Engaging Para-social workers to follow up people living with HIV to improve their health and psychosocial outcomes.

AVSI Foundation Uganda

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AVSI works for a world where every person, aware of her value and dignity, is the main protagonist of her own integral development and that of her community, even in crisis and emergency contexts.

### Sectors
- Education
- Food security and Nutrition
- Agriculture
- Health
- Protection
- Psychosocial care
- Family strengthening
- Livelihoods
- WASH
- Energy
- Environment
- Urban development
Goal: to sustainably change the living conditions of vulnerable children and their families and priority has been put on people living with HIV

AVSI works with a nationally recognized social service structure called the Para social workers (PSW).

PSWs are a community structure trained with a set of skills in child protection, HIV sensitive case management, Nutrition screening and parenting models

PSWs follow up beneficiaries at HH level including specific tasks related to HIV care follow up
Method and process

• AVSI engaged 320 PSWs to conduct case management and nutrition follow up for 3,304 PLHIV beneficiaries.

• The PSWs, social workers and health workers work on care plans with each of the PLHIVs to identify their need and agree on interventions to support the beneficiary.
Method and process – Interventions

- Adherence counseling during their routine home visits
- Support with disclosure
- Information sharing on good dietary practices
- Nutritional screening using the mid upper arm circumference (MUAC) tapes
- Referrals for the malnourished cases to the health facility
- Set up of Kitchen gardens Linkage to VSLA groups for support (transport, food)
Results

- Of the 3,304 PLHIV (608 children and 2,696 Adults) a total of 1,372 (42%) have been followed up and have had their viral loads done.
- Of the 608 children 97 (16%) were found with un-suppressed viral load and 377 adults.
- 79% of the children with unsuppressed viral load were found with a poor adherence, disclosure issues, poor nutrition status and economic barrier issues.
- PSWs followed up the beneficiaries with unsuppressed viral load for intensive adherence counseling, Nutrition education and psychosocial support.
- Overall 90% of families with individuals with un-suppressed viral load were supported to set up kitchen gardens to improve their dietary status.
- Referred 12 malnourished children to the health facility for management.
Results

• 12 children with economic barriers (transport to the facility) were referred to the VSLA groups to access OVC fund
• All non-suppressing beneficiaries are visited at least twice a month to follow up on the care plan
• Conducted integrated health dialogues and cooking demonstration in communities with the highest numbers of non-suppressing PLHIVs
• After 6 months of follow up and monitoring, 68% (672) of the non-suppressing PLHIVs are suppressing
Conclusion

- PSWs are a great community structure that can significantly improve the delivery of high quality HIV services and improvement of psychosocial and health outcomes
- PSWs can strengthen linkages to additional services like counselling, psychosocial and legal support and ensure that clients are supported along the continuum of testing, treatment and care