

Psychosocial care and treatment for young children: Lessons from national plans of action

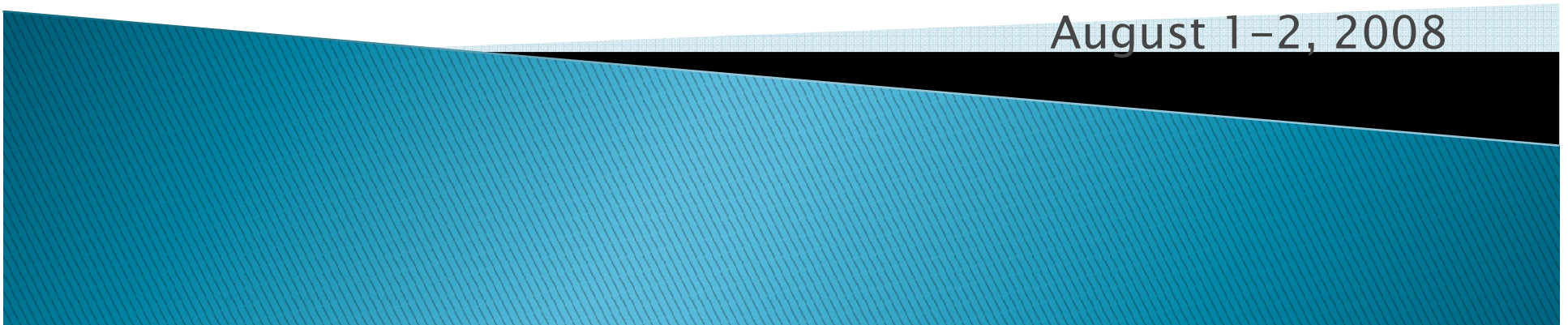
Presentation at Theresa Group Conference Mexico

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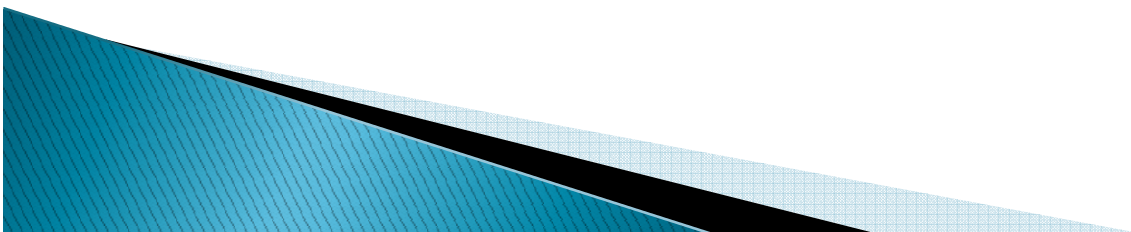
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August 1-2, 2008



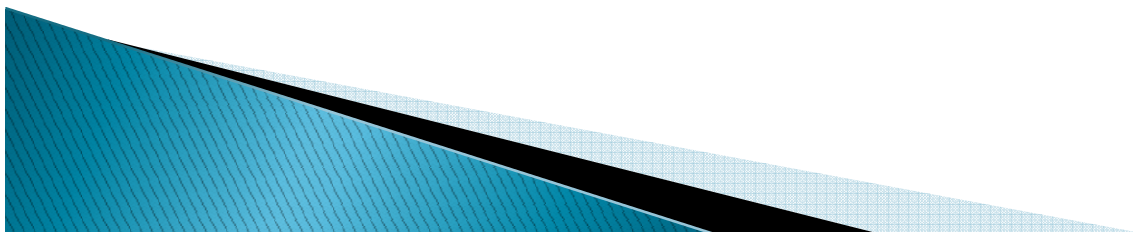
Topics of presentation

1. Reasons for special focus on young children affected by AIDS
2. Suggestions for components of a national plan for young children – including psychosocial support for affected and infected children
3. Review of 17 national plans of action for orphans and vulnerable children
4. Recommendations for action



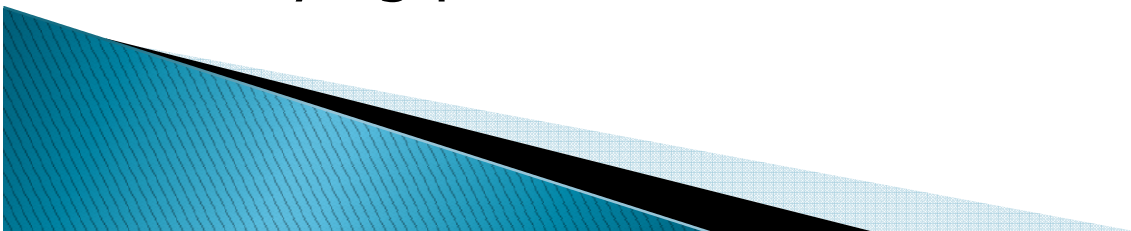
What is ECD and why is it important?

- ▶ ECD: Holistic development of child from conception to entering school
- ▶ Gradual emergence of new modes of thinking, acting, and relating in an orderly and age-based sequence
- ▶ A robust process unless there are threats: malnutrition, poverty, violence, disability, HIV/AIDS, vulnerability
- ▶ Depends on resources of parents and particularly mothers or caregivers



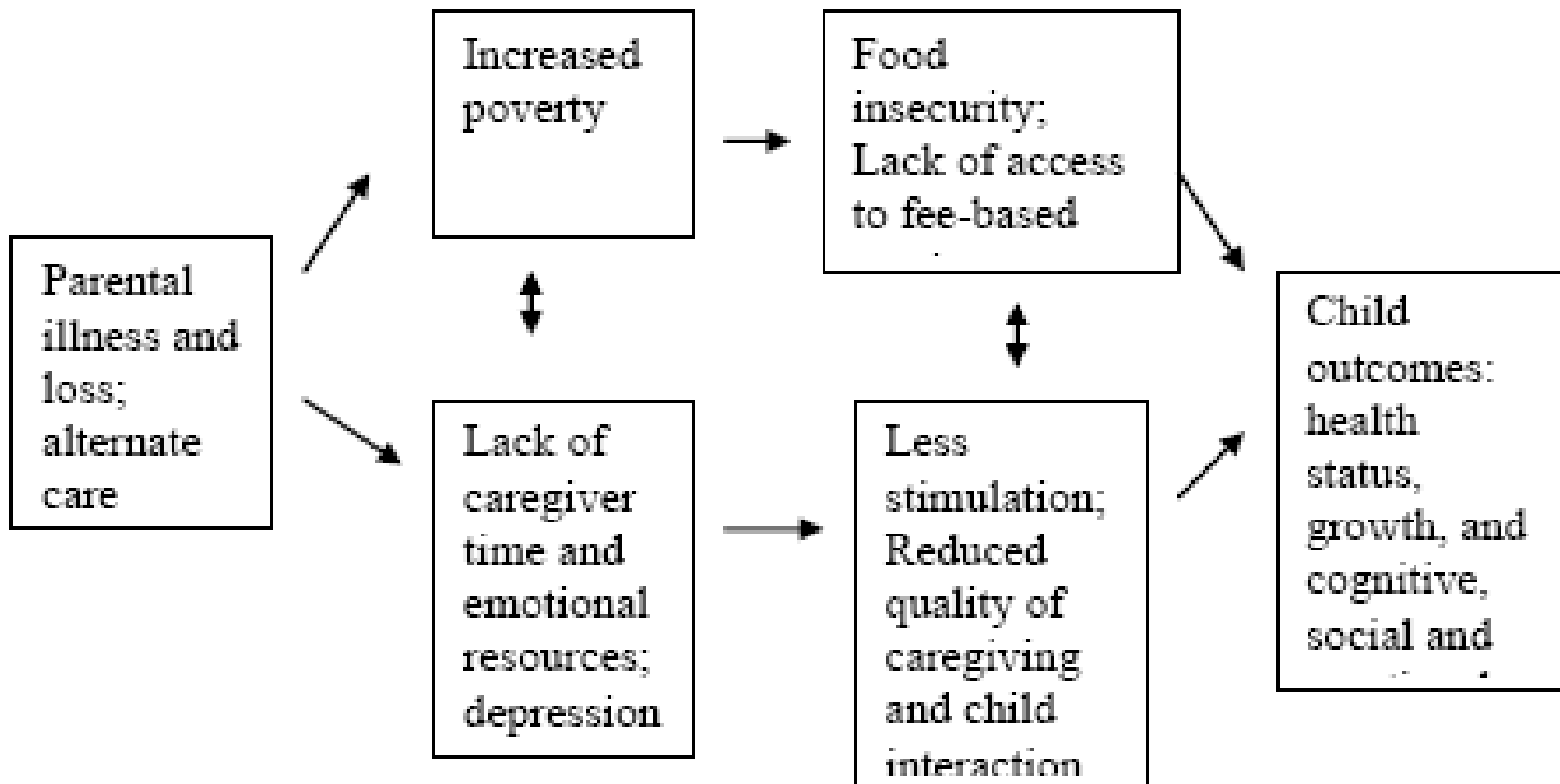
Many young children are infected and affected by HIV and AIDS

- ▶ Infected: 2.1–2.9 million. Untreated, most die in first 4 years of life.
 - ▶ Affected – in sub-Saharan Africa:
 - Half are under age 12
 - 16% or 7 million are under age 6
 - 25% have had a parent die before age 5
 - Many more were living in a home while a parent was seriously ill (definition of vulnerability)
- “Percent of orphans” underestimates the number of children affected at a young age – e.g. with an ill or dying parent



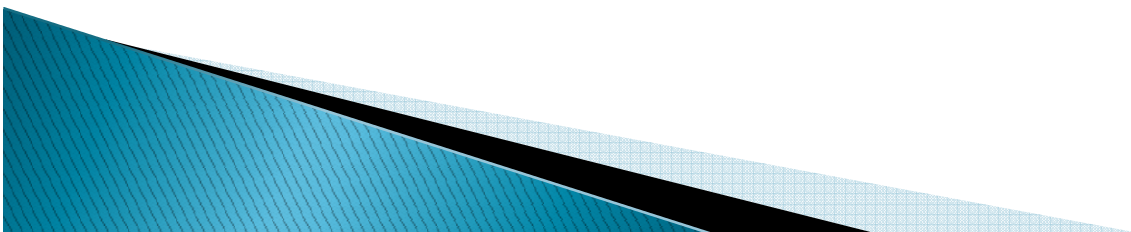
Two pathways to child outcomes for vulnerable children

Figure 1. Two pathways to child outcomes

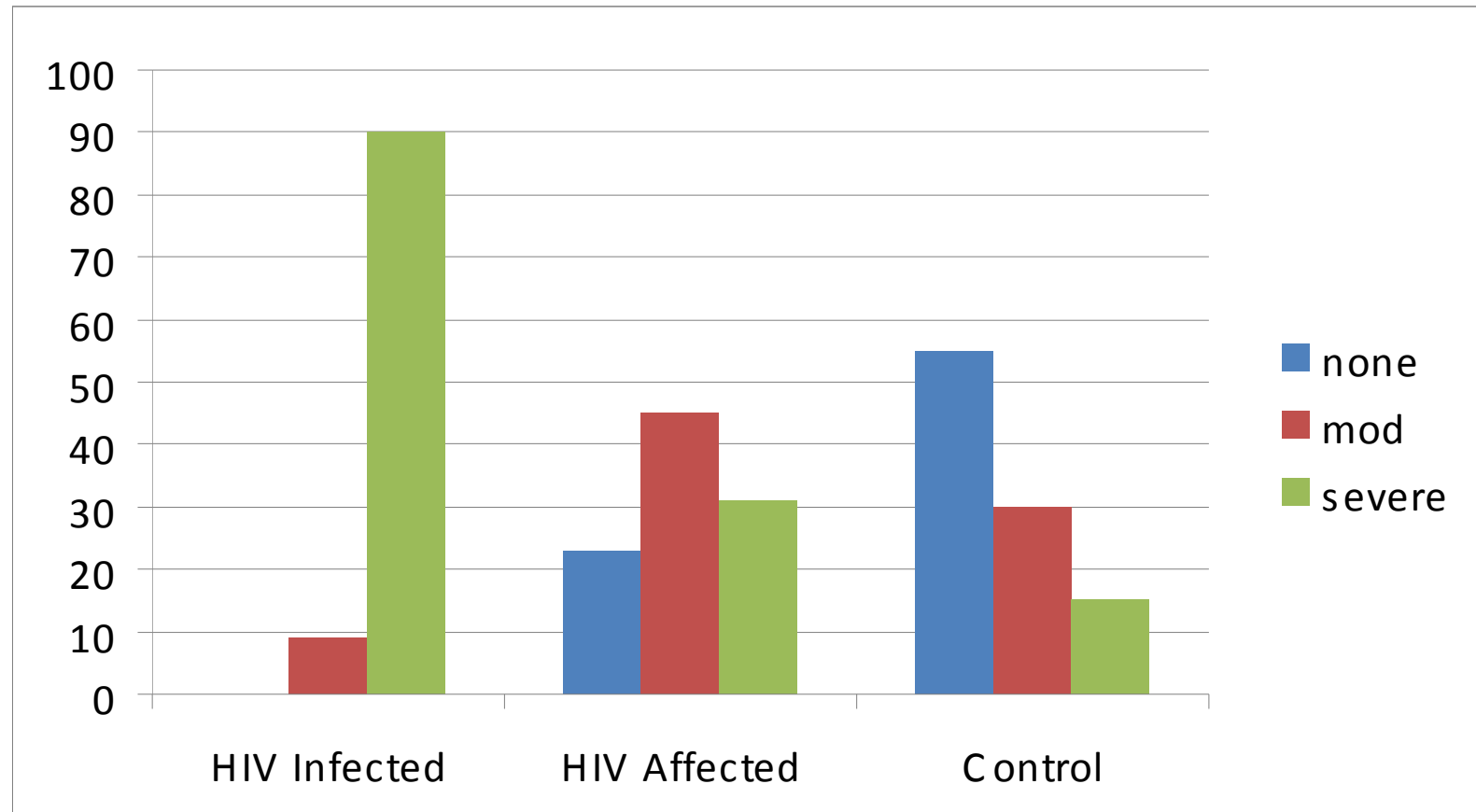


Issues in working with young children infected with HIV

- ▶ Many studies show developmental delays in infants with HIV infection – CNS involvement first effect (before immunosuppression)
- ▶ HIV infected children's milestones continue to decline with age
- ▶ Children tend to be irritable, difficult or withdrawn
- ▶ BUT – Evidence that early stimulation can reduce the negative effects (Potterton, 2007)



Percent of children 18–29 months with mental development delay in Kinshasa, DRC

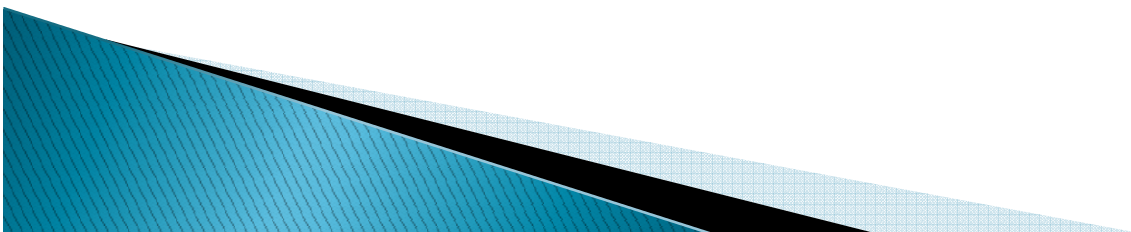


Van Rie, Mupuala & Dow, 2008

Challenges to pediatric HIV rollout in South Africa

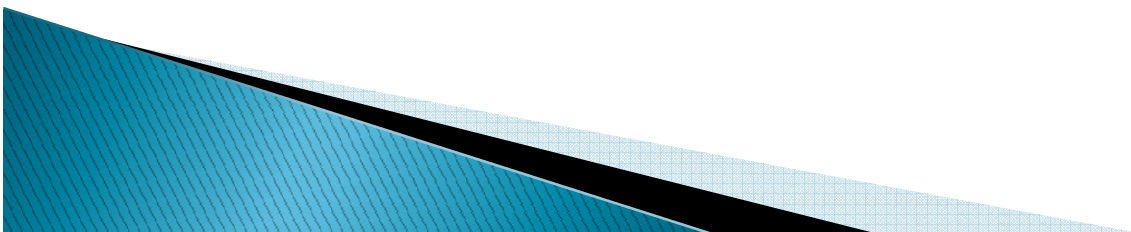
Michales, Ely, Ndhlovu, and Rutenberg (2006)

- ▶ Need more staff “we don’t have the support staff such as counselors, social workers”
- ▶ “A lot of doctors are not willing to work with children.. They think that with children it’s more difficult... I know our nurses don’t see children”
- ▶ Need more support for grandparents of HIV+ child – still grieving for own child’s death
- ▶ Patients don’t recognize value of counselors at first
- ▶ Parents are often ill themselves
- ▶ Families’ poverty is overwhelming concern



How well have national plans of action for orphans and vulnerable children addressed these issues?

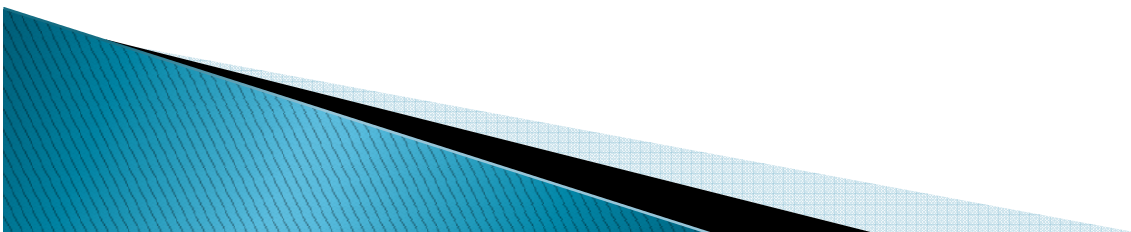
A review of plans from 17 countries in sub-Saharan Africa



Selection of countries and plans

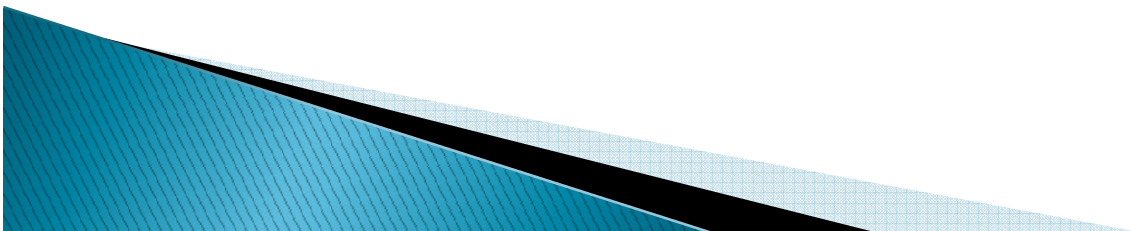
- ▶ High prevalence of HIV and AIDS
- ▶ Participated in rapid assessment, analysis and action planning
- ▶ Plans were complete enough to review by Oct 2007

Many are still drafts, and are continually being revised



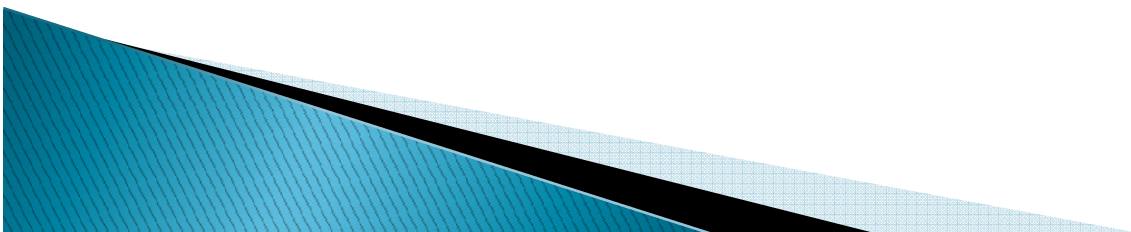
Angola
Côte d'Ivoire
Ethiopia
Kenya
Lesotho
Malawi
Mali
Mozambique
Namibia

Nigeria
Rwanda
South Africa
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe



System for ranking countries (0–5)

- ▶ Situation analysis of includes young children, age groups or special needs or circumstances of OVCs by age group (1 point);
- ▶ A program element applies to young children, or existing program is adapted to young children (1 point each);
- ▶ Detailed description of program including funding allocation (1 additional point);
- ▶ Monitoring and evaluation plan includes assessment by age group (1 point).



7 types of programs were evaluated for age and HIV/AIDS

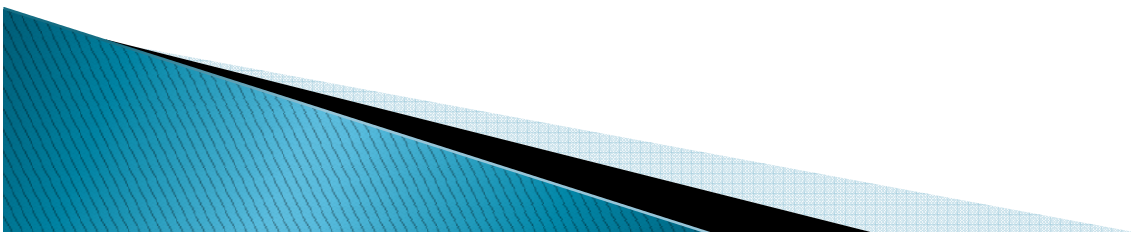
- ▶ Access to services:
 - Health and nutrition for 0–3
 - Treatment for positive young children – holistic?
 - Early child education centers – link to HIV/AIDS?
- ▶ Community based responses
 - Community based child care programs – include HIV/AIDS?
 - Parenting support that is age-appropriate
 - Home based care includes attention to family
- ▶ Policy and legislation
 - Birth registration



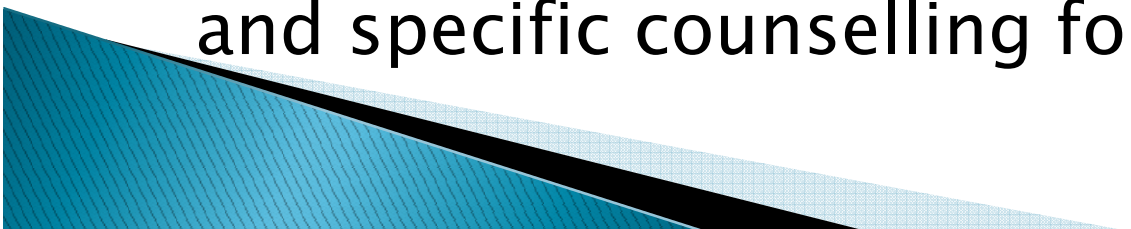
Examples: Situation analysis

- ▶ Malawi presented data on the number of children affected by AIDS by age group 0–4: 11%, 5–9: 36%, 10–14: 55%
- ▶ Mozambique: describes the importance of age groups, but no data are presented

- 1 point each



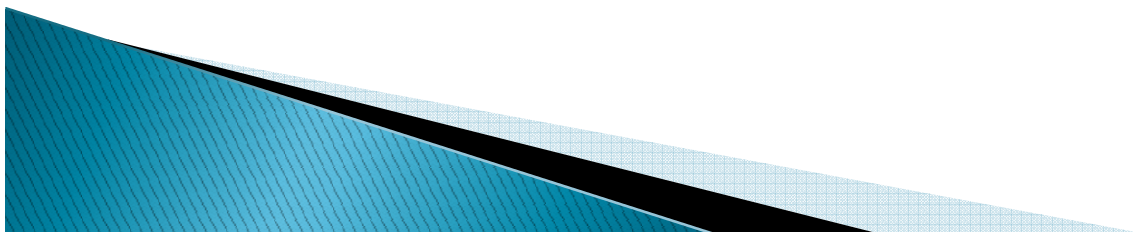
Examples: Programs and points

- ▶ *Kenya*: One session per year for caregivers on how to deal with young children (1 pt)
 - ▶ *Angola*: Reactivate community childcare programmes for most vulnerable communities based on mapping needs; specifies number of centres and training of care providers (2 pts)
 - ▶ *Namibia*: Expand ECD programmes and give community support for vulnerable groups (2 pts)
 - ▶ *Nigeria*: Institute free pre-primary education and specific counselling for OVC (2 pts)
- 

Countries with more than just medical treatment for HIV positive infants

- ▶ South Africa
- ▶ Rwanda
- ▶ Tanzania (not age specific)
- ▶ Uganda
- ▶ Zambia
- ▶ Malawi

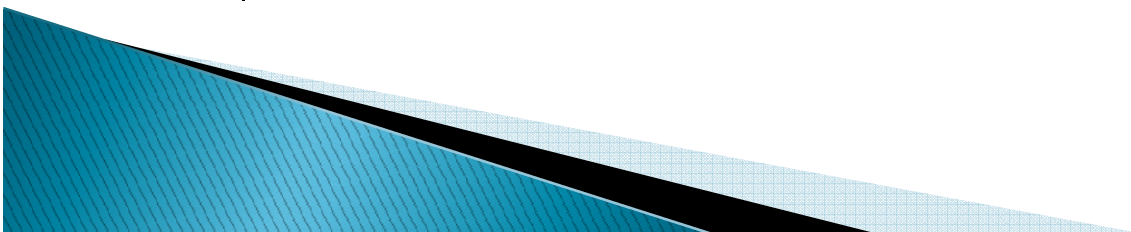
(2 did not mention HIV positive children in the plan)



Example of holistic care for infected children: South Africa

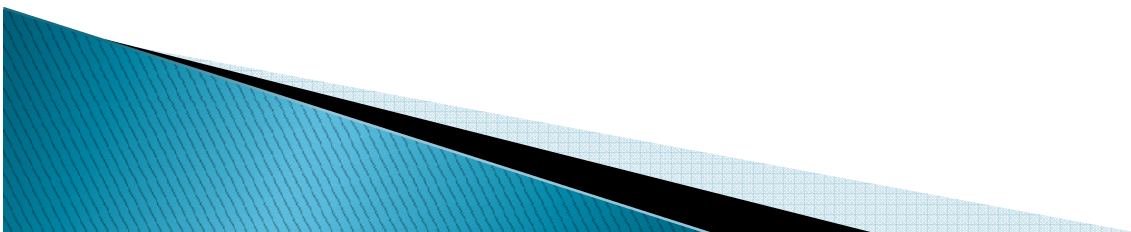
- Develop and maintain systems to track children of HIV+ mothers to ensure that they receive treatment and primary health care services

- and.....Improve comprehensive management of HIV and AIDS including ARV support to prolong the lives of primary caregivers

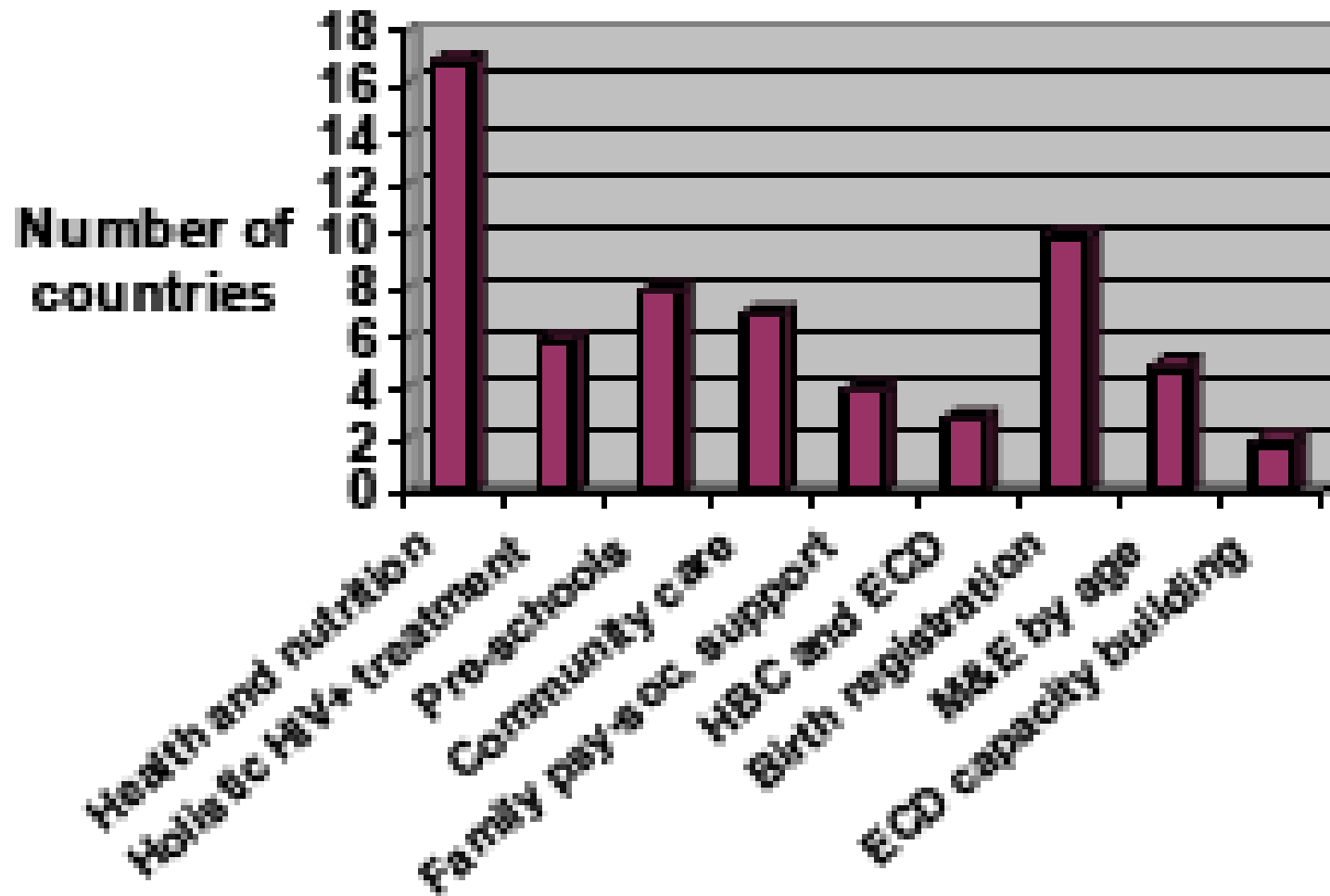


Holistic approach to infected children: Rwanda

- ▶ “The capacity of families and communities to support children infected and affected by HIV/AIDS will be strengthened through the provision of a package of care, support and protection interventions based on the OVC Minimum Package”.
- ▶ “..in relation to children infected and affected by HIV/AIDS community home based care will be provided by trained volunteers to households with sick adults or children”.

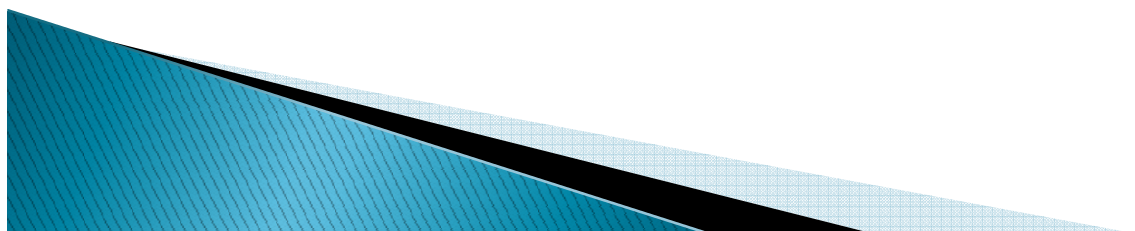


Number of countries who included the area in their plan (out of 17)

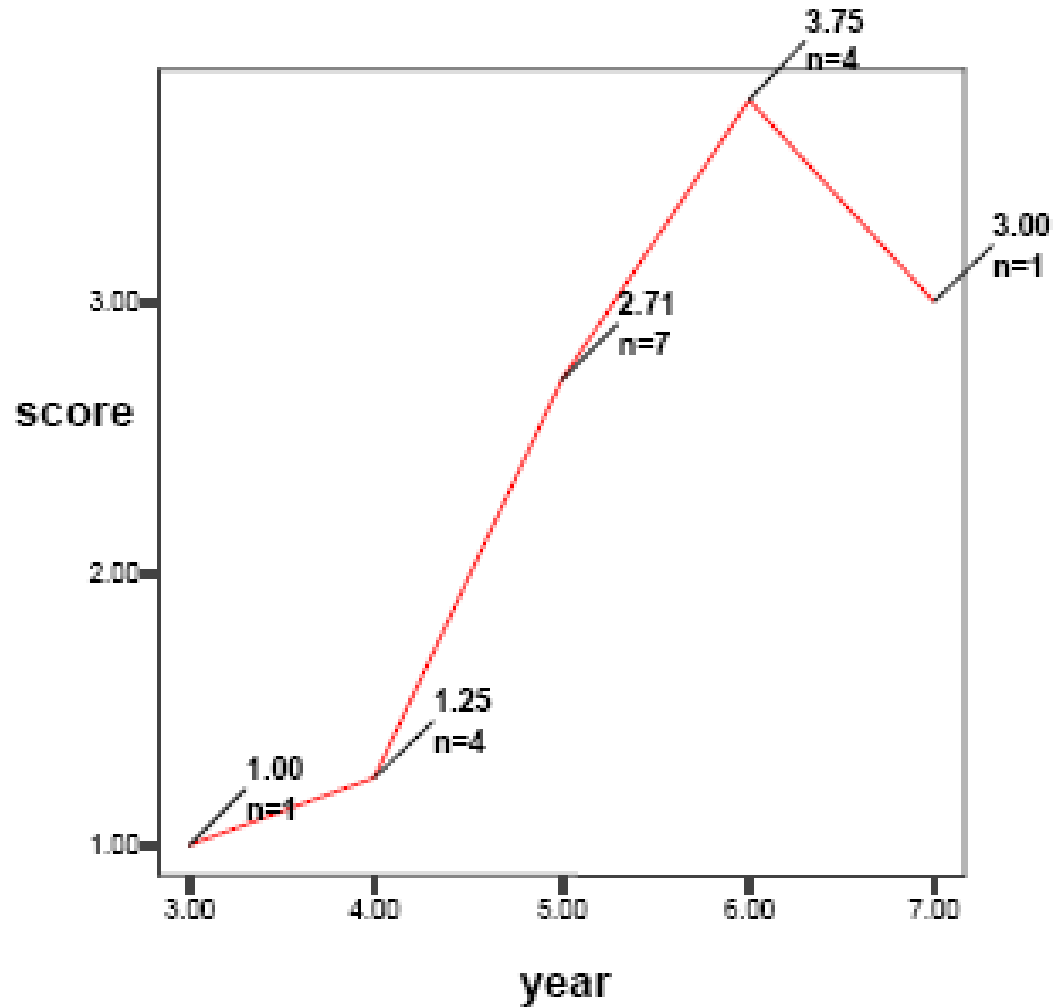


Scores on NPAs

Highest	Making progress	Some attention	Not yet
Malawi	Angola	South Africa	Cote de Ivoire
Rwanda	Mozambique	Swaziland	Ethiopia
Kenya	Namibia	Uganda	Lesotho
	Nigeria		Mali
	Tanzania		Zimbabwe
	Zambia		



Has it changed over time as new plans are prepared? 2002–2007



Mean rating scale for age appropriateness of NPAs by year of the plan's finalisation ($r(15)=.66, p<0.01$)
17 countries



Why would scores increase over time?

Some efforts from 2002–present

2002 – Consultative Group publication on AIDS

2003/4 – World Bank/UNICEF/UNAIDS Operational Guidelines

2004 – World Bank/UNICEF project on increasing programs for young children and HIV/AIDS

2004 – Children on the Brink used age breakdowns and an age focus

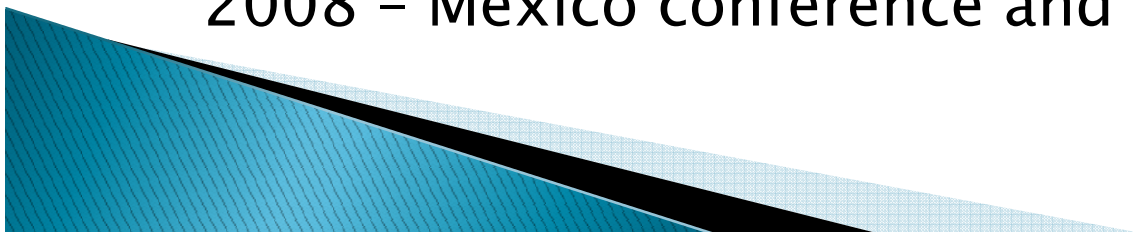
2005 – 3 papers from Bernard van Leer (2 –Sherr)

2006 – Major focus at Toronto to include children

2007 – CARE made major statements in US Congress, research in Uganda, major initiative

2007 – AIDS Impact conference had sessions

2008 – Mexico conference and this session



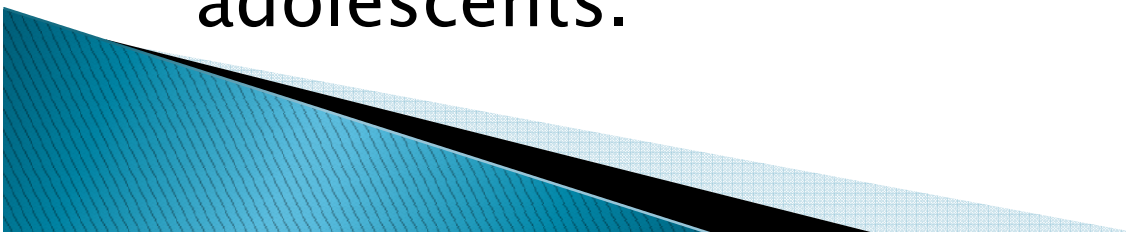
Conclusions from the review:

- ▶ The number of countries using age-appropriate programming is increasing . But..
- ▶ Growing understanding of role of early child care centers –
 - But have to be seen as sources of support not only education
- ▶ Plans for young children often broad or vague– especially psychosocial care
- ▶ Some are mentioned but not be funded, or too limited to be effective
- ▶ Little focus on capacity building in ECD



Recommendations

- ▶ Capacity building in ECD and in psychosocial support for young children at all levels
- ▶ Need evidence of effectiveness of different approaches
- ▶ Link ECD to PMTCT and home based care programs
- ▶ Strengthen awareness of HIV in ECD programs, child and family need for support
- ▶ Important to continue to advocate for young children as well as older children and adolescents.



Excellent tool – simple books for caregivers to read to children..

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Child's
mother
has died

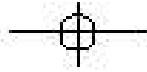
Bheka ukuthi ngubani okuthandayo!



UNICEF
South Africa

Look who loves you!

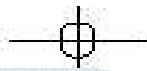
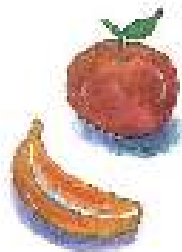
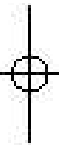
Pam Picken,
TREE



Thula, thula mntwana
Bheka thina
siyakuthanda.
Thula, thula mntwana
Ukhulu uyakuthanda.



Thula, thula mntwana
How we love you.
Thula, thula mntwana
Granny loves you.



**For HIV
positive
Children**



Kudala-dala kwaye kukho umvundlana
owayengaziva mnandi.



There was once a little hare who wasn't
feeling very good.

Wayesoloko ediniwe ngalo lonke ixesha -
edinwe kanye njengendlela oye uzive ngayo
xa ubugrumba intlabathi imini yonke.



He was tired all the time – just as tired as
you feel when you have been digging in
the sand all day.

Wayelusizi kakhulu – elusizi kanye nje-
ngendlela oba lusizi ngayo xa kungekho
mntu ufuna ukudlala nawe.



He was very sad – just as sad as you feel
when no-one wants to play with you.

Udade bomvundlana wabuza, “Ndingenza ntoni ukukunceda uzive ngcono?”

Umvundlana omncinci waphendula wathi, “Masizobe umfanekiso.”

Inene, benza kanye oko.



The little hare’s sister asked, “What can I do to help you feel better?”

The little hare replied, “Let’s draw a picture.”

And so they did.

Umama wakhe umvundlana wamanga.

Wabuza wathi, "Ndingenza ntoni ukukunceda ube ngcono?"

Umvundlana omncinci waphendula wathi, "Ndicela ukusingatha kuwe, ze ndikuculele ingoma."

Inene, wenza njalo.



The little hare's mother gave him a hug.

She asked him, "How can I help you to feel better?"

The little hare replied, "Let me sit on your lap and sing a song."

And so he did.

*"Ndiziva ndikhethekile," wacula,
"Kwaye ndiyazi ukuba niya kusoloko nikhathala
ngam.
Andisokuze ndibe lilolo
Kuba niyandithanda."*



*"I'm special," he sang,
"And I know you will always care.
I'll never be alone
Because you love me."*