



A CCW meets with a caregiver and child



ANA PATSOGOLO ACTIVITY

Strengthening pediatric case finding and improving HIV treatment outcomes for OVC in Malawi

Though Malawi is on track to achieve 95-95-95 goals, children and adolescents living with HIV lag behind adults in status awareness (88% overall vs. 75% for children) and in viral load suppression (97% overall vs. 75% for children). While HIV prevalence for children is only 0.7% as compared to 8.1% for adults, children represent 15% of AIDS related deaths annually.

Young people struggle with a complex set of issues, including uneven access to clinical services, peer and community stigma, low treatment literacy, limited financial resources, psychosocial challenges, and unreliable caregiver support. Caregivers, in turn, struggle with understanding ART treatment, appreciating the importance of adherence, and helping children cope with their HIV status.

Led by the **Bantwana Initiative of World Education Inc.** (WEI/Bantwana) and implemented in partnership with four Malawian NGOs, the Ana Patsogolo (“Children First”) Activity (APA) delivers integrated HIV and social protection services through case management, currently reaching **21,678** C/ALHIV across 8 districts in southern Malawi.

In close collaboration with clinic partners, APA has **extended continuity of care using a structured community case management process** to enroll children, coordinate and deliver services, and continuously monitor progress, ensuring that children are able to access needed services across the care continuum. Community teams support and track children and caregivers from intake through care plan achievement. In this way, APA is advancing Malawi’s achievement of the 95-95-95 HIV epidemic control goals.

Key interventions include:

- ✓ **Upskilling Malawi’s community case workers** to enhance monitoring of HIV outcomes; and
- ✓ **Embedding community linkage facilitators in health facilities** to improve coordination with clinical partners

APA's APPROACH:

Close Collaboration with Clinical and Government Partners

To contribute to HIV epidemic control, APA scales platforms and interventions that significantly aid in identification, screening, testing, linkages and retention in care and treatment for HIV positive children and their families. We have signed collaboration MOUs with 117 high-volume sites, to place community OVC cadres within clinics and generate joint strategies for improved HIV treatment outcomes, including the transition of children living with HIV to the optimized pDTG regimens.

APA KEY STRATEGIES for ACHIEVING 95-95-95 GOALS



PREVENTION

Deliver GBV/HIV primary prevention to 9-14 year-olds and C/PLHIVs to improve risk awareness and agency

Refer eligible adolescent girls to DREAMS programming

Strengthen healthy OVC-caregiver relationships through evidence-based parenting programming



95% DIAGNOSED

Collaborate with clinical partners to scale up index testing, accelerate pediatric case finding, and increase enrollment of C/ALHIV in OVC programming

Integrate TB screening into case management home visits and link positives to treatment

Enhance community monitoring of HIV-exposed infants



95% ON TREATMENT

Scale up and routinize multi-sectoral case conferencing at clinics to fast-track community follow up of missed appointments and treatment defaulters

Extend treatment literacy and adherence monitoring systems to community level through case management home visits



95% VIRALLY SUPPRESSED

Scale up viral load tracking for better data management, with specific roles for OVC and clinical partners

Upskill Community Case Workers to conduct Root Cause Analyses and Joint Action Plans for un-suppressed C/ALHIV in collaboration with clinic counterparts

Deliver enhanced adherence support for non-suppressing C/ALHIV

APA upskills community case workers to understand and monitor HIV outcomes at the community level through simple job aids, monitoring tools, and robust supportive supervision. Leveraging clinic and case file data, community case workers prioritize follow up of children and adolescents who are unsuppressed, missing appointments, require ART refills, or require viral load testing and results. For complex cases, community case workers conduct multi-sectoral case conferencing with clinical partners to leverage combined strengths to address barriers and coordinate follow-up services for C/ALHIV.

RESULTS AND IMPACT

Preventing new HIV infections and reducing vulnerability to HIV



17,622 boys and girls ages 9-14 received primary prevention, of which 5,483 are CPLHIVs (68% of total cohort)

11,914 HIV-exposed mother-baby pairs linked to EID, and received nutritional and growth monitoring services through Bantwana's Early Childhood Stimulation curriculum

Increasing support for children and adolescents living with HIV



21,678 C/ALHIV enrolled in the OVC program (3 times higher than previous year)



9,194 ALHIV actively participating in teen clubs (69% of entire cohort)

Improving viral load suppression rates



100% of active C/ALHIV enrolled on treatment



82% of C/ALHIV achieving viral load suppression



“We conduct case conferences for children with high viral loads to understand the issues and find ways of supporting the caregivers for their children to suppress. We work with clinic staff, social welfare, local leaders, police as well as caregivers and other relevant community members [and] relatives.”

– APA Community Linkage Facilitator



LASTING INNOVATIONS

- ✓ **Developed the APA High Viral Load Management Tracker** in collaboration with clinical partners to improve viral load monitoring and suppression rates. (The tracker is being integrated across all sites as part of weekly case management activities.)
- ✓ **Enhanced adherence counseling for non-suppressing children and adolescents** which involves more frequent home visits (every two weeks), transportation support for access to clinics, and nutrition support required for ART adherence.
- ✓ **Rolled out the Closed User Group (CUG)**, an in-service mobile phone network to enhance real-time communication and coordination among health and child protection workers, thus improving HIV and social protection outcomes for children.
- ✓ **Upskilled community OVC teams** to work in close collaboration with clinical staff to conduct Root Cause Analysis and Joint Action Planning during joint home visits to non-suppressed households.

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to learn more
about our work

