Beyond the Clinic: *Improving Viral Load Suppression (VLS) Outcomes for Unsuppressed Children through ICYD's* ***Root Cause Analysis (RCA) and Joint Action Plan (JAPS) Model*** *in Uganda*

BACKGROUND At **84.4%***, viral load suppression (VLS) for children in Uganda remains below adults (**94.6%)** due to a complex set of clinical and socio-economic factors that cannot be addressed at the clinic alone.

As a technical OVC lead under the Integrated Children and Youth Activity (ICYD), the Bantwana Initiative of World Education builds the capacity of community-based OVC organizations to deliver integrated HIV and social protection services aimed to improve treatment outcomes and build resilience of children living with HIV and other vulnerabilities.

Central to these efforts is strong clinic and community partnerships, anchored by coordinated, data-driven service delivery and community follow up within a local referral system and structured case management approach.

Why is the Root Cause Analysis and Joint Action Plan model a Game Changer for improving pediatric VLS?

Holistic approach *addresses clinical, financial, social and family factors contributing to non suppression in children*

Leverages clinic and community skills *and networks for robust, coordinated support*

Structured community follow up and case management *ensures regular progress monitoring and support until families can sustain HIV management.*

The Ministry of Health has adopted the Root Cause Analysis and Joint Action Plan model into the Community Integrated Service Delivery Model Standard Operating Procedures, **a significant milestone for getting to scale within a government-led response**.

***Data obtained from vldash.cphluganda.org/Uganda Viral Load Dashboard**

ICYD APPROACH: TEST, EVALUATE, REFINE AND SCALE

ICYD witnessed the power of joint assessment by clinic and community teams to rapidly and holistically understand barriers to viral load suppression in children. However, unstructured processes and informal monitoring tools hindered comprehensive assessment and the structured service delivery and monitoring children and families needed to effectively manage pediatric HIV over the long term.

In response, ICYD developed and integrated a simple **Root Cause Analysis and Joint Action Plan tool** into community case management. ICYD trained, coached and mentored case managers to use the RCA tool to systematically assess barriers to non suppression, in tandem with clinic counterparts. The tool includes a comprehensive set of questions across clinical and socio – economic domains at the individual, household/family, community, school, and health facility level, such as:

1. *Medication regimen, dose, and medication schedule*
2. *Adherence challenges - taking the right medication, the right dose at the right time everyday*
3. *Caregiver understanding and appreciation of the importance of adherence*
4. *Caregiver reliability*
5. *Disclosure of HIV status to the child*
6. *Food security*
7. *Poor caregiver/child relationship*
8. *Reasons for interruption in treatment*

Following the assessment, trained case managers, in consult with clinic counterparts, develop Joint Action Plans (JAPS) with caregivers (and the child, if age appropriate) that comprehensively address barriers. The JAP specifies the priority actions and timelines in order of importance and severity, with clearly defined roles and follow-up tasks for clinic and community teams. Case managers track and monitor service delivery implementation until the child is virally suppressed and the family can assume HIV management independently.

"Unreliable or elderly caregivers and transport and food challenges are a big contributor to children's non-suppression.

***You only understand these issues when you go to children's homes*. Joint home visits with community teams enabled us to understand these issues — and jointly work to address them"–**
ART Clinic in Charge, Kakumiro District

COORDINATION AND COMMUNITY MONITORING

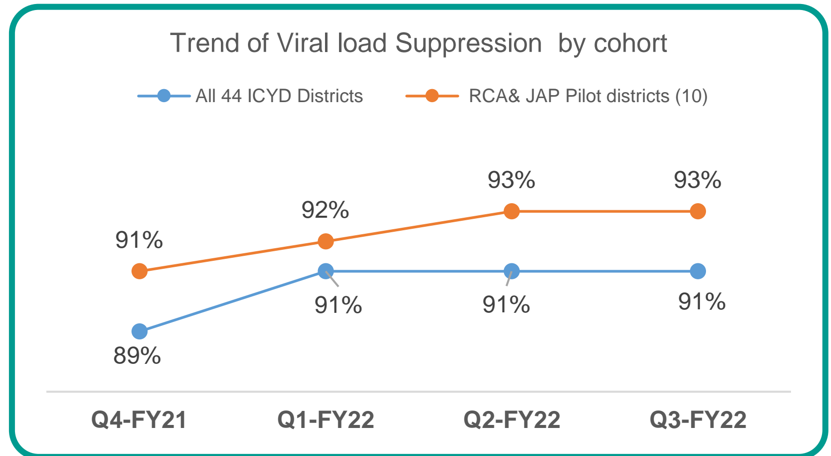
Joint Action Plans outline specific roles and responsibilities of community and clinic actors, as outlined below. Services are coordinated and monitored by Social Workers (SW) and Para Social Workers (PSWs) with SW supervision. Structured community follow up by Social Workers ensures continuity of care until children have suppressed and families are sufficiently stabilized to management of HIV treatment on their own. A typical Joint Action Plan is outlined below.

Root Cause	OVC Services	Clinical Services
Poor drug administration by caregivers	Directly Observed Therapy (DOTS) by PSWs during case management home visits	Intensive treatment literacy with clinic counterparts accompanied by SW/PSWs; Optimization to DTG
Poor adherence (caregiver negligence)	Disclosure support, caregiver sessions, pill counting, PSS, reliable treatment supporter attachment, child protection/abuse screening	Extensive adherence counseling, review of DSD eligibility to access community ART
Treatment fatigue	Regular PSW monitoring and PSS, peer attachment,	Intensive treatment literacy with clinic counterparts Structured review of case files by Linkage Facilitators, PSWs and clinic teams during clinic case conferences
Delays in updated VLS tracker	Place Linkage Facilitator documentation interns in high volume clinics	
Food insecurity	Emergency food support, backyard gardens, nutrition education for adherence, structured community monitoring	Clinical referral for severe malnutrition

RESULTS AND LESSONS

Viral load suppression (VLS) among the 10 RCA pilot districts increased from **91%** in **Q4-FY21 (N=4,941)** to **93%** in **Q3-FY22 (N=5,897)** compared to an increase from 89% to 91% across all ICYD districts.

Overall, this reflects an increase in VLS for 958 children over six months.



Improved clinic community coordination and collaboration

The RCA and Joint Action Planning process improved clinic teams' appreciation for the skills, networks and structured community support delivered by OVC partners.

Strengthened capacity of OVC teams to utilize monitoring data for timely results

Continuous coaching of OVC teams to use simple, community HIV monitoring tools helped to ensure timely, data-driven and targeted services to address VLS root causes in children.

Deepened capacity of OVC teams to reinforce treatment supports at home

SWs/PSWs trained in Directly Observed Therapy (DOTs) and other adherence related practices (e.g. disclosure follow up, appointment reminders, pill counting) ensured families were applying good practices learned at the clinic to daily home routines.

LOOKING FORWARD

With the MOH adoption, all OVC and clinic partners will continue to scale up the model nationally. Continuous coaching of OVC teams and regular clinic-community coordination and cross learning with clinic teams is also essential for continuous quality improvement and strengthened coordination.

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