

Offering space to children infected and affected by HIV and AIDS

The Maddox Chivan Children's Centre in Cambodia

Marie-Pierre Fernandez



Photo: CHC

Most parents with full-blown AIDS are no longer able to make a living and meet the needs of their families in terms of housing, food, security and care. As they are victims of discrimination, they have no one to turn to for support. They suffer anguish at the thought of leaving their children orphaned when they die. This has a tremendously negative impact on the lives of the children. The situation of a great number of HIV-infected children is dire and so is that of affected ones, children who are HIV negative but whose parent(s) or sibling(s) are HIV positive. Although the latter are in greater numbers and given less consideration, the impact of AIDS on their lives is just as tragic. For instance, children experience frequent changes in their life circumstances and place of dwelling, which deprives them of reference points. Their school attendance (if any) is erratic and most often interrupted well before they complete primary level.

The development of such children is interrupted by these hardships and other traumatic experiences such as the loss of loved ones, discrimination and stigmatization, family dysfunction or their own sickness or that of a parent whom they have to look after. They, therefore suffer from a vague but deeply rooted ever-present sense of anguish stemming from the fear of being abandoned.

According to the Cambodian Ministry of Health, some 9,000 children were living with HIV in 2003. In 2001, an estimated 51,000 children were orphans due to AIDS. The Maddox Chivan Children's Centre (MCCC) in Phnom Penh is a project of Cambodian Health Committee, a Cambodian NGO. It targets children infected and affected by HIV and AIDS in disadvantaged circumstances. Children cared for by the MCCC often suffer from a lack of self-confidence, have an extremely low level of self-esteem and their performance in school

is bad. They lack references and display learning disorders (memory problems, low attention span, and problems in learning to read and write), behaviour problems (hyperactivity, aggressiveness, withdrawal, isolation, emotional demand and desire for physical contact) which

in some cases may be symptomatic of more deeply-rooted psychological problems and developmental delay.

Sound coaching

Successful survival in such circumstances requires a high degree of resilience, but this is not enough to give the children an opportunity to break free from the vicious circle of poverty and move into the future with optimism. Children living with HIV require more than medication and medical care; they must have enough to eat, a roof over their heads, go to school, be a part of their community, receive support to cope with the traumatic events, not being discriminated and, most importantly, be encouraged to renew their belief in a possible future. Affected children also need to be able to turn to a source of support, go to school, receive care when they get sick, not be forced to work and receive assistance to rebuild their lives. Children infected and affected by HIV and AIDS need sound coaching in a way that promotes their development and helps them cope with the many obstacles confronting them.

These are the founding principles of the Maddox Chivan Children's Centre. Its goal is to give these children an opportunity to get out of their marginalization and develop a plan for their lives that will eventually lead them to become socially and economically integrated

Photo: CHC



citizens. The strategy consists of providing multi-disciplinary support to meet their urgent needs (medical, nutritional and social) that compensates for some of the deprivations they suffer from with regard to their educational and psychological needs. Since its initiation in February 2006, the centre has provided assistance to 350 children aged 0 to 16. Factors considered while selecting children to be assisted include their medical needs, family situation (priority is given to orphans and children living with a widowed parent), economic and psychological distress (of parents and children), schooling challenges (not attending or falling behind in school). There is special focus on pre-school age children and teenagers.

Comprehensive care and support

The MCCC operates as a day care centre, taking in children for half days or full time and supporting them in the following areas:

- *Medical and nutritional* – Where necessary, affected children are monitored medically and provided with cost-free medication and hospitalization. Infected children are put on ART and are monitored by the paediatric department of a public hospital. Doctors and nurses from this hospital do consultations for HIV-positive children at the MCCC. All children receive a daily nutrient provision.

Children infected and affected by HIV and AIDS need sound coaching in a way that promotes their development and helps them cope with the many obstacles confronting them

- *Educational* – Pre-school support is given to small children starting at age 2 to stimulate their intellectual curiosity as well as provide them with appropriate means to develop their potential and acquire basic skills for successful schooling and socialization. School support is given from grade 1 to 6 to help pupils maintain their level and make up for falling behind due to repeatedly missing school and thus help curtail the pattern of failure and school dropout.
- *Psychological* – Special emphasis is put on psychological support but other needs are also addressed to enable the child to develop properly. The support provided at the MCCC is comprised of three key interventions: 1) Therapeutic counselling focusing on therapeutic education and compliance with treatment, 2) Psychological support given to HIV-infected children, those suffering from distress or going through a difficult time in group sessions based on art therapy or on a one-to-one basis, 3) Life skills workshops for information pick up, expression and

interchange that help the children to think and acquire knowledge and skills that can help them to avoid certain social risks (drugs, delinquency, AIDS, etc.) and explore work opportunities.

- *Social* – Personalized follow-up of families, which involves identifying those in need, regular evaluations and immediate intervention in a problem or crisis situation (finding a home, death, abandonment, family abuse or violence, unemployment, etc.) so as to avert the situation whereby their living conditions become even more precarious.
- *Leisure activities* – One-to-one or group games both indoors and outdoors, computer activities, English, artistic expression and sports are offered. Such activities promote the good physical and mental health of the children and are also outstanding tools for learning and development.

Indicators of success

The programme has not been assessed since it was started up in 2006. It is therefore premature to draw conclusions on its impact. Nevertheless, the results achieved underscore its effectiveness to a certain extent. There is evidence of the programme's impact on education: we have noticed improved performance at school and at the MCCC and a behaviour change in class (greater attention span, sustained concentration and stimulation of a definite interest in learning). Also, all children who had dropped out of school went back to school while others enrolled for the first time at the beginning of the 2006/2007 school year.

With regards to social risks, we have also seen a decreased number of children and teenagers running away from home, living in the streets or even turning to delinquency. We believe that our focus on improvement of self-worth has led to a decrease in aggressive behaviour patterns, hyperactivity, and symptoms of depression and, most importantly for those children, help to build belief in a possible and positive future. Finally, we have also noticed that relationships in the family have improved. Parents frequently express a sense of relief now that they no longer feel left on their own to care for their children, and they often show their satisfaction once they see that their children are doing well in school and are exhibiting better behaviour patterns.

Offering an educational and therapeutic space

Overall, it can be said that the centre is an educational and therapeutic space where children can find the following:

- *A response to their overall basic needs (multidisciplinary offer) as well as their specific*



Photo: CHC

needs through personalized follow-up – For children living with HIV, medical management is made less traumatic and the stress level at consultations is lessened; consultations are conducted by a medical doctor with whom they have daily contact, in a space in which they feel at ease and in which they feel good.

- *A space they can trust* – The centre reassures them and gives them a sense of security and 'normalcy'. It is a stable reference in their lives that have continually been in disarray. It is also a facility that sets boundaries for the children, which are often sorely lacking in their families due to having no father or because of parental failure in the home.
- *The opportunity to express themselves* – Many communication and listening spaces available provide the children with the opportunity to express their fears and anxieties, to ask questions and vent their frustrations, put into words what they are going through, and this helps them to overcome trials (bereavement, being put in a new home, abandonment) and to deal more effectively with painful events.
- *The opportunity to advance themselves* – All of the activities offered help them become aware of their real potential in learning and progressing, something which they were previously very negative about because of their perceived failures and the negative messages that they internalized.

Photo: CHC



In conclusion, the positive changes among the children in a relatively short span of time lay the basis for great hope. There is evidence of a great capacity for resilience, of an extraordinary potential if the child is assisted to express itself and most importantly, to effect a possible change in the course of situations sometimes considered as hopeless. Nevertheless, clear thinking and caution are the bywords. The input from the facility seems obvious, but what will eventually become of the children remains somewhat uncertain. Many factors come into play in their development processes that we are not aware of and over which we have no control. The MCCC is helping the children to cope with their traumas and acquire school and personal skills. It cannot guarantee that they will successfully get on top of things economically and socially in the future, but it is giving them a much better chance of doing so.

Marie-Pierre Fernandez

Programme coordinator Maddox Chivan Children's Centre

Correspondence:

Cambodian Health Committee

Maddox Chivan Children's Centre

PO Box 119, Phnom Penh, Cambodia

Tel: +855 2335 3583, E-mail: chc_mccc@yahoo.com

Web: <http://www.cambodianhealthcommittee.org>

Resources

on children affected by HIV and AIDS



Where the heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS

L. Richter, G. Foster & L. Sherr, Bernard van Leer Foundation, 2006 (60 p.)

This is an opinion piece developed through a series of four workshops organized by the Bernard van Leer Foundation in preparation for the International AIDS conference in Toronto (2006). It includes a call to action to address the psychological wellbeing of all vulnerable children.

PDF: <http://alliance-uk.inforce.dk/graphics/OVC/documents/0000837e00.pdf>

HIV & AIDS and safe, secure and supportive learning environments

UNESCO, 2006 (55 p.)

This booklet is the second in a series of publications that address key themes of UNESCO's work on HIV/AIDS and the education sector. It discusses issues affecting learners in the context of HIV and AIDS, including rights and access to education, protection, knowledge and skills, and care and support. It also includes a bibliography, a list of practical tools and resources, and sources of additional information. Although it is intended mainly for government, donor and NGO policy makers, planners and managers working in the education sector, the booklet will also be useful for school governing bodies, administrators, school principals, teachers and other educators working on HIV and AIDS.

PDF: <http://unesdoc.unesco.org/images/0014/001461/146122E.pdf>

