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## Vol VI Issue 5: Strengthening networks to narrow the gap between PMTCT & Paediatric care

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### 1. Important PATA notices

- The **Kiwoko local forum** (theme: 'Communication with Children') will be held from 8 to 9 August in Uganda and the **Vihiga local forum** (theme: 'Disclosure to Children') from 15 to 16 August in Kenya. Please contact PATA if you would like more information.
- **Expert Patient reports** are due on 15 August 2011. The template will be emailed to all participating clinics.
- **International Association for Hospice and Palliative Care (IAHPC)** has announced a call for **applications for bursaries** to advance palliative care in sub-Saharan Africa. People living and working in Ethiopia, Kenya, Malawi, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe are eligible to apply. For application details, visit <http://www.hospicecare.com/ts/>.

### 2. Botswana 101

"Botswana is probably best known for its great achievement in its national response to HIV/AIDS and its huge diamond exports. But it also has the largest inland delta in the world, and is a proud exporter of beef to EU countries thanks to its large cattle population of close to 6 million (three heads of cattle per every Motswana!). Welcome to the warm hospitality of the Batswana." - *Dr Haruna B Jibril, Ministry of Health, Botswana*

The 2011 PATA pan-African forum will be held at Phakalane Golf Estate, just 15km from the capital city of Gaborone. The closest airport is Seretse Khama International (airport code: GBE).

If you plan on attending the forum, please keep the following in mind:

1. **Immunisation** – If your immunisation card is not up to date, you need to get a yellow-fever injection before visiting Botswana. This is a legal requirement. It is also wise (though not compulsory) to be up to date on your tetanus, polio, diphtheria and hepatitis A shots. We recommend that participants consult their local travel safe clinic on whether or not to take malaria prophylaxis.
2. **Currency** – The Botswana currency is the Pula (the word means "rain" in Setswana). The exchange rate to the US dollar is currently approximately 1BP = 0.15USD.
3. **Electrical Supply** – Electricity is supplied at 220/240v. Round (South African style) wall plugs are used.

4. **Visa requirements** – Citizens of most European, Commonwealth and SADC countries do not require a visa for entry into Botswana. If you need a visa then it is best to purchase one before departing from your home country. **It is vital for visitors to carry a valid passport.** Please contact [glynis@teampata.org](mailto:glynis@teampata.org) for a list of countries requiring visas.
5. **What to wear** – November is warm and sunny so summer clothes are preferable. Bring a sunhat, good quality sunscreen and sunglasses. Also pack rain coats and mosquito repellent.
6. **For more information, please visit these websites:**  
<http://www.phakalane.com>  
<http://www.botswana-travel-guide.com>  
<http://www.uyaphi.com>

### 3. Kiwoko local forum

In August 2011, PATA will work with Kiwoko Hospital (Uganda) to host a local forum. This forum will involve community based organisations, clinics and local NGOs and focus on improving skills in communicating with children. The Kiwoko team also aims to improve networking and the sharing of information between these organisations. This will aid the integration of services and extend outreach to facilitate holistic, quality HIV care for children.

Since the PATA Forum in 2010, the Kiwoko team has shared information with their colleagues and conducted adherence sessions for caregivers. Their PMTCT protocol has also been reviewed. The teen groups have been split up into age cohorts so their specific developmental needs are addressed.

The team also plans to develop their disclosure proposal and initiate a Teen Mothers' Club.

### 4. Legal labour frameworks when employing Expert Patients

Clinics participating in the Expert Patient Programme (funded by One to One Children's Fund) are required to make sure that their recruitment of Expert Patients is in line with national labour laws. PATA has developed outlines of the relevant national and international legal and policy frameworks (available on our website). In this newsletter we will focus on some of the international conventions relating to labour and children as signed and ratified by a large number of African countries. PATA Expert Patients are usually adults but where they are teenagers it is important that we consider the following conventions and charters.

#### **International Labour Organisation Minimum Age Convention, 1973 (No. 138) Adopted on 26 June 1973 by the General Conference of the ILO**

This convention set the general minimum age for admission to employment or work at 15 years (13 for light work) and the minimum age for hazardous work at 18 (16 under certain strict conditions). It provided for the possibility of setting the general minimum age at 14 (12 for light work) where the economy and educational facilities are insufficiently developed.

#### **United Nations Convention on the Rights of the Child, 1989**

This convention defines a child as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger.

#### **The African Charter on the Rights and Welfare of the Child, 1990**

This charter, also called the Children's Charter, was adopted by the Organisation of African Unity and is a comprehensive instrument that sets out rights and defines universal principles and norms for the status of children.

#### **Worst Forms of Child Labour Convention, 1999 (No. 182)**

This convention defines a child as a person under 18 years of age. Ratifying states must provide the

appropriate assistance for the removal of children from the worst forms of child labour and help with their rehabilitation and social integration.

You can download the complete versions of these charters online. Find them by searching for the name of the particular convention (the headings above) using Google.

## 5. New PATA clinics

### 5.1 Kamuzu Central Hospital, Malawi

Kamuzu Central Hospital (KCH) is located in the capital, Lilongwe. KCH is the tertiary referral centre for the central region of Malawi.

The clinic treats and cares for 1 492 infants under 12 months, 3 300 children under 11, and 4 340 adolescents. They have created teen clubs and youth groups for some of the children. The clinics also cares for a large number of OVCs and together with the government and NGOs, provide these children with free ARVs, free education to a primary level as well as access to rehabilitation centres and learning internships.

The hospital's successes include Door to Door HCT clinics which also organise community activities like sport and cultural dances where HIV/AIDS prevention, care and treatment messages are conveyed. However Kamuzu still struggles with a shortage of professional workers as well as shortage of diagnostic reagents.

The hospital uses cell phones to remind patients of their appointments and communicate when there are stock-outs. Health Surveillance Assistants visit clients and follow up on clients that have missed appointments.

### 6.2 Madisi Mission Hospital, Malawi

The Madisi Mission Hospital was founded in 1964 and currently treats 49 infants, 197 children and 121 adolescents. Among their challenges are stock-outs of paediatric formulations and starter packs, data storage (they need computers), lack of nutritional support, and patients defaulting.

The hospital is struggling to make its facility child-friendly and writes that "children are handled the same way as adults, the only difference is the treatment doses". They have however started a youth group which goes to communities and schools and raises awareness on HIV issues. The team at the hospital also has a vegetable garden. The vegetables are sold and the money is used to buy food supplements.

## 6. "Do PMTCT properly." – East London local forum (South Africa)

"Do PMTCT properly; get infants on to treatment as soon as possible; and initiate children properly to prevent resistance, referrals and toxicity."

This was **Prof Gerry Boon's** message to 65 health care workers attending the SPF-PATA East London (South Africa) local forum. Looking at the projected statistics on pregnancy and HIV, Prof Boon (from Frere Hospital in East London) noted the necessity for good PMTCT programmes and strong links between PMTCT services and paediatric care.

The forum brought together 12 teams from the Eastern Cape province, all intent on making changes in their services. This forum was a collaboration between Small Projects Foundation, 25:40, One to One Children's Fund and PATA. There was much enthusiasm as participants received input from academics and practitioners in the field. Representatives from the Department of Health were fully involved in the forum and engaged participants in finding ways to work together.

**Dr Carol Baker** from Keiskamma Trust spoke about their experience in the Keiskamma area, where 30% of the pregnant women they see are HIV+. Without interventions, 10% of the babies delivered in the clinics in this area will die in childhood, and a further 20% will be orphaned.

Dr Baker noted that the role of NGOs has changed as government commits to providing HIV care and treatment services. NGOs now represent perceived individual or community needs as opposed to the public health perspective and form a safety net for people who fall through the government system.

Besides leading some of the joyous singing, **Sr Thozeka Mancotywa**, a nurse from Frere Hospital spoke on 'Issues HIV+ women must confront in HIV testing and managing their lives and pregnancies'. She emphasized the feelings of isolation, stigma and shame these women face.

"Malnutrition is a key contributing factor to child mortality in South Africa," said **Ntombi Makinana** from PATH, "hence infant feeding counseling is essential. In facilities across South Africa women are often counselled only once for the feeding choice and it's during the first visit".

Makinana reported on the successful "breastfeeding buddies programme" whereby mothers identify a buddy whilst they are pregnant. After a feeding option has been selected, both "buddies" receive information and demonstrations.

**Nosipho Bunu** (Mother to Mothers) presented on a mentor mother programme model of care. She said that the Department of Health must ensure the programme's sustainability and assist with funding.

On day 2 of the forum, teams created their own PATA team grids. Most teams plan to work on improving communication channels. Training also featured as an important area for intervention as well as developing systems for follow-up. A full summary of the goals is available on our website.

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*Our website: [www.teampata.org](http://www.teampata.org)*