

NDOH/World Bank Evaluation of Adherence Guidelines Implementation: Patient and Provider Perspectives on Community Health Worker Tracing Efforts

Theme 1: Community Health Worker Programs that Support the Uptake of HIV Prevention and Treatment Services
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Joshua Murphy (HE²RO) on behalf of

Co-Principal Investigators of this Evaluation:

Mokgadi Phokojoie - Director of Care and Support, National Department of Health
Nicole Fraser-Hurt - World Bank Group

Matthew Fox - Boston University

Sophie Pascoe - Health Economics and Epidemiology Research Office

Background

- **NDOH implementing the National Adherence Guidelines (AGL) for Chronic Diseases from 2015**
- **NDOH, World Bank, Boston University & HE²RO evaluated early implementation AGL interventions including Tracing and Retention in Care (TRIC)**
 - Community Health Workers (CHWs) global priority for World Bank: new global development report focus on it & support for NDOH
- **CHWs play an important role specifically in implementing TRIC. We sought to:**
 - Understand CHWs strengths in supporting these efforts and the challenges they face
 - Provide recommendations for further service improvement

Methods

- Cluster randomised design with matched pairs
- Components of the evaluation

1) Impact of 5 minimum package interventions

1. Fast-Track Initiation Counselling (FTIC)
2. Adherence Club (AC)
3. Decentralised Medicine Delivery (DMD)
4. Enhanced Adherence Counselling (EAC)
5. Early Tracing for Retention In Care (TRIC)

2) **Mixed methods study** exploring patient, provider & implementer perspectives on the guidelines and implementation

Data Methods

Data collection on patient, provider, implementer perspectives allows us to contextualise effectiveness data from HIV cohorts

- **Facility visits** (at least every month across 24 sites), register review and implementation monitoring
- **24 Focus Group Discussions** with new, stable and unstable patients, on support for treatment initiation, adherence, retention
- **48 Health care provider interviews** on experiences with AGL (including 5 CHWs)
- **16 DOH District/Implementing Partner interviews** on experiences/views of implementing interventions
- **631 Patient interviews** on experiences/views on adherence support

Reports available:



<https://openknowledge.worldbank.org/handle/10986/28873>

<https://openknowledge.worldbank.org/handle/10986/28874>

Key Results

| Data source | Facilitators | Challenges |
|----------------------------------|--|--|
| Facility visits, register review | <ul style="list-style-type: none">• Reported and some observed utilisation of TIER.Net reports | <ul style="list-style-type: none">• Registers often incomplete• Some implementing partners maintain tracing registers or activities off-site |
| FGD with patients | <ul style="list-style-type: none">• Positive sentiment towards telephone tracing and home visits supporting HIV and TB treatment• Support from implementer partners, especially phone tracing | <ul style="list-style-type: none">• Some reported no CHWs in their area or that CHWs don't reach all areas |
| Providers and Implementers | <ul style="list-style-type: none">• Role and opportunity to reduce loss to follow-up is important• Advantage to support adherence• Support any defaulters from external PUPs | <ul style="list-style-type: none">• Insufficient CHWs to cover area• Incorrect contact information (phone and addresses)• Mistrust from the community• Safety concerns• Resources: phone access, airtime, transportation limitations and uniforms and/or name tags |

Patient Perspective: Importance of Tracing

Investigation of patient needs: “... tracing is very important because you do not know where this person’s problem is for them not to come and collect their medication anymore ... [CHWs] must try to find out why this person is no longer coming to the clinic perhaps they are very sick or perhaps he or she was staying with people and now they stay alone, so they are not able to come anymore. I support this tracing a lot.” (DOH Sub-district Management)



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Implementer Perspective: Importance of Tracing

In theory, it reduces loss to follow-up: “... for tracing we don’t use telephone only. We have the community health care workers, if every week on Friday they pull out the early missed list according to TIER, they can give it to the community health care workers who can go and do a home visit and visit those clients and see why didn’t they come. They will just tell them you are requested to go back to the facility because there is something they want to check. So, if we are really doing it correctly, early missed, late missed and then 3 months, we won’t have so many patients that we are lost to follow.” (DOH Sub-district Management)



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Key Results - Challenges

- **Patient and provider perspectives identified system issues also observed in larger evaluation**
 - Providers and implementers indicated that **unclear routes of communication** between facilities, CHWs and partners hindered recording of tracing at the facilities
 - **Incorrect patient contact details, limited access to airtime and phones, mobile patients, and security/transport issues** highlighted as challenges that impacted CHWs ability to manage performance
- **Differing priorities between partners around tracing also caused confusion**
 - For example, tracing defaulters or viral load due rather than early missed appointments.



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Patients: Concerns about CHWs/tracing

CHWs need support and motivation: *“We have made a point about community based care workers. I think if they are trained regarding health issues they can be encouraged and if they their job could be viewed as important, that could help us. I have noticed that their job is not taken seriously and as a result they lose motivation work.”* (Stable Patient)

Some patients also reported: No telephone or home visits in their area

And:

CHWs are no longer present: *“...we used to have the home based care that used to do certain things but they are not there anymore.”* (Unstable patient)

Provider: Challenges about CHWs/tracing

Concerns from the community: *“You come into their house, you're telling them about one, two, three, four, five, then others, they lie because they sometimes give false information to the facility. Wrong addresses and wrong names. So those kinds of things are some of the things which make it difficult, you know?”* (CHW)

More CHWs needed: *“We engage them a lot by tracing these patients. And though we don't have a whole number of [CHWs] to trace our patients. We still need more. [...] This facility now, is having a population of more than 22,000 people who comes into this facility. So, by having a scanty number of [CHWs], so sometimes we get in difficult where there are no-go areas where they can't reach the other areas.”* (Clinician)

Conclusion & Recommendations

- **CHWs are a valuable resource that are generally appreciated by patients and providers alike**
- **CHWs need:**
 - Integration into the facility
 - Resources
 - Supervision
 - Support to complete recording
 - Trust and relationship with the community

Conclusion & Recommendations

- **Based on the viewpoints of implementers, providers and patients we recommend:**
 - Improved recording and linking of patients (tracing registers, patient files and TIER.Net)
 - Alignment of priorities between DOH and partners
 - Clear lines of communication
- **This will help ensure patients remain in care and reduce loss to follow-up (to the extent possible)**

Take-homes

1. CHWs require **support, supervision and resource allocation** in order to provide optimal service delivery
2. **Alignment of stakeholders** (facility management, outreach team leaders, implementing partners) is essential to ensure successful referral and community linkages
3. **Recording of tracing efforts** needs to be standardised and adhered to address high loss to follow-up



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Thank you, on behalf of all of the National Adherence Guidelines Evaluation PIs:

Mokgadi Phokojoe, NDOH
(phokoM@health.gov.za)

Nicole Fraser-Hurt, World Bank Group
(nfraserhurt@worldbank.org)

Matthew Fox, Boston University
(mfox@bu.edu)

Sophie Pascoe, HE2RO
(spascoe@heroza.org)

Presenter: Josh Murphy, HE2RO
(jmurphy@heroza.org; 010 001 7930)

Supplemental slides



Where?

24 facilities in 4 districts
(Qual in 8 facilities)

- Gauteng:
 - Ekurhuleni MM
- KwaZulu-Natal:
 - King Cetshwayo DM
- Limpopo:
 - Mopani DM
- North West
 - Bojanala Platinum DM

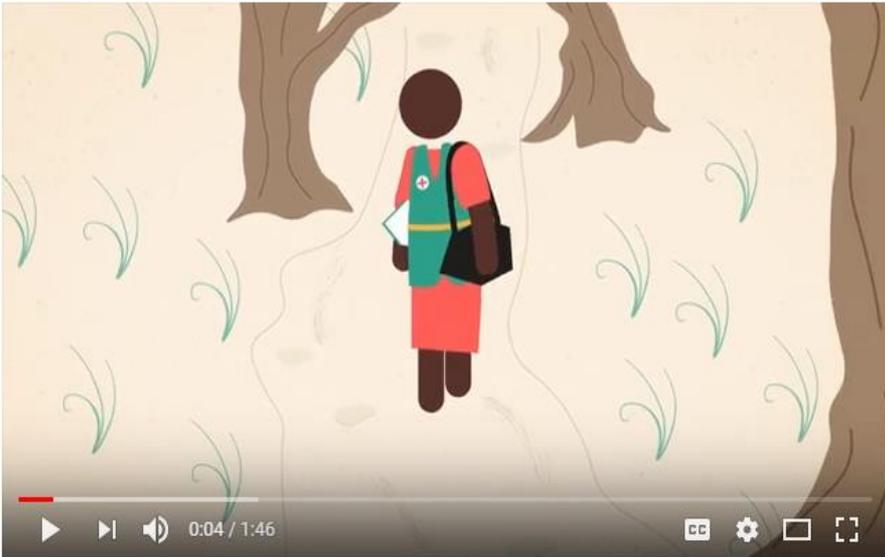


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