

FOREWORD

Uganda is not on track to achieve the Millennium Development Goals (MDGs) 4 and 5 for health. The infant mortality rate has stagnated at 79/1,000 live births while under-five mortality rates at 128/1,000 live births. For half a decade now, the National Paediatric HIV Conference has created an advocacy forum for each individual, organization and MOH to address HIV among children a major contributor to these high rates. While every year has brought new experiences, innovations and challenges in addressing paediatric HIV in this country, each of these has created opportunity for the next step in the right direction; a step 'Towards virtual elimination of HIV in Children', which forms our theme for the conference.

It is particularly gratifying to know the government is committed to virtual elimination of paediatric HIV. This year's conference is premised on the desire and commitment by different stakeholders to support government's effort towards achieving virtual elimination of HIV in children.

As HIV testing is the gate way to PMTCT services, it is important that we continue to increase the availability of, access to and utilization of quality maternal and child health services where HIV testing can be offered to both pregnant and lactating women. Utilizing combination prevention methods among both males and females will further reduce the risk of HIV transmission to women of reproductive age and consequently to their infants.

Let us support the families of the children who have braved the stigma to bring their children for care by giving them quality care and treatment. While we do that we all know that it is achievable to eliminate paediatric HIV in Uganda. We call upon each one of you in your different capacities to contribute to this noble cause by playing your individual role either at the community, health facility or ministry level. It is achievable!!!

In order to continue offering quality care services to families and their children, there is a need for more clinical and basic research that can generate new knowledge in the area of prevention, care and treatment. This conference presents an opportunity to share new knowledge, practices and evidence to support the prevention, care and treatment of HIV in children through creating awareness about both paediatric HIV and PMTCT. As with all our previous conferences, we will work with our partners to ensure that the conference has a deep and lasting impact on your care and treatment services.

Welcome to the 5th National Paediatric HIV Conference 2011
For God and my country



Asst. Prof. Adeodata Kekitiinwa
Co-chair
National Organising Committee



Dr. Sabrina Bakeera-Kitaka
Co-chair
National Organising Committee



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Baylor-Uganda, Mulago Hospital

Department of Paediatrics and Child Health, Makerere University College of Health Sciences

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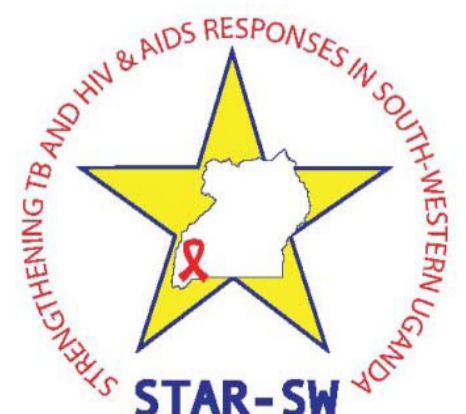
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Cotty Nabatanzi	MOH

SPONSORS



SEPT. 28th 2011

PREVENTION

TIME	ACTIVITY	PRESENTER
7:30 am	Registration	
CHAIRPERSONS: Dr Addy Kekitiinwa & Dr Zainab Akol		
8:45am	Opening session and Plenary	A. Kekitiinwa
9:00am	Plenary 1- "Ten years of achieving an HIV generation" How far are we? Where are we going"	Godfrey Esiru
9:30am	Discussion	
9:45am	Welcome and Introduction of Delegates	Zainab Akol
10:00 am	Speeches from delegates (Adolescent, UNAIDS, US Ambassador , UAC)	
10:30 am	Plenary 2- "The Journey to Virtual Elimination of Pediatric HIV. Where are we?"	Dorothy Mbori Ngacha
11:00 am	Entertainment by Children	
11:10am	Opening Speech by Guest of Honour Launch of the MOH Documents	Hon Christine Ondoa Minister of Health, Uganda
11:40AM	TEA BREAK	
CHAIRPERSON: Prof Pius Okong		
12:00pm	Session 1 – Lecture Series	
12:00pm	Lecture Series - HIV and Malaria Interactions: Implications for clinical care	J Achan
12:30pm	Lecture Series – "Update on Prevention of Mother to child Transmission, ART versus extended dosing of Nevirapine"	MG Fowler
12:55pm	Discussion	
1:00PM	LUNCH	
CHAIRPERSONS: Dr Edward Bitarakwate / Dr Kaddu Peter		
2:00pm	Session 2 - PMTCT	
2:00pm	Monitoring change in HIV incidence among infants at Gulu regional referral hospital	C Oleo
2:10pm	Exclusive breast feeding six months following delivery, among HIV positive mothers	J Matovu
2:20pm	Factors influencing male involvement in prevention of mother-to-child transmission services	A Ladur
2:30pm	Creation of an "Exposed Infant Care Point"	C Kiyaga
2:40pm	An assessment of availability of essential medicines for PMTCT of HIV	D Kibira
2:50pm	Discussion	
3:10PM	POSTER VIEWING – TEA BREAK	
CHAIRPERSONS: Dr David Seruka / Dr Zikula Namukwaya		
3:40pm	Session 3 -PMTCT	
3:40pm	Innovative phone follow-up model in Uganda brings many HIV-exposed infants back into care	C Kiyaga
3:50pm	The challenges of follow-up of hiv exposed infants in a government hospital in post conflict northern uganda	C Oleo
4:00pm	The road map to accelerating the reduction of MTCT in post conflict region in Uganda.	D Kasubo
4:10pm	Improving follow up and infant HIV testing through active search of exposed children– An Experience from EGPAF STAR South West.	Godfrey Mugenyi
4:20pm	District based technical assistance partners	F Kazibwe
4:30pm	Discussion	
4:50pm	Close	
5:00pm	ORGANIZING COMMITTEE MEETING	Dr Elyanu

SEPT. 29th 2011

CARE AND TREATMENT

TIME	ACTI VITY	PRESENTER
7:30 am	Day 2 Registration	Secretariat
CHAIRPERSON: Dr Emmanuel Luyirika		
8:45 am	Plenary 3- "Growing up with HIV in resource-poor countries"	Linda Barlow-Mosha
9:15 am	Plenary 4- "Challenges of Paediatric HIV Care and Treatment in Uganda" A review of the program	Peter Elyanu
9: 45 am	Updates from IAS 2011	Betty Nsangi
10:00 am	BREAK TEA	
CHAIRPERSON: Dr E. Luyirika		
	Session 4	
10:30 AM	Key Note Speaker "Prospects for an HIV/AIDS cure"	Prof Katabira
11:15 AM	Discussion	
11:30 AM	Lecture Series "The interactions between HIV and the immune system"	V Musiime
CHAIRPERSONS: Dr Sabrina Bakeera / Dr Victor Musiime		
12:00 PM	Session 5 – Care and Treatment	
12:00 PM	Comprehensive Laboratory Monitoring is vital in Children treated with HAART	A Kekitiinwa
12:10 PM	Pediatric HIV treatment, care and support services at health center levels in Ethiopia	S Jebessa
12:20 PM	Improving Regional CD4 services: A case study for STAR South Western Uganda	I Kirunda
12:30 PM	Awareness about Paediatric HIV Services in Uganda	S Ndizeye
12:40 PM	Discussion	
1:00 PM	LUNCH	
CHAIRPERSONS: Dr Robert Iriso / Dr Ivy Kasirye		
2:00 PM	Session 6- Coinfections and Complications	
2:00 PM	United States Division of AIDS (DAIDS) Toxicity Tables Overestimate Neutropenia among African HIV Exposed Uninfected Infants	J Aizire
2:10 PM	Bacteriology of ear discharge in HIV-infected children on ART in the ARROW trial in Uganda and Zimbabwe.	R Katuramu
2:20 PM	Use of T-SPOT®.TB Test in Latent Tuberculosis Infection Diagnosis (LTBI) in HIV-Infected Children	B Nsangi
2:30 PM	Therapeutic Feeding for HIV positive children; Experience from TASO Tororo	L Opendi
2:40 PM	Discussion	
3:00 PM	POSTER VIEWING – TEA BREAK	
CHAIRPERSONS: Dr Robert Iriso / Dr Ivy Kasiyre		
3:40 PM	Session 7 - Care and Treatment	
3:40 PM	Evaluating the impact of a Nutritional Program among Malnourished Children and Adults living with HIV/AIDS in Post-Conflict Northern Uganda.	B Ocheng
3:50 PM	Child abuse among HIV positive children	E Achan
4:00 PM	What does it take to minimize the unmet need?	D Tumuhairwe
4:10 PM	Using a decentralized model of continuing medical education (CME) to address low referral rates for HIV exposed infants within Gulu regional referral hospital.	E Achan
4:20 PM	Discussion	
4:30 PM	CLOSURE	

SEPT. 30th 2011

PSYCHOSOCIAL/SPECIAL GROUPS

	ACTIVITY	PRESENTER
7:30am	Day 3 Registration	
CHAIRPERSONS: Dr Victor Musiime / Dr Linda Barlow		
8:45am	Plenary 5 – “Support for the HIV infected Adolescent and Youth as we look toward virtual elimination”	Sabrina Bakeera-Kitaka
9: 15am	Plenary 6 “Guest speaker-Challenges of Youth with HIV—from their perspective”	Adolescent / Youth
9:45am	Discussion	
10:00am	BREAK TEA	
CHAIRPERSONS: Rose Nasaba / Julianne Etima		
	Session 4 – Special Groups	
10:30am	Children’s Entertainment	Adolescent / Youth
10:50am	Dreams and Aspirations of Adolescents Living with HIV in Uganda	Nabukeera
11:00am	Coping strategies of children after learning their HIV positive sero status	R Nasaba
11:10 am	An effective technique in Adolescent sexuality counseling: A case of TASO Mulago	G Nakabugo
11:20am	Perceptions on Condom use from Adolescents Living with HIV in Uganda.	I Sebwufu
11:30am	Are adolescents catered for at lower facilities? A situation analysis at Buyinja HCIV	V Mukyala
11:40 am	Discussion	
CHAIRPERSONS: Joy Angulo/ Juliane Etima		
12:00pm	Session 5 – Psychosocial and Advocacy	
12:00pm	Trials and Tribulations of Parenting Fathers with Children Living with HIV	M Odoi
12:10pm	How Orphans and Vulnerable Children can be empowered through Vocational training/Apprenticeship to support their families	C Namisi
12:20pm	HIV Prevention and Psychosocial Support Services in Secondary schools in Kabarole District	J Namuddu
12:30pm	Transitioning into adulthood: young people’s views and opinions towards integrating Sexual and Reproductive Health services (SRH) into HIV care	A Namusoke
12:40pm	Discussion	
1:00PM	LUNCH	
CHAIRPERSON: Dr Nathan Tumwesigye		
2:00 pm	Session 6 – Operational /Implementation Research	
2:00pm	Using Community Dialogue to Promote Access to PMTCT Services among Women living with Disabilities.	M Mwesigwa
2:10pm	Utilizing peer volunteers to improve uptake of PMTCT services	J Oyando
2:20pm	Meaningful involvement of the People Living with HIV as in HIV programming	C Namisi
2:30pm	Baylor-Uganda’s Community Mobilization to increase access and utilization to Paediatric HIV/AIDS Prevention, Care and Treatment	P Mayende
2:40pm	Discussion	
3:00pm	Principles of Abstract Writing and Oral Presentations	Jane Byakika
3:45-4:15pm	CLOSING CEREMONY	

001 MONITORING CHANGE IN HIV INCIDENCE AMONG INFANTS AT GULU REGIONAL REFERRAL HOSPITAL: IS THERE A DIFFERENCE BETWEEN THE 2006 PMTCT GUIDELINES AND OPTION A (2010) TO DATE?

SUBTHEME B1: PMTCT

AUTHORS:

Carolyne Oleo, Katie Muldoon, Josephine Abur, Beatrice Aber, Micheal Bamulangeyo, Pamela Kadenyi Otim, Adar Denis Ogwang, Esther Achan.

INSTITUTION(S):

Gulu Regional Referral Hospital- Infectious Disease Clinic.

INTRODUCTION:

In a bid to eliminate MTCT of HIV, the new PMTCT guideline-Option A, (i.e. mothers start ART earlier (14 weeks) and infants receive Nevirapine throughout lactation), was rolled-out across Uganda in November 2010 and subsequently taken up by Gulu Regional Referral Hospital in January 2011 with actual flag off in March 2011 due to delays in PMTCT logistic supply. The Objective of this analysis is to compare the number of new HIV infections among infants born to HIV positive mothers who received the previous PMTCT regimen (mothers started ART at 28 weeks and infants received ART for 1 week after birth) versus those that received Option A.

METHODS:

60 randomly selected charts were chosen between April-June 2011 (Option A) and compared to 60 randomly selected charts from Oct-2010 – January 2011 (previous guidelines). All infants whose mothers had not received any form of PMTCT during pregnancy were excluded. Only the 1st DNA PCR result was considered for this survey.

RESULTS:

Option A, 6.7% (4) had positive DNA PCR results compared to 10% (6) of the infants on the previous regimen. Out of the Option A mothers, 58% (35) received ART prophylaxis and 42% (25) received HAART. All 4 HIV+ infants receiving Option A had not received Nevirapine syrup at birth, which was initiated at a mean age of 4 months. At the time of the first DNA-PCR, 97% option A and 100% previous guidelines infants were breastfed respectively. The mean age of presentation for the 1st DNA-PCR was 5.3 months.

CONCLUSION:

Option A further reduces the incidence of HIV among infants born to HIV positive mother's to-date when compared to the 2006 PMTCT guidelines. Continued efforts to address interruptions in availability of PMTCT logistics will play a great role in eliminating vertical Transmission by 2015 as per UNAIDS, 2011 statement.

002 EXCLUSIVE BREAST FEEDING SIX MONTHS FOLLOWING DELIVERY, AMONG HIV POSITIVE MOTHERS DELIVERING AND ATTENDING THE MULAGO POST NATAL CLINICS IN KAMPALA, UGANDA (JAN2006-JUN2010)

Subtheme B: Prevention of HIV in Children

B1: Prevention of Mother to Child Transmission.

AUTHORS:

¹Joyce Matovu Namale, Z. Namukwaya, M. Mubiru P. Mudioppe, S Kamyra, M G. Fowler.²

¹Makerere University MU-JHU Research Collaboration Kampala Uganda;

² Johns Hopkins Medical Institutes, Baltimore MD

INTRODUCTION:

In Jan 2009, the Ugandan Ministry of Health further strengthened the infant feeding guidelines for HIV infected mothers to strongly recommend

exclusive breastfeeding for infants of HIV infected women for the first 6 months of the infant's life, irrespective of the infant's HIV status, unless replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) for them and their infants before that time.

OBJECTIVES:

1. To compare proportion of women practicing EBF in the first six months of life following the MOH messages during these two time periods
2. To describe the effect of the updated infant feeding guidelines compared to the earlier 2006 guidelines

METHODS:

Women identified as HIV-positive were counseled to EBF for the first six months of life. We compared the proportion of women who chose to exclusively breast feeding at birth and continue to exclusively breast feed at six weeks and six months, during the periods Jan 2006-Dec 2008 and Jan 2009 to Dec 2010 before and after infant feeding policy change in Jan 2009.

RESULTS:

A total of 7,136 HIV-positive mothers delivered between Jan 2009 and Dec 2010 compared to of 9,072 between Jan 2006 - Dec 2008. Between Jan 2009- Dec 2010 at delivery, 84% of women made a decision to exclusively breast feed (EBF) for 6 months compared to 81% of women during Jan 2006 – Dec 2008. By 6 weeks, 77% compared to 73% of women were still EBF during the respective time periods of Jan 2009 – Dec 2010 vs Jan 2006 to Dec 2008. The percent of women who were still EBF in were 23% compared to 15% of women in Jan 2006 – Dec 2008.

CONCLUSION:

From a program perspective, HIV-positive women who decide to breastfeed continue to EBF until six weeks but only a few women sustained EBF up to six months. Stronger emphasis on EBF to 6 months in the 2009 MOH infant feeding guidelines did not have much impact with only a quarter of mothers still EBF at the 6 month visit. These results suggest more innovative strategies are needed to roll out WHO/MOH guidelines and to increase rates of EBF among HIV infected women.

003 FACTORS INFLUENCING MALE INVOLVEMENT IN PREVENTION OF MOTHER-TO-CHILD TRANSMISSION SERVICES IN KHAYELITSHA, CAPE TOWN, SOUTH AFRICA

SUB THEME: Prevention of HIV in children

AUTHORS:

¹A Ladur, ¹C J Colvin, ¹K Stinson.

¹Centre for Infectious Disease Epidemiology and Research

School of Public Health and Family Medicine

University of Cape Town

BACKGROUND:

Involvement of male partners in antenatal care and voluntary counselling and testing (VCT) is associated with increased uptake of interventions to prevent vertical and sexual HIV transmission. However, there are low levels of active male participation in maternal health in South Africa.

OBJECTIVE:

To explore determinants of low male involvement in PMTCT services in Khayelitsha, South Africa.

METHOD:

Two focus group discussions were held with 25 men (in total) of unknown status and one focus group discussion held with 12 HIV-infected women in Khayelitsha. In-depth interviews were conducted with 4 HIV-infected

couples and 5 service providers purposefully sampled from the community and a health facility, respectively.

RESULTS:

Men perceived their role in PMTCT to consist of financial and material support. All participants were receptive in general towards male involvement in PMTCT. However, men were reluctant to engage with health services due to stigma and negative attitudes from nurses. HIV testing, disclosure, and direct service provider engagement with men emerged as determinants of increased male participation in PMTCT.

CONCLUSION:

There is a need to promote the benefits of HIV testing and/or couple testing in antenatal settings so as to increase avenues for disclosure and provide opportunities for men to acquire knowledge on HIV and their roles in PMTCT. Service providers should be encouraged to engage with men as opposed to only reaching out to men through women accessing PMTCT services.

004 CREATION OF AN “EXPOSED INFANT CARE POINT” IMPROVES FOLLOW-UP, RETENTION, AND CARE FOR HIV-EXPOSED INFANTS IN UGANDA

AUTHORS:

Charles Kiyaga^{*1}, Vijay Narayan², Peter Elyanu¹, Godfrey Esiru¹, Addy Kekitiinwa³, Jeff Grosz², Cordelia Katureeba⁴, and Zainab Akol¹

¹Ministry of Health, Kampala, Uganda~ ²Clinton Health Access Country Office, Kampala, Uganda~ ³Baylor Uganda, Kampala Uganda~ and ⁴SUSTAIN Kampala Uganda

BACKGROUND:

Uganda’s Early Infant Diagnosis (EID) program began in 2007 as a lab-based program focused on testing HIV-exposed infants. However, a 2009 national review revealed poor retention of tested infants through the EID algorithm and poor linkage of HIV-positive infants to ART services. The driving factor behind the poor outcomes was the absence of a central service point in the facility where exposed infants could be tracked, provided clinical care, and linked to other services. In response to this challenge, the EID program developed an “Exposed Infant Care Point”, which provides exposed infants with comprehensive care and longitudinal tracking. The “care point” was piloted in 21 health facilities, with each site putting it in either the MCH or ART clinic.

METHODS:

A retrospective review of 4 “care point” pilot sites was conducted in May 2010. Longitudinal data on exposed infant outcomes from before and after the pilot was collected and analyzed.

RESULTS:

The number of exposed infants tested monthly has increased by 40%. The percent of exposed infants receiving Cotrimoxazole has increased monthly since implementation, from 80% to 99%. Exposed infants are now visiting the care point regularly, where they receive growth monitoring, developmental assessment, clinical assessment, feeding counseling, etc. The “care point” model has led to improved retention, with a 20% increase in the number of HIV-exposed infants receiving results. Linkage has also improved, with a 47% increase in the number of HIV-positive infants enrolling at an ART clinic after receiving results.

CONCLUSION:

The assessment of the “Exposed Infant Care Point” has shown high impact in the areas of follow-up, retention, and linkages. Other countries should adopt this model, which can change EID from a testing service to a longitudinal comprehensive care package for all HIV-exposed infants.

005 AN ASSESSMENT OF AVAILABILITY OF ESSENTIAL MEDICINES FOR PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

SUBTHEME C1: Paediatric HIV Care and Treatment – ART in infants and children

AUTHORS:

Denis Kibira¹, Richard Hasunira¹, Aaron Muhinda¹, Francis Tucungwirwe²,
¹HEPS Uganda, ²Development Research Centre

INTRODUCTION

The health sector has significantly scaled-up HIV/AIDS care services in both the public and private sectors over the past half decade. An estimated 68% of all third-level health centres (HC IIIs) were providing prevention of mother-to-child transmission (PMTCT) services by June 2009, above the national target of 50% for the year; and 90% of HC IVs were providing comprehensive HIV care, including antiretroviral therapy (ART), above the targeted 75%. In spite of this progress, up to one in five new infections are attributed to mother-to-child transmission.

METHODS

A standard WHO/HAI tool for assessing medicine availability was used to collect and analyze data from selected ART sites/ facilities. The survey was conducted in four regions of the country namely northern, western, eastern and central regions. A total of 79 facilities that included public, mission and private-for-profit sectors were surveyed.

RESULTS

Availability of ARVs for PMTCT in the public, private and mission facilities was: Zidovudine 300mg tab (33%, 19%, 25%); Lamivudine 150mg tab (10%, 25%, 33%); Zidovudine+Lamivudine 300mg/150mg tab (87%, 94%, 88%); Nevirapine 200mg tab (54%, 31%, 75%); Nevirapine susp. 50ml/5ml (51%, 25%, 42%).

CONCLUSION

Essential medicines for PMTCT are poorly stocked in all sectors. This availability could be a major contributor to the high mother-to-child transmission. Government should invest more resources in ARVs and streamline the distribution system to ensure there are no stock-outs at accredited ART sites.

006 INNOVATIVE PHONE FOLLOW-UP MODEL IN UGANDA BRINGS MANY HIV-EXPOSED INFANTS BACK INTO CARE

SUBTHEME: Operational and Implementation Research: Best Practices

AUTHORS:

Charles Kiyaga¹, Vijay Narayan², Jeff Grosz², Martha Ampumuza³

INSTITUTES:

¹Ministry of Health, Kampala, Uganda, ²Clinton Health Access Initiative, Kampala, Uganda, ³Uganda Cares, Kampala, Uganda

BACKGROUND:

Follow-up of HIV-exposed infants has been a major challenge in Uganda. Largely due to high costs, few implementing partners have been able to support regular home visiting of lost infants, despite high default rates. To overcome this challenge, the national EID program piloted a new, more affordable follow-up approach— the use of phones and airtime—at 21 facilities in 2010.

METHODS:

A retrospective study of 3 “EID phone follow-up” pilot sites was conducted in February 2011. Data was collected to determine the effectiveness of the phone follow-up method. The cost-effectiveness of phone follow-up and home visiting was also compared.

RESULTS:

At the assessed facilities, 74% of caregivers had at least one phone contact (n=549). Health workers attempted to call 150 out of 192 exposed infants who missed their appointments. Out of those called, 84% were successfully reached and promised to return to the clinic (n=150). Of the mothers who promised to return, 77% brought their babies back (n=126). In total, 65% of all lost infants called by phone were brought back into care (97 out of 150). As a result of phone follow-up, 50 infants received their 1st PCR results and 15 infants received their 2nd PCR test. The cost per recovered infant by phone was 1,887 UGX. Data from 2 implementing partners revealed a cost of 35,653 UGX per infant home visited, which is almost 20 times greater than the phone follow-up method.

CONCLUSION:

The study demonstrated that phone follow-up— while not perfect— can be highly effective in bringing lost mothers and infants back into care, at almost 20 times cheaper than home visiting. In a setting like Uganda where it is not feasible to home visit the large number of lost patients, the phone follow-up model should be utilized by all implementers to enable frequent follow-up of every lost patient.

007 THE CHALLENGES OF FOLLOW-UP OF HIV EXPOSED INFANTS IN A GOVERNMENT HOSPITAL IN POST CONFLICT NORTHERN UGANDA

SUBTHEME F2: Community engagement models.

AUTHORS:

Carolyne Oleo, Katie Muldoon, Torach Denis Martine, Josephine Abur, Esther Achan.

INSTITUTIONS:

Gulu Regional Referral Hospital – Infectious Disease Clinic

BACKGROUND:

Lost to follow-up of HIV exposed infants remains a challenge at the Early Infant Diagnosis (EID) care point, Infectious Disease Clinic (IDC) Gulu Regional Referral Hospital. Resettlement of families in post-conflict Northern Uganda continues to pose limitations to community follow-up efforts.

PROGRAM DESCRIPTION:

Efforts to strengthen EID/PMTCT program, MOH in collaboration with the SUSTAIN project has completed a number of trainings for staff at GRRH in Early Infant Diagnosis EID, PMTCT and comprehensive Paediatric HIV/AIDS care since January 2011. These have empowered routine education of the mothers at the EID care point on the revised EID/PMTCT guidelines and thus benefits of early diagnosis. SUSTAIN facilitates the follow-up of exposed infants lost-to-follow through a community-focused coordinator who works with the hospital Community Health Department(CHD), Expert clients/volunteers through home visits within Gulu Municipality and telephone calls using a facility telephone pre-loaded with airtime.

Using the EID/Dry Blood Spot data management register, information on 277 infants who had a DNA PCR test between 4th February 2010 and 31st January 2011 was obtained. These were either a 1st or 2nd DNA PCR. 26.7% (74) did not return to pick up their results; of these 13.5% (10) had positive and 86.5% (64) had negative results respectively. Of those that returned for their results, 8.9% (18) were positive, 91.1% (185) negative.

LESSONS LEARNED:

Follow-up of exposed infants is mandatory for early identification, diagnosis of HIV and therefore prompt enrolment into care. Capacity building of community based providers is paramount in curbing lost-to-follow. Re-settlement of families has affected MOH/SUSTAIN follow-up activities in post-conflict Northern Uganda.

CONCLUSION:

There's need to strengthen hospital community departments with trained personnel in EID/PMTCT and appropriate transportation for effective EID follow-up efforts. Post-conflict regions will benefit from support that extends to an unrestricted catchment area with-in the respective district.

008 THE ROAD MAP TO ACCELERATING THE REDUCTION OF MOTHER TO CHILD TRANSMISSION IN POST CONFLICT REGION IN UGANDA - TASO SOROTI EXPERIENCE

AUTHORS:

Kasubo Doreen, Omagol I ,Twesige b

ISSUE

Partner s to HIV positive expectant mothers and babies 0-18 month in Soroti a district of post conflict region of Uganda have not given enough attention to seeking HIV care. Few partners are keen to access prevention of mother to child transmission services and yet male involvement is crucial in the psychosocial well being of a mother which affects the early child hood development, quality of life of an infant.

DESCRIPTION

When Partners to HIV positive pregnant mothers come to seek care they are identified by counselors during health education counseled in groups of a minimum of ten. Counselors, nurses are involved in following up at home and during their clinics after they have consented to this.

LESSON LEARNT:

1. Indifferent groups confidentiality is excised this encourages members in the group to open
2. Fathers are central in everyday decision making, particularly on issues of access, distribution of resources movements outside the home as well as how many children to have and when to have them.
3. They do make child birth safe since they have a big stake in the decision to seek care when pregnancy related complications arise
4. Involving men in prevention of mother to child transmission issues requires them to have a clear understanding of their family and social roles in matters directly related to ensuring the well being and survival of mothers during pregnancy and child birth.

CONCLUSION:

Men can participate as community advocate for greater access to care and better understanding of women needs during and after pregnancy.

009 IMPROVING FOLLOW UP AND INFANT HIV TESTING THROUGH ACTIVE SEARCH OF EXPOSED CHILDREN– AN EXPERIENCE FROM EGPAF STAR SOUTH WEST.

SUBTHEME B: Prevention of HIV in Children,
B2: Early Infant Diagnosis

AUTHORS:

Godfrey Mugenyi, Ibrahim Kirund,, Eliab Natumanya, Lydia Murungi, Paul Odeke, Mary Namubiru, Moses Walakira

INTRODUCTION:

ART initiation in infants should be treated as medically urgent, given the rapid disease progression and high mortality observed within this age group in the absence of ART. Contrary to this, we experienced increasing lost to follow exposed infants more probably as a result of poor health seeking behaviour and the terrain of our region. The EGPAF STAR SW team decided to implement an Active Search for lost Exposed infants, known as the ASEC strategy with an aim of recovering this unaccepted proportion of exposed infants and bring them back to care.

METHODS:

With the aid of a driver diagram, program staffs developed corresponding interventions to the drivers to achieve our desired outcome (increasing enrolment of exposed infants). We explored adding a role to each of the three peers attached to a facility. Each peer followed up at least five HIV positive mothers and their infants. A telephone call to the contact left behind at enrollment was initiated to invite the caregiver to return the baby to the EID care point. A reminder message was sent before providers embarked on a physical search for the mother and her baby in the community. All identified HIV positive mothers were attached to a facility based peer at the time of enrolment through delivery to discharge of infant from EID care point at 24 months. Know your child status campaigns were employed to mobilize communities for HIV testing in children

RESULTS AND CONCLUSION:

Analysis of data, for the period June - August 2011, from selected high volume facilities showed that 91% of all lost children were recovered and returned to the EID care point through implementation of ASEC. 3230 children were tested for HIV at a 3 day KYCS campaign, 1 % of which were found HIV positive. Engaging facility based peers, sending SMS reminders/telephone calls to HIV + women who miss the 6/10 week visit, and occasionally conducting home visits by trained facility based peers can significantly increase the desired outcome if well facilitated as seen in the results of this strategy.

KEY WORDS:

Active search of Exposed infants, PMTCT, STAR South West

010 DISTRICT BASED TECHNICAL ASSISTANCE PARTNERS (DBTA); ARE THEY IMPROVING ACCESS TO PMTCT BY MOTHER BABY PAIRS? A CASE OF A PARTNER IN EAST CENTRAL UGANDA

SUBTHEME Track B1: Prevention of mother to child transmission of HIV (PMTCT)

AUTHORS:

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AFFILIATIONS:

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PROGRAMME:

Key words: District based technical assistance partners (DBTA), ARVs for prophylaxis, CD4 assessment and HIV exposed newborn.

BACKGROUND:

The East central region of Uganda comprises of 11 districts of which nine are supported by Strengthening TB and HIV&AIDS responses in East central Uganda (STAR-EC), a USAID funded district based technical assistance program (DBTA) managed by JSI research & training Institute Inc., (JSI) . The supported districts have a total population of three million people of which 5.2% are pregnant. This region has poor TB and HIV&AIDS indices, a high fertility rate albeit coupled with low uptake of family planning methods.

DESCRIPTION:

Beginning March 2009, quality PMTCT services implementation in the region was supported through capacity building, procurement of key laboratory equipment, mentorship and regular logistical support supervisions. During October 2009 – December 2010, 87,993 ANC women were counselled tested and received their results and 4.5% of these were HIV positive. Comparatively HIV positive pregnant mothers diagnosed quarterly increased by 86% from 557 in October – December 2009 to 1036 in October – December 2010. During the same period CD4 assessment increased from 2.8% (n=557) to 43% (n=1036) while uptake of ARVs for prophylaxis increased from 42% (n=557) to 82.2% (n=1036). Similarly HIV positive deliveries increased by 84% (from 154 to 283) while uptake of ARVs for prophylaxis by the HIV exposed newborns increased from 0.6% (n=154) to 92% (n=283) during the same period. Of the 1294 PCR tests results received from the laboratory, 7.4% were positive.

LESSONS LEARNED:

The Interventions by the DBTA partner in East Central region have significantly improved PMTCT service delivery and utilization

CONCLUSION:

STAR-EC will consolidate best practices as it supports PMTCT service provision and scale up cover all HCs level III and 30% of the HCs level II in the region.

011 COMPREHENSIVE, LABORATORY MONITORING, HIV CHILDREN

SUB THEME:

Paediatric HIV Care and Treatment
Category C1: ART in Infants and Children
Comprehensive Laboratory Monitoring is vital in Children treated with HAART

AUTHORS:

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BACKGROUND:

HIV infected African children do not routinely have comprehensive viral and immunologic laboratory monitoring (LM) while on highly active antiretroviral therapy (HAART). This prospective cohort study examined the role of comprehensive LM in HIV infected children treated with HAART at the Pediatric Infectious Disease Clinic (PIDC).

METHODS:

CD4 cell counts and safety laboratories were performed at baseline and every six months; Viral loads (VL) at baseline, every three months for one year, and every six months for up to three years. Genotype analysis (GeneSeq-Monogram Bioscience San Francisco CA) was performed at baseline and when virologic failure (VF - not achieving HIV RNA < 400 copies/ml by 24 weeks) was documented or when there was virological rebound (viremia > 400 copies/ml occurring after initial virological suppression). Change in ART regimen was based upon LM results.

RESULTS:

Of the 111 children recruited 89 (82%) completed three years of follow-up. At baseline, median age was 4.5 years (IQR 2 months-18 years); M: F 1:1. The three year survival of this cohort was 97%. Median CD4 per cent was 9% (IQR 8-32%), CD4 count 213 cells/mm³ (IQR 3-2928) and median VL prior to treatment Log₁₀ HIV-1 RNA 5.40 (IQR 3.0-5.87). Seventy nine percent of the 85 children who had subtype performed had either HIV 1 sub-type A or D.

Thirteen percent (n=12) had resistance mutations prior to starting ART, 32% (n=35) had VF. Immunologic reconstitution was observed in all children having virologic failure; 31% (n=11) of these were switched to second line therapy achieving viral capture. Children who remained on the same HAART regimen despite VF continued to accumulate mutations.

CONCLUSION:

Despite immunologic success with HAART, VF was seen in a substantial number of children. Existence of primary resistance in children raises concern for ART treatment when baseline genotyping cannot be performed. Routine VL testing and the ability to do genotyping appear critical to appropriate treatment of African children.

012 PEDIATRIC HIV TREATMENT, CARE AND SUPPORT SERVICES AT HEALTH CENTER LEVELS IN ETHIOPIA.

AUTHORS:

Solomie Jebessa¹, Nigussie Deyessa², Nathan Tumwesigye³, Edson Muhwezi⁴, Henry Barigye, Harriet Kivumbi, ANECCA Ethiopia Team, and HCSP team of MSH Ethiopia

BACK GROUND:

Ethiopia is one of the countries hit hardest by the HIV epidemic; however there is low enrolment rate among HIV patients in general and pediatric HIV cases in particular. There are interventions done to improve pediatric HIV care at primary health care level, but so far there have never been any assessments done. This study assesses the effectiveness and quality of the pediatric HIV Care and Support (HCSP) program between Dec 2008 and Dec 2010.

OBJECTIVES:

This study attempts to compare the knowledge and skill of health care providers on pediatric HIV care and treatment and compares rate of enrollment of pediatric patients for HIV care and follow up at the supported and non-supported health centers.

METHODS:

Analytic retrospective cohort study was conducted on 117 health centers in Oromia, Tigray, Amhara and SNNPR to assess health workers' skills on pediatric HIV care, support and treatment and to see the of enrollment of pediatric HIV patients in two years period.

RESULTS:

A total of 117 health care providers were assessed, 50.4% were females, their mean age was 30.32 (±6.24) with range between 22 and 50 yrs; 62.4% were married; 68.4% were diploma nurses, 23.9% were health officers and the rest 7.7% were BSC nurses. Knowledge and skills on

clinical examination and diagnosis was found to be Good (≥70%) in the supported health centers (86.1%) compared to the non supported (50%) with RR(95%CI) = 1.72(1.23, 2.41), Similarly skill in clinical laboratory was found to be better in the supported than non supported 82.9% Versus 55.9% with RR(95%CI) of 1.48(1.08,2.03). Cotrimoxazole (CTX) dosing skills was again better in the supported health centers than the non supported (98.7% Versus 73.7%) with RR (95% CI) = 1.34 (1.11, 1.62), Skill on follow up of ART Patients again better in the supported than non supported with 84.6% Versus 28% with RR (95%CI) = 3.02(1.6, 5.7), Skill on HIV Exposed Infant (HEI) follow up and management skills showed another significant result with Good score of 91.4% Versus 20.0% with RR (95%CI) = 4.57 (1.66, 12.6), in supported to non supported Health centers ; and keeping proper medical records as well showed better finding in the supported than non supported ; 91.1% Versus 29.4% with RR (95%CI) of 3.1 (1.83,5.2).

A paired sample T- test showed statistically significant result (P-value =0.0001) with mean increment of 20.61 in pediatrics patients on HIV care and mean increment of 13.93 in pediatrics patients on ART in the supported health centers between the two years period (Dec 2008-2010) .

CONCLUSIONS:

This study showed that most health workers in the supported health centers had good skill in managing pediatrics HIV patients and the rate of pediatrics HIV patients' enrollment rate was found to be significantly increased in the supported health centers, hence more health centers should be supported technically via training and mentorship to scale down the pediatrics HIV care services to Primary health care level to scale up the program.

013 IMPROVING REGIONAL CD4 SERVICES: A CASE STUDY FOR STAR SOUTH WESTERN UGANDA

SUBTHEME F: Operational and Implementation Research,
F1: Service delivery models

AUTHORS:

Ibrahim Kirunda, Julius Mutagubya, Mary Namubiru, Moses Walakira,

INTRODUCTION:

Both confirmed HIV pregnant mothers and exposed infants need CD4 counts to enable health workers give the desired care. CD4 < 20% of total lymphocytes is highly suggestive of HIV and in the presence of symptoms leads to presumptive diagnosis of HIV. Based on the above facts, STAR SW team embarked on a strategy to expedite transportation of samples to the designated CD4 hubs in the region.

METHODS:

STAR-SW started supporting facilities in the region in October 2010 with only four CD4 laboratories. With the aid of USAID funds, a sample referral system was introduced and expanded the CD4 services to more two laboratories, availing a total of 6 laboratories with the capacity to process CD4 count tests within the entire region. Another set of 5 CD4 are to be installed in the region before September 2011 and this will reduce on the turn around time thus enabling providers to avoid delays in making the appropriate clinical management decisions for their respective clients. Over 60% of the supplies' costs are met by the project through direct procurements to support the system. In addition, based on distance and terrain, additional costs for transportation of the samples are given to all STAR SW districts.

RESULTS AND CONCLUSIONS:

Despite the prevailing challenges, such as CD4 machines using different technologies and the national system not providing all reagents to PNFs, we have registered improvement in the number with CD4 results. Also, on average we have noticed a gradual missed opportunities and a decrease in the unit cost per sample transported to less than 2,000/= Ushs for the period running October 2010 to April 2011. The turn-around time for the samples is between 1-2 weeks for the results to reach the facilities and over 10,000 CD4 count tests run. Subsidized costs can improve the transport of CD4 counts.

014 AWARENESS ABOUT PAEDIATRIC HIV SERVICES IN UGANDA

AUTHORS:

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BACKGROUND:

According to the 2004/05 Uganda HIV&AIDS Sero-Behavioral Survey (UHSBS), HIV prevalence in adults is 6.4% and 0.7% in children. It is estimated that over 130,000 children under 14 years are living with HIV in Uganda. While adult uptake has increased due to greater awareness about testing, available medication and increased belief in its efficacy, the number of children on ARVs has continued to lag far behind. Of the estimated 42,000 children eligible to be on ARVs, only 41% (17,000) had actually enrolled as of September 2009. Low uptake of ART among children is partly due to limited awareness among caretakers that children can be tested and treated for HIV. At the health facility level, there is limited capacity to counsel caregivers of children at risk of HIV, test or provide ARVs for children. As part of efforts to address this unmet need, Health Communication Partnership (HCP) in collaboration with Regional Centre for Quality of Health Care (RCQHC) has been providing technical support to the Ministry of Health and its paediatric HIV partners in the areas of training, community mobilization and communication for paediatric HIV/AIDS services. Between November and December 2010, HCP conducted a household survey to assess the effects of its communication interventions.

METHODOLOGY:

The study was cross sectional in nature, covering 31 Districts in Uganda in all regions of the country. Data was collected from households and schools. A multistage sampling approach was used to select and interview 2,896 respondents 15 – 54 years old and analysis was conducted in STATA 10 using univariate, bivariate and multivariate techniques. A logistic regression was used for the multivariate analysis.

RESULTS/KEY FINDINGS:

48% of survey respondents were males, and 52% were females. 83% of the respondents reported that they had heard about ARVs. Only 37% thought that ARVs can be given to HIV-positive children below two years as opposed to 53% who believed that the drugs can be given to HIV-positive children between 2 to 5 years. The age ($p=0.000$), education level ($p=0.000$) and residence ($p=0.000$) of the respondent were separately associated with knowledge of the fact that ARVs can be administered to children. 53% of respondents aged 15-24 years and 54% aged 25-54 years knew that ARVs can be administered to children. 58% of respondents with primary or no education and 49% with secondary or higher education knew that ARVs can be administered to children. During the 12 months prior to the study, 45% of respondents had seen or heard a message about paediatric HIV treatment. Multivariate data analysis showed that respondents with secondary or higher education (OR; 1.6, $p=0.000$), the employed (OR; 1.5, $p=0.039$) and those exposed to messages about pediatric HIV treatment in the previous 12 months (OR; 4.2, $p=0.000$) were more likely to know of a place where HIV positive children can access ART.

CONCLUSIONS AND RECOMMENDATIONS:

Findings indicate that knowledge about the use of ARVs in treating HIV-positive children, as well as the location of paediatric HIV services were still considerably low, but that exposure to media messages about paediatric HIV treatment is significantly associated with higher knowledge levels. There is need to intensify paediatric HIV/AIDS communication efforts to expand reach of information about these services, leading to an increase in knowledge levels about treating HIV-positive children.

015 UNITED STATES DIVISION OF AIDS (DAIDS) TOXICITY TABLES OVER ESTIMATE NEUTROPENIA AMONG AFRICAN HIV EXPOSED UN INFECTED INFANTS

SUBTHEME C: Paediatric HIV care and Treatment

AUTHORS:

Jim Aizire, Mary Glenn Fowler, Jing Wang, Avinash K. Shetty, Lynda Stranix-Chibanda, Dorothy Sebikari, Moreen Kamateeka, Steve Bolton, Philippa Musoke, Hoosen Coovadia

Abstract word count: 298 (excluding subtitles)

INTRODUCTION:

Lower Absolute Neutrophil Counts (ANC) have been reported among healthy black infants compared to other races. Use of the United States Division of AIDS (DAIDS) toxicity tables may overestimate neutropenia among African HIV-exposed uninfected (HIV-EU) infants participating in DAIDS funded drug trials.

METHODS:

Secondary analysis of a phase-III, randomized, placebo-controlled trial conducted in Uganda and Zimbabwe (2007-2009), which assessed efficacy and safety of daily infant nevirapine (birth-6 months) for prevention of breast milk transmission of HIV.

Eligible HIV-infected pregnant women were recruited after 28 weeks gestation, and eligible mother/infant pairs enrolled within day 3 of delivery/birth. Infants were routinely assessed at birth; 2,4,6, and 8 weeks; and 3,4,5,6,9,12, and 18 months. The DAIDS tables (2004) was used for severity grading of adverse events.

We determined the proportion of infant specimens with normal ANC based on a Uganda normal values study (Lubega et al) that were deemed to have neutropenia according to DAIDS tables. Generalized Estimating Equations test for trends was used to compare proportions across the infant age bands.

RESULTS:

Older Ugandan infants had significantly higher ANC compared to Zimbabweans: 22-35 days, $p=0.004$; 36-56 days, $p=0.027$; 57-123 days, $p<0.001$; 124-159 days, $p=0.0082$; 160-200 days, $p=0.001$. However, no statistically significant differences in ANC were observed in younger (< 22 days) infants; males versus females, or 6 months nevirapine versus placebo groups.

Across age-bands, neutropenia (grades 1-4) and severe neutropenia (\geq grade 3) were overestimated (p trend <0.0001 respectively), as many as 50% specimen from healthy infants deemed to have neutropenia and 23% with severe neutropenia in some age-bands.

Similar trends were observed of Ugandan specimen with normal ANC values based on Uganda Normal Values Study deemed to have neutropenia ($p<0.0001$) and severe neutropenia ($p=0.0031$), as many as 50% and up to 11% in some age bands respectively.

CONCLUSION:

These findings emphasize the need for population specific references while monitoring ANC among African infants.

SUBTHEME C: Paediatric HIV care and Treatment.

AUTHORS:

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INTRODUCTION:

Otitis media is common in HIV-infected children. There are few data on the common causative agents, their antimicrobial sensitivity patterns and the variation with age among HIV-1 infected African children on antiretroviral therapy (ART).

METHODS:

ARROW is a randomised trial investigating first-line treatment and monitoring strategies in 1207 previously untreated HIV-1-infected children initiating ART. Children who presented with an ear discharge during follow-up had ear swabs taken to determine the causative organisms and sensitivity patterns using standard microbiological techniques.

RESULTS:

266 samples were collected from 153 patients (median age 2.5 years, IQR 2.3-2.9; 52% males) over a 3 year period. 209 (79%) cultures were positive. The overall rate in 3040 child-years of follow up was 6.8 events / 100 child-years. Rates per year of follow up were: 13.8 / 100 child-years (1st year), 3.0 / 100 child-years (2nd year) and 2.0 / 100

Child-years (3rd year). Rates per age group were 9.7 / 100 child-years (0-6 years), 4.8 / 100 child-years (7-13 years) and 0.6 / 100 child-years (>13 years). The isolated organisms were: *Pseudomonas aeruginosa* 51 (24.4%), *Staphylococcus aureus* 37 (17.7%), *Proteus mirabilis* 35 (16.8%), other *Proteus* species 16 (7.7%), *Klebsiella* species 9 (4.4%), other *Staphylococcal* species 9 (4.3%), *Escherichia coli* 9 (4.3%), *Streptococcus pneumoniae* 7 (3.4%), *Moraxella* species 4 (1.9%), *Haemophilus influenzae* 1 (0.5%) and other bacteria 31 (14.8%). *Pseudomonas aeruginosa* was mostly susceptible to ciprofloxacin, gentamicin, polymyxin B and carbapenems but resistant to ceftriaxone. Other isolates were susceptible to ceftriaxone and amoxicillin/clavulanic acid but the majority (96%) were resistant to cotrimoxazole.

CONCLUSION:

Ear infection rates in HIV-infected children decreased with age and increasing time on ART. *Pseudomonas aeruginosa* and *Staphylococcus aureus* were the most commonly isolated organisms. Most isolated organisms were resistant to cotrimoxazole.

SUBTHEME C: Track C3

AUTHORS:

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BACKGROUND:

Active TB can be prevented if latent TB infection (LTBI) is diagnosed and treated with isoniazid. The Tuberculin Skin Test (TST) has for over a century been used to detect LTBI. Several adult studies show Interferon Gamma Release Assays (IGRAs) as superior to TST but few pediatric studies share this finding. We determine the role of the T-SPOT®.TB assay in diagnosis of LTBI in HIV-infected children in Uganda.

METHODS:

Using a cross sectional study design, 381 HIV-infected children < 14 years were randomly recruited at the Baylor-Uganda clinic in Mulago Hospital between March and August 2010. Children with history of active TB and/or a TST in the past one year were excluded. All children had a TST planted and blood drawn for the T-SPOT®.TB assay. Sputum examination (AFB smear and culture) and chest x-rays were done to rule out active TB. Analysis was done using STATA v.10. The test for binomial proportions was used to compare the proportions and Kappa statistic was used to assess agreement between the two assays. Logistic regression was done to determine association with a positive test.

RESULTS:

Fifty-four percent of enrolled children were female with a median age of 7.7 years. The prevalence of a positive test was 6.8% and 7.9% (p-value 0.59) with the T-SPOT®.TB assay and TST respectively. The Kappa statistic was 0.7 (95% CI: 0.55 – 0.85, p-value <0.05) indicating substantial or good agreement. Testing positive on the TST was associated with older age and higher weight for age z-scores. Testing positive on both tests was associated with anti-retroviral therapy (ART).

CONCLUSION:

In HIV infected children, response to TST may not differ from TSPOT response. Before promoting use of IGRAs in children in HIV/TB endemic countries, more research on their clinical role in TB diagnosis needs to be done.

018 THERAPEUTIC FEEDING FOR HIV POSITIVE CHILDREN; EXPERIENCE FROM TASO TORORO

SUB THEME F: Operational and Implementation Research
F1: Service Delivery Models

AUTHOR:

Lynette Opendi – The AIDS Support Organisation (TASO)

INTRODUCTION:

TASO Tororo, one of the 11 TASO centres, supports HIV positive people with different services to prolong and improve their quality of life. In 2008, the centre started a program to enable HIV positive children especially those who were eligible for ART to access therapeutic feeding. It was hoped that this would help improve the health of the children and also facilitate them to adhere to the life long therapy.

METHODS:

Children aged below 18 years who test HIV positive are registered and assigned a counsellor to offer psychosocial support. Those who are assessed by the medical personnel and found to be malnourished then benefit from therapeutic feeding. The children are provided with Eggs, Silver fish, Soya flour, sugar, simsim or ground nut paste for a period of three months and later assessed to see if they should be continued on the programme or not.

RESULTS:

A total of 117 children have so far benefited from the program since it started. Of these 59 were female and 58 were male. The children's weight increased after benefiting from the programme. Caregivers reported an improvement in the health of children enrolled on the programme.

CONCLUSION:

Therapeutic feeding contributes to better quality of life among HIV positive children. It also motivates children to adhere to ART and other medicines.

019 EVALUATING THE IMPACT OF A NUTRITIONAL PROGRAM AMONG MALNOURISHED CHILDREN AND ADULTS LIVING WITH HIV/AIDS IN POST-CONFLICT NORTHERN UGANDA.

SUBTHEME F1: Assessment of Malnutrition amongst Persons living with HIV/AIDS in Northern Regions of Uganda - TASO Gulu

AUTHORS:

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BACKGROUND:

Malnutrition is known to affect up to 60% of Ugandans, with 39% stunting and 26% underweight among children. The prevalence of HIV in Uganda is 6.4%, but as high as 8.2% in Northern Uganda. Among those living with HIV, 60% are believed to be co-infected with TB. The objective of this study was to describe a sample of children and adults living with HIV who are malnourished and evaluate the impact of nutritional program administered over a 4-month period.

METHODS:

We conducted a pre- and post-test study of the effect of a nutrition program of therapeutic food (Plumpynut) and RUTAF blend of porridge flour; counseling, and disease management on achieving target weight in a population of malnourished adults and children living with HIV attending The AIDS Support Organisation - Gulu Branch District from September 2010 to April 2011. Achieving target weight was defined as gaining 1.1-1.2% of their body weight in 4 months.

RESULTS:

Out of the 173 clients diagnosed with malnutrition, 74%(128) were adults above 18 years, 21%(36) children below 15 years, 4%(7) adolescent between 15 to 18 years and 1%(2) pregnant and lactating mothers. The prevalence of TB and WHO stage III/IV illness was 64%(110) and 36%(62) respectively. After the fourth month of the program, 95% and 100% adults and children respectively achieved the target weight and were discharged from the program, 4 adults died while on the program. TB/HIV clients improved at faster rates.

CONCLUSION:

Our results show a high proportion of HIV+ adults are suffering from malnutrition, highly correlated with TB co-infection. Children living with HIV responded to treatment and gained weight faster than adults. Malnutrition negatively affects immunity in the presence of HIV, and increases the risk of TB infection, therefore timely interventions with nutritional programs may reduce TB acquisition among HIV+ adults and children.

020 THE ELEPHANT IN THE ROOM: CHILD ABUSE AMONG HIV POSITIVE CHILDREN, EXPERIENCES OF SERVICE PROVIDERS AT GULU REGIONAL REFERRAL HOSPITAL-INFECTIOUS DISEASE CLINIC(GRRH-IDC).

SUB THEME E1: Child rights and advocacy.

AUTHORS:

Esther Achan, Beatrice Aber, Pamela Kadenyi Otim, Josephine Abur, Carolyne Oleo, Katie Muldoon.

INSTITUTIONS:

Gulu Regional Referral Hospital – Infectious Disease Clinic. (IDC-GRRH)

BACKGROUND:

Child abuse may occur at home, school or within a community that the child interacts with in the form of sexual abuse, physical neglect, emotional abuse/neglect and is particularly prevalent in post-conflict settings. Child abuse amongst children living with HIV/AIDS (CLWHA) may have several implications on access to care. This study was designed to determine the frequency and forms of abuse seen by service-providers, amongst CLWHA attending the Gulu Regional Referral Hospital Infectious Disease Clinic (GRRH-IDC) in post conflict Northern Uganda.

METHODS:

A self-administered structured questionnaire investigating perceptions, frequency, magnitude, and consequences of child abuse was distributed to 15 service-providers of the GRRH-IDC. Descriptive statistics including percentages and means were used to describe providers' responses/reactions to detecting child abuse at the clinic.

RESULTS:

Mean duration of staff employment at the facility was 45 months (3.75 years), most of whom reported suspecting child abuse among clients. 93.3% had observed emotional neglect, 86.7% had observed emotional abuse, 46.7% had observed physical abuse, and 6.7% had observed sexual abuse. On suspicion of abuse 86.7% of staff report probing further; 73% of staff felt that identified cases were managed

appropriately. 60% of providers had observed purposeful incorrect drug administration to children, including using a child's medication for other PLWHA. Among the staff, 100% felt poverty contributed to abuse, 47% felt parents were frustrated with CLWHA, and 33% thought it disciplinary because children were misbehaving. Alcoholism played a role in almost a quarter of cases. Majority of abuse/neglect came from caregivers/parents (80%), neighbours (47%), relatives (10%) and peers (11%)

CONCLUSION:

Child abuse among CLWHA is a frequent presenting problem at the GRRH, yet little formal structures exist to support the management of abuse cases. Child abuse has direct implications on HIV care and treatment including missed appointments, poor adherence to ART, over-representation, inaccurate dosing and malnutrition.

021 WHAT DOES IT TAKE TO MINIMIZE THE UNMET NEED? SCALING UP PEDIATRIC ANTI-RETROVIRAL THERAPY SERVICES IN BUSOGA REGION.

SUB-THEME: F1: Service delivery models

AUTHORS:

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AFFILIATIONS:

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²Ministry of Health/ AIDS Control Program, Kampala, Uganda;

³Jinja Regional Referral Hospital, Jinja, Uganda.

BACKGROUND:

Of the 146,000 children with HIV in Uganda only 28% access antiretroviral therapy (ART). National pediatric ART targets are: 50% of children enrolled in care are in need of ART, while 15% of all ART clients must be children < 15yrs. However in Busoga region of Uganda, by September 2010 in 4 hospitals with pediatric ART services 29.9% of enrolled children (n=578) received ART. But of all ART clients (n=3,119) only 5.5% were children. Busoga's coverage stood below targets with an unmet need for ART of 20.1% and 9.5% respectively.

PROGRAM DESCRIPTION:

The Strengthening Tuberculosis and HIV&AIDS Responses in East Central Uganda (STAR-EC) is a USAID funded project that supports 9 districts of Busoga to increase access to quality comprehensive HIV&AIDS services. In September 2010, the AIDS Control Program provided specific guidance on scaling up pediatric ART services. Subsequently STAR-EC: liaised with Clinton Health Access Initiative to procure pediatric ARV formulations plus train sites on logistics management; procured pediatric ART job aides posters; and partnered with Jinja referral hospital Pediatricians to: (a) rapidly disseminate the 2010 Pediatric ART guidelines via continuing professional development sessions at 26 facilities, (b) train 150 health workers on Pediatric HIV care & treatment, and (c) provide on-job mentorship to health workers. As a result by end March 2011:

Pediatric ART service coverage increased 6-fold to 26 facilities

Enrollment doubled to 939 children in care

5. Initiation on ART tripled in 6 months to attain 500 children active on ART

6. Now 53.2% of enrolled children (n=939) access ART, and of all ART clients (n=4,754) 10.5% are children <15 yrs

Thus the first gap in ART for enrolled children has been cleared while the second gap in proportion of ART clients that are children has been minimized from 9.5% to 4.5%.

LESSONS LEARNED:

Partnering with referral hospital pediatrics teams fosters rapid scale up of pediatric ART service to lower level facilities.

CONCLUSION:

To pro-actively treat more children, it takes systematic strategic interventions that enhance competency of a critical mass of health workers at many facilities.

022 USING A DECENTRALIZED MODEL OF CONTINUING MEDICAL EDUCATION (CME) TO ADDRESS LOW REFERRAL RATES FOR HIV EXPOSED INFANTS WITHIN GULU REGIONAL REFERRAL HOSPITAL.

SUBTHEME F3: Best practices.

AUTHORS:

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INSTITUTIONS:

Gulu Regional Referral Hospital - Infectious Disease Clinic.

BACKGROUND:

HIV exposed Infants enter Gulu Regional Referral Hospital at different care points (e.g. nutrition wards, children's ward/clinics, maternity wards, Antenatal clinic) although enrollment into care is at the EID care point based at the Infectious Disease Clinic(IDC). Weak referral linkages between IDC and the various entry points are leading to critical gaps in care for exposed infants in Post-conflict northern Uganda.

PROGRAM DESCRIPTION:

In an attempt to address this, the IDC team supported by the SUSTAIN project developed decentralized CMEs designed to improve general CME attendance which was primarily impeded by challenges in handover times between day and night shift and human resource gaps. This model allowed for the strengthening of the referral system at each ward with documented referrals to the EID unit. Between January – April 2011, all referrals to the EID care point were based on word of mouth from other wards. After the decentralized CME model, there were a total of 210 documented referrals from 6 different departments within the hospital and the community.

LESSONS LEARNED:

Using a decentralised CME model overcomes common CME attendance barriers and adequately addresses knowledge gaps of hospital staff that routinely encounter HIV exposed infants. Sessions lasted between 15 and 60 minutes and provided information on the new EID/PMTCT guidelines and how best to refer to the EID care point. This model helps to overcome the common attitude that HIV care is handled in a silo manner. Integrating HIV care into the general care of infants and children supports and strengthens the general infrastructure of the hospital.

CONCLUSION:

Decentralized CMEs offer a chance for all staff and wards to learn more about HIV while building linkages to improve care for exposed infants. Hospital settings can cost-effectively employ this strategy to strengthen the health system in, in addition to pediatric HIV care.

AUTHORS:

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BACKGROUND

Adolescents living with HIV (ALH) have often been thought to have lost hope and have self stigma with resultant lack of self motivation. At Baylor-Uganda, 15%(900) of the nearly 6000 clients, are adolescents and young people aged between 10-24 years. Future aspirations and dreams among ALH with vertical transmission have not been widely documented in a resource limited setting.

OBJECTIVE

To describe the dreams of ALH about their future and what obstacles they perceive to hinder them from achieving them.

METHODS

This was a secondary data-analysis of the qualitative data-set collected to develop a positive prevention intervention for ALH. This multi-centre qualitative study included ALH from Kampala, Uganda and Nyanza province in Kenya. Purposive sampling a total of 16 focus group discussions (FGDs) were conducted. The FGDs consisted of homogenous groups regarding age and gender (8 FGDs with 10-12 year old ALH, 4 FGDs with 13-15 year and 16-19 year old ALH respectively). Data were transcribed verbatim and analysed using Nvivo 8 software using a phenomenological inductive analytical approach.

RESULTS:

Our study found that the adolescents were quickly able to cite their dreams and goals and seemed confident to achieve them. The most cited dream for almost all of them was success in their studies. This was followed by the dream to have a family. Most of them were sure of what they wanted to be in the future and were determined to get there. Perceived obstacles to achieving these dreams and goals were lack of financial, social, medical, psychosocial support. Peer influence, stigma and discrimination, fear of dying before achieving their dreams were also key concerns. Most adolescents but especially the older ones were worried about obstacles like, the risk of pregnancy, Sexually Transmitted Infections and their consequences hindering them from achieving their dreams. On exploring the adolescents' strategies to overcome these obstacles, they were confident of achieving their dreams if they embraced having safer sex or completely abstaining from sex, avoiding peer influence and generally positive living and therefore needed a lot of support to do so. Adolescents reported that feelings of hopelessness and loneliness combined with other health, psychosocial and educational challenges make it very difficult to live with HIV but talking to somebody including service providers, close relatives, and close friends makes it easier to go through these challenges.

CONCLUSIONS:

The ALH have dreams similar to other adolescents but they have an underlying fear of dying before achieving these dreams.

AUTHORS:

Rose Nasaba, Dr. David Kyaddondo

INTRODUCTION:

HIV/AIDS has continued to have devastating effects of children; while some have been orphaned others are infected with HIV itself. Globally about 2.5 children are living with HIV while 2.3 millions of these are in Sub Saharan Africa (UNAIDS 2010). According to Uganda MOH 2011, 50,000 children have been confirmed living with HIV. Great improvements have also been registered in pediatric HIV care. Increase in enrollment of children into care has been registered, routine testing for sick children and use of Dry Blood Spot technology (DBS) for early diagnosis. Gaps however still remain in the health delivery systems in which children are tested but their HIV positive test results is not disclosed to them. Although disclosing to children their HIV positive test results is encouraged to facilitate adherence to treatment and though its importance is appreciated there are many children who are tested but not disclosed to their HIV positive test results although they are ten years and above. The coping strategies by children after learning their test results is unknown, the right age and the best person to disclose are not clear. This has left many children tested but not disclosed to their HIV positive test results and in turn this has crippled adherence and positive coping capacities of children.

METHODS:

An exploratory study was carried on 80 children aged 9-17 whose HIV positive test results have been disclosed to them using both qualitative and quantitative methods of data collection in Nsambya Hospital Home care program 2009. The study objectives was to explore coping strategies, examine disclosure approaches and assess the loss reactions of children after learning their HIV positive test results so as to inform health care providers and parents who still find it hard to disclose.

RESULTS:

Children prefer to learn their HIV positive test results early enough so that they grow up knowing the truth. In addition children prefer to learn of their HIV positive test results from health care providers while parents/guardians to play a supportive role. 70% of the total respondents prefer to learn their HIV positive results from Health care providers because parents/guardians disclose in parables. 78% of the respondents adapted positive coping strategies
Disclosure of HIV positive results not only improves adherence but also empowers the children to live positively and learn important information about their disease.

CONCLUSION:

Health care providers should take lead in disclosing to children their HIV positive test results because of their in providing care and parents should be empowered to offer support.
Early disclosure leads to positive coping including good adherence to medication and consequently results in positive living among HIV positive children

025 HEADSS AN EFFECTIVE TECHNIQUE IN ADOLESCENT SEXUALITY COUNSELING: A CASE OF TASO MULAGO

SUB THEME D: Special Groups 1: HIV infection and Adolescents

AUTHOR:

Goretti Nakabugo,

CO AUTHOR:

Lazarus Oucul (TASO)

BACKGROUND:

In Uganda today, the number of HIV perinatally infected children surviving to adolescence has greatly increased and they are living healthy productive lives. TASO has registered about 4,800 young people living with HIV since infancy. These young people require information and support to work towards being sexually healthy young people. However, existing HIV care and support programs do not seem to address their fertility aspirations. In addition the counselors have limited skills in supporting adolescents understand their sexuality as they grow, make informed choices and be able to balance responsibility with sexual and reproductive desires.

PROGRAM DESCRIPTION:

We attended an Adolescent capacity building session “Caring for the Adolescent Patient” by Mulago hospital, school of paediatrics and Columbia university medical centre and were oriented to a psychosocial assessment tool for use in counselling adolescents on their sexuality; HEADSS; Home, Education/Eating/Exercise, Activities, Drugs/Depression, Sexuality/Suicide/Safety. The counsellor explores the adolescent’s strengths in those areas. HEADSS helps the counsellor start with unthreatening topics and by the time you get to probe about their sexuality the adolescent is assured of the provider’s ability to listen and observe confidentiality. We oriented our colleagues at the facility to use the HEADSS technique in supporting adolescents open up about their relationships, sexual behaviours and reproductive health needs.

LESSONS LEARNT:

HEADSS technique helps you gather holistic information about the adolescent and support them make healthy choices.

Adolescents often hide some of the health issues they want to discuss however HEADSS will help you discover their real agenda and to innovatively probe about their sexuality needs and address them accordingly.

In a supportive environment adolescents will open up about their sexuality.

026 PERCEPTIONS ON CONDOM USE FROM ADOLESCENTS LIVING WITH HIV IN UGANDA.

AUTHORS:

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BACKGROUND:

In Uganda, about one hundred and fifty thousand children under 14 years are living with HIV. With the help of antiretroviral drugs, many children born with HIV are growing into adolescence. Sexual and reproductive health (SRH) is a fundamental part of positive living for adolescents living with HIV (ALH). These ALH face unique SRH challenges which call for culturally specific interventions to protect their health and that of others. An evidence-based SRH intervention called the Brighter Future Study (BFS) was adapted to fill this gap in positive prevention guided by this qualitative study. Condom use is one of the components of this intervention.

OBJECTIVE:

We set out to determine the perceptions of ALH regarding proper and consistent condom use.

DESIGN/METHODS:

This was a multi-centre qualitative study including ALH from Kampala, Uganda and Nyanza province in Kenya. It was conducted using 16 Focus group discussions (FGDs) which included 120 participants who were purposively sampled. The FGDs were conducted among adolescents same sex and age bracket. For the age bracket 10-12 years, 8 FGDs were carried out and 4 FGDs for the 13-15 year and 16-19 year old ALH. Data was transcribed verbatim and analysed using Nvivo 8 software.

RESULTS

Our study found that ALH reported both positive and negative perceptions of using condoms consistently. The perceptions did not defer according to age or sex. Negative perceptions ranged from being already HIV positive reckoning condom use less necessary for ALH in the context of positive prevention, in fact this seems like a detention to ALH compared to their HIV free peers for whom consistent condom use is not a confinement. In addition, suggesting condom use to a partner is very closely related to untimely disclosure of their HIV status. The loss of sensation during sex and the perceived waste of sperms for those who want to have a child of their own is reason enough for most ALH to avoid using condoms at every encounter. Lack of accurate information about condoms, bad odor of condoms, their not being 100% safe in case they break and the sizes that do not favor the small penises of young boys were among the common challenges reported. Access to condoms was a big problem because they fear to be seen purchasing them and the cost also deters them, Many ALHs lack skills to wear the condoms thus ending up tearing. In contrast however, ALH appreciate the fact that condom use is a way of ensuring that there will be no outcome of pregnancy or disease that would result in to social, physical, educational and other negative consequences.

CONCLUSION

There was an overwhelming agreement among ALH that there were more negative perceptions about condom use than positive ones among this population of adolescents who are a potential source of HIV infection to others. In fact indicating more disadvantages than advantages of condom use. There is need to scale up condom use skill building among ALH but also transfer the same skills to those without HIV.

027 ARE ADOLESCENTS CATERED FOR AT LOWER FACILITIES? A SITUATION ANALYSIS AT BUYINJA HCIV

SUB-THEME: D1

AUTHORS:

Mukyala V. , Obura S.D.¹, Tumuhairwe D.

INTRODUCTION:

Like many Health centres (HCs) level IV in Uganda, Buyinja HC IV provides HIV counseling and testing services, with support from the Strengthening Tuberculosis and HIV&AIDS Responses in East Central Uganda project. Despite availability of adolescent literacy programs like the Straight Talk

Foundation who disseminate HIV information through mass media (radio talk shows, and newsletters), many adolescents who attend Buyinja have limited knowledge about HIV prevention and continue to get infected with HIV. Most report that they have never tested for HIV. But even the few who are identified HIV positive do not access the care and support services available in the health system.

METHOD:

A systematic review of medical records of patients attending the OPD at Buyinja was done to identify adolescents aged between 13-19 years. We analyzed who accessed HIV testing services and noted the contacts of those found HIV positive. Home visiting was conducted to the positives and individual ongoing counseling sessions provided.

RESULTS:

From July 2010 -June 2011, about 2,821 adolescents aged 13-19 years attended OPD. Out of them 84.5% (2,385) never tested for HIV. Of those who tested (n=436), 29% tested during pregnancy in ANC clinic while 71% tested in OPD. About 16 adolescents tested HIV positive (sero-positivity rate 3.7%). From home visit counseling of the latter, 75% HIV positive adolescents had never disclosed to their family members while only 4 adolescents had disclosed. Worse still, only 2 of those who disclosed knew their partner's HIV status. 50% of those who disclosed their status were denied to access treatment by their caretakers.

CONCLUSION:

In view of the high sero-positivity among adolescents and the challenges of accessing HIV testing, treatment, and support, there is need to urgently establish adolescent-focused HIV services at HCs IV and to schools.

028 TRIALS AND TRIBULATIONS OF PARENTING FATHERS WITH CHILDREN LIVING WITH HIV; - TASO SOROTI EXPERIENCE

AUTHOR:

Odoi Moses waka

CO-AUTHORS:

Osege Robert, Igulot Patrick, Obore Gilbert.

INTRODUCTION:

In the African culture, the role of care has been reserved for women. However, fathers today have taken on a more visible role in caring for children with chronic illness. Unfortunately, whereas the maternal experience of caring for a child with a chronic illness is well documented, very little research attention has focused on the parenting stress or adaptation of fathers. Furthermore, no investigations specifically examine the paternal experience of caring for a child living with HIV/AIDS. The role of fathers is critical given that greater than 98% of cases of pediatric HIV infection result from Mother to Child Transmission. With the advent of highly active antiretroviral treatment, pediatric HIV disease is now considered a chronic illness.

METHODS:

TASO operates special child clinics every week. The clinics provide comprehensive HIV services; services providers trained in pediatric management of HIV run the clinics. Children are given specific appointments.

Thirty one fathers whose children (ages 6 to 19) were participating in the pediatric HIV clinical care path way in TASO Soroti completed self-report measures of parenting stress, psychological distress, and need for psycho-social services.

RESULTS:

Over half of this sample experienced significantly elevated levels of both parenting stress and psychological distress compared to standardized norms. 97% of these men reported the need for services including belonging gender-specific support groups, assistance with up bring and discipline, disease management, and assistance with planning for the future.

CONCLUSIONS:

Paternal parents attending to children with chronic illness suffer from parenting and psychological distress. These parents require psychosocial interventions to deal with these challenges. Agencies providing chronic care services need to incorporate such programmes in their services.

029 HOW ORPHANS AND VULNERABLE CHILDREN CAN BE EMPOWERED THROUGH VOCATIONAL TRAINING/ APPRENTICESHIP TO SUPPORT THEIR FAMILIES

AUTHORS:

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ISSUES:

Whereas HIV is fundamentally a health issue; the impact of HIV/AIDS goes far beyond health because of its widespread human, social and economic effects. Therefore Nsambya Home Care (NHC) with support from developmental partners has been supporting Orphan and Vulnerable Children (OVC) in Vocational training with the hope to improve their livelihood.

PROJECT DESCRIPTION:

NHC has been providing holistic HIV/AIDS services using a family-based approach to over 11,057 patients in the last 23 years. A total of 147 OVC were supported for vocational training in the areas of their choice lasting one to two years, followed up monthly by the social workers. The OVC are; aged range was 15-25 years, female 81 (55.1%) , majority stopped at primary level (61.9%), 61 had an HIV infected parent 61, .The most preferred course was Motor Vehicle Mechanics 48 (32.7%), catering 41 (27%), tailoring 24 (16.3%), hair dressing 11, electrical installation 4, others included nursing, laboratory technology/teaching (6), Art and craft (2). A total of 35 trainees received start-up tools and 47 are still studying as by reporting time. We followed former trainees; 27 were gainfully employed with earnings of 60,000 to 600,000/=, 24 had future plans of career development, owning businesses (10), and changing career (5). Challenges faced included; 16 (10.9%) dropout due to lack of interest, pregnancy, and lack of funds for more start-up tools.

LESSONS LEARNT:

- Vocational training can improve livelihood for OVC and their families.
- Community has poor attitude towards vocation training but with support they are supportive.

Next step:

- Share experiences in vocational training with other partners
- Sensitize the community on the good benefits of vocational training

030 HIV PREVENTION AND PSYCHOSOCIAL SUPPORT SERVICES IN SECONDARY SCHOOLS IN KABAROLE DISTRICT

THEME: Towards virtual elimination of hiv/aids in children

SUB THEME: Special Groups

AUTHORS:

Jane Namuddu, Alice Asimwe, Betty Nsangi, Albert Maganda, Isaac Sebuliba, Frehd Nghania, Robert Iriso, Addy Kekitiinwa

INTRODUCTION:

Worldwide, more than 10 million adolescents are living with HIV and many lack access to HIV prevention and support programs. In Uganda 150,000 children (0-14) are living with HIV with many growing into adolescence. Seventy percent of Uganda's positive young people are in school creating an opportunity for interventions targeting schools. Baylor conducted a study to establish available HIV prevention and psychosocial support services in secondary schools in Kabarole district.

METHODS:

A quantitative and qualitative research was conducted in 8 secondary schools in Kabarole district. Questionnaires were administered to 350 adolescents and 20 Key Informant interviews held with teachers, nurses and matrons. Quantitative data was processed using Epi- data, exported to SPSS, summarized and presented in proportions. Qualitative data was manually analysed using themes.

RESULTS:

Four of the eight schools had at least one HIV prevention program, only 1 school offered psychosocial support to HIV infected and affected adolescents, 2 teachers in each of the 5 schools were trained in HIV prevention/support. No school had a nurse trained in HIV prevention, care and support but 1 school had a nurse sensitized in HIV/AIDS. Students (42%) received support from schools in form of guidance and counseling either from a peer or education service provider. Adolescents (16%) reported receiving HIV reading materials from various sources. Only 33% had HIV/AIDS education from a peer, 13% received guidance and counseling from teachers while 12% attended group talks about abstinence from teachers. It was revealed that risky sexual behavior is common among adolescents in school as evidenced by the pregnancy reports (27 in 7 schools for one term).

CONCLUSION:

Adolescents in Kabarole district secondary schools receive limited HIV prevention and psychosocial support. This calls for interventions to strengthen such services through increasing resources, building capacity and continuous monitoring with participation of peer educators, education and health service providers.

031 TRANSITIONING INTO ADULTHOOD: YOUNG PEOPLE'S VIEWS AND OPINIONS TOWARDS INTEGRATING SEXUAL AND REPRODUCTIVE HEALTH SERVICES (SRH) INTO HIV CARE

SUB-THEME D1: Special groups

AUTHORS:

Asia Namusoke, Hilda Kizito, Grace Mirembe, Elizabeth Kaudha, Hellen Nakyambadde, Priscilla Kyobutungi, Joshua Kayiwa, Victor Musiime

AFFILIATION:

Joint Clinical Research Centre (JCRC), Kampala, Uganda

INTRODUCTION:

In Uganda, HIV/AIDS treatment and support programs for young people (16 to 24years) living with HIV are still organized around either adult or pediatric care, thus failing to adequately address the needs of this growing population. To address this gap at JCRC, a needs assessment exercise was conducted before the establishment of a functional transition clinic to seek young people's opinions and suggestions about the role of the transition clinic particularly integration of sexual and reproductive health services into HIV care for young people.

METHODS:

10 Focus group discussions were conducted in April 2011 among 150 participants aged 18-24years, 61% female. These were drawn from young people who came to attend a peer support meeting and provided consent. Discussions were facilitated by young people, counselors, adherence officers and doctors. Prior to the discussions, an adherence counselor gave a background to the needs assessment exercise. Areas discussed included: sexual health and contraception, prevention of other Sexually transmitted infections(STIs), condom use, relationships, gender issues, stigma/discrimination, confidentiality and disclosure, depression/feeling low, and peer support.

RESULTS:

Participants had limited information on pregnancy, family planning, dating, life after disclosure; where to seek SRH services and guidance on relationships, partner testing, STI information, and emergency contraceptive services.

They suggested that the transition clinic should provide STI information, relationship counseling and guidance, easy access to condoms and career guidance.

They expressed a desire for continuity in care with their pediatric doctors and counselors.

CONCLUSION:

The findings underscore the need for transitional clinics from pediatric to adult care and integration of SRH services into HIV care for young people living with HIV.

032 USING COMMUNITY DIALOGUE TO PROMOTE ACCESS TO PREVENTION OF MOTHER-TO CHILD TRANSMISSION SERVICES AMONG WOMEN LIVING WITH DISABILITIES.

SUBTHEME D: Special Groups/ D3

PRESENTING AUTHOR : Mwesigwa Martin Babu

CO-AUTHOR : Paul Nicodemus Mayende

INTRODUCTION:

Statistics from the Uganda's health Ministry indicate at least 90% of expectant mothers visiting a health worker once during their pregnancy but only 30% delivering from health facilities. The 60%+ women who visit a health worker will either deliver at home by the help of a friend, a traditional birth attendant or family member. These include mainly women with disabilities because ;

1. The distances involved that they cannot easily travel,
2. The inaccessibility of the health facilities in terms of infrastructure and The attitude of mid wives at the health facilities.

METHODS:

Recognizing this challenge and the need to promote women living with disabilities access to PMTCT, community dialogue meetings were initiated by the National Union of Disabled Persons of Uganda, the principal invitees were female health workers from labour wards, health facility administrators and traditional birth attendants (TBAs). The dialogue meetings held at the sub / county level were conducted through presentations, sharing of the challenges, pictorial displays and charting a way forward. The participants were briefed about HIV/AIDS,

the government efforts to ensuring PMTCT to expectant mothers and the challenges those women generally, and those with disability face in attempt to access the services. The need, challenges and solutions were made during the meetings and action plans drawn. Also involved in the dialogues were local and religious leaders to ensure that they carry the messages to those within their jurisdictions and follow-up any deviations. Law enforcement officers were invited specifically to have interest in matters relating to spousal violence in cases where women tested positive.

RESULTS:

Since August 2010, commitments have been secured from the local leaders and health facilities to deal with the attitude of health workers towards expect mothers having disabilities, addressing some of the infrastructure challenges temporarily and ensuring referrals for PMTCT by traditional birth attendants whenever visited in their communities.

CONCLUSIONS:

Community dialogue meetings not only create a forum for discussion but also break stigma and discrimination against MARPs. The negative attitudes that the MARPs frequently face to access HIV/AIDS prevention, care and treatment can be better addressed through community dialogue meetings

033 UTILIZING PEER VOLUNTEERS TO IMPROVE UPTAKE OF PMTCT SERVICES: A CASE STUDY OF 'MENTOR MOTHERS' IN EAST CENTRAL UGANDA

AUTHORS:

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AFFILIATION:

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BACKGROUND:

The implementation of Prevention of Mother to Child Transmission of HIV (PMTCT) in Uganda faces many challenges including infant feeding choice, adherence to antiretroviral drugs, poor transition of infected mothers and babies to antiretroviral programs and Psychosocial Support. These challenges are caused by fragile health systems, a key pillar of which is low numbers of human resources for health (HRH) at health facilities to handle comprehensive PMTCT services.

PROGRAM DESCRIPTION:

STAR-EC, a JSI Research & Training Institute Inc., managed program funded by USAID, together with mothers2mothers (m2m), one of its partners in the consortium is implementing the m2m model. The model has been implemented by m2m in nine sub-Saharan African countries. The model uses HIV+ mothers (mentor mothers) who successfully went through PMTCT, undergo a two-week structured training to equip them with PMTCT knowledge. They are employed to work in health facilities promoting PMTCT interventions supported through mentorship and supervision, hence becoming integrated members of health-care team at clinics.

The program aims at increasing number of mothers attending antenatal and postnatal care, more mothers taking HIV test, disclosure and male partner involvement, uptake of ART, proper infant feeding, increase health facility deliveries, increase Early Infant diagnosis. It promotes reduction in stigma and discrimination and empowers women economically and socially. The program has trained and employed 59 mentor mothers to work in 30 high volume health facilities.

LESSONS:

For a period of six months, implementing m2m sites compared to the period prior, more mothers accessed PMTCT (16%), EID (30%), contrim uptake (67.5%) and HAART (29%), has strengthened intra-facility referrals; follow-up of mothers in community, promoted disclosure and male partner involvement in PMTCT. Through task shifting, it promotes efficient use of HRH and allows HWs to concentrate on more technical assignments.

Conclusion: Use of Mentor Mothers improves uptake of PMTCT and thus contributing to reduction of MTCT.

KEY WORDS:

Mentor mothers, PMTCT, ART, EID,

034 MEANINGFUL INVOLVEMENT OF THE PEOPLE LIVING WITH HIV AS IN HIV PROGRAMMING

AUTHORS:

Namisi CP, Namande R, Ingabire R, Massovan W, Nannyonga MM

ISSUES:

Only 53% of all positions in staff establishment in Uganda are currently filled with qualified staff and yet HIV has increased the demand for human resource. That is why Nsambya Home Care (NHC) has built a strong community involvement to deliver HIV services.

PROJECT DESCRIPTION:

NHC provides comprehensive community-based HIV care services to the infected and affected families for over 24 years in the four districts around Kampala Uganda. The clinic has 68 established staff and 50 community volunteers (CV) providing HIV care and treatment to over 11,057 patients. The CV were trained in 2001 and get biannual refresher course and 30\$ monthly as stipend. Each CV conducted three home visits weekly saw an average of 30 patients monthly. 96% of the CVs are PLHA, age range 29 to 50 years, 80% females and 90% have served for more than ten years. They serve as bridges between the communities in the catchment area and NHC, mobilize and sensitize communities for various HIV related services, and follow up of patients who would have missed clinic appointments. During home visiting, they inspect for hygiene, monitor adherence to medication (ARVs and TB), health educate, as well as counsel and refer patients to NHC when needed. Each CV was given a bicycle to improve transport that led to doubling in number of patients home visited.

LESSONS LEARNT:

- Motivated Community Volunteers can provide excellent home based HIV care services.
- But providing communication improves service delivery.

NEXT STEPS:

- Continue strengthening the home-based for through human capacity building
- Continue sharing best practices of community structure strengthening

SUBTHEME F: Operation and Implementation Research/ F2

AUTHOR: Paul Mayende Nicodemus

CO-AUTHORS:

Albert Maganda, Alice R. Asimwe, Isaac Sebuliba, Adeodata Kekitiinwa

INTRODUCTION:

Pediatric HIV/AIDS services have largely lagged behind the adult ones with only 30% of children accessing life saving antiretroviral therapy. As a strategy to increase access and utilization, Baylor-Uganda has employed community media for rapid mobilization. Results of this campaign are presented in this paper.

METHODS:

In Western Uganda strategically positioned billboards, fliers, and charts among others have been used to promote awareness and increase demand for HIV/AIDS services. Prime spot messages and talk shows, are frequently played on local radio stations encouraging mothers to seek antenatal services where they can access PMCTC and the rest of the people where to access HIV services.

Monthly talk shows not only provide information on topics such as prevention, couple testing, care and treatment but also create forum for people to share their several challenges.

RESULTS:

Comparison of the numbers accessing HCT services two months after the campaigns indicate a sharp increase in utilization of services as opposed to prior to the campaigns. Between January to March 2010, there were averagely 3,560 persons seeking HCT services monthly. With the putting up of a billboard, the figures rose by 62%, reaching 6,193 (April) from 3,826. Much as there were normalization towards the former figures in May and June to 3,780; with the start of spot messages and talk shows, the rate of access to HCT increased by 26%, and 34.8% in the months of July and September respectively.

CONCLUSIONS:

Other factors notwithstanding, community level media interventions increase HIV/AIDS awareness and consequently, the utilization of prevention, care and treatment services. The sharing of personal experiences by HIV/AIDS clients has created forum of issue discussion including challenges of adherence.

POSTER ABSTRACTS

036 OPERATIONAL AND IMPLEMENTATION RESEARCH

SUBTHEME F1 TO YOUR DOOR STEP: The TASO art care pathway is key to better service delivery

AUTHORS :

Y Malende Shafik, Nakiweewa Juliet

BACKGROUND:

The ART Care pathway was designed to provide a systematic way of initializing eligible clients to ARVs and also prepare them psychosocially for their futures. Over the years it has been reviewed in order to come up with the best practice of delivering the service quicker to the clients.

PROGRAM DESCRIPTION:

TASO Clients are given information regarding ART through health talks and individual counseling sessions. Appointments regarding ART screening are then given to them and those that honor their appointments are screened. All those that are screened are supposed to update their directions in the information system. A case conference is carried out immediately after receiving the results to access those that are eligible. Preparations are thus made to home visit clients that are eligible to psychosocially assess their readiness. The medicine companion is also educated about ART. Those that are psychosocially ready are started on ART.

LESSONS LEARNED:

The pathway has enabled early commencement of clients who are eligible for ART and has also enabled clients to be home visited and given proper guidance and counseling.

It has greatly reduced on the transport cost of the clients since they no longer have to come back after just two weeks in order to find out their results from the screening.

Some clients who haven't disclosed to their neighbors tend to give wrong directions to their homes in order to avoid being visited by the staff. They sometimes request not to be home visited but rather collect their own results.

CONCLUSION:

The TASO ART pathway has improved the quality of lives of the clients due to the fact that they are identified early i.e. those that are eligible are initiated.

037 CHILD-GUARDIAN MEETINGS ARE KEY IN ORPHANS AND VULNERABLE CHILDREN (OVC)

THEME: TOWARDS VIRTUAL ELIMINATION OF HIV/AND AIDS IN CHILDREN

SUB-THEME D: SPECIAL GROUPS
D2: ORPHANS AND VULNERABLE CHILDREN
CARE AND SUPPORT:- EXPERIENCES FROM TASO RUKUNGIRI.

AUTHOR:

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BACKGROUND:

In Uganda, the major driver of OVCs is HIV/AIDS scourge, which stands at 45%. (UBOS-2007) The national strategic plan goal for OVC care is to increase the number of activities being carried out to help OVC either directly or through the households in which they live. The AIDS Support Organization-TASO a Non-Governmental Organization has for years contributed towards care of OVCs whose number and needs grow day by day. This has posed possible compromise in quality of service offered to OVCs. In July 2009, TASO Rukungiri center started to offer comprehensive care to OVC to meet protection; care and support needs in a holistic manner. However to ensure quality OVC service provision a component of child-guardian meetings was introduced to have a fora where challenges and needs by OVCs could be addressed.

PROGRAM DESCRIPTION:

In TASO context, child-guardian meetings target OVCs and their guardians who are selected and supported through a competitive process targeting the neediest household for social support. During such meeting beneficiaries receive support in terms of education scholastic materials, child protection sensitisation talks, psychosocial support, and health care including HCT, social economic empowerment, food security and nutrition information. This takes place with support of other key stakeholders of the OVC services and TASO spearheads the whole process. The meeting is held once every year targeting the supported OVCs and their guardians.

LESSONS LEARNED:

The supported OVC households are receiving a more specific, comprehensive OVC services in a holistic manner, the number of family members counseled on HIV prevention has increased, there's easy monitoring and follow up of supported OVCs, advocacy and partnerships have been strengthened and access to basic children's rights has been promoted through legal support where required. Reports from school and home visits where OVCs are supported with education indicate that some guardians of OVCs that had exposure to a child-guardian meeting had a positive attitude and less stigma towards TASOs OVC support. OVCs and their guardians have been able to take up HCT during such meetings

CONCLUSION:

Child-guardian meeting is of great benefit to both OVCs and their caretakers but requires support from other stakeholders and therefore providers of OVC services need to explore the strategy in order to offer quality OVC care services.

ABBREVIATIONS:

AIDS - ACQUIRED IMMUNODEFICIENCY SYNDROME
HCT - HIV COUNSELING AND TESTING
HIV - HUMAN IMMUNO-DEFICIENCY VIRUS
OVC - ORPHANED AND VULNERABLE CHILDREN
TASO - THE AIDS SUPPORT ORGANIZATION
UBOS - UGANDA BUREAU OF STATISTICS

038 PMTCT SPECIAL CLINICS: A STRATEGY AIMED AT STRENGTHENING ACCESS TO SERVICE- TASO SOROTI EXPERIENCE- UGANDA.

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BACKGROUND:

Mother to child transmission is the leading cause of HIV infection in children. It remains a major public health problem worldwide, with the greatest burden in resource poor setups. Infants and children with HIV are more likely to become ill and die shortly after birth.

METHODOLOGY:

In a clinic day, expectant mothers and mothers who have brought their children for testing are isolated from the rest of the clients, a clinician and counselor, then joins the team to offer clinical and counseling services.

LESSONS LEARNT:

Early diagnosis of HIV in infants provides a critical opportunity to strengthen follow up of HIV exposed children. Assure early access to ARV treatment for infected children, provide reassuring information to families of uninfected children.

There has been a great improvement in health centre deliveries. A few mothers who still deliver at home do so with the help of traditional birth attendants.

CONCLUSION:

PMTCT special clinics are essential in prevention of mother to child transmission of HIV. More over developing capacity to address HIV in children is essential component of PMTCT programmes, strengthening health centre systems, including improving monitoring of PMTCT programmes is a key.

039 SCHOOL NURSES GRAPPLE WITH THE CHALLENGE OF HIV POSITIVE STUDENTS.

THEME: Towards virtual elimination of hiv/aids in children

SUB THEME: D:Special groups

AUTHORS:

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INTRODUCTION:

Although the government of Uganda recognizes that the school-going HIV positive pupils are presenting a new challenge to the education sector, little has been done in building the capacity of school care givers especially the school nurses in taking care of this vulnerable population. This study was a rapid assessment that set out to establish the training needs of school nurses in management of HIV in a school setting.

METHODS:

A questionnaire was administered to 27 school nurses in secondary schools. This was followed by in-depth interviews their needs in building their skills in HIV care and support.

RESULTS:

The interviewed nurses revealed that they are taking care of HIV positive students (those who had disclosed their status). Every school nurse interviewed agreed and acknowledged that the in school positive pupils needed great care and attention from them. From the analysis of basic, intermediate and advanced knowledge on HIV, generally school nurses have intermediate knowledge about HIV. 2 out of 27 school nurses reported having had training in HIV care. They all expressed need to train in HIV Counselling and Testing (including Rapid Testing), Antiretroviral Therapy (ART), Children, teens and HIV, Management of the Newly Diagnosed HIV-infected Patient and Communicating with families of HIV+ patients.

CONCLUSION:

School nurses need capacity building in HIV care for better management of HIV in school settings.

040 SUPPORTING CAREGIVERS IMPROVES THE HEALTH OF CHILDREN; EXPERIENCE FROM TASO TORORO

SUB THEME

F: Operational and Implementation Research

F3: Best Practices

AUTHOR:

Lynette Opendi - The AIDS Support Organisation (TASO)

BACKGROUND:

TASO a non Government Organization has supported over 200,000 HIV positive people to access services since its inception in 1987. Most of TASO'S clients are rural based with challenges in affording the basic needs of life and this also affects the health of children. The intervention made by the staff of TASO Tororo, one of the 11 TASO centres, into a couple's life made all the difference to the health of the family.

PROGRAM DESCRIPTION:

In 2009, one of the couples that accessed TASO services stood out as being part of the poorest of the poor. The couple reported many occurrences of opportunistic infections and were too weak to engage in income generating activities. They were sleeping hungry on many occasions with hardly any food even for their six children who looked severely malnourished. The family lived in a tattered hut which further compromised on their health. Some TASO staff visited the family to assess their situation. Later the staff of TASO Tororo decided to intervene by contributing maize flour, beans, clothes and 130,000= that was used to buy a variety of food items for the family. The caregivers were also screened for ART, found to be eligible then supported to commence on ART in addition to treating opportunistic infections.

LESSONS LEARNED:

The couple's health status improved significantly as they reported less opportunistic infections. They were able to resume cultivation to support their children. The couple also saved enough money to buy a small piece of land to construct a house and cultivate food which benefited the family. Their children who were previously malnourished improved and the family members developed self esteem again.

CONCLUSION:

Supporting caregivers impacts positively on the health of children. Provision of supplementary foods to children reduces the occurrence of opportunistic infections.

041 THE TASO MASAKA FILING ROOM SETUP AND ORGANIZATION: A KEY ELEMENT IN EASENING WORK AT THE CENTRE.

THEME F3: Operational and implementation research

AUTHORS:

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BACKGROUND:

The TASO Masaka filing room plays a vital role to both staff and clients by serving as an access point to their files. These files number up to 18,000 and serve as an archive for personal information, a means of accountability, a tool for future follow up and a resource for research.

PROGRAM DESCRIPTION:

The filing room is about 8 by 6metres with 36 cabins .These cabins run across the walls and floor of the room. One of the cabins contains staff files and the rest contain client files used during center and outreach clinics. The cabins are divided into shelves which are clearly labeled with the category of files they contain according to the years of registration of the clients. The files are further re-grouped to identify those on antiretroviral therapy and have registration numbers written on their edges which remain visible when the file is inserted upright in the shelf. All these features ensure easy retrieval of a particular file.The files with a volume too big for daily use owing to accumulated records are stored on the top of the cabins and replaced with a new file labeled "Volume 2" but with the same registration number.TASO Masaka is also privileged to have a big container that has files of the deceased stored separately.

LESSONS LEARNED:

The filing room ensures quick retrieval of files which are organized in the cabin shelves with the registration numbers clearly marked and visible. This organization of files reduces stress during work and minimizes data loss.

CONCLUSIONS:

Knowing what you need and where to find it makes life and work at any facility easy.

042 THE ROAD MAP TO ACCELERATING THE REDUCTION OF MOTHER TO CHILD TRANSMISSION IN POST CONFLICT REGION IN UGANDA - TASO SOROTI EXPERIENCE

AUTHOR:

Kasubo Doreen, Omagol I ,Twesigeb

ISSUE:

Partner s to HIV positive expectant mothers and babies 0-18 month in Soroti a district of post conflict region of Uganda have not given enough attention to seeking HIV care. Few partners are keen to access prevention of mother to child transmission services and yet male involvement is crucial in the psychosocial well being of a mother which affects the early child hood development, quality of life of an infant.

DESCRIPTION:

When Partners to HIV positive pregnant mothers come to seek care they are identified by counselors during health education counseled in groups of a minimum of ten. Counselors, nurses are involved in following up at home and during their clinics after they have consented to this.

LESSON LEARNT:

Indifferent groups confidentiality is excised this encourages members in the group to open

Fathers are central in everyday decision making, particularly on issues of access, distribution of resources movements outside the home as well as how many children to have and when to have them.

They do make child birth safe since they have a big stake in the decision to seek care when pregnancy related complications arise

Involving men in prevention of mother to child transmission issues requires them to have a clear understanding of their family and social roles in matters directly related to ensuring the well being and survival of mothers during pregnancy and child birth.

CONCLUSION:

Men can participate as community advocate for greater access to care and better understanding of women needs during and after pregnancy.

043 WHERE ARE THE HIV POSITIVE CHILDREN? A CASE STUDY OF IGANGA HOSPITAL

SUB-THEME: F3: Best practices

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INTRODUCTION:

A post-training follow-up mentorship visit in October 2010 observed that Iganga hospital had only 92 children enrolled in HIV care (8% of all active clients), and yet hospital records showed several children attend. The Strengthening Tuberculosis and HIV&AIDS Responses in East Central Uganda (STAR-EC) program provided technical assistance to staffs on children's ward on identifying more HIV positive children via 2 approaches. The first approach was the "know your child's HIV status campaign" (KYCHS). One KYCHS arm was facility-based testing of children of HIV clients enrolled in Iganga HIV/ART clinic. The second KYCHS arm was outreach-based testing of any children (& caretakers) residing in Iganga municipal council. The second approach was daily provider initiated HIV testing & counseling (PITC) for all admitted children on ward.

METHODS:

Iganga hospital's child testing activity reports for November 2010 to January 2011 were reviewed. A comparative analysis was made of the number of HIV positive children identified by either approach. Our focus was the absolute numbers identified rather than the percent seropositivity!

RESULTS:

In 3 months, three KYCHS campaign days were conducted (two facility-based plus one outreach-based). The facility arm identified 3 HIV positive infants out of 139 tested children of enrolled HIV/ART parents The community arm identified 3 HIV positive out of 54 tested children. In comparison, the ward PITC approach cumulatively identified 21 HIV positive children out of 399 tested children. The majority of these (378) were aged < 5yrs of whom 18 were HIV positive. Note that subsequent PITC data for February to June 2011 reveals that additional 10 HIV positive were identified out of additional 248 tested children on ward.

CONCLUSION:

Most HIV positive children are already on our pediatric wards! Therefore we recommend that implementing partners should focus on supporting children's wards to provide daily PITC to all admitted children.

044 THE IMPORTANCE OF FAMILY SUPPORT GROUPS (FSGS) AS AN INTERVENTION IN PMTCT FOR IMPROVED ADHERENCE AND RETENTION IN CARE OF CHILDREN INFECTED BY HIV

AUTHORS:

Joy Edith Angulo, Catherine Nanyunja, Lydia Murungi, Edward Bitarakwate; Mary Namubiru;

Elizabeth Glaser Pediatric AIDS Foundation/STAR SW

BACKGROUND

Elizabeth Glaser Pediatric AIDS Foundation (Uganda) building on past experiences and practices has started family support groups for both adults and children. The Family support group is a psychosocial support group that offers peer counseling to help HIV positive pregnant/lactating mothers and their families cope better with the impact of HIV/AIDS on their lives through utilization of PMTCT and EID interventions. Objectives include linking and referring members for HIV prevention, care, treatment and support services and also linking exposed infants/children to comprehensive pediatric and HIV care services including Early Infant Diagnosis (EID).

The Ariel children's clubs were initiated at the health units to enable the HIV-infected children live a quality life and their needs are met holistically. The needs range from dealing with stigma and discrimination at home, school and community; non-disclosure and adherence issues

PROGRAM DESCRIPTION:

The care and treatment program is to ensure that the children that are tested and enrolled in care and treatment services with their families receive psychosocial support in addition.

The younger children (Below 5 years) attend the FSGs with their parents while the older children (6-18 have a separate group).

Mothers who come to the health facility and those who enroll as family support group members are encouraged and supported to test the baby and all the siblings of the baby identified during PMTCT program. Community level linkages have led to increased identification of HIV exposed children and their families, PMTCT services, care and treatment with an emphasis on pediatric care and an innovative psychosocial support effort that includes children's support groups.

LESSONS LEARNT:

Improved linkages between the different HIV care entry points for children have enabled the tracking of individual cases and facilitated enrollment. Psychosocial support services for HIV-infected children and their families are now a routine part of clinical care and treatment services at the health units which has improved retention in care. Children are followed up by health workers and peer educators in their homes to ensure adherence to drugs.

CONCLUSION:

This intervention has created increased access to comprehensive HIV/AIDS services for many HIV positive children and their families.

045 CHILD RIGHTS AND ADVOCACY

SUB-THEME: Psychosocial and advocacy issues.

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AUTHORS AFFILIATION:

Bukoto Women Initiative

BACKGROUND:

A child has a right to live with its parents, grow health and happy, right to live, education, medical care among others. Many children in Uganda today have fallen victims of abuse where education, medical treatment, food is denied; they are beaten severely, over worked, raped and defiled. And in this case therefore Bukoto Women Initiative have tried to reach such kind of children who fall victims by giving them support, reporting cases of abuse to local councils, police and clan courts. It has sensitized the masses through door-to-door home visits reaching the vulnerable people in the local communities of Kamwokya, Bukoto, and Kisaasi among others. It has Adult Education from Monday to Friday.

PROGRAM DESCRIPTION:

As a Christian organization, the Advocacy program aims at enhancing; child participation in planning for services, sensitizing and identifying the infected and most affected families in the society, adult education is on daily basis, there is also guidance and counseling services. Bukoto Women Initiative have managed to involve children and the sick in church activities .It has a weekly program for children on Saturdays evening and Sunday school whereby children are engaged in music, dance and drama, songs, poems, skits, prayer groups, Bible study and others. Raise important issues on HIV/AIDS and children are encouraged to take up an HIV test and live a holy life, the same applies to their parents. The infected and the affected are given care, comfort, help, taken to hospital for checkups and treatment. Door to door, mission and spiritual care is given to the community as well.

LESSONS LEARNED:

Many parents are encouraged to go for testing together with their children. The infected and the affected ones are encouraged. These have accepted to live positively with love, trust and faithful to God and others. Spiritual care has helped in meeting the spiritual needs of both children and parents that is love acceptance, meaning and purpose of life, hope even in their suffering, answers to their questions. This has sought to promote health and expand its understanding encouraging life even in the presence of death, torture, disappointment, suffering among others.

CONCLUSION:

In conclusion therefore, community participation, sensitization, charitable works, spiritual teachings, guidance and counseling, the ability to express contentment in life and expression of hope in the future as children's rights are realized are some of the effective tools in helping communities address challenges of child rights, human rights empowering them for protection, care, support and improvement of quality life.

046 FACTORS AFFECTING DISCLOSURE OF SEROSTATUS TO CHILDREN ATTENDING JINJA HOSPITAL PAEDIATRIC HIV CLINIC, UGANDA

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BACKGROUND:

Disclosure is an important public health strategy that offers benefits to the infected individual and public. Identifying factors that affect disclosure of sero-status in children will help improve the process of disclosure. Objective of the study was to determine prevalence of and factors affecting disclosure of HIV sero status to children.

METHODS:

A cross sectional study was carried out among 174 caretakers of children aged 5 to 18 years. Ten health workers and 20 children disclosed to were interviewed. Data was collected on socio-demographic factors, disclosure status, health facility factors, fears and perceived benefits of disclosure by administering a questionnaire.

RESULTS:

Complete disclosure was 43%. Among those not disclosed to, non-disclosure was 19% and deception 14%. Factors associated with disclosure of sero-status to a child were age of child (X2 37.4 df 1 p< 0.001), child being on antiretroviral therapy (OR 2.0 CI 1.1-3.6 p=0.024), child attending psychosocial support group (OR 7.4 CI 3.6-15.3 p < 0.001) and primary caretaker having tested for HIV (OR 2.8 CI 1.4-5.6, p=0.005). Reasons for non disclosure were child being too young, fears of stigma and that child may disclose. There were no appropriate guidelines on disclosure and only half of health providers had training on disclosure of HIV serostatus to children.

CONCLUSION:

The overall prevalence of disclosure was low. Factors that were significantly associated with disclosure were age, attending psychosocial support group, primary caretaker having tested for HIV and lack of appropriate guidelines.

047 UTILIZATION OF REPRODUCTIVE HEALTH SERVICES AMONG ADOLESCENTS AND CARETAKERS ATTENDING THE PIDC, MULAGO HOSPITAL

SUB THEME F: Operational and implementation Research

CATEGORY F3: Best Practices

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BACKGROUND

Despite increasing evidence of association between reproductive health (RH) conditions and HIV/AIDS infection, few implementers have integrated RH services into the existing care programmes.

At the Baylor-Uganda COE, RH services have been integrated into the existing care program since April 2007.

We review the utilization of RH services by the adolescents and caretakers of children attending the clinic.

PROGRAM DESCRIPTION:

Baylor-Uganda engaged two gynaecologists from Mulago hospital Department of Obstetrics & Gynaecology and 3 nurses to provide RH services. Services provided include Family Planning (FP), Health education, Antenatal Care (ANC), screening for cervical and breast cancer, treatment for STIs and other genital infections. To offer the complete package for cervical screening, we acquired a colposcope, Leep machine and equipment for cryotherapy are housed in the department of Ob/Gyn. Records of clients utilizing RH services by April 2011 were retrospectively reviewed and are presented as numbers and proportions below.

RESULTS:

A total of 1,842 clients (128 adolescents) have received family planning services; 60% of these opted for Depoprevera, 22% condoms, 20% oral contraceptives and 6% other methods; 15% were on dual contraception. Since March 2009, 1,982 clients (93 adolescents) have been screened for cervical cancer; 199 (16 adolescents) were positive on Visual Inspection with Acetic acid – 51 were further evaluated with colposcopy, biopsy or PAP smear. Twenty two of these have undergone treatment with cryotherapy (another 15 awaiting procedure), nine had TAH, 4 declined therapy; one passed away while 53 turned out negative on further evaluation. Two hundred and fifty one (13%) clients were treated for sexually transmitted infections (partners not included).

CONCLUSION:

Utilization of RH services especially cervical cancer screening and FP services is good among attendees of the clinic.

RECOMMENDATION:

Integrating RH services in existing HIV care programmes is paramount if comprehensive care is to be achieved. HIV infected adolescents should be vaccinated against HPV infection

048 INITIATION OF NOAH'S ARK CLUBS IN THE COMMUNITY PROGRAM, EXPERIENCES FROM MILD MAY UGANDA.

SUBTHEME D: Special groups

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BACKGROUND:

A community program was initiated in 2008 to decongest the Mildmay clinic and also facilitate movement of clients with transport challenges. Among the clients within this program were children who had extraordinary social problems such as mistreatment from carers, lack of education, poor adherence, and poor hygiene. This necessitated the creation of the Noah ARK clubs attached to the different community clinics in 2009.

PROGRAM DESCRIPTION:

The clubs were started by assessing community awareness on the plight of OVC, child rights and the need for their protection especially among OVC carers and local communities. Carers, CBVS and local leaders were encouraged to bring siblings of clients to the clubs regardless of HIV status. All children referred from the communities and caretakers were assessed and offered HIV counselling and testing.

The clubs are run once a month on clinic days and provide a child-friendly waiting environment and psychosocial support for the children. Several services are conducted on that clinic day such as HCT, adherence issues are discussed with all age groups using different skills according to age and Immunization status checking among others.

LESSONS LEARNED:

A total of 514 children and care takers have benefited from clubs since inception. 213 were children, 113 females. All the identified positives (55) were enrolled into care. Other achievements include the counseling psychosocial support, life skills training and recreational/educational. The clubs have also been a main entry point for increased access for OVC and their households to basic services.

CONCLUSION:

Limited funds to support carers IGA, school fees for children and Children's poor adherence due poor social support by carers were major challenges. Noah's ARK clubs are key in identification of children's needs and serve as beneficial strategy in the delivery of identified needs. We recommend that the district health systems adopt these clubs.

049 RESPONDING TO THE HIV PANDEMIC: "THE STRENGTH OF A CHILD CARE CENTER IN CARING FOR CHILDREN INFECTED BY HIV/AIDS" -TASO MBALE

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BACKGRUOND:

With increased international attention and concern for children living with HIV /AIDS, support and funding has increased to scale-up paediatric care and treatment. However publicity about paediatric services is still low. Of the 100, 000 people currently on ARVs only 10,000 are children yet 40,000 are thought to be in need of ARV.

TASO provides services to clients irrespective of their age, however with escalating number of children living with HIV (CHA) and pediatric care scale up, it became a priority to provide child friendly service through the Child Care Centre (CCC). This was to enable children freely express their issues to the care providers and utilize play therapy.

DESCRIPTION:

TASO registers (HIV+) children through their parents/guardians already registered. Other children are identified by VCT service providers and referred to TASO. To date TASO Mbale serves 12.5% of its clientele as children. When at the facility, they are triaged to the CCC where they are cared for by child counselors, a nanny and medical staff. These children are given appointments according to age groups to encourage peer group formation. The CCC has a child rest room, art pieces, games, toys and a television to rejuvenate play as a therapy. Other activities include; Health education, Peer support group discussions, music dance and drama. Children are given an opportunity to interact, share experience, testimonies, meals and make friends.

LESSONS LEARNED:

- As children interact, share experiences and learn from each other, they gradually find courage and confidence in themselves. They find themselves capable of accomplishing many things that they believed they could never do before. This courage and confidence plays a key role in the healing process hence a holistic approach.
- Customized child care services give an opportunity for service providers to interact and share freely with the children.

CONCLUSION:

HIV/AIDS programs should integrate Child Care Centers to support CHA. Play therapy needs to be explored as a measure of a healing process for children infected/affected by HIV. Occupational therapists could be of great importance.

050 THE ROAD TO VIRTUAL ELIMINATION OF MOTHER TO CHILD TRANSMISSION OF HIV: THE ROLE OF PSYCHOSOCIAL SUPPORT SERVICES IN EAST CENTRAL UGANDA

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SUBTHEME:

Service delivery models

BACKGROUND:

Cultural, social and economic barriers have been recognised as key impediments to prevention of mother-to-child transmission (PMTCT) of HIV uptake in Uganda. The recent global commitment towards the elimination of new HIV infections among children by 2015 calls for initiatives focused on empowerment and support of communities and mothers in order to reduce barriers to PMTCT uptake.

PROGRAM DESCRIPTION:

In collaboration with the Ministry of Health, mothers2mothers (m2m) is implementing the m2m model in Uganda under the USAID-funded Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC) programme. The m2m model recruits HIV-positive mothers from local communities and trains them to work as mentor mothers as integrated members of the health care system. Besides one –on- one session with clients, mentor mothers educate and support HIV-positive pregnant women, their spouses and children within family support groups (FSG)-providing psychosocial Support services (PSS).

The FSG have been implemented in 30 high volume facilities between July 2010 and April 2011. FSGs have been providing a forum for follow-up and support for uptake of PMTCT services, support for HIV disclosure, and uptake of early infant diagnosis (EID) services. Guest speakers from the health facilities give various talks related to health and PMTCT uptake, strengthening integration of services health facility staff.

LESSONS LEARNT:

PSS groups enhance close interaction between health service providers and the clients by providing avenues/forums for the women living with HIV and their families to share their service-delivery related challenges. PSS groups also provide avenues for HIV-status disclosure.

CONCLUSION:

To ensure virtual elimination of MTCT of HIV, all PMTCT programmes should endeavour to provide PSS services to their clients, since PMTCT goes beyond the provision of medical care.

