

QUEEN ELIZABETH MEDICAL FOUNDATION ACTIVITY REPORT ON FAMILY SUPPORT GROUP ADHERENCE COUNSELING SESSION/MEETING FOR PARENTS/CAREGIVERS OF HIV POSITIVE CHILDREN RECEIVING ART FROM MUKONDO HC II AND BUJUBULI HC IV



The images above show the turn up of Parents/care giver at QEMF office who came for family support group adherence counseling session/meeting on 24th September 2024

LOCATION:

**SWESWE DAM II KYAKA II REFUGEE SETTLEMENT,
KYELEGWA DISTRICT UGANDA**

FUNDING AGENCY: ALIGHT

DATE: 24TH SEPTEMBER 2024

ACTIVITY TEAM LEADERS

NAME	TITLE	TELL
HAKIZIMANA THEOGEN	Health Promotion Officer	0786492553
ISHIMWE DATIVA	Child Protection Officer	0773880487

BACKGROUND

Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) is a global pandemic that continues to have a vast impact on families, with 37.9 million people living with HIV in 2018. Since the start of the epidemic 35.4 million people have died from AIDS-related illnesses with an estimated 17 million children having lost one or both parents due to AIDS. In addition, in 2018, there were 1.7 million children under 15 years old living with HIV. Orphans and vulnerable children affected by HIV/AIDS (HIV OVC) are defined as individuals below the age of 18 who have lost one or both parents to HIV/AIDS, or have been made vulnerable by HIV/AIDS. This includes children who are HIV positive, living without adequate adult support (e.g., in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and/or a household headed by a child), living outside of family care (e.g., in residential care or on the streets), or are marginalized, stigmatized, or discriminated against

Queen Elizabeth Medical Foundation Uganda (QEMF) has been at the forefront Community based organisation in Kyaka II refugee settlement of addressing the healthcare needs of vulnerable populations, particularly in the Kyaka II Refugee Settlement, where a significant number of orphans and vulnerable children (OVC) face challenges in accessing essential services. Over the years, QEMF's commitment to improving the health and well-being of these children has been recognized by various stakeholders.

In 2024, QEMF sought to expand its efforts to provide comprehensive care to orphans and vulnerable children by addressing gaps in healthcare, education, psychosocial support, and basic needs. After identifying a mutual goal of supporting the refugee community, QEMF approached ALIGHT with a proposal that aligned with ALIGHT's mission to provide humanitarian assistance and support to displaced communities. The funding from ALIGHT has enabled QEMF to implement targeted interventions aimed at improving the lives of OVCs within the Kyaka II refugee settlement. The main project objective focuses on

- ✚ Implementing vocational training and income-generating activities for 50 families of children living with HIV/AIDS, aiming to increase their household income.
- ✚ Ensuring that 50 families of children living with HIV/AIDS have improved nutritional status by providing access to balanced food supplies, nutritional education, and support for home gardening initiatives.
- ✚ Implementing targeted HIV prevention interventions for 1000 adolescence girls and boys and their families in the Sweswe and Bukere Zone of Kyaka II Refugee Settlement

Through this partnership, QEMF has been able to strengthen the resilience of OVCs, offering them a brighter future despite the difficult circumstances they face. This collaboration between QEMF and ALIGHT marks a significant step in ensuring that orphans and vulnerable children in Kyaka II receive the protection, medical care, educational support, nutrition, and psychosocial counseling they deserve. The success of this partnership demonstrates the impact that collaborative efforts can have in transforming lives within refugee communities.

CONCEPT /JUSTIFICATION FOR THE ACTIVITY

Adherence can be described as the client's ability to follow a treatment plan by taking the right medicine, in the right doses at the right time and in the right way. A client who adheres to his/her treatment demonstrates good self-care. Good adherence is required for all medicines including Cotrimoxazole, ant-TB medicine and ARV's. It's believed that children living with HIV/AIDS in Kyaka refugee's settlement are not adhering to their treatment. As a result, they are at risk of illness and death due to AIDS related condition and increased immune-suppression.

Adherence support group is a group of HIV positive people who comes together to find a good way of helping one another cope up with the day to day challenge related to HIV/AIDS, adherence meeting serves important functions for People Living With HIV/AIDS(PLWHA). The meeting provides a forum to share feelings and experiences with each other, share information on treatment and resources, thereby lessening feeling of stigmatization and discrimination. PLWHAs are given an opportunity to discuss HIV- related issues openly within the support groups, which may otherwise not be available in other contexts of daily life.

The families experience shame both within and outside the family when one of the members is HIV positive. Most of the families with HIV positive Children are afraid of being discovered knowing that they can be discriminated against others. In some cases, children who know their HIV status as positive also keep it secret from other family members consequently, relationship changes causing them feel isolated and others are restricted when they are interacting. For example, some positive children are demanded to use their own set of eating utensils and put their food in separate bowls which is against their child rights.

Queen Elizabeth Medical Foundation identified several areas related to the need for adherence meetings for people leaving with HIV/AIDS. Therefore, meetings was a very great importance to help create awareness, encourage early disclosure, fight discrimination and stigma, prevent new infections and promote good adherence to antiretroviral drugs hence promoting longevity of life and would help achieve the national target of 95-95-95 by 2030

OBJECTIVE:

The primary objective of the family support group adherence counseling session was to:

- ✚ Empower parents and caregivers with knowledge about the importance of ART adherence for children living with HIV.
- ✚ Strengthen community support systems among caregivers to address challenges in treatment adherence and child protection.
- ✚ Educate caregivers on proper ART management and strategies to overcome barriers to treatment and address psychosocial needs and provide a safe space for caregivers to share their experiences, challenges, and solutions.



The image above shows ATUMANYA PAUL the facilitator emphasising on the need to fight stigma when taking care of an HIV positive child

METHODOLOGY AND DELIVERY OF THE ACTIVITY

Mobilization was carried by QEMF community voluter staff , who communicated with parents and caregivers through house to house and phone calls were used to inform the target group in hard to reach areas of the time and venue for the session. The session began with introductions and an ice-breaking activity to create a comfortable environment. Healthcare counselor provided educational talks on ART adherence, followed by an interactive Q&A session. Group discussions were conducted to identify barriers to adherence, and caregivers shared their experiences. Participants were divided into smaller groups to role-play common adherence challenges and find solutions. Healthcare workers and QEMF staff provided technical guidance throughout the session.

The session aimed to improve adherence to ART, enhance the emotional and psychological well-being of both the children and their caregivers, and provide a platform for shared learning and peer support. This activity was conducted on 24th september 2024 were all the participants were invited for a one day meeting at QEMF office in SWESWE dam II . A total of 50 participants (37 felames, 23 males) and attendee and were given the refresments and transport refund.

Two 2 counselors were facited to conduct the session which lasted for 4 hours . The session was designed to be highly participatory, encouraging caregivers to share their stories and challenges in adherence. The counselors provided specific examples of adherence problems and how to tackle them, with a focus on establishing a routine and managing side effects

SUMMARY OF ACHIEVEMENTS

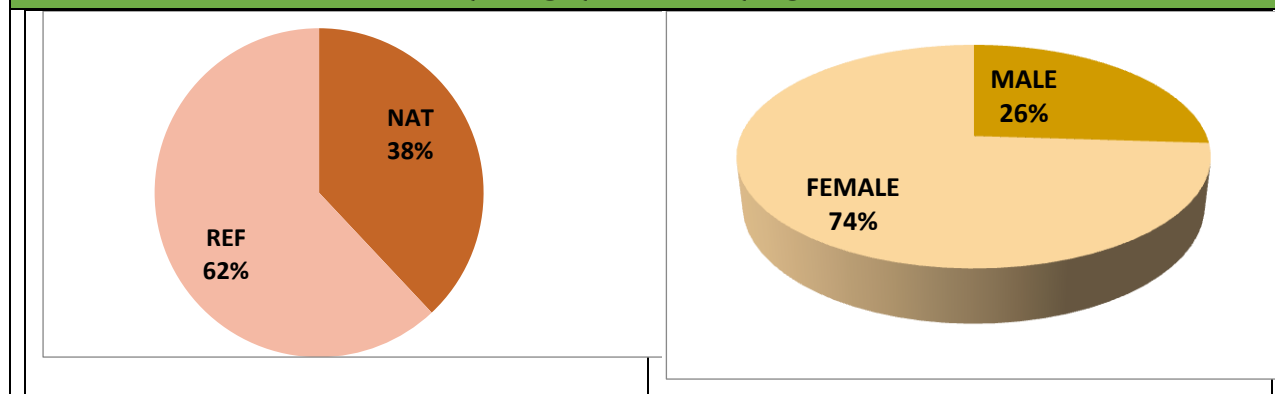
PLANNED OUTPUT	ACHIEVEMENTS	REASONS FOR VARIANCE
Facilitate ART adherence counseling sessions for caregivers	Conducted a 4 hours support group sessions with caregivers	N/A – Activity as planned
Improve knowledge on ART adherence and child protection	100% of participants reported improved knowledge	N/A
Provide emotional support to caregivers	Participants shared challenges and formed support groups	Full participation was achieved as expected
Enhance communication between caregivers and health workers	Facilitated dialogue between health workers and caregivers	Good cooperation between caregivers and health workers
Providing transport refund for all participants	all participants received their transport refund of 10000/=	Received facilitation as planned



The image above shows QEMF community volunteers supporting in distribution of refreshments to the participants during the meeting

SUMMARY OF PARTICIPANTS BY NATIONALITY AND SEX					
	REFUGEE		NATIONAL		TOTAL
	M	F	M	F	
Number of care givers attendent	06	25	07	12	50

THE PIE CHART BELOW SHOWS PARCENTAGE OF PARTICIPANTS BY NATIONALITY AND SEX



DIVERSITY AND INCLUSION

The activity was inclusive, engaging caregivers from diverse backgrounds. Special attention was paid to the inclusion of vulnerable groups, including women-headed households, disabled and older caregivers.

KEY ACTION POINTS FEEDBACK FROM THE PARTICIPANTS

- Among others, the following were the key issues laid forward by the clients; -
- ✚ Most of the care givers raised a need to be registered under category one of MUPOKERO since drug without food is really challenging.
 - ✚ Need to start projects like poultry and saving group for only caregivers of children living with HIV.
 - ✚ Clients advocated for materialistic support (FOOD ITEM) during the course of to boost their nutrition.
 - ✚ It was also noted that some caregivers have stopped HIV positive children from schooling since they lack scholastic materials

- “I have struggled with getting my child to take medicine regularly, but hearing others share their struggles and solutions has given me hope and practical ideas I can use.”



CHALLENGES

- ✚ Some participants had limited knowledge of English and required translation, which slightly delayed the session's flow.
- ✚ Some caregivers were initially hesitant to share their experiences due to fear of stigma within the community.
- ✚ The session was limited to one day, which constrained the amount of content that could be covered.

LESSONS LEARNT

- Providing translated materials in various local languages could improve understanding and participation.
- Longer and more frequent sessions may allow for deeper engagement and discussion of critical issues, such as stigma and discrimination.
- It is essential to continue fostering open dialogue about HIV-related stigma in the community to encourage caregivers to participate more fully in future sessions.
- There is a need for ongoing support for caregivers beyond just knowledge transfer, including continuous emotional and psychological support



the image above shows the participants and facilitators after the meeting

RECOMMENDATIONS

- ✚ Caregivers would benefit from more frequent and regular support sessions to sustain their engagement and adherence to ART.
- ✚ Increase the length of sessions to cover more topics and provide adequate time for discussion.
- ✚ Need to support caregivers with children who have no atestation card and birth nortification



HAPPY BITRESS faciitaining the second session at QEMF offince



Hakizimana Theogen QEMF Health promotion officer supporting in translation



The images above shows the participants receiving administrative communication from the CEO for QEMF

PREPARED BY

APPROVED BY

SIGN.....

SIGN:.....

NAME.....

NAME.....

TITLE.....

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