



More than Meds:

Community based management of ART adherence for Orphans and Vulnerable Children in rural Zimbabwe



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Background

- In 2012, there were 890, 000 children orphaned due to HIV and AIDS and 180,000 children aged 0 to 14 living with HIV in Zimbabwe.¹
- HIV positive Orphans and Vulnerable Children (OVC) face challenges of treatment adherence.²
- OVC are difficult to trace, keep in routine care and treatment, and are often lost to follow up (LTFU).³
- Through experiences supporting implementation of national PMTCT program, local organisation OPHID Trust, together with Ministry of Health and Child Care noted:
- Retaining OVC in care is problematic as the caregivers often change.
- HIV affected families who are in routine care fail to get a holistic approach to their health needs
- Overburdened Health Care Workers frequently only address biomedical aspects related to treatment and care.
- Psychosocial, developmental and family needs which have a direct bearing on health are overlooked.
- Community-based support which can help to achieve optimal adherence is infrequently emphasized.

Lessons Learnt

- The 6 rural playcentres in Marondera District, Mashonaland East were staffed by 66 community volunteers, the majority of whom (58) were female.
- A total of 479 children under 5 years were registered in the playcentres with an average age of 3 years. The majority of children enrolled were living with a caregiver or in single-parent households. Playcentres also provided an opportunity to support caregivers through provision of information; training on income generation activities and internal savings and loan to support livelihoods; and peer support through family support groups.
- Through discussion with caregivers on HIV and mother to child transmission, 76 (16%) children attending playcentres were identified as HIV exposed and never having been tested for HIV.
- A total of 30 HIV exposed children subsequently tested HIV positive (39%) and were enrolled into care and treatment.
- Case files indicated average adherence (defined as missing no more than 3 doses per month) was above 95% to ART and cotrimoxazole prophylaxis (CTX).
- Children identified as HIV positive received monthly visits for 6 months by community volunteers with volunteers checking that caregivers had collected medication and were administering it correctly.
- A total of 73 case files were successfully closed by the parasocial workers with the children having been referred and established successful linkages with medical and social welfare assistance among other community-based services.

Description

- From 2010 to 2012, OPHID Trust implemented a project in Marondera District of Zimbabwe, supporting OVC under five years and their families living with and affected by HIV.
- Children were provided with HIV testing, care, treatment and other service support within the activities of six community based and community run early childhood development (ECD) playcentres.
- A case management approach which included comprehensive child centred assessment of medical, social and psychosocial needs of children identified at the playcentre was used.
- Trained community-selected volunteers were responsible for monthly home visits, updating the playcentre registers and making appropriate referrals to different institutions when the need arose.



Children during outdoor play at one of the playcentres

Conclusions

- A holistic community based case management approach benefits orphans and vulnerable children with otherwise little support to be successfully linked to much needed clinical and social services
- Individualized care with a dedicated and approachable reference person from the community is a successful model for achieving adherence rates required for treatment success among vulnerable children
- More rigorous evidence is needed regarding long-term health and psychosocial outcomes of HIV positive children supported through community-based programmes in rural settings

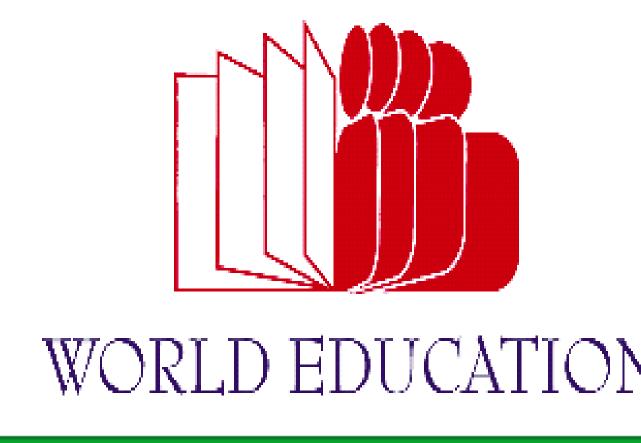
Literature cited

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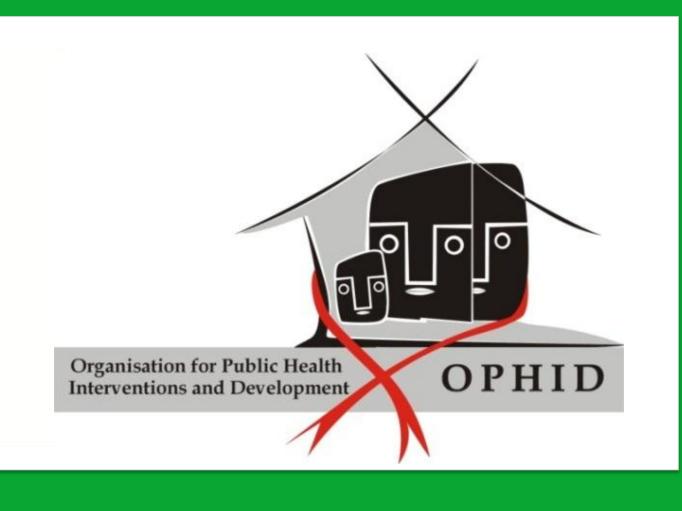












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