Community solutions for promoting treatment continuity for children and adolescents living with HIV in Uganda

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Introduction

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- Viral Load Suppression rate (VLS) for children (84.4%) remains below adults(94.6%)
- This is due to complex clinical & socio-economic factors

- Interruption in treatment, a primary cause of poor adherence;
- is strongly linked to **missed clinic appointments**

Common reasons for missed appointments:

- **Poor caregiver understanding and appreciation** about the importance of adherence

- **Non disclosure** of HIV status to C/ALHIV
- **Pill fatigue**
- **Psychosocial issues** related to stigma and unreliable caregivers
- **Clinic travel costs**

Program Description

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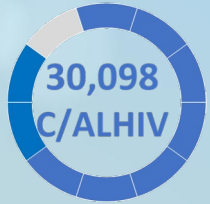

Under the USAID/Integrated Children and Youth Development Activity (ICYD), **community case managers** coordinate and deliver **integrated health and social protection services** with clinic counterparts to **improve HIV treatment outcomes** for **30,098** children living with HIV (CLHIV) across 44 districts in Uganda.

During home visits, case managers observed significant **treatment barriers** linked to **socio-economic/child protection** issues.

Our Response:

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- **Intensified appointment tracking** and fast-tracked joint home visits by clinic staff and case managers to minimize treatment disruption
- **Case managers** led assessments with families to identify root causes and developed care plans to address barriers.
- **Clinic staff** delivered safe disclosure supports, and treatment literacy in clinical settings
- **Case managers** supported disclosure at home, facilitated home ART delivery for C/ALHIV, delivered emergency transport funds and set up appointment reminders
- **Case managers** monitored children until tasks were completed and children were stable.

Coordinated Interventions & Results*

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- **Supported families** following safe disclosure during home visits for 4,294 C/ALHIV following
- **Delivered** home ART to 436 C/ALHIV
- **Provided** emergency transport to clinics for ART refills 331C/ALHIV
- **Improved** adherence literacy for 1026 C/ALHIV and caregivers during home visits
- **Attached** treatment supporters for regular monitoring and support

4,274 C/ALHIV **returned to treatment**

Daily adherence practices improved from 77% to 97%

Viral load suppression (VLS) improved from 82% to 94%.

*From *October 2021 – December 2022*

Lessons Learned

- **Regular review of missed appointment registers** during clinic case conferences focused timely community responses
- **Joint household visits** by clinic and community case managers were central to swift treatment re-engagement.
- **Holistic RCA assessments** led by trained case managers ensured socio-economic and clinical treatment barriers were addressed.
- **Routine monitoring** through case management helped caregivers integrate appointment tracking into daily routines

A parasocial worker helps an elderly caregiver and her grandson set up a regular medication schedule

Recommendations

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- **Use national and district coordination platforms** to advocate with the Ministry of Health and other key stakeholders to scale up practices proven to improve children's adherence.

- **Leverage the capacity of case managers** to coordinate joint assessments, address socio-economic barriers to treatment, and reinforce good clinical practices during home visits

- **Institutionalize data sharing between clinic and community partners** to minimize treatment interruption

- **Share lessons during district and national coordination** platforms to maximize resources and strengthen coordination from community to district levels.

Thank you

For more information, please contact
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