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

Title:	**Designing and implementing peer support programs to support PMTCT services**
Country	Swaziland
Host Name/Title:	Xoliswa Keke, Psychosocial and Adherence Support Advisor
Session Goal:	To discuss the key considerations and steps to plan and implement peer programs in support of PMTCT services.
Learning Objectives:	1. To understand ICAP-Swaziland's experiences and lessons learned implementing a peer program to support PMTCT services. 2. To identify and describe key steps in planning a peer support program. 3. To discuss the specific tasks of peer educators within the context of PMTCT programs. 4. To predict and address potential challenges in the implementation of peer programs.
Instructional Method(s):	• Introductory exercise • Presentation • Group discussion • Small group work, presentation, and discussion

Session Description :	**0 - 5 minutes:** Introductory exercise
	• Each participant will introduce him/herself, including:
	  o Name
	  o Country office and position
	  o Nickname growing up
	
	5 – 25 minutes: Host presentation
	• The host will make a short presentation describing the ICAP-Swazi experience planning and implementing a peer support program as part of PMTCT, pediatric, and ART services.
	• The presentation will include key steps, challenges, and lessons learned, from which other country programs can learn.
	
	25 – 40 minutes: Group discussion
	• Participants will have an opportunity to reflect on the ICAP-Swazi experience and pose questions to the host and one another.
	
	40 – 70 minutes: Small group work
	• Participants will be broken into 3 small groups.
	• Each group will be given a scenario describing a specific aspect or challenge of peer support programs, based on the Swazi experience. Scenarios will integrate these topics:
	  o What should the job description of a peer educator be?
	  o How can peer support programs contribute to the overall quality of PMTCT services?
	  o How can peer educators best be integrated into MDATs?
	  o What is the best way to coordinate stakeholders and involve the MOH in peer support programs?
	  o How can peer support programs be monitored and evaluated?

	• Small groups will be given about 30 minutes: to discuss their scenario and record key points/recommendations on flip chart. **70 – 85 minutes:** Small group presentation and discussion • Each small group will be given about 3-5 minutes: to present back key points of their discussion to the large group. • If time allows, the group will be able to ask questions and discuss the specific scenarios/discussion points. **85–90 minutes:** Wrap-up • The host will summarize key points of the session.
Other:	**Scenario 1**: Your ICAP country office has been tasked to assist the MOH with the implementation of a peer educator program within PMTCT and adult and pediatric ART services. The MOH asks you to make recommendations about what the roles and responsibilities of peer educators should be within the HIV/AIDS program. • In what way can a peer support program contribute to the overall quality of PMTCT and pediatric services? • What do you think the job description of peer educators should be? • What minimum skills would you require for the peer educators to fulfill this role? **Scenario 2**: Your ICAP Country Office provides technical support to the MOH PMTCT and care and treatment programs, including the peer educator program. As with all of ICAP's work, it's important to work within and strengthen national systems. For peer educator programs to work well, peer educators need support and monitoring to facilitate their integration into the MDATs and the health care system. • How would you try to integrate the peer educators into the MDATs at public hospitals and clinics? • What role do you think the MOH should play in the peer educator program? • What recommendations would you make on coordination of the program at the national, regional, and facility levels? **Scenario 3**: Peer educator programs can provide needed improvements in quality and task shifting to HIV programs in sub-Saharan Africa. Ministries of Health, donors, and partner organizations need to evaluate whether these programs are able to meet their objectives and have an impact. • What would you recommend as the basic process and impact indicators for a peer educator program within PMTCT and care and treatment services? • What questions would you want an evaluation to answer? • What steps would you take to evaluate the impact made by a peer educator support program?

Session Notes and Summary

Session name: Designing and implementing peer support programs to support PMTCT services

Note taker name: Sara Riese

Major Discussion Points and/or Conclusions:

Poor coordination among PMTCT, ART and child health clinic mean that many women and children don't get the treatment they need. Peer educator programs can help link these services and may improve uptake. Participants brainstormed around the following questions and came up with a list of possible answers.

1. **How can a peer support program contribute to the overall quality of PMTCT and pediatric services?**
   - Improve adherence
   - Strengthen post-diagnosis support
   - Provide linkages with support groups and community tracing
   - Strengthen linkages with ART clinics
   - Reduce burden on health care workers
   - Encourage return visits

2. **What minimum skills would you require for the peer educators to fulfill this role?**
   - Willingness
   - Be from the local community
   - Adherent to their own care and treatment
   - Have good communication skills
   - Not sick

3. **How can we integrate the peer educators into the MDATs at public hospitals and clinics?**
   - Clear job description and outline of responsibilities of the peers
   - Advocacy at the MOH: Why peers are essential, job description, how peers are a source of support
   - Heads of facilities where they'll be posted need to be sensitized and informed
   - Good training of the peer educators
   - Introduce to the facility staff and explain their role

4. **What is the best way to coordinate stakeholders and involve the MOH in peer support programs?**
   - Clarify role of MOH: to support the program with resources and technical assistance, finance, training, monitoring, provide opportunity for policy changes
   - Role of the regional level : Implementation, monitoring and evaluation, support facilities, financing and accountability
   - Role of the facilities: supportive supervision, proper documentation, monitoring and evaluation

5. **How can peer support programs be monitored and evaluated?**
   - Before evaluating, program needs to be standardized: selection criteria, curriculum, job description, indicators, compensation, documentation and tools, all need to be the same across sites
   - Process indicators
     - # of peers trained
     - #retained after 1 year
     - Evaluation on topics of curriculum and materials
     - Use notebook where each peer documents # of clients visited, services provided
   - Impact indicators
     - # of clients lost to follow up (compared to baseline)
     - Uptake of service users
     - # of mothers who deliver at the facility
     - # of infants brought back for follow-up
     - # of support groups established
   - Qualitative indicators
     - Acceptability of peers with community and with health clinic team
     - Peer educators self-satisfaction
     - Stigma reduction

Remaining questions: How to encourage and motivate peers when there are no or limited resources to support them?

Agreed Upon Next Steps:
Participants agreed that in order for peer educator programs to be successful, they need to be standardized within countries, integrated, or at least implemented in collaboration with the Ministry of Health, adequately resourced and with a monitoring and evaluation plan.