

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

Title:	Keeping clients in care for life
Country:	Kenya
Host Name/Title:	Dr. Beatrice Wangechi Kariuki, Program Officer Pediatrics
Session Goal:	To describe and review ICAP experience with (in) effective systems and services that support and empower clients to enroll and adhere to care in the long term in different stages of life
Learning Objectives:	<ol style="list-style-type: none"> 1. To analyze the opportunities for PMTC mothers, HIV exposed infants, children more than 18 months of age and their mothers and adolescents infected with HIV to enroll and access HIV care 2. To share experiences among different countries on the optimal ways of keeping HIV-infected mothers and their children in care for life 3. To describe effective patient retention strategies that address the particular needs and circumstances of HIV-infected pregnant women and their HIV- exposed infants, HIV-infected new mothers and their HIV-infected children and adolescent patients 4. To review the follow-up and tracking systems available for HIV-infected pregnant women and their HIV-exposed infants, HIV-infected new mothers, and HIV-infected children and adolescent patients
Instructional Method(s):	Jigsaw
Session Description:	<p>The participants will be divided into three groups who will address the following groups: HIV-infected women during pregnancy and delivery and their infant within until completion of exposure period, HIV-infected new mothers(after infants have completed post-natal exposure period and have a definite diagnosis) and HIV-infected children, and HIV-infected adolescents</p> <p>The session will be divided into:</p> <ul style="list-style-type: none"> • Introduction and brainstorming on Group session questions- 10 minutes: • Focused pair discussion- 40 minutes: • Group presentation and large group discussion- 45 minutes: • Synthesis of “Keeping clients in care: Walking with the mother child pair through the stages of life” <p>Introduction and Brainstorming: Introduce a child – like a doll - and name her. Then let each pair think about how she would progress through care and what we would need to know to keep the” mother-child” pair in care for life. Begin at PMTCT with baby in utero, HEI, young child>18months, adolescent.</p> <p>Focused Group Discussion</p> <p>Group 1 Topic: Strategies that promote retention in care of HIV-infected women during pregnancy and delivery and their infant within until completion of exposure period and confirmation of infection status.</p> <p>Questions to be addressed:</p> <ul style="list-style-type: none"> • How can we promote HIV counseling and testing for pregnant women? • What are the special needs or challenges of HIV-infected new mothers and HEI which may influence their ability to adhere to care and treatment? • What specific health services are available for HIV-infected new mothers HEI? • How are HIV-positive pregnant women enrolled in care in HIV Care • How can we promote hospital delivery for HIV-infected women?

- How can the follow-up of HIV-positive pregnant women, HIV-infected new mothers and HEI be optimized?
- Describe usual coordination between PMTCT and HIV care. How can it be improved to keep mothers and infants in care?
- How can HIV care services for HIV-infected new mothers and infants be coordinated?
- Which strategies help retain pregnant women, HIV-infected new mothers and their HEI and HIV-infected infants in care
- What strategies are used by PMTCT program to make sure that pregnant women, HIV infected new mothers and HEI return for follow-up appointments?
- How can pregnant women, HIV-infected new mothers and their exposed infants be returned to care when they miss an appointment?

Group 2 Topic: Strategies that promote retention to care during early childhood and HIV HIV-infected mothers of HIV-infected children more than 18 months of age

Questions to be addressed:

- How can we promote HIV counseling and testing for children more than 18 months of age?
- What are the special needs or challenges of children more than 18 months of age which may influence their ability to adhere to care and treatment?
- What specific health services are available for HIV-infected children more than 18 months of age?
- Who should attend to children more than 18 months of age infected with HIV?
- How can we make sure that young children more than 18 months of age attend scheduled clinic appointments?
- How can we promote adherence to treatment for HIV-infected children more than 18 months of age?
- What other strategies can be used to retain children more than 18 months of age in care?
- How can HIV-infected children more than 18 months of age be returned to care when they miss an appointment?
- How can we promote HIV counseling and testing for mothers with children more than 18 months of age?
- What are the special needs or challenges of HIV-infected mothers of children more than 18 months of age which may influence their ability to adhere to care and treatment?
- What specific health services are available for HIV-infected mothers of HIV-infected children more than 18 months of age?
- Who should attend to HIV-infected mothers of children more than 18 months of age infected with HIV?
- How can we make sure that HIV-infected mothers of young children more than 18 months of age attend scheduled clinic appointments?
- How can we promote adherence to treatment for HIV-infected mothers of HIV-infected children more than 18 months of age?
- What other strategies can be used to retain HIV-infected mothers of children more than 18 months of age in care?
- How can HIV-infected mothers of HIV-infected children more than 18 months of age be returned to care when they miss an appointment?

	<p>Group 3 Topic: Strategies that can be used to promote retention of adolescents to care: Questions to be addressed:</p> <ul style="list-style-type: none"> • How can we promote HIV counseling and testing for adolescents? • What are the special needs or challenges of adolescents which may influence their health seeking behavior? • What specific health services are available for HIV-infected adolescents? • Who should attend to adolescents infected with HIV? • How can we make sure that adolescents attend scheduled clinic appointments? • How can we promote adherence to treatment for HIV-infected adolescents? • What other strategies can be used to retain adolescents in care? • How can HIV-infected adolescents be returned to care when they miss an appointment? <p>Group presentation and large group discussion: Each small group will teach back what they discussed to the large group</p> <p>Synthesis of keeping clients in care: Walking the mother child pair through the stages of life</p>
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Session Notes and Summary

Session name: Keeping clients in care for life

Note taker name: Kjersti Schmitz

Major Discussion Points and/or Conclusions:

Group discussion to answer questions about needs and strategies for following groups:

Pregnant women and women with child <18 months

- ANC outreach in community
- Create demand by improving services
- MCH and Labor and delivery services free of charge
- PMTCT pkg: C&T, ARV Prophylaxis, ART, safe obstetrical practices, infant feeding options, EID and care pkg for exposed infant, ongoing counseling and support, prevention of secondary infection and family planning
- Challenges are: Stigma, nondisclosure, asymptomatic, low uptake of partner testing, EID for babies, health seeking behavior of caregiver, cultural beliefs and practices, services are not patient-friendly, infant feeding, MCH considered as outlet for prevention services, not chronic care
- Improve service and access (labor and delivery) creating awareness at facility and community level and among pregnant women
- Provide point of service care for mom and baby; put chronic care follow-up model in place
- Create patient-friendly services and support
- Introduce adherence tools and counseling for appropriate care
- Establish psychosocial support and support groups

- Appointment and tracking system linking with community groups and peers to follow-up

Mother and their children <18mos to 5 years

- PITC and use of family free at POS: Wards, OPD, Vaccinations, FP, etc...
- Kid friendly services such as toys, play areas, positive teas with child group
- Family planning
- Economic support and establish IGPs
- Key strategies: Mothers groups such as M2M model; peer support, nutrition programs, involving dads
- Train caregivers to meet special needs of preschool kids and moms
- Developmental assessment for this age group
- Emphasize partial disclosure
- Robust tracking and tracing system
- Appointment system that coordinates mother and child (family) appointments
- Immediate follow-up on missed appointments
- Visual medication cards for children

Adolescents

- Examples of strategies: Use of media (SA); Youth clubs to promote VCT (Rwanda); Services for young people (MZ)
- Strategies recommended for friendly services:
 - Reproductive health education
 - Peer support groups
 - Parent education and support for sexual discussions, disclosure
 - Peer programs
- Challenges:
 - Naïve, adventurous, risk-taking behaviors
 - Lack of health information (teens)
 - Experimentation with sex and drugs
 - Peer pressures
 - Changing bodies and hormone influence
 - Self assurance
- Needs: Guidance, support, education, less judgment, access to condoms and FP, Specialized adolescent clinics, Adolescent support groups,
- MDT to include parents
- Promote: Attractive friendly services
- Make adolescents feel welcome
- Help adolescents take responsibility for health
- Train peer groups
- Afternoon and weekend appointments available
- Identify missed visits early
- Tracking systems
- Identify reasons for missed appointments
- Provide feedback to clinic
- Address reasons for missed appointments

2. Top recommendations from each group

Pregnant women and women with child <18 months	Mother and their children <18mos to 5 years	Adolescents
<i>Exposed Infant:</i>	Establish C&T at multiple entry points and use family tree at all locations	Create adolescent friendly environment and services
Integrates HEI Care into MCH services	Develop kid and mother friendly services	Promote peer programs and support groups for adolescents
Ongoing and regular counseling and education of the mother from entry point through continuum of care	Support groups specifically for kids and mothers	Empower parents to address needs of their adolescent child
Strengthen tracking system	Developmental assessment of preschool children	
<i>Pregnant and New Mothers of HEI:</i>	Appointment system and tracking and tracing coordinate mother and child	
Provide appropriate and adequate counseling (group and individual) counseling for pregnant women	Train providers on the special needs of mothers and preschool children	
Improve and integrate MCH, HIV Care and Treatment Services		
Strengthen tracking system		