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Focusing on the Youngest Children in HIV Affected Families

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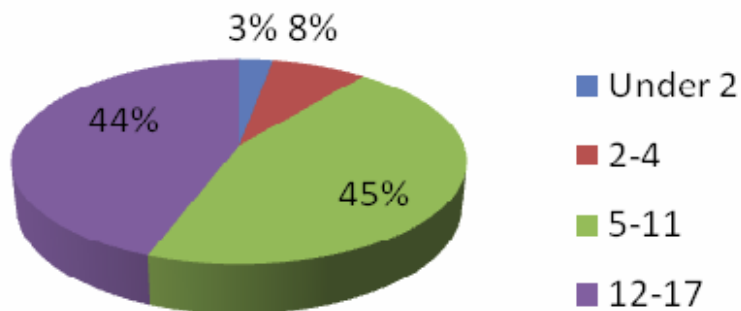
Young children born into HIV-affected families face numerous challenges

- Infection (including related cognitive effects)
- Exposure to opportunistic infections such as TB
- Economic strain (reduced access to healthcare, food insecurity)
- Stigma, lack of social support
- Sub-optimal care environments (parental stress, parental illness, death of one or both parents, institutionalization, multiple moves)

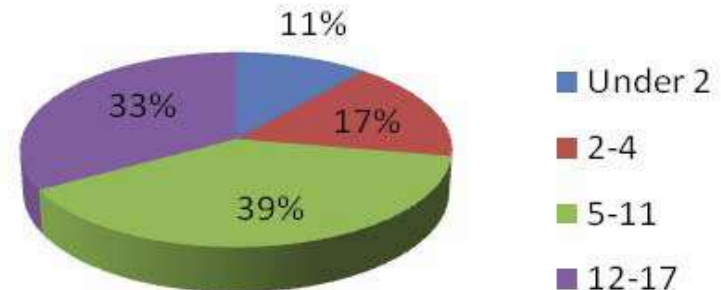
Source: (in development) "Understanding the long-term consequences of HIV and AIDS-related assaults during childhood"

Historically Under 5's Under-represented in OVC Programs

Average breakdown by age of OVC reached by OVC Track 1.0 programs in Kenya, Namibia, Zambia and Uganda



Statistical proportionate breakdown of OVC to be reached with services





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Global Plan to Eliminate Mother to Child Transmission

- PEPFAR pledges an additional \$75 million to the Global Plan to Eliminate Mother to Child Transmission (2011)
- PEPFAR directly supports HIV testing and counseling for more than 11 million pregnant women (FY2012)
- PEPFAR supports antiretroviral drug prophylaxis to prevent MTCT allowing approximately 230,000 infants to be born HIV-free. (FY2012)
- PEPFAR supports services to 5 million orphans and vulnerable children (FY2012)

Strong Potential for Cross-Program Collaboration to identify and retain children but easier “Said than Done”

- Example: Testing through ECD centers
- 58.8% (n=410) of 697 children attending 16 rural ECD centers in Zimbabwe were tested for HIV, 18% (n=74) were positive. [Patel et. Al., 2012]
- Challenges to integration of testing in ECD and other community interventions
- Different funding streams; monitoring & reporting structures; different training & staff support
- Concern from ECD staff about approaching parents/caregivers
- Lack of cross-communication clinic to community

EMPHASIZING OPPORTUNITIES FOR YOUNG CHILDREN WITHIN THE PORTFOLIO

- Cross disciplinary country planning
- Sharing of integration models
- Resulted in country case studies & monograph on integrated programs



**MEETING THE HIV; MATERNAL,
NEWBORN, AND CHILD HEALTH;
AND SOCIAL SUPPORT NEEDS OF
MOTHERS AND THEIR YOUNG
CHILDREN**

Field-driven Learning Meeting, Addis Ababa, Ethiopia,
November 8 to 10, 2011

Mapping an Integrated Care Pathway From Pregnancy Through Early Childhood

This integrated care pathway maps a comprehensive list of services that are required to meet the HIV, Maternal, Newborn & Child Health and Social Support needs of mothers and their children from pregnancy through five years of age. These services are identified in the respective columns for the time periods for which they are required. As several services are needed over time, some span across the four time periods of pregnancy, labor and delivery, mothers and their children from 0 through 24 months, as well as mothers and their children from 25 months through 5 years.



- **Clinic-based care**
- **HIV and MNCH health care**



- **Community & Home based care**
- **Socio-economic support**



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- Clinic-based care
- HIV and MNCH health care

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Invest in the middle – I.e., referral networks, “case-managers”, multi-service community outlets such as ECD or social centers where appropriate



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The U.S. President's Emergency Plan for AIDS Relief

GUIDANCE FOR ORPHANS AND VULNERABLE CHILDREN PROGRAMMING

July 2012



- Establish family based care as foundation
- Expand priority intervention areas to include social protection
- Promote integration across portfolio to address “children in the epidemic”
- Emphasize ages & stages orientation

OVC Guidance: Programming for Ages and Stages

Ages	Stages	OVC Programs	Across the Age Span			Collaboration
Prenatal to three	Safety and security	Home visitors encourage adherence to PMTCT and reduce loss to follow-up	Referral for HIV testing and adherence support	Disclosure and Bereavement Support	Referrals for prevention, diagnosis and management of TB and opportunistic Infections	PMTCT, MCH (vaccinations, etc.), Food and Nutrition
		Birth registration				
		Training in Parental Skills reduces toxic stress effects				
Preschool	Curiosity	Nutrition and ECD programs boost holistic development				
		Age appropriate entry into a safe, non-discriminatory early learning program, esp. for girls				MCH, WASH, Food and Nutrition
Middle years	Learning	Access to education, enrollment into school and facilitation for retention				
		Creation of child friendly, gender sensitive classrooms				
		Ensure completion of primary school, esp. for girls				
		Kids clubs develop social skills				GBV, HIV prevention, Education
Early Adolescence	Peer Acceptance	Peer support groups				
		Protection from harmful labor/ trafficking				GBV, HIV prevention, Education
Late adolescence to adulthood	Decision-making	Referrals to adolescent reproductive and family health services				
		If out of school, access to vocational education or other training opportunities that result in sustainable livelihoods				
		Mentorship programs				
		Money Management	GBV, Prevention, Family Planning, Reproductive Health			



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U.S. Government Action Plan on Children in Adversity

A Framework for
International Assistance: 2012-2017

Obj. 1: Build Strong Beginnings

The U.S. Government will help ensure that children not only survive but thrive in life by supporting integrated and holistic programs linking early health interventions with those that promote sound development and wellbeing



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New Evaluation Tools Measure Age Specific Child Well Being Outcomes

Child, Caregiver & Household Well-being Survey Tools for Orphans & Vulnerable Children Programs



 **MEASURE** Evaluation
MANUAL

- Tools & Manual
- Data analysis guide
- Template protocol with consent/assent forms
- Data collector training materials


Child (ages 0-9)

Sections	Core questions	Optional modules
Section 1: Child Health and Welfare	<ul style="list-style-type: none"> • Confirm demographics (5) • General health & disability (4) • Birth certificate (2) • Vaccinations (11) • Fever (<5 years)* (1) • Diarrhea (<5 years)* (1) • Experience of neglect (2) • Slept under mosquito net* (1) • HIV testing experience* (2) 	<ul style="list-style-type: none"> • Fever: extended* (4) • Diarrhea: extended* (3) • Health for children living with HIV/AIDS (forthcoming)
Section 2: Education and Work	<ul style="list-style-type: none"> • School attendance*, progression/repeats, drop-outs, missed school days (5+ years) (9) • Work for wages (2) • <i>Early childhood stimulation</i> (2) 	
Section 3: Food Consumption	<ul style="list-style-type: none"> • Food consumption (2+ years) (8) 	<ul style="list-style-type: none"> • Dietary diversity (1)
Section 4: Access to HIV Prevention, Care & Support	<ul style="list-style-type: none"> • Child access to services (1) 	
Section 5: Anthropometric Measures (of Children)	<ul style="list-style-type: none"> • Weight*, Height*, MUAC 	


*DHS, bold=core indicator

Moving forward

- Jointly funded initiative to promote integration across PMTCT/PEDS and OVC in select countries
- Expand no. of studies that evaluate effectiveness of “integrated” interventions for achieving multiple child outcomes
- Increase in joint country reviews by PMTCT/PEDS and OVC technical working groups
- Focus on parenting/caregiving as part of essential OVC strategy



**A REVIEW OF PUBLISHED
LITERATURE ON SUPPORTING AND
STRENGTHENING CHILD-
CAREGIVER RELATIONSHIPS
(PARENTING)**



AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

HSRC
HUMAN SERVICES
RESEARCH COUNCIL

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- Integration of parenting interventions within existing programs
- Report summarized common elements of evidenced-based parenting interventions