

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

Title:	Community PMTCT: What can we do outside the health facility to better meet the needs of women and children?
Country	Tanzania
Name/Title:	Dr. Brenda Sequeira D'mello, PMTCT Advisor
Session Goal:	To evaluate program experience and scientific findings in providing PMTCT package of care (partial/complete) in the community and how best to link facility and community PMTCT services.
Learning Objectives:	<ol style="list-style-type: none"> 1. Examine/compare different approaches used to promote community participation in PMTCT (or health programs) in low resource countries. 2. Propose a list of strategies that have been used to implement community PMTCT and link the facility to the community; and identify the community actors and the components of the package of PMTCT that can be expected to be delivered through community PMTCT strategies. 3. Assess the benefits /challenges of each strategy and propose solutions to the challenges. 4. (Optional) Develop a criterion to assess the feasibility of the strategies for the host country.
Instructional Method(s):	<ul style="list-style-type: none"> • Pair: Analyze a given article describing a community PMTCT/Health initiative. • Brainstorming • Discussions
Session Description :	<p>0-30 minutes:</p> <ul style="list-style-type: none"> • The host will present a brief overview of the session objectives. • The group will break up into pairs and discuss the article that had been previously assigned. • Pairs will tease out the strategies used in the initiative being appraised and describe it in terms of actors used, approach used, the elements of PMTCT that were the deliverables in that approach, the benefits, the challenges, the cost, (and if possible the sustainability) <p>31-60 minutes:</p> <p>Each group will share their findings from the articles as well as share experiences from their country; and the host will facilitate a discussion of the findings. It will be possible to organize the information in terms of:</p> <ul style="list-style-type: none"> • Approaches used in community PMTCT • Actors used to implement community PMTCT. • Benefits/challenges of each strategy <p>61-80 minutes:</p> <p>Brain storm session to propose some:</p> <ul style="list-style-type: none"> • Recommendations on best practices in community PMTCT. • Possible solutions to some of the common challenges • Propose strategies to link the facility to the community. • (Create a criterion for assessing the feasibility of the strategies) <p>80-90 minutes: Summary of the session.</p>
Pre-session Activities:	<p>Participants will be given an article to read and analyze in advance to prepare for this session. Reflect on:</p> <ul style="list-style-type: none"> • What is the strategy being used in the article under review to promote community participation. • Who are the actors? • Describe the process of implementation in a step by step method. • What were the deliverables in that approach, the benefits, the challenges, the cost, (and if

Session Notes and Summary

Session name: Community PMTCT: What can we do outside the health facility to better meet the needs of women and children?

Note taker name: Kjersti Schmitz

Major Discussion Points:

What strategies used?

- Counselors/peers and M2M support groups (South Africa)
- Fragmented 'know your status' ; CHWs (Lesotho)
- Peer educator program; PMTCT not strong focus (Rwanda)
- Increase ANC uptake and HC delivery by partnering with health extension workers in the community for awareness using local media and language(Ethiopia)
- Mothers support groups (Ethiopia)
- Mothers support group (Mozambique)
- TBAs trained to record information (Mozambique)
- Outreach to community to link pregnant and HIV+ to clinic (Nigeria)
- Integrate TBAs with retraining (Nigeria)
- Optimize TBA contributions – respect where they come from and what they do, acknowledge and make use of the resource; opportunity but needs capacity building; regulation of services? Incentives?
- Moving services to population – mobile clinics
- Train TBAs
- Train counselors to provide psychosocial support
- Village health worker (volunteer) provides DOT
- Village health worker (volunteer) provides family with treated salt to use in food (house to house)

Who did it (cadre, etc....)?

Mobile clinic (health staff)

Peers

Health Extension Workers

Village Assistants and volunteers

TBAs

Community organization resource persons

What worked (in examples)?

Peers liked work and popularity/status

What did not work?

Peers did not receive enough money to do more in intervention

TBAs spent more time on IGPs to support own family

TBAs most spent <3 hours week on implementation

Peers spent 2 days a month on campaigns

Post-delivery follow-up

Documentation of community NVP is difficult

Conclusions:

Guiding Principles of cPMTCT at Health Facility and Community Level

Increase uptake of ANC, facility delivery and PMTCT at facility and at community

Create a network of PMTCT support and follow-up

Community participation, village meetings

Engage community leaders

Follow-up of patients

Provide education (ie, Infant feeding)

Link with safe motherhood programs use as inroad

Men involved

Operationalize

Define steps needed before minimum package

Resource mapping

Consensus building important, need broader forum to get buy-in

Need to devise how to tap into community resources to move forward PMTCT agenda

Begin with framework and then define minimum package