01 Rationale

As part of their basic human rights, 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. Whether because of exposure, infection and/or drug effects, HIV impacts health, nutritional, learning and development outcomes. 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
Approaching 2020: Scaling up key interventions for children and adolescents living with HIV

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.

**Policy and legal considerations**

- 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

**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).
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.
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. Child lives in a safe, stable and consistent caregiving environment.

Outcomes at Three Levels:

- Caregiver Status: Caregiver is healthy and able to respond effectively to children’s needs.
- Early Childhood Environment: Child lives in a safe, stable and consistent caregiving environment.
- Full Developmental Potential: Children feel safe, loved, supported and nurtured and have the opportunity to thrive physically, emotionally, intellectually and socio-culturally.

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

![Figure 1](image_url)

### 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.

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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. Yabongo 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 children 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.

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**Public Health and Service Delivery Framework (figure)**

**Children's Health and Development, Rights and Protection**

- **Nutrition**
- **Care and Development**
- **Health**
- **Rights and Protection**

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

<table>
<thead>
<tr>
<th>Stage</th>
<th>Age and Cognitive-Intellectual Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>0-2 months</td>
</tr>
<tr>
<td>Birth to &lt; 3</td>
<td>3-23 months</td>
</tr>
<tr>
<td>3 to 6</td>
<td>2-5 years</td>
</tr>
<tr>
<td>6 to 8</td>
<td>5-11 years</td>
</tr>
</tbody>
</table>

**Critical Needs**

- **Essential Actions**
  - Ensure caregivers are signs of mental distress and link to mental health services.
  - Access to nutritious foods during pregnancy, especially when receiving nutrition program.
  - Women have the right to be safe from harm, violence and abuse and to own, keep and maintain these rights.
  - Pregnant women have the right to be safe from harm, violence and abuse and to own, keep and maintain these rights.
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05

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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.
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

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

References

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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E-versions available at:

www.teampata.org/pata-research/ or www.childrenandaids.org/learning-center-page