

Home Based HIV Testing and Counseling

The Aphia II Western Experience

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HBHTC Technical Consultative Meeting;

Serena Hotel – Nairobi

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Introduction

- The AIDS, Population and Health Integrated Assistance programme in Western Province (APHIA II Western) is a four year co-operate agreement between USAID and PATH. There are 4 strategic partners; Elizabeth Glaser Pediatric Aids Foundation (EGPAF), JHPIEGO, World Vision and Society of Women living with AIDS in Kenya.



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Overview

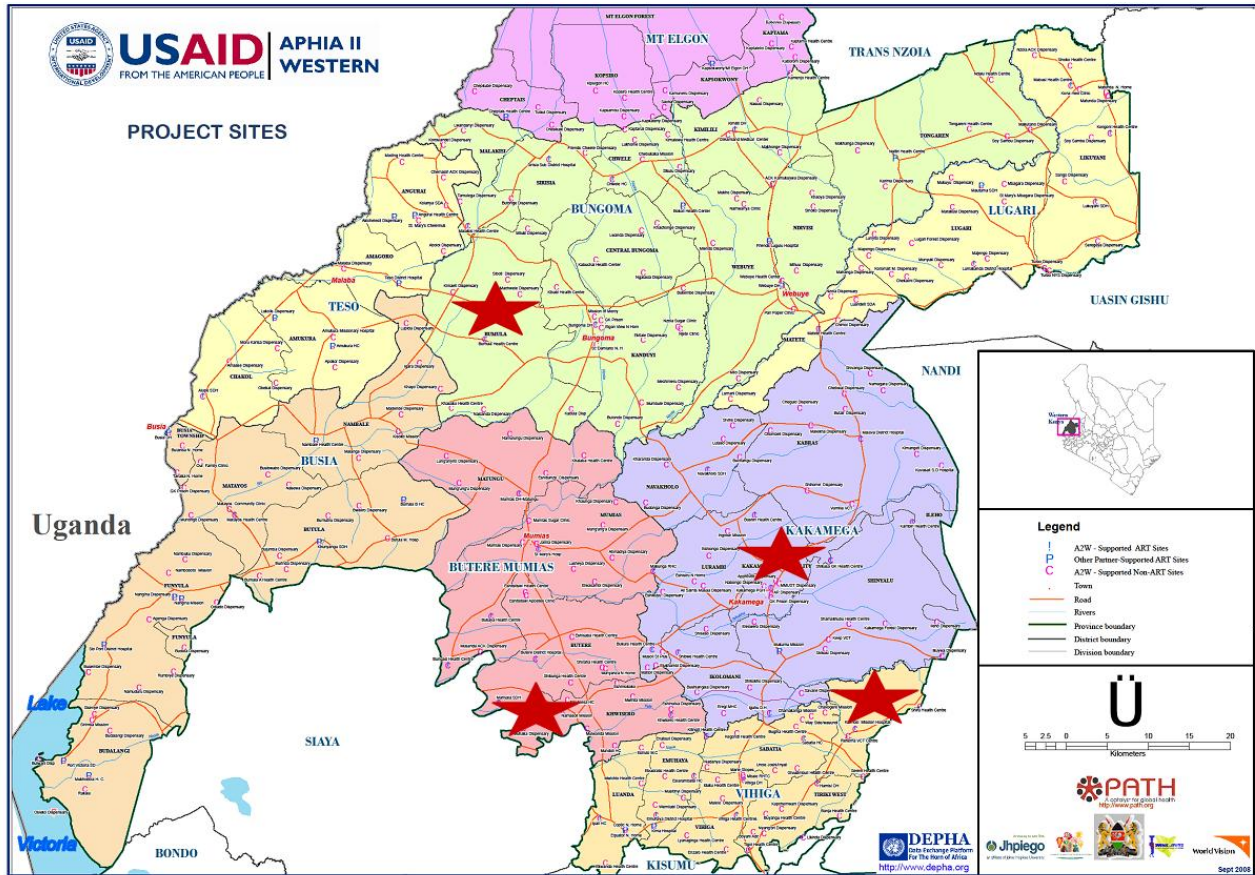
- Counselling and testing (CT) is an important component of HIV prevention and care
- Kenya committed to achieving universal access to CT services by the end of 2010
- Home based HIV testing and counselling (HBHTC) is one of the innovative approaches towards increasing access
- The project introduced Home Based HIV Testing & Counselling in four districts(Kakamega Central, Bungoma South, Butere and Hamisi) early this year.



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Map of Western Province



 : Indicates HBHTC sites

Preparation

- Joint Consultative meetings with the relevant DHMTS and the PHMT.
- An exchange visit to Mbeere District where Aphia II Eastern was already implementing community based HTC
- Meetings held with stakeholders at the community level



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Community mapping

- The local public health officer (PHO) and community own resource persons were involved in community mapping.
- A total number of 22,465 households were mapped with an eligible population of 112,948 persons targeted for HBHTC.



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Preparation



Butere DASCO Mr. Nicholas Mutende addressing VCT counselors and CHWs before the start of home counseling in Namasoli, Butere District



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Mobilization and actual testing activities

- Mobilisation conducted under the leadership of the locational PHOs.
- All available avenues for community mobilization were employed (*barazas*, women's groups, religious gatherings, markets and West FM radio)
- The implementation team comprised VCT counsellors, counsellor supervisors, DASCOS, Laboratory supervisors, CHWs and village elders.



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Stories from the field



The counsellors used any form of transport eg. Bicycles, pickups, motorcycles etc.



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Stories from the field



Kennedy a VCT counselor in Ebulonga Village, Butere District conduct HIV testing in the home



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Stories from the field



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Results

- A total 78594 (69% of the eligible population) clients received Home based HTC services (April- Sept.2009) of whom 3884 (4.3%) tested positive.
- Male tested 37,654 and female 46,940
- Tested HIV positive -male -1274(33%) and female 2609(67%).



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Results cont.

- 2,738 couples were tested
- 176 were both positive (5.8%)
- 229 were discordant couples(8.3%)
- 199 pregnant mothers were tested -22 mothers tested HIV positive.
- 20 Bed ridden patients taken to hospital.
- Increase in the number of clients enrolled into CCC in the respective health facilities.



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Lessons Learnt

- Home-based testing is a viable strategy toward achieving universal access HTC
- Engagement of community structures from the very beginning is critical.
- Referral to care and availability of essential commodities is crucial to success of the initiative
- Home testing is key towards testing children and early identification of those needing care.



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Challenges

- Stocks out of test kits
- Limited funding to conduct home-testing on a larger scale.
- Data collection and referral tools for HBHTC (using VCT data collection tools)



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Challenges

- Effective referral/Not all clients tested are enrolled on Care and Treatment
- Very sick/Bed ridden clients-Test then what?
- Situations arise where the parents refuse the test but consent to having the children tested- Assume that if the child is negative, then they are negative!
- Men wanting their wives to take HTC first then make a decision to test based on the their wives results.



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Challenges

- Terrain/ Hard to reach areas/ long walk by the counsellors and supervisors/Rains
- Some clients test +ve and refuse to take a confirmatory test
- Expectant mothers testing HIV +ve/Immediately Post Partum- Need for PMTCT service integration.



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Way Forward

- To continue with home based HTC.
- Strengthen referral system and follow up.
- Scale up Home based HTC to 6 more Districts.
- Conduct follow up for the HIV positive clients.



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Acknowledgements

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- The local communities of Western province



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THANK YOU

