



Title: Peer Educators; A link to the Family

Presenter: Mihayo M. Bupamba,
APSS Advisor, Tanzania

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ICAP

International Center for AIDS
Care and Treatment Programs

MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University



Introduction: ICAP in Tanzania

- Supporting comprehensive HIV care and treatment services in 4 regions
- Total 31 ART sites, 92 pMTCT sites
- EID 27 sites
- Partnership with MOHSW, through District approach and FBOs



TZ Adherence & Psychosocial support concept

Principles

- Adherence and retention to both care and treatment
- Family focused approach
- Adherence & psychosocial support to pregnant women, children & adolescents

TZ Adherence & Psychosocial support (APSS) concept

Strategies

- Capacity building to health care workers at facilities
- Peer Education at Facility and Community
- Facility – community partnership
- Decentralization and adoption of APSS to different levels for sustainability

The peer education model

- Translating the GIPA/MIPA principle
- Filling-in the HR crisis of shortage
- Selected PLHAs from criteria set
- Trained for 10 days
- Defined roles at facility and community
- Non-monetary/monetary incentives
- Exit plan in 2-3 years

The “un-noticed” care taker

- Majaliwa is a 10 years old boy in grade 2, lives with single Mother and 2-year sibling sister, Furaha.
- Mother and Furaha are both HIV positive, started through pMTCT and now on ART.
- Mother being currently on a 10-day peer education training supported by ICAP in their region, Majaliwa has to baby-sit for his sibling which means skipping school.
- Being promised new shoes, school uniform and a sweater, he is very happy and looking forward.
- Although Mother has never disclosed to him, Majaliwa heard it from relatives when assisting his mother. He knows her status.
- He always provides care and support to both of them including administering medicines to the sibling.
- **To-date, Majaliwa has not yet been tested for HIV.**



Q&A

What can be the implications
of this scenario?

How can peer education fit in
such situations?

The Peer Educator's roles

At HF

- Give structured Health talks/testimonials
- Provide adherence counselling to patients
- Provide health talks to mothers/FSG at pMTCT clinics
- Facilitate internal referrals
- Assist non-clinical activities as assigned
- Record and report work done

PE roles - 2

In the Community

- Trace missed clients/patients
- Link patients with support services
- Establish/strengthen support groups
- Community sensitization and mobilization
- Serve as link between HF and Community
- Stigma reduction

PE roles - 3

At Family

- Support patient to live positively
- Engage family members
- Provide IEC materials
- Encourage family members to test and link to services
- Useful on challenging issues eg; disclosure, male involvement, condom use etc

Monitoring

- Use registers to record daily
- Report weekly on Peer meetings
- Monthly reports at the Clinic
- Weekly coordinated program/timetable for tasks
- Regular supervision by HCW and ICAP
- Quarterly ICAP reports



End of Part 1

Recommendations

- What steps can we take
- Improve knowledge, attitudes and skills of HCWs on psychosocial support
- Effectively utilize existing tools that include family members (CTC-2)
- Family friendly clinics
- Where do we start, where do we end?

Conclusion

- Effective Family-centred approach is more than just asking about Family members, let us tune our services in such a way that Families are reached and engaged.

