



A para-social worker discusses how to schedule daily medication reminders with a child and his caregiver during a home visit.

REACHING BEYOND THE CLINIC: Improving pediatric viral load suppression through community case management in Uganda

At 62%, Uganda's 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 unreliable caregiver support.¹ Caregivers, in turn, struggle with understanding ART treatment, appreciating the importance of adherence, and helping children cope with their HIV status. Guiding children through adolescence, a time of rapid physical and psychosocial changes and increasing autonomy, also challenges caregivers, especially those who are elderly or infirm.

As the OVC technical lead for the **USAID Integrated Child and Youth Development (ICYD) Activity**, the Bantwana Initiative of World Education is strengthening the capacity of seven local implementing partners to deliver integrated HIV and social protection services to 70,000 families across 44 districts, including 29,000 C/ALHIV. The overall ICYD Activity is primed by the Education Development Center (EDC).

Uganda's child protection workforce, upskilled as community HIV case managers, can play an important role in improving pediatric viral load suppression through community monitoring and treatment management that builds family resilience and expands community safety nets for the longer term.

In close collaboration with clinic partners, ICYD OVC teams **extend the continuity of care using a structured community case management process** to enroll children, coordinate and deliver services, and continuously monitor progress, ensuring that children are able to access needed services across the continuum of care. Community teams support and track children and caregivers from intake through care plan achievement. 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: Continuous Upskilling of the Community Workforce and Regular Data Sharing with Clinic Partners

Continuous upskilling of Community OVC teams by experienced ICYD staff and clinic partners helps community teams understand complex clinical concepts and integrate community viral load tracking tools into home visits. Viral load monitoring tracked by community teams in clinic and case files ensures that data sharing during joint case conferences and supportive supervision is up-to-date for rapid follow up of virally unsuppressed children at home. Comprehensive Root Cause Analyses with families during joint home visits identify clinical and social protection barriers, and inform community-led Joint Action Plans with clearly defined roles and follow-up tasks for clinic and community teams.



“Transport challenges and caregivers forgetting viral load bleeding [testing] dates can delay testing for more than one year. You only understand these issues when you go to children’s homes. Joint home visits with PSWs enabled us to understand these issues — and jointly work to address them”

– ART Clinic in Charge, Kakumiro District

CHALLENGES

Poor understanding of the viral load suppression (VLS) cascade and community monitoring tools

High prevalence of non-disclosure of children’s HIV status by their caregivers impacting adherence

Food insufficiencies, contributing to poor adherence and diminished health and wellbeing

Missed viral load (VL) testing appointments and low demand for VL results

Incomplete viral load trackers in clinic and community case files threatens treatment continuity

Strained or weak caregiver and child relationships, impacting VLS and overall wellbeing

STRATEGIC RESPONSE



Coach & mentor OVC teams using ICYD clinicians and joint supervision and home visits with clinical staff. **Develop simple job aids** to break down complex concepts and use the community viral load tracker for routine monitoring.



Upskill OVC teams in basic counseling skills to support initial disclosure and provide post-disclosure support and intensive adherence counseling (IAC) during home visits.



Facilitate emergency food support through saving group OVC Funds and external partners. **Prioritize kitchen gardens & layer nutrition education** to bolster food stability and nutrition.



Use community access points and home delivery of HIV services to mitigate clinic transport costs and weekly follow up for VL results. **Link caregivers** to emergency transport and savings groups to build longer term stability.



Integrate routine updating of clinic and community case files into case management schedules. **Harmonize clinical data** with clinical partners to fast-track community follow up with non-suppressors.



Upskill OVC teams to apply parenting and basic counseling skills to re-build caregiver/child communication. **Attach community treatment supporters** to unsuppressed children

“Before [the PSW] came, I didn’t know my grandson had to take the medicine at the same time every day. Since [the PSW] is HIV positive, he took his medication with my grandson to show him that he can grow up to healthy and lead a normal life, Because he lives close by, [the PSW] visits us every week; he is now my grandson’s treatment supporter”

– Grandmother of adolescent boy living with HIV

RESULTS AND IMPACT ON VIRAL LOAD SUPPRESSION

DELIVERED community support to ensure treatment continuity for C/ALHIV



30,053

C/ALHIV enrolled on the OVC program



7,396

C/ALHIV families established kitchen gardens for durable food security

EXPANDED access to integrated community HIV and social protection services



26,028

C/ALHIV families received HIV services (e.g. ART, VLT), nutrition education, parenting, and PSS at home



Viral load testing results received increased from **76%** to **86%** in one quarter

UPDATED viral load trackers for C/ALHIV



22,030

C/ALHIV with updated viral load trackers in case files



Viral load suppression (VLS) increased from **79%** to **91%** in one year

LASTING INNOVATIONS

- **Integrated routine updating of viral load trackers** in clinic and community case files into weekly case management activities by community OVC teams
- **Upskilled community OVC teams to participate in Root Cause Analysis and Joint Action Planning** during joint home visits to non-suppressed households
- **Attached proximate community treatment supporters to unsuppressed children** and elderly or unreliable caregivers to enable close monitoring, eliminate transport costs, and sustain support beyond the project.



A child and his grandmother, during a PSW home visit to discuss adherence and viral load monitoring

LOOKING AHEAD: The Way Forward

To continue scaling up best practices and close pediatric viral load suppression gaps, ICYD will:

- ✓ **Jointly mentor community and facility structures to enhance synergies** between facility and community efforts in improving HIV treatment outcomes.
- ✓ **Improve client self-management and agency** by strengthening sensitization of older children/adolescents and caregivers on HIV management over the longer-term.
- ✓ **Promote community-level HIV care and treatment models** (e.g. community VLT or home based ART refills and adherence counseling) to minimize treatment interruptions caused by missed clinic appointments.
- ✓ **Actively manage non-suppressing C/ALHIV through community treatment supporters** and promote both community and facility intensive adherence counseling.

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



This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the Bantwana Initiative of World Education, Inc., a subcontractor under the USAID ICYD Activity, and do not necessarily reflect the views of USAID or the United States Government.