

SUCCESS STORY I

Program Element: Health

Title: Peer Educators increase access to Viral Load Testing.

Key Issues: Viral Load Suppression among the Key Population (KPs) and Discordant Couples at Buyinja HCIV

Operating Unit: USAID/Uganda

Headline: Working with Peer Educators to enhance mobilization of KPs and Discordant Couples for Viral Load Testing and improve Suppression levels.

22-year-old Mugweri Ronald (*not real name*), a Key Population (KP) client, started on Antiretroviral Treatment (ART) after he tested positive at Buyinja HCIV. His viral load is suppressed.

After accepting his HIV status and consistently taking his ARVs, Ronald's health has been stable. Adult Persons Living with HIV receive Viral Load Testing at six months after ART initiation and annually thereafter to ascertain their suppression levels and to determine the way forward. Some clients struggle to suppress their viral load (VL) due to limited adherence to medications among other factors. Buyinja HCIV has been performing well in VL Testing and many peers are motivated to keep in care and continue adhering to the routine taking of ART.



Buyinja Health Team conduct a CME on Viral Load Testing @USAID LPHS-EC.

Ronald was convinced by his workmate who is already on ART and out of curiosity tested positive, little did he know that it would impact him and change his life forever. "I can't believe am HIV positive, I have been living a normal life without any complaints" Ronald narrated. He was shocked by the news and thought of ending his life. But thanks to Mayaga Iddi, the Senior Peer Educator who traced him and convinced him to return to care although he had resorted to hiding not taking the drugs.

"I will never forget that day when I received my results, it was by God's grace that I managed to sustain the news, I could not internalize anything from the first counseling session since I was only imagining death". Ronald narrates. He accepted his condition and has been adhering to taking his drugs but also turning up at the facility when he is due for viral load test.

Counseling by the health workers before initiation is important, however, personal conviction supersedes all. Ronald is convinced that had it not been deep thought he would have acted differently; it is a personal decision to accept to take the drugs to save one's life. 'Information from peers is good because it helps to open your mind, however, self-conviction helps to ensure sustainability'. After self-conviction that drug adherence was for personal health, he changed and now takes his ARVs diligently, lives a healthy life, is back to work, and has properly suppressed.

According to Babalanda Job, the In-charge at Buyinja HCIV, Ronald's compliance has improved his suppression levels. He is just one of the clients who peers have returned to care. For a client to suppress it is not a one-off activity but requires passion, understanding, empathy, and teamwork to motivate the KPs back for viral load testing and avoid judging clients.

The focal person elaborated that teamwork and cordial relations with clients built encourages them back for the services, hence improving suppression. Some health workers fail to sustain their clients due to poor relations. "The way you handle your clients will determine how long and how best your interventions will succeed". Cordial relations have helped to bring back the lost KPs into care.

PrEP has also brought on board some discordant couples. It has strengthened relationships. Earlier discordant couples would separate on receiving the news in fear of the HIV negative partner contracting HIV; which is different now since people are well informed about prevention interventions like PrEP. Nakato Sarah who is part of a discordant couple agreed to support each other with her husband after intensive counseling. They are committed clients who also agreed to take their medicine at the same time to remind each other. "My husband and I have been supportive of each other, and we are happy with our children, we are healthy, working and my husband is suppressing" said Sarah. She picks up her husband's drugs when he cannot, reminds him of the Viral Load Testing when it is due, and further escorts him to the facility.

However, although Viral Load testing has improved during the period, Buyinja HCIV was struggling with poor documentation, inadequate mechanism for following up clients, seasonal changes that cause migration among the KPs non-disclosure associated with stigma and poor relations between the health workers and the KPs.

With support from USAID's MJAP Local Partners Health Service East Region, the various interventions were initiated and strengthened like use of audit tools to identify service gaps for the eligible client on every clinic day. The team also made a commitment to address all the listed gaps including close monitoring of viral load bleeding and testing among the KPs, offered timely follow-up for missed appointments and IAC to the non-suppressing.

Same-week phone call follow-up for KPs who miss their clinic visits are conducted and arrangements made to physically follow up with those without telephone contacts. This is aimed at not only ensuring that every KP who misses an appointment and other services are reached within one week, but also ensures that their treatment is not interrupted - which is a key cause of non-suppression.

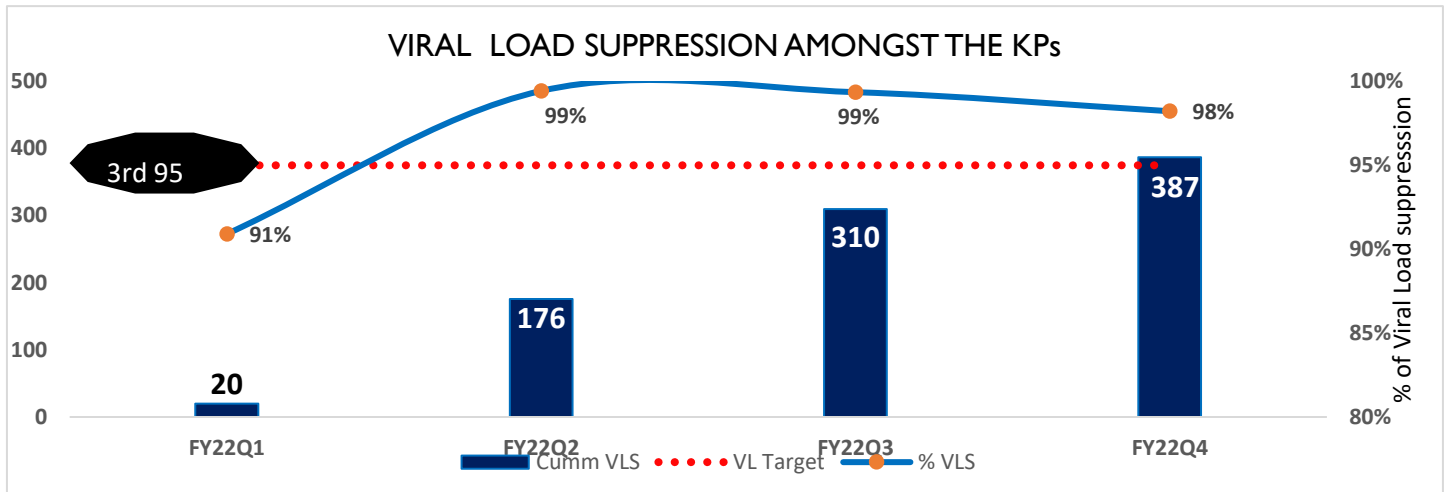
Attachment of KPs to KP peers to improve follow-ups. To strengthen this and ensure accountability by the KP peers, every KP is attached to a peer. Buyinja HCIV also introduced a Linkage Facilitator/ peer accountability form to monitor and evaluate the weekly provision of all eligible services to the clients by the respectively attached peers. All KPs in care are documented in the KP peer calendars and attached to a peer for follow-up. This creates a conducive environment for psychosocial support, hence good adherence and VL suppression.

Provision of the multi-month drug (MMD) dispensing to virally suppressed KPs to reduce missed appointments due to transport cost challenges but also having weekly pre- and post-clinical reviews of clients' files to identify gaps and design actions by the counsellors and the peer educators. This is aimed at making sure that the clients are on the right regimens and all household contacts especially those under 18 have been tested for HIV among other eligible services.

A peer was assigned as a clinic process monitor to keep track of clients and make sure no KPs leaves the clinic without receiving all services for which they are eligible.

Additionally, KPs were Engaged in treatment dialogues to understand their preferences and concerns on care. This made them feel valued, respected, and not discriminated which led to further improvement in adherence and suppression.

VIRAL LOAD SUPPRESSION AMONGST THE KPs at BUYINJA HCIV



At Buyinja HCIV all services are offered at a one-stop Centre ensuring time management since the clients don't want to stay long but also for easy reference since all the health team and peers are available. Community Viral load bleeding has also improved the percentage of KPs accessing the service. Flexibility of bleeding locations including their homes controls missing appointments due to transport hindrances and the stigma associated with their routine work. Any identified gaps or issues are discussed and addressed in the weekly ART clinic meetings.

Pull-out Quote: "I will never forget that day when I received my results, it was by God's grace that I managed to sustain the news. I could not internalize anything from the first counseling session since I was only imagining death". Ronald narrates.

Background Information

Key populations are at high risk of being infected with HIV given their nature of work and their social behaviors. The USAID LPHS EC project has initiated several interventions to support the KPs achieve viral load suppression including using Peers Educators to track clients, offer peer support, and schedule client preferred VL sample collection points.

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