

DEPARTMENT OF HEALTH RESEARCH BRIEF

Verbal Autopsy with Participatory Action Research (VAPAR)
 Expanding the knowledge base through partnerships for
 action on health equity
 Series 4, Number 1, February 2023



Community health worker: at the forefront of addressing HIV and TB lost to follow-up

VAPAR yi tlakusa ku tumbuluxiwa ka vumbhoni naku tirhisiwa na vukorhokeri na miganga ya le makaya. Ntirho wa hina wa sweswi wu kongomisa eka ku aka vuswikoti bya vatirhi va rihanyo ra vaaki eka ku tumbuluxiwa ka vumbhoni hi xihantla eka HIV na TB, tani hi xiphico lexikulu xa rihanyo eka xifundzankulu hinkwaxo xa Bushbuckridge. Mpimo wa le henhla wa ku lahlekeriwa hi ku landzelerisa ka vavabyi va HIV na TB wu tiyisiwile tani hi nchumu wa nkoka wa rihanyo lowu phikelelaka eka xiyimo xa laha kaya e Bushbuckridge.

Xitlhokovetselo lexi xo koma xi nyikela - Part 1: data ya mafu ku suka eka MRC/Wits- Agincourt Unit's Health and socio-Demographic Surveillance System (HDSS); xikan'we na Part 2: vumbhoni lebyi tumbuluxiweke hi miganga ku twisisa ku antswa hi laha goza ra laha kaya hi ti CHWs ringa lulamisaka ha kona HIV na TB leyi lahlekeke eka ku landzelerisa.

1: Verbal Autopsy (VA)

(a) Ndzhwalo wa mavabyi

Ku kamberwa ka miri hi nomu (VA) i ndlela ya ndzavisiso yo pima swiyimo na swivangelo swa vutshunguri swa mafu hinkwawo eka vaaki (inside and outside health facilities). Hi xopaxopa datha leyi sukaka eka Agincourt HDSS ku pima ndzhwalo wa HIV/AIDS na TB hi ku famba ka nkarhi, ku suka hi 2012 ku fikela 2021.

Ku suka eka nxopanxopo wa hina, leswi landzelaka swa xiyiwa:

- **Ku ncinca-ncinca** eka mpimo wa ku fa ka lembe na lembe wa HIV and TB, hi ku tlakuka loku xiyekaka ka mafu ku sukela hi 2018 ku landzeleriwa hi

ku hunguteka ka mafu ya HIV ku sukela hi 2019 na ku fa ku sukela hi 2020 (Fig 1).

- **20-49-year-olds largely affected** - account for 61% HIV, 52% TB deaths and 64% overall
- **66% TB deaths were male**, HIV-related deaths 44%:56% (M:F)

HIV and mortality trend, 2012 to 2021

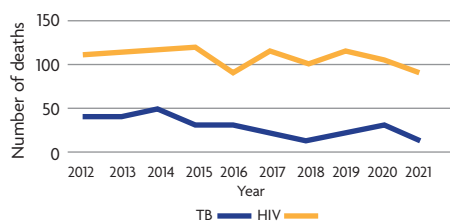


Figure 1: Number of annual HIV and TB deaths, 2012 to 2021, MRC/Wits Agincourt HDSS

(b) swiyimo swa ku fa

Hi humesile Ndlela yo kambela swilaveko swa munhu hi xiyexe na mahanyelo hi nkarhi wa rifu na le kusuhi na yena, naku hlamula ka sisiteme ya rihanyo, ku katsa na ndzhwalo wa datha ya mavabyi.

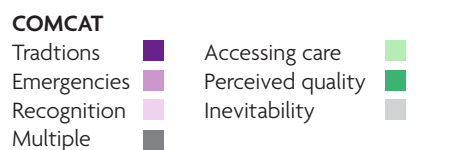
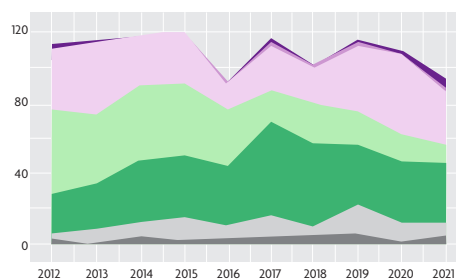


Figure 2: Circumstances of Mortality Categories (CoMCATs) by year for HIV/AIDS related deaths in Agincourt HDSS 2012-21

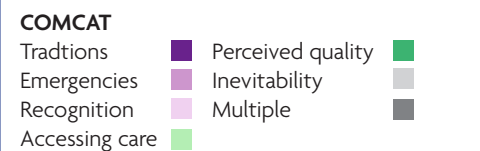
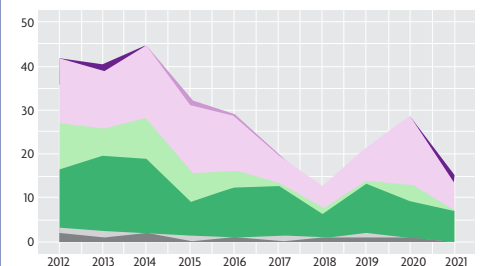


Figure 3: Circumstances of Mortality Categories (CoMCATs) by year for TB related deaths in Agincourt HDSS 2012-21

The main circumstantial categories corresponding to the HIV/TB burden were:

HIV (Fig. 2)

- 33% reported issues with perceived quality
- 28% reported failures to recognise severity
- proportional reduction in accessing care as CoMCAT

TB (Fig. 3)

- 54% reported issues with perceived quality
- 8% reported failures to recognise severity
- notable increase in recognise severity during 2020



2: Participatory Action Research (PAR)

Ku tirhisana eku suhi ngopfu na 50 wa ti CHWs ku suka eka ntlhanu wa ti local areas e Bushbuckridge sub-district, HIV/ TB lost to follow-up swi tiyisiwile tani hi swilo swa nkoka swa rihanyo swa laha kaya. Hi tirhisile tindlela ta ndzavisiso wa xiendlo xo nghenelela ku yisa emhlweni ku twisisa ka mphakelo wa vukorhokeri na timhaka ta ku amukeriwa ka vukorhokeri leti khumbaka miganga na sisitemeya rihanyo naku hoxa xandla eka nkoka lowu.

(a) Swivangelo swa ku lahlekeriwa ku landzelerisa

Swivangelo swa le hansi swa l khonomi ya vaaki swa HIV na TB leswi lahlekeke eka ku landzelerisa, tani hi laha swi hlawuriweke hakona hi ti CHWs swi katsa swilo leswi fambelanaka naku pfumaleka ka mintirho na vusweti, ku katsa naku pfumaleka ka swo famba kumbe ku tsandzeka ku hakela swo famba swa mani na mani ku endzela switirhiswa swa rihanyo ku ya teka mirhi kumbe maendo yo landzelerisa; ku pfumaleka ka swakudya, ngopfungopfu tani hileswi mirhi yi n'wana yo tshungula HIV na TB yi lavaka ku tekiwa na swakudya. Eka swiyimo swin'wana, vavabyi va rurhile na ku pfumaleka ka sisiteme yo rhumela na ku hlanganisiwa loku nga riki kahle ka vukorhokeri swi endle leswaku swi tika ku tiva loko muvabyi a kuma vutshunguri ku suka eka ndhawu yin'wana ya rihanyo.

Mphakelo wa vukorhokeri eka switirhiswa swa rihanyo na swona swi vikiwile ku hoxa xandla eka ku lahlekeriwa hi vavabyi eka ku landzelerisa. Leswi swi katsa minkarhi yo leha yo rindza, ku nga nyiki vuxokoxoko lebyi eneleke eka vuvabyi na nkoka wa ku namarhela vutshunguri, langutelo ro biha leri voniwaka ra vatirhi va nhlayiso wa rihanyo na swihello swa leswaku xiyimo xa HIV na TB xa vavabyi a xi tshunguriwanga hi xihundla. Nkarhi

yaku kavanyetiwa ka mphakelo wa mirhi na yona yi vikiwile ku kucetelaku ya emahlweni ka vutshunguri.

Eka xiyimo xa vaaki, ku pfumaleka ka nseketelo, ku xanisiwa na ku avanyisa swi kombisiwile tanihi swivangelo leswi endlaka leswaku HIV kumbe TB yi kavanyeta vutshunguri bya vona. Ntshikelelo wa tintangha na ripfumelo ra vukhongereri kumbe ndhavuko swivikiwile tanihi swivangelo swin'wana leswi endlaka leswaku vavabyi va lahleka eka ku landzelerisa.

Eka xiyimo xa munhu hi xiyexe, vavabyi van'wana va vikiwile va ri eku kaneteni ka ku kumiwa ka vona, kumbe va nga tivi hi switandzhaku swa kona. Vavabyi vo tala a va paluxi xiyimo xa vuvabyi bya vona hikwalaho ko chava ku soriwa ni xihlawuhlawu. Nhlayo ya tipilisi leti nga ta nwiwa ku tshungula HIV na TB, vukulu bya tipilisi, ku switandzhaku swa murhu a kuri swivangelo swin'wana leswi endleke leswaku vutshunguri byi kavanyetiwele. Ku nwa byala na ku tirhisa fole na swona swi khumbe ku endla swiboho swa munhu hi xiyexe mayelana na mahanyelo yo lava rihanyo.

(b) Vuyelo bya vavabyi lava lahlekeke eka ku landzelerisa

CHW yi vikile ku kavanyeteka eka vutshunguri bya nkarhi wo leha bya HIV na TB, hikwalaho ka ku lahlekeriwa hi muvabyi eka ku landzelerisa ku fambelaniwiwa na vuvabyi, vulema na rifu. Leswi hi ku famba ka nkarhi swi endle leswaku vana vava swisiwana, ku nga mindzhwalo leyi engetelekeke ya ikhonomi ya vaaki eka mindyangu na mindyangu. Ku kavanyetiwa ka vutshunguri ku tlhele ku endla leswaku ku va ni ku lwisana ni mirhi ni mpimo lowu tlakukeke wa ku tluleriwa hi mavabyi.

Mpimo wa le henhla wa ku lahlekeriwa eka ku landzelerisa wu tekiwile wu kombisa hi ndlela yo biha eka ti CHWs, tanihileswi swi voniwaka swi fambelana na ti CHW leti nga endleki mintirho ya tona. Leswi swi vikiwile ku vanga ntshikelelo na ku vilela exikarhi ka ti CHW tanihi swivangelo swin'wana, ku fana na ku pfumala vuxokoxoko bya vuhlanganisi lebyi faneleke bya vavabyi eka fayili, swi khumba swinene vuswikoti bya vona byo landzelerisa vavabyi lava lahlekeke ku landzelerisa.

(c) goza ra ndhawu

Ajenda ya maendlelo yi tumbuluxiwile hi muyimeri wa ma CHW ku suka eka ndhawu yin'wana na yin'wana ya ndhawu, laha ku hlawuriweke goza rin'we leswaku ri rhangisa emahlweni eka ndhawu yin'wana na yin'wana ya ndhawu; ku ya eka ku lulamisa HIV na TB leyi lahlekeke eka ku landzelerisa.

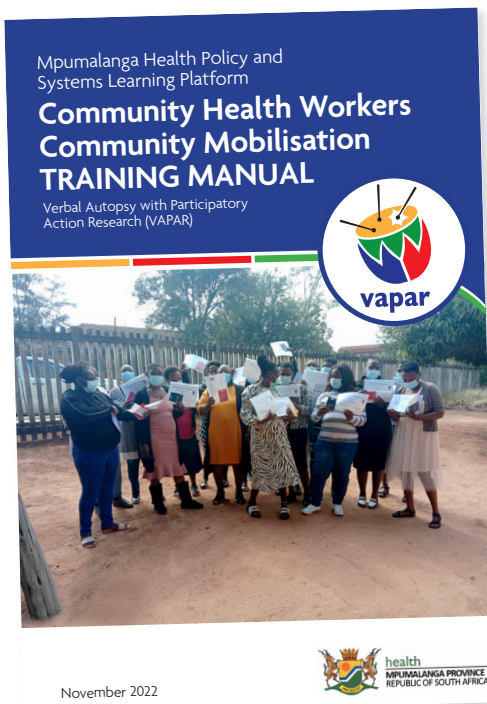
Magoza lawa hinkwawo ama fambisiwa hi ma CHWs: ku simeka mintlawu ya nseketelo wa laha kaya, ku nyiketela tinkulumo ta rihanyo eka titlilini ta laha kaya, ku endla vutshunguri lebyi xiyiweke hi ku kongoma na tikhayente ta TB na ku dyondzisa vavabyi na mindyangu ya vona hi xilaveko xo paluxa xiyimo xa mavabyi.

Ku tirhisiwa ka swiendlo swa nkoka swi vikiwile hi nkarhi wa tiwekhipo to anakanyisisa, xikanwe na vayimeri va ma CHW lava ava avelana nhluvuko lowu endliweke na ku dyondza eka endlelo hinkwaro na tintangha ta vona. Swirho swa vufambisi bya swifundzankulu leswintsngo swi tlhele swi va kona teka tiwekhipo to anakanyisisa na ku tiyisisa ku tirhisiwa ka swiendlo swa nkoka xikan'we na mimbuyelo leyinene yo engetela leyi fambelanaka na phurosese leyi tani hilaha swi katsakanyiweke hakona eka tafula ro sungula [Table 1].



Table 1: Priority actions per local area

Priority actions	Ongoing activities	Notes from collective reflection
Conducting support groups (Hluvukani)	Support groups conducted at clinics and in the community, focused on patients with chronic diseases.	The sub-district management and community stakeholders confirmed that these activities have been taking place and acknowledged the value thereof.
Re-introducing support groups (Thulamahashe)	CHWs are conducting a support group with patients who were previously part of this support group and are in the process of recruiting new patients.	
Conducting health talks in the facility (Dwarsloop)	Health talks are conducted in the health facility every morning. The CHWs also conduct health talks when doing home visits.	Stakeholders also reported that the workload of the nurses and outreach team leaders have been reduced because CHWs understand their roles and are able to work more independently.
TB 'DOT'ing (Marite)	CHWs conduct TB DOTing with patients referred from AQUITY (a developmental partner), three times a week.	CHWs reiterated that they are able to perform their duties very well because they now have confidence and understand their roles better.
Educating family and patients on disclosure (Belfast)	CHWs conducted a support group on disclosure, for patients along with one family member, with support from OTLs, OPMs and clinic committee member.	



d) Reflections

ma CHWs ya vikile leswaku vuleteri bya ku hlengeleta vaaki a byi va pfunanga ntseba ku hetisisa misingirikoko leyi tinyikeleteke eka ajenda ya maendlelo, kambe va tlhela va antswisa vuswikoti bya vona byo titshemba na vutivi. Ma CHWs ya vikile ku titwa ya xiximiwa hi tisisiteme ta rihanyo, miganga na vulawuri bya minganga: hi ku antswisiwa ka ku nghenelela na ntirhisano exikarhi ka vakhomaxiave vo hambana.

Vufambisi bya sisiteme ya rihanyo ya swifundzantsongo byi amukerile xiave

xa ma CHWs eku antswiseni ka rihanyo ra vaaki na timhaka ta ntshamiseko, ku tiyisisa xilaveko xa xihantls xo lulamisa ntirho wa ma CHWs tanihileswi vukorhokeri bya khadira leyi ya vatirhi byi kombisiweke kahle.

Mimbuyelo leyinene ya phurosese leyi yi endle leswaku ku simekiwa pulatifomo ya ma CHW ya xifundzantsongo, ku rhangela hi munhu wo kongomisa wa ntlawa wo fikelela na swona ku vumbiwa hi muyimeri wa ma CHWs ku suka eka ndhawu yin'wana na yin'wana eka xifundzantsongo.

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Figure 4: CHW Community Mobilisation Training Manual

