Assessment of a Voluntary Counseling and Testing Center (VCT) in Old Mutare, Zimbabwe
Liz Coleclough, MPH 2010
Rollins School of Public Health

PROJECT
Over a 6-week period between July and August, 2009, I traveled to Zimbabwe for a qualitative assessment of the Old Mutare Voluntary Counseling and Testing Center (VCT).
I prepared interview guides with questions addressing the successes, challenges, areas of needed improvement, and strategies for potential development of VCT programs.
I also developed questions relating to the impact of the Zimbabwean economy on the HIV/healthcare situation in the area and the work of the VCT.
My interview subjects included VCT personnel, staff of the adjacent hospital, community health workers, and members of the VCT support / peer education group. I hoped to engage multiple perspectives of the situation.
By the end of the data-collection process, I performed, tape-recorded, and transcribed a total of 40 interviews with people in the community. Where subjects lacked a firm grasp of the English language (mostly support group members and community health workers), I enlisted the help of Shona-speakers among the healthcare staff to facilitate interviews in the local language. A community health worker, who became my primary research assistant helped with the translation.
On a weekly basis, I accompanied the VCT staff during their outreach testing in the commercial farms and other rural sites. Using the hospital ambulance, the nurse counselor and one or both primary care counselors travel to these locations to perform mobile HIV testing for distant populations. During these visits, I collected extensive field notes of the surrounding environment and activities. I also jotted observation notes during weekly VCT support group meetings.

BACKGROUND
Although declining, Zimbabwe’s 13% estimated HIV prevalence rate remains one of the highest around the globe.
AIDS related death has dropped adult life expectancy to a world low (37M, 34F) and produced over 1 million orphans.
Economic and political issues of Zimbabwe have severely impacted health systems. Remaining infrastructure is over-burdened and under-resourced.
Commercial farms contain some of the most vulnerable populations in Zimbabwe. Land reform and the seizure of white-owned farms have displaced many local residents to areas without simple access to basic resources. HIV and death rates are among the highest in the nation. Orphans often remain without nearby extended family, because they are children of migrant workers from distant regions and countries.
Old Mutare is a semi-rural compound, 20 kilometers outside of Mutare, Zimbabwe. Its Voluntary Counseling and Testing Center is the community’s primary initiative to extend HIV testing, education, and healthcare services to populations in the surrounding commercial farms.

Multiple VCT services include HIV counseling/testing, education, support groups, income generation projects, OVC, community health workers, etc.

OUTCOME
In the preliminary analysis of my data using qualitative software, I am examining the severe impact of limited resources on community health and strategies towards development.
Staff, supply, and infrastructure shortages impact efforts by the VCT and other organizations. Limited access to transportation, food, clinics, and medicine contributes greatly to the health decline of populations. The volatile political and economic environment exacerbates these challenges. But, worker dedication, increased ARV access, and currency shift to the US dollar drive glimpses of improvement.

By the end of my project, I expect to have a final write-up of the situation.