



*Building Partnerships,
Transforming lives*

LVCT's HBTC Presentation
Peter Shikuku – Training Manager LVCT



LVCT Core Business

QUALITY ASSURED HIV TESTING AND COUNSELLING(HTC)

- VCT Home based HTC
- Mobile HTC
- Workplace HTC
- Celebrity HTC; >1,000,000 clients tested

LVCT TARGET POPULATIONS

- Vulnerable groups: MSM/ Prisons; Disability; Sex workers; Youth (www.one2onekenya.org); Survivors of sexual violence
- General populations
- GoK & CSO partners

U.S President Barack Obama, and First Lady Michelle Obama know their status...



KNOW YOUR HIV STATUS !



...DO YOU AND YOUR PARTNER KNOW YOURS?

For more information contact the Ministry of Health facility nearest you.

Tested
By
LVCT
On
26th
Sept
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How do we fulfill core business

- **Training Services: 70% of Kenya's HIV CT counsellors**
 - Offering Diploma course (1st of its kind in Kenya)
- **Technical Support - sub-granting to 25 CBOs & NGOs**
- **HIV care & ART for 16,000 HIV infected; follow up progs**
- **Health systems support**
 - Commodities, logistics & laboratory networking support

TECHNICAL SUPPORT FUNCTIONS

- **Evidence based policy reforms advocacy - National standards & guidelines for HTC, ART therapy**
- **Quality Assurance**
- **Research & Data - Piloting and scaling up services – 12 studies from 2002 (VCT; QA in Kenya; Post Rape Care)**



LVCT's HBTC Concept

- Informed by the National Health Sector Strategic Plan [NHSSP II-2005-2010] - envisions that all households and communities are actively and effectively involved and enabled to increase their control in HIV/AIDS prevention by 2010
- KNASP III – universal HTC coverage by 2010
- LVCT's HBTC Pilot project implemented in Thika, lessons learned informed design of current program
- Focuses on high prevalence / density areas.
- Uses VCT sites to refer clients requiring follow up/ re-test.



HBTC service delivery strategies

- **General population:-counsellors visit all the homes in a specified geographical area. (door to door HTC)**
- **Index client:- visits to homes of ART patients to provide HTC to their families.**
- **HBTC uses community based approach as set out in level one strategy- focus on effective communication on behaviour change and prevention strategies.**
- **CORPS/CHWs are key actors, who link the individuals, families and community to HTC service providers under the supervision of District Health Management Team.**



LVCT's HBTC Objectives

- **To achieve at least 80% coverage for HTC service provision in each village**
- **To achieve 100% appropriate referral for all HIV positive individuals identified through HBTC**
- **To foster community involvement and ownership of the services in each village**
- **Educate household and communities about the benefits of HBTC.**
- **Support individuals and couples to disclose their sero- status and encourage partner testing**



LVCT HBTC Strategy (1)

LVCT's approach to HBTC is tri – phasic and involves the following Processes

Phase 1 – Pre implementation

- **Stakeholder consultations**
- **Selection and training of the CHW to support the community entry**
- **Assessment – mapping the area, identifying demographics, identifying community structures and partners, identifying key personalities**
- **Determination of the time duration in a given area.**
- **Set up a referral directory and visit the referral points to discuss documentation**



LVCT HBTC Strategy (2)

Phase 2 - implementation

- **Counselling and testing**
 - opt out
 - national testing algorithm
 - child testing protocol
 - supported disclosure
- **Quality assurance/ QC - DBS, PT, exit interviews, supervision**
- **Referral tracking by review of referral points records and home visits**





LVCT HBTC Strategy (3)

Phase 3 – Post Implementation

- Referral tracking (cont'd)
- Evaluation
- Feedback - reports





Achievements (1)

- **Draft 1 of HBTC implementation manual**
- **Area: Kawangware - Muslim, Kanungaga, Magithundia, Kabiru, Kawangware centre**
- **Duration of service - 5 months**
- **Number of counsellors – 13 counsellors**



Achievements (2)

	Numbers & %
Total population targeted	22,598
Population tested	15,461
-Male	6,811 (44%)
-Female	8,650 (56%)
-Couples	630
Coverage rate	16210 (71.7%)
Acceptance rates	
First time testers	14,244 (92%)
HIV prevalence (HIV +ve)	
- Male	145 (2.1%)
- Female	300 (3.5%)
HIV discordance rates	34 (5.3%)
# of people referred to health facilities	600
# of people tracked & supported to access health care	234 (39%)



In conclusion:

- **Scaling-up HBTC is feasible**
- **A National HBTC Operational manual is critical for provision of quality services**
- **Strengthen referral linkages – VCT for ongoing counselling and psychosocial support**
- **Support systems for CHWs and incentives**
- **Standardization of tools, protocols and algorithms**
- **Development of a QA strategy for HBTC**



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Thank You!



Website: www.liverpoolvct.org