

PEDIATRIC DISCLOSURE CHECKLIST

Name of the child: _____ **D.O.B.** _____

Gender: _____ **CCC Number:** _____

Caregiver's Name: _____ **Phone Contact:** _____

Facility Name: _____ **MFL Code:** _____

Task 1. Assess the child for disclosure eligibility	Tick ✓ for tasks done	Comments
Child has met the age criteria (between 6 and 10 years)	<input type="checkbox"/>	
Child and caregiver knowledgeable on the benefits of disclosure	<input type="checkbox"/>	
Caregiver willing to disclose to the child	<input type="checkbox"/>	

	Provider Initials and date	
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Task 2. Assess the child and caregiver for readiness		
Child or caregiver free from severe physical illness, trauma, psychological illness or psychiatric illness?	<input type="checkbox"/>	
Child have consistent family, peer support or social support	<input type="checkbox"/>	
Child demonstrates interest in the environment and playing activities	<input type="checkbox"/>	
Assessed what the child already knows about the medicines and illness and addressed needs and concerns	<input type="checkbox"/>	
Assessed functional school engagement by the child (consistent attendance, interacts well with the school community, able to freely discuss school activities	<input type="checkbox"/>	
Assessed caregiver readiness for disclosure to the child	<input type="checkbox"/>	
Assessed what the caregiver has communicated to the child-	<input type="checkbox"/>	
Discussed management of confidentiality of information regarding one's health with the child and caregiver	<input type="checkbox"/>	



	Provider Initials and date	
Task 3. Execute disclosure: done guided by caregiver and supported by Health care worker in the clinic		
Reassured the caregiver and the child.	<input type="checkbox"/>	
Assessed child and caregiver comfort	<input type="checkbox"/>	
Assessed safety (environment and timing)	<input type="checkbox"/>	
Assessed the depth of child's knowledge	<input type="checkbox"/>	
Supported caregiver to disclose using the simplest language the child can understand	<input type="checkbox"/>	
Observed the immediate reactions of both the child and caregivers and addressed concerns or negative reactions	<input type="checkbox"/>	
Invited questions from the child	<input type="checkbox"/>	
Revisited/reviewed the benefits of disclosure with the child and caregiver	<input type="checkbox"/>	
Explained care options available to the child and caregiver	<input type="checkbox"/>	
Concluded the session with reassurance to both child and caregiver? Reiterating importance of confidentiality of information of one's health with the child and the caregiver	<input type="checkbox"/>	
	Provider Initials and date	
Task 4. Post disclosure assessment (During the subsequent visits assess the post disclosure outcomes). This is usually a minimum of 3 sessions-3monthly for 9 months. Focus on child's reaction to self and family e.g. anger directed at self, siblings or parents etc		
Assessed functional school engagement	<input type="checkbox"/>	
Assessed family, social and peer relationship and support after disclosure	<input type="checkbox"/>	
Assessed the child's interest and engagement in children's activities like playing	<input type="checkbox"/>	

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UZIMA
21 APR 2022
Sign: 
APPROVED

Allowed questions from the child and assessed self-perception and outlook	<input type="checkbox"/>	
Addressed negative body or self-image issues	<input type="checkbox"/>	
Assessed the child for moodiness and negative behaviors	<input type="checkbox"/>	
Referred appropriately for psychiatric and other complications developed post disclosure if indicated	<input type="checkbox"/>	
Given age appropriate adherence information	<input type="checkbox"/>	
	Provider Initials and Date Task 4 completed	

Adopted from: Disclosure of HIV status toolkit for Pediatrics and Adolescent groups, MOH ART Guidelines

