

26 - 27 september  
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# inequalities and justice:

influences, effects, intersections and evidence



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# The VUKA Family Program

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**Title** : Implementation challenges and pragmatic concerns of a family-based psychosocial intervention to promote health and mental health among HIV+ early adolescents in health facilities in KwaZulu-Natal.

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# Presentation Outline

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- **Background**
- **Results from the Pilot study**
- **Project Aims**
- **Methods**
- **The VUKA intervention**
- **Challenges**
- **Implementation and Sustainability**

# Background

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- Prior to widespread ARV roll out large numbers of infants were born HIV infected
- Access to ARVs has led to many HIV+ve children growing into adolescents
- Effective and sustainable HIV prevention and care approaches needed to reduce inequalities and injustices among HIV+ve youth
- Few evidence-based interventions to reduce risk and promote resilience in adolescents growing up with HIV.
- The VUKA program is an intervention designed to promote well being of PHIV + youth and their families

# VUKA

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- **VUKA is informed by extensive research and multiple clinical trials (*CHAMP, CHAMP US+ & CHAMP SA*)**
- **One of the few pilot tested prevention interventions for PHIV+ youth**
- **Focuses not only on health and behavioral risks but also on social and contextual factors**
- **Involving caregivers, lay counselors and will help towards sustainable implementation of the program**

# VUKA Pilot Study Data

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- Data indicates high levels of feasibility and acceptability
- 94% attending >8 of 10 sessions
- 32/33 in VUKA condition completed the study
- VUKA participants improved in all psychosocial domains
- Regression analyses showed significant differences
- Reduced child behavior problems and experience of stigma

# VUKA Study Aims

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- **Identify behavioral , health, and psychosocial risks of PHIV+ youth in SA**
- **Examine impact of VUKA on behavioral, health and psychosocial outcomes**
- **Investigate how outcomes are mediated by theoretical constructs in the Social Action Theory model**
- **Elucidate multi-level factors that influence implementation and integration of VUKA**

# Methods

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- **Study design : Randomized controlled trial**
- **VUKA vs Standard of care (SOC)**
- **Eligibility criteria for adolescents**
- **Total sample size : N=360 HIV +ve adolescents**
- **Study locations:**
  - **R.K. Khan Hospital**
  - **Prince Mshiyeni Memorial Hospital**



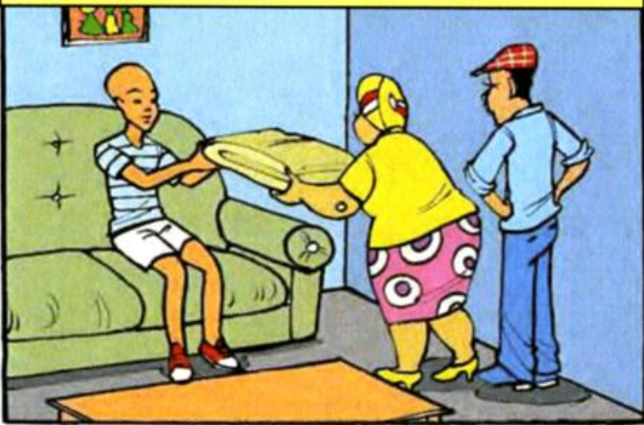
# VUKA Family Program

- **10 session curriculum**

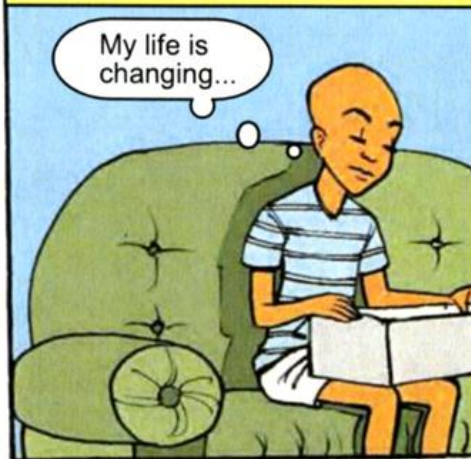
- **Session 1**      **Surviving loss and bereavement**
- **Session 2**      **What is HIV?**
- **Session 3**      **Adherence**
- **Session 4**      **Identity, acceptance & coping**
- **Session 5**      **Disclosure**
- **Session 6**      **Communication**
- **Session 7**      **Puberty and adolescent development**
- **Session 8**      **Sexual possibility situations**
- **Session 9**      **Dealing with stigma**
- **Session 10**     **Family support networks**

# The VUKA Sessions

There is not very much room in Bab'Vuka's house. Nono will sleep with Mamafutha. Themba will sleep on the sofa in the living room...



After everybody has gone to bed, Themba sits alone...



My mother is gone. I've left S'bu and all my friends behind. And I'm staying with people I don't even know.



Mamafutha, Themba and Nono go in to see Sister Patience.



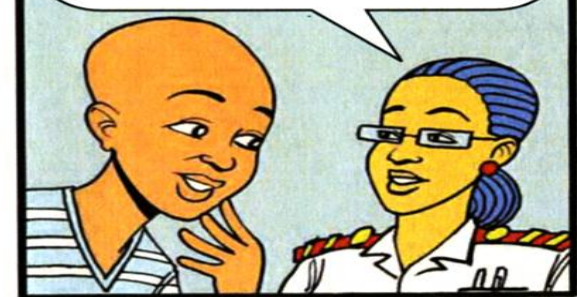
Today we are going to talk about your medication. Themba, do you have a good memory?

Yes, I think so...

That's good, because it's going to be very important for you to remember to take your medication every day.



Once you begin taking the medication, you have to take it every day. You must not miss a day. If you forget to take it, even just once, it gives the virus a chance to reproduce itself more quickly.



# Challenges

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**The project has encountered several challenges :**

- **Organizational Perspective**
- **Front line staff (Counselors)**
- **Top Management / Middle Management**
- **Patient Perspective**

# Organizational Challenges

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- **ARV clinics are overburdened with large patient numbers and under staffed**
- **Shortage of space /rooms for counseling leading to lack of privacy for patients**
- **Inadequate infrastructure**
- **Strong emphasis on HIV treatment delivery but little focus on psychosocial counseling**

# Frontline Staff Challenges

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- **Lay counselors expected to perform tasks outside their scope of practice**
- **Burnout and demotivation among counselors**
- **No mentorship or support for counselors to deal with emotional burden**
- **Emphasis on meeting target numbers for counseling**

# Management Challenges

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- **Emphasize patient numbers**
- **No incentives for staff**
- **Aware of issues but unable to make changes**
- **Not accessible to junior level staff**

# Patient-level barriers

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- **Non-disclosure or partial disclosure to children**
- **HIV/AIDS Stigma**
- **Poverty & unemployment**
- **Time required by the intervention**

# Next steps

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- **Counselors**

- **Burnout sessions for counselors**
- **VUKA training sessions and ongoing repeat training sessions**
- **Empowering counselors to facilitate VUKA sessions**
- **Identify ‘champions’ who will continue with VUKA**

- **Parents**

- **Assist with facilitating disclosure**
- **Implement a more youth –friendly program (Saturday sessions)**



# Next steps

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- **Management**

- **Continue with keeping Managers informed of the progress of the study**
- **Demonstrate effects of the programme to show effectiveness and feasibility**
- **Engage with SA DOH for buy in and identification of more sites**

# Implementation & Sustainability

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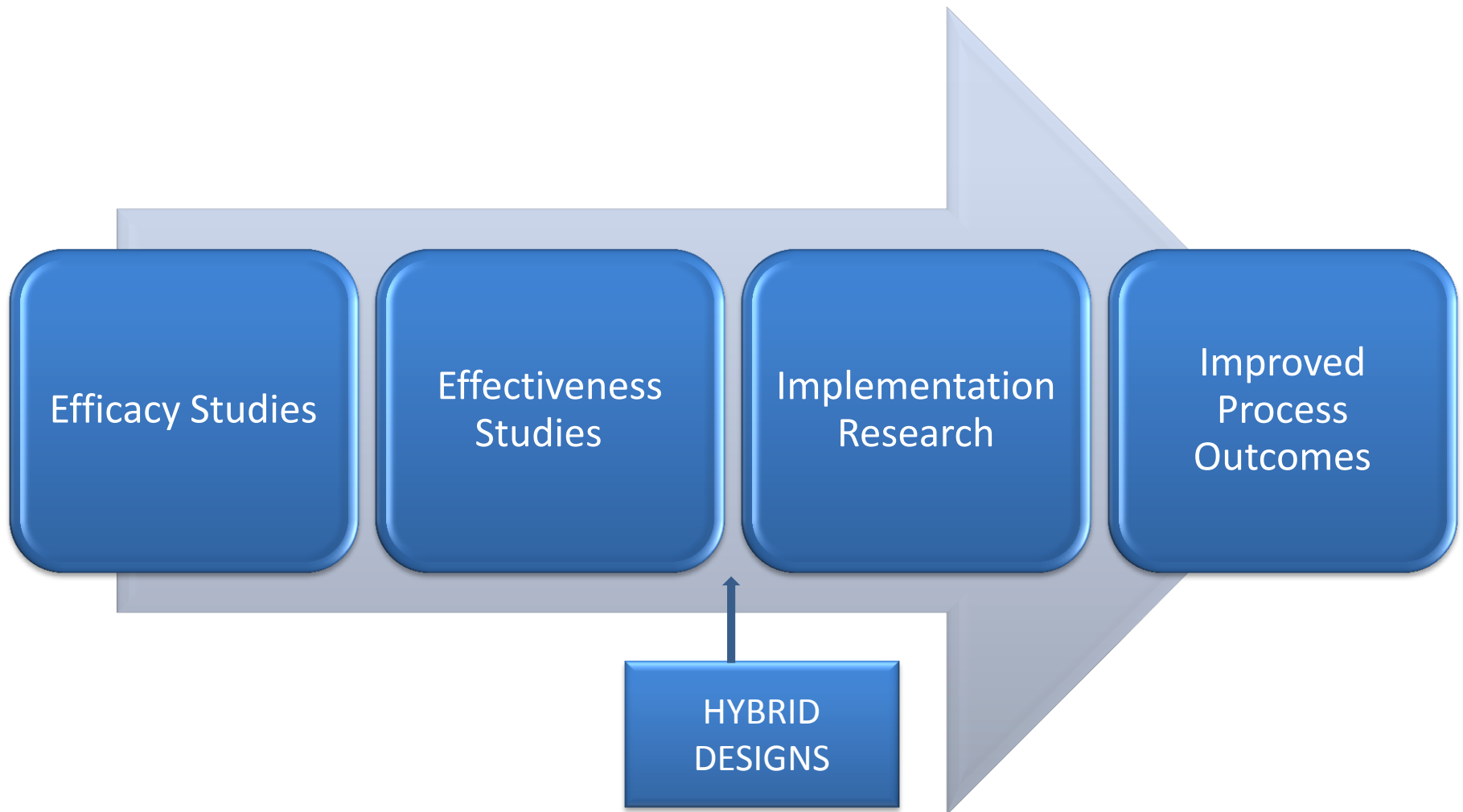
- **Pilot study demonstrated that VUKA is effective**
- **Effectiveness and efficacy trials render important results**
- **Inadequate research into translating important findings into practice**
- **Need to understand what factors need to be considered and addressed to implement and sustain a program**

# PRISM

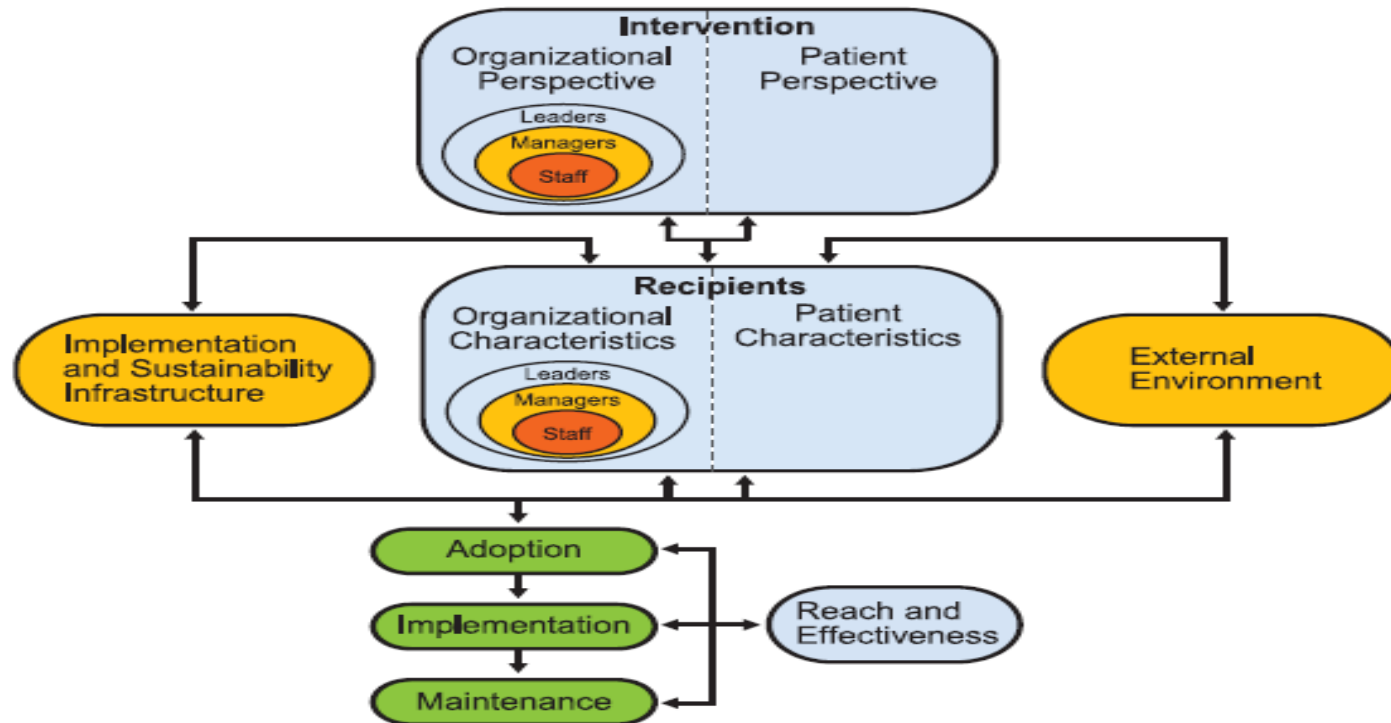
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- **VUKA intervention will be approached using the PRISM model**
- **Practical, Robust Implementation and Sustainability Model (PRISM) is a model for translating research into practice.**
- **Attempts to evaluate how the intervention interacts with the recipients to influence programme adoption, implementation maintenance, reach and effectiveness.**

# Research Pipeline (Curran et al., 2012)



# The Practical, Robust Implementation and Sustainability Model (PRISM)



**Figure 1.** *The model considers how the program or intervention design, the external environment, the implementation and sustainability infrastructure, and the recipients influence program adoption, implementation, and maintenance.*

Feldstein, A. C., & Glasgow, R. E. (2008). A practical, robust implementation and sustainability model (PRISM) for integrating research findings into practice. *Joint Commission Journal on Quality and Patient Safety*, 34, 228–243.

# Acknowledgement

## SA-BASED TEAM

- Arvin Bhana, PhD
- Inge Petersen, PhD
- Meera Chhagan, MD, PhD
- Santhana Gengiah, M.A
- Sphindile Machanyangwa, Honors

## US FUNDERS

- National Institutes of Health (NIH) via New York University (NYU)

## US-BASED TEAM

- Claude Ann Mellins, PhD,
- Mary McKay, PhD
- Danielle Friedman, MPH
- Latoya A. Smalls

## SA DOH SITES

- Outreach Clinic – RK KHAN Hospital
- Vusithemba ARV Clinic – PMMH