

# USAID ECAP II

## Empowered Children and Adolescents Program II

### Impact of Case Management on Children Living With HIV Under Chibefwe Catchment Area in Zambia.

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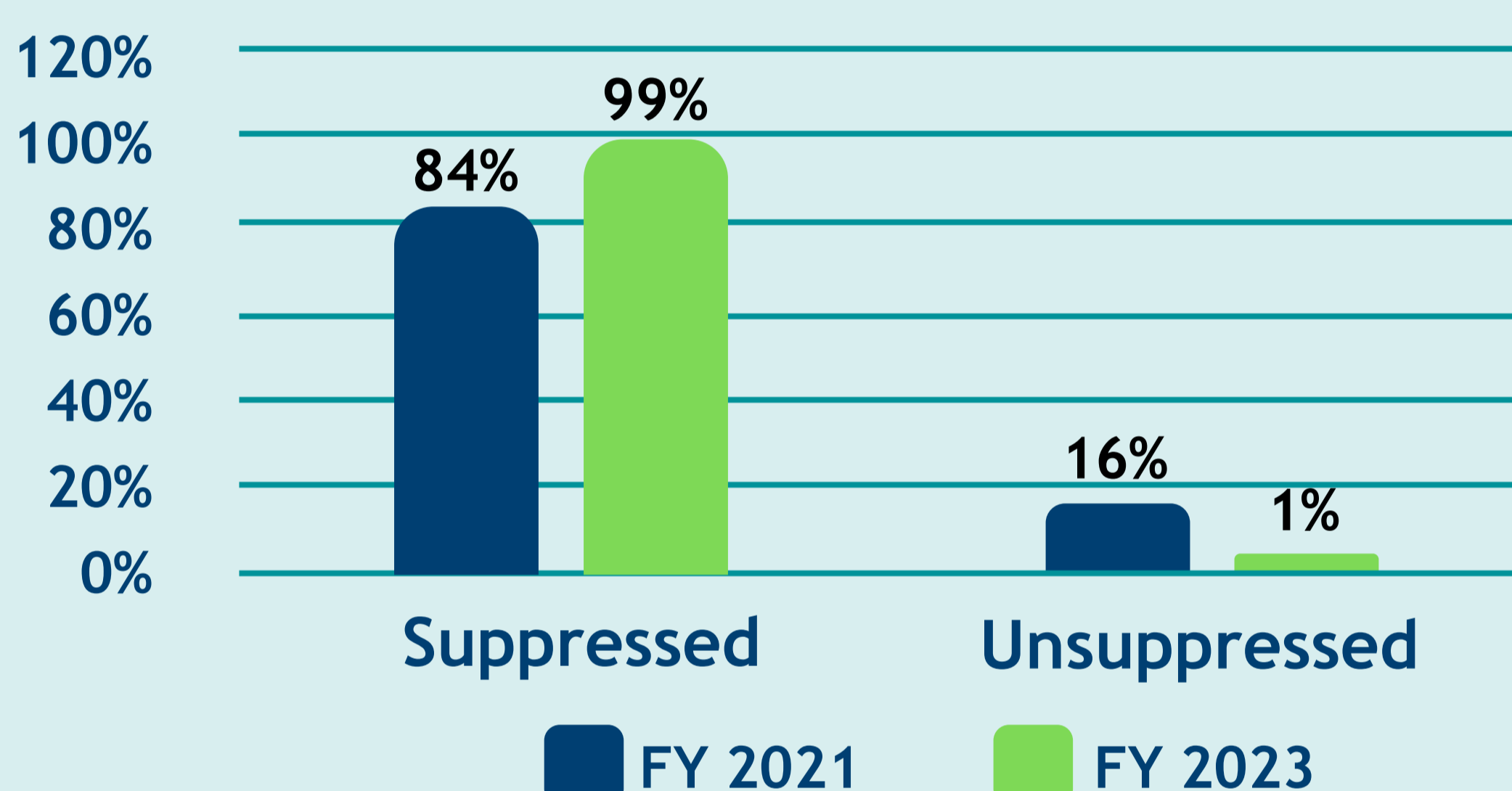
#### Background

For people living with HIV, adherence to care and antiretroviral therapy can be challenging particularly with existing co-morbidities. Through community case management, HIV testing has been conducted and clients have been commenced on ART. Additionally, clients lost to follow up and the interruption in treatment (ITT) have been put back on treatment, and viral suppression has been achieved. Community based case management can lessen disruption of service provision to program participants and relieve healthcare service providers of the burden of long queues when warding off health disparities.

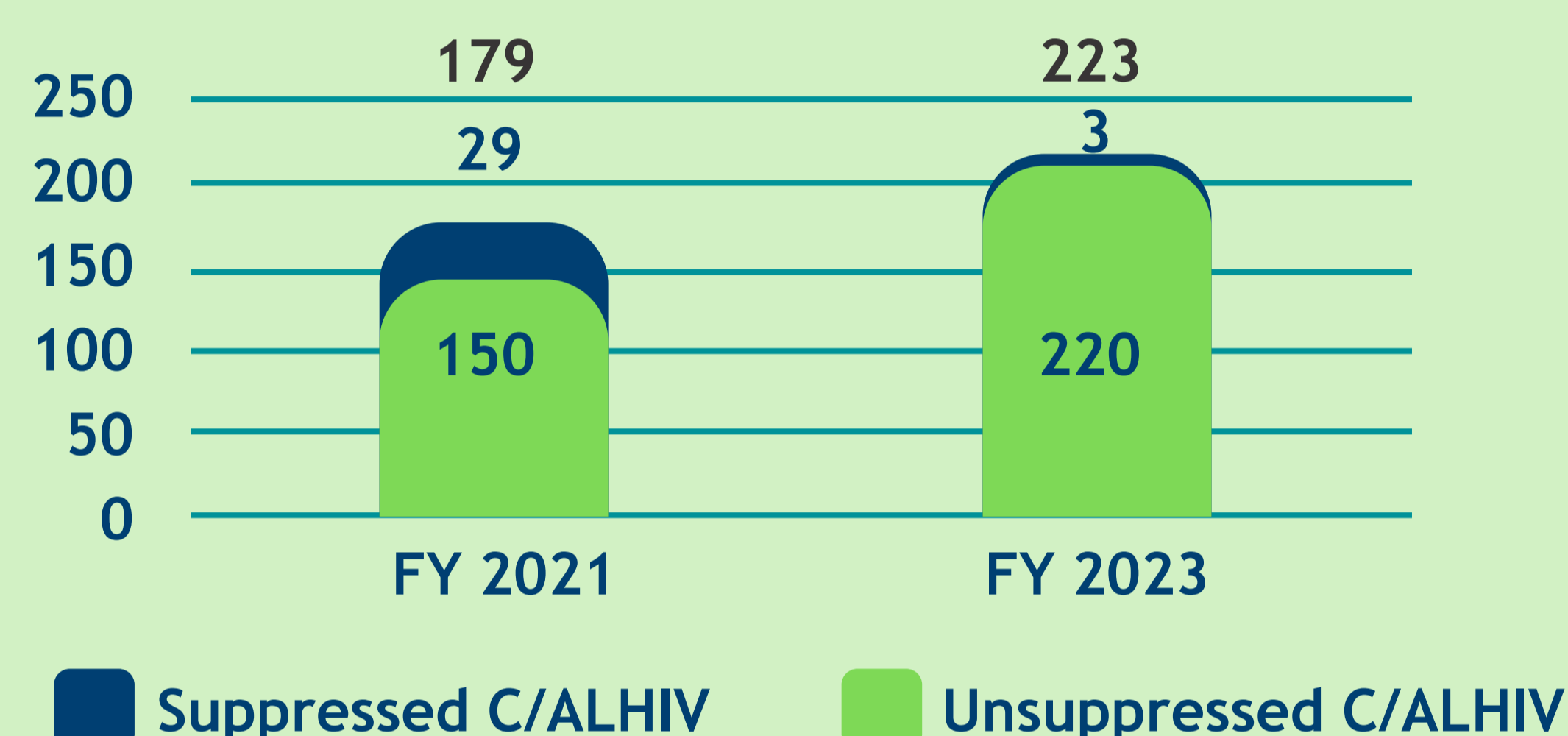
#### Description

Since October 2021, ECAP II has been implementing case management around Chibefwe catchment area with community case workers as frontliners to this community-led strategy. Monthly home visits are made to households of children living with HIV (C/ALHIV) for rigorous scrutiny on adherence to treatment. Optimal treatment is achieved with administering vulnerability assessment questionnaires and individualized questions on case-by-case basis. Vulnerability assessments unravel gaps that become a focus area for the case worker. If any anomaly is noted, case workers prioritize in rectifying that, and referrals to the health facility are made instantly when condition requires an expert's intervention. Generically, household services provided include ART drug refills, HIV treatment literacy and age-appropriate counselling. In collaboration with treatment partner, viral load sample collection is done too within the client's homestead.

#### VL Suppression Rate by Period



#### C/ALHIV VL Suppressed/Unsuppressed by Period



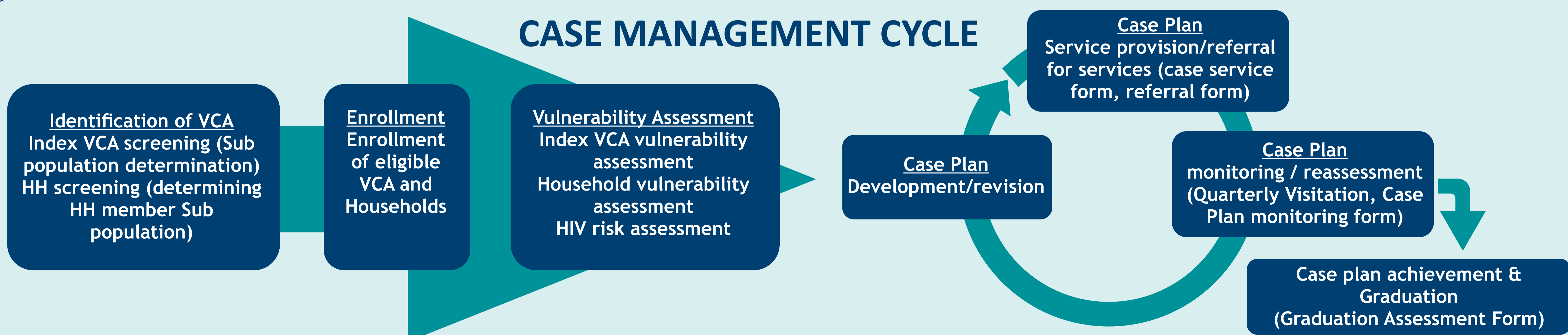
#### Lessons Learned

Community-based case management has notably improved HIV/AIDS services in Chibefwe. Since the program's inception, the number C/ALHIV on ART has risen from 179 to 223 in 2024. CCW support played a vital role by tracing those not on treatment, addressing ITT, and aiding newly diagnosed individuals to access treatment services. Viral Load (VL) suppression improved from 67% to 99% owing to adherence support and timely home-based VL sample collection. The unsuppressed C/ALHIV count reduced from 29 to 3 over the 3-year period. This success underscores the program's efficacy in enhancing healthcare provision, minimizing disruptions, reducing long queues/waiting time and prioritizing person-centered services.

#### Conclusions/Next Steps

PCZ's community-led approach, led by CCW in the Chibefwe catchment area under USAID's ECAP II, has contributed to the UNAIDS 95-95-95 goals. This initiative significantly contributed to the increase in ART enrollment by addressing treatment delays and interruptions through community-led support. The collaborative efforts, including viral load sample collection at clients' homes, resulted in a rise in viral suppression from 67% to 99% over the 3-year period, reducing virally unsuppressed C/ALHIV from 29 to 3.

#### CASE MANAGEMENT CYCLE



Entry-point at household



Service provision at household



Service provision at household



Data entry at household



Growth assessment

#### Acknowledgements

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