

A Situational analysis of TASO care of HIV exposed and infected children.

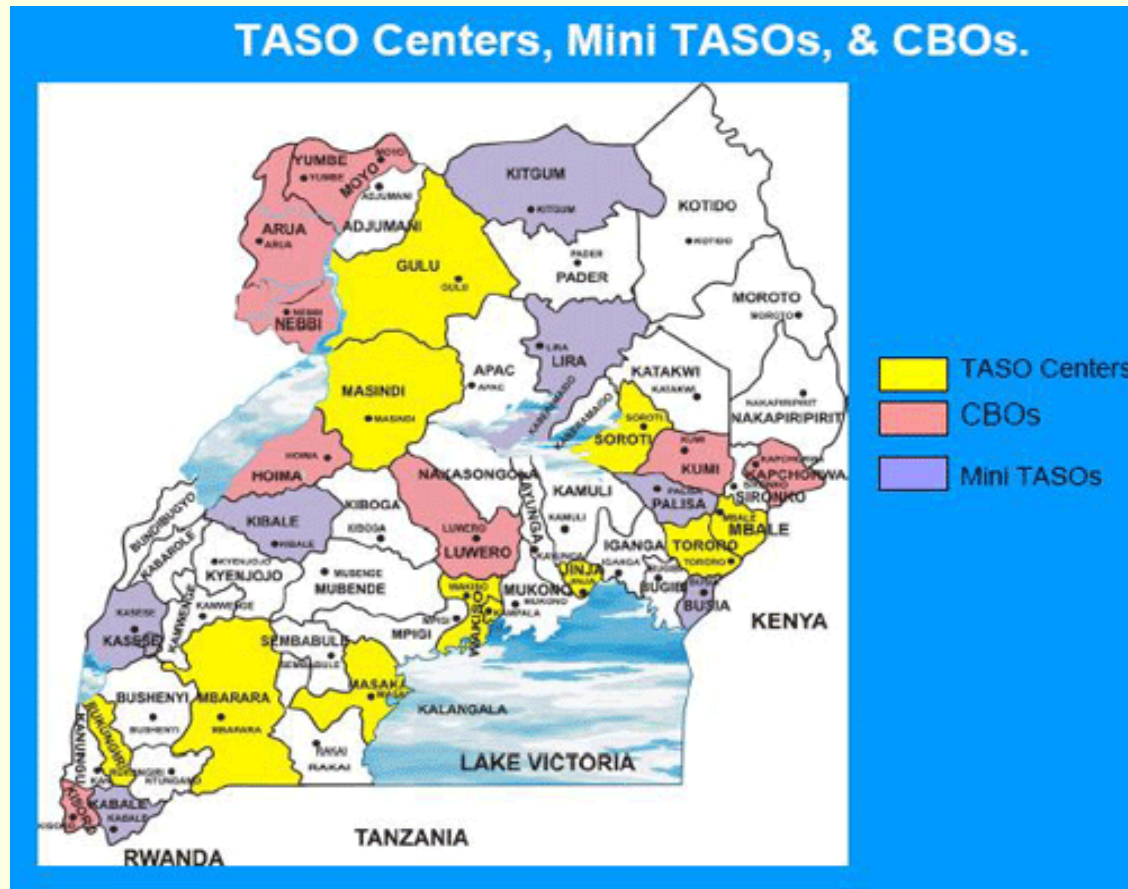
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Introduction

- Uganda 150,000 HIV infected children
- 13,000 on ART
- 50,000 in need of ART (Situational analysis ACP, M.O.H October 2008)
- Only 26% of children in need of ART are receiving ART.
- TASO is a significant Paediatric HI/AIDS service provider and one of the few with a nationwide coverage.

TASO service areas in Uganda



Strengths

- Many children 5860 active HIV positive children in care (June 2009) 1474(25%) on ART excluding TASO Mulago.
- Partnerships (Baylor-Uganda, PATA, Uganda Children Rights NGO Network,,)
- Infrastructure – Laboratories, Human resources, Communities (outreaches, HBHCT, CDDPS ,in addition to facility based models)
- Nationwide coverage including rural areas.

Dosage demo by a field officer



Weaknesses/bottlenecks

- Paediatric case finding. Enrollment rate. 30-40%. Only 5% of Total ART recipients at TASO Uganda are children. :
- **Who and Where are the HIV exposed/infected children?:**
- Less than one year. They are in the well child or EPI clinic but not known
- In homes of infected persons
- In homes of grandparents/guardians.
- In Orphanages
- On the street

Weaknesses/bottlenecks

- In schools (especially adolescents)
- Sick children <5 year clinic and sick clinic for adults
- In malnutrition clinics/beds
- In hospitals including TB wards
- Dying without recognition & access to care.
- Early Infant diagnosis and recruitment. Median age at ART initiation in TASO=9 years. .Infants in care are lacking. DBS turn around time.

Weaknesses/bottlenecks

- Social – economic e.g. transport costs, double orphans, child headed homes.
- Availability of Child friendly formulations.
- Training of service providers
- Quality assurance and quality improvement.. according to ANNECA 10 point management plan esp Growth and development monitoring

Opportunities

- PMTCT programs .65% of TASO, > 80,000 clients are women , of which >82% are in the reproductive age bracket (15-49 years) = potential source of HIV exposed and infected children.
- Multiple entry points – health facilities, outreaches, , HBHCT, . Child development Centres.
- Siblings of children enrolled in care.
- OVCs e.g. post conflict areas, abused / neglected children, disabilities, fishing communities, hard to reach areas.

Threats

- Retention in care and loss to follow up. TASO Mbarara and Gulu.
- -Early infant morbidity and mortality.
- -Many children still receiving facility based care.
- - Monitoring of children in care. ANNECA 10 point management plan. Good quality data,(Complete, Correct/Consistent, Reliable, Timely and accurate).
- -Poverty, Co-morbidities (TB, Malnutrition)
- -Sustainability.

Mitooma outreach, TASO Mbarara



Operational Issues for TASO

- Identification of HIV exposed infants.
- Algorithm for HIV PCR testing (Starting at 6 weeks or earliest opportunity)
- Specimen Collection, packaging and transport.
- Records/Data management.
- Referral for HIV care, treatment and support.

■ THANK YOU FOR YOUR ATTENTION