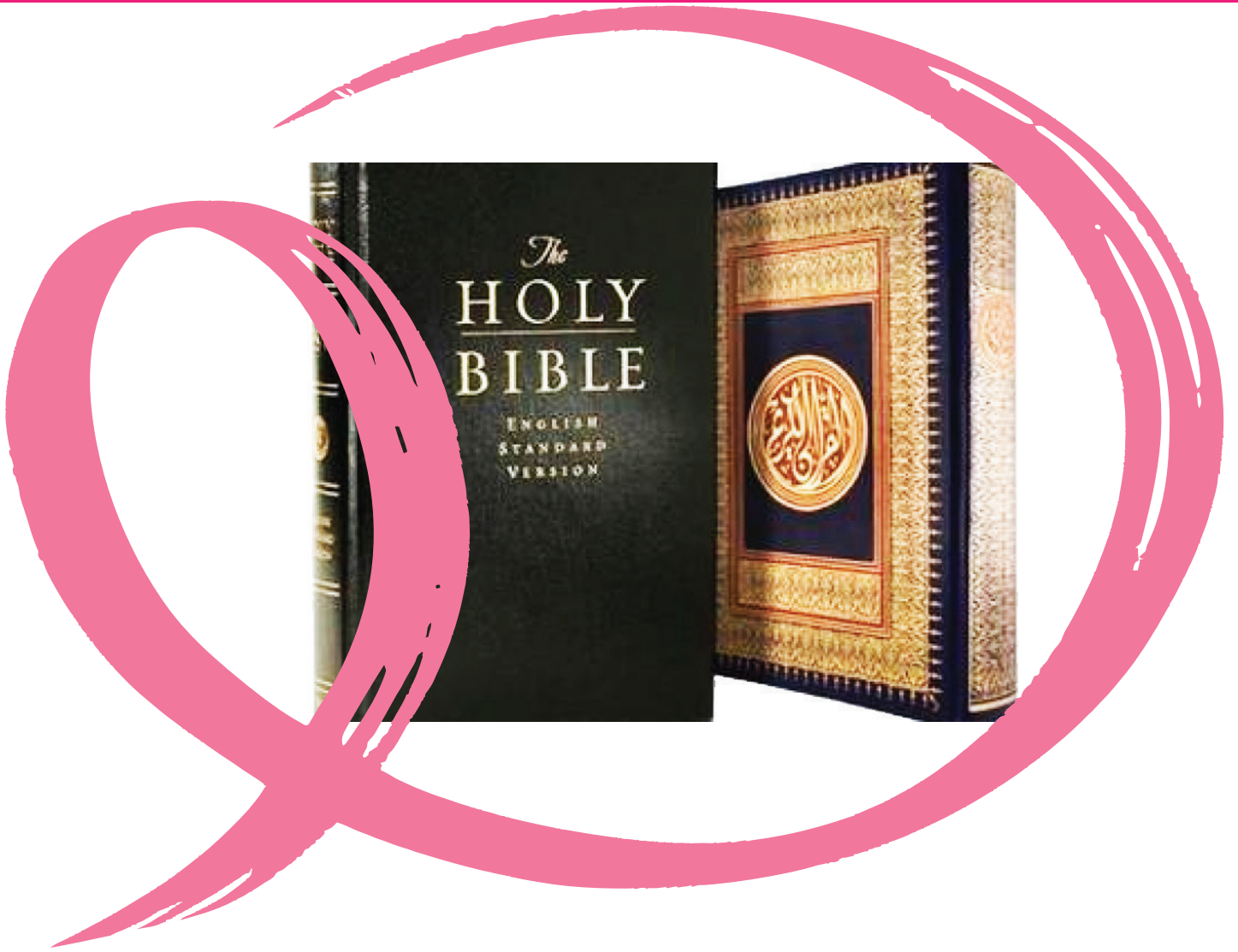


FAITH LEADERS HANDBOOK



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



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

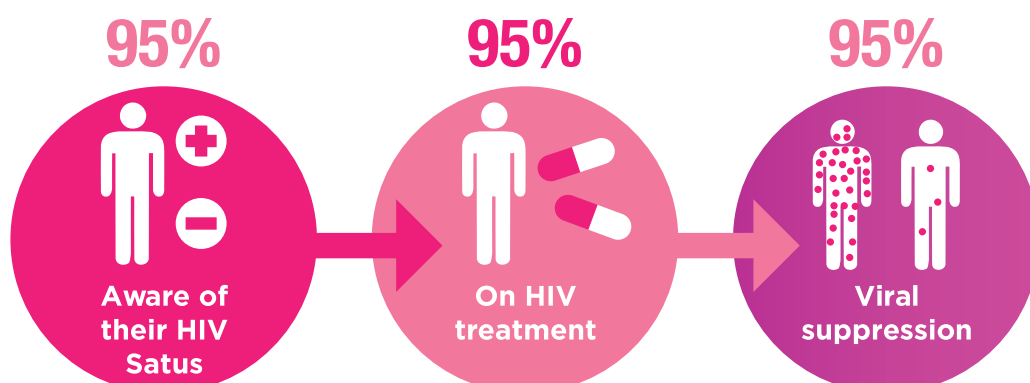
This handbook provides accurate information, motivates and improves communities' knowledge and skills in HIV prevention, care and treatment. To ensure participation of the target audiences, the information in this handbook can be used in different platforms such as places of worship and other community events. 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, 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.



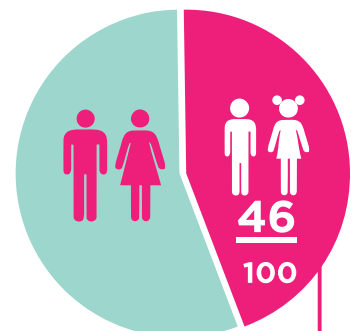
Current Challenges

45 out of 100 young people have comprehensive knowledge on HIV

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

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.

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.



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.

Why Religious Leaders?

Religious leaders are often the most respected figures in their communities. Muslim, Anglican, Catholic, Adventist, Pentecostals, Orthodox and leaders of other faith communities play a powerful role in shaping attitudes, opinions and behaviors because their members trust them. Especially at the family and community level, religious leaders have the power to raise awareness and influence attitudes, behaviors and practices. They can shape social values in line with faith-based teachings through their various platforms.

As religious leaders, you 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.



KEY MESSAGES

Stigma and Discrimination Prevention

- Stigma is judgmental and kills. Do not cast the stone, be supportive, love and care for one another.
- Being HIV positive doesn't mean Immoral and weak.

DSD

- Ask your health worker about the available options of accessing care and treatment in a convenient way.

Couples

- Be faithful.
- Couple testing and counseling for those intending to get married.
- Know your status before
 - exchanging vows.
 - Be faithful.

Adolescents

- Leave a responsible life.
- Avoid risky behavior (alcohol, drugs, early sexual relations)
- Know your HIV status,
- Encourage your friends to have an HIV test.

Adolescents Care & Treatment

- Low viral load should not make you stop ARVs.
- Pray and keep taking your ARVs as advised by health worker.
- Always keep your clinical appointment.

Children

- Joint partner responsibility for an HIV positive child.

Mothers Prevention

- Ensure to take an HIV test with your partner. Also ensure you test your child for HIV.
- Be faithful to your partner You can still have an HIV negative baby when you're HIV positive, visit a health facility for more information
- In cases of GBV, come for counseling.
- Deliver in the hands of a qualified health worker at a health facility.
- Report any forms of domestic violence to police and seek medical attention.

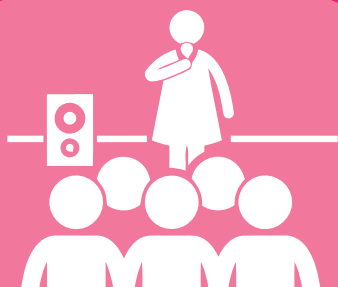
Mothers Care & Treatment

- Endeavor to leave a positive life.

Role of men

- Couple testing and counseling.
- Support and escort your partner to attend antenatal care and deliver in a health facility.
- Say No to gender based violence Support your family with basic needs.

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



Mobilization: Utilize faith structures such as departments, programs and leadership to mobilize communities for uptake of HIV services.



Psychosocial and spiritual support: Pray and encourage especially people living with HIV to take their medication as advised by health worker.

BENEFITS OF ENGAGING COMMUNITIES



Advocacy: Form partnerships to jointly offer pastoral/spiritual care and guide people on where to get HIV services

Speak against stigma and discrimination including gender based violence at every level in society.

AS A RELIGIOUS LEADERS, WHAT I SHOULD DO ABOUT HIV PREVENTION TO SUPPORT CHILDREN, ADOLESCENTS AND THEIR CARE GIVERS



Integration:

- ✓ Provide guidance to departmental heads and task them to integrate HIV activities in their work plans.
- ✓ Integrate HIV prevention messages into routine pastoral work (sermons and religious programming activities) targeting HIV positive and negative caregivers.
- ✓ Lead and live by example through showing and pronouncing love to PLHIV.
- ✓ Provide counseling and referral to HIV services.
- ✓ Advise clients to use medicine as advised by health workers

Mobilization:

- ✓ Use existing structures (mothers' and father's unions, laity and women guild, Akikah etc.) to mobilize parents to create a conducive and enabling environment for their children at home that facilitate free interaction and discussion about sexuality, body changes, reproductive health, and HIV.
- ✓ Mobilize communities especially young people during religious services and functions to adopt risk reduction strategies such as abstinence and faithfulness to prevent HIV.
- ✓ Mobilize congregation to go for HIV testing and those who test positive, should start treatment immediately.

Capacity Strengthening:

- ✓ Build religious leaders' capacities to actively participate in the monitoring and evaluation, transparency and accountability of HIV interventions.
- ✓ Establish or strengthen peer to peer corners. **flex** hours, designated days at the existing faith based and community institutions' health facilities.
- ✓ Conduct refresher trainings for religious leaders about contemporary HIV interventions.
- ✓ Educate couples on matters that shape positive morals and values among their children and to take charge of their families.
- ✓ Empower adolescents and young people especially young girls with education and livelihood skills to enable them to improve their incomes.

Collaboration:

- ✓ Recognize men who are champions in supporting their partners especially during pregnancy.
- ✓ Strengthen working relationships with community leaders to enhance and support faith based led HIV interventions.

Advocacy:

- ✓ Advocate for the elimination of stigma and discrimination against those infected by HIV/AIDS.
- ✓ Gender Based Violence Prevention:
- ✓ God has many ways he works to provide healing, He gives wisdom to scientists to develop ARV treatment.

Mainstream the elimination or reduction of Gender-Based Violence (GBV), Violence Against Children (VAC) in liturgy and all other pastoral works as well as other programmes of faith organizations

Provide survivors of sexual and gender-based violence with psychosocial support.

AS A RELIGIOUS LEADER, WHAT I SHOULD DO ABOUT CARE & TREATMENT TO SUPPORT CHILDREN AND ADOLESCENTS?

Mobilization:

- Mobilize people to test for HIV and ensure that those who have tested positive take medication as guided by the health worker.
- HIV positive parents MUST take all their children above 2 years for HIV test.
- Mobilize adolescent and young people to go for an HIV test.
- Mobilize children living with HIV who are on treatment to embrace viral load monitoring to know how their body is responding to treatment.
- Encourage parents and care givers of HIV positive children and adolescents to take their drugs well so that they can have a low viral load.
- Use religious structures at all levels to promote and mobilize communities to value and utilize elimination of mother to child transmission of HIV services including attending antenatal care for at least 4 times, delivery at health facility, testing of HIV-exposed infants (EID) as advised by the health workers.



Collaboration:

- Prioritize adolescent friendly centers in places of worship and cultural centers with well-trained peer facilitators to encourage participation of adolescents and children.

Advocacy:

- Advocate against stigma and discrimination among people living with HIV in communities.

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

TB is preventable and curable, 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 any cough for more than 1 day 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.
- If you see any of these signs below go to a health facility for a TB test
 - Cough and sometimes with blood in sputum
 - Chest pain
 - Sweating a lot in the night
 - Loss of weight
 - General body weakness
 - Always fatigued
 - Evening fevers



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)?*

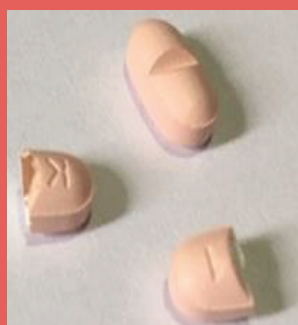
Dolutegravir (DTG) is an antiretroviral (ARV) drug that is safe, very effective at controlling HIV, has few side effects, and, if taken every day, can keep working for a long period of time

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.

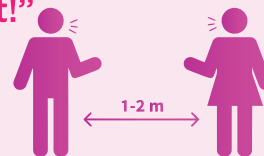
13. My child weighs 20 kg or more. When should they switch from pDTG to DTG 50 mg?

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

Messages on COVID-19 for Faith Leaders



“We faith leaders are sharing prevention messages to stop the spread of COVID-19. Let’s live, hope, connect, care and celebrate together!!! Lead from the front!”



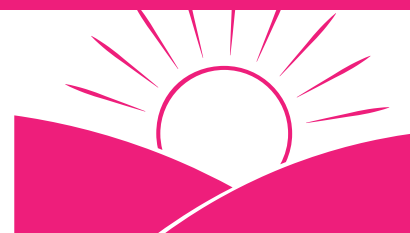
Celebrate Life;

- ✓ We can have real hope in the face of COVID-19! Most cases of COVID-19 are mild; most people who contract COVID-19 recover; and every person can contribute to preventing new cases.
- ✓ Giving people hope is my responsibility as faith leader, together we can overcome COVID-19.
- ✓ Life is a precious gift; treat it as such – we protect ourselves and the members of our faith communities from COVID-19 by wearing face masks; practicing regular hand washing; physical distancing of at least 2 meters, and avoiding large gatherings,.
- ✓ May hope, truth, empathy and kindness remain our steadfast rocks.
- ✓ Let’s speak out against violence and abuse in our faith communities. Life is a Gift from God.
- ✓ Life is a gift of God that we have the privilege to share, protect and celebrate with and for our brothers and sisters.



Spread Hope;

- ✓ Be strong, courageous and hopeful! Tens of thousands of scientists are working around the clock; researchers are finding creative ways to donate their time, supplies and expertise to defeat COVID-19.
- ✓ The search for a COVID-19 vaccine has united the planet’s scientific and medical communities in unprecedented ways. Let’s unite in prayer to support their efforts!
- ✓ Be the messenger of hope and solidarity in your faith community.
- ✓ Be the voice of hope and wisdom in these challenging times – Share evidence based scientific information about COVID-19 in your faith community.



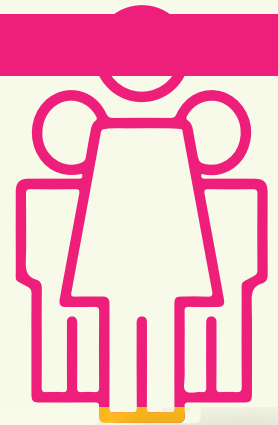
Let's Stay Connected;

- ☑ We can be both physically distant AND socially connected - using phones, digital and virtual options.
- ☑ Let's organize ways for community members to reach out to those who live alone or may be in need of food, water, or other supplies.
- ☑ If you feel alone, contact us: in our faith community we have set up a support group where people can share their challenges and, together, we identify some solutions to help each other.
- ☑ In the time of COVID-19, it is the spirit of global togetherness that gives us hope - COVID-19 will be defeated once all people, in all countries, are protected - through our joint actions - from the novel coronavirus.



Be Role Models

- ☑ Lead by example; Encourage community members to serve as role models for their family, friends, and the community by following the advice on COVID-19 from the doctors, local health authorities, and the government.
- ☑ Encourage your children to practice healthy habits through songs and dances - This is helping them to feel more secure; to better understand how important it is to prevent the spread of COVID-19.



Care for Others;

- ✓ We all need to stay informed of the risks of COVID-19 so that we can protect and care for each other.
- ✓ Love your neighbor as yourself by respecting governments' dispositions to stop the spread of COVID-19, we are loving our neighbor as God does.
- ✓ Be the instrument of God's presence in people who suffer because of COVID-19.
- ✓ I wear a mask, as an act of LOVE, to protect the elders in my community who are especially at risk.
- ✓ Allow them to feel God's healing touch through our compassionate care.
- ✓ When I engage in visiting people who are sick, I make sure to wash my hands before and after the visit, and to keep physical distance, even when praying for others. National guidance for facial coverings are essential and we all must follow them!
- ✓ We must all set aside time to spend with our children: they will treasure it for the rest of their lives, as will each of us leaders and parents.
- ✓ By following the recommendations and measures to protect ourselves, our loved ones and our community from COVID-19, we help those working on the frontline such as nurses and doctors to better support people in need of care.
- ✓ Reach out to show compassion to others during times of lockdowns and limitations on movement.



Encourage Others;

- ✓ In our faith community we welcome and celebrate health workers and people who have recovered from COVID-19.
- ✓ Life is a precious gift of God and we are honored to have people who have recovered from COVID-19 as members of our faith community.
- ✓ Life is a precious gift from God. Seize every opportunity to cherish the life of those who have recovered from COVID-19.
- ✓ Share compassion and love for those who are ill: they are God's children who are to be celebrated.





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

Is the child's
mother
HIV positive?

**NO or
UNKNOWN**

Ask the following five questions to the
caregiver or the child:

Has the child/have you been sick in the last three months?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Has the child/have you had recurring skin problems?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Has the child/have you lost weight in the last three months?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Has the child/have you ever had TB?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Is the child/are you growing well?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

Are TWO or MORE shaded responses selected?

YES

Test the child for HIV using the MoH HTS algorithm

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

IMPEMETATION WORKPLAN TEMPLATE

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

