

Multi-Month Dispensing (MMD) for Children and Adolescents Living with HIV

A Home Visit Quick Reference for Community Case Workers in OVC Programs

Supporting MMD use, a checklist for home visits.

To support the use of MMD, in your regular home visits to C/ALHIV, you should do the following:

- Confirm with the C/ALHIV or their caregiver that the C/ALHIV is on MMD

Ask: "Are you getting only one month of ARVs at a time, or has the health care provider given you multiple ARV prescriptions, or prescriptions that last you more than one month?"

- Confirm the date when they are supposed to refill their prescription and the date of their next clinic appointment.

Note: a caregiver should be allowed to pick up the child's medication without bringing the child unless the child is due for a clinical visit.

- Confirm that the C/ALHIV or caregiver has a plan to make their next refill and clinic appointment, and discuss any barriers that might prevent them from doing so, as well as plans for how to address these barriers, if any.

- If more than one person in the household is on MMD, encourage the C/ALHIV or to talk to the health care provider about aligning MMD schedules to maximize the benefits of MMD.

- Ask about any problems the caregiver might be experiencing related to administering the ARVs (e.g, the child has difficulty swallowing pills) or related to adherence, and help to address any of these challenges (see the Guide for Community Case Workers in OVC Programs for more information and resources).

Use pill counts to help you monitor adherence, following your project's guidance.

- Ask about any problems the C/ALHIV or caregiver might be experiencing related to storing the ARVs (e.g, not enough storage space, no place to store the ARVs in a confidential way, nowhere to keep ARVs cool, etc.) and help to address any of these challenges.

- Make sure that drug sharing is not happening in the household.

- Confirm that the C/ALHIV or caregiver has a plan to go for their viral load sample collection.



Supporting Children and Adolescents Living with HIV on ART.

In addition to the actions on the previous page that support MMD use, your role in supporting C/ALHIV on ART also includes the actions described below.

Please refer to your project's job aids, SOPs, or other guidance for more details on each area.



Adherence support

At each home visit, you should assess the C/ALHIV's adherence to their medications and to their clinical appointments. You should provide support in identifying and overcoming any barriers to adherence, in case of any problems or challenges.

Viral load monitoring

- *At each home visit, you should confirm whether the child or adolescent on ART has had a viral load (VL) test and when the date of the next VL test is scheduled. You can check this information by asking the caregiver or the ALHIV, or even better, by asking if you can see the clinic card or test result.*
- *C/ALHIV newly placed on ART should have a VL test after six months. C/ALHIV on ART for one year or longer should have a VL test annually.*
- *If a C/ALHIV is due for a VL test, refer the client to the ART clinic.*
- *Ask or check if the last VL test results show if the C/ALHIV is virally suppressed (the VL is less than 1,000 copies/ml), and provide the appropriate counseling depending on the result.*
- *Note that if the result of a VL test shows that a C/ALHIV is not virally suppressed, a new VL test should be done after three months (after enhanced adherence counselling).*

Disclosure counseling

One of the main barriers to ART adherence in children and adolescents is a lack of disclosure (the child or adolescent has not been told that they are living with HIV). Many factors influence when and how a child's HIV status should be disclosed to them. Please refer to the project's SOPs for details about your role in supporting disclosure of HIV status to C/ALHIV. Please note, though, that disclosure is not a requirement for MMD.

□ Psychosocial support

Psychosocial support (PSS) for C/ALHIV and their caregivers is an important part of their overall care. PSS can take many forms, such as counselling, participation in support groups or other social interactions and activities, spiritual or cultural support services, alcohol or drug abuse support, etc.

□ Enhanced adherence counseling

Children or adolescents on treatment who have a high viral load may need to receive extra counselling in order to improve their adherence. Enhanced adherence counselling (EAC) is a more structured series of counselling sessions dedicated to identifying and addressing barriers to adherence.

□ Promoting health, nutrition, and well being

The well-being of children living with HIV also depends on their and general well-being – overall health status. As with all children, you should also continue to make sure that children living with HIV are:

- eating (and growing well)
- playing or exercising regularly, practicing good hygiene
- visiting the clinic as scheduled for their well-baby visits (for preventive health care including growth monitoring, immunizations, and deworming or Vitamin A supplements, if appropriate)
- attending early learning sessions, if available
- seeing a doctor if they are sick

Provide adolescents with appropriate HIV prevention messaging, risk reduction counselling, and/or referrals for needed sexual and reproductive health services.

Monitoring and Reporting on MMD for C/ALHIV

Benefits of monitoring C/ALHIV.

By monitoring C/ALHIV on MMD, you can help to ensure C/ALHIV adhere to their ART throughout the time between clinic visits, ensure they attend future clinic visits, and provide counseling and referrals for any MMD-related clinical needs you identify.

The Care & Support Checklist.

To help you monitor C/ALHIV on MMD, you will use the OVC case management tool: Care & Support Checklist. The tool has recently been edited to include necessary information on the MMD status of C/ALHIV and is included on the backside of this page. You will complete the tool as you have always done with the family; the only differences are the few new questions added in questions 3-5. The completed forms are stored with the rest of the case file for the household.

A full-size Care & Support Checklist is included on the reverse of this page.



CARE & SUPPORT CHECKLIST

State:

LGA:

Ward:

Community:

--	--	--

SECTION A- ART

1	Is the beneficiary currently on ART?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2	Which health facility is beneficiary <i>currently</i> receiving ART? <i>(Please write the name and address of the health facility)</i>	
3	Date of last drug pickup?	(dd/mm/yyyy): _____
4	Current regimen and duration (days) of refill?	Regimen: _____ No of days: _____
5	<i>Next clinical appointment date</i>	(dd/mm/yyyy): _____
6.	Has the beneficiary missed his/her ARVs more than two doses in a month in the last 3 months?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> <i>If "No", go to Q10</i>
7.	Check for reasons why people miss ARVs	Drug side effect <input type="checkbox"/> Stigma <input type="checkbox"/> Feeling of hopelessness <input type="checkbox"/> Feeling well <input type="checkbox"/> Lack of Food <input type="checkbox"/> Religious beliefs <input type="checkbox"/> Unceasing demands of daily life <input type="checkbox"/> Lack of motivation <input type="checkbox"/> <input type="checkbox"/> Others: _____
8	Has beneficiary experienced sores/rash/pain/discharge/bleeding from the vagina or penis in the last six months?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
9	Has beneficiary disclosed HIV status to his/her partner?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

SECTION B- VIRAL LOAD

10	Has beneficiary carried out viral load test in the last one year? If "No", go to Q14	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not eligible: <input type="checkbox"/>
11	When was the viral load sample collected?	(dd/mm/yyyy): _____
12	Do you know the viral load test result? If No, go to Q14	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
13	What was the result? (<i>copies/ml</i>) <i>Date Result received</i>	Result: _____ <i>copies/ml</i> Date result received: _____
14	Why was the viral load not done?	Comment: _____
15	Has beneficiary received transportation support to access ARVs in the last six months?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, how many months? _____
16	Is the viral load greater than 1,000copies/ml. If "No", go to Q17	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
17	Completed EAC? If "Yes", go to Q18	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
18	What is Viral Load result after EAC	_____ copies/ml

SECTION C- TB SCREENING / REFERRAL

19	Beneficiary has been coughing persistently for the last two weeks?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
20	Has the beneficiary been losing weight recently or is not growing properly?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
21	Has the beneficiary been having fever for the last two weeks?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
22	Has the beneficiary been having night sweats for the last two weeks?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
23	Is there any member of the household that has any of the symptoms above or has been treated for TB in the past two years?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
24	Has the beneficiary been referred for TB test? Date of referral	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date: _____

Instruction: This form is completed only for a HIV+ child or caregiver at least once every quarter.

Version current as of April, 2021

