

# The impact of COVID19 on HIV service delivery in Uganda

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Results of a Rapid Assessment of PLHIV

Round 2, Conducted July 2020

Date of this report: September, 03, 2020

# Structure of presentation

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- About the study
- Access to treatment
- Barriers to care in the context of COVID19
- Children and HIV
- Adolescents and HIV
- People living with disability
- Adoption of COVID19 measures
- Conclusions and recommendations

# Objectives

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The assessment wanted to answer the following questions:

1. To what extent has COVID-19 impacted HIV service delivery?
2. How are individuals, families, communities, institutions coping with the impacts of COVID-19?
3. What are the key unique needs of people living with HIV that need special attention?

# Methods 1

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- All participants were people living with HIV
- This is the second Rapid Assessment; the first one was conducted between 31<sup>st</sup> March and 7<sup>th</sup> April 2020
- Data collection for the second Rapid Assessment was 8<sup>th</sup> June to 22<sup>nd</sup> July 2020
- Participants were predominantly members of NAFOPHANU umbrella network of PLHIV
- Respondents were selected quasi-randomly
- Interviews were conducted by phone by trained interviewers

## Methods 2

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Sample size: 630 PLHIV were interviewed

Districts: 101 out 136 districts in Country

Data collection: 8<sup>th</sup> June to 22<sup>nd</sup> July 2020

# Characteristics of the participants (n=630)

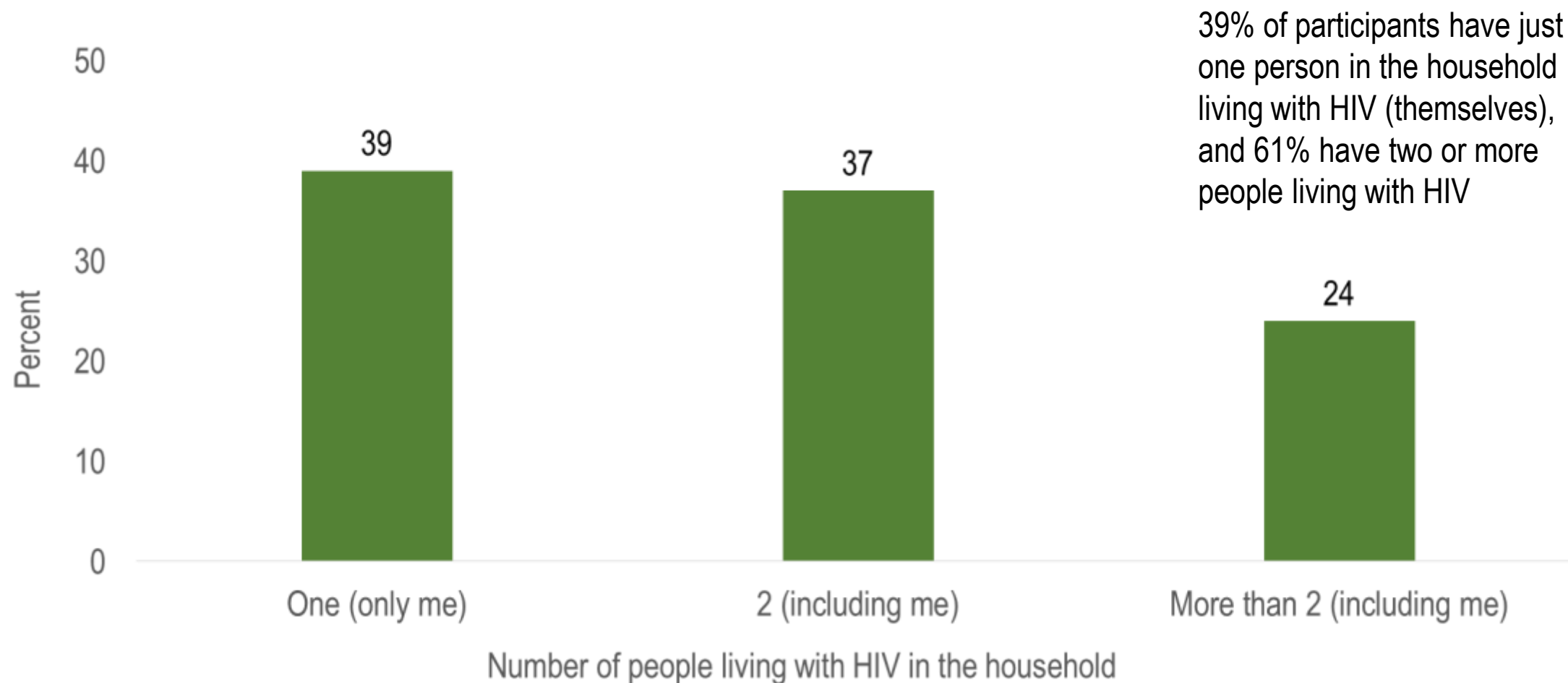
Characteristic	Number	Percent
Female	340	54%
Male	290	46%
Lives in urban area	302	48%
Lives in rural area	328	52%
Phone ownership		
Owns a smart phone	246	39%
Owns only a regular phone	372	59%
Occupation:		
Self-employed, trader, casual labor	221	35%
Employed part time or full time	202	32%
Unemployed	69	11%
Domestic work, farming, others	138	22%

# Participants Organizations (n=630)

Organization*	Number	Percent
National Forum of People Living with HIV Networks in Uganda (NAFOPHANU)	318	50%
Positive Men's Union (POMU)	51	8%
Teachers Against AIDS (TAAG)	49	8%
Uganda Network of Young People Living with HIV (UNYPA)	48	8%
Uganda Peoples Defence Forces (UPDF)	46	7%
International Community of Women Living with HIV in East Africa (ICWEA)	45	7%
Uganda Network on Law Ethics and HIV/AIDS (UGANET)	44	7%
Mama's Club	20	3%
Uganda Young Positives	12	2%
No affiliation	15	2%

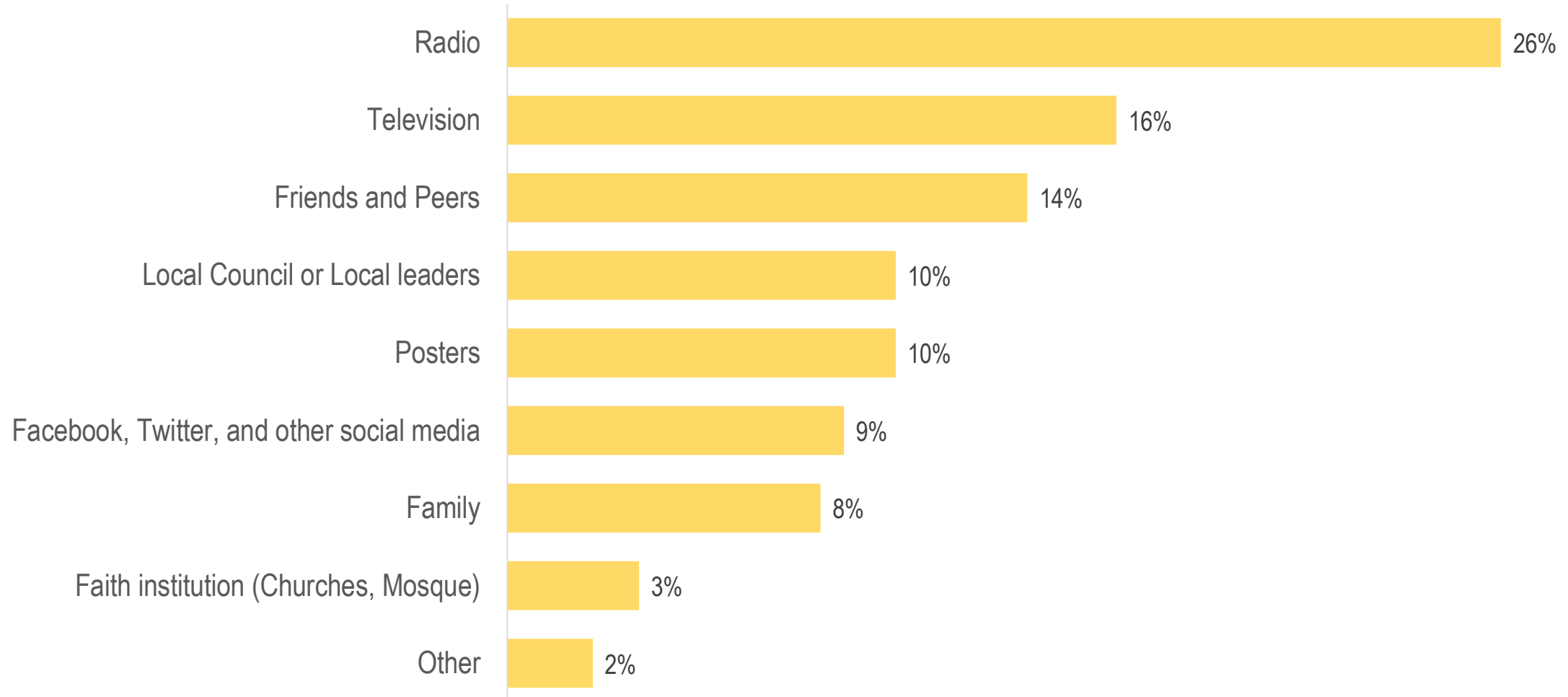
\*Multiple membership possible

# Household HIV Burden: Number of PLHIV (n=602)



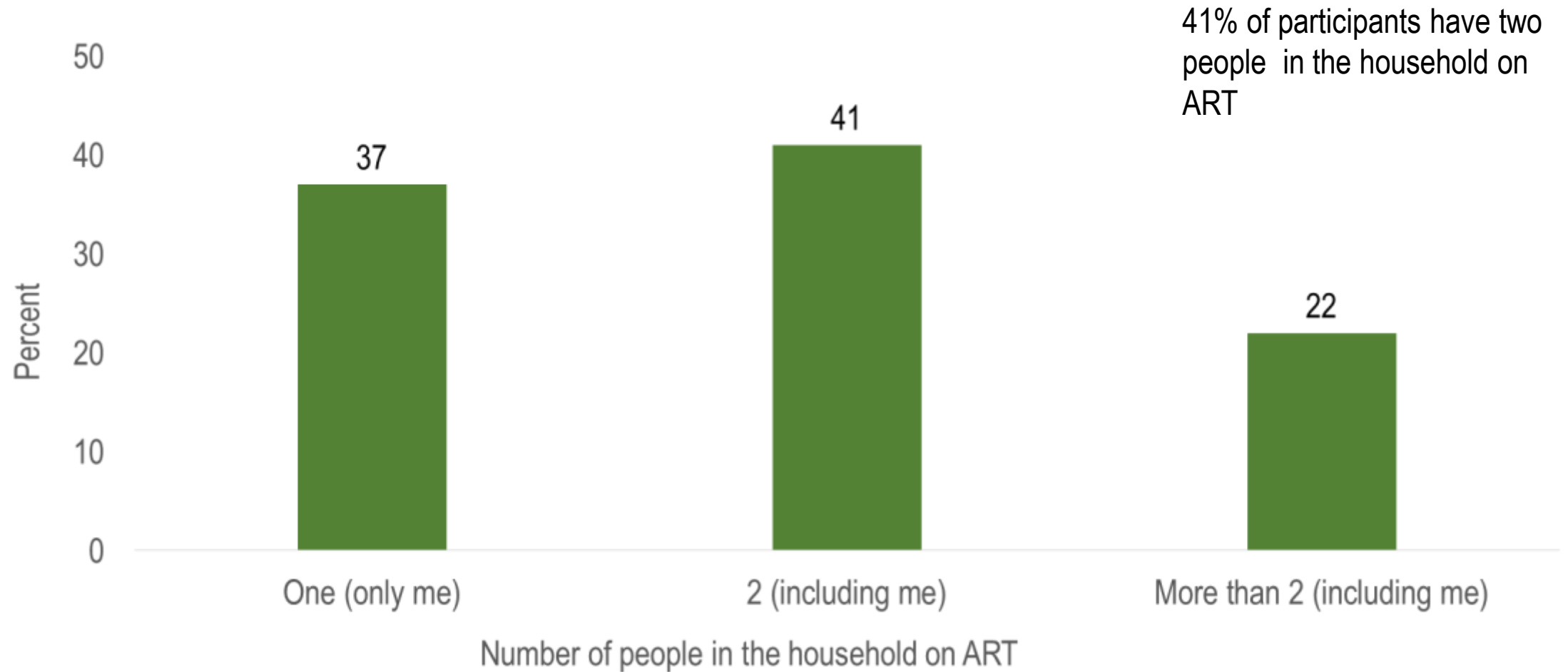


# Source Of Information About COVID19 (n=629)

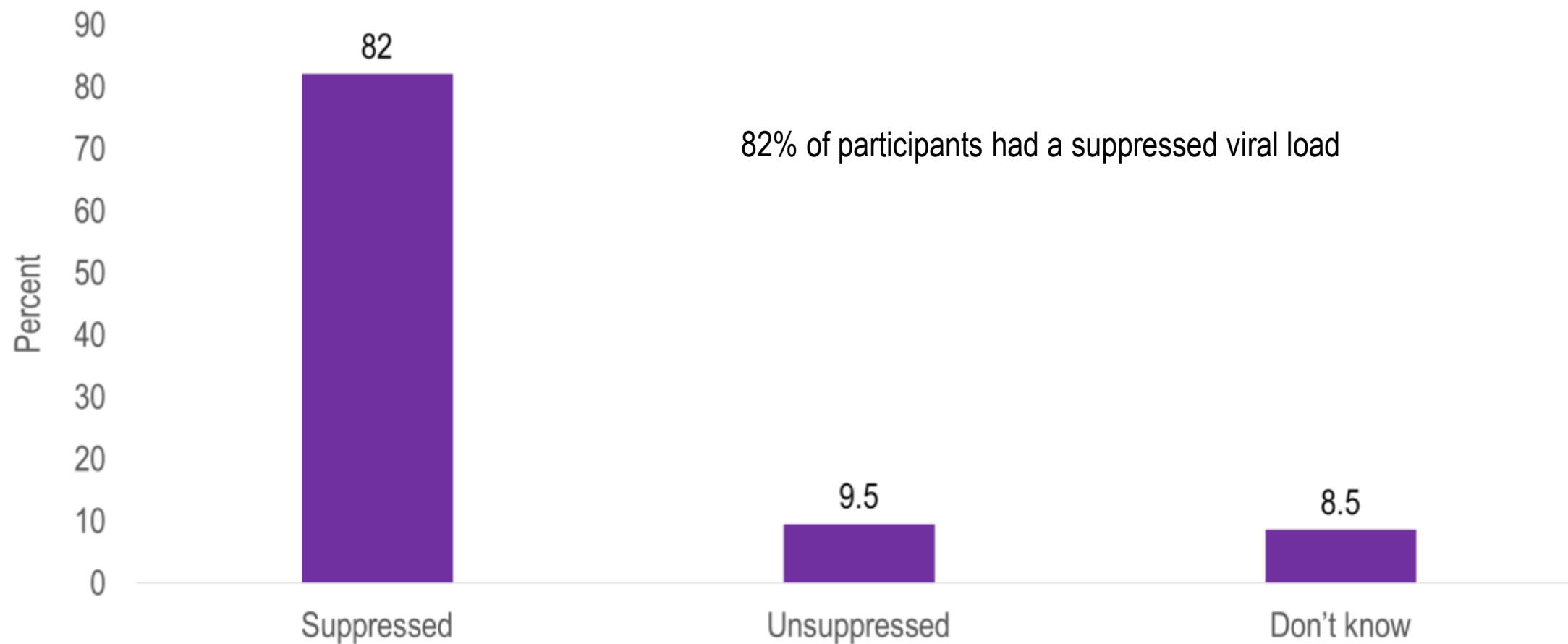


Access to treatment

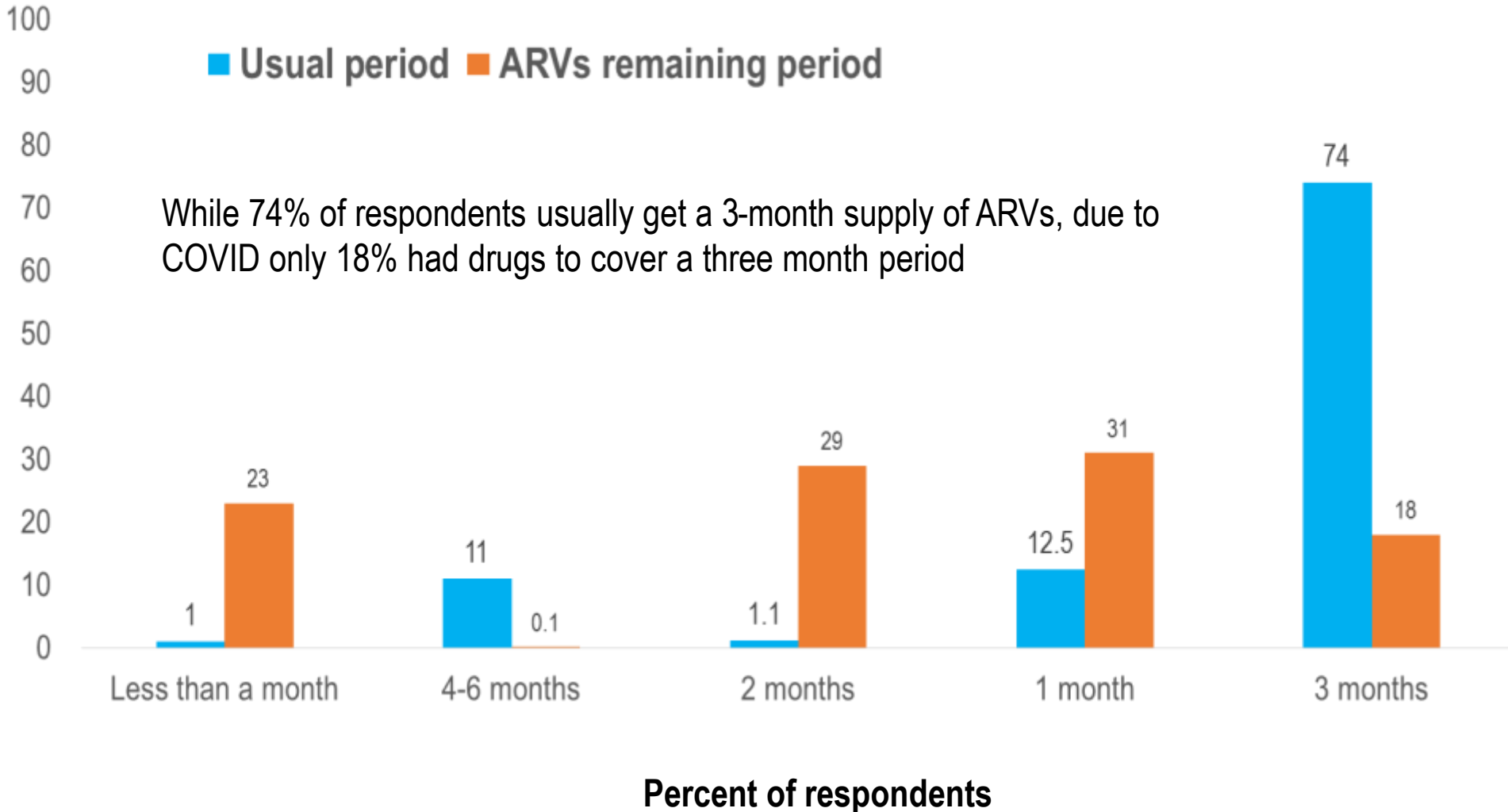
# Household members on ART (n=599)



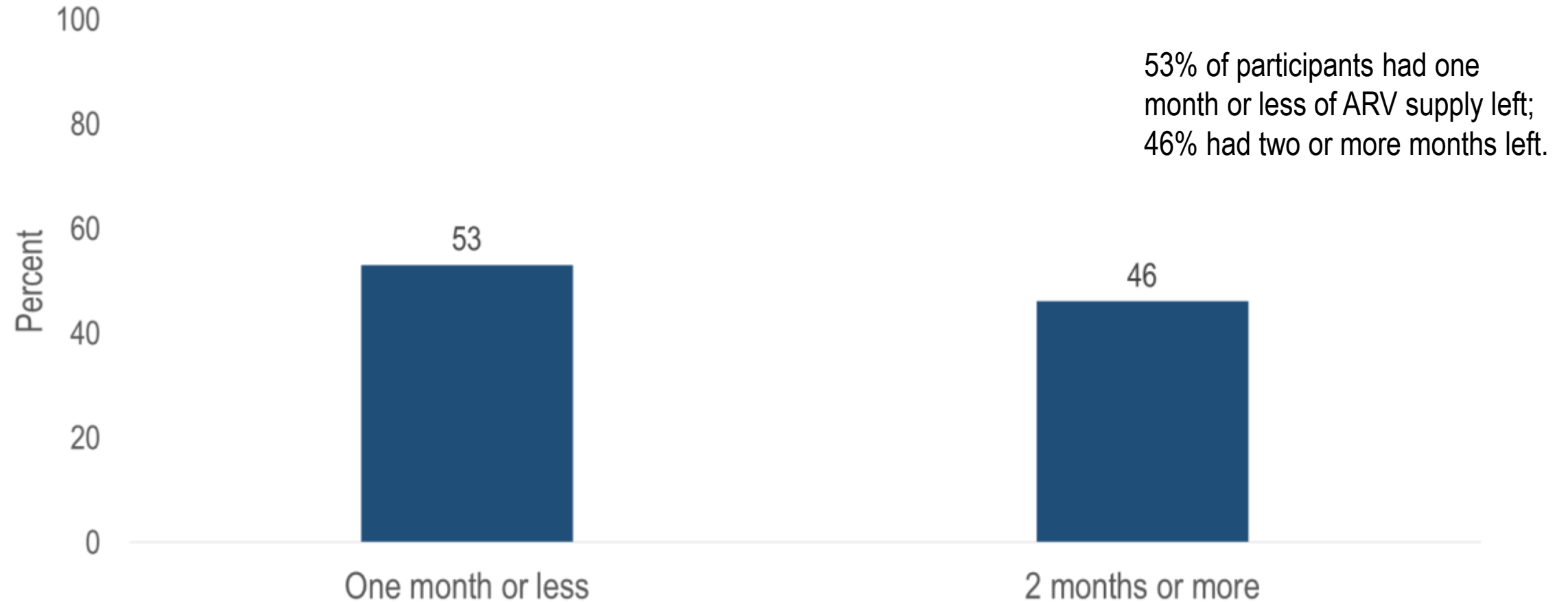
# Viral load status (n=600)



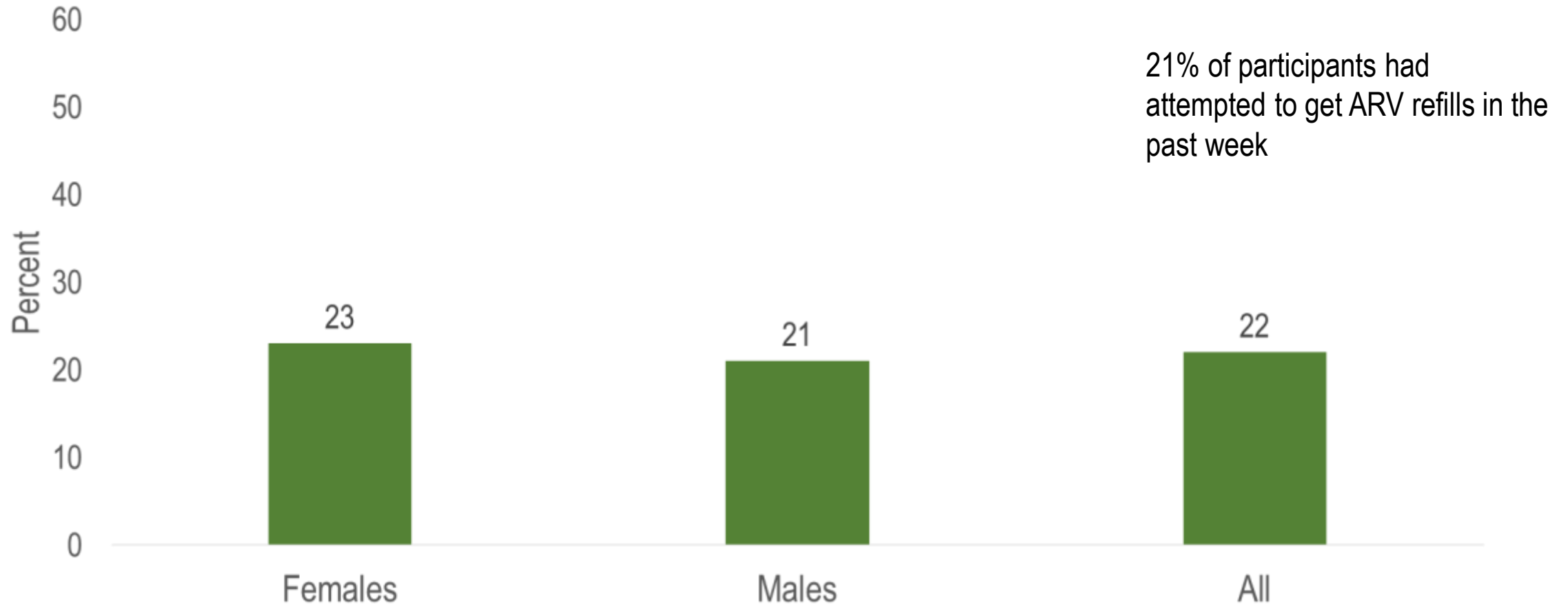
# Participants Usual Period for Receiving ARVs Vs Amount of ARVs remaining (n=623)



# Amount of ARVs remaining at the time of survey (n=623)

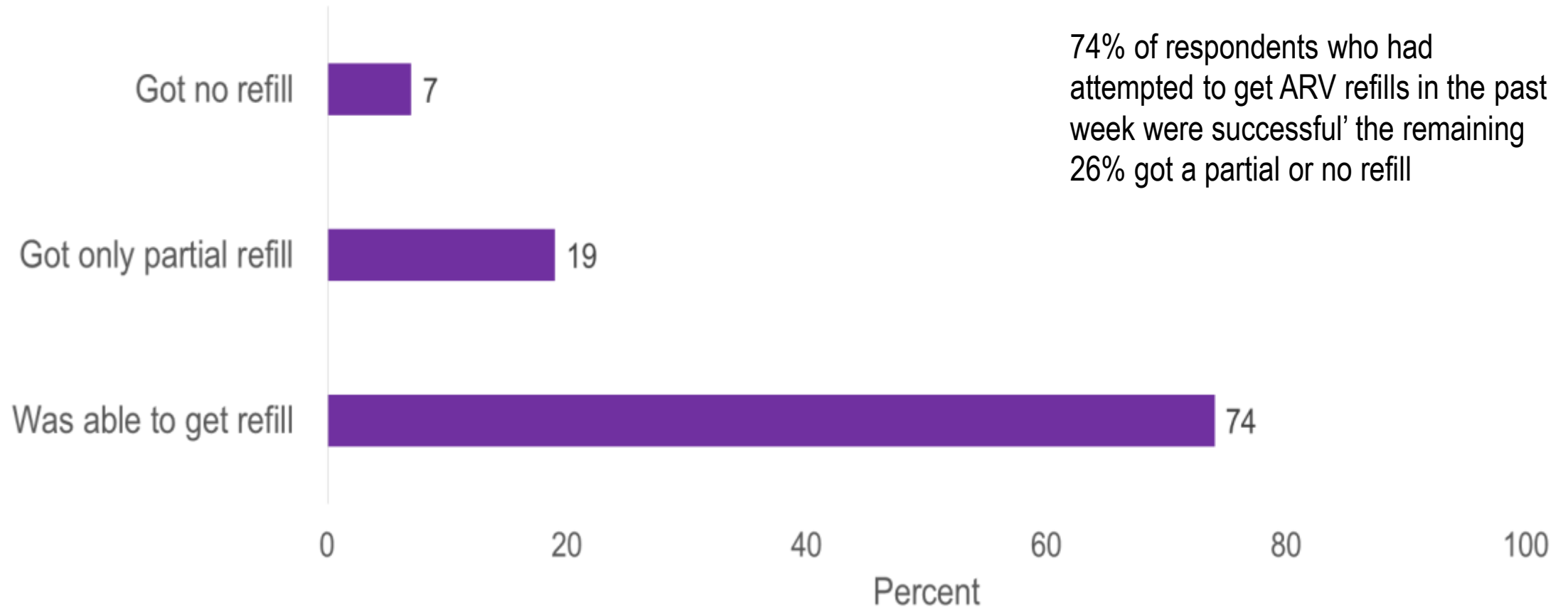


# Percent of participants who have attempted to get ARV refill in the past week (n=624)



A total of 136 out of 624 respondents attempted to get ARV refill in past one week

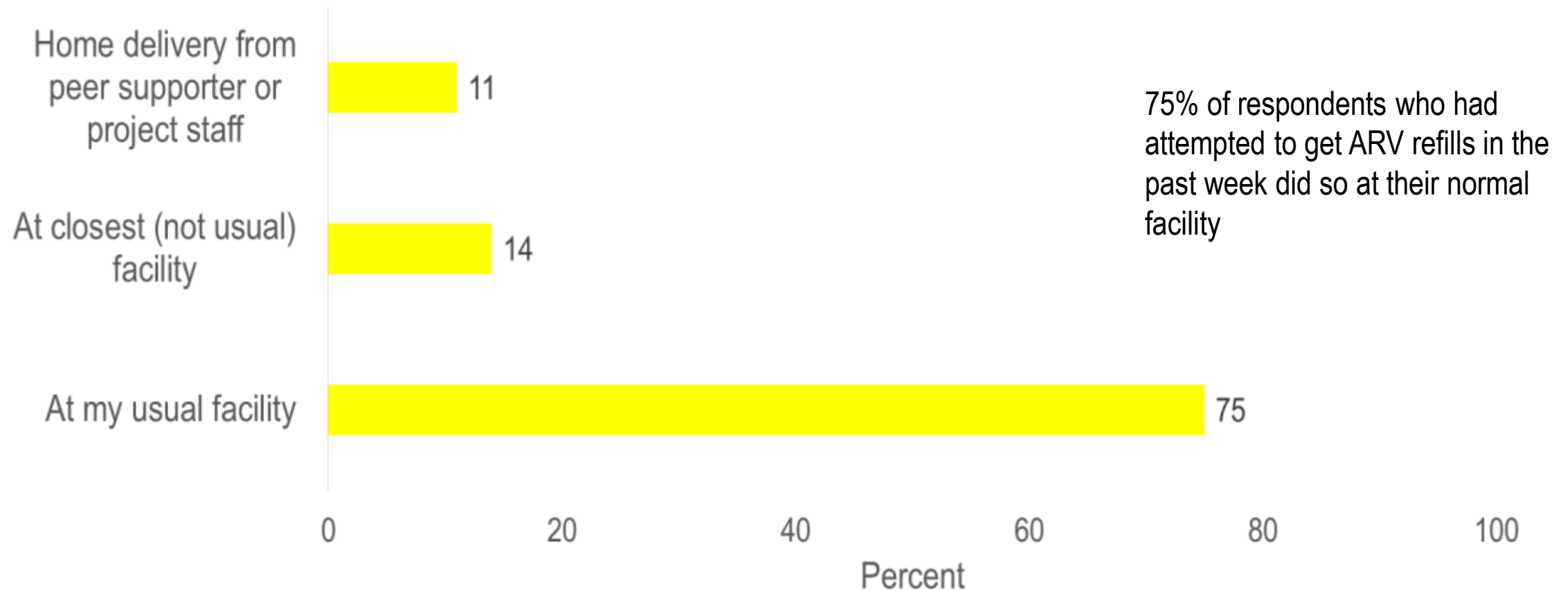
# Outcome of attempt to get ARV refill in the past week (n=136)



The analysis is based on only 136 respondents that attempted to get ARVs refills in past week prior to the study

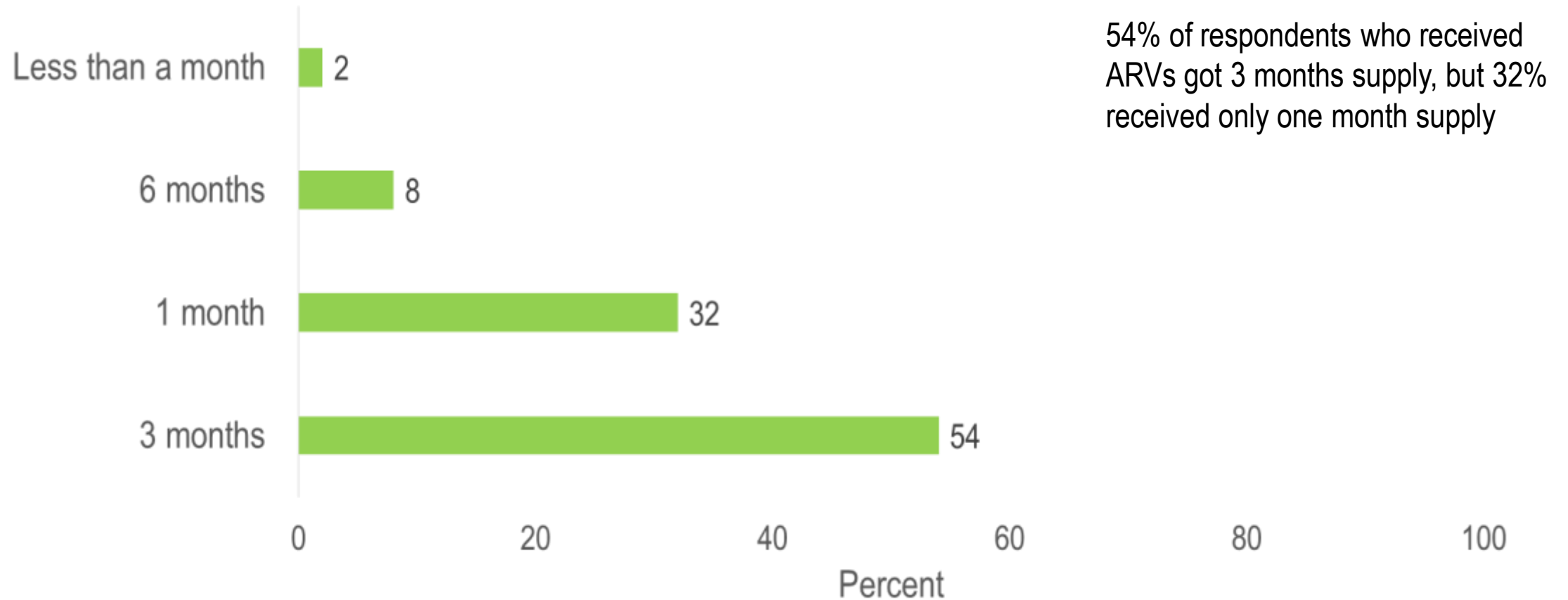


# Where sought ARV refill in the past week (n=136)



The analysis is based on 136 respondents that sought ARV refill in the past week prior to the study

# Amount of ARVs received among those who sought refill in the past week

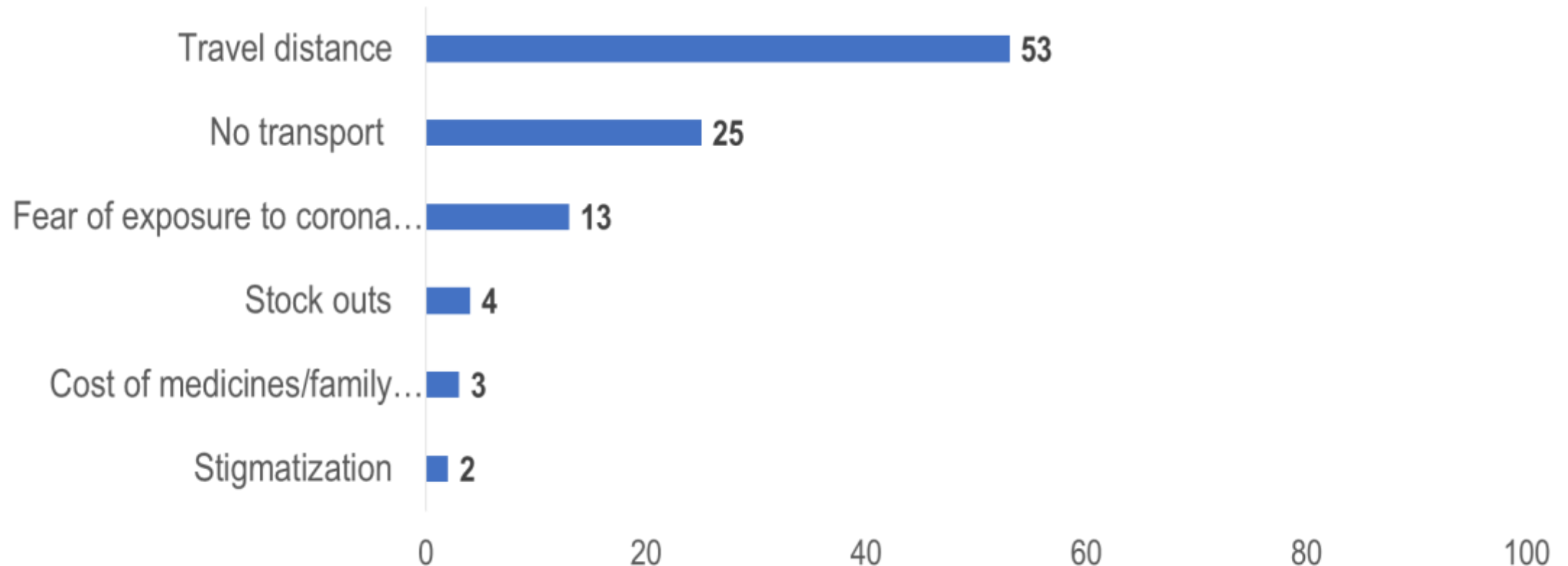


The analysis is based on only 136 respondents that attempted to get ARVs refills in past week prior to the study

n=136 PLHIV who received a refill past week

# Barriers to care in the context of COVID19

# Challenges faced by respondents since COVID19 (n=482)



**78% (482/615) of respondents reported facing challenges in accessing ART due to COVID. The major challenges faced included travel distance, lack of transport and fear of exposure to Coronavirus**

# Support Mechanisms That Would Help PLHIV Get Treatment

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- ❖ A way to get my HIV medications delivered to me
- ❖ A way to get to the clinic safely (e.g given a pass to go to the health facility at another time when it is convenient)
- ❖ A way for someone near me to be able collect for me medicines
- ❖ A way to alert the clinic that I can't pick up my ARVs and seek a solution
- ❖ A way to connect with other PLHIV for support, information and advice (e.g. WhatsApp group)
- ❖ A way to find someone to confide in and to share my issues.
- ❖ Someone to help care for family members so I can get my medications

# What Has Been Put in Place at Individual, Family, Community and Institutional Level to Mitigate COVID19

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**About a third of the respondents indicated that they have put up handwashing facilities . Other interventions put in place to mitigate COVID 19 are:**

- Wearing Face Mask
- Social distance
- Access of Refills
- Counselling
- Sensitizations
- Use of Sanitizer
- Following Guidelines
- Staying Home
- Peer to Peer Interactions
- Avoiding gathering

# What are the three major key unique needs of men and women living with HIV that need special attention under COVID-19 context

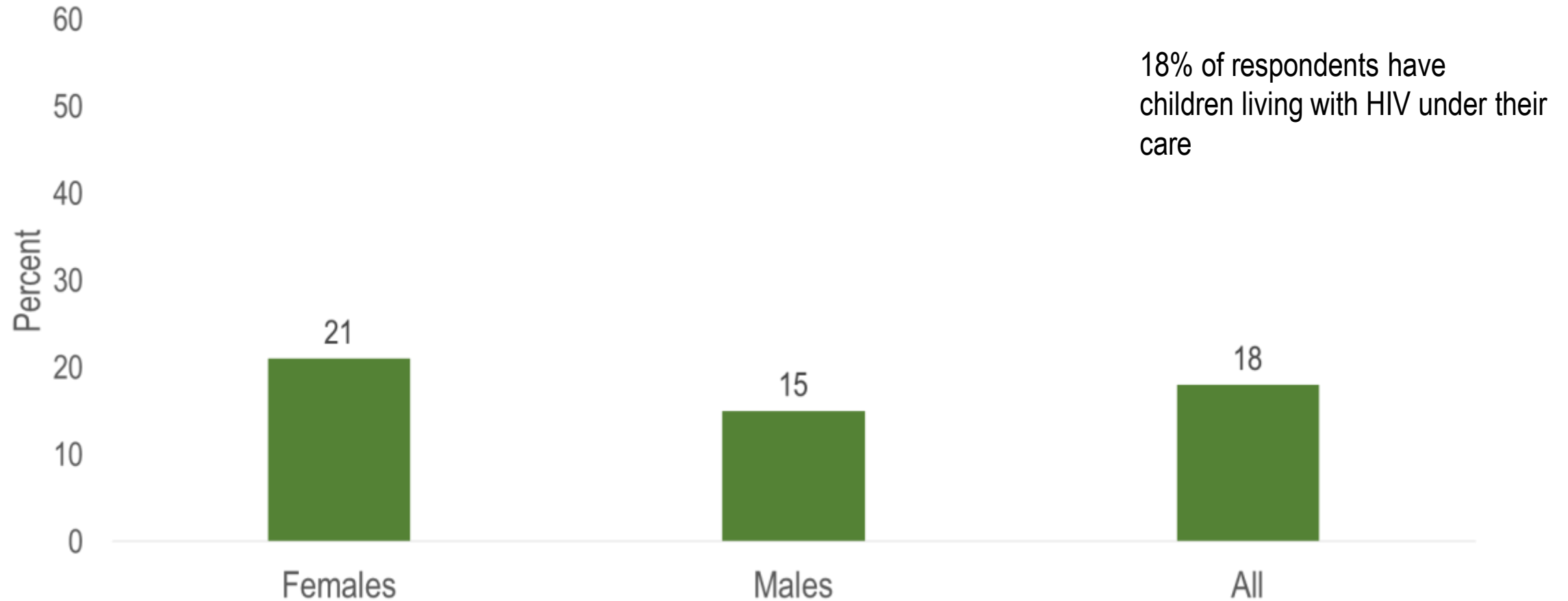
**Almost one in ten of all respondents identified the need for provision of food and means to access their treatment with ease. Other notable areas included:**

- Provision of nutritional food supplies for the vulnerable communities
- Providing social economic support
- Special consideration for PLHIV on masks/prep redistribution
- Ensure consistent supply of ARVS for three months, provide food for the vulnerable communities
- A great many have expressed the need for increased nutrition/food support so as to be able to adhere to their ARV's treatment,
- Psycho-social support to address domestic violence counselling for families, need for finance support for income generating activities
- Family planning services, food and nutrition support, protection against gender based violence's,

# Children and HIV

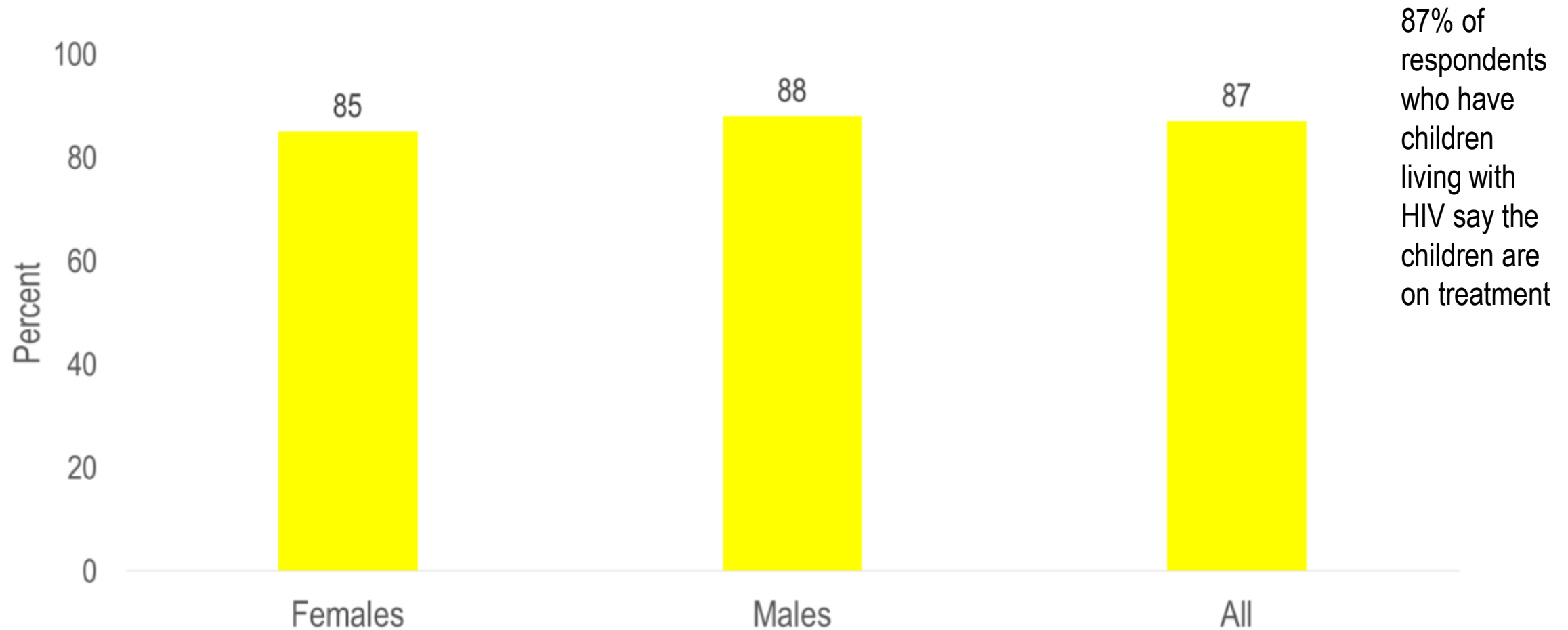


# Percent of respondents who have children living with HIV under their care (n=629)



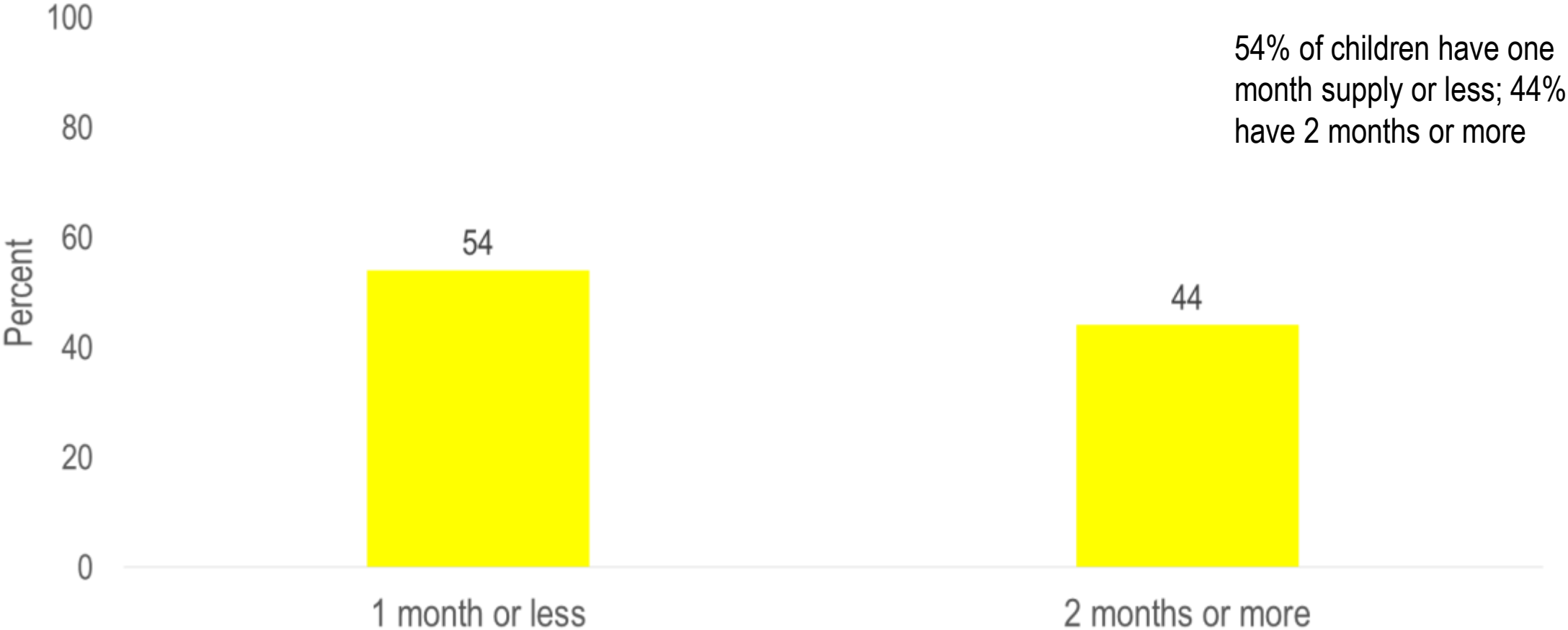
A total of 113 out of 629 respondents had children living with HIV under their care

# Percent of respondents whose children living with HIV are on treatment



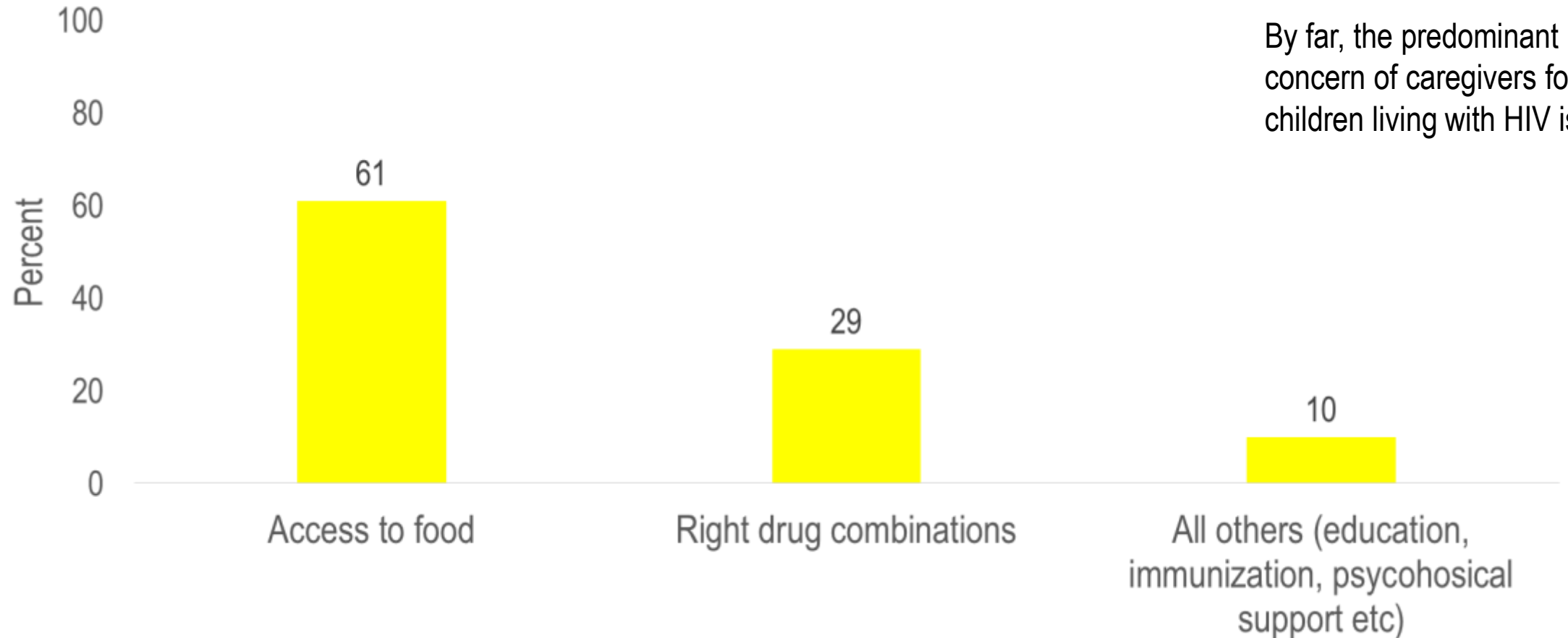
n=113 PLHIV who have children living with HIV in their care

# Days of Medication Remaining For the Children



n=113 who have children living with HIV in their care who are on treatment

# Most Urgent Needs of Children Living with HIV on Treatment



n=113 PLHIV who have children living with HIV in their care

# What are the three major key unique needs of children living with HIV that need special attention under COVID-19 context

- Provide more serious child counsellors and general HIV counsellors to move through communities to provide counselling, provision of food support to households of PLHIV, more radio sensitization on dangers of alcohol consumption
- Need for food, need for timely medication, need for effective communication between the client and the health facility as regards medication for PLHIV.



- Regular monitoring - medication is given according to age and weight; 2. special consideration for nutritional support; 3. Support to care takers - they are frustrated because of COVID and they cannot afford anymore. These children are taken back to villages because care takers cannot afford anymore and most of those taken to the village are no longer receiving treatment
- availability of right combination of drugs for children
- Confidentiality about HIV status, support for medication adherence
- food supplements, provide food for the mother so that she can breast feed the baby

# Adolescents and HIV

## **ACCESS TO ART FOR YOUNG PEOPLE**

There was no significant difference in ART access between children and young people



# What are the three major key unique needs of young people living with HIV that need special attention under COVID-19 context

- Need for food, need for timely medication, need for effective communication between the client and the health facility as regards medication for PLHIV.
- Young people need more touch with counsellors for stress management counselling, need for toll free call conversations, need to access SRHR confidentially as was before especially key populations living with HIV.
- Hygiene commodities such as sanitizers, soap and sanitary pads for AGYW
- Financial support inform of revolving fund to boost our ways of living, treatment literacy and adherence counseling, anti-discrimination.
- Transport to health facility to access health services, food aid and psychosocial support to GBV survivors
- Provision of PPEs and observe general personal hygiene

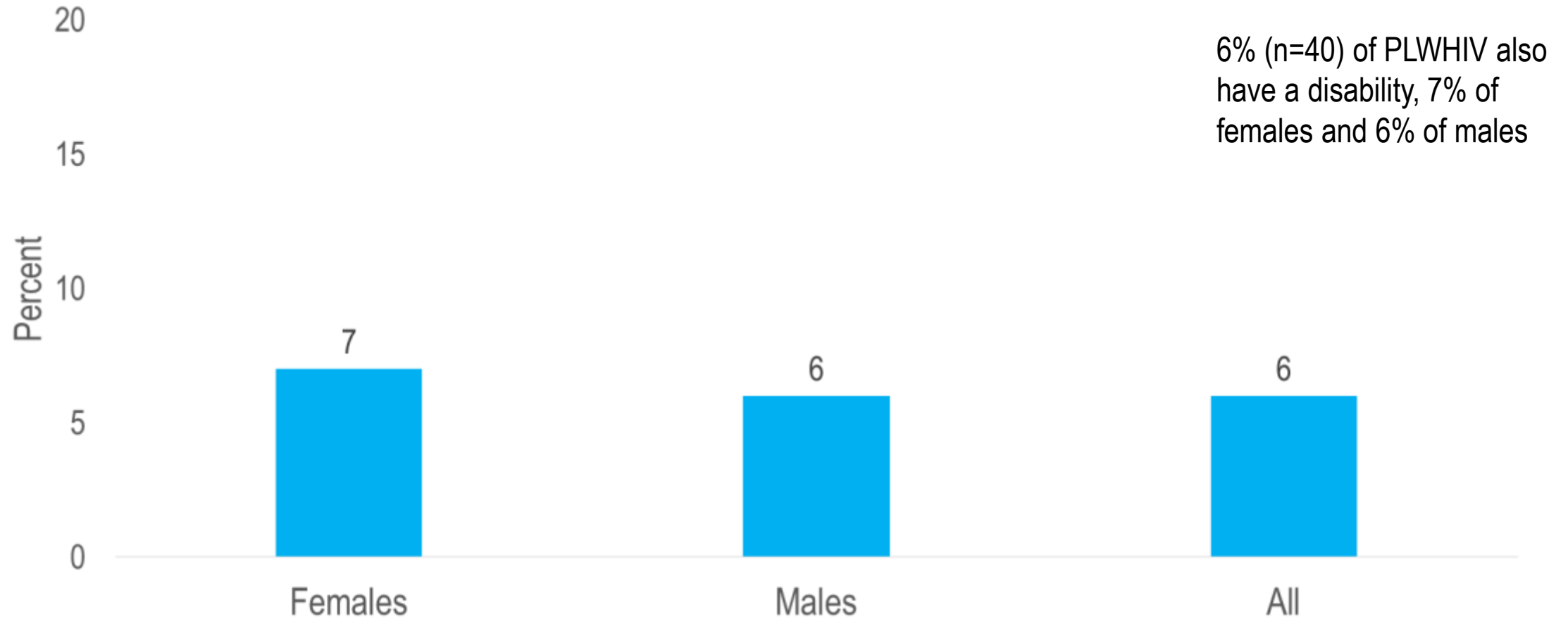


## **What are the three major key unique needs of young people living with HIV that need special attention under COVID-19 context**

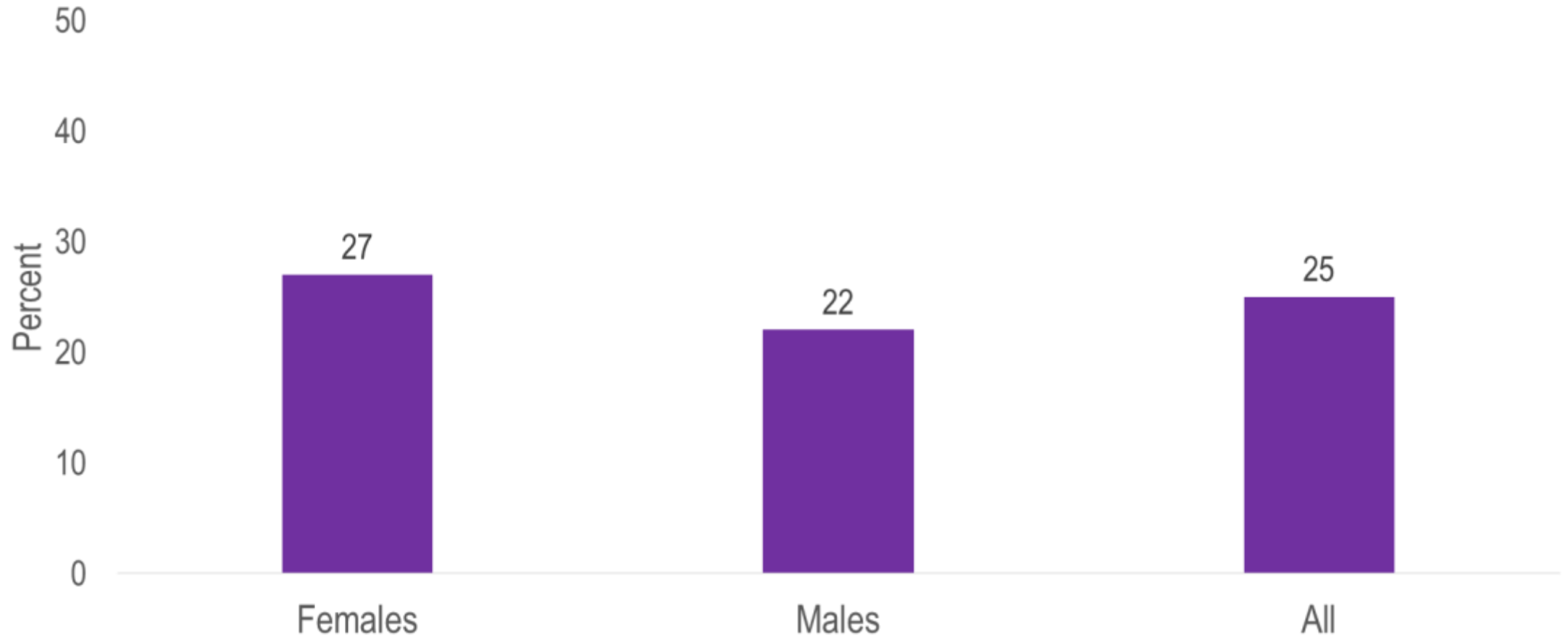
- Provision of Sexual Reproductive Health Friendly services including sanitary pads for girls, youth friendly services and enough food
- Livelihood Support and provision of ARVs and youth Mentor ship workshop to address needs and demands of the youth, financial support including activities to engage them like drama groups and training them on tailoring, building and other soft skills
- Re-opening of schools, creating a good relationship b/n parents and adolescents so that they can express their needs
- Training of parents in handling young people's needs, supporting adolescents to create constructive google/whatsapp groups
- Provision of nutrition support, psycho-social support in form of counselling to join adolescent group and provision of mobile money to the youths to buy some drugs that are out of stock in government health facilities.
- Counselling as most of them are at home and are misbehaving, taking drugs, getting pregnant and alcoholism. Parents are extremely stressed
- Early pregnancies are rampant, domestic violence and too much work given to youths

# PLWHIV and Disability

# Percent of PLHIV who are also living with disability



# Of the 40 PLWHIV and disability, only 10 have appropriate access to COVID19 information



# Adoption of COVID19 measures

# Access to recommended measures for prevention of COVID-19 for respondent and family

Access to recommended devices and measures close to 50% of the respondents reported ability to access soap and clean water as one of the recommended measures for prevention of COVID-19; with only about 31% able to access facial masks

- ❖ Hand sanitizer
- ❖ Tissues
- ❖ Separate space where I live from people who are ill or are diagnosed with COVID-19

# Barriers to COVID19 social distancing measures

## Reason cannot adhere to COVID19 social distancing

About 36% reported that they cannot adhere to COVID19 distancing because they need to visit medical facility to access care or medications

- ❖ I need to go to work (no option not to go to work)
- ❖ I do not have a stable place to live
- ❖ My home is not a safe place
- ❖ I need to provide care for family or friends



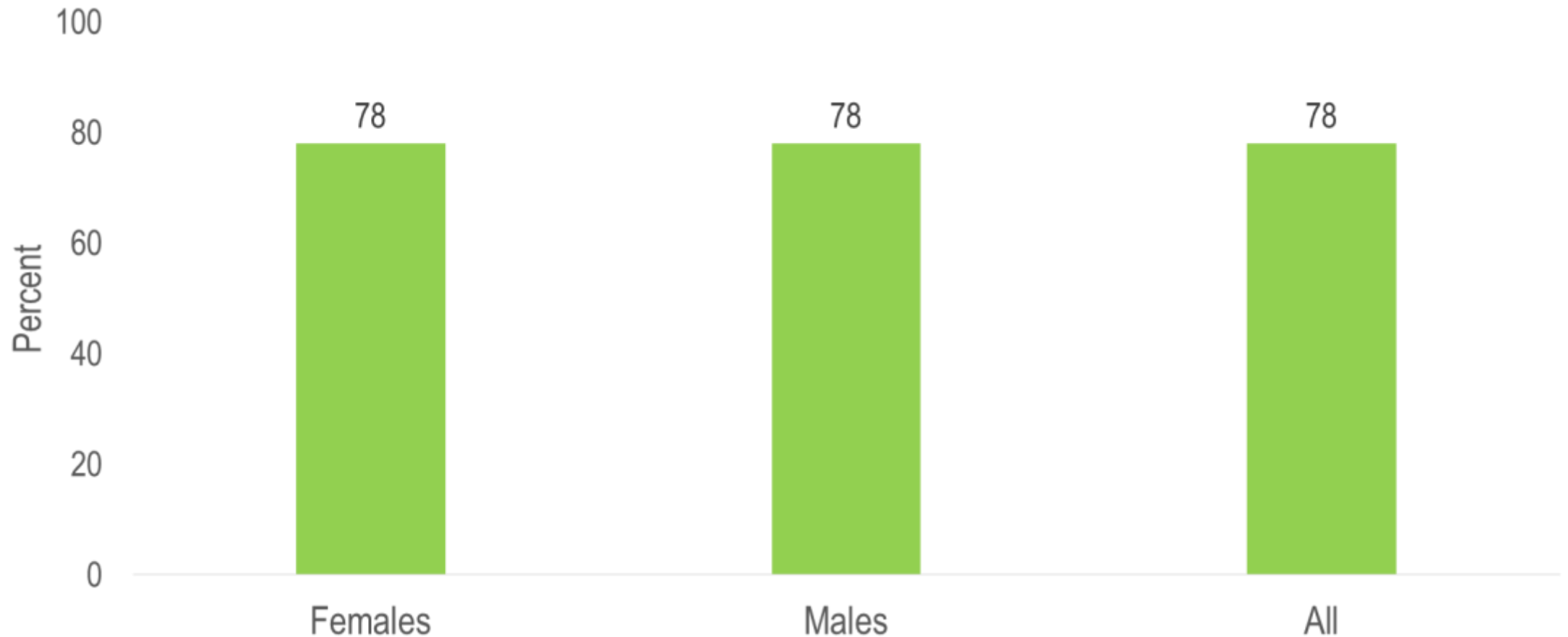
# What would hamper isolation if I got COVID19

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- ❖ I do not have space in my home to self-isolate
- ❖ I need to provide care for family or friends
- ❖ No one to help me with food and other care so I can self-isolated
- ❖ I do not have anyone to help me get medication or medical care
- ❖ I need to go to work (no option not to go to work)
- ❖ I do not have a stable place to live
- ❖ My home is not a safe place

# Percent experienced anxiety or panic during lockdown

Nearly 80% of women and men LWHIV have experienced anxiety or panic during lockdown



# Summary and Conclusions

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- Of the 630 PLHIV interviewed, 39% have a smart phone; half reside in urban areas, and half were men. Most respondents get their information from radio. Half the participants, including children, had a month's supply of ARVs or less, and 25% did not get a full refill the last time they sought one. This means that half the PLHIV could need refills any time during a lockdown and programs should structure themselves to respond.
- The PLHIV are trying to cope; 2/3 have someone else in the household with HIV; 25% are looking after a child with HIV. The greatest challenge to HIV services is transport. Another barrier is food – 61% of those with children say their greatest barrier is food for the children.
- COVID19 has destabilizing access to HIV services: half participants had one month or less of ARV supply left; among those with children, half the children had one month or less of ARVs left
- There are significant psychosocial barriers and nearly 80% of all PLHIV interviewed expressed COVID-induced anxieties.
- Most PLHIV do not feel that they can adhere to social distancing due to lack of space, need to care for others, need for food, and need to work

# Recommended actions and future lockdowns

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1. Risk to HIV: COVID19 has destabilized service delivery as half the PLHIV have a month or less of supplies. There is need to address the multi-month dispensing so that PLHIV can have at least 3 months supply
2. Food: The most pressing concern among PLHIV is food. This is most acute among caregivers of children LWHIV who named this as the first priority
3. Access to services: There is need to resolve transportation which disables both supply and demand. This could be a special permit for PLHIV and other patients, cognizant that many are taking care of children LWHIV, and hence address their service delivery challenges
4. Mental health: It is important to recognize the degree of anxiety among PLHIV
5. Disability: The data show that 6% of PLWHIV interviewed also have a disability with unique challenges
6. Communication: Capitalize on mobile phones as over 90% of PLHIV have them. However, radio is still the main source of information on COVID19