Thinking on Their Feet: Lessons Learnt from the Role, Identity and Experiences of Community-Based HIV Service Providers in Delivering Universal Test and Treat within the (PopART) Trial in Zambia and South Africa

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Background/Rationale

- Universal voluntary counselling and testing with immediate ART (UTT) can reduce HIV incidence at population level
  - However, health systems across SSA are overburdened due to HCW shortages to implement door to door delivered UTT services
  - Task shifting of HIV services from HCWs to CHWs can rapidly increase access to HIV services.
  - While the utility of CHWs is well documented, little is known about their experiences of delivering door-to-door UTT in HIV prevalent, resource-limited settings.
  - Understanding CHW experiences with a door-to-door HIV prevention approach is critical for rolling out quality UTT services across SSA.
Project objectives

HPTN 071 (PopART)

• CRT that measured the effect of a door-to-door UTT intervention on HIV incidence in Zambia and South Africa.

• Community HIV Care Providers (CHiPs) were recruited to deliver the intervention door-to-door, including HIV testing and linkage to care were followed up.

• To understand the role, identity and experiences of CHiPs with delivering a UTT intervention within the PopART trial and the implications of this on the scale-up of UTT services across SSA.
Qualitative methodology

Study design:
- Qualitative longitudinal study nested within PopART to document the delivery of the intervention and experiences of CHiPs from 2014 to 2018.

Population:
- PopART intervention communities and CHiPs in Zambia (n =610) & South Africa( n =250)

Sampling method
- Purposive sampling

<table>
<thead>
<tr>
<th>Data collection methods</th>
<th>Zambia</th>
<th>South Africa</th>
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<tr>
<td>Observation of CHiPs by social scientists</td>
<td>32 observations</td>
<td>36 observations</td>
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<tr>
<td>Weekly observation of CHiPs by local based RAs</td>
<td>148 observations</td>
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<td>Drop-in discussion with households visited by CHiPs</td>
<td>16 Drop-in discussions</td>
<td>60 Drop-in discussions</td>
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<td>FGDs</td>
<td>4 FGD (n= 50 CHiPs)</td>
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<td>Debriefing discussion with a small group of CHiPs</td>
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<td>36 Debriefings</td>
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<td>Retreat “tree of life reflective activity” conducted at the end of the study</td>
<td>One activity with over 600 CHiPs</td>
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<tr>
<td>Workshop conducted at the end of the study</td>
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<td>One workshop with 250 CHiPs</td>
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• Job Demands and resources (JD-R) model used to guide thematic data categorisation

  - JD-R model assumes that positive employee outputs from their work are as a result of a balance of positives (job resources) and negatives (job demands)
    - JD: aspects of the job that necessitate sustained physical or mental effort and are linked to physiological and psychological costs
    - JR: reduce job demands and their associated physiological and psychological costs while stimulating motivation, personal growth and development

• An imbalance in JR and JDs influences workers’ experiences and performance
• **Role fluidity:** CHiPs experienced a difference between intended and actual roles

  o Factors influencing the difference between Intended & actual roles:

  1. Large community zones
  2. Social & physical context
     - Adverse weather conditions
       - Rain/flooding
       - Heat/cold
     - Inaccessible housing

  “When it is raining, wet, and cold outside, it is difficult to reach people … (CHiPs FGD, SA)

  2. Social identity
     - Insider/outsider
     - Gender
     - Age
     - Race
     - Professional
     - Culture

  “What’s worse is if you are a woman and then you speak about circumcision” CHiPs FGD, SA
PopART UTT Job demands

- **Household response and social context**
  - Mistrust about CHiPs identity & intentions
  - Stigma, alcohol abuse, mobility, missing men
  - CHiPs perceived to be HIV +

- **Study design factors**
  - Daily targets and perceived poor supervision in year 1, perceived favouritism in some teams, perceived underappreciation and an overemphasis on daily targets

- **Job ambiguity**: confusion caused by a large number of nested sub-studies

"They were more concerned with the numbers than with us," (FGD FGD SA)

"I was told they [the other research team] would bring my results; you work for the same org, how can you be unaware of the findings [results from the test]?" (FGD FGD ZAM)
JR gave CHiPs the energy and motivation they needed to overcome JD challenges and continue providing HIV services.

- **Positive Personal impact of the job**: Elevated community status, financial benefits, career gateway into public health

- **Altruism**: Love and concern for their communities

- **Good supervision and supportive structures**: management, peer support, training, improved salaries

"Support come from ah head office, there are times..when we are lacking information, and we go for refresher trainings (CHiPs FGD, ZAM)

- **Positive community response**: Community support and acceptance acted as a motivator

**Successful testing and linkage of client to ART:**

"I feel great because they [a client who tested positive] accepted to come to the clinic, which means I did my job well.” (CHiPs FGD, ZAM)

Allowed CHiPs to think on their feet
Discussion

• JDs & JRs were intended to be balanced; however, social and physical contexts, as well as social identities, **may have created an imbalance**, causing JDs to outweigh JRs in certain circumstances thus making it difficult for CHiPs’ to provide quality UTT services
  
  o There is a need to understand and integrate social and physical contexts into the design & delivery of UTT in order to mitigate the negative impact these contexts have on UTT JDs.

• Flexibility and responsiveness in design of UTT services is key;
  
  o Creates opportunities for CHWs to think on their feet and be responsive to context and client needs
Implications/Future Considerations

• JD and JR should be balanced in order to improve service quality:
  o Understanding the social and physical context and the implications of these on UTT delivery is critical
  o A human-centered approach to programme design and delivery will increase acceptability

• Integrating social identities into the recruitment of CHWs delivering UTT is critical for acceptability; for example, CHWs should work in pairs and be of different ages, gender, race, and a combination of an insider and an outsider.

• Performance appraisals that focus on employee well being rather than job targets can improve quality of UTT services

• Safety precautions for SA sites should be incorporated into UTT delivery strategies for CHWs
Thank you

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