Towards an AIDS free generation

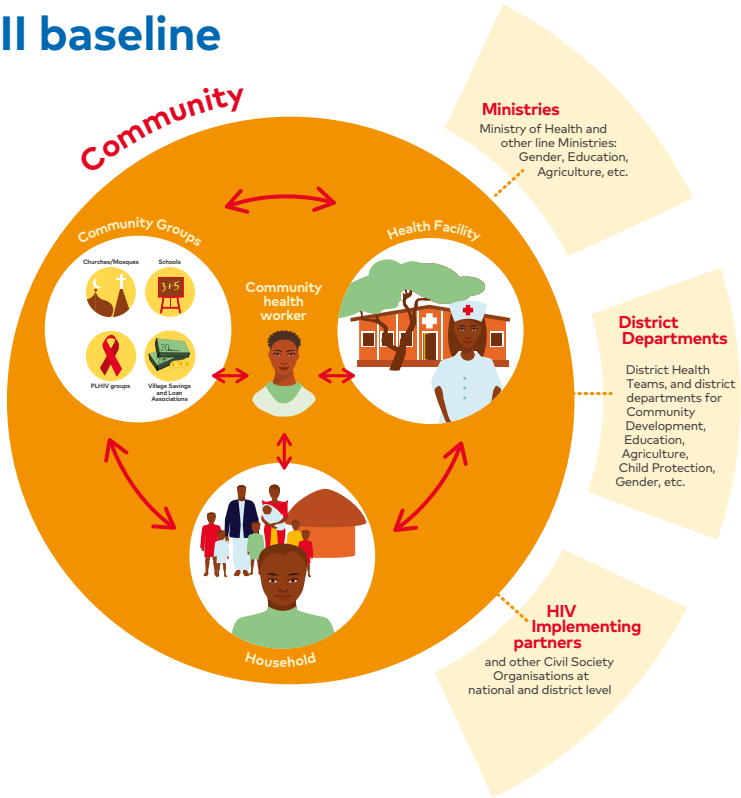
Towards an AIDS Free Generation in Uganda: communities taking lead in reaching all children! (TAFU II)

Summary findings from TAFU II baseline

While Uganda has made progress in the fight against HIV, meeting prevention and treatment targets for children remains a challenge. Treatment coverage for children 0-14 years living with HIV is at 62% and many others continue to be lost to follow-up. To address this gap, Aidsfonds and partners in Uganda are implementing a 2-year programme *Towards an AIDS free generation in Uganda: communities taking lead in reaching all children! (TAFU II).* The programme seeks to reduce the number of new HIV infections in children and to increase the number of children living with HIV on treatment in Soroti, Ntungamo, Mityana, Mubende and Kyenjojo Districts.

TAFU II programme builds on lessons from TAFU I which was implemented in Serere, Moroto, Napac, Mubende and Mityana Districts.

Through this factsheet we share key findings on the status of paediatric HIV prevention and treatment services in the target areas, barriers and facilitators to service use and recommendations based on the baseline for TAFU II program.



'At first, I feared a lot when I was told I have HIV. But when I attended a meeting I realized I am not alone, I gained the courage to go on, take my drugs and I gave birth to an HIV negative baby.'
– Focus Group Discussion Mothers eMTCT, Ntungamo

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Programme Approach

- ✓ Work with families to address socio-economic barriers
- ✓ Work with community structures & resource persons to address structural barriers
- ✓ Work with Village Health Teams and Health Centres II & III to create a strong coordinated system for tracing, identification, care, referral and follow-up for children living with HIV
- ✓ Engage in lobby, advocacy & align activities with those of other partners to improve quantity & quality of services e.g. training of HWs on paediatric ART & counselling

Results

- ✓ The major implementing partners for eMTCT and Paediatric HIV care in study areas were; Baylor Uganda in Kyenjojo, Mildmay Uganda in Mubende & Mityana Districts, The AIDS Support Organisation (TASO) in Soroti and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Ntungamo
- ✓ Health facility-based interventions such as training staff and support supervision are implemented. Most antenatal care attendees tested for HIV and received their results. Paediatric HIV services were available at all Health Centres IV and most Health Centres III
- ✓ Overall the number of children in care at target health facilities in TAFU II districts was highest in Ntungamo (224) and Kyenjojo (217) and lowest in Mityana and Soroti (each at 55); Mubende (114)
- ✓ Support groups for eMTCT (70%) were widely available. The least available support areas were: linkages with income generating activities (17.4%), support groups for children (26%) and adolescents (39%) living with HIV. Linkages with networks of people living with HIV were at less than half of the health facilities

Facilitators for access and use of eMTCT
Desire to give birth to HIV negative children
Awareness about the availability and effectiveness of eMTCT services
Support from family members
Community mobilization and education by village health teams and people living with HIV
Use of Expert Clients, health education and counseling
Use of 'peer mothers' for encouragement, support
Routine provision of HIV testing and eMTCT services integrated in ANC and maternity services
Facilitators for access and use of paediatric HIV services
Support from relatives in the form of food, transport to health facilities, reminder and encouragement to take drugs
Support from community support structures
Quality care

'Stigma is still a big issue. Women fear to be identified as HIV positive, so they do not disclose to their partners and take drugs in hiding. Many try during pregnancy but after giving birth it becomes difficult to continue attending health centers. So, they miss clinic appointments and do not adhere to treatment.'
– Health Worker, Mubende

Barriers	Paediatric HIV services	eMTCT
Stigma at home, in schools, health facilities and the communities at large	x	x
Distance to and delays at health facilities	x	x
Stock-out of drugs	x	x
Lack of support groups for children	x	
Belief in faith healing	x	
Low male involvement		x
Poverty at household	x	x
Food insecurity	x	x
Alcoholism		x

Recommendations

- ✓ Improve the quality of care at health facilities (a.o. by increasing number of skilled health workers, and reducing stock outs)
- ✓ Strengthen linkages between community and lower level health care systems
- ✓ Empower community resource persons especially expert clients to identify, refer, follow-up and support children and women
- ✓ Mobilize and increase awareness of communities on eMtCT and paediatric HIV care
- ✓ Initiate and strengthen age- appropriate support groups for children and adolescents living with HIV
- ✓ Increase and strengthen family support groups for eMTCT
- ✓ Support women to form or join village savings and loan associations (VSLAs) to meet their livehood needs
- ✓ Support activities that promote food security and improve food nutrition.

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