

Impact of a Peer Intervention on Engagement in Prevention and Care Services among HIV-Infected Persons Not Yet on Antiretroviral Therapy:

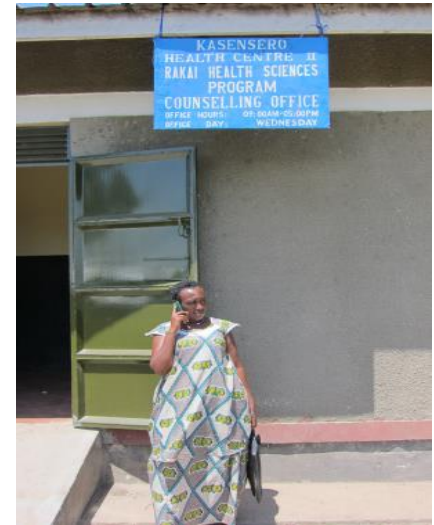
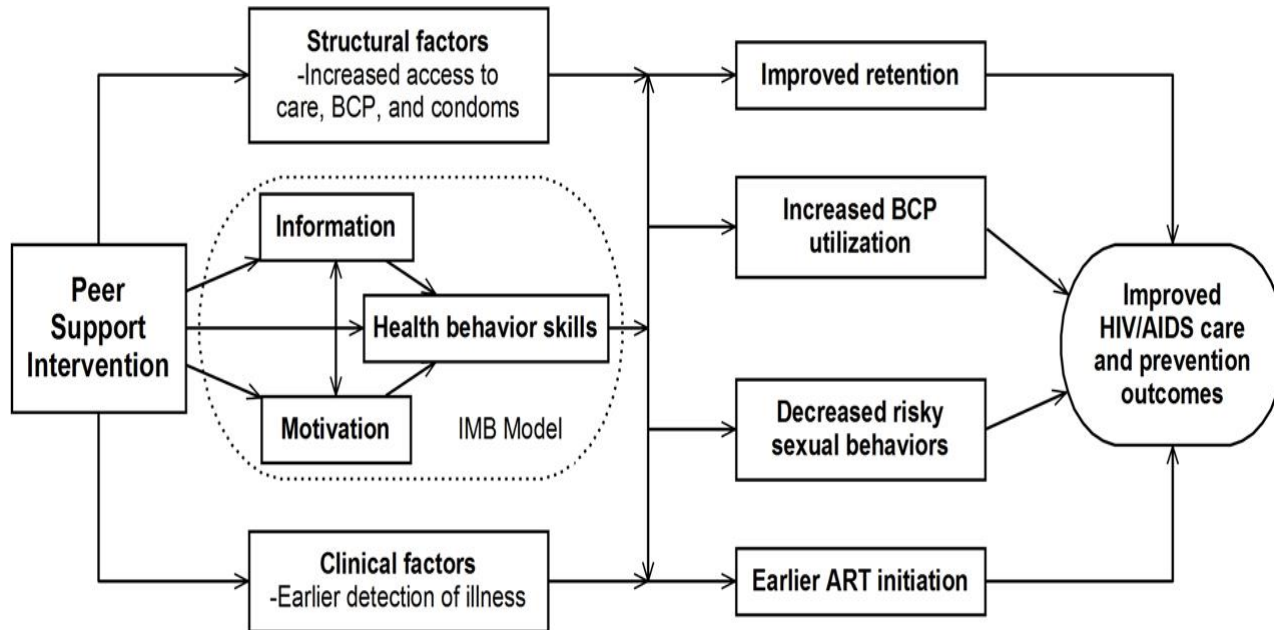
A Qualitative Evaluation of a Randomized Trial in Rakai, Uganda

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Background

- People living with HIV (PLHIV) not on antiretroviral therapy (ART) benefit from engagement in care, a basic care package (BCP) (cotrimoxazole prophylaxis, safe water vessels, and insecticide-treated bednets), and decreasing risky sexual behaviors.
- Peer support may be an effective, economical, and sustainable intervention to address these issues in an integrated approach.
- From 2011-2013, we conducted the PeerCARE (Peer Community Assistant in Retention and Engagement) study, a randomized effectiveness trial on the impact of a peer intervention on engagement in prevention and care among PLHIV not on ART in Rakai, Uganda.
- To better understand RCT process and results, we conducted a complementary qualitative evaluation.

Conceptual Model



RCT Methods

- Parallel, two-arm, individually randomized controlled effectiveness trial conducted in Rakai, Uganda.
- Persons newly identified as HIV-infected, and not yet on ART, were enrolled and followed from June 2011 to July 2013.
- **Intervention Arm:** monthly home visits by peers to reinforce the importance of engagement in care, safe sex practices, and the use of BCP components.
- **Control Arm:** standard of care (referral slip to local clinics).



Summary of RCT Quantitative Results

- 442 participants (221 intervention; 221 control)
 - 64% female, median age of 30 years.
 - Median follow-up was 363 days.
- Intervention arm participants were more likely to report:
 - Being in care
 - Initiating cotrimoxazole prophylaxis
 - Adherence to a safe water vessel
- No effect was observed on ART initiation, bednet use, or on sexual behaviors.

Qualitative Evaluation Methods

- **Objective:** To better understand quantitative processes and outcomes.
- Conducted September-November 2013, immediately after end of RCT follow-up.
- In-depth interviews (IDIs) and focus group discussions (FGDs).
- Participants purposively sampled to ensure representation of perspectives from patients in the intervention and control arms, peers, clinic staff, and program staff.
- IDIs and FDGs were audio recorded, translated and transcribed verbatim.
- Transcripts were uploaded into ATLAS.ti Scientific Software and coded using a combination of inductive and deductive processes.

Qualitative Evaluation Results

- 39 in-depth interviews (IDIs)

Category	Males	Females	Total
Patients	9	14	23
Peers	3	6	9
Staff	3	4	7
Total	15	24	39

- 6 focus group discussions (FGDs)

Category	# FGDs	# Participants
Patients	5	30
Peers	1	6
Total	6	36



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- Peers deliver and reinforce health messages
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“The peer helps to interpret some things for me that I may not have understood when the health worker was telling me. The health workers can give drugs or blood results that I may not understand but when the peer visits me she explains to me each and everything well and I understand whatever she tells me...” (Patient, Intervention Group)

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- Peers felt they needed more information on ART to provide patients.

Qualitative Results: Motivation

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- Peers help to reduce stigma.
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“I tell them that the issue of having HIV is not the end of them. It is now getting to the rainy season I tell them to plant enough food and encourage them to plant coffee trees for money. Some may develop a feeling that it is useless to plant coffee trees because they take long before they mature and they are going to die. We continue to teach them that it is not the end of life.” (Peer)

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- Intervention stopped once patient initiated ART.

Qualitative Results: Behavioral Skills

- Peers provide reminders and strategies for remembering medication and appointment dates.
- Peers serve as a bridge between health workers and patients.
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“I told her that I have not gone for treatment yet because I don’t want my wife to know that I am HIV positive...she took me to the counselor...they also invited my wife to come and we went to see the counselor together. The counselor counseled us well and I started taking my Septrine.” (Patient, Intervention Group)

Qualitative Results: “Situated” Factors

- Supply shortages
- Mobile lifestyle associated with fishing communities
- Transport issues



Conclusions

- Behavioral model-based qualitative evaluations can be valuable tools for understanding RCT processes and quantitative results.
- We identified several challenges and areas for improvement within the intervention.
- A peer intervention appeared to have a positive impact on PLHIV not on ART through improving Information, Motivation, and Behavioral Skills areas.
- Several challenges and areas for improvement were also identified.

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