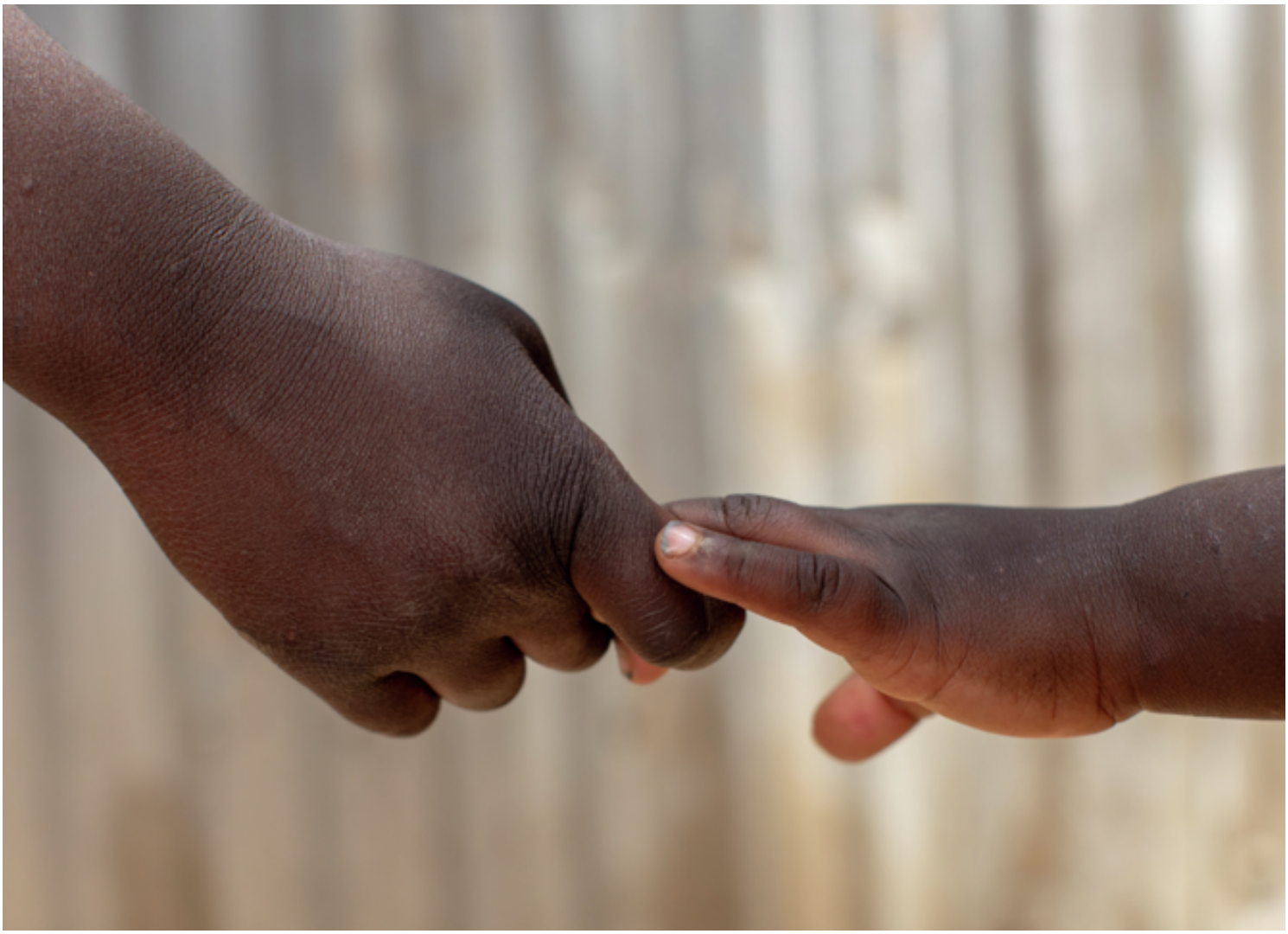

Photo: Cynthia Matonhodze

Bringing Kids to Care

Best practices from a paediatric HIV programme in Zambia, Tanzania, Malawi and Indonesia

2024 – 2025

ACTION for COMMUNITY CARE

COWLHA Fighting HIV Not Women & Girls

Indonesia AIDS Coalition

PrICHO Community Health. Our Business

aidsfonds

Background

Stepping up access to HIV testing and care has led to global progress in reaching the 95-95-95 targets set by the Joint United Nations Programme on HIV/AIDS (UNAIDS). But the results for children are dramatically behind those of adults. Children are significantly less likely to be diagnosed and receive antiretroviral therapy (ART), with only 57% treatment coverage globally in 2023.[1] Advances were being made in reducing vertical transmission from mother to child during pregnancy, delivery and breastfeeding but this has stalled more recently. In 2023 an estimated 120,000 children acquired HIV through vertical transmission, contributing to the total global figure of 1.4 million children living with HIV.[2] As a result of the treatment gap for children and inconsistent access to paediatric ART, only 48% of children had suppressed viral load in 2023.

The Aidsfonds Kids to Care model was built on evidence that strengthening community-based systems and building linkages between those systems and health services, increases identification, testing, treatment and retention in care for children, adolescents and pregnant and breastfeeding women.

Now, more than ever, the Kids to Care model is critical to the wellbeing and health of children, pregnant, and breastfeeding women. The global community has committed to ending AIDS as a public health threat by 2030 but this goal will not be reached without an embedded and sustainable community-based response.

Aidsfonds' partners in Indonesia, Malawi, Tanzania and Zambia are working to contribute to the global goal by integrating the Kids to Care model into their work. This factsheet showcases their impact and outlines best practices for using this model in other contexts.

What is the Aidsfonds Kids to Care model?

Together with community-based partners, Aidsfonds developed the Kids to Care model to fill gaps in care for children, pregnant and breastfeeding women living with HIV or at risk of HIV infection. The model was piloted and developed with partners in Uganda in 2015, and further developed with partners in Nigeria, South Africa, Mozambique, and Zimbabwe from 2018-19. Since 2024, partners in Tanzania, Zambia, Malawi, and Indonesia have also begun to integrate the model into their work.

The Aidsfonds Kids to Care model equips communities to strengthen their link with health facilities in order to **find, test, treat, and retain** children, as well as pregnant and lactating mothers, living with HIV.

The Kids to Care model is built on the following foundational principles:

- Community-owned and community-led
- Builds on existing community structures
- Child and family centred
- Builds on government frameworks and policies
- Key stakeholders are meaningfully involved from the beginning
- Interventions are informed by data
- Committed to sustainability and long-term support

1 UNAIDS. (2022). In danger: UNAIDS global AIDS update 2022. Geneva, Joint United Nations Programme on HIV/ AIDS.

2 UNAIDS (2024). The urgency of now: AIDS at a crossroads. Geneva, Joint United Nations Programme on HIV/ AIDS.

Phase 2 – Kids to Care programme

Phase 2 of the Kids to Care programme (2024-25) is being conducted in Zambia, Malawi, Tanzania and Indonesia. Their outreach programmes, which aim to identify those in need of HIV testing and treatment, are all highly dependent on external funding. As a result they have been severely affected by recent cuts to USAID and the PEPFAR program. The Kids to Care programme seeks to respond to the gaps in paediatric HIV services and reduction of vertical transmission of HIV.

Photo: Jeroen van Loon

Zambia

In Zambia, phase 2 of Kids to Care is implemented in Kafue, just outside of Lusaka by the Primrose Community Health Organization (PRICHO), in partnership with the Amos Youth Centre. Sex work is common in this area, and the children of sex workers are particularly vulnerable to being lost to follow up due to stigma, instability, and economic poverty. In Zambia, the project is called Scale Up and Enhance HIV Pediatric Care with an Integrated Family Care Approach.

Zambia faces a significant treatment gap for children, with only 60% of children living with HIV receiving ART. About 70% of infants are diagnosed through early infant diagnosis, leaving 30% undiagnosed. In the baseline survey for the project, 65.5% of pregnant and lactating women reported having an inadequate supply of food at home, and only 12.9% were members of Village Savings and Loans Associations.

Malawi

In Malawi, phase 2 of Kids to Care is implemented in three districts: Chiradzulu, Thyolo, and Nkhata Ba by the Coalition of Women Living with HIV and AIDS (COWLHA), together with their partners: Research for Equity and Community Health (REACH Trust), the National Association for Young People Living with HIV (Y+ Malawi), the Foundation for Community Support Organization, Mtisunge Aids and Community Development Support Organization, and Thunga Community Based Organization. The project is called Kids Health, Kids Rights: Enhancing HIV Testing, Treatment, and Adherence among Kids Living with HIV.

Chiradzulu and Thyolo districts have the highest rates of paediatric HIV infection in the country due to prevalent transactional sex among vulnerable populations and the mobility of male workers in tea plantations. Delayed disclosure and early infant diagnosis in hard-to-reach areas is a significant challenge and only 50% of children living with HIV access ART.

Tanzania

In Tanzania, the phase 2 of the Kids to Care project is called Imarisha Afya. It is implemented by Action for Community Care (ACC) in six districts which include Dodoma City, Kongwa, Chamwino in Dodoma region, Njombe Town, Makete and Makambako in Njombe region. In the Njombe region, ACC partners with Support Makete to Self-Support (SUMASESU). The project builds on existing community structures to provide HIV services. It prioritises community engagement and leadership, working with community structures such as community health workers, traditional birth attendants, and religious leaders.

Compared to adults aged over 15, only 60.7% of children aged 0-14 in Dodoma and 79.7% of children in Njombe receive ART. In Tanzania, more than 50% of paediatric HIV infections are a result of vertical transmission, due to pregnant and breastfeeding women being lost to follow up, inadequate knowledge on prevention of mother to child transmission (PMTCT), late start of antenatal care and not implementing HIV maternal re-testing, as well as inadequate monitoring by health-care providers.

Delayed disclosure for children is a problem in Tanzania, as in Malawi. Stigma and fear of how the child might react, and inadequate support in the disclosure process contribute to delays in disclosure with significant consequences for children's physical and mental health as a result.

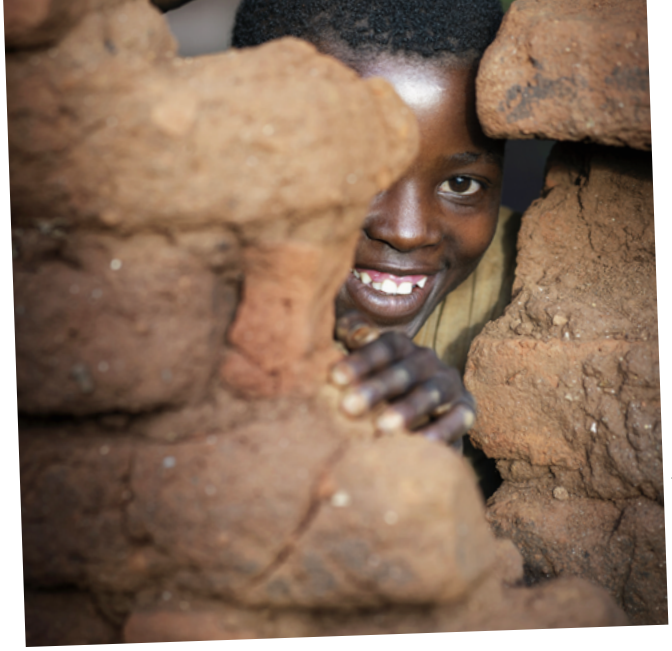

Photo: Jeroen van Loon

Indonesia

In Indonesia, the phase 2 of the Kids to Care project is implemented in two districts across two provinces and in 2025 will be implemented in four districts across three provinces by the Indonesia AIDS Coalition (IAC).

The project responds to the challenges faced by women and children in accessing HIV services and is called CHAMPION-ID (Child and Adolescent HIV Access and Retention in Indonesia).

In Indonesia, only 8% of infants access early infant diagnosis and vertical transmission stands at 29.8%, much higher than all neighbouring countries. Meanwhile, only 54% of children living with HIV are on treatment and in some regions, such as Bandung City, only 25% of children are on treatment.[3]

A number of cultural barriers limit uptake of ART among pregnant women and children. Some families doubt the efficacy of treatment, and some women struggle with the reaction of unsupportive partners, as well as concerns about stigma and discrimination. Ethnic discrimination further limits access to health services, especially among Papuan ethnic groups.

3 https://www.scribd.com/document/544905493/2020-Kemkes-Laporan-Pemodelan-Epidemi-HIV

Programme interventions and impact

Aidsfonds has built their paediatric theory of change around three main pathways: 1) knowledge creation and sharing; 2) service provision; and 3) policy and advocacy. This framework provides a structure for exploring the interventions within the Phase 2 of the Kids to Care programme and their impact.

Pathway 1: Knowledge creation and sharing

Through knowledge creation and sharing, Aidsfonds' partners participate in a dynamic and iterative process of growth and development that contributes to long-term sustainability of interventions.

What has been done?

- Work to integrate traditional birth attendants within the Kids to Care model has expanded between project countries through knowledge exchange. COLWHA from Malawi, for example, presented on traditional birth attendants at the 2024 IPHASA conference. Learning on how best to integrate this cadre of community health service providers inspired the adoption of this approach in Zambia.
- A linking and learning session with Zoë-Life in South Africa provided insight into age-appropriate disclosure strategies for children. This learning has been integrated into the Kids to Care projects in all four countries.
- The Village Savings and Loans Associations model was expanded from Uganda to Indonesia, adding a support mechanism to the project for long-term retention in treatment.

> **"One of the most transformative moments for our team was participating in the learning exchange with Zoë-Life in South Africa. It opened our eyes to the importance of age-appropriate disclosure for children living with HIV. After the session, we are planning to adapt some of their tools and create localised versions suitable for Indonesian culture and language. We are hoping to see caregivers more confident in speaking with their children about HIV, which will have a direct impact on adherence and trust. Sharing experiences with other countries helped us move faster and smarter."**
>
> Indonesian AIDS Coalition staff, Indonesia

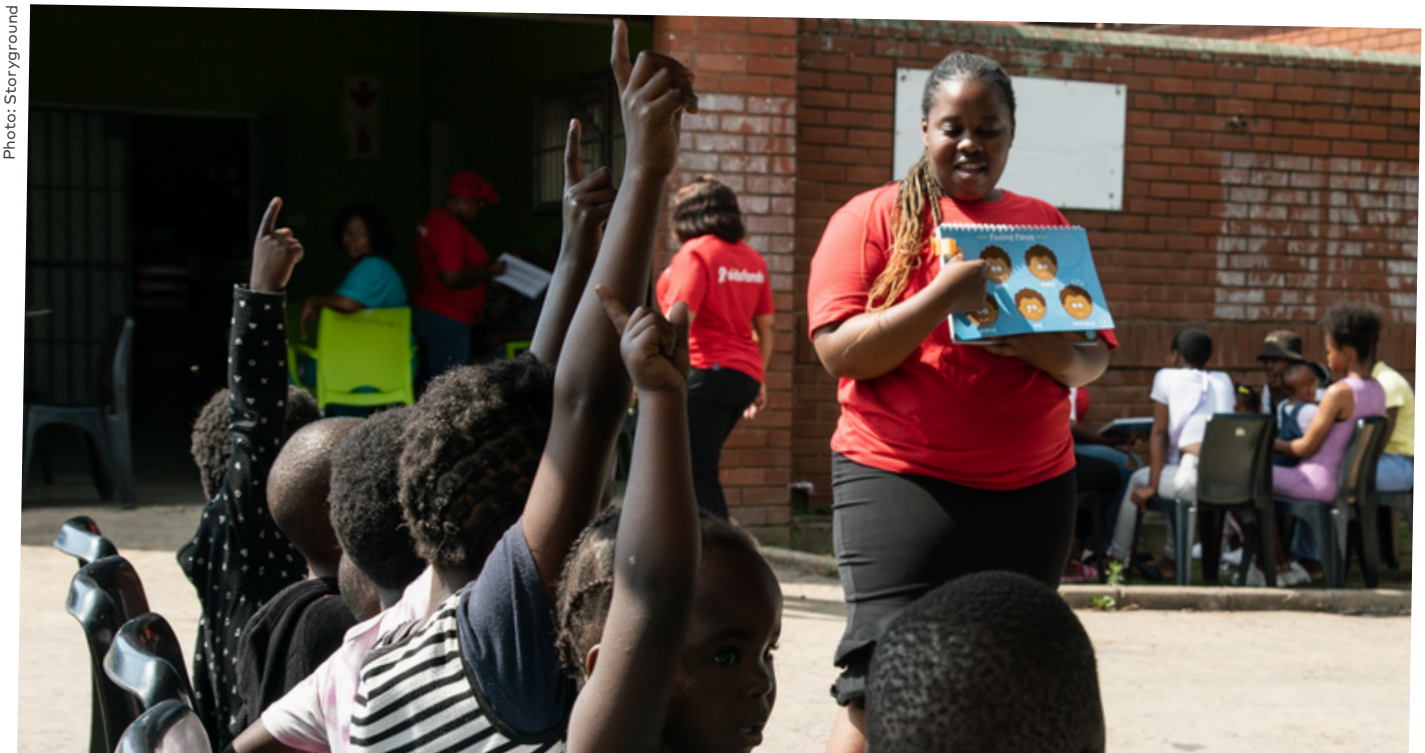

Photo: Storyground

Pathway 2: Service provision

The primary goal of the Kids to Care model is to ensure that children as well as pregnant and breastfeeding women are linked to quality care services. This is done through the four-step process which includes Find, Test, Treat, Retain.

Throughout all stages of the Kids to Care model, partners work closely with various levels of government to coordinate project activities, embed continuous learning, and adapt project strategies to suit the context. These coordination activities encourage ownership through co-creation, long-term sustainability, and problem-solving during implementation.

Below we outline each stage of the programme, using case-studies from the four countries.

Interventions within the Kids to Care model

1

Find

This stage of the model includes identifying children at risk of HIV infection, and supporting pregnant and breastfeeding women to reduce vertical transmission of HIV. Community health service providers conduct home visits, strengthen community-facility linkages, and bridge the gap for those lost to care by providing followup in the community and encouraging return to care.

2

Test

Children, pregnant and breastfeeding women are supported to access HIV testing. This is done through index testing, access to home test kits provided during home visits, counselling on HIV testing, and community outreach testing campaigns.

3

Treat

Children, pregnant and breastfeeding women who are found to be HIV positive are linked to care to access ART. In this stage, partners provide support to link clients to facilities for care, and to support the establishment of support groups to encourage treatment literacy.

4

Retain

Support mechanisms are established to encourage long-term retention in care. This includes activities to reduce economic barriers to accessing care such as Village Savings and Loans Associations; nutritional support through promotion of kitchen gardens; and disclosure support for children and adolescents.

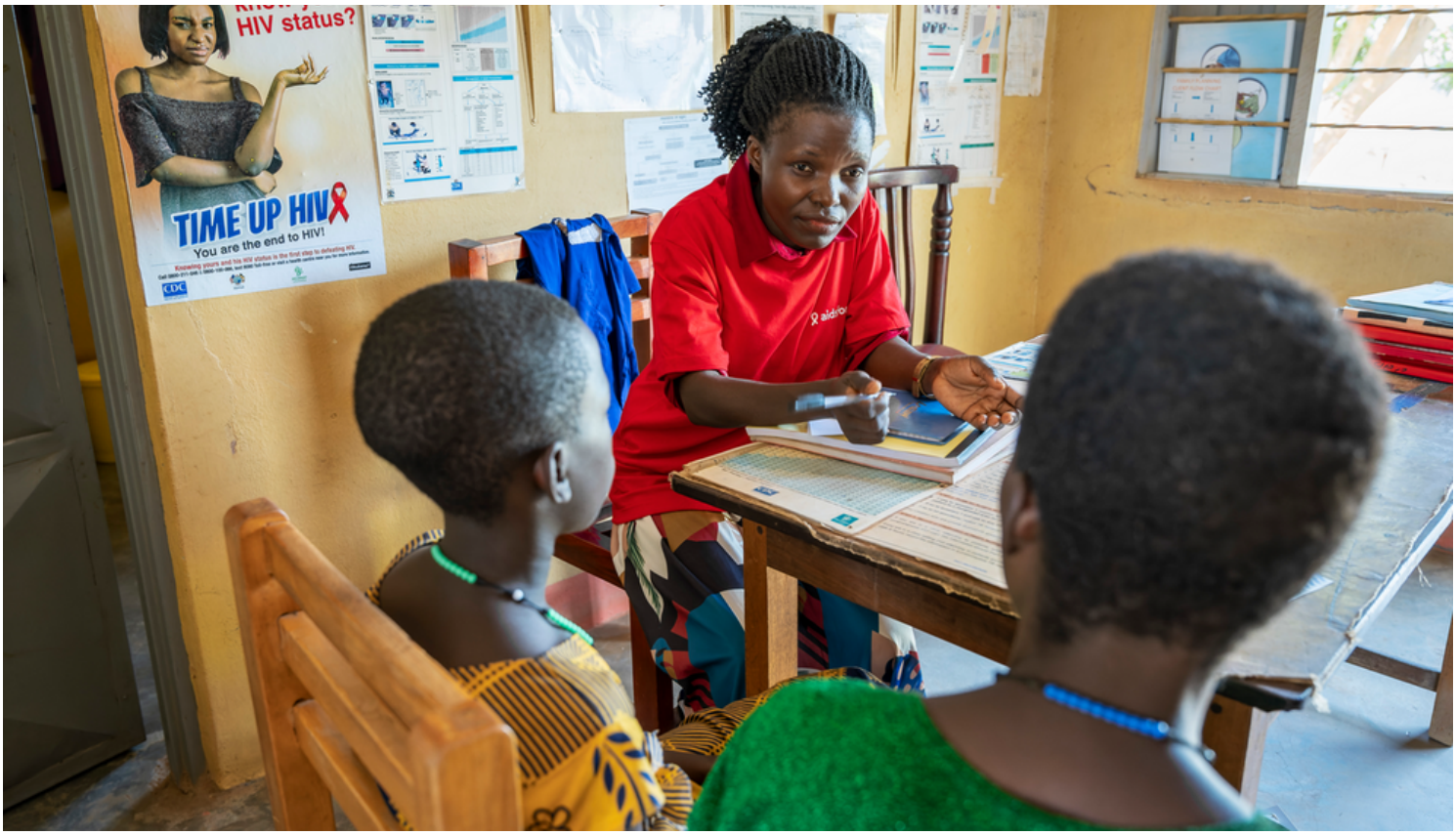

Photo: Jeroen van Loon

Stage 1 Find

- A wide range of community health service providers are integral to the Kids to Care model, providing support across the model's four stages but particularly within stage 1: Find. In Tanzania and Malawi, ACC, and COLWHA work with traditional birth attendants in addition to other community health service providers to strengthen case identification. Traditional birth attendants are a trusted resource in many communities and have invaluable relationships with families that help to identify children at risk of HIV infection.
- In Zambia, PRICHO uses sports to conduct outreach within the adolescent age group and engages adolescents through local youth centres. This has increased identification of adolescents living with HIV and encouraged their entry into care.

Results over 18 months (Jan 2024 to June 2025)

Country	Number of community health service providers trained	Number of facility healthcare workers trained	Number of home visits conducted
Tanzania	149 community health workers 102 traditional birth attendants 98 mentor mothers	153	1,193
Malawi	141 community health workers 20 traditional birth attendants 75 health surveillance assistants	120	8,433
Indonesia	17 community health workers 30 mentor mothers	No data available	No data available
Zambia	20 community health workers 16 mentor mothers	4	791
TOTAL	**327 community health workers** **122 traditional birth attendants**	**277 healthcare providers**	**10,417 home visits**

Stage 2 Test

- In Tanzania, village governments conduct health campaigns on various issues, from nutrition to water and sanitation. ACC have worked with village governments to include paediatric HIV campaigns within the governmental health outreach activities.
- In all four countries, index testing has improved the identification of children living with HIV. Community health workers, traditional birth attendants, and other community-based cadres (i.e. health surveillance assistants) work closely with healthcare facilities to link to children at risk of HIV infection.
- Traditional birth attendants are a trusted resource for pregnant women in Malawi and Tanzania. They build on this foundation of trust to encourage HIV testing during pregnancy and to facilitate early infant diagnosis.
- In Indonesia, advocacy efforts have led to increased numbers of early infant diagnosis stations, which has improved access to this service for families.

Results over 18 months (Jan 2024 to June 2025)

Country	Number of HIV outreach campaigns conducted	Number of children who know their status	Number of pregnant and breastfeeding women who know their status
Tanzania	0	86	1,152
Malawi	7 campaigns reaching 30,176 people	8,360	11,305
Indonesia	0	83	2,129
Zambia	4 campaigns reaching 6.130 people	2,759	765
TOTAL	**11 campaigns reaching 36,306 people**	**11,308 children**	**15,351 pregnant and breastfeeding women**

> **During our visit and coordination with government stakeholders, we raised the urgent need for better access to Early Infant Diagnosis (EID). As a result of our advocacy, the government committed to increasing EID machines from 4 to 14 nationally. For us, this was more than a number, it was a turning point. For the first time, we saw policymakers respond directly to data and stories from the ground. Faster testing means earlier treatment and better outcomes for children. We are now pushing to ensure these machines are operational and implemented.**
>
> Indonesian AIDS Coalition staff, Indonesia

Stage 3 Treat

- In Tanzania and Malawi, early childhood education clubs are established at Care and Treatment Centres. These create a positive environment for children as a way of encouraging follow-up and return to the clinic for treatment refills.
- Support groups in all four countries provide opportunities for health education, peer-to-peer knowledge and psychosocial support, building of treatment literacy, and stigma reduction. Health education on treatment literacy is provided by community-based service providers and within peer support groups.

Results over 18 months (Jan 2024 to June 2025)

Country	Number of linkages and referrals to care	Number of support groups established
Tanzania	780	14
Malawi	3,823	59
Indonesia	No date available	13
Zambia	69	8
TOTAL	**4,672 referrals**	**94 support groups**

Stage 4 Retain

- Learning from Zoë-Life South Africa in the early stages of the project supported IAC in Indonesia to integrate disclosure support for children and caregivers that addresses both their psychological and physical wellbeing.
- Village Savings and Loans Associations were expanded to Indonesia after a learning visit in Uganda, bringing valuable economic support mechanisms.

Results over 18 months (Jan 2024 to June 2025)

Country	Children retained in care	Children with suppressed viral load	Pregnant and breastfeeding women retained in care	Village Savings and Loans Associations established
Tanzania	127	98	Data not available	41
Malawi	858	429	1,123	44
Indonesia	4	Data not available	9	2
Zambia	3	175	342	4
TOTAL	**992 children**	**702 children**	**1,479 pregnant and breastfeeding women**	**91 VS&LA supporting 1,729 people**

Pathway 3: Policy and advocacy

Improved service delivery and sustainability of interventions depends on effective advocacy and policy influence. Implementing partners of Phase 2 of the Kids to Care programme prioritise advocacy and policy influence across all levels of government, and within the Ministry of Health. This aims to strengthen guideline development; prioritise maternal and child health and paediatric HIV within government programmes and spending; and ensure sufficient commodity supply and service quality.

What has been done?

- PRICHO have worked with the district health offices in Zambia to strengthen data collection and verification in order to improve access to data for better decision-making at the district level. District level health authorities reported utilising the newly generated data to make decisions about service delivery and implementation adaptations.

- COLWHA participate in technical working groups with Malawi's Ministry of Health and district/ regional/provincial health authorities. Their involvement has led to increased use of index testing by the Ministry of Health as a way of increasing case identification and reducing the resources used within HIV testing campaigns.

- In Malawi, coordination meetings with government stakeholders to review progress of the project has created opportunities for COLWHA to contribute to policy and technical guidance. This ensures the prioritisation of children in the government action plans and budgets.

- In Tanzania, ACC successfully advocated for training of non-PEPFAR supported health facilities to increase access to comprehensive HIV services. This training was provided by the government.

- In Indonesia, infrastructure for HIV services exists. However, service delivery is focused on key populations and demand among the general population is low, leading to high rates of vertical transmission of HIV. Thanks to IAC's advocacy efforts, the government now recognises the importance of creating demand among the general population to widen the uptake of services.

- Many pregnant and breastfeeding women in Indonesia prefer to use private clinics to access healthcare services. IAC are engaging with private clinics to enhance HIV service quality and to encourage uptake of these services within the general population.

> **When we started the project, we discovered that one of the health facilities had no weighing equipment. We advocated for the provision of the necessary equipment, and now the facility is equipped, allowing children to be weighed before being given antiretrovirals.**
>
> COLWHA staff, Malawi

> **When we started the project we aimed at reaching the hard to reach communities. Through discussion with the regional and district team, they raised the need of reaching the facilities that had no any support but these facilities provide antenatal care, deliveries and postnatal care to pregnant and breastfeeding women. ACC supported on job training to health care providers in those facilities to provide comprehensive care to prevent vertical transmission, as a result we have reached 25 facilities and among them 12 have been upgraded to provide care and treatment clinic services.**
>
> ACC staff, Tanzania

Best practices and lessons learned

Key learning has emerged from Phase 2 of the Kids to Care programme since it started in 2024. As a result Aidsfonds and partners have documented valuable best practices and lessons learned for identifying and supporting children living with HIV, which we share here to encourage wider learning and experience sharing.

Photo: Cynthia Matonhodze

- **Working with a wide range of community-based service providers** helps to support improved outcomes for children, pregnant and breastfeeding women — this includes community health workers, traditional birth attendants, mentor mothers, health surveillance assistants, and other cadres. When these service providers work together, services are stronger and follow up with clients is more frequent.

- **Collecting quality data** is critical to the success of community-based initiatives as it provides an opportunity for well-informed decision-making and adaptation based on evidence. This requires close collaboration with facilities, community-based service providers, and district/provincial health authorities. It also requires systems and standardised tools to be put in place to collect and validate the required data. This provides a foundation for evidence-based decision-making.

- Community-based service providers require **ongoing training and mentorship** with supportive structures for supervision to encourage continued service provision and improved health outcomes for those receiving services.

- As is the case within other community-based projects, challenges also arise within the Kids to Care projects, and it is important to identify them early and adapt. In the past, challenges have included stockouts of commodities such as HIV test kits, changes in staffing at health facilities, lack of capacity to accurately track data, and other issues. **Coordination meetings and sharing of learning** can help with early identification of challenges between stakeholders and adaptive programming to adequately address the needs of children, pregnant and breastfeeding women. In Indonesia, this has led to integration of HIV services in private clinics to increase demand; in Malawi, this has led to Aidsfonds' partners contributing to health policies and technical guidance on paediatric HIV.

- **Child-centered care** that involves age-appropriate communication within a child-friendly environment reduces children's fear around the topic of HIV. It also provides motivation for children to adhere to treatment and helps them feel hopeful for the future. Active engagement of caregivers and family members helps in improving the support and communication with children.

- Using an **integrated care approach,** particularly with the involvement of social welfare officers, helps address social issues that may arise through the care continuum, extending support for children to issues other than health.

What's next for Kids to Care?

Sustained community response is critical to improved health outcomes for children living with HIV, pregnant and breastfeeding women, and to eliminate vertical transmission. Community-based service providers require ongoing training, supervision and support to maintain high quality support services and to effectively link with health facilities. Ministries of Health need to recognise the importance of these community-based cadres for a sustained HIV response.

Unobstructed access to paediatric ART is essential for children to be retained in care. In some of the countries where Kids to Care is implemented, paediatric ART is not available or inconsistently available. This means, for example, that healthcare providers are forced to adjust adult ART doses to be suitable for children. This requires crushing or breaking tablets which risks inaccurate dosing and creates a bitter taste, which contributes to lack of adherence in children.

In addition, the withdrawal of HIV funds by the US government requires swift action by Ministries of Health and governments, as well as development partners to fill the gaps. HIV testing kits, condoms, and other commodities have historically been provided by PEPFAR. Alternative supply chains need to be urgently identified and resourced.

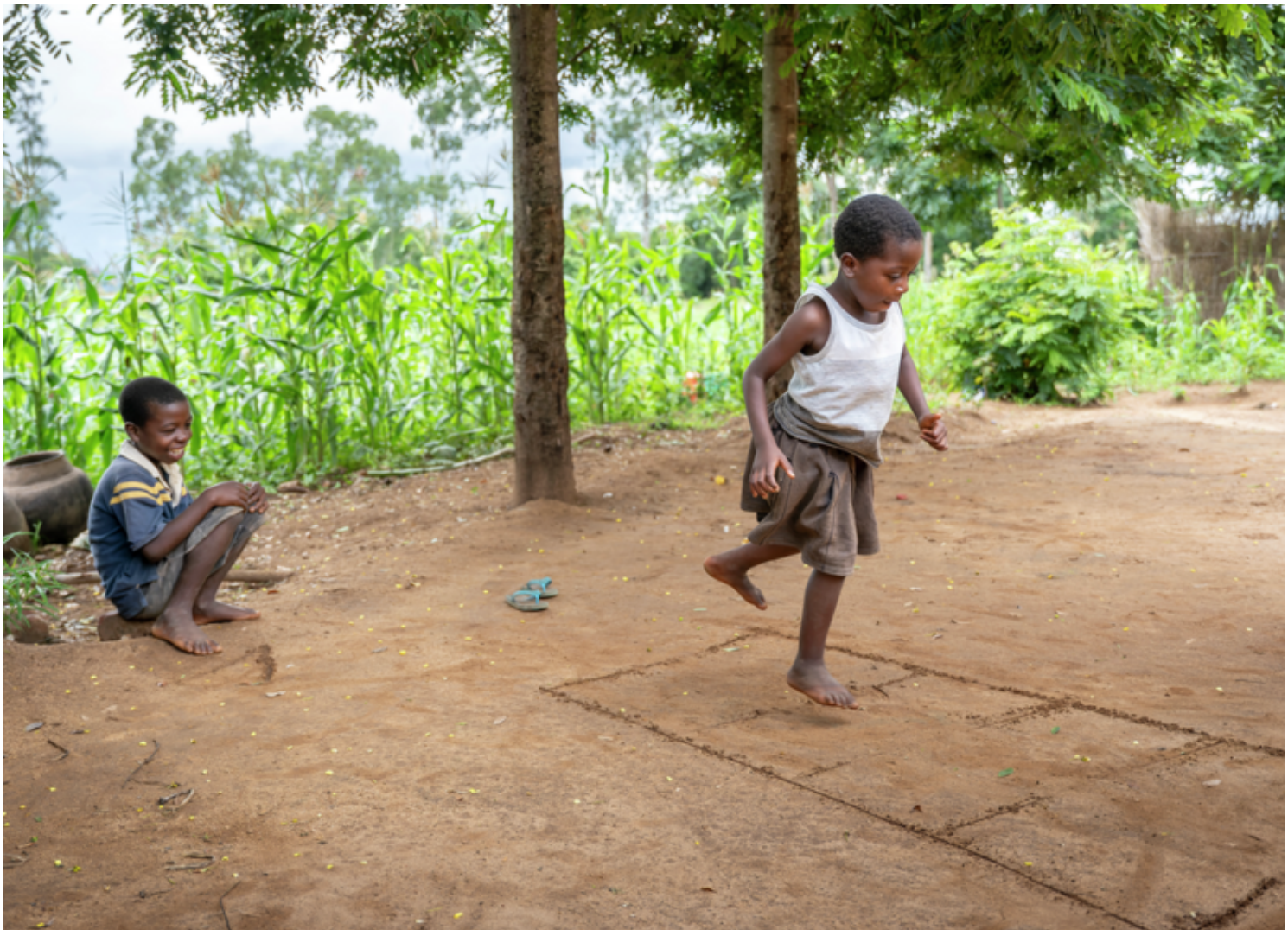

Photo: Jeroen van Loon

About Aidsfonds

Aidsfonds is a non-governmental organisation based in the Netherlands that is working to end AIDS by 2030. Aidsfonds works with community partners in regions most affected by HIV and AIDS, to accelerate and strengthen efforts to meet this goal, ending deaths from AIDS and ending new HIV infections. Aidsfonds together with community partners, co-created the Kids to Care model as a key strategy toward improving paediatric HIV and vertical transmission services.

Aidsfonds partners

Action for Community Care (ACC)
Action for Community Care is a non-governmental organisation dedicated to empowering vulnerable communities in Tanzania by ensuring access to basic and essential health services and support systems. Established in July 2019, ACC builds on over a decade of impactful work initiated by Sharing Worlds Tanzania. ACC aims to improve the quality of life for disadvantaged groups through focused interventions in health, education, livelihood, and social protection, youth development and environment as a cross-cutting issue in all interventions.

Primrose Community Health Organization (PRICHO)
PRICHO is a local non-governmental organisation that exists to enhance the provision of quality, comprehensive and cost effective services through direct capacity and skills development, and investment in health, economic empowerment, education, climate change mitigation and resilience, water, sanitation and hygiene to marginalised and vulnerable communities in Zambia.

Coalition of Women Living With HIV and AIDS (COWLHA)
COWLHA was formed in 2006 and reaches out to its members in Malawi through support groups as entry points. The organisation was developed to create a united voice of its members (women and girls living with HIV and their children) in order to address issues that affect them. The mission seeks to end AIDS in women and girls through accessible and quality HIV and AIDS service delivery and promotion of women and girls rights through advocacy. COWLHA's membership is currently approximately 60,000 members across Malawi.

Indonesia AIDS Coalition (IAC)
Founded in 2011, Indonesia AIDS Coalition is a community-based organisation dedicated to advocating for the rights of people living with HIV and key populations affected by HIV.IAC's work focuses on promoting transparency in the national HIV response; empowering communities to actively participate in the entire policy cycle; advocating for access to the latest health commodities and technologies; ensuring equitable access to services for women and children living with HIV; and reducing stigma and discrimination against people living with HIV and key populations.

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