

Moving toward Complete Family Care: Integrating OVC Services with HIV Treatment in Haiti

FACT SHEET



Background

Haiti is the poorest nation in the Western hemisphere (70% live in povertyⁱ); Haiti has the highest HIV prevalence rate in the Caribbeanⁱⁱ (2.2%); Haiti has a young populationⁱⁱⁱ (40% under the age of 15). Combine these factors together and the result is an estimated 1.2 million orphans and vulnerable children (OVC) in the country^{iv}.

Difficult Options for Orphans and Vulnerable Children

Of the 1.2 million OVC in Haiti, one-quarter have lost one or both parents. A small number of these children may become street children (estimated 10,000) or child laborers, known as restavek (estimated 250,000). The majority of OVC are either taken in by extended family or community members (more than 25% of Haitian families report caring for a child who is not their own) or placed in institutions. An estimated 200,000 children live full or part-time in institutions and reliance on these institutions seems to be increasing.

ⁱPRB Population Data Sheet 2008

ⁱⁱNational report to UNGASS, 2008

ⁱⁱⁱwww.paho.org Country fact sheet

^{iv}The Situation of Orphans in Haiti: A Summary Assessment, FHI USAID Impact

Integrating OVC Services with HIV Treatment

CRS has been supporting a President's Emergency Plan for AIDS Relief (PEPFAR) antiretroviral therapy (ART) program at Bethel Clinic, operated by The Salvation Army, in the Nippes Department of Haiti since 2004. In 2006 the PEPFAR OVC program began discussing a joint OVC/ART program which would promote high quality health care for all children living with HIV-infected adults. The integration of these programs was intended to enhance CRS-Haiti's ability to provide a continuum of care for people living with HIV and AIDS (PLHIV) within a community setting. The following steps were taken to integrate the ART and OVC programs:

- 2000 families were identified with one HIV+ parent receiving treatment at Bethel Clinic.
- 4000 children were identified within these families.
- Families were interviewed to ascertain the support services they needed.
- The families lived in 35 communities of Nippes Department; field animators were trained for each community to act as case workers for the OVC and to enroll them in services.
- Services offered to OVC are HIV education, psychosocial support (for OVC and for caregivers), education support, and nutrition training.

Process Steps: Integrating ART and OVC Services

Integrating ART and OVC services requires a strong referral and monitoring system. The point of entry into the system is when the person comes to the clinic for testing. When the person receives results, counselors interview those who are HIV+ for family information. The counselors write down the names and ages of all family members and requests that they are brought in for testing. Children who test HIV+ are enrolled in the ART program. Each family is assigned a community nurse who follows up with coordinating clinic care. Children of those who test positive in the clinic are assigned to a field animator. Field animators conduct home visits, assess needs of OVC and prioritize essential services. When community members see children receiving services and they are more willing to go to the clinic for testing.

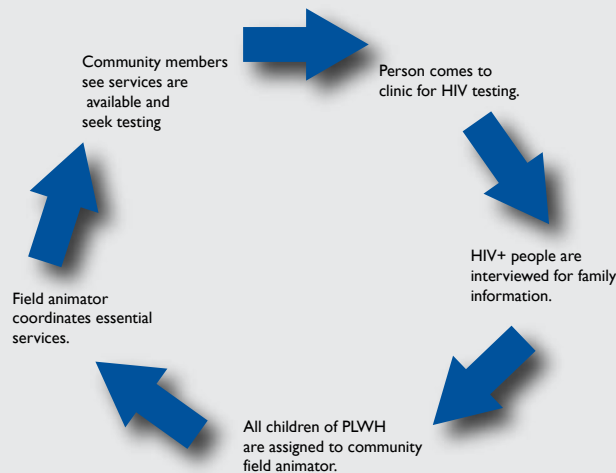


Photo by: Rebecca Jones

Outcomes

The integration of community-based OVC services with clinic-based ART services provides comprehensive family care. Some outcomes of the system are:

- OVC have been trained on important issues such as personal hygiene, nutrition, health and HIV prevention. As a result, OVC have a better quality of life by taking preventive measures against prevalent diseases. These OVC have become the local experts and are seen by the community as resources for their peers and the community in general.
- Communities are more willing to seek HIV testing because they see that they can receive ART and their children can receive needed services.
- Those receiving ART services have more hope for their children which may contribute to a better treatment outcome.
- Children of parents living with HIV are able to attend school or receive vocational training which provides them with better options for the future.
- The OVC and their guardians receive training on children's rights and psychosocial support so they are better prepared to emotionally handle the illness.
- Identification of OVC takes place from the moment their parents test positive. This eliminates a gap in time between diagnosis and enrollment of the child in services.

A Story of Complete Family Care

Andre Lourdes Doranzy, 32, a single mother of four children residing in Fond des Nègres went to Bethel Clinic in 2005 for prenatal care and learned that she was infected with HIV. After counseling, she was enrolled in the ART program. Afterwards, she was visited by a volunteer who enrolled her children in the OVC program. "I feel that this opportunity offered to my kids is heaven-sent," she says. "I feel more confident in the future; my kids have education, they can be someone important tomorrow. Even if we are poor, now I feel that it is worth being alive, even the kids are happier. The support that helped change my life and more importantly the life of my children--all this is so comforting and makes me believe that fighting for a better life - even if you are tested positive for HIV - is worth it"

The photographs in this publication are for illustrative purposes only; they do not imply any particular health status (such as HIV or AIDS) on the part of the persons who appear in them.