

**Note: This training presentation is continually being evaluated and updated to reflect current needs and best practices. It should be viewed as work in progress.**

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# Learning to Work with Orphans and Vulnerable Children

**A Project of the Social Work HIV/AIDS Partnership  
for Orphans Vulnerable Children in Tanzania**

**Day 7**

*Required– Title Page*

# HIV Affected Children and Families

*Required– Title Page*

# Social Work Process for Working with Orphans and Vulnerable Children Affected by HIV

- 1. Outreach and Identification**
- 2. Engagement of Orphans and Families**
- 3. Assessing Needs and Strengths**

# Social Work Process for Working with Orphans and Vulnerable Children Affected by HIV

- 4. Developing a Plan of Care: Networking and Identifying and Referral to Other Resources**
- 5. Providing Support and Services within the context of your organization**
  - **Helping HIV Affected Orphans and Vulnerable Children**
  - **Counseling OVC and Their Families**
  - **Developing Support Structures for OVC and their Families**
- 6. Ongoing case management, Advocacy and Followup**

*Required– note Step 5, 1<sup>st</sup> bullet*

# HIV/AIDS—Test Your Knowledge

## True or False???

- True    False    HIV is easily caught through coughing or sneezing
- True    False    HIV can be spread from the mother to child before birth
- True    False    Medication given to mother and child before, during and to the child after birth can reduce transmission
- True    False    It is safe to work with, eat with or go to school with a person who is HIV positive
- True    False    Any person who has HIV appears sick or very thin
- True    False    The only real way to avoid HIV is to be educated and use risk prevention so the virus cannot enter your body
- True    False    One way to avoid transmitting HIV is to breastfeed a child

*Required*

# HIV/AIDS—Test Your Knowledge

What do the following stand for (fill in the blanks)

H \_\_\_\_\_  
I \_\_\_\_\_  
V \_\_\_\_\_

A \_\_\_\_\_  
I \_\_\_\_\_  
D \_\_\_\_\_  
S \_\_\_\_\_

U \_\_\_\_\_  
K \_\_\_\_\_  
I \_\_\_\_\_  
M \_\_\_\_\_  
W \_\_\_\_\_  
I \_\_\_\_\_

# What is HIV?

- H- Human - because this virus can only infect human beings
- I- Immuno-deficiency - because the effect of the virus is to create a deficiency, a failure to work properly, within the body's immune system.
- V- Virus - because this organism is a virus, which means one of its characteristics is that it is incapable of reproducing by itself. It reproduces by taking over the machinery of the human cell.

*Required*

# AIDS/UKIMWI

- A – ACQUIRED - one acquires or gets infected with,
  - I – IMMUNE - affects the body's immune system, which usually works to fight off disease
  - D – DEFICIENCY - makes the immune system deficient (not work properly)
  - S – SYNDROME - a wide range of different diseases and opportunistic infections.
  - U - Upungufu wa – Deficiency
  - KI - Kinga – Immunity
  - MWI - Mwilini - in the Body
- Deficiency of Immunity in the Body

Acquired Immune Deficiency Syndrome

*Required*

# HIV/AIDS—Test Your Knowledge

How many people with HIV are living in Tanzania? \_\_\_\_\_

How many children have lost a parent to HIV in Tanzania? \_\_\_\_\_

# Global Situation

- There are 3.4 million new infections annually
- Out of which more than 70% are women
- The biggest risk factor in the world is to be a married woman having monogamous sex with her husband in Sub-saharan Africa
- Every day 10,000 people get infected worldwide
- 14 million orphans as a result of HIV/AIDS

*Optional*

# HIV/AIDS Situation in TANZANIA

- 1,400,000 people were estimated to be living with HIV/AIDS by the end of 2005
- 110,000 children between the ages of 0 - 14 years were estimated to be living with HIV/AIDS by the end of 2005
- 1.1 million children between the ages of 0 – 17 years were estimated to be orphans due to AIDS

# HIV/AIDS Epidemic in Tanzania

- **140,000** deaths estimated due to AIDS
- **12-13%** of pregnant mothers attending ante-natal clinics are HIV positive
- **50%** of hospital beds are occupied by patients with HIV/AIDS
- **6.5%:** Estimated percentage of adults (ages 15-49) living with HIV/AIDS
- **710,000:** Estimated number of women (ages 15-49) living with HIV/AIDS

*Sources:*

- UNAIDS 2006 Report on the Global AIDS Epidemic, 2006.
- UNAIDS Regional Support Team for Eastern and Southern Africa, 2006.
  - CIA World Fact book 2005

# History of the epidemic in Tanzania

- Tanzania is number 15 of 25 countries most hit by HIV/AIDS in the world
- AIDS was first identified in Tanzania in 1983
  - Until December 1985, 8 out of 20 regions of Tanzania mainland had reported 404 cases to the MOH
  - To date every region has reported cases of HIV/AIDS
- More than 6.5% of the adult population is infected by HIV/AIDS.

*Optional– if time*

# Common Modes Of HIV/AIDS Transmission

- The main mode of transmission is sexual.  
HETEROSEXUAL accounts for 77% of all cases
- Mother to Child
- Blood transfusion
- Sharing of sharp objects contaminated with infected blood (tattooing, genital cutting)
- Unsafe practices (sanitation, infection control, etc.)

*Required--  
Brainstorm*

# AIDS is **NOT** transmitted by...

- **Day to day relationships-- Living with an HIV infected person**
- **Coughing or sneezing**
- **Sharing eating utensils, work tools, water or towels for hand washing**
- **Mosquitoes or bed bugs**

*Required*

*Brainstorm*

# AIDS is **NOT** transmitted by...

- Sharing the same food with HIV/AIDS infected people
- Sharing the same toilet
- Working together with people infected with HIV/AIDS
- Kissing or hugging or touching infected people
- Witchcraft

*Required*

*Brainstorm*

# How to Prevent HIV

- The ABCDs
  - Abstinence
  - Be faithful to one partner who is not infected
  - Condom use
  - Delayed sexual initiation
- Empower all partners to be able to negotiate safer sex practices
- Raise public awareness of transmission factors such as meetings, discussions, and mass media campaigns
- Identify and treat STIs, which increase risk of HIV transmission
- Avoid piercing the skin with contaminated objects

*Required;*  
*Brainstorm*

## HIV/AIDS Progression stages

**Pre Infection**      **Acute Infection**      **Sero-Conversion**      **Asymptomatic Period**      **Periodic Health Problems**      **Development of more severe Health Problems**

**ART**



*Required*

# What HIV Does in the Body

- The virus attacks the immune system and attacks specific cells called CD-4 cells, a type of t-cell.
- Once inside the CD4-cells the virus can reproduce rapidly (billions of new viruses per day)
- Viruses reproduce more rapidly immediately after infection causing acute symptoms (rashes, flu symptoms)
- Following the acute stage, there is a long latency period of no symptoms averaging 10 years while the immune system is being destroyed. The person can still infect others during this time

# *Other symptoms of AIDS*

- Recurrent fever for more than a month
- Unexplained loss of weight of more than 10% within a month
- Diarrhea for more than a month
- Cough for more than a month
- Night sweats
- An itchy skin rash
- Memory loss or difficulty in thinking clearly
- Unexplained weakness, numbness or pain, progressive headaches (neurological manifestations)
- Invasive cancer of the cervix
- Swollen glands (Generalized lymphadenopathy)

*Required. Brainstorm*

# What HIV Does in the Body (continued)

- Specific infections can occur called opportunistic infections. A person with HIV who has had an opportunistic infection is considered to have AIDS. Examples:
  - Tuberculosis
  - *Pneumocystis* and other bacterial pneumonias
  - Kaposi's Sarcoma
  - Herpes simplex and herpes zoster
  - Cryptococcal meningitis
  - Candidiasis (thrush), oral, vaginal, anal other locations
  - Cervical Cancer
  - B-cell lymphomas
- AIDS is also diagnosed when CD-4 cells go below 200 per microliter of blood

*Required. Define Opportistic Infection. Note: Just note that malaria, and TB are major Opportunistic infections in Africa, do not dwell on list.*

# *Anti Retroviral Therapy*

- Anti-retroviral treatment requires combinations of 3 drugs to attack the virus at different points in the process of multiplying.
- Therefore it is important to help the person taking drugs be sure to take all of the medicine at the proper time.
- Other drugs will become available in the future and are in final testing
- There are currently twenty-six drugs of five classes approved for treatment in the US and Tanzania

*Skip– covered later*

# Without effective antiretrovirals (ARVs)

- HIV causes progressive destruction of the immune system.
- Immune function will deteriorate ultimately leading to death

*Skip, Resource info only,  
covered elsewhere*

# Stigma, myths and misconceptions

- Despite various Intervention programs the level of stigma is still high. It contributes to
  - Failure of some People Living with HIV and AIDS (PLWHA) to reveal their HIV status
  - Difficulty in accessing services
  - Difficulties in adherence to ARV treatment
  - Possibilities for acquiring new infections
  - Further transmission of the virus to others
  - Ultimate death

*Required*  
*Brainstorm*

# Factors contributing to HIV/AIDS Infection

- Economic
  - Poverty
- Social
  - Alcohol intoxication
  - Drug and substance abuse
  - Prostitution
- Cultural
  - Polygamy
  - Inheritance of widows

*Required, but note these don't directly affect infection, they are indirect factors that make HIV more complex and prevalent*

# *Psychosocial Stages of HIV Signs and symptoms of AIDS*

.... Cultural Context ....



Medical Issues Across the Spectrum of HIV Disease

Pre Infection    Acute Infection    Asymptomatic Period    Periodic Health problems    Chronic Health problems    Death

*If time allows. Focus on the fact there are medical stages along with social phases and all are affected by culture*

Source: CHIME Program, MATEC

Risk Assessment  
and  
Voluntary Counseling and Testing

# Risk Assessment

- Do you mind if I ask you some *questions about your health? This will include your sexual health.*  
*Je Utajali nikikuuliza maswali kuhusu afya yako*
- *Are you sexually active--do you have sexual or intimate contact with another man or woman? If yes, with men, women or both?*  
Je unafanya ngono? Unajamiiana au uhusiano wa mapenzi na mwanamke au mwanaume mwingine? Kama Ndiyo ni na wanaume, wanawake au wote?
- Do you take *disease precautions?* If yes, explain. If not, why not? Je unachukua tahadhari kujikinga na maradhi? Kama Ndiyo, elezea. Kama hapana, toa sababu.

*Required. Do as 5 minute practice in groups of two, switch roles midway*

# Risk Assessment

- Do you take any *recreational drugs that involve needle transmission*? If yes do you share needles? How do you clean them?  
Je unatumia madawa ya kulevya kwa kujidunga sindano?  
Kama ndiyo, je mnachangia sindano? Unazisafishaje
- Do you have *any questions* you would like to ask me about your sexual health, AIDS or sexually transmitted diseases?  
Je una swali lolote ungependa kuniuliza juu ya Afya yako ya Ngono, UKIMWI, au Magonjwa ya Zinaa?

*Required– see note  
previous page*

Source: Linsk, 2000

# Voluntary Counseling and Testing (VCT)

- Process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested for HIV.
- Decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential (UNAIDS, Technical Update, May 2000).

*Required: note this is a definition  
of VCT*

# Voluntary Counseling and Testing (VCT)

- Good voluntary counseling **assists people to**
  - Know their HIV status
  - Make informed decisions
  - Cope better with their health condition
  - Lead more positive lives
  - Plan for future
- VCT is a **vital point of entry to other HIV/AIDS services** including
  - Prevention of mother-to-child transmission
  - Prevention and clinical management of HIV related illnesses and treatment of tuberculosis
  - Psychosocial and legal support
  - Facilitates early referral for care and support including access to anti-retroviral therapy

*Required. Brainstorm: How does VCT help people?*

*How does VCT help link to services*

# Benefits of VCT

- Alleviates anxiety
- Promotes behavioral change
- Assists reduction of stigma in the community
- Helps motivate those who test negative to remain uninfected
- Help prevent transmission to others for those testing positive
- May address HIV in the broader context of people's lives, including poverty and its relationship to risky practices

*Optional. Brainstorm.*

*Answers above may or may not be true*

# Provision of VCT in Tanzania

- “Same day” or even “same hour” results
- Informed decision making and consent
- Confidentiality and anonymity
- VCT sites don’t give written results
- Partner notification through couple VCT
- VCT providers should be part of existing networks of relevant services (STIs, TB)
- Human rights must be respected

*Required. Discuss these points with the group*

# The HIV Test

- Blood drawn from the arm OR finger
- Test is done in the laboratory
- Results are ready in thirty minutes

*Skip- this may be out of date*

# After test (Post-test Counseling)

- Meeting between the counselor and client to:
  - Give and explain the results
  - Discuss with him/her how to stay free of infection
  - Discuss with him/her how to cope

*Required. Discuss with group along with next slide*

# What about client's rights?

- The **Decision** to test
- **Privacy** during test
- **Confidentiality**
- Rights are strictly observed during VCT

*Required. See previous slide*

# Informed Consent

- **Competence:** The clients must be competent to make decision for themselves. The in competence for AIDS patient can temporary due to emotional depressions and disturbances
- **Freedom:** The clients must freely decide to enter into a helping relationship, if it taking on HIV/AIDS test and about revealing the test results to their family, partners, fellow workers etc;
- **Full Information:** The client must be given full information about the HIV/AIDS, every action taken in the counseling process, and consequences of all decisions taken
- **Understanding:** Clients must have full understanding of what the counselor is explaining, requesting him/her to do. The importance of informing the HIV Test result to the partner.

*Optional, if time is available, if not just talk about need for voluntary consent*

# Prevention of Mother-to-Child Transmission (PMTCT) of HIV/AIDS

*Required, title page*

# HIV and Pregnancy

- You can help mothers to protect baby from the infection
- There are drugs that reduce the chance of passing on the infection
- Counsel mothers to help plan childbirth and baby care
- Provide information on baby feeding

*Required*

# Prevention of mother-to-child transmission of HIV/AIDS (PMTCT)

- Worldwide
  - 1 percent of pregnant women are HIV-positive.
  - 95 per cent live in developing countries
  - 90 per cent of all HIV-positive children live in developing countries.

*Optional: Resource  
Information*

# PMTCT (continued)

- In Tanzania
  - 1 out of 3 HIV-positive woman will transmit the virus to her child if no preventative action is taken. Of these:
    - Half transmit the virus during childbirth
    - Some 15-20 per cent are infected during pregnancy
    - 33 per cent through breastfeeding

*Required*

# PMTCT (continued)

Pregnant women who are HIV-positive who take antiretroviral drugs reduce the chance of infecting the baby by half or more

Treatment options include:

- a one-month course of Combivir during the last weeks of pregnancy
- a single dose of nevirapine during delivery, followed by a single dose to the infant within 72 hours of birth
- effective ARV of the pregnant woman

*Required*

# Breastfeeding and HIV Transmission

- For HIV-positive mothers with limited access to clean water and sanitation, the choice of whether to breastfeed or not can be a painful dilemma.
- New mothers must weigh the risk of passing on the infection to their infants against the risk of denying them breast milk.

*Required*

# Breastfeeding and HIV Transmission

- During the first two months, a bottle-fed baby is nearly six times more likely to die from diarrhea, respiratory or other infections, compared to a breastfed child, mostly because contaminated water is used in mixing the formula, bottles are unclean and other reasons
- Do not switch back and forth between breast and bottle feeding

*Required*

# What you Can do To Reduce Mother to Child Transmission

- Advise mothers to shorten the time they breastfeed
  - Reducing the length of breastfeeding from two years to six months alone can reduce the risk of transmission by two thirds.
- Help mothers to get medical care for breast problems, along with sores or thrush in an infant's mouth

*Required*

# What Para-social Workers Can do To Reduce Mother to Child Transmission

- Assist pregnant women to obtain HIV testing and receive anti-retroviral treatments to avoid transmission, when possible
- Help solve problems of funding, transportation, access to make it possible for mothers to obtain this help

*Required, continues  
previous slide*

# Principles for interventions to prevent mother to child transmission

- Access to full information about HIV
- Information on mother to child transmission
- Information from relevant research
- Knowing ones HIV status
- Access to the means of prevention, such as condoms and relevant HIV/STD health services

*Required, emphasize treatment during labor, delivery and breast feeding*

# *Treatment for HIV: THE USE of ANTIRETROVIRAL DRUGS*

1. Offer greater patient survival and
2. Improved quality of life
3. Reduces mother to child transmission

*Skip, covered later*

# HIV and OVC

- Concern about HIV prevention for the parents or caregivers
- Concern about risk reduction for the children

*Required: introduces next 2 slides*

# How Para-social Workers Help Families with HIV Infected Children

- Assess the needs of the child and his or her family in terms of
  - HIV knowledge
  - Issues of disclosure
  - Stigma and discrimination
- Problem solving in terms of...
  - Child's information about their HIV status
  - Emotional responses– depression, denial, etc.
  - Family issues

# How Para-social Workers Help Families with HIV Infected Children

- Need for resources
  - Financial support
  - Housing
  - Food
  - Transportation
  - Access to health care
- Provide HIV education to increase understanding of how to provide support and reduce stigma
- Coordination of services and referrals

# Treatment for HIV: THE USE of ANTIRETROVIRAL DRUGS

- There is *no cure for HIV/AIDS* at this time. This means that:
  1. No medicine that can destroy the virus that causes AIDS nor
  2. No vaccine exists to make people immune to the effects of HIV.
- There are, however, a range of medical, social and psycho-social interventions available that can prolong health and slow down the immune suppression caused by HIV

*Required*

# GOALS OF ANTIRETROVIRAL Therapy

1. Reduce number of viruses in the body to undetectable level (<50 per mm<sup>3</sup>)
2. Restore and/or preserve immune function
3. Improve quality of life
4. Reduce HIV-related morbidity and mortality
5. Minimize drug resistance— when the virus mutates so the drug class is no longer effective

*Required.*

*Discuss*

# Issues of ARVs

1. Most side effects go away after a few weeks. If not, need to contact health provider
2. Side effects can be managed prospectively
3. Side effects should not prevent effective treatment
4. ARV is for the lifetime, unless in cases of serious side effects, e.g. damage to nervous system

*Required, discuss. Note number of medicines less than in the past.*

# The Use of ARV's

- Assess readiness to adhere (follow through on medications)
- Access to medications and ongoing medical care
- Provide support to take medication
- Develop a plan to ensure follow-through
- Discuss Issues of disclosure, family and social support
- Recognize and sustain success
- Troubleshoot problems

*Required*

# Adherence Definition

- **Adherence** means taking the ARV doses at the right time, in the right amount at least 95% of the time
- **Non-adherence** may include missing doses, or under dosing consistently, overdosing or taking ART only occasionally like when you feel bad, etc.

Source: Linsk, 2006

*Required*

# Assessing Readiness: *Adherence to regimens*

- *Is treatment medically appropriate?*
- *Is patient **ready** to take on drug regimen*
- *Will person be able to take medication correctly (95% standard)*
- *How can we support successful ARV adherence*

*Required*

# What About Missing Doses?

- Does this occur with your clients?
- Does this happen when you take medicine?
- Are people willing to admit to missing doses?
- What are the consequences of missing doses?
  - Actual
  - Feared

*Required,  
brainstorm*

# Missing Doses (continued)

- How does it feel to miss a dose?
- Is this a
  - Mistake or error?
  - A common occurrence that happens to everyone
  - Something to be embarrassed or ashamed of
  - Other?

*Required. Continue previous discussion*

# Missing Doses and Culture

- What does missing something, losing something, or forgetting something mean in Tanzanian culture or a specific culture?
- What does making an error or mistake mean in specific cultures?

# Reframing Missing Doses?

- Missing a medication dose happens to everyone (normalize)
- Missing a dose should help us learn how to avoid this in the future
- Missing a single dose will not usually lead to problems.
- Telling the caregiver or provider about missed doses is a way to help yourself and others.

# What is the Role of the Para-social Worker in Supporting Adherence?

- Helping the person with HIV decide if they are ready to take the medications
- Helping develop routines to take the medication regularly
- Helping with access and refills of medications
- Assisting the person or their family in solving any problems relating to medication adherence
- Helping address problems of side effects

*Required.*

*Brainstorm*

# HIV Affects Us All!

- There is NO cure for HIV/AIDS, but there is VERY effective treatment
- Counseling and Testing (VCT) is the gateway to treatment AND prevention
- Prevention and safer sex techniques are vital to those who are NOT infected and to those who are ALREADY infected

# HIV Affects Us All!

- Families should be supported by knowledgeable para-social workers working in integrated care systems so that they can help their clients:
  - to practice safer sex
  - to make the decision to test
  - to prevent further transmission to partners or children
  - to get treatment and
  - to adhere to treatment for **THEIR LIFETIMES**

# HIV Affects Us All!

- HIV transmission from mother and child can be reduced to near zero if all mothers are identified and treated during pregnancy, childbirth and breastfeeding
- HIV positive adults and children who receive AND adhere to appropriate treatment can have long and healthy lives

# The Future

If we work together:

- We can have an HIV free generation
- We can have an HIV free generation in Tanzania
- We can have an HIV free generation in Africa
- We can have an HIV free generation the world over

# HOW?

- Break the Silence – Stamp out Stigma
- Understand and promote the “Power of Ten” – local networks of services
- Keep families safe and strong
  - Practice safer sex
  - Prevent Mother to Child Transmission
  - Create a positive environment for the treatment of all positive people