A child-centered approach for HIV programs

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01 Rationale

As part of their basic human rights,[1] children need access to the best health care possible, safe water to drink, nutritious food, and a clean and safe environment to grow and develop to their full potential. Optimal health, learning and behavior outcomes stem from laying healthy foundations early in life through exposure to the right health care, nutrition, relationships and environment.[2] Whether because of exposure, infection and/or drug effects, HIV impacts health, nutritional, learning and development outcomes.[3-5] HIV programs need to design and foster approaches that address the multidimensional needs of children living with and/or affected by HIV, recognizing that both exposure and infection carry risks that may affect survival, growth and development for children of different ages.

02 Barriers and facilitators of implementation

Barriers

- Absence of social protection and lack of programs addressing the needs of vulnerable and marginalized groups of children
- Poor linkages to early childhood development (ECD) programs
- Poor identification and retention of HIV-infected and HIV-exposed children in care and treatment
- Poor monitoring of retention for HIV-infected and HIV-exposed children in care and treatment

Facilitators

- Decentralized health care systems
- Maternal, new-born and child health (MNCH)-focused community programs with provision of training on integrated service delivery for community health workers, social workers and caregivers
- Multiple entry point HIV case finding with functional linkages to treatment, care, protection and social services
- Family-centered services that use a comprehensive coordinated approach (often through the entry point of an index case) to identify and address the health, HIV, nutritional, developmental, emotional, cognitive and social welfare needs of children and their families

- Disclosure support for children, parents, guardians and families
- Comprehensive tools that address the multiple dimensions of children's needs
- Leveraging technological innovations, such as mHealth (for example, Rapid Pro), for reminders, information, education and communication, tracking, linkages and monitoring

03 Policy and legal considerations

National government commitment to operationalizing integrated and differentiated service delivery models is essential. Including task shifting as a component of this will improve the potential to reach clients with comprehensive family-centered care.

National governments should ensure that ECD policies for coordinated, holistic care for very young, vulnerable children are in place, implemented, fully funded, and actively monitored and evaluated. This requires true integration and collaboration among various ministries (for example, health, education, social welfare), service providers and donors.

04 Steps for scale-up

1. Define the target group (for example, children from birth to <3, 3 to <6, or 6-8 years), program goal (for example, support children to reach their full potential) and geographic focus.
2. Conduct sectoral policy reviews to identify gaps and opportunities for enhanced synergy within and across sectors.
3. Identify key child-centered entry points to find HIV-exposed and -infected or HIV-exposed and -uninfected children:
   a. Immunization, ECD and pre-school centres (the well child)
   b. Outpatient, inpatient, integrated management of childhood illnesses, integrated community case management and tuberculosis services (the sick child)
   c. Severe acute malnutrition services (the failing to thrive child)
   d. Family index case testing (the missed child)
   e. Programs for orphans and vulnerable children, mental health, violence in the home, extreme poverty and children of key populations (the vulnerable child)
4. Review/revise/develop service delivery protocols for each entry point, to advance integrated service delivery approaches addressing the health, HIV, nutritional, developmental, emotional, cognitive and social welfare needs of children.
5. Review tools (job aids, client flow, recording, aggregation, reporting and referral).
6. Review/revise/develop training materials.
7. Build capacity in facilities, communities and families on meeting children's needs in a holistic manner, and leverage participation of community-based peer groups and organizations, including faith-based organizations.
8. Strengthen referrals, OVC case management systems and cross-sectoral linkages.
9. Assess opportunities to invest in appropriate technological innovations that can be scaled up.
10. Develop monitoring plans.
11. Develop knowledge sharing and learning plans.
12. Supervise, mentor and review progress periodically.

Service delivery framework: (figure)

Figure 1: A life-cycle approach to providing holistic care for the needs of vulnerable children[6]

FRAMEWORK TWO: Holistically Addressing the Needs of Young Vulnerable Children

Overall Goal:
All children have access to essential support and services needed to meet their full developmental potential across the physical socio-emotional, cognitive-intellectual and spiritual domains.

Outcomes at Three Levels:
Child Status: Child is able to reach their full developmental potential
Caregiver Status: Caregiver is healthy and able to respond effectively to child's needs
Caregiving Environment: Child lives in a safe, stable and consistent caregiving environment

Critical Needs and Essential Actions per Age and Stage	Prenatal to Birth		Birth to < 3		3 to < 6		6 to 8	
	Critical Needs	**Essential Actions**	**Critical Needs**	**Essential actions**	**Critical Needs**	**Essential Actions**	**Critical Needs**	**Esssential Actions**
	1. Supportive interventions for maternal depression 2. Broader household engagement in supporting women during and after pregnancy 3. Access to adequate prenatal and post-natal care for mothers 4. Attendance of a skills professional at birth 5. Adequate nutritious foods during pregnancy, especially if mother is on ART 6. Women have a right to routine medical care during and after pregnancy 7. Pregnant women have the right to be safe from harm, violence and abuse and to seek help if they are experiencing this	1. Observe caregiver for signs of mental distress and link to social networks 2. Link Mother to community support group and/or appropriate services within a health facility if available 3. Link mother to health facility, an MCH program if available, and if HIV positive, ensure that mother is accessing PMCT 4. Provide information on danger signs for maternal and neonatal morbidity including HIV risk and the importance of birth professionals 5. Link mother to community available nutrition programs to receive supplementation and micronutrients (Vitamin A, iron, and iodine) 6. Help to ensure women have access to health care 7. Support and link women in suspected case of abuse with community-based mechanisms and government authorities	1. Consistent caregiver(s) who can form attachments and respond to children's signals 2. Responsive caregiver(s) who practice appropriate breastfeeding and complementary feeding while showing affection to children 3. Language stimulation 4. Opportunities are needed to develope motoer skills (i.e. crawling, sitting, etc), explore and play with a variety of objects in a clean, safe and stable environment and with peers, and to develop independence and simple self care 5. Child receives medical treatment within 3 days of illness 6. Access to adequate and nutritious food	1. Encourage caregivers to observe when baby is hungry, tired, or scared and to respond in a kind and sensitive way as well as model behaviors for caregiver to understand positive caregiver and child interaction 2. Encourage caregiver to exclusively breastfeed up to 8 months and then begin complementary feeding. 3. Encourage caregivers to interact with child through telling stories, singing songs, and answering questions 4. Encourage and explain to caregivers the need for children to have the opportunities to play, explore, have a safe environment and develop 5. Refer child to health facility for immunizations and when ill 6. Link child to community to available nutrition programs to receive supplementation and micronutrients including CMAM	1. Consistent caregiver(s) who can form attachments and respond to children's signals including recognition of children who are grieving or distressed 2. Caregiver(s) who support child's learning, development of new skills and communication 3. Increased exposure to language 4. Age appropriate entry into a safe, non-discriminatory early learning program, especially for girls (including opportunities to interact with peers - e.g. play) 5. Child receives medical treatment within 3 days of illness 6. Access to adequate and nutritious food and medical care	1. Encourage caregiver to show empathy and understanding of children's feelings and engage child during home visits to understand their needs 2. Encourage caregiver to actively participate in child's learning and development (e.g. teaching child stories, rhymes, songs, offering choices to children so they can learn to make decisions, and involving children in home chores and praising their good work) 3. Encourage caregivers to provide books and read to their child 4. Link children to a community based preschool if available 5. Refer child to health facility when ill 6. Link households with community nutrition programs when available	1. Caregiver(s) who respond to the growing complexity of a child's needs with encouragement and motivation 2. Intergration and acceptance into peer group, creating relationships outside the home Opportunities to practice reading, writing and language 4. Age appropriate entry into non-stimatization/ non-discriminatorybasic education, especially for girls 5. Child receives medical treatment within 3 days of illness 6. Access to adequate and nutritious food	1. Support caregivers in recognizing achievements of children and building self reliance in children 2. Encourage caregiver to envolve child in family decisions as well as to form attachments with peers outside the household 3. Encourage caregiver to take active role in child's learning and skills development providing opportunities for reading, writing, and active learning 4. Link children to a primary school 5. Refer child to health facility when ill 6. Link household with community nutrition program when available
Key: Care and Development Health Nutrition Rights and Protection								

	Cross-Cutting All Age Groups		HIV Affected		Those with Disabilities	
	Critical Needs	**Essential Actions**	**Critical Needs**	**Essential Actions**	**Critical Needs**	**Essential Actions**
	1. Age-appropriate psycholsocical support (i.e. bereavement counselling) 2. Clean water, sanitation facilities 3. Insecticide treated mosquito net 4. Children needs to live in a safe environment, free from harm, violence and abuse (verbal, physical and sexual) where they are treated with equal importance by their caregivers 5. Recognition that child is a citizen of the state e.g. birth registration 6. All children, boys and girls, have a right to education.	1. Link a child with age-appropriate psychosocial care and support 2. Support access to clean water and latrine 3. Support access and encourage the use of insecticide treated mosquito net 4. Support and link children in suspected cases of child abuse and neglect with community-based mechanisms and government authoties	1. Age-appropriate HIV prevention, testing, and treatment if necessary 2. Adequate care for HIV-infected children 3. Children have a right to know their status	1. Encourage caregiver to test their children who show symptoms of the virus 2. Encourage caregiver to take child to health clinic immediately when ill 3. Support age-appropriate disclosure	1. Sensitize community around different types of disabilities 2. Access to service for and any physical or mental health problems 3. Protection from physical danger, including abuse and neglect	1. Educate community about disabilities and how to provide support 2. Ensure linkages to health services 3. Support and link children in suspected cases of child abuse and neglect with community-based mechanisms and government authorities

05 Case example of successful implementation

1. A person-centered approach to preventing HIV in Khayelitsha's children: Yabongo Children's Centre is situated in Khayelitsha, the second largest township in South Africa. Yobongo offers holistic care from childhood through adolescence and into adulthood to ensure continuity of care. The program supports those under the age of 13 years who are affected by HIV through orphanhood, living with parents with HIV-related illness, or living with HIV themselves. The impact of these life experiences on a child can be wide-ranging, and Yabonga has designed a community-driven response to help them to thrive by addressing their psychosocial, HIV, health, education and ECD needs.
2. An innovative approach to comprehensive monitoring in Rwanda: A rapid SMS platform is used to track comprehensive interventions for mother and child in the first 1,000 days, with six modules, including: pregnancy, post-delivery, newborn care, common causes of childhood death, nutrition and children living with disabilities.

06 Tools to support implementation

1. The Essential Package: Holistically addressing the needs of young vulnerable children and their caregivers affected by HIV and AIDS. Care, Save the Children and the Consultative Group on Childhood Care and Development
2. Family-centred HIV programming for children: Good practice guide. The International HIV/AIDS Alliance and Save the Children UK: A 'how to' guide and set of standards on family centred approach for children targeting community HIV programmes

3. Now more than ever! A need to reach the youngest children affected by HIV and AIDS. The Coalition for Children affected by AIDS (CCABA): An advocacy brochure on priority actions and practical steps for early integrated interventions for children living with and affected by HIV and AIDS
4. Care for children living with HIV: caregiver booklet. Uganda Ministry of Health
5. Care for children affected by HIV and AIDS: Community Organizers Toolbox, Education and Training Unit, South Africa
6. South Africa's new road to health booklets for girls and boys – these are growth monitoring charts that comprehensively monitor and promote holistic growth, health and development for children

07 Conclusion

HIV programs need to design and foster approaches that address the multidimensional needs of children of different ages living with or affected by HIV of different ages. These programs should be:

1. Family-centered, targeting the child, parent or caregiver and the caregiving environment
2. Built off community and health facility platforms
3. Based on a lifecycle approach to the evolving health, nutritional, developmental, rights and protection needs of children along the pre-natal, infancy and early childhood continuum

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6. Adapted from *The Essential Package: Holistically Addressing the Needs of Young Vulnerable Children and Their Caregivers Affected by HIV and AIDS.* Care, Save the Children and the Consultative Group on Childhood Care and Development, 2011.

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