**748 words= 398**

**TRACK: Exploring family- centered approaches, caregiver support, and strategies to improve outcomes for paediatric patients.**

**ORAL PRESENTATION**

**Title:** Accelerating palliative care services on Children with HIV/AIDS through family centered approach on Treatment ,Care and support in Blantyre District**, Malawi.**

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**INTRODUCTION:**

 Among infants and children not taking antiretroviral treatment (ART), HIV infection was often rapidly progressive and fatal. Approximately 20% of HIV-infected infants would die by 3 months of age without treatment, 50% would die before reaching their second birthday, and 75% would die by five years of age. However, ART initiation upon diagnosis could reduce mortality among HIV-infected infants by as much as 75%. Besides these incidences there was no integration of palliative care with standard HIV care and treatment in children contributing to Poor adherence to antiretroviral therapy.

**AIM**

FOHOP carried out the project aimed at identifying HIV infected children and maintain these children with the highest quality of life while managing treatment and other needs thereby improving the outcomes for these pediatric patients.

**METHODOLOGY**

Baseline data from health facilities was collected.

Organized mobile HIV testing sessions.

Facilitated linkages to care and treatment for all identified children

Held 12 radio talk shows.

Formation of trio’s among infected children’s parents for coordinated effort in palliative care services.

Conducted door to door visits.

provided access to information using phone, posters and fliers.

 Provided psycho social counseling to parents with infected children.

Held feedback sessions with families for effective family centred care and decision-making processes.

Conducted defaulter tracing.

Trained 30 mothers in palliative care services

**RESULTS**

4200 children went for HIV testing and counseling from which 109 were identified as HIV positive.

10,114 mothers were sensitized about the importance of having their children tested.

36 trio’s were formed for infected children’s parents.

All (100%) children identified as HIV infected were enrolled into palliative care using family centred approach.

300 families were empowered to enable patients receive care that is tailored to their individual needs and preferences.

 **Increased Family Satisfaction through engagement meetings**

**Reduced families and health care Stress and Conflict**

No defaulter cases were recorded.

**CONCLUSION/INTEPRETATION**

Accelerating palliative care services on Children with HIV/AIDS through family centered approach on Treatment ,Care and support reduces the infants’ mortality rate.

**RECOMMENDATION**

More efforts is needed to mobilize and orient parents and guardians in palliative care to reduce mortality among HIV/AIDS-infected infants.