

Working
Group **5**

GUIDELINES ON PROVISION OF CARE AND SUPPORT FOR STREET CHILDREN INFECTED WITH HIV/AIDS

WORKING GROUP PARTICIPANTS

Dr Ben Aboubacar, Medical Coordinator, SAMU social, Bamako-Mali, Mali.

Ms Rose Dossou, Head of NGO Chigata, Abidjan, Côte-d'Ivoire.

Mr Kouassi Konan, President of the Movement for Education, Health and Development (MESAD), Abidjan, Côte-d'Ivoire.

Screening for the AIDS virus in street children is essential, since their living conditions expose them to a number of risks: a high number of potential partners, exposure to having unprotected sex, taking drugs, a strong prevalence of sexually transmitted diseases that are untreated or badly treated, etc. The problem consequently arises as to taking care of those children who are found to be seropositive.

The most solid option involves creating the accompanying structure that makes it possible to convince children to undergo the screening test, to help them when the results are announced and to support them afterwards if they are seropositive.

AIDS Screening

A blood test is carried out to find traces of the virus, which are the specific antibodies produced by the body in the face of HIV, the antigens carried by the virus, etc. The results, in relation with the time that has elapsed since the previous risk relation, make it possible to determine whether or not there is infection. A second test may be necessary to make sure that the person is not at the start of an infection. A negative test three months after the latest risk relation means that the subject is definitely seronegative.

The objective is to provide an overall vision to the authorities so that they do not limit their action to partial measures, to enable the effective fight against all forms of discrimination and to strengthen solidarity and mobilisation.

1 CARE CONDITIONS

The legal framework: in the absence of any family, the law may provide for the appointment of a tutor to enable the voluntary screening of minors. The intervention organisation should be able to depend upon the legal capacity to exercise this role of tutor, which would enable the creation of conventions and agreements with the authorities concerned, such as the ministries responsible for children and health.

The organisation should work in favour of family reconciliation, as it is only by default that it will substitute the family in terms of taking care of the child. This stipulation must be integrated within the conventions or agreements.

The ethical framework: social exclusion, the precarious nature of living conditions and the psychological vulnerability of the street children entails a voluntary screening ethic based on informed consent and confidentiality and should respect the principle of precaution. The serological screening should not be proposed to the child unless he or she informs the facilitator as to the risk of infection, following unprotected sex or because of high-risk drug abuse. Under no circumstances should this be a systematic screening procedure based on the notion of a group at risk, since the risk should be individually assessed.

Nevertheless, thought should be given to the stance to adopt should a child voluntarily request a screening outside a proven risk situation. It is also necessary to determine whether the family should be informed as to the screening proposal made to the child by the intervention organisation or the voluntary request by the child for screening.

Finally, the principle of confidentiality of the serological status should be considered with regard to the facilitators in relation with the children as well as the family reconciliation work.

Material, human and financial resources: the medical and psychosocial care of a child infected with HIV/AIDS is extremely intense (treatment of opportunistic infections, daily follow-up of the child). Minimal conditions of efficiency of organisations intervening with the street children should be determined, particularly with regard to the supply of medicines and the availability of the intervention personnel (social workers, doctors and nurses).

2 SCREENING CONDITIONS

In order to stimulate the request for screening by children, it is necessary to:

- Integrate awareness about HIV/AIDS within all of the services usually offered by the social workers to the street children;
- Involve the family or alternatively the specialised accompanying structures;
- Maintain the social workers at the heart of the process with regard to pre-test and post-test advice, as well as specific accompaniment.

3 SCREENING LOCATIONS

Screening services should take the samples in advisory bureaux and children's centres, involving the educators at these centres to a greater extent; discretion should be paramount in order not to alarm the people who do not reside at the centre.

However, there is no unanimous agreement as to the idea of integrating screening services and advisory bureaux and children's centres. The SAMU social-Mali highlights in particular the

contradiction between such a measure and those recommended in the field of counselling, treatment and psychosocial monitoring, which place an emphasis on the need to guarantee the access of street children to common law structures.

Screening centres The Bamako CESAC represents an example of partnership between an intervention organisation for street children and a screening centre; as mentioned previously, street children need to be integrated within services that are common to the population as a whole. Specialised organisations reinforce stigmatisation.

The example of the Bamako CESAC

The Centre for Care, Activity and Advice for people living with HIV (CESAC) offers medical and psychosocial responses to the problems of taking care of infected people and works to screen for the disease.

Its seven different but complementary units (welcome, screening, consultation, care, sample-taking, pharmacy, accounts and social assistance) receive an average of 2,500 patients annually who are cared for by a multidisciplinary staff. From the creation of the centre in September 1996 until August 2004, 1,500 cases were detected.

The CESAC develops psychosocial and socioeconomic support programmes, as well as individual and group projects. It functions in a network with hospitals, associations and NGOs, to a certain extent with all of the organisations involved in the fight against the epidemic and has rightly become a key structure in the field of the fight against AIDS in Mali.

Approved health centres in the framework of national mother to child transmission (MTCT) prevention policies. Young pregnant girls have the advantage of being able to be automatically integrated within the protocol of national policies, from pregnancy until the child reaches the age of 18 months; implementation of a partnership with a health centre, selected particularly according to its proximity to an accommodation and housing centre for young girls.

4 PRE- AND POST-TEST COUNSELLING

In the absence of family support, the person intervening to assist the child should be the main source of preventative education upon the announcement of the result, hence the importance of the relationship of trust established prior to the issue of screening. The staff at the screening centre should not intervene at this stage except to support the action carried out by the facilitator (essential function of normalisation of the procedure, exempt of any form of stigmatisation of the street children).

The principle of confidentiality of the announcement should nevertheless be taken into account: in this sense, it should be up to the child to decide to inform the facilitator as to his or her serological status (support-advice function of the screening centre). It is nevertheless necessary to consider the possible adaptation of this principle to the specific situation of the street children, bearing in mind the age criterion, in order to ensure the treatment care and the psychosocial support should the child refuse to make known his or her seropositivity.

Likewise, how should the principle of confidentiality be reconciled with the family reconciliation work (announcement by the child's intervention organisation)? Finally, should the principle of confidentiality be measured according to the child's state of health (asymptomatic seropositivity, AIDS stage)?

Some elements to be considered upon announcement

- Keep the social workers at the heart of the announcement.
- Use games as a means of facilitating the announcement.

- Reassure the child that it is possible to live with the virus.
- Allow for the intervention of people living with HIV (PWHIV).
- Involve community leaders and people with a positive influence on the family.
- Create discussion groups (for example, a parents' school) for families facing the same problems.
- Make available nearby services to accompany the families.

5 TREATMENT AND PSYCHOSOCIAL MONITORING

In the absence of family support, commencing treatment with ARVs (Antiretrovirals) requires two prior conditions: they should be free of charge for children, including additional examinations, and the child should be responsible for the management of his or her own treatment.

Taking care of the child by organisations that specialise in HIV/AIDS, such as the integrated organisations within the IMAARV in the case of Mali, the PWHIV associations such as the AFAS-AMAS in Bamako, allows for the complementary intervention of doctors and social workers in relation with the children, particularly in welcome and housing centres. Should the child return to his or her family, the family is put into contact with the existing care organisations.

The IMAARV, a specialised structure in the fight against AIDS in Mali

Taking the example of the Senegalese initiative of access to ARVs, Mali launched the Mali ARV access initiative in September 2001.

The Ministry of Health imposed a fixed tariff for all tritherapy, with a guaranteed stable price for treatment in the event of it not being free of charge. A social survey made it possible to determine that the financial participation of the patients varied between 5 to 70% of the set price.

This initiative by the Government of Mali on the issue of access to treatment is fundamental in the fight against HIV/AIDS.

In June 2004, a decree was issued, providing for ARVs free of charge in Mali, following the announcement made in this sense by President Amadou Toumani Touré last January.

The specific case of children who refuse guidance within the centre, including after the announcement that they are seropositive, offers the possibility of experimentation with a strategy known as the Direct Observable Treatment System (DOTS), in the form of periodical meetings in a specialised centre, by means of a mobile aid centre equipped for such work. This type of mobile device has been used particularly in the USA (San Francisco) for the fight against HIV/AIDS among the homeless. The DOTS via a mobile centre has also been tested in the field of the fight against tuberculosis for homeless people in Paris (the tuberculosis mission was carried out by the Parisian SAMU social).

To this end, the implementation of the following conditions should be considered:

- Strengthening educational practices able to stabilise the child through listening, educational projects, socioeducational activities, etc.
- Creation of a stimulating environment for the child by means of games, professional training, education, etc.

- Avoiding turning the infected child into a privileged person. The child should be considered in the same way as any sick child.
- Treatment should be free of charge for the children, as is the case in Mali. If treatment is to be paid for, a state contribution should be sought. Treatment that is free of charge should be requested.
- Include pregnant girls within the overall care system..
- Make the child responsible for his or her access to treatment.
- Ensure that medicine is taken at precisely the right time. The notion of time is problematic for children, who do not have a well defined rapport with time, hence the necessity of involving accommodation or hospital centres, as ARV treatment is intense and requires a regular monitoring of the children.
- Develop a partnership with the PWHIV associations and charity organisations.
- Implement national and sub-regional networks for the monitoring of children who move around.
- According to each particular case, each child should be cared for by different facilitators: children with no family base should be taken care of by social workers; if children do have a family base, the family should be linked to the social workers in the care procedure; an organised child would benefit from education guaranteed by a peer.

Proposed activities

- A workshop to consider the creation of a legal and ethical framework.
- Training of people to intervene with the street children in the following fields:
 - Pre- and post-test counselling.
 - Treatment education.
 - Psychosocial support of PWHIV.
 - Family mediation in the specific context of children infected with HIV/AIDS, particularly with regard to the announcement to families.

FOR FURTHER INFORMATION

Dr Ben Aboubacar, Medical Coordinator, SAMU social-Mali, Hippodrome, BPE 3400, Bamako, Mali, tel.: (223) 221 97 10, e-mail: samu-social@cefib.com

Ms Rose Dossou, Head of NGO Chigata, 23 BP 1242 Abidjan 23, Côte-d'Ivoire, tel.: (225) 46 11 16, e-mail: ass_chigata@francite.com

Mr Kouassi Konan, President of the Movement for Education, Health and Development (MESAD), 18 BP 3065 Abidjan 18, Côte-d'Ivoire, tel.: (225) 21 35 16 61, fax: (225) 21 24 61 61, e-mail: mesad_ci@yahoo.fr

Ms Florence Migeon, UNESCO Basic Education Division, 7, place de Fontenoy, 75352 Paris 07 SP, France, tel.: (33) 1 45 68 11 73, fax: (33) 1 45 68 56 26, e-mail: f.migeon@unesco.org

Ms Tatiana Mora, P.A.U. Education, Muntaner, 262, 3r, 08021 Barcelona, Spain, tel.: (34) 933 670 400, fax: (34) 934 146 238, e-mail: tatiana.mora@paueducation.com

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The ideas and opinions expressed in this publication are the result of this group’s work and, as such, reflect only the opinions of the participants.

Six groups were created during the international seminar “Protecting rights of street children: combating HIV/AIDS and discrimination” to debate and reflect upon the following items:

- 1. Pre-intervention Study**
- 2. Advocacy**
- 3. Listening and Teaching Skills for the Facilitators**
- 4. Contents**
- 5. Provision of Care and Support for Street Children Infected with HIV/AIDS**
- 6. Getting Children off the Street**

The six guidelines are available on the website www.paueducation.com/aids