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The Zambia HIV/AIDS Workforce Study: preparing for scale-up.

This report presents the findings of a study conducted within 16 healthcare facilities in Zambia that offer voluntary counseling and testing (VCT), prevention of mother-to-child transmission of HIV (P-MTCT), and antiretroviral (ARV) therapy. The study period was from April to June 2003 and included design, implementation, and data analysis. The purpose of the study was to assist the Government of Zambia in determining whether it would have sufficient staff to scale up VCT, PMTCT, and ARV treatment to reach its targeted numbers of clients. The report analyzes the time it took to carry out the prescribed tasks involved in each of the services, the extent to which the services were following the national service delivery standards, the workforce involved in providing these services, and the human resource costs associated with the present workforce arrangements. It then uses these findings to project the staffing and related staffing costs of scaling up services.

Zambia had been piloting PMTCT and ARV therapy in a number of sites. In 2004, at the time of this study, the Government anticipated receiving approximately US\$ 20 million as the first tranche of its Global Fund award, to go towards scaling up PMTCT services throughout the country and treating 10,000 HIV-positive individuals with ARV therapy. That said, Zambia was experiencing critical shortages in its human resources for health, and the Central Board of Health (CBoH) was concerned about the human resource implications. This study was commissioned by the CBoH to assist in formulating strategies for the scale-up of HIV/AIDS services. Data were collected at 16 government, nongovernmental organization, and private, for-profit sites across the country that were providing VCT, PMTCT, and ARV services at that time. Data were collected through timed observations of service provider-client interactions for service delivery, through record reviews, and interviews with site managers and staff.

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