The CQUIN Learning Network

Male Engagement in Community Antiretroviral Refill Groups in Rural Zimbabwe:

"One Size Does Not Fit All"

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HIV LEARNING NETWORK

The CQUIN Project for Differentiated Service Delivery

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Introduction

- Zimbabwe has an adult HIV prevalence of 14.1% and annual HIV incidence of 0.45% among adults ages 15-64 years*
- There are >1,400 health facilities providing ART, but overcrowding and long wait times strain the capability of health workers, and potentially compromise quality of care
- In response, Zimbabwe's Ministry of Health and Child Care (MoHCC) introduced a range of differentiated ART models, including Community ART Refill Groups (CARGs) in 2014
  - As in other countries, CARGs are designed for groups of stable patients who meet in the community to provide mutual support and take turns traveling to health facilities

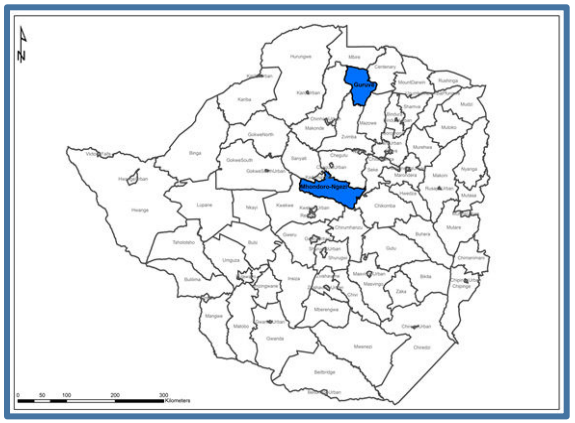
* Zimbabwe Population-Based HIV Impact Assessment (ZIMPHIA) 2015–2016

Introduction, cont.

- Participation of men in CARGs appears to be lower than expected
  - Although men = 41.3% of adults on ART in Zimbabwe, early program data indicate that men participate in CARGs less frequently than women
- CQUIN supported a catalytic project to explore the barriers and facilitators of male participation in CARGs
  - Policy-relevant questions: Are there ways to optimize CARG design to increase male enrollment? And/or are there alternative DSD models that are more appealing to men?
- This presentation summarizes preliminary results of the study; additional analyses will follow

Evaluation Design and Methods

- Qualitative methods
  - In-depth interviews with implementers, health care workers, community members, civil society
  - Focus group discussions with male & female PLHIV
- Three purposively-selected health facilities in rural and mining areas, each with more than 1000 patients on ART and at least 200 patients enrolled in CARGs



Data Collection
(July – September 2017)

- 20 focus group discussions (147 participants)
  - Men living with HIV participating and not participating in CARGs, stratified by age (18-35 *vs.* 36+)
  - Women living with HIV in CARGs (≥18 years of age)
- In-Depth Interviews (45 participants)
  - Central-level: MoHCC staff, donors, implementing partners, and representatives from community-based, faith-based and PLHIV organizations
  - Facility-level: clinicians, peer educators/counselors
  - Community-level: community leaders, religious leaders, community health workers

Interview Domains

Focus of questions that informed this analysis

- Men's reasons for not joining a CARG
- Experience participating in a CARG
- Main challenges and advantages of CARG participation
- Concerns about joining a CARG
- Strategies for encouraging male participation in CARGs

Data Analysis

- Iterative qualitative process used to code and analyze the data using deductive and inductive approaches
- Thematic analysis based on responses to specific questions across all cadres of participants
- Recurring themes around multi-level barriers & facilitators to CARG participation and HIV care were summarized based on Social-Ecological Model*
- Dedoose, a qualitative software package, used for systematic data management

***Source:** Bronfenbrenner U, Ceci SJ. Nature-nurture reconceptualized in developmental perspective: a bioecological model. *Psychol Rev.* 1994; 101(4):568-586.

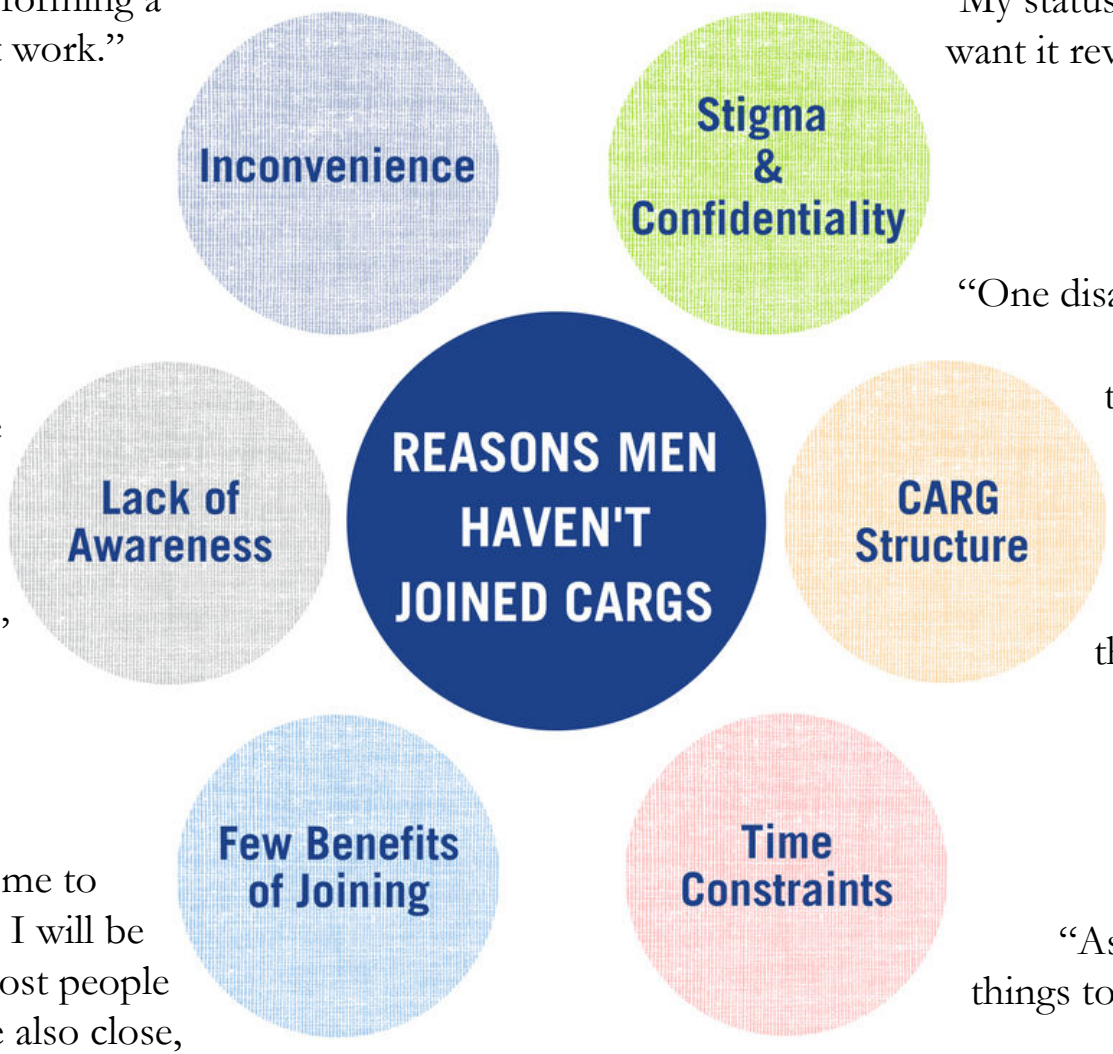
Key Preliminary Findings

Reasons for Not Joining CARGs: Men out of CARGs (MoC) & Other Populations

Level of Barriers	Reasons not in CARGs	Number of Focus Groups and In-Depth Interviews by Population					
		MoC	MinC	WinC	HF	CoL	CeL
Structural	Inconvenient (e.g. already enrolled in care at other facilities)	2/8	-	-	-	-	-
Community	Privacy concerns (i.e. fear of being stigmatized)	6/8	5/8	-	10/15	10/16	4/15
CARG Features	Don't want to be in co-ed CARGs	2/8	-	-	-	-	-
	Restrictive eligibility criteria	-	1/8	-	-	-	-
	Would rather collect medications on own	-	-	-	-	-	2/15
Individual	Unaware of CARGs	6/8	5/8	-	10/15	10/16	4/15
	Few benefits of being in CARGs	3/8	2/8	-	-	1/16	-
	Work commitments	-	2/8	2/4	-	2/16	-
	MoC = Men out of CARGs MinC = Men in CARGs WinC = Women in CARGs HF =Health Facilities CoL = Community Level CeL = Central level						

"Most people take their medication from Guruve. I am the only one who takes medication this side among my colleagues, so me forming a group here would not work." (MoC17)

"My status is my secret. I don't want it revealed to the public." (MoC03)



"We assume they are going to invite those who are not in CARGs to come and join…I don't know how it works." (MoC17)

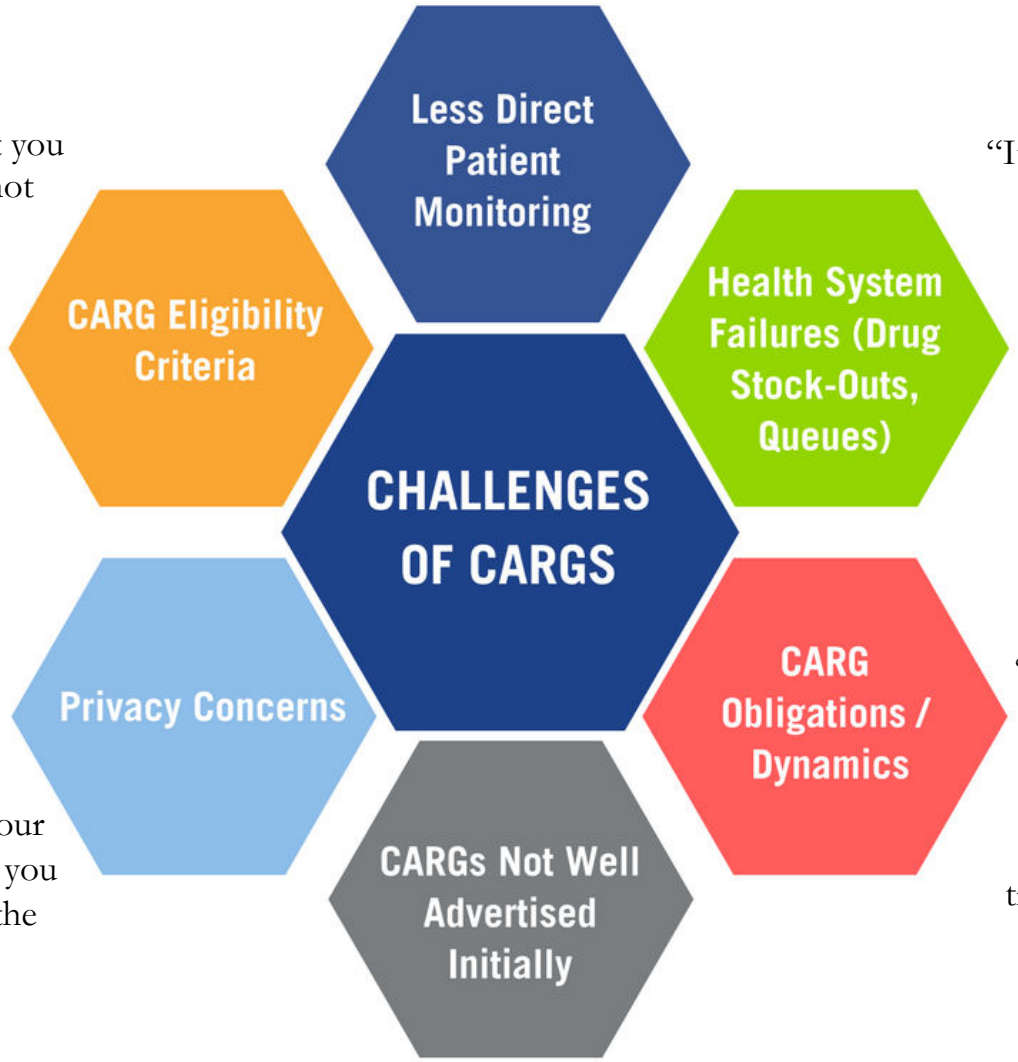
"One disadvantage of CARGs is that you must go through the headman secretaries and committee leaders. They first sit down and discuss, then they invite you. That's why I jumped the fence." (MoC18)

"There is no need for me to join CARGs because I will be staying very close. Most people who stay near me are also close, so I can walk to collect my medication whenever I want." (MoC18)

"As men, we have many things to do so I think time is the cause." (MoC15)

"Only supplying ARVs to someone can be a disadvantage because you're not observing them. Maybe you want to assess their weight, blood pressure, and other NCDs…" (CeL10)

"The one challenge is that you cannot join if you have not been on treatment for …six months…" (CoL10)



"It was difficult in the first days when there were fewer sisters. You could arrive here and find the clinic very busy. They could say 'We are not dealing with CARGs today." (CoL13)

"By virtue of being in the CARG, you have already disclosed your status to your colleagues and eventually you know it will spill over to the community…" (CeL15)

"The focal person will be asking for contributions for a satchel for the medication; they'll be asking for a means of transport when they go to the clinic…" (MinC 05)

"The people who brought this program were not transparent. They didn't bring it to the community, community leadership, headsman, councilors, and so on…" (MinC 06)

Advantages of CARGs

Theme	MoC	MinC	Win C	HF	CoL	CeL
Decongestion at health facilities	n.a.	2/8	2/4	8/15	4/16	8/15
Time-saving for patients	n.a.	7/8	1/4	12/15	5/16	4/15
Reduced workload for health providers	n.a.	-	1/4	6/15	5/16	1/15
Reduced stress/psychosocial support for patients	n.a.	6/8	2/4	5/15	2/16	5/15
Reduced stigma in communities	n.a.	3/8	3/4	2/15	4/16	1/15
Better adherence/Improved health outcomes	n.a.	5/8	-	5/15	4/16	4/15
Cost effective-reduced costs for patients	n.a.	2/8	2/4	3/15	3/16	9/15
Access to education	n.a.	3/8	2/4	-	3/16	-

"No one is scorning anyone. We see each other as equals since we are in the same situation. You can certainly see that you are not alone, because many people are in this situation." (MinC8)

"…There are less chances of defaulting since we will be knowing that you did not collect your pills and we would want to know why, so defaulters in CARGs are few[er] than when one collects for himself." (MinC 8)

"Since the CARG groups were formed, members are encouraging each other. They're managing to get those clients who were lost to follow-up and weren't taking their medications." (HF11)

"We teach and encourage each other not to dislike what we are." (WinC1)

"We used to spend an entire day here. Sometimes we'd even sleep here to get a number so we could go home earlier. We're seeing things are easier for everyone since the CARG method was introduced." (MinC2)

"They reduce workloads at the institution. It may take 2-3 hours to provide services to 12 people, but when you consult a single member that has the 15 cards of other members, it could take less than 30 minutes." (HF05)

Encouraging Men to Join CARGs

Reasons		Number of Focus Groups and In-Depth Interviews by Population					
	Examples	MoC	MinC	WinC	HF	CoL	CeL
Better marketing of CARG Benefits	Public meetings, men's social & work spaces	4/8	4/8	3/4	4/15	8/16	-
Types of CARGs	Men-only, for couples, self-forming	4/8	-	1/4	-	-	1/15
Income-Generating Activities	Poultry, food gardens, piggery,	-	7/8	-	1/15	1/16	-
Incentives	Food, money, bicycles	-	2/8	-	-	2/16	-

MoC = Men out of CARGs MinC = Men in CARGs WinC = Women in CARGs
HF =Health Facilities CoL = Community Level CeL = Central level

"If possible, there are caps, t-shirts, or bags for us. Maybe even money." (HF04)

"They could form groups of couples – husband and wife – so that there are more men." (WinC12)

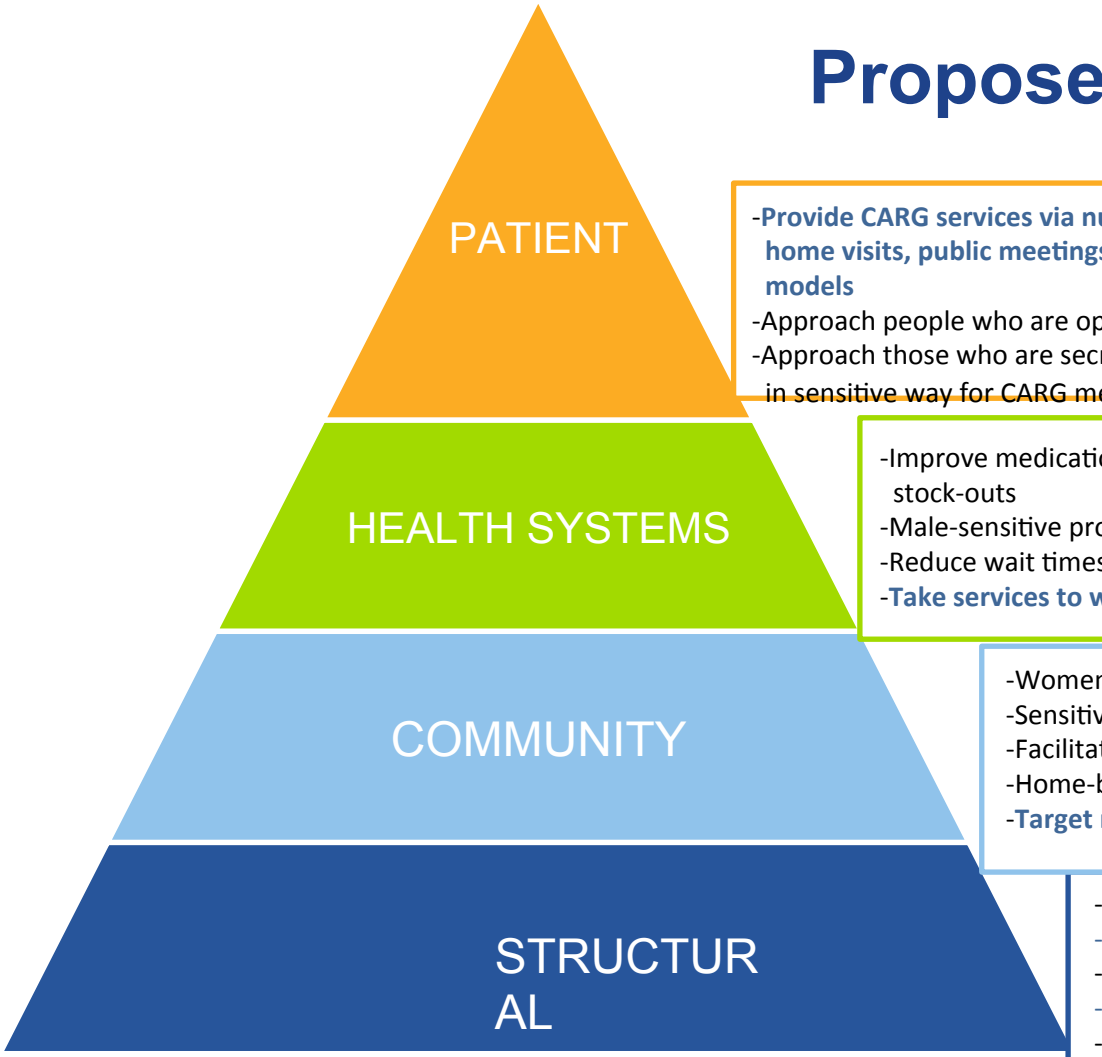
"Tell them that it will provide them more time to do other jobs at home because there will be someone collecting medicine for you." (CoL4)

"They can initiate small projects within the groups to attract a lot of men to partake in those projects. These projects may also reduce poverty." (MinC15)

"Going into their communities and discussing with them about HIV, especially in those places where they gather, those places where they do gold panning and gold mining." (HF12)

Addressing Multi-Level Barriers to CARG Participation

Proposed Strategies



PATIENT

- **Provide CARG services via nurses, community leaders home visits, public meetings, wives, and male role models**
- Approach people who are open about their HIV+ status
- Approach those who are secretive about their HIV+ status in sensitive way for CARG membership

HEALTH SYSTEMS

- Improve medication distribution system to prevent stock-outs
- Male-sensitive providers & services
- Reduce wait times for medication pick-up
- **Take services to where men are**

COMMUNITY

- Women and men-only CARGS
- Sensitive focal person for self-forming CARGS
- Facilitate psychosocial support among members
- Home-based counseling for PLHIV
- **Target men where they spend their time**

STRUCTURAL

- **Provide income-generating activities**
- **Increase marketing of CARGs in community**
- Government pamphlets & media campaigns
- **Provide incentives (tee shirts, caps, bags)**
- Provide food packages

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