

Increasing Pediatric Care & Treatment Uptake: Scaling down to Scale up ICAP-NG Experience

By

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Session Goal

- To develop an Efficient and Effective strategy for establishing Pediatric services for HIV infected children in PHCs sites.

Learning Objectives

- To develop an approach to provide Care and Treatment to HIV infected children at PHCs: HCT, DBS collected, disease staging, CD4, Growth monitoring, CTX prophylaxis, starting ARVs etc.
- To learn how to identify challenges and barriers to delivering Pediatric HIV services at PHCs.
- To outline some of the challenges and possible solutions.
- To discuss effective and efficient implementing strategies.

Nigeria as a Case Study

Statistics I

- Currently working in 6 states out of 37 states in the country.
- Total no of facilities 163.
- PMTCT only sites 86.
- Comprehensive sites 18 with 2 ART outlet sites
- Pediatric ART clinic types:

Integrated

Separated

Minimal services (EID, Infant feeding counseling)

Statistics II

- Pediatric ART started August 2006.
- Target should be 10% of adult cases for COP 07
Pediatric cases on care= 1941 and on ART =515
- Adult on Care= 20,609 ART = 6002
- Presently in ICAP-NG PHCs we do the following:
 1. PMTCT
 2. Infant follow up
 3. CTX prophylaxis

Where do we want to get to 1

- We want to increase pediatric uptake by active process of looking beyond comprehensive sites like PMTCT program has done through the following:
- Institutionalizing pediatric testing in all the ICAP supported PMTCT/HCT only sites which include secondary hospitals and primary health clinic (PHCs).
- Include HIV testing of sick babies part of minimum care package at the PHCs especially as HIV infected children will present with features of common childhood illnesses.

Where do we want to get to 2

- Making other services such as Growth monitoring, HCT, DBS, CTX prophylaxis, CD4 testing, starting ART available at the PHCs

Challenges

- Shortage of manpower
- Infant follow up
- High rate of home deliveries (Two third of mothers who registered for ANC deliver at home).
- Complexity of Infant diagnosis
- Inadequate experience of health care providers.
- Difficulty in identifying infected older infants and children

THANK

YOU

ALL