



### Striving Against the Challenges in Cambodia:

#### The MoPo Tsyo's Peer Educator Networks for Diabetes & Its Innovations

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How to maximize impact, and sustain and scale-up successful interventions while facing limited resources and various contextual constraints are key challenges for many peer support programs and especially now, more than ever, due to the recent economic downturn. The Peer Educator Networks (PEN) in Cambodia show how innovations can provide new answers in the struggle to provide accessible and affordable care and support for people with diabetes in a low-resource setting.

Headed by the MoPoTsyo Patient Information Centre, PEN was started in 2005 as part of an effort to promote diabetes and high blood pressure management in the rural villages of Cambodia. The Peer Educators (khmer "Mit Abrom Mit"), who are experienced, well-managed diabetes patients with training, provide screening services and home visits, run diabetes education courses, serve as guides to help navigate complex, confusing, and often costly systems and services and create personal contact to bring practical understanding for disease management to those with diabetes in the communities. To learn more about Peer Educator training and their roles, please view [Examples of Peer Support](#).

Several noticeable innovations in the context of MoPo Tsyo- a rural setting with high poverty rates, but no chronic disease care system and resources- make PEN both effective and sustainable:

- The program is patient-centered & community-based in contrast to a traditionally institutionalized approach. It empowers people with diabetes in the community to be Peer Educators who take on the responsibility of some primary care tasks from health care professional (a.k.a. task-shifting), and also provide social support to those like them. Peer Educators help patients who are registered as members with the patient information centre to identify affordable, trustworthy providers, as well as open their homes for weekly education courses.
- Peer Educators from one network evaluate their colleagues from another network twice a year.
- This task shifting from health care professionals to Peer Educators lowers the cost of care while also increasing the availability of services and medical supplies within the community.
- The PEN employs a paid-by-performance incentive model where Peer Educators are offered small monetary rewards based on the health outcomes of their patients in terms of knowledge and adherence to healthy behaviors.
- The PEN was first set up in 2005 with donor funding providing its services free of charge to its members. In the middle of 2007, when it first started generating revenue it has become 50% self-financing in the areas with mature networks. The program generates this income through a revolving drug fund by acting as an importer and wholesaler of routine medication to the pharmacies where the peer educators are active, and to a lesser extent as by providing biochemistry services (blood glucose, total cholesterol, HDL, triglycerides, potassium, transaminase) to registered patients.



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## Project Spotlight

However, the peer support provided is just as important as these innovations. Quoted in a recent feature article of MoPo Tsyo by [Capacity.org](http://Capacity.org) (p. 14-15):

“...but for many patients, the personal contact between them and their trusted peer educator is just as important (as the services their peer educator provides), especially in the early stages (of diabetes)”.

Although the Peer Educators are offered some financial reimbursement for their services, these incentives are relatively small, and alone, they would not be sufficient to motivate people to become Peer Educators. In response to the low-resource environment and lack of monetary incentives, MoPoTsyo was able to promote their program by identifying a valuable niche for Peer Educators within the community that garnered respect. Peer Educators have cited their improved status within the community as an important motivating factor in receiving training and performing their services. This value added component of becoming a Peer Educator serves as an effective method of encouraging continued services and dedication to job performance that monetary incentives alone could not have accomplished.

These social and financial innovations have ensured the success of the PEN and allowed MoPoTsyo to provide a standard quality of care to community members that is low-cost, effective, and sustainable. Successful stories, such as the 87% patient member annual retention average over the past 5 years in the urban slum areas, improved knowledge, self-care skills & lifestyle, and significantly reduced costs to the member demonstrate a significant impact on this vulnerable population and the potential to scale up the initiative. This model of peer support holds promising implications for programs around the world and highlights the plausibility of quality care, even in light of challenges.

To learn more about MoPo Tsyo Patient Information Centre, please visit <http://www.mopotsyo.org/index.html>

Upcoming: In July 2011, Maurits van Pelt, Director of MoPo Tsyo Patient Information Centre, will share his insight to their challenges related to scaling-up, sustainability and institutionalization, and several important, opportunistic next steps to address them.