

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

Title:	Community and facility PMTCT linkages in setting with high home deliveries
Country:	Nigeria
Host Name/Title:	Dr. Lawal Ismail, PMTCT Advisor
Session Goal:	To optimize community resources and capital in other to provide a continuum of care and support to patients in ICAP PMTCT and Pediatrics program
Learning Objectives:	<ol style="list-style-type: none"> To learn approaches at identifying resources available in the community to use for linkages To identify steps for successful community collaboration. To identify Minimum package of care for HIV exposed infants born at home.
Instructional Method(s):	<ul style="list-style-type: none"> Case studies Interactive guided Brain storming
Session Description :	<p>0-15 minutes: ICAP Nigeria experience on Community and facility PMTCT Linkages, what we are doing and challenges. (Family escort services, TBAs and Tulsu Chanrai Foundation)</p> <p>16-75 minutes:</p> <ul style="list-style-type: none"> Brain storming session and sharing of experiences with other country teams This will be done by dividing the participants into two sub groups. Each discussing on specific number of identifies resources. <p>76-90 minutes: Harmonize the consensus and way forward</p>
Pre-session Activities:	Participants to come along with tools and ready to share experiences on community linkages (successful and unsuccessful)

Session Notes and Summary

Session name: Community and facility PMTCT linkages in settings with high home deliveries

Note taker name: Asqual Getaneh

Major Discussion Points and/or Conclusions:

Points raised in session discussions are in table format below.

SESSION GUIDANCE				
Optimizing Community Resources				
What Resources are available in the community?	What is their Role?	When should we partner with them? (Timing of program Implementation)	How can we partner with them?	Examples
CBO, FBOs, local NGOs partnerships in various forms	<ol style="list-style-type: none"> Community sensitization and mobilization. Tracking and referral of mother - baby pair follow up 	Planning and Implementation , monitoring and evaluation, supervision stages	<ol style="list-style-type: none"> By Signing MOU. Training them to build their capacity regular review meetings, disbursing funds quarterly 	ICAP-Ng partnering with Tulsu Chanrai Foundation (local NGO).

Religious Leaders	Community mobilization, spiritual counseling, lost to follow up tracking, material support and identification of new cases		ask them to understand programs, partner by creating mutual understanding,	
Traditional Leaders	Community mobilization and sensitization; program acceptance	At the beginning and throughout the process of programs	Community meeting , careful negotiation with the leaders to get their buy-in and advocacy	
PLWHA Support group/associations	Provide peer support, track patients, create linkages and referrals, follow up, documentation and promotion of health services	Part of the process from the beginning and throughout	Incentives, training, defining roles, supervision, mentoring	PE programs, mother to mother groups, PLHA networks
TBAs	Escort and refer women, follow up of women at home after delivery, link women with services		Train, work through their associations, recognizing and utilizing them effectively	

Minimum Package for Exposed Infant deliver at home				
Where are they delivering in the community?	Why are women delivering here?	How can we create linkage?	What can we provide?	What mechanism can we use to provide goods/services?
TBA--Home	1. Affordable 2. Accessible (Distance) 3. Same or sympathetic cultural values	1.Partnerships 2. Training	1. Training 2. Delivery Kits 3. Referral to ART centers 4. Delivery registers	1. Partnering directly 2. Use of community leaders
Home--Non TBA	1. Accessible (distance) 2. lack of knowledge and understanding 3. cultural barriers	outreach, health extension workers, CHWs, outreach to home- for home delivery	Education, mama kits, single dose nevirapine	use of CHWs, PE, mother to mother. TBA, health extension workers
Churches	Education of religious leaders to provide information to the community, and use in community mobilization	Education	Education,	Education

Traditional Healers	Community support provision, cultural and social interactions, involve traditional healers in health care work	training, provision of important information	training, support	HEW, PE, CHWs and health care providers
Private public Hospitals	safety, full services/comprehensive, confidentiality,	Community mobilization	integration of services, ANC, Care and support, PEP, follow up, ART	At the facility
community health centers	proximity, accessibility, familiarity, preference, confident in the care provided	transportation support, community outreach	Outreach by doctors from GHs, integrated services provision,	outreach, referral linkage,