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

Chiti Bwalya MPH Zambart / MGIC Lusaka Zambia

Mentors Prof Virginia Bond : Zambart/LSHTM Musonda Simwinga PHD: Zambart



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Background/Rationale

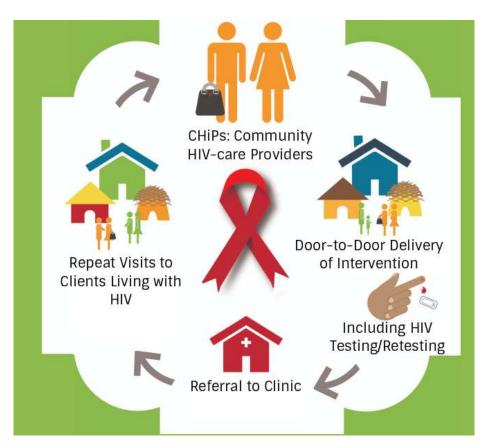


- Universal voluntary counselling and testing with immediate ART (UTT) can reduce HIV incidence at population level
 - However, health systems across SSA are overburdened due to HCW shortages to implement door to door delivered UTT services
 - Task shifting of HIV services from HCWs to CHWs can rapidly 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, resourcelimited 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-todoor 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.



The PopART intervention



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)

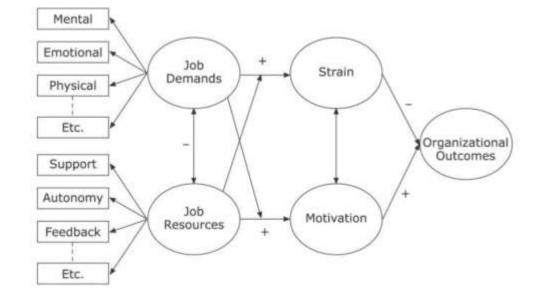
Sampling method

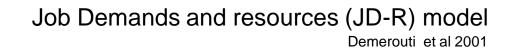
 \circ Purposive sampling

Data collection methods	Zambia	South Africa
Observation of CHiPs by social scientists	32 observations	36 observations
Weekly observation of CHiPs by local based RAs	148 observations	
Drop-in discussion with households visited by CHiPs	16 Drop-in discussions	60 Drop-in discussions
FGDs	4 FGD (n= ≈ 50 CHiPs)	
Debriefing discussion with a small group of CHiPs	-	36 Debriefings
Retreat "tree of life reflective activity" conducted at the end of the study	One activity with over 600 CHiPs	-
Workshop conducted at the end of the study	-	One workshop with 250 CHiPs

Data Analysis approach

- 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 JRs and JDs influences workers' experiences and performance



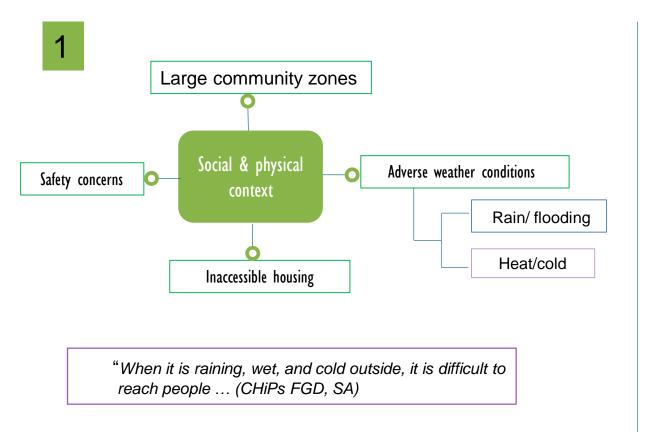


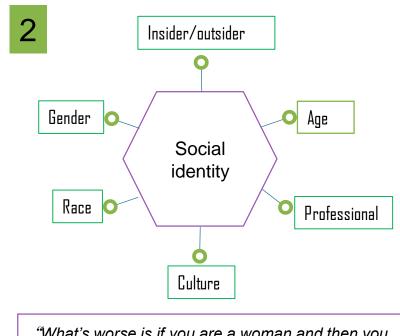


PopART UTT Job demands

- HPTN HIV Prevention Trials Network SCHOLARS PROGRAM
- Role fluidity: CHiPs experienced a difference between intended and actual roles

oFactors influencing the difference between Intended & actual roles;





"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

"They were more concerned with the numbers than with US," (FGD FGD SA) Job ambiguity: confusion caused by a large number of nested sub-studies

> "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)



PopART UTT Job resources



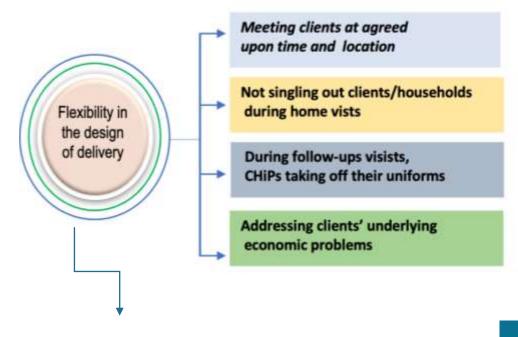
- JR gave CHiPs the energy and motivation they needed to overcome JD challenges and continue providing HIV services.
 - Positive Personal impact of the job: Elevated community status, financial benefits, career gateway into public health
 - o Altruism: Love and concern for their communities
 - **Good 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)



Discussion

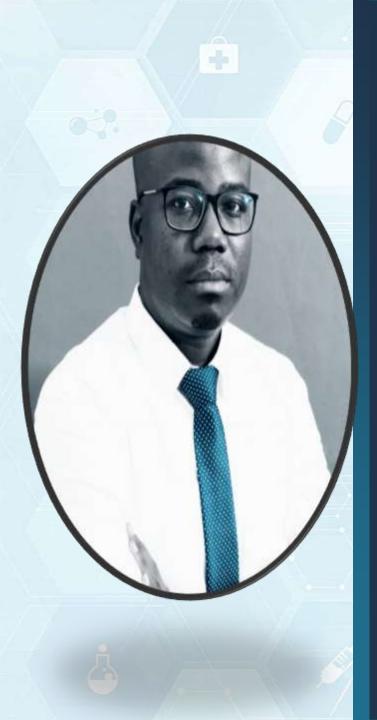


- JDs &JRs were intended to be balanced; however, social and physical contexts, as well as social identities, <u>may have created an imbalance</u>, causing JDs to outweigh JRs in certain circumstances thus making it difficult for CHiPs' to provide quality UTT services
 - There is a need to understand 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;
 - 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:
 - Understanding the social and physical context and the implications of these on UTT delivery is critical
 - 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 focuse 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

Mr. Chiti Bwalya BA, MPH

Research coordinator Maryland Global initiative cooperation(MGIC Zambia):

Former social scientist at Zambart

Email: <u>Cbwalya@magic.umaryland.edu</u> Research gate link: <u>https://www.researchgate.net/profile/Chiti_Bwalya</u>





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