

Paediatric and adolescent adherence to ART support groups, Zimbabwe

CHIEDZA COMMUNITY WELFARE TRUST

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Focus of intervention:

- i) Identifying and testing missing children and adults
- ii) Access to HIV treatment, retention and adherence and viral load suppression

Faith Community Asset Area:

- i) Faith-Inspired Health Service Providers
- ii) Advocacy by religious leaders
- iii) Community outreach

Description of the Intervention:

- The main aim of the intervention is the formation of support groups at Bonda Mission Hospital and other rural health centres to encourage ART adherence by children and adolescents. The support groups are made up of between 3-6 members comprising parents/caregivers of children living with HIV, as well as children and adolescents living with HIV. The faith leaders are involved in several ways: helping to remove stigma associated with HIV in their congregations, encouraging their members to take and adhere to their ART medication, seek medical attention when required and to participate in the support groups

Key elements of the intervention

- i. Children and adolescents on ART are identified from the health facility and in the school health programme.
 - ii. The school health master is involved to ensure the children are taking their medication. He/she keeps a register of the children on ART.
 - iii. The defaulter tracker trained in ART adherence coordinates the school and health facility. She organises monthly meetings and collection of ART for adolescents and children who live far away from a health facility. During the monthly meetings the defaulter tracker checks if every child in the ART register is taking her/his medication. They get healthy living lessons.
 - iv. Parents/guardians of these children also form their support groups. When they bring their children to the monthly meetings they also meet and support each other on adherence.
 - v. The defaulter tracker follows up on children who have not turned up for their medication with the medication.
- The support groups are provided with the following support and capacity building:
 - a) Positive living information
 - b) Adolescent Sexual reproductive health and rights (ASRHR) information and services
 - c) Educational support for the needy children and adolescents
 - d) Nutritional support where there is need
 - e) Peer to peer counselling
 - f) Capacity building in income generating activities for parents/caregivers of children/adolescents living positive with HIV

Lead Organisation

- Chiedza Community Welfare Trust (CHIEDZA) is a community faith -based organisation working with the Bonda Mission Hospital, other faith based health facilities and government clinics in Mutasa district, Manicaland Zimbabwe.
- The intervention was carried out at 3 faith-based health facilities and 14 government rural health centres in hard-to-reach communities.
- Implementation started in 2014.

Results of intervention

Results of the intervention are outlined as follows; Support groups comprising 3-6 members were set at all 17 health facilities which had HIV positive children and adolescents. They were established and supported with the involvement of local authorities, traditional, religious leadership, parents and the community at large. The number of children and adolescents having an HIV tested increased from 606 in 2015 to 1122 in 2020. There were 69 children and adolescents who adhered to their ART medication in hard-to-reach communities.

Impact of intervention

- i. More adolescents and children were tested for HIV.
- ii. Children and adolescents adhered to ART
- iii. Stigma in children and adolescents was reduced. The best indications of the reduced stigma levels are: the numbers of children and adolescents who return to care after defaulting, those who continue to adhere to ART and the numbers of children, adolescents and parents/caregivers who continue to attend the support group meetings.

The intervention has been scaled from just the community Bonda Mission to 17 communities in Mutasa District.

Key success factors helping the implementation and scale-up of the intervention

- i. Working with faith and traditional leadership
- ii. Working with local health service centres
- iii. Having a defaulter tracker to follow-up on ART defaulters.

Key hindering factors constraining the implementation and scale-up of the intervention:

- i. White garment religious sects who do not believe in modern medicine.
- ii. Limited resources to cover more communities

Thank You