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TRANSLATING THE MSF PLAY THERAPY TOOLKIT INTO PRACTICE ON THE WEST COAST OF YEMEN

Sani Adamu[1], A. Hilbig[1], G Chopris[1], M. Crucitti[1], CA Lim[1]
[1]Médecins Sans Frontières, Brussels, Belgium

INTRODUCTION

Play therapy is an essential tool for paediatric care, this abstract exhibits play therapy in a modified set-up in an MSF-supported facility in the West Coast of Yemen.

According to article 31 of the UN convention on the right of the child, play is a human right of the child. It is the most important work done by children. It is not only for fun but is also natural medium through which children share, negotiate, undertake, improvise, and create in a spontaneous manner and responding to their own challenges. The article recognizes that all children have the right to engage in play and recreational activities and that all governments agencies, humanitarian organizations and local partners are to respect, promote and protect this right. Unfortunately, many children around the world including Yemeni West Coast children have no opportunity and access to play. It is common in therapeutic play that children transition in and out of using play for therapeutic and recreational purposes. The child-directed transition in and out of the therapeutic space allows the child to select the depth of processing and exploration of different experiences. Play and other expressive therapies allow children to explore their feelings and communicate their experiences without relying on verbal language skills.

CASE DESCRIPTION

A nineteen-month-old girl with severe malnutrition presented severely ill with three days of fever, cough, vomiting, non-bloody diarrhea and anaemia. Following examination and investigation, clinical diagnoses of haemolytic anaemia, paracetamol toxicity, and SAM were made, and she was treated according to clinical protocols. By day three, the child's clinical condition had improved significantly. However, the child remained withdrawn.

Figure 1: Images from MSF Play Therapy toolkit

The medical team decided to initiate bedside play, using the MSF Play Therapy Toolkit (see **Figure 1**). Toys were displayed, clinicians began engaging the child and caretaker and the child sat up and began playing with the toys and had a brighter expression which explored her feelings and communicated her experience without relying on verbal language skills. This highlighted that holistic care for children is not solely focused on clinical care, but also on social and emotional care. Particularly important is the element of emotional engagement, often missing in a context where children continue to be impacted by violence and conflict.

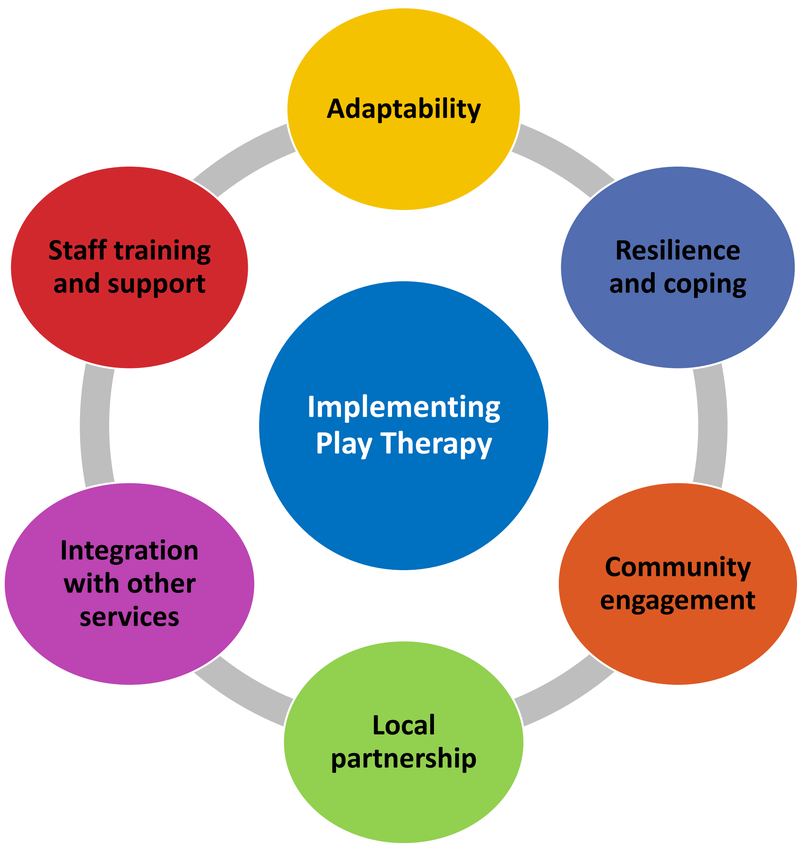
DISCUSSION

On the West Coast of Yemen, provision of medical care remains focused on clinical management. However, raising awareness that play is a critical and complementary element of medical treatment is important for improving the social and emotional care for children. There is limited literature regarding implementation of play strategies in similar contexts. MSF has recognized the importance of play therapy as a part of a broader package of paediatric care. Through use of the MSF Play Therapy Toolkit, we sought to introduce strategies consistent with child-centered care. In November, 51 hours of play sessions were supervised by the HP, with a total of 172 attendances (some children attended multiple sessions). We perceive the implementation of child play strategies will complement the provision of medical care to children on the West Coast of Yemen.

Table 1: Challenges of implementing play therapy in MSF

Challenge	Description
Resource limitation	MSF often operates in resource-limited settings where access to materials and trained personnel for play therapy may be scarce
Cultural sensitivity	Play therapy techniques may not always align with cultural norms or may need to be adapted to be culturally sensitive, requiring careful consideration and training.
Staff training and turn-over	Training staff in play therapy techniques and maintaining a consistent team can be challenging in dynamic MSF settings with high turnover rates.
Safety concern	Safety and security risks in conflict or post-disaster environments may disrupt regular play therapy sessions or make it difficult to create safe spaces for therapy.
Language and communication	Play therapists may face challenges in communicating with children due to language barriers or the lack of suitable interpreters.

Figure 2: Important factors when implementing play therapy



Implementing play therapy in Médecins Sans Frontières (MSF) settings, can present challenges at implementation level as well as challenges for the facilitators due to the unique context of humanitarian aid work (see **Table 1**). With regards to facilitators, a number of factors should be taken into account when implementing play therapy (see **Figure 2**). Overall, while there are challenges to implementing play therapy in MSF settings, creative adaptation, community engagement, and integration with existing services can facilitate its successful implementation and contribute to the well-being of children affected by crisis situations.

ETHICS STATEMENT

This study fulfils the exemption criteria set by the MSF ERB and was approved for submission by the OCB Medical Director