

Toolkit for the Implementation of Baby Showers in Congregational Settings for the Prevention of Mother-to-Child Transmission of HIV

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Photo: A mother, and beneficiary of the CDC-Nigeria PMTCT program, poses for a picture with her HIV-negative twins.

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Acronyms

| | |
|--------|---|
| ANC: | Antenatal Care |
| ART: | Antiretroviral Therapy |
| CHA: | Congregation-Based Health Advisor |
| CHT: | Congregation-Based Health Team |
| EID: | Early Infant Diagnosis |
| EQA: | External Quality Assessment |
| GPS: | Global Positioning System |
| HEI: | HIV-exposed Infant |
| ID: | Identification |
| IMAI: | Integrated Management of Adolescent and Adult Illness |
| IMPAC: | Integrated Management of Pregnancy and Childbirth |
| MUAC: | Mid-upper Arm Circumference |
| OVC: | Orphans and Vulnerable Children |
| PMTCT: | Prevention of Mother-to-Child Transmission |
| PrEP: | Pre-exposure Prophylaxis |
| QA: | Quality Assurance |
| QC: | Quality Control |
| RDT: | Rapid Diagnostic Test |
| RPR: | Rapid Plasma Reagin |
| VDRL: | Venereal Disease Research Laboratory (test) |

I. INTRODUCTION

Purpose

The purpose of this document and the accompanying tools is to provide country programs with the background, procedures, and resources to support the implementation of Baby Showers in congregational settings¹ (hereafter referred to as Baby Showers) for the prevention of mother-to-child transmission of HIV (PMTCT) and adaptation to the local context.

Following the successful commencement of Baby Showers in Nigeria in 2013, other groups and countries have shown interest in adapting the Baby Showers approach to their context. This toolkit was created for programmatic use to highlight the best practices based on previous implementation experiences of conducting Baby Showers as part of PMTCT programming in Enugu State and Benue State, Nigeria. The document serves as a general step-by-step guide with considerations for implementation in additional settings and contexts. This approach can also be adapted to various settings such as non-religious contexts, community settings or implemented as part of a women's group.

In addition to this overview document of Baby Showers procedures, the tools included in the appendix of this toolkit are:

- Baby Shower Rapid Assessment Tool for Site Selection
- Baby Shower Participant Log
- Baby Shower Client Intake Form
- Baby Shower Specimen Log
- Baby Shower Health Screening Result Form
- Baby Shower Linkage Tracker

Relevant Baby Showers tools are referenced in **bold** in the operating procedures below. The tools included are templates that can be adapted to the implementation context. In addition, supplementary national/country-specific tools used by the implementing country (e.g., HIV Testing Service (HTS) Register, Index Testing Register, etc.) may also be used to capture specific programmatic information during Baby Showers implementation.

Background

Baby Showers uses an integrated approach to HIV testing for pregnant women in congregational settings to identify pregnant women living with HIV and their partners and link them to antiretroviral treatment (ART). The program helps ensure their HIV-exposed infants (HEIs) are linked to

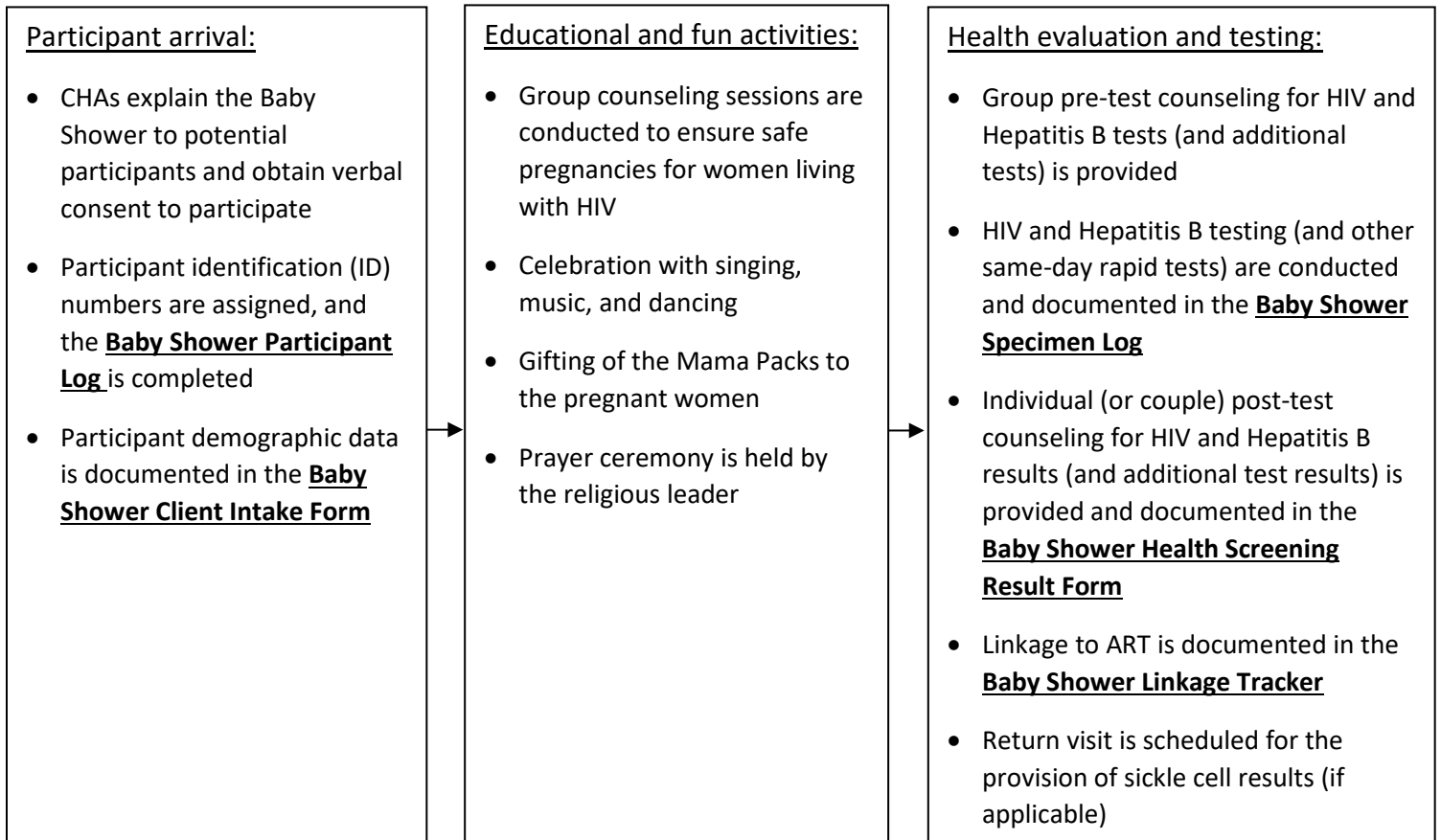
¹ Congregational Settings refers to a gathering of individuals who share a common faith or belief. This may include attending a weekly service at a church, mosque, temple or synagogue, participating in religious rituals and ceremonies, or engaging in collective prayer or mediation.

prophylaxis and care until their HIV final outcome (FO) is determined. Infant FO is the determination of an infant’s HIV status at the end of the 24-month postpartum period.

Baby Showers are a celebratory gathering for pregnant women and their partners with routine celebrations marked by prayers for the safe delivery of babies and to support parents-to-be as they prepare for their new arrival. Health screening, including HIV testing for pregnant women and their partners, is offered during the celebration that brings women, their partners and their newborns together in a congregation. The Baby Shower is typically hosted by the presiding religious leader of the congregation. The event takes place after service (or at a stipulated day and time) and is led by trained Congregation-Based Health Advisors (CHAs) who coordinate provision of the following services:

- Health education and counseling
- Basic health assessment and screening (conducted in a separate and private area within the congregation) which may include blood pressure, weight/nutritional assessment, malaria, Hepatitis B, blood genotype, HIV, syphilis, and potentially other tests
- Celebration of the pregnancy with dancing, singing local songs of joy and the exchange of gifts (e.g., Mama Packs including safe delivery supplies are presented by the male partner to his pregnant female partner, while reaffirming his support)
- Referral to health facility for antenatal care (ANC), PMTCT/ART services, and labor and delivery
- Linkage to ART for pregnant women living with HIV and their partners

Overview of the Baby Shower: registration, consent, educational sessions, and health evaluations



A randomized control trial was conducted on the Baby Showers approach in Enugu State, Nigeria² in 2013-2014 and showed improved identification of pregnant women living with HIV and linkage to ART. An article describing the results from implementation titled “[Effect of a congregation-based intervention on uptake of HIV testing and linkage to care in pregnant women in Nigeria \(Baby Shower\): a cluster randomised trial](#)” was published in Lancet Global Health in November 2015. This approach was also successfully implemented in Benue State, Nigeria³ from 2016-2018 and identified women living with HIV who had not accessed facility care and linked them to ART services. An article describing the results from implementation titled “[Improving uptake of prevention of mother-to-child HIV transmission services in Benue State, Nigeria through a faith-based congregational strategy](#)” was published in PLOS ONE in December 2021. The [Baby Showers Highlight video](#)⁴ and [Healthy Sunrise Foundation video](#)⁵ provide additional examples of implementation.

II. KEY STEPS IN THE BABY SHOWER APPROACH TO PMTCT

Listed below are the recommended steps for introducing and implementing Baby Showers:

1. Stakeholder engagement
2. Congregation identification, assessment, and enrolment
3. Setting up a congregation for Baby Showers
4. Conducting the Baby Shower
5. Follow-up for linkage to ART and continuity of care and treatment

Decisions about adapting the Baby Shower intervention based on the context and available resources may be made by the implementer (before stakeholder engagement) or could involve stakeholders. These decisions include which health assessments and tests to include in the Baby Showers service package and how to follow-up with pregnant women living with HIV to ensure infant testing and care through client tracking with CHAs or through a Baby Reception event. The options for testing are discussed in Section 4 (Conducting the Baby Shower) and the options for client follow-up are discussed in Section 5 (Follow-up for Linkage to ART and Continuity of Care and Treatment). A schematic of the Baby Showers process is provided in Appendix A.

1. STAKEHOLDER ENGAGEMENT

Stakeholders [will vary by context]

² Ezeanolue EE, Obiefune MC, Ezeanolue CO, Ehiri JE, Osuji A, Ogidi AG, Hunt AT, Patel D, Yang W, Pharr J, Ogedegbe G. Effect of a congregation-based intervention on uptake of HIV testing and linkage to care in pregnant women in Nigeria (Baby Shower): a cluster randomised trial. *Lancet Glob Health*. 2015 Nov; 3(11): e692-700. doi: 10.1016/S2214-109X(15)00195-3. PMID: 26475016; PMCID: PMC5042903.

³ Montandon M, Efuntoye T, Itanyi IU, Onoka CA, Onwuchekwa C, Gwamna J, et al. (2021) Improving uptake of prevention of mother-to-child HIV transmission services in Benue State, Nigeria through a faith-based congregational strategy. *PLoS ONE* 16(12): e0260694. <https://doi.org/10.1371/journal.pone.0260694>

⁴ Healthy Sunrise Foundation, Baby Shower Highlight 1 min video: <https://www.youtube.com/watch?v=G-YTMyShgUQ>

⁵ Healthy Sunrise Foundation, The Healthy Beginning Initiative video: <https://www.youtube.com/watch?v=WtVZEnAareY>

- Congregational Leadership (Head of Denomination)
- Local Ministry of Health (e.g., State, Province, District)
- Local Government
- Community leaders
- Women's groups

Engagement

- Advocacy visits are conducted to congregational leaders at state and local government levels
- The purpose of these visits is to introduce the team, explain the planned activities to community leaders and stakeholders, and garner support for the program
- This visit also serves as an opportunity to gather a list of congregations (e.g., church parishes, mosques, etc.) from the head of the denomination
- Engagement with local Muslim affiliates may also be necessary to encourage pregnant women within the Muslim community to participate in the Baby Shower

2. CONGREGATION IDENTIFICATION, ASSESSMENT AND ENROLLMENT

- Congregational sites and contiguous health facilities are identified and mapped using a referral system to ensure there is a nearby facility referral site which provides PMTCT and ART services for pregnant women and their partners
- Congregational site assessments are conducted through deployment of the **Baby Shower Rapid Assessment Tool for Site Selection** (Appendix B) to identify eligible congregational sites for these services
- Geo-coordinates of these sites are also obtained using hand-held global positioning system (GPS)-measuring instruments

3. SETTING UP A CONGREGATION FOR BABY SHOWERS

- Formation of a Congregation Health Team (CHT), consisting of a Religious Leader, Women and Men Leaders, CHAs, Orphans and Vulnerable Children (OVC) Representatives, and Youth Representatives
- Identification of a location with sufficient space to facilitate the sessions, Baby Shower and Baby Reception
- Identification of an additional location with audio-visual privacy for disclosure of results and post-test counselling
- Determination of a Baby Shower and Baby Reception schedule with the maximum number of participants that can be accommodated based on staffing of CHAs, space, and resources

Congregation-Based Health Advisors (CHAs)

- CHAs may be recruited from local religious bodies; usually, 2-4 CHAs are recommended per Baby Shower, although the number of CHAs will depend on the size of the program

- CHAs will assist the religious leaders in educating the congregation about the Baby Shower and work together to recruit participants, organize the Baby Shower, and obtain blood samples for laboratory tests
- Within Muslim communities, recruitment of female CHAs may encourage direct service provision for pregnant women participating in the Baby Shower

Specific Responsibilities of Congregation-Based Health Advisors:

- CHAs report directly to the implementing partner and the local Ministry of Health
- They coordinate the Baby Shower and Baby Reception by scheduling the date and making sure an announcement is made two weeks prior
- CHAs obtain the Mama Packs and Baby Reception materials
- They ensure consent to participate in the Baby Shower is obtained from participants
- CHAs conduct specimen collection, data collection, and provide health education and counseling

Core competencies and attributes of Congregation-Based Health Advisors:

- Current or retired healthcare personnel
- Trusted and committed member of the congregation
- Able to speak the local language
- Willing to learn new skills
- Possesses good interpersonal communication skills
- Identifies as a team player
- Willing to volunteer their time and are motivated to help the community
- Able to provide pre-test education for pregnant women and their partners
- Able to collect blood samples for routine lab tests
- Able to handle blood samples and sharp instruments properly and understand standard precautions
- Able to provide post-test counseling for pregnant women and their partners

Congregation-Based Health Advisor Training

Recommended training for CHAs is one week in length and would occur at an agreed time and central location. Training consists of the following topics, using relevant country-specific national training documents as guides:

- HIV Testing Services
 - Pre-test counselling
 - HIV serial testing algorithm
 - Post-test counselling
 - Patient confidentiality
- Additional testing services (as selected by implementer) (e.g., Hepatitis B, syphilis, urinalysis, among others)

- Infant feeding options for mothers regardless of HIV status (e.g., Integrated Management of Adolescent and Adult Illness (IMAI) Manual, Integrated Management of Pregnancy and Childbirth (IMPAC) Manual)
- Nutritional assessment in pregnancy using the Mid-Upper Arm Circumference (MUAC) measurement
- Blood pressure measurement
- Standard precautions
- Basic documentation

Congregation-Based Health Advisor Supervision

- Hands-on mentoring would be provided as sites begin implementing Baby Showers and would continue through the follow-up period
- Mentoring can be provided by relevant stakeholders such as mother-to-mother support group members, adherence counsellors, roving nurses, etc.
- The frequency of mentoring could lessen over time as the proficiency of CHAs increases
- Routine supervision is recommended to be conducted at least once in a quarter
 - HIV rapid test kit proficiency testing would be conducted during quarterly routine supervision to ensure delivery of accurate testing results.
 - The proficiency test involves an external quality assessment (EQA) program, where a set of approximately 3-5 samples with known values are used to assess the performance capabilities of testing personnel.

Helpful resources for setting up the congregation

- Personnel: head of denomination, CHAs, additional assistants, staff to conduct specimen collection, laboratory coordinator
- Materials: Baby Shower tools, Mama Packs, pens/pencils, chairs, comfortable setting (shaded, adequate space, etc.)
- Laboratory supplies and test kits

4. CONDUCTING THE BABY SHOWER

Prayer Session

- The Baby Shower occurs on one day and typically begins immediately after the conclusion of the religious service
- Congregational leadership calls a prayer session for pregnant women and their male partners toward the end of the service
 - The Chief Imam within the Muslim community is encouraged to make an announcement after Friday prayer to reach the women in attendance
- The religious leader introduces the Baby Showers program and CHAs

Registration

- CHAs meet with each interested pregnant woman and her partner after the religious service to explain the Baby Showers program
- CHAs register couples for the Baby Shower, enter participants' information on the **Baby Shower Participant Log** (Appendix C) and issue the participant a Member ID number on a card
 - Member IDs can be generated by using a two-letter code for site + sequential number + F for female or M for male (e.g., ***AB/001/F***)
- CHAs place two Member ID stickers (pregnant woman and partner) on their temporary card
- Participants are invited to get refreshments and congregate in the designated area to be ready for the activities to begin

Educational Sessions and Pre-Test Counseling

- Members of the CHT will gather participants for educational sessions which should commence once all registered participants arrive
- CHAs will facilitate educational sessions that focus on healthy pregnancy, delivery, and family (educational materials/program)
- CHAs will provide group pre-test counselling to participants

Health Assessments and Questionnaires

- CHAs administer the **Baby Shower Client Intake Form** (Appendix D)
- CHAs conduct health assessments which could vary based on need/resources, but likely include weight, blood pressure, and MUAC
- CHAs make appropriate referrals based on screening

Specimen Collection

Testing may vary based on need/resources of the implementing country. Providing a variety of tests and services is important to drive demand for the Baby Shower and reduce the stigma associated with an HIV-focused event.

- Tests providing same-day results that may be considered are HIV, Hepatitis B, syphilis, hemoglobin, and urinalysis. Additional tests should provide useful health information for the pregnancy
- Past implementation has included sickle cell testing; however, this is logistically challenging because it is not a rapid test
- CHAs collect blood specimens per specific specimen collection guidelines for the selected tests
- Individuals living with HIV on ART should not be tested for HIV, because the test can give false-negative results in people on ART; group pre-test counselling messages should address this issue, and participants should have privacy to tell the tester they are on ART and do not need HIV testing

- CHAs record the test results in the **Baby Shower Specimen Log** (Appendix E)
- CHAs place corresponding Member ID on specimen log
- CHAs may give the client the **Baby Shower Health Screening Result Form** (Appendix F), which explains the health screening and laboratory results

Core Service Package:

- Health education
- Pre- and post-test counseling
- HIV, syphilis and Hepatitis B testing Linkage to treatment and facility care
- Blood pressure screening
- Weight/MUAC
- Mama Pack distribution

Mama Packs

- CHAs distribute Mama Packs, which may be distributed:
 - To the male partner for him to give to the pregnant partner as a gift
 - Directly to pregnant woman
- Suggested contents of the Mama Packs are:
 1. Bag
 2. Methylated spirit
 3. Cotton wool
 4. Disinfectant
 5. Sterile blade
 6. Bottle of olive oil
 7. Sanitary pad
 8. Diapers
 9. Cord clamp

Return of Test Results and Post-Test Counselling

- Sample collection, testing and return of results are done in accordance with the implementing country's national guidelines
 - Results of point-of-care tests are shared with participants on the *same day* the Baby Shower is conducted
 - This is done together with post-test counselling in a pre-identified place with audio-visual privacy
 - Participants may receive post-test counselling as individuals or as couples based on their preference. If receiving results as individuals, partner notification services/assisted disclosure should also be offered to the participant who tested HIV-positive. The client may also be offered index testing services.

Closure

- CHAs ensure all activities carried out for each participant are documented on the **Participant Log**
- CHAs record results of all tests conducted in the **Specimen Log**

5. FOLLOW-UP FOR LINKAGE TO ART AND CONTINUITY OF CARE AND TREATMENT

Linkage to ART

- Arrangements are made for CHAs to meet with the client to escort him/her to the health facility for linkage support
- At the health facility, the client's HIV status is verified by rapid testing
- Client is linked to a clinician or other facility staff for counselling and enrollment
- Client is enrolled and commenced on ART, if ready, and provides consent to services
- CHAs document linkage efforts and date of ART initiation for each client using the **Baby Shower Linkage Tracker** (Appendix G)

Continuity of Care and Treatment

- Where possible, CHAs should follow-up with pregnant women living with HIV and their partners at regular intervals throughout pregnancy, after delivery and during breastfeeding
- CHAs should ensure that the woman is retained in PMTCT care, and that the infant is enrolled in HEI care, receives the necessary medications, and is tested for HIV
 - CHAs should also support HIV positive partners to be linked to ART services
 - Discordant couples and others at risk for HIV acquisition may be linked to prevention services, including pre-exposure prophylaxis (PrEP)
- A Baby Reception (details provided below) is another option for bringing all women together after the delivery of their infants and provides an opportunity to ensure HEIs have been enrolled in care and tested

III. ADDITIONAL CONSIDERATIONS

Reporting and Data Flow

- CHAs collate testing data on paper-based Baby Shower tools
- Data is reported to the nearby facility referral site for transcription into the electronic database in accordance with the implementing country's national data flow
- These data are summed up with facility data and reported to the Ministry of Health and implementing partner at routine reporting intervals
- Data are reported at the national level and to relevant stakeholders, and this process can be adapted based on local context

Suggested List of Testing Resources

- Lancet

- Alcohol swab
- Cotton wool
- Hand gloves
- Pasteur pipettes
- Sharp containers
- Bio-hazard bags
- Absorbent pads
- Laboratory logs and other forms

Test Kits for Consideration (depending on tests selected for inclusion in the Baby Shower)

The types of tests completed will vary based on context and not every test listed will be completed:

- HIV Rapid Test Kits in accordance with national HIV testing algorithm
 - May include dual HIV-syphilis tests if part of national program
- Hepatitis B: HBsAg
- Syphilis: point-of-care syphilis tests, RPR or VDRL
- Urinalysis strip
- Hemoglobin
- Blood sugar
- Malaria RDT

Quality Assurance (QA) and Quality Control (QC)

- QA encompasses all measures taken by the laboratory to ensure reported results are as accurate as possible
- QA activities, in accordance with national and local guidelines, are direct responsibilities of the technical staff but should be monitored by the supervisor
- QC involves the inspection aspect of the test kits to ensure precision of the testing process
- QC should be performed on all batches of test kits to be used
- Proficiency testing is to be carried out by CHAs at regular intervals
- Retesting of all HIV positive clients for further verification is done prior to enrollment per national guidelines to avoid misdiagnosis

IV. BABY RECEPTION

A Baby Reception may be conducted to celebrate the new infants in the congregation and to provide education and counseling for new parents. For pregnant women living with HIV, this includes ensuring that the infant has been tested for HIV and enrolled in HEI care at a health facility. It may also be an opportunity to educate the parents on childhood immunizations.

Where resources are limited, tracking of pregnant women living with HIV in the congregation to ensure that infants are enrolled in care and tested may be a more cost-effective alternative to conducting a Baby Reception.

Preparing for the Baby Reception

- The religious leader announces the Baby Reception during religious services
- Women that recently delivered are reminded to register for the Baby Reception
- Participants should be encouraged to attend the Baby Reception approximately six to eight weeks after delivery
- CHAs should ensure all materials are available for the Baby Reception

Conducting the Baby Reception

- CHTs organize activities for the Baby Reception
- Based on national guidelines, HIV testing for previously HIV-negative mothers and their partners may be conducted
- CHAs may administer a post-delivery questionnaire with example topics such as overall infant wellbeing, infant care and feeding, infant prophylaxis, etc.
- CHAs follow-up with HIV-positive mother-infant pairs to ensure an early infant diagnosis (EID) test has been conducted
- Participants are given a Reception Bag with baby supplies at the end of the Baby Reception
- Male partners not tested during the Baby Shower are provided the opportunity for testing, and male partners identified to be HIV-positive are linked as appropriate

EID Testing Follow-up

- Laboratory coordinator updates the database with results of the EID tests
- CHAs retrieve results of the EID tests
- CHAs ensure documentation of the EID test results in the database

Suggested Contents of Baby Reception Bag:

1. Bag
2. Infant clothes (pants, singlet, etc.)
3. Blanket
4. Socks
5. Hat
6. Diapers

V. APPENDIX

Appendix A: Schematic of the Baby Shower Process

Congregational Approach to PMTCT/Baby Shower



**Congregational sensitization,
enrollment, and training**



**Baby Showers: pregnant
women and their partners**

Baby shower activities:

- Prayer
- Health education
- Celebration and dancing
- Safe mama pack presentation
- Health screenings, including HIV
- Referral to ANC care



**Community follow-up:
Congregation Health Assistants
support linkage to PMTCT and
maternal child health services**

Images courtesy of PBS News Hour
<https://www.pbs.org/video/why-nigeria-has-more-hiv-positive-infants-than-anywhere-else-1528930210/>

Appendix B: Baby Shower Rapid Assessment Tool for Site Selection

Rapid Assessment Tool for Baby Showers in Congregational Settings for Prevention of Mother-to-Child Transmission of HIV

| | | | |
|---------------------------|------------|-----------------------------|--|
| Date of Assessment | dd/mm/yyyy | Name of Assessor | |
| | | Name of Assessor (2) | |

Purpose of Tool: This checklist is for the assessment of congregational sites to identify those that will be suitable for activation of Baby Showers in Congregational Settings⁶ (hereafter referred to as Baby Showers) for the prevention of mother-to-child transmission of HIV (PMTCT). This checklist assesses the suitability of the congregation for implementation of Baby Showers from the perspective of congregational characteristics, resources, and logistics.

Instructions: The assessor/s should observe the congregational location, interview congregation member/s and leadership and complete this checklist during the assessment. In addition to this checklist, the assessors should also consider the health status and needs of the local community and congregation, including HIV prevalence in the area, antenatal care attendance rates, barriers to health care access, and the potential of this intervention to benefit families. Supplemental information on these factors may come from health and demographic data and interviews with key informants or other stakeholders.

1.0 LOCATION INFORMATION

| | | | |
|--|--|--------------------------------------|--|
| Name of Congregation | | | |
| Denomination | | | |
| Descriptive Address | | | |
| GIS Coordinates | | Sub-District | |
| District/State | | District/State HIV Prevalence | |
| Population of District/State | | | |
| Name of Religious Leader | | Phone | |
| Name of Respondent <i>(if different from Religious Leader)</i> | | Phone | |

2.0 GENERAL INFORMATION

Explain the Baby Showers approach to respondent

⁶ Congregational Settings refers to a gathering of individuals who share a common faith or belief and could include attending a weekly service at a Church, Mosque, temple or synagogue, participating in religious rituals and ceremonies, or engaging in collective prayer or mediation.

2.1 Please provide the details of 3-4 literate congregation members (at least 1 female and 1 health worker) who will be willing to volunteer for this exercise.

| Name | Gender | Qualification | Phone Number |
|------|--------|---------------|--------------|
| | | | |
| | | | |
| | | | |

2.2 What is the average number of the congregation members for a religious service?

2.3 (if applicable) What is the number of infant baptisms carried out in the congregation over a 12-month period? Review documentation where applicable. Note: Please adapt for other religious or congregational settings.

Number (Duration) _____

3.0 INFRASTRUCTURE AND ACCESSIBILITY

3.1 Is this religious structure physically accessible all year round? Yes No

3.2 If NO to 3.1, explain why? _____ (Erosion, heavy rain, others)

3.3 Is there an open space/hall available for health education session? Yes No

3.4 Is there space for phlebotomy and sample analysis? Yes No

3.5 What is the nearest health facility to this congregation? _____ Distance (in Km) _____

3.6 Where do you think the majority of the pregnant women in this community have their deliveries?

- Government Health Facility Private Health Facility Mission Hospital
- With Traditional Birth Attendants
- At home

4.0 PRE-ACTIVATION MONITORING CHECKLIST

After completing the questions above, use this checklist to ensure the site is suitable for activation. Appropriate sites should have a “yes” response to all items.

| # | Observations/Questions | Yes | No | Comments |
|-----|--|-----|----|----------|
| 4.1 | Is this congregation a non-mobile congregation? | | | |
| 4.2 | This congregation meets regularly at a location. | | | |
| 4.3 | This congregation includes pregnant women. | | | |

| | | | | |
|-----|--|--|--|--|
| 4.4 | The leadership of this congregation is structured. | | | |
| 4.5 | Leadership meets regularly (i.e., more than once a month). | | | |
| 4.6 | The leadership of the congregation is ready to have their site activated to provide congregational PMTCT services. | | | |

For a site to be eligible for activation, ALL responses should be ‘Yes’ in the **Pre-activation Monitoring Checklist (4.1-4.6)** above, while the **Monitoring During the Assessment (5.1-5.9)** below will guide on what a specific site will require to get started.

5.0 MONITORING DURING THE CHECKLIST

| # | Observations/Questions | Yes | No | Comments |
|-----|--|-----|----|----------|
| 5.1 | Does leadership have basic HIV knowledge and are willing to be trained to provide HIV information? | | | |
| 5.2 | Is there an audio-visual private room/space that can be used for counselling? | | | |
| 5.3 | Is there a secured place with a lock where records and materials can be kept? | | | |
| 5.4 | Is an attendance/membership list kept and available? | | | |
| 5.5 | Does the congregational site have a clinic on-site? | | | |

Appendix C: Baby Shower Participant Log

Baby Shower Participant Log

Site ID: _____

Month/Year: _____

Purpose of Tool: To record all participants in the Baby Shower, designate each participant a Member ID for use on subsequent forms, and record key activities completed.

Instructions: Completed by the Congregation-Based Health Advisors (CHAs) for each participant as they engage in the Baby Shower. Create two copies of the completed form; one copy is confidentially stored with the implementing partner, and one copy is confidentially stored at the Baby Shower site.

| S/N | Date (dd/mm/yyyy) | Participant | | | | Activity | |
|-----|----------------------|-------------|------------|-----------|--------|--|------------------------------------|
| | | Surname | First Name | Member ID | Gender | Check box if completed | |
| 1 | | | | | | <input type="checkbox"/> Questionnaire | <input type="checkbox"/> Temp Card |
| | | | | | | <input type="checkbox"/> Specimen | <input type="checkbox"/> Mama Pack |
| 2 | | | | | | <input type="checkbox"/> Questionnaire | <input type="checkbox"/> Temp Card |
| | | | | | | <input type="checkbox"/> Specimen | <input type="checkbox"/> Mama Pack |
| 3 | | | | | | <input type="checkbox"/> Questionnaire | <input type="checkbox"/> Temp Card |
| | | | | | | <input type="checkbox"/> Specimen | <input type="checkbox"/> Mama Pack |
| 4 | | | | | | <input type="checkbox"/> Questionnaire | <input type="checkbox"/> Temp Card |
| | | | | | | <input type="checkbox"/> Specimen | <input type="checkbox"/> Mama Pack |
| 5 | | | | | | <input type="checkbox"/> Questionnaire | <input type="checkbox"/> Temp Card |
| | | | | | | <input type="checkbox"/> Specimen | <input type="checkbox"/> Mama Pack |
| 6 | | | | | | <input type="checkbox"/> Questionnaire | <input type="checkbox"/> Temp Card |
| | | | | | | <input type="checkbox"/> Specimen | <input type="checkbox"/> Mama Pack |
| 7 | | | | | | <input type="checkbox"/> Questionnaire | <input type="checkbox"/> Temp Card |
| | | | | | | <input type="checkbox"/> Specimen | <input type="checkbox"/> Mama Pack |
| 8 | | | | | | <input type="checkbox"/> Questionnaire | <input type="checkbox"/> Temp Card |
| | | | | | | <input type="checkbox"/> Specimen | <input type="checkbox"/> Mama Pack |
| 9 | | | | | | <input type="checkbox"/> Questionnaire | <input type="checkbox"/> Temp Card |
| | | | | | | <input type="checkbox"/> Specimen | <input type="checkbox"/> Mama Pack |
| 10 | | | | | | <input type="checkbox"/> Questionnaire | <input type="checkbox"/> Temp Card |
| | | | | | | <input type="checkbox"/> Specimen | <input type="checkbox"/> Mama Pack |

Completed by: _____ Date: _____ Sign: _____

Appendix D: Baby Shower Client Intake Form

Baby Shower Client Intake Form

Member ID: _____ **Site ID:** _____ **Month/Year:** _____

Purpose of Tool: To elicit demographic and background information from the pregnant participant and document consent for participation in the Baby Shower (#4 below).

Instructions: Completed by the Congregation-Based Health Advisors (CHAs). Complete one form for each pregnant participant. Create three copies of the completed form; one copy is provided to the participant, one copy is confidentially stored with the implementing partner, and one copy is confidentially stored at the Baby Shower site.

| |
|--------------------------------|
| PARTICIPANT INFORMATION |
|--------------------------------|

1. Surname: _____ **2. First Name:** _____ **3. Middle Name:** _____

4. Do you consent to participate in the Baby Shower? Yes No

5. Age _____

6. Marital Status Single Married Divorced Separated Widowed
Partner/Spouse's name: _____

7. Descriptive Address:

8. Do you consent to a home visit in the event of a need for follow-up? Yes No

9. Name of congregation you attend: _____

10. Phone #1: _____ **11. Phone #2:** _____ **12. Phone #3:** _____

13. Distance to closest health facility

0-5 km (walk) 6-10 km (bike) 11-15 km (short ride) >15 km (long ride)

14. Occupation Farmer Trader Civil Servant Applicant Other (specify)

15. Language English Hausa Igbo Yoruba Other (specify)

16. Highest level of education

No education Primary school Secondary school Post-Secondary

17. Ever tested for HIV No Yes (If yes, when last _____)

18. Result of last HIV test Negative Positive Don't know

19. If Q18 is *Positive*, are you on antiretroviral medications Yes No

The contact information elicited below will be saved and used in cases when the pregnant participant is unreachable. The persons may be contacted for the purpose of tracking the pregnant participant to ensure they are linked to care. Please include persons you feel comfortable sharing your health information with.

CONTACT PERSON 1

Surname First Name

Relationship to participant Phone # 1

Descriptive Address Phone # 2

CONTACT PERSON 2

Surname First Name

Relationship to participant Phone # 1

Descriptive Address Phone # 2

FEMALE REPRODUCTIVE HEALTH

How many months is your pregnancy? _____

How many times have you been pregnant before?

How many children do you have? Male: _____ Female: _____

Are you currently receiving antenatal care (ANC)? Yes No

If yes, are you receiving ANC from a health facility or in the community? Health facility Community

What is the name of the facility or community site? _____

How do you plan to feed your baby for the first 6 months? Tick all that apply.

Breastmilk Water Formula Cereal mixture

Modified Client Intake Form: Clinical TB and HIV Screening

| Ask patient: <i>Have you recently had:</i> | YES | NO |
|--|--------------------------|--------------------------|
| 1. Coughing for more than 2 weeks | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Weight loss of equal to or more than 3 kg in the last 4 weeks | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Swelling in the lymph nodes | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Fever for more than 2 weeks | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Night sweats for more than 2 weeks | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Vaginal discharge or burning sensation when urinating | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Lower abdominal pain or (for males) scrotal pain | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Genital sores or swollen lymph nodes in pelvic region, with or without pain | <input type="checkbox"/> | <input type="checkbox"/> |

Completed by:

Date:

Signature:

Reviewed by:

Date:

Signature:

Appendix E: Baby Shower Specimen Log

Baby Shower Specimen Log

Site ID: _____

Month/Year: _____

Purpose of Tool: To track test samples (rapid and confirmatory) sent to the laboratory and document type of test, result, and date of result received.

Instructions: Completed by the Congregation-Based Health Advisors (CHAs). Create two copies of the completed form; one copy is sent with the samples to the laboratory, and one copy is confidentially stored at the Baby Shower site.

| S/N | Date (dd/mm/yyyy) | Member ID | Gender | Test 1 | | Test 2 | |
|-----|----------------------|-----------|--------|---------------------|---------------|---------------------|---------------|
| | | | | Name of test: _____ | Date received | Name of test: _____ | Date received |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |

Form completed by: _____

Date: _____

Sign: _____

Test performed by: _____

Date: _____

Sign: _____

Reviewed by: _____

Date: _____

Sign: _____

Appendix F: Baby Shower Health Screening Results Form

Baby Shower Health Screening Results

Member ID: _____

Month/Year: _____

Purpose of Tool: To document all health screening test results and interpretation for each individual participant.

Instructions: Completed by the Congregation-Based Health Advisor (CHAs). Complete one form for each participant. Create three copies of the completed form; one copy is provided to the participant, one copy is confidentially stored with the implementing partner, and one copy is confidentially stored at the Baby Shower site.

| Tests for consideration | Result | Interpretation |
|------------------------------------|--------|----------------|
| HIV | | |
| Hepatitis B | | |
| Syphilis | | |
| Urinalysis | | |
| Random Blood Sugar | | |
| Mid-Upper Arm Circumference (MUAC) | | |
| Blood Pressure | | |
| Hemoglobin | | |
| Malaria | | |

Test performed by:

Date:

Result checked by:

Date:

Appendix G: Baby Shower Linkage Tracker

Baby Shower Linkage Tracker

Site ID: _____

Month/Year: _____

Purpose of Tool: To document all participants receiving a positive HIV result and ensure linkage to ART services. This tool is intended to capture information for participants already on ART and newly initiating ART.

Instructions: Completed by the Congregation-Based Health Advisors (CHAs). Create two copies of the completed form; one copy is confidentially stored with the implementing partner, and one copy is confidentially stored at the Baby Shower site.

| S/N | Member ID | Gender | Date of HIV Test | Linked to ART? (Y/N) | ART Initiation Date (approx. year/month) | New or Already on ART? (New/Already) | Treatment Facility | Checked by (Name of CHA) |
|-----|-----------|--------|------------------|----------------------|--|--------------------------------------|--------------------|--------------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |

Completed by: _____

Date: _____

Signature: _____

Reviewed by: _____

Date: _____

Signature: _____