



A para-social worker (left) talks with a child living with HIV during a case management home visit



REACHING BEYOND THE CLINIC: Improving HIV Service Uptake and Treatment Outcomes for Children through Community Case Management in Uganda

BACKGROUND: Though Uganda has made tremendous progress in achieving HIV epidemic control goals, children and adolescents face unique challenges in accessing HIV services. At 62%, the national viral load suppression rate for children and adolescents living with HIV (C/ALHIV) lags well behind the 92% rate for adults (MOH 2022). Young people struggle with a complex set of issues including uneven access to clinical services, peer and community stigma, low treatment literacy, limited financial resources, psychosocial challenges, and insufficient parental support¹

As the OVC technical lead for the **USAID Integrated Child and Youth Development (ICYD) Activity**, the Bantwana Initiative of World Education delivers comprehensive HIV and social protection services to mitigate the risks and impacts of HIV and violence on children, working in close coordination with clinical partners. The overall ICYD Activity is primed by the Education Development Center. Within the first two years of the program (2020-2022), ICYD strengthened the capacity of seven local implementing partners to deliver integrated services to 70,000 families across 44 districts, including 29,000 C/ALHIV.

Community case management is essential for extending the HIV continuum of care beyond the clinic to address the socio economic, child protection, stigma, and other family dynamics that impact children's health and wellbeing.

COMMUNITY CASE MANAGEMENT: Closely aligned to nationally defined priorities, ICYD extends continuity of care through a locally responsive clinic-community referral network using structured case management to track and support each child from intake through to care plan achievement. Working with clinic partners, ICYD's **Community OVC Teams** (linkage facilitators, social workers, and para-social workers (PSWs) enroll children, coordinate and deliver services, and continuously monitor progress at community level, ensuring that children are able to access all needed services across the continuum of care. In this way, ICYD supports the Government of Uganda's nascent national case management system while advancing the country's 95-95-95 HIV epidemic control goals.

ICYD APPROACH: Teaming with Clinic and Government Partners

To build community ownership and foster local solutions, ICYD's highly collaborative capacity-building model anchors local partners and government as the center of the response. Strengthening coordination and cooperation between ART referral hospitals, District Health and Child Protection teams, and Community OVC Teams of social workers and PSW cadres is central to success.

ICYD clinicians and clinical partners continuously upskill Community OVC Teams to understand and monitor HIV clinical outcomes at community level through on-site and remote mentoring. The ICYD team has developed simple job aids and monitoring tools that break down complex clinical concepts using simple language. These aids enable progressive learning and internalization of new knowledge, helping fill critical service delivery and clinical monitoring gaps at community level. Using case file data, Clinic and Community OVC Teams prioritize follow up of children who are unsuppressed, missing appointments, require ART refills, or require viral load testing and results. They jointly conduct home visits for complex cases, leveraging their combined strengths and resources while deepening appreciation for one another's skills and contributions. In this way, ICYD extends the reach of the clinic to holistically assess and address barriers to the improved health and wellbeing of children and adolescents living with HIV.



“Only when we made a joint home visit did I realize that our children needed more than the ARVs to achieve good health.

I now appreciate the role of the ‘social doctors’ [PSWs] in improving the wellbeing of our children. We must work together for best treatment outcomes. ”

– Clinician in Charge, Masaka District

ICYD KEY STRATEGIES for ACHIEVING 95-95-95 GOALS



PREVENTION

Deliver evidence-based GBV/HIV prevention programming to 9-14 years old to improve risk awareness and agency

Cross-refer adolescent girls to DREAMS programming to receive primary health and social protection services

Strengthen healthy behaviors and relationships among OVC and their caregivers through evidence-based parenting programming



95% DIAGNOSED

Expand case finding and ART initiation for new positives through accelerated index texting

Integrate TB screening into case management home visits and link positives to treatment

Enhance community monitoring of HIV-exposed infants, including supporting PCR3 testing and linking positives to treatment



95% ON TREATMENT

Scale up clinic case conferences to fast-track community follow up of missed appointments and treatment defaulters

Extend treatment literacy and adherence monitoring systems to community level through case management home visits

Expand treatment supports attachments for non-suppressed C/ALHIV and those living in unstable homes



95% VIRALLY SUPPRESSED

Scale up training and use of the community Viral Load Tracking Tool with all partners

Upskill community teams to conduct Root Cause Analyses and Joint Action Plans for un-suppressed C/ALHIV at community level with clinic counterparts.

Expand community-based HIV service delivery uptake of differentiated service delivery models



“Our work is not done, but we are a much stronger organization technically and organizationally because of multi-layered support from the ICYD OVC team.”

– ICYD partner Masaka Diocese Medical Services (MDMS)

RESULTS AND IMPACT ON THE HIV CASCADE¹

IMPROVED ACCESS TO HEALTH CARE SERVICES FOR VULNERABLE FAMILIES



106,412
OVC & caregivers received at least one primary health service



29,712
children (9–14 yrs.) completed HIV & GBV prevention programming

EXPANDED ACCESS TO CRITICAL HIV AND SOCIAL PROTECTION SERVICES FOR C/ALHIV AND CAREGIVERS



29,094
C/ALHIV enrolled & retained in treatment

26,028 C/ALHIV received nutrition support/education.

5,843 C/ALHIV received treatment through community delivery

ENHANCED VIRAL LOAD MONITORING AND SUPPRESSION FOR C/ALHIV AND CAREGIVERS



23,000
C/ALHIV with updated viral load trackers in clinic & community case files



Viral load suppression for C/ALHIV increased from **79%** to **91%** in one year

LASTING INNOVATIONS

- **Scaling up of training and use of community Viral Load Tracking Tools** by OVC teams that are aligned with Ministry of Health tools and indicators
- **Aligning clinic and case file standards** to improve data-driven service delivery prioritization and harmonized tracking and monitoring from clinic to community level
- **Rolling-out standard operating procedures, checklists, and simple “job aids”** to enhance learning, standardization of service delivery models, and quality
- **Integrating an OVC Service Summary Tool** into case management to tailor care plans and better monitor progress across health and wellbeing indicators at clinic and community level

¹ Based on 30 June 2022 results



A child and his grandparents, following a family discussion on treatment literacy in Mbale district, Uganda

LOOKING AHEAD: The Way Forward

ICYD will continue to improve service delivery quality and strengthen clinic-community coordination and collaboration using a case management approach that:

- ✓ **Expands children's voices in programming designed to support them** through consultative meetings during peer support groups, home visits, and district and national fora to shape national policy, address stigma, and improve access to comprehensive services.
- ✓ **Scales up the use of Root-Cause Analysis and Joint Action Planning** by Community OVC Teams and clinic partners to improve management of non-suppressed children and integrate clear action steps into holistic family care plans.
- ✓ **Deepens and institutionalizes clinic-community case management approaches** through capacity building of community partners, local government, and local structures in tandem with clinic partners to strengthen the wraparound and complementary approach to treatment and care.
- ✓ **Promotes cross-sharing of local partner best practices in district and national fora with government, clinical, and other development partners** to promote and highlight local solutions, innovation, and ownership for strengthening an integrated response.

To learn more, go to
<https://bantwana.org>



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