STARTING WITH WHERE WE LIVE: HOW COMMUNITY-BASED VOLUNTEERS HAVE INCREASED HIV COUNSELLING AND TESTING (HCT) RATES

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What we did

• Ipusukilo clinic and PLAEP identified and trained 4 community based volunteers: 2 NHCs from the Clinic and 2 volunteers (HIV +) from PLAEP

• The volunteers conducted a community based HCT mobile outreach from February –October 2016.
How we did it

• Ipusukilo Clinic under Kitwe District Health Office and Partners for Life Advancement and Education Promotion (PLAEP) collaborated through an MoU as a C3 project

• Joint discussions identified Loss to follow up after one year in the PMTCT cascade as a major gap at the clinic to target.

• Meetings were held with ipusukilo clinic to agree on deliverables.

• Monthly review meetings were held during implementation.

• KDHO provided the test kits. The NHCs administered the HCT.

• PLAEP volunteers mobilised the community.
Challenges encountered

• Some health workers did not welcome the programme because there were no incentives attached to the PATA project.
• Clinic staff were overwhelmed with work thus time for meetings was restricted.
• Power relationships among the volunteers were evident.
• Some clients were difficult to convince about the safety of ART as they still had myths and misconceptions about ART.
Successes

• 826 infants and adolescents aged 18 months to 19 years were tested (ART households)
• 52 tested positive and were referred to the health facility for subsequent HIV treatment, care and support.
• 85% were initiated on ART and are still on treatment
• 15% (3 females & 5 males aged 12-19) declined ART even after encouragement. The volunteers continued to visit and counsel them as a result 1 has commenced ART.

• Ipusukilo clinic and PLAEP were able to work together in the community to produce positive PMTCT health outcomes.
• Mobile HCT done in the community has helped reach the hard to reach age groups. It has further brought down the barriers (e.g. stigma) that hinder infants and adolescents from accessing HIV services at the health facility.
• Subsequent to the C3 project, In 2017 with support from PACF, PLAEP has established an adolescent corner at Ipusukilo clinic as well as commence an ANC follow-up project for 1-4th visit for pregnant adolescents and other women through mentor mums.
Best practices/ key lessons

• Strong linkages between the community and the health facility can be built and have potential to reach HIV + infants that are lost to care.

• Clinic / CBO collaborations are key in delivering result orientated infant and adolescent interventions as CBO often have specific deliverables.

• Clinic/CBO relationships can help to create and maintain linkages that can insure maintaining the continuum of care under PMTCT and beyond.
How these lessons are applicable/ scalable to frontline providers

• This concept can be replicated in other health centres of similar social economic status (high volume, limited infrastructure, few staff).

• C3 working well, health worker duties are shared with the CBO resulting in improved quality of care given by the health workers.

• CBOs have opportunity to provide PMTCT services that the health facility are overwhelmed with.
Thank you!