Project Accept Post Test Support Services (PTSS)

Making Psychosocial Support Relevant in Poor Resource Settings

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Background & Rationale

• Project Accept Intervention uses three strategies
  – community mobilization,
  – mobile VCT and,
  – post test support

• Designed to change community norms and reduce HIV risk in the community
  – irrespective of whether they participated directly in the intervention

• Why a community-level approach?
  – Knowing one’s status was not normative in most sub-Saharan Africa
  – Stigma was a barrier to HIV testing
  – Limited support was available after testing
Evidence from earlier VCT Studies

• Findings from VCT-1 efficacy trial (Tanzania, Kenya and Trinidad) Coates

• The intervention was safe and effective as an individual or couple level intervention

• Some individuals avoided VCT because
  • It was not normative in the community,
  • Stigma associated with HIV, fear of being labeled HIV+

• Absence of support services in the community for those who tested

• Limited availability of ARVs
General perceptions of HIV Fear Factor!
Designing Project Accept PTSS
Study Tour – African Programs

- Assess Post test support models offered in VCT programs in sub-Saharan Africa

1) Uganda, Kampala - Post Test Clubs (PTC)
   - Philly Lutaaya Initiative focused on stigma reduction
     - Public education programs
     - Encouraged PLWH to give public testimonials

2) Kenya Nairobi -Liverpool VCT – Post Test Clubs
   - Focused on group discussions,
   - Recreational activities and
   - Community outreach activities

3) Zimbabwe New Life Post Test Support Centers
   - Operated by PSI
   - Emphasis in group information sessions and individual counseling
   - Less emphasis on stigma reduction / community change
Limitations of PTCs

- Focused on improving the quality of life for PLWHA
- Support groups for HIV +
- Limited support for HIV-
- Limited opportunities for family members to learn with, and support PLWHA
- Enhanced risk of stigmatization and discrimination of PLWHA by community
- No clear strategies for addressing stress management or “thoughtful disclosure”
- Emphasis on individual level behavior change
- Community change was secondary
Project Accept PTSS Model

• **5 Core PTSS activities**
  - Large group information sharing sessions
  - Coping Effectiveness Training (CET)
  - Stigma Reduction Training (SRT)
  - Support groups
  - Crisis Counseling

• **Activities Focus on**
  - Increasing effectiveness in coping with HIV
  - Increasing disclosure
  - Decreasing behavioral risk
  - Decreasing community-level stigma
  - Building psychosocial support, (family, community & peer-cased support)
  - Creating a culturally appropriate support systems

• **Allowed for site Specific Adaptations**
  - To address cultural, geographic and physical differences at each site
Implementing PTSS Activities
Mutoko - Zimbabwe
Determinants of Adaptations

- Zimbabwe’s prevailing political-economy
- Poor resource rural community in Mutoko District
  - Sustained through market gardening
  - Food security issues due to economy
- High HIV prevalence rates in Mutoko ~ 28% in 2006
- Limited access to HIV testing – mainly for diagnosis in hospitals
- Limited primary health care facilities
- Limited access to ARVs and other treatments
Information Sharing Sessions

Designed to be open to all [members and guests]

- To offer HIV/AIDS information on treatment & other services for PLWHA
- To take place in central meetings places in the community

Adaptation process

1) Sessions became more popular with guests
   - Mostly affected by HIV/AIDS
   - Providing home-based care to family (parents, siblings, spouses, children)
   - Desire to learn more about HIV & AIDS
   - Seeking coping strategies and resources to support sick family members

2) Sessions set up in convenient community venues
   - under trees, open places, classrooms

3) Sessions motivated guests to get tested
Coping Effectiveness Training (CET)

- Developed in Western setting for more literate audiences; Viewed as Western concept
- Designed to equip participants with skills to cope with stress
- 1 day (8hr) sessions

Adaptation process

- Piloted with groups of HIV testers in Zimbabwe and adapted for African settings
- Addressed limited availability of psychosocial support services in communities
- Provided opportunities to discuss other traumatic life situations e.g., stigma and discrimination, sexual assault
- Open to all, regardless of HIV status,
- Disclosure of HIV status not a requirement
- 2 day (4 hr) sessions to accommodate participant’s life styles
**Stigma Reduction Training (SRT)**

- SRT adapted from ICRCW Stigma Toolkit [Nyblade et. al. (2003)]
  - research conducted in Ethiopia, Tanzania & Zambia
  - Toolkit originally developed for training health providers

- Participatory, sharing negative life experiences and fears

**Adaptation process**

- SRT adapted for cultural appropriateness during Project Accept TOT
  - To allow for safe disclosure of HIV sero-status in a supportive environment
  - To provide skills on coping with HIV-related stigma
  - To facilitate reduction of HIV-related stigma at both individual & community level
  - To identify stigma reduction advocates to give testimonials

- Open to all, regardless of HIV status,

- Disclosure of HIV status not a requirement

- 2 day (4 hr) sessions to accommodate participant’s life styles
Testimonial
Support Groups

• Historically for PLWHA with a focus on psychosocial support and Income generating projects

Adaptations

• Membership open to all, irrespective of HIV sero-status

• Provided Psychosocial support - Plus
  – Psychosocial support
  – Material support - compelling need for livelihood activities

• Nutritional gardens
  – Partnered with local CBOs & NGOs to bring services to PTSS members
    • Provided material resources e.g. seeds for vegetable gardens

  – Chief provided land
    • Highlighted benefits of getting buy-in from community leaders

• Partnered with National AIDS Council to support group members:
  – Home-based care
  – Community advocacy
  – Safe disclosure
  – giving public testimonials
Nutritional Gardens
Crisis Counseling

Like Opening “Pandora’s Box”

• Disclosure of unexpected crisis situations
  – e.g. high prevalence of child sexual abuse in the community

• Invited speakers to address problem:
  – community liaison police officers,
  – Legal aid officers
  – local health care workers

• Made appropriate referrals and provided individual crisis counseling on the spot

• An indication of larger community problems
Lessons Learnt

• Allowing for flexibility in scheduling activities
  – Find convenient meeting venues in the community
Allowing for necessary cancellation of sessions
Lessons Learnt

- Partnering with community stakeholders is key to successful programs
  - Chiefs, local CBOs & Govt (NAC)
  - Ensures continued support of activities after project ends

- Sustenance of HIV prevention activities post-Project Accept
  - Skills transfer to community members
  - Empowering participants and the community at large

- Providing PTSS members with skills to become successful community advocates
  - Public testimonials will help de-stigmatize HIV in the community
  - Ability to mobilize family and community for HIV testing

- PTSS becomes the hub for mobile VCT recruitment
  - Increases VCT uptake

- Interventions can be successfully adapted without deviating from study protocol and study objectives
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• http://hivinsite.org/accept
Thanks!