

Questions for both VCT and PMTCT:

October 26, 2005

What available facilities do VCT/PMTCT?

VCT: All government clinics, private clinics, UTH, various stand-alone VCT centers (ex. New Start, Kara Counselling), hospices, some HBC caregivers.

PMTCT: Antenatal departments within government clinics, UTH, private clinics.

How are VCT facilities linked to providing diagnostics and ART?

A facility that does VCT and does not provide ART will refer you to a government clinic to obtain ARVs if you test positive. However, as far as we know there is no formal referral process between the two organizations. Another point: you will likely get re-tested at the ART center (usually at a government clinic) even if you received an HIV test at a stand-alone VCT center.

Diagnostics (CD4, etc) are only available at facilities that offer ART. The only diagnostic test that stand-alone VCT centers usually have available is an HIV test.

One (unique) example of a ART clinic (at a government clinic) and a hospice which have a linkage system working well is at Mother Theresa Hospice. The hospice has a relationship with an ART center such that you can have your blood drawn at the hospice, then sent over to the ART clinic for testing. If you are eligible for ARVs, the ARVs will be brought over to the hospice for them to distribute to you. Also, a CIDRZ doctor visits the hospice regularly (a few times per week) to monitor patients at the hospice who are on ARVs. This is a linkage which seems to be working well, however it is a unique situation in Lusaka.

What is their capacity and are they operating at capacity?

Capacity is unknown. Our impression is that VCT centers are not operating at capacity. VCT seems to be readily available to anyone who wants it.

Random Facts: 1 counseling session (pre or post counseling) takes 1 counselor 40 minutes – 1 hour.

How many staff do they employ and what kind of work do they do?

At a stand-alone VCT facility: counselors, lab technicians, and administration staff

ART center: all of the above, in addition medical personnel, and potentially lab technicians with more advanced training

<http://www.qaproject.org/pubs/PDFs/ORMZambiaWorkforcel.pdf>

See tables in above document starting on page 5.

What kind of education do such staff need?

Counselors need training in psychosocial counseling. Counselors should be certified and registered with the Zambian Counselling Council (ZCC). Various facilities offer VCT training sessions, including Kara Counselling, UTH, Chainama (a government training center)

Lab technicians need standard lab tech training, not sure where this is offered.

Where do these facilities/centers get funding?

Government clinics/centers are government funded. A point to note, much of the government funding for healthcare originally comes from PEPFAR, Global Fund, etc.

Private centers are funded by various sources, including private individual donors, foundations, PEPFAR, Global Fund, etc.

Do they already have existing mobile/community outreach/health workers?

Mobile VCT is currently operating in the Copperbelt. One of the government clinics has a fully equipped mobile VCT van, which visits various spots around town (market place, schools, etc). The van travels with a full clinical staff on board, and provides full VCT services (counseling and HIV tests) on site inside the van. We don't know of any similar service in Lusaka.

Much community outreach is done by peer educators and some HBC programs/caregivers. The outreach is mainly education about VCT and HIV/AIDS, and does not include HIV testing. These programs are generally not operated by VCT centers, but are part of other programs.

What are the major barriers in accessing these services?

VCT:

ARVs are sometimes not readily available so people don't want to get tested if they are not going to be able to get the ARVs.

Fear of the unknown (fear of finding out their status).

Money and time. (VCT and ARVs are free, but there is an opportunity cost in spending the time getting to the facility and waiting at the facility, especially for someone who has a job. Individuals can sometimes spend a full day at a VCT center or ARV clinic waiting to be seen, as many of these facilities are drop-in centers, and do not operate on appointments. Money is also spent on transportation, and this cost can sometimes be a limiting factor in making the trip to the facility. Note that the transportation issue is more relevant in rural areas, where facilities can be far from one's home, and transportation is more scarce.)

PMTCT:

Education. Some individuals (especially older women) don't understand the benefits of PMTCT, or the risks involved in not participating.

Stigma, cost, associated with formula feeding. Many mothers can not afford to buy formula to feed their children, to avoid breastfeeding. Also, there is a stigma associated with formula feeding, as others will wonder why you are not breastfeeding your child.

Many women do not go for any antenatal care, and/or do not give birth at a clinic or health center. This makes it difficult to reach all pregnant women with PMTCT.

In order to do PMTCT, you must know the mother's HIV status. Thus all barriers to VCT are inherently incorporated into PMTCT.

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