

Supporting community action on AIDS in developing countries



# Building Blocks: Asia

Briefing notes for communities working with orphans and vulnerable children

**Health and nutrition**

# Acknowledgements

## What is the International HIV/AIDS Alliance?

The International HIV/AIDS Alliance (the Alliance) is the European Union's largest HIV-focused development organisation. We were established in 1993 as an international non-governmental organisation to support community action on HIV/AIDS. Since then, we have worked with over 2,000 community-based organisations in over 40 countries, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support and improved access to treatment.

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## **International HIV/AIDS Alliance staff members and consultants**



# Background

The International HIV/AIDS Alliance, with funding from USAID, has produced this series of practical briefing notes to assist policy-makers, programme managers, non-governmental organisations (NGOs), community-based organisations (CBOs), local government and communities to respond to the needs of children affected by HIV and AIDS<sup>1</sup> in Asia. The briefing notes focus on how programmes can strengthen the capacity of children, families and communities. They do not include general information on HIV and AIDS, as this is available in many other publications.

These briefing notes are part of a set of seven, comprising six topics and an overview:

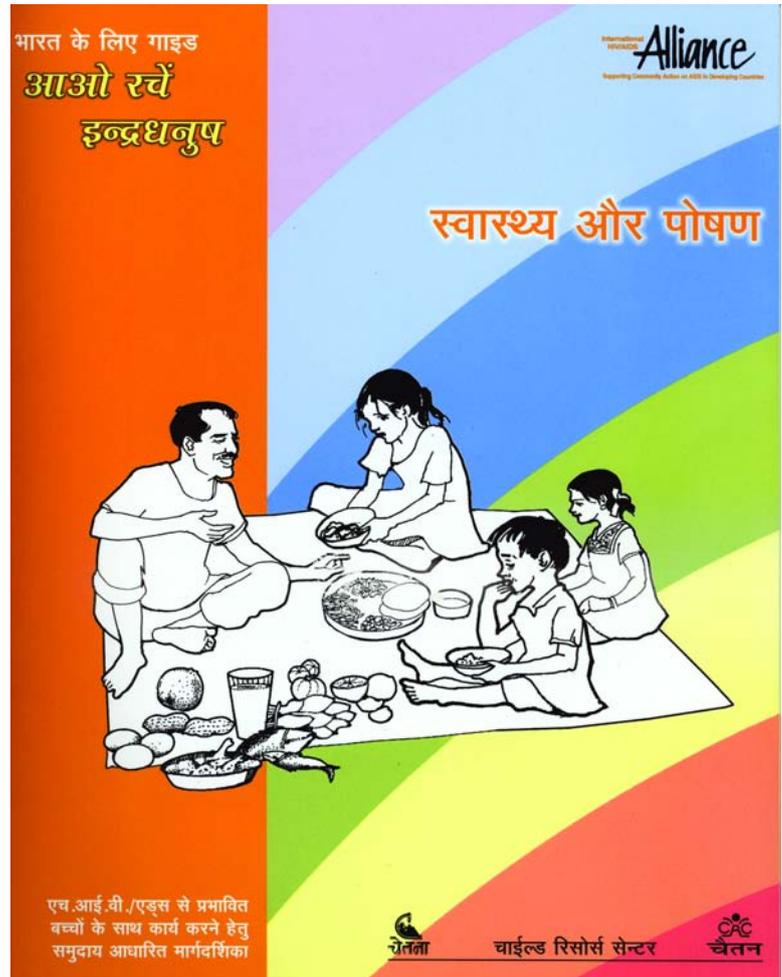
- Health and nutrition
- Livelihoods and economic strengthening
- Education and training
- Care and psychosocial support
- Social inclusion
- Protection

All these areas are important and should be considered together in an integrated response. Each briefing note introduces issues, and provides principles and strategies for guiding the response, while also offering examples of best practice from programme experience. The strategies reflect international good practice and the experience of people working with orphans and vulnerable children in Asia. Some of the guides also include case studies from Africa to illustrate practical actions that can be taken.

The briefing notes were developed through a highly participatory process, guided by an international advisory board. Initial content for the notes was developed during a workshop in Chiang Mai by members of the development group for Building Blocks: Asia, acknowledged above. This was then written up in English by a consultant, Kathy Attawell, and then translated, reviewed and revised in Cambodia, India and Thailand. These revised editions are available in Khmer, Hindi and Thai – see [www.aidsalliance.org](http://www.aidsalliance.org) for more information on these publications. This English edition is based on the original content developed during the Chiang Mai workshop, with revisions and editions based on the country-level reviews and feedback from the international advisory board. Examples and case studies from this process have been noted as coming from a ‘Member of the development group for Building Blocks: Asia’.

<sup>1</sup> The term ‘children affected by HIV and AIDS’ includes children living with HIV as well as those who have lost family members to AIDS or who are living in families or communities affected by HIV and AIDS.

# Background



*The briefing notes in Hindi*

The briefing notes are all divided into three sections:

### **Introduction**

This section explains the topic and how it relates to children and families affected by HIV and AIDS.

### **Issues**

An outline of the impact of HIV/AIDS on children.

### **Principles and strategies**

Guidelines and possible ways of taking action to strengthen support for orphans and vulnerable children.

# Introduction

Children can acquire HIV in several ways:

- Most HIV infection in children occurs from mother to child during pregnancy, at time of delivery and early childhood due to breastfeeding. Without intervention, one in three HIV-positive mothers will pass on the virus to their children. The risk of transmission can be significantly reduced by a combination of provision of antiretroviral drugs to the mother late in pregnancy and to the baby for a few days after birth; avoiding prolonged labour by caesarean section delivery where this is safe and practical to do; and either completely replacing breast milk with a suitable formula, soy or animal milk ('exclusive bottle feeding') or feeding with breast milk only ('exclusive breastfeeding'). HIV-positive mothers who breastfeed should not feed their baby with anything else until they are weaned at four to six months, as this increases the chance of acquiring HIV compared to exclusive breastfeeding or exclusive bottle feeding. Each of the interventions works separately or in combination, so there may be different policies according to available facilities. Find out about national policy on prevention of mother-to-child transmission in your own country.
- HIV can be transmitted to children through transfusion with infected blood or injections using equipment contaminated with infected blood. The risk of transmission can be reduced by using sterile or disposable instruments, needles and syringes, and screening blood for transfusion services.
- Sexual abuse or exploitation of children may expose them to HIV infection.

HIV/AIDS affects children's health and nutrition directly. Children living with HIV have special health and nutritional needs.

HIV and AIDS also affect children's health and nutrition indirectly. Children who do not have HIV but who are orphaned or living with sick parents often live in extreme poverty. They have poor health because of poor environmental and sanitary living conditions, lack of access to health care or immunisations, lack of food, and neglect. They are more likely to be malnourished because poor households cannot afford enough good food, and sickness in the family may reduce food production.



*There is a risk of positive mothers passing on HIV through breastfeeding*

This guide is divided into two sections:

## Issues

This section considers how HIV and AIDS can affect children's health and nutrition, and explains why programmes should pay attention to the health and nutritional needs of children affected by HIV and AIDS.

The issues include:

- Poor living conditions
- Poor nutrition
- Lack of knowledge
- Poverty
- Discrimination

# Introduction

- Lack of adult care
- Poor health care
- Work-related risks
- Parental illness
- Sale of assets
- Physical and psychological problems
- Poor knowledge about nutrition
- Lack of money, land or skills.

## Principles and strategies

This section outlines principles of programming to improve children's health and nutrition, and describes possible ways of taking action to address the health and nutritional needs of children affected by HIV/AIDS. Case study examples are included to illustrate practical application of some of these principles and strategies.

### Principle 1

Protect children's rights to health and development

### Principle 2

Ensure access to quality health care for families as well as children affected by HIV/AIDS

### Principle 3

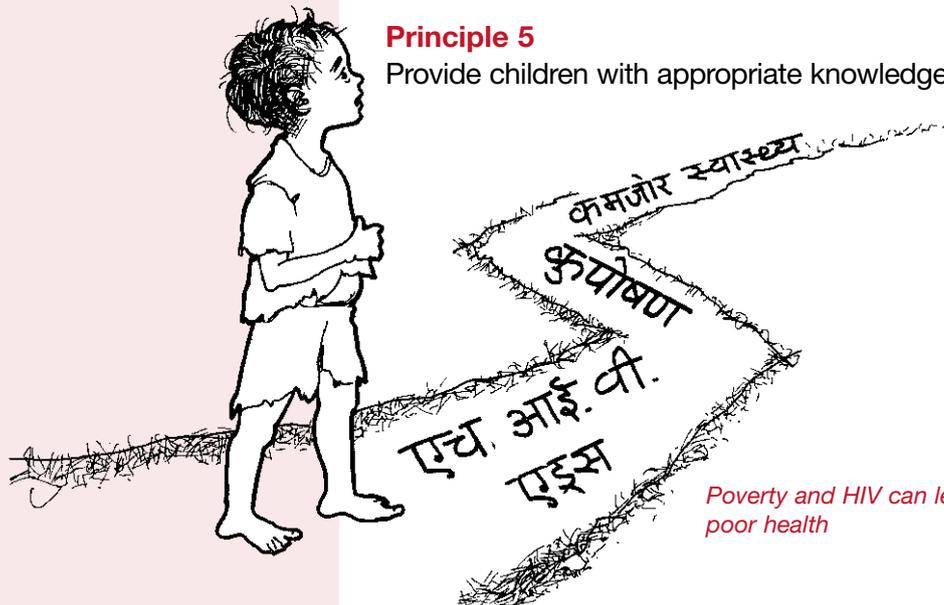
Strengthen community and family capacity to keep children healthy

### Principle 4

Strengthen community and family capacity to provide good nutrition

### Principle 5

Provide children with appropriate knowledge, skills and support.



*Poverty and HIV can lead to malnutrition and poor health*

# Issues

Children affected by HIV/AIDS are at increased risk of poor health because of:

## **Poor living conditions**

Children without parents or with families affected by HIV and AIDS often live in poor housing, without access to clean water and adequate sanitation. Poor living conditions, together with poor domestic, personal and food hygiene, increase the risk of common childhood diseases such as diarrhoea and pneumonia. Children with HIV are especially vulnerable to common childhood diseases, and those who live in poor conditions may suffer frequent and severe infections. Young children living in overcrowded conditions with adults who have infectious tuberculosis (TB) are at increased risk of TB.

## **Poor nutrition**

Children who do not get enough to eat or who do not eat good food are at increased risk of infections. Infections are often more severe in malnourished children.

## **Lack of knowledge**

Older carers and children living without parents may lack basic knowledge about health and hygiene or when to seek care from a health worker. For example, they may not know about the importance of immunisation or about the need for prompt treatment for common infections. They may opt to use traditional healers who might not recognise HIV/AIDS or who may provide inappropriate treatment for childhood diseases such as diarrhoea, pneumonia or malaria. Lack of awareness might make it difficult for children and their carers to tell the difference between genuine and counterfeit medicines, which are widely sold in some places. Parents and grandparents may lack information about how to care for children with HIV when they are ill. Children may not know how to care for sick or dying parents. This could lead to increased exposure to HIV.

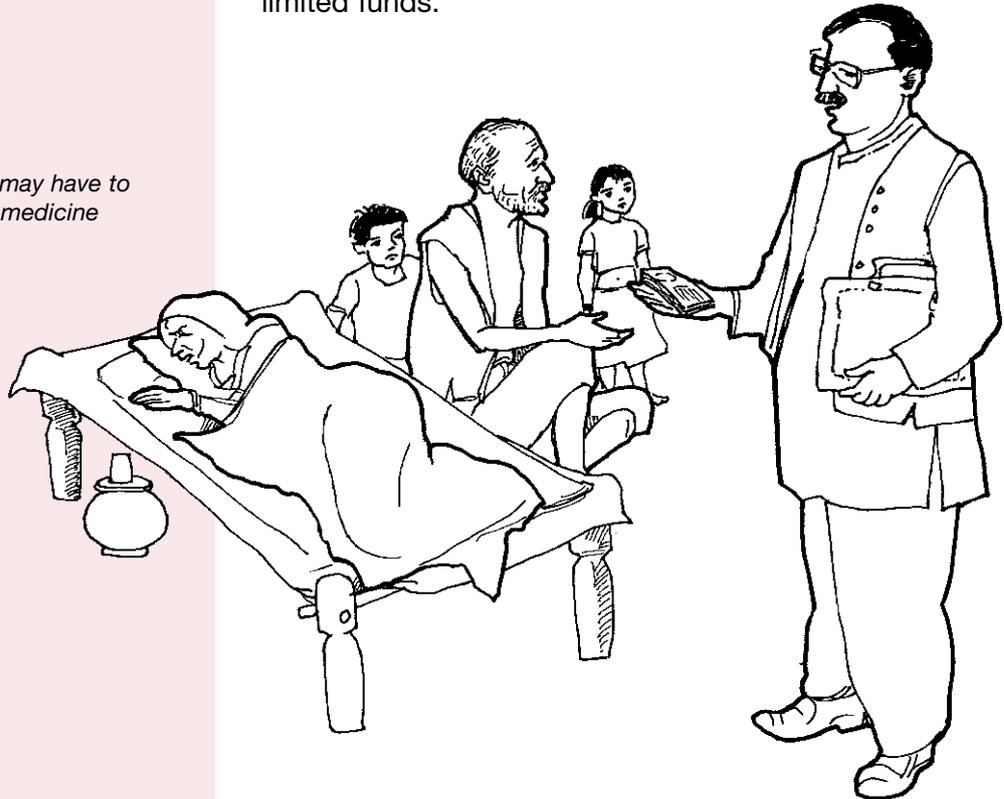
## **Poverty**

Poverty affects access to health products and services. Affected families, grandparents and children living without parents may not be able to pay for preventive interventions, such as mosquito nets, or for medical consultations, drugs or transport to health facilities. Poor families may delay seeking care until a child is seriously ill, which can be fatal if the child has pneumonia or

# Issues

malaria. Some poor families may decide that spending money on health care for children with HIV is not the best use of limited funds.

*Families affected by HIV/AIDS may have to sell their belongings to pay for medicine*



## Discrimination

Judgmental attitudes of health workers towards families affected by HIV/AIDS may deter children and their carers from seeking treatment from health services. Adolescents and child-headed households may not use health services because of lack of confidence and fears about negative attitudes. Children and their carers may also be reluctant to use health services if they think that health workers will not maintain confidentiality about their HIV status or that the community will suspect they have HIV. In some cases, children being cared for by relatives or foster parents are less likely to be taken to a health centre than the family's own children.

## Lack of adult care

Parents with HIV are often too sick to take their children for health care. Children without an adult carer may have no one to take them to a health centre for immunisations or treatment. Children who are caring for sick parents or who are living without parents may neglect their own health. Orphans may have no one to care for them when they are sick and to help them recover from illness by making sure they take their medicines or eat properly.

# Issues

## Poor health care

Health workers may not have the training, skills or drugs to manage children with HIV. For example, they may be unaware of the specific immunisation needs of children with HIV or of how to manage opportunistic infections. Paediatric formulations of drugs to treat opportunistic infections and antiretrovirals are not widely available. In many poor countries, children do not have access to antiretroviral therapy through public health services. Health workers may feel it is better to use limited resources to treat healthy children rather than children with HIV who they believe may only live for a few months or years. Health workers may also be unaware of the health needs of children from families affected by HIV/AIDS but who are not themselves HIV positive.

## Work-related risks

Children often have to work to contribute to household income or to support themselves and their siblings. Their health is at risk if they work in hazardous or dangerous conditions with little or no protection. For example, some jobs expose children to toxic substances, such as chemicals or pesticides, or to the risk of burns or injuries. Working long hours is also harmful to children's health and development. There is also a risk of exploitation and in some cases sexual or physical abuse.



*Children may have to work in conditions that are bad for their health*

# Issues

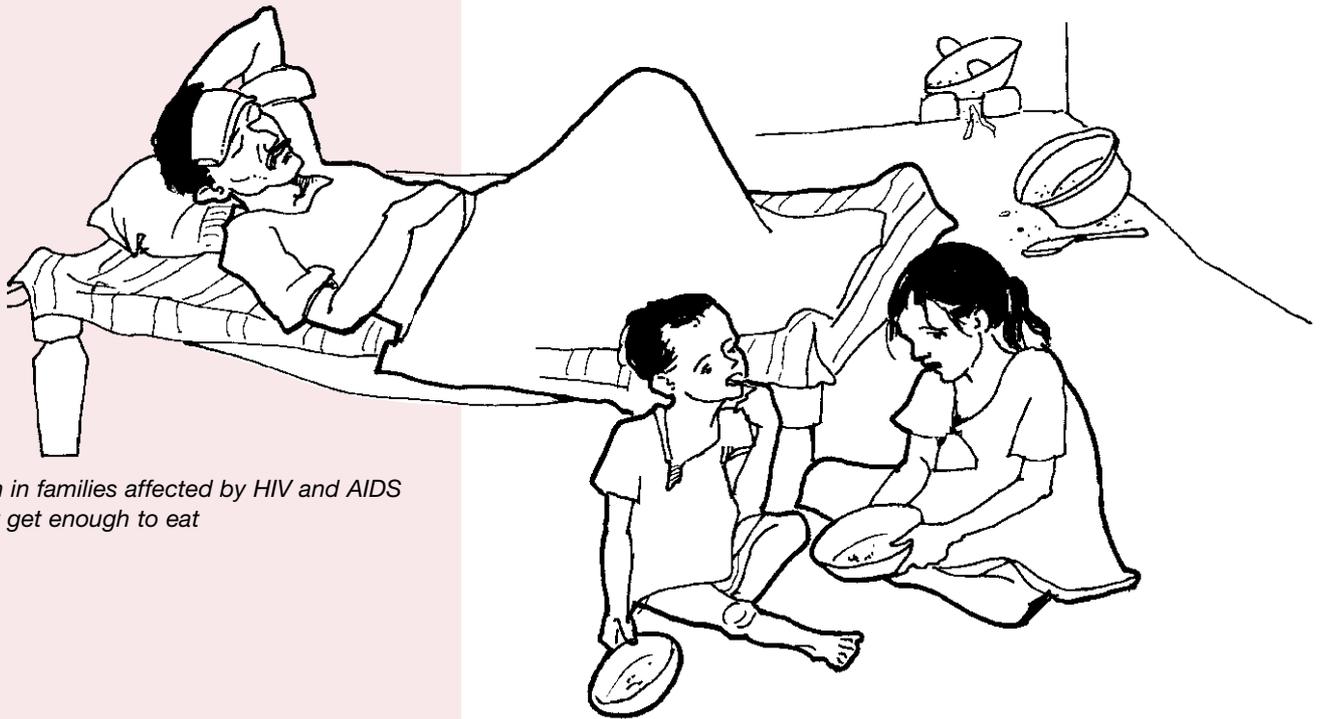
Children affected by HIV and AIDS are at increased risk of malnutrition because of:

## Parental illness

Children in families affected by HIV and AIDS may not get enough to eat because their parents are too sick to earn money to buy food, to farm their land or to sell their produce. Parents may not have the time or energy to prepare meals or to make sure that children eat properly.

## Sale of assets

Families may sell land or livestock to cope with reduced income or increased expenditure because of HIV-related illness. After the death of their parents, children may be forced to sell assets to pay debts or funeral expenses. Households without land or livestock cannot produce food or earn money to buy food, and have nothing to fall back on in times of food shortage.



*Children in families affected by HIV and AIDS may not get enough to eat*

## Physical and psychological problems

Frequent infections, such as diarrhoea, cause malnutrition. Emotional distress because parents are sick or have died can cause children to lose their appetite. They may not get the help they need to make sure that they eat properly.

# Issues

## **Poor knowledge about nutrition**

Grandparents and children who are caring for younger siblings may not know about good childhood nutrition because most nutrition education programmes are targeted at mothers. Grandparents sometimes have traditional ideas about feeding children, which may not support their nutritional needs. Older carers and children living without parents may not have the skills, energy, time or fuel to prepare nutritious meals.

## **Lack of money, land or skills**

Children living without parents or with grandparents may not get enough to eat because of poverty, especially if there are many children in the household. Many children and older people do not have the land, skills or tools required for food production, or the money to buy seeds, fertiliser or pesticides. Relatives may take land and livestock that belongs to children after the death of the parents. Parents may die before passing on agricultural skills, so even if children manage to keep the family land, they may not be able to produce enough food for themselves and their siblings.

# Principles & strategies

The Convention on the Rights of the Child states that:

- All children should have access to adequate health care services and programmes. These should include adequate preventive education and treatment for HIV/AIDS when necessary.
- Orphans and vulnerable children should receive special protection from economic exploitation and from performing any work that is likely to be hazardous or harmful to their health, physical, mental, moral and social development.

## 1 Protect children's rights to health and development

- Programmes should be based on the principle of children's rights to health and development, and non-discriminatory access to health care.



*Children proclaim their rights!*

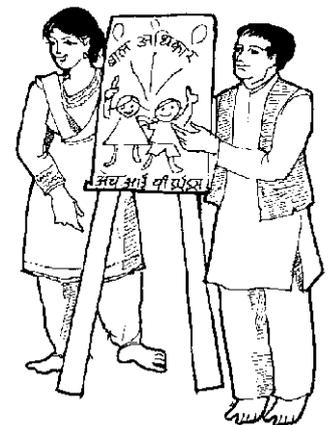
### Strategies for action

- Educate communities about the rights of all children to health and development, and the importance to society of healthy children.
- Promote collaboration between different sectors and organisations, including health, education and agriculture, community, women's, youth and PLHA organisations, and community, traditional and religious leaders.
- Consider carefully before HIV testing. Younger children should only be tested if appropriate counselling is available for the child and the caregiver, and if knowing the HIV status will result in the child receiving better care and support. Older children should only be tested if the same conditions apply and they have understood the issues and given informed consent. (Find out about national policy on HIV testing of children in your country.)

# Principles & strategies

In Thailand, the AIDS Access Foundation and Chiang Rai Provincial Hospital work with HIV-positive children who are receiving antiretroviral therapy (ART), and their families. Treatment plans respect children's rights and whether or not a child knows his or her HIV status. If an older child does not know, an assessment is carried out to see if the family is ready to tell the child about their HIV status. If the family is not ready, support is provided to help them plan for the future and prepare to communicate with the child. In some cases, helping families to tell children that they have HIV has improved adherence to treatment. However, children do not necessarily need to know about their status to ensure effective ART. Of 125 HIV-positive children receiving ART, only 50% are aware of their status, and most take their medicines regularly. *Member of the development group for Building Blocks: Asia*

- Take steps to prevent discrimination. Possible actions include:
  - Inform communities that children with HIV can stay healthy and live for many years if they receive good preventive care and treatment and good nutrition.
  - Make sure that health services have and implement protocols that protect the confidentiality of families and children.
  - Sensitise health workers to the needs of children with HIV, children living in affected families, and orphans.
  - Educate health workers about HIV/AIDS and universal precautions to reduce their fears about occupational transmission.
  - Advocate for health authorities to implement policies that protect against discrimination.
  - Encourage community leaders and committees to protect children's rights to health care and to address discrimination in health care provision for affected children and their families.



*Teaching families about health and nutrition*

## 2 Ensure access to quality health care for families as well as children affected by HIV/AIDS

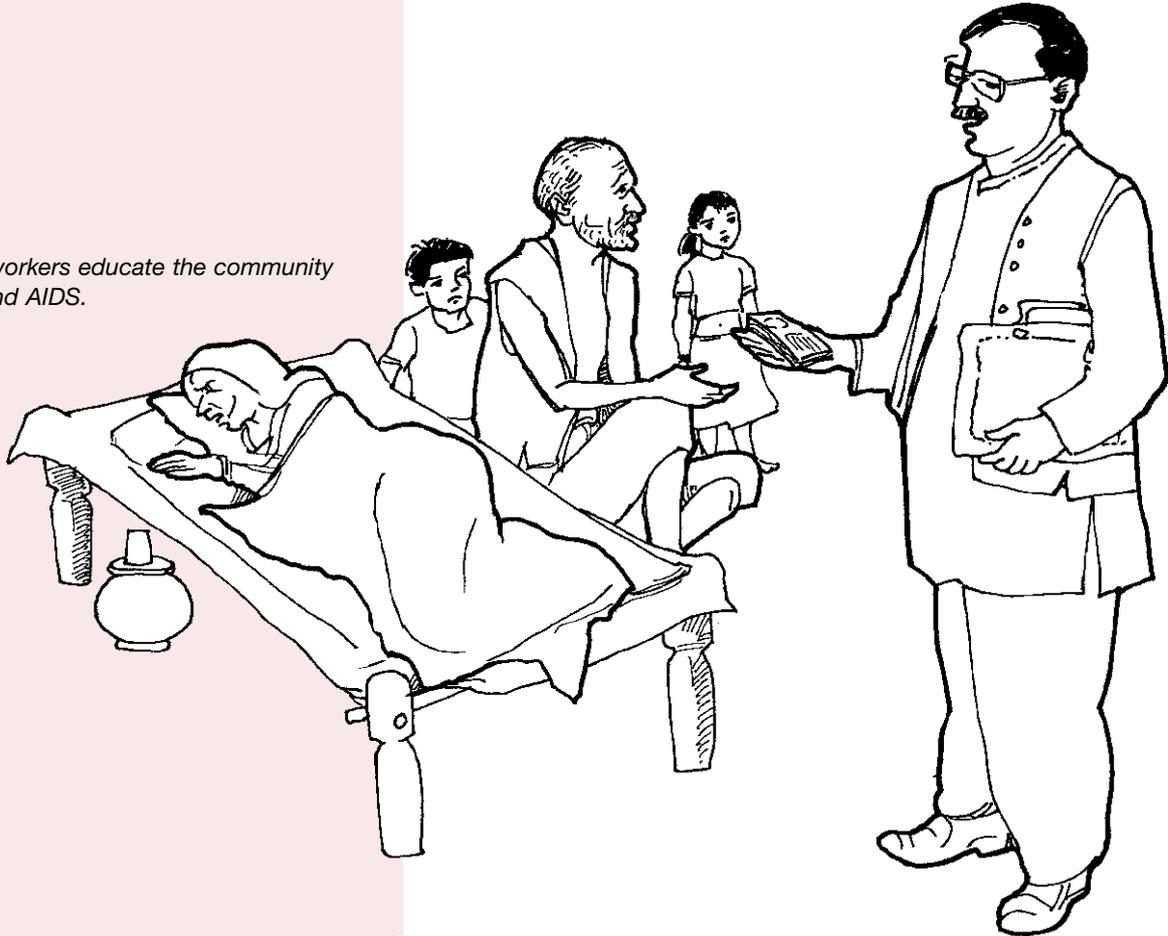
- The health and nutrition of children depends on the health of those who care for them. A sick caregiver cannot prepare meals, take a child to the clinic or care for a child who is ill. Good quality health care for parents, grandparents and other carers helps to prolong their lives and increase their capacity to look after children's health and nutrition. Programmes should provide health care for the whole family, as well as for affected children. It is important to provide care for all poor and vulnerable families. Targeting affected households or children causes resentment and can increase stigmatisation and discrimination.

# Principles & strategies

## Strategies for action

- Ensure that caregivers, especially grandparents and older children, know how to access health services.

*Healthcare workers educate the community about HIV and AIDS.*



- Work with local leaders and community groups to identify ways to increase access to health care for the poorest and most vulnerable children and households. Possible actions include:
  - Exempt orphans, sick caregivers and households caring for many children from charges for medical consultations and drugs.
  - Encourage NGOs and churches to help with travel costs to and from clinics and any charges for laboratory tests.
  - Advocate for universal access to free antiretroviral treatment.
  - Promote links between schools and clinics, and increase the awareness of teachers of the health needs of affected children.
- Ensure that health services and health workers are responsive to the needs of affected children and families. Possible actions include:
  - Encourage health authorities and NGOs to train health workers in counselling skills and clinical management of children with HIV and children from affected families.

# Principles & strategies

In Thailand, teachers have helped to make sure that children with HIV receive health care. In one case, an 11-year-old girl with HIV and TB was living with her elderly grandmother, who was unable to take her to the health centre. The girl's teacher took responsibility for taking her to the health centre every day for TB treatment and for making sure that she took her medicine to prevent PCP (Pneumocystis carinii Pneumonia or PCP is the most common serious infection for people with HIV, and can be fatal).

*Member of the development group for Building Blocks: Asia*

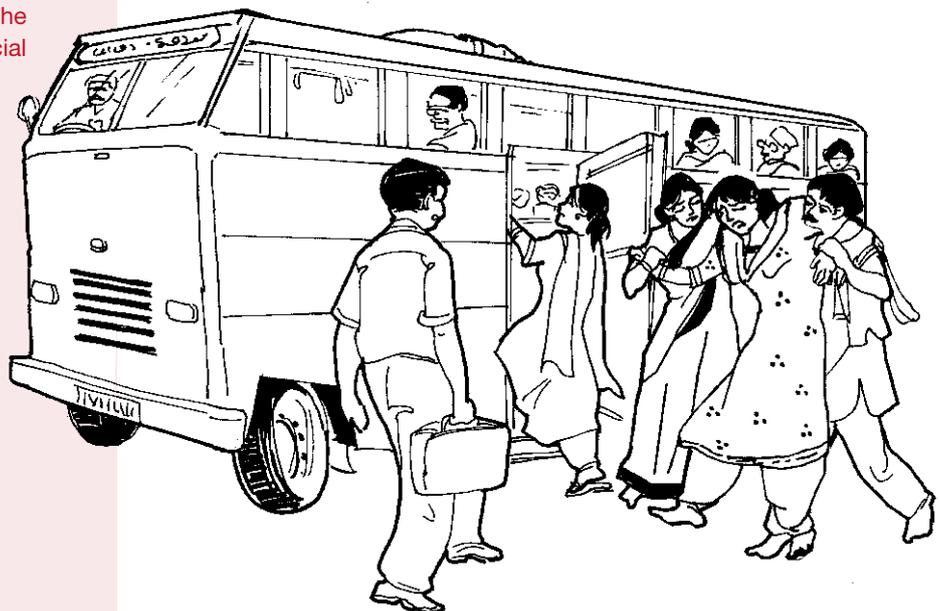
In Chiang Rai, Thailand, the AIDS Access Foundation has trained groups of people living with HIV/AIDS, nurses and health centre staff to carry out activities for children and families affected by HIV/AIDS. The training included topics such as child development and communicating with children.

*Member of the development group for Building Blocks: Asia*

The Access Foundation has also advocated successfully with Chiang Rai Provincial Hospital for provision of antiretroviral therapy for children with HIV. Subsequently, the number of children receiving treatment has expanded, several children's homes are now also providing antiretroviral drugs, and community hospitals are preparing to provide antiretroviral therapy to children under the supervision of physicians at the Provincial Hospital.

*Member of the development group for Building Blocks: Asia*

- Involve people living with HIV/AIDS and groups of people living with HIV/AIDS.
  - Advocate for access to free treatment with antiretroviral drugs for children and adults with HIV.
  - Make sure that health facilities have basic drugs and supplies to treat common childhood and adult illnesses and opportunistic infections.
  - Ensure that health workers have clear guidelines on referral of children who do not respond to treatment for common infections.
  - Establish 'one stop' family services that provide information, counselling, diagnosis and treatment.
  - Establish youth-friendly and child-friendly health services with specially trained staff and flexible opening hours.
  - Promote links with TB programmes to ensure that adults with infectious disease receive anti-TB treatment.
- Encourage communities to solve problems that stop people from accessing health care. Possible actions include:
    - Establish community funds to pay for health care costs for the poorest children and families, and for children living without parents or with elderly carers.
    - Organise transport to health or referral centres.
    - Provide practical help with childcare or domestic tasks to give carers time to take children to the clinic.
  - Promote a continuum of care for children, with links between communities, home-based care programmes, health centres and referral services.



*Organise transport to health centres*

In Cambodia, Save the Children UK worked with the Women's Organisation for Modern Economy and Nursing and the Solidarity for Urban Poor Federation in Phnom Penh to improve provision of youth-friendly and child-friendly health services in slum areas.

*Save the Children UK, 2001. Young people and HIV/AIDS: responding to the new Asian crisis*

In Cambodia, World Vision has provided ambulances to referral hospitals to assist in referral of patients from the community to hospital, as well as from the referral hospitals to the national hospital. Villagers have to make a commitment to contribute the fuel costs for transport from their community.

*Member of the development group for Building Blocks: Asia*

In Chiang Rai province, Thailand, the AIDS Access Foundation has developed a strategy for follow up of children receiving antiretroviral therapy. This includes home visits – together with leaders of groups of people living with HIV/AIDS – both before and after receiving treatment, arranging group activities for children and caretakers on the days when they receive the drugs, providing emergency financial assistance, and ensuring continuous follow up including referral to groups of people living with HIV/AIDS and other agencies in the area.

*Member of the development group for Building Blocks: Asia*

In Thailand, MSF-Belgium is supporting groups of people living with HIV/AIDS, in collaboration with Petchburi Provincial Hospital, to make home visits to children receiving antiretroviral therapy, providing support and ensuring that they are taking their treatment. As in Chiang Rai, special activities are organised for the children and their families on the days when they come to receive their drugs. – *Member of the development group for Building Blocks: Asia*

- Make sure that home-based care and treatment services provided by outreach teams, community health workers or community volunteers cover children as well as adults.
- Take steps to control counterfeit medicines and drugs. Possible actions include:
  - Advocate for laws to prohibit supply and sale of counterfeit products.
  - Encourage community committees to monitor the sale of counterfeit products.
  - Educate communities about counterfeit products.



*Health outreach teams should support children too*

### 3 Strengthen community and family capacity to keep children healthy

Communities and families need to know how to keep children healthy. Carers need basic information about prevention and treatment of common childhood illnesses, including what they can do at home and when they need to take a child to the clinic. Those caring for children with HIV need to know how to look after children when they are sick and how to protect themselves from infection.

#### **Strategies for action**

- Educate communities and families about child health, and train older people as educators, especially in communities where the old are widely respected and are traditionally seen as a source of good advice.

# Principles & strategies

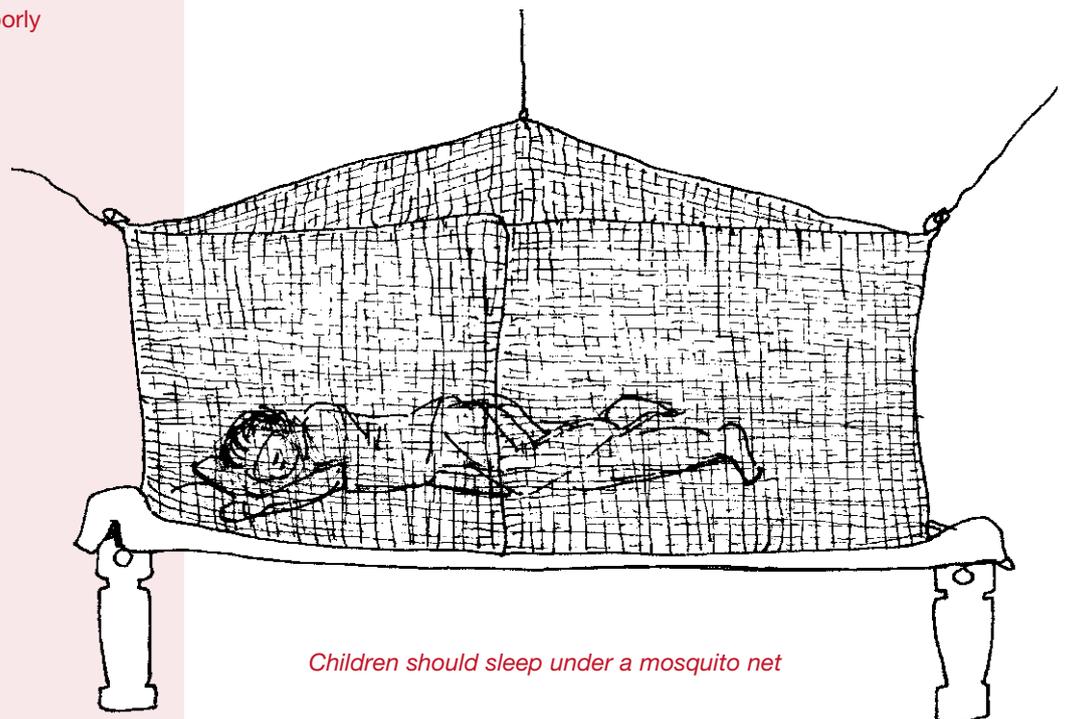
## Health care

- Look out for symptoms of illness, especially cough, fever, fast or difficult breathing, loss of appetite, poor weight gain, diarrhoea and vomiting. Treat or seek treatment as soon as possible.
- Make sure a child is immunised. Note: Children with HIV or AIDS should not be given BCG (TB vaccine) or yellow fever vaccine. (Find out about national policy on childhood immunisation in your country.)
- Keep children away from people with TB, pneumonia and measles. If possible, children should not sleep in the same room as a person with TB.
- In areas where malaria is a problem, make sure that children sleep under a mosquito net, preferably one that has been treated with a suitable insecticide.
- Give plenty of fluids to a child with fever. Give Paracetamol to reduce high fever. Take a child to a health centre if fever continues for more than three days; sooner if the child also has convulsions, diarrhoea, stiff neck, cough, or there is malaria in the area.
- Give a child with diarrhoea more fluids to drink than usual – water, soup, yoghurt drinks, coconut water, unsweetened tea, rice water. Keep feeding the child, seek care if diarrhoea continues for more than three days or there is blood in the stool, the child vomits often, eats or drinks poorly or has fever.

*Healthlink Worldwide, 1997.*

*Caring with confidence*

- Give caregivers practical information about basic hygiene, good nutrition, immunisation, preventive care, treatment of mild illnesses and when to seek help from a health worker.
- Provide practical information, training and support for those caring for children with HIV. Possible actions include:
  - Organise education sessions about the symptoms of HIV in children and how to care for children with HIV.
  - Provide information about how to prevent HIV transmission – for example, by minimising contact with blood and body fluids, covering open cuts and wounds and being careful with sharp instruments – and provide practical materials such as soap, disinfectants and latex gloves.
  - Use home-based care programmes and home visits to offer training and support.
  - Promote links with health care services.
  - Provide training in palliative care for the dying, especially pain control.
- Give carers practical and emotional support. Possible actions include:
  - Encourage religious organisations, traditional healers, women's groups, youth groups and self-help groups of people living with HIV/AIDS to provide psychosocial support to carers.
  - Establish peer support groups for carers, including older and younger caregivers.



*Children should sleep under a mosquito net*

# Principles & strategies

- Organise day care to give carers a rest from looking after children.
- Make referrals for caregivers to counselling services.



*Children with diarrhoea should be given plenty of fluids*

- Mobilise communities to improve the conditions that can increase the risk of infectious disease in children; for example, poor housing and sanitation.
- 4** **Strengthen community and family capacity to provide good nutrition**
- Immediate efforts to improve nutrition – for example, by providing food – should be complemented by efforts to improve longer-term community and family self-sufficiency; for example, by increasing agricultural production. Nutrition education should promote use of locally available, low-cost foods.

# Principles & strategies

During home visits in Cambodia, IDA teams provide education, counselling for people living with HIV/AIDS and their carers, health kits including basic medicines to treat problems such as diarrhoea and skin infections, and practical training for carers in basic hygiene and nursing care.

*Member of the development group for Building Blocks: Asia*

In Cambodia, the NGO NAPA works with local commune committees to help improve housing of affected families and child-headed households.

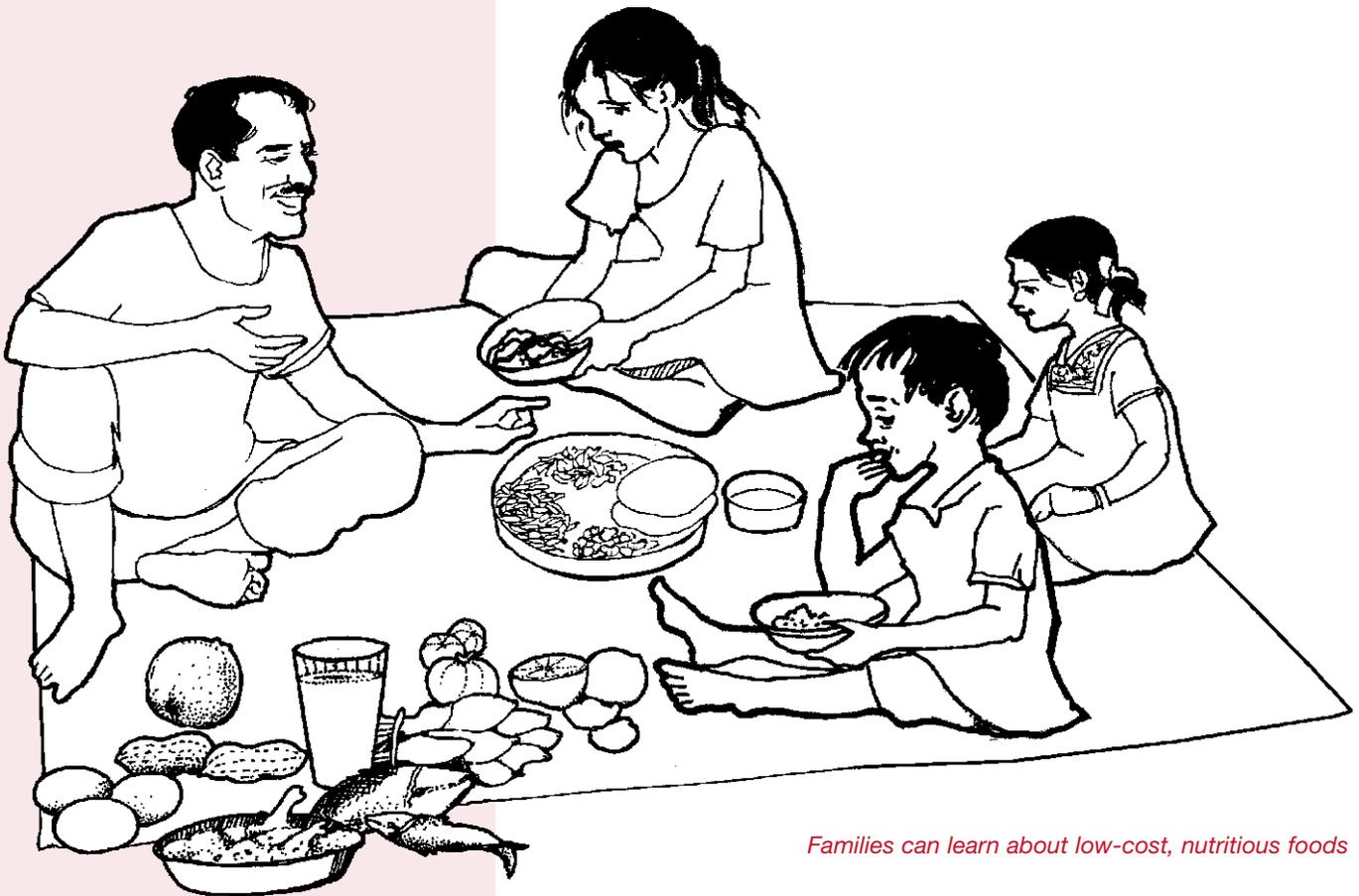
*Member of the development group for Building Blocks: Asia*

- Carefully assess the nutritional needs of children from affected households before designing programme interventions. It is especially important to consider the implications of introducing school meal programmes. Providing a midday meal or breakfast can act as an incentive for school attendance and improve children's ability to learn, and well-designed programmes can help to improve children's nutrition. However, these programmes need to be designed carefully to make sure that families do not see a school meal as a substitute for a meal at home and to make sure that children receive high-quality food. Programmes need to provide meals for all children, to avoid stigmatising children with or affected by HIV/AIDS.

## **Strategies for action**

- Improve community and family knowledge about good nutrition and appropriate foods for children. Possible actions include:
  - Promote community and family awareness of the importance of good nutrition for children's health and development.
  - Provide nutrition counselling and education about locally available, low-cost nutritious foods and recipes through cookery and nutrition classes for parents, grandparents, older children and other carers.
  - Teach simple ways to prepare food that increase the nutritional value of meals and reduce fuel consumption; for example, adding oil to porridge and avoiding over-cooking.
- Make sure enough food is available. Possible actions include:
  - Mobilise support from government agricultural departments; for example, to advise families about animal raising, crop diversification or crops that require less labour, and to provide seeds, fertilisers and pesticides.
  - Establish community, school and home fruit and vegetable gardens, which can also be used to teach children agricultural skills.
  - Provide financial and practical support for households or communities to start growing crops for sale or animal husbandry.
  - Promote small-scale community-based food processing to improve access to food and income.

# Principles & strategies



*Families can learn about low-cost, nutritious foods*

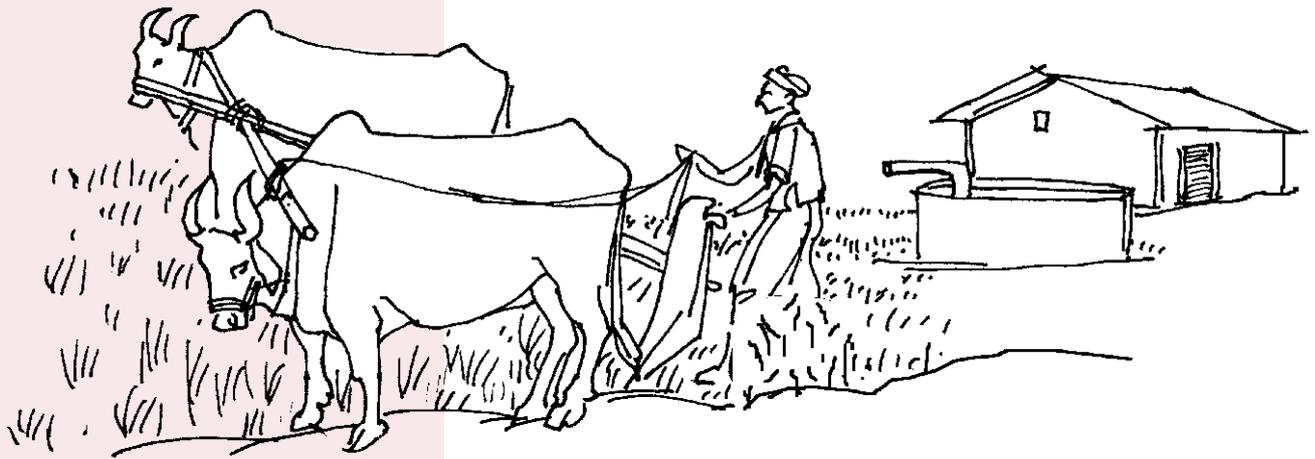
In India, the YMCA runs nutrition education programmes for mothers and adolescents, which involve discussion of children's nutritional requirements and low-cost, locally available foods, and practical preparation of recipes.

*Member of the development group for Building Blocks: Asia*

An NGO in India found that orphaned children being cared for by relatives were sometimes given less food than the families' own children. At the same time as providing nutritional support for these children, the NGO is working with families to encourage them to change their attitudes.

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- Mobilise community labour to assist households headed by children or the elderly with planting and harvesting.
  - Establish community grain or rice banks to make sure orphans and vulnerable children have enough food.
  - Improve crop preservation and storage methods.
- Mobilise support for affected families and children from communities, international and national NGOs, religious organisations and the private sector. Possible actions include:
    - Introduce community meal schemes for younger children.
    - Provide meals to pre-school children at day care centres.
    - Target nutritional supplements, such as high-energy foods and vitamins, to the most vulnerable children.
    - Use religious venues to coordinate food collection and distribution.
    - Encourage local businesses and food suppliers to donate food.



*Establish school gardens*

In Cambodia, the NGO NAPA has trained communities to run home gardens, and surplus vegetables are given to orphaned children.

*Member of the development group for Building Blocks: Asia*

In the north of Thailand, some primary schools are encouraging children, including affected children, to grow vegetables in the space between school buildings. Children take responsibility for every stage, from ploughing the land, planting, watering and weeding, to harvesting. They take the vegetables they have grown home to eat. Other schools have encouraged children to raise chickens and fish, and use the produce for school lunches.

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A volunteer network led by a Buddhist monk collects and distributes donated food to families in need in one district of Cambodia. In Vietnam, pagodas receive food and other material offerings. They often receive more than they need and distribute the excess to poor families. In Thailand, one Buddhist temple has set up a milk bank to improve children's nutrition, while another provides food for one or two meals a day to children living in very poor families or with elderly grandparents. Additional food is distributed after holy days when people commonly give offerings to temples. – *Member of the development group for Building Blocks: Asia*

## 5 Provide children with appropriate knowledge, skills and support

- Children affected by HIV/AIDS often take on responsibility for caring for their sick parents or for younger siblings. They can play an active role in promoting their own health and nutrition, and that of their families, if they are given the knowledge, skills and support to do so. Programmes should encourage children's participation and identify ways to give children a voice in their own health and development and in decisions about their treatment and care.

### **Strategies for action**

- Educate children about how to prevent common infectious illness, including the basic principles of good sanitation and hygiene (including clean water), the importance of immunisation, how to prepare a nutritious, low-cost diet, and the prevention of HIV transmission. Encourage educational authorities and schools to teach children about health, hygiene and nutrition.
- Ensure that children know how to access information, counselling and treatment services.
- Identify community volunteers to accompany children without parents, or whose carers are sick, to health facilities.
- Develop child-friendly information and strategies to help them take their medicines.

The Women's Action Group is providing nutritional support to over 250 HIV-affected children and their families in a poor slum area of Delhi in India. Families are given weekly rations, which the NGO buys from shops in the community, to support the local economy. The initiative is partly funded by the NGO and partly by the community. Provision of food is accompanied by cooking demonstrations for parents and children. NGO staff make periodic home visits to check that the rations are given to the children and are not resold in the market. In addition, when the children come to collect their rations, a doctor checks their weight and height and follows up any child that is losing weight.

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In India, the Rotary Club provides a daily breakfast for adults and children receiving treatment for TB through a DOTS (directly observed therapy – short course) programme.

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In Thailand, MSF Belgium has developed stories to explain HIV/AIDS to children, and games, such as “Go to the market with Auntie Ban” and “The pyramid of foods”, to teach children about good nutrition and about how to choose and buy foods that are good for their health.

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In Thailand, MSF Belgium has also developed games, including one called “Making the clock tell the time”, to encourage children to take antiretroviral drugs regularly. These games are used in home visits and as part of activities on days when children and their families come to receive their antiretroviral drugs. Groups of people living with HIV/AIDS and others working with communities are trained to use these games with children.

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- Provide practical information, training and support for children who are caring for parents with HIV, including information about how to prevent HIV transmission, and practical materials such as soap, disinfectants and latex gloves.
- Use home-based care and home-visit programmes to provide practical and emotional support for children caring for sick family members.

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# Notes

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