Family Cantered, Child Focused Approach to OVC Support – the '*Nuru Ya Jamii*' Model

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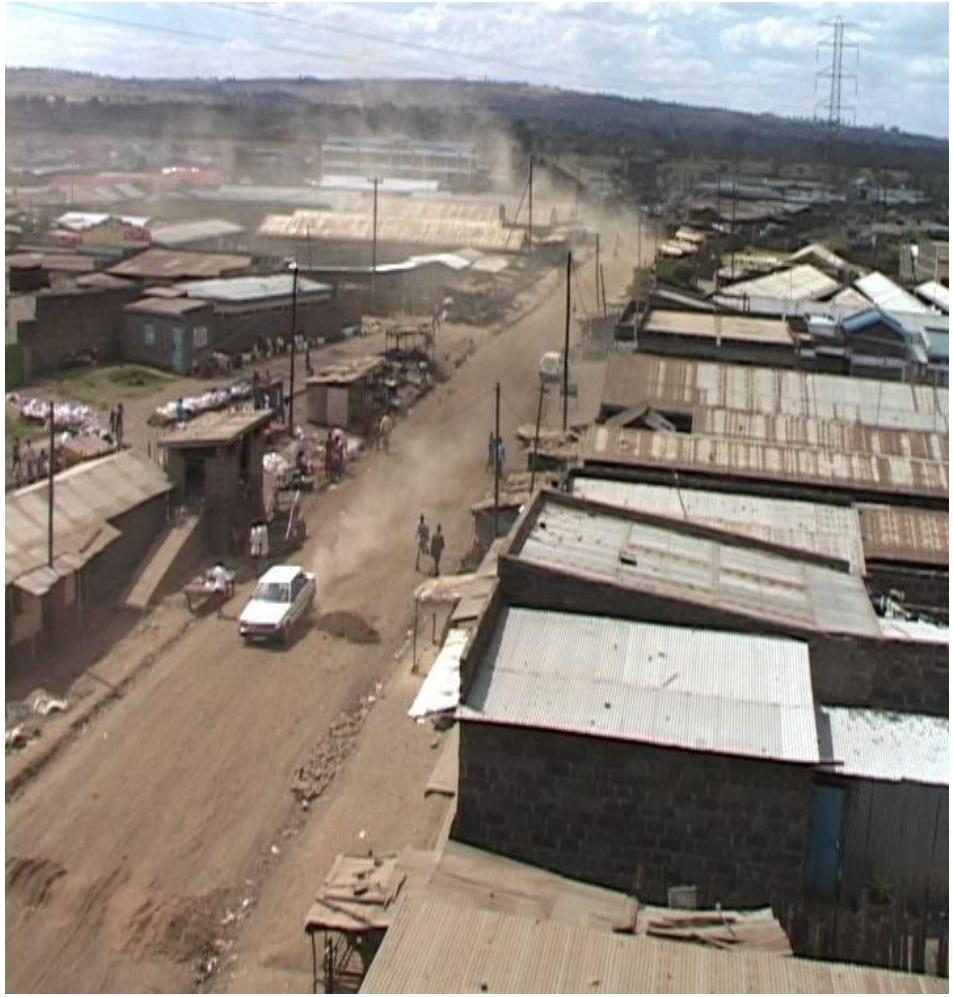
Outline

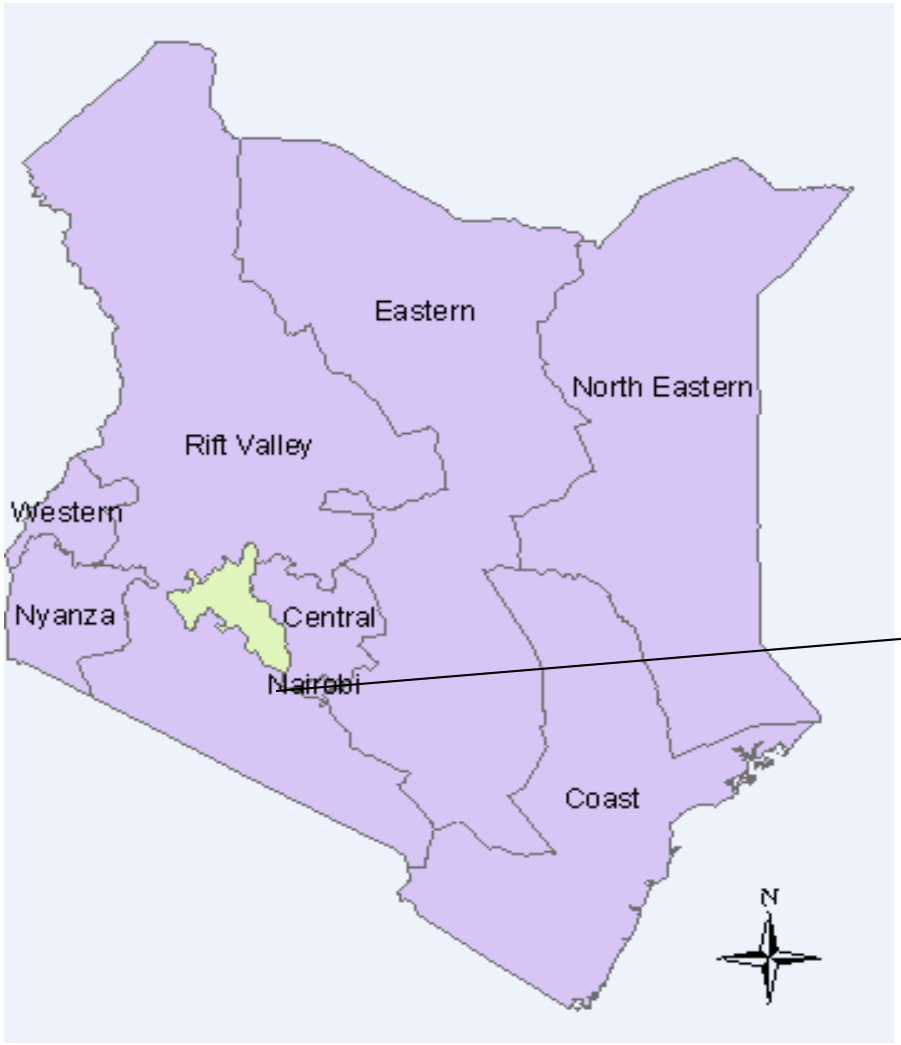
- Background
- Project goal, rationale and strategies
- Services provided
- Results of QOL assessment
- Challenges
- Future Direction

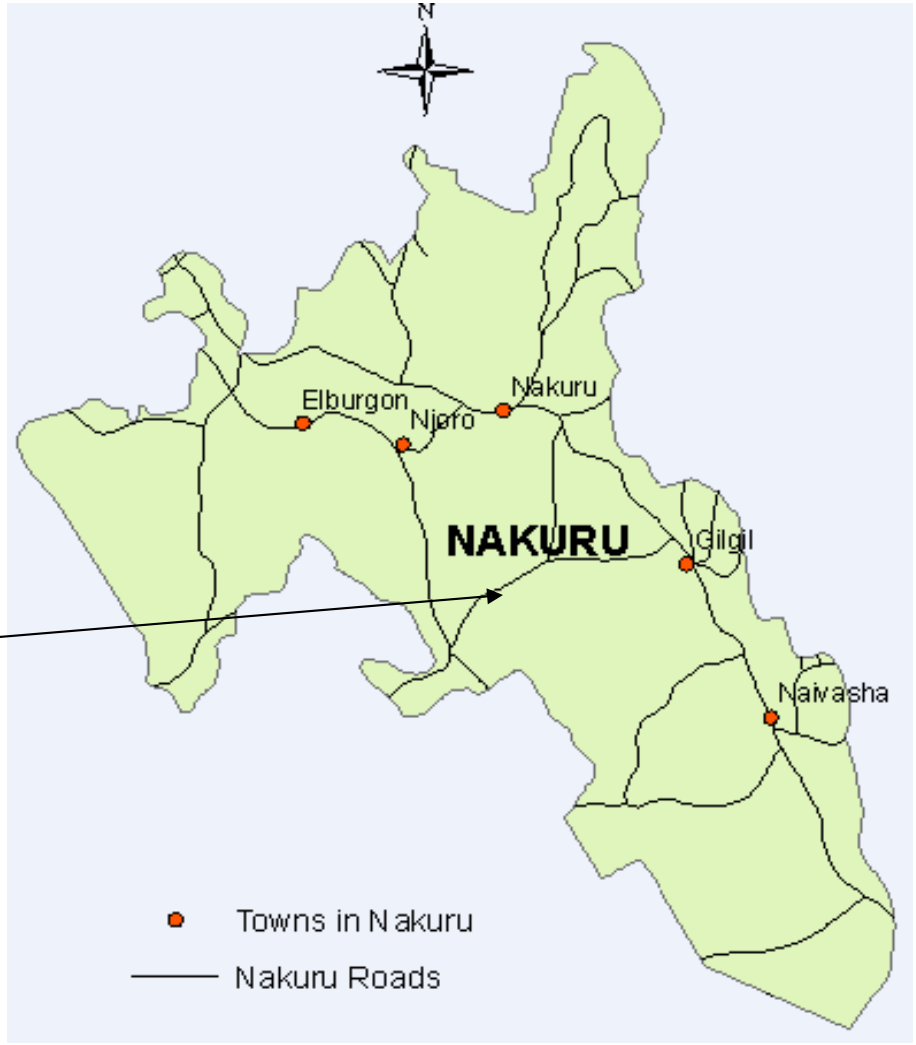
Background

- 1.7 million children (11% of all children) orphaned due to AIDS *(AIDS in Kenya, 2005)*
- Rift Valley has second highest number of orphans ~ 275,000 *(Ministry of Home Affairs estimate)*
- Nakuru district has the largest number of orphans in the Rift Valley province ~ 27,000 orphans
- Total no of HH registered to date ~ 1300; kids registered to date ~ 3364, guardians/parents ~ 1170,
- Average number of people per HH ~ 3.5.



Map of the study area





NYaJ Goal

Reduced vulnerability of children and their surviving parents/caregivers to HIV/AIDS through:

- a family-centered, child-focused and community-based approach
- prevention of orphaning by providing the full continuum of HIV/AIDS prevention, care, treatment and support services to parents/caregivers

Rationale

- Most OVC interventions single out orphans without assisting the family as a unit.
- Most interventions target children after they have been orphaned
- HIV care & treatment initiatives only just beginning to implement family-oriented models but often target a spouse/partner and not necessarily the children
- Most OVC interventions provide limited support i.e. education and PSS support and not the full range of services according to needs

NYaJ's Strategic Approach

- Built upon an ongoing FHI IMPACT/USAID APHIA II funded HIV care and treatment program; Index clients identified adults through:-
  - HIV counseling and testing clinics
  - PMTCT clinics (ANC and PNC)
  - CCC where adults/children were accessing ART
  - TB ward
  - Youth VCT clinic
  - In-patient wards
- Strengthened linkages between health facility and community sites

Uniqueness of Nuru Ya Jamii

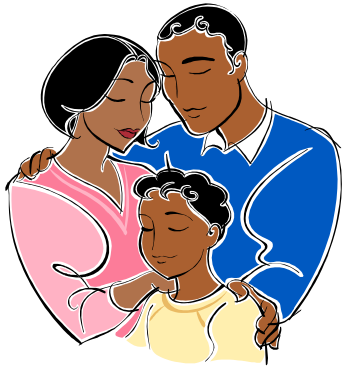
- Multi-sectoral response
- Family centered
- Focusing on key intervention domains
- Provide the continuum of care
- Age appropriate referrals
- Involve the community
- Monitor both genders- Involve girls and women
- Works with partnerships

NYaJ Objectives

- Provide 3000 children and 600 families living with or made vulnerable by HIV/AIDS with a basic package of prevention, care, treatment and support services.

- Establish a network of institutions providing cross-referrals for prevention, care, treatment and support services linked through community drop-in centers
- Document lessons learned (e.g. cost study, QoL study and planned evaluation) to inform future OVC and broader family centered HIV/AIDS prevention, care, treatment and support services

IMPLEMENTATION PROCESS OF THE FAMILY – CENTERED, CHILD – FOCUSED APPROACH



Nuru ya Jamii identification Point

Health care sites:
VCT, DTC, PMTCT, CCC

Community sites:
CSOs

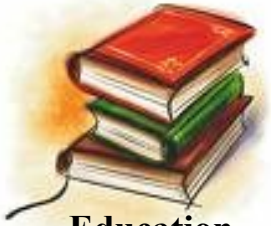
Nuru ya Jamii Recruitment Point

Drop-in Centers

NyaJ basket of Services offered through CSOs/MOH

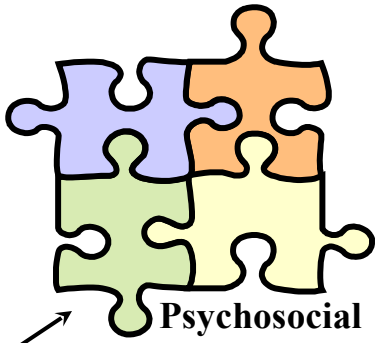
- Psychosocial support
- Food Security
- Economic Strengthening
- Medical Care incl. ART & HBC
- Education
- Child Protection
- Welfare
- Legal Support

Health Care



Education Support

HIV Prevention



Psychosocial Support

Economic Strengthening

Family Centred Child Focused Care

Child Protection/ Legal Support

Welfare

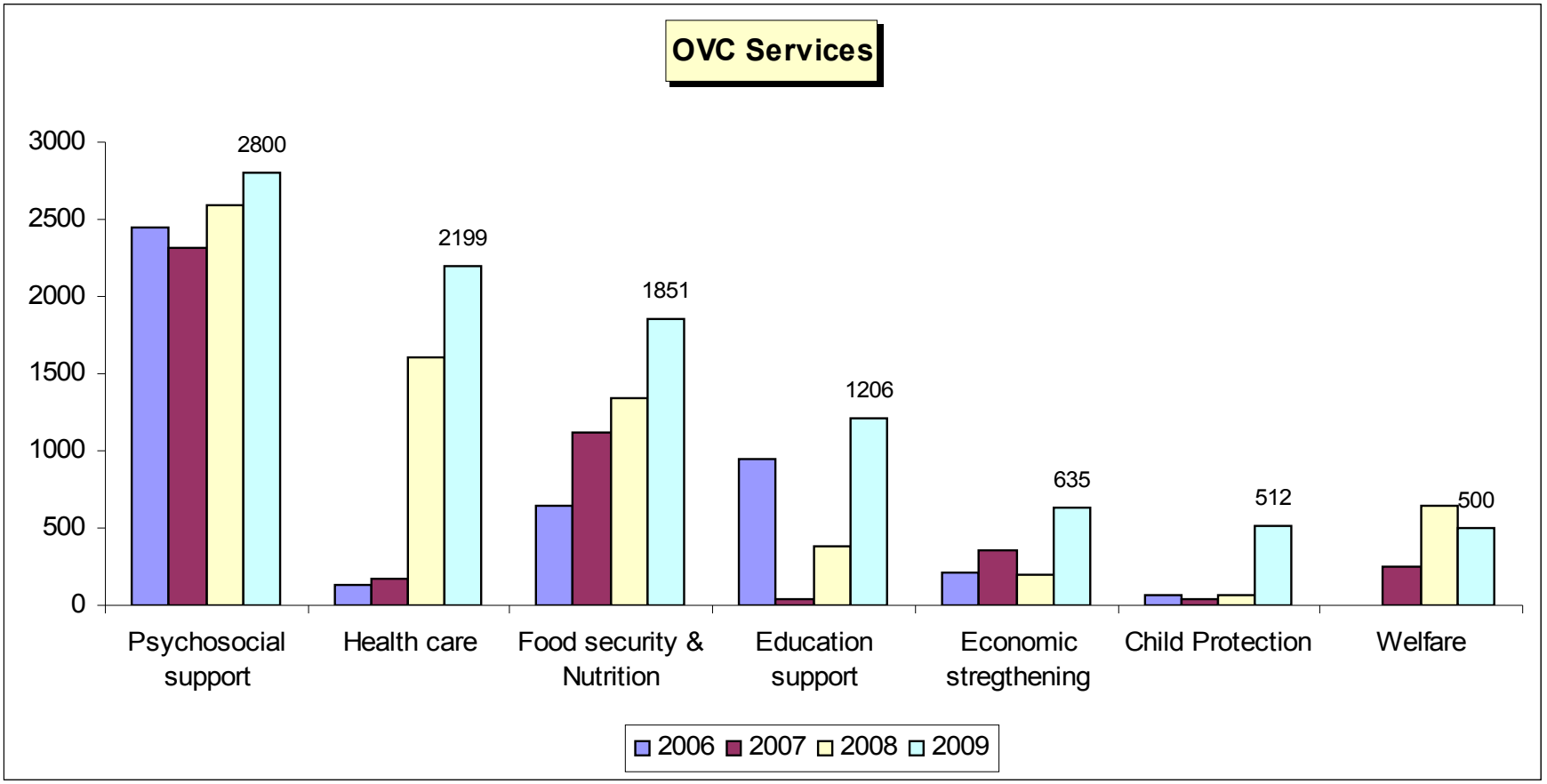
Food security & Nutrition

Home Based Care

USAID FROM THE AMERICAN PEOPLE | APHIA II RIFT VALLEY

fhi Family Health International

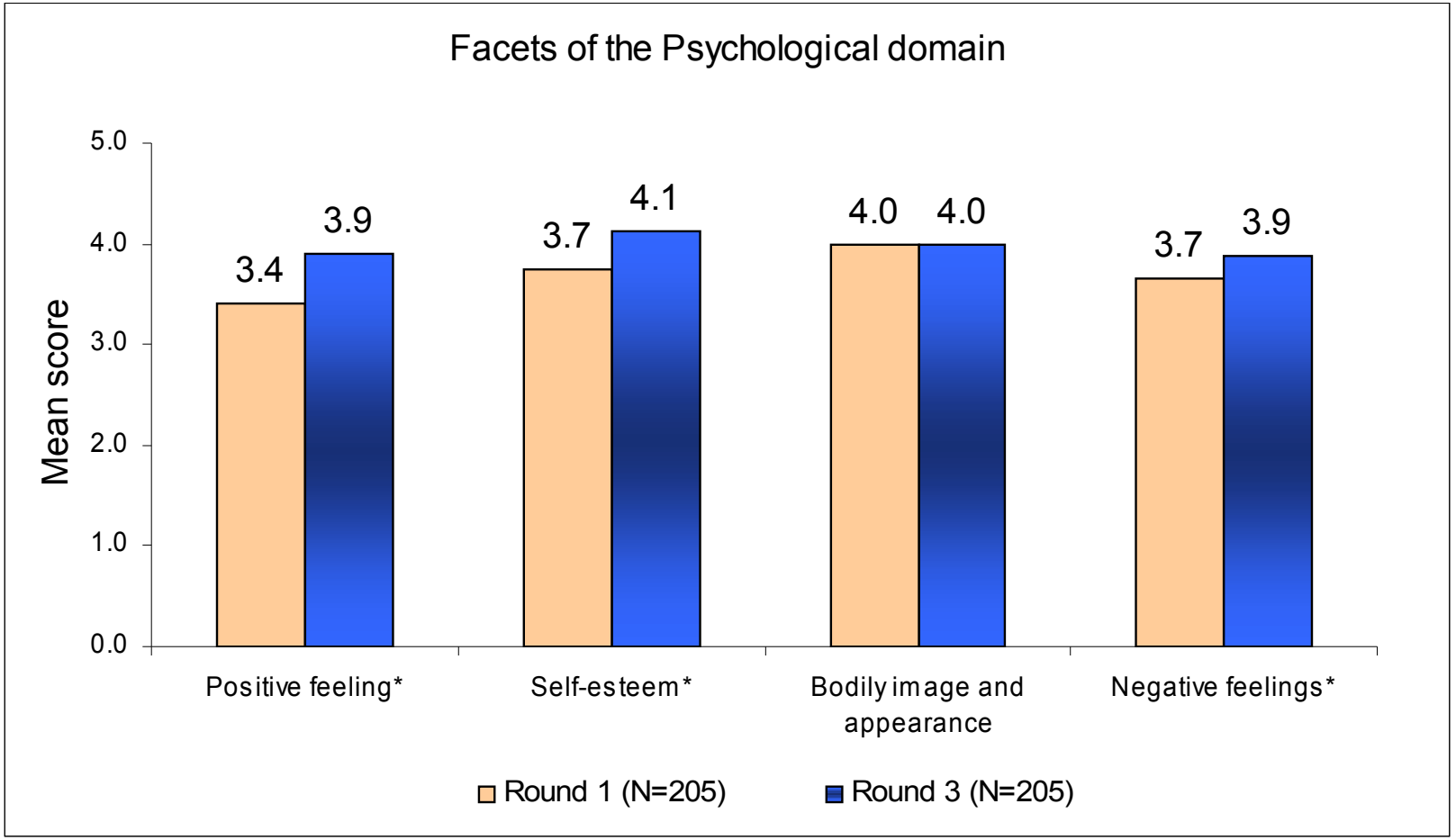
Services Received by OVC & HH



QOL Assessment

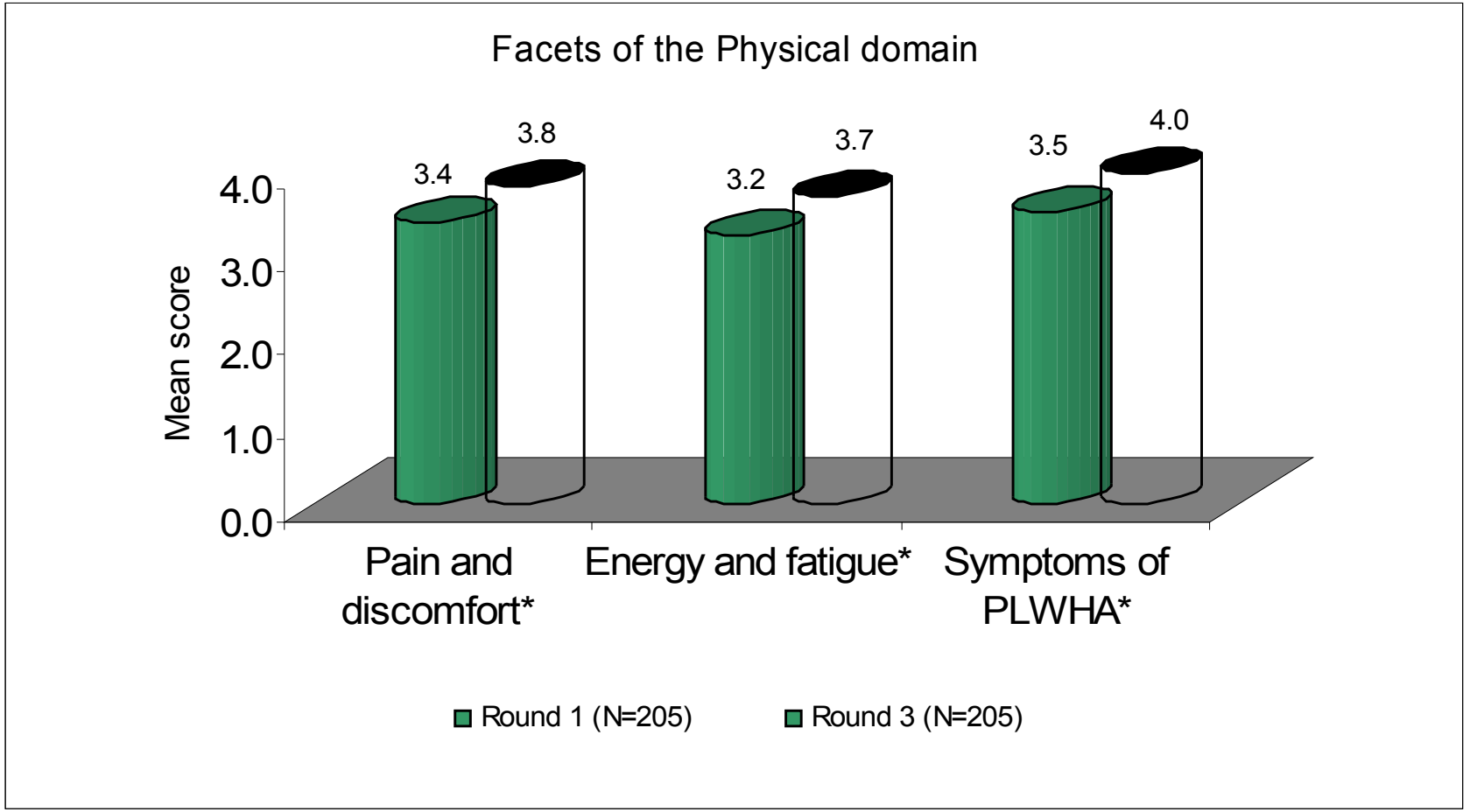
- WHO QOL-HIV BREF tool was used to collect QOL measurements
- Data was collected in three rounds; baseline, second follow-up and third follow-up
- The following domains were measured:
  1. Physical
  - ✂ Psychological
  - ✂ Level of independence
  - ✂ Social relationships
  - ✂ Environment
  - ✂ Spirituality/religion/personal beliefs

Psychological Domain....1/2

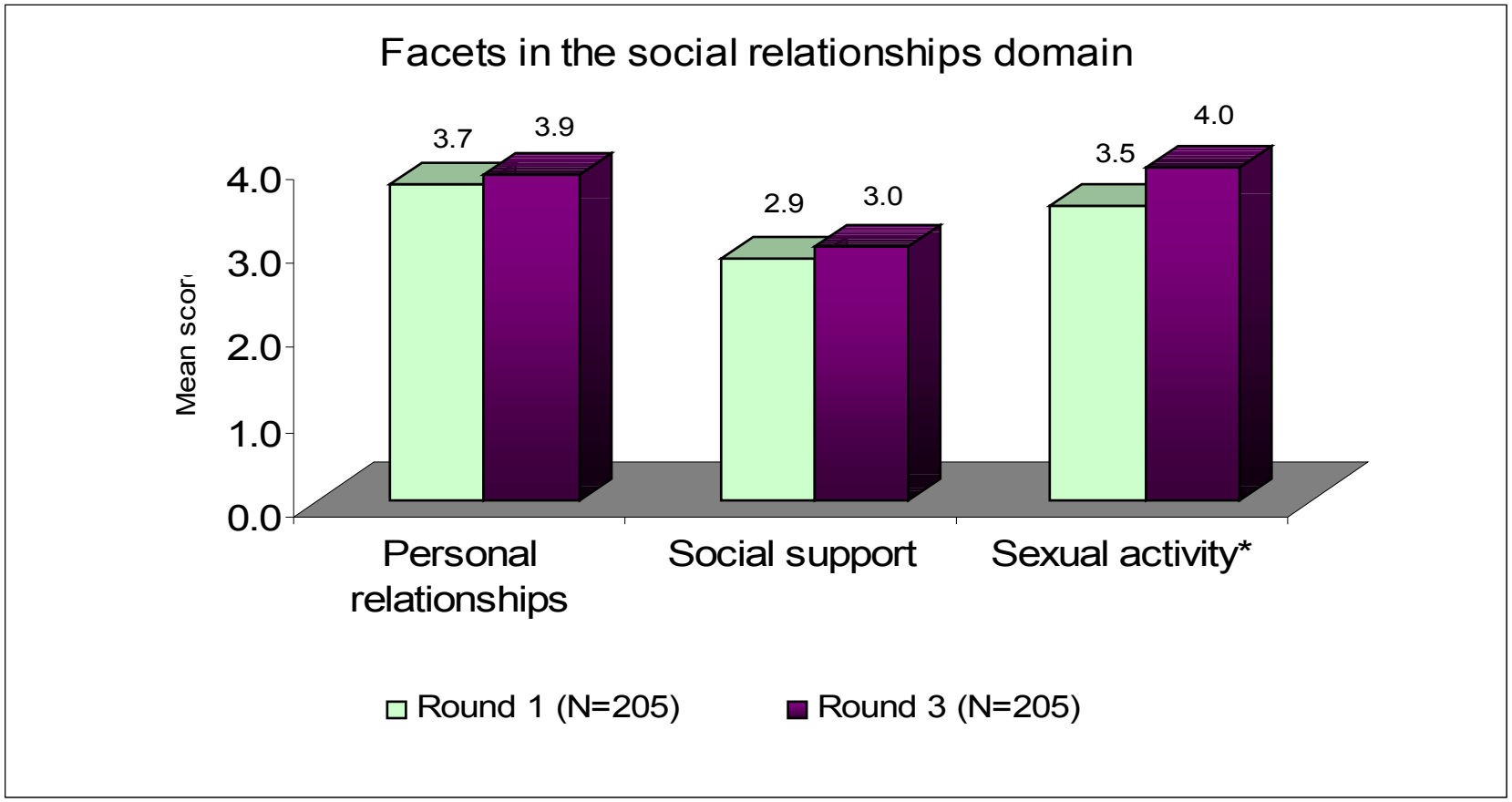


*Statistically significant ($p<0.05$)

Physical Domain.....1/2

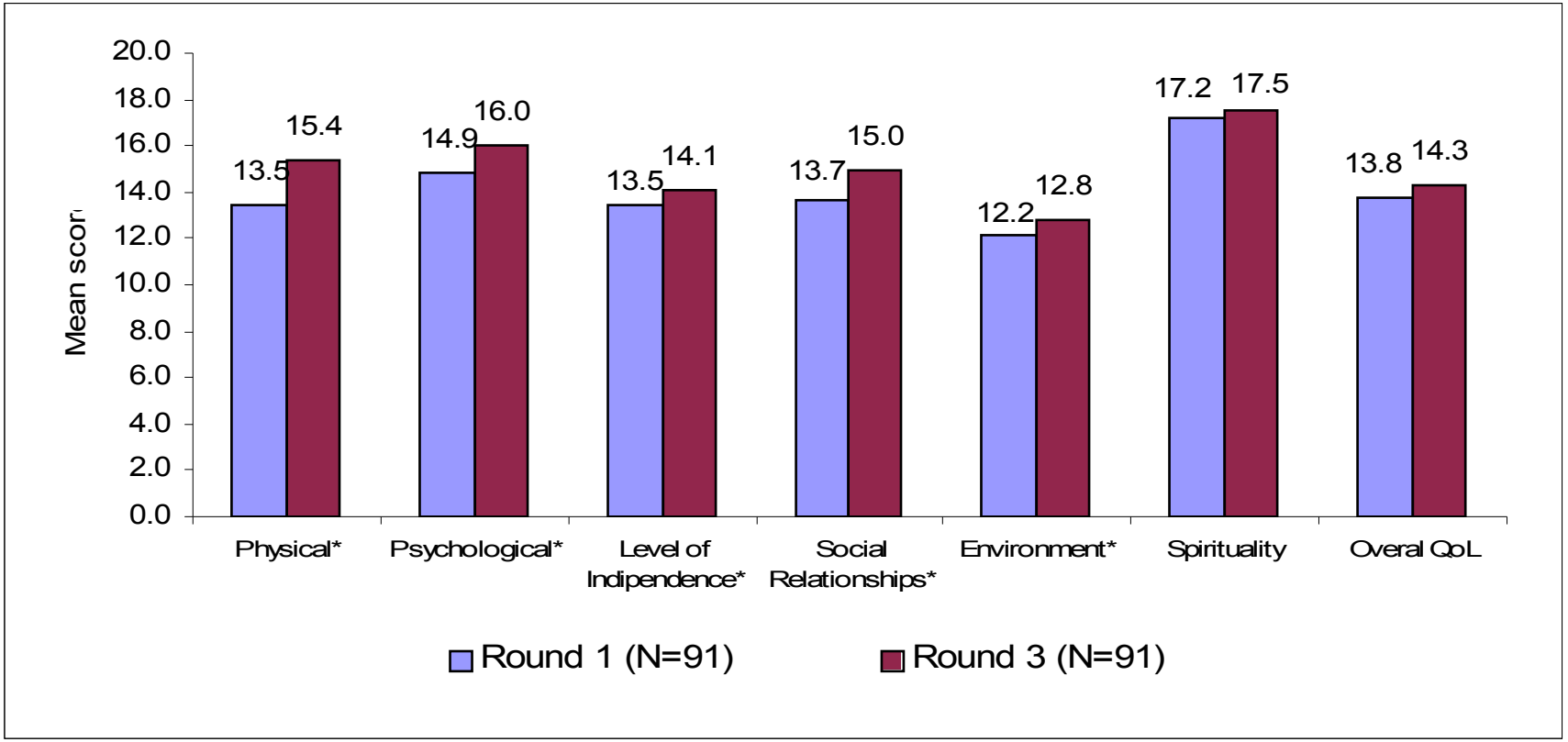


Social relationships Domain… 1/2



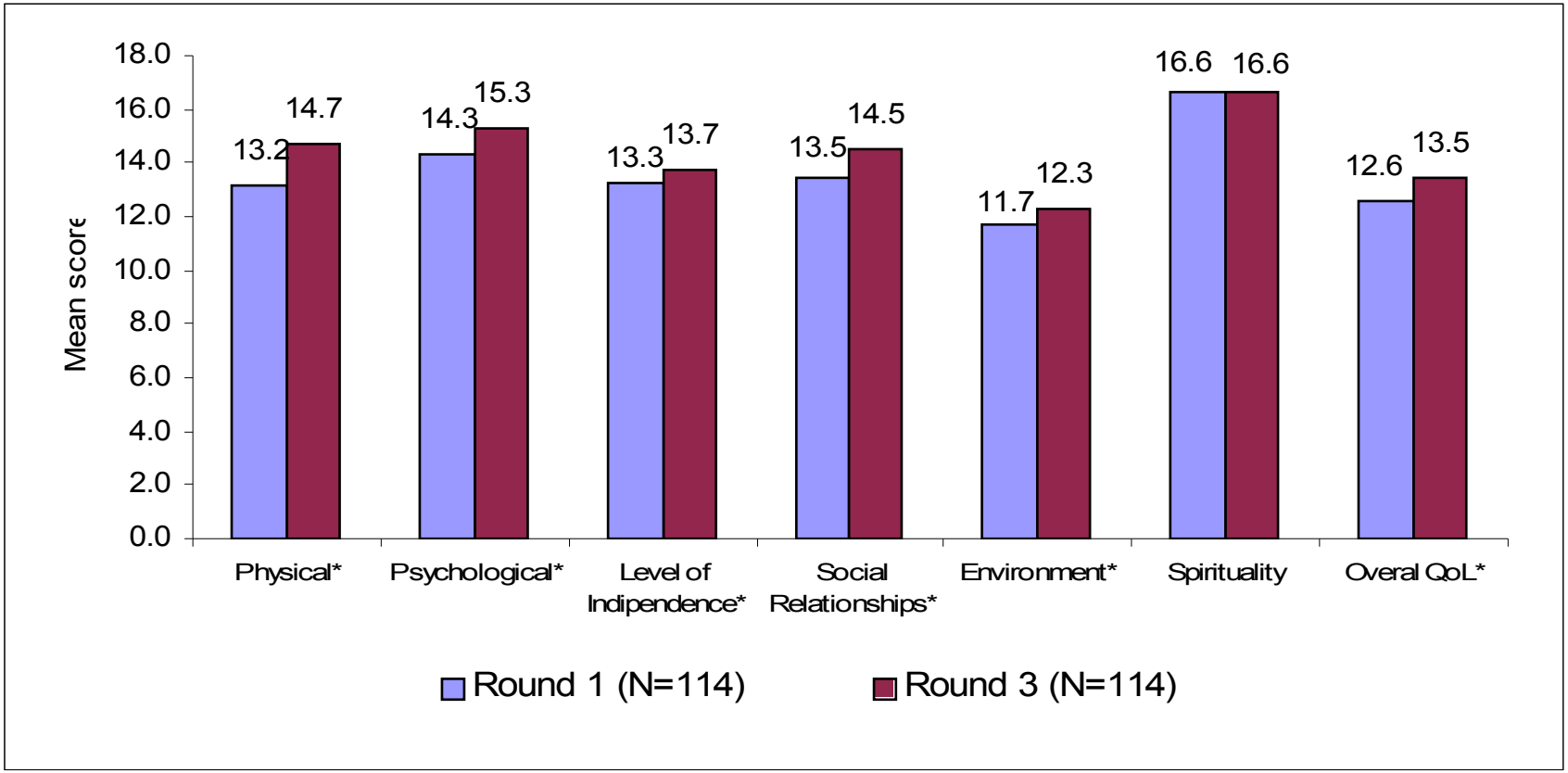
*Statistically significant ($p<0.05$)

Perceived QOL among those who were already on ART at round 1



*Statistically significant ($p<0.05$)

Perceived QOL among those who had not initiated ART at round 1



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Challenges Encountered

- Bringing together different organizations with varying capacities.
- Sustainability of the network was a challenge - Weak GOK community coordination structures (AAC – district to village)
- Project demands versus MOH pace of service provision
- High expectation from the community coupled with high demand for services.
- Lack of disclosure of clients' status to immediate family hindered access of services to the entire household.

Lessons Learned

- Intense coordination of key stakeholders required for success
- Family centered approach ensures the well being of the entire household
- DICs increased access to health AND social support services for children and adults in the whole family
- Family Days help to reduce stigma within the community
- Stove-pipe funding of HBC, OVC and C&T programs continue to present challenges

Keeping families together….

NYaJ client Peter, who said the program is helping to keep his family intact, enjoying some time with his wife Hanna and three children aged 8, 7 and 4 on Family Day

"When my wife tested HIV+ and I negative, I thought my life and hope for a happy family was over. But after receiving much support and advice ***[that community volunteers from Nuru Ya Jamii provided],*** *I feel like I have married my wife afresh. We continue to protect ourselves as we have been advised so we can take care of our children. Through the business and farming training we have received, my family can now have 3 meals a day and I can pay school fees. We also want to encourage others so they know they are not alone."*

Vision of future family centered approaches

- Comprehensive in nature
- Focused on empowering the family to take control of their quality of life
- Should be in-built into the government coordinating structures – Advocacy
- Lobby for buy-in of family centered approach by donors to minimize on stove-pipe funding