

# VCT in Focus

A Quarterly Newsletter of PSI's Voluntary Counseling and Testing (VCT) Programs



CT Innovations from 2007

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## How To Transition from VCT to Provider-Initiated Testing & Counseling?

### Lessons Learned from Zimbabwe's Pilot Program

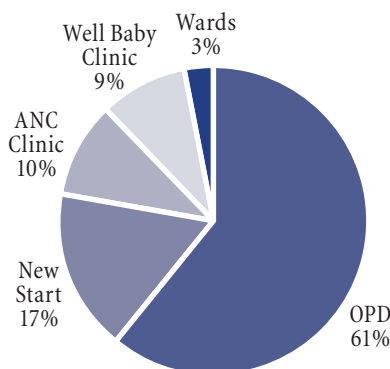
By Dvora Joseph

Photos by Eric Gauss

In this issue of *VCT in Focus* we focus on program innovations in 2007 which include: transitioning to provider-initiated testing and counseling (PITC) in Zimbabwe; integrating male circumcision in Zambia and private sector partnerships in South Africa. Innovations are necessary to increase the reach of PSI's VCT programs and I encourage you to contact your pioneering colleagues to learn more about their successes and challenges!

The May '07 issue highlighted PSI/Zimbabwe's experience moving to PITC. I visited the project in September and developed lessons learned with the PSI/Zimbabwe team that are shared here for

Distribution of PITC Clients by Entry Point in Murambinda Hospital (August, 2007)



programs transitioning to PITC.

#### Background

PSI and the Ministry of Health and Child Welfare (MOHCW) in Zimbabwe

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Following a health check-up, a patient is referred for HIV testing in Murambinda Hospital.

## Ask the Experts



By Yasmin Madan, Country Representative, PSI/Vietnam (with support from Hang Trinh, Director of Programs, PSI/Vietnam)

*PSI/Vietnam promotes VCT services provided by LifeGAP (Ministry of Health and CDC), FHI and other partners among high risk groups in Vietnam under the brand Chan Troi Moi ("New Horizon").*

#### What are the key barriers to accessing VCT services among high risk groups in Vietnam?

Formative research found low awareness about VCT services and fear of stigma and discrimination stemming from perceptions of lack of confidentiality. Confidentiality is a key concern because implications of being identified not just as HIV-positive, but as a sex worker and/or IDU include: shame, loss of income, rejection by family and friends and forced rehabilitation.

#### How do you address these barriers in your communication strategy?

We promote an understanding of VCT as well as awareness of location of sites and availability of services

*Expert, continued on page 2*

# New Start Grows through Partnerships in South Africa

By Miriam Mhazo and Chris Hobbs

In December 2004, the Society for Family Health (SFH) in South Africa opened the doors to our first New Start HIV CT sites in Johannesburg, Durban and Cape Town. Initially clients trickled in and we faced an array of challenges — from limited marketing funding to overcoming reluctance to accept HIV testing. Nevertheless, in three years, we have witnessed remarkable growth. After seeing only 200 clients each month in the beginning, New Start now serves over 5,000 clients each month. We project continued growth, due in large part to our partnerships which have contributed to New Start's goal of expanding awareness of and access to high quality CT throughout South Africa.

## Levi's Partnership

Levi's, the country's leading jeans-wear manufacturer and retailer and the country's coolest brand, offered to co-brand Levi's and New Start mobile CT services during a six-week "Work it out for yourself" campaign in 2006.

Although Levi's offered no direct funding to SFH for this campaign, its marketing and brand promotion assistance was invaluable. In addition to providing marketing expertise to promote New Start in its retail outlets, Levi's also recruited radio and TV marketing partners and helped our mobile sites gain access to large shopping malls. To further brand appeal, Levi's outfitted our sites with attractive co-branded tents and our staff with matching t-shirts. The campaign dramatically increased recognition of the New Start brand and our client flow doubled.

Thanks to the success of the 2006 campaign, Levi's and New Start will be kicking off another campaign this fall. Levi's will again provide new sites with updated, co-branded tents and t-shirts for staff. Also, all New Start clients, over a two-week period, will be eligible to win tickets to the nationally televised Levi's "Rage for the Revolution" concert. We expect this promotion will draw South Africans to get tested.

## NGO Franchising

SFH also seeks to increase CT coverage — a challenge in a country as large as South

Africa. To that end, SFH has expanded New Start by partnering with other NGOs in the provision of CT. Through CDC and PEPFAR support, SFH received funding to set up six franchised sites. Two sites have recently opened, two will open this month and two more will open by April 2008. SFH is careful to select qualified partners in appropriate locations who are prepared to respect quality CT standards. We also engage the provincial health departments for support and endorsement of each partnership and site.

Thus far, we have chosen our partners wisely and our two new franchises' hard work has resulted in increased client flow. One account highlights the quality of services at the franchised sites: mobile CT offered by a new franchise at a Technikon (Technical University) was attended by the Vice Chancellor of the university. Extremely impressed by the quality of the service, the Vice Chancellor has since requested a two-year formal working partnership with the site.

## Future Partnerships: Clicks New Start Express

In another effort to increase CT reach, SFH is currently exploring the possibility of an exciting partnering with

Clicks, South Africa's largest retail pharmacy chain. SFH intends to franchise mini New Start sites in many of Clicks' 100 nurse-staffed, in-store clinics.

The partnership presents tremendous potential: Clicks stores are well-known, experience high-traffic and are ideally located to offer the general population greater access to CT. SFH will train Clicks' nurses and staff, provide test kits and protocols and provide continuous CT technical support. In order to leverage both brands, the sites will be called "Clicks New Start Express."

As we enter the last quarter of 2007, SFH looks forward to continued expansion of its CT services next year, largely due to partnering with dynamic organizations. Look for an update on these initiatives in 2008! ■

*Miriam Mhazo is VCT Network Program Manager at SFH/South Africa and Chris Hobbs is Associate Program Manager for Souther Africa at PSI/Washington.*



Evolution of New Start tents.

*Expert, continued from page 1*

(opening hours, etc.). We position the branded VCT as high quality — friendly, sympathetic and non-judgmental counselors, welcoming atmosphere and confidential. We emphasize that knowing one's HIV status improves quality of life and motivates healthier living. We also focus on the 'counseling' aspect — encouraging people to come in and talk about their HIV concerns and how to protect themselves and their family. Finally, we promote service accessibility and affordability. Client flow and campaign exposure data show that this strategy has been highly successful.

## How do you ensure promoted services are high quality?

Although we receive regular requests from PEPFAR partners to brand their sites, the decision to include a site in the branded network is made by all involved parties (PEPFAR, CDC and MoH) with PSI support.

## What is the most important aspect of marketing VCT to high risk groups?

Appropriate communication strategies at different stages of VCT promotion is the most important aspect. Aside from basic quality assurance, the VCT 'product' is standard. Price is not an issue as the service is free in most countries. Plus, my experience in Zimbabwe showed that increase in client flow was linked to investment in communication campaigns, rather than whether or not the service was free. Placement or availability is often limited by resources. Moreover, we find similar results between stand-alone and integrated sites depending on communication support. ■

## VCT in Focus

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# Debunking MC Myths

By Faraz Naqvi

*The column is based upon commonly held misconceptions about male circumcision identified by the FoQus on Male Circumcision qualitative research study conducted in Lusaka, Zambia in July 2007.*

*Since September 2007, SFH/Zambia has successfully performed 15 male circumcisions (MCs) at its New Start center at YWCA in Lusaka.*

**Myth:** MC provides 100% protection against HIV.

**Fact:** A circumcised man is 50-70% less likely than an uncircumcised man to get HIV through sexual intercourse. MC does not provide 100% protection against HIV and sexually active circumcised men must continue to use condoms to protect themselves against HIV.

**Myth:** Anesthesia is not always used during MC and the procedure can be very painful.

**Fact:** MC performed in some traditional settings may be done without the use of anesthesia. However, as per WHO guidelines, all health facilities providing high quality MC services use local anesthesia so that the client feels little or no pain during the procedure.

**Myth:** Following MC, the penis becomes

too large and the man can no longer have sex.

**Fact:** Once the foreskin is removed, the skin at the head of the penis thickens slightly or keratinizes. This “growth” is minimal. Millions of men in communities around the world are circumcised and continue to enjoy a healthy sex life.

**Myth:** Only “sex maniacs” or those that already have an STI go for MC.

**Fact:** Men who care about their sexual and reproductive health and want to protect themselves against HIV and other STIs go for MC. Circumcision has nothing to do with a man’s sexual desire. ■

*Faraz Naqvi is the AIDSMark HIV Program Consultant at PSI/Washington.*

*Zimbabwe, continued from page 1*

partnered to implement PITC beyond the ANC setting in Murambinda Mission Hospital. Unlike VCT, PITC offers testing through the “opt out” approach to all patients accessing health care facilities. Group pre-test education sessions are offered in the out-patient department, Well Baby Clinics, ANC clinics and in-patient departments. Rapid testing is offered on-site and individual post-test counseling sessions are held with all patients who accept HIV testing.

## Results to Date

HIV rapid testing is conducted at three different stations: the general laboratory, OPD and at the co-located New Start center. Nurses in OPD conduct clinical staging of all HIV-positive clients and refer clients according to HIV status (stages 3 & 4 are referred to the ART clinic, while stages 1 & 2 are initiated on opportunistic infection prophylaxis and asked to return for follow up CD-4 cell count testing). After the implementation of the PITC pilot, the number of patients accessing counseling and testing services increased by over 100% over the previous year.



*A grandmother and grandchild in a lab after learning their sero status.*

In August, following group education, 63% of OPD patients, 41% of parents/children in the Well Baby Clinic and 100% of pregnant women receiving ANC were counseled and tested. 65-72% of all PITC clients were women.

## Lessons Learned

**1. Political commitment and institutional stakeholder involvement are essential to PITC roll out in health facilities.** PSI advocated for a paradigm shift within the government to move towards wider roll out of PITC. A PITC task force was created and PSI led a study tour by the MOHCW and task force members to Botswana to learn from their experiences rolling out PITC. Following this, the task force drafted the Zimbabwe National PITC Implementation Plan, which articulated a phased PITC implementation plan beginning with 10 learning sites. The partnership between PSI, the MOHCW, the task force and the health facilities was essential in sharing technical experience, training and gaining institutional support for the pilot project.

**2. Availability of post-test support services, especially ART, contributed to high acceptability of PITC among out-patient clients, especially symptomatic patients.** Qualitative research showed high acceptability of PITC due

*Zimbabwe, continued on page 4*

to availability of post-test support services (fewer than 40% of OPD patients opted out of testing). Opportunistic infection treatment and ART has been available at Murambinda Hospital since 2005, which resulted in high community awareness about ART. Despite high acceptance and uptake of testing, psychosocial support services are necessary for ongoing support of those who test HIV-positive, especially considering the shortened post-test counseling sessions.

**3. Research is needed to better understand the reasons why asymptomatic men, in particular, do not accept PITC.** Although HIV prevalence is higher among male clients, the majority of PITC clients are female. Even when women coming through ANC clinics are removed from the analysis, over 60% of clients are women.

**4. Human resource capacity is the most important bottleneck to the roll out of PITC.** Given the human resource challenges, use of Primary Care Counselors can help alleviate some of the burden off of nurses and medical staff. In Murambinda, five New Start counselors support the facility by conducting the post-test counseling for HIV-negative patients and training/supervision of the nurses who provide post-test counseling to HIV-positive clients.

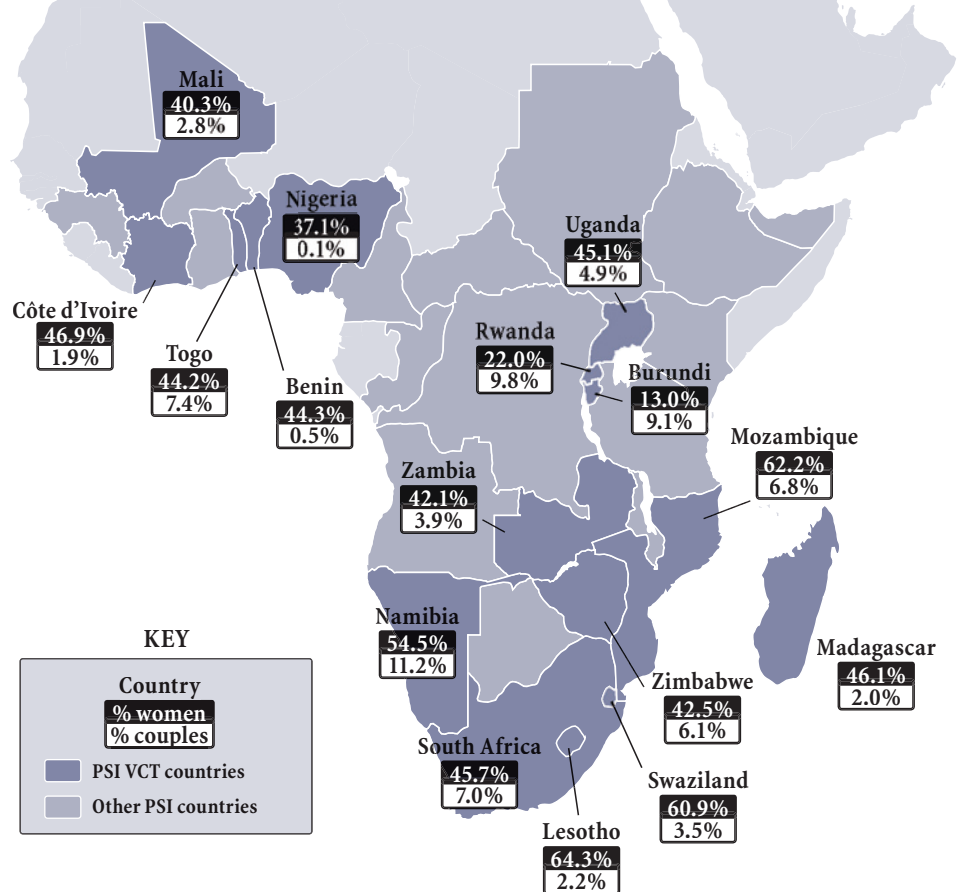
**5. Group education instead of individual pre-test counseling sessions saves time and increases efficiency.** Nurses were trained to provide group education sessions to potential OPD and in-patient clients throughout the day. Group education sessions have been adapted for outreach VCT as well, in order to shorten pre-test counseling sessions and streamline counseling when demand is high. ■

*Dvora Joseph is AIDSMark Director and Deputy Director, HIV Department, at PSI/Washington.*

1 Target Research, "Feasibility Assessment of Routine Offer of HIV Testing at Murambinda Pilot Site." June 2007.

## Women and Couples Tested at PSI VCT Sites in Africa, 2007

West and Central Africa's VCT sites test more men than women as they target high-risk groups such as truckers (in Benin), the military (in Cote d'Ivoire, Rwanda and Burundi), and high risk youth (in Nigeria). Rwanda and Burundi have the highest proportion of clients seen as a couple (at 9.8% and 9.1%), indicating that couples testing is more accepted than in other countries.



In East and Southern Africa, women tend to get tested more than men, especially in integrated health facilities like those in Swaziland, Lesotho and Mozambique where over 60% of clients in 2007 were women. Zambia, Zimbabwe and South Africa target men in stand alone facilities and have resulted in more equal male/female ratios (42%, 43% and 46% are women).

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