The Rainbow Project, run by the Association Pope John 23rd, is a large-scale "model of care", whose aim is to help OVC trying to keep them within the extended family.

Rainbow works in each compound through a networking system offering different answers to the different needs of OVC.
The networking system links 34 local organizations (CBOs or NGOs)
The orphans are supported through different actions

Educational support

Psychosocial support

Microcredit to the families

Nutrition support

12 Supplementary Feeding Programs
In 2009 1114 children
May 2010 : 31% HIV+ at ad
39% un. status at ad

6 Outpatient Therapeutic Sites (OTP) using RUTF
2009-may 2010 434 children
Dec2009 – may 2010: 13% HIV+ at ad
62% un. status at ad

Right to Health for HIV positive children

VCT OFFERED TO MOTHERS/CHILDREN IN BOTH PROGRAMS

IF FOUND HIV POSITIVE CLIENTS ARE REFERRED TO NEAREST ART CLINIC

NUTRITION SUPPORT GIVEN FROM Outpatient Therapeutic Program (OTP) AND Supplementary Feeding Program (SFP)

From Zambia Demographic Health Survey (ZDHS);
underweight reaching 28%
chronic malnutrition 47%
acute malnutrition 5%.

SEVERE MALNUTRITION IS ASSOCIATED WITH **HIGH MORBIDIY AND MORTALITY**

WIDESPREAD POVERTY AND HIGH HIV/AIDS RATE ARE WORSENING THE SITUATION

The estimated number of children with HIV in Zambia is 95,000.
11,602 are at the moment receiving ART.

Despite the encouraging increase in the number of children on ARV, the younger children exposed to the virus are often **not getting diagnosed** and **are missing out on treatment**.

As a result, large numbers of very young children are dying every year because of AIDS.

MALNUTRITION AND HIV/AIDS

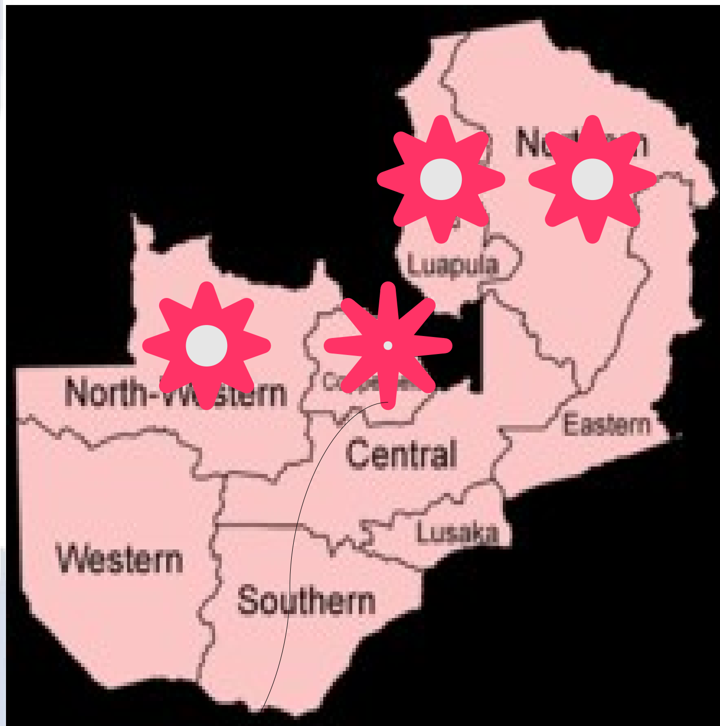
Poor growth is common in HIV-infected children and has a significant adverse effect on survival independent of the degree of immune deficiency.

Secondary causes of growth faltering or failure, many of which are potentially **preventable**, **reversible** or **modifiable**, are involved

Dietary insufficiency

Anaemia

Diarrhoeal illnesses



PCR machine receives samples from the **Copperbelt**, the **Luapula**, **Northern** and **North-Western Province**. In most of the Districts dry spots sample are taken just from the major hospitals and few local clinics.

	area km2	population	districts
copperbelt	31.328,00	1.581.221,00	10
luapula	50.567,00	775.353,00	7
northern	147.826,00	1.258.696,00	7
north werstern	125.827,00	583.350,00	12
TOTAL	355.548,00	4.198.620,00	36

NDOLA

374.757 Habitants
5 ART clinincs
In 3 CD4 and bl inv
DBS in all local clinics

National policy: PCR/HIV at 6 weeks of age if mother found positive during antinatal clinic

Usually sample from within the town of Ndola return to health facility within two weeks

And from rural area ? ? ?

New recommendations for paediatric criteria for intiating ART

Age Category	**Previous CD4 cut off points for initiating ART in infants and children**	**2008 Zambian reccomendations for initiating ART in infants and Children**	
Infants (<12 months)	<25%	Initiate all infants with definitive diagnosis of HIV, regardless of CD4%, or clinical signs and symptoms using standard first line drugs in the Zambia guidelines	Note that where a definitive diagnosis of HIV is not possible, the recommendation to do presumpitive diagnosis and treatment in an infant with a positive rapid HIV test and signs and symptoms of severe HIV disease still hold
1-<3 years	<20%	<20%	
3-<5 years	<15%	<20%	

Paediatric HIV is still a hidden problem

Stigma and fear of being refused and neglected

Fail to have adequate compliance to the therapy.

Drugs are usually available in the ART sites even if adherence, dispensing and storing (secure cold chain), still remain a problem.

The infected children are not easily rescued from **severe malnutrition**

We need to approach the problem in an holistic way, fully comprehensive of all the components involved.

- Nutrition (key component for the treatment of HIV in children) ,
- Availability of drugs in the nearest health centre (not only ART but also simple antibiotics such as Cotrimoxazole) ,
- Compliance in the treatment that has to be “child friendly”,
- Availability of the test for early diagnosis and the CD4 count
- Counselling pre post and after starting the treatment,
- Adherence counselling
- General support to the child and the family.

THE STORY OF KANGWA

Distance from health services

Availability of PCR and other tests

Adherence

Late HIV diagnosis for pregnant mother

Proper stocking of drugs and reagents

Difficoult follow up for mothers in antenatal clinic

TB/HIV coinfection

Lack of proper intrapartum and post partum facilities

Late antenatal clinic

Lack of knowledge

Lack of proper nutrition programs for Severely malnourished children at health facility level

Intrauterine growth retardation

Community involvement

Unfortunately still many constraints are leading our children to suffer and die

Economical constrains

Lack of proper nutrition

STIGMA

Non child friendly formulations

Lack of trasport facilities for severe patients

Lack of proper nutrition for pregnant women

Availability of common drugs

Right to Health for HIV positive children

CONCLUSION

Our nutrition program is tackling **malnutrition**
and **HIV** trying to assure to children nutritional support and care.
In every of our programs the importance of VCT is strongly emphasized.
and children are followed up through out the period they are enrolled

In Ndola we are equipped with PCR/HIV
but this is not the case for the majority of the children in Zambia.
There is therefore the urgent need for
new and more ready available tests for early diagnosis.

Development of appropriate and new formulations
to use in infants and young children is
strongly essential for the survival of our children..

thanks!