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# Evidence-based Support to Children & Families in the Epidemic

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# Factors of age-appropriate services that influence virological suppression in children and adolescents with HIV

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Presenter: Admas Terefe Eyasu  
Organization: Integrated Services on Health  
and Development Organization (ISHDO)  
Country: Ethiopia



# Factors of age-appropriate services that influence virological suppression in children and adolescents with HIV



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Integrated Services for Health and Development Organization  
I S H D O

**Admas Terefe Eyasu**  
**OVC Services Specialist**

**November 16, 2022**  
**Johannesburg**

\* **Contributors:** Dr.Girmachew Mamo, Dr. Kesetebirhan Delele ,Dereje Ketema and Minase Tesfaye.



# Outline



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Organizational Profile

Background and Methods

Results

Conclusion and recommendations



# Integrated Services on Health and Development Organization (ISHDO)



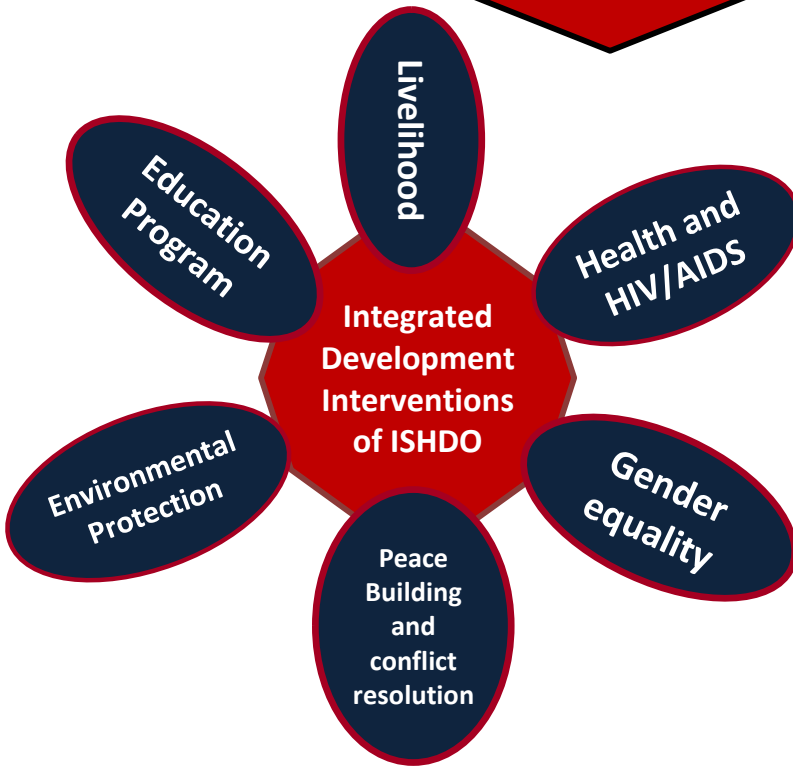
Legally Established in 1997 as a local NGO with the name - ISAPSO (Integrated Service on AIDS Prevention and Support Organization). Mainly established to respond to HIV Pandemic in Ethiopia

It was re-registered under the new CSO legislation in 2009; changed its name to ISHDO; redesign its vision, mission and goal, and commenced involving in integrated development programs.

**Mission:**  
promote and provide integrated health, education, livelihood improvement, Gender equality and Inclusion, environmental protection, conflict resolution, and peacebuilding services

**Vision**  
Aspires to see a healthy, productive, and self-reliant society.

contributed



## Current Interventions and Donors

- USAID- FFHPCTS (in 49 towns of Oromia with 7 IPs) works as a prime partner of USAID
- PSI/USAID- MULU/KP (in 5 SNU in Addis Ababa)
- Mundo Cooperante-Ending Early Marriage (Amhara Region, Northern Shoa Zone)
- UK Diaspora- Double Orphan Support
- Luminos Fund Education Pr. (Sidama R, Wunsho W)
- Immigrants & IDPs
- Global Fund (in AA and Oromia Regions)

**Values**  
- Transparency,  
- Accountability,  
- Honesty,  
- Credibility,  
- Alliance with Stakeholders,  
- Volunteerism.



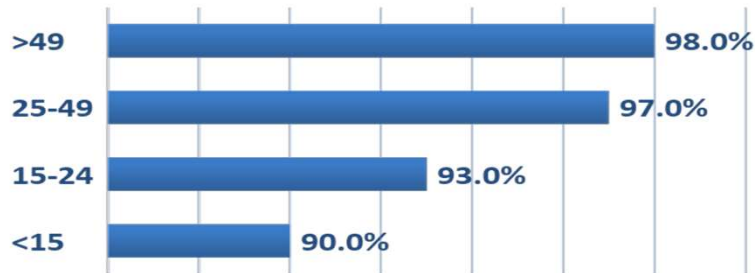




# Background and Methods



Viral load suppression by age in Ethiopia (CDC,2021)



In Ethiopia, according to CDC and FDRE MoH report children are lagging behind adults in viral load suppression (< 1000 Copies/ml)

Children at 89.6% vs adults at 96.6%.

## Objective:

- to explore health and socio-economic services that are favorably influencing HIV viral load suppression in Children and Adolescents Living with HIV (C&ALHIV) in the Oromia region of Ethiopia.

## Methods

**320 unsuppressed C&ALHIV enrolled**

-These unsuppressed C&ALHIV are monitored within 12 months.

### Case Management

- Identified adherence barriers
- Developed care plan and service
- Monitored on a weekly basis

### Data analysis and presentation

- Cross-sectional
- Binary logistic regression
- CI of 95%

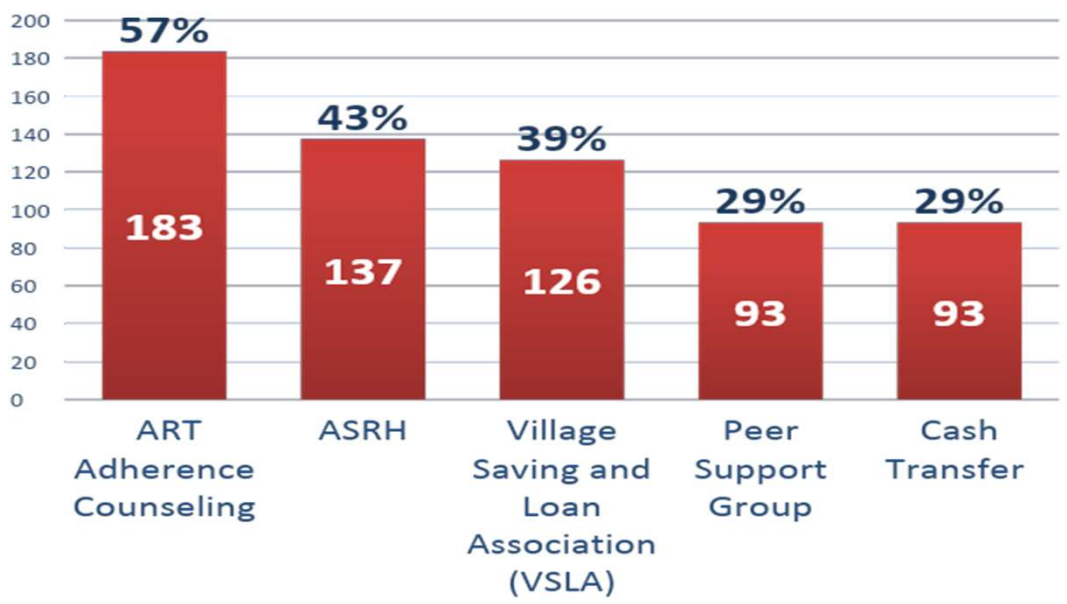


# Results

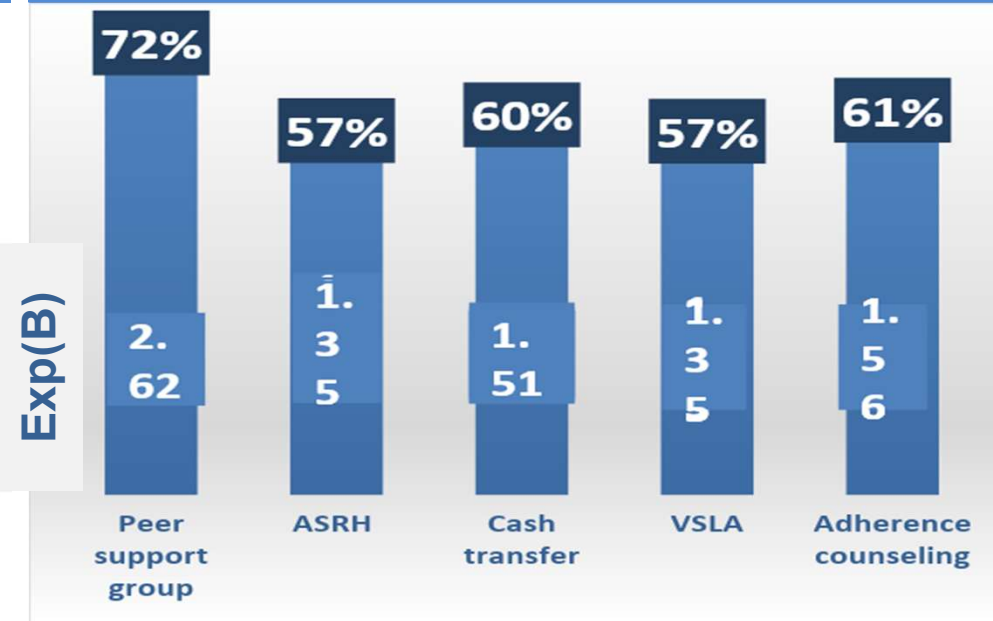


- The binary logistic regression model was statistically significant (Chi-square=261.9 and P<001)
- The model explained 77.7% (Naglekerke R<sup>2</sup>) of the variance in viral suppression
- The model correctly classified 95.8% of the cases.

## C&ALHIV received services (P<0.001 and Phi>0.7)



## Factors of Viral suppression on C&ALHIV (P<0.05)





## Conclusion and recommendations



### Conclusion:

- Case management services provided at a **community level** can make a difference in achieving viral suppression among C&ALHIV with high viral load for HIV programming.

### Recommendations:

- Provide need-based, age-appropriate, and quality services with community-facility linkage contributing to viral suppression of C&ALHIV.
- Linking C&ALHIV to peer support groups, advanced ART adherence counseling, adolescent sexual reproductive health service, and engaging primary caregivers in economic strengthening interventions (e.g., cash transfer, VSLA) contribute to viral suppression of C&ALHIV.





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# Stakeholder perspectives on conditions for implementing successful parenting interventions in Botswana: What works?

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Presenter: Lisa Jamu

Organization: Stepping Stones International

Country: Botswana

# Stakeholder perspectives on conditions for implementing successful parenting interventions in Botswana: What works?

Nov 15-17, 2022

USAID Global Health

Local Partner Meeting





# Stepping Stones INTERNATIONAL



[www.stepsstonesintl.org](http://www.stepsstonesintl.org)



## OUR VISION

A world where children and youth are empowered, become leaders and achieve their dreams.

## OUR MISSION

To unlock the potential of vulnerable children and youth ages 12-25 through holistic development, strengthening families and activating sustainable opportunities to become self-sufficient.

## OUR VALUES



RESPECT



CHILD AND YOUTH CENTRIC



FAMILY FOCUSED



SKILLS FOR LIFE



INCLUSIVE DIVERSITY



EVIDENCE BASED





# Background

## Why:

Limited insights in parenting support provided in Botswana, and conditions for successful implementation: effective, sustainable, and scalable

## Partnerships:

- Family Welfare Services Division (DSP/MLGRD):co-investigators
- University of Cape Town and Oxford: lead research

## How:

- Joined international SUPER-study (Scale-up Parenting and Evaluation Research)
- Qualitative baseline study:

## Methodology:

- Interviews (17) with key players (13)
- MLGRD/DSP, 2 UN Agencies 10 NGOs

# Key components successful parenting interventions Botswana

Enabling factors



Harmonisation of donor-programme priorities



Stakeholder engagement



Programme adaptation



Local empowerment



Mixed approaches



Collaboration



Staff support



Evidence-informed interventions



Human and financial resources





# Parenting for Lifelong Health: *Pinagare*

Meets the successful key components:

**Programme  
adaptation**



Adapted to Botswana  
context

**Evidence-  
informed  
interventions**



Evidence-based,  
SUPER study,  
continued MEL

**Stakeholder  
engagement**



National  
and local

**Mixed  
approaches**



Infused in DREAMS

**Local  
empowerment**



Recruitment and  
training of local staff

**Staff support**



Intense training,  
coaching, assessment  
M&S, debriefs

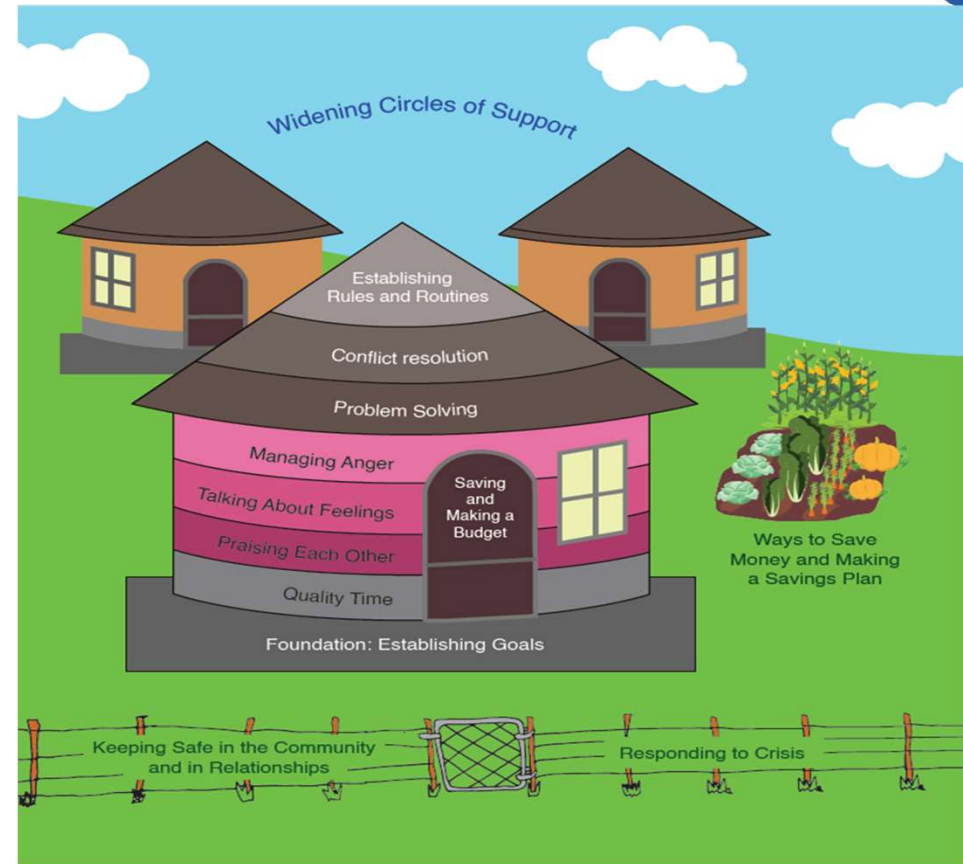
**Collaboration**



Long lasting relations with  
MLGRD, implementing  
partners

# Relevance for OVC & GBV

- Curriculum is PEPFAR aligned, including SRHR topics:
  - Understanding healthy and unhealthy relationships
  - Sexual consent & disclosure of abuse
  - Making decisions about sex
- Effects in the family affect behaviour:
  - Lower abuse and corporal punishment, improved involved positive parenting
  - Reduced mental health problems, parenting stress and substance abuse, as well as increase in social support
  - Intervention families- improved economic welfare, financial management and more violence avoidance planning.



Thank You  
Ke a Leboga





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# **The Role of Smart Peers Towards Penetrating Female Sex Workers Cohorts to Include their Children into HIV Prevention & Treatment Program: Case of Kasensero Health Centre III, Kyotera District.**

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Presenter: Jennifer Okopa  
Organization: REPSSI-Uganda  
Country: Uganda



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Restoring Hope,  
Transforming Lives

## ABSTRACT TITLE:

**The Role of Smart Peers Towards Penetrating Female Sex Workers Cohorts to Include their Children into HIV Prevention & Treatment Program: Case of Kasensero Health Centre III, Kyotera District.**

*Authors: Jennifer Opoka (REPSSI-Uganda), Denis Nuwagaba (TPO-Uganda), Macklean Kyomya Alliance for Women Advocating for Change-AWAC), Dikweya Evarist (REPSSI-Uganda)*



Presented by  
Jennifer Opoka-  
KCHS Activity



## Who are we:

- The Regional Psychosocial Support Initiative (REPSSI) Uganda is locally registered in Uganda but with Affiliation to REPSSI international a Pan-African NGO with a vision “***All girls, boys and youth enjoy psychosocial and mental wellbeing***”. ***Our Mission statement is: “REPSSI leads in innovative Mental Health and Psychosocial Support interventions to transform policy and practice for girls, boys and youth in Africa to reach their potential”.***
- REPSSI- Uganda is currently implementing **USAID’S Keeping Children Healthy and safe Activity (KCHS)** a 5-year PEPFAR-funded OVC Project managed by TPO-Uganda (Prime) with technical support by USAID covering 25 Districts in South Western & Central Uganda implemented in partnership with AVSI-Uganda, ACORD-Uganda.
- The Activity focuses on three thematic areas of Case-management, Economic empowerment and systems strengthening targeting CLHIVs, Sexually abused children, EID, Children of FSW and non-suppressing care givers.
- Our Abstract sharing and learning is focused on one of the neglected and less researched on population; Children of FSW strategies of retention in HIV care and treatment amidst double stigma and discrimination.

## Background

- Female Sex Workers (FSWs) face significant risk to HIV due to nature of their work. Available data shows estimated 26.1% of FSWs in the Kasensero Fishing Community-Kyotera District had HIV compared to men at 19.5%.
- Despite unique risks faced by children of FSWs, UNAIDS acknowledges there is limited intervention and research.
- USAID's Keeping Children Healthy and Safe Activity (KCHS) is 5-year PEPFAR project in 17 districts of SW Uganda managed by TPO-Uganda aimed at preventing new HIV infections among 64,910 beneficiaries and promoting lifelong ART for vulnerable groups children of FSWs inclusive

# Methods

- KCHS Activity in Kyotera District is represented by Regional Psycho social Support Initiative (REPSSI). REPSSI signed a Memorandum of Understanding with Alliance for Women Advocating for Change (AWAC) FSWs Safe-Space Network Organization operating in Kyotera District.
- At Kasensero Health Centre III, 3 “SMART Peers” were trained to conduct home visits, support home-based HIV testing, mobilization of FSW children for HTS, conduct Intensive Adherence Counseling for Children and Adolescents Living with HIV (CALHIV), provide treatment literacy, tracking clinical appointments, referrals for treating opportunistic infections, support disclosure of parents’ HIV status to children, HIV prevention education, and parenting sessions to keep fragile FSWs families together.
- FSW and their children are empowered economically through Saving and internal lending (SILC), Cottage training, Apprenticeship and Backyard gardening.

## Results

- Out of 334 clients on ART 90 (27%) are FSWs and 45 (13.5% are CLHIVs and of these 12 (26,7%) are children of FSWs.
- As KCHS Activity contribution to 95-95-95 cascade, all the 12 Children (100%) have suppressed the virus.
- Additionally, all 90 FSWs (100%) have HIV suppressed and keep their treatment appointments without fail due to constant reminders by SMART Peers

## Lessons

- FSWs are a socially-hidden group and because of their highly criminalized business it difficult to penetrate their cohorts serve them and their children in a mainstream OVC Program.
- The success of KCHS Activity is largely dependent on a collaborative approach by working with the Clinical Partner-Rakai Health Sciences Program, Health Facility staff and agreeing on confidentiality arrangements with AWAC a safe - space FSWs Network Organization through their confidant SMART Peers.



**Photos showing economic empowerment of FSW and life skills sessions with FSW children.**

- FSW training in cottage training.



- Life skills session with adolescent children of FSW children.





# **Thanks for Listening.**

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*The contents are the responsibility of TPO-Uganda and do not necessarily reflect the views of USAID or the United States Government.*



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