that may arise as they deal with their clients. The CHWs can also use the cards while meeting with clients, should the client need more detailed information.

1. What is the IMPACT Model?

The Integrated Management for Paediatric AIDS/HIV Care and Treatment (IMPACT) model is an intervention that responds to the special need to address the special vulnerabilities and impact of HIV and AIDS, on children, especially those who have not yet been diagnosed.

The programme aims to:

- ✖ make paediatric HIV prevention care and treatment accessible to communities
- ✖ ensure that the barriers to provision of PMTCT are addressed by:
  - working together with committed leadership and involving communities, to ensure the provision of integrated services that promote health and well-being for all, especially children.

Through this model, government services and the community come together to understand what is needed, and to provide services to the community to reduce the impact and vulnerability of children and their families to HIV and AIDS.

Who is involved in the IMPACT Model?

- ✖ The Ministry of Health
- ✖ Community health workers and volunteers
- ✖ NGOs, Community-based organisations (CBOs), faith based organisations
- ✖ Youth groups
- ✖ PLHIV support groups
- ✖ Families.

Through a process of community mobilisation, the IMPACT model will engage the community and appoint a local committee to support the roll-out and implementation of the model in the community.

Issues of Adaptation

The IMPACT model was designed and implemented with organisations in Zimbabwe, including organisations working in both urban and rural areas.

The model that can easily be adapted to support organisations working in communities to address the needs of children living with HIV, especially those in underserved areas.

The toolkit contents have been designed to provide training facilitators and programme managers with information on the key elements of the IMPACT model. The kit also includes resource tools for use by community health workers.

IMPACT MODEL

Integrated Management of PMTCT and Paediatric AIDS/HIV Care and Treatment (IMPACT) – uses a four tiered approach to improve children's access to HIV care and treatment.

Community Health Workers

Identifies and follows up HIV positive infants and children to ensure they have regular access to treatment

- Undertakes a comprehensive assessment of a child's needs and ensures referrals to appropriate services to address them using a case management approach and co-ordinates services to meet each child's needs
- Provides counselling, treatment and adherence support, and other forms of practical support to children and their caregivers
- Develops support networks for children and their caregivers within the wider community
- Identifies and follows up post PMTCT mother-baby pairs and those who delivered at home.

Local Clinic

- Provides improved access for mothers, infants and children to prevention of mother-to-child (PMTCT), HIV testing and treatment services from trained health workers, at local clinics and outreach services
- Offers assistance with transport for those who live far from local clinics and lack the resources to get there
- Delivers HIV testing services at reduced cost
- Integrates with PMTCT programmes to provide follow up of pregnant and post-natal women to ensure that HIV exposed babies receive care and treatment from infancy to adulthood
- Identify and support post-PMTCT mothers and babies as well as those who delivered at home
- Brings the laboratory to the community, reducing the time from diagnosis to treatment to two weeks, enabling earlier treatment for those who require it.

Community

- Promotes the benefits of getting tested for caregivers and their children
- Encourages all pregnant women to visit health clinics, keep appointments, and to use health facilities with trained health care workers, when giving birth
- Encourages men to play an active role in supporting their families, including their attendance at health clinics
- Provides practical support to families with help with young children and information on local services
- Encourages community and religious leaders, to support families in protecting babies and children from HIV.

Parents, Guardians and Caregivers

- Are provided with a key contact, the community volunteer, who co-ordinates all the service support appropriate for their children
- Are able to access services and trained health workers locally, at reduced cost and assistance with transport
- Receive practical support, awareness on symptoms, treatment, and adherence and counselling from the home based caregiver
- Has the support of the local community on practical matters, in challenging stigma, and in encouraging all families to protect babies and children from HIV infection.

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2. The Role and Tasks of Community Health Workers

IMPACT community health workers (CHWs) are the champions of the programme in the community. They should:

- ✖ Understand the needs of the family
- ✖ Identify and support children and young people living with HIV
- ✖ Support prevention of mother-to-child transmission (PMTCT) and ensure zero new infections in children
- ✖ Refer household members so they receive the services they need.

In the Household, CHWs should:

- ✖ Provide basic community care and care for the sick
- ✖ Check the health status of children and mothers
- ✖ Look for symptoms of possible HIV infection and refer to health clinics
- ✖ Provide health awareness and education at household and community levels
- ✖ Make sure that household members stay on and follow treatment, exactly as prescribed by clinic staff (adhere to treatment)
- ✖ Identify those who do not adhere to treatment and refer them to the clinic.

It is very important that CHWs maintain confidentiality and share necessary information, only with the team of professionals who are working to help the client.

CHWs need to:

- ✖ Be respectful and honest
- ✖ Be good listeners and good at relationship building
- ✖ Be accepting of others views
- ✖ Be a role model in the community
- ✖ Dress suitably and report any concerns promptly.

3. Skills Needed by CHWs

CHWs need to have certain personal skills. They need to communicate clearly with people, whether individually or in groups.

Important communication skills include:

- ✖ The words you use
- ✖ The tone of your voice
- ✖ Your body language
- ✖ Using good listening skills
- ✖ Observing the reactions and responses of the person you are talking to
- ✖ Encourage clients to repeat in their own words what you have told them to see whether they have understood correctly.

Things that can harm communication:

- ✖ Not giving the client a chance to talk, or cutting them off in the middle of what they are saying
- ✖ Seeming rude or judgmental, either in the tone of your voice or by your body language
- ✖ Not really hearing what the client is saying (see listening skills below)
- ✖ Pointing fingers at the client while telling them something.

Listening is important to: encourage clients to talk, to understand what is important to them in order to help them find a solution and offer the services they need.

Good listening skills:

- ✖ Listen carefully to what your client says; know when to stay quiet
- ✖ Be respectful and encourage them to speak freely
- ✖ Check that what you heard is correct by: asking questions to clarify what was said; and by repeating what was said and asking if you have understood correctly
- ✖ Be respectful and stay focused: do not be distracted into other things.

Communicating with children

Supporting parents to communicate with children about their health.

0-2 years: Reassure the child. While you don't know how many of your words they understand, it's important to talk anyway. You might say, "The medicine will make you feel better," or "mummy is here to help you get well". This kind of talking helps relax the child and calm the parent. Babies have no understanding or perception of death – their greatest concern is fear of separation from loving, comforting and supportive caregivers.

3-5 years: Encourage the child to describe or play-act what's bothering them. Ask simple questions to draw out how they are feeling, physically and emotionally. Children at this age don't have a big vocabulary for describing illness. You might ask a child having difficulty describing aches and pains to point to what hurts. At this age, the understanding of death

is very limited - it is something that happens to others, and is seen as something similar to sleep – temporary and reversible. Children think they have the power to make anything happen and they may suffer from guilt – believing their thoughts, words or actions may have caused a death. They need reassurance that this is not so.

6-9 years: Talk together about why the child is sick in concrete, simple ways and engage their growing intelligence with open-ended questions. You might ask if they've heard or learned about HIV at school. Be prepared to discuss anything that is worrying the child, even if it is not directly related to the illness or condition. Reassure them. From about six to seven years old, children understand the finality of death better. Feelings of sadness, anger, confusion and even horror may be experienced when they encounter their first death. Questions about death and dying, funerals, burials and so forth need to be answered openly and honestly.

Most teenagers (and many preteens) can understand and discuss the medical details of their illness at an adult level. Talk to them using honest, simple terms and treat their ideas with respect. Plot out a health care programme for the child together with them. Make sure the child agrees to follow it. You should also talk about how he or she plans to get well. While teenagers - especially from the middle teen years (15 years upwards) - are better equipped to understand death and dying, they are emotionally very vulnerable. A well-trusted adult who is a good role-model can be a tremendous support to a bereaved adolescent.

Developmental needs of children and young people:

0-2 years: Child needs protection and love. Begins to express basic needs and attachments

3-5 years: Child needs reassurance and praise and begins to develop imagination.

6-9 years: Child begins to test parents/ caregivers, gain insights and starts to develop a conscience.

10-12 years: (Early adolescence) child seeks peer acceptance and begins to challenge the rules with adults.

13-15 years: Child is often insecure, critical of family and friends, focusing on self and need for care and support. Hormone changes may cause mood swings

16–18 years: Able to face issues, make decisions and begin to take responsibility. Also prone to risk-taking behaviours

Communicating with a child gives them the chance to share issues that are troubling them that they feel unable to talk to their parent or caregiver about. This way, you can find out what the child needs so you can support them better.

This is very important when children do not have a supportive family environment. Absent, sick, or abusive cannot nurture a child and help them develop properly.

Talking to children about their thoughts and feelings about living with HIV is an important part of supporting them. Talking with adults helps them process any feelings of sadness, frustration, worry or anger they may have.

Encourage children to share their feelings, ideas, thoughts and emotions, if they cannot express them with words by:

- **Using toys –** Give the child toys (e.g. a doll) to play with. Watch and listen to the story that he or she makes up. The child may play 'hospitals', or 'funerals.' The toy may have feelings like anger or sadness or act naughty. Ask the child if they sometimes feel like the doll. If the child agrees, this may show that the child is experiencing fear of illness or death. In this case, it may be helpful to have a discussion about illness and/or death as a natural part of living. This information can also tell you if the child should be referred for specialist services such as counselling.
- **Drawing –** If you do not have paper and pencils, the child can draw in the sand with a stick. A picture of a sick person can show what the child understands about the illness. Ask the child to tell you about the picture - do not guess what she or he has drawn.
- **Story telling –** Story telling is a good way to help children. You can use traditional stories or make up a story with the child, to help them understand their situation better.

Facilitation: CHWs help clients look at difficult aspects of their lives and share information to help them reach the best decision for their situation.

Characteristics of good facilitators are:

- Being strong and confident (assertiveness)
- Having insight into how others feel (intuition)
- Being resourceful in solving problems (creativity)
- Being flexible about things and being interested and involved (enthusiastic)
- Being good at working with other people in a team (team player)
- Being open about your feelings (sincerity) and being dependable (trustworthy)
- Being able to put themselves in someone else's shoes (empathy)
- Being kind (compassionate).

Social Mobilisation – means helping your community understand the issues, especially around services needed, and take action to ensure they are provided locally if they are not available. E.g. making sure your local clinic offers a youth friendly service so that young people are free to seek contraceptive and STI or counselling services. To achieve this, you might engage with local teachers and health workers, and help them group to approach local councilors to ensure the service is provided.

Advocacy – Advocacy is when a CHW tries to gain the support of people in power to change their environment or community. You might advocate for HIV testing services to be proved locally, or for youth friendly hours at your local clinic.

Assessing (screening) and Referral – Screening means to identify or rule out something, e.g. by asking questions to find any problems related to a child's health or development, even if they seem healthy.

Screen everyone in the family.

Referral After screening, you know whether a client needs a service, and if they do, whether you are able to provide it, or, if not, where they should go. Later, you need to follow up with the client to see what has happened.

Tips for assessing (screening) and referral

- ✖ Ask questions - talk to everyone in the household
- ✖ Listen and observe. Write down all the information/actions
- ✖ Keep all information confidential - keep it in a safe place
- ✖ Make sure you refer clients to the right service.

4. Community Health Worker Wellbeing

Being a CHW is a huge responsibility. This should make you feel proud but it can also cause you a lot of stress. To make a difference in your community, you need to be healthy and have a positive attitude.

Keep checking on yourself to see how you are feeling. Many CHWs report not getting enough sleep, not eating properly, feeling very stressed – tearful, and upset, or very tired, and abusing alcohol and other medicines.

You must look after yourself if you are to be able to help others!

The strain on your time and energy in households that are stressed by HIV can be enormous. You may feel that the help you give is too small. It may help to remember these points:

- ✖ You cannot solve all problems - but you can link caregivers with other resources in the community and the district
- ✖ You are there to help the children – this can help save children's lives, minds, and hearts
- ✖ Communicating with the caregiver is an important part of providing care and support to the child. Make sure you leave enough time for questions, so they fully understand the consequences of HIV and HIV testing, for themselves and for their child.

Learn to recognise the signs of feeling stressed and what causes them so that you can take action before they cause problems for you. Stress is like tiny rocks falling from a hill, as stress builds more rocks fall (larger boulders) until there is nothing left to support the hill and an avalanche occurs (burnout).

Stress is something that everyone feels almost every day for different reasons. Because care giving involves addressing the emotional and physical needs of people who can be very sick, caregivers can experience a great deal of stress.

Burnout is the result of stress that is not dealt with and builds up over a long period of time, affecting the way caregivers may feel emotionally or physically. Burnout will ultimately affect your ability to care effectively.

Like most problems, coping with stress is best done by addressing it in the open and seeking out methods of helping you cope with stress.

Tips for CHWs well-being

- ✖ Get help. Talking to someone else plays a big role in reducing stress – but remember not to reveal any details about clients that can identify them. CHWs with strong emotional support from others are less likely to report stress or to fear that they will become abusive
- ✖ Learn to recognise the things that cause you the greatest stress or anxiety (your 'triggers') and what causes them so that you can take action before they cause problems for you.
- ✖ Keep healthy. Take regular exercise, eat well and get enough rest. Do things you enjoy; socialising, playing with your children, going to church, or reading, going for walks, singing, taking up a new form of exercise, talking with others (without revealing names or recognisable details about your clients), keeping journal, practice a body relaxation technique.

Use the checklist below to make sure your stress levels are not reaching burnout stage. If you are experiencing two or more of the signs below, then you need to find ways of relieving your stress levels before they get worse and cause burnout.

Checklist for signs of stress.

Sign	Tick
Loss of interest in and commitment to work	
Loss of punctuality and neglect of duties	
Feelings of inadequacy, helplessness and guilt	
Loss of confidence and self-esteem	
Tendency to withdraw from clients and colleagues	
Loss of sensitivity in dealing with clients	
Loss in quality of performance in work	
Irritability	
Difficulty getting along with people	
Tearfulness	
Loss of interest in and commitment to work	
Loss of punctuality and neglect of duties	
Feelings of inadequacy, helplessness and guilt	
Loss of confidence and self-esteem	
Loss of concentration	
Sleeplessness	
Excessive fatigue	
Depression	
Bowel disturbance.	

Remember the positive benefits you are bringing the family.

Your work has direct benefits for the family, including:

- ✖ Helping the mother keep a positive attitude, and supporting parents to change their behaviour to reduce HIV transmission; counselling on infant feeding options, and on nutrition
- ✖ Offering opportunities for the mother/family to access other support services and ART and ensuring that the family considers the social and educational needs of both HIV-infected and affected children.

5. Home Visits and Home Screening Tool

An HIV diagnosis in a child also has implication for the other family members. Maternal HIV infection has direct implications on the well-being of a child, even if the child is HIV-negative. When HIV is suspected in a child, the mother and family should be counselled and offered testing. **Care of the HIV-infected child should be child-focused, family-centred and community-based.**

CHWs play a key role in supporting children and their families affected by HIV. They can help vulnerable children and their households identify and meet immediate needs and generally check in on the status of vulnerable households.

To implement the IMPACT programme and support households you need to:

- ✖ Know social norms, beliefs, cultural practices of the area you are responsible
- ✖ Be prepared - are there any problems that may make it difficult for you to help a particular household? Find a solution, or consider asking someone else to take on that household
- ✖ Take precautions and stay safe
- ✖ Dress and speak in the correct way

When entering the household for the first time:

- ✖ Introduce yourself
- ✖ Explain your role as a CHW and which organisation (if any) you represent
- ✖ Explain why you are there and how often you will visit
- ✖ Explain confidentiality rules
- ✖ Thank the client

Use the reference cards and tools from your organisation to support you in dealing with the various issues, such as how to screen the household and identify what help they may need; what information to share and what referrals to make.

During or shortly after home visits you should:

- ✖ Check on the overall status of all children and adults living in the household. Observe other household members and look outside the household
- ✖ Talk, play, and interact with all household members present on each visit
- ✖ Examine all areas of need, such as food security, health and psychosocial wellbeing of the household, guided by a checklist outlining the key areas of follow up
- ✖ Make and keep a record in your diary or exercise book- write down everything you see or hear during a home visit that is relevant to the issue you are helping with
- ✖ Use any forms for record keeping that are given out by the organisation you are volunteering for. When filling in forms, make sure you complete all the information
- ✖ Fill out forms neatly. Do not scratch out untidily as it will be difficult to read and may cause the wrong information to be captured

- ✖ Make sure the information you write on the form is correct
- ✖ Record very sensitive information, such as HIV status, in a coded manner.

Depending on the nature/purpose of the visit, volunteers can ask about the following issues:

Health Status

- ✖ Have the mother and children taken their medication? Check ARV pill box
- ✖ Were any children in the household sick in the last month? From what did they suffer? What steps were taken? (type of sickness, referral, treatment)
- ✖ Does the household have a clean water source? Is there a latrine? How is the overall hygiene of the household?

Food Security and Nutrition

- ✖ How many meals a day do children in this household eat?
- ✖ Do children in this household regularly eat a variety of foods (balanced diet)?
- ✖ Does the household have any food stored?
- ✖ What does the household do when there is not enough food?

Access to Education

- ✖ Are all children in the household enrolled in school? Why or why not?
- ✖ How many days in the last month did each child attend school?

Psychosocial support (PSS)

- ✖ Do any members of the household have difficulty in sleeping, eating or cry frequently?

Child Protection.

- ✖ Does each child have at least one trusted relationship with an adult
- ✖ Is each child safe? Are there children who seem to be suffering abuse or neglect? If not, are they in need of protection and legal services
- ✖ Does each child have a birth certificate? If not they need to be assisted in obtaining one by referring them to the Department of Social Services.

Socioeconomic security

- ✖ How is family generating income to support itself? What improvements can be made?

Confidentiality of Records and Record Keeping

- ✖ Always make sure you keep your clients' personal information confidential. Diaries and data collection tools should not be left where others may read them (even your family members).

Clients will only trust you if they believe their personal information will be kept private.

6. Referrals

Making referrals

Sometimes members of a household may need urgent help you cannot provide. In that case, refer them to other service providers and follow up to make sure they have accessed needed services. Share any challenges the family had in accessing the service with your CBO.

Possible referrals you will make include:

- ✖ Medical services (for malaria, TB, malnutrition, immunisation)
- ✖ HIV counseling and testing (all household members should be tested)
- ✖ PMTCT (all pregnant mothers should attend ante and postnatal clinics)
- ✖ Treatment for people living with HIV (especially children)
- ✖ Support for education (through CBOs, for example)
- ✖ Support groups and clubs (including youth clubs)
- ✖ Training institutes
- ✖ Micro-credit and micro-finance groups
- ✖ Police and probation office
- ✖ Birth registration
- ✖ Legal advice (for land and property issues, rights violations, etc).

Work with your CBO and other volunteers to **identify service providers** in your area. Find out more about the services so you can explain to families what to expect. Where can families go to access the service? Is it service free? If not, what is the cost? What are the conditions for receiving the service? When are the services available? Write this information in your organisation directory and carry it with you when you make home visits.

Once you are ready to make referrals, follow the steps below:

1. Discuss with the beneficiary what services are available to them
2. Explain the benefits of them accessing the service you have agreed together is needed
3. Fill out the referral forms provided by your CB or the service provider
4. Discuss with the beneficiary how he or she plans to access the service
5. Offer your support! E.g. by going to the place together for the first visit
6. Inform your CBO of the referral you have made and hand in the referral form
7. Follow up to make sure the beneficiary has accessed the service
8. Work with your CBO to find out the results of the referral and any additional follow up needed
9. Conduct any additional follow up required with the family or service provider.

Tips for referring

- ✖ Make sure clients understand why they are being referred; where they are being referred to and how they can get there
- ✖ If the client is uncomfortable about going to a clinic or organisation, try to find out why. Help, if possible, by going with them, especially if the client is a child or young person
- ✖ Make sure the client knows which documents they need to take with them
- ✖ Follow up. If the client was not assisted, discuss the matter at CHW meetings.

7. The Basics of HIV and AIDS

Definitions: HIV and AIDS

HIV stands for **Human Immunodeficiency Virus** - the virus that leads to AIDS.

HIV attacks the body's immune system – the body's defense against disease. It is found in blood, breast milk, semen and vaginal fluids. Once a person is infected with HIV, the virus remains in the body for life.

Without treatment it usually leads to serious illness and death between two and 10 or more years after infection.

The **immune system** helps keep the body strong and fights diseases and infections. It is made up of cells in your blood that act like soldiers to attack germs. When the body has been exposed to a germ, the body develops soldier cells that only fight that germ, called antibodies.

Special white blood cells, called **CD4 cells,** tell the body to make the antibody to a germ and are very important in keeping the body strong.

When someone is infected with HIV, the virus starts destroying the **CD4** cells and eventually there are no soldier cells left to fight infections. This is why people infected with HIV become sick.

AIDS stands for **Acquired Immune Deficiency Syndrome** and is when the immune system is made very weak by HIV. The person gets many different illnesses that someone with a healthy immune system would not get.

- ✖ **Acquired** means a disease you get during life rather than one you are born with
- ✖ **Immune Deficiency** means a weakness in the body's immune system
- ✖ **Syndrome** means a group of health problems that make up a disease.

The 'progression' of HIV to AIDS is the time from HIV infection to when a person living with HIV develops AIDS. This differs for each person; it may be from two to more than ten years after infection.

There are six major phases in the progression of HIV to AIDS:

1. HIV infection
2. The window period - immediately after infection. The virus cannot be picked up by an HIV test. May last up to three months after infection)
3. Seroconversion - antibodies to the virus can be detected in the blood
4. Asymptomatic stage. The virus can be picked up by an HIV test, but the person continues to feel and look healthy
5. HIV-related illness begins. Many of the person's immune cells have been destroyed by the virus and they begin to experience various illnesses
6. AIDS - the immune system is very weak. The person may suffer from many different illnesses at once and the body is unable to recover.

There is no cure for HIV yet, but with **ARVs,** HIV can now be treated as a chronic condition like diabetes or high blood pressure.

How is HIV transmitted?

The most common ways are through unprotected sexual contact, and from mother-to-child - during pregnancy, delivery or breastfeeding.

Unprotected sexual contact

HIV can be transmitted during unprotected vaginal, oral, or anal sexual intercourse, through contact with the blood, semen or vaginal fluids of an HIV positive person.

Blood transmission

- ✖ Receiving a transfusion of blood that is contaminated with HIV. (All blood in Zimbabwe is screened for HIV, so blood transfusions in Zimbabwe are usually safe)
- ✖ Sharing contaminated needles, syringes, razor blades (e.g. in traditional circumcision rites, or traditional healing practices) or other contaminated sharp objects
- ✖ Infected blood entering the body through open wounds.

Mother-to-child transmission

HIV positive mothers can pass HIV to their babies during pregnancy, delivery, or through breastfeeding, but, this can be prevented through **PMTCT** services.

Without treatment, there is about a one in three chance that and HIV positive mother will infect her baby. However, with **PMTCT** services, this is reduced to about 6%. PMTCT means mothers take **ARVs** and practice exclusive breastfeeding to reduce the chances of them passing HIV to their baby.

Condoms should be used during pregnancy and breastfeeding to reduce the chances of transmitting HIV to the baby.

HIV is NOT transmitted through:

- ✖ Hugging, kissing, shaking hands
- ✖ Breathing the same air
- ✖ Sweat, contact through sport
- ✖ Tears, consoling someone who is crying
- ✖ Toilet seats, food utensils, drinking cups or clothes
- ✖ Public baths or swimming pools
- ✖ Mosquito bites or any biting insect or animal.

How can HIV transmission be prevented?

a) Practicing safer sex

- ✖ Sex where the penis does not enter the vagina, anus or mouth (non-penetrative sex) - with no exchange of bodily fluids. This includes mutual masturbation, thigh or armpit sex, kissing and cuddling
- ✖ Correct and consistent use of male or female condoms
- ✖ Abstinence (not having sex at all)
- ✖ Having sex in a faithful monogamous (one sex partner only for both parties) or faithful polygamous relationship, where the HIV status of all parties is known
- ✖ Avoiding multiple sexual partners and/or casual sex
- ✖ Being aware of your partner's HIV status and taking the necessary precautions
- ✖ In discordant couples (where one person is HIV positive and the other is HIV negative) ensuring the HIV positive partner takes ARVs correctly and consistently and using male or female condoms, especially when the HIV positive partner is in ill health.

b) Prevention of mother-to-child transmission (PMTCT)

- ✖ Educate parents (both mothers and fathers) about PMTCT services, HIV prevention options and the implications for the health of mother and baby
- ✖ Encourage couples who are planning to have a baby to go together for HIV testing before getting pregnant
- ✖ Where the female partner is already pregnant, both parents should go together for HIV testing as soon as possible, ideally before 14 weeks of pregnancy
- ✖ Encourage all pregnant mothers to deliver in a health facility
- ✖ Encourage all mothers who delivered at home to visit a health facility within 48 -72 hours to assess the baby and get HIV counselling and testing
- ✖ Educate couples on the importance of using condoms during pregnancy and breastfeeding to prevent the possibility of passing HIV infection to the mother
- ✖ In discordant couples where the woman is HIV negative, educate on the importance of using condoms during pregnancy and breastfeeding
- ✖ Educate on the importance of preventing unintended pregnancies in HIV- infected women by accessing family planning services.

8. Opportunistic Infections

People living with HIV may get sick from infections that a person with a normal immune system would be able to fight off. **Opportunistic** infections (OIs) take advantage of the weakened immune system. Sometimes, more aggressive, longer treatment courses may be necessary.

Children living with HIV are more likely to get OIs than older people with HIV because their immune systems are still developing and can't protect them well. Such children should have more frequent contact with the health care system.

TB - Tuberculosis (TB) is the most common OI in people living with HIV (Reference card 10). All children are prone to TB infection if they are in close contact with someone with active TB disease, but in children living with HIV, TB is likely to be more serious and progress more quickly.

Other common OIs in children living with HIV are:

Lung infections such as a special type of pneumonia *(mabayo)* are common in **PLHIV, and** the leading cause of death in HIV-infected children.

What are the symptoms? Fever, non-productive cough, shortness of breath (especially on exercise), weight loss, and night sweats.

How is it diagnosed? PCP can be difficult to diagnose in very young children and can be difficult to treat. Diagnosis is confirmed by chest x-ray.

How is it treated? Treatment is a course of appropriate antibiotics for a period of 21 days.

Can it be prevented? Yes. Cotrimoxazole can prevent the development of PCT in children. A lung disease called **lymphocytic interstitial pneumonia (LIP),** rarely seen in adults, occurs more frequently in HIV-infected children. It is a secondary infection following infection with a virus.

What are the symptoms? Like PCP, can make breathing progressively more difficult and often results in admission to hospital. Symptoms include fever, cough, shortness of breath, wheezing, enlarged lymph nodes, enlarged liver, spleen and salivary glands.

How is it diagnosed? It may be diagnosed through blood tests. In severe cases a lung biopsy may be required.

How is it treated? Antibiotics may be needed if there is an additional bacterial infection. Bronchodilators are used to ease breathing. Starting ART may cause symptoms to resolve.

Can it be prevented? Adhering to **ART** and having regular follow up care are the best prevention.

Diseases caused by parasites are also more common in PLHIV. Serious bacterial infections due to parasites occur more commonly in children than in adults. Where the immune system is weakened, it can cause serious illness or even be fatal.

What are the symptoms? In the first few weeks after exposure, there may be a mild, flu-like illness or no illness. The parasite can cause inflammation of the brain and other neurologic diseases, affect the heart, liver, inner ears, and eyes. It is treated with antibiotics.

How is it diagnosed? Diagnosis is usually done by trials of anti-toxoplasmosis treatment.

How is it treated? With antibiotics and sometimes, with anti-malarial medicines.

Can it be prevented? The parasite is found in infected raw meat so good hygiene and thorough washing of hands and utensils should be practiced when handling it.

Severe **candidiasis (thrush),** a yeast (fungal) infection. Can cause severe nappy rash, and infections in the mouth and throat that make eating difficult. Untreated, thrush can affect the whole body and may even be life threatening.

How is it diagnosed? Thrush is identified by white, fuzzy, painful skin sores along the throat, tongue or gums, and around the vagina and anus in HIV infected babies. Other symptoms include a sore throat, oral itching or swelling, coughing or diarrhoea.

How is it treated? Treatment with antifungal medicines is usually straightforward when caught early, though resistance to medicines can develop.

WHO Recommended Follow-ups for HIV infected children.

- At birth (for infants delivered at home)
- At age 1 to 2 weeks (mainly for infant feeding counselling)
- At age 6, 10, and 14 weeks (for immunisation and infant feeding counselling)
- After age 14 weeks - monthly through age 12 months
- After age 12 months - every 3 months
- All HIV infected children should be on ART. Regular clinic visits will be maintained throughout life, as the child receives the necessary medicines.

Can it be prevented? Adhering to ART and having regular follow up care are the best prevention.

Chronic diarrhoea: As children with HIV become sicker, they may suffer from chronic diarrhoea due to various opportunistic viruses and bacteria. Diarrhoea may be caused by a number of factors, including those which have nothing to do with HIV, such as cholera and typhoid, so it is important to visit the health centre for assistance. Dehydration from severe diarrhoea can be life threatening, while the failure to absorb nutrients properly can affect the child's growth and development. Early treatment is important.

Regular follow-up care and referrals are critical in dealing with OIs and are the backbone of caring for HIV-exposed children. They also ensure optimal healthcare and psychosocial support for the family. Ensure that families and caregivers understand the importance of follow up visits.

Many PMTCT programmes do not have systems for follow up of HIV-exposed infants. The CHW's role is very important in ensuring mothers attend for follow-up. PCP prophylaxis should be started at six weeks - CHWs can ensure this happens and assist with exclusive breastfeeding.

Referrals

Referrals are an important part of managing HIV positive children and include referrals to:

- ✖ Higher levels of specialist care for further investigations and treatment
- ✖ Social support programmes and community-based care programmes
- ✖ Psychosocial support for children, caregivers and other family members.

9. Children and HIV

Because children's immune systems are still developing, they are more vulnerable to many common illnesses. Children with HIV get ill more often and medicines may be less effective. The earlier a child starts HIV treatment, the better it is for their overall health and development.

Without treatment, many HIV positive children will die by the age of four. All children below 2 years of age who are confirmed HIV positive must start treatment.

However, some children have a slower rate of disease progression and do not develop serious symptoms of AIDS until starting school or even into adolescence.

The IMPACT programme seeks to identify previously undiagnosed children and young people so that they can begin **ART.**

How do children get infected?

Children may be infected:

- ✖ from their mother during pregnancy, childbirth and breastfeeding
- ✖ A small number may be infected through child sexual abuse or rape
- ✖ Children may also be infected through unsafe blood transfusions, or
- ✖ Through having sexual relations with an infected person (e.g. older children), or through contact with infected blood through non-sterile needles or razor blades).

Caring for children who are HIV positive

Even in the earliest stages of infection, HIV can severely affect a child's development including their physical growth, psychological development and emotional well-being.

Early diagnosis ensures timely treatment and entry into ARV programmes.

Access to follow-up services, and appropriate referral systems for HIV-exposed children and their families are critical components of their care.

Ten-Point Package for Comprehensive Paediatric AIDS Care

CHWs should:

1. Help mothers confirm the HIV status of HIV exposed children as early as possible
2. Once HIV infection is confirmed, the child should begin ART as soon as possible
3. Help monitor the child's growth and development
4. Ensure that immunisations are completed as recommended.
5. Refer both mother and child for relevant prophylaxis (preventive treatment) for opportunistic infections such as PCP and TB
6. Assist mothers in identifying and treating infections early
7. Counsel the mother and family on:
   - Practicing exclusive breastfeeding and ART to minimise paediatric transmission, prevent malnutrition and promote growth and development
   - Good personal and food hygiene to prevent common infections and seeking prompt treatment for any infections or other health related problems in herself or her child
   - Ensure all follow up visits are attended and repeat ARV scripts are filled on time.
8. Be aware of the infected child's stage of disease (WHO staging – Reference Card 16).
9. Provide psychosocial support to the infected child, mother and family.
10. Refer the infected child to higher levels of specialist care, or to other social or community-based support programmes, if necessary.

Extending HIV care to mothers and other family members provides a support network for the affected child and improves the child's chances of survival. You can do a lot to improve the quality of life of HIV- infected children.

This means:

- ✖ providing comprehensive care for HIV-exposed children, including PMTCT
- ✖ starting ARV therapy (ART) as soon as possible
- ✖ nutrition counselling
- ✖ prevention of infections and growth monitoring.

Access to these services can significantly improve the survival of these children.

Helping adolescents who are HIV Positive

Adolescents have special considerations and difficulties that they may be reluctant to talk about. Reassure them that everything they say will be kept confidential and that you are there to help them.

Their difficulties may include;

- ✖ Denial, which can lead to adherence problems
- ✖ Be worried about their developing sexuality and their futures, having boy/girlfriends, getting married…
- ✖ They may be experiencing peer pressure about sex
- ✖ They may be facing stigma at school, or be struggling to keep up with school work
- ✖ Some young people may have additional responsibilities, such as caring for sick parents or be in a child-headed family.

10. HIV and TB Co-infection in Children

TB is the most common important opportunistic infections to watch out for in both adults and children living with HIV. It is a life-threatening illness for people living with HIV, unless diagnosed and treated early. It can be difficult to diagnose in children.

TB comes two forms:

1. Pulmonary: TB affecting the lungs. This is the infectious kind
2. Extra-pulmonary: TB affecting organs of the body other than the lungs.

TB can only be diagnosed at a health facility. People with any of the following symptoms should visit a health facility as soon as possible:

- ✖ Productive cough (which may be blood stained) for more than two weeks
- ✖ Night sweats and fever
- ✖ Loss of weight
- ✖ Chest pain
- ✖ A general feeling of being unwell.

You have an important role in being able to recognise these symptoms and advising parents and caregivers to take children and other family members to a health facility to be checked when these symptoms are present.

All family members should be encouraged to go for testing when a household member is confirmed with pulmonary TB. Contact tracing should also be encouraged.

Children under five years of age living with HIV should have preventive therapy for TB - Izoniazid preventive therapy (IPT). CHWs can make sure this happens.

For HIV-positive children (or adults) who are not yet on **ART** and who are diagnosed with TB, treatment for both TB and HIV should be started as soon as possible.

For children who are diagnosed with TB while already on **ART**, their ARVs may need to be adjusted as some **ARVs** and TB medicines can interact, resulting in increased risk of, or more severe, side-effects.

For early identification of HIV infection, all children with TB should have an HIV test.

The most important messages about TB for parents and caregivers

What is TB and what causes it: TB is an illness caused by a germ that is breathed into the lungs. When the lungs are damaged by TB, a person coughs up sputum (mucus from the lungs) and cannot breathe easily. Without correct treatment, a person can die from TB.

Can TB be cured? TB can be cured with the correct drug treatment, even in patients with HIV. The patient must take all of the recommended medicines for the entire treatment time in order to be cured. Medicines for treatment of TB are free and treatment can be done without interrupting normal life and work.

What are the symptoms of TB? If any family member experiences any of the following symptoms they may have TB disease: Productive cough (which may be blood stained) for more than two weeks; night sweats and fever; loss of weight; chest pain; a general feeling of being unwell.

How does TB spread? TB spreads when an infected person coughs, speaks, sings or sneezes, spraying TB germs into the air. Others may breathe in these germs and become infected. It is easy to pass these germs to family members when many people live close together.

How can we stop other members of the family from being infected?

- ✖ Make sure treatment courses are completed as instructed by your health service provider
- ✖ Cover the mouth and nose when coughing or sneezing, by using your elbow or clothes, or a handkerchief
- ✖ Open windows and doors to allow fresh air through the home; use a fan to keep air circulating if possible
- ✖ Air bedding in the sun regularly and open curtains to let in the sun. The TB bacteria is destroyed by the ultraviolet light in sunlight
- ✖ Avoid being confined in overcrowded places where these is little fresh air.

11. Preventing Mother-to-child Transmission of HIV (PMTCT): Primary Prevention and Family Planning

As an IMPACT CHW you have an important role in involving your community to support the national strategy for PMTCT has four prongs aimed at stopping new HIV infections in women and children and keeping mothers alive and families healthy. The prongs are:

1. Reducing new infections in women by half
2. Reducing the numbers of people who want to use family planning but are unable to access it (unmet need)
3. Providing ARV prophylaxis (prevention) to prevent HIV transmission during pregnancy, labour and delivery, and breastfeeding
4. Providing care, treatment and support for mothers and their families.

Educate women of reproductive age about the importance and availability of reproductive health services, including; family planning, antenatal, postpartum and postnatal care and ensure the involvement of men at community level. Refer them to your nearest health facility for your local community-based distributor so they can get family planning products.

Effective PMTCT depends on pregnant women and girls accessing antenatal counselling and HIV testing. Help women and girls prevent HIV infection (primary prevention) by giving them information about HIV and sexual and reproductive health services including:

- ✖ testing and counselling before, during and after pregnancy
- ✖ the importance of testing for other sexually transmitted infections (STIs)
- ✖ consistent and correct use of male and female condoms
- ✖ dealing with cases of gender-based violence.

Help young people access their sexual and reproductive health and rights

- ✖ educate them – both boys and girls - about their sexual and reproductive health and on preventing gender-based violence
- ✖ encourage them to access services, including contraceptives and HIV testing if needed
- ✖ build the self-esteem and communication skills of young women and girls so they are empowered to reduce risky sexual behaviour
- ✖ advocate for youth-friendly sexual and reproductive health services and information on HIV testing in your area.

Family planning services

Provide women and girls, men and boys with knowledge on family planning to prevent unplanned pregnancy and encourage them to obtain contraceptives to ensure spacing of births to promote healthier lives for themselves and their children.

- ✖ Explain about **dual protection** - protection against both pregnancy and STIs including HIV. It means using male or female condoms together with another contraceptive method, or using male or female condoms alone
- ✖ Counsel young HIV positive women on the importance of avoiding unintended pregnancy.

Advise young women and girls who have had unsafe sex (or who have been raped) and are worried about pregnancy or HIV and STI infection to visit their nearest health centre as soon as possible, for **emergency contraception** and **post-exposure prophylaxis** (PEP) for HIV within 72 hours, or they may not be effective.

12. PMTCT ARVs prophylaxis, care, treatment and support

What is prevention of mother-to-child transmission of HIV?

PMTCT is a range of services to reduce HIV transmission from mothers to their babies.

ARVs for HIV positive pregnant women and babies - encourage all pregnant women and their partners go for HIV testing. If they are found to be HIV positive, help them access PMTCT services to prevent them passing HIV infection on to their baby during pregnancy, delivery and breastfeeding. Provide counselling if needed. Talk to your local clinics and hospitals to find out about mothers who have undergone PMTCT, and follow up those who had home deliveries so that their infants can be tested and if positive ,immediately commenced on treatment insert footnote. The greatest number of infant deaths from HIV occurs after delivery, when the mother and babies are discharged from post natal care at six weeks.

Antiretroviral therapy (ART) in pregnancy and during breastfeeding significantly reduces the risk of mother-to-child transmission of HIV. Pregnant HIV positive women should begin ART immediately, whether or not they need it for their own health.

- ✖ All HIV positive pregnant women with a CD4 count of 350 or below, or with serious HIV-related symptoms, should start lifelong ART immediately, regardless of the stage of their pregnancy
- ✖ HIV positive pregnant women with a CD4 count above 350 should be given ARV prophylaxis from 14 weeks into their pregnancy (or as soon as possible after that), until they stop breastfeeding.

Ensure that all HIV positive women and girls seek HIV care, treatment and support for themselves, their children and other family members when needed, by directing them to your nearest PMTCT facility.

Reducing other complications in pregnancy

Vitamin supplementation: Pregnant women should have access to nutritional education and support to reduce the likelihood of low birth weight babies and ensure the healthy development of the unborn baby. This can also reduce the chances of the baby being born with physical defects and pregnancy complications in HIV-positive women.

Other infections: Advise pregnant women to avoid exposing themselves to other infections, including malaria and other STIs. Malaria in pregnancy causes low-birth-weight in infants; dual infection with HIV and malaria is associated with an increased risk of maternal and early infant death, as well as miscarriages.

Encourage use of insecticide treated bed nets to reduce the risk of malaria infection. Women in high malarial areas can take intermittent preventive treatment (IPTp) which consists of taking a single curative dose of an efficacious anti-malarial drug at least twice during pregnancy – regardless of whether the woman is infected or not.

Sexually transmitted infections (STIs) and urinary tract infections in pregnancy increase the baby's risk of HIV infection. Condoms should be used during pregnancy to prevent STI infection.

Involving men in PMTCT:

Male involvement in PMTCT ensures that women and girls get access to PMTCT and reproductive health services, and live healthier lives.

If a woman is infected with HIV during pregnancy or breastfeeding there is greater risk that HIV will be passed onto the child. Both parents need to prevent transmission of HIV to the baby by using condoms during pregnancy and breastfeeding.

Tips for involving men in PMTCT:

- ✖ Involve local and traditional leaders as advocates and opinion leaders; and community health workers to encourage men to support and accompany their pregnant partners for HIV testing and PMTCT services
- ✖ Encourage men, as peers, to speak to other men about PMTCT. Highlight their role as partners and protectors, so they ensure their family's health.

Infant feeding and counselling

Exclusive breastfeeding for the first six months of life is recommended for all babies - regardless of their mother's HIV status - because the risks of diarrhoeal diseases and other infections due to not breastfeeding are greater than the risk of HIV. When the mother is taking ARVs, the risk of her baby being infected through breastfeeding is significantly reduced.

Mothers should be encouraged to breastfeed as soon as their baby is born – the yellow fluid that comes before the breast milk contains antibodies against disease as well as being low fat and high in protein. It also encourages the baby to pass stool.

Promote exclusive breastfeeding in your community - some facts about exclusive breastfeeding:

- ✖ Exclusive breastfeeding means the baby receives no other foods (including water) for the first six months of life

A new mother may be unsure about breastfeeding. CHWs can help.

- Establishing a comfortable breast feeding routine takes time. Don't give up!
- The position of the baby on the breast is important so that both mother and baby are comfortable.
- The mother should place her nipple between the baby's upper lip and nose and encourage her to open her mouth by brushing her lip with the nipple, or brush the baby's cheek with the nipple, so the baby turns toward it with her mouth open.
- When the baby latches on to the breast, her mouth should be wide open and should cover the dark part of the breast with her lips, more on the bottom side than on top. This should be a comfortable position for both mother and baby. If the latch on is painful, the mother can gently put her (clean)little finger between the baby's gums and the breast and try again.
- Listen for sounds of the baby swallowing so you know she is getting milk. The more the baby sucks, the more milk will come.
- About half way through a feed, stop feeding and hold the baby up against your shoulder gently patting her back if needed to help her burp (bring up air). After a good burp, switch breasts.
- Remember which breast you stopped with last time, so you can start with the other next time.
- To remove the baby from the breast without bruising the nipple, the mother can gently put her (clean) little finger between the baby's gums and the breast
- At the beginning the nipples may feel a bit tender – this will soon pass. Try hot or cold compresses.
- If the pain continues, look out for inflammation, cracked or bleeding nipples, as these make it more likely that HIV will be passed on. If this happens or there are any other problems, consult a health services provider.

- ✖ Breast milk is designed to provide ALL the baby's nutritional requirements right up to the age of six months. Additional feeding may affect the baby's digestive system and cause him or her pain
- ✖ HIV positive women with babies who are confirmed HIV positive should:
  - Breastfeed until the baby is two years of age, including after introducing additional foods at six months
  - Stopping breastfeeding should be done gradually over one month to allow the baby's body time to adjust and ensure the baby gets adequate nutrition whilst adjusting to other foods
  - For babies older than six months, breastfeeding should only be stopped if a sufficient supply of infant formula milk - prepared with safe water and in clean conditions, - or a constant supply of animal milk (boiled, for infants younger than one year of age), is assured as part of a diet including healthy, cooked foods such as mashed vegetables, grains and meat.
- ✖ Cultural practices that involve giving newborns (or any baby below the age of six months) solid foods such as sadza can be harmful and should be avoided. A baby's digestive system is not properly developed and cannot cope with adult foods – these may damage the delicate lining of the stomach. These practices are harmful - especially in the era of HIV. Mothers-in-law are important allies in preventing transmission of HIV to newborns through breastfeeding.

Safer delivery practices

- ✖ Support mothers to book early and seek antenatal care as soon as possible. They should keep all antenatal appointments and take any action advised by the antenatal clinic
- ✖ Explain the importance of giving birth in a proper health facility with skilled attendants. Encourage mothers to make plans so they can be sure they are able to get to the health facility when the time comes.

The risk of HIV infection during delivery increases if:

- ✖ the baby is born early, or the waters break long before the baby is born
- ✖ invasive procedures - like breaking the waters manually - are used. This should be avoided in HIV positive women.

Supporting mothers after delivery

- ✖ Counsel mothers and help them to practice exclusive breastfeeding. If she has cracked or bloody nipples, or breast infections the risk of HIV transmission increases. Advise them to seek treatment immediately
- ✖ HIV transmission is reduced if the mother keeps herself in good health, maintains good nutrition and hygiene and always practices safer sex during breastfeeding. Provide counselling on food and personal hygiene.

Confirming HIV Infection

- ✖ All women with unknown HIV status should be tested before delivery if possible, or as soon as possible after delivery
- ✖ The baby of an HIV positive mother should be given post-exposure prophylaxis
- ✖ If the mother is known to be HIV-positive and was not on PMTCT and the child has signs and symptoms that indicate HIV infection, the child should be presumed infected and treated accordingly while test results are awaited
- ✖ Encourage routine testing for HIV for all sick children in high HIV prevalence areas.

Checklist for CHWs on information and services for PMTCT

Information/action area	Tick
Ensure mothers practice prevention and treatment of opportunistic infections (OI)	
Provide psychosocial support and nutritional advice	
Advise on reproductive healthcare, booking early and the importance of delivering in a health facility	
Advise on use of condoms during pregnancy and breastfeeding	
Ensure STIs are treated early and prevented	
Advise on family planning services	
Advise on seeking ART for HIV positive mothers	
Advise on exclusive breastfeeding and baby care	
Ensure mothers practice prevention and treatment of opportunistic infections (OI)	
Provide psychosocial support and nutritional advice	
Advise on reproductive healthcare, booking early and the importance of delivering in a health facility	
Advise on use of condoms during pregnancy and breastfeeding	
Ensure STIs are treated early and prevented	
Encourage HIV testing of both partners	
Encourage baby immunisations	
Advise on infant growth and development monitoring	
Ensure acute infections are treated promptly	
Encourage routine de-worming as worms can have a serious impact on the mother's nutritional status, which may affect the development of the baby	
Encourage multivitamin supplementation during pregnancy	
Encourage financial independence of women (poverty alleviation)	

Post PMTCT support

All women who have undergone PMTCT should be followed up at several intervals;

- ✖ Immediately after discharge from health facility,
- ✖ 6 weeks after delivery,
- ✖ At all well baby clinic visits for immunisations and weighings

Ask your local health facility for the names and addresses of all recently delivered women who underwent PMTCT so that you can follow them up.

*Remember all babies under the age of two who are confirmed HIV positive must be put on treatment.

13. Non Mother-to-Child HIV Transmission

Babies and young people may also contract HIV in other ways, although this is much less common. Transmission may occur through:

Sexual Abuse - child sexual abuse is becoming increasingly common in Zimbabwe. It is often difficult to tell if an older child was infected during pregnancy or through abuse. Orphans and children living in households where the parents are ill are especially vulnerable to sexual abuse. Where it is suspected, refer the matter to the appropriate organisation.

Advise mothers how to talk to their children about the dangers of sexual abuse; they should explain to them that no-one (even other family members, or people in authority) should touch their private parts. If anyone tries to do so, they must tell their mother, caregiver, or someone they trust, even if the person tells them not to.

Post-exposure Prophylaxis (PeP) - treatment which may prevent an infection - If someone has been sexually abused, they should get PEP as soon as possible, ideally within 72 hours. It is most effective within 24 hours of the exposure Prophylaxis may also be needed in other situations, such as exposure to contaminated needles, blood, or other bodily fluids, where the skin is broken.

Points to keep in mind for post-exposure prophylaxis include:

- ✖ ARVs need to be given for 28 days. On discharge from the health facility the client should be given enough medication to complete a 28-day course
- ✖ An HIV test will be done at the clinic (after obtaining informed consent) to make sure the person is not already HIV positive
- ✖ Most HIV infections occur within six to eight weeks of exposure, but HIV testing should be repeated at six to eight weeks, three and six months, after the assault.

In children who have been sexually assaulted, advise on the need to prevent pregnancy and STIs, as well as collecting evidence, including appropriate peri-anal and vaginal swabs, and any torn or stained clothing.

Transfusion of blood products - Blood donors in Zimbabwe are routinely screened for HIV so blood transfusions are relatively safe. A small number of infections may still be caused this way if HIV-infected donors were not detected during the window period.

Adolescents - Adolescents are vulnerable and may acquire HIV through risky sexual practices and transactional sex. They may also be infected through sexual abuse, or by sharing contaminated needles when experimenting with injecting illegal drugs. You can help identify adolescents involved in risky practices and counsel them accordingly.

14. Assessing (screening): for Symptoms of HIV in Children

Accurately diagnosing HIV in infants and children can be difficult. Some children who are infected with the virus may not show signs of infection for many years.

Without treatment, children with HIV fall into one of three categories:

- **Rapid progressors:** children who progress to AIDS very quickly and may die before the age of two unless they receive treatment. Almost 40% of HIV positive children fall in this category; half of infected children never reach their second birthday
- **Medium progressors:** About 50-60% of children fall in this category, where the disease progresses more slowly and death occurs within three to five years without treatment
- **Slow progressors:** These children live beyond eight years without treatment. About 5- 25% of children fall in this category.

Symptoms of HIV infection vary by age and individual child. Below are the more common ones. If a child displays any or a combination of these symptoms, encourage parents/ guardians to have the child tested for HIV as soon as possible. Both pre- and post-test counselling should be made available to the child and to their parents.

- Failure to thrive - failure to gain weight or grow according to standard growth charts
- Failure to reach developmental milestones at the normal age
- Frequent childhood illnesses; such as colds, upset stomach and diarrhoea
- Severe nappy rash
- Brain or nervous system problems; seizures, difficulty with walking, or poor performance in school
- Tuberculosis. (Note that all children are prone to TB infection if they are in close contact with an adult with TB).

Other early symptoms may be:

- **Oral yeast infection** – Recurrent oral or digestive tract yeast infections: identified by white, fuzzy, painful skin sores along the throat, tongue or gums. Other symptoms can include a sore throat, oral itching or swelling, coughing or diarrhoea.
- **Recurrent ear, sinus or lung infections** - These may occur along with fever, body aches, headaches, stomach upsets or extreme tiredness and should be treated early.
- **Skin rash** - Children may develop a severe skin rash, with red, dry, itchy patches across the body which are uncomfortable and may cause the child to scratch the affected skin to the point of causing bleeding. Children with HIV may also develop abnormal reactions to mosquito and other insect bites.
- **Abdominal swelling** - Some children develop significant abdominal swelling due to inflammation of the liver or spleen, caused by the virus. The abdomen may be tender to the touch and it may be difficult for the child to move about normally.

15. Diagnosis of HIV in Children

HIV-positive children must be identified early so they can begin ART to protect them from the virus and allow them to grow and develop normally. Every HIV positive woman or is pregnant or who has given birth should be counselled on the need to confirm her child's HIV status. The risk of HIV infection from breast milk continues throughout the breastfeeding period.

Ensure that pre and post-test counselling for children and their parents is available in your area. Messages for parents are:

- ✖ Get your child tested for HIV – it can save their life
- ✖ Get your child tested for HIV – so you get the emotional, social and spiritual support you need.

Explain when and where to take the child for HIV testing. If the mother is HIV positive, her baby should be treated as HIV positive until test results prove otherwise.

HIV infection in adults is diagnosed by testing the blood for antibodies to HIV. In children, this test is not effective, because the mother's antibodies are passed on to the child to protect it from infections while its immune system develops.

- ✖ Antibody tests in infants may give false positive results for up to 18 months - unless the child has never been breastfed, or was completely weaned at least three months before the test
- ✖ A negative antibody test below 18 months of age in an HIV-exposed infant – especially one who has never breastfed, or who was completely weaned at least three months before – does indicate the absence of HIV infection. Nonetheless, it is wise to retest such infants after three months.

PCR testing

- ✖ A PCR test (polymerase chain reaction or viral load test) can be done at or after six weeks of age. The test can be done on a dried blood spot (DBS), which is simple and cheap. A small prick is made on the child's foot and the blood is dripped onto filter paper and is then sent for analysis
- ✖ A positive test should be confirmed by a second DBS, but for clinical purposes, the child is treated as HIV positive after the initial test
- ✖ Below 18 months of age, if a child has a negative PCR result but is still breastfeeding, or has stopped breastfeeding within three months of the test, the test should be repeated three months after breastfeeding has stopped.

Find out if your local clinic can take the DBS and how long it takes for the results to come back. If not, know where your nearest testing point is.

- ✖ If your client's baby is having a PCR test, follow up with the clinic to check if the results have come through.

16. Starting Treatment in Children

All HIV positive children diagnosed by PCR should be started on ART and Cotrimoxazole prophylaxis immediately on diagnosis.

If the mother is on ART or ARV prophylaxis, the child should be given Nevirapine prophylaxis until one week after breastfeeding stops.

All children suspected of being HIV exposed, should be treated as HIV infected until infection is either confirmed or not by PCR after six weeks (see Diagnosis of HIV in Children – Reference Card 15).

Once a child is suspected of being HIV positive, both caregiver and the child (if old enough) should be counselled on ART and the importance of adherence.

ART in HIV positive children below two years of age should begin whether or not there are signs of illness.

A CD4 count is used in people living with HIV (PLHIV) to:

- ✖ Check how weak or strong the immune system is (a high CD4 count means the immune system is strong)
- ✖ Decide whether the person needs to start antiretroviral therapy. It is now recommended that all PLHIV with a CD4 count of 350 or below should start ART
- ✖ Decide whether to change ART medicines. If a person is on ART and their CD4 count begins to fall or they begin to get sick, the ARVs he or she is taking may have stopped working.

Because CD4 counts in children are higher than in adults, children under 12 years old with HIV are monitored by CD4% rather than absolute CD4 count.

Table: CD4% and CD4 counts for babies and children

HIV disease category	CD4%	CD4 0-12 months old	CD4 1-5 years old	CD4 6-12 years old
1 – no damage	25% or over	over 1,500	over 1,000	over 500
2 – moderate	15-24%	750-1,500	500-1,000	200-500
3 – severe	under 15%	under 750	under 500	under 200

A Viral Load test shows the amount of HIV in a person's blood and it also shows how well ART is working.

Babies known to be infected with HIV should begin ART as soon as possible regardless of disease staging.

WHO stage	Signs and symptoms	Start ART?
Stage 1	No symptoms	No need to begin ARVs, although this guideline may change in future, as research into early HIV infection suggests improvements in treatment
Stage 2	Some weight loss, fungal infections of nails; frequent respiratory infections	Health professional will monitor CD4 blood test to determine the need to start ART
Stage 3	Severe weight loss; unexplained chronic diarrhoea for more than a month; unexplained persistent fever over a period of one month; TB; Thrush	ART should begin at this stage
Stage 4	Severe weight loss, severe respiratory disease; severe thrush; other serious infections	Needs to be on ART immediately and should receive immediate treatment for any illness.

17. ART, Side-effects and Adherence

About ART

- ART involves a combination of ARVs
- **ART is NOT a cure** for HIV and AIDS. ARVs are **taken for life**
- ART aims to reduce the amount of HIV in the blood and increase the number of CD4 cells. It improves health and quality of life by stopping HIV from replicating in the body, reducing the damage it causes to the immune system and preventing progression to AIDS
- While on ART, people living with HIV can still be re-infected with HIV
- People on ART are less likely to pass on the infection to others. This depends how well their viral load is controlled and how consistently they take their medication
- Not everyone with HIV needs to begin ART immediately, though it is now believed that it is better to start treatment early
- Children respond differently to ARVs from adults. They have larger increases in CD4 cell counts and their immune response seems to recover better than in adults
- Bones develop quickly during the early years of life. ARVs can weaken bones in both adults and children. Children are more likely to experience bone disorders as a side-effect of treatment.

Side-effects of treatment

All medicines may have side-effects (unwanted effects on the body). CHWs should make parents and children aware of possible side-effects so that they seek medical attention where necessary. The child must continue to take the medicine as instructed, even when having side-effects.

Many side-effects are worse in the first few weeks of treatment and lessen as the body gets used to the medicine. Some are more serious and need to be attended to by a medical service provider as soon as possible.

Minor side-effects include:

- Nausea: This may be eased by giving the medication either with or without food, depending on which makes the nausea worse. Give the child plain food, small amounts at a time. Ginger tea or fresh ginger may help. It is best to consult your health service provider
- Vomiting and diarrhoea. If severe, give oral rehydration solution: 6 level teaspoons sugar with half teaspoon salt in 750 mls of boiled water. Give frequent sips when cool. Fruit juice or rooibos tea may also help
- Abdominal pain
- Headache
- Fatigue – make sure fluid intake is sufficient; bed rest

- ✖ Skin rash – Note: Skin rash may be a serious side effect, especially if it is severe and affects the whole body. Infected mild skin rashes may be eased by adding garlic to skin care ointment and spreading on the rash. Loss of appetite.

Side-effects that you should be checked by a health service provider are:

- ✖ Severe headaches
- ✖ Severe abdominal pain
- ✖ Tingling of the hands and feet
- ✖ Yellowing of the skin and pain of internal organs (liver toxicity or jaundice)
- ✖ Severe rash, especially if it affects the whole body. See a health service provider.
- ✖ Severe fatigue or shortness of breath
- ✖ Fever
- ✖ Severe mental disturbance
- ✖ Severe muscle pain or cramping
- ✖ Anaemia.

Adherence

CHWs should support supporting caregivers to ensure that children take their medication as prescribed. Encourage caregivers to observe their children taking their medication where possible.

Children adhering to ART

Many children do not understand why they should have to take medicines that may taste bad or make them feel sick. This is where early disclosure helps. Until recently, paediatric versions of ARVs were not available, and many taste bad or have a strange texture.

Counselling and Preparation

Give caregivers and children pre-ART counselling, including details on how the medicines should be taken; i.e. with or without food, how often, as well as any known side-effects and how serious they may be.

Starting ART - When a child starts on treatment, you can support them to deal with the challenges of side-effects and reinforce the importance of taking treatment correctly.

Re-motivation and/or treatment change

Over time, adherence can reduce, on the part of either the caregiver or the child, especially when they feel well. Actual or fear of, stigma can also prevent a child adhering to medicines. Your support and encouragement can help.

If a treatment combination fails, the health service provider will need to change the medication. This can cause additional stress and anxiety, and new side-effects. In these cases, you should:

- ✖ intensify your support of the family and reinforce adherence during visits
- ✖ offer assistance with practical, emotional and social issues.

Supporting a child on ART

Make sure that the child and caregiver understand the health issues, especially the progression of HIV. Reinforce the benefits and address any challenges to ART. Remind them that ART is not a cure and treatment is for life and reinforce that successful ART requires adherence 100% of the time.

Give parents the following tips to make taking ARVs easier for a child:

- ✖ Explain that the medicine will help them. Use simple language that the child will understand. Be reassuring
- ✖ If the child does not want to take the medicine, make up a game to encourage them to take it
- ✖ If the medicine has an unpleasant taste, prepare the child so that they know what to expect.
- ✖ If tablets are too big to swallow, crush them, or break them in half to make them easier to take
- ✖ If the child vomits within 30 minutes, reassure him or her and repeat the dose. If the child vomits more than 30 minutes later, the medicines will probably have been absorbed and there is no need to repeat the dose
- ✖ Always praise the child after taking the medicine, and if possible give them a reward or treat.

Tips for parents to help a child remember to take ARVs everyday at the right times:

- ✖ Make a timetable or chart with a list of the pills and time
- ✖ Work out how to tell the time at home, using: a watch or clock, a cell phone, or watching the sun in the sky
- ✖ The child should carry some pills all the time in case something stops them from getting home on time
- ✖ Pills should be kept where they will be noticed at the right time, for example with a breakfast plate or toothbrush. If possible, keep pills in a container with compartments and fill this pill box once a week. This also helps identify missed doses
- ✖ If pills taste bad, some pills can be broken or crushed or dissolved in water, juice or milk to make them easier to swallow. Follow pills with something sweet, like honey, or something salty to help take the bad taste away
- ✖ All family members can support the child to take their medicine by giving little rewards, a certificate saying, "...is a champion!'', or singing a song congratulating the child. Make a star or sticker chart or use a calendar
- ✖ Older children can keep a diary about their difficulties and feelings about taking the medicines. They can share this with anyone they want to, or keep it private. A treatment diary can also help identify problems with adherence and help find solutions
- ✖ Make sure you are ready to collect the pill supply every 28 days
- ✖ Designate at least one family member who agrees to help remind the child to take their pills.

18. Disclosure in Children

Disclosure in children with HIV means the parent or caregiver telling the child about their illness and about their need to take medication. This can reduce any fears the child may have and help them understand and take charge of their health, as well as ensuring they do not infect others.

What is disclosure? Disclosure in children with HIV refers to the parent or caregiver telling the child about their illness and about their need to take medication. This can reduce any fears the child may have and help them understand and take charge of their health, as well as ensuring they do not infect others.

Disclosure also means the decision by someone who is HIV positive to tell others about their condition.

How to disclose: there is need to take into consideration the child's age, level of emotional maturity and any family dynamics that may affect this. In the beginning, the exact diagnosis is less important with young children. As they mature, they should be fully informed of the nature and consequences of their illness and encouraged to actively participate in their own medical care. Older children and young people who are recently diagnosed may already have understood that they are ill and finding out about their HIV positive status may comes as a relief.

For older young people who are aware of their status, disclosure also means the decision to tell others their status.

How can CHWs help? CHWs can discuss and plan the disclosure process with parents or caregivers. The child's developmental age and their emotional/mental health need to be considered and a number of visits may be made to assess the child's knowledge and coping capacity. Older children are better able to understand the nature and consequences of their illness and efforts must be made help them cope with their condition. Ideally, disclosure should be conducted in a controlled situation with parent(s) and caregivers.

- ✖ CHWs need to help prepare caregivers for answering any questions the child may have, bearing in mind that children are very intuitive and may often have picked up the fact that they are unwell before they are formally told
- ✖ Children are able to understand different things at different points in their development. It can be difficult to understand everything at once – especially something that is emotionally charged. In general, younger children, if they are ill, are most interested in learning what will happen to them in the near future. They need not be informed of the actual diagnosis, but the illness should be discussed with them. If children are informed of their diagnosis, effort should be made to address any fears or misperceptions they may have about their condition
- ✖ CHWs should always consider the views of the child's caregivers; they may be reluctant to tell their children about their status because of the implications for their own status and the fact that the virus is primarily sexually transmitted.

Why disclose? There is evidence that children who are informed of their HIV status cope better with their illness and participate in their own treatment. Being aware of their positive status also seems to improve self esteem and confidence. School age children and adolescents should be informed of their status so that they can make appropriate decisions about treatment. Children who are ill, particularly those who need to be hospitalised should

also be informed of their HIV status as there is a strong chance that they will accidentally learn their status in a hospital setting.

Disclosure should:

- ✖ Help the child understand their illness and be a two-way conversation
- ✖ Respect the child's feelings and emotions
- ✖ Take into account the wishes of the family.

Disclosure to children is a sensitive process rather than a one-time event. You have an important role to play in helping parents and caregivers disclose to their children in a positive and supportive way.

- ✖ Knowing their HIV status can encourage children to take their treatment as they should (adhere) as they know the medicine is to keep them healthy
- ✖ Keeping the information that a child is HIV positive from them can lead to distrust and confusion and leaves them unprepared to deal with related issues that will later arise in their lives, such as possible stigma and sexual activity.

Always consider the views of a child's caregivers; they may be reluctant to tell their children about their status because of the implications for their own status and the fact that the virus is primarily sexually transmitted.

Help prepare caregivers to answer any questions the child may have. Children are very intuitive and may have picked up the fact that they are unwell before they are formally told.

Disclosure should be a two-way conversation and should:

- ✖ Help the child understand their illness
- ✖ Respect their feelings and emotions
- ✖ Take into account the wishes of the family.

The role of CHWs in disclosure to children

You can:

- ✖ Encourage parents and caregivers to disclose to children at the appropriate time
- ✖ Help them plan for disclosing; to think ahead about questions the child may ask and how they can be answered
- ✖ Provide leaflets and drawings to help the caregiver explain HIV and ART
- ✖ Answer questions about the disease – what the infection is all about, and how it makes you sick
- ✖ Parents/caregivers may ask you to be present for support when they disclose, but it is important that the parents give the child the information themselves
- ✖ Help the child to understand the benefits (and risks) of treatment
- ✖ Help the child and caregivers decide to whom the child should disclose
- ✖ Help prepare caregivers and children to deal with others' reactions to their status
- ✖ Recognise signs of depression and denial and make referrals for mental health support.

Just as there are recommended ways to disclose, there are also ways not to disclose.

It is best **NOT** to disclose:

- ✖ By accident or without planning
- ✖ As a punishment
- ✖ After the child already knows
- ✖ When the child is dying.

Disclosure to others: Disclosure may be full or partial. Full disclosure means that HIV status is made public, with no attempt to keep the knowledge from others. This is common in HIV activists, or champions, but may not suit everyone.

Partial disclosure is more common and means people are told on a 'need-to-know' basis. Thus health care providers and family members may know, but it is the child's decision who to tell or not to tell. It may be helpful if teachers are aware of a child's HIV status, but it is the child's choice. However, if disclosure is on a partial basis, then those who are told should be advised that they should keep this knowledge to themselves.

Disclosure by young people

Factors to consider

- ✖ Disclosing can help people accept their HIV-positive status and reduce the stress of coping on their own
- ✖ Disclosure can help people access the medical services and other support they need
- ✖ Disclosure can help people to protect themselves and others. Openness about their HIV-positive status may help women to negotiate safer sex
- ✖ Disclosure can help reduce the stigma, discrimination and denial around HIV
- ✖ Disclosure promotes responsibility. It may encourage the person's loved ones to plan for the future.

However, disclosure can also have negative consequences including: problems in relationships with sexual partners, family, friends, community members, employer or colleagues and rejection.

- ✖ CHWs should help clients think through the pros and cons carefully and to plan ahead before they disclose their HIV-positive status. Encourage them to think of the implications of disclosing and to consider how those they opt to disclose to may react. They should be sure it is what they want to do. And they should plan how they will do it
- ✖ For adolescents, there is the difficult decision of whether or not to tell friends or dating partners, who may seem important at the time, but may soon move on and may or may not keep the confidentiality
- ✖ Encourage them to develop a "plan" for disclosure, that includes any preparations that need to be made before disclosure; decide who they will inform first, how and where the disclosure will take place, and what the level of disclosure will be
- ✖ Disclosing gradually rather than to everyone at once may be better
- ✖ It is important to choose the person/people to disclose to carefully: they should be accepting, mature, empathic and supportive
- ✖ Make sure that the time and place are right for disclosure
- ✖ Identify sources of support, such as groups for people living with HIV, church members or counselling organisations.[1]

1 Adapted from http://www.health24.com/medical/Condition_centres/777-792-814-1767,22202.asp

19. Immunisation (vaccination)

What is immunisation/vaccination? Immunisation protects children (and adults) against harmful infections before they come into contact with them in the community. It uses the body's natural defence - the immune system - to build resistance to specific, potentially dangerous infections.

A vaccine contains either a very small dose of a live, but weakened form of a virus, or a very small dose of killed bacteria or small parts of bacteria, while others contain a small dose of a modified poison produced by bacteria. This dose stimulates the immune system to develop antibodies against the disease.

When are they administered and for which diseases? Vaccines are commonly given for eight diseases - diphtheria, tetanus, whooping cough, polio, measles, mumps, rubella, and TB.

Where is it administered and by whom? Vaccines are administered at local clinics and sometimes in schools, under special vaccination programmes.

Why is immunisation important? Immunisation helps children stay healthy by preventing serious infections and their complications.

How can CHWs facilitate this process

Children who are HIV-infected:

- ✖ or who may have been HIV exposed should not be given the BCG vaccination at birth
- ✖ Are more likely to develop active TB disease , which may progress more quickly, after being exposed to someone with active TB
- ✖ May experience more frequent episodes of Influenza infection. Vaccines are effective, even in HIV-positive children, and are recommended where they are available and affordable
- ✖ May experience severe forms of disease from measles wild-type virus infection.

Childhood immunisations in HIV positive children should be administered with the following modifications. You should support caregivers with this:

- ✖ BCG vaccination can be given up the age of 16. When considering BCG vaccination at a later age, check whether the child is suffering from HIV related illnesses (symptomatic HIV infection). If illness is present do not vaccinate the child
- ✖ Measles vaccine can be given to symptomatic HIV positive children, at nine months
- ✖ HIV-infected children can receive prophylactic measles immunoglobulin to prevent the disease within six days of being exposed to the virus
- ✖ Varicella immunoglobulin can be given within three days of exposure if the child is exposed to chicken pox
- ✖ All HIV positive and possible HIV exposed babies should be given Cotrimoxazole prophylaxis starting at six weeks of age. Daily Cotrimoxazole is effective against PCP - a significant cause of illness and death in infants with HIV. It reduces both the incidence and severity of PCP and also provides protection against common bacterial infections, toxoplasmosis, and malaria. Remind mothers to attend health centres for Cotrimoxazole prophylaxis

- ✖ Preventing TB – Izoniazid prophylaxis (IPT) against TB should be given to all children below five years old who are exposed to smear-positive TB in their household, for a period of six months. Active TB disease must be ruled out first. You can assist caregivers by providing this information if someone in the household is being treated for TB.

20. Psychosocial Support to Children and Young People

Psychosocial support is meeting the ongoing emotional, social, and spiritual needs of children and ensuring that they have love, care and protection. All children need psychosocial support for their psychological and emotional wellbeing, as well as their physical and mental development, especially those dealing with the reality of living with HIV.

Psychosocial support includes:

- ensuring the meaningful participation of children in issues that affect them
- listening and responding to their problems
- allowing children to express their feelings and needs
- helping children appreciate their history and identity
- encouraging them to set goals and reach their potential
- ensuring children have positive, nurturing relationships and connections in their lives
- Providing life skills for children and youth
- Providing children with safe spaces to play.

Spiritual Care

If a child has a strong sense of God and a spiritual belief, then offering to pray with them can be a way of supporting them. Pastors and church groups can also be valuable sources of support, but you need to be sure that the particular pastor does not view HIV as a punishment from God, as this will increase the child's feelings of guilt and stigma and isolation.

Bereavement care

Children and young people may have difficulty in expressing their feelings about grief and loss. Children who have been bereaved need a sensitive and understanding environment both at home and at school. Initially, numbness and disbelief may set in, followed later by feelings of grief. This is delayed reaction.

- Children think in exact terms. Therefore, use the words 'death', 'dying' etc. Avoid using terms like 'gone away' or 'lost'
- It is often easier for children if they are given information in small chunks. Too much information at one time can be overwhelming
- Repeat information, if necessary
- Reassure them that their feelings are OK. Feelings are not right or wrong, but they are real
- Do not try to distract the child from what he or she is feeling
- Depending on the individual child, they may need to be held, allowed to cry and to express their thoughts, feelings and fears
- Reassure the child that his or her basic needs will be met, and where possible, that their basic routines will not undergo major changes.

Tips on setting up a psychosocial support group

CHWs should consider helping young people affected and infected by HIV to form psychosocial support groups where they can discuss issues they may not feel able to discuss in their families or with health care personnel, to identify ways to address their psychosocial needs.

A peer support group means people come together because they share a common situation – in this case being infected or affected by HIV and AIDS. Members help each other to improve and better manage their situation, share challenges and discuss solutions and support each other to take action to meet their psychological, social, physical and medical needs. Ideally, members of the group will become role models for others in their community. Groups should include both people living with HIV and others to reduce possible isolation and stigma of those living with HIV.

1. Ask young people in your area if they are interested in joining a group that tries to meet these needs
2. Once you have established interest, arrange a meeting where you invite all the young people to come together and explain the purpose of the group. Help them establish basic ground rules for the group, especially the issue of confidentiality; e.g. nothing said within peer group meetings should be repeated outside the meetings without the agreement of the person
3. Once you have got the young people together, it is best that they take the lead in deciding when, where and how often to meet, and agree what they want to achieve through the group, whether they want to formalise the group by having a constitution, elected office bearers etc. In any case, they will need to identify people to spearhead and organise meetings, invite speakers, look for resources etc
4. Some suggested areas of support are; to support others in making use of healthcare services like HIV testing, PMTCT and HIV care and treatment; to help each other understand the available clinical services; support each other to seek and adhere to care, and to provide support for integrating family members into care
5. Groups can involve recreational activities (sports, crafts, drama, etc.), as well as time for discussion. Meetings should be FUN!
6. Group members can also share their experiences with local service providers on, for example, the best time to arrive to reduce waiting time, etc)
7. The group may also choose to invite others to talk to them, for example, healthcare workers or leaders of community-based organisations can talk about the services their organisations offer.

Ideas for health education topics that can be incorporated into support group meetings:

- ✖ Positive living
- ✖ Navigating the healthcare system
- ✖ Disclosure
- ✖ Coping with school
- ✖ Relationships and sexuality
- ✖ Dealing with stigma
- ✖ Adherence
- ✖ Preventing opportunistic infections

- ✖ Nutrition
- ✖ Domestic violence
- ✖ Family planning and dual protection
- ✖ Preventing new HIV infections
- ✖ Dealing with death and dying of a friend or family member.

8. Once the group is formed, some members may be able to become Peer Educators who can facilitate meetings and/or help others organise them and recruit members. This will depend on the support available from other local organisations, such as NGOs, that might include leadership training and how to engage and involve other young people
9. Support groups may also extend to playgroups for younger children and their caregivers where children can do child-friendly activities together, such as games, drawing, art and music, and caregivers have a chance to share and talk. Young mothers support groups: Young mothers living with HIV and those with HIV-exposed or HIV-infected children may also want to have their own support group to provide psychosocial and emotional support and help them understand and access key HIV and PMTCT services, safer infant feeding, care of HIV-exposed babies and the importance of adherence to PMTCT and ART.

Factors that indicate a child needs individual support

- ✖ Lack of social support from a supportive nurturing adult
- ✖ Bereavement overload: too many losses in a short period of time
- ✖ Secondary losses: loss of financial security; having had to move away from friends and social support structures
- ✖ Additional stress factors at the same time: added responsibilities, such as a sick parent or being in a child-headed family.

Some signs that children need to be referred for specialised support

Personality changes: the child becomes very introverted and has difficulty in expressing feelings; or becomes very extroverted and shows outbursts of anger or destructive behaviour towards themselves or others

- ✖ Change in social behaviour: the child withdraws from former friends and social activities or gets over-involved. Extreme cases involve theft, vandalism, delinquent behaviour
- ✖ Academic performance: A drop in performance, or working too hard. Difficulty concentrating, causing problems in class etc.
- ✖ Change in physical or medical condition: worsening of existing conditions or development of psychosomatic symptoms (symptoms arising from the mind instead of the body), especially copying the symptoms of the person who has died
- ✖ Use or abuse of alcohol and/or medicines; sexual misbehaviour or acting out sexually; talking about or referring to suicide; giving away possessions.

21. Nutritional Management

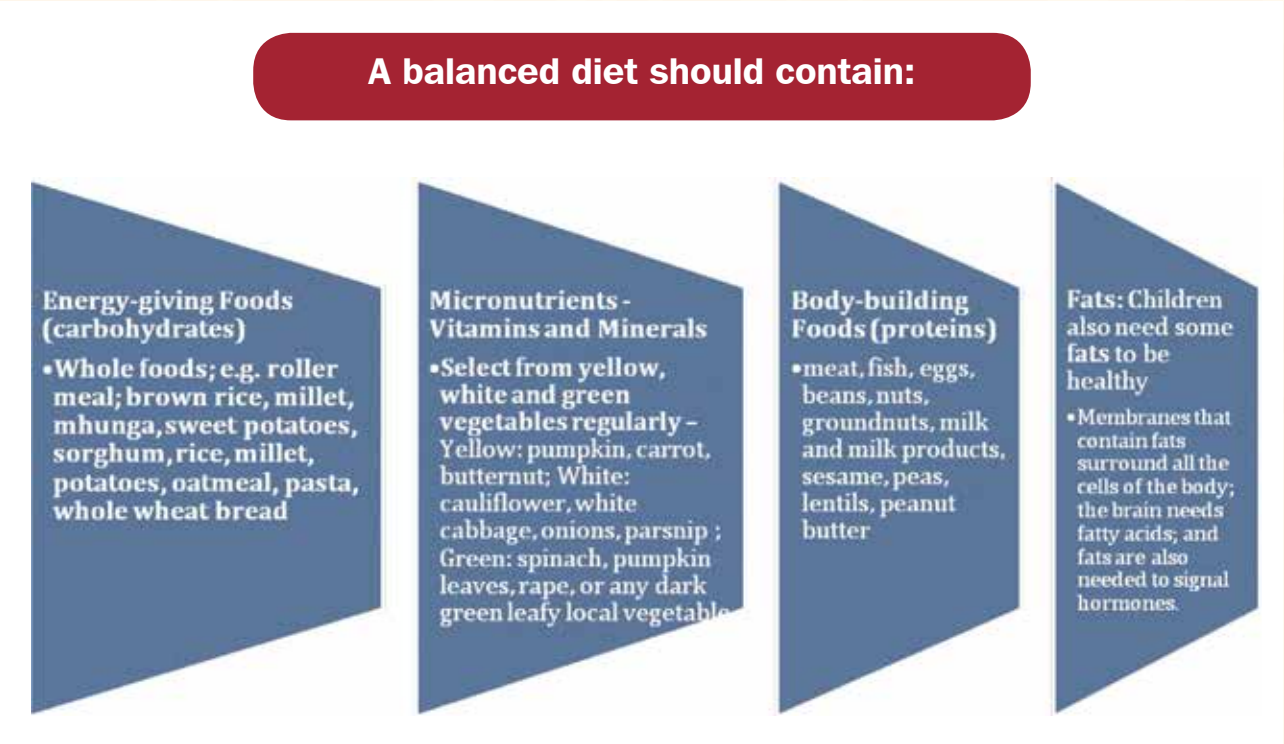
What is paediatric nutrition?

This means providing children's bodies' with the essential nutrients for growth. Infancy and early childhood are critical periods of growth and development. Children's nutritional needs can be very high due to rapid growth.

Children need a varied diet to provide them with all the nutrients they need. Poor nutrition weakens the immune system and predisposes children to common infections and, for those who are HIV-infected, to opportunistic infections.

Caregivers and parents need to help children develop healthy eating patterns early on. Both over and underweight can have important health and social consequences for a child. Good nutrition means getting the right balance of carbohydrates, fats and proteins, plus all the required vitamins and minerals.

Good nutrition means good health



Whatever their age, children can easily get a balanced diet – and reduce their risk of becoming overweight (obese) – by eating a variety of foods from the four main food groups:

Bread, other cereals and potatoes – these starchy foods, which also include pasta and rice, provide energy, fibre, vitamins and minerals.

Fruit and vegetables – these provide fibre, vitamins and minerals and are a source of antioxidants. Fruit is best when eaten raw and fresh, but make sure it has been washed or peeled

Milk and dairy foods – these provide calcium for healthy bones and teeth, protein for growth, plus vitamins and minerals

Meat, fish and alternatives – these foods, which include eggs, nuts, beans and pulses, provide protein and vitamins and minerals, especially iron.

Fats - While the body needs some fats, very fatty foods can reduce energy levels. Fats are slow to digest and do not provide the body with a steady source of energy.

Foods from a fifth food group that includes fatty and sugary foods like biscuits, cakes, soft drinks, chocolate, sweets, crisps and pastries. These create sugar spikes in the blood and may take away the child's appetite for healthier foods.

Children should not have too much salt. All processed foods contain significant amounts of 'hidden' salt. While adults should have no more than 6g of salt a day (slightly over a level teaspoon), children need much less as their bodies are smaller.

Young children should not eat too many fibre-rich foods, as these may fill them up so they cannot eat enough other foods to provide them with adequate nutrients.

Diet for sick children

When a child is very ill, getting them to eat can be difficult. It is therefore important that what they do eat contains all the nutrients they need, and if possible some that help to boost the immune system so they get well. Offer only small amounts, often, and make sure the child takes enough fluids.

Immune-boosting nutrients are found in...

Nutrient	Source
Vitamin A	eggs, milk, and orange/yellow fruits and vegetables
Vitamin B6	meat, whole grains, vegetables
Vitamin C	masau, oranges; lemons, all berries
Vitamin E	nuts, grains, vegetable and oils
Selenium	meat and poultry
Zinc	lean meats, dairy products, whole grains, beans and nuts
Probiotics	Fermented milk products such as lacto and yoghurt

Effects of HIV on nutrition

HIV-infected children are at increased risk of malnutrition for many reasons. Adults living with HIV also have about a 10% higher calorie need than uninfected people. Other risks are:

- ✖ Low birth weight
- ✖ Unsuitable infant feeding practices and poor weaning practices (timeliness, adequacy of foods, hygiene, meal frequency, feeding methods)
- ✖ Reduced food intake because of disease in the mouth and throat (thrush, or sores) and loss of appetite associated with illness
- ✖ Increased loss of nutrients because the body fails to absorb them, or because of diarrhoea
- ✖ Increased metabolism because of HIV infection or other infections.

HIV-infected children are at also additional risk due to inadequate child care, if the mother is sick or deceased and to household food insecurity.

Tips for good nutrition in children living with HIV

- Give the child small meals five-to-six times per day in small, easy to handle portions and offer seconds; too much food on a plate may put the child off
- Introduce new foods along with a food you know the child likes; if the new food is refused try again a few weeks later
- Involve the child in food preparation, shopping and washing up, provided they are fit enough and not feeling nauseous
- Provide at least five portions of fruit or vegetables every day
- Try to give at least one of these in one portion per day: chicken, meat, fish, eggs, peanut butter, dry beans or nuts. Add cooking oil or fish oil while cooking
- Bread, samp, rice, mealie meal or other cereal mixed with any of the above and/or sour milk should be eaten - as much as the child wants
- Vitamin A supplementation helps increase immunity to infections and is found in all red fruits and vegetables.

To stay healthy, a child living with HIV also needs to:

- Drink enough clean water
- Go for regular check-ups
- Take preventive treatment for opportunistic infections such as TB
- If taking ARVs, take them exactly as prescribed by the doctor
- Get enough rest and exercise
- Speak to other people living with HIV by joining a support group, or being able to talk to family and friends about their worries.

When a child is unwell for whatever reason, they are more vulnerable and at increased risk of becoming under-nourished. To ensure the nutritional needs of ill children are met, there is need to seek medical assistance.

Functions of each nutrient

Carbohydrates (starches and sugars) - provide the energy the body needs to function and are needed every day. the human body can easily digest carbohydrates to obtain energy. About half of a child's daily diet should come from carbohydrates.

Carbohydrates are broken down into glucose, fructose or galactose. If a child does not get enough carbohydrates, the body can make glucose from protein or fat, but if he or she gets too many carbohydrates, the body will store them as fat. Good sources of carbohydrates are 100-percent whole grain breads and cereals, roller meal, millet and sorghum and starchy vegetables such as sweet potatoes and pumpkin.

Proteins and Fats - Proteins build and repair the various parts of the body. Muscles use lots of protein, and this needs to be replenished through their diet. The body also needs protein to build the immune system, hormones, nervous system, and other organs. Protein in foods is broken down into amino acids.

Micronutrients - vitamins and minerals - Vitamins and minerals are just as important, though they are only needed in small amounts. They help some of our body's chemical reactions happen faster. For example, vitamin C helps keep connective tissue strong and your immune system working.

Calcium has several functions but is best known as the mineral that is stored in bones and teeth. Healthy bones are necessary throughout life and become more important as we age. Many bone conditions that may develop later in life can be avoided by ensuring children eat enough calcium, found in milk and other dairy products. These should be taken every day.

Important: Sugary foods (soft drinks, sweets, tea with sugar, jam, biscuits and cakes) raise blood sugar levels very fast and make the child feel 'high', followed by feeling tired shortly after. These should only be eaten in small quantities, occasionally.

22. Hygiene and Universal Precautions

Good hygiene is especially important to protect the health of children and adults living with HIV. Personal hygiene means cleaning and caring for our bodies and includes simple steps to prevent the spread of germs. Home hygiene means taking simple steps to prevent the spread of germs and maintain a healthy environment.

- ✖ Cleaning and airing the house and bedding
- ✖ Wash clothing frequently and change and wash bed sheets at least twice a month to stop bad smells
- ✖ Wash hands with soap and water, or ash, after using the toilet or changing a baby's nappy, helping a child to the toilet etc. and before preparing food and eating
- ✖ Cover your nose and mouth with a tissue when coughing or sneezing, or cough or sneeze into your elbow or clothes to stop germs from spreading
- ✖ Spitting should be discouraged
- ✖ Keep the toilet and its surroundings clean and free from flies
- ✖ Wash soiled linen with hot water and soap
- ✖ Keep garbage in a covered bin and empty it regularly
- ✖ Only use drinking water from a protected well or tap. Drinking water in both rural and urban areas should be boiled. Store drinking water in a clean and covered container
- ✖ Make sure all food preparation surfaces and utensils are clean
- ✖ Clean vegetables with running water (from a tap or poured from a cup or container) rather than soaking them in a bowl
- ✖ Cover and store food away from insects and pests
- ✖ Fruits and vegetables should be checked regularly to see if they are 'over-ripe'
- ✖ Eat cooked food while it is still hot and avoid reheating food.

Universal precautions - reduce the risk of transmitting germs through exposure to blood, body fluids and contaminated medical or other types of equipment. There is an extremely low risk of getting HIV through caring activities if universal precautions are taken:

- ✖ Wash hands with soap and water before and after caring
- ✖ Wear gloves or cover hand with plastic bags when contacting blood or body fluids
- ✖ Keep wounds covered (both those of the caregiver and the client)
- ✖ Clean up blood, faeces, urine with ordinary household bleach
- ✖ Wash cutlery, linen, bath, etc with ordinary washing products
- ✖ Keep clothing and sheets stained with blood, diarrhoea or other body fluids separate from other household laundry
- ✖ Use a piece of plastic or paper, gloves or a big leaf to handle soiled items
- ✖ Do not share toothbrushes, razor blades, needles or other sharp instruments that pierce the skin
- ✖ Properly disinfect tools used for caring such as razors, needles and spit jars
- ✖ Wash your hands with soap and water after changing soiled bed sheets and clothing and after any contact with body fluids.

Sample Referral Directory

Service Page	NGO/ Health facility	Physical Address	Phone Number	Contact Person
HIV Counselling and Testing				
Counselling - other				
PCR testing				
ART initiation / Side-effects				
Repeat ART script filling				
Food Support and Nutritional Counselling				
PMTCT services				
Family Planning Services				

Service Page	NGO/ Health facility	Physical Address	Phone Number	Contact Person
STI Services				
Youth Friendly Services				
Condom Distribution				
PEP and Emergency Contraception				
Child and Sexual Abuse / Rape				
Victim Friendly Unit/ Child Protection Committee				
CD4 Count Testing				
In the Event of Treatment Failure				
Psychosocial Support groups				
Internal Savings and Lending Schemes (ISALs)				

Service Referral Form *(to be completed by the referring NGO)*

We are referring our client

Name: .....
.....

To your institution for

Service Required: .....
.....
.....
.....

Once you have provided the services needed, please complete the tear off slip below and give it to the client to return to us for our records. Thank you for your assistance.

Date: ..... / ..... / .....

Community health workers Signature:

.....

NGO Stamp

We .....
..... *(name of service provider)*

confirm that we have provided .....
.....*(name of client)*

with the following services:

.....
.....
.....
.....
.....
.....

Date: ..... / ..... / .....

Institutional Stamp or signature

(Please return the signed form to your Community Health Worker)

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