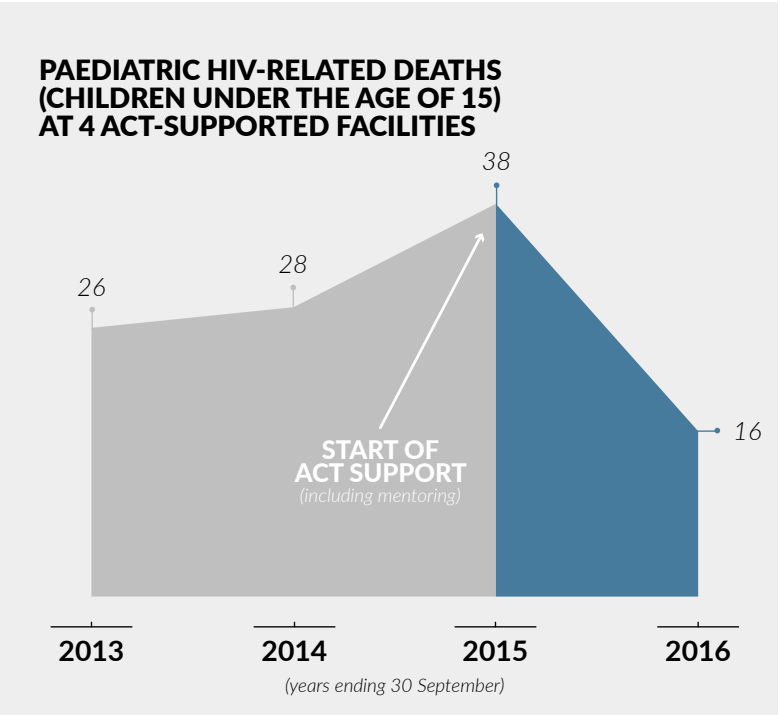
BETTER TREATMENT STARTS WITH BETTER NURSING

Children with HIV are unusually difficult to care for. Calculating the right dosage of medication is difficult for young, growing bodies, and their nutrition must be constantly monitored. Diagnosing complicated HIV-related infections for any patient is hard enough—even harder when children are too young to answer a clinician's probing questions. What's worse, many ashamed parents never disclose their children's disease to them, making consultations about treatment trickier than a run in the dark. It's no wonder that nurses inexperienced in paediatric HIV care are uncomfortable treating children, for fear they may do more harm than good.

Enter the mentor. Hands-on coaching of clinicians is rare—especially for the treatment of children with HIV. Since mid-2015, with funding from the Accelerating Children's HIV Treatment (ACT) Initiative, mentors have swarmed 24 health centers supported by ACT in Shinyanga, Tanzania, with the aim of increasing nurses' skills and confidence in treating HIV-positive children. A team of six mentors from the Ariel Glaser Pediatric AIDS Healthcare Initiative (AGPAHI), the ACT partner in Shinyanga, have tripled the coaching time they normally spend with nurses—to as many as three or four days per quarter. Between visits, the mentors check in by phone to consult on difficult cases and update progress against action plans.

Their name for it — the Sit-In Approach — is fitting. AGPAHI mentors attach themselves to each facility, advising on every aspect of paediatric care: easing the congestion in crowded clinics, making sure drugs are in stock, documenting records, offering strategies to deal with stigma and disclosure and, of course, examining patients. Concerned that children were not treated properly due to the crush of adult patients, AGPAHI started by convincing the ACT facilities to set up separate clinic days for children and adolescents—a novelty in Tanzania—to allow nurses more time to spend with their cases. They also set up a WhatsApp phone-networking group to help facilities redistribute paediatric drugs among themselves during periodic shortages.

The AGPAHI mentors are augmented by a team of 18 government mentors from local Shinyanga district facilities. Trained in mentoring by the ACT-supported Baylor International Pediatric AIDS Initiative, a respected US-based institution operating in Africa, the district coaches work with nurses in lower-level clinics that AGPAHI doesn't have time to cover. They also provide important mentoring capacity within the government system that will help sustain the gains when support from AGPAHI eventually ends. One challenge common to lower-level nurses is calculating the proper drug dosage for a child's changing weight and age. Under-dosing can be dangerous, leading to complications like pneumonia, but busy nurses often fail to adjust prescriptions on time. "After mentoring, everything changes," says Flora Silutongwe, a district mentor. "They learn to prescribe and document the cases properly—and health outcomes improve dramatically."



As one result of the intensified mentoring, ACT-supported facilities have recently seen a significant drop in the number of deaths among paediatric HIV patients. Coupled with a change in Tanzanian policy in December 2015, which allowed more children to go on HIV treatment, the mentoring triggered a 58% drop in deaths from 2015 to 2016. "We've made a lot of progress with quality of care through mentoring," says Dr. Ntuli Kapologwe, the Shinyanga Regional Medical Officer. "If we continue like we're going now, it will be a very different world in five years."

Kahama District paediatric mentor Flora Silutongwe counsels Mwatano Kalova, a nurse at the Kagongwa Dispensary

TEXT & PHOTOS BY JONATHAN B. LEVINE

The value of AGPAHI's Sit-In approach is most apparent with complicated and high-risk cases. On one recent morning, Fidelis Temba, a clinical programme officer with AGPAHI, examines Stephano Daudi, a four-year-old boy on HIV treatment for two years, as Josephine Masesa, an HIV nurse at Ushetu Health Center, observes closely. Temba questions Stephano's mother, Regina Charles, to discover the child is three months late for a blood test to monitor the effectiveness of his treatment. Temba notes his pale complexion and an off-and-on fever; his distended belly suggests a case of parasitic worms, since his quarterly deworming treatment is also three months late. So far, a run-of-the-mill case.

Then Temba explores the family's medical history and grows increasingly anxious. Stephano's father, also HIV-positive and on treatment, was also diagnosed and given treatment for tuberculosis, a leading killer of HIV patients, and it's not clear if he has fully recovered. Stephano's mother, also HIV-positive, has not yet started treatment. That could mean trouble for Stephano should she become ill and unable to care for him. The exposure to TB, plus the potential for anemia and malnutrition that could result from a case of worms, could set off a perfect storm. Temba prescribes immediate deworming treatment and an antibiotic to quell Stephano's fever, and orders a test to assure Stephano's treatment is fully suppressing the HIV virus. Temba also makes an appointment for his mother to start treatment the following week to assure her own health -- and that she continues care for her son. "Especially with children," Temba says, "you have to make a lot of inquiries because you can't always see the full picture."

LEFT: AGPAHI Mentor Fidelis Temba examines four-year-old Stephano Daudi as his mother, Regina Charles, looks on. **RIGHT:** Temba reviews Stephano's case with Ushetu Health Center Nurses Josephine Masesa (left) and Rebecca Maasai.

The risks in Stephano's case could have been easily missed, and the lesson is not lost—even on an experienced HIV nurse like Masesa. Sometimes with long queues of patients waiting to see them, she says, nurses forget or don't take the time to fully complete patient examinations, like reviewing the family's health history. After today's session with Temba, "we will fill it out, and we will know why," she says. The health of children like Stephano depends on it.

TEXT & PHOTOS BY JONATHAN B. LEVINE
DECEMBER 2016

Nurse Josephine Masesa of Ushetu Health Center weighs a patient in order to calculate his ARV dosage

*The **Accelerating Children's HIV/AIDS Treatment (ACT)** Initiative is an ambitious $200 million programme to put 300,000 children living with HIV on life-saving treatment in nine African countries within two years. The programme is supported by the **US President's Emergency Plan for AIDS Relief (PEPFAR)** and the **Children's Investment Fund Foundation (CIFF)**. These short cases and videos offer a mere glimpse into the complex cascade of strategies, logistics and psychology required to save children from a life-threatening disease. While all of the stories are drawn from one region, Shinyanga in northern Tanzania, and the work of only one of ACT's dozens of implementing partners around the continent – the **Ariel Glaser Pediatric AIDS Healthcare Initiative (AGPAHI)**, an indigenous Tanzanian organisation – they show the kinds of activities led by partners across the initiative.*