



# TCE Zambia



Only the People can Liberate themselves from AIDS the Epidemic



**Humana People to People  
Total Control of the Epidemic**

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# Introduction



## HIV & AIDS is a threat to all mankind

People of different social status and professional backgrounds are either infected or affected by the AIDS Epidemic. The disease is defeating the efforts of development in the whole world but mainly in Africa, south of the Sahara.

TCE is a Humana People to People program implemented by Develop Aid from People to People (DAPP) in Zambia. Humana People to People's TCE—Total Control of the Epidemic Program was launched in Zimbabwe in the year 2000 in response to the calls to act and change the face of the Epidemic. With the experiences gained from the implementation of the program in Zimbabwe, TCE has expanded to Angola, Botswana, DRC, China, India, Malawi, Mozambique, Namibia, South Africa and Zambia.

This pamphlet introduces you to some of the experiences; lessons learnt and effects in the fight against HIV & AIDS that the program has on the Zambian community where TCE is implemented.

DAPP in Zambia would like to invite all partners to join hands and support TCE with the necessary resources needed to implement this intensive one-to-one program. DAPP Zambia has the expertise, the will and capacity to implement TCE as a nationwide program in Zambia.

The TCE program was developed from the beginning to systematically cover area by area, country by country to gain TCE—Total Control of the Epidemic. It is ideal for scaling up.

It has been tried and tested over the past 10 years and proved to be very effective in mobilizing people to take action and control of HIV & AIDS.

# Background

The burden of HIV & AIDS continues to pose a major challenge to Zambia's health care system. One in every 7 adults is HIV positive and life expectancy at birth is reduced to 38.4 years. Zambia's first reported AIDS diagnosis in 1984 was followed by a rapid rise in the proportion of people living with HIV.

Prevalence rates in Zambia over the past years are not dropping and have remained more or less stable since the nineties, at as high as 25% in urban areas.

Zambia's first AIDS case was reported in 1984. Only one year later 17.5% of hospital patients in the capital Lusaka were found to be HIV-positive. Within two years of the first report of AIDS in the country the National AIDS Surveillance Committee (NASC) and National AIDS Prevention and Control Program (NAPCP) were established to coordinate HIV & AIDS-related activities.

By the early nineties it was estimated that as many as 1 in 5 adults had been infected with HIV, leading the World Health Organization to call for the establishment of a National AIDS Advisory Council in Zambia.

Unlike in some countries, HIV in Zambia is not primarily a disease of the most underprivileged; infection rates are very high among wealthier people and the better educated. HIV is most prevalent in the two urban centres of Lusaka and the Copperbelt, rather than in poorer rural populations. However, it is the poorest that are least able to protect themselves from HIV or to cope with the impact of AIDS.

Although the HIV epidemic has spread throughout Zambia and to all parts of its society, some groups are especially vulnerable - most notably young women and girls. At the end of 2006, UNAIDS/WHO estimated that 17% of people aged 15-49 years old were living with HIV or AIDS. Of these one million adults, 57% were women. Young women in Zambia typically become sexually active earlier than men, at 17 years of age with a partner, on average, five years senior. Women generally have less access to education and money and may encounter problems insisting on condom use.

The impact of AIDS has gone far beyond the household and community level. All areas of the public sector and the economy have been weakened, and national development has been stifled.

As Zambia's Poverty Reduction Strategy Paper acknowledges, "the epidemic is as much likely to affect economic growth as it is affected by it". According to the Zambia Business Coalition, 82% of known causes of employee deaths are HIV-related and 17% of staff recruited is to replace people who have died or left because of HIV-related infections.

(Source: Avert.org)

# The Zambia Government's response to HIV & AIDS



The government of Zambia has embarked on different strategies to fight HIV & AIDS. In 1999, there were only 21 VCT sites country wide in the public health sector that provided counselling and testing services. In 2006, there were over 450 sites providing counselling and testing services country wide.

Zambia has approved national guidelines for HIV counselling and testing in order to scale up universal access to HIV counselling and testing and the public and the private sector are now scaling up the counselling and testing activities. This is achieved through the use of various counselling and testing models which include involving health workers and non-health workers doing counselling and testing in various settings both rural and urban.

In recent years, the evidence in support of feasible interventions to reduce mother to child transmission of HIV has been growing. Zambia's Prevention of Mother to Child Transmission (PMTCT) initiative was launched in 1999, beginning with a three-year pilot program in the Copperbelt Province. By 2004 it had expanded so that 74 health facilities in four provinces offered antiretroviral drugs (primarily Nevirapine) to expectant mothers and newborn infants. The government of Zambia ensures that the provision of basic PMTCT services has taken the required appropriate steps at all levels of the health delivery system - national, district and community level. Furthermore, the government is securing supplies of ARVs for PMTCT for distribution all over the country.

State provision of antiretroviral therapy began in Zambia in late 2002, although initially very few people could afford the monthly payments towards the drugs. Provision of free treatment started in June 2004, made possible by an unprecedented amount of funding from the Global Fund. At the end of 2007, 46% of the 330,000 people in Zambia needing ARV treatment were receiving it, which is above the African average. Ultimately, Zambia aspires to provide universal access, so that ARV therapy is equally available to everyone who is clinically eligible. There are many ways to help people living with HIV besides treatment. Zambia has some organizations that run loan schemes that enable groups of HIV-positive people to set up small businesses, so they can provide for themselves and their families. Other projects distribute food or establish cooperative vegetable plots - good nutrition is essential for everyone living with HIV. By forming collectives, people living with HIV can share their problems, pool their strength, and campaign for change. The largest of such groups is the Network of Zambian People Living with AIDS (NZP+).

# DAPP Zambia's response to HIV & AIDS



Development Aid from People to People in Zambia started to implement HIV & AIDS programs in Ndola, the Copperbelt Province in 1996. HOPE Humana in Zambia was the first response by DAPP to the call for the fight against HIV & AIDS in Zambia.

HOPE Humana offers care, support services, information and training on HIV & AIDS. The project provides voluntary counselling and testing services (VCT) as well as general health services at the centre in Ndola. The HOPE Humana program has since spread to nearly all areas of Zambia and many countries in the region based on the experiences from Zambia.

In 2007, with funding from Centres for Disease Control and Prevention (CDC) the first Total Control of the Epidemic TCE Program was launched in Mazabuka in Zambia.

TCE in Mazabuka covers a population of 100.000 people with intensive one-on-one counselling sessions and home based testing. 50 Field Officers are employed as foot soldiers that move from house to house, person to person for a period of 3 years. 5 Field Officers were trained in 2007 to do finger prick testing to follow up with testing services where the other Field Officers mobilize people.

In 2008, all the Field Officers were trained to become lay counsellors who can provide finger prick testing. This follows the approval by the government of Zambia to allow lay people to do finger prick testing as part of their drive to provide universal counselling and testing to all in Zambia.

TCE Mazabuka is a shining example of how counselling and testing services can be brought to the general population where many more people can access the services in their own homes.

# The TCE Concept

TCE—Total Control of the Epidemic is a Humana People to People program designed to reach each and every individual in a geographical area of 100.000 people. The program is based on the understanding that “Only the people can liberate themselves from AIDS—the Epidemic.”

The idea of TCE stems from the experience that people, when equipped with knowledge and well mobilized, are capable of acquiring a crucial impact on the proliferation and the process of transmission of any disease. 50 local people are employed to work as Field Officers for a period of 3 years—to walk from house-to-house, person-to-person mobilizing each and every individual to make a risk reduction plan thereby promoting HIV prevention throughout the entire TCE Area.

The TCE program leads its struggle against HIV & AIDS by systematically instilling knowledge and readiness in each and every individual to take control. Through the course of 3 years, the people get to know more about what HIV & AIDS is, how to prevent it, what it means to face the consequences and how to defend oneself in a number of practical ways. People get to know how to act individually as well as how to join hands in an all out war against the epidemic.

The program was first launched in Zimbabwe, in the District of Bindura in year 2000, covering a total population of 100.000 people. Since then, TCE has covered more than 10 million people in Angola, Botswana, DRC, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe, India and China.

To date, 57 TCE areas completed the 3 years and 50 TCE Areas are in operation.



# The TCE Field Officer



The TCE Field Officer position is advertised in newspapers; posters are put up and people are informed using all communication systems available. Applications are received and the selection process starts. The selected applicants are called for an information meeting where they hear about Humana People to People and the TCE program. An interview is carried out thereafter and successful applicants proceed to the initial training before starting in their fields.

All the Field Officers receive an initial 4 - week education followed by continuous training during the entire 3 year program to allow them to execute their duties accordingly. They are trained as counsellors, educators and mobilizers. They receive internal counselling diplomas and now the drive is also to have them trained in home based testing within countries where this is approved by the Government like e.g. in Zambia and Mozambique.

The Field Officers, easily recognized in their uniforms consisting of green or white t-shirts, yellow barrettes and green badges are hard working and Passionate, ready to change the face of the epidemic. Equipped with household registers, maps, and all relevant manuals the Field Officers are then deployed to their respective TCE fields. They become persistent and are able to engage people into dialogue using their counselling skills. The Field Officers work towards fulfilling their goals as demanded by the TCE program.

After the three years, the Field Officers are quite skilled and many of them are absorbed in the government health system or as counsellors in other organizations or as leadership in new TCE areas. The Field Officers' own sexual behaviour also changes during the course of the 3 years and most of them comply with the safe sexual practices that do not put them at risk of HIV infection.

# How TCE changed the lives of the Field Officers

Field Officers are local people who are recruited and trained for a period of one month in basic facts on HIV & AIDS, basic counseling and other topics related to HIV & AIDS. They are also trained on how to avoid HIV infection and re-infection. After training they go systematically from house to house, person to person again and again, until all the people have been reached and mobilized.

Each Field Officer covers a population of 2.000 people over 3 years.

The Field Officers assist individuals to reduce their own risk of getting infected with the HIV virus. A TCE Field Officer has many tools that are used to promote individual behavior change. The system involves a set of demands that an individual has to fulfill to arrive at a state we in TCE refer to as TCE compliance.

TCE Field Officers have to lead by good example in the community. It is the task of the TCE leadership to mobilise the Field Officers to be good examples in the community. The leadership gives political speeches to Field Officers every week in different topics to move their spirits and their heart towards Total Control of the Epidemic.

For example they are mobilized by the leadership about the importance of getting tested and they are encouraged to take an HIV test during the initial training period. Most of the Field Officers who get tested change their lifestyle completely and get personally in control of HIV & AIDS. The TCE leadership continues to take serious discussions through one on one dialogue with the field officers using PES (Perpendicular Estimate System) about being in control of HIV & AIDS. Once the Field Officer is liberated she will make sure that her family is in control. This is the starting point and she will then continue mobilizing all 2.000 people in her field until the whole community is liberated.

It has been very clear that the Field Officers in Mazabuka have changed their behaviour through the support of their leadership.

Only the people themselves will be able to set each other free from the epidemic. It is a collective affair. Everyone is involved, inspired by a possible positive outcome from the efforts inspired by the TCE leadership and on-going activities that are taking place in the TCE operation area.



# Case story by Field Officer Darlington



“When TCE came to Mazabuka in 2006 I was very happy to be one of the first Field Officers who were employed. Until then I was unemployed and my parents were taking care of me.

After the TCE training I found myself a changed person in terms of capacity building and my social well being. I developed in many different aspects concerning knowledge on HIV & AIDS, for example I went through the TCE Education, training in TB and ART and finger prick testing, which I have never dreamt of in my life. I never thought I would be part of changing people’s lives concerning personal sexual matters.

I will tell you of one good example of how TCE has changed my life and how the leadership has come in to help me personally.

I was first identified when I came drunk to the Troop Meeting, very drunk and disorganized then the whole Troop including the TCE leadership got concerned in helping and trying to find out what was the major problem with me. Continuous discussions about me personally exposed my character to the Troop which I’m now confessing to have been helped a lot. The TCE leadership with few Field Officers put their heads together in helping me. They made me to understand what influence beer have in relation to the HIV virus and in general to my health.

I realized that I could not continue this behaviour because of the good counseling I got. I stopped taking alcohol, not because I was afraid of losing my job, but because I could see the risk I would put myself into if I had continued.

With the efforts mentioned above TCE HAS REALLY CHANGED MY LIFE. Now I have completed the three years with TCE and I am really a changed person. I will keep on helping my community in fighting HIV & AIDS. Now after the 3 years I am continuing as TCE Special Forces supporting new Field Officers on how they should continue spreading information on HIV & AIDS and how they can be good examples to the community where they are working since the community will most often follow what the Field Officers will say and do as we builds up trust with the people.

# Case story by Field Officer Corrine

Luckily I, Corrine Muleya, was part of the people selected as a Field Officer and I underwent an initial training for three weeks. I was deployed to my field to work with the two thousand people as a Field Officer and Patrol leader and despite the geographical set up which was difficult and very tedious, managed to work with the unlimited support from my leadership.

This was the beginning of a very long journey in 3 years on-the-job-training. Apart from the specific TCE designed tasks we studied the Field Officer as a Counselor, The Field Officer as an Educator, the Field Officer Manual, The Patrol Leader Manual. The leadership of TCE also worked hand in hand with the Ministry of Health and other stakeholders to see that I and my fellow Field Officers received the much needed education in Psychosocial Counseling, Supervision Counseling, Finger prick testing, Adherence Counseling and training in TB which made my performance scale up to a very competent level. It is through this training that I was accorded another chance in TCE at another level of Special Forces in Namibia where I am now working.

The credit for the TCE program began with its concepts and the many tasks and training aligned to it, apart from these the leadership, throughout the program stressed on behavior change. This calling did not go without me complying to it. I adhered to it and became totally TCE Compliant. I complied to the TCE demands as a good Field Officer. This big transformation in my life really helped me to facilitate change in my community.

To say the truth, I have been helped to see a new dawn. When I joined TCE I was concerned about my HIV Positive status with a CD4 Count of only 368, but now I boast about my 897 CD4 Count and I owe my many thanks to the TCE Leadership of Mazabuka including my fellow Field Officers for their exceptional moral and psychological support.

I have never seen a non-discriminatory environment like the one I saw at TCE and I hope others will learn from my situation of which I am not proud but accept it unconditionally, after all I am still the same Corrine of yesterday, today and tomorrow as I believe at 40 my life just began.

I understand my declaration is not easy; but with my type of leadership and workmates it's the easiest thing I have ever done, though it comes with strings attached like acceptance of the new status, disclosing for support, just as the need for total behavior change knocks at your door and you just have to open up.

Among my many achievements in TCE I emphasis on my improved livelihood and health status, my family life is intact with children who enjoy their basic rights.

I set my goals and am out to achieve them:

- To live long and morally upright
- Not to infect others or re-infect myself and my loved one with another strain of HIV

All in all TCE with its many programs for behavior change and prevention has played a major role in making my life a responsible one.

# Effects of TCE

## The one-on-one Approach

While media such as radio or newspapers may reach large numbers of people, the one-on-one approach is highly valued and effective. It is culturally appropriate and allows people to raise many questions and concerns they might have on issues surrounding HIV & AIDS.

Going from house to house allows the Field Officers to get in contact with people who would otherwise not have interest in talking or discussing sexual issues.

With the house-to-house program, TCE reaches to the far out corners of the areas they cover. It is the aim of TCE, through the one-on-one approach, that each individual is mobilized in detail and realistically become aware of their individual and collective vulnerability to HIV & AIDS. The individual has to take action within their capability, applying their own strengths and investing in whatever resources they have including time, labour, etc. Each individual has to participate in decision making on what actions to take, be able to evaluate themselves and take responsibility for both their failures and successes.



# Effects of TCE

## HIV Home Based testing in Mazabuka

Total Control of the Epidemic in Mazabuka Zambia has been in operation for the past three years and at its inception it attracted more than three hundred applicants of which fifty five were finally picked after a series of interviews and much scrutiny.

The main objective of TCE is to mobilize each individual to act according to their HIV status through HIV testing. When people get tested they make informed decisions about their future, they plan their sexual lifestyles and those who test HIV positive can access early treatment. HIV testing is an entry point to prevention and care and it facilitates behaviour change. To some extent, HIV testing normalizes the myths surrounding AIDS and reduces stigma as people start to become open about their status.

The TCE Field Officers in Mazabuka were trained in finger prick testing following the guidelines from the Ministry of Health. TCE Mazabuka is organized in such a way that there are 55 Field Officers trained in counselling and testing using finger prick testing or rapid testing as it is also called. The Field Officers walk from house to house implementing the TCE program, mobilizing people to get tested for HIV. From May 2007 until March 2009 a total number 62.489 people were tested by the Field Officers. This is quite an achievement and it shows that people are prepared to take an HIV test if well mobilized and with access to testing services. TCE is bringing the testing services to the people in the villages.

The people of Mazabuka where TCE is operating are very happy with the program and this is evident from the very high number of people tested. More and more people are willing to get tested for HIV. There is a general cultural challenge of polygamy in Mazabuka which puts extra demands to the Field Officer to mobilize for testing and TCE compliance. If a person has more than one wife and he gets tested, the Field Officer has to make an effort to ensure that all the wives are also tested. Otherwise the whole purpose is defeated. The Field Officers are aware of this and have taken it with full force as part of their daily work to get everyone tested.

Centres for Disease Control and Prevention (CDC) in Zambia is our main partner in the implementation of TCE in Mazabuka. The next step that CDC and DAPP Zambia are focusing on in Mazabuka is to provide a whole package of HIV testing, followed by mobile PMTCT and ARV. This has already started in November 2009.

# Effects of TCE

## Positive Living and Openness

When it comes to HIV and disclosure of status, many people are scared to let anyone know about their test result. It takes quite an effort and good mobilization to reach a state where a person says openly, “I am HIV positive”. People would rather go about with their burden of knowing their HIV status silently. In Mazabuka, TCE has managed to break the silence.

The Field Officers have established Positive Living Clubs even in the remote areas around the Kafue Gorge. People who are HIV positive come together and share their experiences, learn more about nutrition and provide each other with psychosocial support.

TCE has also taken a further step in openness by forming TRIOs. A TRIO has 2 members who can be family or friends and the person on ARVs. The objective of the TRIO is to ensure adherence to treatment and to provide support to the person who is HIV positive.

The people have also started income generating activities to support orphans.

## Access to Condoms

The perception on condoms, especially in the rural set up, is more on the negative side with many people believing that condoms are only used in prostitution. Many people associate condoms with prostitution or family planning but in the AIDS era, condoms are used for protecting people’s lives. Condoms, if correctly and consistently used, can prevent transmission of HIV.

TCE Field Officers in Mazabuka mobilize people to use condoms as a way of preventing the spread of HIV and other sexually transmitted diseases. They make condoms available to all those who want to use them. They do condom demonstrations and ensure that those people they give know how to use and dispose of the condoms. Each Field Officer establishes condom outlets so that people can have easy access to condoms.

The challenge is on married couples who believe that they are not at risk. Even if they do not know their status, they do not want to use condoms as this will be a sign of mistrust. But Field Officers are addressing this issue as well.



# Effects of TCE

## **Involvement of the People**

TCE believes in the strength of the people. The principle is that “It is only the people who can liberate themselves from AIDS—the epidemic”.

The people form the base of all the action that TCE strives to reach. The idea is to mobilize people to reduce new infections and to deal with the consequences of AIDS. TCE has close contact with a diversified population within the 100.000 people.

The TCE Field Officers mobilize Passionates (volunteers) who support them in their daily work. Passionates are people who devote their time to do something for their community. Passionates can be local leaders, professionals or lay people in the community. The Passionates are involved with TCE activities from the start of the program. Opinion Forming Meetings are held with people in the TCE Fields. This is where the people say out what they think about the program, what they want to be strengthened and how they want to be involved themselves.

In Mazabuka, more than 7.000 Passionates have been recruited and trained in various TCE activities.

## **TB & ART treatment supporters**

DAPP TCE Zambia received funding from Zambia National AIDS Network (ZNAN) which was part of funds from the Global Fund. The money is meant for training TB treatment Supporters and ART Adherence counselors in TCE Mazabuka during the period of 2008 and 2009. The training of TCE Passionates in ART and TB started in the year 2008. The initiative was brought by the growing need of the people tested positive to access treatment and care by the people living within the communities.

The training was done by the District Health Management Team using the Ministry of Health curriculum in training TB Treatment Supporters in DOTS/MDR (Multi Drug Resistant) and ART Adherence.

The TB and ART Adherence Treatment supporters were selected within the clinics by the Clinic Health staff. A total of 292 TB Treatment Supporters and 170 ART Adherence Counselors and 10 TCE Field Officers who have been working closely with the community Passionates in different fields of health work, were trained in TB and ART. After the training the Passionates were then presented with certificates by the District Health Management Team who also recommended them to their respective health centers. The health centers then incorporated them in the clinic programs under ART/TB.

The TB Treatment Supporters and the ART Adherence Counselors were reporting to the health centers which they are attached to and they are monitored by the Clinic Health staff and DAPP TCE regularly.

# Effects of TCE



## The role of the TB Treatment Supporters

The TB Treatment Supporters carry out door to door information on TB, trace the defaulters, give health talks at the health centers, support TB patients who are on TB treatment to adhere to the drugs, mobilize community rallies, support TB patients who are bed ridden, educate family members to take care of the TB patients, promote nutrition programs in the community, distribute condoms and are in charge of condom outlets, do the mobilization for VCT, start up income generating activities, form Trios, support vulnerable and orphaned children, assist the health centers in distributing food for TB patients and people on ARV and refer people suspected of having TB to the health centers.

The community impact of the Training of Treatment supporters has been so overwhelming and many lives have been saved. The treatment supporters who have been trained have formed 359 TRIO systems (is a system where 2 people support the person on treatment) in the community and this has helped the people on medication. Because of the presence of ART/TB Supporters the TB defaulter cases are dropping as very few cases are reported now sometimes only one or zero. This was proved by the TB/HIV focal point person in Mazabuka District Mr. Dube, during the Provincial TB meeting which was held in February 2010 in Choma.

In promoting and ensuring the sustainability of the TB/ART activities, 8 TB co-ordinating bodies were formed. And to ensure that the supporters are motivated in their work they are given T-shirts and reference manuals to use in the fields. As part of quality control the health center staff is encouraged to supervise the supporters in their work. The District Health focal point person also makes regular visits to the sites to have a feel of how the work is being done. The District Health Team under TB/ART has depended on the statistics being reported by the TB Treatment Supporters. The working relation with the District Health Team has been very strong due to the fact that, they also are the ones carrying out all the training of all TB Treatment Supporters and TCE staff. During a meeting at the ART center when the ART Adherence counselors were being oriented, the District ART coordinator Mr. Mwiinga thanked the trained supporters for their support to the centers where there is very few trained staff.

# Effects of TCE

## The Mobile ART program

In response to the sweeping HIV & AIDS Epidemic, Humana People to People designed the TCE programme with the idea of reaching out with HIV & AIDS information, education, mobilization and counselling to all the people in a specific community for them to be in Control of the Epidemic.

After the successful implementation of community house to house counselling and testing by the TCE Field Officers (lay people and non medical staff) in Mazabuka District DAPP TCE started to implement mobile ART, PMTCT and TB programs. The program is funded by Centres for Disease control and Prevention (CDC) Zambia.

TCE is covering the whole of Mazabuka District in full support of the Mazabuka District Medical office targeting 1,500 clients on ART in the first year of implementation. Before implementation of the programme the District Medical Office and TCE took a tour to Itezhi Tezhi rural area which is the first in Southern Africa to implement Mobile ART to see how it works and the systems used.

The Field Officers go from house to house providing HIV Counseling and Testing using the finger prick testing method. From the onset of the TCE program 77,162 people were tested and 5,313 were HIV positive and referred for ART services. Because of financial problems and long distances to the ART providing facilities Mobile ART was started to reach the high number of HIV positive clients who would otherwise never access CD4 count and ART Services.

The system we have in place is that a team of 6 TCE staff who are trained in ART management visit the local clinics for 2 days once per month to provide ART and PMTCT. This team comprises a Clinical Officer, a Nurse, Adherence Counselors, a Laboratory Technologist, a Pharmacist and a Data Associate.

The duty of the mobile team is to review clients, counsel them for adherence, provide HCT, and give drugs to the people who are found in need of them. The Lab Technologist collects and tests the blood for CD4 count and other chemistries. The team goes to the local health centres that are not ART sites after sensitizing the community about their coming at least 2 weeks before the visit day. This is a way of preparing the clinic to be an ART site as it was planned that all ART providing clinics staff will be trained in administering the clients who may come for new supply of drugs or because they need some follow-up.

# Effects of TCE

## Criteria for selection of the Art Sites

- High number of HIV positive clients
- Distance from ART centers
- Vulnerable to natural calamities
- High number of ART defaulters drop out in their catchment areas

## Successes scored

All 5 initial proposed clinics were covered and the response from the community was very high, the health centre staff and community treatment supporters are very supportive and well organized in providing adherence & treatment support to clients. New enrollments are taking place in large numbers being a very good sign of acceptance, easy testing and collection of results for clients-turn-around time has been reduced. There is less congestion for weak patients and clients have easy access to drugs.

## What the people say since the start of Mobile ART:

- It's cheap for us, things are easy for us, Clinicians are easily accessed, My CD4 count results is easy to get, I have more time to talk to the clinical team, My file is easier to access here than the hospital, I get tired on the line at the hospital and sometimes samples are not taken.
- We want this program to continue. We can't be sleeping in Mazabuka all the time we need treatment care, No need for anybody to default when the service is at your door step. We expect this program to continue.

## RESULTS TO DATE from the 24th November 2009 to Feb 2010

- 196 Reviewed, continue same treatment
- 63 enrolled, commenced on septrin
- 186 samples collected for CD4 count and chemistries
- 73 done VCT

In order to reach out to areas that are difficult TCE has two 4 x 4 vehicles and a speed boat that is crossing over to the islands. If there is need in more mountainous places the District Medical Office provides their strong Land cruiser.

# Effects of TCE



## Good examples of actions and campaigns

The TCE Field Officers used a number of good strategies as part of the principle to reach out to each and every individual even those people who they could not meet in the homes. Actions were initiated in the 5 TCE Patrols and the Field Officers mobilised themselves in different working groups within the Patrols to carry out the actions. At larger public places they used megaphones to pass the messages in calling on all the people to take a stand against the epidemic by taking an HIV test. Field Officers made actions in the workplaces being strategic places to reach out to men and women who were not found in home. These actions were implemented after agreeing with the management of the companies.

The Field Officers talked to the people in the workplaces and consequently mobilised them to have an HIV test. A follow up program was made where the Field Officer visited the same workplaces where the actions were done and continued to have one to one discussions with the workers.

Mazabuka has 2 prisons and usually the provision of VCT in the prisons has always been a challenge because of security. As leadership of TCE we managed to lobby the prisons authority to have prisoners reached with information and also providing VCT. Though this seemed a bit difficult we managed to get the prison authorities to accept our request and TCE was allowed to test in the prisons. Then actions were planned to test in the prisons and there was a very good response from the prisoners. Patrol actions were done and prisons support groups were formed. The prison actions worked so well that it was agreed to mobilise and test every new entry of prisoners.

# Effects of TCE

## Door to door campaigns

Though house to house was an activity for individual Field Officers, it was also used in campaigns with the 5 patrols to boost individual Field Officers who had recorded low figures in VCT and PES (HIV risk reduction plans). The Patrols made action plans where all the 10 Field Officers in the Patrol went into a Field Officers field where they then split into groups of 2 or 3 to carry out HIV counselling and testing and provide information on HIV & AIDS. The Patrols met before the end of the day to evaluate the action and results. The Patrols managed to reach out to many people through these actions hence Field Officers who had low results managed to catch up. The house to house action worked really well and more people were tested and Field Officers were helped to reach their weekly targets on VCT.

## Action in the swamps

Action in the swamps was another strategy used to reach the otherwise hard to reach communities where the individual Field Officer otherwise did not reach people due to the geographical set up. Mazabuka district has a huge river running through that makes certain areas and islands impossible to reach.

The respective Patrols then made actions to reach the swamps. As a patrol all 10 Field Officers went to the swamps using our speedboat and while in the swamps the strategies were then made in how to cover the swamps in a short period of a day or 2. Field Officers were spread into groups and more people were reached and tested during the day.

More actions were carried out in connection with National and International events such as reaching out to more men on FATHERS DAY, reaching out to market places, and various other Campaigns.

During local events in the District and the Province the Field Officers carried out campaigns and good strategies to reach out to more people coming from different community backgrounds through the provision of mobile VCT and mass demonstration and distribution of condoms. The messages were delivered and people took advantage to take HIV tests and time to know more about TCE and join the fight to get the whole area under control.

# Effects of TCE

## TCE Compliance

A liberated Area has at least 60% of the total population declaring themselves TCE Compliant!

TCE Compliance means that a person has understood and made a decision not to get infected, not to infect others and to protect the unborn babies through PMTCT—Prevention of mother to Child Transmission. It is an individual decision. It's not a collective decision.

The TCE Field Officer assists people to make such decisions. They counsel people and take them through the Perpendicular Estimate System (PES) which should lead to an individual risk reduction plan that each person has to make towards behaviour change.

The Perpendicular Estimate System deals with each individual according to their age group. An individual has to score 85 to 100 points. The age groups—prototypes—are:

1. All people under the age of 15 years of age
2. All people above 15 years of age
3. Pregnant mothers answering on behalf of their unborn babies.

Each person has to go through the TCE set of demands which enables the Field Officer to assess whether the person has understood and is ready to take up the challenge of fighting against the spread of AIDS. This is the state that is referred to as TCE Compliance. 114,678 people declared themselves TCE compliant.



# Effects of TCE

Since DAPP TCE Zambia was introduced in Mazabuka in the year 2006 there has been very good collaboration with the Ministry of Health office at District level. The District Medical Officer welcomed TCE in the District as a program aiming to increase the uptake of VCT services.

At first they were hesitant to let us start house to house testing as they were not sure of the quality and fearing the unknown but through discussions and with very good training of the Field Officers and seeing the advantages of the program they agreed to let it start. They could also see the advantages of the increased awareness of the community in the District with the TCE program.

The DMO helped securing the test kits and the thorough training of the Field Officers in testing using the finger prick method.

All was agreed between DAPP and the District Health Management Team through the Memorandum of Understanding which is renewed every year and updated if there is need to add new activities.

The Field Officers and the trained ART Adherence counselors and TB Treatment Supporters are deployed to the health centers according to the agreement. The health centers supervises the TCE activities in their catchment area.

The working relationship is very good, because we are always together in the planning and implementation. The District Medical Officer pay support visits to the TCE activities and he also supports the project through facilitating in various training in health issues of the Field Officers and Passionates.

The District Health Team gives guidance to make sure the project is implemented within the Ministry of Health framework. These include monitoring to see that procedures are followed in both counseling and testing.



# Close cooperation with the funding partner

Centers for Disease Control and prevention (CDC) Zambia have been funding TCE Mazabuka since the year 2006. The agreement was for 5 years implementing one TCE Area. TCE was funded to increase the uptake of voluntary counseling and testing services in the District of Mazabuka in Southern Province. DAPP Zambia that is implementing TCE agreed to cover a population of 100,000 people along the Kafue River and Mazabuka town. Mazabuka has a lot of commercial farms and the Zambia Sugar Estates situated along the highway which connects Lusaka and Livingstone. The project recruited 55 Field Officers out of whom 5 were concentrating on counseling and testing while the other 50 had a target of reaching 2.000 people each with at least 3 one to one meetings within the 3 years of TCE.

DAPP (Development AID from People to People) Zambia implements the TCE program which uses a door to door approach to reach every single person in the area of operation. The program also implements the house to house testing. This is done at household level where people are comfortable and do not need to travel to seek the HIV testing service. The house to house counseling and testing is done by the Field Officers as lay counselors who are not medical personnel. After testing the Field Officers refer the clients to the local health facilities if they need follow up services e.g. after testing HIV positive. TCE also implement a program for migrant workers with 30 peer educators, out of whom 20 are sex workers in a process of changing their behavior. An STI clinic is open on Wednesday, Friday and Saturdays for those clients who might be busy during the day or shy to be treated during the day.

The TCE mobile ART program is implemented at clinics that are not yet ART sites. This is a good way to prepare these clinics to become ART sites since the staff is being trained in ART.

CDC has funded training in psychosocial counseling, finger prick testing and other training for Passionates (program volunteers). The training is very good because they help in providing a quality service. The training are according to National and international guidelines.

CDC always provide technical support to the project, this is done through project visits or meetings.

After good results during the first year of implementation CDC decided to increase the funding looking at the challenges the project was facing. This culture of looking at the impact of the project has grown now even to the extent of scaling up to other Districts.

## **Involvement of local Leaders**

TCE works four (4) chiefdoms in the District and these are Her Royal Highness Chieftains Mweenda, His Royal Highness Chief Naluama, His Royal Highness Chief Mwanachingwala and His Royal Highness Chief Hanjalika. All the chiefs have been very supportive in the fight against HIV & AIDS, the chiefs have since TCE came into the district banned sexual cleansing in their chiefdom, and they are encouraging men to go with their wives for VCT. Chief Hanjalika has made some traditional structures in the fight against HIV & AIDS. He has encouraged the senior headmen to go for VCT first to show a good example to the members of the community, so that the community can follow suit.

# Close cooperation with the funding partner

The District Commissioner Mr. Tyson Hamaamba has been very much involved in the fight against HIV & AIDS. There is a political will. He has created a very good environment for the project to implement the programs. He has hosted a number of visitors to the project like the US Ambassador, Humana People to People HQ's, Namibian Ministry of Health, CDC and USAID Atlanta just to mention a few. The District Commissioner has also said his office is free if there is any support the project needs for the success of the programs. He said he will help in introducing the program to the new Districts and to the Provincial Minister.

The Town Clerk E. Chingangu and His Worship the Mayor of Mazabuka Mr. Shedrick Mwiinga from Mazabuka Municipal Council has been supporting the project. They have allowed the Field Officer to go to the council to talk to members of staff on HIV & AIDS.

In December 2009 TCE conducted VCT services to the council staff and to lead by example the head of departments were the first to be tested. The council developed a workplace policy which was launched by the Minister of Health last year. They are now taking care of people who are HIV positive at the institution. The project is also working with the ward councilors who are in the forefront in the implementation of HIV programs in different communities.

In general all the local leaders in the District are Passionate about the TCE program and they wish all the people to receive adequate services close to them.



# TCE Results

## TCE Zambia Main Production Figures 2010

1	Visited and registered for the 1st time	240.465
2	Total number of visits	782.688
3	Total number of people tested for HIV	77.162
4	Number of people active as TCE Passionates	11.992
5	Number of people who made PES Plans (Risk Reduction Plans)	152.530
6	Number of people who declare themselves TCE Compliant (Live according to TCE demands)	114.678
7	Number of lessons given	7.597
8	Number of people who received lessons	163.908
9	Number of Condoms distributed	4.720.033
10	Pregnant women who received information about PMTCT	8.439
11	Number of ARV TRIOs	771

### Notes:

As the Field Officers move around from house to house, they register people in a household register that each Field Officer is given at inception of the TCE program. The figure below on number of people visited and registered is more than the 100.000 people that should be the targeted number; this is because of movement of people into the area during the course of the program. The Field Officer also makes repeat visits to the households sometimes 2 or 3 visits to ensure that people reach the TCE Compliance state. This is recorded as the total number of visits.

A record of the number of people tested is also kept by the Field Officer. In TCE Mazabuka, this is the number of people tested through field testing done by Field Officers. Apart from the one-on-one counselling, Field Officers also meet people in groups where they give lessons. Some people are not found in their homes; therefore the Field Officer has to follow them to their workplaces. These people are registered in the non-household register.

# TCE Nationwide in Zambia

## TCE Nationwide in Zambia

The population of Zambia is about 10 million people. 68% live in poverty. Primary school enrolment rate is 89% with completion rate of 77%. Life expectancy is 38.4 years. More than 1 in 6 children die in child birth. 17% of adults aged 15 to 49 are infected with HIV. 750 women per 100.000 live births die in child birth. Only 43% of the rural population have access to safe water supply and 18.8% have no access to toilet facilities.

Source: World Development Index 2007

Zambia still needs concerted efforts to deal not only with HIV & AIDS but all other issues surrounding the epidemic. The government alone cannot shoulder this burden. Development Aid from People to People would like to scale up TCE activities to cover the whole nation. With expanded TCE intervention, the people in Zambia will be mobilized and linked to a variety of necessary health services, Voluntary Counselling and testing through field testing, access to Antiretroviral drugs, PMTCT, early detection and treatment of TB, STIs, and other opportunistic infections.



# TCE Nationwide in Zambia

With adequate funding through partnerships, TCE has the capacity to cover the whole of Zambia with intensive HIV counselling with a drive for behaviour change. As the experiences of working with the communities in Southern Africa grow, more and more governments and other partners are willing to pay for the TCE program to fulfil many goals.

In February, 2001 His Excellency, the President Festus Mogae of Botswana, commented on TCE: “We needed all the assistance that we could get, if we have to mobilize the whole region. Therefore we accepted the assistance you people could give. Humana People to People, you are experts in community mobilization -that is why we gratefully accepted your assistance. Total Control of the Epidemic is what is called for and that is the way we can reach Total Control of the Epidemic in the region as a whole”.

Currently, TCE Mazabuka is being financially supported by the Centres for Disease Control (CDC) and is covering a total population of 200.000 people. In December 2008, another TCE Area in the same district was started to implement an inclusive package of field testing, Prevention of Mother to child Transmission, and provision of antiretroviral drugs, also funded by CDC Zambia. Nurses are being employed to administer Nevirapine and other ARVS and this will be brought to people’s homes in both TCE areas. Field Officers have already been recruited, trained and have started their work in the field.

HIV & AIDS is everyone’s responsibility. It needs concerted efforts. All partners are welcome to work together with DAPP—Development Aid from People to People in this noble cause.





## Humana People to People Total Control of the Epidemic

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