

# MODULE 2: Roles and Responsibilities of Peer Educators as Part of the Multidisciplinary HIV Care Team



**DURATION:** 105 minutes (1 hour, 45 minutes)



## LEARNING OBJECTIVES:

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

- Understand the goals and objectives of the Peer Education program, and the roles of key partners in the program
- Have a common understanding of the many roles Peer Educators can play in improving access and adherence to HIV prevention, care and treatment services
- Understand the day-to-day activities and expectations of Peer Educators
- Explain who is part of a multidisciplinary HIV care team and how the team works together



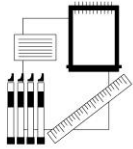
## CONTENT:

- Session 2.1: Introduction: Overview of the Peer Education Program
- Session 2.2: Understanding Peer Education
- Session 2.3: Roles and Responsibilities of Peer Educators
- Session 2.4: Peer Educators as Part of the Multidisciplinary Care Team
- Session 2.5: Module Summary



## METHODOLOGIES:

- Guest speaker
- Interactive trainer presentation
- Small group discussion
- Large group discussion
- Brainstorming



### **MATERIALS NEEDED:**

- Flip chart
  - Markers
  - Tape or Bostik
  - Peer Education program description and diagram of key players, if available
  - Peer Educator job description
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### **WORK FOR THE TRAINER TO DO IN ADVANCE:**

- Read through the entire Module and make sure you are familiar with the training methodologies and content.
  - Invite program partners to this portion of the training to explain more about the program.
  - Complete background information on the program and create a diagram of the program partners and how they work together.
  - Work with program partners to develop a job description for Peer Educators.
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## SESSION 2.1: Introduction: Overview of the Peer Educator Program (15 minutes)

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### TRAINER INSTRUCTIONS

**Methodologies: Guest Speaker or Interactive Trainer Presentation**

**Step 1:** Review the Module learning objectives.

**Step 2:** **Note:** If the training facilitators are not part of the organization that is managing or implementing the Peer Education program, it is recommended that someone from this organization (for example a local NGO, the national PLHIV Association, or the Ministry of Health) is invited to the training to give an overview of the program.

Present an overview of the Peer Education program to participants. Use the major discussion points below to guide the presentation. Be sure to include the overall scope and goals of the program, as well as the roles of all participants and partners.

**Step 3:** Draw a diagram of the key players in the Peer Educator program and their relationship to one another (for example the donor, the Ministry of Health, PLHIV associations, health facilities, health care workers, Peer Educators, etc.).

**Step 4:** Give participants a chance to ask questions about the Peer Educator program.

### KEY INFORMATION

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**Note:** The training facilitators and Peer Education program partners should fill in this key information according to the local program design and implementation plan.

**Background:**

- The Peer Education program was started in \_\_\_\_\_ (month, year).
- The program was started by \_\_\_\_\_ (organization/s).
- Funding for the program is provided by \_\_\_\_\_ (organization or donor).

**The Peer Education program goal is to:**

\_\_\_\_\_ (fill in)

**The major objectives of the Peer Education program are to:**

\_\_\_\_\_ (fill in)

**Partners in the Peer Education program include:**

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(Fill in and give a brief summary of each partner's role in the program. Examples of partners may include: the Ministry of Health, provincial or district health teams, hospitals, health centers, clinics, health care workers, Peer Educator supervisors, PLHIV associations, community-based and faith-based organizations, community health workers, donors, etc.)

## SESSION 2.2: Understanding Peer Education (30 minutes)

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### TRAINER INSTRUCTIONS

**Methodologies: Small Group Discussion, Large Group Discussion, Interactive Trainer Presentation**

**Step 1:** Ask participants to get into small groups of 3. Give the groups about 15 minutes to discuss the following questions (you may want to write these on flip chart):

- *Think back to the time you were first diagnosed with HIV. How did you feel?*
- *Did you know anyone living with HIV at that time? Were you able to ask that person questions about living with HIV?*
- *What questions did you have when you were first diagnosed with HIV? When you first started taking ARVs?*
- *How could a Peer Educator have helped you during these times, or even now?*

**Step 2:** Bring the large group back together and ask each small group to summarize its discussion.

**Step 3:** Tell participants that we are all motivated to be Peer Educators for different reasons, but usually we are motivated because of our own experiences – both good and bad things that have happened to us – as PLHIV and clients in HIV programs.

Use the content below to present general information on Peer Education programs and their benefits to Peer Educators, clients and the health facility.

## KEY INFORMATION

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### Key terms:

- **A peer** is a person who belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, social group or status, health status or other factors.
- **Education** refers to the development of a person's knowledge, attitudes, beliefs or behavior, as a result of the learning process.
- **Peer education** is the transfer of knowledge and skills to members of a social group by others within the same group.
- **HIV Peer Educators** are people who are themselves enrolled in HIV prevention, care and/or treatment services; have a good understanding of HIV, care, treatment, PMTCT and adherence; and have the skills to help other clients with their care and treatment. Usually, Peer Educators are volunteers.

### **Advantages of peer education programs:**

- **People trust others in a similar situation:** Clients have the opportunity to discuss their personal circumstances in a safe environment with someone who relates to their situation.
- **Improved adherence:** Peer Educators can support clients' adherence to care and treatment because they may have a deeper understanding of what the client is going through.
- **Community participation:** Peer Educators can play a role in community mobilization, decreasing stigma, and increasing support for PLHIV.
- **Empowerment of individuals:** Peer Educators can increase people's confidence that they can make good decisions and take action. Peer Education programs can help both Peer Educators and their clients change behaviors in order to take care of their own health and that of their families.
- **Job opportunities:** Training and work experience may improve Peer Educators' job opportunities in the formal economic sector.
- **Improved service quality:** Peer Educators can help to improve the overall quality and effectiveness of health care programs by giving feedback to the clinic about the needs of patients and communities.
- **Task shifting and saved time:** Peer Educators can help free up the time of doctors, nurses and social workers by providing basic education and counseling at the clinic.
- **Increased access:** Peer Educators can gain access to groups that are otherwise difficult to reach and encourage them to seek prevention, care and treatment services. Similarly, Peer Educators can follow up with clients who have missed appointments, since they are often from the same communities.

## SESSION 2.3: Roles and Responsibilities of Peer Educators in Family-focused HIV Programs (30 minutes)

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### TRAINER INSTRUCTIONS

**Methodologies: Brainstorming, Interactive Trainer Presentation**

- Step 1:** Start by asking participants to brainstorm what a Peer Educator does as part of the multidisciplinary HIV care team. Record responses on flip chart.
- Step 2:** Pass out copies of the Peer Educator job description to each participant. Review the job description and ask if there are any questions.
- Step 3:** Review how Peer Educators will be supported and supervised by program partners, for example, health care workers, NGOs or district health teams. You may also want to discuss any Peer Educator incentives (stipend, transport allowance, uniform, etc.) during this step.
- Step 4:** Remind participants that an important part of being a Peer Educator is openly disclosing your HIV-status to clients and community members. Ask participants to break into pairs and discuss the following 3 questions for about 10 minutes (you may want to write these on flip chart):
- *How did it feel to disclose to someone the first time?*
  - *Have you disclosed to someone you do not know well? If yes, what were your experiences? If no, what do you think your experiences might be?*
  - *How can Peer Educators help support each other to disclose at the clinic and in the community?*
- Bring the large group back together and discuss why it is important for Peer Educators to openly disclose their HIV-status in the clinic and in the community.
- Step 5:** Allow time for participants to ask questions about the roles and responsibilities of being a Peer Educator.

### KEY INFORMATION

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**Note:** The training facilitators and Peer Educator program partners should fill in this key information according to the local program design and implementation plan.

## **Example of a Peer Educator job description (adapt to the local context):**

### **Peer Educators are expected to:**

- Spend at least 2-3 days per week working at the health facility and 1-2 days per week working in the community
- Participate as an active member of the multidisciplinary care team at ART and maternal and child health (MCH) clinics, including attending multidisciplinary team meetings
- Openly disclose their HIV-status to clients and community members
- Conduct group education sessions, in coordination with other members of the multidisciplinary care team, including:
  1. Pre-ART sessions
  2. PMTCT sessions
  3. Others, as decided by the program
- Conduct one-on-one counseling sessions with clients, caregivers and treatment supporters on the following topics:
  1. HIV basics
  2. Understanding care and treatment
  3. Adherence to care and treatment
  4. PMTCT and the importance of treatment for mothers and follow-up care for babies
  5. Disclosure
  6. Positive living and positive prevention
  7. Ongoing psychosocial support
  8. Others, as decided by the program
- Work as part of the multidisciplinary care team to prioritize pregnant women for care and treatment services and follow up mothers and babies after delivery
- Help clients with referrals within the health facility, including walking them to the referral point, explaining why the referral was made and what services will be given at the referral point and making sure the client is seen in a timely manner at the referral point
- Act as a link between clients and the multidisciplinary care team, including presenting common concerns of clients/adherence challenges faced by clients in multidisciplinary team meetings
- Implement family-focused care by asking all clients about family members and encouraging them to come for HIV testing and counseling, care and treatment
- Work as part of the multidisciplinary care team to identify and follow up with clients who do not return to the clinic for appointments, CD4 or other tests and results and medication refills (this includes making follow-up phone calls and home visits according to the facility protocol)
- Link clients and caregivers with community-based care and support services
- Conduct community outreach and education activities to improve community knowledge about and acceptance of PMTCT and HIV care and treatment services for adults, pregnant women and children
- Lead support group meetings and, where none exist, form new support groups
- Keep basic records and compile monthly reports

## SESSION 2.4: Peer Educators as Part of the Multidisciplinary Care Team (20 minutes)

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### TRAINER INSTRUCTIONS

**Methodologies: Brainstorming, Large Group Discussion**

- Step 1:** Ask participants to list all the people they have come in contact with at the facility when accessing PMTCT and HIV care and treatment services. List these on flip chart, and fill in using the content below if needed.
- Step 2:** Ask participants to discuss why each of the people listed on flip chart is important to providing quality HIV services to clients and family members. Remind them to draw on their own experiences.
- Step 3:** Ask participants what they think would happen if one member of the multidisciplinary care team left. How would this impact a client's care?
- Step 4:** Remind participants that they are going to be an important part of the multidisciplinary care team and that they will *complement*, not duplicate, the other members' roles.

### KEY INFORMATION

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#### The multidisciplinary care team:

No one person, no matter how skilled, can provide all the care and support that a client needs. We all have different training, skills and personal strengths. Also, no one person has time to do everything. This is why it is important for HIV prevention, care and treatment programs to have a multidisciplinary team that looks after every client.

**Multidisciplinary means a mix of different professionals and volunteers – doctors, nurses, counselors, peer educators, administrative staff and others – working as members of a team.**

#### Depending on the specific site, members of the HIV care team can include:

- **Doctors:** Check on clients' health status and make a care and treatment plan, assess if a client needs to be on ART and, if so, which medicines they should take
- **Nurses:** Provide PMTCT counseling to women, provide adherence counseling to all clients, perform intake and history-taking activities when the client comes to the clinic, take blood samples, provide support on positive living, weigh infants and give immunizations
- **Pharmacists:** Provide clients with medicines and information on how to take them and ask about adherence

- **Lab technicians:** Take blood or other samples from clients, perform lab tests - like CD4, liver function, etc., record test results and report them back to the doctor and nurses
- **Phlebotomists:** Take people's blood for testing at the lab
- **Counselors or social workers:** Provide counseling before and after an HIV test, on PMTCT, on living positively with HIV and on disclosing HIV-status to family members, help when a client feels depressed or hopeless or is thinking about suicide and provide referrals to other supportive services in the community
- **Peer Educators and lay counselors:** Provide “real life” advice and psychosocial support to clients, help clients with adherence and disclosure, talk about HIV and care and treatment in understandable terms, link clients with needed facility and community resources, serve as the link between clients and clinical staff, follow up with clients by phone or at home if they miss an appointment
- **Data clerks/information officers:** Make sure good records are kept on all clients so the team can give them the best possible care
- **Other clinic staff such as receptionists, cleaners and security guards:** Welcome clients to the clinic and are often the people who give the “first impression” to clients when they visit the clinic
- **Site coordinators or advisors:** Coordinate inputs at the hospital and make sure people are working together
- **Community-based workers and organizations:** Provide psychosocial support, material support, home-based care and nutritional support in the clients' homes and communities and mobilize the community to stop stigma and discrimination
- **Faith-based organizations and spiritual leaders:** Provide support and counseling to clients and their families, including at times material and nutritional support
- **Family members and friends:** Accept the person's status and provide support for her or him to live positively and access and adhere to care and treatment, practice safer sex and infection prevention in the home and serve as home-based care providers
- **The clients themselves:** Are educated and informed consumers of services and active participants in their own care

Multidisciplinary care teams need to work together, communicate with one another and respect each individual's contribution to improving the health and well-being of the client. If one “link in the chain” is missing, clients will not get the quality care they need in the hospital, community or home. It is important that multidisciplinary care teams plan specific ways to work together, such as by meeting regularly to talk about the program and particular clients' care.

## SESSION 2.5: Module Summary (10 minutes)

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### TRAINER INSTRUCTIONS

**Methodologies:** Large Group Discussion, Interactive Trainer Presentation

- Step 1:** Ask participants what they think are the key points of this Module. What information will they take away from the Module?
- Step 2:** Summarize the key points of the Module using participant feedback and the content below.
- Step 3:** Ask if there are any questions or clarifications.
- Step 4:** Review the learning objectives with participants and make sure all are confident with their skills and knowledge in these areas.
- Step 5:** If there are areas participants do not fully understand or in which they need more help, go back and review the session before moving to the next Module.

### KEY INFORMATION

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#### THE KEY POINTS OF THIS MODULE INCLUDE:

- Peer Educators are important providers and recipients of HIV prevention, care and treatment services.
- Peer Educators have many day-to-day roles and responsibilities to support clients and their families to access and adhere to prevention, care and treatment services.
- Peer Educators make up an important part of the multidisciplinary care team and complement the work of other team members.

