

# Find, Link, and Retain: OVC Programs' Contributions to the Pediatric HIV Cascade

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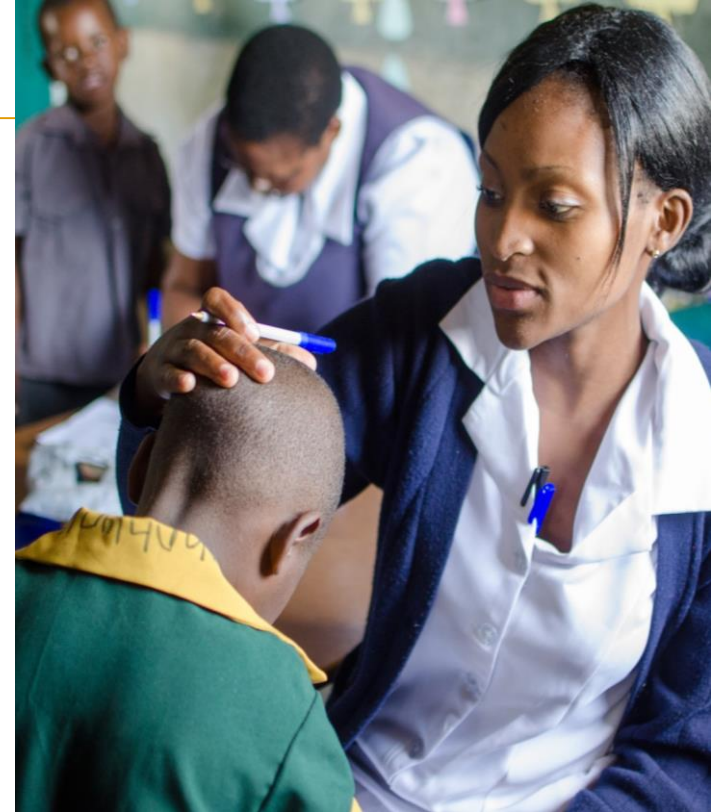
# Background

- **Targets:** *The Vana Bantwana (VB)* comprehensive OVC program supported 600,000 OVC and caregivers across 40 districts with integrated HIV and social protection services
- **Partners:** 3 national consortium and 20 implementing partners delivered VB in collaboration with clinic partners PSI, OPHID, ITECH, FHI360 and ZACH
- **Design:** VB scaled up 8 tested models of integrated OVC care, including *Integrated Management of Pediatric AIDS Care and Treatment (IMPACT)*



# Background (cont)

- In 2014, with PEPFAR OVC and ELMA Philanthropies co-funding, WEI/Bantwana expanded the *IMPACT* model (EIP) with the MoHCC and 14 NGO partners
- EIP addressed **supply** and **demand** to ensure children accessed and were retained on ART, caregivers received social protection support, and linkages were made to locally available care and treatment programs
- **Target:** OVC (child-and granny-headed households), PMTCT mothers, and men in 17 low pediatric ART coverage districts.



**Train primary health care workers** to build skills and confidence

**Recruit and train district clinicians** as mentors for primary health personnel

**Employ Results Based Financing** to incentivize pediatric ART benchmarks

**Provide logistical support** to ensure uninterrupted supply of ART service commodities

**Introduce bi-directional referral system** to coordinate services between CCWs, CHWs, CBOs & health facilities

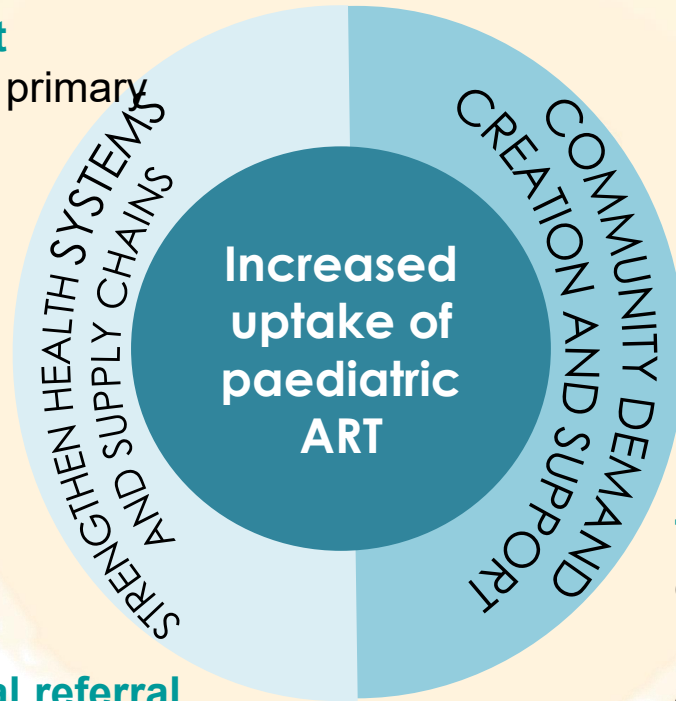
**Train CCWs & VHWs** to identify OVC for HTS, and link to treatment and OVC services through case management

**Train Mother Mentors** to promote pediatric HTS and treatment among PMTCT mothers

**Enroll PMTCT mothers** layered PSS, HIV and parenting education and economic strengthening

**Train Male Mobilizers** to engage men for increased uptake of paediatric HTS and ART

**Link adolescents living with HIV** to peer support groups (Zvindiriri)



# Key Strategies and Interventions: 95-95-95

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## Case Finding (first 95)

- School health assessments
- HIV risk screening
- Index case testing
- Community health champions
- Male Mobilizers
- Community leadership sensitisation
- Outreach health promotion

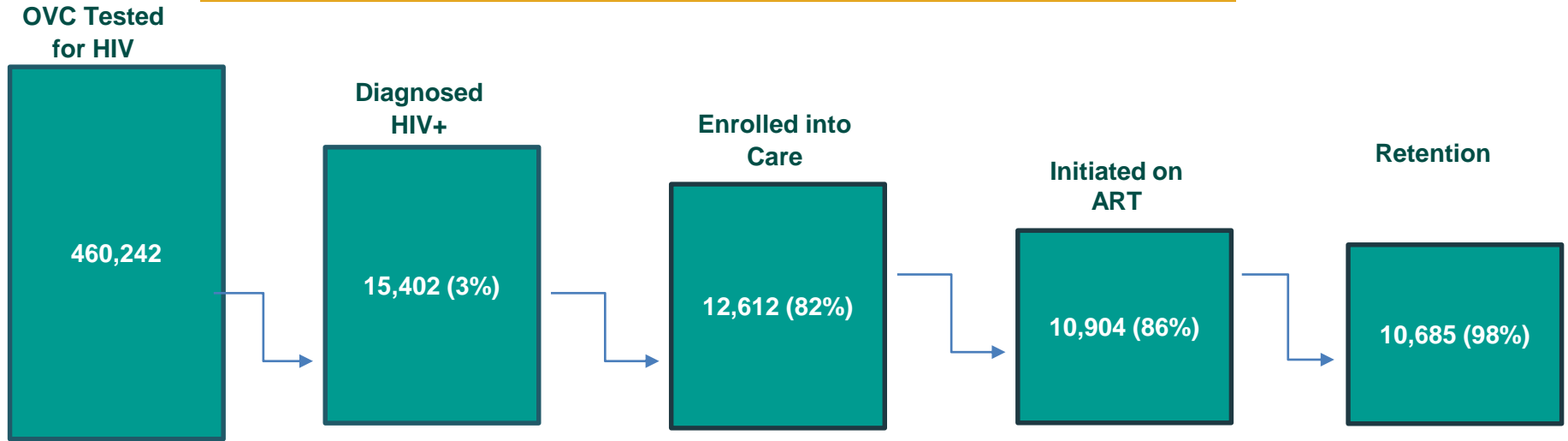
## Linkage to Care (second 95)

- CCWs ensured children were linked to community clinics
- Case conferencing at clinic level with social welfare and health cadres
- Effective bi-directional referrals
- Integrated community pediatric ART sensitization dialogues

## Retention and Viral Load Suppression (third 95)

- Case management
- Support groups (PMTCT, Adolescent)
- Economic strengthening activities to address transport, nutrition
- Parenting groups/ early childhood development

# Key Results Across the HIV Cascade



Reduced early infant diagnosis from 12 weeks to 2 weeks \* Increased accredited pediatric ART sites from 36 to 248  
Increased pediatric ART coverage from 42% to 99% \* Increased male participation in ANC from 19% to 67%

# Lessons Learned and Way Forward

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- A unified, integrated approach to pediatric ART by clinic and community partners is essential for achievement of HIV outcomes across the cascade
- Close collaboration and teamwork among community **social services (case care workers)** and **health (village health workers)** and other community cadres is essential for supporting and sustaining HIV outcomes for children and families
- Continuous upskilling of community cadres for mobilizing, supporting families onto ART, understanding nutrition issues, and how to address disclosure, stigma, PSS for the whole family is critical
- Tailored OVC services (e.g. ES, ECD, PSS support groups, etc.) are essential for supporting HIV outcomes.

# Thank You!

The Bantwana Initiative of World Education, Inc.

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