

**ICAP Collaborative PMTCT and Pediatric HIV Strategic Planning Workshop  
In Partnership with Tygerberg Children's Hospital, South Africa and S2S**

Title:	<b>Increasing pediatric care and treatment uptake at ICAP supported sites: Scaling down to scale up</b>
Country:	Nigeria
Host Name /Title:	Dr. Biola Aomreore, Central Pediatric Advisor
Session Goal:	To develop an efficient and effective strategy for establishing pediatric services for HIV infected children in PHCs sites.
Learning Objectives:	<ol style="list-style-type: none"> <li>1. To develop an approach to provide care and treatment to HIV infected children at PHCs: HCT, DBS collection, disease staging, CD4, growth monitoring, CXT prophylaxis, starting ARVs etc.</li> <li>2. To learn how to identify challenges and barriers to delivering Pediatric HIV services at PHCs.</li> <li>3. To outline some of the challenges and possible solutions.</li> <li>4. To discuss effective and efficient implementing strategies.</li> </ol>
Instructional Method(s):	<ul style="list-style-type: none"> <li>• Case study</li> <li>• Structured overview</li> <li>• Brainstorming</li> <li>• Focused group discussions-using specific examples</li> <li>• Problem solving</li> </ul>
Session Description:	<p><b>0-15 minutes:</b></p> <ul style="list-style-type: none"> <li>• Session introduction and overview</li> <li>• Goals of workshop</li> <li>• ICAP Nigeria presentation on the topic: <ul style="list-style-type: none"> <li>○ where we started from,</li> <li>○ where we are</li> <li>○ where we want to get to and the challenges.</li> </ul> </li> </ul> <p><b>16-40 minutes:</b></p> <ul style="list-style-type: none"> <li>• Brainstorming on pediatric minimum care package and components of pediatric services existing at the PHCs of the countries represented.</li> <li>• Using specific focused group discussion on methods used to identify challenges and barriers as well as solutions.</li> </ul> <p><b>41-90 minutes:</b> Interaction and harmonization of the consensus to develop a final product that should contain:</p> <ol style="list-style-type: none"> <li>1. PHCs sites program assessment tools.</li> <li>2. Minimum pediatric services at PHCs.</li> <li>3. Tools/methodology to assess challenges and barrier</li> <li>4. Tools/methodology to develop solution to identified challenges and barriers</li> <li>5. Implementing strategies</li> </ol>
Pre-session Activities:	Participants are encouraged to come to the sessions with examples of current pediatric services at PHCs sites, challenges (cases), problem-solving tools and job aids.

## Session Notes and Summary

**Session name:** Increasing Pediatric care and treatment uptake at ICAP supported sites: Scaling down to scale up.

**Note taker name:** Ruby Fayorsey

### Major Discussion Points and/or Conclusions:

1. The session host briefly described the current situation in Nigeria regarding pediatric care and treatment. Low pediatric enrollment and the rationale to scale down services because that is where children are seen; “need to take the service to where the patients are, not expect them to come to where the service is”. Majority of children receive general pediatric care and treatment is in the PHC by nurses, health officers.
2. The participants listed the services available at the PHCs and the various cadres of staff available.
3. Countries like Rwanda, Kenya, Mozambique and Ethiopia shared their experiences in providing pediatric HIV care and treatment at the PHC. Important points mentioned were; need for supportive supervision, ongoing mentorship, training and provision of easy to use job aides.
4. The group the listed the minimum services that are required to provide care and treatment to HIV exposed and infected children (see table). They reviewed services currently present at the PHC, what should be present in order to scale down pediatric care and treatment, listed challenges and possible solutions.
5. Consensus was that children seen in PHC settings should be provide basic minimum package of services and that regardless of where the child received care and treatment quality should not be compromised. To achieve this there was a need to address human resource manpower, commitment and resources to the PHC and task shifting for this to be successful

### Remaining Questions/Parking Lot Items:

How can quality be assured at the PHC?

Can funds be used to supplement salaries of nurses at PHCs?

<b>Component of Care</b>	<b>Challenges</b>	<b>Solutions</b>
<b>Counseling and testing using rapid antibody tests</b>	High staff turn over Lack of adequate man power Difficulty obtaining blood from children Lack of test kits	Point of service testing, using finger stick Provision of reagents and supplies Staff training and mentoring
<b>Geneology form</b>	Additional paper work to be completed by the provider	Have data clerk, or receptionist doing registration complete the form Must be updated at every visit or at least every 6 months
<b>DBS for PCR ( sample collection can take place there, and processed at central lab)</b>	Sample collection should be done at PHC and transported to the central lab Lack of training on DBS collection Lack of transportation to send specimens to the lab Transportation/communication system to bring back results	EID training Transportation to send results to the lab and bring result back Ongoing mentoring Job aides e.g., EID algorithm, Counseling scripts
<b>Disease staging Clinical and CD4</b>	Lack of trained staff Busy schedules and workload Lack of CD 4 machine, No reagents, stock outs	Train staff and provide ongoing mentoring Job aids on clinical staging, wall charts, check of lists Sample collection and transportation to central lab for processing Proper forecasting of supplies
<b>CTX prophylaxis</b>	Drug stock outs Lack of pediatric formulations Start late	Drug supply chain, F/U system for medication refills Make available in the clinics Job aides on dosing and administering medications to children
<b>Growth monitoring</b>	Lack of equipment Lack of trained staff Busy schedules and workload	Provide equipment and training (weighing scales, length boards, growth charts, etc.) Ongoing mentoring Have nurses connect dots, and teach them to interpret graphs, Include growth charts as part of patient dossier Assign one person to complete growth charts
<b>Immunizations</b>	Service is located in different part of building Vaccine stock outs	Establish linkage with EPI and vaccination clinics Provision of routine vaccines, ensure cold chain Work with local government to ensure adequate vaccine supply
<b>Nutrition and infant feeding support</b>	Lack of trained counselors High staff turnover	Train all nursing staff on infant feeding counseling Internal rotation of core staff within limited area

<b>Developmental assessment</b>	Lack of trained staff Busy schedules and workload	Training on pediatric development Provision of job aids e.g., check list, screening tools
<b>TB screening and provision of INH prophylaxis</b>	Lack of guidelines Lack of INH	Drug procurement and forecasting
<b>Adherence counseling and psychosocial support</b>	Lack of trained staff Busy schedules and workload Lack of pediatric counselors	Training on pediatric adherence and counseling Ongoing mentoring for counselors Linkages with Peer educator programs Pediatric support groups
<b>Provision of ART</b>	Lack of trained staff Lack of pediatric comfort High staff turn over Lack of pediatric formulations	Training and supportive supervision Hotline for expert advice and consultation for difficult cases or questions Incentives for staff Internal rotation of core staff within limited area Drug supply chain, F/U system for medication refills Pediatric ART training Ongoing mentoring, User friendly guidelines, Job aides- ARV Dosing charts, desk top charts on clinical staging
<b>Follow-up and patient tracking</b>	Lack of staff to track defaulters Lack of mechanism to identify defaulters/missed appointments	Patient registers Tracking forms for defaulters Make one person responsible to identify patients who have missed appointments Use Peer educators to track defaulters
<b>Referral and linkages</b>	Streamline referral process Cost of transportation to referral hospital	Make referral forms available