



ANA PATSOGOLO ACTIVITY

Improving HIV Outcomes for Children and Adolescents

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.

Funded by USAID/PEPFAR and led by The Bantwana Initiative of World Education, the Ana Patsogolo Activity (APA) uses family-based case management to improve HIV outcomes for children and adolescents. APA upskills community case workers to conduct child and family assessments, develop case plans, manage referrals, carry out routine monitoring of child and family well-being, and monitor progress towards graduation benchmarks until case closure.

APA KEY STRATEGIES FOR ACHIEVING 95-95-95 GOALS



PREVENTION

Deliver GBV/HIV prevention to 10-14 year-olds and C/PLHIVs

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

Reduce mother-to-child transmission for HIV exposed infants through clinic and home based early childhood stimulation



**95%
DIAGNOSED**

Collaborate with clinical partners to scale up index testing, accelerate pediatric case finding, and increase enrollment of children and adolescent living with HIV in OVC programming

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



**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

Comprehensive Service Delivery

Working across the continuum of care, APA delivers need based, and age and stage appropriate integrated services through case management, reaching **71,562** children, adolescents, and caregivers annually. 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.

OVC SERVICE PACKAGE

Healthy

- Screening for treatment adherence, opportunistic infections, drug side effects, malnutrition, violence
- Counseling and referrals for ART initiation/re-enrollment, treatment adherence, nutrition, drug refills, viral load testing, HIV risk, SRH services, immunization, treatment of opportunistic infections, health education
- Teen Clubs for adolescents living with HIV (ages 10-17 with disclosed status)
- Age appropriate disclosure support
- Prevention of mother to child transmission and early infant diagnosis through the ECS curriculum
- Multisectoral case conferencing and joint home visits with clinical providers (for complex cases)
- Transport for ART collection at health facilities
- Know Your Child sessions with caregivers and group adherence support for caregivers (guardian sessions)

Safe

- Bantwana Early Childhood Stimulation 0-2 and 3-5
- Parenting for Lifelong Health (ages 6-9) and Parenting for Lifelong Health Teen (ages 10-17)
- SASA! community mobilization and norms change
- GBV prevention and referrals for post-violence care
- Psychosocial support

Stable

- Village Savings and Loan Association (VSLA)
- Mobile money linkages
- Financial literacy
- Business skills training
- Market linkages
- Backyard gardens

Schooled

- Counseling on school enrollment
- Monitoring school attendance and enrollment
- Education support/OVC fund
- Linkages to non-PEPFAR bursary programs

RESULTS AND IMPACT

Reducing vulnerability to HIV



59,878 OVC aged <18 enrolled in APA's comprehensive OVC program, of which **97%** know their HIV status



Reduced mother-to-child transmission to 1.2% for 10,616 HIV-exposed mother-baby pairs

Increasing support for children and adolescents living with HIV



Quadrupled number of C/ALHIV receiving comprehensive services, from **5,555** at project start to **22,750**.



12,054 ALHIV actively participating in teen clubs (88% of entire cohort)

Improving viral load suppression rates



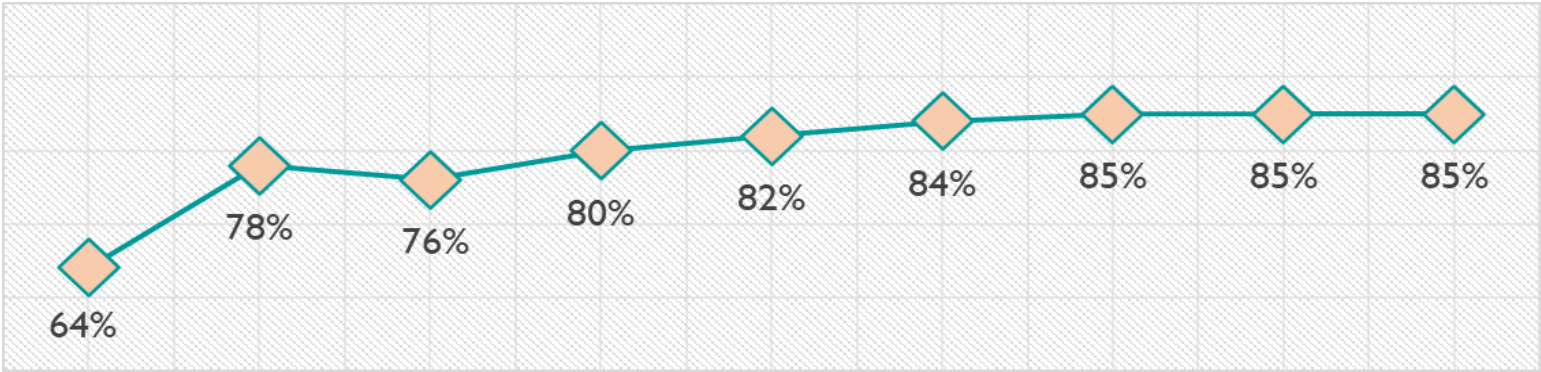
100% of active C/ALHIV enrolled in treatment



Improved **viral load suppression rates** for children and adolescents from **64%** to **85%**

Improved Viral Load Suppression Rates

APA improved viral load suppression rates for C/ALHIV in the APA catchment areas from 64% in FY21/Q2 to 85% by FY22/Q4.





Innovations that Drive Results

High Viral Load Management Tracker

We worked in collaboration with clinical partners to develop a joint tool that documents the root causes for non-suppression and records the services provided by both clinical and community partners. This ensures that clinical and OVC partners work together to determine if the cause(s) of non-suppression are clinical or behavioral/structural so they can tailor interventions to address specific needs.

Closed User Group (CUG)

We rolled out 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

We developed a tiered supportive supervision structure for frontline community case workers that uses a mentorship approach to address capacity gaps and reinforce timely delivery and documentation of a differentiated care package.

Differentiated Service Delivery

As part of differentiated service delivery, we updated our SOPs to ensure that non-suppressing children who are receiving intensive adherence counseling also receive more frequent home visits (every two weeks), transportation support for access to clinics, and nutrition support required for ART adherence.

MOUs and Placements of OVC Cadres in Clinics

We placed community linkage facilitators in clinics which enhanced data sharing, enabling identification of all children and adolescents living with HIV receiving ART so that they could be offered enrollment in the OVC program. It also facilitated joint planning, joint home visits and multi-sectoral case conferencing so that clinic and community teams worked together on complex cases for non-suppressing children.