Improving Paediatric HIV&AIDS prevention and care outcomes by creating strong linkages between community and healthcare systems

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Children and HIV: Equity Now!
Background

* 147,394 children <15yrs estimated to be living with HIV
* The estimated Paediatric ART gap enrolled into care in the country is 48% compared to 56% adults
* 23% of enrolled children are not initiated onto ART
* 30% of identified HIV+ children are lost
* **Linking the communities where these children are born and raised with the health facilities where they can access health services is a sure way of addressing this gap**
Two year program by ICCO and 5 Uganda partners with support from Stop AIDS Now!

**Goal:**

* Reduce the number of new HIV infections among infants and Increase the number of HIV positive children on treatment in 5 districts of Uganda

**Objectives:**

* Improve uptake and retention of HIV-positive mothers and exposed infants in PMTCT care
* Increase the number of children tested (<15yrs)
* Increase access to and retention in life-long care and treatment for HIV-positive children
**Approach & Coverage**

* **Barriers exist**
  * Family: awareness, stigma, economic challenges & peer support
  * Community: Stigma, awareness & linkage with health facilities
  * Health Centre: linkage, staffing levels, stock outs, loss to follow up

* **3-fold approach supporting**
  * Empowering families socially and economically
  * Mobilizing communities to address barriers
  * Strengthening tracing and referral and follow up at lower level health system and linking communities to health facilities

* **Focus on linking community based with facility based health promotion services**

* **5 districts;**
  * Moroto, Napak, Serere, Mityana & Mubende
Approach & coverage

Mobilizing communities in 5 districts to address barriers to testing, treatment and adherence, and to create awareness around paediatric HIV treatment and the specific needs of children living with HIV.

Empowering 3500 HIV-affected families socially and economically to retain mothers and children in care, and to mobilize support for those families with children living with HIV.

Strengthening tracing, referral and follow-up systems for HIV positive women and children especially at the lower levels of the health care system; and to improve coordination between village health teams and health centres.
The TAFU project aims to improve paediatric HIV service delivery by strengthening linkages between communities & health facilities

While the idea of linking health Systems and Community Systems is not new, the TAFU project is demonstrating how this can be actualized in real life setting

- Building capacity of community resource persons to mobilise, trace, refer, and follow up women and children exposed to HIV
  - Potential for scale-up & replication

- Encouraging health facilities to work with community structures in follow up
Approach/interventions

**Mobilize and educate communities on Paediatric HIV and eMTCT**
- Baseline survey to inform programme interventions
- Training & support of community resource persons Home visits
- Community dialogues

**HIV testing**
- Strengthen provider initiated / routine testing
- Support community resource persons to identify and refer pregnant women and children exposed or suspected to be living with HIV to health facilities for testing

**Enroll in care**
- Improve referral & linkages between communities & HCs
- Strengthen treatment support
- Fight stigma
- Strengthening health facility information sessions
- Linking up with schools for community mobilization and supporting children living with HIV in schools

**ART initiation**
- Enhance capacity of health workers in Paediatric HIV care
- Provide training materials and support aids for adherence counseling and support
- Strengthen supply management for drugs

**Retention in care**
- Initiate and strengthen treatment support groups for children and caregivers
- Linkage with Community Resource Persons for follow-up support
- Reduce stigma at all levels
- Support for income generation village saving schemes
- Community dialogue
Results

From July 2015-March 2016 the program has realised;

- 196 children tested
- 795 children/women referred for testing
- 913 children/women referred and enrolled into care
- 18 Village Saving and Loan Associations (VSLAs) formed/supported
- 450 people linked to existing VSLAs
- 20 child peer support group formed
Most children exposed to HIV are conceived, born and cared for in the communities and often do not reach the HFs, where care is provided

* Focus on health system interventions with little regard to creating linkages with communities contributes to and sustains the inequalities in HIV prevention and care for children

* The varied community resource persons contribute to bridging the gap between communities & health care facilities with potential to aid eMTCT & Paediatric HIV care
Conclusions & recommendations

* Critical interventions;
  * Bringing together actors working at community, health facility and national levels in one program
  * Building on and strengthening existing structures in the community
  * Strengthening capacity of community resource persons to identify refer and follow up women and children exposed/living with HIV is a strong pin in improving paediatric HIV health service delivery
  * Emphasis on link between community and health facility structures
  * VHTs help to reduce loss to follow up by linking health facilities and communities
    * While other community structures may not reach beyond the community, the VHTs work both in the community and the HF
  * Thus investing in community and facility linkage models such as TAFU should be prioritised
Towards an AIDS-free generation in Uganda program

Implementing partners:

[Logos of various organizations]