

Barriers and enablers of graduation among households of children living with or affected by HIV enrolled in an orphans and vulnerable children case management program in Nyanza and Western Kenya.

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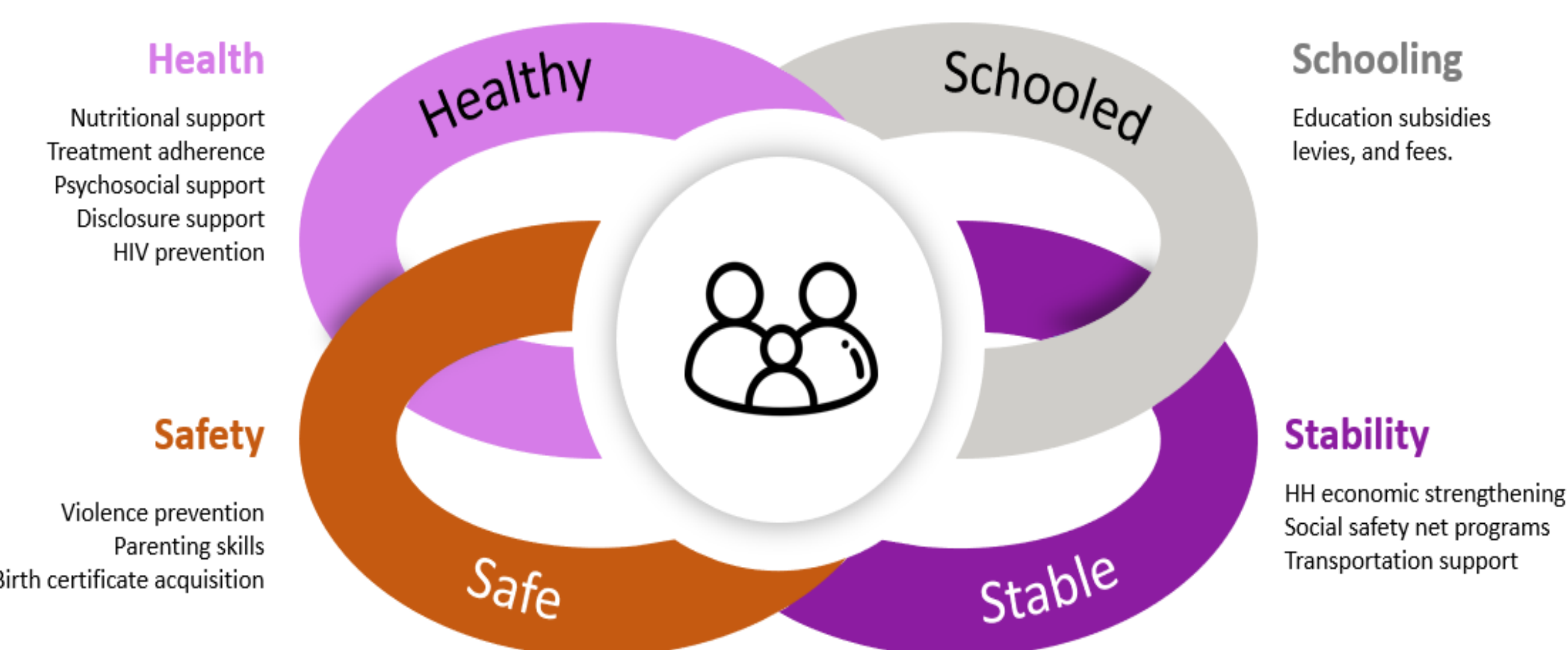
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Background

Children living with or affected by HIV have suboptimal wellness outcomes driven by intersecting vulnerabilities, including safety, education, and economic status.

PATH, through the United States Agency for International Development (USAID)-funded Nuru Ya Mtoto project, provides high-quality, integrated HIV services to people living with HIV, orphans and vulnerable children (OVC), and adolescent girls and young women across seven counties of western Kenya. The project's OVC program, implemented in five counties of Nyanza and Western regions (Homa Bay, Kisii, Migori, Nyamira, and Vihiga), offers a comprehensive suite of wrap-around health, education, social protection, and economic strengthening services for OVC and their households (HHs), focused on advancing resilience across four domains: health, safety, schooling, and stability (Figure).

Figure: Comprehensive suite of services provided to OVC and their HHs by domain.



Through the USAID Nuru Ya Mtoto project, PATH Kenya in collaboration with Local Implementing Partners (LIPs) implements a holistic, child-focused, and family-centered case management program to mitigate the impact of HIV and related vulnerabilities on OVC and HHs enrolled in the project's OVC program. Upon enrollment and annually until graduation, Case Workers (CWs) support enrolled HHs develop and progress through household case management plans, customized to HHs' specific needs co-identified through a joint assessment exercise, to meet established benchmarks and graduate from the OVC program.

We studied a cohort of households enrolled in the PEPFAR OVC program over past years to understand OVC, household, and CW characteristics that influence case plan achievement (graduation out of PEPFAR support). The USAID Nuru ya Mtoto project started working with these HHs in October 2021

Methods

Our analysis used an OVC registration database that captures OVC, HH, and CW data from 1st October 2021 to April 2023. Descriptive statistics were used to describe OVC, HH, and CW characteristics, and multilevel binary logistic regression was used to assess predictors of HH graduation.

Results

Our analysis was derived from data gathered from 107,020 OVC, 51% of whom were female and had a median age of 13 years of age (30% in 10-14 age range). Most OVC included in our analysis were HIV negative (78%), in primary school (59%), and had been enrolled in the USAID Nuru Ya Mtoto's OVC program for more than 24 months (87%).

Our analysis indicated that OVC age was associated with increased odds for graduation—7% increase for a one-year increase in age. Children with unknown or HIV positive status were less likely to graduate (adjusted odds ratio [aOR]=0.12; 95% confidence interval [CI]: 0.11-0.13) as were OVC in school (aOR=0.46; 95% CI: 0.4-0.52). CW characteristics significantly associated with graduation included: selection by chief/baraza (aOR=1.23; 95% CI: 1.03-1.72); implementing partner staff (aOR=1.99; 95% CI: 1.45-2.72); and self-volunteer (aOR=1.72; 95% CI: 1.08-2.74).

CWs trained in case management (aOR=2.63; 95% CI: 11.23-5.60) or who previously supported successful household graduation (aOR=11.58; 95% CI: 7.73-17.35) were predictors of graduation, whereas engagement in community health strategy was negatively associated with graduation (aOR=0.76; 95% CI: 0.60-0.95).

Discussion

CHVs in community strategies are assigned other HHs outside the PEPFAR OVC programming to monitor other health indicators apart from HIV. OVC HIV status is a key benchmark for graduation while OVC enrolled in school require education support.

Conclusion

CW selection, case management training, and prior graduation success were enablers of graduation, while OVC schooling and HIV status or CW community health strategy engagement were associated with a lower likelihood of graduation. These findings can be utilized for tailoring interventions that will accelerate the achievement of household resilience, transition out of PEPFAR support and the associated wellness of children infected or affected by HIV in Kenya and similar settings.

Research to action

Our findings led the project to review the ratio of case worker to HH, for CHVs involved in community strategy, focus on HIV referral and testing for OVC with unknown status and payment of school fees for highly vulnerable OVC.



A household supported by USAID Nuru Ya Mtoto's OVC program in Homa Bay County, Kenya. Photo: PATH/Denise Akun.