Community health workers can effectively provide information and referrals to people living with HIV in their communities

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Recommended Citation

Community health workers can effectively provide information and referrals to people living with HIV in their communities

Programmes can use community-based health workers to provide information and counsel people living with HIV as well as make referrals for antiretroviral therapy to increase the uptake of ART among those eligible but not on treatment.

Background
While the coverage of antiretroviral therapy (ART) has expanded globally in recent years, a large number of people living with HIV (PLHIV) are not on treatment for many reasons. While some PLHIV are not yet eligible for ART, there are those that are not on treatment because they cannot access it. In Kenya, of the 438,000 people eligible for ART in 2010, 30% were not on the treatment.

Like other populations, PLHIV need consistent and reliable information about how to prevent further infection. One recent study (Sarna, 2010) found that considerable proportions of PLHIV were sexually active, and many had multiple sexual partners. In addition, a significant proportion of sexual partners were of unknown HIV status. Inconsistent condom use was common.

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This study and others elsewhere reported high levels of sexually transmitted infections among PLHIV. Unfortunately, prevention interventions targeting PLHIV in the community are not common, and most PLHIV who are not on ART have limited access to prevention information and risk reduction counselling.

**Reaching PLHIV in the community - a pilot intervention**

To respond to this challenge, APHIA II OR Project conducted a research project to test the effectiveness of using a community-based risk-reduction strategy targeting PLHIV who were not on ART. This study was conducted in 2010 and early 2011, in collaboration with the International Center for Reproductive Health (ICRH) and the National AIDS and STI Control Programme (NASCOP).

The study took place in two sites in Mombasa District (see box). Two groups of PLHIV were recruited by local community health workers (CHWs) to participate in the study, and followed up for six months. The participants had to be at least 18 years old, sexually active, aware of their HIV status and not enrolled on ART. A total of 634 participants were recruited in the study; however, 605 completed the six-month follow-up.

In Changamwe Division (intervention site), CHWs followed the cohort in the community and conducted one-to-one counselling on HIV infection prevention and risk-reduction. The CHWs used materials adapted from CDC/NASCOP resources on prevention with positives. They also provided condoms and referrals for other services, including ART, and encouraged the participants to disclose their HIV status to their sexual partners. Where possible, the PLWH’s intimate partners were included in the counselling sessions and were encouraged to get tested if they had not been already. There were no group activities.

<table>
<thead>
<tr>
<th>Site</th>
<th>Intervention elements</th>
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<tbody>
<tr>
<td><strong>Intervention</strong></td>
<td>✓ CHW-initiated intervention (Condom provision, referral of partners for HIV testing, risk-reduction counselling, referrals to ART and care, promoting disclosure)</td>
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<tr>
<td>(Changamwe)</td>
<td>✓ Routine healthcare services at HC</td>
</tr>
<tr>
<td><strong>Comparison</strong></td>
<td>✓ Routine healthcare services at HC</td>
</tr>
<tr>
<td>(Likoni)</td>
<td>✗ No CHW-initiated intervention</td>
</tr>
</tbody>
</table>
The CHWs made at least four counselling visits to each PLHIV which were scheduled as follows:

- **1st Visit**: Assessing risk behaviours and identifying specific areas of need
- **2nd Visit**: Re-emphasising key prevention needs to study participant, and meeting partner or family members.
- **3rd Visit**: Making follow up on referrals for FP, ART and PMTCT services, and HIV testing for sexual partners and family members
- **4th Visit**: Reviewing all prevention information such as disclosure, partner testing, and sexual risk-reduction and addressing clients concerns.

A comparison cohort was recruited in Likoni Division; this group did not receive any of the prevention information, counselling and related services from the CHWs.

**Was the intervention effective?**

To assess the effectiveness of the intervention, data was collected from the participants in both groups upon enrolment in the study, and again at the end of six months for comparison. The findings show that the intervention had the following positive outcomes:

- **Increased access to information for PLHIV**: 76% of PLHIV in the intervention site at endline reported having received prevention messages from CHWs, compared to 29% at baseline, and 21% at endline in the comparison site. This was more than any other source. In addition, 54% of the participants in the intervention reported having received a referral for STI services from CHWs as opposed to 1 percent in the comparison group.

- **Improved knowledge about HIV prevention and treatment**: Knowledge about key HIV/AIDS topics was generally high among the two groups in the study. However, a marked improvement was found in the intervention group when comparisons were made between the two groups at baseline and endline. For instance, the proportion that believed re-infection by new HIV strain was possible rose from 68% at baseline to 88% at endline, compared to 65% to 69% in the comparison group.

- **Significant reduction in multiple sexual partners**: Only 20.7% of respondents in the intervention arm reported that they had more than two sexual partners over the previous three months, a drop from 44.7% at baseline. In the comparison arm, the reduction was much less, from 26.5% at baseline to 25% at endline.

- **Improved rates of disclosure of HIV status to intimate partners**: The proportion of study participants exposed to the intervention who had disclosed their HIV
status to their intimate partner(s) rose from 52% at the baseline to 83% at endline; in the comparison arm, the proportion increased marginally from 70% to 76%.

✓ **Improved condom use:** Condom use at last sex with a most recent partner improved significantly among the intervention group from 37% at baseline to 92% at endline from 42% to 45% in the comparison group. Participants in the intervention group also showed significant improvement in condom use self-efficacy scores.

✓ **Improved use of contraception:** An increase was noted in the proportion of participants reporting the use of a contraception among the group exposed to the intervention, from 58% at baseline to 78% at endline. There was a much less increase in the comparison arm, from 54% to 56%.

✓ **Increased uptake of ART:** A major increase was noted in the uptake of ART among participants in the intervention group – at the end of the six-month research period, 35% of the participants in the intervention arm reported that they had started taking ART, compared to 12% in the comparison group, as illustrated below:

![Proportion of participants initiating ART in project period](image)
Lessons learnt and programme implications

This research study demonstrated that CHWs can successfully perform the following tasks:

- Provide information and counselling on prevention and treatment to PLHIV, who are outside the ambit of health services;
- Address important gaps in HIV-related knowledge and create awareness about HIV re-infection;
- Facilitate disclosure of HIV status to regular sexual partners and to encourage partners to get tested; and
- Link PLHIV with health services through referrals, including ART treatment.

It is recommended that HIV programs should use CHWs to reach healthy individuals living with HIV in the community, and to provide on-going support to newly diagnosed clients, who may not yet be eligible for ART. The role of CHWs can be strengthened through providing appropriate training, support and incentives to enable them to play a bigger role in HIV prevention activities.

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Source: Jerry Okal, Avina Sarna, Eric Oweya, Sabine Mall, Nzioki King’ola, Wilkista Ombidi and Sam Kalibala. 2011. “Prevention with Positives: A community-based intervention study”. Nairobi, Kenya: Population Council. This project was implemented jointly with the International Center for Reproductive Health (ICRH), and in collaboration with the National AIDS and STD Control Programme (NASCOP).