Introduction:
This document describes the “Patient & Community Support” (PCS) activities provided by the health care providers (more precisely by the counselors) to HIV infected children <12 years old, from the day they are linked to care and throughout their follow up at a Health Facility (or in the community, when this is applicable).
Child-Patient Support activities aim at supporting HIV-infected children to start ART and help them to retain in care. Child-Patient Support activities target the child-patient and his parent/guardian. Child-Patient Support includes: health and treatment education, counseling for ART initiation and counseling for ART follow up, disclosure sessions, specific interventions to enhance ART adherence (EAC), to facilitate Retention in Care (RIC) and to trace those who are missing their appointments/refills.

Flowchart of PCS activities and counseling sessions for child-patient:
When the child is fully disclosed, conduct the sessions with the child and his parent/caregiver if he is accompanied. If the child has not yet been fully disclosed, conduct the session with the parent/caregiver and refer the patient for a disclosure session with parent’s consent.

1. **ART initiation counseling session:**

**When:** Day 1 (day of linkage to care and day the patient is initiated on ART)

**What & How:** for details see SOP national guidelines, FTIC session 1 and session 2. For short version and key points of the session see below:

Discuss with the patient a personalized adherence plan as follows and fill out the steps 1-10 in the form [see annex 1].

- **Adherence step 1/ Education on HIV/ART:**
  Using the ART flipchart and the key messages in cards 1, 2 and 3, provide education and explain to patient about Immune system, HIV, Opportunistic Infections, ARVs and ART Adherence.

- **Adherence step 2/ Identify life goals:**
  Ask patient to think of his reasons to start the treatment.

- **Adherence step 3/ Identify Support System:**
  Assist patient to identify a support system (buddy, person who can help to keep track on appointments/refills).

- **Adherence step 4/ Plan for future appointments:**
  Discuss with patient ways to ensure he will come to next appointments.

- **Adherence step 5/ Assess readiness to start treatment:**
  Ask patient if he is ready to start ART. If yes, congratulate him and continue with the following steps in the adherence plan. If no, assess reasons why and without judging support the patient to clarify possible misconceptions or beliefs about ART and repeat lifegoals.

From this point onwards continue with patients who are ready to start the treatment today:

- **Adherence step 6/ Medication Schedule:**
  Discuss with patient convenient time(s) to take his ARVs.

- **Adherence step 7/ managing missed doses:**
  Ask and advice patient what to do in case he forgets to take a dose.

- **Adherence step 8/ Adherence reminder strategies:**
  Discuss reminders that can help patient not to forget taking his medication.

- **Adherence step 9/ Storing medication and extra medication doses:**
  Discuss with patient if disclosure of their HIV status to others members of household may be an issue; where they can store their medication in their house, and how they can always carry with them 1-2 doses of ARVs.

- **Adherence step 10/ Dealing with side-effects:**
  Discuss with patient how to deal with possible side-effects and ensure he understands that he should not stop the treatment but instead come to the clinic if he cannot tolerate a side effect.
2. ART Follow up counseling session at M1

When: 1 month after the day of treatment initiation / when the patient comes to the clinic for the 1st refill

What & How: for details see SOP national guidelines, FTIC session 3. For short version and key points of the session see below:

- Congratulate the patient for being already 1 month on treatment. Check his motivation and how he feels about it.
- Assess patient’s adherence to treatment and whether or not he followed the steps in the adherence plan. Review adherence plan steps if/when necessary.

Examples of questions to assess patient’s adherence:

*Can you explain me how have you been taking your pills?, Did you have any difficulties taking your pills? When was it more difficult for you to take your pills? How many pills did you forget/skip over the last week? etc.*

- Continue with 2 more adherence steps to complete the adherence plan and fill out the adherence plan form:
- **Adherence Plan step 11/ Plan for travels:**
  Using the HIV/ART flipchart card 7, discuss with the patient how to ensure the continuation of his treatment in case he needs to travel (planned or unplanned trip).
- **Adherence Plan step 12/ Dealing with substance abuse:**
  Discuss with the patient how to ensure taking his medication in case of alcohol/drug use. Explain that is better to avoid alcohol or other substance use so that he won’t forget to take his treatment on time. If patient admits drug abuse, refer for specialized support. Encourage the patient to think of his reasons to stay healthy by adhering to his treatment.
- Propose/ Conduct the first disclosure session with the parent/caregiver (D1-Parent) and if possible the first partial disclosure with the child (PD1-child), following the Disclosure guidelines (See annex 4).

3. ART Follow up counseling session at M2

When: 2 months after the initiation of treatment / when the patient comes to the clinic for the 2nd refill

What & How: for details see SOP national guidelines, FTIC session 4. For short version and key points of the session see below:

- Congratulate the patient for being already 2 months on treatment. Check how he feels about it. Observe and pay attention in possible signs of depression, sadness and inform a medical staff if you suspect a depressive mood of the patient.
- Assess patient’s adherence and check application of adherence steps discussed in previous sessions. Review adherence plan steps if/when necessary.
- Using the HIV/ART flipchart and key messages in cards 4 and 5, provide education and explain to patient about Viral Load (VL) monitoring and VL results (detectable/undetectable) as well as risks of poor adherence.
- Inform the patient about his (1st, if not yet as baseline) VL test at M4 or M6 (depending on health facility) and motivate him to reach his goal: VL < 50 copies (or at least VL< 400 copies).
- Using the HIV/ART flipchart card 8 explain to the patient the “treatment journey” and more precisely the option to participate in a Child Support Group with other peers. Explain the criteria to participate in Children Support Group and motivate patient to reach his goals. Ask the patient if he wants to join a Child Support Group and invite him in the next available Group.
• Explain to patient that this is the last time you meet individually (unless his viral load results are worrying), but he is welcome to meet again if he has any questions or issues he would like to discuss individually. Encourage patient to always adhere to his treatment and join a Child Support Group based on criteria.

Disclosure of HIV status to children

• Conduct disclosure sessions for the parent/caregiver and the child following the plan discussed with the parent/caregiver at M1.
• If Disclosure session 1 with parent/caregiver did not take place at M1, please do it in next visit.
• Use visual aid (Flipchart for children) and other child support tools while conducting the disclosure sessions with the children.
• At the agreed time during the follow up of child provide:
  • 2nd Disclosure session with parent (D2 parent) and with child (PD2 child)
  • Full disclosure session with parent and child together (FD) depending on child age and readiness.
• For details on what/how to conduct each disclosure session please refer to the Disclosure sessions guide at Annex 4.

Retention in Care: Children Support Groups and Tracing Activities

**Tracing activities** take place according to tracing criteria at any point of ART patient’s follow up. For details, please see below SOP for Tracing and RIC.

<table>
<thead>
<tr>
<th>TITLE</th>
<th>STANDARD OPERATING PROCEDURE FOR TRACING AND RETENTION IN CARE (TRIC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTITUTION</td>
<td>MSF-KZN “BENDING THE CURVE”</td>
</tr>
</tbody>
</table>

**PURPOSE**
The purpose of this document is to outline the process of Tracing and Retention in care system recommended for all the MSF supported health care facilities, which is also based on the National Adherence Guideline.

**PERSONS AFFECTED**
• Patients on ART
• Counselors
• Community Health Agents/ Community Care Giver
• Data Capturer or assistant
• Counseling Supervisor/ CHAP coordinator

**CRITERIA FOR TRACING AND RETENTION IN CARE**
The criteria for Tracing and Retention in care is as follows:
• Patients on ART who have failed to return to facility for scheduled appointments at the facility are identified through facility data base or appointment register as follows:
• Definition of terminology (regardless of models of care):
  - Early missed appointment refer to patients who did not come back to the facility within 10 working days from their missed appointment date
  - Late missed appointment refer to patient who did not come back to the facility within 30 days from their missed appointment date
  - Loss to follow-up refer to patients who did not come back to the facility within 90 days from their missed
GUIDING PRINCIPLES

1. Patients are traced throughout the care cascade at different times depending on the adherence minimum package intervention
2. Patients are traced through contact by phones, sms, home visits depending on what tracing method they have consented for
3. The following activities should be integrated into adherence strategies in all health facilities to trace and retain patients in care throughout the care cascade:
   • Informing patients about Tracing and Retention in care system
   • Asking patient’s consent to be traced
   • Making an active referral for a specific time and date
   • Scheduling a follow up visit, including confirming time and date to ensure that the patient is available
   • Providing the list of name of patients and the date they are supposed to come for appointment to the referral service at the facility
   • Identifying patients who miss their appointments
   • Tracing of patients who have missed appointments
   • Reintegrating patients into care
   • Providing additional psychosocial support and active referral to integrated care services for patients who return to facility after tracing
   • All tracing and retention in care processes must be documented

INTRODUCING PATIENT TO TRACING AND RETENTION IN CARE SYSTEM

The patient’s consent should be sought by all HCWs or counselors attending to the patient to allow tracing and agree on the best way to trace them such as through home visits, by phone or SMS if necessary during the FTIC session;
   • If patient agrees to be traced through home visits, a patient should be informed that someone, other than a facility staff will come to visit them if they disengage from care
   • Caregivers should be made aware that contact with the child’s school is made in order to effectively trace the child. Caregivers should also be informed that this process is supported by School health teams.

PROCEDURE

1. IDENTIFICATION OF PATIENTS TO BE TRACED/ GENERATING LIST OF MISSED APPOINTMENTS
   a) A data capturer will create a list of patients who have missed their appointments by extracting from Tier.net on every Monday. (Early missed appointments). The list should contain patients who missed appointment regardless of models of care patients attend. (Patients in this list didn’t show up in the facilities or community clubs within 10 working days from their appointment date).
   b) The counselor will cross check the files to be sure and finalize the list.
   c) The list will be handed over to counselor on Tuesday.
   d) Counselor supervisor to ensure that list are printed and received by counselors weekly

2. INITIATING TRACING
   • As soon as a counsellor receives a list of missed appointment, the counsellor starts tracing patients on phone.
   • The facility telephone/ designated mobile phone is used to contact patients
   • The counsellor should make at least 2 calls within the week (the 2nd call should be done when the 1st call was not successful).
   • For each tracing effort, the facility tracing register should be marked, indicating the date the tracing was done and the tracing outcome, whether successful or unsuccessful.
   • The names of patients whose telephone numbers cannot be reached after 2 attempts within the same week should be transferred to the list of those to be traced through outreach and home visit. Patient consent for home visits should be verified in patient’s file.
• CHA referral form should be filled and forms from all the facilities are centralized in the counselling supervisor on Friday. The forms are handed over to CHAP coordinator.

### 3. Tracing of Patients through Outreach to Communities and Homes

a) After 2 unsuccessful attempts to contact patients by phone, CHAs or CCG linked to facilities are involved to trace patients.

b) Patients who have telephone numbers, but the numbers could not be reached should also be included in the list of patients to be traced by CHAs and CCG.

c) If a home visit is conducted, details from the home visits, including outcomes of the visit should be reported back to the counselor as soon as possible.

- For each outreach tracing effort, the facility tracing form should be marked, indicating the date the tracing was done and the tracing outcome, whether successful or unsuccessful and when the patient will return to the facility. And the form will be collected by the counseling supervisor and CHAP coordinator to evaluate the tracing system and analyze the outcome.

- The tracing system will be evaluated and fine-tuned by having a regular meeting between counselor’s supervisor, CHAP coordinator, and M&E team.

### 4. Tracing for Patients Not Seen for Three Months and with No Status Update on Treatment Register

a) Registered treatment patients who have not reported to the treatment service point or treatment delivery service point for 90 days since their last visit and not known whether the patient has died, was transferred out or stopped treatment for documented medical or social reasons after 90 days of intensive contact tracing should be registered as: Loss to follow-up. ([Ref SOP for capturing data on Tier.net](#))

b) Before this entry is made, one more attempt at phoning and or visiting patient should be made by counsellors and outreach services

### 5. Re-integrating Patients into Care

a) For each successful contact tracing attempt, where the patient agrees to continue treatment, the counsellor, CHA, or CCG will inform the patient to report back to the facility. On return to the facility, the patient will be referred immediately to the counsellor for additional support, exploring solutions to patient adherence barriers and actively referred to appropriate support services, as required.

b) When a defaulted patient comes back to the facility, the counselor will record it in the list of missed appointment (“Returned”, “R”).

**Children Support Groups** are part of the PCS services to help the RIC of ART patients. For this, Children Support Groups are proposed to all patients on ART according to the criteria. For details, please see below SOP for Children Support Group below.
<table>
<thead>
<tr>
<th>TITLE</th>
<th>STANDARD OPERATING PROCEDURE FOR CHILDREN SUPPORT GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT</td>
<td>MSF-KZN “BENDING THE CURVE”</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>The purpose of this document is to outline the process for Health Care Workers to facilitate children support group where they provide comprehensive services to children on ART</td>
</tr>
</tbody>
</table>
| PERSONS AFFECTED | • Patients; Children on ART who are 7-12 years old  
• Caregivers/ Guardians  
• Nurses  
• Doctors  
• Counselors  
• Data capturer  
• Pharmacist  
• Others (social workers, community health agent, community care giver) when necessary |
| DEFINITION OF CHILDREN SUPPORT GROUP | A children support group consists of children on ART who are between 7-12 years old (maximum 20 members per group). A child belongs to a specific group according to his/her disclosure status (fully disclosed group/ partially disclosed group). Children can join the group regardless of VL. During the group sessions, children are provided with health education, clinical assessment/consultation and pre-packed medications. The group is open and new children can always join. The groups are conducted every 1 or 2 months. |
| OBJECTIVE OF CHILDREN SUPPORT GROUP | • To provide quality of care by multi-professional team  
• To improve and maintain adherence through continuous individual counseling/ group health education  
• To improve retention in care of children on ART  
• To establish and maintain a child’s participation in his/her treatment that is adapted to his development  
• To help a child to understand his/her health status, illness and the necessary treatment by explaining with appropriate terminology. Once his/her cognitive development permits it, to involve the child in the taking of his treatment and thus to render him/her partly responsible for his/her adherence to treatment  
• To ensure a child understands that s/he is not the only one affected (peer support)  
• To provide a therapeutic environment in which children who are infected by HIV/AIDS can develop social skills, skills for the appropriate expression of feelings, problem-solving and decision-making skills, and increase self-esteem.  
• To involve caregivers/guardians in children’s treatment  
• To identify children with social problems and refer them to social welfare service department  
• To identify complicated cases and refer them to main stream care to provide appropriate care |

CRITERIA FOR CHILDREN SUPPORT GROUP
- Children on ART who are 7-12 years old regardless of VL and disclosure status
- Children whose guardians allow their participations
- Children who have been confirmed by clinicians for the membership
- Participation is voluntary
- Children have to attend the support group, guardians or buddy cannot refill unless in special cases

### ROLES AND RESPONSIBILITIES FOR CHILDREN SUPPORT GROUP

<table>
<thead>
<tr>
<th>Doctor’s role</th>
<th>Nurse’s role</th>
<th>Counsellor’s role:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review clinical chart</td>
<td>Review clinical chart</td>
<td>Planning of support group and health education conducted in groups</td>
</tr>
<tr>
<td>Order blood sampling and other investigation when necessary</td>
<td>Responsible for reviewing the weight and ensure dosing according to last recorded weight</td>
<td>Prepare clinical charts in collaboration with clinicians</td>
</tr>
<tr>
<td>Provide clinical consultation</td>
<td>Prepack medications for the session together with a pharmacist</td>
<td>Set up the meeting room</td>
</tr>
<tr>
<td>Responsible for clinical oversight of the group, for ensuring routine clinical consultation every three months or whenever it is needed</td>
<td>Make sure buffer box is available to adjust dosage</td>
<td>Prepare essential materials (IEC materials, snack, juice, etc.)</td>
</tr>
<tr>
<td>Ensure that children with symptoms or abnormal lab results are managed accordingly</td>
<td>Screen and provide treatment on the day of group</td>
<td>Prepare cold chain when necessary</td>
</tr>
<tr>
<td>Identify unstable children and refer them to mainstream care accordingly</td>
<td>Refer patients to other relevant health department when necessary</td>
<td>Education on HIV, treatment, adherence, side effects, risk of non-adherence how this is different from health education mentioned above?</td>
</tr>
<tr>
<td>Document every finding on clinical chart</td>
<td>Invite the patient to express side effects or other concerns and support with treatment, if appropriate</td>
<td>Weight and TB screening according to TB symptom checklist</td>
</tr>
<tr>
<td>Report clinical issues to <strong>paediatric focal point</strong> (project paediatrician)</td>
<td>Withdraw blood upon doctor’s order or according to clinical guideline</td>
<td>Fill the register</td>
</tr>
<tr>
<td></td>
<td>Document every finding on clinical chart</td>
<td>Organise a separate individual session to provide EAC when necessary and discuss with caregivers/guardians</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer patients to other relevant department such as social welfare</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide next appointment of support group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Take blood sample to laboratory when necessary (Saturday)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inform the clinic staff of schedule of support group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Document sessions done and finding on clinical chart</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Document and update the level of disclosure on the child file/clinical chart</td>
</tr>
</tbody>
</table>

Pharmacist | Paediatric focal nurse | Counselling supervisor
- Ensure that enough medications are stocked including minor ailments medications
- Prepare buffer box based on list coming from focal point nurse
- Support nurses for pre-packing when requested according to “pink card”
- Assist and communicate with DoH in case of stock out of medications for children support group
- Coordinate all the nursing activities related to children support group
- Be sure that lab technicians are informed of blood taken
- Identify any organizational problems and report to PCS manager/ MAM
- Be sure that at least 1 DoH nurse will be involved in running the group

**PROCEDURE**

**BEFORE EVERY VISIT (1 week before - 2 days before latest)**
- A doctor/nurse reviews clinical charts and orders change of dosage and blood taking when necessary
- A nurse pre-packs medications according to prescription with assist of a pharmacist
- A counselor prepares all the tools needed:
  - Facility register
  - Support group register
  - Education flip chart/ other materials for health education (HIV, ART or other)
  - Weigh scale
  - Cool box (where/when necessary)
- A counselor checks the clinical charts and contact the guardians of children with VL>400 to ask them to come to the next session
- Ensure that the child is referred to the appropriate group according to his or her level of disclosure (partial or full)

**DURING EACH VISIT?**
- Each Children Support visit should start with an introduction (5-10 minutes)
- A counsellor conducts health education session/ group discussion (20 minutes) according to the plan
- A counsellor does weight scaling and TB screening (cough, weight loss, night sweats, fatigue, loss of appetite) and fill the register (1-2 minutes per patient)
- A nurse conducts clinical assessments, provides medications for minor ailments and records in each clinical chart (monthly)
- A doctor provides clinical consultation (every 3 months)
- A nurse provides pre-packed ART
  Note: The nurse provides a list of children who did not attend and their pre-packed medication to
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the clinic (where is it going to be kept pharmacy)

- A nurse performs blood taking **when indicated** (standard: 2 times per year and as per clinical GL recommendations in case of high VL)

### AT THE END OF THE VISIT

- Write the date of the next visit in the patient’s appointment card and in group register
- Encourage patient to adhere to treatment and return to facility as scheduled
- Provide individual EAC to children with high VL (>400 copies) together with their guardians/caregivers. Children with high VL will be asked to bring their guardians **in prior to the group**
- Update facility register or records and submit it to data capturer
- Update disclosure status on the chart

### TRACING AND RETENTION IN CARE

**If children do not come to the clinic on the day of the session ...**

- Check on the children who do not show up within 5 working days, call to make sure that the child and caretaker come back to the clinic
- Children who did not come on the support group day are seen at the regular clinic, but they are encouraged to attend the next support group
- If children send buddy/guardians to 2 consecutive groups, CHAP/CCG will be sent to their home

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**Enhanced Adherence Counseling (EAC)**

When the child is fully disclosed, conduct the sessions with the child and his parent/caregiver when patient is accompanied. If the child has not yet been fully disclosed, conduct the session with the parent/caregiver and “urgently” refer the patient for a disclosure session with parent’s consent if possible.

**Criteria to provide EAC:**
Children with VL> 400 at any point of their follow up. (But please remind patient the goal is to have a VL<50).

**Planning EAC:**
- Request the list of patients with high VL every 2 weeks (even if the data can be retrieved later on).
- Call/invite the patient to come to the health facility if his next appointment is not within the following 2 weeks and communicate this information to all health care providers.
- Conduct the EAC session as follows:

**EAC for high VL**

**When:** day the patient comes to the clinic after invitation for EAC session.

**What & How:**
- Welcome the patient and explain the reasons why we invited him for this session (“to discuss about your last VL test results and ways to strengthen your treatment adherence; this way, your treatment will be effective against HIV”).
- Throughout the session pay attention on any possible signs of depression, sadness. Inform a medical staff if you suspect depression.
- Discuss the different steps in the “(EAC) adherence plan for clients with high VL” and encourage the patient to fill out the form (See annex 2):
  - Step 1: Evaluate patient’s understanding regarding ART goal and importance of adherence, VL and meaning of VL test results (“can you please explain what the goal of your treatment is? What is VL and what it measures?...”) Using the ART flipchart (card #4) provide/review education on these subjects and correct misunderstandings about adherence and VL –if any.
  - Step 2: Without criticising, explain that the most common reason of a high VL is a “poor” adherence (not taking medications every day/forgetting/skipping doses...) Ask if the patient knows the reasons of his high VL and check how he feels about it. Correct misconceptions about high VL –if any.
    If patient has difficulties to give his reasons for high VL, brainstorm on possible adherence barriers following the next steps in the adherence plan. At each step discuss possible strategies to improve adherence.
  - Step 3: Assess how the patient has been taking his medication that far and what were some possible problems with adherence. Ask what would be the most convenient time to take his pills from now onwards according to his daily schedule. Clarify misconceptions and explain flexibility about: time of medication, late/missed doses, pills intake on empty stomach, with traditional medicine, with alcohol/drug use.
  - Step 4: Review storing medication and extra doses. Discuss with patient where he has been storing his medications, if the same place would be still convenient for him so as to remember taking his medication on time every day.
    Discuss with patient where/how he will keep an emergency supply with him so he won’t miss a dose in case he is not at home to take his pills on time.
  - Step 5: Review motivation to stay healthy and goals for the future. Assess if the patient believes ART can help him to reach his goals.
  - Step 6: Review patients’ support system. Who is aware of his HIV status and can support/encourage him to take his treatment, in difficult times etc.
  - Step 7: Discuss strategies to overcome specific barriers (e.g. alcohol/drug use and forgetting taking pills, missing refill appointments and running out of pills, disclosure and have to hide to take medications, feeling tired of treatment etc.) and a plan to ensure medication intake from now onwards.
  - Step 8: Review how the patient will be coming to future appointments and what will be his backup plan in case he can’t come on his appointment dates.
  - Step 9: Discuss the way forward: date of next VL test and goal to be reached/expected test results. Invite patient to have a follow up EAC session next time he visits the clinic for medication refills.
  - Step 10: Referral to other health care providers/services according to the needs of patient. Invite patient to join a Child Support Group according to criteria for participation in group discussions with peers.

**EAC Follow Up session (when possible)**

_When:_ if possible, conduct a follow up EAC session next time the patient visits the clinic for his medication refills and before he repeats the VL test.

_What & How:_
Welcome the patient and congratulate him for coming to the clinic for his refills and the counseling follow up session.

Step 1: Check if the patient has any questions regarding his treatment or his Viral Load test procedures. Assess adherence of patient since last visit and if he faced any challenges in implementing the EAC adherence plan.

Step 2: Explain the way forward. Remind to patient the next date for his VL blood test (3 months after the last VL test) and what will happen depending on the VL results.

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**Counseling after 2nd high VL and/or switch treatment line**

**When:** when VL test after EAC is still high (2 consecutive high VL test results indicating the need to switch treatment line). On the day the patient comes to the clinic after invitation.

**What & How:**
- Welcome the patient and explain the reasons why we invited him in the clinic (e.g. “the VL test you repeated last time shows that your VL remains high/ you need to change treatment line”).
- Throughout the session pay attention on any possible signs of depression, sadness. Inform a medical staff if you suspect depression.
- Discuss the different steps in the “adherence plan for clients with 2nd high VL/switch treatment line” and encourage the patient to fill out the form [See annex 3];
- Step 1: Review the education from previous EAC session (understanding of ART goal and VL).
- Step 2: Without being judgmental, assess patient’s reasons for 2 consecutive high VL test results.
- Step 3: Educate patient on resistance and 2nd (or 3rd) line treatment using the ART flipchart cards 5 and 6. Assess if patient needs more explanations about the disease and treatment in general; and review education on ART if needed.
- Step 4: Assess motivation to stay healthy and goals for the future. Evaluate if patient believes in reaching his goals by taking ART. Assess patient’s readiness to start a new treatment line.
- Step 5: Explain to patient the new medication and discuss a new medication schedule based on patient’s needs and convenient timing.
- Step 6: Review with the patient how to manage possible missed doses. Advise to take the “forgotten” dose as soon as he remembers about it.
- Step 7: Discuss what reminder tools the patient can use to ensure medication intake on time.
- Step 8: Discuss with patient about his support system (who is aware of his HIV status and who can support him to take his medications?)
- Step 9: Review storage of medications and where to keep an emergency supply.
- Step 10: Explain possible side effects of new treatment and discuss how to deal with them.
- Step 11: Discuss about what to do in case of short or long trips and how to ensure that he doesn’t run out of medications.
- Step 12: Discuss a plan to ensure that ARVs are taken in case of alcohol/drug abuse.
- Step 13: Review how the patient will be coming to the clinic for his appointments.
- Step 14: Explain to patient the next VL test after 3 months and way forward until suppression.
- Step 15: Proceed to referrals as per patient’s needs.

---
- Invite the patient to join a Child Support Group for group discussions/activities, give appointment for next visit and conclude the session.
# PATIENT ADHERENCE PLAN

**Name and Surname:**

<table>
<thead>
<tr>
<th>Session 1 after Chronic disease education session <em>(date)</em>:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adherence step 1:</strong> education on HIV ☐ TB ☐ Hypertension ☐ Diabetes ☐ Other ☐ ………</td>
</tr>
<tr>
<td><strong>Adherence step 2:</strong> Life goals:</td>
</tr>
<tr>
<td>My motivations to stay healthy are: (1)…………………………… (2)…………………………… (3)……………………………</td>
</tr>
<tr>
<td>I will maintain a healthy lifestyle by ☐ adopting healthy eating habits ☐ getting regular exercise ☐ managing stress</td>
</tr>
<tr>
<td><strong>Adherence Step 3 - Patient Support system</strong> Agree for home visit: Yes ☐ No ☐</td>
</tr>
<tr>
<td>Who can support me in my treatment: ☐ Family ☐ Friends ☐ Work ☐ School ☐ Church ☐ other:</td>
</tr>
<tr>
<td><strong>Adherence Step 4 - Getting to appointments</strong></td>
</tr>
<tr>
<td>I will come to my appointments by ☐ walk ☐ public transport ☐ own transport</td>
</tr>
<tr>
<td>If I face a difficulty to come (money, transport, etc.), my alternative plan will be: ☐ ask for assistance from:</td>
</tr>
<tr>
<td>☐ family ☐ friends ☐ neighbour ☐ other</td>
</tr>
<tr>
<td>I will inform clinic I am unable to come to set appointment and request for an alternative appointment ☐</td>
</tr>
<tr>
<td><strong>Adherence step 5:</strong> My readiness to start treatment</td>
</tr>
<tr>
<td>I feel ready and will start treatment Yes ☐ No ☐</td>
</tr>
<tr>
<td>I do not feel ready and would like to discuss more with: ☐ peer ☐ family member ☐ Community Health Worker ☐ other:</td>
</tr>
<tr>
<td><strong>Session 2 <em>(date)</em>:</strong></td>
</tr>
<tr>
<td><strong>Adherence Step 6 - Medication schedule</strong></td>
</tr>
<tr>
<td>The best time for me to take my treatment is: ☐ Morning ☐ Afternoon ☐ Evening</td>
</tr>
<tr>
<td><strong>Adherence step 7:</strong> Managing missed doses</td>
</tr>
<tr>
<td>If I miss a dose, my plan is: ☐ to take treatment as soon as I remember ☐</td>
</tr>
<tr>
<td><strong>Adherence Step 8 - Reminder strategies</strong></td>
</tr>
<tr>
<td>To remind me to take medication, I will use: ☐ watch ☐ cell phone alarm ☐ pill box ☐ buddy ☐ other:……………………………</td>
</tr>
<tr>
<td><strong>Adherence Step 9 - Storing medication and extra doses</strong></td>
</tr>
<tr>
<td>I will store my medication in: ☐ Safe place:………………………………… ☐ Far from reach of children</td>
</tr>
<tr>
<td>I will carry extra supply and keep it in: ☐ bag ☐ pill box ☐ other:…………… I will keep it in my: ☐ handbag ☐ pocket ☐ other:……</td>
</tr>
<tr>
<td><strong>Adherence Step 10 – Dealing with side-effects</strong></td>
</tr>
<tr>
<td>If I experience side effects, I will: ☐ Refer to treatment adherence pamphlet ☐</td>
</tr>
<tr>
<td>Inform clinic if side effects do not go away or are too worrying ☐</td>
</tr>
<tr>
<td><strong>Session 3 <em>(date)</em>:</strong></td>
</tr>
<tr>
<td><strong>Adherence Step 11:</strong> Planning for trips</td>
</tr>
<tr>
<td>If I have some trips planned, before going away I will: ☐ inform health facility before travelling to receive referral letter and treatment ☐ Get enough supply of treatment for trip</td>
</tr>
<tr>
<td>In case I cannot come to the facility before going away:</td>
</tr>
<tr>
<td>☐ I will go to the nearest health facility in the travel access as soon as I arrive to get access to treatment</td>
</tr>
<tr>
<td>☐ Carry evidence of my condition and evidence of the treatment I am taking</td>
</tr>
<tr>
<td><strong>Adherence Step 12 - Dealing with substance use</strong></td>
</tr>
<tr>
<td>My plan to make sure I take my medication if I used alcohol or drugs is:</td>
</tr>
<tr>
<td>☐ To make sure I take treatment before starting to use drug or alcohol</td>
</tr>
<tr>
<td>☐ Arrange for someone to remind me to take treatment in case I am intoxicated</td>
</tr>
<tr>
<td><strong>Session 4 <em>(date)</em>:</strong></td>
</tr>
<tr>
<td><strong>Education on follow up:</strong> Viral load ☐ Sputum ☐ HbA1c ☐ Other: …………………… ☐</td>
</tr>
<tr>
<td>Patient’s signature………………………………………………………………………………………………………………………………… Date…………………………………………………………………………………………………………………………………</td>
</tr>
</tbody>
</table>

**TREATMENT GOALS:**
ARV goal: My first Viral Load will be suppressed! And thereafter remain below 400 copies/mL.
TB goal: I have completed 6 months TB treatment and I am cured of TB.
### (EAC) Adherence plan for client with High VL *(for patient and carbonated paper for patient’s file)*

<table>
<thead>
<tr>
<th>Session 1 <em>(date):</em></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1:</strong> Review EDUCATION on ART goal &amp; adherence</td>
</tr>
<tr>
<td>Viral load is:</td>
</tr>
<tr>
<td><strong>Step 2:</strong> ASSESS CLIENT’S REASONS FOR HIGH VL: (ask if the patient knows what make their VL is high and correct misconceptions)</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td><strong>Step 3:</strong> REVIEW TIME MEDS TAKEN</td>
</tr>
<tr>
<td>Problem with time:</td>
</tr>
<tr>
<td>EXPLAIN FLEXIBILITY on: time to take the treatment, late/missed doses, empty stomach, traditional medicine, alcohol consumption/drug use</td>
</tr>
<tr>
<td><strong>Step 4:</strong> REVIEW STORING MEDS/EXTRA DOSES</td>
</tr>
<tr>
<td>Convenient storage place:</td>
</tr>
<tr>
<td><strong>Step 5:</strong> ASSESS MOTIVATION TO STAY HEALTHY: Top 3 goals for the future: future projects or important people to take care of, etc.</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>Do you think your ARVs can help you achieve your goals for the future?</td>
</tr>
<tr>
<td><strong>Step 6:</strong> REVIEW CLIENT’S SUPPORT SYSTEM</td>
</tr>
<tr>
<td>Members of Client’s support system:</td>
</tr>
<tr>
<td><strong>Step 7:</strong> CLIENT’S STRATEGIES TO OVERCOME ADHERENCE BARRIERS (e.g. alcohol/drug use and forgetting taking pills, missing refill appointments, disclosure and have to hide to take medications, feeling tired of treatment etc.)</td>
</tr>
<tr>
<td>Your plan to make sure you take your ARVs:</td>
</tr>
<tr>
<td><strong>Step 8:</strong> GETTING TO APPOINTMENTS</td>
</tr>
<tr>
<td>How you will get to the clinic:</td>
</tr>
<tr>
<td><strong>Step 9:</strong> WAY FORWARD</td>
</tr>
<tr>
<td>Your VL will be repeated in (which month) and your VL must be</td>
</tr>
<tr>
<td>Next visit date:</td>
</tr>
<tr>
<td><strong>Step 10:</strong> Referral</td>
</tr>
<tr>
<td>Referred to:</td>
</tr>
<tr>
<td>Referred for:</td>
</tr>
<tr>
<td>IF POSSIBLE, conduct a follow-up EAC session next time the patient comes to clinic for refills/ before he repeats VL test <em>(date):</em></td>
</tr>
</tbody>
</table>

| **Step 1:** ASSESS ADHERENCE |
| How did it go to take your treatment since last time? |
| Did you face any situation in which it was difficult to take your treatment? |
| Which steps discussed last time worked well for you and which ones need to be revised? |
| Counsellors Assessment: Adherences has improved | Adherence has not improved |

| **Step 2:** EXPLAIN WAY FORWARD |
| Next time (3 months after last VL) you will get your blood drawn to check if your VL has decreased. Remind to patient what will happen after the results come in. |
| Next visit date: |
### Adherence plan for client with 2nd High VL / Switch Treatment Line

(For patient and carbonated paper for patient’s file)

<table>
<thead>
<tr>
<th>Session 1 after 2 High VL (date):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: REVIEW EDUCATION FROM 1ST EAC SESSION</td>
</tr>
<tr>
<td>Viral load is: ____________________________</td>
</tr>
<tr>
<td>High viral load is: ____________________________</td>
</tr>
<tr>
<td>Suppressed viral load is: ____________________________</td>
</tr>
<tr>
<td>ART goal is to have a VL ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2: CLIENT’S REASONS FOR 2ND HIGH VL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________________________________________________________</td>
</tr>
<tr>
<td>__________________________________________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3: EDUCATE ON RESISTANCE AND 2nd/3rd LINE TREATMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Explain how HIV becomes resistant</td>
</tr>
<tr>
<td>- Provide literacy session for 2nd or 3rd line treatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4: ASSESS MOTIVATION TO STAY HEALTHY: Top 3 goals for the future: future projects, dreams etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________________________________________________________________________</td>
</tr>
<tr>
<td>2. __________________________________________________________________________</td>
</tr>
<tr>
<td>3. __________________________________________________________________________</td>
</tr>
</tbody>
</table>

Do you think your ARVs can help you achieve your goals for the future? Are you ready to start a new treatment line?

<table>
<thead>
<tr>
<th>Step 5: EXPLAIN MEDICATION SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will take my medication at this time: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 6: REVIEW HOW TO MANAGE MISSED DOSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I miss a dose, my plan is: to take treatment as soon as I remember</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 7: REVIEW REMINDERS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To remind me to take medication, I will use: ☐ watch ☐ cell phone alarm ☐ other ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 8: REVIEW CLIENT’S SUPPORT SYSTEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members of my support system: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 9: REVIEW STORING MEDS/EXTRA DOSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenient storage place: ____________________________</td>
</tr>
<tr>
<td>Emergency supply will be carried in: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 10: DISCUSS HOW TO DEAL WITH SIDE EFFECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I experience side effects, I will: ____________________________</td>
</tr>
<tr>
<td>Inform clinic if side effects do not go away or are too worrying</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 11: PLANNING FOR TRIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I have some trips planned, before going away I will: ☐ inform health facility before travelling to receive referral letter and treatment ☐ Get enough supply of treatment for trip</td>
</tr>
<tr>
<td>In case I cannot come to the facility before going away:</td>
</tr>
<tr>
<td>☐ I will go to the nearest health facility in the travel access as soon as I arrive to get access to treatment</td>
</tr>
<tr>
<td>☐ Carry evidence of my condition and evidence of the treatment I am taking</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 12: PLANNING FOR SUBSTANCE USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your plan to make sure you take your ARVs if you use alcohol or drugs: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 13: GETTING TO APPOINTMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you get to clinic? ____________________________</td>
</tr>
<tr>
<td>Back-up plan to get to clinic ____________________________</td>
</tr>
<tr>
<td>Not able to come on date ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 14: HOMEWORK &amp; WAY FORWARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your VL will be repeated in (which month) ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 15: Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred to: ____________________________</td>
</tr>
<tr>
<td>Referred for: ____________________________</td>
</tr>
</tbody>
</table>
**Partial disclosure: 1st SESSION for caretakers**

<table>
<thead>
<tr>
<th><strong>Target group</strong></th>
<th>Care-taker of children aged 7 to 10 year (or above if not disclosed)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
<td>To orient the care taker about Disclosure and motivate them to start thinking of a plan on how to disclose to their children.</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>30 min</td>
</tr>
<tr>
<td><strong>Mode</strong></td>
<td>Group/Individual</td>
</tr>
<tr>
<td><strong>Tools</strong></td>
<td>Disclosure booklet</td>
</tr>
</tbody>
</table>

**Content (split caretakers and children and conduct separate groups)**

**Caretakers alone**

1. **Introduces yourself and explain the purposes of inviting the care takers for this session**

   “I am ________, I am a counsellor at/from ________. Today we are going to discuss about disclosure of HIV status to the children, its advantages and how to go about it. We will also discuss your individual concerns related to disclosures and make a plan to overcome them. We understand it might be a difficult decision to make and only you can take that decision. It is important you know that the experience has proven that children who know their HIV status take their treatment much better.”

2. **Explain what you mean by “Disclosure”**

   “Disclosure” is the **process** by which the children learn about their HIV/Aids status.

   When working with children under 10, the recommendation is to go for progressive disclosure: a gradual process by which, along a period of time, a child learns about health, immunity, having a red germ, treatment, and finally hears his HIV status (total disclosure).

   The partial disclosure is like a journey with many stops. At each stops, we will explain a little more to the child. At the end of the journey, when it will be the good time for the child, s/he will understand HIV and the treatment s/he is taking.

3. **Explain the following:**

   - **Why do disclosure?**
     - For the child to hear about HIV from you rather than to find out the truth from someone else, or get misleading information from the TV or other sources.
     - To be open and honest
     - Children can have an amazing ability to deal with truth. If you are able to give them information, you can support them better
     - Usually, children who know their status take their treatment better. They understand why they have to go to the hospital or have their blood taken.
     - There comes a time when you feel your child has a right to know such an important thing about themselves.
     - The child has to know so he can protect others from catching it.

   - **Risks of late or non-disclosure?**
     - Keeping secrets is hard and can be very stressful for you.
     - Children often know that something is wrong. They may have fears which are worse than the real thing.
     - The later the child will hear about his status, the higher the risk the child get angry because you didn’t told it before
     - Poor adherence

   - **Who should disclose?**
     - The ideal would be that you who will tell the child. Counsellors and nurses can help with that task and provide more information. If you are present when this happens, you know exactly what your child has been told, so that you can be there to support your child after they have been told.
     - Your child might want to talk about it later when you are at home - remember to ask them if they have any questions later on.
• When to disclose?
  - Talking with your child about HIV isn’t going to happen on just one occasion. Long before you think they’re ready to know they have HIV, you can take opportunities to tell them part of the story, for example when they have to go to the clinic or have blood tests.
  - It is good to follow the rhythm of the child. When children ask questions, find ways to respond with adapted explanations for their age.
  - Deciding when to tell them about the HIV can be difficult. It is recommended to do it progressively from 6 or 7 year old and tell them about their HIV status when they are between 10 and 12 year old.
  - You are the one who can decide when it is the good moment. Think about practical things that are going on in their lives. For example tell a child who is just about to start an exam is going to be disruptive.
  - If you are looking after more than one child with HIV, you’ll have to decide whether to tell them together or at different times to protect the child and insure he gets support in the family.

• How to disclose?
  - Finding somewhere private
  - Making sure you won’t be interrupted
  - Having enough time to talk if your child wants to
  - You might want to have other things to do together if your child doesn’t want to go on talking
  - What you’re going to do afterwards
  - Who needs to know you’ve told your child

4. Barriers to disclosure: why care-takers are reluctant to disclose?
Ask the participant what are their individual barriers to disclose the status to their child? Encourage them to express their fears. Ask the participants to think about ways to overcome those barriers. Let them exchange opinions and value their ideas.

5. What is the way forward to start Disclosure?
Disclosure process takes time. As HCW/counselor, we will be with you throughout. To prepare you for starting disclosure process, you will first go through an individual session with the child to start progressive disclosure. We will give explanations to the child about health and treatment without naming HIV.
After, we will discuss how you can start disclosure. You can disclose to your child at home on your own or in presence of a counsellor. You can take your own time to disclose. If you find it difficult to implement the plan we make, you can come back and we can think about another plan. We understand this can be difficult for you as a caretaker.
Once you have disclosed we will have a third session with you and your child where the counsellor will help you and your child to rebond and clarify information.
Once you have completely disclosed the child’s status to him/her and the child understands, we will then ask him/her to join a support group for children living with HIV (CLWH). This support group is a platform for all CLWH to discuss issues that are affecting them and a forum to get more information on living with HIV and learn coping skills from peers.

6. Closure of session
  - Assess readiness to do partial disclosure next session
  - Check if Care taker have any further questions, set an appointment for next individual session
  - Handout DISCLOSURE brochure to the Care-taker.
  - Give a short motivational speech

“Children often know more than we think they know! So it is better to let the child know the right information from the right person, rather than collecting wrong information. We congratulate you for deciding to take this
Partial disclosure: 1st SESSION for children

<table>
<thead>
<tr>
<th>Target group</th>
<th>Children aged 7 to 10 year (or above if not disclosed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>Assess what the children know about them coming to the clinic and about their status and explain the introduction of immune system and how it works.</td>
</tr>
<tr>
<td>Duration</td>
<td>30 min</td>
</tr>
<tr>
<td>Mode</td>
<td>Group/Individual</td>
</tr>
<tr>
<td>Tools</td>
<td>Sheet with Dots</td>
</tr>
</tbody>
</table>

**Content:**

1. **Dot game**: 1 to 10 Dot sheet is distributed to all children with a crayon pencil. Children are asked to join the dots. Once's the dots are joined it becomes a picture of trumpet. Children are told they have a trumpet and they can give a message to the world or people. Ask them what they want to tell, each child is asked to give one messages and all the messages are written behind the sheet. This game helps us to assess the children's emotions about taking medication every day. It is non-structured activity and helps the children open up and tell what they feel without being scared.

2. **Visit to the clinic (follow the explanations on card 7)**
   Ask the children to explain what they do when they come to the clinic.

3. **The body and the blood system (follow explanations on card 16 and 17)**
   Explain that we all have blood inside our body. Ask to the children to explain where the blood is in the body. Then, explain that the blood travel all around the body. It circulates all around through little tubes called the veins.

4. **Soldiers inside the blood (follow explanations on card 18)**
   Inside the blood we all have small soldiers that protect us from being sick. We will explain about them next time.

5. **Closure**
   Ask the children if they have questions. Explain to the children that they have done very well today and that you will see them next time for more discussions and entertainment.

---

Partial disclosure: 2nd SESSION for caretaker

<table>
<thead>
<tr>
<th>Target group</th>
<th>Care-taker of children aged 7 to 10 year (or above if not disclosed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>To proceed to partial disclosure</td>
</tr>
<tr>
<td></td>
<td>To make an individualized plan with the Caretaker on disclosure</td>
</tr>
<tr>
<td>Duration</td>
<td>30 min</td>
</tr>
<tr>
<td>Mode</td>
<td>Individual (child and caretaker separate at the beginning then together)</td>
</tr>
<tr>
<td>Tools</td>
<td>Counselling cards</td>
</tr>
</tbody>
</table>
Content:

1. Introduce yourself and thank the client for coming.
   - Explain that today we will give information to the child about his health but we will not mention HIV yet. We will explain that some people have a red germ that attacks the body soldiers. We will also say that medication can help fighting the red germ.

2. Assess readiness to disclose
   - Ask how the care giver feels about the explanations that will be given to the child today
   - Ask if caretakers feels like disclosing on their own or with counsellor next time
   - Tackle their worries and their anguish with respect to the disclosure.
   - Ask where the caretaker wishes to disclose

3. Prepare parents for disclosure:
   - Ask if anyone could help in disclosure?
   - Recognize that disclosure can be difficult but re-affirm its advantages (tell the truth, adherence, support, etc.)
   - If caretakers express fears, let them express their fears. Tell them it is normal to be afraid and ask them what they could imagine to go over their fears. Support them in finding solutions

Close the session with the care taker:
Check if the caretaker has any further questions
Set an appointment for next individual session.
Explain that the session will continue with the child. We will give explanations to the child about his health without naming HIV. We talk about a red germ instead of HIV.
Explain to the caretakers that they can use the same explanation to disclose to the child. If they feel ready to disclose at home, they can tell the child that the red germ is HIV. They can draw what we will see today together.
It is important that they support the child in whatever emotions he could go through. We will also be there to support anytime.
If they don’t feel like doing it at home, we can support them to disclose at the clinic next time

---

**Partial Disclosure: 2nd SESSION**

<table>
<thead>
<tr>
<th>Target group</th>
<th>Children aged 7 to 10 year (or above if not disclosed)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
<td>Explain the introduction of immune system and how it works and help the care taker disclose the child status.</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>30 min</td>
</tr>
<tr>
<td><strong>Mode</strong></td>
<td>Individual with care taker</td>
</tr>
<tr>
<td><strong>Tools</strong></td>
<td>Cards 19 to 27</td>
</tr>
</tbody>
</table>
1. The immune system: (card 19)
Ask what the child remembers about what we saw last time about the blood in the body.

Every person has green soldiers in their blood. These green soldiers are really good as they help us to fight germs and diseases that try to attack our body and make us sick. In this picture you can see the yellow germs and diseases that try to enter the little boy’s body and make him sick. These can be germs like TB or colds and flu. Luckily for us, the green soldiers are always alert and fight whenever necessary so that we can remain healthy.

You can see in the picture that the green soldiers are fighting the yellow germs and they are winning the fight,

2. The red germ: (card 20)

Sometimes though, you get a different kind of germ which tries to enter your body. This is the red germ in this picture. This germ is different to the other yellow germs – it is stronger and acts differently. This germ is also called the ‘sleeping bug’

3. The red germ attacks the soldiers of the body: (Card 21)

When the red germ enters our bodies, it attacks the green soldiers. In the beginning, we have more green soldiers in our body and so we can fight these red germs and our bodies stay strong and we can still play and have lots of fun.

You can see in this picture that even though the boy has the red germs in his blood, the green soldiers are able to fight them and so the boy stays happy and is able to have fun

4. When the red germs become more and more, the child become sick: (Card 22 and 23)

With time the red germs increase in number (they multiply) and after some time, there are more red germs than green soldiers.

There are not enough green soldiers to fight the red germs anymore and so the red germs begin to win the battle. You can see in the picture that the red germs are now winning the battle inside the boy.

When this happens the boy starts to feel sick. He gets headaches or feels weak. Maybe he loses weight. He doesn’t feel so much like playing. You can see in the picture that the boy does not look happy anymore. He looks sad and like he is in pain.

When the red germs have beaten almost all the green soldiers, the boy becomes very weak and sick.

When this happens, it is easy for the yellow germs we talked about to attack the body. Germs like TB and colds and flu. This makes the little boy even sicker. You can see in the picture that boy can’t play anymore and he has lost weight. You can also see that the yellow germs are attacking the boy too so he gets even sicker.
This is not nice for the boy. He feels very sick and it is also frightening for him.

5. Treatment to fight the red germ: (Card 25 and 26)

There is very good news for this boy. Even though he feels so sick and is weak, there is a special pill that he can take. This pill contains special warriors. You can see the blue warriors in the picture. When the boy takes this pill, the blue warriors enter the boy’s blood and follow the red germs. These blue warriors are very, very strong and they fight the red germ. The blue warriors fight the red germs and put them to sleep. So the blue warriors are very good.

In the picture you can see how these blue warriors are beating the red germs. The green soldiers can then fight the other yellow germs again and quickly the boy begins to feel well and happy again. He feels well because the red germs are put to sleep and his body can now fight and beat the other germs again.

6. Take treatment every day to keep the red germ sleep: (card 27)

In the picture you can see how these blue warriors are beating the red germs. The green soldiers can then fight the other yellow germs again and quickly the boy begins to feel well and happy again. He feels well because the red germs are put to sleep and his body can now fight and beat the other germs again.

Explain to the children, very gently, that they also have this red germ in their bodies. This is why, like the boy in the story, they take medicine every day. Explain that they do not need to be afraid because there are the very good medicines which keep them well. They are already taking their medicines and this is why it’s important to be very careful about this. Explain that the caregivers and the clinic staff are there to take care of them and to help make sure that the red germ stays asleep. This is why they come to the clinic every month and this is why they must give their blood sometimes – this is so that the doctors can check that the red germs are still asleep. They are also not alone, there are other people who have the red germ in their blood too. Often nobody knows who has the red germ in their blood because people and children with the red bug can be healthy and fit, just like everyone else.

Closure
You have received a lot of information today, congratulation you did very well. If you have any questions you can ask them now or you can discuss together later. Emphasize that the child can ask questions to the care taker when s/he has some. We will see each other next time you come to the clinic. We will give more information about the red germ at the next session.

Full DISCLOSURE: 3rd SESSION (at home or at the clinic)

| Target group | Care-taker of children 10 to 12 years old (or before if the child is ready) and Child Living |
Objective: To assist the caretaker to disclose the child’s status at the clinic.
To assess child feeling, explain ways of transmission and discuss who to tell or not.

Duration: 45 min

Mode: Individual/Jointly with Child

Tools: Counseling cards

Content: Start with the caretaker alone and then invite the child in the session.

Caretaker alone:
1. Introduction and assess if disclosure has been done:
Today we will discuss about disclosure.
Assess the disclosure:
   - How did it go since the last session?
   - Did the child asked questions?
   - Did you disclose the HIV status to the child?

Explain that, if the caretaker hasn’t disclosed and is willing to do so, we can help to talk about the HIV status to the child today.

If the caretakers express reluctance to disclose, let them express their fears. Support them in finding solutions.

2. Propose specific help to the parents for disclosure:
   - Anticipate the difficult questions that the child may well ask, “Why did it happen to you? How did you get it? Are you going to die? Is it my fault that you are sick? Who else knows that I have the virus? Why do I have the virus? Am I going to die?
   - Propose role plays to practice disclosure, the words they will use and how to answer difficult questions,
   - Prepare the care taker for the emotional response of the child (crying, shout etc). It is important they accept the reaction, whatever it is.
   - They should let the child know that it is normal if they are sad or angry and tell that they are there to support them when they want.

3. Discuss about the secrecy
Discuss with caretakers about what they will say to the child:
   - With whom the child may speak about his disease if he wishes to do so, both within and outside of the family.
   - Speak with the parents about the distinction between telling all and telling what is necessary for the child’s understanding. All must not necessarily be revealed.
   - Explain that disclosure inside the family can increase support to the child. It is important that the child feel supported in taking the treatment.

If the caretaker agrees, invite the child to finalize the disclosure process:

Caretaker and child together:
1. Welcome the child in the session and introduce yourself and your role.
I am _________ and I am a counsellor at/from ______________. I am here because your caretaker wants me to support her/him when s/he is talking to you.
Reassure the child if s/he is scared or uncomfortable.

2. Assess what s/he remembers from the previous session.
   - What are the green soldiers?
- What does the red germ to the green soldiers?
- What can we do the fight the red germ?
- Can the pills kill the red germ?

Complete the child answers explaining the importance to take treatment every day to keep the red germ asleep and make the green soldiers stronger.

3. If the caretaker is ready for it, support to disclose:
The red germ has a name. Do you know the name of the red germ?

If the child doesn’t know, ask the caretaker if they want to tell what the red germ is to the child.
Let the caretaker tell the child that the red germ is HIV.

Ask the child if s/he understand what the caretaker just told,
Ask if the child had any idea about their status before this. Let the child talk and ask questions. If the child is quiet give him/her time to absorb the new information.

4. Ask the child how s/he feels after being told about his/her status

Feelings
This picture shows different kids feeling different things like: bad, good, sleepy, worried, clever, angry, afraid, sad, happy.
Which child do you feel like today? Why do you feel like that?
Do you feel like that just today or everyday?
What child do you feel like when you take your ARVs? Why do you feel that way?
Which child would you most like to be?
(Links the positive emotions to being healthy and strong thanks to the ARVs they take to make sure that HIV stays ‘asleep’)

5. Ways of transmission: Do you know how HIV is transmitted? How you can get it or pass it to someone?

How HIV is transmitted
These are the different ways that people can become HIV positive:
- When a mother is pregnant and she has HIV she can transmit the virus to her baby during the pregnancy, while she is giving birth or during breastfeeding. But if she takes the right medication from the doctor the chance of this happening is less
- When people have sex without using a condom for protection
- By sharing sharp materials that were in contact with HIV infected blood
- If an adult sexually abuses a child

Do you understand how HIV can be transmitted? (Point to a picture and ask the child what is this way of transmission?). Do you know how you got HIV? How do you know this?
There was not a lot of help for people who had HIV when your mom was pregnant. She certainly couldn’t get the right information and medication she needed to prevent the virus from passing on to you. It was not her fault.

6. HIV is not transmitted by: Some people have wrong ideas about the ways HIV is transmitted.

These are the different ways that HIV cannot be transmitted:
• Playing, kissing or hugging someone who is HIV positive
• Eating from the same plate, dancing or having a bath with someone who is HIV + There are people
  who still don’t know about this and they discriminate against others.
This is wrong; everyone has the right to be treated equally no matter their HIV status.
Are there any other ways that you have heard about how HIV is or isn’t transmitted?

7. Who to tell or not to tell

Friendship and who to trust
What can you see in this picture?
What are the children doing? Do you think that they know each other? Are they
friends or maybe family?
Do you have friends or a family member that you like to talk to?
Do you talk to them about being HIV positive?

It’s important to share your feelings with someone you trust and feel safe with.
Remember we just spoke about how some people still don’t understand about HIV and they can
discriminate against people with HIV. This is why you should be sure that the person you talk to about your
status is someone that you can trust and who understands you.
Ask the caregiver if there is anyone else that they can trust to share their experiences with and get support
from (some examples may include a close family member, teacher, the doctor and nurse at the clinic etc)

8. Closure of the session

Check if the caretaker or the child has any further question.
Set a date for next appointment.

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**Content**

**Care taker**

1. Welcome and thanks for coming
2. Assess how the child has been feeling after disclosure.

Did the child have any further questions and how the caretaker did handle it?

Congratulate the caretaker for being understanding and supportive of the child in this situation.

**Child and caretaker:**

1. Assess how the child felt after being told about his/her status.
   - Ask if the child has questions. Answer all the question the child ask, don’t lie.
   - Assess how the child’s coping with his status (check any negative comments and watch for the non-verbal
     clues).
   - If the child has negative comments or attitudes (such as anger, cry, closing oneself, etc.), recognize those
attitudes by saying: “I can see that this is making you … (angry, sad, …). Then tell the child it is normal to feel that way> - Ask the child what s/he would like to do when older (work, or where s/he’d like to travel, etc.). Congratulate them for the project they have and encourage them to think about it every day when they take medication.
- Ask the child if s/he would like to meet with other child like him/her, if child agrees invite for next support group session.

2. Closure of the session
   Check if the caretaker or the child has any further question.
   Set a date for next support group meeting.