

The CQUIN Learning Network

Community Engagement in Demand Creation for DSD: TASO Experience

Dr. Baker Bakashaba
Regional Project Manager
TASO Uganda

June 28, 2018
Mbabane, Eswatini



HIV LEARNING NETWORK
The CQUIN Project for Differentiated Care





TASO

- **Public Health Approach**
- **Rights Based Approach to Care.**
- **Peer to Peer Model**
- **Differentiated Models of Care**
 - Targeted HIV testing Outreaches
 - Index client testing
 - Community ART Delivery Model-CDDPs
 - Community Client Led ART Delivery-CCLAD
 - Facility-based Care
- Evidence based Combination Prevention
- Meaningful/ Greater Involvement of PLHIV(MIPA/ GIPA)



TASO in numbers

Facilities	11 Centres of excellence 96 Public and Private not for Profit sites in Soroti Region
Clientele	72,000 in TASO centres 42,313 in public and private supported sites
VL suppression	94.3% in TASO centres 86% in supported sites
DSD coverage	80% of all clients in COEs 35/96 sites implementing at least one DSD model

Expert clients	23*11 in COE 15*96 in supported sites
Client council members	11*11 in COE
Representatives on Centre Advisory committees/ HUMC	2*11 in COE 2 on the Board of Trustees Variable in supported sites
CDDPs	75*11 in COE 10 in supported sites

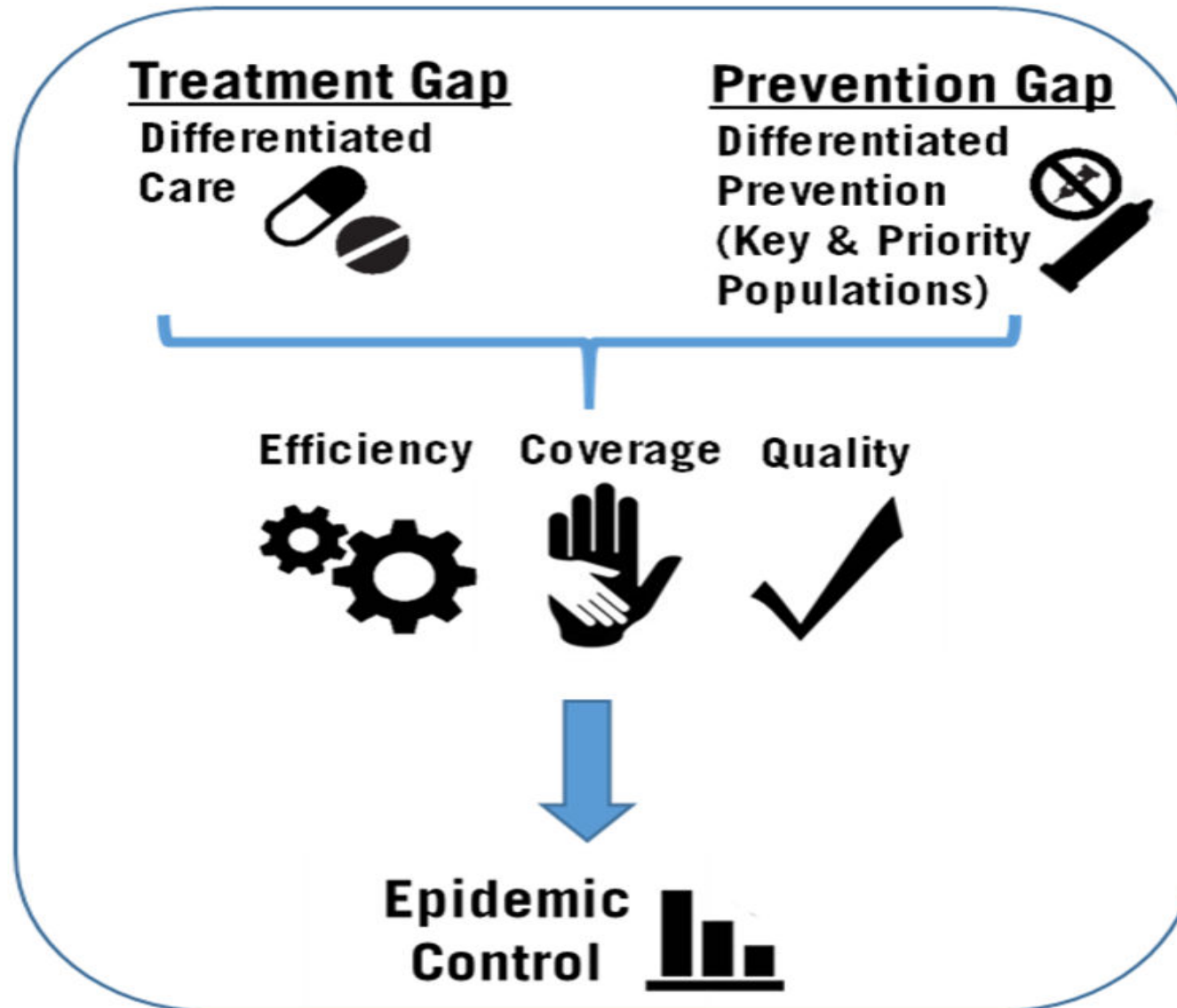


Who's the father of Scale Up?



"I'm 'Necessity' and this is my son, 'Invention'."

DSD Model



TASO Model of Community Engagement

- Premised on the MIPA/GIPA principles
- Expert clients-Client councils-reps on CAC-Reps on BOT
 - Engagement of local leaders at all levels
- Driven by voluntarism but important to keep motivated
- Training, mentorship and engagement
- The PLHIV community becomes an important base to scale up every other initiative
 - Useful in all the 95-95-95 cascade activities
- Targeting special groups: Adolescents, key populations, men



Key Actions

- Tailored and routine messaging
 - Health talks, community dialogues, interpersonal communication,
- Task-shifting
- Measure outcomes through surveys and other evaluations
- TASO conducts quarterly client satisfaction surveys.
- **Disseminate the results, whether positive or negative.**
- Major fora target clients such as Annual General Meeting, Annual Clients' Day,
- Identify key lessons and opportunities for scale up.

Key Community actors

- PLHIV
- Networks of PLHIV
- Community-Based Organisations
- Community leaders
- Health workers

Health education in the community



What investments are required?

- Planning, management, coordination and supervision
- Training and capacity building for expert clients, community health workers and Health care providers
- Patient Literacy
 - Health talks, community dialogues, Champions of Change
- Tools
 - Bicycles, branding materials, IEC materials, policy and guideline documents, data collection tools
- Facilitation
 - Transport, monthly stipends

Use of drama to mobilise and sensitize



Benefits of Community Engagement in Demand Creation

- Sustainability
- Efficiency
 - Ease of integration and leveraging of resources
- Reduced stigma and discrimination
- Ongoing adherence counselling and support in facility and community
- Institutional memory



Conclusion

"It's not about everybody getting the same thing. It's about everybody getting what they need in order to improve the quality of their situation."

- Cynthia Silvia Parker, Interaction Institute for Social Change

There is always room at the top for scale up





THE AIDS SUPPORT ORGANIZATION TASO



**BILL & MELINDA
GATES foundation**



ICAP

COLUMBIA UNIVERSITY
Mailman School of Public Health



TASO Uganda (Ltd). P.O Box 10443, Kampala Tel: +256 414 532580/1, Fax +256 414 541288

Email: mail@tasouganda.org. Website: www.tasouganda.org