

COMMUNITY-BASED CARE AND SUPPORT WITHIN THE APHIA II NYANZA PROJECT

(AIDS, Population, and Health Integrated Assistance, June 2006–December 2010)



INTRODUCTION

Despite marked progress in many areas over the past decades, Kenya continues to grapple with challenging health problems and issues of health service delivery. At the end of 2005, the United States Agency for International Development (USAID) issued a series of Requests for Applications (RFAs) covering assistance to the health sector for the entirety of Kenya, through separate agreements for all provinces. The proposed assistance programs were titled “APHIA II” (AIDS, Population and Health Integrated Assistance). EngenderHealth led the consortium that submitted the winning proposal for Nyanza Province. Other partners include the Academy for Educational Development, the Christian Health Association of Kenya, the Inter Diocesan Christian Community Services, and the Program for Appropriate Technology in Health. The project is slated to run from June 2006 through December 2010, with an initial budget of US\$21 million, which has since been increased to US\$36 million.

APHIA II Nyanza now works with Kenya’s Ministry of Health, as well as with faith- and community-based organizations and other agencies, to reduce the risk of HIV transmission and the fertility rate in Nyanza. Specifically, the project focuses on the following three objectives:

- Improve and expand facility-based HIV and AIDS, tuberculosis, reproductive health/family planning, malaria, maternal and child health, and male circumcision services
- Improve and expand civil society activities to increase healthy behaviors
- Improve and expand care and support for people and families affected by HIV and AIDS



BACKGROUND AND STRATEGY

Nyanza Province in western Kenya is home to the country's highest HIV prevalence (15.3% among adults and children, or a total of 780,000 people living with HIV and AIDS in the province). This high HIV prevalence has produced correspondingly large numbers of children orphaned and made vulnerable due to HIV and AIDS. For this reason, one of the three main components of the APHIA II Nyanza Project is providing community-based care and support for both orphans and vulnerable children (OVC), their caregivers, and people living with HIV and AIDS (PLWHA).

To operationalize the care and support component, the APHIA II Nyanza strategy uses the following approaches: **1) mobilizing and strengthening community-based responses; 2) strengthening the capacity of families to care for OVC and PLWHA; and 3) partnership and networking to increase capacity to provide care and support.**

To mobilize and strengthen community-based responses to HIV and AIDS, the project **builds on the strengths of existing community entities and structures to provide care for PLWHA and those affected by HIV.** To identify appropriate existing community-based organizations (CBOs) and faith-based organizations (FBOs) for work with OVC and PLWHA, and to identify OVC within communities, APHIA II Nyanza works with the local provincial administration, including chiefs, assistant chiefs, and village elders. **APHIA II Nyanza's partners—CBOs and FBOs—provide care and support services through community health workers,** who are the focus of intensive training. To help foster ownership and sustainability, **community health worker training is based on the Kenya Ministry of Health curriculum** and is implemented by Ministry of Health home-based care trainers. Social workers supervise the community health workers, who play a key role in referring community members to health facilities for care and treatment, as well as providing follow-up to ensure that people reach the facilities.

"The training of community health workers (CHWs) has enhanced community involvement in the care and support of orphans and vulnerable children and people living with HIV/AIDS. The CHWs have been trained in the basics of home-based care, which has enabled them to deal with a wide range of ... issues, including antiretroviral treatment, tuberculosis (TB) and opportunistic infection follow-up, treatment adherence, and nutritional support. The CHWs are a critical link between the family, facility-based services, and other HIV/AIDS and TB services within the community."

Improved and Expanded Community Care and Support for People and Families Affected by HIV and AIDS: Intervention Resource Gaps, APHIA II Nyanza, April 2009

Community health workers are key to strengthening the capacity of families to care for OVC and PLWHA. By visiting caregivers in their homes, health workers are able to impart important knowledge and skills needed to monitor health and provide care and support to vulnerable children and HIV-positive members of a household.

APHIA II Nyanza also uses **partnership and networking** to increase capacity to provide care and support. This involves the formation of support groups and networks for PLWHA and OVC caregivers, many of which link members to income-generation activities and small loans.

Finally, **the project links community-based care and support activities to services available at health facilities**, following a strategy of comprehensive care for PLWHA. A multidisciplinary team offers antiretroviral treatment, treatment for tuberculosis and opportunistic infections, and family planning services. The APHIA II Nyanza strategy aims to provide care and support services that are exemplary, efficient, affordable, relevant, and appropriate to Nyanza Province. Project care and support strategy is also designed to empower households and communities to take charge of improving their own health, as defined in the Kenya Essential Package for Health.

NO CHILD LEFT BEHIND: AN ORPHAN SURMOUNTS THE ODDS

John Odhiambo is just one of nearly 56,000 OVC benefiting from APHIA II Nyanza support, but his case was special. At the age of 6, after his mother's death, John developed a rare disease called rhabdomyosarcoma. The disease caused a tumor to develop over his left eye, which might have led to death or permanent disability. Instead, John received urgent surgery for the removal of the tumor, thanks to APHIA II Nyanza's partnership with Kisumu Hospice. After six months of recovery—thanks in part to Radio Nam Lolwe, which used airtime to mobilize blood donors—John now smiles again and plays with his friends in the community, just like any other child his age.



John Odhiambo before receiving medical attention



John during a follow-up visit after his surgery

IMPLEMENTATION AND OUTCOMES

Implementation of the APHIA II Nyanza community-based care and support component is centered largely on home-based visits by community health workers to provide care and support for OVC, their caregivers (some of whom are HIV-positive), and PLWHA, as well as increasing the involvement of PLWHA in all activities through membership in support groups and networks.

ORPHANS AND VULNERABLE CHILDREN

Orphans and vulnerable children are the entry point for APHIA II Nyanza's work in providing community-based care and support to PLWHA. In this area, the project began by providing support in three districts: Homa Bay, Migori, and Rachuonyo. Community health workers, social workers, and liaison officers received training on OVC care and support, as well as on supervision and monitoring.

Project-sponsored direct support to OVC includes providing long-lasting insecticide-treated bed nets, blankets, school fees, school uniforms, vitamin A supplements, UNIMIX (a nutritional supplement for underweight children), psychosocial support, water disinfection tablets, bar soap, and medical care, including deworming.

OVC caregivers receive:

- Mentoring on child care and nursing care skills
- Support in starting and maintaining kitchen gardens
- Education on hygiene, water purification, disease prevention, the importance of immunization, condom use, and family planning

APHIA II Nyanza has achieved wide coverage in care and support for OVC. By the end of March 2009, the project had provided training to 13,675 community health workers, social workers, and liaison officers on care to OVC and their caregivers. The project began by providing care and support to 4,366 OVC. Two years later, that number had climbed to nearly 56,000 within 14,698 households. Added to the original three districts benefiting from APHIA II Nyanza support for OVC were six more: Bondo, Kisumu East, Nyando, Rongo, Siaya and Suba.



A mentor meets with 5-year-old Kennedy Odhiambo for the first time in the village of Bala, in March 2007. HIV-positive, Kennedy weighed 10 kg during his baseline assessment. Thanks to improved nutrition, antiretroviral treatment, a home-based care kit, and counseling and education provided by the mentor to his father and grandmother, Kennedy's weight increased to 13 kg by October 2007, and his overall health improved substantially.



A community health worker demonstrates the use of a mosquito net to a caregiver.

CAREGIVER SUPPORT GROUPS:
INNOVATIVE METHODS TO SUPPORT
ORPHANS AND OTHER VULNERABLE
CHILDREN

The Opuochi Caregiver Support Group is one of 40 groups that formed to provide care for 1,925 orphans and vulnerable children. Opuochi helps sustain 56 of these children by raising milk-producing goats, in addition to sales of vegetables and other food items. The group consists of 11 caregivers guided by one community health worker. The methodology behind the group's economic success is a "table-banking model," under which each caregiver contributed 200 Kenya shillings (about US\$2.60) per month for 15 months, in order to purchase 14 goats. The community health worker also works with the Opuochi caregivers on such issues as home-based care, psychosocial support, child monitoring, linkages to other resources, and referrals.

"A cornerstone of [community-based care and support] activities is partnership with local CBOs and their [community health workers]. By working with the CBOs found within the communities, APHIA II Nyanza Project is inspiring community members to support PLWHA and OVC living in their community, promoting sustainability and reducing stigma around HIV."

Internal mid-term review on APHIA II Nyanza Project, USAID/APHIA II Nyanza, March 2009

HOME-BASED CARE FOR PEOPLE LIVING WITH HIV AND AIDS

Linked to the needs of OVC is the need for home-based care for people living with HIV or AIDS. Some of these PLWHA are under 18 and therefore are still considered OVC. Others are older than 18 and are not necessarily providing care to dependent children. The same community health workers responsible for OVC provide care and support to PLWHA.

PLWHA receive:

- Basic counseling
- Monitoring of drug adherence (for HIV and tuberculosis)
- Food supplements (for those on antiretroviral drugs and tuberculosis treatment)
- Health care (including transport to health facilities and medical care)
- A home-based care kit for the bedridden, including cotton wool, condoms, painkillers, mosquito nets, and spirits for cleaning wounds
- Transport for bedridden patients

Approximately 8,635 PLWHA in nine districts are now receiving care and support.

Support groups

APHIA II Nyanza promotes the formation of support groups for PLWHA and for caregivers (whether they are HIV-positive or HIV-negative) from households receiving project support for OVC. These support groups serve as both a safety net—in terms of networking and linkages to fulfill needs such as psychosocial support, income generation, and transport to health care—and a forum in which to counter stigma and discrimination.

The project has linked CBOs and FBOs and support groups to K-REP, a microfinance institution that focuses on improving self-reliance by providing small loans for income-generating activities. Both PLWHA and OVC caregivers speak out at ongoing community meetings to share information on HIV and AIDS, tuberculosis, and family planning, to help increase awareness of these issues and to lessen stigmatization for people living with HIV and AIDS. PLWHA support group members also participate in the administration of larger networks, such as the National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK).

About 4,647 HIV-positive individuals registered in the program are active members of PLWHA support groups, while APHIA II Nyanza has helped establish some 1,100 support groups specifically for caregivers, with 11,207 caregivers regularly attending meetings and involved in income-generating activities. K-REP has disbursed over US\$350,000 to 15 caregiver support groups in two districts for income-generation activities.

The project strategy of gradually increasing the number of CBO and FBO partners has yielded collaboration with 28 organizations in nine districts.

SUSTAINABILITY AND RECOMMENDATIONS

The APHIA II Nyanza Project has focused its care and support sustainability strategy on strengthening the ability of CBOs and other community structures to continue care and support for OVC and for PLWHA. To achieve this goal, the project has reinforced the capacity of CBOs to engage in organizational development and management, as well as project design, implementation, management, and fundraising.

The linkages that the project has fostered between existing government and community structures on capacity building, implementation, monitoring, and evaluation of ongoing project activities help guarantee that CBOs and FBOs currently providing HIV and AIDS care and support will continue accessing support from government offices. Project-initiated linkages with other organizations and nonstate agencies, including the African Medical Research Foundation, Mildmay International, and the Kenya Rural Enterprise Programme, also help ensure the sustainability of community structure efforts.

BEATING THE ODDS: ISHMAEL OGWENO'S STORY

At 8 years old, HIV-positive Ishmael Ogweno had far more than his share of problems. He weighed only 6 kg, and his parents hid him from view. The problems did not disappear immediately when a community care mentor from the Dala Dala Care and Support Group of Awendo identified him as an emergency case for urgent medical attention. Ishmael was treated for tuberculosis, rashes, diarrhea, mouth sores, fever, and worms. Over time, however, the mentor's efforts, together with those of a social worker, paid off. They helped provide the boy with blankets, vitamins to boost his immune system, enriched porridge flour, and financial assistance to access Awendo District Hospital. In less than a year, Ishmael's weight increased to 24 kg, and he became a poster boy in his district for the need to expand care and support for people and families affected by HIV and AIDS, the benefits of pediatric antiretroviral treatment, and sustainable linkages at community level. Today, Ishmael helps his parents tend the goats and chickens out in the open, no longer hidden away.



Ishmael's mother helping him take his medication.

Based on experience facilitating community-based care and support to date, APHIA II Nyanza has learned the following key lessons:

- Those most affected by HIV and AIDS, including OVC, their caregivers, and other PLWHA, are most likely to benefit from care and support services if a community model of home-based care is employed.
- Effective care and support for a dependent population—such as OVC—must be accompanied by care, support, capacity-building, and links to income-generation activities for those who ultimately provide care to this population, whether these caregivers be single parents, grandparents, or children themselves.
- OVC, their caregivers, and PLWHA have a wide range of needs, including medical, nutritional, psychosocial, and educational needs. A comprehensive care approach is the best way to meet these diverse needs.



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