

Making a case for social and structural support to improve outcomes of children living with HIV in Baringo and Samburu Counties, Kenya.

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General Category: D3: Social, political, legal and behavioural determinants of health in different contexts
Country of research: Kenya

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Background

Great progress has been made towards UNAIDS 95-95-95 targets globally and in Kenya.

Towards that goal, Kenya has achieved 99-99-95 in adults, 83-83-77 in adolescents 10-19yrs old and 76-76-70 in children 0-14yrs

USAID Tujenge Jamii (UTJ) implements an integrated HIV program in Baringo, Laikipia, Nakuru and Samburu Counties serving 4535 children and adolescents 0-19yrs living with HIV (CLHIV) on ART. Of these, 91% achieved viral load suppression with about 400 having high viral load.

Barriers to optimal viral load suppression (VLS) include: social (neglect, poor relationships with caregivers) and structural (poverty, food insecurity, restrictive policies etc) Addressing these barriers can improve outcomes (viral load suppression, adherence to treatment, good health) for these children.

Description

Due to restrictive funding policy, UTJ identified and linked with other stakeholders providing social and structural support for vulnerable children in Baringo and Samburu counties.

Meetings were held between the UTJ team, these social/structural support implementing partners and the families of children with high viral load and poor adherence to clinic appointments.

Consent was received from the families to link their children with the services provided by the partners to help improve care for the children.

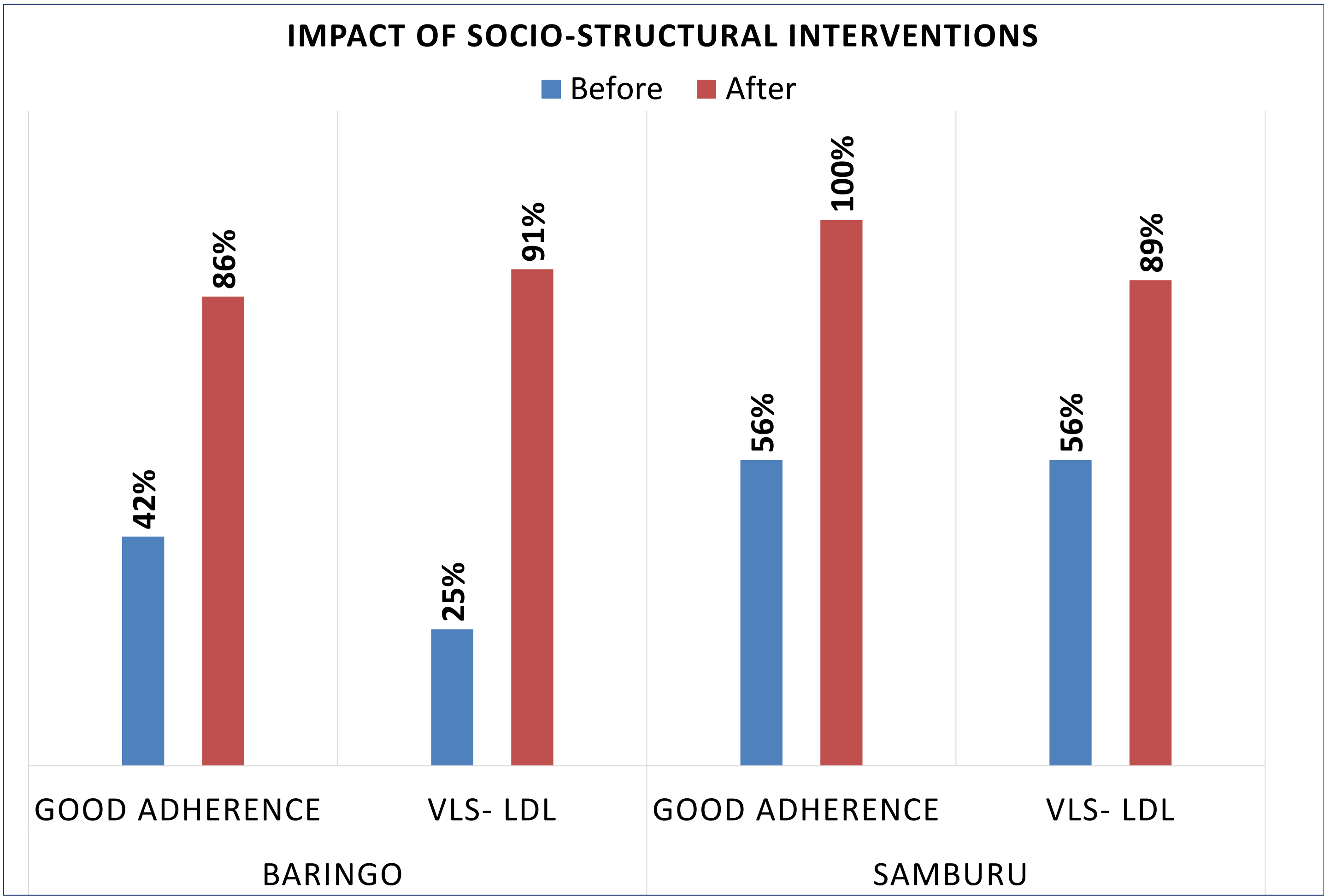
25 most vulnerable children were provided with food, a loving and caring home environment, school fees and other basic needs by the partners and monitored for outcomes over a six months' period between October 2022 and March 2023.

Results

At baseline in October 2022, only 42% and 25% of children in Baringo had adherence to clinic appointments and viral load suppression respectively. This improved to 86% and 91% respectively by March 2023. In Samburu, at baseline, only 56% of the children had adherence to clinic appointments and viral load suppression. This improved to 100% and 89% respectively after the intervention in March 2023. These results are highlighted in the graph below.

Conclusions

Successful programming for children and adolescents goes beyond clinical care. For countries to achieve the UNAIDS 3rd 95, there is need to address social and structural barriers identified at family level. Providing socio-structural interventions through meaningful partnerships improves outcomes for children living with HIV. Funders supporting HIV interventions for children should include resources to respond to social and structural needs.



The most vulnerable children were provided with food, a loving and caring home environment, school fees and other basic needs by the partners and monitored for over a six months' period.



Meetings were held between the technical team, social/structural support implementing partners and the families of children with high viral load and poor adherence to clinic appointments.