Anticipated and lived experiences of stable patients on ART in Urban Adherence Groups: a qualitative study from Zambia

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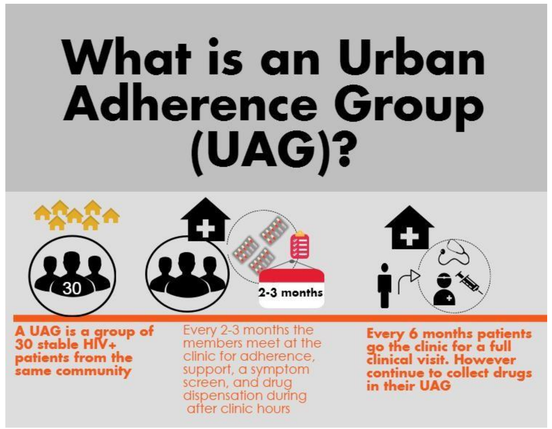
Background

In Zambia, growing numbers of people on ART and health system constraints has spurred the need for differentiated service delivery (DSD). [2,3]

- Four differentiated care service models were implemented in Eastern, Lusaka and Southern Province in a study evaluating the feasibility, effectiveness and efficiency of decentralized and streamlined antiretroviral therapy care models (CommART).
- One of the models, the urban adherence group (UAG) was implemented in five intervention sites in the three provinces, each hosting a group of 30 patients.
- In-depth interviews (IDIs) and focus group discussions (FGDS) with ART patients, health care workers (HCWs), government and community leaders were conducted prior to and after six months of implementation of the UAG model to understand and identify improvement needs.
- The acceptability, feasibility and appropriateness of urban adherence groups (UAG) (Fig 1), has not been previously studied in Zambia.

Figure 1: Infographic of Urban Adherence Group



Methods

- Nested within a mixed methods study on DSD, we compared anticipated and lived experiences of patients and health care workers (HCWs) prior to and after six months of implementation of UAG.
- Prior to implementation, we conducted 34 focus group discussions (FGDs) with patients, family members, and HCWs and 26 in-depth interviews (IDIs) with government officials and local leaders.
- After six months of implementation, we conducted 15 FGDs with professional HCWs and patients. In addition, we conducted 18 IDIs with professional HCWs.

Table 1: Sample sizes for IDIs and FGDs

Pre - Implementation (March - July 2016)			
Method		**Study Population**	
IDI	Government/Community Leaders	26	
FGD	**Participant Type and Numbers**	**# of FGD**	**# of People**
	Professional HCW	6	47
	Lay/Community HCW	6	47
	Family Members	7	61
	ART Patients	12	94
	Pre-ART Patients	2	16
	In-Charges	1	8

Midline (January - April 2017)			
Method		**Study Population**	
IDI	ART in-charge/Facility Pharmacy Technologist	18	
FGD	**Participant Type and Numbers**	**# of FGD**	**# of People**
	Professional HCWs	5	50
	ART Patients	10	100

- Audio transcripts were translated, transcribed and uploaded to Nvivo QSR™.
- An iterative process of coding was applied using a multi-step process of deductive and inductive techniques.
- Using framework analysis, themes from both evaluations were compared by type of respondent.

Results

UAG Meeting Time

Prior to implementation,
- working patients found the off-hours drug collections times highly acceptable
- HCWs considered off-hours drug collection unacceptable given current workloads and clinic space.

However, after six months of implementation,
- both patients and HCWs found UAGs acceptable albeit with concerns about staff shortage, compensation for HCWs working off-hours and ARV storage space.

For me, the skepticism is that, at the moment the pharmacy personnel are very few in number. That's the reason we cannot work after hours and so if we talk about UAG as it stands now, I see a challenge.
[Pre-implementation FGD Chipata, Professional HCW]

I felt very good collecting drugs on Sunday because when you are collecting drugs on working days, you find people you know. So, sometimes you tend to feel shy to come and collect your drugs.
[Post-implementation FGD Manungu ,Female Participant]

Stigma

Prior to implementation,
- both patients and HCWs raised concerns regarding the big group size which could expose patients to stigma and unintentional disclosure.

After six months of implementation,
- contrary to expectations, patients found that UAGs reduced HIV-related stigma, created group support and enabled information sharing. Additionally, some groups suggested a bigger number to accommodate other patients.

Stigma will increase given the group size, some of those are respected candidates or maybe office bearers so for them to be known by any other member of that group it becomes very uncomfortable
[Pre-Implementation FGD Sinda, Professional HCW]

This group has helped me in many ways. We encourage each other when we meet and also teach each other on how to take these drugs.
[Post-Implementation FGD, Petauke, Male participant]

Security and Record Keeping

Prior to implementation,
- HCWs expressed concern about physical safety, record keeping, security of stored drugs and working off-hours.

After six months of implementation,
- There were no reported cases of theft and physical harm. On the contrary, documentation and records were described as well-kept and updated.

The challenge is in terms of the pharmacy, they have to look at the infrastructure and safety of the room where ARVs are being kept for the 30 people
[Pre-Implementation FGD Lusaka, Facility-in-Charges]

Service Integration
- Although not pointed out prior to implementation, at six months of implementation, patients expressed a need to have other clinic services integrated with their ART care services in the UAG meetings to limit the number of visits to the health facility.

The way we are coming on Saturday, they should consider giving us our medical practitioner so that he does all the clinical tests and everything on Saturday
[Post-implementation FGD Kabwata, Female participant]

Conclusion

- Most pre-implementation concerns were not
- reported at six months of implementation. This could be due to the fact that some of the foreseeable challenges were addressed in the implementation design. For example, the study hired Pharmacy Technologists to facilitate the UAGs .
- Within six months of implementation, HCWs and patients reported experiencing:
  - Reduced HIV-related stigma,
  - Freed-up time that HCWs could use with patients, and
  - Some decongestion in day-time clinics.
- To effectively implement UAGs, health services need to be re-organised by:
  - increasing UAG-specific staffing,
  - adapting clinic operations to meet off clinic hours, and
  - securing ARV storage space.

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Ethics: Ethical approval was obtained from both the University of Zambia Biomedical Research Ethics Committee and the University of California, San Francisco (UCSF) Institutional Review Board (IRB) in the USA.

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References:
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