

Peer Education as Part of PMTCT+ and ART Services: Experiences from Swaziland

Xoliswa Keke

Psychosocial Support Advisor

ICAP-Swaziland



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Swazi Background - 1

- 39% of pregnant women are living with HIV
(Ante-natal survey, 2007)
- Almost half of positive, pregnant women are eligible for HAART (CD4<350)
- High rates of ANC attendance and uptake of HIV testing in ANC
- Reasonable access to CD4 testing
- Existing policies on more efficacious PMTCT regimens, including HAART



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Swazi Background - 2

- Massive rollout of ART services
- Poor coordination among PMTCT, ART and child health services
- Poor quality counseling and follow up – no patient tracking system
- No dedicated cadre of counselors



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Objectives of the Peer Education Program - 1

- To jointly identify & train 52 peer educators in care & treatment, adherence support, and MTCT-plus
- To integrate peer educators into MDTs at MCH Units, ART sites and selected outreach clinics
- ↑ % of eligible pregnant women who enroll in treatment
- ↑ % of mothers who bring back infants for follow up



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Objectives of the Peer Education Program - 2

- ↑ % of patients who receive adherence counseling before starting ART and during follow-up visits
- ↓ % of patients who discontinue treatment or are LTFU in PMTCT+ and ART programs
- Increase access to psychosocial assessments and psychosocial support services
- Create referrals and linkages amongst services



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Planning and Program Roll Out - 1

- Developed implementation framework to guide the process and outline roles for different partners (national PLWHA Association, MOH, ICAP, Clinton Foundation, etc.)
- Established position of Program Coordinator within MOH
- Recruited the Coordinator
- Established payment mechanisms (payment for trainings, monthly stipends, quarterly review meetings, refresher trainings)



Planning and Program Roll Out - 2

- Development (adaptation) of comprehensive training curriculum
- Introduction of program to facilities
- Recruitment of Peer Educators through facilities and local PLWH Association
- Identification and orientation of trainers
- Training of peer educators in small batches



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Placement, Supervision and Mentoring

- Day-to-day supervision of Peers provided by staff at sites (Sisters-in-Charge)
- Peer Support Program Coordinator (at MOH) provides overall supervision
- ICAP provides technical support to the national program and supervision at ICAP-supported sites
- Monthly reports submitted to sites and Coordinator
- Quarterly review meetings
- Refresher trainings



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Lessons Learned

- Peer Educators can complement HCWs to offer needed adherence counseling and support
- They support pregnant women to enroll in and adhere to care
- They provide linkages to patients with referral services
- Ongoing supervision and mentoring are key to integration of peers into MDTs
- MOH buy in and coordination is important
- Participatory, small group training and practicum at site level important



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Challenges

- Monitoring and evaluation are difficult
- In Swazi context, there are many players in the program - coordination can be difficult
- Skepticism from some HCW about peer educator abilities
- Integration of peer educators into MDT difficult (new cadre)
- Financing the program!



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Thank you !



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