



TASO Paediatric ART program and Child services. Advocacy work and challenges. Children's symposium. Mexico 2nd Aug 2008.

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Issues

- 95% of HIV infected children are in resource limited settings. Without intervention, many die early in infancy and early childhood.
- Uganda=Apr 1 10,000 HIV infected children, of which 50,000 in need of ART.
- HIV infected/affected children=vulnerable(May be deprived of normal opportunities for healthy lives, basic human rights, physical or emotional harm)
- Access to care and treatment for these children is limited.
- Presented are the efforts of TASO to address this.

A child client's home



Issues

- Infants, children and adolescents whose families are poor, who are excluded from services due to stigma, or who have lost the protection and care of their parents are at increased risk of violence, abuse, exploitation and neglect.
- HIV increase any one of these forms of vulnerability either alone or simultaneously.

TASO BACKGROUND

- Founded 1987.Noeline Kaleeba and fifteen other colleagues.
- High stigma,ignorance and discrimination(1980's)
- Largest indigenous NGO,Uganda and SSA.150,000 clients since inception.>80,000 active clients(May 2008)
- 11 service centres,34 outreaches,13 mini-TASO's(outside TASO's catchment area of 75 kilometers

Description ,contd

- TASO Paed ART program,a core activity of TASO.(Under Medical care,other activities include counseling ,social support ,training ,advocacy and networking,community mobilization,HIV education and operational research).
- TASO child services have been in existence since the early 1990s.

Field officers

- Lay providers. Origin Home based Aids Care at Tororo/CDC .University graduates.
- Undergo 6 weeks tailored course in comprehensive HIV/AIDS care(principals and practices of ART, basic clinical skills,home based HIV counselling and testing)
- ART,septrin delivery using motorcycles

Dosage demo by a field officer



Notable achievements

- 6226 screened for HIV
- 4104 HIV positive
- 1023 initiated onto ART (May 2008)
- $64/1023=6.25\%$ mortality on ART
- Infected children have come to accept their serostatus (TASO Masaka and Mbale)
- Networking with many partners locally and internationally (M.O.H, PATA, JLICA, Clinton Foundation, UNICEF)

A child client with grandmother



Notable achievements contd

- Over 200 AIDS challenge youth clubs(ACYCs) formed in different schools
- Others : TASO website=[www. tasouganda .org](http://www.tasouganda.org)
- Uganda Radio Network=Power FM Radio. Broadcast July 2008(National Media)
- Liaising with national and district NGOs e.g UCRNN
- TASO Masindi Paediatric VCT

TASO CHILD SERVICES

- Guided by the National Orphans and Vulnerable children (OVC) Policy and Child Support Strategy
- Services provided:-
 - Counseling
 - Care and treatment including ART
 - Formal education (Primary & Secondary)
 - Apprenticeship
 - AIDS Challenge Youth Clubs (ACYC)
 - Food Support

Challenges/Bottlenecks of TASO Paed Art program and Child services

- A) Child related: Toxicity screening/chemistries, long waiting times at the facility (Tororo), meals/ snacks. Infant screening and diagnosis (Follow-up of pregnant clients. Not all mothers attend antenatal clinic or deliver in health facilities.)

Challenges

- Paediatric case finding appears to be the biggest challenge in TASO. Enrollment rate=30-40%. Infants and young children lacking. Mean age at ART initiation= Nine years.
- Scale-up=10% of ART recipients should be children (PEPFAR). TASO=1023/20,000=5%(NB However when you consider active children clients 1023/4104=25% children have been initiated onto ART)
- Access to rural areas ,post conflict areas.

Challenges continued

B) Caretaker related: Double orphans with grandmother caretakers-social/economic e.g transport costs. Incorrect doses in a few cases. Poverty.

C) Health provider related:

Support paediatricians, Children play centres e.g Masindi, Rukungiri, Soroti,

Child Counseling & Care

- Drawing & story telling – practical counseling tools



Formal education



TASO Jinja supported children



Apprenticeships=gaining instruction in a trade.

A total of 1,657 OVC for a period of four years
– i.e.g. Carpentry, Hair dressing, Tailoring,
Mechanics



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TASO Masindi Paediatric VCT

MASINDI AND HOIMA DISTRICTS 2008

- The VCT services offered by TASO Masindi with an aim of prevention have attracted other partners in the struggle against HIV/AIDS.
- Child Development Centre (CDC) is an organization that supports children orphaned and disadvantaged located in Hoima and Masindi districts

- Due to the integrated HIV/AIDS awareness campaign and the confidence the public has developed in TASO Masindi out of the VCT service, the first CDC (BUHIMBA –HOIMA) approached TASO Masindi in March 2008 for the above service.
- A Memorandum of Understanding was drawn to this effect and the service was offered on 29th - 30th March and 5th -6th April 2008. Eventually six other CDC sites came on board for the same service on different dates as seen below;

MONTH	Child Development Centre	# OF CHILDREN TESTED	#POSITIVE	# NEGATIVE
March 2008	St Mathews-Masindi	133	02	131
March 2008	Buhamba-Hoima	245	00	245
April 2008	Buhimba-Hoima	246	06	240
May 2008	Ahumuza	221	06	215
May 2008	Kabwoya	197	07	190
June 2008	Walyoba	188	00	188
June 2008	Kigumba	207	00	207
TOTAL		1437	21	1416

NB: HIV prevalence=1.46%(.0.7% national average) ,All HIV positive children have been enrolled at TASO Masindi.

Delivery models

- ARVs for children can be obtained at Centres (Eleven), outreaches (34) and community drug distribution points nationwide.
- TASO designated over 500 CDDPs, places in the community agreed on by clients, community volunteers and TASO field staff where clients including children turn up regularly for ARV and septrin refills, adherence support, HIV counseling and testing of family members.

Mitooma outreach, TASO Mbarara



Reccomendations

- Scale up capacity for PMTCT and early infant diagnosis (since Feb 2008)+/- EIT
- Address infant feeding, disclosure and psychosocial support
- Scale up Paediatric HIV /AIDS care and treatment (ongoing)
- Use data to influence policy decisions.
- Strengthen collaboration between civil society groups. Child-focused agencies.

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**THANK YOU FOR YOUR
ATTENTION**