

Providing Treatment, Restoring Hope



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A DECADE OF EXPERIENCE: LESSONS LEARNED AND STEPS CRITICAL TO PROGRAM SUCCESS

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**At PEPFAR Implementers Meeting
Kampala 6 June, 2008**





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- Introduction to Chreso and funding history
- Integrating VCT services into a mobile PHC clinic
- Integrating treatment services into a VCT centre
- Integrating child VCT into adult dominated programs
- Lessons learned, plus key lesson
- Crosscutting challenges with integration.
- Unclear issues, possible research areas



- Chreso comes from a Greek word that means 'needy'
- Chreso Ministries was Established in 1996
- To provide community health services and training
- We have 3 centres providing VCT and Anti-Retroviral Therapy



- German Government: Construction
- GENEVA GLOBAL: Mobile VCT/PHC
- United States Government: PEPFAR: AIDSRELIEF program.
- GlaxoSmithKline (GSK): Initial Clinic refitting and partitioning.
- Canadian International Development Agency: Mobile VCT/PHC
- Churches Health Association of Zambia: Capacity Building (GLOBAL FUND)



- As a church, we have been running a Mobile Clinic for 20 years now with all support: Drugs and personnel coming from Government
- In 2000, we learned that in the absence of the infrastructure, we needed to integrate all our planned services into a cheaper MOBILE CLINIC
- However, mobile VCT was not very popular: Challenges with negative beliefs, e.g. 'people who ask for your blood are Satanists; needles are spreading HIV'.



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BEGINNING OF SERVICE INTEGRATION





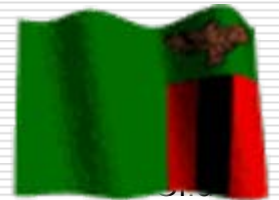
- At this time, it was almost impossible for an FBO to get external funding
- Egg or Chicken: What should come first – partnerships (external funding) or transparency/accountability?
- For us, we started being accountable to the little we had.
- And we defined sustainability as ability to raise local resources – HUMAN & FINANCIAL. So we engaged in income generation.
- The Government of Zambia started supplying us with HIV tests



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PEPFAR: THE BIGGEST INTEGRATION PROGRAM

- Could a simple, small HIV testing centre with 3 staff be easily turned into a modern HIV treatment centre?
- It was almost impossible but the developments that followed a meeting between the Chairman of Chreso and the president of Children AIDS Fund (CAF) were unbelievable

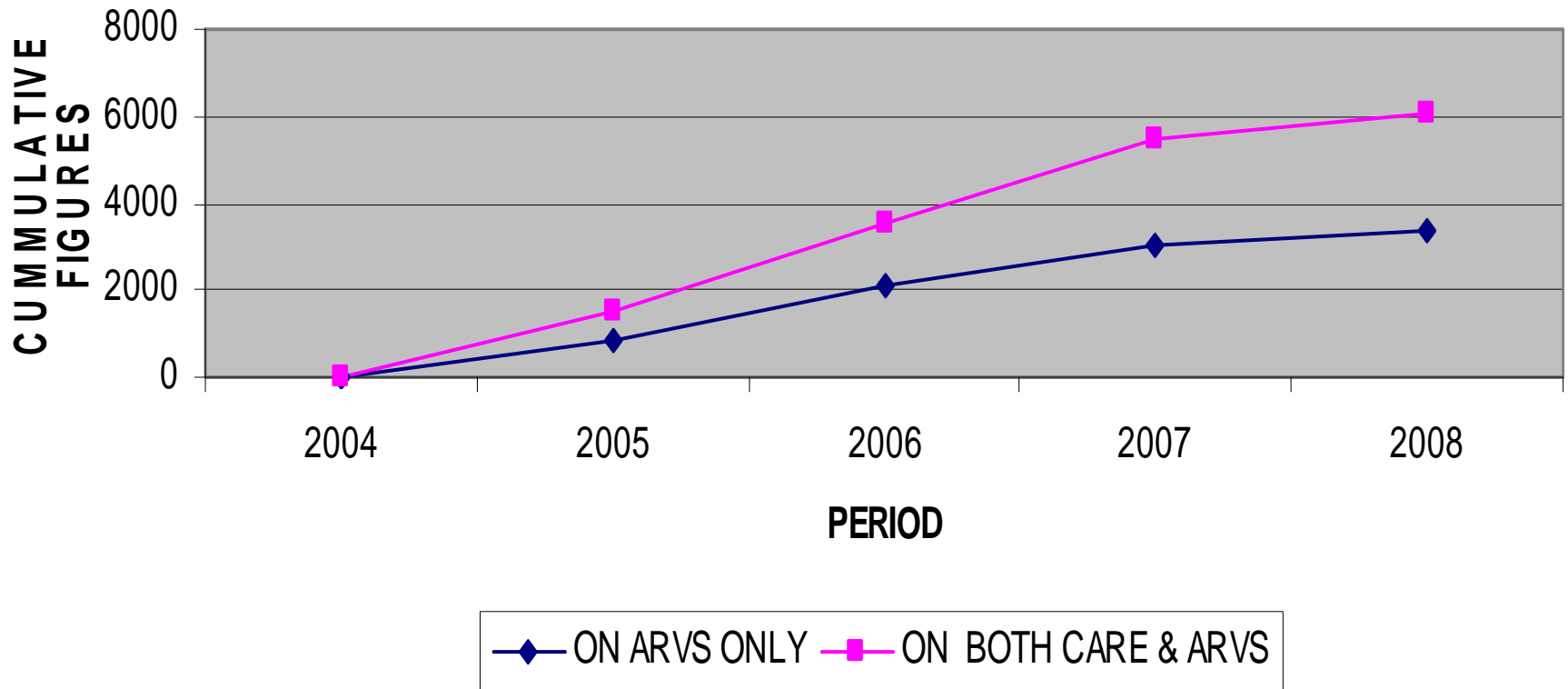


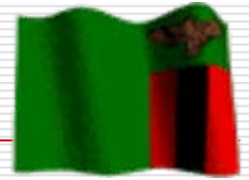


- Capacity building in both capital and human development by
- AIDSRelief through
 - Catholic Relief Services (CRS)
 - Institute of Human Virology (IHV)
 - Children AIDS Fund (CAF) and other consortium members.
 - CAF through GSK, refitted the VCT centre into a treatment room.



PATIENT NUMBERS OVER TIME





- Every year we have an opportunity to share best practices during partners' forums
- Local service providers have learned from our experience too, as much as we have learned from them
- These have gained us significant attention and we have had a lot of support both politically and philanthropically.



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MRS. LAURA BUSH AT CHRESO, JUNE 2007



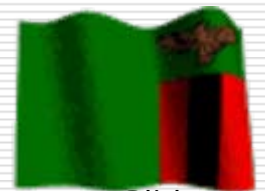
WITH MRS. MWANAWASA AND AMBASSADOR DYBUL

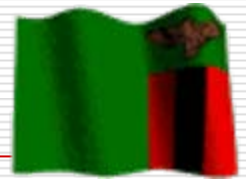


- Innovation: We started child VCT campaign after noticing that Parents/guardians are not bringing their children for testing and health promotion activities only targeting adults
 - We were mindful of the challenge that children cannot bring themselves for testing.
 - A parent that has never done a test cannot take his/her child for testing



- So the targets of our campaigns were adults – parents, guardians, orphanages
- More especially our adult patients who have children





WITNESSING THE LAUNCH

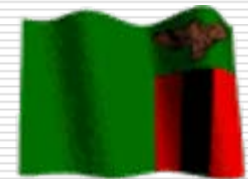


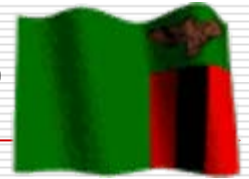
WAITING TO UNDERGO
AN HIV TEST



- Increased child HIV testing and ART debate in the country
- Increased participation on TV/Radio programs on Child VCT and ART topics
- Increased door-to-door community sensitization on Children and HIV/AIDS

	April 06	April 08
VCT	120	700
ART	30	114
CARE	95	326

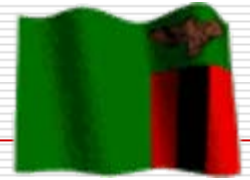




- Humble and empty yourself: don't be the 'I know it all'. We acknowledged our inadequacies and identified areas of need. We got the help (CRS Zambia/IHV/CAF were very helpful)
- Be transparent and accountable with the little you have even if its your own.
- Program visibility begins with willingness to share best practices for a broader reach.
- Despite the comfort and support, its always important to be creative: innovate, do not depend on yesterday



- The key to program survival and success lies in a commitment to difficult-to-measure things like people, quality, client service and most importantly, developing the flexibility to meet changing conditions.
- And the first step in service integration begins with learning to be flexible in accepting change: Resistance to change has a downside effect to it
- The beginning point in learning from your success is recognising it first and then reward it otherwise you are most likely rewarding failure.



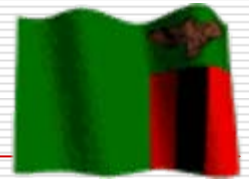
- *Convenience:* Integration is convenient because it leads to more comprehensive service provision: VCT into a mobile clinic.
- *Cost savings:* Less duplication of delivery service functions: Treatment into VCT, with the same nurses
- Locating the ART clinic away from other services just adds to cost, denies people of easy access and encourages stigma and discrimination.



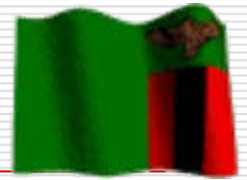
AIDS RELIEF™ CROSSCUTTING CHALLENGES WITH INTEGRATION.

- *Initial costs can be high.* It was very expensive to get the VCT centre into a modern ART Centre. Also the integration of Child VCT services into the clinic were initially very expensive: campaigns, sensitizations and policy advocacy
- *Overburden:* With little funding and no infrastructure expansion, staff end up being overburdened and service quality may be compromised.
- *Long waiting time:* May lead to overcrowding and may adversely affect treatment adherence
- *Partnerships:* To convince AIDSRelief that we were ready to integrate Rx with VCT was difficult, especially as the partnership involved ARV therapy, in which we had no experience.





Learn to demonstrate your results,
this is the starting point for support coming
from political leaders and philanthropists.



- When is the best time to integrate? And how do you tell integration is necessary?
- Even when successful models of integration are identified, how do they fit in different government and donor policies? How do they respond to policy changes?
- Does integration improve quality of services? Or it just increases the burden on health providers?
- Is it true that service integration is the answer to stigma and discrimination? How about people coming for VCT but feel uncomfortable to be on the same line with those coming for ART?



- AIDSRelief Program
- CRS
- CAF
- IHV
- Local partners like CHAZ
- The Government of Zambia
- And all partners that have made Chreso to be where it is now.
- And everyone in here, thank you for listening. I hope you have learned one or two lessons