



IMPROVING THE HIV CONTINUUM OF CARE FOR OVC IN MOZAMBIQUE

Mozambique's HIV/AIDS epidemic has resulted in an estimated 920,000 children orphaned by AIDS and 2.2 million people living with HIV. Testing, care, and treatment programs have been widely scaled up over the past decade, but the fight against the epidemic is not over, particularly with regard to timely linkage to HIV care and treatment, and achieving long term ART retention and viral suppression.

From 2016–2020, through USAID's Community & Child Strengthening project, locally known as Força à Comunidade e Crianças (FCC), the Bantwana Initiative of World Education, Inc. (WEI/Bantwana) worked hand-in-hand with local implementing partners, and collaborated closely with clinical partners and local government to catalyze and strengthen community-based mechanisms.

FCC has significantly enhanced community-based HIV prevention and response mechanisms for orphaned & vulnerable children (OVC) and their caregivers in Mozambique, increasing the capacity of individuals, community structures, organizations, and government bodies. WEI/Bantwana helped strengthen locally driven referral systems within communities and across sectors in four provinces and 16 districts to ensure that OVC and households are able to access a range of services that holistically meet their needs.

FCC's overall goal was to reduce the socio-economic impact of HIV/AIDS on OVC & their caregivers by enhancing the capacity of families & communities to support, protect, and care for OVC & caregivers.



FCC APPROACH: TEAMING & SCALING UP

To contribute to HIV epidemic control, WEI/Bantwana scaled up platforms and interventions that significantly aided identification, screening, testing, linkages and retention in care and treatment for HIV positive children and their families. The FCC project responded to nationally identified priorities— mainly, addressing HIV treatment retention, which was identified as a significant impediment to the country achieving the UNAID’s 95-95-95 goals. FCC used an HIV-Sensitive Case Management approach to deliver a responsive, flexible and contextualized package of HIV services. The project’s multi-pronged and highly collaborative strategy included engaging clinical partners and 89 high volume health facilities; placing Case Care Workers at these sites to increase HIV positive enrollments by the project, and developing a simplified database and tracking tool for HIV positive children.

FCC’S KEY 95-95-95 IMPLEMENTATION STRATEGIES



95%
DIAGNOSED

Upskill and support a network of community-based cadres to enhance identification & linkages of OVC to HIV services.

Employ outreach-based approaches and youth led, peer groups and safe spaces to reach OVC and adolescents for routine HIV screening and referral to testing.

Implement multi-layered GBV/ HIV prevention activities to improve risk awareness and service-seeking behaviors among OVC/AGYW.

Leverage school and community platforms with targeted interventions to keep OVC/AGYW in school and build their assets to foster non-violent, healthy behaviors and relationships.



95%
ON TREATMENT

Refine HIV screening tools to enhance index case finding, and identification of undiagnosed HIV positive OVC/Adolescents.

Collaborate closely with clinical partners to significantly increase the enrolment of HIV positive beneficiaries.

Establish & expand an adherence monitoring system within community-based platforms, including the collection and use of viral load data.

Initiate data sharing and joint decision-making practices from community to district level.



95%
VIRALLY SUPPRESSED

Provide adherence support in combination with a package of OVC support services aimed at enhancing retention.

Scale up viral load tracking mechanisms at community level (e.g. HIV Tracking Matrix).



“We are confident that the case care workers that FCC has upskilled and integrated into our health centers will continue help identify and follow up HIV+ children to ensure their retention and viral suppression. With their support our contact with communities has been so much more efficient over the last two years.”

– Health Center Director

RESULTS & IMPACT ON HIV CASCADE

IMPROVED ACCESS TO HEALTH CARE SERVICES FOR VULNERABLE FAMILIES



188,321 OVC & caregivers received at least one primary health service (88% of the OVC beneficiary cohort).



30,400 at risk adolescents completed HIV/GBV prevention sessions.

INCREASED SUPPORT TO HIV+ OVC, ADOLESCENTS & CAREGIVERS



26,250 HIV+ beneficiaries enrolled & retained in FCC program.



879 ART defaulters traced and re-initiated on ART.

ENHANCED VIRAL LOAD MONITORING FOR HIV+ OVC & CAREGIVERS



61% HIV+ beneficiaries with documented viral load by project end.



41% HIV+ beneficiaries achieved viral suppression.

LASTING INNOVATIONS

- Accelerating case finding and initiation of newly tested beneficiaries into care and treatment.
- Bringing integrated health services directly to vulnerable communities.
- Using safe spaces and sports to mobilize communities and deliver youth friendly adolescent SRH services.
- Pioneering viral monitoring at the community level within OVC projects in Mozambique.

THE HIV MATRIX: How WEI/Bantwana developed and scaled up adherence and viral load monitoring systems in communities.

- **Developed a simplified database & tracking tool for HIV+ children**
“HIV Matrix” leveraged existing data collection and service delivery tools.
- **Improved sharing of HIV clinical data**
Increased buy in and use of the Matrix for patient monitoring across stakeholders.
- **Generated easy to use results for multiple purposes**
Triangulated and validated information for tailored follow-up at various levels.



RECOMMENDATIONS FOR REPLICABILITY & SCALABILITY

- **Replicate and expand effective community-based HIV-Sensitive Case Management approaches** instituted by FCC (i.e. capacity development of both local Government and community cadres; joint planning and data sharing with clinical partners and communities; and on-going support supervision, motivation and incentives for community cadres) to ensure that families access quality services.
- **Adopt and strengthen decentralized models** to overcome service access barriers for vulnerable populations and bring health and social protection services directly to communities.
- **Emphasize relationship building and strategic collaboration.** Facilitating relationships and promoting routine collaboration and data sharing practices between health staff / facilities and community cadres is key to successful health referrals, timely linkage to care and retention in treatment for OVC, and effective follow-up with HIV positive OVC.
- **Continue to develop strategies that reduces barriers to OVC accessing institutional services** (e.g. legal protection and government services), and leverage other non-project campaigns (e.g. vaccination weeks; child advocacy) to layer on HIV, protection and/or legal services.

For more information, visit www.bantwana.org

