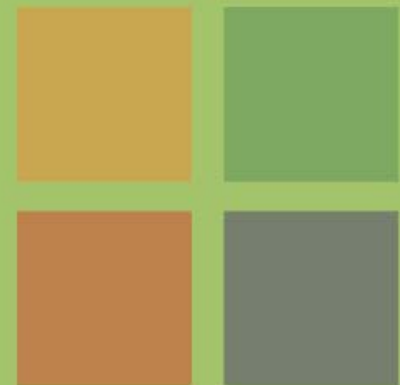




Pre- and Post-Test Counselling Guide

for Paediatric HIV Testing and
Counselling in Zambia



Cue cards for paediatric HIV testing and counselling

These cue cards were developed to be used as guides when conducting pre- and post-test counselling sessions for groups and individuals. The cards are organised so that each section can be used separately, however, some counselling sessions will require the use of more than one card set at a time (for example, a post-test counselling cards and the cards on infant and young child feeding).

There are two columns for each set of cue cards. In the first column are the main topics that should be covered in the discussion with caregivers and/or family members. This information can be skimmed by counsellors who are more familiar with the content of the sessions. In the second column is a script that will help counsellors who are less familiar with the topics that need to be covered in each session.

There are two types of counselling that healthcare workers may do at their facilities. Both types of counselling require the counsellor to be non-judgemental, open to questions, and able to speak to caregivers and family members in language and at a level that they are able to understand.

- The first is pre- and post-test counselling, which involves educating caregivers about HIV antibody and DNA PCR testing, providing results of the test, and providing counselling related to ongoing care and treatment.

- The second type of counselling involves a longer term relationship with the caregiver and child and may include providing advice on disclosure with family members and partners, family planning, HIV prevention, etc.

Counselling cue cards in this booklet address all of the issues related to immediate pre- and post-test counselling; some of the cue cards (such as those entitled “Counselling a child living with HIV”) address some of the longer-term issues. The cards are organised as follows:

- Pre-test counselling
- Post-test counselling for negative HIV antibody test
- Post-test counselling for positive HIV antibody test 18 months or older
- Post-test counselling for positive HIV antibody test less than 18 months
- Infant and Young Child Feeding Counselling
- Post-test counselling for positive DNA PCR test
- Post-test counselling for negative DNA PCR test
- HIV and infant feeding counselling
- Questions to help mothers assess the safety of formula feeding
- How to stop breastfeeding
- How to make formula
- What to feed children from 6–24 months
- Counselling a child living with HIV, Ages 6–9
- Counselling a child living with HIV, Ages 9–11
- Counselling a child living with HIV, Ages 12–16

Pre-test Counselling

Key points for pre-test information session (Group counselling)	
<p>Introduce yourself and the session.</p>	<ul style="list-style-type: none"> ■ <i>Introduce yourself.</i> ■ I am _____ (name/occupation) and will be talking with you about HIV testing for your child. ■ I want everyone to feel comfortable asking questions today so you have the information you need.
<p>Ask what they may already know about HIV or PMTCT.</p>	<ul style="list-style-type: none"> ■ Many of us know some things about HIV and many of us are living with HIV, caring for someone with HIV or know someone living with HIV. ■ Can one of you tell the group what HIV is? ■ What is AIDS? ■ How is HIV passed from one person to another? ■ How can HIV be prevented? ■ Can someone tell us what they know about care and treatment for adults and children living with HIV? ■ What about care for pregnant women? ■ <i>Clarify and fill in the gaps to make sure that participants have a basic understanding of HIV.</i>

<p>Discuss the reasons why HIV testing and counselling is recommended for children.</p>	<ul style="list-style-type: none"> ■ HIV testing for children is routine in Zambia. This means that HIV testing is recommended for all children as a normal part of their health care. ■ If a mother has HIV infection, the infection can be passed on to her child during pregnancy, during childbirth and after delivery by breastfeeding. Not all children get HIV, but some babies will become infected. In order to know if a child is infected or not, HIV testing is needed.
<p>Discuss the benefits of testing and counselling.</p>	<ul style="list-style-type: none"> ■ It's important to know the HIV status of your child to provide your child with the best care available. There is no cure for HIV, but HIV treatment is available. Treatment lowers the risk of getting sick or dying from HIV, and many people on treatment are living long, healthy lives. ■ Children with HIV infection who are <i>not</i> treated can become very ill quickly. Because HIV disease can get worse quickly in children, it's important that we identify HIV infection in children as early as possible so that the child can be protected and treated. ■ Knowing your child's HIV status helps you and your family to plan your future together. For many families, knowing their status relieves them of the worry that comes from uncertainty.

<p>Discuss confidentiality.</p>	<ul style="list-style-type: none"> ■ The result of the HIV test is confidential; it is shared only with those professional healthcare workers who need this information in order to care for your child. ■ When your child’s result is ready, I’ll talk with you by yourself, in private to give you the result and explain what the result means. We will also talk about and arrange for the care that you and the child need. I will answer any questions you have.
<p>Describe how the test is done.</p>	<ul style="list-style-type: none"> ■ This test is called a rapid HIV antibody test. It is a simple test that can be done with just a few drops of blood. A very small needle is used to prick either your child’s heel, toe or finger. It is not very painful. ■ The results of the test are ready in less than one hour.
<p>Describe the meaning of test results.</p>	<ul style="list-style-type: none"> ■ Let’s talk about what the test result may mean. <p><i>For the child</i></p> <ul style="list-style-type: none"> ■ The meaning of the test result depends on the age of the child and whether or not the child is breastfeeding. If your child is less than 18 months of age or is breastfeeding, it may be necessary to do more testing to know the child’s HIV status. ■ Even if more tests need to be done, knowing the results of the first test will help you to plan care and follow-up for your child.

	<ul style="list-style-type: none"> ■ If your child is more than 18 months of age and has not been breastfeeding, then the HIV antibody test will tell us your child’s HIV status. A positive test means that your child has HIV and needs treatment. A negative test means that your child does not have HIV. <p><i>For the mother</i></p> <ul style="list-style-type: none"> ■ A positive HIV antibody test in a child usually means that the child’s mother is HIV-infected. ■ Some mothers may already know their status. If you do not know your status, let us know. We can offer you an HIV test today, along with your child so that you know for sure.
<p>Discuss the availability of care and treatment.</p>	<ul style="list-style-type: none"> ■ Remember: HIV treatment works very well. In most cases, HIV treatment means that people living with HIV can lead long and healthy lives. This is why we are asking you to get your child tested and why doctors and nurses recommend testing for your children. ■ If you have or your child has HIV infection, we will arrange for you to receive the support, care and treatment that you need. Treatment for HIV is available and is free for adults and children.

	<ul style="list-style-type: none"> ■ We will also help you learn about HIV and HIV treatment, to care for yourself and your child at home, help you with a follow-up plan and provide ongoing support.
<p>Discuss the right to decline the test.</p>	<ul style="list-style-type: none"> ■ HIV testing is strongly recommended for all children in Zambia because it allows children with HIV to access life-saving treatment. However, you have the right to tell us that you do not want your child to be tested. ■ If you say no to the test, we will still take care of you and your child. We will also try to address your concerns about HIV testing. However, if your child has HIV and your child's doctor does not know about it, your child's health may be endangered.
<p>Close the session.</p>	<ul style="list-style-type: none"> ■ Are there any questions? ■ What concerns do you have about HIV testing for your child? ■ HIV testing is a regular part of child health care. As part of your child's care today we will test her or him for HIV. ■ If you have a question or information you would like to share privately, you will be able to do so before the test is performed.

Post-test Counselling

Post-test Counselling for <u>Negative</u> HIV Antibody Test	
<p>Introduce yourself and the session.</p>	<ul style="list-style-type: none"> ■ <i>Introduce yourself.</i> ■ I am _____ (name/occupation) and will be talking with you about your child’s HIV test. ■ I want you to feel comfortable asking questions today so you have the information you need.
<p>Provide the test result.</p> <ul style="list-style-type: none"> ■ Discuss the meaning of the test result for the child according to age and breastfeeding status. 	<ul style="list-style-type: none"> ■ Your child’s HIV antibody test result is negative. <p><i>If not breastfed or if breastfed by HIV-uninfected caregiver</i></p> <ul style="list-style-type: none"> ■ Your child does not have HIV. ■ If you were giving CTX, you may stop. ■ It is important that you continue to bring your child to the clinic to get regularly scheduled immunisations and care. <p><i>If breastfed currently, or within the last three months, by HIV-infected caregiver or caregiver with unknown HIV status</i></p> <ul style="list-style-type: none"> ■ The test is negative. We did not find HIV antibody in your child’s blood. ■ <i>If the child has breastfed in the past three months:</i> Because your child breastfed in the three months prior to this test, there is a small possibility that your child is actually infected, but it just doesn’t yet show on the

test. It can take as long as three months from the time of infection until the test shows that an infection is present.

- *If the child is still breastfeeding:* As you are still breastfeeding it is still possible for your child to become infected from breast milk. I know you would like to know the final HIV status right now, but it's important that we repeat the test after you are no longer breastfeeding to make sure your child remains uninfected.
- The test should be repeated three months after you have completely stopped breastfeeding. *If mother's status is unknown, encourage mother to undergo PITC.*
- Because we can't be certain yet about your child's HIV status, you should continue (start) to give your child CTX. This medicine will help prevent infections. *Discuss adherence, review dosing and instructions.*
- It is important that you continue to bring your child to the clinic to get regularly scheduled immunisations and care and to get HIV testing for your child again after breastfeeding has stopped. We'll arrange the appointment(s) before you go.

Discuss IYCF.

- Discuss IYCF according to breastfeeding status and age of child.

- How are you feeding your child?

Breastfeeding mother with HIV

- How is breastfeeding going for you?
- Your child has tested negative, but if you are living with HIV, there is a risk of passing on HIV through breast milk. It is important to give your child the ARV prophylaxis as prescribed to lower this risk. *Discuss dosing, instructions and adherence.*
- It is also important to give the baby CTX because this medicine prevents other infections that can make the baby sick.
- There are ways to protect your baby from HIV during breastfeeding. Most importantly, if you are living with HIV and HIV treatment has been recommended, the treatment will lower the risk that the child will be infected through breastfeeding.
- You will need to take care of yourself. If HIV treatment has been recommended for you, you should know that this treatment is important for your health and it lowers the risk that your baby will be infected with HIV through breastfeeding. You should take the medicine exactly as prescribed. The _____ (*name of clinic*) will discuss this with you.

- It is important for you to make sure you are taking steps to ensure you stay healthy while still breastfeeding.

Breastfeeding mother with HIV, whose child is less than six months of age

- *Check if she breastfeeds exclusively; ask about mixed feeding. The infant should not be given any other liquids or foods other than breast milk (not even water or formula!). Ask how she handles pressure from friends and family to give her baby other liquids or foods. Role play with her if she would find it helpful.*
- *Check if she breastfeeds on demand and for as long as the infant wants.*
- *Observe a breastfeed and assess the mother's breasts for abnormalities; advise appropriately. Ask her to return to the clinic if she has signs of engorgement, nipple cracks or any other breast condition.*

Breastfeeding mother with HIV, whose child is approaching six months of age

- *Introduce complementary foods at six months. Describe complementary foods. Discuss how to provide child with an adequate diet.*

- *Continue* breastfeeding until the child is 12 months of age.

Breastfeeding mother with HIV, whose child is approaching 12 months of age

- If your child is HIV uninfected or of unknown status, breastfeeding should stop gradually, over the course of one month. *Discuss how to wean.*
- If the child is HIV-infected, breastfeeding should continue for 24 months and beyond.
- Once you have weaned your child, substitute animal milk (such as cow, goat or sheep) for breast milk.
- Do not wean your child if you do not have enough food or milk to feed her or him. *Evaluate safety of weaning from breast milk. Ask about:*
 - Where will you get animal milk for your child?
 - *If purchasing:* How much money can you afford for milk each month?
 - *If family has access to farm animals:* Is the supply regular? Will you be able to boil the milk before it is served?
- *Provide referrals for financial or nutritional support, if appropriate and available.*

Non-breastfeeding caregiver with child less than six months

- If your child is not breastfeeding, we can talk about formula feeding. *Discuss correct and hygienic formula preparation.*
- Introduce complementary foods at six months. *Describe complementary foods. Discuss how to provide child with an adequate diet.*

All mothers and caregivers with children six months of age or older

- What is your child eating? What did she eat today? How about yesterday?
- What problems, if any, are you having?
- Your child should take an “**adequate diet**”, that is, she or he should eat four or five meals per day (“meals” can include other foods, milk-only feeds, or a combination of milk and other foods). “Milk” refers to breast milk or animal milk.
- If your child is not breastfeeding it is particularly important that she or he has some form of milk every day (such as that from cow, sheep or goat milk). Unpasteurised milk needs to be boiled before it is served to a child or an adult.
- We can talk about ways to make sure that the way you feed your child keeps her or him as healthy as

possible, for example, using clean water and preparing food safely.

Mother is HIV-uninfected or does not know her HIV status

- Breastfeed exclusively for the first six months of life and then introduce complementary foods while continuing breastfeeding for up to 24 months or beyond.
- What questions do you have about breastfeeding?
- *If the child is less than six months old:* What may make it difficult for you to breastfeed exclusively, that is, to not give your baby foods or liquids other than breast milk?
- There is a high chance of infecting your child if you become HIV-infected while breastfeeding. It is important for you to take steps to prevent HIV and other STIs while still breastfeeding. *Discuss safer sex, negotiation of condom use and partner testing.*
- We recommend that you learn your HIV status. *Provide pre-test information and address mother's concerns. Provide HIV testing (with consent).*

<p>Plan the child's follow-up care.</p> <ul style="list-style-type: none"> ■ HIV testing (if needed) ■ Under-Five clinic ■ How to cancel/change appointments ■ What to do if child is sick 	<p><i>Explain:</i></p> <ul style="list-style-type: none"> ■ <i>What to expect at the appointment</i> ■ <i>Date, place, time of appointment(s)</i> ■ <i>How to change the appointment</i> ■ <i>What to do if the child is ill</i> ■ <i>Importance of well child visits</i>
<p>Review care and treatment for the mother and other family members.</p>	<p><i>Based on individual circumstances, review status and need for follow-up for:</i></p> <ul style="list-style-type: none"> ■ <i>HIV testing</i> ■ <i>HIV care and treatment</i> ■ <i>Family planning</i> ■ <i>Adherence</i> ■ <i>STI/HIV prevention</i> ■ <i>Other medical or psychosocial issues</i> ■ <i>Community support</i> <p><i>Discuss:</i></p> <ul style="list-style-type: none"> ■ <i>Psychosocial or material support from friends, family or community organisations</i> ■ <i>Other caregivers for the child; evaluate need for counselling for other caregivers</i>

Assess the caregiver's understanding of the results and the follow-up plan. Address questions or concerns.

- I would like to make sure I covered everything with you and explained things the right way. Can you explain to me what we just talked about? *Ask caregiver to summarise the following (as appropriate to circumstances):*
 - *Meaning of the test result*
 - *Confirmatory or repeat HIV testing (if required)*
 - *CTX*
 - *Infant feeding*
 - *Adherence*
 - *HIV/STI prevention*
 - *Psychosocial/material support*
 - *Follow-up care and appointments for child*
 - *Follow-up care and counselling for mother, caregiver or other family members*
- Is there anything else you'd like to discuss?

Post-test Counselling for Positive HIV Antibody Test 18 Months or Older

Introduce yourself and the session.

- *Introduce yourself.*
- I am _____ (name/occupation) and will be talking with you about your child's HIV test.
- I want you to feel comfortable asking questions today so you have the information you need.

Provide the test result.

- Discuss the meaning of test result for the child.
 - Offer support and allow time for processing the information and discussing feelings.
 - Ensure understanding that HIV is a treatable, lifelong disease.
 - Discuss the availability of treatment for the child.
- Your child's HIV antibody test result is **positive**. This means your child is HIV-infected.
 - This positive test result means that you (*if speaking to the biological mother*) are also very likely to be infected with HIV. It is possible that the child's father also has HIV. It is important that your partner and any other children you have get tested and start treatment for HIV if it is needed.
 - We have plenty of time to discuss this result. Let's discuss what you understand about this and how you are feeling. *Allow the caregiver time to consider the results, discuss feelings and ask questions.*
 - We will need to do another antibody test to make sure that the result is the same.
 - HIV is a lifelong disease. Although we can't cure HIV, treatment is available and it works very well. Today, many children and adults with HIV live healthy, long lives.

	<ul style="list-style-type: none"> ■ Care, treatment and support are available for your child. We'll arrange care for your child and for you and others in your family (as needed) before you leave today. It is very important that your child be evaluated for treatment as soon as possible to make sure your child can have a healthy life.
<p>Find out more about the support system and provide support for the caregiver.</p>	<ul style="list-style-type: none"> ■ How are you coping right now? ■ Are there friends or family members aware of your/your child's HIV status? <i>Or, if newly diagnosed: Are there friends or family members you can tell about your/your child's HIV status?</i> ■ Who helps to take care of the child? Who will bring the child back to clinic? Any problems that you see in bringing the child back to the clinic? ■ Do you have any support at home? Do you have someone who you can talk to about your or your child's HIV status? ■ Where are you going after this visit? <i>Assess need for community services or support and provide information/referrals and/or follow-up counselling.</i> ■ At the end of our talk, we can discuss the next steps for your and your child's care.
<p>Discuss continuing CTX.</p>	<ul style="list-style-type: none"> ■ You should continue (or start) giving your child CTX daily. This is an important medicine that protects your child from some common infections. We will tell you

	<p>how you can get this for your child. <i>Discuss adherence, review dosing and provide or review instructions.</i></p>
<p>Discuss young child feeding.</p>	<ul style="list-style-type: none"> ■ What is your child eating? What did she eat today? How about yesterday? ■ What problems, if any, are you having? ■ If your child is still breastfeeding, we recommend that you continue to breastfeed to 24 months or more. It is important for you to make sure you are taking steps to ensure you stay healthy while still breastfeeding. ■ If your child is not breastfeeding it is particularly important that she or he has some form of milk every day (such as that from cow, sheep or goat milk). Unpasteurised milk needs to be boiled before it is served to a child or an adult. ■ Your child should take an “adequate diet”, that is, she or he should eat four or five meals per day (“meals” can include other foods, milk-only feeds, or a combination of milk and other foods). “Milk” refers to breast milk or animal milk. ■ We can talk about ways to make sure that the way you feed your child keeps her or him as healthy as possible, for example, using clean water and preparing food safely.

Discuss the meaning of a positive test for the mother.

If the mother's HIV status is unknown

- We also need to discuss your health. What is your understanding of what your child's test result means for your health?
- The fact that your child has a positive HIV antibody test means that it is very likely that you have HIV. Most young children with HIV got it from their mothers during pregnancy, labour or during breastfeeding. *Allow the caregiver time to process this information and react.*
- Have you already been tested? If not, may we discuss doing an HIV test? It's important for your health for us to confirm your infection status by conducting an HIV test today. *Provide pre-test information. If she agrees to testing, proceed with counselling and testing.*

If the mother is aware she is living with HIV

- Can we discuss the care you are receiving?
- Have you been to the clinic for HIV care for yourself? If so, when was your last visit?
- Do you have an appointment for your next (first) visit? If so, when is it?
- How are things going with your HIV care?
- Are you on ART?

	<ul style="list-style-type: none"> ■ It is important to follow through with your own care so that you can stay healthy and take care of your family. ■ <i>Discuss medical care and follow-up appointments, especially:</i> <ul style="list-style-type: none"> ■ <i>HIV care and treatment</i> ■ <i>Family planning</i> ■ <i>Adherence</i> ■ <i>STI prevention</i> ■ <i>Other medical and psychosocial issues</i> ■ <i>Community support</i>
<p>Discuss the meaning of test for other family members.</p>	<ul style="list-style-type: none"> ■ Let's discuss whether or not there are other members of your family who would benefit from having an HIV test. <ul style="list-style-type: none"> ■ Does your child have brothers or sisters? Tell me about their ages and their health. Have any of the children had an HIV test? ■ Do you have a husband, partner or partners with whom you have a sexual relationship? Has your partner had an HIV test? Do you feel you could discuss your status and HIV testing with your partner(s)? ■ Until your partner is tested you should use condoms. If he tests HIV-negative, you should continue to use condoms to ensure he stays HIV-negative. Is it possible for you and your partner to

	<p>only have sex with each other? <i>Discuss the importance of using condoms.</i></p> <ul style="list-style-type: none"> ■ <i>Provide counselling related to disclosure as needed.</i>
<p>Make appropriate referrals for HIV care and treatment for the child, the mother and other family members. Explain what to expect at the visits.</p> <ul style="list-style-type: none"> ■ Date, place, time of appointments ■ What to expect at the appointments ■ How to change the appointments ■ What to do if the child or mother is ill 	<ul style="list-style-type: none"> ■ HIV care for your child will be provided at (<u>name of clinic</u>). ■ For your (<i>mother's</i>) care, you will go to the (<u>name of clinic</u>). ■ At the clinic, they will evaluate you/your child, explain the process of decision-making regarding treatment, discuss options with you and answer any questions you have. It is very important to make sure that your child gets treatment as soon as possible so that she or he is able to live a healthy life. <i>Explain:</i> <ul style="list-style-type: none"> ■ <i>Date, place, time of appointments</i> ■ <i>How to change the appointments</i> ■ <i>What to do if the child or mother is ill</i> ■ <i>Importance of well child visits</i>
<p>Review care and treatment for the mother and other family members.</p>	<p><i>Based on individual circumstances, review status and need for follow-up for:</i></p> <ul style="list-style-type: none"> ■ <i>HIV testing</i> ■ <i>HIV care and treatment</i> ■ <i>Family planning</i> ■ <i>Other medical or psychosocial issues</i> ■ <i>Community support</i>

Assess the caregiver's understanding of the results and the follow-up plan. Address questions or concerns.

- I would like to make sure I covered everything with you and explained things the right way. Can you explain to me what we just talked about? *Ask caregiver to summarise the following (as appropriate to circumstances):*
 - *Meaning of the test result*
 - *Confirmatory or repeat HIV testing (if required)*
 - *CTX*
 - *Young child feeding*
 - *Adherence*
 - *HIV/STI prevention*
 - *Psychosocial/material support*
 - *Follow-up appointments for child*
 - *Follow-up care and counselling for mother, caregiver or other family members*
- Is there anything else you'd like to discuss?

Post-test Counselling for Positive HIV Antibody Test Less Than 18 Months

Introduce yourself and the session.

- *Introduce yourself.*
- I am _____ (name/occupation) and will be talking with you about your child's HIV test.
- I want you to feel comfortable asking questions today so you have the information you need.

Provide the test result.

- Discuss the meaning of test result for the child.
- Offer support and allow time for processing the information and discussing feelings.

- Your child's HIV antibody test is **positive**. This means that your child was exposed to HIV during pregnancy, labour or through breast milk, but it does not tell us whether or not your child is infected. To determine your child's HIV status, we need to do at least one more test (maybe more).
- There is treatment available for your child if she or he has HIV, so the earlier we can get the second test done for your child, the better chance she or he will have to live a healthy life.
- This positive test result means that you (*if speaking to the biological mother*) are also very likely to be infected with HIV. It is possible that the child's father also has HIV. It is important that your partner and any other children you have get tested and start treatment for HIV if it is needed.
- We are here to support you during this time.

<p>Discuss the process of determining HIV status: DNA PCR testing</p>	<ul style="list-style-type: none"> ■ The test used to tell us about your child's infection status is called the DNA PCR test. With this test, we can check your child's blood for the virus. ■ To do the test, I will take a few drops of blood from the baby, just as I did for the HIV antibody test. ■ Then I send the blood test to the laboratory and the laboratory will return the results to me in 2–3 weeks (this time period may be different for different sites). Before you go today, I will arrange an appointment for you to return for the test results.
<p>Find out more about the support system and provide support for the caregiver.</p>	<ul style="list-style-type: none"> ■ How are you coping right now? ■ Are there friends or family members aware of your/your child's HIV status? <i>Or, if newly diagnosed: Are there friends or family members you can tell about your/your child's HIV status?</i> ■ Who helps to take care of your child? Who will bring the child back to clinic? Any problems that you see in bringing the child back to the clinic? ■ Do you have any support at home? Do you have someone who you can talk to about your or your child's HIV status? ■ Where are you going after this visit? <i>Assess need for community services or support and provide information/referrals and/or follow-up counselling.</i>

	<ul style="list-style-type: none"> ■ At the end of our talk, we can discuss the next steps for your and your child's care.
<p>Discuss starting CTX.</p>	<ul style="list-style-type: none"> ■ You should start giving your child CTX daily. This is an important medicine that protects your child from some common infections. We will tell you how you can get this for your child. <i>Discuss adherence, review dosing and provide or review instructions.</i>
<p>Discuss IYCF.</p> <ul style="list-style-type: none"> ■ Discuss IYCF according to breastfeeding status and age of child. 	<ul style="list-style-type: none"> ■ How are you feeding your child? ■ How is breastfeeding (or formula feeding) going for you? <p><i>Breastfeeding mother with HIV</i></p> <ul style="list-style-type: none"> ■ Your child has been exposed to HIV, but we do not know if she or he is infected with HIV. Since you are living with HIV, it is still possible to pass on HIV through breast milk. It is important that your child get ARV prophylaxis to lower the risk of passing HIV through breast milk. ■ It is also important to give the baby CTX because this medicine prevents other infections that can make the baby sick. ■ There are ways to protect your baby from HIV during breastfeeding. Most importantly, if you are living with HIV and HIV treatment has been recommended, the

treatment will lower the risk that the child will be infected through breastfeeding.

- You will need to take care of yourself. If HIV treatment has been recommended for you, you should know that this treatment is important for your health as well. You should take the medicine exactly as prescribed. The _____ (name of clinic) will discuss this with you.
- It is important for you to make sure you are taking steps to ensure you stay healthy while still breastfeeding.

Breastfeeding mother with HIV, whose child is less than six months of age

- Check if she breastfeeds exclusively; ask about mixed feeding. The infant should not be given any other liquids or foods other than breast milk (not even water or formula!). Ask how she handles pressure from friends and family to give her baby other liquids or foods. Role play with her if she would find it helpful.
- Check if she breastfeeds on demand and for as long as the infant wants.
- Observe a breastfeed and assess the mother's breasts for abnormalities; advise appropriately. Ask her to return to the clinic if she has signs of engorgement, nipple cracks or any other breast condition.

Breastfeeding mother with HIV, whose child is approaching six months of age

- Introduce complementary foods at six months.
Describe complementary foods. Discuss how to provide child with an adequate diet.
- Continue breastfeeding until the child is 12 months of age.

Breastfeeding mother with HIV, whose child is ready for weaning

- If the DNA PCR test tells us that your child does not have HIV, breastfeeding should stop gradually over the course of one month, after the child has reached 12 months. Discuss how to wean.
- If the child is HIV-infected, breastfeeding should continue for 24 months and beyond.
- Do not wean your child if you do not have enough food or milk to feed her or him. Evaluate safety of weaning from breast milk. Ask about:
 - Where will you get animal milk for your child?
 - *If purchasing:* How much money can you afford for milk each month?

- *If family has access to farm animals: Is the supply regular? Will you be able to boil the milk before it is served?*
- *Provide referrals for financial or nutritional support, if appropriate and available.*

Non-breastfeeding caregiver with child less than six months

- *If your child is not breastfeeding, we can talk about formula feeding. Discuss correct and hygienic formula preparation.*
- *Introduce complementary foods at six months. Describe complementary foods. Discuss how to provide child with an adequate diet.*

All mothers and caregivers with children six months of age or older

- *What is your child eating? What did she eat today? How about yesterday?*
- *What problems, if any, are you having?*
- *Your child should take an “**adequate diet**”, that is, she or he should eat four or five meals per day (“meals” can include other foods, milk-only feeds, or a combination of milk and other foods). “Milk” refers to breast milk or animal milk.*

	<ul style="list-style-type: none"> ■ If your child is not breastfeeding it is particularly important that she or he has some form of milk every day (such as that from cow, sheep or goat milk). Unpasteurised milk needs to be boiled before it is served to a child or an adult. ■ We can talk about ways to make sure that the way you feed your child keeps her or him as healthy as possible, for example, using clean water and preparing food safely.
<p>Discuss the meaning of a positive test for the mother.</p>	<ul style="list-style-type: none"> ■ We also need to discuss your health. What is your understanding of what your child's test result means for your health? ■ The fact that your child has a positive HIV antibody test means that it is very likely that you have HIV. Most young children with HIV got it from their mothers during pregnancy, labour or during breastfeeding. <i>Allow the caregiver time to process this information and react.</i> ■ Have you already been tested? If not, may we discuss doing an HIV test? It's important for your health for us to confirm your infection status by conducting an HIV test today. <i>Provide pre-test information. If she agrees to testing, proceed with counselling and testing.</i>

	<p><i>If the mother is aware she is living with HIV</i></p> <ul style="list-style-type: none"> ■ Can we discuss the care you are receiving? ■ Have you been to the clinic for HIV care for yourself? If so, when was your last visit? ■ Do you have an appointment for your next (first) visit? If so, when is it? ■ How are things going with your HIV care? ■ Are you on ART? ■ It is important to follow through with your own care so that you can stay healthy and take care of your family. ■ <i>Discuss medical care and follow-up appointments, especially:</i> <ul style="list-style-type: none"> ■ <i>HIV care and treatment</i> ■ <i>Family planning</i> ■ <i>Adherence</i> ■ <i>STI prevention</i> ■ <i>Other medical and psychosocial issues</i> ■ <i>Community support</i>
<p>Briefly discuss HIV care and treatment.</p>	<ul style="list-style-type: none"> ■ HIV is a lifelong disease. Although we can't cure HIV, treatment is available and it works very well. Today, people with HIV can live healthy, long lives. ■ Care, treatment and support are available for you and for your child, if she or he is infected, for free. We'll arrange care for you and others in your family (as needed) before you leave today.

<p>Discuss the meaning of the test for other family members.</p>	<ul style="list-style-type: none"> ■ Let's discuss whether or not there are other members of your family who would benefit from having an HIV test. <ul style="list-style-type: none"> ■ Does your child have brothers or sisters? Tell me about their ages and their health. Have any of the children had an HIV test? ■ Do you have a husband, partner or partners with whom you have a sexual relationship? Has your partner had an HIV test? Do you feel you could discuss your status and HIV testing with your partner? ■ Provide counselling related to disclosure as needed.
<p>Make appropriate referrals for HIV care and treatment for the child. Explain what to expect at the next visit.</p> <ul style="list-style-type: none"> ■ Date, place, time of appointment ■ What to expect at the appointment ■ How to change the appointment ■ What to do if the child is ill 	<ul style="list-style-type: none"> ■ HIV care for your child is provided at (<u>name of clinic</u>). ■ For your (<i>mother's</i>) care, you will go to the (<u>name of clinic</u>). ■ At the clinic, they will evaluate you/your child, explain the process of decision-making regarding treatment, discuss options with you and answer any questions you have. It is very important to make sure that your child gets treatment as soon as possible so that she or he is able to live a healthy life. <i>Explain:</i> <ul style="list-style-type: none"> ■ Date, place, time of appointments ■ How to change the appointments ■ What to do if the child or mother is ill ■ <i>Importance of well child visits</i>

Assess the caregiver's understanding of the results and the follow-up plan. Address questions or concerns.

- I would like to make sure I covered everything with you and explained things the right way. Can you explain to me what we just talked about? *Ask caregiver to summarise the following (as appropriate to circumstances):*
 - *Meaning of the test result*
 - *Repeat testing for the child*
 - *Confirmatory or repeat HIV testing (if required)*
 - *CTX*
 - *Infant and young child feeding*
 - *Adherence*
 - *HIV/STI prevention*
 - *Psychosocial/material support*
 - *Follow-up appointments for child*
 - *Follow-up care and counselling for mother, caregiver or other family members*
- Is there anything else you'd like to discuss?

Post-test Counselling for Positive DNA PCR Test

Introduce yourself and the session.

- *Introduce yourself.*
- I am _____ (name/occupation) and will be talking with you about your child's HIV test.
- I want you to feel comfortable asking questions today so you have the information you need.

Provide the test result.

- Discuss the meaning of test result for the child.
- Offer support and allow time for processing the information and discussing feelings.
- Ensure understanding that HIV is a treatable, lifelong disease.

- Your child's test is **positive**. This means that your child is HIV-infected. *Allow the caregiver time to consider the results, discuss feelings and ask questions.*
- This positive test result means that (*if speaking to the biological mother*) you are also very likely to be infected with HIV. It is possible that the child's father also has HIV. It is important that your partner and any other children you have get tested and start treatment for HIV if it is needed.
- We have plenty of time to discuss this result and what happens next. Let's discuss what you understand about this and how you are feeling. *Allow the caregiver time to consider the results, discuss feelings and ask questions.*
- HIV is a lifelong disease. Although we can't cure HIV, treatment is available and it works very well. Today, many children and adults with HIV live healthy, long lives.

	<ul style="list-style-type: none"> ■ Care, treatment and support are available for you and your child. We'll arrange care for your child and for you and others in your family (as needed) before you leave today. It is very important that your child is evaluated for treatment as soon as possible so that she or he gets the care needed for a healthy life.
<p>Find out more about the support system and provide support for the caregiver.</p>	<ul style="list-style-type: none"> ■ How are you coping right now? ■ Are there friends or family members aware of your/your child's HIV status? <i>Or, if newly diagnosed: Are there friends or family members you can tell about your/your child's HIV status?</i> ■ Who helps to take care of the child? Who will bring the child back to clinic? Any problems that you see in bringing the child back to the clinic? ■ Do you have any support at home? Do you have someone who you can talk to about your or your child's HIV status? ■ Where are you going after this visit? <i>Assess need for community services or support and provide information/referrals and/or follow-up counselling.</i> ■ At the end of our talk, we can discuss the next steps for you and your child's care.

<p>Discuss continuing CTX.</p>	<ul style="list-style-type: none"> ■ You should continue (or start) giving your child CTX daily. This is an important medicine that protects your child from some common infections. We will tell you how you can get this for your child. <i>Discuss adherence, review dosing and provide or review instructions.</i>
<p>Discuss IYCF.</p> <ul style="list-style-type: none"> ■ Discuss IYCF according to breastfeeding status and age of child. 	<ul style="list-style-type: none"> ■ How are you feeding your child? <p><i>Breastfeeding mother with HIV</i></p> <ul style="list-style-type: none"> ■ How is breastfeeding going for you? ■ It is important for you to make sure you are taking steps to ensure you stay healthy while still breastfeeding. <p><i>Breastfeeding mother with HIV, whose child is less than six months of age</i></p> <ul style="list-style-type: none"> ■ <i>Check if she breastfeeds exclusively; ask about mixed feeding. The infant should not be given any other liquids or foods other than breast milk (not even water or formula!). Ask how she handles pressure from friends and family to give her baby other liquids or foods. Role play with her if she would find it helpful.</i> ■ <i>Check if she breastfeeds on demand and for as long as the infant wants.</i>

- *Observe a breastfeed and assess the mother's breasts for abnormalities; advise appropriately. Ask her to return to the clinic if she has a breast condition.*

Breastfeeding mother with HIV, whose child is approaching six months of age

- *Introduce complementary foods at six months. Describe complementary foods. Discuss how to provide child with an adequate diet.*
- *Breastfeeding should continue until the child is 24 months and beyond.*

Breastfeeding mother with HIV, whose child is ready for weaning

- *Once you have weaned your child, substitute animal milk (such as cow, goat or sheep) for breast milk.*
- *Provide referrals for financial or nutritional support, if appropriate and available.*

Non-breastfeeding caregiver with child less than six months

- *If your child is not breastfeeding, we can talk about formula feeding. Discuss correct and hygienic formula preparation.*

- Introduce complementary foods at six months.
Describe complementary foods. Discuss how to provide child with an adequate diet.

All mothers and caregivers with children six months of age or older

- What is your child eating? What did she eat today? How about yesterday?
- What problems, if any, are you having?
- Your child should take an “**adequate diet**”, that is, she or he should eat four or five meals per day (“meals” can include other foods, milk-only feeds, or a combination of milk and other foods). “Milk” refers to breast milk or animal milk.
- If your child is not breastfeeding it is particularly important that she or he has some form of milk every day (such as that from cow, sheep or goat milk). Unpasteurised milk needs to be boiled before it is served to a child or an adult.
- We can talk about ways to make sure that the way you feed your child keeps her or him as healthy as possible, for example, using clean water and preparing food safely.

Discuss care and treatment for the mother.

Follow up on discussion of mother's HIV care and treatment

- We also need to discuss your health. What is your understanding of what your child's test result means for your health?

If the mother's HIV status is unknown

- Have you already been tested? If not, may we discuss doing an HIV test? It's important for your health for us to confirm your infection status by conducting an HIV test today. *Provide pre-test information. If she agrees to testing, proceed with counselling and testing.*

If the mother is aware she is living with HIV

- Can we discuss the care you are receiving?
- Have you been to the clinic for HIV care for yourself? If so, when was your last visit?
- Do you have an appointment for your next (first) visit? If so, when is it?
- How are things going with your HIV care?
- Are you on ART?
- It is important to follow through with your own care so that you can stay healthy and take care of your family.

- *Discuss medical care and follow-up appointments, especially:*

- HIV care and treatment
- Family planning

	<ul style="list-style-type: none"> ■ Adherence ■ STI prevention ■ Other medical and psychosocial issues ■ Community support
<p>Discuss the meaning of the test for other family members.</p>	<ul style="list-style-type: none"> ■ Let's discuss whether or not there are other members of your family who would benefit from having an HIV test. <ul style="list-style-type: none"> ■ Does your child have brothers or sisters? Tell me about their ages and their health. Have any of the children had an HIV test? ■ Do you have a husband, partner or partners with whom you have a sexual relationship? Has your partner had an HIV test? Do you feel you could discuss your status and HIV testing with your partner(s)? Is it possible for you and your partner to only have sex with each other? <i>Discuss the importance of using condoms.</i> ■ Provide counselling related to disclosure as needed.
<p>Make appropriate referrals for HIV care and treatment for the child and the mother (if needed). Explain what to expect at the next visit.</p> <ul style="list-style-type: none"> ■ Date, place, time of 	<ul style="list-style-type: none"> ■ HIV care for your child will be provided at (<u>name of clinic</u>). ■ For your (<i>mother's</i>) care, you will go to the (<u>name of clinic</u>). ■ At the clinic, they will evaluate you/your child, explain the process of decision-making regarding treatment, discuss options with you and answer any questions

<p>appointment</p> <ul style="list-style-type: none"> ■ What to expect at the appointment ■ How to change the appointment ■ What to do if the child is ill 	<p>you have. It is very important to make sure that your child gets treatment as soon as possible so that she or he is able to live a healthy life. <i>Explain</i></p> <ul style="list-style-type: none"> ■ <i>Date, place, time of appointments</i> ■ <i>How to change the appointments</i> ■ <i>What to do if the child or mother is ill</i> ■ <i>Importance of well child visits</i>
<p>Review care and treatment for the mother and other family members.</p>	<p><i>Based on individual circumstances, review status and need for follow-up for:</i></p> <ul style="list-style-type: none"> ■ <i>HIV testing</i> ■ <i>HIV care and treatment</i> ■ <i>Family planning</i> ■ <i>Other medical or psychosocial issues</i> ■ <i>Community support</i>
<p>Assess the caregiver's understanding of the results and the follow-up plan. Address questions or concerns.</p>	<ul style="list-style-type: none"> ■ I would like to make sure I covered everything with you and explained things the right way. Can you explain to me what we just talked about? <i>Ask caregiver to summarise the following (as appropriate to circumstances):</i> <ul style="list-style-type: none"> ■ <i>Meaning of the test result</i> ■ <i>Confirmatory or repeat HIV testing (if required)</i> ■ <i>CTX</i> ■ <i>Infant and young child feeding</i> ■ <i>Adherence</i> ■ <i>HIV/STI prevention</i>

	<ul style="list-style-type: none">■ <i>Psychosocial/material support</i>■ <i>Follow-up appointments for child</i>■ <i>Follow-up care and counselling for mother, caregiver or other family members</i>■ <i>Is there anything else you'd like to discuss?</i>
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Post-test Counselling for Negative DNA PCR Test

Introduce yourself and the session.

- *Introduce yourself.*
- I am _____ (name/occupation) and will be talking with you about your child's HIV test.
- I want you to feel comfortable asking questions today so you have the information you need.

Provide the test result. Discuss the meaning of test result for the child. Interpret test results by category:

- For breastfeeding children
- For an infant less than four weeks of age (at the time of testing)
- For a child more than four weeks of age and not breastfed

- Your child's DNA PCR test result is **negative**.
- If breastfed currently, or within the last three months, by HIV-infected caregiver*
- Your child has been exposed to HIV. Based on this test result we know that she or he was not infected during pregnancy or during delivery. It is important that your child get ARV prophylaxis to lower the risk of passing HIV through breast milk. As you are still breastfeeding it is still possible for your child to become infected from breast milk. I know you would like to know the final HIV status right now, but it's important that we repeat the test after you are no longer breastfeeding to make sure your child remains uninfected.
 - The test should be repeated three months after you have completely stopped breastfeeding. *If mother's status is unknown, encourage mother to undergo PITC.*

- Because we can't be certain yet about your child's HIV status, you should continue (start) to give your child CTX. This medicine will help prevent infections. *Discuss adherence, review dosing and instructions.*
- It is important that you continue to bring your child to the clinic to get regularly scheduled immunisations and care and to get HIV testing for your child again after breastfeeding has stopped. We'll arrange the appointment(s) before you go.

If child was younger than four weeks at the time of the test

- Because your child was so young when this test was done, we can't confirm that she or he is uninfected until we repeat the test. I know you would like to know the final HIV status right now, but it's important that we repeat the test to make sure your child is uninfected. *Discuss when the repeat testing should be done after four weeks of age.*
- Because we can't be certain yet about your child's HIV status, you should continue (start) to give your child CTX. This medicine will help prevent infections. *Discuss adherence, review dosing and instructions.*
- It is important that you continue to bring your child to the clinic to get regularly scheduled immunisations and care.

	<p><i>If child was <u>older than four weeks</u> at the time of the test and has never breastfed or has not breastfed in the past three months</i></p> <ul style="list-style-type: none"> ■ This result means that your child does not have HIV. ■ If you were giving CTX, you may stop. ■ It is important that you continue to bring your child here to get regularly scheduled immunisations and care.
<p>Find out more about the support system and provide support for the caregiver.</p>	<ul style="list-style-type: none"> ■ How are you coping right now? ■ Are there friends or family members aware of your/your child's HIV status? <i>Or, if newly diagnosed: Are there friends or family members you can tell about your/your child's HIV status?</i> ■ Who helps to take care of the child? Who will bring the child back to clinic? Any problems that you see in bringing the child back to the clinic? ■ Do you have any support at home? Do you have someone who you can talk to about your or your child's HIV status? <i>Assess need for community services or support and provide information/referrals and/or follow-up counselling.</i> ■ At the end of our talk, we can discuss the next steps for your and your child's care.

Discuss IYCF.

- Discuss IYCF according to breastfeeding status and age of child.

- How are you feeding your child?

Breastfeeding mother with HIV

- How is breastfeeding going for you?
- Your child has tested negative, but if you are living with HIV, there is a risk of passing on HIV through breast milk. It is important to give your child the ARV prophylaxis as prescribed to lower this risk. *Discuss dosing, instructions and adherence.*
- It is also important to give the baby CTX because this medicine prevents other infections that can make the baby sick.
- There are ways to protect your baby from HIV during breastfeeding. Most importantly, if you are living with HIV and HIV treatment has been recommended, the treatment will lower the risk that the child will be infected through breastfeeding.
- You will need to take care of yourself. If HIV treatment has been recommended for you, you should know that this treatment is important for your health and it lowers the risk that your baby will be infected with HIV through breastfeeding. You should take the medicine exactly as prescribed. The _____ (*name of clinic*) will discuss this with you.
- It is important for you to make sure you are taking

steps to ensure you stay healthy while still breastfeeding.

Breastfeeding mother with HIV, whose child is less than six months of age

- *Check if she breastfeeds exclusively; ask about mixed feeding. The infant should not be given any other liquids or foods other than breast milk (not even water or formula!). Ask how she handles pressure from friends and family to give her baby other liquids or foods. Role play with her if she would find it helpful.*
- *Check if she breastfeeds on demand and for as long as the infant wants.*
- *Observe a breastfeed and assess the mother's breasts for abnormalities; advise appropriately. Ask her to return to the clinic if she has signs of engorgement, nipple cracks or any other breast condition.*

Breastfeeding mother with HIV, whose child is approaching six months of age

- *Introduce complementary foods at six months. Describe complementary foods. Discuss how to provide child with an adequate diet.*
- *Continue breastfeeding until the child is 12 months of age.*

Breastfeeding mother with HIV, whose child is approaching 12 months of age

- If your child is HIV uninfected or of unknown status, breastfeeding should stop gradually, over the course of one month. *Discuss how to wean.*
- If the child is HIV-infected, breastfeeding should continue for 24 months and beyond.
- Once you have weaned your child, substitute animal milk (such as cow, goat or sheep) for breast milk.
- Do not wean your child if you do not have enough food or milk to feed her or him. Evaluate safety of weaning from breast milk. *Ask about:*
 - Where will you get animal milk for your child?
 - *If purchasing:* How much money can you afford for milk each month?
 - *If family has access to farm animals:* Is the supply regular? Will you be able to boil the milk before it is served?
- *Provide referrals for financial or nutritional support, if appropriate and available.*

Non-breastfeeding caregiver with child less than six months

- If your child is not breastfeeding, we can talk about

formula feeding. *Discuss correct and hygienic formula preparation.*

- Introduce complementary foods at six months. *Describe complementary foods. Discuss how to provide child with an adequate diet.*

All mothers and caregivers with children six months of age or older

- What is your child eating? What did she eat today? How about yesterday?
- What problems, if any, are you having?
- Your child should take an “**adequate diet**”, that is, she or he should eat four or five meals per day (“meals” can include other foods, milk-only feeds, or a combination of milk and other foods). “Milk” refers to breast milk or animal milk.
- If your child is not breastfeeding it is particularly important that she or he has some form of milk every day (such as that from cow, sheep or goat milk). Unpasteurised milk needs to be boiled before it is served to a child or an adult.
- We can talk about ways to make sure that the way you feed your child keeps her or him as healthy as possible, for example, using clean water and preparing food safely.

Mother is HIV-uninfected or does not know her HIV status

- Breastfeed exclusively for the first six months of life and then introduce complementary foods while continuing breastfeeding for up to 24 months or beyond.
- What questions do you have about breastfeeding?
- *If the child is less than six months old:* What may make it difficult for you to breastfeed exclusively, that is, to not give your baby foods or liquids other than breast milk?
- There is a high chance of infecting your child if you become HIV-infected while breastfeeding. It is important for you to take steps to prevent HIV and other STIs while still breastfeeding. *Discuss safer sex, negotiation of condom use and partner testing.*
- We recommend that you learn your HIV status. *Provide pre-test information and address mother's concerns. Provide HIV testing (with consent).*

<p>Plan child's follow-up care.</p> <ul style="list-style-type: none"> ■ HIV testing ■ EPI/Under 5 clinic ■ How to cancel/change appointments ■ What to do if child is sick 	<p><i>Explain</i></p> <ul style="list-style-type: none"> ■ <i>What to expect at the next appointment</i> ■ <i>Date, place, time of appointment</i> ■ <i>How to change the appointment(s)</i> ■ <i>What to do if the child is ill</i> ■ <i>Importance of well child visits</i>
<p>Review care and treatment for the mother and other family members.</p>	<p><i>Based on individual circumstances, review status and need for follow-up for:</i></p> <ul style="list-style-type: none"> ■ <i>HIV testing</i> ■ <i>HIV care and treatment</i> ■ <i>Family planning</i> ■ <i>Adherence</i> ■ <i>HIV/STI prevention</i> ■ <i>Other medical or psychosocial issues</i> ■ <i>Community support</i> <p><i>Discuss:</i></p> <ul style="list-style-type: none"> ■ <i>Psychosocial or material support from friends, family or community organisations</i> ■ <i>Other caregivers for the child; evaluate need for counselling for other caregivers</i>

Assess the caregiver's understanding of the results and the follow-up plan. Address questions or concerns.

- I would like to make sure I covered everything with you and explained things the right way. Can you explain to me what we just talked about? *Ask caregiver to summarise the following (as appropriate to circumstances):*
 - *Meaning of the test result*
 - *Repeat HIV testing for the child*
 - *CTX*
 - *Infant feeding*
 - *Adherence*
 - *HIV/STI prevention*
 - *Psychosocial/material support*
 - *Follow-up appointments for child*
 - *Follow-up care and counselling for mother, caregiver or other family members*
- Is there anything else you'd like to discuss?

Infant and Young Child Feeding Counselling

Step 1: Discuss exclusive breastfeeding.

If she has just delivered

The government of Zambia recommends that all babies are breastfed exclusively for the first six months of life.

- Do you have any other children? (If yes) How did you feed your other children from birth to six months old?
- How did you plan to feed this baby? Did you give your baby any foods or liquids other than breast milk in the first six months of life?
- What do you know about breastfeeding?
- Do you know how to position your baby to breastfeed?
- Do you know how to make sure your baby is properly attached?
- Do you expect to be away from your baby in the first six months after you give birth (for example, to go to work)? (If yes: Discuss expressing milk for caregiver to provide to the baby when the mother is absent.)
- What questions do you have?

If breastfeeding is established

- How is breastfeeding going for you?
- What questions do you have about breastfeeding?

	<ul style="list-style-type: none"> ■ Do you have to rely on others to feed your baby (for example, maybe because you've returned to work)? (If yes: Discuss expressing milk for the caregiver to provide to the baby when the mother is absent.)
<p>Step 2: Explain the risk of MTCT and how to reduce risks.</p>	<ul style="list-style-type: none"> ■ A mother must be infected with HIV to pass the virus to her baby. (If the mother is diagnosed with HIV as part of the infant PITC, then provide her with counselling first; follow the steps below for the infant feeding component of her post-test counselling session). ■ Not all babies born to women living with HIV become infected with HIV themselves. ■ Babies can be infected during pregnancy, during delivery or through breastfeeding. There are things that can be done at each stage to reduce the chances that the baby will be HIV-infected. ■ A number of things may increase the chances of passing HIV through breastfeeding: <ul style="list-style-type: none"> ■ Mother was recently infected with HIV ■ Mother has a low CD4 count or advanced HIV infection or AIDS ■ Mother is not on ART or ARV prophylaxis ■ Breast problems such as an infection, sores or cracked or bleeding nipples ■ Mixed feeding (feeding both breast milk and other foods or liquids)

- Mouth sores or thrush in the baby
- There are many things you can do to reduce the chance that you will pass HIV to your baby:
 - Enrol in HIV care and treatment
 - Take all of your medicines every day during pregnancy, labour, and throughout the breastfeeding period; if your baby is given medicines by a healthcare worker, make sure she gets all of her medicines every day.
 - Plan to delivery your baby in a healthcare facility.
 - Breastfeed your baby exclusively. Breastfeeding exclusively means that in the first six months of life you give your baby only breast milk, no other foods, liquids, not even infant formula or water. Who do you think might pressure you to give foods or liquids other than breast milk to the baby? What will you say to this person?
 - Are you familiar with formula feeding? Do you know anyone who gave their baby infant formula? Formula feeding does eliminate risk of HIV but brings with it the risk of diarrhoea, respiratory infections and malnutrition.
- Because of the risks associated with formula feeding, formula fed babies are at a greater risk of death than babies that are exclusively breastfed, even when the

	<p>mother has HIV. Having said that, if certain conditions are met, formula feeding is fairly safe. We can discuss these conditions, if you think you might want to formula feed.</p> <p><u>Mothers who express an interest in formula feeding</u></p> <ul style="list-style-type: none"> ■ Explore with the mother conditions in the home. The mother must meet all six of the conditions in “Questions to help mothers assess the safety of formula feeding” for formula feeding to be considered safe. <p><u>Recommendation for mothers who can safely formula feed</u></p> <ul style="list-style-type: none"> ■ Mothers who formula feed should do so exclusively for the first six months of life (they should give no other liquids or foods, not even water or breast milk).
<p>Step 3: Ensure mother is in HIV-related care; discuss ARVs to reduce risk of MTCT.</p>	<ul style="list-style-type: none"> ■ How long have you known that you are living with HIV? ■ Are you receiving care for your HIV infection? (If no, provide or refer her for care.) ■ Are you taking and medicine for your HIV? (If not, provide or refer to start ARV prophylaxis and assessment for ART eligibility.) (If yes) Which medicines? ■ How often do you take your medicine? (Encourage

	<p>excellent adherence to all HIV medications.)</p> <ul style="list-style-type: none"> ■ How do you give medicine to the baby? Are you having any problems? (Discuss and demonstrate administration of medicine for the infant as needed. Encourage excellent adherence to medications for the child.) ■ Even during the breastfeeding period, ARVs — whether taken by yourself and/or your baby — reduce risk of MTCT.
<p>Step 4: Demonstrate how to breastfeed or observe a breastfeed.</p>	<ul style="list-style-type: none"> ■ Ask the mother to show you how she feeds her baby. Observe, offer support and corrective advice if needed.
<p>Step 5: Provide follow-up counselling and support.</p>	<p><i><u>If the mother is breastfeeding</u></i></p> <ul style="list-style-type: none"> ■ If the infant is less than six months old: <ul style="list-style-type: none"> ■ How is breastfeeding going for you? ■ Check if she breastfeeds exclusively; ask about mixed feeding. The infant should not be given any other liquids or foods other than breast milk (not even water or formula!). Ask how she handles pressure from friends and family to give her baby other liquids or foods. Role play with her if she would find it helpful. ■ Check if she breastfeeds on demand and for as long as the infant wants. ■ Observe a breastfeed and assess the mother's

breasts for abnormalities; advise appropriately.

- If the infant is approaching six months: discuss complementary feeding with continued breastfeeding to 12 months. Discuss transitioning to animal milk from 12 months of age.
 - Provide support to women who are transitioning their infants or children from breast milk to formula or other milk.
 - Teach mothers how and when to express and heat-treat breast milk.
 - Provide her with support to cup feed.
- If the infant is approaching 12 months: discuss weaning at 12 months and transitioning to animal milk until at least 24 months of age.

If the mother is formula feeding:

- How is formula feeding going for you?
- Check if she uses the recommended infant formula and is preparing it correctly and hygienically.
- Check if she replenishes her infant formula stock before it runs out.
- Check that she gives an appropriate volume and number of feeds (if not, recommend that she adjust the amount according to the infant's age).
- Check that she discards unused formula after two

hours.

- Ensure she is using a cup instead of a bottle for feeding the infant.
- If the infant is less than six months old: check that the infant is not mixed fed. Check that the mother is not giving breast milk in addition to formula.
- If the infant is approaching six months: discuss complementary feeding with continued formula feeding to 12 months and then transitioning to animal milk until at least 24 months of age.

Questions to help mothers assess the safety of formula feeding

Conditions	Possible questions to ask clients
Safe water and sanitation are assured at the household level and in the community, and ,	<ul style="list-style-type: none"> ■ Where do you get your drinking water? ■ What kind of latrine/toilet do you have? ■ Do you have access to enough clean water and soap to wash your hands thoroughly before preparing the baby's feeds?
The mother, or other caregiver, can reliably provide sufficient infant formula milk to support normal growth and the development of the infant, and	<ul style="list-style-type: none"> ■ How much money can you afford for formula each month? ■ Do you have money for transportation to get replacement feeds when you run out? ■ Do the markets or stores in your area tend to run out of formula?
The mother or caregiver can prepare it cleanly and frequently enough so that it is safe and carries a low risk of diarrhoea and malnutrition, and	<ul style="list-style-type: none"> ■ Can you sterilise feeding equipment and utensils such as bottles, teats, measuring and mixing spoons? (<i>The most common way to sterilise feeding equipment and utensils is by boiling in a pot of water, but they can also be sterilised by soaking in a bleach solution such as Milton.</i>) ■ Do you have a refrigerator with reliable power? ■ Can you boil water for each feed? ■ How would you arrange night feeds?
The mother or caregiver	<ul style="list-style-type: none"> ■ How have you fed your other babies (<i>if she has given</i>

<p>can, in the first six months, exclusively give infant formula milk, and</p>	<p><i>birth before</i>)?</p> <ul style="list-style-type: none"> ■ How do you feel about not breastfeeding this baby?
<p>The family is supportive of the practice, and</p>	<ul style="list-style-type: none"> ■ Of the people who live with you, who knows that you are infected with HIV? ■ Is your partner supportive of replacement feeding and is he willing to help? How about your mother-in-law? Other responsible family members? ■ Will all caregivers be able to prepare the feeds safely and correctly?
<p>The mother or caregiver can access health care that offers comprehensive child health services.</p>	<ul style="list-style-type: none"> ■ Is there a health care facility that offers child health services that you are able to attend frequently? ■ Are these services free? If not, are you able to afford the health services should you or your child need it?

How to stop breastfeeding

Describe the gradual process of ending breastfeeding.

- While still breastfeeding, teach your baby how to drink expressed breast milk from a cup.
- Once the baby is comfortable with it, replace one breastfeed with one cup feeding per day.
- Replace more feedings every few days.
- Stop breastfeeding entirely once the baby is accustomed to cup feeding. This may take as long as one month.

Describe dealing with possible problems.

- **Do not begin breastfeeding again once you have stopped.** Doing so increases the risk of passing HIV to your baby.
- If your baby needs to suck, give them a clean finger.
- If your breasts become swollen, express the milk and discard it.

Asses the caregiver's understanding of the process.

- What questions do you have?
- What difficulties do you think may arise from ending breastfeeding?
- I would like to make sure I covered everything with you and explained things the right way. Can you explain to me how you plan to gradually stop breastfeeding?

Food hygiene and formula feeding

Describe the steps of practising proper hygiene in cooking.

- Wash hands with soap and water after going to the toilet, and before preparing food or feeding your child.
- Boil water to be used for food or formula.
- Cook food thoroughly until it bubbles.
- Avoid contact between raw and cooked foods.
- Wash fruits and vegetables with water that has been boiled.
- Peel or cook vegetables before feeding them to your child.
- Give unfinished formula to an older child or discard it. Do not keep it until the next feed.
- Wash cups and utensils with soap and water; rinse with clean water. Sterilise by placing in a pan with water and bringing to a boil.

Go over the steps of cup feeding.

- Make sure your baby is awake and sitting up.
- Hold the cup to the baby's lips and tilt it, so that she or he can sip at its own speed.
- Stop feeding when the baby closes its mouth and doesn't want anymore.
- If the baby does not take very much milk, offer more at the next feed, or feed them earlier than usual.

	<ul style="list-style-type: none"> ■ When feeding your baby formula or expressed breast milk, always use a cup instead of a bottle. <ul style="list-style-type: none"> ■ Bottles are harder to clean, and can be contaminated more easily. ■ Cup feeding requires more attention, which comforts and stimulates the baby.
<p>Stress the importance of mixing and feeding formula correctly.</p>	<ul style="list-style-type: none"> ■ If you are running low, do not add more water to formula to make it last longer. ■ Do not mix formula feeding with breastfeeding. ■ Do not mix formula feeding with food, water, or any other liquids in the first six months. ■ Wash cups and utensils with soap and water; rinse with clean water. Sterilise by placing in a pan with water and bringing to a boil. ■ Boil enough water from a safe source. If using an automatic kettle, wait until the kettle switches off; otherwise make sure that the water comes to a rolling boil. ■ Pour the boiled water into a sterilised feeding cup. If water is left for more than 30 minutes after boiling, it must be re-boiled. ■ Prepare the formula a short time before giving it to your baby so that it has time to cool, but be sure to give it within one hour of preparation. ■ Make only enough formula for one feed at a time —

	<p>unless you have a refrigerator. Formula can be stored in a refrigerator for 24 hours; after 24 hours it must be discarded or it could make your baby sick.</p> <ul style="list-style-type: none"> ■ An open tin of formula should be used within 4 weeks. ■ Your baby can become sick or malnourished if you do not prepare formula correctly. 			
<p>Review how much formula the mother will need according to the baby's age.</p>	<p>Month</p>	<p>Number of 500g tins needed per month</p>	<p>Number of 450g tins needed per month</p>	<p>Number of 400g tins needed per month</p>
<p>Asses the caregiver's understanding of the process.</p>	<ul style="list-style-type: none"> ■ What questions do you have? ■ What difficulties do you think will arise with formula feeding? ■ I would like to make sure I covered everything with you and explained things the right way. Can you explain to me how you will prepare the formula? 			
	<p>1st month</p>	<p>4</p>	<p>5</p>	<p>5</p>
	<p>2nd month</p>	<p>6</p>	<p>6</p>	<p>7.5 (8)</p>
	<p>3rd month</p>	<p>7</p>	<p>8</p>	<p>8.5 (9)</p>
	<p>4th month</p>	<p>7</p>	<p>8</p>	<p>8.5 (9)</p>
	<p>5th month</p>	<p>8</p>	<p>8</p>	<p>10</p>
	<p>6th month</p>	<p>8</p>	<p>9</p>	<p>10</p>

What to feed children from 6–24 months

Give examples of what foods the mother should be feeding the baby in addition to milk.

- Staple foods give your baby energy:
 - Cereals (rice, wheat, maize, millet and sorghum)
 - Roots (cassava, potato)
 - Starchy fruits (bananas and plantains)
- To get enough nutrients, your baby must supplement staple foods with other kinds:
 - Animal products (meat, liver, chicken, fish, eggs)
 - Milk products (milk, cheese, yoghurt, curds)
 - Green leafy and orange-coloured vegetables (spinach, broccoli, carrots, pumpkin, chard, sweet potato)
 - Pulses (chickpeas, lentils, cow peas, black-eyed peas, kidney beans, lima beans)
 - Oil seeds (pumpkin, sunflower, melon, sesame)
 - Oils, fats, sugars (margarine, butter, lard, oils)

Explain the process of feeding the baby supplementary foods.

- In addition to milk, after six months your baby needs other foods.
- Increase the variety of foods your baby eats as it gets older.
- Starting at eight months, feed your baby “finger foods” or snacks in between meals.

Stress the importance of staying within the feeding guidelines.

- Do not feed your baby cold drinks or sweets.
- Do not give you baby tea or coffee.
- Do not give your baby too much fruit juice, as this can

	ruin their appetite and may cause diarrhoea.
Asses the caregiver's understanding of the process.	<ul style="list-style-type: none">■ What questions do you have?■ What difficulties do you think may arise with giving your baby different foods?■ I would like to make sure I covered everything with you and explained things the right way. Can you tell me about what you'll feed the baby from 6 to 24 months?

Counselling a Child living with HIV, Ages 6–9

Guidance

- Disclosure counselling should **not** begin during the process of HIV-testing. This counselling should not begin in a time of crisis; rather, initiate the process after there has been a period of adjustment for the family.
- If the child does not know about his or her status, do **not** use the term “HIV” in your discussion. You may talk to the child about specific parts of their care, e.g., why they have to come to the clinic so often or why they get sick, but without using the term “HIV”.
- At this age, children will naturally start asking questions about their care and illness.
- Answer questions honestly, describing issues in language that the child is able to understand.
- In the **script** below (ages 6-9) we have used language that does not include the word “HIV”; however, if the child knows his or her status, the word HIV may be used.

Note: These age divisions are provided as a general guide; decisions on what to say to the child should be based on developmental stage. Some children at this age will be at a higher developmental level and others less so, therefore it is important to discuss with the caregiver what will be appropriate for each child.

Objectives

Tell the child that you are here to address their specific questions and concerns.

Script

I want to talk with you about any questions you have about your tests or clinic visits.

<p>Tell the child that HIV does not affect who they are as a person.</p>	<p>You should know that even if you are sick, you can still grow up to live a good life. Just because you are sick does not mean that you cannot do most of the things that other children can do.</p>
<p>For children who know their HIV status: Tell the child that knowing their status is important to staying healthy because then they can participate in their own care.</p>	<p>Since you know your status, now you can understand why it is so important to eat healthy foods, take your medicine and help to take care of your own health.</p>
<p>Talk about HIV in age-appropriate terms. Talk about ways to stay healthy.</p>	<p>You have a sickness that lives in your blood and makes it easier for you to get other sicknesses. That means that you will get sick very often if you don't take your daily medicines. To stay healthy, you should also have good habits: eat healthy meals, exercise and always try to get enough sleep.</p>
<p>Discuss ART and adherence.</p>	<p>It is important for you to take your medicine every day and not skip any doses, even if you don't feel like taking them. These medicines will help you to stay healthier. Are you having any problems remembering to take or problems taking your medicines?</p>

<p>Discuss privacy with the child.</p> <p>Encourage the child to decide with the caregivers who it is okay to talk to about HIV.</p>	<p>It is good for you to know about your sickness so that you can take good care of yourself. But it is not something you have to share with everyone. Only the doctors and nurses who are taking care of you and your family/friends might know that you are sick. You and your caregivers can decide who you can talk to about your sickness.</p>
<p>Tell the child about the doctors and services that can help her or him.</p>	<p>There are doctors who specialise in taking care of children just like you. There are also support groups and services in the community, such as _____, _____ and _____. Our referral team can help you get in touch with these services.</p>
<p>Comfort the child.</p> <p>Address any questions and concerns.</p>	<p>Now that you know you have a sickness, you have the power to stay healthy. We are here to help you.</p> <p>Do you have any questions? If you think of any questions later on, I am available to answer them. Let's talk about how you can contact me if you have any more questions.</p>

Counselling a Child living with HIV, Ages 9–11

Guidance

- Give realistic information about health status.
- At this age, depending on the child's developmental level, it may be appropriate to begin discussions about HIV.
- Emphasise that people with HIV can live a meaningful life and have normal relationships.
- Help the child deal with possible stigma.

Objectives

Script

Tell the child that you are here to address his or her specific questions and concerns.

I want to talk with you about any questions you have about your HIV result.

Tell the child that HIV does not affect who they are as a person, but knowing one's HIV status is important to being a healthy person.

You should know that even if you have HIV, you can still grow up to live a good life. However, knowing your HIV status is important to staying healthy. If you do not treat HIV, it can turn into AIDS, a very serious disease that leads to death. You don't have to be scared, though. There are medicines that can help you take control of your health.

Talk about HIV in age-appropriate terms.

HIV is a sickness that lives in your blood and makes it easier for you to get other sicknesses. That means that you will get sick very often if you don't take your daily medicines and take them correctly.

<p>Discuss ART and adherence.</p>	<p>It is important for you to take your medicine every day and not skip any doses, even if you don't feel like taking them. These medicines will help you to stay healthier. Are you having any problems remembering to take or problems taking your medicines?</p>
<p>Talk about ways to stay healthy.</p>	<p>Knowing that you have HIV will let you take control of your health. To stay healthy you should always take your medicines. You can also stay healthy by eating healthy foods, exercising and getting enough sleep.</p>
<p>Discuss privacy with the child.</p> <p>Encourage the child to decide with the caregivers who it is okay to talk to about HIV.</p>	<p>While knowing your HIV status is necessary for taking good care of yourself, it is not something you have to share with everyone. Your test results are confidential. That means that they are only shared with doctors and nurses who help to take care of you. You and your caregiver, together, can decide who else you feel comfortable talking to about your HIV status.</p>

<p>Ask the child if they have been teased or treated differently because of having HIV.</p>	<p>Some people have the wrong information about HIV and might treat you differently if they know you have HIV because they just don't know any better. You should be ready in case you run into someone like this.</p> <p>Has this happened to you? Some of the things you can do are: talk to someone you trust who can help you to manage the bad feelings; know that you have friends and family who love and care for you; and understand that HIV is just a sickness. Having it does not make you a bad or different person. You just have to take care of your health. You will be able to live a healthy life, just like others.</p>
<p>Tell the child about the doctors and services that can help her or him.</p>	<p>There are doctors who are experts in taking care of people just like you. There are also support groups and services in the community, such as _____, _____ and _____. Our referral team can help you get in touch with these services.</p>
<p>Comfort the child.</p> <p>Address any questions and concerns.</p>	<p>There are a lot of ways you can stay healthy and we are here to help you.</p> <p>Do you have any questions? If you think of any questions later on, I am available to answer them. Let's talk about how you can contact me if you have any more questions.</p>

Counselling a Child living with HIV, Ages 12–16

Guidance

- Give realistic information about health status; answer all questions.
- The child should know their status during this stage. Waiting to disclose till much later makes learning about HIV much more difficult for the child to accept.
- Emphasise that people with HIV can live meaningful lives and have normal relationships.
- Help the child deal with possible stigma.
- Include prevention information in pre- and post-test counselling.

Objectives

Tell the child that you are here to address his or her specific questions and concerns.

Script

I want to talk with you about any questions you have about your HIV result.

Tell the child that HIV does not affect who they are as a person, but knowing one's HIV status is important to being a healthy person.

You should know that even if you have HIV, you can still grow up to live a good life. However, knowing your HIV status is important to staying healthy. If you do not treat HIV, it can turn into AIDS, a very serious disease that leads to death. You don't have to be scared, though. There are medicines that can help you take control of your health.

<p>Talk about HIV in age-appropriate terms.</p>	<p>HIV is a sickness that lives in your blood and makes it easier for you to get other sicknesses. That means that you will get sick very often if you don't take your daily medicines and take them correctly.</p>
<p>Discuss ART and adherence.</p>	<p>It is important for you to take your medicine every day and not skip any doses, even if you don't feel like taking them. These medicines will help you to stay healthier. Are you having any problems remembering to take or problems taking your medicines?</p>
<p>Talk about ways to stay healthy.</p>	<p>Knowing that you have HIV will let you take control of your health. To stay healthy you should always take your medicines. You can also stay healthy by eating healthy foods, exercising and getting enough sleep.</p>
<p>Discuss privacy with the child.</p> <p>Encourage the child to decide with the caregivers who it is okay to talk to about HIV.</p>	<p>While knowing your HIV status is necessary for taking good care of yourself, it is not something you have to share with everyone. Your test results are confidential. That means that they are only shared with doctors and nurses who help to take care of you. You and your caregiver, together, can decide who else you feel comfortable talking to about your HIV status.</p>

<p>Ask the child if they have been teased or treated differently because of having HIV.</p>	<p>Some people have the wrong information about HIV and might treat you differently if they know you have HIV because they just don't know any better. You should be ready in case you run into someone like this.</p> <p>Has this happened to you? Some of the things you can do are: talk to someone you trust who can help you to manage the bad feelings; know that you have friends and family who love and care for you; and understand that HIV is just a sickness. Having it does not make you a bad or different person. You just have to take care of your health and are able to live a healthy life, just like others.</p>
<p>Tell the child about the doctors and services that can help her or him.</p>	<p>There are doctors who are experts in taking care of people just like you. There are also support groups and services in the community, such as _____, _____ and _____. Our referral team can help you get in touch with these services.</p>

<p>Talk about the responsibility to protect others through basic health practices.</p> <p>When it is age-appropriate, talk to children about using a condom when having sex.</p>	<p>Now that you know your HIV status, you have the power to stay healthy. It is also your responsibility to prevent the spread of HIV. HIV can spread through blood, breast milk, pregnancy and unprotected sex (sex without a condom).</p> <p>If you are not yet having sex, it is important that you stay abstinent until you are at an age where you are ready for what may happen if you have sex, for example, having a child.</p> <p>You can pass on HIV to your partner if you have sex without using a condom. That means that you should always use a condom when you have sex. This will also help prevent against unwanted pregnancies. Having sex without a condom is the most common way that HIV is spread among adolescents. If you are having sex, it is important that you stay with only one partner and talk to your partner about being only with you.</p>
<p>Comfort the child.</p> <p>Address any questions and concerns.</p>	<p>There are a lot of ways you can stay healthy and we are here to help you.</p> <p>Do you have any questions? If you think of any questions later on, I am available to answer them. Let's talk about how you can contact me if you have any more questions.</p>

