

Peer Education and Support in HIV/AIDS Prevention, Care, and Treatment

A Comprehensive Training Course
for Expert Clients in the Kingdom of Swaziland



Training Agenda

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
8:30-10:00		Unit 4: HIV/AIDS Basics	Unit 7: HIV Treatment	Unit 10: Adherence to Care & Treatment	Unit 12, continued	Unit 15: Supervised Practicum at Facility	Unit 15: Supervised Practicum, continued	
10:00-10:15		<i>TEA BREAK</i>	<i>TEA BREAK</i>	<i>TEA BREAK</i>	<i>TEA BREAK</i>			
10:15-12:00		Unit 4, continued Unit 5: Communication	Unit 7, continued Unit 8: pMTCT-Plus	Unit 10, continued	Unit 13: Referrals & Record Keeping			
12:00-1:00		<i>LUNCH</i>	<i>LUNCH</i>	<i>LUNCH</i>	<i>LUNCH</i>			
1:00-3:00		Unit 5, continued	Unit 8, continued	Unit 11: Disclosure & Stigma	Unit 14: Facility-Community Linkages			Unit 16: Action Planning, Evaluation, & Graduation
3:00-3:15		<i>TEA BREAK</i>	<i>TEA BREAK</i>	<i>TEA BREAK</i>	<i>PRACTICUM PREP HOW DID IT GO? CLOSING</i>			
3:15-4:45	Participants arrive at training venue	Unit 6: HIV Care	Unit 9: Pediatrics	Unit 12: Positive Living				
4:45-5:00		<i>HOW DID IT GO? CLOSING</i>	<i>HOW DID IT GO? CLOSING</i>	<i>HOW DID IT GO? CLOSING</i>				
5:00-7:30	Welcome Unit 1: Introduction Unit 2: Impact of HIV/AIDS Unit 3: EP Role in HIV Programs							

Overall Training Objectives

By the end of the training, participants will be able to:

1. Understand the Expert Client's critical role in comprehensive HIV/AIDS prevention, care, treatment, psychosocial support, and referral linkage activities.
2. Provide basic counseling and practical strategies to patients, especially pregnant women, so they have a better understanding and are able to access care and treatment, adherence, disclosure, positive living, and prevention services.
3. Assist patients and their families to access other services within the hospital, such as ART (for women enrolled in pMTCT-Plus), TB diagnosis and treatment, and pediatric care and treatment.
4. Assist in patient follow-up through linkages with community-based services and improved tracing mechanisms for patients lost to follow-up.
5. Contribute to decreasing stigma and discrimination of PLWHA by working as an integral part of facility multidisciplinary care teams and by engaging their communities in the fight against HIV/AIDS.

Unit 1: Introduction

Unit 1 Learning Objectives:

By the end of this Unit, participants will be able to:

- Know more about the trainers and other training participants.
- Understand the training agenda, objectives, and “ground rules.”
- Assess their own baseline knowledge about content and skills to be covered during the training.

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Unit 2: The Impact of HIV/AIDS

Unit 2 Learning Objectives:

By the end of this Unit, participants will be able to:

- Describe the impacts of the HIV/AIDS epidemic at individual, family and community, and national levels in Swaziland.

Unit 2 Key Points:

- HIV/AIDS impacts not only individual people, but also families, communities, and the nation as a whole.
- HIV does not discriminate in Swaziland, where about 40% of people are living with HIV/AIDS.
- Expert clients should work hard to reach out to all people without judgment to make sure they have the information and services they have a right to!

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Unit 3: The Role of Expert Clients in Comprehensive HIV/AIDS Programs

Unit 3 Learning Objectives:

By the end of this Unit, participants will be able to:

- Have a common understanding of the role of expert clients in improving access and adherence to care and treatment in Swaziland.
- Explain who is part of a multidisciplinary HIV/AIDS care team and how the team works together.
- Understand the day-to-day activities and expectations of expert clients as part of the multidisciplinary care team.

Unit 3 Key Points:

- Expert clients are important givers and receivers of HIV/AIDS prevention, care, and treatment services.
- Expert clients make up an important part of the multidisciplinary care team and complement the work of other team members.
- Expert clients have many day-to-day roles and responsibilities to support patients in accessing and adhering to care and treatment.

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Unit 4: HIV/AIDS Basics

Unit 4 Learning Objectives:

By the end of this Unit, participants will be able to:

- Discuss myths and rumors about HIV/AIDS and know which are true and which are false.
- Discuss the difference between HIV and AIDS.
- Discuss how HIV affects the immune system, including the impact of HIV/AIDS on CD4 cells.
- Describe the ways HIV is transmitted.
- Talk about ways HIV can be prevented.
- Understand the major pieces of comprehensive HIV/AIDS care and support and why each is important to PLWHA and their families.
- Understand and incorporate the idea of “family-focused care” into their work as expert clients.

Unit 4 Key Points:

- Expert clients should know the facts about HIV/AIDS and help dispel myths and rumors among patients and in the community.
- HIV is a virus that enters the body. A person can be healthy and HIV-infected for many years before getting sick and developing AIDS. But they can still spread HIV to other people so it's important for people to know their HIV-status by getting tested.
- Babies and children with HIV develop AIDS much faster than adults.
- You can't tell if a person has HIV by looking at them. The only way to know is to get an HIV test.
- HIV attacks a person's immune system and makes it hard for the body to stay healthy and fight off diseases and infections.
- HIV attacks the CD4 cells in the body. The CD4 cells are like soldiers that protect the body from attacking illnesses. Eventually, HIV attacks so many of the CD4 soldier cells that the body can't fight infections anymore and develops AIDS.
- Doctors and nurses can tell if someone needs to start ART by looking at the number of CD4 cells they have (through a blood test). The test can also be used to see if the treatment is working (more CD4 cells). Also if a doctor sees a person has some clinical signs and symptoms of AIDS, s/he may start a person on treatment.
- It's very important that expert clients know all the ways HIV can and cannot be passed from person to person and help people prevent infections.

- HIV lives in semen, vaginal and birthing fluids, blood, and breastmilk.
- HIV can be passed through unsafe sex with an infected person, from an infected mother to her child, from blood-to-blood contact, and from sharing needles, knives, and other sharp objects with a PLWHA.
- Even though there are many ways to get HIV, there are many ways to prevent it! Expert clients play a key role with patients and their families and in the community to make sure everyone knows how to practice safe behaviors and prevent new HIV infections.
- Expert clients should know all the pieces of comprehensive care and help patients and their families understand and access the services over time. Remember that needs will change over time.
- HIV is a family and community disease. It doesn't just affect individuals, but rather whole families and communities. It is important for expert clients to always ask about a person's family members and try to get them in for needed services.

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Unit 5: Basic Communication and Counseling Skills

Unit 5 Learning Objectives:

By the end of this Unit, participants will be able to:

- Reflect on their own attitudes, values, and beliefs and discuss how these may affect communication with others.
- Explain the goals of counseling.
- Discuss what is meant by shared confidentiality and why it's important.
- Demonstrate non-verbal communication and active listening skills.
- Demonstrate reflection, goal-setting, and summarizing skills.
- Describe the difference between counseling and group education.

Unit 5 Key Points:

- Our own attitudes, values, and prejudices should not be a part of communication and counseling with patients and other community members.
- Counseling is a very important, two-way communication process that expert clients will use every day in their work.
- It is best to limit the use of closed-ended questions and instead use more open-ended questions during counseling.
- It's important for patients to know that what they say will be kept private. Patients should give consent for counselors to talk about their situation with other providers. Expert clients should practice shared confidentiality.
- The best communication includes using good non-verbal communication and actively listening to the other person.
- Skills such as reflecting what the person is saying back to him/her, helping the person set goals and next steps, and summarizing what was discussed in the counseling session are all important skills for expert clients to have.
- Expert clients are expected to be good leaders and facilitators of group education sessions, as well as one-on-one or couples counseling sessions.
- It's important to take care of ourselves and other people giving counseling services, by having a care for the carer plan at each facility.

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Unit 6: HIV/AIDS Care

Unit 6 Learning Objectives:

By the end of this Unit, participants will be able to:

- Explain the HIV testing and counseling (HTC) process and how HTC is the entry point to care and treatment.
- Provide support and information to patients during and after post-test counseling and help link them to care and treatment services.
- Understand the difference between care and treatment services and who is eligible for care.
- Describe the components of clinical care to patients, including regular CD4 testing, and why these components are important.
- Motivate patients to return to the clinic for care, even if they are not on ART.
- Explain common opportunistic infections, and how they can be prevented and treated.

Unit 6 Key Points:

- HIV testing and counseling (HTC) is the entry point to care and treatment.
- Expert clients have a key role to play in post-test support, especially pregnant women who test positive.
- Expert clients should counsel all PLWHA to enroll in care services even if they feel healthy and are not on ART.
- Coming back often for care also means that we can identify and start people on treatment as soon as they are eligible instead of waiting until they are very sick.
- Important components of care that can help all PLWHA include check-ups by health care workers, preventing and treating opportunistic infections, especially by taking Cotrimoxazole; regular CD4 tests to see if ART is needed, early infant testing for babies where available; counseling on positive living, nutrition, disclosure, etc., and referrals to support groups and community support.
- One of the most important parts of HIV clinical care is to get a CD4 test done at least every 6 months, whether the person is on ART or not. If they are not on ART, the CD4 test results can help the team and the patient decide if ART is needed.
- OIs attack the body when the immune system is weak. PLWHA can get many OIs, like skin problems, TB, pneumonia, thrush or sores in the mouth, or bad diarrhea and vomiting.
- One of the best things PLWHA can do to stay healthy is to prevent OIs by living positively and taking certain medicines, like Cotrimoxazole.
- TB and HIV are like brother and sister. TB is the most common OI among PLWHA and can be very dangerous if not treated right away.

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Unit 7: HIV/AIDS Treatment

Unit 7 Learning Objectives:

By the end of this Unit, participants will be able to:

- Dispel myths about ART to patients and in the community.
- Explain when a person should start taking ART, including the clinical and social criteria.
- Discuss the goals of ART and the health and social benefits for men and women.
- Know common ART regimens and be able to explain how to take them.
- Help patients recognize, manage, and know when to go to the doctor for ART-related side effects.

Unit 7 Key Points:

- There are a lot of myths about ART in Swaziland. Expert clients need to know the facts and share correct information about ART with others.
- ART is a lifelong commitment, meaning people have to take the drugs every day, at the same time of day, for their whole lives, even if they feel good.
- ART is not a cure for AIDS.
- HIV can still be spread when taking ART.
- Traditional medicines may be able to help with some symptoms, but they are NOT a replacement for ART.
- There are a number of criteria a person must meet to start ART. These include both medical criteria (stage of disease and CD4 count), and non-medical criteria (like their ability to understand and adhere to treatment). Patients should be part of the decision to start ART with the health care team.
- Since HIV affects the body in different ways, different kinds of ARVs need to be taken to fight HIV. At least 3 types of ARVs should be taken at a time to fight HIV.
- There are different types of ART for adults, but the most common regimens for adults in Swaziland are:
 - AZT (Zidovudine) + 3TC (Lamivudine) + NVP (Nevirapine)
 - AZT (Zidovudine) + 3TC (Lamivudine) + EFV (Efavirenz)
 - D4T (Stavudine) + 3TC (Lamivudine) + NVP (Nevirapine)
 - D4T (Stavudine) + 3TC (Lamivudine) + EFV (Efavirenz)
- If there is treatment failure, the most common second line regimens for adults in Swaziland are:
 - ddl (Didanosine) + ABC (Abacavir) + LPV/r (Kaletra)

- TDF (Tenofovir) + ABC (Abacavir) + LPV/r (Kaletra)
- The ARV's for babies and children are similar to the ones for adults, the difference is that some come in syrups while others are in capsules and tablets that can be broken or crushed.
- Adults, babies, and children on ART should also take Cotrimoxazole to prevent opportunistic infections.
- Some people on ART have side effects that make them feel very badly. Most side effects go away within a few weeks of starting ART or a new drug. Expert clients can help patients prevent and manage side effects.
- Patients should never stop taking their ART without consulting with the doctor.

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Unit 8: pMTCT-Plus

Unit 8 Learning Objectives:

By the end of this Unit, participants will be able to:

- Understand the difference between pMTCT and pMTCT-Plus programs and services.
- Explain key pMTCT-Plus concepts and interventions for before and during pregnancy, during the time of labor and delivery, and after the baby is born – and the expert clients' role in each.
- Provide basic pMTCT-Plus counseling and referrals to patients at Primary Health Units (PHUs), clinics, and hospitals.
- Explain the importance of ART for pregnant women and link women enrolled in pMTCT-Plus to ART services.
- Provide advice to patients on safe infant feeding.
- Counsel patients on needed follow-up and testing of HIV-exposed babies.

Unit 8 Key Points:

- About 40% of pregnant women in Swaziland are living with HIV/AIDS, so pMTCT-Plus services should be the “norm.”
- pMTCT-Plus programs try to reduce risk of HIV to the baby, but also try to give the mother, the baby, and the whole family ongoing care, support, and treatment.
- The pMTCT-Plus motto is “SAVING 2 LIVES” – the mom’s and the baby’s.
- Not all babies born to women living with HIV/AIDS will have HIV. About 1 out of 3 will become HIV-infected if there are no pMTCT-Plus interventions.
- MTCT can happen during pregnancy, around/during labor and delivery, and during breastfeeding, especially with mixed feeding in the first 6 months.
- Most HIV transmission happens during labor and delivery.
- There are many things that can be done to prevent MTCT before pregnancy, during pregnancy, during the time of labor and delivery, and during the postpartum period and infant feeding. Expert clients should be familiar with interventions at each stage and talk to people about the importance of pMTCT-Plus services.
- Pregnant women should be prioritized for HIV care and treatment with ART if they are eligible. Most ARVs will not hurt the baby and this is one of the best ways to prevent MTCT.
- Half of pregnant women living with HIV/AIDS in Swaziland need ART.

- Breastmilk is the only food babies need until they are 6 months old.
- Most women should exclusively breastfeed the baby for as long as possible, up to 6 months.
- Stopping breastfeeding before 6 months is not good for the baby.
- At 6 months, the mom should add other foods and continue breastfeeding.
- The mom can give breastmilk and other foods for up to 12-18 months, and should only stop breastfeeding when there is a good supply of other foods available.
- All HIV-exposed babies should be followed-up and given Cotrimoxazole until we know if they are HIV-infected – this can take up to 12-18 months.
- Babies exposed to HIV may need two tests to tell if they are HIV-infected: one when they are 6 weeks or older and another once they are over a year old and have stopped breastfeeding.
- Expert clients should help women receiving pMTCT-Plus services enroll in the care and treatment program, receive follow-up services for themselves and their babies and other family members, join support groups, and find nutritional and other support services in the community.

pMTCT-Plus - 4 Key Concepts to Remember:

1. Keep Moms Healthy: The healthier the mom, and the higher her CD4 count, the less likely it is that the baby will be HIV-infected.

2. Reduce Risk at Every Stage: The risks of passing HIV from the mother to the child are different at different times during and after the pregnancy. It's important to reduce the risk of transmission at all of these stages.

3. All Moms Need ARVs: One of the best ways to lower the amount of HIV in the mother's body and make her healthy and less likely to pass HIV to the baby is for her to get the care and treatment she needs to be as healthy as possible, including ART. All pregnant women with HIV/AIDS need to take ARVs.

- If a mom has a CD4 count below 350, the baby is at high risk of getting HIV. Women with a CD4 count of 350 or lower, she should start ART.
- If a mom has a CD4 count above 350, the baby has a lower risk of getting HIV than if the mom's CD4 count is low. Women with a CD4 count above 350 should take a shorter course of ARVs (AZT and NVP) during the pregnancy, according to national guidelines.

4. All Babies of HIV-Infected Moms Need ARVs: All babies of women living with HIV/AIDS also need treatment. They need to take ARVs at the time of birth and for the first few weeks of life to help prevent them from becoming HIV-infected. If the baby gets tested and is HIV-infected, s/he may also need ART if eligible.

Remember: If the mom and the baby get the care and treatment they need, including ARVs, the risk of MTCT can be lowered from 1 out of every 3 babies to 1 out of every 50 babies.

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Unit 9: Pediatric HIV/AIDS Care and Treatment

Unit 9 Learning Objectives:

By the end of this Unit, participants will be able to:

- Discuss why it's important to give special attention to babies and children with HIV/AIDS in the health facility.
- List different ways HIV-exposed and infected babies and children can be found and brought into care and treatment.
- Understand when and how HIV can be diagnosed in infants and children.
- Help counsel families/caretakers on needed follow-up of babies exposed to HIV during pregnancy and breastfeeding.
- Understand what ART regimens are available for children in Swaziland.

Unit 9 Key Points:

- Children are not “little adults” and children with HIV/AIDS have different medical, social, and psychological needs than adults with HIV/AIDS.
- Without treatment, most children with HIV/AIDS will die before their 2nd birthday.
- With care and treatment, children with HIV/AIDS can become healthy, productive adults.
- HIV makes babies and children sick quickly, so we need to identify them early and get them enrolled in care and treatment as soon as possible.
- pMTCT programs are a good place to find exposed and infected babies. We also need to look for sick children in under 5 clinics, adult ART clinics, inpatient wards, outpatient departments, and by reaching out in the community.
- The only way to tell if a baby under 12 months (1 year) of age is HIV-infected is through DNA PCR testing, which can be done when the baby is 6 weeks old.
- Adult HIV tests only work in children over 12 months (1 year) old.
- The 5 key points to remember with following exposed and infected children are:
 - Come back to the clinic often
 - Early HIV testing
 - Cotrimoxazole every day (to prevent infections)
 - Weigh and measure at each visit
 - Focus on the whole family
- Only a doctor can decide that a child is eligible for ART – this is done by examining the child and doing a test to see the CD4%.

- Pediatric ART depends on a partnership among the caretaker(s), the child, and the multidisciplinary care team.
- There are special ARVs for babies and children in Swaziland. They should not be given adult ARVs unless prescribed by the doctor.
- The first line regimen for children is normally:
 - D4T (Stavudine) + 3TC (Lamivudine) + NVP (Nevirapine).
 - If d4T is not available in a fixed dose, and the patient does not have refrigeration, AZT (Zidovudine) can be given instead.
 - Children over 3 years old can also take EVF (Efavirenz)
- The second line regimen for children is:
 - ABC (Abacavir) + ddl (Didanosine) + LPV/r (Kaletra)
- The type and dose of ARVs for children depends on age and weight. This will change often over time so patients need to come back to the clinic regularly.
- Expert clients play a key role in helping caretakers prepare to give ART to babies and children and adhere to the care and treatment plan in the long term.
- Expert clients can also provide emotional support to caretakers, as caring for sick children and/or giving children medicine every day is not easy.
- Disclosure is an important part of pediatric adherence to care and treatment.

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Unit 10: Adherence to HIV/AIDS Care and Treatment

Unit 10 Learning Objectives:

By the end of this Unit, participants will be able to:

- Define adherence to care and treatment.
- Describe why adherence is important for patients in HIV/AIDS care and treatment.
- Define non-adherence and tell patients about what can happen when they are non-adherent.
- Identify common barriers to adherence and work with patients and the multidisciplinary team to come up with practical strategies.
- Help patients understand and adhere to their care and treatment plan.
- Follow up with patients who do not come to the clinic for appointments.
- Prepare people to start taking ART through group education and one-on-one counseling sessions.
- Ask patients about adherence at every visit.
- Give advice on what to do about missed doses.
- Work with patients to come up with and implement practical and personalized strategies to improve and maintain adherence.
- Provide ongoing adherence support to all patients enrolled in care and treatment.

Unit 10 Key Points:

- Adherence means how faithfully a person sticks to the care and treatment plan.
- Adherence support is most successful when it's provided by a number of people on the multidisciplinary care team in partnership with the patient. Adherence support should be part of every visit because adherence barriers and strategies will change over time.
- Adherence includes active understanding and participation of the patient in his/her care and treatment plan.
- Adherence to care is important to make sure a person stays healthy, understands how to live positively, knows when to start ART, and gets psychosocial support at the clinic and in the community.
- Adherence to treatment is important to lower the amount of HIV in a person's body and make sure the person gets all the benefits that OI medicines and ARVs have to offer (feeling better, not getting OIs, etc).
- At least 95% adherence is needed for ART to work the right way and keep a person healthy.
- Non-adherence means missing one or many doses, not following the care plan or returning for appointments at the clinic, taking medicines the wrong way, etc.
- Non-adherence to treatment can lead to drug resistance, preventing the ART from working and making the person very sick.
- Expert clients should counsel patients to do all they can to avoid resistance.

- There are many barriers and challenges to good adherence, including things related to the patient's life, things related to the medicines, and things related to the health care system and HIV/AIDS program.
- Before starting ART, patients need to attend 2 group education and one-on-one counseling sessions to understand the treatment plan and identify strategies to overcome barriers.
- Expert clients should ask patients about adherence at every visit.
- Encourage people to be honest about their adherence, even when it's not perfect. Never judge someone about missing doses or appointments.
- Involve friends or family members (if the patient is comfortable with this). Social support and disclosure are very important to adherence.
- Coordinate with the clinical team to follow up when patients miss appointments.
- Expert clients can help patients and caretakers find practical solutions to adherence, like pill boxes, medicine diaries, or having a treatment buddy.
- Expert clients should tell everyone about the 6 Basic Rules for ART Success:
 - **Take your ARVs every day**
 - **Take your ARVs at the same time**
 - **Take your ARVs for your whole life**
 - **See the doctor or nurse if you have ongoing side effects**
 - **Never share ARVs with other people**
 - **You can still pass HIV to others even when on ART and if you feel well, so remember to use a condom every time you have sex.**

Unit 11: Stigma and Disclosure

Unit 11 Learning Objectives:

By the end of this Unit, participants will be able to:

- Understand the different types of stigma.
- Describe how stigma negatively affects access and adherence to pMTCT-Plus, care, and treatment services for adults and children.
- Implement strategies to overcome different forms of stigma at the individual and programmatic levels.
- Explain the advantages and disadvantages of disclosure.
- Explain the difference between partial and full disclosure.
- Work as part of the multidisciplinary team to provide ongoing disclosure counseling and support to other PLWHA.

Unit 11 Key Points:

- Stigma is one of the biggest challenges to living with HIV/AIDS or being affected by HIV/AIDS.
- Stigma comes in many forms – it can be from one person to another, a person stigmatizing him/herself, or stigma by association. Programs can also stigmatize people, as well as communities and religious groups.
- Stigma at all levels makes it hard for people to accept, access, and adhere to prevention, care, and treatment services.
- Expert clients have an important role to play as positive role models, reducing stigma among individuals, at the health care facility, and in the community.
- Expert clients can work with the multidisciplinary care team to reduce stigma at the health care facility.
- Expert clients can help patients deal with stigma in their own lives.
- Disclosure can help a person access care, treatment and support; improve adherence to care and treatment; help reduce stigma and discrimination by bringing HIV/AIDS out into the open; help slow the spread of HIV by helping people protect themselves and their partners; and help normalize HIV/AIDS prevention, care, and treatment services.
- Expert clients can help people weigh the advantages and disadvantages of disclosure and be a supportive counselor throughout the process.
- Partial disclosure to a small number of trusted people is usually a good first step in the disclosure process.
- Disclosure with children is also important, and the amount and level of information that a child should be told about HIV depends on the child's age and development.

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Unit 12: Positive Living

Unit 12 Learning Objectives:

By the end of this Unit, participants will be able to:

- Understand the “recipe” for positive living.
- Provide support to patients to keep their minds and bodies healthy.
- Help patients and their partners practice safer sex.
- Demonstrate male and female condom use.
- Work with patients to advocate for themselves and encourage “self care” as a part of positive living.

Unit 12 Key Points:

- People with HIV can live full and healthy lives if they take care of themselves, access treatment and support, and feel supported to make healthy choices.
- Expert clients play a key role in helping other PLWHA live positively and following the **“recipe for positive living:”**
KNOWLEDGE + DETERMINATION TO LIVE
with actions for a
HEALTHY MIND + HEALTHY BODY + HEALTHY SOUL

= A LONG, HEALTHY LIFE
- Expert clients should know the signs of anxiety and depression and help people overcome them. They should also alert the clinical care team if they think someone is anxious, depressed, or wants to end his/her life.
- Expert clients can help people keep their minds and bodies healthy by practicing safer sex, eating well, staying clean and avoiding infections, and keeping active (among other things).
- Expert clients should help people stay away from unhealthy things, like alcohol, smoking, unsafe sex, eating sugary and fatty foods, and being isolated from other people.
- PLWHA and their partners should be counseled on safer sex to avoid spreading HIV and/or STIs, avoid re-infection with a different strain of HIV, and to avoid unwanted pregnancy.
- Safer sex means avoiding passing of semen, vaginal fluids, and blood from one person to another.
- One of the best ways to have safer sex is to use male or female condoms, the right way, every time.

- Expert clients should be comfortable demonstrating how to use male and female condoms.
- Expert clients can help people negotiate condom use with their partners and be safer sex role models.
- Expert clients can help other patients be in charge of their own health care as much as possible and support them to do so.
- Expert clients can help other patients advocate for themselves, be involved and understand their treatment, ask questions to providers, understand referrals, and other aspects of their care.

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Unit 13: Referrals and Record Keeping

Unit 13 Learning Objectives:

By the end of this Unit, participants will be able to:

- Understand the expert clients' role in referring patients from service to service and among hospitals, PHUs, and clinics.
- Explain the importance of record keeping in HIV/AIDS and expert client programs.
- Understand the different forms used in pMTCT-Plus, care, and treatment services in Swaziland.
- Fill out forms and reports used by the expert client program.

Unit 13 Key Points:

- Referrals within the hospital setting, and from one health facility to another, and between community and facility-based services, are a key part of comprehensive care.
- Each hospital and clinic will have different referral systems and forms so it's important for expert clients to become familiar with these when they return to their assigned facility after the training.
- Expert clients play a key role in referring patients for services, helping them understand why they are being referred, and taking them to the referral point when possible.
- It's important for expert clients to keep good records of their work and report every month to the Expert Client Coordinator.

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Unit 14: Linkages to Community Support Services

Unit 14 Learning Objectives:

By the end of this Unit, participants will be able to:

- Identify what community-based care and support services PLWHA and their families may need.
- Understand why PLWHA and their families may need home-based care, access to associations and support groups, nutrition support, income-generating activities, and legal support.
- Return to their facilities and work with the multidisciplinary team to map and link with community-based organizations.

Unit 14 Key Points:

- Referrals to community-based services are a key part of the continuum of HIV/AIDS care and support. No one person or group can provide PLWHA and their families with all the services they need. People must work together.
- There are many community-based services in most places, but often groups don't know about each or make formal plans to work together. Without this collaboration, patients won't be able to access the full continuum of care and support.
- Expert clients can provide a vital link for patients to these community-based services through collaboration, referral, and follow-up.
- Once the training is completed, expert clients should go back to their sites and work together and with other members of the multidisciplinary team to identify and link with community-based organizations. If there is time, a good exercise is to do community mapping.
- Expert clients should assess patients' needs for community-based services and provide referrals and follow-up for:
 - Home-based care and support
 - PLWHA Association membership and links to support groups and income generating activities
 - Nutritional education and food support
 - Legal support
- Expert clients should identify and meet regularly with community-based groups in their areas to make formal referral systems, improve the ways facility and community-based groups work together, avoid overlap, identify gaps in services and come up with solutions to fill them, and better serve the needs of patients and their families.

Notes:

Unit 15: Supervised Practicum

Unit 15 Learning Objectives:

By the end of this Unit, participants will be able to:

- Apply skills learned in training in the clinic.
- Provide one-on-one and group education to patients about care and treatment, pMTCT-Plus, adherence, and positive living.

Notes:

Unit 16: Action Planning, Evaluation, and Graduation

Unit 16 Learning Objectives:

By the end of this Unit, participants will have:

- Agreed on next steps when expert clients go back to their respective facilities.
- Completed a final needs assessment.
- Completed a training evaluation.
- Graduated from the expert client training.

CONGRATULATIONS!

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