



**Elizabeth Glaser
Pediatric AIDS
Foundation**

Find, Link and Retain: A clinical perspective on collaboration between the clinical and OVC platforms

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Current OVC Program Overview

Country (focus)	Project Name/donor	OVC Served under 18 years	OVC Served over 18 years	Context
DRC (Kinshasa)	Kimia/CDC	6,378	1,444	Prime; OVC nested within C&T
Ivory Coast	Keneya Dougou/CDC	31,361	26,413	Prime; OVC and DREAMS focus
Eswatini	Ready, Resourceful, Risk Aware/USAID	NA	NA	Sub to Pact , EGPAF providing mobile services
Kenya (Turkana & Homa Bay)	Timiza 90/CDC	16,965	1,845	Prime; OVC nested within C&T
Tanzania	Kizazi Kipyua/USAID	NA	NA	Sub to Pact , EGPAF linking clients and providing TA
	Total Served	54,704	29,702	



Tanzania: Collaborative initiatives with Kizazi Kipya

- Use of service directory by Community Case Workers (CCWs), which shows partners and services provided
- Cluster Monthly Meetings:
 - Review challenges during supportive supervision
 - Review issues from CCWs
 - Discuss bidirectional referrals (and client feedback)
- Quarterly implementing partners' meeting
- Quarterly data analysis meetings and annual stakeholder meetings
- Joint Supportive Supervision
- Documentation of services



Tanzania: Linking HIV-positive children (0-19) to OVC support

- Children identified at the clinic are referred to USAID Kizazi Kipya and files are labelled K2
- 2,725 children (36% of children currently on ART) were enrolled up to Sept 2018
- Once OVC targets were reached (October 2018) - the project stopped enrolling new children



Council	TX_CURR (0-19)	Linkage to OVC (N)	Linkage to OVC (%)
Arusha CC	1,126	436	39%
Arusha DC	208	159	76%
Dodoma MC	1,070	299	28%
Moshi DC	547	275	50%
Iramba DC	393	150	38%
Manyoni DC	371	68	18%
Igunga DC	902	357	40%
Kaliua DC	608	159	26%
Nzega DC	1,057	385	36%
Tabora MC	624	324	52%
Uyui DC	610	113	19%
Total	7,516	2,725	36%

Best practice - labeling of CTC patient files for linkage to OVC services



OVC Lessons Learned & Way Forward

1. Communication and collaborations between partners is critical - same beneficiary in both systems.
2. Clinicians are friends to OVC programs and vice versa – always seeking linkages to social protection services to support linkage and retention.
3. Use opportunities to enroll all C/ALHIV in OVC programs - they can be ‘found’ at the clinic.
4. Disclosure and adherence support is critical - clinical tools take OVC program components into account. (see new tools that include PSS)
5. More resources are needed at site level to confirm linkage and 95-95-95 achieved between community and facility.



NEW HORIZONS RIZONS Johnson-Johnson Elizabeth Glaser Pediatric AIDS Foundation

Disclosure of HIV Status
Toolkit for Pediatric and
Adolescent Populations



NEW HORIZONS RIZONS Johnson-Johnson Elizabeth Glaser Pediatric AIDS Foundation

New Horizons Advancing Pediatric HIV Care Collaborative

Management of Treatment
Failure for Pediatric and
Adolescent Patients

Resource Package



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Thank you!

Acknowledging the staff and teams doing this work in EGPAF DRC, CDI, Eswatini, Kenya, and Tanzania.

Our partnership with Pact and community partners.

Children and adolescents served and supported with HIV services.

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