Peers for Progress
Peer Support Around the World
A program of the American Academy of Family Physicians Foundation

Project Spotlight

Peer Support for Diabetes in Rural Uganda:

A peer champion program through a cell phone network

In Uganda, there is a shortage of healthcare providers prepared to deliver diabetes care to the estimated 4% of adults who have diabetes. The ***Peer Champion Program***, a Peers for Progress grantee project, was established in a small rural district hospital diabetes clinic in southern Uganda to serve adults with Type 2 diabetes. The surrounding district has a high rate of poverty and has experienced a long standing drought and seasonal food shortages.

This pilot study was conducted by investigators at the University of Wisconsin-Madison School of Nursing in partnership with Mulago Hospital in Kampala, Uganda and the Mityana District Hospital Diabetes Clinic in Mityana, Uganda. It aimed to test the feasibility and short-term impact on perceptions of social support, psychological well-being and glycemic control among participants through engaging participants in diabetes self-care behaviors and fostering linkages to healthcare providers.

Nineteen peer champions who attended the diabetes clinic in Mityana were matched with 27 peer partners in either pairs or triads. All participants attended a one-day training program on diabetes self-care. **Education booklets designed for both groups and later translated into Luganda were distributed to all participants.** They included information on daily management in seven areas of self-care; supportive communication techniques; instructions on completing diaries; and guidelines for contacting healthcare providers. The champions were asked to make at least weekly contact with their partners. Champions received additional training on supportive communication, such as active listening, asking questions about emotions and feelings, assisting with goal-setting and encouraging the partner to seek healthcare advice when appropriate.

Mobile technology was used as an innovative way to connect peer champions and peer partners in this low-resourced rural setting. **The program gave cell phones to participants so that they could communicate within a prepaid closed phone network.** The use of a prepaid network allowed many participants to experience for the first time the luxury of talking on the phone without worrying about the cost and gave them the ability to contact a healthcare provider by phone before making an arduous journey to the clinic when ill.

In addition to both phone and face-to-face contact between peer champions and peer partners, the Mityana clinic staff also offered educational meetings for the program participants. During these meetings, patients discussed the difficulty they had accessing medications and reading the educational booklet since many had poor vision and a low level of English proficiency.

Post-measures indicated that the average A1C of participants dropped significantly, as well as diastolic blood pressure. Survey items showed changes in dietary behaviors in a positive direction. Participants found that the peer champion program was helpful in encouraging contact with the clinic, offering helpful advice and encouragement, and providing information about diabetes. What was not anticipated at post-test were lower perceptions of support from family and friends and confidence in managing diabetes at post-test. The lessons learned from this pilot study allow for continued efforts to offer peer support programs in this low-resourced setting and other similar settings.

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❖ Summary

Key Roles and Responsibilities of Peer Supporters

- Provide supportive communications, such as active listening, asking questions about emotions and feelings
- Encourage the partner to seek healthcare advice when appropriate.

Key Peer Supporter Training Activities

- Develop two versions of the education booklet: one for the Champions and one for the peer Partners. * Note that the Champion version has more content on supportive communication
- Host a Peer Champion and Peer Partner training day.

Key Peer Support Interventions

- Weekly contact between peers both through phone and face-to-face contact over a period of 4 months
- Interaction and discussions among the program participants occurred during educational meetings provided by the clinic staff

Key Accomplishments

- 100% of the participants reported making peer contact
- 71% increased contact with the clinic
- Significant improvement: healthy eating, blood pressure (DBP), A1C, linkages to care

Lessons Learned

- Peer support was reciprocal, e.g. both provided and received support.
- A cell phone network can enhance management of diabetes; however, economic challenges (e.g., no electricity to keep a phone charged) could impede its value-added.
- Cultural and contextual issues matter-
  - ✓ Without phones, participants preferred being partnered with someone who lived near them over someone of the same gender.
  - ✓ Due to a low level of English proficiency, participants preferred Luganda for written and oral education. However, because of other tribal languages, Luganda did not benefit all participants.
  - ✓ Due to a high rate of poverty, participants required payment for transportation to participate.
  - ✓ Opportunities to learn more about diabetes and to have written information were highly valued benefits of participation.

Program Presentations

- Peer Support for Diabetes in Rural Uganda: Does it Work? (Oct, 2010 at the 2010 Peers for Progress Global Conference by Linda Baumann, PhD, RN, FAAN)
- Peer Support for Adults with Diabetes in Rural Uganda: Champions and Partners (Aug, 2010 at the 11th International Congress of Behavioral Medicine by Linda Baumann, PhD, RN, FAAN)

Program Materials

- Peer Partner Training Booklet in both English and Luganda

Program Materials

- Baumann, LC, Nakwagala, F., & Nambuya, A. (2010). Peer support for adults with diabetes in rural Uganda: Champions and partners. International Journal of Behavioral Medicine, 17, Supplement 1, p S267.

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