

MODULE 5:

Comprehensive HIV Care



DURATION: 200 minutes (3 hours, 20 minutes)



LEARNING OBJECTIVES:

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

- Discuss the key clinical and non-clinical components of comprehensive HIV care for clients and their families
- Explain the Peer Educators' role in HIV testing and counseling
- Explain the difference between comprehensive HIV care and ART
- List the most common OIs and complications and explain their symptoms, prevention and treatment
- Describe the Peer Educator's role in TB education, prevention, screening and treatment
- Identify and refer possible TB cases to the clinic using the TB screening tool
- Accompany clients to referred services and explain why these services are necessary



CONTENT:

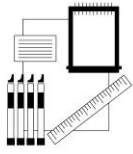
- Session 5.1: Introduction: Review of Family-focused Care
- Session 5.2: HIV Counseling and Testing: The Entry Point to Care
- Session 5.3: HIV Care and HIV Treatment: What is the Difference?
- Session 5.4: Prevention and Treatment of Opportunistic Infections and Other Complications
- Session 5.5: Tuberculosis Education, Screening and Referral
- Session 5.6: Helping with Referrals to Ensure Comprehensive Care
- Session 5.7: Module Summary



METHODOLOGIES:

- Game
- Large group discussion
- Brainstorming
- Interactive trainer presentation

- Small group work
 - Role-play
-



MATERIALS NEEDED:

- Ball
 - Flip chart
 - Markers
 - Tape or Bostik
-



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.
 - Prepare OI cards for Session 5.4.
 - Collect all referral forms used within hospitals and health centers where Peer Educators will be working.
-

SESSION 5.1: Introduction: Review of Family-focused Care (10 minutes)



TRAINER INSTRUCTIONS

Methodologies: Game

- Step 1:** Review the Module learning objectives.
- Step 2:** Ask all participants to stand up and form a circle. Remind participants about the discussion of comprehensive, family-focused care from *Module 3*. Start by holding the ball and stating one component of comprehensive, family-focused care out loud. Throw the ball to one of the participants, who should state another component of comprehensive, family-focused care. Continue on until participants have listed most of the components of comprehensive care.
- Step 3:** Remind participants that Peer Educators need to think about the whole family and not just the individual. They also need to help clients get all the care and support they need, including but not limited to ART.

KEY INFORMATION

Review from *Module 3*

The goals of comprehensive HIV care are to:

- Improve the quality of life of PLHIV
- Improve the lives of families and communities affected by HIV
- Prevent further spread of HIV

Comprehensive care includes:

- Pre- and post-test HIV counseling, HIV testing and follow-up
- Early infant diagnosis for babies
- Prevention, diagnosis and treatment of OIs and other illnesses, such as tuberculosis
- Palliative care, including pain management
- ARVs and ART
- PMTCT, antenatal and reproductive health services
- Support for safer infant feeding (usually exclusive breastfeeding, but could also be exclusive formula feeding)
- Regular immunizations for babies
- Ongoing monitoring of health status (through lab tests and physical exams)
- Ongoing follow-up of babies that have been exposed to HIV
- Hospitalization for those who are very sick
- Counseling on positive living and prevention
- Couples counseling and disclosure counseling
- Referral and follow-up

- Home-based care (HBC)
- Malaria prevention and treatment
- Nutrition education
- Access to clean water
- Psychological support
- Social and spiritual support
- Linkages to material or economic support (money, clothes, food, etc.)
- Legal support
- End-of-life care, including pain management
- Care and support for family members, including children

SESSION 5.2: HIV Counseling and Testing: The Entry Point to Care (45 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Brainstorming, Interactive Trainer Presentation, Small Group Work

- Step 1:** Ask if any participants want to share a personal story about HIV testing and counseling. What was her or his experience with pre- and post-test counseling?
- Step 2:** Ask participants to brainstorm some of the reasons why people in their community do not get tested for HIV. Record on flip chart.
- Step 3:** Lead a discussion on the important role Peer Educators play in post-test counseling and support, as well as in mobilizing community members and clients' family members to get tested, using the content below.
- Step 4:** Ask participants to break up into 4 small groups. Explain that each small group will have 15 minutes to come up with a plan to mobilize certain groups of people to come to get HIV testing and counseling. Assign each group 1 of the following:
- Male partners of women in the PMTCT program
 - Family members of clients on ART
 - Adolescents in the community
 - Community leaders
- Step 5:** Ask some of the small groups to present their HIV testing and counseling plans to the large group for discussion.

KEY INFORMATION

HIV testing is an entry point to care and treatment:

This is the first step to getting care and treatment services. We need to know for sure that people have HIV before we link them with care and treatment.

The HIV testing and counseling process includes 3 major steps:



Peer Educators are NOT trained as HIV test counselors and should play a supportive role to the nurse or counselor assigned to this task at their site. Peer Educators can play an especially important role in bringing community members and family members of clients in for testing and counseling. They also can help adults and children understand their results and plan for next steps during and after post-test counseling, especially by encouraging people to enroll in care and treatment if they are positive.

Remember: HIV testing and counseling is the ENTRY POINT to care and treatment.

Peer Educators can help people plan next steps after their post-test counseling by:

- Listening and providing support, using good communication skills
- Explaining CD4 testing, why it is done and when and where to pick up results
- Explaining the importance of enrolling in a care and treatment program, and helping people do this
- Helping clients find sources of support
- Supporting clients to disclose their HIV test result to someone they trust
- Encouraging clients to join a PLHIV association or support group
- Asking about partners and children and encouraging them to come for testing and counseling
- For pregnant women, discussing PMTCT and the idea that if the woman enrolls in care and treatment she is “saving two lives.” Also, discussing antenatal care and safe delivery planning, as well as promoting safer infant feeding for all babies (this will be covered more in Module 7).
- Agreeing on a date for the next visit, recording this in a notebook and making sure it is recorded in the client’s appointment card. Make sure to talk with clients about how important it is for them to come back to the clinic.

Peer Educators can mobilize clients’ family members to get HIV testing and counseling:

- Another good strategy is for Peer Educators to counsel clients on how important it is to test other members of the family, including partners and children.
- Peer Educators can focus on the whole family of each client in order to improve the family’s overall health and well-being and get them the services and support they need.
- If the client gives consent and this is part of the Peer Educator’s role, home visits are a good place to talk about family testing, as well as during support group meetings or individual counseling sessions at the health facility.

Peer Educators can mobilize all community members to get HIV testing and counseling:

- Peer Educators can help educate and mobilize community members about the importance of knowing their HIV-status.
- Peer Educators can speak about HIV testing and counseling at community gatherings, religious events, in workplaces and with community leaders and community organizations (such as youth groups and women’s groups).

Note: There is more on HIV testing and counseling for infants and children in *Module 7* and *Advanced Module 18*.

SESSION 5.3: HIV Care and HIV Treatment: What is the Difference? (25 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation

- Step 1:** Ask participants what kinds of care they receive at the hospital, a primary health clinic, health center or in the community, other than ART, and record responses on flip chart. Why are these services just as important as ART?
- Step 2:** Explain the difference between care and treatment using the content below, emphasizing that all PLHIV should be given care services (OI prevention and treatment, psychological and nutritional support, positive living support, etc.), but not all people in care need to be on ART. Copy the diagram below onto flip chart to help with this explanation. Also discuss where care services, other than ART, are offered.
- Step 3:** Lead a group discussion, using the following questions as a guide:
- *What are some of the barriers people face getting HIV care services?*
 - *What are some of the consequences of not coming for regular care?*
 - *What motivates people who are feeling healthy and are not on ART to come back to the clinic for regular care services?*
 - *How can Peer Educators help people understand how important it is to come back to the clinic often for care, even if they are healthy and not on ART?*

KEY INFORMATION

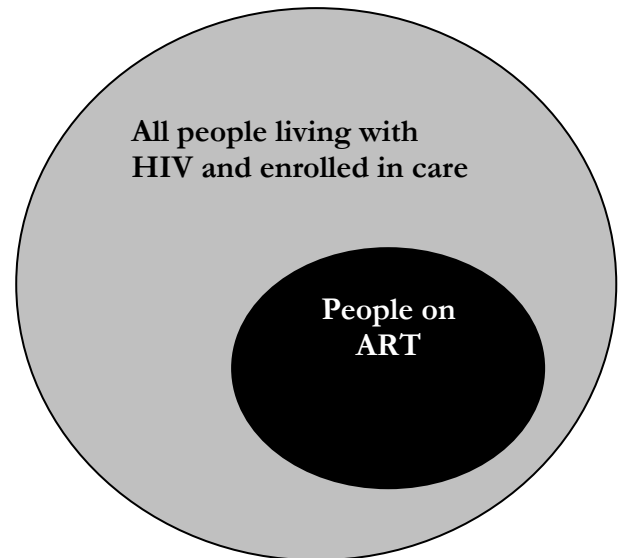
There is a lot people with HIV can do to stay healthy even if they are not on ART. All PLHIV should come to the hospital for regular check-ups, tests, counseling and medicines to help prevent OIs and to stay healthy.

Also, when people come back to the clinic regularly for CD4 testing and check-ups, they can start ART right away when they are eligible. In some places, people think that ART is only for very sick and dying people, but this is not true. **Starting ART as soon as possible once eligible reduces the chances that the person will become very sick and die.**

One way of saying this is that all PLHIV need care, and a certain number of PLHIV also need treatment with ART. Once a person tests positive for HIV, they should be enrolled in the care program at the hospital or clinic and linked to needed community resources. Over time, the person will probably also need to be enrolled in treatment, which should begin as soon as possible once a person is eligible.

Who is eligible for care?

- Everyone who is living with HIV should be enrolled in care, even if they are not eligible for ART.
- People should return to the clinic at least once every six months for a check-up, counseling and a CD4 test to see if they are eligible for treatment.
- Babies who have been exposed to HIV should also all be enrolled in care from birth.
- Babies and pregnant mothers should come back to the clinic even more often.



Components of clinical care (other than ART):

- General health check-ups by the doctor and nurse
- Prevention and treatment of OIs, especially pneumonia, malaria and TB
- Infant diagnosis and care for babies exposed to HIV
- CD4 cell testing to see how much HIV is affecting the immune system and if ART is needed
- Other lab tests, such as one to test how well the liver is functioning (called "LFTs"), especially for people on ART
- Sexual and reproductive health services, including family planning and STI diagnosis and treatment
- Emotional counseling and support
- Positive living counseling and support
- Prevention, such as PMTCT and prevention of new infections
- Disclosure counseling and support
- Discussion and referral for testing and care of other family members (like children, partners, etc.)
- Nutrition counseling and support (direct support or through referrals)
- Education on hygiene, sanitation and clean water
- Linkages to support groups and community resources

Where is care provided?

HIV care services can be provided at hospitals, clinics and health centers. HIV care should be integrated within ART clinics and is also available in other clinics where PLHIV seek services (for example ANC, outpatient and under-5 clinics). Peer Educators should work with the multidisciplinary care team to advocate for all PLHIV to be provided with quality care services and to encourage good referral linkages between the ART and PMTCT clinics and other places where HIV care is delivered.

SESSION 5.4: Prevention and Treatment of Opportunistic Infections and Other Complications (30 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation, Game

- Step 1:** Ask if any of the participants can define the term “opportunistic infection.” Ask participants to give examples of OIs and record them on flip chart. Fill in the list as needed from the content below.
- Step 2:** Ask participants what they know about OIs and how they can be prevented and/or treated. If participants feel comfortable, ask them to share their own stories about OIs. What are participants doing to prevent these infections?
- Step 3:** Review common OIs and their symptoms using the content below.
- Step 4:** Ask for 7 volunteers from the group. Have each come to the front of the room. Organize a game where each volunteer is assigned an OI from the list below by giving each person one of the pre-prepared OI cards.
- Ask them to act out how the OI impacts the body or to speak as if they were that OI (for example, “*I’m the infection that makes people cough a lot and have a fever. It is easy to pass me from one person to the next especially when in a closed room*”). Ask the other participants to guess which OI the person represents (in this case, TB) and then lead a discussion about ways it can be prevented and treated.
- Step 5:** Review the key strategies used to prevent and treat OIs using the content below and encourage participants to share their own experiences.

KEY INFORMATION

Opportunistic infections:

- Opportunistic infections, or OIs, are the infections that make PLHIV sick because the body’s immune system is weakened and cannot fight back. PLHIV, especially people not on ART, can get many OIs.
- One of the best ways to live positively with HIV, whether someone is on ART or not, is to prevent OIs from happening in the first place or treating them right away. Usually, a doctor or nurse will give PLHIV medicines to prevent some infections – like PCP and TB. They will also give some medicines to babies born to mothers with HIV to help prevent them from getting sick. Eating well, drinking clean water and practicing good hygiene also help prevent infections.
- Peer Educators should also be aware of other common infections in PLHIV as well as signs and symptoms that PLHIV may experience.

Some common OIs, other complications and symptoms in PLHIV:

<p>Tuberculosis (TB) – a common OI that usually affects the lungs</p>	
Signs and Symptoms:	Cough, fever, weight loss
Prevention:	Cover mouth when coughing or sneezing and do so into a tissue, keep windows open and try to keep children away from people with active TB. In some countries, doctors will give medicines to adults to prevent active TB or to young children who have been exposed to someone with active TB.
Treatment:	Usually 6-9 months of daily medication (see the next session for more information)
<p>Pneumonia (or PCP) – a serious lung infection (note that bacterial pneumonia is very common among PLHIV and more common than PCP)</p>	
Signs and Symptoms:	Coughing, weakness, shortness of breath
Prevention:	Take cotrimoxazole (CTX) and wash hands with soap before eating and after using the toilet.
Treatment:	A doctor will prescribe antibiotics.
<p>Sores or Pain in and around the Mouth – may be caused by thrush, herpes, malnutrition, Kaposi’s sarcoma (a form of cancer) or dental problems</p>	
Signs and Symptoms:	Pain in or around the mouth, white patches (thrush), blisters, sores, cracks, dark spots, infected gums, loose teeth
Prevention:	Brush teeth, tongue and inside of mouth at least 2 times per day, rinse the mouth with warm salt water
Treatment:	ART will usually prevent thrush. Rinse the mouth with salt water, lemon juice or gentian violet solution (dark blue crystals). Doctors may prescribe antifungal medicines or antibiotics.
<p>Skin Problems – may be due to thrush, warts, bacterial infections, shingles, allergies, pressure sores, Kaposi’s sarcoma (a form of cancer) or many other causes</p>	
Signs and Symptoms:	Rash, itchy skin, sores, very dry skin, boils or abscesses, pain (in the case of Kaposi’s sarcoma, purple spots on the skin and swelling of the face, genitals and limbs)
Prevention:	Keep the skin clean and dry, wash with soap and water, try not to scratch, cool the skin with clean water, massage pressure areas and, for bedridden patients, change positions often.
Treatment:	Use calamine lotion to soothe itching, use gentian violet solution to help clean the skin, use hydrogen peroxide to clean wounds and sores, use safe local remedies. Doctors may prescribe antibiotics or other medication. Clients who develop a rash while taking nevirapine should go to the clinic right away!

Malaria – spread by mosquitoes

Signs and Symptoms: High, spiking fever, weakness

Prevention: Sleep and rest under an insecticide treated bed net, drain standing water in and around the home, use insecticide room sprays before sleeping (if available)

Treatment: A doctor will prescribe anti-malarial medicine.

Sexually Transmitted Infections (STIs) and yeast infections (thrush, candidiasis) –

People living with HIV are more likely to get STIs and people with STIs are more likely to contract HIV during unsafe sex.

Signs and Symptoms: Sores or rash in the genital or anal areas, unusual discharge from the penis or vagina, pain during urination (sometimes there are no symptoms, especially in women)

Prevention: Practice safer sex, use condoms, avoid sex if you or your partner have an STI

Treatment: The doctor may prescribe antibiotics, depending on the type of STI. Do not have sex while treating an STI, take all medications and have all partners treated as well.

Major weight loss (wasting) – Wasting is an AIDS-defining illness

Signs and Symptoms: Major weight loss, weakness – usually due to diarrhea, loss of appetite and reduced food intake

Prevention: Prevent diarrhea by washing hands with soap (especially before eating and after using the toilet), use only safe, clean, boiled water for drinking and cooking, avoid eating undercooked meat, fish and eggs, only use pasteurized milk products. Also increase food intake. Cotrimoxazole (CTX) can help prevent diarrhea in children.

Treatment: Oral rehydration solution, drink a lot of clear fluids, eat soft foods that are not spicy or greasy, increase food intake. Doctors may prescribe antibiotics.

SESSION 5.5: Tuberculosis Education, Screening and Referral (55 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation, Small Group Work, Role-Play

- Step 1:** Ask participants if anyone would like to share a story about a time they, or one of their family members, had TB.
- Step 2:** Present background information on TB and the close relationship between HIV and TB using the content below.
- Step 3:** Hang 3 sheets of flip chart. One should be entitled “EDUCATE FAMILIES AND COMMUNITIES ABOUT TB,” another, “IDENTIFY PEOPLE WITH TB” and the third, “HELP WITH TB TREATMENT.”
- Step 4:** One by one, go through each of the 3 flip charts. Ask participants what Peer Educators can do for each activity and record under the title. Fill in using the content below. For “IDENTIFY PEOPLE WITH TB,” write the 5 key TB screening questions and ask for a volunteer to read each one out loud. Remind participants that Peer Educators have a role to play in finding people who may have TB in the community and bringing them to the clinic.
- Step 5:** Ask for 2 volunteers and demonstrate a home visit with a family member in which the trainer acts as the Peer Educator. Ask the screening questions of the family members and do not forget to ask about children in the home. Provide the family with a referral to the health center and the reasons the referral.
- Step 6:** Next, ask participants to break up into groups of 3 and role-play home visits in which they use the TB screening questions, advise families when TB testing and care is needed and how to prevent new TB infections at home.
- Step 7:** Close the session by discussing some of the ways to prevent the spread of TB at health facilities, using the content below as needed.

KEY INFORMATION

More about TB:

- TB is the most common OI among PLHIV. About 50% of PLHIV will develop TB. Because TB and HIV are so closely linked, services also need to be linked.
- TB usually infects the lungs, but it can also infect other areas. Usually people with TB have a bad cough that does not go away, fever and weight loss.
- TB is spread through the air, especially from coughing, sneezing and being in close quarters with a person with TB. It is made worse when there is poor air circulation – like if there are no open windows. It is VERY easy to spread TB from person-to-person, and PLHIV are especially likely to get it if they are in contact with a person with TB. Small children are at high risk for infection when they live with adults who have TB.

Peer Educators' role in TB prevention and treatment:

Educate families about TB and prevention with these key messages:

- TB kills many people each year.
- People with HIV are much more likely to develop active TB.
- People living with HIV have a 50% risk of getting TB if they are exposed to it (for example, if a family member or someone at work has TB).
- With quick and correct treatment, TB is curable.
- Without treatment, TB spreads to others and can cause death.
- When people with TB cough, sneeze, spit, laugh or speak, the TB germs go into the air. When other people breathe the air, they can get infected with the TB germs.
- Spitting and coughing into a tissue can help prevent the spread of TB.
- Most people with TB do not need to be isolated from their family. Usually after a few weeks of TB treatment (at home or at a hospital), the person will no longer spread it to other people. It is important to ask the doctor when it is safe for a person with active TB to be in close contact with other family members. At home, clients with TB should always:
 - Cover their mouth when sneezing or coughing
 - Avoid spitting, or spit into a covered container that is emptied into the latrine and cleaned regularly
 - Keep the windows in the home open so that fresh air comes in
 - Spend time outside
 - If possible, sleep in a separate room – at least for the first few weeks of treatment

Identify possible TB cases and refer people to the clinic:

- By asking clients, their families and community members these 5 simple questions, Peer Educators can help identify new TB cases and prevent TB from spreading further.

TB Screening Questions

- Has the person had a cough for 2 or more weeks?
- Has the person had night sweats for 2 or more weeks?
- Has the person lost 3 kg or more in the past 4 months?
- Has the person had fever for 2 or more weeks?
- Has the person had recent contact with another person with active TB?

If the person answers **YES to any of these questions**, he or she should go to the clinic immediately for a TB test.

If the person answers **NO to all of the questions**, she or he probably does not have TB.

- If the person answers yes to any of these questions and goes to the clinic, she or he will give a sample or a few samples of sputum (spit that you cough up) to see if there is TB in it. The doctor may also order a chest x-ray.
- Remember, people who live with someone who has TB should go to the doctor for a test, especially PLHIV, children under 5 years old and anyone who is coughing.

Help people with TB take their medicine:

- TB treatment lasts at least 6 months or as long as 9 months. Like with ARVs, it is important to take the medicines the right way, every day, to make sure they are effective.

- The names of some of the most common drugs to treat TB are isoniazid, rifampicin, pyrazinamide and ethambutol.
- The most common strategy for TB treatment is Directly Observed Treatment Short-Course (DOTS). This is also called supervised treatment. This is when a trained community health worker observes the client taking medicine every day, provides support and keeps records about which medications were taken on which day.
- Explain that it is important to have a TB treatment supporter who can help remind the person to take the drugs every day.
- Even though people will feel better soon after starting TB treatment, they still have to take the medicines every day. If people stop the medicine before 6 or 9 months, they can get sick again, possibly with a worse form of TB. This is called multi-drug resistant TB, which is very dangerous and very hard to treat. They will also pass TB to other people if the medicines are not taken the right way.
- Help people understand common side effects of TB medication and how to manage them. For example, clients may be alarmed that rifampicin turns their urine orange, but this is completely normal.
- If a person develops TB while taking ARVs, the doctor may or may not change the ART regimen and add TB drugs. If a person is not on ART yet, usually TB treatment is started before ART. Then, if eligible, the person can start taking ART after she or he has taken the TB medicines for a period of time – usually 2 weeks or 2 months, depending on how low the person’s CD4 cell count is.
- Adherence to both ART and TB medicines is important to get well and prevent sickness and death.

Help prevent the spread of TB in health facilities:

- Keep the windows open so there is always fresh air.
- Alert doctors and nurses about clients who are coughing so that they can be seen right away.
- Encourage coughing clients to cover their mouths and provide tissues, if possible.
- Ask people with TB to wait in a very well-ventilated area, if possible. But do not stigmatize or label people with TB (such as by making people with TB stand outside of the clinic).
- If possible, use protective masks when in contact with clients who have active TB.

SESSION 5.6: Helping with Referrals to Ensure Comprehensive Care (25 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation

Step 1: Lead a discussion on referrals using the content below. Using examples, explain the difference between internal and external referrals.

Step 2: Ask participants to think about a time they were referred to another service within the same health facility or a time when they were referred to another health facility.

Ask 2-3 participants to volunteer to share a time when they were referred and they went to the other service successfully. What helped them seek the referral services?

Then, ask 2-3 participants to volunteer to share a time when they did not go to the place where they were referred. Why didn't they go and what could have helped them go to the referral service?

Step 3: Ask participants what they think Peer Educators can do to make referrals easier for clients. Review the key steps for successful referrals below, discussing each one individually.

Step 4: Review commonly used referral forms from hospitals and health centers. Make sure participants understand what information is included on the form.

KEY INFORMATION

Referring:

- No one person or organization can provide a person and her or his family with all the comprehensive care and support services they need. That is why it is important to have a strong referral system in place.
- Making a referral means that you formally send a person and/or family members to another place in the hospital, another health facility or another organization for services. There are two basic kinds of referrals:
 - **Internal:** Referrals from one part of the health facility to another part of the health facility (for example, from the VCT to the ART clinic or from the PMTCT unit to the ART clinic)
 - **External:** Referrals from the facility to a community organization or from a community organization to the health facility (for example, a Peer Educator refers a person to a PLHIV support group or a home-based care worker refers a client to the hospital to get a CD4 test)

- The “referral network” should include organizations and people in a defined geographical area that provide services and support needed by PLHIV, their caregivers and their families. Peer Educators play an important role in both types of referrals.

Helping people get from place to place in the health facility:

Many times people will need different services at the hospital or health facility on the same visit. This can be very overwhelming for people who are not familiar with where things are or how to get from place to place – especially if they are not feeling well or have to wait a long time at each place. A key role of the Peer Educator is to help people get from one place to another in a health facility as easily as possible.

Key steps to successful referrals:

- Talk with members of the multidisciplinary team about the referral system so everyone is clear on how referrals are made and followed-up.
- Make sure you know where each service is at the hospital or clinic and the fastest way to get there. It is helpful to walk around the facility alone first and then you will be able to better help clients.
- Make sure you know which days and which hours during the day different services are offered.
- Make sure you know where people are being referred and why. What services do they need when they get there? For example, if someone is being referred to the lab, what tests does she or he need?
- It is best if there is a referral form on which the doctor or nurse writes exactly why someone is being referred. Peer Educators should be familiar with any forms used at the health facility.
- Tell health care workers when you think a client needs to be referred. Peer Educators may have knowledge about clients’ health and social support needs that other members of the multidisciplinary team are not aware of.
- Peer Educators should help people understand why they are being referred and why it is important to get these services. People often do not understand why they have been referred and sometimes just leave. This is common with referrals from PMTCT services to ART services.
- If possible, walk with the person to the other part of the hospital or health center and make sure that she or he has a comfortable place to wait.
- Peer Educators should wait with the person at the referral point. This is a good time to provide counseling and support and to ask about the needs of other family members.
- Peer Educators should tell staff that the client is waiting and talk with the doctor or nurse to try and get the person seen as soon as possible to minimize waiting, especially for pregnant women. One of the biggest reasons why people do not get care is because they do not want to wait a long time. Some facilities give pregnant women “red carpet treatment,” meaning they do not have to wait to be seen.
- If people need other services or need to get more referrals, stay with them until they leave the health facility. Continue to explain why each service is important and walk them from place to place.
- If needed, help the person plan follow-up actions and visits to the health facility and provide needed referrals to community-based organizations.

SESSION 5.7: Module Summary (10 minutes)



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.



THE KEY POINTS OF THIS MODULE INCLUDE:

- HIV testing and counseling is the entry point to care and treatment.
- Peer Educators can help with pre- and post-test counseling by providing emotional support, linkages to support groups and linkages to PMTCT, care and treatment services.
- Peer Educators can also help motivate community members and clients' family members to get tested.
- Peer Educators should counsel all PLHIV to enroll in care services at the clinic or hospital, even if they feel healthy and are not on ART.
- Important components of care that can help all PLHIV include: check-ups by health care workers, preventing and treating OIs (especially by taking CTX), regular CD4 tests, early infant testing for babies, counseling on positive living, nutrition, disclosure and linkages to support groups.
- 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.
- Coming back often for care also means people can be identified and started on treatment as soon as they are eligible instead of waiting until they are very sick.
- OIs attack the body when the immune system is weak.
- One of the best things PLHIV can do to stay healthy is to prevent OIs and other complications by living positively, taking certain medicines to prevent getting sick and by going to see the nurse or doctor right away when something is wrong.
- Tuberculosis (TB) is the most common OI among PLHIV.
- Peer Educators can help educate families and community members to prevent TB. They can also help find TB cases in the community by asking 5 key questions, referring people to the health center if they answer yes to any and helping clients adhere to TB treatment.

(KEY POINTS, CONTINUED)

- Peer Educators play a key role in referring clients for services, helping them understand why they are being referred and taking them to the referral point when possible.