

Working with Expert Clients: A Guideline for the IMPACT Program

2012



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Acronyms

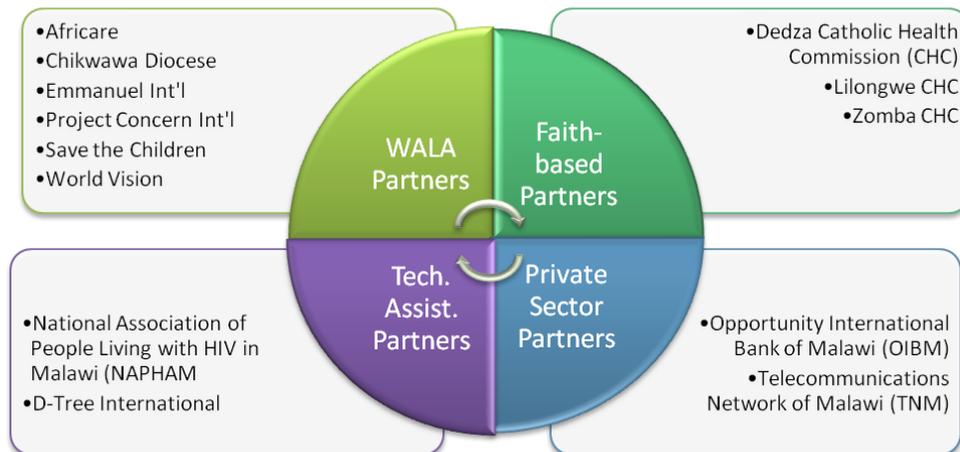
Acronym

ART	Antiretroviral Therapy
CF	Community Facilitator
EH	Environmental Health
EID	Early Infant Diagnosis
GoM	Government of Malawi
HF	Health Facility
HSA	Health Surveillance Assistant
HTC	HIV Testing and Counseling
M&E	Monitoring and Evaluation
MCHN	Maternal Child Health and Nutrition
MoGCCD	Ministry of Gender, Children and Community Development
MoH	Ministry of Health
NAC	National AIDS Commission
OVC	Orphans and Other Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
RCFU	Request for Client Follow Up
TQC	Technical Quality Coordinator
SHSA	Senior Health Surveillance Assistant
USAID	United States Agency for International Development

Background: The IMPACT Program

Integrated (HIV Effect) Mitigation and Positive Action for Community Transformation (IMPACT) is a four year USAID- and PEPFAR-supported Global Development Alliance award expected to improve the wellbeing of 58,017 orphans and vulnerable children (OVC) and enhance access to treatment and care for 41,505 people living with HIV (PLHIV). Catholic Relief Services/Malawi leads the IMPACT Consortium and works closely with the Government of Malawi, particularly the Ministry of Health (HIV Unit and Community Nursing Department), Ministry of Gender, Children, and Community Development (MoGCCD), National AIDS Commission, and the Department of Nutrition, HIV and AIDS and Office of President and Cabinet.

The IMPACT Program covers 39 traditional authorities across nine districts of Malawi. In addition, the consortium builds on the strength of the WALA Program while also introducing several other partners with various comparative advantages and areas of expertise:



A key component of IMPACT's work to enhance the treatment and care of PLHIV is the engagement of Expert Clients. Expert Clients (ECs) are individuals living positively with HIV who have exemplified excellent adherence skills and who wish to take on a voluntary role to help motivate others living with HIV. Many expert clients are women who have also received prevention of mother-to-child transmission of HIV (PMTCT) services. The Expert Client initiative aims to improve referral linkages and increase the identification, enrollment and timely treatment of people living with HIV (PLHIV), without necessarily increasing the number of medically-trained healthcare workers in a facility. Expert Clients are assigned to and based in a facility, but their work extends informally to the community, where they are often sought out for advice and counseling.

The Purpose of this Document

Working with Expert Clients is a wonderful way to achieve greater involvement of people living with HIV in HIV programs and can tangibly reduce loss to follow up rates. However, working with ECs successfully requires careful selection, training, orientation, health facility partnership, and supervision. Moreover there are a series of referral procedures necessary in order to effectively reduce loss to follow up and improve retention in care, especially for pre-ART clients. This guide is designed to provide detailed information for IMPACT implementing partners working with Expert Clients, from the initial stages to monitoring performance at the health facility. Other partners considering working with Expert Clients in Malawi may also find this document helpful.

Introduction: The Malawi Expert Client Initiative

Much of the evidence relating to the use of expert clients for high-prevalence settings comes from Swaziland, where the engagement of people living with HIV (PLHIV) as expert clients (EC) and continuous involvement of community HIV support groups have been shown to complement the work of health care providers. Other service providers in Malawi, notably the Clinton Health Access Initiative (CHAI) and Mothers2Mothers have also used expert clients with great results in many districts of the country. Working with expert client provides a peer-to-peer education model that offers a viable, creative solution to some of the human resource challenges that often act as barriers to universally accessible, high quality HIV care and treatment in resource-constrained settings like Malawi.

Before initiating work with Expert Clients, the IMPACT Program consulted with the National Joint Technical Working Group on Antiretroviral Therapy/PMTCT. To guide its work, a task force was established to review existing programs working with Expert Clients, available training materials, job descriptions, suggested training guidelines, monitoring tools, and referral tools. The participation of many implementing agencies in Malawi (notably CHAI, Mothers2Mothers, MSF-France, MSF-Belgium, EGPAF, and others) was extremely valuable and directly contributed to the methodology and materials presented in this document.

Step One: Select Expert Client

Expert Clients are recruited and trained to provide counseling, psychosocial support, and assistance in navigating and accessing care in a health facility. They are especially asked to support PLHIV including pregnant women living with HIV, exposed infants and HIV infected children. To accomplish this delicate work successfully, ECs should have certain attributes. Maternal Child Health and Nutrition (MCHN) Coordinators or Care and Support Coordinators should lead the selection process working closely with the health facility in the selection of the expert clients. Health facility ownership is critical as the expert clients will be working at the health facility. Therefore, make sure at least one staff member from each health centre is present for interviews. This position should be advertised in the support groups for PLHIV within the catchment area of the health facility.

All applications should be reviewed and candidates should be pre-selected based on the following:

1. HIV positive and willing to discuss status publicly
2. Currently enrolled in the support group or and has been in voluntary service of any kind for at least one year.
3. At least one EC per site should be a mother who is/was previously enrolled in PMTCT.
4. Education level: Minimum JCE
5. Ability to read and write in Chichewa. English literacy is an advantage
6. Motivated and committed to being part of the health care team
7. Ability to listen and empathize
8. Able to work within the ground rules and terms of the contract
9. Person from the geographic catchment area of the health facility and the IMPACT Program
10. Integrity: Accepted and respected by peers in the community with outstanding behavior i.e., trustworthy and honesty. This is someone who is regarded highly by the community and is able to keep secrets. His integrity is unquestionable in words and deeds and has support from family and friends to work as an Expert Client.

During the interview, panelist should also assess the following attributes through questions and discussion:

1. **Knowledgeable**
The person should possess at least minimal knowledge of HIV and AIDS, including prevention, care, treatment, and PMTCT. In addition, the person should be willing to learn and update his/her knowledge on HIV frequently.
2. **Capacity to teach/direct others**
The person should have the skills necessary to impart knowledge to others effectively.
3. **Demonstrated adherence to own care and treatment regimen**
It is highly preferable to have Expert Clients who are already on ART. If the candidate is on ART, then he/she should have a proven ability to follow the care and treatment plan in the long term: attending follow-up appointments as scheduled, taking medications at prescribed times and frequencies, recognizing side effects and seek treatment, and following instructions regarding food and other recommendations. *If not on ART, the person should be well conversant with compliance issues.*
4. **Stable health status**
This person should be in good physical shape/health and be able to walk around a health facility, stand while providing health education talks, and work for up to four hours at a time.

5. **Self-confidence**

The candidate should have a positive attitude toward self, others and life in general. She/he should be able to encourage others to see the positive side of life in all circumstances and situations, especially with regard to living positively.

6. **Potential for leadership**

The candidate should have leadership qualities such as being focused, persistent on tasks, responsible, accountable, and strong-willed with a good degree of initiative.

7. **Open with HIV-status**

The candidate will be asked to discuss his/her own personal experiences in the context of interacting with clients at the health facility. He/she should be flexible, open minded and willing to share his/her personal HIV status openly with others.

8. **Charitable and compassionate**

This is a person who willingly goes out of his/her way to serve others wholeheartedly and selflessly; one who is available to help those that are less fortunate or in need of help. He/she cares with compassion and is willing to work on voluntary basis and know that no payment is attached to it.

9. **Respects everyone**

The candidate must respect people regardless of their status and show a *non-judgmental attitude*. He or she must behave ethically, providing opportunities for people to express views without judgment.

10. **Length of stay in the community**

The candidate should be someone who has stayed in the community for a long period of time, sufficient enough to know the culture and health seeking patterns of people, knows people very well and is very well known by the community members. He/she should share *socio-cultural background similar to that of clients at the site*. The candidate should be a permanent resident or intending to stay in the community for many years to come.

11. **Ability to read and write**

The candidate must be able to read and write clearly in Chichewa with at least minimal basic literacy in English. This is important because the candidate may be expected to share information, education and communication materials with illiterate clients, write reports and compile follow up requests.

12. **Good interpersonal and excellent communication skills including listening skills**

The candidate should be able to listen attentively to people and understand issues and provide feedback or ideas in simple and clear terms. He/she should have the passion and the ability to communicate very well. He or she must be a hard worker and approachable.

13. Volunteerism

This is not a paid position and the persons selected should be willing to commit at least three days per week to serve others on a volunteer basis. Previous or current volunteer engagement would be an advantage.

14. Confidentiality

An Expert Client will have access to some details of clients' personal medical information. The candidate should demonstrate ability to observe confidentiality and assure clients that information shared will only be used for purposes of enhancing care and support. ECs will be requested to sign a declaration form for confidentiality before beginning work at the health facility.

Step Two: Clarify Roles and Responsibilities of the Expert Client

It is very important that both the Expert Client and the health facility staff fully understand the roles and responsibilities of Expert Client. Depending on the particular health facility, an EC will be expected to work in PMTCT, HIV Testing and Counseling (HTC) and the HIV Care Clinic (HCC) primarily. EC are often also requested to provide support in the Under 5 Clinic, Nutritional Rehabilitation Unit (NRU), Outpatient Therapeutic Program (OTP) and Outpatient Department (OPD).

The role of an EC is to provide peer education and psychosocial support to HIV positive individuals and their families. An EC provides these services to clients by drawing on her/his own personal experience as an HIV-positive individual with guidance and support from project staff and the multidisciplinary care team.

Duties and Responsibilities in general

1. Participate as an active member of the multidisciplinary care team at all points of care delivery depending on the schedule of health facility.
2. Provide health education sessions on topics such as HIV basics, ART, adherence, preventing opportunistic infections, PMTCT, safer sex and risk reduction, living positively, nutrition, and disclosure to ART and PMTCT clients (and their family members) through group and one-on-one sessions, in coordination with the multidisciplinary team.
3. Provide peer psychosocial support. Expert clients often understand the challenges faced by PLHIV based on their own lived experiences. ECs may have tips or helpful hints to share with newly diagnosed clients or clients initiating ART. Informal post-test counseling, treatment pre-initiation counseling or adherence counseling sessions provide opportunities for peer support and sharing of personal experiences.
4. Prioritize pregnant women for care and treatment services, and facilitate follow-up mothers and infants after delivery.

5. Help patients with referrals, including escorting (walking with) them to the referral point, explaining why the referral was made and what services will be given at the referral point.
6. Act as a link between patients and the multidisciplinary care team, including presenting common concerns of patients/adherence challenges faced by patients in multidisciplinary team meetings.
7. Help with an aspect of family-focused care by asking all patients about family members and encouraging them to come for HIV testing and counseling, care and treatment.
8. Work with the multidisciplinary care team to identify and compile names of patients who do not return to the clinic for appointments, CD4 or other tests (and results), and medication refills.
9. Refer patients and caretakers to community-based care and support services.
10. Keep basic records and compile monthly reports.

Even though the work of Expert Client should be family focused, pregnant women, HIV positive mothers and children should receive special attention as the most vulnerable group, therefore below are detailed activities pertaining to this group.

1) Encourage pregnant women and mothers living with HIV to attend HIV testing and PMTCT follow-up.

- Talk with pregnant women and mothers living with HIV at the PMTCT clinic; make sure they fully understand importance of regular follow up for themselves and their children.
- Assist PMTCT mothers to bring their partners and other children below 15 years of age for HTC if they haven't already done so.
- Help PMTCT mothers with referrals and navigating the health care system, so that they access all aspects of care and treatment for themselves and their children.
- Work with nurses, counselors, HSAs and other health care workers to identify mothers and caregivers who require psychological and /or adherence support
- Conduct one on one psychosocial sessions with mothers and caretakers on the following topics:
 - HIV testing for pregnant women
 - Basic information about HIV/AIDS
 - How to access care and treatment
 - Understanding care and treatment
 - Adherence to care and treatment
 - Disclosure process for pregnant women and HIV positive mothers
 - Positive living and risk reduction
 - On-going psychological support
- Assist in patient follow-up with community-based services.

2) Encourage mothers and caregiver of infants and children who were referred for testing to get tested

- Know proper referral procedures for HIV testing at the clinic and within the community
- Make sure that HIV testing has been done, and that children and caregivers received the results
- Ensure that the mother or caregiver of the infant or a child who tested positive for HIV was informed about the results
- Make sure that infants and children who test HIV-positive are promptly referred for medical evaluation and treatment, and that they keep their appointments
- If referred for medical evaluation and treatment, make certain the mother or caregiver understands when and where the appointment is, and follow up to ensure that they keep the appointment
- If the mother or caregiver is reluctant to agree to HIV testing, offer to accompany them for the testing
- Provide emotional support to the mother or caretaker, especially if the HIV test is positive
- Disclosure of a positive test results to the child should be done by the counselor or clinician, in coordination with family

3) Ensure that mother baby pair and children referred from PMTCT clinics, NRU Unit and Under 5 clinics to ART clinics have been followed up.

- Ensure that the patients who have missed appointments or defaulted from treatment entirely have been followed-up.
- Identify infants and children who need follow-up
 - Work with a nurse at PMTCT/ART/Under 5/NRU through registers in respective clinics unit to identify all children who are supposed to be referred to ART clinic
 - Visit the PMTCT and ART clinic on a weekly basis to collect the list of infants and children lost who missed scheduled appointments.
 - Use the tracer mechanism to follow up children who missed appointments.

Step Three: Training Expert Clients

The Expert Client training is four days in duration and should be facilitated by the district HTC, PMTCT and ART Coordinators. Staff from the National Association of People Living with HIV and AIDS in Malawi (NAPHAM) and Care and Support staff from each partner should also be on site throughout the training to provide clarifications and guidance where needed. There is a training manual for facilitators as well as a pre and post test for participants and laminated handouts of key messages A and B were provided in Chichewa.

Key Messages A:

Expert Client Counseling Checklist for HIV Positive Pregnant Women

Your counseling session should cover the following topics:

- ❖ Understanding and accepting an HIV-positive test result
- ❖ Universal ART for all HIV-infected pregnant women
- ❖ Benefits of ART for the mom and baby
- ❖ To prevent HIV transmission from HIV-positive mothers to their babies during pregnancy, labor and delivery and infant feeding
 - Adhere to ART and CPT as prescribed
 - Attend ANC for counseling and other services
 - Eat six food groups
 - Use ITNs
 - Deliver at the health facility
 - Breastfeed exclusively for the first six months; introduce complementary feeding only after 6 months
- ❖ Take ART and CPT every day at the same time
 - Non adherence to treatment can lead to drug resistance and has other consequences
 - See the clinician or nurse if there are any side effects
 - Never share ARVs with any other person
- ❖ Risk reduction strategies
 - No alcohol intake, no smoking and take regular exercise
 - Balanced diet and drink clean water, 2 litres every day
 - Practice healthy birth spacing and relationships
- ❖ Importance of regular follow-up once baby is born
 - 6-week follow-up for infant HIV testing, CPT, immunizations
 - MIP follow-up visits to monitor health of mother and baby
- ❖ Nutritional support
 - Supplemental Feeding Programs (SFP) for mothers, if available
 - Community Therapeutic Care (CTC) for malnourished infants or equivalent, as available
- ❖ Partner and family disclosure and testing, including children
- ❖ Psychological support
 - Invite client to join a support group
 - Explain other services in the community e.g. care groups, VSL, etc.
- ❖ Agree on next visit date and record this in your register
- ❖ Help identify barriers to coming back and work with clients to come up with solutions

Key Messages B:

Expert Client Counseling Checklist for HIV-positive non-pregnant individuals and children 10-17 years

Remember that counseling children must be done with extra care. Before beginning to counsel a child, make sure that you have talked to the parent or caregiver and received their consent to counsel the child. Make sure you have discussed issues of disclosure with the parent or caregiver before starting the counseling session.

Your counseling session should cover the following topics:

- ❖ Understanding and accepting an HIV-positive test result
- ❖ Eligibility for ART is based on CD4 test and clinical staging. Pre-ART counseling, for those not eligible for ART, should include:
 - Importance of regular health check-ups
 - CPT (Bactrim) adherence
 - Use of ITN
 - Nutrition and importance of the six food groups
 - Prevention behaviors
- ❖ For those starting or on ART:
 - Benefits of ART
 - Take ARVs and CPT every day at the same time
 - Non adherence leads to drug resistance and has other consequences
 - See the clinician or nurse if there are any side effects
 - Never share ARVs with any other person
 - You can still pass the virus to another person even if you are on ART
- ❖ Risk reduction strategies:
 - No alcohol, no smoking
 - Regular exercise
 - Drink clean water, 2 litres every day
 - Practice healthy birth spacing and relationships
- ❖ Partner and family disclosure and testing, including children
- ❖ Psychosocial support:
 - Invite client to join a support group
 - Explain other services in the community e.g. care groups, VSL, other
- ❖ Agree on next visit date
- ❖ Help identify barriers to coming back and work with clients to come up with solutions

The training includes 13 modules:

1. Roles of expert clients in the multidisciplinary team and code of conduct
2. HIV and AIDS basics
3. HTC and couple counseling
4. Pre ART, treatment and adherence
5. PMTCT
6. Pediatric care and treatment
7. Management of HIV related conditions
8. Positive living
9. Stigma & discrimination
10. Disclosure
11. Communication, health promotion techniques and counseling skills
12. Data collection tools, reporting, record keeping
13. Referrals, linkages to community support services and infection prevention

PowerPoint presentations have been prepared for each of the 13 modules and take learners through the content in a slow, paced approach. The success of Expert Client training depends on active participation and engagement of each participant. Facilitators should not read slides or the training manual, but rather should assess participants' knowledge and emphasize concepts that require additional information or clarification.

It is critical to establish a welcoming environment during the training. Participants should be encouraged and feel "safe" to share their own personal experiences as PLHIV enrolled in the PMTCT and/or care and treatment program, including the challenges they have faced at the hospital, in their communities, and at home. All participants should feel comfortable discussing times when they have struggled with adherence, or with disclosure, or practicing safer sex with their partners. Trainers should remind participants that what is said in the training sessions is confidential and that no one will be judged or stigmatized for their comments or questions.

Step Four: Placement of Expert Clients at the Health Facility

After training, Expert Clients are ready to be placed at the health facility. Prior to beginning work, all Expert Clients must sign a code of conduct as well as a voluntary service agreement. These documents are vital for the protection of the Expert Client, the health facility and the partner agency. In addition, all ECs will be asked to report on a monthly basis using a simple, two-page report.

A. Code of Conduct

All health practitioners are bound by a Code of Conduct to ensure confidentiality and ethical handling of patients. Likewise expert clients as volunteers working in health facilities have a

code of conduct to follow as stipulated on the following page. This document must be provided in Chichewa to all ECs prior to starting work in the health facility. Any EC unwilling to sign for the code of conduct will not participate in the program. It is recommended that partners retain one copy of the signed code of conduct from each EC active in the program. The EC should also be provided with a copy for his/her continued reference. The English version of the **Code of Conduct** appears on the next page.

CODE OF CONDUCT FOR EXPERT CLIENT VOLUNTEERS

1.0 PROPOSED SERVICE TIMES

- a) The starting time for the Expert Client Volunteer (ECV) is unless otherwise agreed to by the facility-in-charge.
- b) The duration of each Expert Client Volunteer's service will be stipulated in a job description, which will be part of a formal agreement between the health facility (HF) and the ECV.
- c) Expert Clients should not accept cash from patients/clients and organizations for work done
- d) The Expert Client Volunteers will lose their stipend and will be released from duty if absent for more than 10 working days or more in a month during the working year.

2.0 DRESS CODE

- a) An Expert Client Volunteer should be neat, tidily dressed and presentable while performing his/her tasks.
- b) An Expert Client Volunteer should be identifiable as such and should dress accordingly and wear suitable identification badge/name tag.

3.0 BEHAVIOUR

Towards Clients and the Community:

- a) All clients should be treated with respect.
- b) All clients should be spoken to in a polite manner.
- c) The client has a right to his or her own opinion and this should be respected.
- d) All clients should be treated in the same way.

Towards the Clinic's Health Teams:

- a) There should be mutual respect for all members of the health team – health professionals, and Expert Client Volunteers.
- b) Lines of communication should be restricted to the relevant supervisor in charge.
- c) Expert Client Volunteer is requested to keep privacy and confidentiality all information pertaining to clients and staff including procedures at the facility.
- d) Violation of privacy and confidentiality is breach of conduct. One may reveal information if consent is given from the owners.

Clients and the Community:

- a) ECVs should not accept any abuse by the clients or the community e.g., physical, emotional or verbal abuse, if observed, should be reported to the supervisors at HF and partner organization.
- b) ECVs should not force the patients and caregivers to accept any services, nor take over the caring responsibility as patients are ultimately responsible for their own care and the care of any family member that is a patient.
- c) The ECV will not be held accountable for any act or omission during the care of the patient and during their presence in the client's home.
- d) ECV should only motivate clients and communities to access services and not at any point should act as service providers at a health facility or in the community e.g., nurses or doctors.

Clinic Supervisors/Clinic Sisters

- a) ECVs may only be used for volunteer health services, as stipulated by a job description. They may not be used for personal use – running of errands, gardening or mopping of floors.
- b) ECVs will be treated with respect as they are providing a valuable service on behalf of the Clinic Supervisors and Clinic Sisters.
- c) ECVs assist with care/support and advice to patients and their caregivers.
- d) The Clinic Supervisors and Clinic Sisters undertake to ensure that the attendance registers provided by _____ (Insert Name of Organization) are signed and submitted with their reports to _____ (Insert Name of Organization) and any other relevant authority.
- e) Any breach of the Code of Conduct or Volunteer Service Agreement will be resolved within 7 days of such breach through a duly convened meeting of at least the Expert Client Volunteer and two clinic representatives (see Section 3.5(e) below).

4.0 GENERAL

- a) Any intoxication (alcohol or drugs) is not permitted while performing volunteer tasks.
- b) Personal cellular phones need to be on silent when consulting with clients.
- c) Only emergency telephone calls will be allowed at the facility, this is in consultation with the supervisor or sister in charge.
- d) Should the ECV be found guilty of a breach of the Code of Conduct and/or the Volunteer Service Agreement, a disciplinary hearing will be convened. Two clinic representatives, the head/manager of the clinic and two representatives from _____ (Insert Name of Organization) will be present and the ECV and a person chosen by the volunteer may attend.
- e) The findings of such disciplinary hearing will be final and binding on the relationship between the clinic and the Expert Client Volunteer. A disciplinary hearing may terminate the services of a volunteer with 24 hours notice or may issue a warning to rectify behaviour or services.

B. Volunteer Service Agreement

In addition to the code of conduct, Expert Clients must also sign a ***Volunteer Service Agreement*** prior to placement in the health facility. ECs are volunteers and not formal employees of Ministry of Health. Thus ECs are requested to enter into a Voluntary Service Agreement with MoH through the facility they are serving to avoid confusion and unnecessary tension. The health facility in-charge provides this document to all ECs before they are absorbed in the facility. All ECs must sign this document and it is highly recommend that all partners ensure that this document is on file for all ECs. Below is the English version of the Voluntary Service Agreement; the Chichewa version should be used for ECs to ensure maximum comprehension.

8. a) Any **equipment and other items handed to me**, which are needed for my work, will remain the property of the Clinic, and that I can use these items only for as long as I remain an active volunteer.
 b) I also understand that I will be **responsible** if, due to my own fault, any of these items are lost or misused.
9. I agree to participate in further **training** to update my skills to help improve the quality of my volunteer service.
10. I understand that I will not hold the Clinic or the Department of Health responsible for any **injury or loss** during the normal course of my volunteer duties.
11. I will wear suitable **identification** provided by (Insert Name of Organization) so that both Clinic staff and clients can identify me as an **Expert Client Volunteer**.
12. I agree that the Clinic and (insert name of organization) may terminate my services if I breach the code of conduct. Such **termination** may be done with **24** hours notice in writing to the Expert Client volunteer and to (Insert Name of Organization).

The contents of this agreement have been explained to me in a language that I understand and agree with the clauses.

Completed _____ and signed _____ at _____ on the.....of.....in the year.....

	NAME	SIGNATURE	DATE
Expert Client Volunteer			
Health Facility Representative			
Witness			

C. Orientation for the Health Facility Staff

Some facilities have had the experience of working with Expert Clients previously, but for many this will be their first time. ECs' work will only be successful if they are accepted as members of the multidisciplinary care team. Providing clear orientation for health staff on EC's roles, areas for collaboration, etc., will go a long way toward establishing a productive working relationship.

Each organization should tailor the orientation depending on the degree of collaboration to date, size of health facility, number of Expert Clients to be placed, etc. At a minimum, it is suggested that the following topics are included in the orientation for health facilities:

1. IMPACT project and goals
2. Expert Clients: History and experiences from other countries and Malawi
3. Goal of the Expert Client initiative
4. What is an Expert Client?
5. Roles of Expert Client, Health Facility Staff, Partner agency, Support Groups and Community Facilitators
6. Timeline of Activities – Training, placement and orientation
7. Data Collection – What forms are necessary, who fills them, and where should they be filed?
8. Referral mechanism – How do we bring patients back into care?

Step Five: Expert Clients' Work at the Health Facility

A. Monthly report

Expert clients should be given a hard cover notebook to record the work they are doing at the health facility including successes and challenges. The hard cover should not be taken away from the facility to their respective homes; it is a property of the health center. These have to be kept safely at the hospital to avoid breach of confidentiality.

At the end of each week, they have to consolidate their work and fill in the ***Expert Client Weekly and Monthly Summary Sheet (I010)***, shown on the next page. ECs should be encouraged to comment on any challenges or constraints there are facing, as well as any suggestions to improve their participation in the multidisciplinary care team. Given the dual supervisory role of the health facility staff as well as the partner agency, both are required to sign off on the monthly report.

In addition to providing important information about beneficiaries reached and services rendered, the Expert Client Weekly and Monthly Summary Sheet (I010) also provides the basis for any stipend payments. Partner agencies will provide stipends for Expert Clients to ensure that ECs incur no costs to provide their voluntary service. These stipends are designed to cover the costs of meals away from home or transportation to the health facility. Stipends should not be described or presented as salaries at any time: Expert Clients are volunteers and are not eligible for partner or Ministry of Health salaries and benefits. Upon presentation of a completed, signed monthly report summarizing the EC's voluntary duties carried out during the period, ECs will be provided with their stipend by the partner agency.



Expert Client Weekly & Monthly Summary sheets (I010)



Partner: _____ District: _____ TA: _____

Health Facility: _____ Expert Client: _____ Reporting Month: _____

Performance Indicators	Weekly Total Summaries								Month Totals	
	WK1		Wk2		Wk3		Wk4			
# of health education talks (Mwaphunzitsa kangati)?										
# of mother-infant pairs referred for early infant diagnosis (amayĩ angati omwe mwatumiza kuti ana awo akayezetse)										
# of clients submitted to health promoters and CF for follow up (Ndi anthu angati omwe mwatumiza kwa pulomota ndi alangizi a support gulupu kuti ayenderedwe)?										
# of clients who accessed the health services after follow -up										
# of days spent at the health facility (Masiku omwe mwagwira ntchito kuchipatala pamwezi)										
# of group counseling sessions on ART per month (Mwaphunzitsa kangati uphungu wa pagulu)?										
# of couples counseled on HTC (Mwapeleka uphungu kwa maanja angati omwe anabwera limodzi ngati banja)?										
# of individual counseling sessions on ART adherence (Mwapeleka uphungu kwa anthu angati okhudza kumwa ma ART mokhulupirika)?	M	F	M	F	M	F	M	F	M	F

Describe the other activities you conducted at the health facility. (Fotokozani ntchito zina zomwe mwagwira pachipatala):

Successes/Best practice on linking patients to care (Zabwino zimene zachitika polumikiza odwala kuti alandire thandizo):

Challenges/Way forward on linking patients to care (Zovuta zimene mwakumana nazo polumikiza odwala kuti alandire thandizo komanso mwathana/muthana nazo bwanji?):

	NAME	SIGNATURE	DATE
Expert Client			
HF In Charge			
Care & Support Coord/Sup			

B. The Referral System at Health Facility and Community Level

The primary purpose of the Expert Client initiative is to reduce loss-to-follow-up at two levels: 1) within the health facility; and 2) from the health facility to the community. To address the first category, ECs escort (walk with) patients from one point of care in the facility to another. ECs can also play an important role in the second category by making sure that patients are fully aware of their next appointment – the timing, purpose and location – as well as by linking patients with services available in the community. Clinicians and nurses may refer patients to an EC, and ECs are encouraged to refer clients to community-based services which are a key part of the continuum of HIV care and support. No one person or group can provide PLHIV 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. Expert Clients need to find out what services are available and help encourage cooperation between service providers. They should use existing service directory of CBOs and NGOs in the catchment area to refer clients accordingly. If the directory is not available or is out-dated, Expert Clients should work with partner agency staff to compile a very brief directory of available services. Expert Clients should then assess patients' needs for community-based services and provide referrals using the ***Client Follow Up & Referral Form (1022)*** on the next page.

To help keep track of client referrals, Expert Clients should indicate number of people they have referred to community based structures in their hard covers. At this time, however, in light of resource constraints the focus on ensuring retention in care at the health facility, the IMPACT Program does not plan to conduct follow up visits to ascertain whether referred patients obtained services as recommended.



Client Follow-Up & Referral Form (I022)



Partner: _____ District: _____ Health Facility: _____

Date of Referral: _____ Name of Patient (Last, First) _____

FOLLOW UP APPOINTMENT DETAILS	
Your next appointment is at (name of health facility)	
For (circle purpose or write in)	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Check up Test results Medication refill </div> <div style="width: 35%;"> Other (specify): </div> </div>
On (date)	__ / __ / 201__
At (time)	__ : __ Hours
REFERRAL TO COMMUNITY-BASED SERVICES	
SERVICE CATEGORY	NAME OF SPECIFIC CBO/SERVICE PROVIDER AND LOCATION
Support Group	
Home-Based Care	
Nutrition support	
Psychosocial/spiritual support	
Other (specify)	
REFERRED BY	
Name	
Position	Expert Client
Signature	

Note: This form is to be kept by the client and can be shared as proof of referral (**not mandatory**)

C. Follow Up Requests

Despite our best efforts, there are cases when patients do not return to the health facility for scheduled appointments. This may occur for a variety of reasons including family obligations, distance to the facility, transportation costs, and others. No matter the reason, Expert Clients can play an important role in helping patients return to care.

Partner agencies should ensure that copies of the ***Request for Patient follow Up Form (1023)*** are available in all of the relevant departments at the facility. A health facility staff member will fill this form and the EC will collect it from all departments on a Friday of each week. Smaller health facilities with low patient load may decide to do this less frequently, but it is recommended that it be done at least monthly to ensure that patients are brought back into care promptly and to avoid a backlog of follow up requests.

The table below includes a list of the client situations requiring follow up:

No.	FOLLOW UP REQUIRED IF:	NOTES
1	ART group counseling missed appointment	
2	ART initiation missed appointment	Client does not attend within 1 week of attending group counseling
3	ART missed appointment	Client did not attend within 2 weeks
4	CD4 tests	Client did not return to have his/her CD4 test done
5	CD4 results not received	Client with CD4 <350 who are not on ART
6	EID testing appointment missed	
7	EID results not received	Either positive or negative result
8	PMTCT missed appointment	
9	Mother infant pair appointment missed	

Note that there may be many other situations requiring follow up and the degree to which non-HIV care services are included in follow up requests will depend on the health facility's approach to follow up as well as the patient load. Facilities managing a higher caseload will need to have more stringent follow up requirements.

Request for Patient Follow Up (I023)

Reason for Follow Up Codes			
ART-D	Needs ART Drugs	EID	EID Test Results
ART-GC	ART Group Counseling	MA	Missed ANC / MIP Appt.
ART-I	ART Initiation	SFP	Needs SFP Food
C	Counseling	OTH	Other
CD4	CD4 Test Results		
CPT	Needs CPT Drugs		

Reply / Outcome Code	
FR	Found & Returning
FN	Found & NOT Returning
NF	NOT Found
D	Dead

Requestor: _____

Date: _____

Please Circle One Clinic / Ward:

ART

ANC

CTC

Lab

MAT

MIP

Other: _____

Requestor Fills In								Senior HSA Fills In			
#	File or Patient #	Patient Name	Village Name	Landmarks (near home)	Reason for Follow Up Code	Date Appt. Missed	Re-Schedule date	SMS Follow Up Date (if available)	Follow Up Date	Reply / Outcome Code	Date Patient Returned
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Page Number

The EC, under the supervision of the Senior Health Surveillance Assistant (HSA), fills in the Tracer Card parts A & B (see next page). Row number and page number should be noted and indicated on the tracer card for each client. The Senior HSA reviews the filled tracer cards and file forms I023 in a lever arch file (binder). The EC then puts each tracer card in an envelope bearing the name of the client and physical address and give it to the promoter of the catchment area of the client needing follow up. The Promoter will deliver the envelope to the Community Facilitator (CF) who will trace the client in his/her home.

Some partners may chose to use HSAs or health promoters to do the tracing directly, rather than using CFs. This should be discussed with the health facility team and shared with the Care and Support Technical Quality Coordinator (TQC). The IMPACT Program will continue to monitoring CFs performance and any issues of confidentiality and may choose to modify the procedure based on operational experience.

CLIENT FOLLOW UP-TRACER CARD

Section A: to be filled in by Expert Client and given to patient by Community Facilitator

Health centre: _____ Date: _____

Expert Client Name: _____

Request for Client Follow-Up Form (I023): Sheet page# _____ row # _____

Dzina la munthu oyenderedwa: _____

Mudzi/Malo: _____

Mukupemphedwa kuti mubwere kuchipatala ndipo mukafikire ku: _____

Mubwere pa date: _____ Limene liri tsiku la: _____

Dzina la HSA oyang'anira dera (Name of Zone HSA): _____

Signature Zone HSA: _____



DULANI APA, IKANI SECTION A MU ENVELOPE NDIPO PEREKANI KWA OKAYENDEREDWA

Section B: to be filled in by Expert Client in advance

Health centre: _____ Date _____

Community Facilitator Name: _____

Request for Client Follow-Up Form (I023): Sheet page# _____ row # _____

Dzina la munthu oyenderedwa: _____

Mudzi/Malo: _____

Section C: to be filled in by Community Facilitator during visit

Tsiku limene ndinayendera client linali pa (date): _____

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Wapezeka ndipo abwera kuchipatala | <input type="checkbox"/> Sakupezeka |
| <input type="checkbox"/> Wapezeka koma akuti sabwere ku chipatala | <input type="checkbox"/> Anasamuka |
| <input type="checkbox"/> Anamwalira linali pa (date): _____ | |

Ndi zifukwa ziti zimene zinapangitsa kuti asapite ku chipatala pa tsiku lomwe amayenera kubwera kuchipatala

- | | |
|--|--|
| <input type="checkbox"/> Mavuto amayendedwe | <input type="checkbox"/> Kuopa kusalidwa |
| <input type="checkbox"/> Kutanganidwa ndi ntchito zina | <input type="checkbox"/> Fotokozani zifukwa zina |

Ngati pali zifukwa zina fotokozani: _____

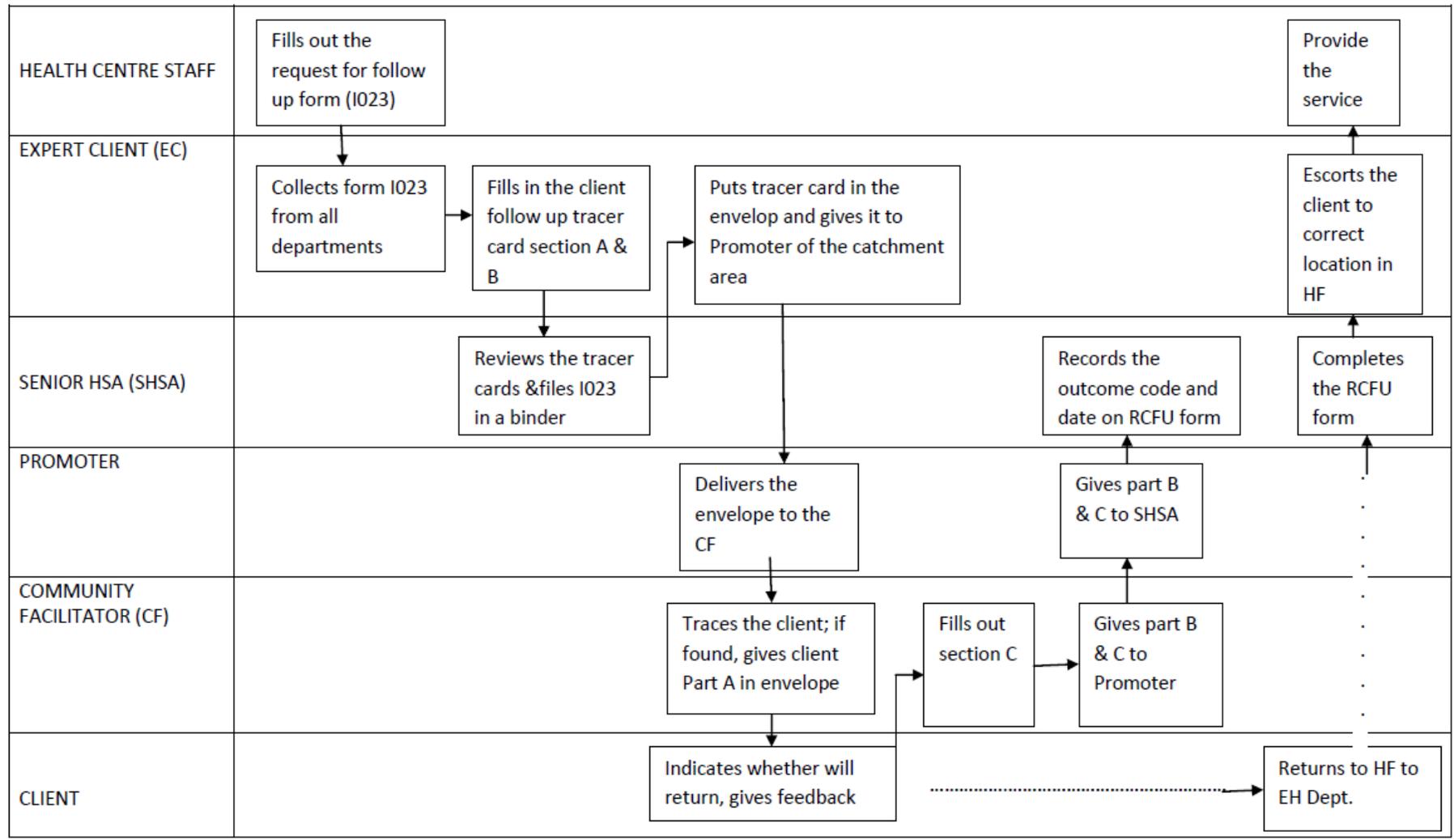
If the client is found, the CF will give the client part A of the tracer card in an envelope. The client will indicate whether he/she will return to the HF or not. The CF will fill part C of the tracer card and gives it to the promoter. The Promoter will give it to the Senior HAS, who in turn records the outcome code and date on the ***Request for Patient follow Up Form (I023)***. This process is represented graphically on the next page (IMPACT Program - Health Facility Client Follow Up Flow Chart).

The Client should be advised to take with him/her the envelope to the HF on the date of return and should go to the Environmental Health department where the SHSA will complete the RCFU form. The reason that all clients need to report to the Environmental Health department is for confidentiality and so the client will receive the proper treatment when they return to the health department. The tracer card does not include any personal information as to why the patient needs follow up. ***Request for Patient follow Up Form (I023)*** includes the Reason for Follow Code column and this form is stored in the Environmental Health Office. In terms of confidentiality, it also is important that we follow up requests from all wards or departments, not just ART. This will help prevent the tracer card from being associated with being HIV positive in the community. The EC will escort the client to the correct location and the HF staff will provide the service.

Note the following:

- Partner agencies should provide a folder for keeping the tracer cards, Arc Leaver binder file for filing the requests for patient follow up, and hard covers for ECs.
- The sheet number and row number on the RCFU form should be written on the patient tracer card part A so that when a patient returns with the tracer card part A, it should be easy for the senior HSA to trace the RCFU form for that particular client and direct him/her to the appropriate ward or department.
- During supervisory visits, program staff should check the completion of the request for client follow up form. Verify if people who were followed up returned for the services and report quantitatively in terms of number followed up and number returned for services every quarter.

IMPACT Program - Health Facility Client Follow Up Flow Chart



Step Six: Ongoing Support for Expert Clients

A. Supportive Supervision

The expert client supervisors at facility level should supervise expert clients regularly, especially in the first months of placement; even more frequent visits may be helpful. The **Supervisory Checklist for Expert Clients (1025)**, presented on the next two pages, was designed to help guide supervisors in assessing EC's core competencies as per their training. It also provides an opportunity for the health facility In-Charge to provide any feedback or concerns related to the EC's work and a general comment and discussion section.

Both observation and face to face individual interviews should be used when supervising Expert Clients. In addition, it is imperative for supervisors to:

1. Maintain a close link with Ecs and ensure that they have the necessary tools for the work such as key messages and job aides;
2. Be familiar with their health education talk's roster and patronize the talk as a supervisory support visit;
3. Organize quarterly meetings to check progress with the health facility staff working with ECs as well as with the ECs themselves;
4. Carry out Quarterly meetings to review referral system; and
5. Conduct performance appraisals for the Expert Clients.

To ensure that Expert Clients succeed in their work at the health facility, Care and Support Coordinators should make quarterly supportive supervision visits in collaboration with the District Health management Team representative, using **the quarterly Joint Health Facility Supervision Form (1009) below**. It is critical to support ECs struggling in their work. If the EC consistently fails to demonstrate the key competencies required for his/her work after significant support from the Care and Support Coordinator and health facility staff, it may be necessary to replace the individual.

Name of facility:

Name of EC being supervised:

Date:

1. General organization of Ecs duties					
1. Is there a (weekly or monthly) duty roster displayed and followed?	Y				N
2. Use of time sheet	Y				N
3. Training (s) attended , list them if any					
2. Health talk/Group counseling sessions			Topic:		
<i>This section is filled during health talk or GC sessions– through observation only</i>					
Task	1	2	3	4	Remarks
1. The facilitator introduces himself/herself (name, cadre, role).					
2. The topic and objectives are well defined.					
3. The facilitator has good eye-contact with audience.					
4. Facilitator delivers right, accurate information in line with the key messages on the topic.					
5. Facilitator’s voice is loud and clear throughout.					
6. Facilitator leaves time and space for participants’ questions.					
7. Facilitator is able to answer participants’ questions correctly.					
8. Relevant visual aids are used if available,.					
9. The facilitator reviews and summarizes the session.					

References:

- | | |
|----------------------------------|--|
| 4 = Very satisfactory, perfect | → No improvement necessary |
| 3 = Satisfactory, acceptable | → Improvements are possible |
| 2 = Inadequate, not satisfactory | → Quick improvement required |
| 1 = Very insufficient, very bad | → Urgent and profound improvement needed |

3. Linking clients within the facility and community based structures and Request for follow up of patients					
Task	1	2	3	4	Remarks
1. In a month EC escorted at least 10 clients from one level of service to another					
2. The EC has a referral list of all the CBOs and other community structures in the catchment area					
3. EC has records of numbers of clients referred to community based structures in a hardcover					
4. EC writes tracer cards which are signed by the zone HSA timely					
5. Request for follow up filed in follow up binder in Environmental Department.					
4. Code of conduct and facility supervision by MoH staff (Ask to HF in-charge)					
1. EC is observing the code of conduct					
2. EC is supervised at least twice a month					
3. The supervision feed-back is given to the EC					

Summary of EC's challenges and way forward agreed:

#	Problems identified	Way forward	Comment

Details of person completing the supervisory checklist

Name: _____ Signature: _____ Date: _____

References:

- | | |
|----------------------------------|--|
| 4 = Very satisfactory, perfect | → No improvement necessary |
| 3 = Satisfactory, acceptable | → Improvements are possible |
| 2 = Inadequate, not satisfactory | → Quick improvement required |
| 1 = Very insufficient, very bad | → Urgent and profound improvement needed |



Quarterly Joint Health Facility Supervision Form (I009)

Partner: _____ District: _____ Date: _____

Health Facility Visited: _____ Supervision quarter: _____

No. of Expert Clients at the Facility: _____

1. PATIENT REGISTRATION Do ECs:	Done	Not Done	N/A	Comments
Take patient weight				
Take patient height				
Ensure detailed physical address / contact information in register for each patient				
2. TRACING OF MISSED APPOINTMENTS Do ECs:	Done	Not Done	N/A	Comments
Collect requests for follow up weekly				
Ensure patients followed up after one missed appointment (do not wait until a patient reaches defaulter status)				
3. CORRECT USAGE OF FORMS Do ECs use and manage:	Available	Completely Filled	Filed properly	Comments
Confidential health referral forms				
Request for follow up				
Tracer card				
Tracer card report				
Client referral to community structures				
Documentation of all activities in ECs hard covers				

4. ADHERENCE TO CODE OF CONDUCT AND PATIENT CONFIDENTIALITY	Done	Not Done	N/A	Comments
Do ECs:				
Keep EC hard covers and documents at the health facility at all times (Never take them home)				
Keep EC hard covers and documents in a locked location when not in use				
Show self discipline and good behavior - are there any issues of concern or inappropriate behavior				

Referral Completion Indicators	Children (0 – 14 years)		Adults (15 years and above)	
	F	M	F	M
Number of clients referred in the previous quarter (Total # of Confidential Health Referral Forms with partner)				
Number of clients who visited health facility in the previous quarter (Total # of Confidential Health Referral Forms at HF)				

Data Verification and Quality:	Form I030	Review of register/tracer cards
Number of missed appointments reported in selected month		
Number of clients traced reported in selected month		
Number of clients returned reported in selected month		

Progress, challenges, solutions or other comments on the referral system (use back of form if more space needed):

	NAME	SIGNATURE	DATE
DHMT Representative			
HF Representative			
MCHN/C&S Coordinator			

B. Refresher Training

The IMPACT Program will provide refresher training for all Expert Clients every other year. This will occur in fiscal year 2013 for most partners. The objective of the refresher training is to ensure that Expert Clients are technically updated and able to build on their existing skills. The training content will not simply repeat the concepts covered during the initial training. Rather, refresher training facilitators must carefully assess areas where Expert Clients require further clarification or development of technical skills and customize the training content accordingly. Prior to undertaking refresher training, the IMPACT Care and Support Technical Working Group will meet to determine priority content areas and agree on any changes in the existing training content or methodology.