Impact of Voluntary Counseling and Testing (VCT) Franchising in Zambia, Namibia and Zimbabwe

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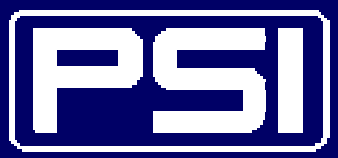
APHA Conference - Washington, DC
November 5, 2007



Presentation Outline

- Background: PSI's social franchising approach to VCT
- Methods
- Results: VCT franchise model in Zambia, Zimbabwe and Namibia
- Conclusion and recommendations

Background: *New Start*

- Launched the first VCT social franchise in Zimbabwe in 1999, branded, *New Start*
- Manage own VCT sites and develop operational and institutional capacity of public and private sector managed VCT centers through social franchising throughout Sub-Saharan Africa
- Franchising has been successful in:
  - improving quality
  - creating demand for VCT
  - increasing coverage of CT services

New Start Client Reception

New Start: Social Franchising of VCT

- **Zimbabwe:** Over 1 million tested since 1999
  - 15/20 sites managed by local franchisees
  - 48% of 250,000 clients tested in partner sites in 2007
- **Zambia:** Over 200,000 tested since 2003
  - 6/8 sites are managed by public/private franchisees
  - 64% of 98,000 clients tested in partner sites in 2007
- **Namibia:** Over 130,000 tested since 2003
  - 16/17 sites are managed by NGO/CBO/FBO franchisees
  - 67% of 35,000 clients tested in partner sites in 2007

Client waiting room in Lusaka *New Start*

Methods

- VCT site and client intake data was analyzed to assess the effectiveness of franchising in terms of:
  - client flow
  - client demographics
  - cost per client
- Strategy behind franchising was analyzed with program manager interviews

Lab technician draws blood for HIV test in military facility

New Start Namibia:
Comparison of Stand alone vs. Integrated Public Sector

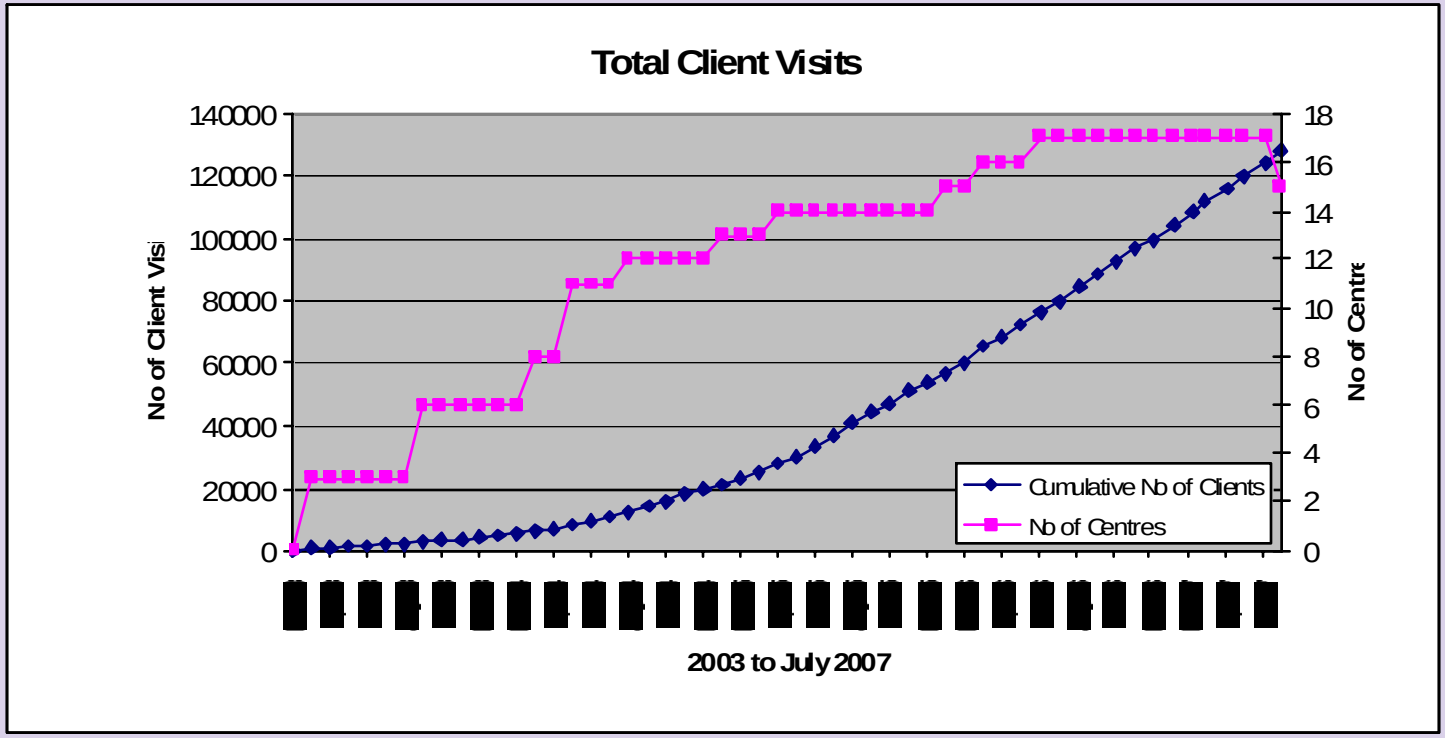
New Start Namibia (06-07)	Public Sites	NGO Stand Alone	Total or Average
Number of sites	3	14	**17**
Women tested	76%	60%	**68%**
HIV prevalence	39%	22%	**31%**
% Self referred clients	36%	94%	**65%**

Stand-alone *New Start* in Windhoek

<u>Quality of stand alone sites:</u>

Qualitative research demonstrated preference of stand alone over government facilities as they have: *"friendlier atmosphere, no queues, private counseling and confidentiality"*

New Start Namibia

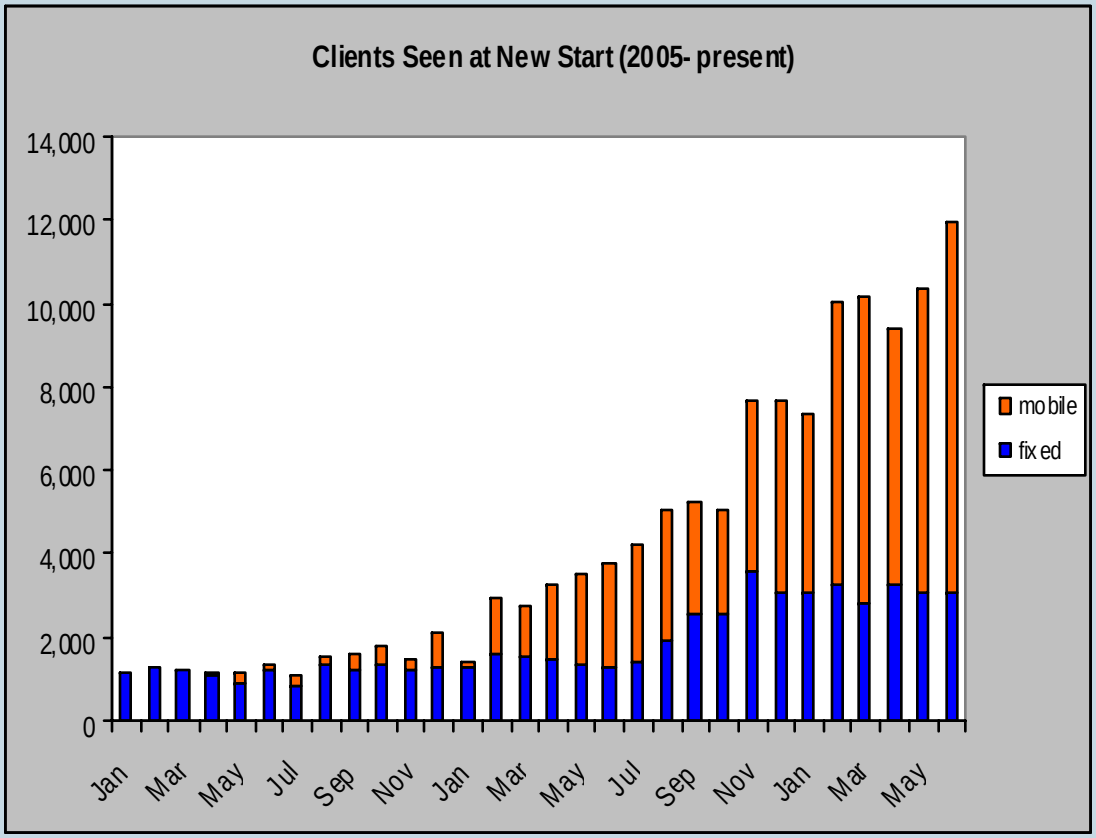


- **32% of Namibians have access to *New Start* within 11 km and 54% have a facility within 31.6 km**
- **In 2006 and 2007, clients traveled an average of 18 km to a *New Start* centre**
- **The availability of more *New Start* centers and awareness creation reduced traveling distances**

PSI9

New Start Zambia

- Strategic decision to get more NGO/Mission and public sector facilities involved in *New Start* VCT
- 2 of 8 sites are directly managed
- Client increase at indirect sites is 16% vs. 81% at direct sites (between 06 and 07)
- HIV prevalence is the same (22%) though lower during mobile CT



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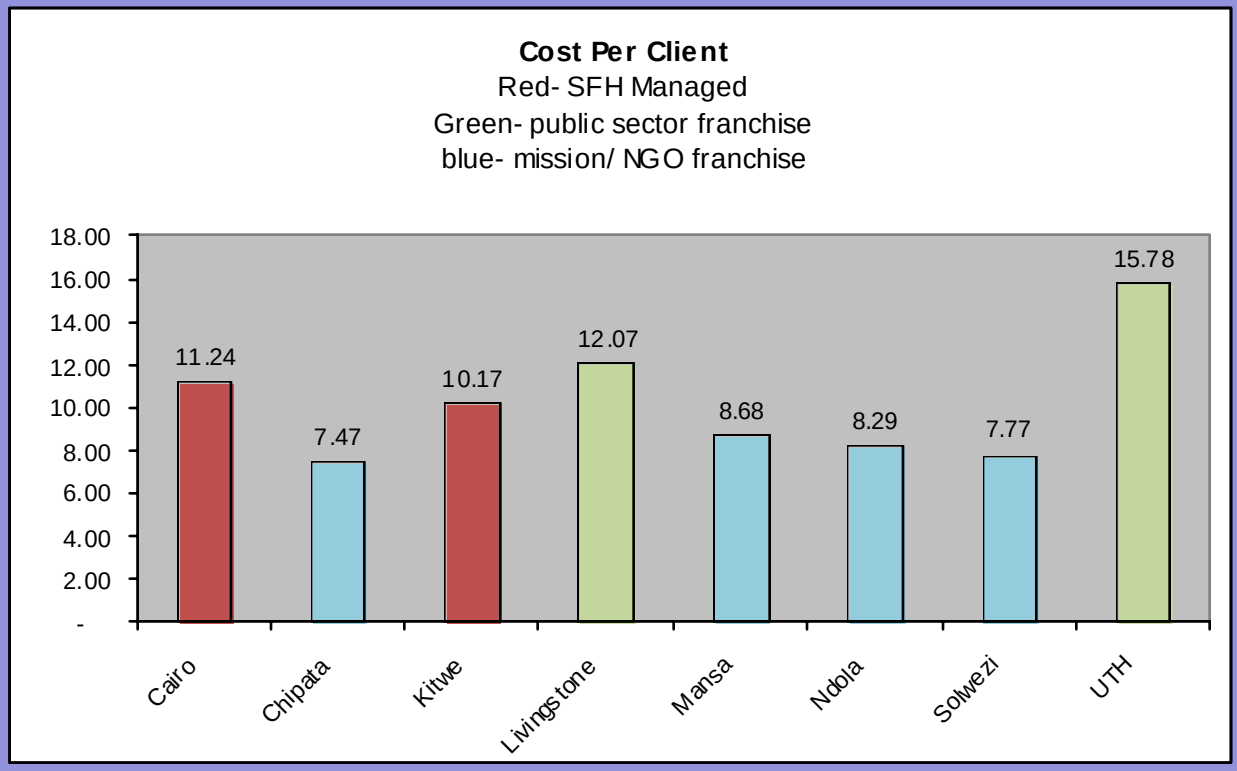
PSI, 10/30/2007

Cost per Service Delivery Network: Zambia

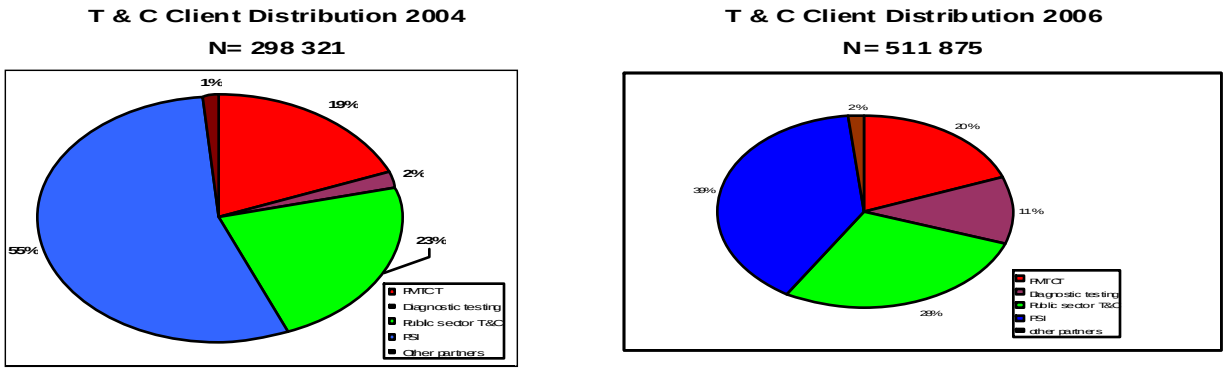


Costs/client tested vary between service delivery approach (2007):
NGO/Mission hospitals are the least expensive & public sector sites most expensive

New Start Zimbabwe

- Proportion of clients served by *New Start* out of those seeking VCT:
  - 55% in 2004
  - 37% in 2005
  - 39% in 2006
  - Decrease in ratio is due to scale up of services in health care facilities from 43 sites in 2003 to 547 in 2006
- 1 million Zimbabweans or 17% of adult population have been tested through *New Start* since inception in 1999.

National distribution of C&T clients
2004 and 2006



Cost/client tested: *New Start* Zimbabwe

Costs per client tested decreased in all models between 2004 and 2006 due to increased efficiency, strategic allocation of resources (staff, outreach vehicles, site selection) and increased client flow

Cost/client tested	2004	2006	% Change
Directly Managed	$24.07	$22.53	-6%
Indirectly Managed	$16.61	$11.35	-32%
Outreach Sites	$24.34	$12.56	-48%
Average	$21.67	$15.48	-29%

Indirect managed sites providing a mix of static and outreach VCT services is the most cost effective service delivery mix in Zimbabwe

New Start Zimbabwe

Background characteristics of *New Start* /Zimbabwe by Site Model – 2006 (%)

Background Characteristics		SITE MODELS		Sig.
		Direct Sites	Indirect Sites	
Static Sites		(N=27643)	(N=15020)	
	Males	47.5	41.6	***
	Females	52.5	58.4	***
	Couples	23.2	16.2	***
	HIV Prevalence#	26.5	33.2	***
Outreach Sites		(N=17816)	(N=17178)	
	Males	39.2	40.5	*
	Females	60.8	59.5	*
	Couples	3.1	3.4	NS
	HIV Prevalence#	24.7	19.0	***

Significant gender, prevalence and differences in couples in the direct/indirect and outreach models in Zimbabwe indicate need for ALL models

Results

- All three countries showed increases in franchise sites client flow:
  - Namibia's franchisees had a 30% increase in client flow compared to a 2% increase in the direct-managed site in 2006
  - Zimbabwe's strategic decisions lead to increased client flow of 29% between 2004 and 2006
    - 98% increase a franchise sites
    - 6% increase at PSI-operated sites
  - Zambia's expansion through NGOs, mission hospitals & public sector increased client flow by 43% between 2006 and 2007 YTD, though greater at direct sites
    - 81% increase at PSI-operated sites
    - 16% at franchise sites

Conclusion

- Variety of VCT service delivery models lead to success in increasing access to & demand for VCT
  - Direct, franchised, stand alone, integrated, and mobile used in *New Start* VCT franchising
- Franchise model is more cost-effective than direct implementation
  - However, direct sites have higher capacity & attract larger numbers of clients than at small, rural franchise sites
  - Direct sites test more couples, younger, unmarried clients than indirect sites
  - Outreach and mobile reach lower risk & lower HIV prevalence

Recommendations

- Advantages of service franchising in VCT include:
  - increased access by target groups (e.g. hard-to-reach, rural populations, men and couples)
  - sustainable VCT service delivery
  - demand creation across a nation-wide, regional network
- Challenges include:
  - standardization of services across diverse providers
  - time constraints in building capacity
  - human resource constraints (especially in integrated facilities)

Recommendations

- The franchise model is good for VCT managers who want to expand service delivery through local partners
  - The use of standardized procedures and supervision guidelines ensure that quality services are provided across diverse partners

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