

# HIV TESTING AND TREATMENT FOR CHILDREN : INVOLVING COMMUNITIES AND FAMILIES



# INTERGRATED MODEL FOR PAEDIATRIC ACCESS TO CARE & TREATMENT (IMPACT)

- IMPLEMENTED BY: CHILD PROTECTION SOCIETY (CPS) IN FOUR HIGH DENSITY SUBURBS OF HARARE, ZIMBABWE
  - FROM 2009 TO 2012
- OBJECTIVE: IMPROVING ACCESS TO TREATMENT, CARE & SUPPORT FOR CHILDREN LIVING WITH HIV & AIDS AND THEIR FAMILIES.
  - PRESENTED BY: FORTUNATE SHADAYA
- CONTACT DETAILS: Tel +263 4 708829/710024
  - Fax: +263 4 780079
  - Cell: +263 772 867 130
  - Email: [fortunate@cps.org.zw](mailto:fortunate@cps.org.zw)

# METHODS USED

## **1. COMMUNITY VOLUNTEER CAPACITY BUILDING**

- HIV programming mainstreamed into an existing OVC programme
- Capacitated 92 community volunteers (84F, 8M) working in play centres in early identification of children and referral to health centres

# METHODS USED

## 2. PARENTING DIALOGUES

- Introduction of HIV & AIDS issues at parenting dialogues held monthly with primary caregivers, including:
  - Signs and symptoms of HIV
  - How and where to access HIV testing for children
  - importance of early diagnosis and treatment

# METHODS USED- cont'd

## 3. VOLUNTEER DOCTORS' OUTREACH CLINICS

- Engaged three volunteer doctors for free fortnightly outreach clinics targeting all children in need
- Used the platform to offer Provider Initiated testing and counselling



# METHODS USED- cont'd

## 4. COMMUNITY AWARENESS RAISING CAMPAIGNS

- Held awareness raising campaigns at public places jointly with the local clinics
- The campaigns sensitised communities on a number of issues including:
  - HIV & AIDS and children
  - services available at the clinic
  - importance of early diagnosis and access to treatment for both children and adults



# METHODS USED- cont'd

## 5. HEALTH ASSESSMENTS

- In conjunction with the City health department, health assessments were carried out annually in 15 ECD centres and 11 primary schools
- Children with health problems were referred to local clinics where provider initiated testing & counselling was offered
- A block grant system was put in place for the children to access treatment free of charge



# METHODS USED- cont'd

## 6. PARTNERSHIPS

- Entered into partnerships with local clinics for testing and counselling and ART sites for further clinical care
- Engaged local CBOs & FBOs capacitating them in child care issues as well assisting them to start IGAs



# METHODS USED- cont'd

## 7. CASE MANAGEMENT

- The trained community volunteers offered ongoing support through home visits identifying any challenges being met
- Case review meetings held monthly with project staff to discuss the cases coming up with solutions

# METHODS USED- cont'd

## 8. PRIMARY CAREGIVER TRAINING

- Capacity building workshops were arranged for the primary caregivers on various child protection issues including:
  - Paediatric & Palliative care
  - Treatment literacy
  - Nutrition
  - Home based care

# METHODS USED- cont'd

## 9. SUPPORT GROUP FORMATION

- Support groups were formed for the primary caregivers as well as children
- These became very useful information sharing platforms
- Also enabled the group members to offer each other the much needed psycho-social support
- The groups got recognition as community structures hence also got support for their children from other aid agencies



# METHODS USED- cont'd

## 10. LIVELIHOODS BASED SOCIAL PROTECTION

- Assisted the groups to start Income generating activities as a way of strengthening their livelihoods



# IMPACT

- An increase in the number of children accessing HIV testing, treatment and care from **32 to 411** (**180f & 183m below 15, 25f & 23m over 15**)
- Improved attendance and performance at play centres and schools as a result of reduced cases of bedridden children
- Reduced stigma and discrimination due to knowledge gained at awareness campaigns, in trainings and shared in support groups

# IMPACT – cont'd

- Early identification and addressing of challenges through case management
- Strengthened families' livelihoods resulting in an improved care environment for these children as well as others in the family

# CHALLENGES

- Reluctance by some caregivers to seek treatment for their children
- Change of caregivers, especially for orphans, resulting in children sometimes defaulting as they are put in the care of someone who is ignorant of the treatment process
- Granny and child headed households difficult to engage in livelihoods strengthening activities
- Limited resources to provide for all the children's requirements

# CONCLUSION

- Involving communities and families is key to improving access to HIV testing and treatment for children



THE END

THANK YOU!!!