



A healthy future for children and young mothers living with HIV

Results and best practices from the Bloom
project in Uganda (2023-2026)

Photo: Jeroen van Loon

Introduction

In Uganda, adolescent girls and young women are disproportionately affected by HIV, making up 29% of all new HIV infections despite representing only 10% of the total population.¹ Uganda also has high rates of teenage pregnancy with one in four young girls either pregnant or having given birth by the age of 19, which is associated with increased risk of HIV infection.² Adolescent girls and young women living with HIV, particularly those who are young mothers, are at higher risk of school dropout, experience stigma and discrimination in their communities, and many have weak support systems, making it challenging for them to adhere to HIV treatment.

Infants and children of young mothers are at increased risk of HIV, as young mothers are more likely to miss out on HIV and antenatal care services.³ In addition, adolescent girls and young women living with HIV have distinctly lower rates of viral load suppression compared to older women (aged 25+) – 44.9% compared to 80.3%.⁴ So identifying cases and receiving antiretrovirals (ART) is not enough: young mothers and their children living with HIV need additional tailored support to make sure they adhere to treatment and are retained in care.

The Bloom project focuses on three key approaches – strengthening community systems and referral pathways; working to support the intersecting needs of children living with HIV and young mothers; and enabling children and young mothers to have full and flourishing lives.

The project was launched by Aidsfonds in 2023 as a three-year pilot, together with implementing partners Community Health Alliance Uganda (CHAU) and Joy Initiatives Uganda (JOYI). The project builds on Aidsfonds' highly successful Kids to Care model and seeks to test new ways of reaching and supporting young mothers and their children living with HIV, with the goal

of helping them to achieve a healthy life. It targets young mothers aged 10-24, focusing primarily on young mothers aged 10-18 years.

The Bloom project is being implemented between May 2023 to May 2026 in five districts across Uganda: Mpigi, Mityana, Butambala, Mubende and Kyenjojo.

The objectives are to:

1. Reduce vertical transmission for children born to young mothers (10-24) during pregnancy, birth and breastfeeding/lactation period.
2. Improve treatment coverage, adherence and retention in care for young mothers living with HIV.
3. Improve treatment coverage and outcomes for children living with HIV who have a young mother.

In this case-study, we describe the unique Bloom model and interventions, highlight key results, share important lessons and provide recommendations for how the project could be scaled up and integrated into the Kids to Care model. Finally, we point to the way forward to ensure Uganda continues its progress towards the 90-90-90 goals and provides a better future for young mothers and children living with HIV.

In all ways young mothers are a priority because they form a big part of our population, they have the biggest burden of the problem. So for anything to do with an HIV-free generation, focusing on young mothers and their children is very, very critical.

Linda Kisaakye, Ministry of Health Uganda

How the project works

Beyond 'Kids to Care' project model

The Bloom project builds on learning from the widely-recognised Kids to Care model,⁵ a four-stage model that was developed by Aidsfonds partners in Uganda, Zimbabwe, South Africa, Mozambique, and Nigeria.

The Kids to Care model builds on existing structures to strengthen the links between communities and health facilities in order to find, test, treat, and retain children, and pregnant and lactating mothers, living with HIV.

While Kids to Care usually focuses on mothers and their children, the Bloom project specifically targets young women and their children who are harder to reach and often missed in the HIV treatment cascade.



The Bloom project has adapted the Kids to Care model by using tailored strategies to find, test, treat, and retain young mothers and their children living with HIV. Addressing some of the barriers that are unique to young mothers, particularly in relation to economic empowerment and parenting skills, these interventions include:

1

Find

A peer-based outreach model that builds on mapping of young mothers and young girls within local communities to identify who is most likely to need services, based on community knowledge and indexing.

2

Test

Index testing and Bring Back the Baby campaigns to encourage testing of children at risk of HIV and early infant diagnosis.

3

Treat

Home visits, follow up phone calls, and access to HIV self-testing for young mothers.

4

Retain

Specialised clinic days for young mothers and their children living with HIV, reducing stigma and fear of discrimination. Community safe spaces where young mothers can talk about the issues that affect them, receive health education, positive parenting support, and education on life skills. Village savings and loans associations, individual and group income-generating activities, and kitchen gardens to address lack of income and food insecurity.

Each project stage is supported by community health workers, known in Uganda as village health teams (VHTs). This cadre of health workers provide community-based services through home visits, referrals, facility-based support groups and safe spaces, and are key to each stage of the model. The project partners also engage 'expert clients' and 'mentor mothers' who are living with HIV, to provide peer support to young mothers. Expert clients are those mothers (over 24 yrs) who have been receiving care for a long time and have experience of elimination of mother-to-child transmission (eMTCT); they have raised HIV free children of their own. Under this project a mentor mother is a young mother living with HIV between 10 and 24.

“Before Bloom, it was basically me and my baby surviving but with Bloom, it is about me, my baby, my future, and supporting others to live a positive life.”

Young mother living with HIV who supports the project as a mentor mother

Prior to these project stages, the partners invested time and resources in carefully establishing the foundations of the project.

Building a foundation

Before the first stage of the Bloom project got underway, implementing partners set a foundation for sustainability through a series of stakeholder meetings, which were critical to the long-term success of the project. These conversations ensure that the stakeholders have a say in the project's priorities, and that interventions are built into existing community structures using existing resources.

The partners held introductory and co-creation meetings with key stakeholders, such as health facility staff, district health officials, community development officers, and non-governmental organisations (NGOs) in their district.

Throughout the project, partners organise quarterly coordination meetings with stakeholders to encourage continued engagement with the project and to work toward sustainability of the interventions. They also sign memorandums of understanding (MoUs) with relevant stakeholders to promote active partnership within the project.

Quarterly continuous professional development sessions are conducted with project health facilities and include VHTs and facility health workers. These sessions support the development of skills and knowledge on referrals, as well as positive approaches to engaging with young mothers, and providing adolescent-friendly sexual and reproductive health (SRH) health services.

The four stages of project implementation then begin.

1

Find

The Bloom project uses a **peer-led approach** to identify children living with or at risk of HIV. This is done by recruiting both expert clients and mentor mothers who are themselves young mothers living with HIV. They are trained alongside VHTs, a community-based cadre of health worker within the Ugandan government health system, using the Kids to Care Toolkit⁶. The VHTs, expert clients and mentor mothers conduct home visits to young mothers and children who may be in need of referral to HIV services at local health facilities. Providing home-based and peer-led support helps bridge the gap between young mothers and children, and HIV services.

'Hotspot' campaigns are used by project partners to target key locations such as tea and coffee plantations where girls engage in transactional sex and are at higher risk of HIV.

When the project started, young mothers were hesitant to go to the clinic for testing due to fear and stigma. The project advocated for a specific **health facility day for young mothers** and this encouraged uptake, creating the opportunity for the project to provide targeted support at the health facility on those days.

Change story: Sarah's courage to live positively

Sarah is a 21-year-old mother living in Uganda. At the start of the Bloom project, she was invited by CHAU to train as an expert client. Since then, she has been dedicated to supporting other young mothers. Her efforts led to her local health centre initiating a specific clinic day for young mothers living with HIV and the establishment of a support group for young mothers with a community safe space. Sarah facilitates the group and occasionally invites a health worker to share information on health issues and sensitive topics.

Before her involvement in the Bloom project, Sarah struggled with her HIV status. She was afraid to disclose her status to her boyfriend and her friends. But through the support of the project and the safe space for young mothers, she gained the confidence to disclose her status and no longer feels the stigma she used to feel. "I can now freely talk about my status even during health education sessions at the facility to motivate others to live positively."

2 Test

During the home visits, the VHTs along with mentor mothers and expert clients provide counselling and encourage the mothers to use self-testing kits to test for HIV or provide referrals to health facilities. The peer-based model helps gain access to these young mothers and reduces stigma for them.

Bloom project partners have found that **self-testing kits** are the most effective way to encourage testing among young mothers. Stigma and discrimination can be a barrier to attending the clinic for HIV testing so being able to test at home with the support of a trusted health worker is a way of encouraging uptake.

Confirmatory testing at health centres is encouraged and supported by VHTs once the self-testing kit shows a positive result.

The partners use **index testing**⁷ (contact tracing) to improve case identification and scale up testing of children. In initial phases of the project, children at risk of HIV were not easy to track down but index testing made it easier to identify them and to encourage their parents to have them tested. Partners also did outreach to encourage **male partners** to both participate in antenatal care and be tested for HIV.

Testing is also conducted within HIV testing campaigns in the community by trained health personnel. A **Bring Back the Baby campaign** mobilises young mothers to return to the clinic with their babies for follow-up after delivery and encourages early infant diagnosis. This campaign, together with the **HIV Time Up campaign** for young mothers and their partners, has led to more testing of young mothers, children, and infants within the project.



Photo: Adriaan Backer



3

Treat

In stage 3 of the Bloom project, young mothers living with HIV and their children who have had a positive test are linked to care in order to access ART.

Partners outreach with health workers to promote health messages including family planning, child immunisation and HIV prevention and treatment. One example is the HIV Time Up campaign led by expert clients who talk openly about their experience and encourage other young mothers to test for HIV.

The project sets up safe spaces for young mothers living with HIV, both within the communities and at each of the sub-county health facilities. These provide a peer-led space for young mothers to discuss treatment adherence, challenges with stigma and discrimination, and topics related to sexual and reproductive health and rights (SRHR). This gives young mothers living with HIV the option of meeting in the community if they feel comfortable, or to gather at the health facility if it is close and they want to avoid other community members at the health facility.

Safe spaces give VHTs, expert clients and mentor mothers the chance to follow up on young mothers who have missed appointments. They also **follow up** through home visits and phone calls. Where possible, they act as **multi-month dispensing and community drug distribution points** for those women who have been on treatment for at least 10 weeks, have no opportunistic infections, and are maintaining a stable weight⁸. This makes them more likely to adhere to treatment and reduces the frequency of visits to the health facility.

4 Retain

Bloom project partners emphasise the critical importance of Stage 4: to support the long-term health and wellbeing of young mothers and their children, helping them remain in care and go on to live vibrant and full lives.

These interventions support economic empowerment and food security; increase disclosure; improve life skills and parenting skills; provide psychosocial support; as well as reducing stigma.

Economic empowerment

Many young mothers drop out of school, have limited skills for income generation and struggle with economic disadvantage.

- > Project partners have introduced **village savings and loans associations (VSLAs)** to support young mothers living with HIV to save, access loans, and start income-generating activities. Having an income can support their children and cover their travel costs to health clinics, ensuring they adhere to treatment. Partners also offer entrepreneurship training and small seed funding for income-generating activities such as soap making, baking and keeping livestock.
- > Partners work with community development officers to support VSLAs with **mentoring**, linking the young mothers with government programmes such as Parish Development Model funds to support their income-generating activities with seed funding.
- > To increase participation in both safe spaces and VSLAs, partners have **integrated** them. The young mothers can receive health education and psychosocial support while engaging in savings and loans activities, which saves them time and money.
- > Partners launched a campaign to encourage young mothers with HIV to either **return to school or to stay in school**. The campaign messaging is shared within community safe spaces, VSLA meetings, and during home visits with VHTs.

- > **Food security** is central to the long-term wellbeing of young mothers and children living with HIV and to their ability to adhere to ART. Adequate and nutritious food is critical to their health and wellbeing, supporting treatment adherence. Partners provide training on nutritious food and the creation of **kitchen gardens**, as well as providing seeds to boost their food security and increase resilience.
- > Partnership with local businesses can also bring benefits. For example, a partnership with Uzima Chicken, a leading distributor of high-quality day-old chicks in East Africa has led to **technical training** and **skill development** for young mothers in keeping chickens and accessing chicks at a subsidised price.

Change story: Joyce's hair salon

Joyce started a VSLA with 13 young mothers living with HIV and nine caregivers of children living with HIV. To date, she has saved 150,000 Ugandan shillings (approximately US\$40) and she plans to take a loan for 400,000 Ugandan shillings (approximately US\$110) to enable her to open a hair braiding salon.

Safe spaces for life skills, disclosure, and stigma reduction

Young mothers living with HIV face challenges with stigma, discrimination due to their intersecting vulnerabilities. This can lead to reluctance to avoid treatment and disclosure which then exposes them to additional health and psychosocial risks. Community safe spaces create opportunities for young mothers living with HIV to learn about disclosure and supports them to disclose to their partners



and families when they are ready. They also increase the young mothers' confidence and reduce stigma.

Importantly, partners also integrate discussion of positive parenting, relationship counselling, and other life skills support into safe spaces, helping the young mothers address these issues within their own lives.

Change story: The power of safe spaces

Jane is a 20-year-old young mother. She found out that she was HIV positive in 2023 after she was referred for antenatal care by a mentor mother through the Bloom project. When she first discovered her status, she struggled to accept it. Being in denial about her test results, she began to isolate herself. The project partners kept in touch with her and eventually she joined the safe space organised at her local health facility.

There, she met with other young mothers and talked about getting treatment, the process of disclosure, and experiences with stigma. "I could not disclose to my partner for fear of separation or being denied support. I used to hide the drugs in the kitchen. Adherence was a challenge."

Eventually, through the support of the group, Jane decided to disclose her status to her partner. "I no longer feared the consequences of disclosure. It was now about my life and delivering my baby, free of HIV." Jane's partner tested negative but this did not result in separation or divorce. "I delivered an HIV-free baby. My husband is supportive and we make sure that our baby gets timely PCR tests." Jane's baby is now nine months old and still testing HIV negative.

As many of the young mothers supported by the Bloom project have had unintended pregnancies and have limited social support networks, being supported to develop skills to raise their children well, is key. Positive parenting includes learning about the emotional and psychological care of children, building an attachment and connection and handling difficult behaviours in children. Within life skills, partners focus on building self-esteem; educating about nutrition and physical care of children; psychosocial support and interpersonal skills; problem solving and relationship guidance.

Community leadership is very, very important. These young mothers live in the community. So if the community doesn't make it possible for them, they will not come to the facility to access services.

Linda Kisaakye, Ministry of Health Uganda



Photo: Jeroen van Loon

Results of the Bloom project

The Bloom project has had significant achievements during its first year and a half of implementation – from May 2023 to December 2024:

- > **5,401 young mothers** have been referred for HIV and ANC services and **5,098 children** have been referred to HIV services.
- > **5,141 young mothers** and **3,324 children** have been HIV tested, **108 young mothers** and **57 children** were newly diagnosed with HIV through home visits, community outreach and testing campaigns and **106 mother-baby pairs** were returned to the health facility for early infant diagnosis.
- > **1,618 children living with HIV** and **700 young mothers living with HIV** were supported to stay on ART.
- > **374 children** (aged 0-14) and **373 young mothers** (aged 10-24) were returned to care, who would otherwise have been lost to follow-up.
- > **621 young mothers** are capacitated to take care of their child(ren) living with HIV.
- > **316 young mothers** supported have started income-generating activities.
- > **771 children** have reached viral load suppression and **854 babies** have been born without HIV.
- > **568 young mothers** have joined VSLAs and safe spaces.
- > **523 health workers** have been trained during continuing professional development sessions.

The partners' quarterly coordination meetings provided an opportunity to ensure availability of necessary commodities such as HIV test kits as well as to advocate for improved service delivery at the community level. Before the project's launch, JOYI identified stockouts of test kits as a key challenge but thanks to coordination meetings, the district health officer intervened to ensure sufficient supply, giving permission for VHTs to deliver self-testing kits for young mothers in their homes.

Lessons learned

This section outlines the key lessons learned throughout the implementation of the pilot project on how to best reach and support young mothers living with HIV and their children living with HIV. These insights can inform future initiatives aiming to support young mothers and their children.

Building a foundation for sustainability

Building the foundations for the project in advance was critical to its success. Engaging with district and community structures to build on existing structures and creating a collaborative approach to project activities was essential. Bloom project partners engaged with health facility personnel, district health officials, representatives of district groups of people living with HIV, as well as community-based stakeholders including VHTs, community and religious leaders, and adolescent girls themselves.

Thanks to a strong relationship with the government, Bloom partners also had direct access to key stakeholders throughout the process – for targeted advocacy, such as setting up clinic days for young HIV mothers and their children, ensuring adequate stock of

test kits, and getting permission for VHTs to distribute self-testing kits for young mothers.

Developing this foundation for sustainability increases the likelihood that project interventions can continue once project funding comes to an end. As the project builds on existing community structures; trains VHTs, mobilises peer mentor mothers and expert clients, and develops referral pathways from community to clinic and vice versa, these activities can continue beyond the project's life. In addition, community safe spaces and VSLAs are self-sustaining once they are established and the project provides support to ensure that leadership and governance structures are in place for groups to continue for the long-term.

1 Find

It was clear from the initial project implementation that outreach by partners was not enough as the young mothers resisted going to the health facilities for testing due to stigma. Therefore, utilising the peer-led and community-based model was key to the success of the interventions. This provided an entry point for young mothers and their children to engage with HIV services,



and if HIV positive, to be supported to access care. The partners found, in particular, that engaging with VHTs to conduct mapping of their communities was the best way to identify young mothers who are likely to need support. Identifying and targeting hotspots helped to effectively promote the HIV campaigns such as the HIV Time Up and Bring Back the Baby campaigns.

Most importantly, the peer-led approach of engaging mentor mothers and expert clients means the young mothers are more comfortable, less stigmatised and open to accepting support including entry into HIV services. The home visits especially can provide a supportive environment to discuss their fears and learn valuable life and parenting skills from both peers and health workers.

2 Test

Self-testing has helped address the problem of a lack of reliable supply of testing kits. The integration of HIV self-testing kits has also allowed young mothers to test at home without the fear of stigma or discrimination.

Before the project, there was a challenge with lack of disclosure by male partners, and high rates of sexual and gender-based violence. Through the Bloom project, health facilities now encourage male partners to participate in antenatal care and to be tested for HIV during a young mothers' pregnancy, in line with policy guidelines for maternal and newborn clinic care.⁹ Some health facilities offer fast-tracked services for young mothers who attend the clinic with their partners. Implementing partners conducted quarterly dialogue sessions with male partners to encourage their participation in antenatal care and uptake of HIV testing, support positive parenting and to encourage positive relationships between young mothers and their partners.

During the project implementation, different ways of testing were tried. The results show that index testing and the Bring Back the Baby campaign had the most significant impact on testing of

children living with HIV through increased early infant diagnosis and identification of children at risk of HIV infection.

3 Treat

Integration of services for young mothers living with HIV and their children supports greater adherence to treatment. Bringing together the community safe spaces with VSLAs, was particularly successful in responding to the particular needs of young mothers. In addition, where they were able to also provide multi-month dispensing and community drug distribution points, this provided an opportunity to reduce transport costs, improve treatment adherence for the mothers and children, as well as encourage sustained engagement of young mothers in these groups over time.

4 Retain

The project interventions focused on food and income security were vital to retaining young mothers and children living with HIV. Addressing food security through nutrition education and kitchen gardens, establishing VSLAs and providing entrepreneurship training and income-generating activity seed funding, has helped build a stronger foundation for young mothers living with HIV to support themselves and to then feel equipped to support their children.

In addition, creating a supportive environment through safe spaces has meant the young mothers can explore a wide range of issues including treatment adherence, disclosure, stigma and discrimination, and SRHR. Bringing in health workers to support with positive parenting and life skills will pay off in the longer term, by giving the young mothers and their children a healthier and more positive future.

Disclosure of HIV status by young mothers has increased as a result of the project. It has been critical to have safe spaces where young mothers living with HIV are supported by VHTs and district coordinators to discuss disclosure and to explore their fears and concerns around disclosure with other young mothers.

Key recommendations

These recommendations are provided to encourage other organisations to implement projects for children and young mothers living with HIV. In addition, to scale up the Bloom project and integrate learning into the Kids to Care model the following key actions are recommended:

- > Expand use of the Bring Back the Baby campaigns, peer-led approaches, index testing, and access to self-testing for young mothers and their children to be aware of their HIV status.
- > Ensure the provision of disclosure support within community safe spaces to support young mothers to disclose when they are ready and to reduce the risks of disclosure to adolescent girls within their intimate relationships and families.
- > Integrate positive parenting and life skills into conversations within safe spaces. This helps young mothers with limited social support networks to take care of their children living with HIV, to raise them well, build a healthy attachment and connection, and handle difficult behaviours.
- > Continue to develop strategies to engage male partners of young mothers living with HIV to encourage uptake of testing and to support positive relationships with adolescent girls.

- > Integrate services to reduce transport costs for young mothers and their children, and to encourage continued engagement. In particular, integrate safe spaces, VSLAs, and multi-month dispensing to encourage participation.
- > Consider creation of spaces for children to play and access support while their mothers participate in integrated safe spaces. This is not currently part of the project but may encourage engagement of caregivers of children living with HIV.

Way forward

Uganda needs a continued effort on children, young mothers with HIV to ensure that the country's gains made towards the 90-90-90 targets¹⁰ are not lost and that no one is left behind. The Bloom project has been highly effective in finding, testing, treating, and retaining young mothers and children in care. Its peer-focused, community-based model offers an opportunity for government ministries, NGOs and development partners to close the gap for these populations in Uganda and to ensure a healthy, secure future for children and young mothers living with HIV.

Aidsfonds is a non-governmental organisation based in the Netherlands that is working to end AIDS by 2030.¹¹ Aidsfonds works with community partners in regions most affected by HIV and AIDS, to accelerate and strengthen efforts to meet this goal, ending deaths from AIDS and ending new HIV infections. Aidsfonds is committed to ensuring that those who are most vulnerable are not left behind.

Community Health Alliance Uganda (CHAU) is an alliance of grassroots organisations that support community action on health in Uganda. CHAU supports capacity building of civil society organisations to implement effective programming on HIV, sexual

and reproductive health and rights, and maternal, newborn and child health. CHAU also engages in policy advocacy, community systems strengthening to support an enabling environment for children, adolescents, vulnerable and key populations.

Joy Initiatives (JOYI) Uganda is a women-led organisation that was established in 2008 to improve the lives of children, youth and women. JOYI Uganda promotes sustainable development through integrated programmes in areas as varied as health promotion, child protection, WASH promotion, livelihood improvement, food and nutrition, and human rights promotion.

Endnotes

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- 5 Aidsfonds, "Kids to Care model." webpage. Available at: <https://aidsfonds.org/kids-to-care-model>
- 6 <https://aidsfonds.org/resource/the-kids-to-care-toolkit/>
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