

COMMUNITY LEADERS HANDBOOK



HIV PREVENTION, CARE, TREATMENT AND SUPPORT FOR CHILDREN AND ADOLESCENTS



This handbook guides community leaders on how to mobilize and create demand for HIV prevention, care and treatment services for children and adolescents in their communities.

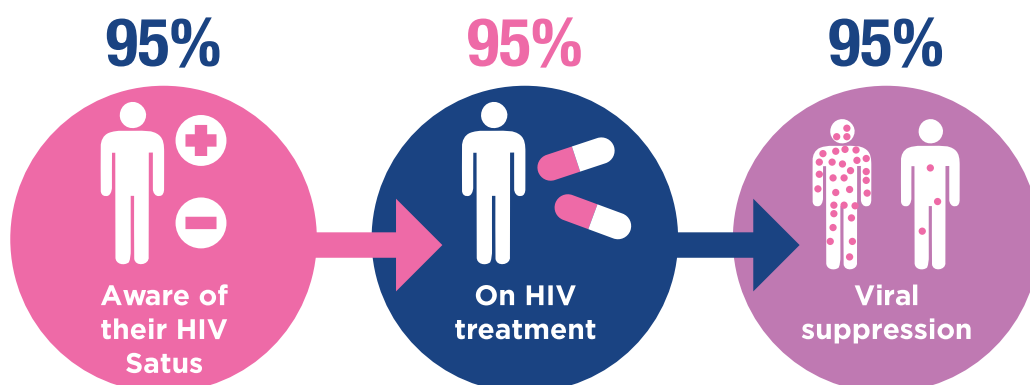
This handbook provides accurate information, motivates and improves communities' knowledge and skills in HIV prevention, care and treatment. To ensure participation of the target audiences, the information in this handbook can be used in different community platforms. Different approaches of engaging communities may be adopted including home visits, one-on-one and small group discussions among others. Through these approaches, communities will be actively engaged in defining their risk to HIV and be motivated to take personal responsibility and action to prevent HIV.

Background

In 2016, the Ministry of Health (MOH) adopted the UNAIDS 95-95-95 strategy with a focus that 95% of all HIV positive persons are identified through HIV testing services, 95% of all identified positive are enrolled on antiretroviral therapy (ART), and at least 95% of all persons on HIV treatment adhering to treatment in order to attain and sustain viral suppression. The Ministry of Health's focus is that everyone who is HIV positive should not only start treatment right away but also be helped to stay on treatment. They should also have periodical viral load test to check how they are responding to medication.

The prevalence of HIV among children <15yrs in Uganda stands at 0.5 percent. By the end of Q4 FY2018, there were 109,765 children <15yrs estimated to be living with HIV in Uganda. Of these 67,418 were receiving ART (61 percent) and 57,474 (52 percent) were virally suppressed. In the same period, 93,801 adolescents 10-19yrs were estimated to be living with HIV, with 61,525 (66 percent) receiving ART and 46,075 (49 percent) virally suppressed.

Uganda's HIV Targets Towards Epidemic Control By 2030



Measures Ministry of Health has taken to Prevent HIV among Children and Adolescents

The current government of Uganda guidelines allow pregnant women to test for HIV as part of ANC services and treatment is available for those that test positive to prevent their infants from contracting HIV.

For infants, HIV testing services are available from 0-2 years, this includes those mothers who did not attend ANC or even deliver from the health facility.



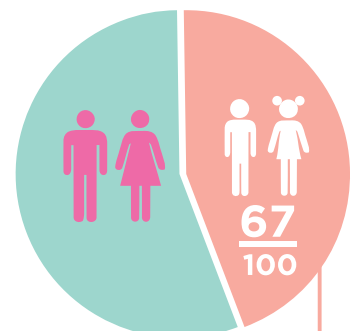
Current Challenges

45 out of 100 young people have comprehensive knowledge on HIV

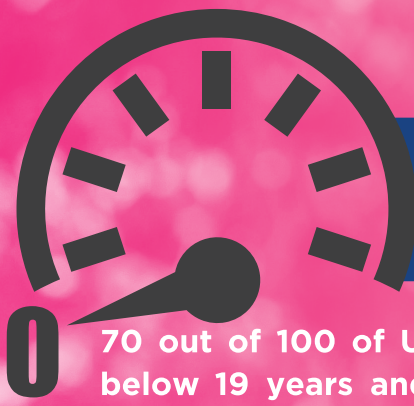
but Teenage pregnancy rate still stands at 1 out of 4 girls

Approximately 151 people get infected with HIV in Uganda daily, of these 67 out of 100 are young people. It should be noted that 65 out of 100 people in Uganda's population is below 24 years, however these young people face several social, structural, economic constraints such as, low access to correct information, Gender-Based Violence that limit their ability to sustain HIV prevention, care, treatment and support behaviors.

Much as progress has been made towards achieving these targets, there are still challenges in reaching children aged (0-9) and adolescents (10-19) with the different HIV interventions thus hindering the country's progress towards epidemic control. For example, data shows that only 45 out of 100 young people have comprehensive knowledge on HIV, but teenage pregnancy rates still stand at 1 out of 4 girls.



Every day, approximately **151** people get infected with HIV in Uganda, of these **67** are young people



GOAL

ZERO AIDS related deaths
ZERO New Infections
ZERO HIV Stigma

70 out of 100 of Uganda's population are below 19 years and the current new HIV infections are among adolescent girls within this age group. The estimated number of adolescents living with HIV is 101,242. Of these, only 56 out of 100 (56.845) have been tested and 55 out of 100 are on ART but only 20 out of 100 are virally suppressing. For children aged 0-9, Uganda is lagging which is hindering achievement of the 95-95-95 targets. Whereas 100 of those identified are on treatment, only 65 out of 100 of children know their status and again, only 56 out of 100 are virally suppressing. Therefore, focusing on this category is very vital in achieving epidemic control.

WHO ARE THE COMMUNITY LEADERS?

Elected leaders

Local Council and National leaders.

Other stakeholders

Law enforcement such as police, prisons

Cultural leaders

from cultural institutions including Kings, Paramount chiefs, clan chiefs etc.

These leaders have unique skills that can be utilized in motivating and creating demand for the different HIV Prevention, care, treatment and support services as well as address issues concerning HIV stigma and Gender Based Violence.

Other leaders

Parents, Teachers, Administrators, community groups

Religious leaders

Bishops, priests, sheiks, imams, pastors, reverends etc.

KEY MESSAGES

Adolescents Prevention

- Abstain from sex.
- Avoid drug abuse.

HIV positive Adolescents Care & Treatment

- Continue taking medication as advised by the health worker.

Couples and partners intending to marry

- Know your status before sexual relations.

Caretakers of HIV positive children

Care & Treatment

- Support HIV positive children and adolescents to take medication at the right time.



Mothers Prevention

- Ensure to take an HIV test.
- Also ensure you test your child for HIV.
- If found positive, take your partner and all your children for testing.
- Attend at least 8 antenatal visits.

Fathers Prevention

- Support your partner to seek early ANC services and ensure you and your partner take an HIV test.

HIV positive Mothers Care & Treatment

- Continue taking medication as advised by the health worker.
- Give your child medication as advised by the health worker.

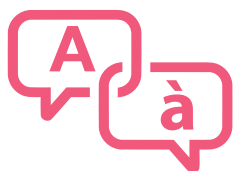
As a community leader I have the following roles in ending HIV in Uganda



As a community leader, what can I do about HIV prevention, care, treatment and support for children and adolescents.

CULTURAL LEADERS

HIV Prevention



Translation of HIV information materials into local languages.

Mobilize HIV positive caregivers to take their children for HIV testing and if a child is positive to ensure that the child is supported to take ARVs as prescribed by the health worker.



Motivate young people to stay in school and engage in productive activities

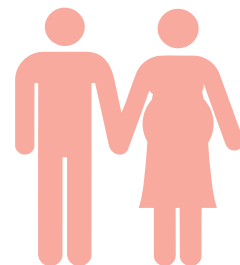
Mobilize communities against harmful social and cultural practices such as early marriage, and Gender-Based Violence (GBV) and Violence against Children (VAC) that expose them to the risk of HIV infection.



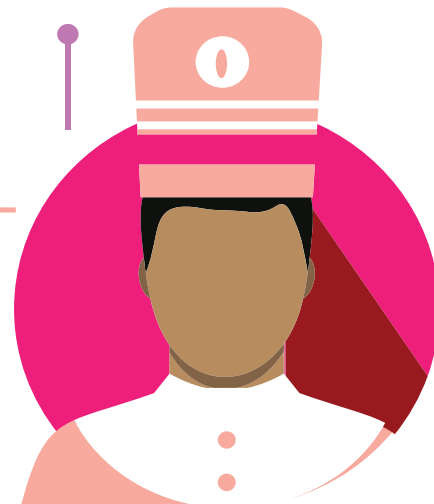
Mobilize communities to fight stigma in the community against young people living with HIV.

Care & Treatment

Conducting community dialogues promoting adherence, partner support and antenatal care.



Mobilize communities to support adolescents with HIV to be retained in care and adhere to treatment.



Avoid mixing ARVs & herbal medicine. Seek correct information on care and treatment of HIV from a qualified health worker.

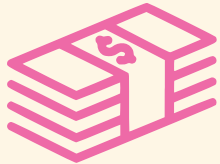
ELECTED LEADERS

HIV Prevention



Encourage people to test for HIV and receive results.

Advocate for safe spaces in communities for young people.



Allocate more resources to support HIV related activities.

Care & Treatment

Encourage those who test positive to start on treatment



Encourage community support to those already on treatment to continue in care.



PARENTS AND CAREGIVERS

HIV Prevention



Stay faithful to their partners.

Spend quality time with your children and set a good example for them to follow



Equip your children with skills on how to deal with peer pressure that results in risky behaviors such as early sex, alcohol and drug abuse.



Understand and discuss the unique needs of young people especially adolescents such as body changes so that they can ably adopt healthy behaviors.

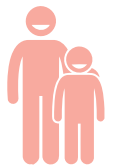
Parents should take time to talk to their children on issues of sexuality, body changes, and HIV and not leave them to seek advice only from their peers. At the same time, children should seek advice from their parents.



Support your children to complete school.

Care & Treatment

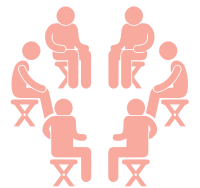
Create an enabling environment at home for your children to freely discuss issues of sexuality and HIV



Talk to HIV positive mothers to administer medication to protect their children as prescribed by the health worker.



All HIV positive pregnant mothers and their families must be linked to psychosocial and community groups for on-going support.



Ensure all pregnant women living with HIV are provided with appropriate HIV care that includes antenatal care, delivery at health facility and early infant diagnosis (EID) services.



Pregnant women who are HIV positive should follow the health worker's instructions on medication so that they prevent mother to child transmission of HIV to their babies.



TEACHERS

HIV Prevention

While in school, spend quality time with children and set a good example for them to follow.



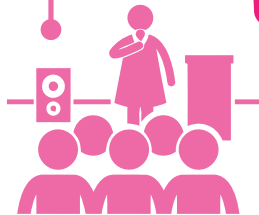
Equip children with knowledge on how to deal with peer pressure that results in risky behaviors such as early sex, alcohol and drug abuse.

Ensure that the school environment is free from any form of sexual abuse.

Create an enabling environment at school for children to freely discuss issues of sexuality and HIV.



Prioritizing and providing safe and child-friendly places with well-trained peer facilitators to encourage participation of adolescents and children.



Encourage positive correction and desist from violence against children through physical, verbal and emotional abuse of children.

Care & Treatment

Protect children from all forms of stigma and discrimination from fellow learners and staff.



School administration ensuring all staff have correct information about HIV.

Identify a focal person to support HIV positive children in school

Allow children to go to health facilities whenever they are scheduled.

Provide psycho-social support to positive learners to stay in school.

Ensure confidentiality of HIV positive children and adolescents in school.

Empower the focal persons to conduct referral and linkages of HIV positive.

children and adolescents to other essential services.

Provide safe spaces for HIV positive children to take their medication.



LAW ENFORCEMENT

Working closely with stakeholders to ensure children and people who are victims of gender based violence are served with justice but also help in conflict resolution and resettlement.



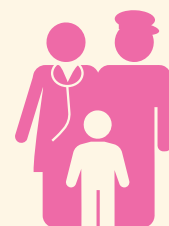
Provide guidance and counselling to all child victims, witnesses and offenders.



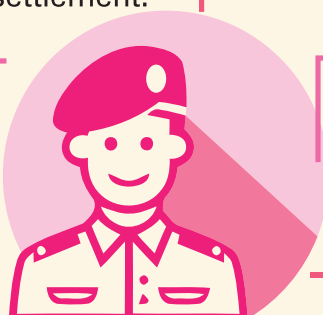
Community policing and awareness raising in communities on laws relating to children, crime prevention, tips to caregivers and children among others.



Undertake referrals in collaboration with other departments for clinical care of victims of Gender-Based Violence in a timely manner.



Handle cases involving juvenile offenders, witnesses, and victims in a manner that respects, protects, and uphold their rights.



YOUNG PEOPLE & PEERS

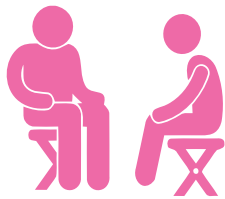
HIV Prevention



Encourage adolescents to abstain from sex until they complete school and are ready to have a family.

Abstain from sex until you are ready for the consequences and the responsibilities that come with it. Just because your friends are having sex, does not mean you should have it.

Ask a trusted adult (parent, teacher, auntie, uncle or health worker) about relationships, sexuality and reproductive health. Don't rely on information from your peers only. A trusted adult will provide you with accurate information that will help reduce your risk of getting HIV.



Always involve your parents/guardian and other family members in your decision about relationships and sexuality.



Before you engage in sex, know your HIV status and that of your partner by going for an HIV test together.



Care & Treatment



Making follow ups to their members to ensure they got their refills, adherence.

Provide moral support and spiritual support



Mobilize fellow young people to go for viral load monitoring and know how the body is responding to treatment.



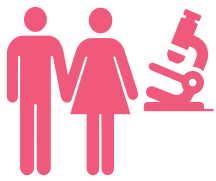
Avoid alcohol and drug abuse that compromise your decision making.

Avoid bad influences and risky places such as bars, discos, drinking joints, music concerts, or going out with strangers



MEN

HIV Prevention



Encourage couple testing for partners.

Men should be more involved in the children's lives (help in upbringing of children).

For discordant couple, continue protecting each other.



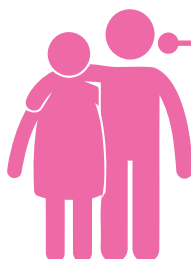
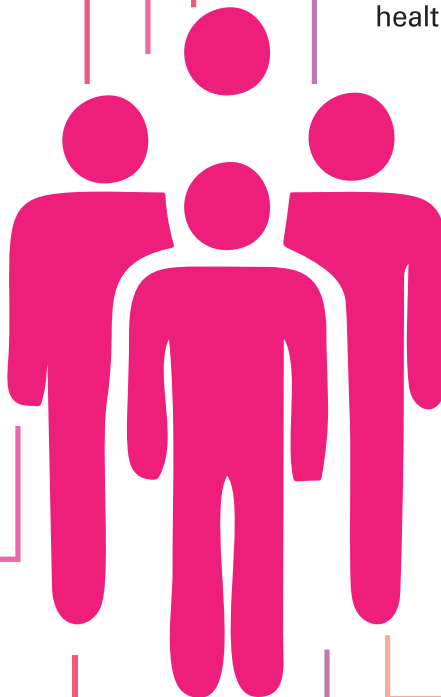
Test for HIV and know your HIV status and share the results with loved ones or families. This will help you make an informed decision about your sexual behavior and value your own and other peoples' lives.

Testing for HIV is not a statement about your morality, but a health practices that we should all do. Don't rely on the HIV status of your spouse.

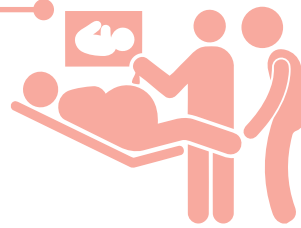
If the test is positive, start taking ARVs immediately as prescribed by the health worker

Please ensure that you stay and adhere to treatment which will prolong your life and reduce the chances of infecting others.

If you test HIV negative, practice risk reduction and prevention measures such as abstinence, faithfulness and reduction of sexual partners.



Care & Treatment

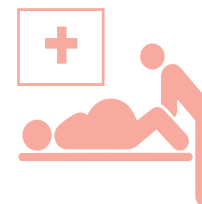


Take your pregnant partner for antenatal care services at the nearest health facility.

Test for HIV and receive results together. Do not rely on the HIV status of your spouse. If your test is positive, support each other to take ARVs as advised by the health worker.



If one of you tests positive and the other negative (discordancy), accept the results and support each other to take ARVs and protect yourselves as advised by health worker. Support your partner to breastfeed, have adequate meals and take ARVs as told by the health worker.



Encourage their partners to deliver at health facility.



Remind their partners and children about adhering to medication.

Adhere to treatment so that they reduce the risk of transmitting HIV to partner and child.



Go for Viral Load monitoring together to know how you are responding to treatment.

AS A COMMUNITY LEADER, WHAT I SHOULD DO ABOUT ENDING HIV-TB

Globally TB is one of the major 10 causes of death. In 2016, 10.4 million people had TB disease and 1.7 million died. More than 95% of TB deaths were in low- and middle-income countries. In the same year, about 1 million children had TB disease, 250,000 died and 40% of HIV deaths were as a result of TB.

- Cough and sometimes with blood in sputum
- Chest pain
- Sweating a lot in the night
- Loss of weight
- Evening fevers
- General body weakness
- Always fatigued

We can end death from TB by ensuring that people living with HIV:

- ✓ Receive TB Preventive Therapy-medication that prevents one from getting TB.
- ✓ Get screened for TB regularly so they can be diagnosed and treated early
- ✓ YOU can help by referring people with these symptoms of TB disease to a health facility.
- ✓ If you have a constant cough for one week go for a TB test. All children under 5 living in a household of a person living with HIV should be given drugs that prevent TB.



Have you heard?

A new and improved ARV for young children living with HIV is available.

Paediatric Dolutegravir 10 mg Dispersible Tablet (pDTG)



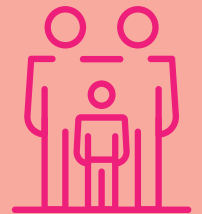
Works fast to control the virus



Safer & has fewer side effects than other ARVs



Taken once daily readily dissolves in water



Same drug as used in adults, in a sweet strawberry flavor



Ask your child's healthcare provider about pDTG today!









Giving Your Child Paediatric Dolutegravir 10 mg Dispersible, Scored Tablets (pDTG)

These are instructions on how to give your child pDTG alongside abacavir and lamivudine (ABC/3TC) 120/60 mg dispersible tablets. If your child is not taking ABC/3TC, there may be changes to these recommendations. Always follow the guidance of your healthcare provider.

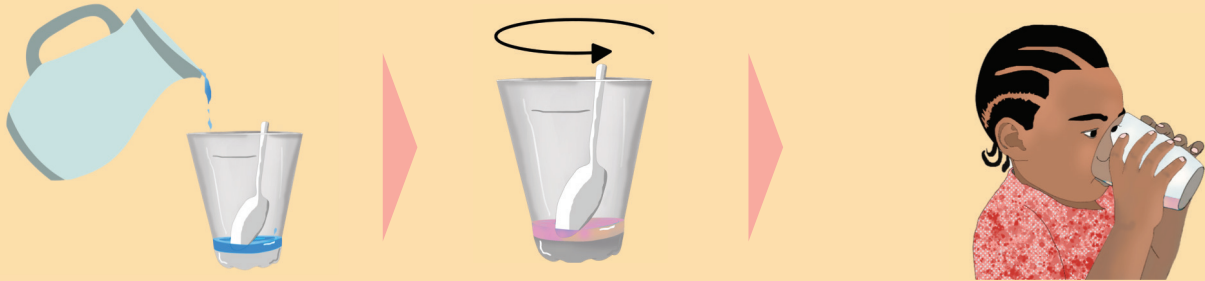
1



Add the correct number of pDTG and ABC/3TC tablets to a clean, empty glass based on your child's weight. (See Dosing Table).

Weight	No. of pDTG Daily Tablets	No. of ABC/3TC 120/60 mg Daily Tablets
3 to < 6 kg	0.5 	1 
6 to < 10 kg	1.5 	1.5 
10 to < 14 kg	2 	2 
14 to < 20 kg	2.5 	2.5 

2



Add 2-4 teaspoons (10-20 mL) of clean water into the glass.

Stir until the tablets fully dissolve.

Give the medicine to your child to drink. Make sure they drink all the medicine right away or within 30 minutes.

3



If any medicine remains in the glass, add a little more water to the glass and give to your child. Repeat until no medicine remains in the glass.

Reminders

- Remember to give your child their pDTG (and other ARVs) at the same time everyday
- Use other liquids or foods for mixing if your child is unable to take the tablets in water. Use the same amount of liquid or food as above to avoid spills and to ensure your child takes the full dose
- Only give your child another full dose of pDTG if they vomit within 30 minutes of taking their initial dose

Ask your health provider if you have any questions about administering pDTG!

Care and treatment of HIV positive children

Frequently Asked Questions for Caregivers

1. *What is dolutegravir (DTG)?*

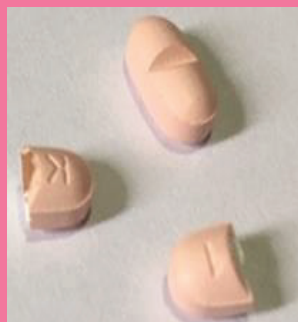
Dolutegravir (DTG) is an antiretroviral (ARV) drug that is safe, very effective at controlling HIV, has few side effects, and, if taken every day, can keep working for a long period of time

What is pDTG?

Paediatric dolutegravir 10 mg dispersible, scored tablets (also known as 'peds DTG' or 'pDTG') is a new DTG product that can be given to children with HIV who are one month and older and weigh between 3 and 20 kg.

2. *What does it mean for pDTG to be dispersible and scored?*

'Dispersible' means pDTG can be dissolved in clean water. 'Scored' means that pDTG is marked at the centre and can be easily broken in half if needed for the correct dosing.



Scored mark: Can easily break tablet in half for correct dosing

3. *Does pDTG work better than lopinavir capsule/pellets?*

A study in children has shown that DTG works better and faster than Lopinavir Capsule in reducing the amount of virus in the body.

4. *Does pDTG have fewer side effects than LPV/r? What side effects does pDTG have?*

pDTG has less severe side effects than LPV/r. Common side effects of LPV/r include diarrhoea and weakened bones which do not occur with pDTG. Side effects of DTG that happen rarely include insomnia, fatigue, and headache but these usually go away after 1-2 months.

Weight gain has been a common side effect of DTG in adults but does not appear to be a problem in children. Still, you should monitor your child's weight often.

Report to your child's health provider if any concerns come up following your child taking pDTG.

5. *Do I need to give my child any other ARVs?*

Yes. Remember that HIV treatment is only complete if made up of three ARVs. Your child must take pDTG as well as two other ARVs every day. For many children, these two other ARVs are ABC/3TC (abacavir and lamivudine combined in one tablet).

6. *How many tablets of pDTG should I give my child?*

When pDTG is taken with ABC/3TC, pDTG only has to be taken once daily. If your child is on something different than ABC/3TC, ask your child's health provider for more information.

Care and treatment of HIV positive children

7. How do I give pDTG to my child?

pDTG can either be swallowed whole or it can be dissolved in a small amount of water to drink. To give pDTG to your child, you should first find the correct number of tablets to give your child based on their weight. If your child can swallow the tablets whole (without crushing), then they can swallow the tablets with some water. If your child cannot swallow tablets, follow the instructions below on how to mix the tablets with a small amount of clean water.

8. Can ABC/3TC 120/60 mg dispersible tablets and pDTG be mixed together?

Yes, to give both medicines together:

1. Determine the correct number of tablets your child should take based on their weight for both pDTG and ABC/3TC.

9. Can I mix pDTG with liquids other than water (such as juice or breast milk) or in food (such as yoghurt or porridge)?

pDTG is recommended to be mixed with clean water. However, if a child is unable to take pDTG with water, it is reasonable to mix pDTG with other liquids or foods such as milk, juice, yoghurt, or porridge. If using other liquids or foods, follow the same small volume recommendations as mentioned in FAQs #10 and #11 to ensure that your child is able to take the full dose of medicine.













10. Can I give my child other medicines in addition to pDTG?

Your child should continue taking any other medications your doctor has prescribed as pDTG is safe to take with the majority of, but not all, other medications. However, please let your child's health provider know what medicines (including local herbs!) that your child is taking before your child starts taking pDTG.

11. Should my child's dose of pDTG be changed if they have TB?

Giving pDTG to your child at the same time as the TB medicine rifampicin (RIF) leads to there being lower amounts of DTG in your child's body than normal. Because of this, if your child is taking RIF for their TB, they should take double their daily dose of pDTG for the entire time they are taking RIF. This means you should give your child one full dose of pDTG in the morning and one full dose of pDTG in the evening. Your child's health provider will tell you when your child can go back to their regular dose.

Recommended dosing for DTG 10 mg dispersible, scored tablet for children with TB

Weight	ARV dosing for Children on TB treatment		
	Morning		Evening
	No. of pDTG Daily Tablets	No. of ABC/3TC 120/60 mg Daily Tablets	No. of pDTG Daily Tablets
3 to < 6 kg	0.5 	1 	0.5 
6 to < 10 kg	1.5 	1.5 	1.5 
10 to < 14 kg	2 	2 	2 
14 to < 20 kg	2.5 	2.5 	2.5 

12. If my child is doing well on a different ARV, should they also switch to pDTG?

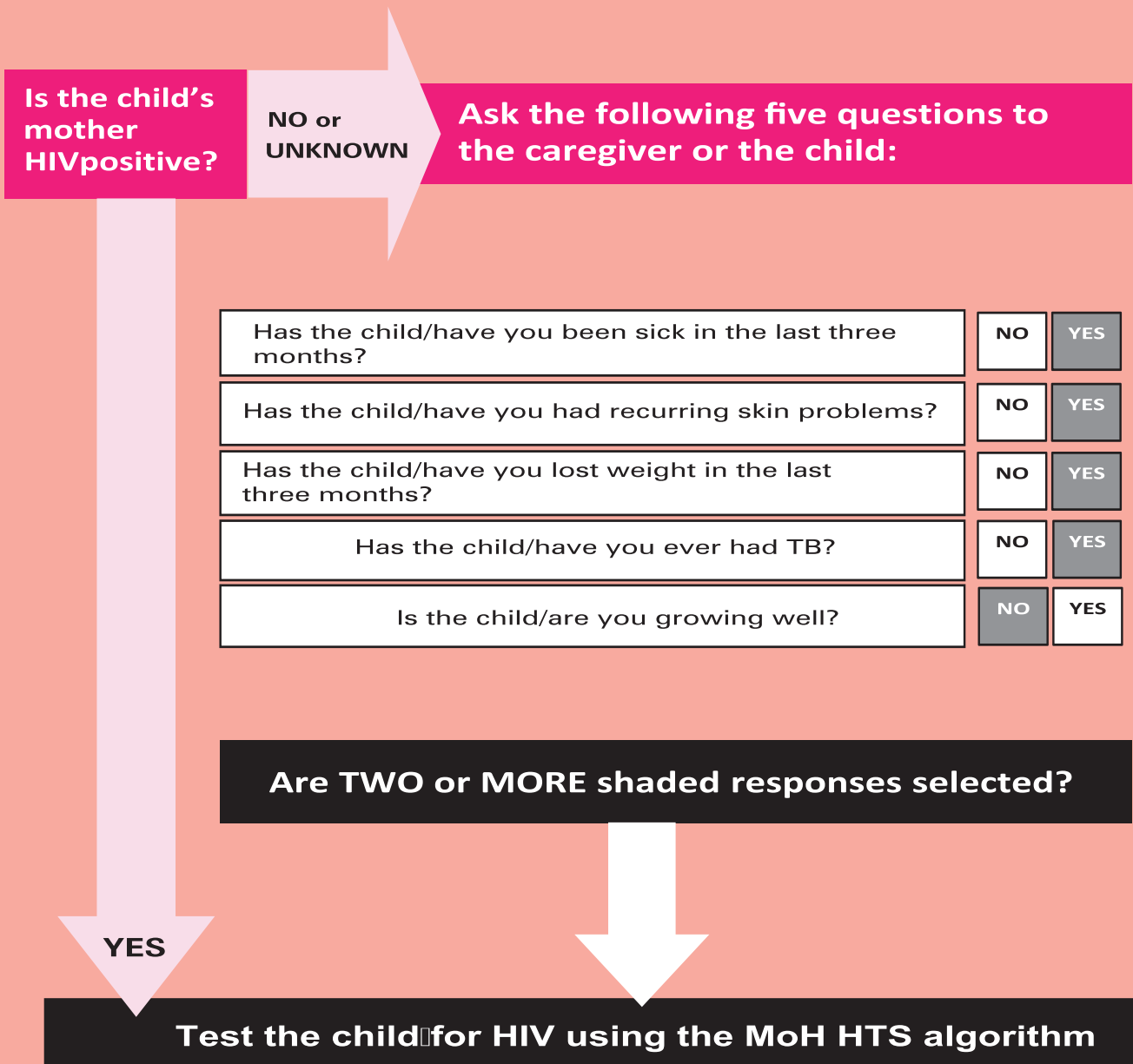
Because pDTG has so many benefits, Ministry of Health recommends that all children who are eligible for pDTG be switched over to it even if they are doing well on a different ARV. If your child is currently taking other ARVs like LPV/r (*lopinavir ritonavir*), EFV (*efavirenz*), or NVP (*nevirapine*), ask your child's health provider about switching to pDTG.

13. My child weighs 20 kg or more. When should they switch from pDTG to DTG 50 mg?

Your child can switch from pDTG to DTG 50 mg once they weigh at least 20 kg and are able to swallow tablets. If you think your child is ready to switch to DTG 50 mg, please talk to your child's health provider



HIV Testing Eligibility Screening Tool for Children and Adolescents with unknown HIV status (18 months to 14 year)



*If child previously tested HIV negative, only repeat the HIV test if there is a new exposure or risk

WORKPLAN TEMPLATE

Activity	Target Audience	Responsible Person	Support needed	DATE											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Dec	

