

TASO-UGANDA HOME-BASED HIV COUNSELLING & TESTING PROGRAM. HBHCT Consultative Meeting

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By

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PRESENTATION OUTLINE



- Introduction/ TASO background
- TASO HBHCT Program
- HBHCT Programme goal and objectives
- Benefits of HBHCT
- Achievements
- Challenges
- Lessons learnt/innovations
- Recommendations





TASO BACKGROUND



- NGO founded in 1987
- Mission: To contribute to the process of preventing HIV infection, restoring hope and improving the quality of life of persons infected and affected by HIV/AIDS.
- Serves a predominantly rural population at 11 centers and 39 outreach sites countrywide.
- Has a cumulative number of 240,000 clients
- Supports 30,000 clients on ART



TASO HBHCT PROGRAM



- HBHCT a crucial component of effective strategies for HIV/AIDS prevention and care in resource limited settings
- HBCT provides an opportunity to enhance one's ability to adopt risk reduction strategies of contracting HIV and increases one's access to HIV prevention, care, treatment and support services



HBHCT PROGRAM



- For communities, HBHCT is a means to create awareness, mobilize local responses and reduce denial, stigma and discrimination
- TASO with Support from CDC rolled out HBHCT services at TASO Mbale and Jinja



HBHCT PROGRAM

- Entry point to comprehensive HIV prevention, care, treatment and support services.
- TASO client serves as the index client
- Adopted a family-based approach



GOAL AND OBJECTIVES



Goal

To improve access to HIV/AIDS prevention, care, support and treatment services amongst household members of clients on ART.

Objectives

- To enable household members know their individual HIV sero-status.
- To enhance the understanding of household members of their personal risk for HIV infection.
- To help household members plan to reduce risk of infection or transmission of HIV.



OBJECTIVES



- To facilitate adherence support for the index client and other household members eligible for ART by reducing possibility of sharing drugs (Septrin/ARVs).
- To encourage disclosure about sero-status.
- To facilitate integration of ART into TASO community work.
- To contribute towards achieving national access targets to VCT services.



BENEFITS OF HBHCT



- Increases access to HIV testing
- Promotes early knowledge of HIV-sero status
- Fosters prevention through post test counseling
- Identification of discordant couples
- Facilitates early care for HIV infected individuals and couples
- supports behavior modification to prevent new HIV infections



BENEFITS



- Support family centered care and prevention
- Lays foundation for drug adherence
- Promotes high level of HIV/AIDS awareness in the community
- Social acceptance of people living with HIV and AIDS



ACHIEVEMENTS - I



- Increased involvement of males and children
- Enhanced disclosure and risk reduction among couples.
- Positive change in sexual behavior
- More people enrolled onto HIV/AIDS care.
- Nutrition & Hygiene education for communities & households



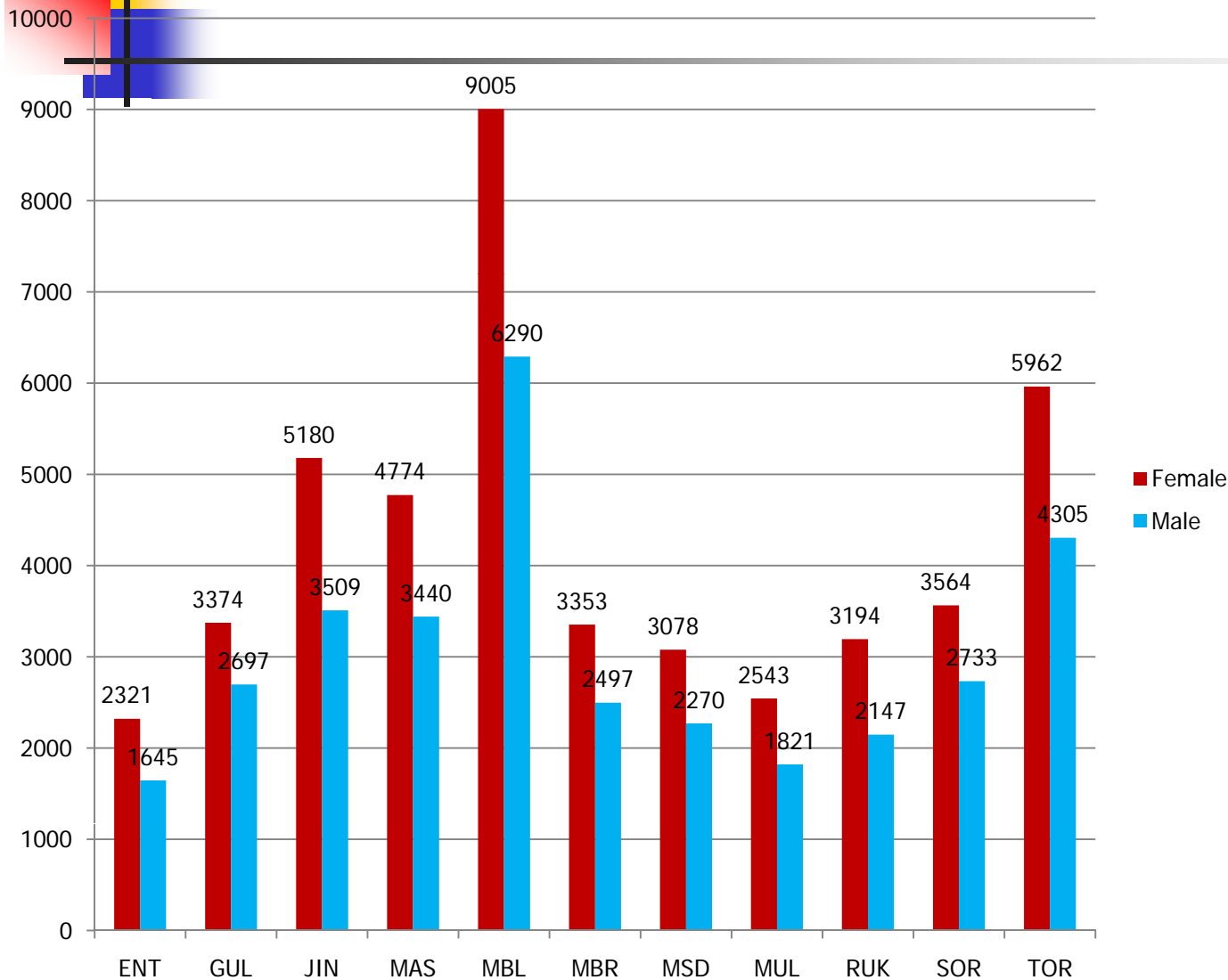
ACHIEVEMENTS - II



- A grandmother with children orphaned by HIV/AIDS before HBHCT
- Orphans benefited from HBHCT and subsequently Care.

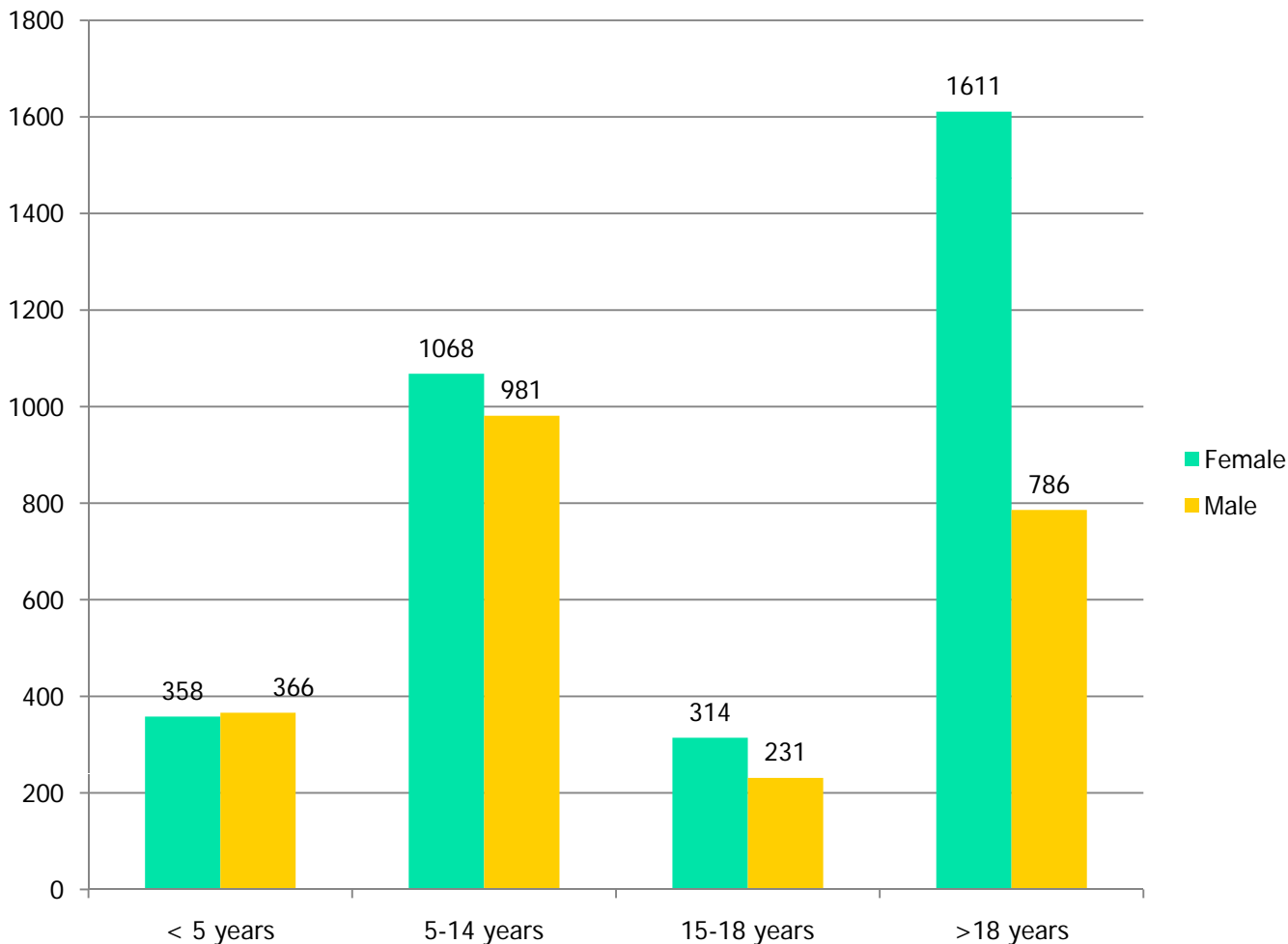


Cumulative number of Household members tested by June 2009



- Total of 79,702 household members tested for HIV [58% Females; 42% Males]

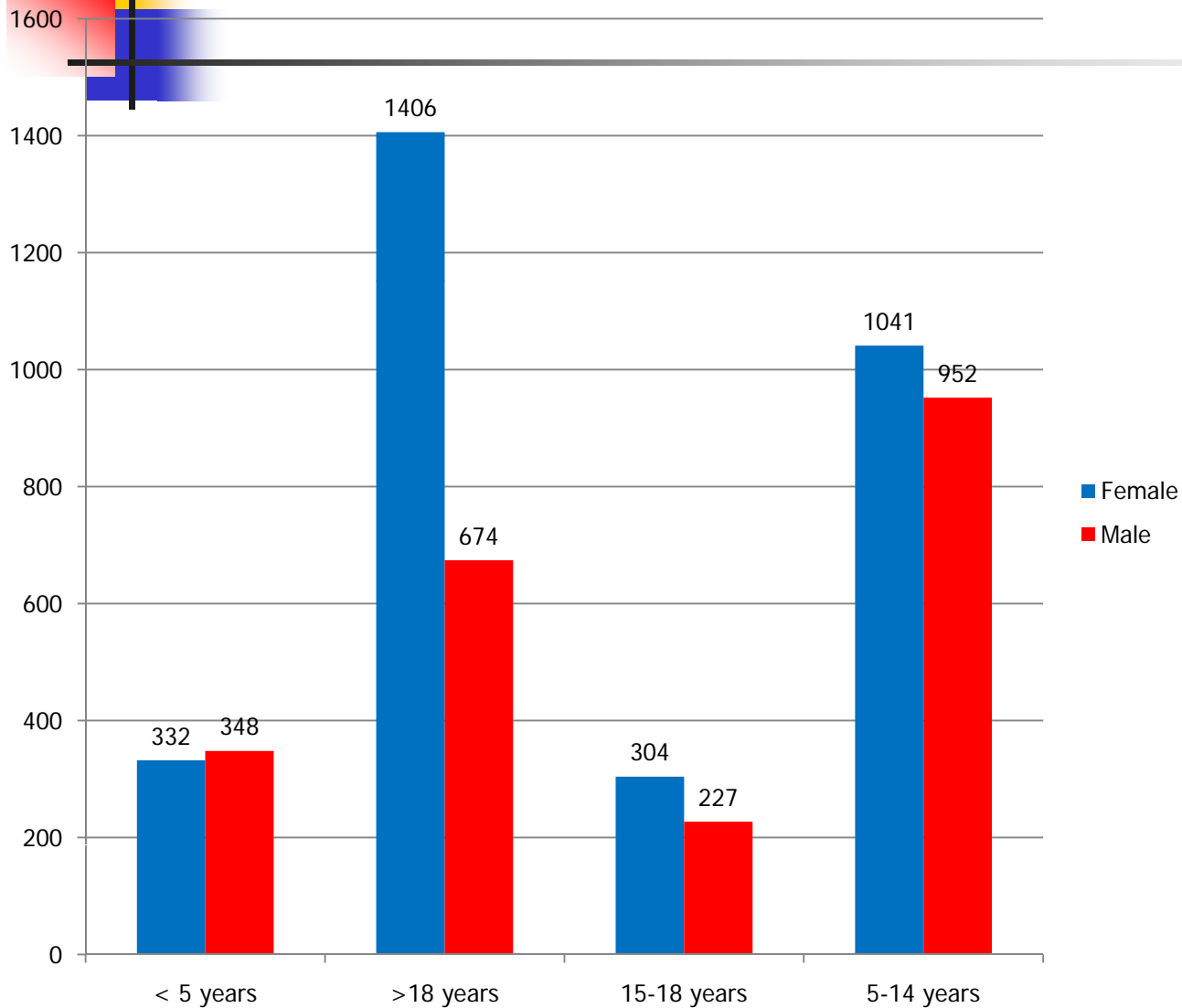
Number of Household members Tested from April-June 2009



- 5,715 tested from April to June 2009 [59% Females; 41% Males]
- More Females > 18 years were tested



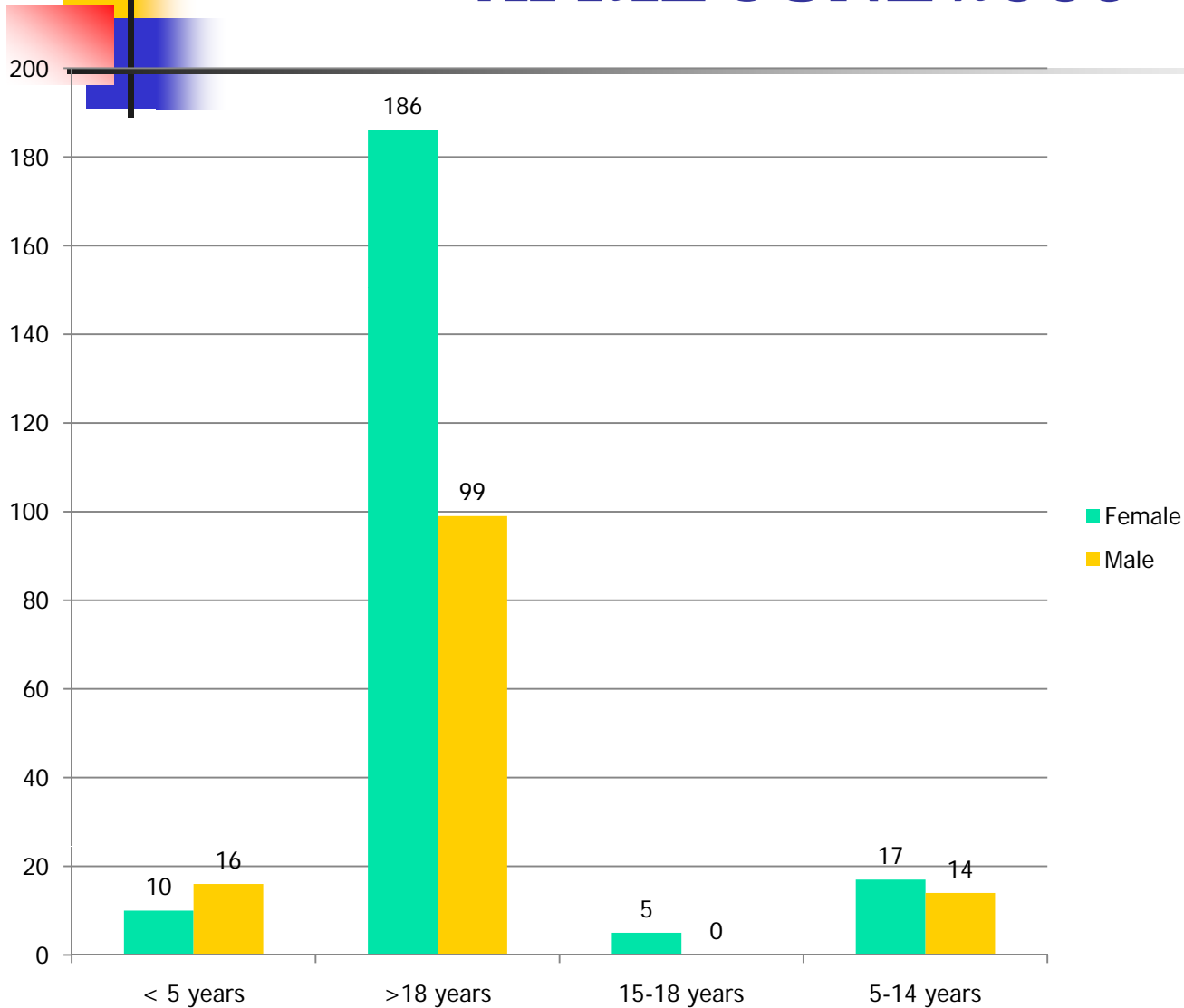
TESTED NEGATIVE APRIL-JUNE 2009



- A total of 5,284 household members tested HIV Negative
- Most >18 years testing negative
- Females were predominant



TESTED POSITIVE APRIL-JUNE 2009



- More positive Male children below 5 years than Females
- HIV prevalence rate at 6% among those tested



CHALLENGES -I



- Stigma still exist in the communities
- Challenges testing couples because of non-disclosure, polygamy, fear of rejection etc
- Disintegration of households due to wars (Northern & North-Eastern Uganda)
- Disclosure of discordant results.
- Increased demand for psychosocial support especially when members are positive



CHALLENGES - II



- Some house holds are extremely large
- Working household members are difficult to get at home
- Children in school are likely to miss out
- Efficiency in logistics supply
- Challenges obtaining timely DNA-PCR results
- Workload burden of highly integrated and comprehensive HIV programmes



CHALLENGES - III

- Inability to meet the generated demand for care and support services
- Attrition of well trained staff for better paying organizations



LESSONS LEARNT/ INNOVATIONS



- **Involvement of Local Leaders is vital in mobilization and acceptance of program**
- **HBHCT has gained acceptance as services are taken to Clients' door steps**
- **Task shifting & multi-tasking of health care providers enhances the success of the program**
- **Integration of HBHCT with other activities creates cost effectiveness**



RECOMMENDATIONS

- Include Malaria testing as a component of HBHCT
- Make HBHCT a National Program
- Continuous Forum to share experiences and adopt best practices is the way to go
- HIV Prevention services should go hand in hand with universal access to HIV testing
- Variety of HIV counselling & testing approaches need to be integrated to adapt to unique circumstances related to occupation, hard to reach areas, mobility etc



SCENES FROM THE FIELD - I



- Orphans at a typical Rural Household



FIELD SCENES - II



- A TASO field Officer Carrying out HBCT at a Household



FIELD SCENES - III



- A Counselor conducting a health education at the Household



FIELD SCENES - IV



- **TASO Counselors seeking consent from parents to test their children**



TOGETHER WE CAN DEFEAT HIV/AIDS

ASANTE SANA!!!!!!!

