WHO/UNICEF
HIV AND TB - ADAPTED MATERIALS:
CARING FOR NEWBORNS AND
CHILDREN IN THE COMMUNITY

Presented by Sandy Reid
CONTENTS OF PRESENTATION

• Description of the WHO/UNICEF generic training materials for community health workers

• Adaptation of generic materials to include HIV used in South Africa for a small scale research

• Adaptations of generic materials for global use, based on experience and consultations with experts in HIV and TB from various agencies and institutions
WHO/UNICEF JOINT STATEMENTS PROVIDED THE BASIS FOR DEVELOPING THE GENERIC MATERIALS

Diarrhoea

Pneumonia

Severe acute malnutrition

Home visits for newborn care

Integrated community case management
# Summary of content of the generic materials

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Caring for the newborn at home</strong></td>
<td>• Promotion of ANC and skilled care at birth</td>
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<td>• Care in first week of life</td>
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<td></td>
<td>• Recognition and referral of newborns with danger signs</td>
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<td></td>
<td>• Special care for low-birth-weight babies</td>
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<td><strong>Caring for the sick child in the community</strong></td>
<td>• Referral of children with danger signs and severe acute malnutrition</td>
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<td>• Treatment in the community</td>
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<td></td>
<td>• Diarrhoea</td>
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<td>• Fever (malaria)</td>
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<td>• Pneumonia</td>
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<td><strong>Caring for the child’s healthy growth and development</strong></td>
<td>• Care-giving skills and support for child development</td>
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<td>• Infant and young child feeding</td>
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<td>• Prevention of illness</td>
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<td>• Family response to child’s illness</td>
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INITIAL ADAPTATION OF MANUALS IN SOUTH AFRICA (SA)

Research in South Africa to measure the effectiveness of HIV-adapted iCCM materials to be used for training and supervision to increase uptake of MNCH/PMTCT interventions
WHO MATERIALS ADAPTED IN SA

Caring for the newborn
- Caring for the newborn at home manual
- Mother and baby card
- Counselling cards
- Facilitators manual

Caring for the sick child in the community
- Caring for the sick child in the community manual
- Sick child recording form
- Chart booklet
- Facilitators manual

(Caring for the well child had not been completed by WHO)
KEY LESSONS LEARNT FROM PROCESS OF ADAPTATION IN SA

• Importance of a team with different medical skills and experience
• One person responsible for making changes
• Use of country specific graphics
• Importance of aligning messages and changes according to country specific Department of Health guidelines
• One small change may affect multiple changes in the manuals
• It takes time!
TRAINING EXPERIENCE IN SA

- 75 Community Care Givers (CCG’S) were trained on caring for the newborn and caring for the sick child in the community
- Training done over two weeks
- Theory sessions in the morning and practical sessions in the hospital in the afternoon
SUCCESES OF TRAINING IN SA

- Practical sessions had great impact
- Appreciated clearly illustrated and endorsed materials
- Felt important when given timers and thermometers
- Professional nurses provided the training
- Combination of role plays, DVD’s, practical sessions and group sessions made the training interactive and interesting

2 Comments from community health workers:
- “I feel professional with all the tools you have given me and the community will trust me”
- “You have given us dignity”
CHALLENGES OF TRAINING IN SA

- Most of the CCG’s knew very little about maternal and newborn care
- Their HIV knowledge was outdated
- They had all completed the same education level but they had very different abilities e.g. some could not read
- Difficulties in addressing cultural issues
- 2 weeks of training was intense
Adapting CHW training packages to integrate actions for HIV and TB

Uptake of community-based child health interventions, including Integrated community case management (ICCM) of diarrhoea, pneumonia and malaria, and home visits for newborn care has been remarkable. At the same time, relatively few HIV- and TB-exposed infants are identified early and linked to care, and many more are lost to follow up along the continuum of care.

CHWs are a vital channel for increasing the access of mothers, children, and women who are pregnant or lactating to HIV- and TB-related interventions

In an important step towards improving the coverage of HIV- and TB-related interventions for mothers and children, WHO, UNICEF and partners chose to capitalize on existing tools and services. A series of inter-partner consultations resulted in an adaptation of the three-part WHO/UNICEF package for community health workers, Caring for the newborn and child in the community.

The three-part generic package:

Caring for the newborn at home:
The CHW promotes antenatal care and skilled care at birth; counsels on home care for the newborn in the first week of life; recognizes and refers any newborn with danger signs to a health facility.

Caring for the sick child in the community (2 to 59 months):
The CHW identifies and refers children with danger signs to a health facility; treats pneumonia, diarrhoea and fever; identifies and refers children with severe malnutrition; refers children with other problems; advises on home care and prevention of illness.

Caring for the child’s healthy growth and development:
The CHW counsels families on practices that they can carry out at home to promote and support care-giving skills, early child development, infant and young child feeding, family’s response to a child’s illness, and illness prevention.

Contacts with mothers, pregnant and lactating women, and caregivers of sick children provide the opportunity to provide information and advice on HIV and TB prevention, testing and care.
STAGES OF ADAPTATION OF MANUALS FOR GLOBAL USE

- UNICEF /WHO had existing training modules and tools on caring for newborn, sick child and well child in the community
- UNICEF /WHO had discussions on the importance of integrating HIV into the existing materials - May 2012
- Meeting in July 2012 to discuss the way forward
- Collaborating partners met Nov 2012 to identify key interventions to be included in the materials
- Meeting in March 2013 to identify how and where key activities could be included in the materials
- September 2013 meeting to discuss final draft of manuals and tools
WHAT CAN WE EXPECT FROM A CHW?

- Define ‘core’ and ‘advanced’ HIV interventions that should be integrated into community health worker training
- Identify ‘core’ and ‘advanced’ competencies of community health worker
- Define system requirements and needs for effective implementation
- Identify what support was necessary to ensure effective implementation
- Establish what resources and tools were necessary
KEY OBJECTIVES IDENTIFIED

• Increase uptake of HIV testing for pregnant women, their partners and their children
• Ensure closer follow-up of the HIV-exposed child
• Improve case-finding of paediatric HIV
• Improve the system of referral to health facilities for HIV care and treatment
• Improve early initiation of treatment for HIV-positive infants
• Improve the retention of HIV-positive women and children in treatment programmes
ASSUMPTIONS UNDERLYING HIV ADAPTATION

- Activities and interventions in...
  - Newborn materials - regular scheduled visits
  - Sick child materials - family approaching CHW with sick child with limited follow up
  - Well-child materials - regular scheduled visits

- Activities will be delivered by general CHWs with responsibility for a range of other MNCH interventions

- CHWs will not know HIV status of pregnant women or mothers
  - Mothers may voluntarily choose to disclose

- Activities will be delivered to all pregnant women and mothers
  - Include 'What if …' scenarios
<table>
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<tr>
<th>Activity</th>
<th>Newborn</th>
<th>Sick child</th>
<th>Well child</th>
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<tr>
<td>1  Promote (early) HIV testing</td>
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<tr>
<td>2  Promote ARV/ART uptake</td>
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<tr>
<td>3  Promote HIV testing in infants/children</td>
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<tr>
<td>4  Promote ARV prophylaxis and CTX uptake in infants</td>
<td>+++</td>
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<tr>
<td>5  Promote ART uptake in infants/children</td>
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<tr>
<td>6  Infant feeding support</td>
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<tr>
<td>7  Promote testing for syphilis</td>
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<td>8  Promote family planning</td>
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<td>9  Promote retention in care</td>
<td>+++</td>
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<tr>
<td>10 Promote adherence to treatments</td>
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<td>11 Referrals on the basis of HIV exposure</td>
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<tr>
<td>12 Promote TB identification and management</td>
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<td>13 Adolescent emphasis</td>
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TB AND HIV

• Integration of TB and HIV but not always linked
• Ensure when country specific adaptations are done according to TB and HIV rates, content is not lost
WHAT IS NOT INCLUDED

• Knowledge of HIV status
• Community-based counselling for testing
• Community-based testing
• Personal counselling on ARV uptake/adherence
  • Doses
  • Adverse effects
  • Personal referral
  • Follow-up of individuals
  • Date of next visits
  • Pill counts
• Clinical assessments for ARV related side-effects
• INH
NEXT STEPS AND AVAILABILITY OF MATERIALS

• Field tests: Zambia Sept 2014
• Material available
World Health Organization
UNICEF
United States Agency for International Development (USAID)
Clinton Health Access Initiative
Save the Children
EGPAF
Management Sciences for Health (MSH)
CDC Atlanta and South Africa
The Children Investment Fund Foundation (CIFF)
Stop TB Partnership
MDG Health Alliance
Maternal and Child Health Integrated Program (MCHIP)
International AIDS Society
20 000+ (UKZN)
Centre of Rural Health (CRH)
SA Department of Health
Zoé-life

Thank you!