

International  
HIV/AIDS

**Alliance**  
Supporting Community Action on AIDS in Developing Countries

# Building Blocks: Africa-wide briefing notes

## Health and nutrition



Resources for communities  
working with orphans and  
vulnerable children

# Acknowledgements

## What is the International HIV/AIDS Alliance?

The International HIV/AIDS Alliance (the Alliance) is an international non-governmental organisation that supports communities in developing countries to make a significant contribution to HIV prevention, AIDS care and to the provision of support to children affected by the epidemic. Since its establishment in 1993, the Alliance has provided financial and technical support to NGOs and CBOs from more than 40 countries.

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# Background



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

- Education
- Health and nutrition
- Psychosocial support
- Social inclusion
- Economic strengthening

These briefing notes have been developed through a highly participatory process, guided by an international advisory board. During their development in English, French and Portuguese, they have been reviewed by more than 80 people across Africa. These people have read and commented on the papers, and have added examples and case studies from their own countries. One part of the review took place at a meeting in Uganda, attended by twenty people from Uganda, Malawi, Zambia, Zimbabwe, Kenya, Burkina Faso, Senegal, Mali, Mozambique and Angola. The people who attended this meeting then took the papers back to their colleagues in their home countries, who undertook a further process of review. Examples and case studies from this process have been noted in the text as coming from a "Member of the Building Blocks Development Group".

These briefing notes are divided into four sections:

## INTRODUCTION

An overview that explains why programmes need to pay more attention to the health and nutritional needs of vulnerable children.

## ISSUES

An outline of the impact of HIV/AIDS on children's health and nutrition.

## PRINCIPLES

Guidelines for programmes addressing children's health and nutritional needs.

## STRATEGIES

Possible ways of taking action to address the health and nutritional needs of vulnerable children.

There is a growing evidence base for strategies that are effective in supporting orphans and vulnerable children. As the evidence base is not yet comprehensive, strategies in the briefing notes include both those that have been implemented together with suggestions for strategies based on the experience of people working with orphans and vulnerable children. As such, strategies are not given in any order of priority or relative effectiveness.

# Introduction

HIV/AIDS affects children's health and nutrition both directly and indirectly. Children living with HIV have specific health and nutritional needs. At the same time, children who do not have HIV but are orphaned or living in families affected by HIV, have a higher risk of poor health and nutrition largely because of poverty and lack of care.

In many African countries, infant and child morbidity and mortality rates are increasing as a result of the HIV/AIDS epidemic and its effects on children's health and nutrition. The U.S. Census Bureau estimates that, in the countries worst affected by the HIV/AIDS epidemic, the infant mortality rate could increase by 76 per cent and the under-five mortality rate double by 2010. Good nutrition can help reduce morbidity and mortality, and increase the quality of life of children with HIV.

## HOW CHILDREN BECOME INFECTED WITH HIV

- Mother-to-child transmission from an HIV-positive mother during pregnancy, birth or breastfeeding is responsible for most HIV infection in children. Without intervention, one in three positive mothers will pass on the virus to her children. Research is controversial, but it is likely that the risk of transmission can be significantly reduced by a combination of three interventions: antiretroviral drugs, caesarean section and exclusive breast-feeding or replacing breast milk with a suitable formula, soy or animal milk.
- HIV can be transmitted to children through transfusions with infected blood or injections using equipment contaminated with infected blood. The risk of transmission can be significantly reduced by using sterile or disposable instruments, needles and syringes, and screening blood for transfusion services.
- Sexual abuse of children may expose them to HIV infection. Community action to prevent child sexual abuse and support abused children can work to reduce the number of children infected in this way.
- Many orphans and vulnerable children have poor health and are malnourished because they have inadequate:
  - environmental and sanitary living conditions
  - food/nutrition
  - access to quality health care when they are sick.

This occurs when households cannot afford their basic survival needs, such as quality food and health services, and where these children are stigmatised within the household and/or at health centres.



*More children are getting sick and dying because of HIV*

# Introduction

Data from the AIDS Outreach Project of Child Advocacy International (CAI) show that 74 per cent of children enrolled in the programme (most of whom have HIV) were underweight and/or malnourished, but once food was provided the majority put on weight and reached their expected weight-for-age within a few months of enrolment.

The Mothercare Project (also run by CAI) looks after abandoned children in Mulago Hospital. The majority of these children are sick and malnourished when they arrive, but after a few weeks they improve and gain weight.

*Member of Building Blocks Development Group*

Half the children interviewed in a study in Kenya did not get enough to eat. Some just had tea or water for breakfast; a third had no lunch. There have been similar reports from elsewhere of children only having one meal a day – often just maize porridge with a few vegetables and little or no protein.

In Rakai, an area of Uganda badly affected by HIV/AIDS, a quarter of families have had to reduce land use, crop and livestock production. Similar effects have been seen on agriculture in areas of Tanzania and Rwanda.

*Member of Building Blocks Development Group*

Children living without parents or with sick parents are also likely to be malnourished. Many poor households, especially those caring for many children, cannot afford enough good food, and so eat cheaper and less nutritious foods. HIV/AIDS is causing less food to be produced in areas where many young people and adults are sick or have died. When less food is produced, families have less income and less food security, as well as less to eat. This can lead to malnutrition for those families and also for other families who cannot find food to buy.

## CHILDREN'S RIGHTS, HEALTH AND NUTRITION

- 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, or physical, mental, moral and social development.

*The UN Convention on the Rights of the Child*

# Issues

Several factors contribute to the poor health of orphans and vulnerable children, including:

1. Poverty leading to malnutrition
2. Health risks associated with children working
3. Increased risk of infection
4. Poor health care
5. Poor growth and development.

1

## POVERTY LEADING TO MALNUTRITION

Most families affected by HIV experience poverty. When parents or other family members are ill, their productivity decreases or stops altogether, and family income is reduced. In most African rural communities families typically become impoverished in the following circumstances:

- Sick parents cannot take plants and crops to markets for sale or take care of animals. They may also sell animals to pay for medical expenses.
- When parents with HIV die, they may leave their children under the care of widows and elderly relatives, such as grandparents. The grandparents are often too old to earn a living, (such as through food production or income generation) and, indeed, may barely be able to survive themselves. Many do not have the skills, tools or money needed to help them to earn a living. As household size is increased by the number of orphaned children, so the resources available for each person in the household decrease enormously, and households become poorer.
- Parents may die before passing on their agricultural skills to their children, so that even those who manage to keep their land are unable to produce enough food for themselves and their siblings.
- Grandparents, widows and orphans may lack skills, tools and money to buy the seeds, fertiliser or pesticides they need for efficient food production or crop diversification. These households are most affected by poor harvests and pests.
- Reduced agricultural production leaves households with less food for their basic needs and fewer reserves for times of shortage. This leads to malnutrition and poor growth and development.



*HIV/AIDS creates poverty*

# Issues

- When death occurs, the funeral expenses, which must be paid by the bereaved family members, can be very high, causing families to go further into debt – especially after long illnesses, which have already drained family resources.
- Unscrupulous relatives may take land and animals from orphaned children, or the children may be obliged to sell off these assets to pay debts or funeral expenses, leaving them with no resources for food production.
- With significantly reduced total household income, households begin to use their savings. Eventually, resources such as land are sold, leaving the family impoverished and with nothing to fall back on in times of need.
- Where children have no relative or kind neighbour to take care of their basic needs, they may become so impoverished that they decide to live on the streets.

## 2 HEALTH RISKS ASSOCIATED WITH CHILDREN WORKING

Many orphaned and vulnerable children have to work to support themselves and their siblings, or to contribute to household income when their parents are too sick to work. Children's health may be at risk because:

- They work in hazardous or dangerous conditions with little or no protection. Some jobs expose children to toxic substances, such as chemicals or pesticides, or to the risk of burns and serious physical injury.



*Children may have to work, and in unsafe conditions*

- When there is an increased use of child labour to replace the adult workforce, children may not always receive training that could, for example, help to prevent accidents.
- Children may be exploited, working long hours with hardly any time off. This can make it difficult, if not impossible, for them to go to school, and it is also bad for their health and development.

# Issues

## HEALTH PROBLEMS IN CHILDREN WITH HIV AND CHILDREN LIVING IN HOUSEHOLDS AFFECTED BY HIV

- **Affected children** are more likely to suffer from infections, such as diarrhoea, respiratory infections and coughs, malaria and measles, as well as malnutrition.
- **Children with HIV** often have the same infections as children without HIV, but more frequently, severely and persistently. Children with HIV often have a chronic cough, persistent diarrhoea, recurrent fever, ear infections and severe malnutrition, causing weight loss. They may also have other conditions such as severe vitamin A deficiency, oral thrush, skin rashes, shingles and swollen glands. It is difficult to diagnose some diseases in children with HIV; for example, children with TB may not have a cough or their tuberculin test result may appear to be negative. In many countries, pneumonia and malnutrition are the main reasons children with HIV go into hospital.

*Healthlink Worldwide (1997)*

- Some orphans who become domestic labourers are at times forced to work too hard and for too many hours, without consideration of the harmful effects on their health.

- Some children sell sex to provide for younger siblings.

### 3 INCREASED RISK OF INFECTION

Orphans, children with HIV and children living in households affected by HIV are more likely to suffer from common infections because of:

- poor nutrition, which weakens the immune system, increases vulnerability to infections and increases the severity of infections
- inadequate housing and sanitation
- poor domestic and personal hygiene
- unhygienic food preparation and storage
- lack of accessible or affordable clean water
- lack of immunisation
- insufficient money to pay for preventive interventions, such as mosquito nets
- living with adults with infectious tuberculosis (TB). Children under two years of age are particularly vulnerable to TB.

### 4 POOR HEALTH CARE

Orphans, children with HIV and children living in households affected by HIV may receive inadequate health care because:

- Households are too poor to pay for medical treatment, medicines, and transport to health centres for children. All the available money is spent on health care for adults with HIV-related illnesses. Sometimes, because of lack of money, families delay taking a child for health care until the child is seriously ill. Delays in seeking treatment for some diseases such as pneumonia or malaria can be fatal.
- When children act as caregivers their own health may be neglected.
- Parents with HIV/AIDS may be too ill to care for sick children or to take them to a health centre for treatment or immunisation.
- Caregivers, especially grandparents and older siblings, lack sufficient awareness about oral rehydration therapy or immunisation, or when to seek care from a health worker.
- Most health services target mothers for education about child health, forgetting that some children do not have a mother.

# Issues

- Adolescent and child-headed households may not use health services because of lack of confidence and fears about the negative attitudes of health workers.
- Some parents may avoid using health services because of concerns over confidentiality or that somebody might discover their own or their child's HIV status. Other caregivers may worry about having to explain the child's frequent visits to the clinic.
- Caregivers cannot spare the time from work, farming or domestic commitments to take children for immunisation and growth monitoring, or sick children to a health centre.
- Children in orphan-headed households have nobody to take care of them when they are ill. In some cultures, strangers traditionally do not help to care for sick people because they may be blamed if the person dies.
- Sometimes sick children do not receive adequate care and attention because adults feel it a waste of time and resources to care for the chronically ill, especially if HIV is suspected.
- Sometimes guardians or foster parents may prioritise the health of their own children over the orphaned children in their home.
- Health workers may lack the counselling and clinical skills they need to care for children with HIV. They may have negative attitudes to children with HIV or from affected families, and this can deter children and their caregivers from returning to the clinic.
- More rarely, health workers may refuse treatment to children with HIV, send them home, or provide them with different standards of care. Sometimes this may be because they think it is a waste of time and resources to treat children who are going to die anyway. At other times it may be because of fear of being infected. There have also been reports of health workers withdrawing active treatment or not providing intensive care for children with HIV, or not carrying out invasive procedures like giving intravenous fluids.

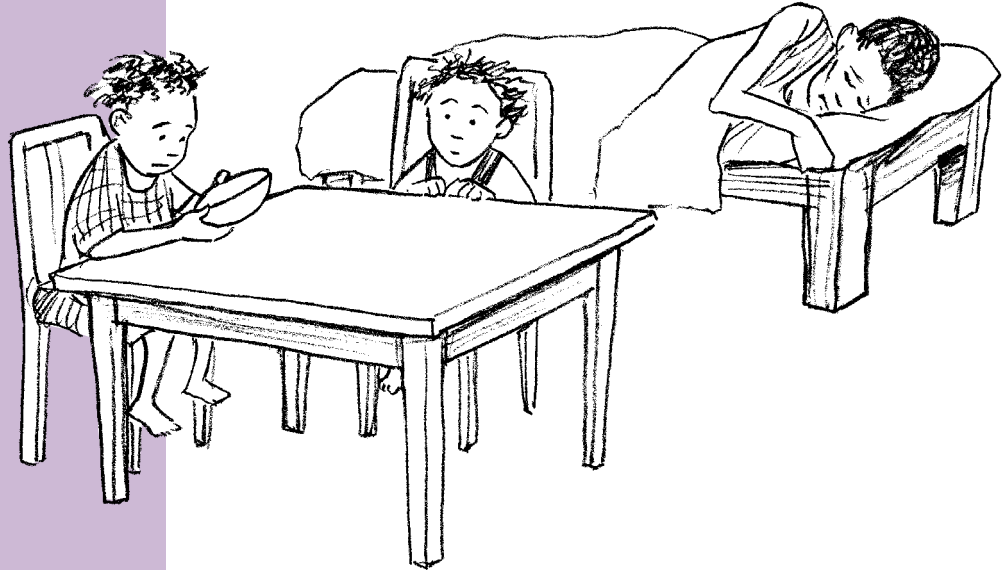
## 5

### POOR GROWTH AND DEVELOPMENT

Ill health and malnutrition can result in slow growth, stunting, delayed milestones (such as sitting up, walking, talking) and poor mental development. Poor growth and development is more common among children with HIV and children from households affected by HIV because:

# Issues

- Sick parents are too ill to prepare regular, nutritious meals or to feed their children.



- Households cannot afford to buy enough nutritious food for their children.
- Caregivers, especially grandparents and older siblings, do not know what foods children need to be healthy, or lack the skills, time, energy and fuel to prepare nutritious meals.
- Caregivers do not have the time to feed young children or do not ensure that they eat properly.
- Psychological problems, resulting from parental illness and death, can cause children to lose their appetite and fail to thrive.
- Frequent infections, such as diarrhoea, cause malnutrition.
- Some orphans are discriminated against. Although in many cases they receive more to eat in their new homes than they did when they were living with a sick and dying parent, some have reported being given less food than other children in the household.

In Malawi and Uganda, some orphans have said that they are isolated at mealtimes.

"We are used to sharing very small amounts of food... we usually give the larger portions to the young ones. When there is no food at all, we miss meals."

*Member of Building Blocks Development Group*

# Principles

This section describes eight principles that may be useful to guide programming:

## 1 ENSURE THAT ALL PARENTS AND CAREGIVERS KNOW HOW TO KEEP CHILDREN HEALTHY, ESPECIALLY CHILDREN WITH HIV

Caregivers need to have basic information about HIV/AIDS and to know that common infections can be prevented by:

- routine immunisation
- good nutrition
- basic hygiene – for example, safe food preparation, safe disposal of faeces, hand washing before preparing and eating food, clean clothes and bedding, bathing.

They also need to know how to treat mild illnesses at home and to be able to recognise when a child is seriously ill and needs to see a health worker. Children with HIV should lead as normal a life as possible. If they receive good preventive care, nutrition and early treatment of common infections, they can stay healthy and live for many years. Good care and treatment improves their quality of life. Making sure that caregivers have the information and skills to provide good, supportive and preventive care at home for a sick child will save the family a lot of anxiety, as well as transport and medical costs. Children themselves should also be educated about good nutrition and hygiene practices.

## 2 CONSIDER CAREFULLY BEFORE HIV TESTING

It is not possible to confirm a child's HIV status before the age of about 15–18 months, when the mother's antibodies have disappeared. Careful consideration before testing children for HIV is essential. It should only be done if appropriate counselling is available for the child and the caregiver, and if knowing their HIV status will result in the child receiving better care and support. Issues of confidentiality should also be considered carefully.

Older children should be tested only once they have properly understood the issues involved and given their agreement (informed consent). For very young children, programmes need clear guidelines about who can give informed consent on their behalf, and should consider carefully whether or not knowing the results of the test, or even that a test has been done, could put the child at risk of stigma, discrimination and rejection.

# Principles

If a child tests HIV positive, the question of whether or not to inform them should be considered carefully. This should be discussed in counselling and will depend on the circumstances and age of the individual child, and on what counselling and support is available for children with HIV. Whenever possible, children should be consulted, involved and given as much information as possible.

## 3 PROVIDE PRACTICAL SUPPORT TO THOSE CARING FOR CHILDREN AND ADULTS WITH HIV

When it is known that a child has HIV, caregivers need to know how to prevent further transmission and, if possible, should be provided with protective materials; for example, soap and latex gloves. Hand-washing should be encouraged as part of their care of children with HIV.

## 4 PROVIDE EFFECTIVE HEALTH CARE FOR SICK PARENTS AND CAREGIVERS

Keeping parents and other caregivers healthy makes an important contribution to keeping children healthy. Caring for caregivers helps prolong their lives, increases their ability in terms of skills and resources (capacity) to care for children and prevents further orphaning. A sick caregiver cannot provide children with nutritious meals; take them to the clinic for immunisation, growth monitoring or treatment; or care for sick children. Programmes need to provide effective health care for children, but also for their caregivers.

## 5 TAKE HEALTH SERVICES TO THE HOUSEHOLD

Consider providing home-based health services. Home-based care programmes often target the adults in a household, but it is important to ensure that children are also provided for. All vulnerable households in a community should be targeted to avoid stigmatising those affected by HIV (adults and children) or causing resentment because some families seem to be getting special treatment. Children can also be taught some simple caregiving practices.



*Take health services to the household*

# Principles

In some cases, traditional medicines and therapies have also been used and worked well. The Episcopal Conference of Malawi (ECM) Home-Based Care Programme advocates wide use of these methods where communities cannot afford conventional care and medicines.

*Member of Building Blocks Development Group*

## 6 STRENGTHEN HOUSEHOLD AND COMMUNITY CAPACITY TO PROVIDE GOOD NUTRITION

Immediate efforts to improve nutrition (for example, by providing food) should be complemented by longer-term efforts to increase household and community self-sufficiency, such as strategies to increase agricultural production and strengthen food security. Nutrition education programmes should emphasise the use of locally available, low-cost foods. Children can participate by learning about good nutrition and sharing their knowledge with other children and community members.

## 7 CONSIDER CAREFULLY BEFORE INTRODUCING SCHOOL FEEDING PROGRAMMES

When well designed, school feeding programmes can help to improve children's nutritional status. However, they must be thought through carefully so that families do not see a school meal as a substitute for a meal at home. It is also very difficult to monitor the quality of food received by children in large-scale school feeding programmes. To avoid stigmatisation, school meals should be provided for all children in school, not just vulnerable children.

## 8 INVOLVE A RANGE OF SECTORS AND PROMOTE COLLABORATION AND NETWORKING

Improving children's health and nutrition, and the ability of households to meet those needs, requires action by health services, schools, agricultural extension services, microfinance institutions, political and traditional leadership, as well as by households and communities. No single sector can meet all the needs of children independently. Therefore programmes and organisations need to complement each other's efforts to meet the health and nutritional needs of orphans and vulnerable children effectively. See the other Briefing Notes on education, social inclusion and economic strengthening for more information.

Uganda Community Based Association for Child Welfare (UCOBAC) is a programme in Uganda that focuses on improving the lives of orphans and vulnerable children through building the capacity of caregivers. UCOBAC has evolved a system where its efforts are complemented by those of community volunteers, local government officials, religious leaders and other non-governmental organisations (NGOs).

*Member of Building Blocks Development Group*

# Strategies

## HYGIENE

- Ensure that the home is clean.
- Wash hands with soap or ashes before preparing and giving food to a child, after using latrine or toilet, after changing soiled clothes or bedding, and before giving medicines.
- Teach children to wash their hands before eating and after using the toilet.
- Prepare food and drinks with clean or boiled water and clean utensils.
- Keep children away from animal and human faeces.
- Avoid spitting as this spreads TB.
- Dispose of waste in a pit latrine or by burying or burning.

*Member of Building Blocks Development Group*

This section outlines four potential strategies for action:

1

## EDUCATING AND SUPPORTING CAREGIVERS

- Provide parents and caregivers with practical information (see below) about good nutrition, basic hygiene, immunisation, oral rehydration therapy and early treatment of illness.
- Provide caregivers of children with HIV with practical information about how to care for sick children.

## HEALTH CARE

- Look out for symptoms of illness, especially cough, fever, rapid or difficult breathing, loss of appetite, poor weight gain, diarrhoea and vomiting. Treat or seek treatment as soon as possible.
- Ensure that all children are immunised. **Note:** children with HIV should not be given BCG or yellow fever vaccine.
- Take care to keep children away from infectious materials such as from TB, pneumonia and measles. If possible, children should not sleep in the same room as a person with TB.
- If possible, children should sleep under a mosquito net, preferably one that has been treated with a suitable insecticide, to protect them from malaria.
- Give plenty of fluids to children with fever, and paracetamol to reduce the temperature. Take the child to a health centre if the fever lasts more than three days and as soon as possible if the child also has convulsions, diarrhoea, stiff neck and a cough, or if there is malaria in the area.
- Give a child with diarrhoea more fluids to drink than usual; for example, oral rehydration solution, water, soup, yoghurt drinks, coconut water and rice water. Keep feeding the child, and seek help if the diarrhoea continues for more than three days or there is blood in the stool, the child vomits often, eats or drinks poorly, or has a fever.
- Use traditional methods that have proved effective in treating ailments.

*Healthlink Worldwide (1997)*

# Strategies

## SIMPLE WAYS FOR CAREGIVERS TO HELP A SICK CHILD

- Give lemon juice in warm water or a ginger drink to reduce nausea.
- Give unsweetened yoghurt or sour porridge to alleviate oral thrush, or suck nystatin vaginal pessaries slowly three times a day.
- To increase the body's immunity and improve health take the following vitamins and minerals: zinc 100 g (twice daily); vitamin A (25000 IU daily); vitamin C (500 mg twice daily); vitamin E (100 mg twice daily); selenium (100 mg daily); garlic (up to five cloves daily); calcium tablets help to reduce pain, 600–900 mg daily.
- For vaginal thrush, dip a tampon in plain yoghurt and insert into the vagina twice a day, or insert a peeled clove of garlic or nystatin pessaries into the vagina twice daily.
- Give mashed foods such as bananas and sweet potatoes to children who cannot swallow easily.
- Give foods containing potassium, such as bananas, spinach and coconut water, to children with diarrhoea.
- For herpes or shingles attacks, take 50 mg zinc and 500 mg vitamin E daily, and apply gentian violet solution and then vitamin E oil on the blisters to prevent scarring.
- Give other herbs like garlic, ginger, turmeric and moringa leaf powder to prevent most infections.
- Give paracetamol for pain.

*Member of Building Blocks Development Group*



*Practical examples of things to provide*

- Children caring for parents with HIV also need to know how to prevent HIV transmission by minimising contact with blood and body fluids, being careful with sharp instruments and covering open cuts and wounds.
- Support caregivers (whether children or adults) by providing: soap and disinfectant; drugs; vitamin A, iron and other nutritional supplements; high-energy foods; counselling and psychosocial support; child-friendly environments, both at home and in hospital.
- Children and adults who are very sick or dying should be cared for at home. Train and support caregivers in giving palliative care for adults and children dying from AIDS, especially pain control.
- The infants of mothers with HIV need regular growth monitoring and follow-up, particularly if they are not breastfed, as they are at greater risk of malnutrition and diarrhoea unless they are given adequate amounts of formula milk and their feeds are hygienically prepared.
- Demonstrate simple, locally available weaning foods, such as banana mashed with vegetable oil, or maize porridge diluted with milk, with vegetable oil added.

# Strategies

Save the Children UK, Uganda, with funding from Centers for Disease Control and Prevention, Uganda, has developed a set of training guidelines and a reference handbook on provision of care and counselling for children infected/affected by HIV/AIDS. These materials, which target community health workers and household caregivers, were produced to improve the quality of care offered to these children within existing home-based care services. A baseline study revealed that many service providers focused on the adult caregivers rather than the child.

*Save the Children UK, Uganda*

Mildmay International, with funding from Centres for Disease Control, Uganda, have developed a set of training guidelines and a handbook for health workers on the management of paediatric HIV/AIDS cases. The aim was to improve the quality of care given to infected children in rural and peripheral health units in Uganda that offer basic medical care.

*Member of Building Blocks Development Group*

- Encourage education authorities and schools to practice and teach school children about health, hygiene and nutrition.
- Work with local leaders and community groups to identify ways to increase access to health care for the most poor and vulnerable children and households.
- Ensure that caregivers, especially grandparents and older children, know how to access health services.
- Identify community volunteers to accompany children whose parents are sick, or children from orphan-headed households, to health facilities.

## 2 STRENGTHENING THE ROLE OF HEALTH SERVICES

- Discuss with health workers about the problems of affected and orphan households, and encourage health authorities and NGOs to train their health workers appropriately and improve their attitudes towards children with HIV.
- Exempt orphans and vulnerable children, caregivers who are sick, and households caring for many children, from charges for medical consultations and drugs.
- Encourage health facilities to provide services that are more welcoming to people living with HIV, adolescents and children. More flexible hours will help school children and children who have to work.
- Ensure that health workers regularly monitor the clinical condition, immunisation status, growth, nutrition and psychosocial status of all children, whether or not they have HIV.
- Ensure that health workers know when and where to refer children who do not respond to treatment for common infections or who have recurrent serious infections.
- Ensure that health workers have clear guidelines on the clinical management of common infections in children, including those with HIV, and that health facilities have basic drugs and supplies available to treat common illnesses and opportunistic infections; for example, anti-fungal drugs for thrush, antibiotics for respiratory infections and anti-TB drugs.
- Provide home-based health services (growth monitoring, immunisation, treatment for common infections) for children whose caregivers cannot afford transport or who are too ill or frail to take them to a health centre. These services should be available to

# Strategies

The Kitui diocese HIV/AIDS programme in Kenya provides home-based health services to sick children, monitors their growth and teaches their mothers how to maintain their health.

The Rakai Foster Parents' Group in Uganda helps to pay for children in child-headed households to receive medical care.

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caregivers too, as looking after the caregivers also benefits the children in their care. Possible approaches include integration into home-based care programmes and outreach services, including mobile clinics.

- Promote links and referrals between schools and clinics in providing health services to orphans and vulnerable children.
- Direct health and nutrition education to all caregivers, not just mothers.
- Promote links with TB control programmes to ensure that adults with TB receive effective anti-TB treatment.

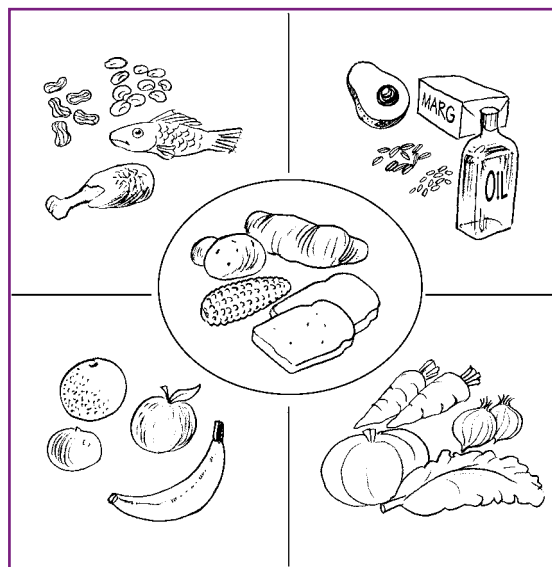
## 3 IMPROVING NUTRITION

### GENERAL GUIDELINES ABOUT GOOD NUTRITION

- Ensure children get enough rest and sleep.
- Ensure children get enough nutritious food. A good diet includes energy-giving foods (maize, rice, millet, bread, yam, plantain), body-building foods (beans, pulses, chicken, eggs, milk, nuts), vitamin-rich foods (orange and yellow fruits, green leafy vegetables). The food square opposite shows examples of the different types of foods. A balanced diet can be created by using at least one food from each section of the food square per meal.
- The diet should be 50 per cent carbohydrate, 30 per cent vegetable, 15 per cent protein and 5 per cent other, which could include fruit juices, tea, milk, yoghurt and so on.
- Store food in a clean, covered container and reheat cooked food thoroughly.

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The nutritional and food security needs of children from affected and vulnerable households need careful assessment before designing interventions to strengthen household capacity. It is also important to assess the needs of children of different ages within a household; for example, older orphans sometimes eat less than younger ones because they prioritise giving any available food to their younger siblings.



*A food square*

### FOODS TO AVOID

- sugar and sugary foods
- tinned, processed and refined foods
- strong tea and coffee
- alcohol and tobacco.

*Southern African Network of AIDS Service Organisations (1995)*

# Strategies

The Save the Children Fund School Health and Nutrition Programme in Mali, integrated with the existing community schools programme, has developed training materials for teachers on health and nutrition, health cards and information sheets for children, and is working with teachers and health personnel to improve nutrition using a child-to-child approach. A pilot programme in community schools in Burkina Faso halved malnutrition rates in one year.

*Save the Children UK (2001)*

In Malindi, Kenya, women and women's groups, trained by Community Based Development Association (COBA) in Chonyi, process cassava during times of plenty and store it for times of scarcity. At harvest time, when the cassava is ready, the women sun-dry and store it in polythene bags to prolong its shelf life and avoid theft. During hard times, they sell it to other women who can then make nutritious meals or even snacks for sale.

The Chikankata Orphans and Vulnerable Children Support Programme has established a school feeding project so that they do not have to depend entirely on externally donated foodstuffs. Community members bring food (maize and beans) to a school and pupils and community volunteers cook the food.

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- Improve community knowledge of good nutrition, emphasising natural, unprocessed, low-cost, locally available foods. Families often think that good food is expensive or processed, and do not realise that they already have access to many good foods, such as beans, peas, groundnuts, fruits and vegetables, which are low cost and locally available.
- Teach simple ways to prepare food that increase the nutritional value of meals and/or reduce fuel consumption: for example, avoid over-cooking; add vegetable oil to nuts, mashed beans or pulses, and fruit juice to porridge to make them more nutritious.
- Get help from community leaders in involving men, especially grandfathers, older boys and widowers who are acting as caregivers, in nutrition education.
- Introduce community meal schemes for younger children, and community cooking schools for children who are caring for younger siblings.
- Train teachers to educate school children about good nutrition.
- Provide school meals or school-based micronutrient supplement programmes; for example, for vitamin A and iron deficiencies.
- Improve rural water and power supply, to reduce the time and energy required to fetch clean water or fuel for cooking and to help households prepare meals more frequently. In some communities, youth and community development groups have improved the water supply by digging wells.
- Encourage local businesses and food suppliers to donate food for the most vulnerable and needy families.
- Promote home gardens to improve nutrition and food security at household levels.
- Promote small-scale, community-based agriculture and food processing to improve household food security, as it offers increased food, employment and income.

# Strategies

In some communities in Zimbabwe, grandparents have introduced share-cropping, inviting neighbours to work their land in exchange for a share of the produce. In others, NGOs have established community vegetable gardens or school gardens that provide a meal each day for vulnerable women and children or distribute produce to the most needy.

The concept of the Chief's granary has been revived in some communities. Better-off community members are expected to give part of their harvest to the Chief for distribution to the needy.

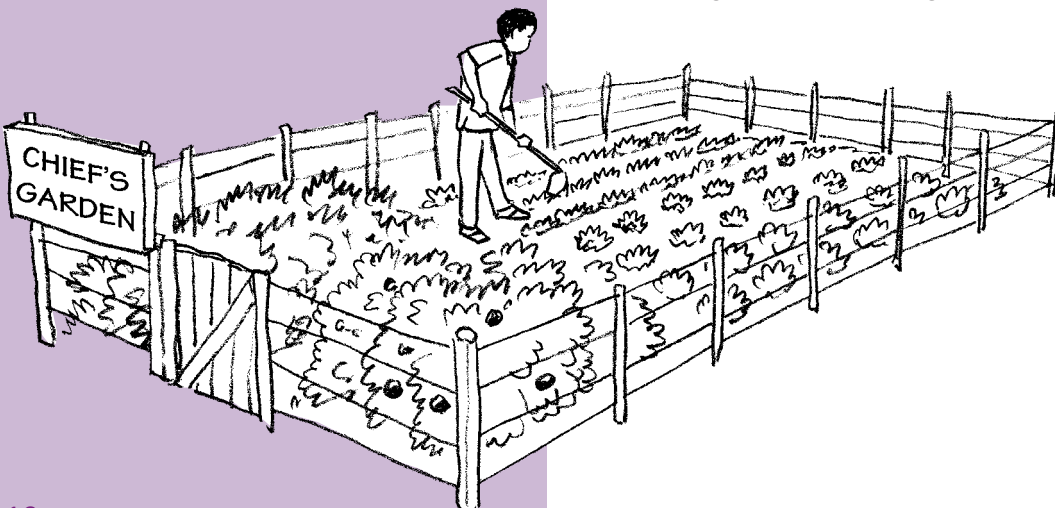
Also in Zimbabwe, the Chief's garden is another approach to providing food for the most needy in the community. The Chief donates a field and community members tend the field and use the produce to support the poorest households, although this can be difficult in communities where all families are poor and all the women are widowed or looking after orphans.

Phiri, S., Nzima, M., Foster, G. (2000)

4

## STRENGTHENING FOOD PRODUCTION AND SECURITY AT COMMUNITY LEVEL

- Empower local communities to solve their own food and nutrition problems.
- Strengthen agricultural extension services; for example, by introducing improved crop and livestock management techniques.
- Develop school or community gardens to provide food for orphans and vulnerable children, while teaching agricultural skills.
- Enlist community volunteers or youth groups to help children and grandparents with vegetable gardens.
- Train field workers in communication and facilitation skills to have a multiplier effect. Encourage team-work, networking and collaboration among field workers.
- Consider gender roles during dialogue with community members.
- Integrate a nutrition component into agricultural development policies and programmes.
- Set up small-scale animal husbandry and other income-generating projects.
- Encourage communities to identify practical ways to improve food production for poor and vulnerable households. Different approaches used have included:
  - community help with planting and harvesting
  - share-cropping
  - community vegetable gardens
  - school vegetable gardens
  - Chief's granary or Chief's garden.



# Strategies

In Burkina Faso, community grain banks have become popular, providing a village-based solution in times of food shortage. Communities build their own grain banks and are provided with credit and training in purchasing, managing money and record keeping, to enable them to control their own food security. After harvest time, community groups buy grain at the best prices in nearby markets and stock the bank, which then makes food supplies available at the hardest times of year at carefully controlled prices to the most needy households.

Management by women's committees appears to be the most successful, because women tend to be more transparent in financial management and have better skills in management of food supplies, especially in times of crisis. Communities must decide to establish a grain bank themselves and elect a committee to manage it.

*Yameogo, S. (1997)*

- Support innovative and sustainable community strategies for improving food security. Different approaches used include:
  - Community grain banks, a simple, locally owned and managed approach, has been used to ensure food security in areas affected by food shortages, famine, and failed harvests. The approach could be adapted by communities to protect the food security of orphans and vulnerable children in areas badly affected by HIV/AIDS.
  - Improving crop preservation and storage methods could prevent up to 30 per cent of the usual wastage of fruit and vegetables due to the lack of proper methods of processing and preservation. For example: solar driers destroy pests such as weevils in grain; turning sacks of beans prevents weevil larvae establishing themselves; and putting powdered local plants that deter pests – for example, neem leaves – on the insides of local granaries, pots and baskets, protects crops.
  - Encouraging and supporting irrigation initiatives to ensure food security even in the event of drought.

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School Health and Nutrition Programme, Save the Children, 54 Wilton Road, PO Box 980, Westport, CT 06881, USA, [www.savethechildren.org](http://www.savethechildren.org)

Save the Children, a handbook and training guide on 'Counselling and Care for Children Infected and Affected by HIV/AIDS'. Available from Save the Children UK, Uganda office by e-mailing: [scuk.general@scukuga.co.ug](mailto:scuk.general@scukuga.co.ug)

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