



# Clinic and community case finding to prevent and identify new HIV infections among children and adolescents at risk and improve treatment outcomes for those living with HIV in rural Malawi

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## Background

In Malawi, 62,000 children 0-14 live with HIV, representing 6% of all infections - and a child prevalence of 0.7%, compared with 8.1% of adults - yet children represent 12% of new infections and 15% of AIDS-related deaths annually.

Malawi is on track to achieve the UNAIDS 2025 95-95-95 goals, yet children and adolescents living with HIV (C/ALHIV) lag far behind adults in status awareness (88% overall vs. 75% among children) and viral suppression (97% vs. 74%).

## Description

GAIA and WEI/Bantwana implement the USAID and PEPFAR funded *Ana Patsogolo (Children First) Activity* (APA) to prevent HIV infection and reduce vulnerability among orphans and vulnerable children (OVCs) and adolescent girls and young women (AGYWs) (<18) in three high-burden southern Malawi districts – Mulanje, Thyolo, and Phalombe.



## Key Result Areas

1. Enhanced capacity of families and communities to support OVC and AGYW
2. Increased uptake of health, HIV prevention, care and treatment services among OVC and AGYW
3. Reduction in sexual violence and gender base violence among OVC and AGYW
4. Enhanced child protection systems in Malawi

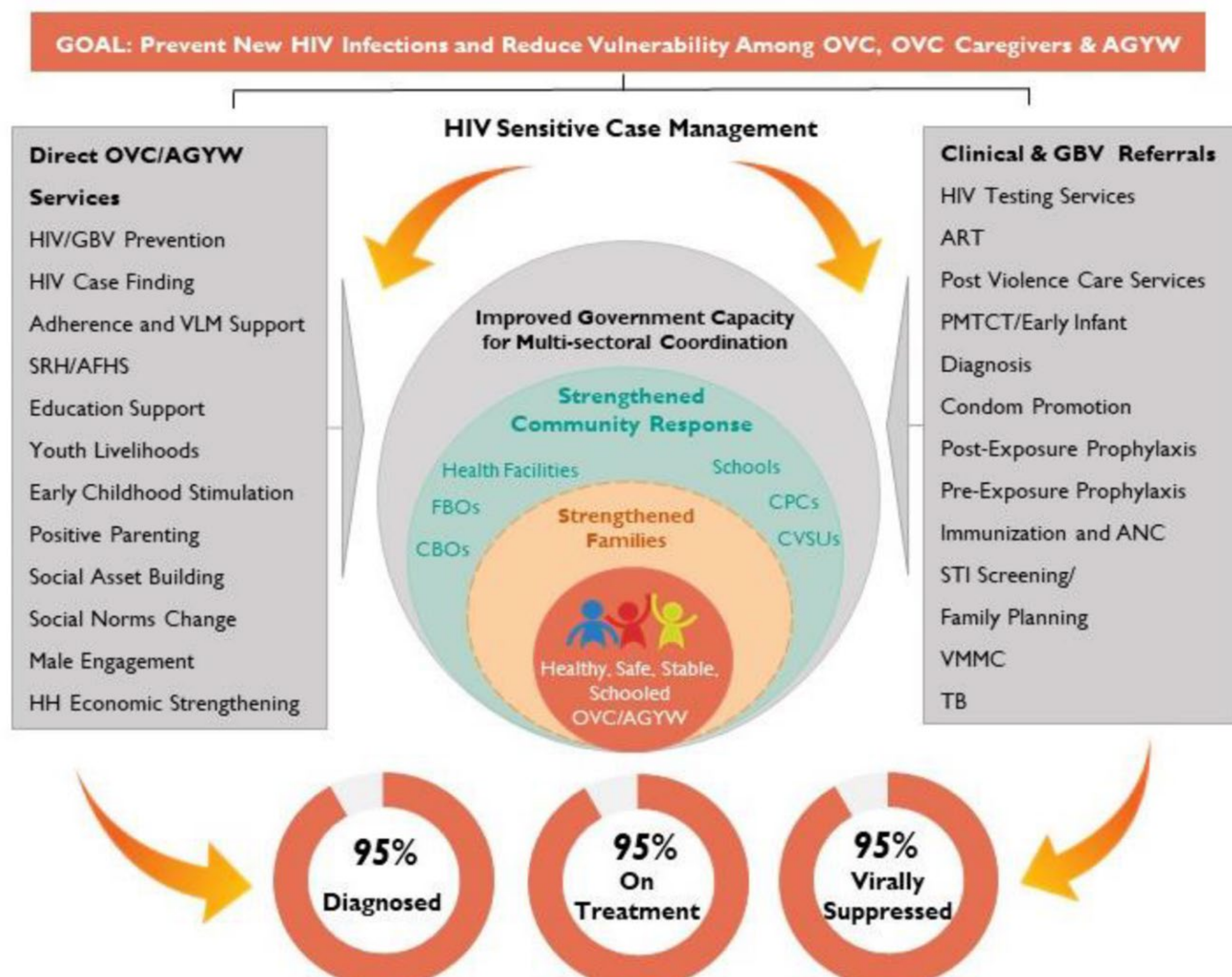
APA provides an evidence-based package of services delivered through community and facility-based case finding and case management, and an integrated referral network across the HIV continuum. To increase uptake of HIV and other health services GAIA: enrolls participants living with HIV into the programs; expands critical service provision to those most-at-risk - Children and Adolescents living with HIV (C/ALHIV); survivors of sexual violence and children of parents living with HIV (CPLHIV) and strengthens health facility and community coordination through the hiring and training of Community Linkage Facilitators, Child Protection Workers and Community Case Workers.

## Key Program Outcomes

*For in children and adolescents in care at 44 high burden facility sites across three districts*

- ✓ 95% or more of those currently on treatment <18 offered opportunity to enroll in OVC program
- ✓ 95% or more of those in the program know status
- ✓ 95% or more of those living with HIV on ART

## Comprehensive Program Model



## Lessons Learned

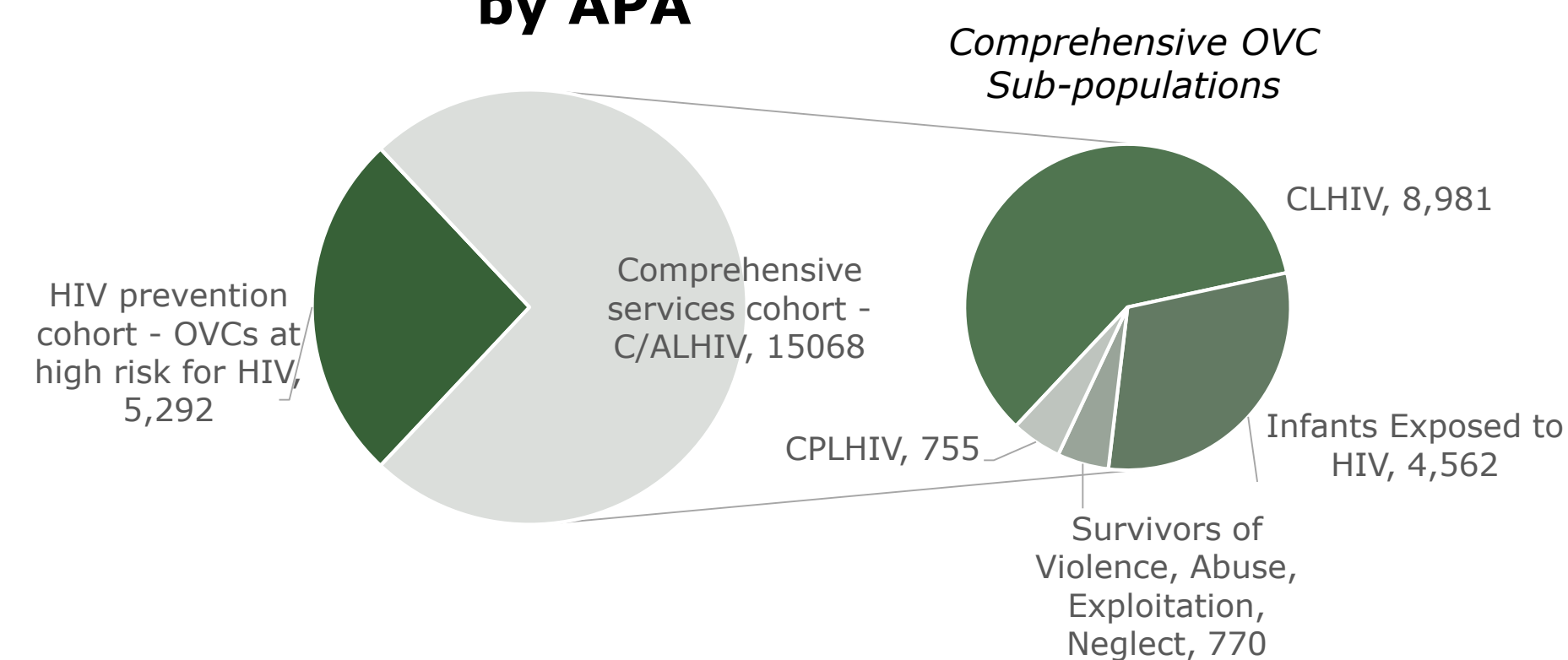
### C/ALHIVs

From October 2020-September 2021 (FY 21), in Mulanje and Phalombe District GAIA enrolled 15,546 OVCs and 6,448 AGYWs and increased the number of C/ALHIV receiving services by 143%, from 2,802 to 6,826. Individual case management ensured retention of 99% of enrolled CLHIVs and **80% achieved viral suppression**.

In October 2021, GAIA added a third district, Thyolo, to its service area and from October 2021-March 2022 served an additional 4,816 OVCs from which 2,551 were C/ALHIV, representing 32% increase in C/ALHIV. By the end of March 2022, case management ensured all (100%) C/ALHIV remaining in program were retained on ART in the high burden facilities and **84% of those active children had achieved viral suppression**.

Emergency nutrition, adherence counseling, HIV sensitive case management and multi-disciplinary case conferences were provided to CLHIVs with high viral load. ALHIV were enrolled in teen clubs to promote peer support, disclosure/adherence, psychosocial support and life skills, and support caregivers.

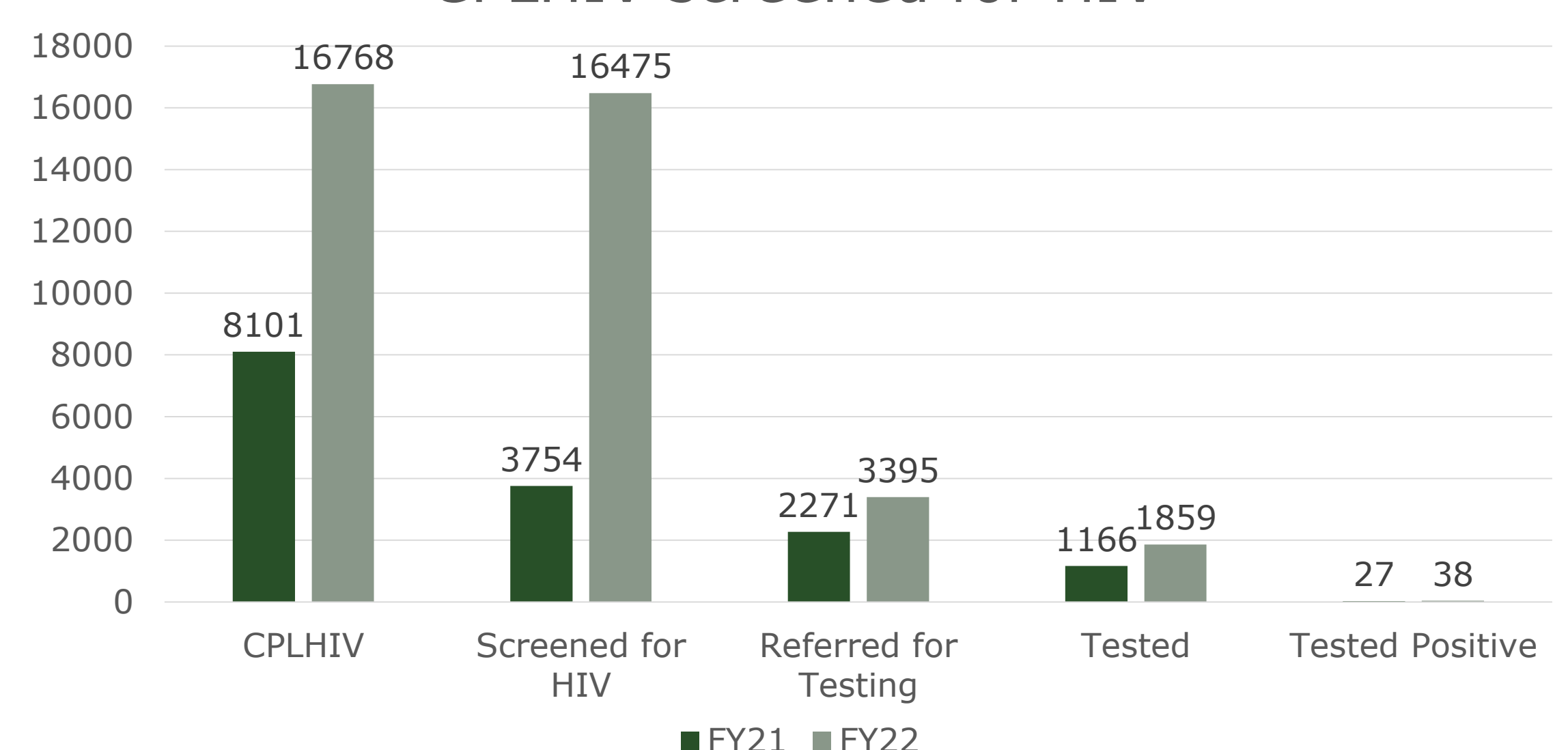
### Current OVCs under 18 supported by APA



### CPLHIVs

CPLHIVs participated in HIV prevention interventions, **leveraging schools, community youth clubs and faith-based networks** to prevent sexual violence and reduce HIV risk. In FY22, **Risk assessments** were conducted for 16,475 CPLHIVs. Of the 6,172 with unknown status, 55% have been tested to date, with 2.04% testing positive and all (100%) were enrolled in APA C/ALHIV programming.

### Risk Assessment Cascade CPLHIV screened for HIV



## Conclusion

Layered programming including intensified clinic/community-based case finding, risk assessment and prevention, index testing, contact tracing and caregiver support present a promising approach to support CALHIV and their siblings and improve health outcomes among children to close HIV care continuum gaps.

## Acknowledgements

The APA Program is delivered in partnership with World Education, Inc./Bantwana Initiative and 3 other local partners working in 5 other districts of Malawi. This poster was produced under United States Agency for International Development (USAID) Cooperative Agreement No. 72061220RFA000003 and was made possible by the generous support of the American people through the USAID and the United States President's Emergency Plan for AIDS Relief. The contents are the responsibility of WEI/Bantwana and do not necessarily reflect the views of USAID or the United States Government.



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