

**PROJECT TITLE:**

**HTC PROJECT**

**PROGRESS REPORT:**

**ANNUAL**

**PERIOD COVERED:**

**JANUARY- DECEMBER 2012**



## **BACKGROUND INFORMATION**

Kenya is implementing a successful multi-sectoral response to HIV/AIDS. Overall prevalence rates are falling. Voluntary Counseling and Testing services are increasingly widely available, and a growing proportion of Kenyans are aware of their HIV status. The scale up of antiretroviral therapy is on-course. There is an increasing understanding and willingness to co-operate among stakeholders across government, civil society, and the private sector and development partners.

But progress cannot be taken for granted; enormous challenges remain. The rate of new infections remains unacceptably high, and there are major differences in the risk of infection faced by different population groups. Particularly vulnerable to infection are young girls; individuals in HIV discordant relationships; commercial sex workers and their clients; migrant workers, fishermen and injecting drug users. Although access to ART is increasing, availability of affordable treatment still falls short of the need.

The spread of HIV has turned a corner, with the number of new infections down by 12% since its peak in 1999. However, campaigners are warning that the war still continues. Furthermore success has been experienced but we can't say we have succeeded until there are zero new HIV infections. Access to health should not be decided who you are or where you live but by equity and social justice. According to UN Aids estimates, there are 33.3 million people living with HIV including 2.5 million children. In 2009 some 2.6 million new infections were reported and a further 1.8 million people dying of AIDS related complications. The vast majority of people with HIV and Aids live in lower and middle income countries.

Karungu is one of the areas which have fallen on the cruel hands of this monster; many people have lost their beloved ones from this scourge. St Camillus Mission Hospital through VCT / PITC (Provider initiated testing and counselling) (HTC) HIV Testing and Counseling has realized the response to step up and to meet the challenges in order to prevent the new infections and to reduce the impact of HIV/AIDS in Karungu and the surroundings.

## **OUR GOALS**

Our main goals are:

- To reduce the spread of HIV and improve the quality of life of those infected and mitigate the socio-economic impact of the epidemic.
- To create awareness among adults and youths within Karungu and its environs
- To improve the lives of people living with HIV/Aids by educating them on how to live positively with HIV and to have their behavior changed.
- To prevent the spread of HIV/Aids within Karungu and its environs

## **OBJECTIVES**

- To reduce the number of new HIV infections in both vulnerable groups and the general population.
- To foster treatment and care, protection of rights and access to effective services for infected and affected people.
- To adapt existing programs and develop innovative responses to reduce the impact of the epidemic on communities, social services and economic productivity

- To refer the infected clients for HIV care and treatments to appropriate support centers and to help identify support groups within their villages.

## **HIGHLIGHTS OF THE REPORT**

This report gives the real overview of the project within a period of one year and the strategies taken by the St Camillus VCT/PITC and the hospital in addressing the HIV issue, staffing, capacity building, challenges, achievements, future plans, and clients statistical analysis for the period covered.

## **INTRODUCTION**

Massive effort is still required across all sectors to achieve the goal of this life catastrophe all over the world. In sub- Sahara region its effect is felt more as compared to the rest of the world, there is still need to do more to prevent its spread a lot of information has been imparted 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. This is why the Kenya government in 2010 introduced another strategy known as PITC(Provider initiated testing and counseling ) to help scale up the testing and counselling with the aim of reaching anybody who comes for any medical service and even the caregivers in any health facility with the HIV test. This is the reason the number tested this year has doubled. “And the WAR still continues”.

The 2008 Kenya Demographic and Health survey (KDHS) estimated the average HIV prevalence rate among population aged 15-49 at 6.3%, the survey confirmed that women are still more likely to be infected than men with men at 4.3% and women at 8%. Even though many challenges still remain, Kenya’s fight against HIV- AIDS has shown promising success. HIV prevalence is seen as stabilizing at 6.1%. Nevertheless, the number of new infections remains high and varies across the provinces. Nyanza still has the highest rate among the eight provinces with 14% while North Eastern province rate is estimated at only 1%. Closer to home, however, the prevalence rate in Nyatike District is 25% with Karungu Division showing a decrease from 25% to 12% with this year’s world Aids day theme “Getting to zero new HIV infections, zero discrimination and zero HIV related deaths”, St Camillus is in the fore front in the war against HIV/AIDS.

## **ST CAMILLUS MISSION HOSPITAL**

This institution is based 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 the figures given in the introduction of this report).

The institution has taken every effort to curb the spread of the scourge through various educational, medical and social services. Interventions such as VCT (Voluntary counseling and testing) PITC (Provider initiated testing and counselling), prevention mother to child transmission of HIV services and other HIV testing and services have been put in place to curb the scourge.

## **STAFFING**

St Camillus HTC site has one trained counselor offering quality services to clients; the counselor is working in collaboration with a PITC counselor colleague from ART department.

## **CAPACITY BUILDING**

It is done in various ways throughout the year. HTC staff members need to routinely meet to discuss important issues and quality assurance matters as the year unfolds thus creating way for quality services, but they were un able to do so due to inconveniences.

## CHALLENGES

- Current strategies do not focus on discordant couples and there are inadequate youth-friendly support services.
  - Stigma and discrimination: negative attitudes towards HIV and Aids are 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 individuals still believe in old cultural practices such as wife inheritance
  - Lack of funds to support the mobile services in hard to reach areas where there is rapid HIV transmission
  - Few client couples: many people still are unwilling to go for HIV testing services with their spouses as a result it creates misunderstanding amongst the couples.

## ACHIEVEMENTS

- Quality of knowledge on HIV transmission and prevention has increased.
  - Since the introduction of the VCT/PITC services in the institution, many people have had their behavior changed.
  - Confidentiality within the site has lead to stigma reduction among staff and even the people in the community resulting in to the influx of more people in the site.
  - Reduced mortality and morbidity rate: through VCT/PITC many people once tested and referred are able to access care and treatment from the patient support centers.

## FUTURE PLANS

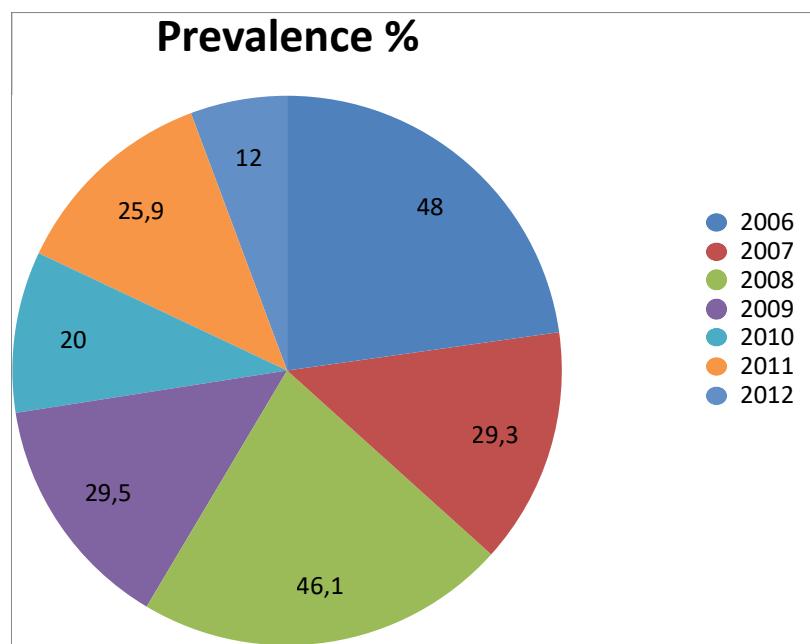
- Need for more refresher trainings to help counselors get more updates on HIV information.
  - Tentative need to good coordination among counselors and other health workers e.g. nurses, clinical officers to help realize our goal.
  - To extend mobile VCT services in hard to reach zones such as the islands of lake Victoria
  - To maintain and improve quality of services to our clients
  - To organize and promote quality assurance exercise in the site.

## **STATISTICAL SUMMARY OF CLIENTS TESTED FROM JAN- DEC 2012**

Jan	66	17	49	81	22	59	147	39	<b>27%</b>
Feb	62	16	46	69	25	44	131	41	<b>31%</b>
Mar	79	15	64	91	18	73	170	33	<b>19%</b>
Apr	63	16	47	64	11	53	127	27	<b>21%</b>
May	175	12	163	222	26	196	397	38	<b>10%</b>
Jun	54	13	41	67	12	55	121	25	<b>21%</b>
Jul	125	23	102	326	27	299	451	50	<b>11%</b>
Aug	185	14	171	292	19	273	477	33	<b>7%</b>
Sep	180	10	170	228	20	208	408	30	<b>7%</b>
Oct	347	21	326	399	25	374	746	46	<b>7%</b>
Nov	298	31	267	257	29	228	555	60	<b>11%</b>
Dec	347	62	285	371	60	311	718	122	<b>17%</b>
<b>Total</b>	<b>1981</b>	<b>250</b>	<b>1731</b>	<b>2467</b>	<b>294</b>	<b>2173</b>	<b>4448</b>	<b>544</b>	<b>12%</b>

#### **GRAPHICAL PRESENTATION OF HIV PREVALENCE RATES AMONG VCT CLIENTS IN KARUNGU AND ITS ENVIRONS**

Year	2006	2007	2008	2009	2010	2011	2012
% prevalence	48.0	29.3	46.1	29.5	20.0	25.9	12%



## ANNUAL STATISTICS OF PEOPLE TESTED

YEAR	CLIENTS TESTED	CLIENTS POSITIVE
2006	1,681	807 (48.0%)
2007	806	236 (29.3%)
2008	1,959	903 (46.1%)
2009	2,306	681 (29.5%)
2010	4,352	858 (20.0%)
2011	1,651	429 (25.9%)
<b>2012</b>	<b>4,448</b>	<b>544 (12%)</b>

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