## Family model of HIV care and treatment – building on family strengths

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# Background

#### HIV prevalence

- 14.9% in Nyanza Province highest Kenya in 2007, more than twice the national HIV prevalence\*
- 7.1% in Kenya in 2007\*
- HIV status

Family AIDS Care and

**Education Services** 

- 16% of HIV-infected adults accurately know their status\*
- One-third of adults in Kenya with unknown HIV status\*
- Family impact
  - One family member is infected, entire family is affected
- \* KAIS Final Report, 2009

Economic, social, psychological, and physical consequences

#### Need

- Targeted strategies to reach and test individuals urgently needed to curb the HIV epidemic
- The family unit is one important portal

#### Objective

To identify and test family members at risk through index patient linkage, and engage them in prevention, care, and treatment

**Family Information Table (FIT)** 

POS, NEG, or '

(indicate mo/yr

Of most recent

Not tested

Unknown

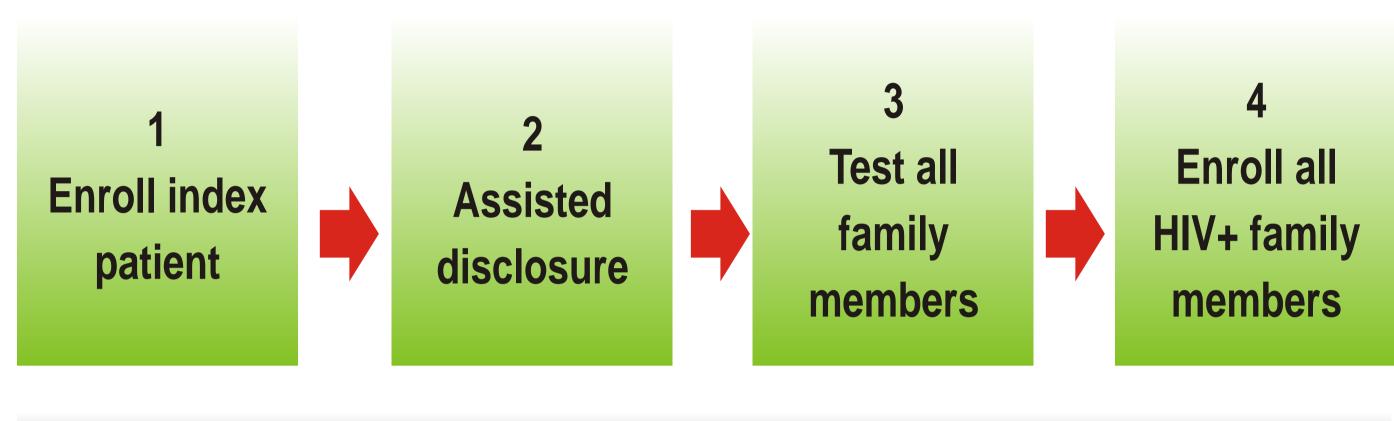
(or indicate i

not in care

with TB

**AAFB** 

# Methods



Family-centred counseling and education

Family-centred appointments and follow up

**HIV** prevention services

Counseling and support groups

Family planning & pre-conception counseling services

**Nutritional support** 

Children's clubs

Case management & support services

#### Approach

- A family model of care was designed to build on the strengths of Kenyan families
- ❖ Providers use a
   Family Information
   Table (FIT) to guide index patients through steps 1 − 4
- Comprehensive
  femily contared clinical

family-centered clinical services are built around these steps

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#### Measurement

- Retrospective study of patients in HIV care
  - → 5% random sample of 5802 active adult patients

Co-wives

- → September 2007 to September 2009
- Lumumba Health Center in Kisumu

### **Descriptive Analysis**

- Examined vulnerable family members, number tested, number positive, number enrolled
- 95% confidence intervals for proportions and means generated
- Statistical analysis in SPSS

# Results

### Each HIV-infected index patient led to:

- 2.5 family members at risk identified
- 1.6 family members at risk tested

### Approach instrumental in reaching children:

- 61% of family members identified and tested were children
- Approach led to identifying and enrolling a high proportion of HIV positive partners among family member tested:
  - 71% and 89%, respectively

# Conclusion

- The family model of care is a feasible approach to broaden HIV case detection and service reach
- The approach can be adapted for the local context and should continue to:
  - Utilize index patient linkages
  - FIT adaption
  - Innovative methods to package services for families in a manner that builds on family support and enhances patient care and prevention efforts
- Further efforts are needed to increase family member engagement

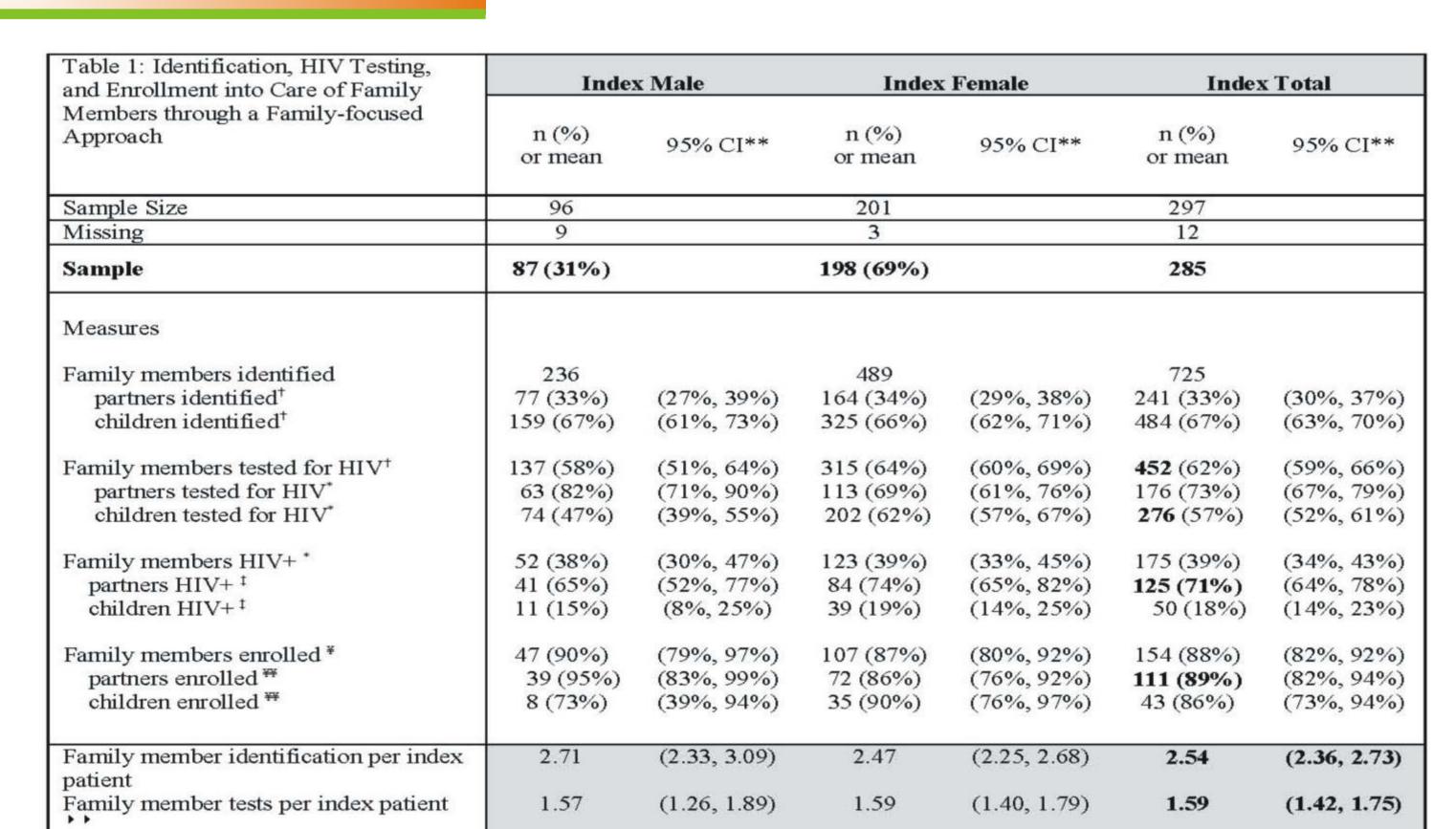




Photo by Jayne L. Kulzer

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