



**ST. CAMILLUS VCT CENTRE**  
**ANNUAL PROGRESS REPORT**  
**JANUARY – DECEMBER 2010**



**BACKGROUND**

Voluntary Counseling and Testing (VCT) is the main entry point for HIV/AIDS prevention, care and treatment. It has experienced a very rapid growth since it was launched in 2001, and has contributed significantly to the reduction of stigma associated with HIV/AIDS and the promotion of behavior change. It has also facilitated access to prevention, care and treatment for people living with the disease.

The program started with three pilot sites that were established in government health facilities. Lessons from these sites provided a strong basis for the development of the national guidelines and standards, which in turn led to the growth that was observed in the first three years of implementation. In line with an international commitment and a declaration from the joint United Nations Program on HIV and AIDS (UNAIDS), Kenya has renewed this pledge of “Universal access.” Approaches to VCT in Kenya have shifted over the years from primarily client-initiated models, to the broad scope of approaches that are currently in place. By the end of 2007 there were at least 900 VCT sites in Kenya, most of which were situated in health facilities. About 15% of these sites were stand-alone.

Other models of VCT have been introduced in recent years, including mobile services, moonlight services (available at night), and door-to-door testing and counseling. There are also other services offered to specially-targeted groups such as youths, rape victims, people with disabilities, and persons engaged in high risk behavior (e.g., commercial sex workers, injecting drug users, and men who have sex with men. St Camillus Mission Hospital VCT center has taken the initiative of giving clients quality services to the standard required.

**INTRODUCTION**

As HIV moves into its third decade, it continues to grab the headlines. The devastating impact of the virus has drawn international attention to the need to do more to prevent its spread. Many lessons have been learnt about effective prevention, but many countries still have difficulty focusing their efforts on interventions that will have the greatest impact in stemming the spread of the virus. Many countries are in the process of building robust surveillance systems to track the spread of HIV and other sexually transmitted diseases, as well as the sexual and illegal drug use behavior that may carry a risk of transmitting HIV.

The 2007 Kenya AIDS indicator survey (KAIS) estimated the average HIV prevalence among the population aged 15 – 49 at 7.4% while the 2008 Kenya Demographic and Health survey (KDHS) estimated the prevalence rate for the same population at 6.3%. The difference between the HIV prevalence estimates of the two surveys is not statistically significant given the overlap of confidence intervals. The findings show that Kenya’s epidemic has stabilized

in the first few years. Both surveys confirmed that women are still more likely to be infected than men: the KAIS study shows that 8.4% of the women are infected, compared to 5.4% for men, and in the KDHS survey these figures were 8% and 4.3% for women and men respectively. Even though many challenges still remain, Kenya's fight against HIV-AIDS has shown promising success.

Over time, we have seen progress, with the HIV prevalence rate now stabilizing around 7%. Nevertheless, the number of new infections remains high and varies considerably across the provinces, Nyanza has the highest rate among the eight provinces-between fourteen or fifteen percent, depending on the survey-while Northeastern province's rate is estimated at only 1%. Closer to home, however, the prevalence rate in Nyatike District is 25%, while in Karungu Division it has shown a decrease, going from **29%** in 2009 to **20%** in 2010. (It is important to note, of course, that these data are based only on those who have come forward voluntarily to be tested.) With their pledge of "*Take the Test -Take Control,*" St Camillus Mission Hospital VCT Center has managed to get a big number of people volunteering for HIV testing and counseling and the war still continues.

## **HIGHLIGHTS OF THIS REPORT**

This report gives a brief overview of the project during the 2009-2010 calendar year, and describes strategies used by St. Camillus Mission Hospital and the Italian Ministry of Foreign Affairs to address HIV-AIDS issues in our part of western Kenya. The report describes the VCT project mission, objectives, capacity building activities, achievements, remaining challenges, future plans, and clients' statistical analysis for the period covered

### **OUR MISSION**

- To promote behavior change by creating awareness.
- To intervene and prevent the spread of HIV within Karungu and its environs
- To initiate abstinence among the youth and adults.
- To have an HIV-free society where people live responsibly

### **OBJECTIVES**

- To reduce the spread of HIV among individuals and couples
- To foster community ownership of VCT services
- To offer high quality services to the community
- To avert the spread of HIV through mother to child transmission
- To have a stigma free society where individuals are able to disclose freely their HIV status
- To refer HIV-infected individuals to appropriate support centers and help them identify support groups within their villages

## **ST. CAMILLUS MISSION HOSPITAL**

St. Camillus Mission Hospital (SCMH) is situated in Nyanza province, Nyatike district, Karungu division. It is located in the province in which the HIV prevalence rate is among the highest in the entire country. (Refer to figures given in the Introduction of this report.) Efforts have been taken by SCMH to curb the spread of the scourge through various educational, medical, and social services. Interventions such as VCT services, prevention of mother to child transmission, and provider-initiated testing and counseling have been put in place to stem the spread of the disease.

## STAFFING

Currently there are two fulltime trained VCT counselors in the site offering quality services to the clients.



*Photo 1. Counseling in session at the VCT tent during the World AIDS Day 2010 celebrations*

## CAPACITY BUILDING

Capacity building occurs in various ways throughout the year. Staff members meet routinely to discuss important issues and problems as the year unfolds, thereby improving each individual's understanding of the problems and giving them a better understanding of what works and what doesn't. Additionally, one member of the VCT project staff attended a professional development workshop, held at Gilly hotel in Migori. The training was on disaster management and sustainable development sponsored by the Italian Co-operation.

## CHALLENGES

- ❖ **Stigma and discrimination**:- negative attitudes towards HIV and AIDS is still rampant among individuals who test positive
- ❖ **Condom procurement** is a problem: - a number of people still are unable to get access to condoms in the site as a result of shortage from the ministry.
- ❖ **Cultural norms**: - some people still believe in cultural practices such as wife inheritance.
- ❖ **Lack of funds** to support the mobile services in the islands of Lake Victoria where there is rapid transmission of HIV among the fishermen
- ❖ **Few couple clients**: - many people are not able (or willing) to come and have the test together as couples for fear and blame.

## ACHIEVEMENTS

- Since the introduction of the mobile VCT services, we have managed to reach a big number of clients in hard to reach areas

- There has been an encouraging reduction of the mortality and morbidity rate. This is because many clients who access VCT services and test HIV-positive are referred for care and treatment in the comprehensive care center at SCMH.
- Knowing that we maintain the very highest level of confidentiality, there has been an increase in the number of people using our services
- The site has been accredited by the National Aids and STI Control Program (NASCOP) under the Ministry of Health.

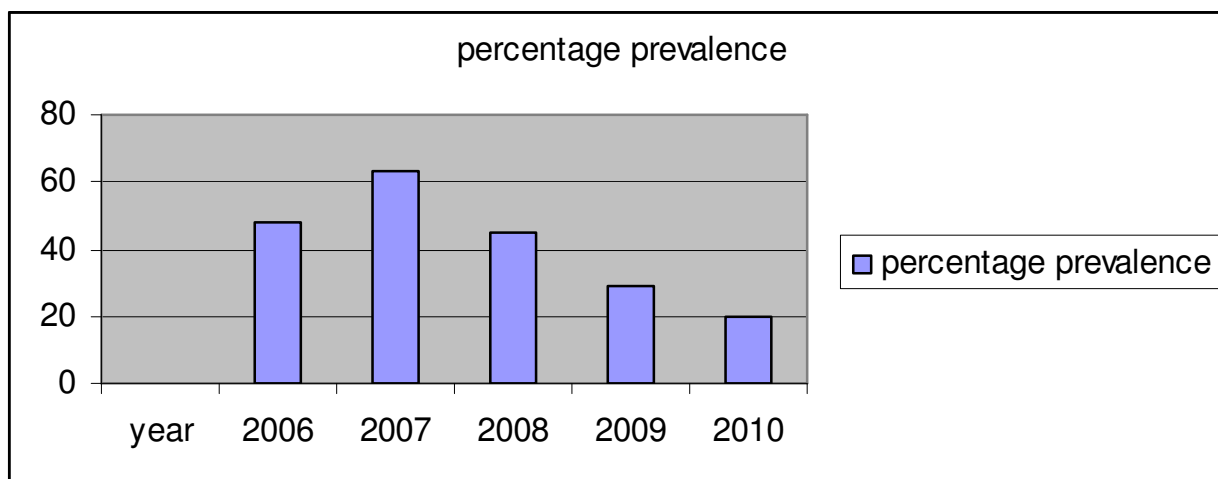
#### FUTURE PLANS

- ✚ There is need to intensify the VCT services in hard-to-reach areas within Karungu and its environs
- ✚ To maintain the high standards required in offering quality services to clients and the community.
- ✚ Need to draw the attention of the youth to become friendly to the center to enable them acquire knowledge about HIV transmission and to change their behavior.
- ✚ To make this site become a center of excellence in making informed decision concerning the peoples health
- ✚ Establishment of post test clubs within the society.

#### STATISTICAL SUMMARY OF VCT CLIENTS TESTED, JAN-DEC 2010

MONTH	MALE			FEMALE			TOTAL		
	No. tested	No Post	No Neg	No Tested	No post	No Neg	Total Tested	Total Post	% post
<b>JAN</b>	51	17	34	70	36	34	121	53	44%
<b>FEB</b>	85	40	45	124	54	70	209	94	45%
<b>MAR</b>	79	27	52	113	31	82	192	58	30%
<b>APR</b>	641	27	614	830	120	710	1471	147	10%
<b>MAY</b>	92	16	76	135	39	96	227	55	24%
<b>JUN</b>	111	38	73	115	32	83	226	70	31%
<b>JUL</b>	418	58	360	313	63	250	731	121	17%
<b>AUG</b>	68	19	49	113	33	80	181	152	29%
<b>SEP</b>	109	27	82	117	36	81	226	63	28%
<b>OCT</b>	86	27	59	117	36	81	203	63	31%
<b>NOV</b>	216	20	196	191	27	164	407	47	12%
<b>DEC</b>	70	19	51	88	16	72	158	35	28%
<b>TOTAL</b>	2026	335	1691	2326	523	1803	<b>4352</b>	<b>858</b>	<b>20%</b>

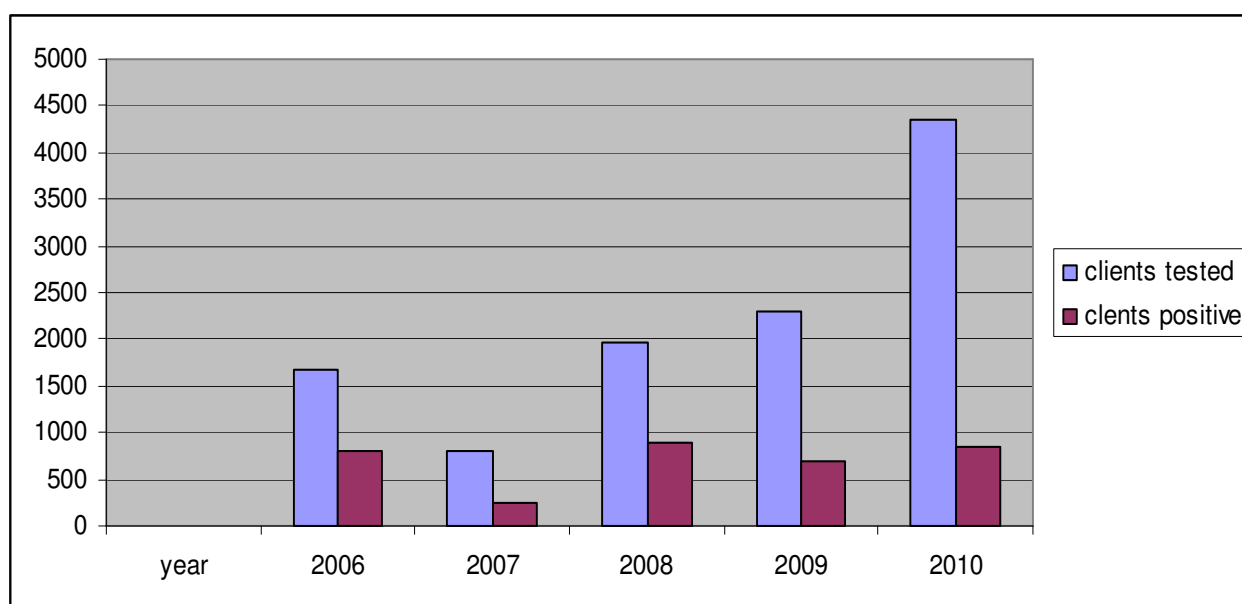
**GRAPHICAL REPRESENTATION OF HIV PREVALENCE RATES AMONG  
VCT CLIENTS IN KARUNGU AND ITS ENVIRONS, 2006 - 2010**



**ANNUAL NUMBER OF PEOPLE TESTED AND NUMBER AND PERCENT TESTING  
POSITIVE, 2006 - 2010**

YEAR	CLIENTS TESTED	CLIENTS POSITIVE
2006	1681	807 (48.0%)
2007	806	236 (29.3%)
2008	1959	903 (46.1%)
2009	2306	681 (29.5%)
2010	4352	858 (20.0%)

**SUMMARY OF CLIENTS TESTED AND THE NUMBER POSITIVE 2006 - 2010**



**Report by**  
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