

Documentation Report on Comprehensive Lessons Learnt

Project Title: Targeted HIV Testing for Underserved Children

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1. Background

The project was conceived based on the observation that population estimates for children living with HIV from the Malawi 2023 Naomi model, there was mass testing but resulted in very few children diagnosed of HIV in Malawi. For instance, among kids of 5-9 years, out of the 48,843 kids that were tested, only 436 were found newly positives and a significant number of children already aware of their positive HIV status were not on ART. The fact that they found less children living with HIV than expected is attributed the lack of targeting during mass testing, thereby leaving many kids who are underserved/at high risk not to be tested. It is therefore important to conduct targeted HIV testing of underserved children and put them on treatment if they are HIV positive. The testing should also extend to their mothers.

It is against the foregoing background that the project was designed and targeted children of female sex workers and children of women who give birth through TBAs due to barriers like long distance to facilities. The project also targeted pregnant and breastfeeding women affected by HIV in Mwanza district. The project put strong emphasis on community-based outreach interventions such as HIV testing and awareness. The project is about innovative approaches targeting underserved children regarding HIV testing, treatment, care and support so as to reduce/eliminate vertical transmission from mother to child and enhance treatment adherence for kids (0-14 years) together with their mothers. The duration of the project was 18 months from 1st June, 2024 – 31st August, 2025.

The goal of the project which is to eliminate vertical transmission and ensure underserved children living with HIV and their mothers live healthy and full lives and the objectives are:

- 1.To enhance HIV testing and linkage to care for underserved children of female sex workers and children born through TBAs;
- 2.To reduce barriers that are faced by underserved children living with HIV from female sex workers and children born through TBAs;
- 3.To strengthen linkage to care and treatment for children of underserved children of female sex workers and children born through TBAs.

2. Introduction

The report merges quantitative and qualitative data obtained from the Mwanza underserved project and key informant interviews with project stakeholders, including healthcare professionals, the FSWA representative, TBAs and FSW participants. The aim was to assess accomplishments, challenges, and lessons learned from the ART program for beneficiaries: children, pregnant and breastfeeding women and female sex workers.

3. Quantitative Findings

Table 1: The program achieved significant reach and impact across multiple HIV-related indicators:

Indicator	Value
Children tested (0-14)	121
Children tested positive	9
Children newly enrolled on ART	11
Children (0-14) on ART and in care	11
Children returned on ART/brought back to care	14
Children (0-14) viral suppression achieved	10
Children supported in coping with HIV	283
Pregnant and breastfeeding women on ART (supported)	30
Pregnant and breastfeeding women tested	267
Pregnant and breastfeeding women tested positive	16
Pregnant and breastfeeding WLHIV delivering HIV-free babies	32
Pregnant and breastfeeding women started ART	15
Pregnant and breastfeeding women brought back into care	36
Caregivers capacitated for child HIV care	139
Health staff trained	40
Community health workers trained	26

Key Summary Statistics

- Child HIV positivity rate among those tested is 7.4%. This high positivity rate indicates targeted or high-risk testing.
- Viral suppression among children on ART and in care is reported as 71.42% reflecting successful treatment outcomes
- HIV positivity rate among pregnant and breastfeeding women tested is 5.9%.
- Five children of FSWs were tracked with viral load follow-up as per qualitative data.

Quantitative indicators clearly reflect substantial program impact among key vulnerable populations in the areas of HIV testing, treatment initiation, and care retention. The extremely high viral suppression rates among children on ART suggest either very good treatment outcomes or possibly data anomalies to resolve. The gap observed between positive children and those retained in care points to retention challenges.

Implications for Lessons Learnt

- Underserved children (children of female sex workers and those born at home with support of TBAs) tested were 121. Ordinarily, these children were missed through the conventional means of testing (testing of pregnant mothers and kids born through HIV positive mothers up until they are 2 years old). This was the unique successful feature of the project of targeting underserved kids through TBAs and female sex workers.
- Children and women were tested and put on ART, which is a testament to the success of the project in reaching key vulnerable populations and getting them on treatment.
- Retained on care and defaulter return data have demonstrated the importance of defaulter tracing and follow-up activity.
- Viral suppression among children evidences the consequence of adherence to treatment and lies at the heart of a major health outcome.
- A large number of coping support (283 children) shows comprehensive psychosocial support beyond clinical treatment. Psychosocial support is paramount.
- Training numbers of health workers and community workers highlight the importance of capacity building for the provision of quality services.
- HIV-free deliveries by the pregnant and breastfeeding WLHIV constitute a key indicator of PMTCT success.

These quantitative indicators provide concrete evidence of project achievements and challenges with qualitative lessons learnt being rooted in measurable outcomes.

4. Key Qualitative Thematic Insights

Based on qualitative interviews, several themes and lessons emerged:

- **Community Engagement:** The strong community awareness sensitization and collaboration with chiefs, TBAs, and FSW peer educators increased acceptance and uptake of services such as ANC visits and institutional deliveries. Stakeholders emphasized the need for continued linkage and coordination among these groups. COWLHA intervention greatly helped in sensitizing the community and strengthening coordination between the healthcare workers (HCWs) and community-based workers. The engagement also improved health-seeking behavior among the targeted populations. "Community engagement and rendering capacity to community-based workers works well."~ KII Healthcare worker
- **Defaulter Tracing and Retention:** The successful return of ART defaulters to care through peer networks was hindered by barriers such as transport costs, staff attitudes, and stigma. The project had success in tracing and bringing ART defaulters back to care, especially among children and FSWs. Major reasons for defaulting included transport costs, distances, and sometimes negative attitudes of healthcare staff. "Some defaulters have been brought back successfully to care by peers in the circle of FSWs."~ KII Healthcare Worker.
- **Transport and Logistics:** Transportation costs were highlighted as a significant barrier particularly from FSW peer mobilizers who claimed inequities in support compared to TBAs. FSWs reported only getting transport allowances on a few occasions while TBAs were supported throughout the project lifespan. This was a major obstacle for female sex workers (FSW) peer mobilizers and must be addressed for fair program effectiveness. Nevertheless, the voluntary work of FSWs spoke volumes of their intrinsic motivation, which hardly matched with transport reimbursements and logistical support, thus calling for more programmatic support. On instances, they paid out of their own pockets for transport, which impeded defaulter tracing and community sensitization. "For now, mobilization and defaulter tracing are going on well only because of our intrinsic motivation... we paid for the remaining trips carried out from the last time we got transport allowances from our own pockets."~ KII-FSW.
- **Training and Capacity Building:** The training of health workers and community-based service providers namely FSWs and TBAs formed one of the key cornerstones that enabled them to do effective outreach and register increased HIV testing and treatment adherence. Routine refresher sessions and monitoring were suggested as sustainability measures for continued knowledge transfer as a way of sustaining achievements. "Ensure you consider refresher training so that the implementing team can also be monitored in terms of knowledge and practice."~ KII-FSWA Representative
- **Healthcare Staff Attitudes:** some healthcare workers were found to be having improved attitudes when welcoming clients and also improving the service delivery reports. Even though most reports suggested improved client reception by health providers, some identified negative "fighting" because of overworked staff who would not entertain clients, thus affecting retention. In some cases, perceived harshness brought by workload was cited as a reason for poor retention of clients. "There has been a change in attitude for most Health care staff with regard to welcoming clients."~ KII Health care worker
- **Coordination and Communication:** Multi-stakeholder coordination among COWLHA, FSWA, TBAs, chiefs, and health facilities was vital for project success, though there is a need for more regular interface meetings to share experiences and challenges. Improved communication is needed to address misinformation affecting service uptake. "Good coordination with all parties made community sensitization easy."~ KII Healthcare worker. "We need to hold our own interface meetings as implementing team so as to share experiences, challenges and successes...since the training we have never met apart from on specific occasions when chiefs invite FSWs and TBAs to provide talks during the chiefs general meetings that they call from time-to-time..."~KII-TBA
- **Economic Empowerment:** Livelihood support initiatives (e.g., livestock provision) for FSWs generated enthusiasm, promoting stability and potentially healthier lives. The long-term impact of these initiatives requires further evaluation. "The FSWs that received ... goats, pigs are really excited... I know they are so thankful to COWLHA and Aidsfunds". KII-TBA
- **Stigma and Harassment:** Persistent harassment and safety concerns for FSWs remain critical issues, negatively affecting access to care despite CSO advocacy. Multi-layered stigma reduction and legal protections are urgently needed to improving health outcomes for marginalized groups such as FSWs. "FSWs continue to face extremely dangerous predatory individuals... Other than that, everything is going great."~ KII-FSW

5. Comparisons between default rates and viral suppression outcomes

Data provides meaningful comparisons between default rates and viral suppression outcomes. This comparison was used to assess program effectiveness and identify gaps as follows:

1. Retention vs. Success in Viral Suppression

- Default rates reflect recipients of care who have interrupted or stopped ART, while viral suppression outcomes indicate successful adherence and effective treatment among those retained in care.
- A high default rate can negatively impact overall viral suppression rates because those not retained are unlikely to achieve viral suppression.

Defaulting is evident since fewer children stay continuously in care than those initially enrolled or tested positive. However, viral suppression figures among children currently in care or returned appear relatively strong, suggesting treatment efficacy for retained recipients of care.

2. Implications

- Even with some defaulting, success in viral suppression among children retained or returned to care is encouraging. This underscores the value of active defaulter tracing and re-engagement strategies.
- Persistent defaulting limits the total population that achieves viral suppression, thus impacting epidemic control goals.

3. Programmatic Insight

- Addressing reasons for default such as transport barriers, stigma, and healthcare worker attitudes highlighted herein is critical to improving retention and maximizing viral suppression at the population level.
- High viral suppression among retained recipients of care reflects well on treatment regimen effectiveness and adherence support mechanisms.

This suggests the critical role of defaulter tracing in not only returning recipients of care to care but also improving viral suppression outcomes. The higher the proportion of recipients of care retained or returned on ART, the greater the population-level viral suppression. This comparative insight helps prioritize program areas to reduce defaulting and enhance viral suppression, critical for HIV epidemic control.

6. Peer Education by FSWs and TBAs

Peer education by female sex workers (FSWs) and traditional birth attendants (TBAs) played a crucial role in influencing children's HIV testing and ART retention in several ways:

Influence on Children Testing

- **Awareness and Encouragement Through Personal Experience:** FSW peer educators shared personal experiences of their own HIV testing and that of their children, effectively motivating fellow FSWs to have their children tested. This peer-to-peer approach helped address denial and fears about HIV status within their community. The use of peer educators (FSW) helps reach out to children of fellow female sex workers who are underserved and would normally get missed if the approach used was just the door-to-door approach targeting children who are at risk as done in Kids to Care approach.
- **Collaborative Outreach:** FSWs and TBAs conducted coordinated community education, ensuring that nearly every FSW and community member became aware of the importance of HIV testing for children, leading to increased uptake.
- **Overcoming Hesitancy:** Despite some resistance, peer educators' persistent encouragement helped many hesitant FSWs and caregivers bring children for testing, including identifying defaulters who had missed earlier testing opportunities.

Influence on ART Retention

- **Defaulter Tracing and Re-engagement:** FSW peer educators and TBAs successfully traced and brought defaulters both adults and children back into care. Their close relationships within the community made them effective outreach agents who could address barriers such as fear, stigma, and misinformation.
- **Addressing Barriers:** Peers understood contextual challenges like transport costs, stigma, and healthcare worker attitudes, and used this understanding to counsel and encourage adherence to ART among children and caregivers.
- **Psychosocial Support:** The large number of children supported through children’s clubs (support groups) and age-appropriate HIV disclosure programs reflects enhanced retention facilitated by the supportive environment that peer educators helped create.

Qualitative Evidence

- Two FSW peers noted personally reaching out to a total of 75 FSWs and 20 children for testing, 5 with LDL viral load suppression with many previously defaulting but successfully re-engaged in care. Non-consolidation of data was observed in this instance, although for purposes of this report, these data were merged. This section simply shows how some additional data were elicited. Hence the calls for routine monitoring need to be heeded to ensure data management and quality issues are enforced.
- TBAs were reported to have convinced women previously unwilling to seek ANC or deliver at hospitals, which includes pediatric testing and care.
- Peer education helped change perceptions of HIV being a "death sentence," increasing motivation to test and adhere to ART.

Peer education by FSWs and TBAs was instrumental in increasing awareness and uptake of HIV testing among children in targeted populations. Tracing defaulters and improving ART retention for children through trusted community relationships. Providing psychosocial and practical support that addressed barriers to continuous care. This community-led, peer-driven model strengthens linkage between vulnerable populations and health services, thereby enhancing the overall effectiveness of the HIV care continuum for children in this context.

Table 2: summary table illustrating the pathways and impacts of peer education by FSWs and TBAs on children's HIV testing and ART retention, including key barriers:

Pathway Stage	Description	Impact	Barriers / Challenges
Peer Education by FSWs and TBAs	Sharing personal experiences and encouraging testing within peer groups and communities	Increased community awareness and motivation for testing	Transport costs, stigma
Increased Community Awareness	Broader understanding and acceptance of HIV testing and treatment importance	Higher uptake of HIV testing for children	Community hesitancy
Children's HIV Testing Encouraged	Active encouragement leading to more children tested	Early diagnosis of HIV in children	Distance to facilities
Identification of HIV+ Children	Detection of children living with HIV through expanded testing	Initiation of timely treatment	Testing refusal, fear
Enrollment on ART	Starting HIV positive children on antiretroviral therapy	Improved clinical outcomes	Initial ART acceptance barriers
Peer-led Defaulter Tracing	Outreach by peers to find children who defaulted or stopped treatment	Return of defaulters to care	Transport, stigma, healthcare provider attitudes
Return to Care	Successfully bringing defaulters back into treatment	Increased retention and continuity of care	Financial constraints on peer educators
Improved ART Retention	Maintaining children on ART with adherence support	Higher viral suppression rates	Ongoing stigma, logistical barriers
Viral Suppression Achieved	Achieving suppressed viral loads indicating treatment success	Reduced HIV transmission, improved health	—

This table summarizes how peer education initiates a cascade that leads to increased testing, identification, treatment, and retention of children living with HIV, acknowledging key barriers like transport costs and stigma that can impede progress.

7. Uniqueness of the Targeted HIV Testing for Underserved Children

- **Navigating entrenched stigma through the use of peer approach:** The utilization of FSWs as peer educators and TBAs to help identify kids proved effective as the peer educators are familiar with their constituency, know where to engage their constituency in a safe space without attracting issues of stigma and judgement by the community. Using other means of identification like door-to-door would not have identified over 75 FSWs with underserved kids requiring HIV testing.
- **Reaching out to FSWs beyond those plying their trade within towns and trading centres:** The usual convention means of reaching out to FSWs usually is through locations where they ply their trade like trading centres in towns and cities including streets. The project reached out to FSWs right in the villages by establishing hotspots as safe spaces where FSWs were free to meet and bring their kids for testing.
- **Leveraging informal networks such as use of elementary data base of TBAs to trace underserved kids:** Often kids that are born through traditional birth attendants are missed out at pre-natal clinic in terms of the mandatory HIV testing of the mothers during the first six months of pregnancy and also during ante-natal after child birth. Such kids once missed end up having their health deteriorate within the communities if they happen to be HIV positive. However, the TBAs usually keep a list of mothers that delivered through them. By engaging the TBAs, kids that were born through the TBAs were traced and later got tested with the support of the TBAs. Those that tested positive were referred to health facilities to enroll into the ART and received on-going psychosocial support through the kids clubs (support groups).
- **There has increased number of women delivering at health facilities from Traditional Authority (TA) Nthache (catchment area of the project) as 268 women were referred by the TBAs to Mwanza District Hospital for deliveries.** Out of the 268 women that were referred to the hospital none knew their HIV status and a total of 16 tested positive when they went to the hospital and they were immediately put on treatment. What this entails is that the 268 women were geared towards giving birth through the TBAs if no intervention was put in place for the TBAs to refer such women to the hospital. Consequently, it would have been a missed opportunity for the 16 women that were diagnosed at the hospital to be HIV positive to be put on ART thereby infecting their unborn or born babies with HIV. As such, the TBAs in this project are playing a crucial role of improving maternal health issues including HIV testing, treatment and retention by referring to the hospital mothers who approach them secretly to be assisted in giving birth.
- **Door to door campaign was expected to result in improved case identification.** However, when the project started, it was discovered that some community members were not comfortable to be visited in their homes based on HIV stigma issues. This is because TBAs are now well known in their communities in terms of the work that they do. As such, the door-to-door campaign was modified into community sensitization campaigns whereby those caregivers who wanted to have their children tested were told to come to particular CBOs where testing took place. This has attracted more caregivers to get their children tested without fearing stigma as the caregivers also get other services for their children when they come to the CBOs and not just HIV testing hence, they are safe from the stigma and discrimination. It must be highlighted that TBAs still maintain the role of door-to-door visitation but only to those who are comfortable with this arrangement like those women who previously gave birth through the support of the TBAs. When caregivers are visited in their homes and express reservation with this arrangement, then they are invited to come to the CBOs to get more encouragement and support.

8. Discussion

Quantitative data confirm substantial program reach and impact on HIV testing and treatment adherence among children and pregnant/breastfeeding women. The elevated viral suppression figure signals treatment success was achieved.

Qualitative findings highlight peer networks' essential role in defaulter tracing and community acceptance. However, operational challenges such as transport inequities and stigma persist. Therefore, strengthening collaboration through institutionalized coordination forums and clear communication will also greatly help streamline service provision. Interventions that economically empower the FSWs are promising pathways to holistic health improvements but should be subjected to systematic monitoring and evaluation. It is also critical to focus on harassment and social barriers to creating a safe space for entry into the healthcare system for FSWs.

It was demonstrated through the project that engaging with the community is a fundamental building block for improving HIV testing, treatment uptake, and care retention among vulnerable populations like children, pregnant women, and FSWs. Stewardship of traditional structures and community groups had uplifted trust and access.

Transport and logistical barriers emerged as main obstacles that severely limited outreach and defaulter tracing. The onus placed on the peer educators and FSWs with self-funding transport costs, therefore, points to the urgent need for sustainable funding mechanisms for field activities. Encouraging results from the defaulter tracing testify to the importance of peer networks in tracing lost-to-follow-up individuals, however barriers related to distance, transport costs, and staff attitude at health facilities need resolution if a programme of retention is to be sustained.

Capacity building through training was successful but needs continuous reinforcement and refresher training and vigilance. Regular coordination among stakeholders is essential in overcoming challenges of implementation, particularly false information and rumors that have a negative impact on service utilization.

Enduring stigma and harassment against FSWs constitute a challenge, demanding interventions embracing social and legal protection, as well as health. Economic empowerment programs should be encouraged to develop livelihood options but need to be constantly monitored for impact. Supportive attitudes of healthcare facilities can add to client experience fostering adherence and retention while strong monitoring and evaluation systems facilitate adaptive management and program improvement.

9. Recommendations

- In order to tackle enduring stigma and harassment against FSWs which has been established as constituting a challenge there is need to:
 - There is need to sensitive communities including sex workers themselves and duty bearers like police about what the law says about sex work in Malawi. For a long time in Malawi, archaic laws such as "rogue and vagabond" have frequently been used to harass sex workers. However, this specific law was struck down in January 2017. In spite of this, FSWs continue to be harassed.
 - Stigma associated with sex work creates a barrier towards uptake of health services by sex workers including PMTCT, ART, testing of themselves and their children, linkage to care of themselves and their children. To tackle stigma against female sex workers in Malawi, it is crucial to implement multi-faceted strategies that include public awareness campaigns, legal and policy reforms, and community-based support systems. This involves educating the general public and police on the rights of sex workers, training law enforcement and healthcare professionals, providing sex workers with knowledge of their rights, and creating support groups to advocate for their needs and offer alternative income opportunities.
- For future programming to further improve impact, it should entail transport support for outreach workers, regular team coordination forums, refresher trainings, and socio-economic empowerment that are systematically evaluated to measure impact together with health interventions. It will be vital to continue efforts towards the mitigation of harassment against marginalized FSWs for gains made in health to be sustained. This is an integrated response which stands to strengthen a robust and inclusive HIV response such that vulnerable children, women, and FSWs access timely and sustained care.
- Both the FSWs and TBAs bemoaned lack of refresher engagements in the course of project implementation. For future programming, there is need to engage community collaborators such as the FSWs and TBAs on refresher trainings to address bottlenecks and maneuver on how to improve programming.

10. Conclusion

The Mwanza intervention for ART in deprived children has recorded appreciable progress in improving HIV-related outcomes for vulnerable groups through collaborative community engagement, peer support, and capacity building. Closing operational gaps like transport, stigma, coordination, and data quality issues will be instrumental in maximizing the intervention's impact and sustainability over time. Further commitment to economic empowerment and safety for marginalized groups like FSWs will advance health equity goals. The project made major milestones in community awareness, tracing defaulters, capacity building, and stakeholder coordination to improve HIV-related health outcomes among vulnerable groups. The main lessons learnt include addressing barriers related to logistics, maintaining stakeholder engagement, and incorporating social support to fight stigma.