

**Results from the
Aidsfonds COVID-19
Response Fund
2020-2021**

**Continued
community support
for children with HIV
in times of COVID-19**

 **aidsfonds**



To respond to the COVID-19 pandemic and the impact of government measures and restrictions, Aidsfonds set up a COVID-19 Emergency Response Fund for our partners in Aidsfonds project countries. With €192,193 from this fund, 8 paediatric HIV partners in Kenya, Nigeria, South Africa, Uganda and Zimbabwe, implemented community solutions to keep children and mothers living with HIV healthy in these challenging times. This way they managed to support continued access to essential HIV services, including life-saving ARVs.

How did the COVID-19 pandemic affect the health of children living with HIV?

The COVID-19 pandemic has had a devastating effect on the HIV response. Lockdowns, travel restrictions, ARV shortages due to slowdowns in manufacturing and logistical challenges, misinformation and fear about COVID-19, all hindered access to health services and continuation of treatment. Loss of jobs and income led to poverty and the inability of caregivers to pay transportation fees to visit the health facility and to provide themselves and their children with sufficient food, subsequently leading to malnutrition and poor adherence to ART. Adverse effects of COVID-19 on social and economic life were also seen; an increase in the level of (gender based) violence, crime, and violation of human rights. Community-based organisations that provide critical paediatric services also faced increased difficulties to reach community members.

Significant decline in testing and treatment

The COVID-19 pandemic has deepened already existing inequalities that drive the HIV epidemic, putting children and pregnant women at increased risk. UNICEF (2021) [reported](#) many countries saw significant disruptions in HIV services in early 2020. HIV infant testing in high burden countries declined by 50 to 70 per cent, with the number of children that started treatment falling by 25 to 50 per cent. Several countries also experienced substantial reductions in health facility deliveries, maternal HIV testing and HIV treatment initiation. Although uptake of services rebounded

later in 2020, coverage levels remained far below those before COVID-19, and the true extent of the impact still remains unknown.

"I love my work but feared COVID-19. With the support from WOFAK, I am able to do my work in the best way possible. I've not stopped working, I'm serving my community to the best of my ability"

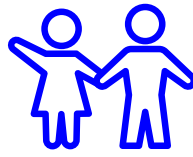
Gaudensia Akinyi,
Community Health Volunteer in Kenya



What key community solutions did partners implement to reach children and mothers with HIV services?

- ✓ Training of community health workers in basic knowledge on paediatric HIV care, COVID-19 and mental health, to:
 - educate families on treatment literacy, including phone call reminders to increase adherence, and counseling for HIV-related stigma, disclosure and gender-based violence;
 - help household members in coping with health concerns and the impact of COVID-19 on their lives.
- ✓ Delivery of ARVs to families who were unable to reach their health facilities.
- ✓ Distribution of food coupons or food baskets containing basic items for nutrition and hygiene like seeds, beans, maize, rice, porridge, sugar, salt and cooking oil and soap to households of children living with HIV.
- ✓ Raising awareness and providing accurate information about paediatric HIV, COVID-19 and hygiene to counter misinformation and myths and promote treatment adherence. This was done through household visits, posters in local language, conducting radio talk shows, running radio spot messages and educational colouring books for children.
- ✓ Providing personal protective equipment to community health workers such as face masks, gloves and hand sanitizers to ensure safe working

What impact did the COVID-19 emergency response have for children and their families?



4,231

children were able to continue their HIV treatment



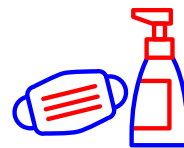
1,410

mothers and pregnant women continued their treatment



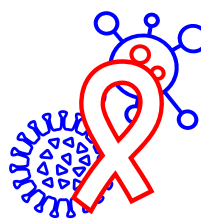
4,079

households received nutritional support



1,402

community health workers received personal protective equipment



>25,000

community members were provided with accurate information on paediatric HIV and COVID-19

"I have spent 2 months missing my ARV re-fills because my grandfather had no transport. I thank our health workers and ARISE for bringing us drugs"

Child living with HIV,
Uganda

What were partners' lessons learned implementing these community solutions?

- ✓ **Home delivery of ARVs** and facilitated transportation to health facilities by community health workers was crucial for children and mothers to continue treatment.
- ✓ Household visits led to **increased identification** of children living with HIV; after seeing other caregivers living with HIV being supported by community health workers, it led to an increase of other caregivers sharing their HIV status as well, allowing health workers to test more children at risk for HIV.
- ✓ COVID-19 lockdowns showed that sharing your HIV status at family level is still a challenge for many women, due to fear of **stigma and violence** within their household or community. Many children and women missed appointments as they could not leave their homes because of the constant presence of their husbands who were not aware of their spouse's or child's HIV status.
- ✓ Renewed focus on **nutrition** led to an increase in viral load suppression among children living with HIV. While providing food baskets or coupons was essential to prevent hunger and malnutrition during a crisis, this kind of nutritional support is not sustainable. To ensure food security in the longer term, households with people living with HIV need to be encouraged to be economically empowered and **skills to engage in agriculture** and small scale farming is paramount.
- ✓ Community members who were offered nutritional and treatment support, also suffered from **mental health** issues such as stress and anxiety. It is important for (community) health workers to offer psychosocial support as well.



“I lost my business because all mobile markets were closed. No income, no medication and because of fear and frustration, I lost count on my daughter's treatment. She missed her appointments and her health was deteriorating”

Rwaheru (49), Uganda



Conclusion:

Investing in community-led solutions is crucial to ensure healthy lives for children and their families

Aidsfonds and partners have invested in community structures for paediatric HIV for many years. The emergency response of our partners showed that community structures in existing programmes to find, test and retain children living with HIV, are crucial and easily activated to respond to a new health crisis. The referral and linkage system between communities and health facilities helped to trace children who dropped out of care and to bring them back into care. In addition, community health workers know their community members and needs best, and live in close proximity of families concerned. They are therefore best placed to identify which community members were in need of economic and nutritional support and to reach out to children and families in need of ARV delivery.

There is need for increased investments in interventions that build resilient communities and support implementation of community-led solutions. By focusing on elements such as economic empowerment, food security and nutrition, sustainability of projects is fostered and health outcomes of children, mothers and pregnant women living with HIV.

For more information about and results from the Aidsfonds COVID-19 Emergency Response Fund, visit: www.aidsfonds.org/covid-19 or **contact** us at kidstocare@aidsfonds.nl

Aidsfonds' community partners:



Society for Family Health
...Creating Change, Enhancing Lives



zoëlife