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SUCCESS STORY

Empathy as tool for minimizing the self-stigma and binding groups together

It was 2014 and Mary* was 30 years old and HIV positive started working as a peer mentor at Pangawe Health Centre, in Morogoro District Council, Tanzania. She was one among four peer mentors volunteering at the care and treatment center for people living with HIV (PLHIV) at the facility. The peer mentors were recruited under the Patient Self-Management (PSM) initiative which was implemented under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) project's predecessor, the USAID Health Care Improvement (HCI) project from 2011 to 2013. Among other interventions, the project applied the use of Peer Mentors (Expert Patients) to improve PSM, a component of care for patients with chronic illness.

Unlike other peer mentors who were recruited in 2011 by HCI through groups of PLHIV, Mary was recruited by peer mentors three years later, in 2014, a few months after she tested HIV positive. She was moved by the sympathetic approach the peer mentors apply when supporting patients, the free sharing of experiences, and the way they take patients' problem as their own. She found a new home and new friends to the extent of forgetting her pain.

The news on her being HIV positive was never good to her. She lost hope and thought life would be difficult as she would have to live with it throughout her life. But with the availability of peer mentors and sharing of their testimonies about living with HIV, she saw some lights.

"I regained hope and strength when I met peer mentors who encouraged me through their stories. I realized how happy they were, despite living with HIV for many years. They even didn't look like they were HIV positive," she said.

The peer mentors continued to educate her every time she visited the facility. They also visited her at home and at the hospital when she was admitted. After attending several health talks from peer mentors on how to live with HIV, including adherence to drugs, keeping appointments and overcoming self-stigma; Mary had already developed self-management skills.



Peer mentors preparing a presentation during a meeting in Morogoro, September 2016. Photo by Delphina Ntangeki, URC

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When the peer mentors requested her to volunteer as a peer mentor after one of them stopped working due to old age, she accepted.

“I was ready to volunteer because peer mentors saved my life; it was my turn to save others’ lives,” she said.

With their help, as well as the help of health care workers, she was oriented on the work of peer mentors through on the job training and observation on how her colleagues interacted with clients, including providing health education on HIV; weighing clients; locating clients’ files; counselling clients on drug adherence, nutrition issues, and the importance of keeping appointments; and sharing of personal stories. She also learned strategies of tracking clients who are lost to follow-up.

She is happy with her new role because she has been able to bring hope to more HIV patients as a peer mentor and as a patient who has been saved by fellow patients. Every week, Mary spend two days at the facility assisting health care workers with minor roles that aim to improve services delivered to PLHIV with the purpose of improving their health.

To date, three years after the implementation of PSM initiative came to an end, 37 out of 55 peer mentors who are motivated by their empathy to patients continue to volunteer at 12 health facilities in Morogoro District Council and Morogoro Municipal.

**Not her real name*