

# WEM Integrated Health Services (WEMIHS)

Disclosure: A Fundamental Component in Pursuing  
Rights of children Affected by HIV and AIDS in  
Kenya.

International Symposium Mexico

Aug, 1 & 2<sup>nd</sup>, 2008

" It takes a village to raise a child"

## OVC's Greater Access to psychosocial support



*"it takes a village to raise a child"*

photos used by WEMIHS only  
with clients consent

## Our Beginnings

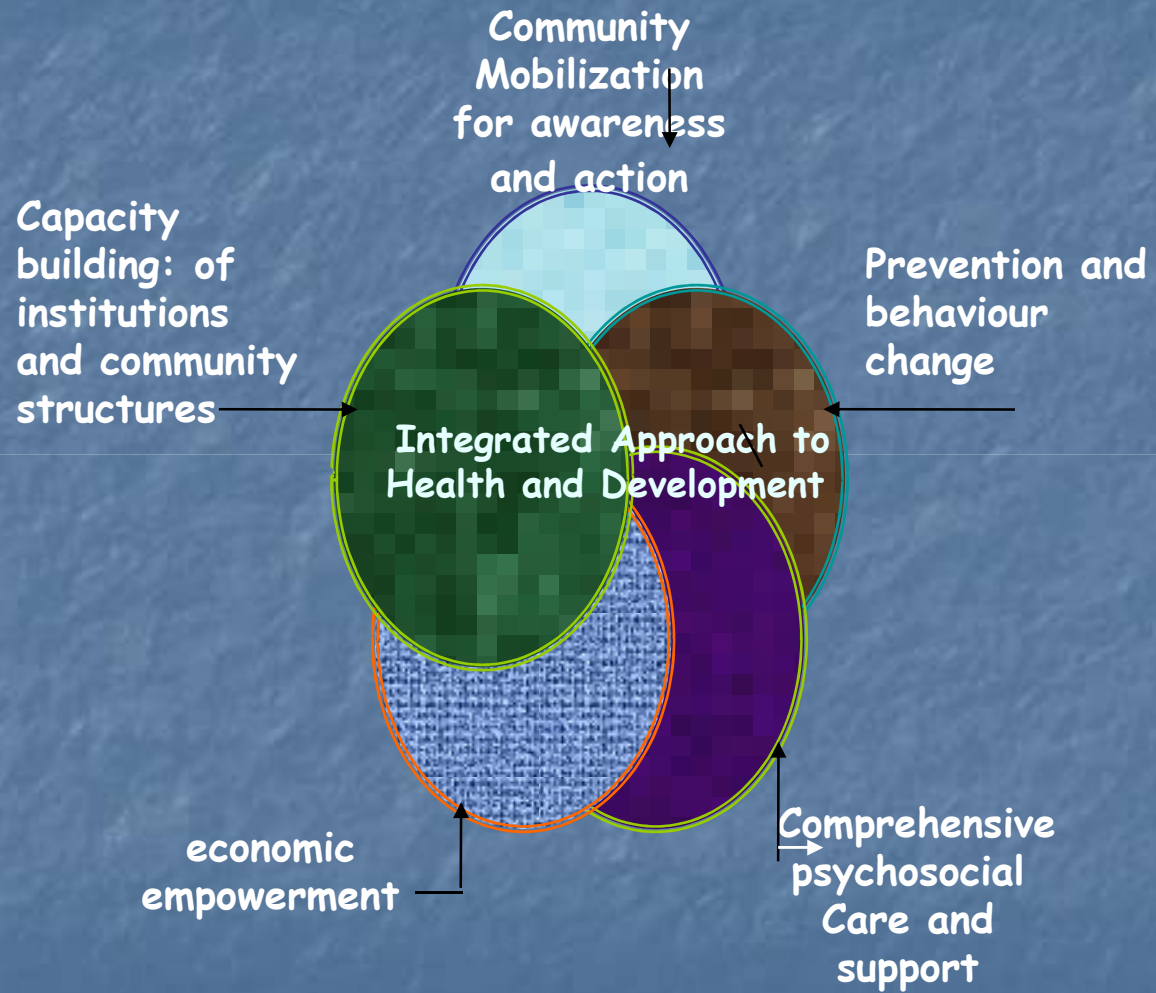
Started in 1998 by Kenyan women committed to working with communities in empowering them respond to critical to HIV and AIDS and development concerns.

## Our vision

WEMIHS is guided by a shared vision: (SP 2005–2010)

“Strengthening community based structures to effectively respond to HIV and AIDS and poverty.

# Program components:



## Rational for OVC-GAPSS program

□ HIV/AIDS is an established epidemic in Kenya and have entered the AIDS treatment era with large scale demand for comprehensive and continuum of care services

□ estimated 1.78 million Kenyan children are orphans. A large number of these children lost their parents to AIDS. Many OVC suffer quietly from physical and emotional distress and many lose everything that once offered them comfort, security and hope for the future

□ Over 100,000 children are living with HIV and AIDS. **Their special physical, medical and psychological needs are not adequately met by the communities and formal structures**

Slow up-take of pediatric ART (Only about 10% increase in children accessing ART). No district hospital meeting its targets (2006).

Poor adherence rates among children as a major national concern. As high as 40% drop out rate reported from district level ART programs.

# Case study Maragua

Population of Maragua: 400.000

HIV prevalence: 6.1 %

People living with HIV: 24.400

People needing treatment: 4880 (20% of PLWHA need ARV treatment in the context of an old HIV epidemic such as Maragua).

People who will die by the end of 2005 without access to treatment (50%): 2440. (up to date almost 10% are)

# “Bridging gaps in ART through PSS”

- ❑ NO structured psychosocial support to enable children and adults cope with the illness, stress, adherence and deal with stigma.
- ❑ Limited institutional capacity to accelerate ART up-take and adherence leading:
  - ❑ High drop out rate reported by ART programs in the districts
  - ❑ Critical need for coordinated systems and linkages to ensure comprehensive care and support services.
- ❑ Limited funds for the complex and long term care and support needs in absence of a national safety net:

# Disclosure and OVC access to essential services and opportunities

Loise is a 10 years orphan. Her mother died of AIDS when she was 3 years living her and her 3 siblings under the care of a 78 years old grandmother. Her grandmother though poor and sickly make

great effort of bringing Loise to District hospital whenever she is sick. She was started on ARVs 6 months ago and has shown marked improvement amidst the challenge of not having adequate food at the household level.

Recently, Loise confided to the psychosocial counselor that she is not taking the medication because she is now feel well.

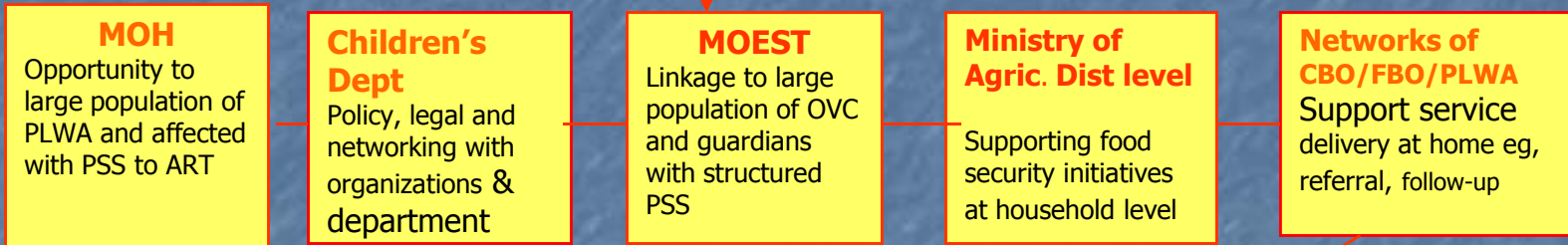
The challenge is that the grandmother does not want Loise to be told of her HIV status because she fears that she is too young and the information could harm her. She is afraid the neighbors and school will stigmatize her household.

In this situation, counselors have to make hard choices between a child's rights to know of his/her own HIV status and the possible consequences of



**Community mobilization for action**  
(to identify and own our critical concerns regarding OVC)

**Identification of key players for action at community level**  
(With sustainable structures and greatest opportunity deliver PSS to OVC)



**Conesus on approach in mainstreaming PSS eg:**

- ✓Harmonize why OVC needs PSS and the desired results
- ✓Identify priority OVC needs that we can address together
- ✓Define package of care and support available from partners
- ✓Identify opportunities and challenges that affect service delivery
- ✓Harmonize systems for identifying, referring & follow-up
- ✓Coordinated systems of monitoring and information sharing
- ✓Empower service providers with skill and technical support
- ✓Coordinated for review sharing, reporting
- ✓Collaborative forum for planning &review of mainstreaming

**A Child with greater opportunity for:**

- ☺ **Survival**
- ☺ **Development**
- ☺ **Protection**
- ☺ **Participation**

# Identifying Children for C & S Through PSS Lenses

*children living under stressful conditions*



Under the care of aged and poor grandparents/guardians

Identified through community based volunteers

Children cared by ailing parents

Identified through PMTCT and ART programs.

photos used by WEMIHG with client's consent

# Identifying OVC Through PSS Lenses

*children living under stressful conditions*



Through Community, ECD, Primary schools:

photos used by WEMIHS only  
with client's consent

Identifying Children for C & S Through PSS Lenses  
*children living under stressful conditions*



photos used by WEMIHS only  
with client's consent

## ***Objectives : Harmonized desired outcomes for children***

- Improved institutional capacity and skills required in 10 primary schools and 2 ART programs in the ministry of health in Thika and Maragua districts to integrate psychosocial model to already existing programs.
- Increased advocacy that focus on reducing vulnerability, discrimination and abuse of child's rights in 2 districts.
- Strengthened systems of referral, linkage and monitoring that helps to track progress made in reaching vulnerable children in 2 districts with quality psychosocial and essential services

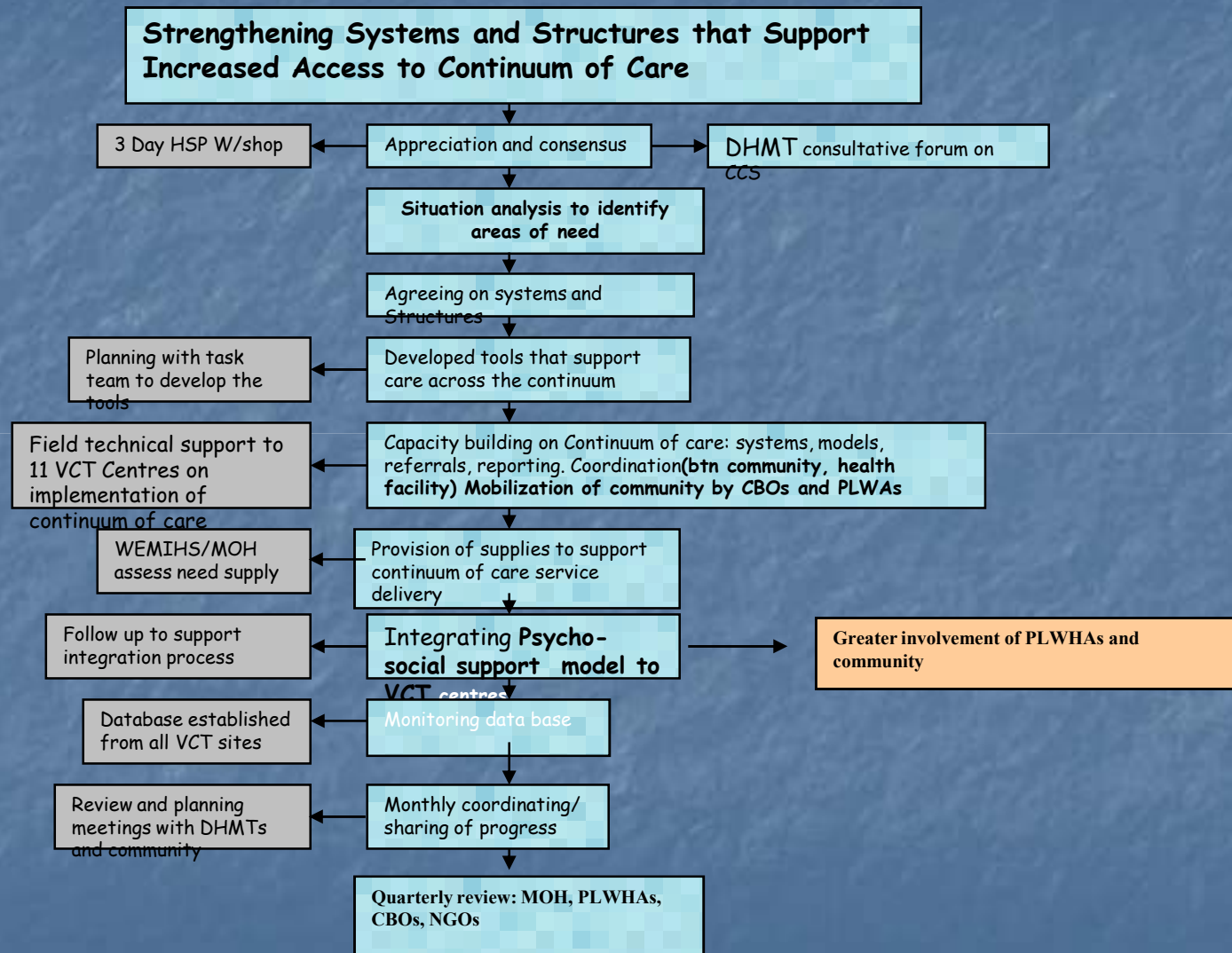
# Identification of orphans and vulnerable children for service

Harmonized Criteria with community  
(rights of the child to access essential services  
(UNICEF))

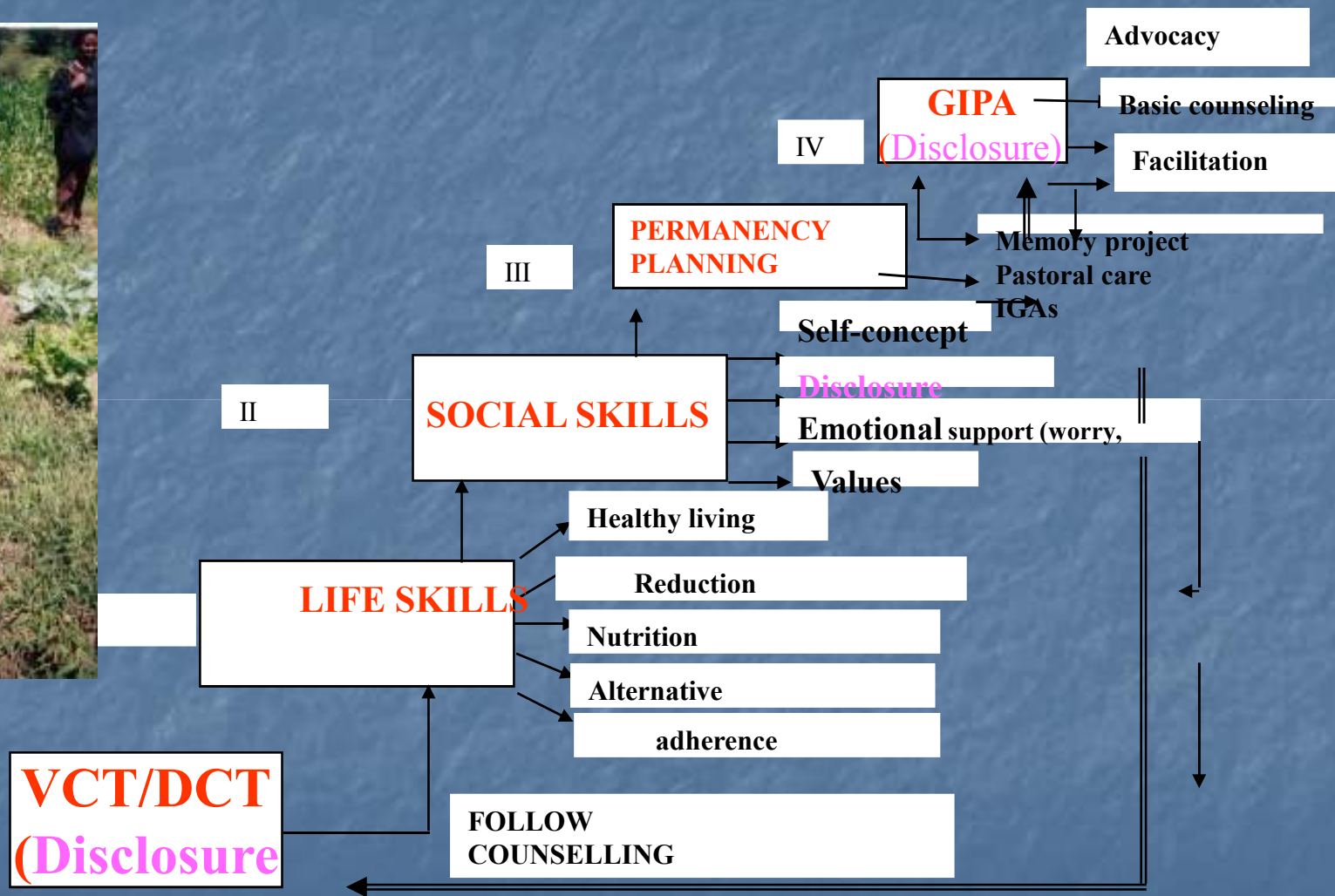
Worked with community support structures to  
identify OVC critical needs and their roles

Profile building for collaborative essential services

# System Strengthening Process for Greater Access to C & S Eg; Through MOH Facilities



# Disclosure as key to Guardian and OVC access to services



WEMIHS PSS model adapted by MOH ART program

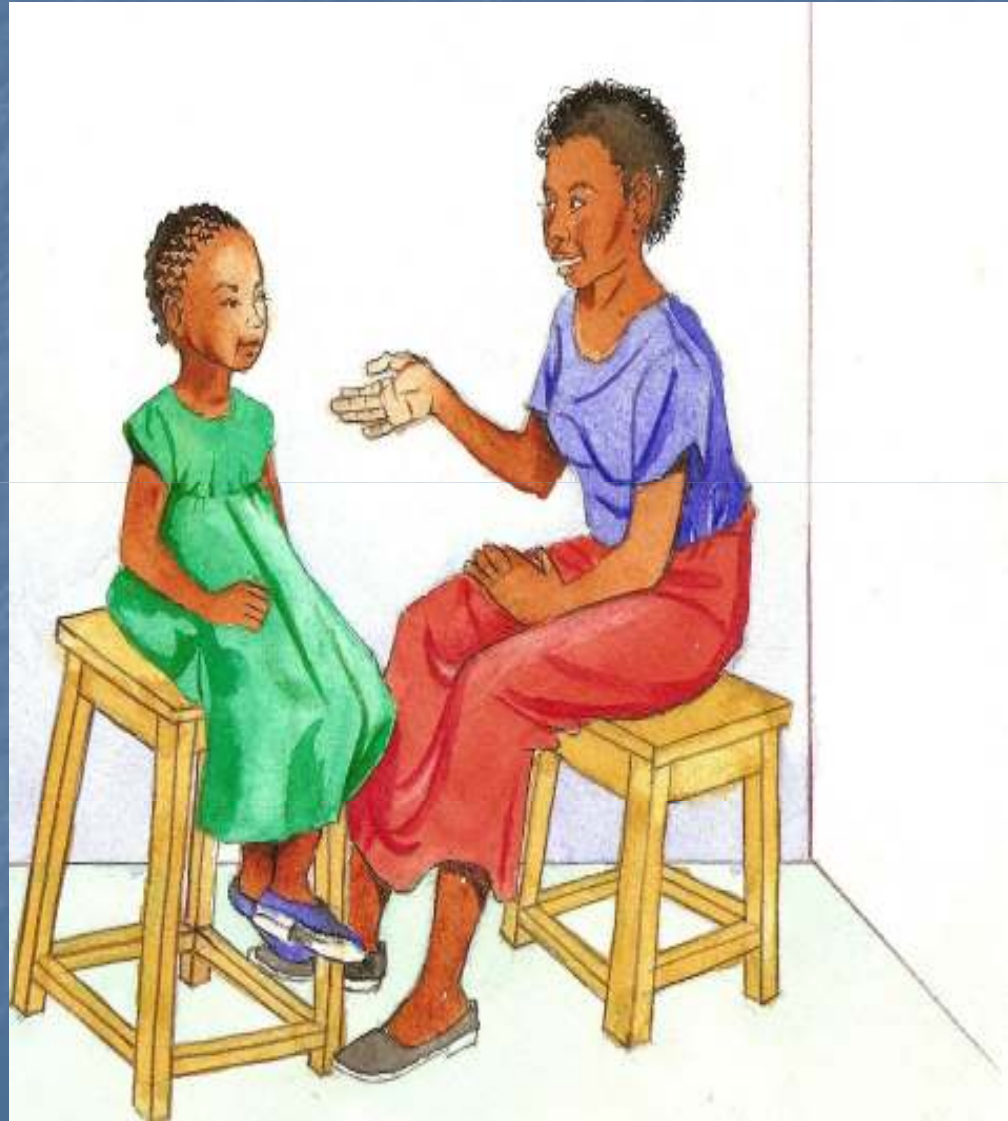


# Disclosure as a package in HIV/AIDS care and support services

- Helps to appreciate the reasons for disclosure, benefits and possible consequences of disclosure
- Explore her fears and limitation that could interfere in supporting OVC eg; child living with AIDS eg (fears of stigma, grief and loss)
- Support in identifying and developing coping mechanism
- Skills on monitoring health status of the child and give *appropriate* feedback
- Directory of support services and linkages at community and institutional level
- Regular individual and group therapy sessions to support children cope and participate in the long term ART program
- Support to service providers to cope with demand of providing quality child counseling and referral services

# Tools to facilitate disclosure

- Child friendly disclosure and adherence education self read book materials
- Identification and service profiles Forms
- Counselors manuals and journals
- Treatment adherence education demon tools
- Harmonized tools for referral and follow-up care
- Directory for service providers
- M&E tracking and reporting







Greater and meaningful involvement of PLWHA (MIPA) eg; Economic strengthening for sustainable livelihood

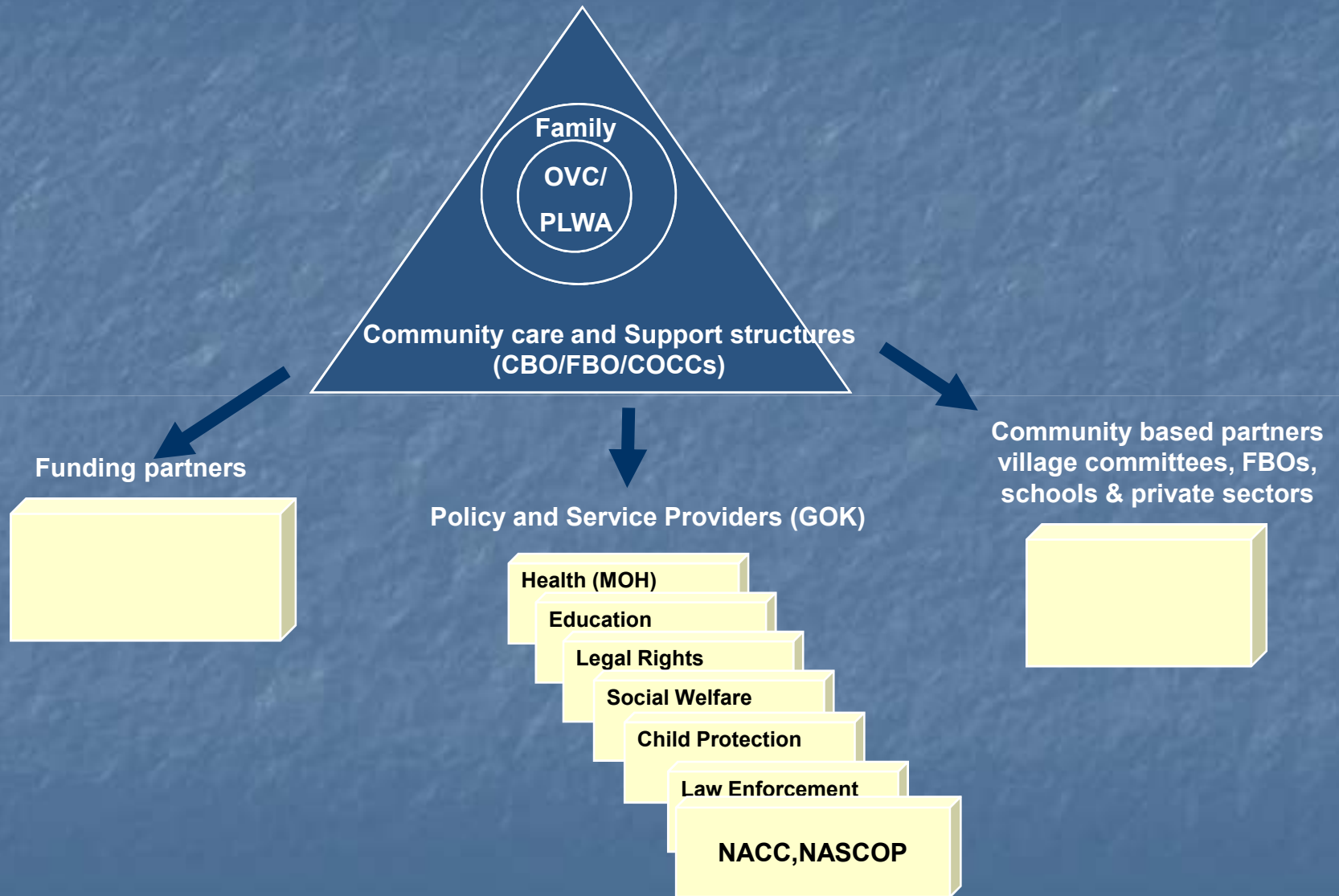


PLWAs are WEMIHS key partners in prevention, care and support)



photo released by training only  
with consent from client

# WEMIHS Broad -Based partnerships for Comprehensive Care & Support Services for OVC



# Lessons learned

- PSS is not well understood nor appreciated in the country yet, it is the missing link hindering greater access to comprehensive care and support services.
- PSS plays a key role in determining the success of therapeutic outcomes.
- There is a large human capacity resource gap in our health facilities to support implementation of PSS
- With well structured partnerships, where stakeholders compliment and respect each other, it is possible to integrate PSS and facilitate large numbers of children access their rights to essential services.
- Short term project approach and the push for evidence based quick results do not accommodate the complex and long term needs in psychosocial programming.

Asente Sana !



*"it takes a village to raise a child"*

photo used by WEMIHS only with  
concent of client/guardian