

Mountains of Hope Children's Ministries
Project Proposal on sustaining HIV AIDS care and support for the most vulnerable during COVID-19 service disruptions, COVID-19 prevention and control in Mpigi District-Uganda

Project Description:

COVID-19 is a global pandemic with currently more than 3 million people infected and over 250,000 deaths.

The covid-19 pandemic continues to amount pressure on the supply of vital HIV treatment and prevention services hence deepening the crisis for thousands of vulnerable people living with and affected by HIV. Recent modelling by UNAIDS and the World Health Organization warned that a six-month disruption of HIV treatment could lead to an additional 500,000 AIDS-related deaths in sub-Saharan Africa by 2021

The death toll from the coronavirus in Uganda has risen to 79,977 by 1st July 2021, 79,977 confirmed cases by 1st July 2021, 1,023 deaths reported by the ministry of Health, according to the ministry of Health, 52,961 have so far recovered from Covid-19. The actual number of cases is likely to be much higher than the number of confirmed cases, this is due to limited testing.

The president of the republic of Uganda has imposed a 42 days lockdown and a no cross district movement restriction to contain the virus from spreading.

The ministry of health recently announced that all intensive care and high dependency beds in the country were already occupied and most referral hospitals have run out of oxygen.

As in many countries on the African continent, vaccination against covid19 is progressing very slowly, barely 750,000 people have received one dose, 35,000 have received two doses in a country of 45 million people by June 2021.

During the pandemic with all related challenges including lock downs and other Ministry of Health recommended Standard Operating Procedures (SOPs) to help reduce the spread of COVID-19, HIV service delivery has become more challenging because of social distancing, which restricts large group gatherings; reduced demand for services because community members are fearful of COVID-19 transmission in facilities; and reduced availability of services when providers are assisting with the pandemic response. The lack of personal protective equipment (PPE) also reduces confidence among beneficiaries and service providers because both feel exposed and vulnerable to transmission and acquisition of COVID-19.

Mountains of Hope Community-based HIV programs often involve well-trained and supported peers, who share attributes such as gender, sexual orientation, age, health condition, or socioeconomic status with populations our programs are trying to reach. Peer-led interventions is a standard approach in our programs while working with key populations, priority populations, and others who are considered hard to reach. Peers play a critical role in linking beneficiaries to HIV services and supporting navigation to and

retention in treatment and prevention services among people who might drop out without this support. In our OVC programs, community volunteers such as Para social workers are trained in case management, and they reach and support beneficiaries and their families in their homes. Unfortunately, the traditional close, face-to-face interaction that makes peer workers so effective also elevates their potential risk for COVID-19 exposure. As a result, innovative strategies to maintain close social connections while practicing social distancing are vital.

Rationale of the Project:

This programme will focus on community HIV services that serve a full range of populations, including adolescent girls and young women, orphans and vulnerable children (OVC), at-risk men, and key populations.

“Key populations are particularly vulnerable to HIV service interruptions and additional harm during the COVID-19 pandemic. We urgently require rights-based solutions that maintain or increase key populations’ access to HIV services while minimizing potential exposure to COVID-19 and promoting individuals’ safety. These must support physical distancing and decongestion of health facilities, but in ways that respond to the current realities of key populations,” Rose Wilcher, from FHI 360.

The health and security of community-based workers /para social workers and case workers is always paramount, but it is even more difficult to ensure during the COVID-19 pandemic given the high risk of infection, the social anxiety that is linked to the virus, and the hardships these volunteers and case workers themselves experience because of COVID-19 prevention measures that limit their access to basic necessities and cause a more volatile working environment. Para social workers and case workers should exercise social distancing, pursue alternative (virtual) means of providing individuals with HIV services and support, and direct individuals who have potentially been exposed to COVID-19 or are exhibiting symptoms to attend officially endorsed COVID-19 screening services.

Here are some challenges caused by the Covid-19 pandemic;

Outreaches and prevention activities hampered due to movement restrictions and resulting in reduced HIV testing, no face-to-face counselling and psychosocial support took a while to be started online.

Access to HIV services was affected, including PrEP, condoms, and lubricants, ART , transport either stood still or became very expensive.

Less beneficiaries reached as clients were afraid to come to the clinics, outreach workers could not reach their communities and offices, clinics were closed and workshops, awareness sessions and meetings were cancelled.

Violence against women significantly increased, whilst there were no shelters or safe spaces opened. Providing legal aid to sex workers was a nightmare after the countries lockdown, more death including all sorts of violence on the rise.

Programme operations delayed because funds needed to be reallocated and in several partner organisations, staff contracted COVID-19.

Other challenges faced by community members are; misinformation on COVID-19, social distancing, loss of income, food insecurity, poor adherence to HIV treatment, homelessness, psychosocial and mental health problems, and riskier work practices

Objectives of the project:

This programme will contribute in safeguarding beneficiaries and community-based workers/Para social workers, peer educators, case workers from COVID-19 while maintaining and sustaining connections to HIV treatment, testing, and prevention services during the COVID-19 pandemic through Purchase of personal protective equipment (PPE) and provision of transport facilitation for remote distribution of medication and HIV prevention supplies

Preparing and training Para social workers in protection and prevention of COVID-19, such trainings will among others encompass providing education on COVID-19 prevention to Para social workers and beneficiaries, pre-screening for COVID-19 and pre-existing conditions, Safety and security in the time of HIV and COVID-19, risk of harassment/gender-based violence, threats, preparing programs for social distancing among others

Strengthening the COVID-19 referral systems, Para social workers will be trained to manage referral of clients to COVID-19 pre-screening services, they will also be supported to develop a clear understanding of beneficiaries' HIV-related needs so they can provide appropriate, frequent, and safe follow-up.

Organize regular meetings with the District (District Health Office) and lower local government Health departments on managing COVID-19 in the district

Maintaining Access to HIV and Related Health Services;

By ensuring the continuous supply of PrEP to reduce transmission and ART to maintain virologic suppression. The most critical intervention for all HIV programs is to accelerate and complete scale-up of 3- to 6-month dispensing of ART and 3-month dispensing of PrEP. This will minimize patient contact with health facilities to both reduce COVID-19 infection and reduce burden on the facilities. One solution to reducing crowding at the health facility is the Online Reservation Application (ORA), an appointment booking systems that helps clinics manage client flow by forward-triaging clients before they arrive at the clinic. Para social workers will use virtual and online platforms (ORA, phone calls, SMS, WhatsApp, program websites, social media sites) as much as possible to make appointments for services that are safe and at low risk of COVID-19 exposure provided that the beneficiary does not have COVID-19 signs and symptoms, access medications, test kits, and or other HIV commodities, Connect with other Para social workers or a clinical provider