



Elizabeth Glaser
Pediatric AIDS
Foundation

*Until no
child has
AIDS.*

REACHING ORPHANS AND VULNERABLE CHILDREN WITH CARE & SUPPORT SERVICES IN CÔTE D'IVOIRE: EXPERIENCE FROM PROJECT KENEYA



Introduction

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) began supporting HIV and AIDS care and treatment programs in Côte d'Ivoire in 2004 and prevention of mother-to-child HIV transmission (PMTCT) services in 2005. EGPAF is working to end the country's HIV epidemic by increasing access to comprehensive, high-quality and well-integrated HIV prevention, care and treatment services for women, children and families.

In 2010, as part of a U.S. Centers for Disease Control and Prevention award, EGPAF launched Project Keneya (2010 – 2017). Project Keneya, meaning “good health” in the local Dioula dialect, aims to strengthen the technical response of local community-based organizations (CBOs), nongovernment organizations (NGOs), and regional health councils to efficiently and effectively deliver care and support services to people living with HIV in the underserved communities in the central and northern regions of Côte d'Ivoire – an area severely affected by over 10 years of political crisis. Through Project Keneya, EGPAF works to provide access to voluntary HIV counseling and testing, behavior change and communication (BCC), and condoms to prevent HIV infection; ensure support, care, and meaningful engagement with orphans and vulnerable children (OVC); and enhance local institutional capacity for civil society organizations in these regions. This initiative aims to sustainably meet the needs of women, children and families affected by HIV.

Under Project Keneya, EGPAF collaborates with Centre Solidarité et Action Sociale (Centre SAS), Association Ivoirienne pour le développement Social et Communautaire (AIDSCOM), Solidarité, and the Association Ivoirienne pour le Progrès in the central region of the country. These key partners assist EGPAF in the delivery of services that reduce risky sexual behaviors; improve linkages to HIV counseling and testing and other HIV care and treatment services; and provide access to care and support services for OVC and their families. In the north of the country, EGPAF collaborates with Caritas-Côte d'Ivoire Diocese of Korhogo, Savane Communication, Notre Terre Nourricière, Cesaco-Pianzola, Sounyegnon, and the regional council of Bagoué. EGPAF partners with these organizations to support services at 20 health facilities in the regions of Gbéké, Hambol, and Poro-Tchologo Bagoué. Through Project Keneya, EGPAF established a sub-office in Korhogo to be able to effectively support work in the northern region.



Project Keneya's Methodology

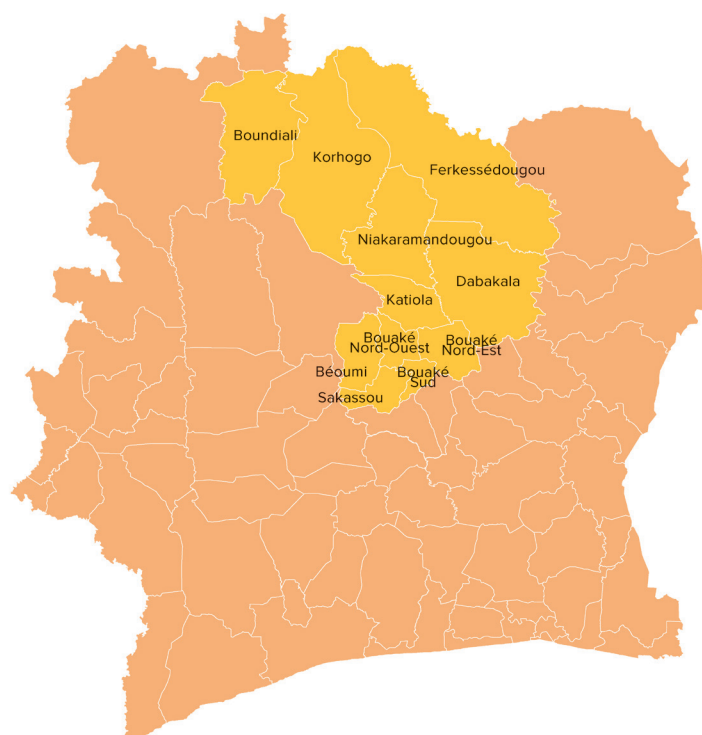


Figure 1. Regions supported by Project Keneya

Through Project Keneya, EGPAF has equipped CBOs to directly provide services to targeted high-risk groups in communities, districts, and regions by conducting organizational assessments using tools developed by EGPAF and the Ministry of Health (The Organizational Capacity Building Viability Assessment Tool and the National Civil Status Agency Assessment). EGPAF provided technical assistance to improve the CBOs' governance, managerial, administrative, financial and technical capacity. Under Project Keneya, local CBOs and social centers provided packages of services based on the needs of beneficiaries. This package of services usually included skills building in:

- Standardized HIV prevention interventions;
- HIV counseling, testing and provision of test results;
- Psychosocial care and support services for HIV-positive children and adults;
- Education and/or vocational training for OVC;
- Economic strengthening of households
- Health care and support services for OVC; and
- Child protection services (including for gender-based violence) for OVC.



Area of Expertise

Capacity Building of Local Community-Based Organizations

Social Workers

Project Keneya builds the capacity of site staff from social centers through onsite technical trainings on community PMTCT services in accordance with national guidelines. The project also aims to strengthen access to HIV care and treatment and treatment for sexually transmitted infections and opportunistic infections at supported sites. Project Keneya empowers site staff to discuss several topics with patients: HIV prevention, care and treatment; family planning; HIV testing and safe sex practices; nutrition; and financial education. The staff also support the creation of psychosocial support networks for patients who may have experienced sexual and gender-based violence.

Community Counselors

Project Keneya uses innovative approaches to promote HIV prevention through local CBOs, including engaging the national cadre of community counselors to provide HIV and sexual prevention education, BCC, counseling and testing, and support to people living with HIV and their families in the regions supported by Project Keneya. The community counselors are responsible for visiting homes in the local community to promote HIV testing, targeting most-at-risk populations, including the families of people living with HIV. Each facility's catchment area is mapped and allocated to counselors. Each counselor is responsible for information sharing, screening, and tracking clients in the designated number of households within their assigned catchment area. Community counselors are trained by EGPAF program officers to track HIV clients who have been lost to follow up in order to link them back into care. EGPAF staff train and mentor community leaders and community counselors in advocacy and community dialogues. These community dialogues aim to empower communities to collectively address social and cultural barriers limiting the uptake of available HIV prevention and treatment services, including stigma and discrimination around HIV.

Human Resource Management

A tailor-made capacity-building package, including a human resource management manual, was developed for EGPAF's largest sub-grantee, Centre SAS, and used by other sub-grantees to improve their overall organizational functionality. This manual enabled organizations to define organizational rules and regulations, compliance to ethical rules and regulations, manage timesheets, and ensure staff were well-supported at sites run by local NGOs.

Engaging Those Affected By or Living with HIV

OVC Care and Support

OVC care and support interventions are led by the community counselors, who are trained and supervised by CBO coordinators to identify OVC in the communities. Once identified, all OVC are offered services and support through local CBOs. These services include: nutritional support, psychosocial support, educational support, child protection, social protection, and referrals for health and economic strengthening.

EGPAF supported CBOs to host child-friendly psychosocial support groups every month at health facilities and local schools. In these groups, children engage in age-appropriate activities and learning sessions facilitated by community counselors. The psychosocial support groups are segregated into two separate groups for children under 12-years-old and for adolescents over 13. These support groups provide an opportunity for counselors to assess the well-being of children, develop and implement interventions to ensure the well-being of these children, and refer and follow children through HIV treatment. At the end of 2014, 97% of both HIV-positive and HIV-negative OVC served by Project Keneya were still receiving care and support services.

Inviting Sexual Partners

Project Keneya has also worked with CBOs and health facilities to employ a partner invitation system. Individuals testing positive in supported clinics are given a letter to inform their sexual partners that they are invited to come and receive HIV testing at the clinic as well. Partners are counseled, tested, and referred to treatment if they are found to be positive.

Adult Psychosocial Support

Under Project Keneya, EGPAF staff assist local NGOs to ensure HIV-positive clients served by the project access services that address both their medical and psychological needs, as part of the Positive Health, Dignity and Prevention package.¹ In 2014, Keneya reached 7,254 people living with HIV with the Positive Health, Dignity and Prevention minimum package interventions.

¹ The components of Positive Health, Dignity, and Prevention fall under the following eight thematic areas: 1) empowerment of people living with HIV and networks of people living with HIV, 2) health promotion and access, 3) gender equality, 4) human rights, 5) prevention of new infections, 6) sexual and reproductive health and rights, 7) social and economic support, and 8) measuring impact.



Project Keneya Results

Through partnership with local CBOs, NGOs, and regional councils, Project Keneya has provided services to 35,566 individuals, of whom 7,717 are people living with HIV and 21,917 are OVC.

Indicators	FY 2015 (Oct 2014–Sept 2015) Targets	Accomplishments FY 2015 (Oct 2014 –September 2015)	Percentage Accomplished of Target (%)
Number of people living with HIV reached with Positive Health, Dignity and Prevention minimum package interventions	6,040	7,254	120%
Percent of PLHIV >15 years who have been reached by prevention with positives interventions	98%	94%	96%
Target population who completed a standardized HIV prevention intervention ²	24,150	24,777	103%
Number of individuals who received testing and counseling services for HIV and received their test results	21,423	23,679	111%
Number of clients tested positive	1,146	120	10%

Indicators	FY 2015 (Oct 2014–Sept 2015) Targets	Accomplishments FY 2015 (Oct 2014 –September 2015)	Percentage Accomplished of Target (%)
Percent of client tested positive who have been enrolled in care	90%	93%	
Number of adults provided with at least one prevention or care and support service by the OVC program	13,667	13,649	100%
Number of children provided with at least one prevention or care and support service by the OVC program	20,500	21,917	107%
Number of children receiving psychosocial care and support	20,500	21,830	106%
Number of children receiving education and/or vocational training	6,150	7,682	125%
Number of children receiving health care and support	10,046	14,842	148%
Number of children currently in care who received child protection services (including support for gender-based violence)	8,200	10,230	125%
Number of adults receiving psychosocial care and support	11,890	10,249	86%
Percent of children > 5 years currently enrolled in school	68%	55%	81%
Percent of children malnourished	NA	0.4%	

² Individuals were reached by educational sessions built around five messages: 1) personal risk assessment and risk reduction counseling; 2) promoting voluntary HIV counseling and testing; 3) promoting condom use; 4) promoting complementary HIV services, including for sexually transmitted infections, reproductive health and family planning, and prevention of mother-to-child transmission of HIV; and 5) gender norms related to HIV prevention.



Future Steps

In 2015-2016, Project Keneya will continue to target high risk populations with sexual prevention intervention, focusing on adolescent girls and young women ages 15-24 and men aged 35 years and older. During the final year of the project, EGPAF aims to accelerate HIV testing and treatment referrals among OVC and partners of PLHIV, as these populations are at higher risk of HIV infection. EGPAF staff will continue to train and mentor additional community leaders and community counselors in advocacy and community dialogues. Additionally, EGPAF will work to further boost community awareness of HIV, encourage uptake of OVC services, implement initiative of community based ART services to improve ART adherence, increase percentage of young women attending to school from 31% to 50% in the north, increase psychosocial wellbeing of children, increase use of antenatal clinic services by women in reproductive age in the north and provide improved linkages to social centers and health services



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