

PROJECT TITLE: HTC PROJECT
PROGRESS REPORT: ANNUAL
PERIOD COVERED; JANUARY- DECEMBER 2013



BACKGROUND INFORMATION

It is widely accepted that HIV/AIDS has major economic and social impact on individuals, families, communities and society as a whole. In Kenya as in other countries in sub Sahara Africa, AIDS threatens personal and national well-being by negatively affecting health, lifespan, and productive capacity of the individual; and critically, severely constraining the accumulation of human capital and its transfer between generations. HIV Testing and counselling services are increasingly widely available, and a growing proportion of Kenyans are aware of their HIV status. A wide range of support services are required for effective joint HIV/AIDS program.

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. HIV prevalence rate in Kenya stood at 7.2% (KAIS, 2007) meaning that more than 1.4 million Kenyans were living with HIV, although currently according to NASCOP the prevalence rate has fallen from 7.2% to 5.6% but the number of people living with HIV has increased to 1.6 million people. Kenya's HIV prevalence rate peaked during the late 1990s and according to the latest figures has dramatically reduced, adult aged 15–49 years their prevalence rate is 6.3% (Kenya Demographic Health Survey). Discordance rates in Kenya are relatively high, at 45% meaning that approximately 400,000 couples live in discordant relationships (KAIS) Kenya AIDS Indicator Survey. Kenya has generalized epidemic but the modes of Transmission Study (MOT 2008) reveals a concentrated epidemic among the most at -risk populations (MARPS).

Karungu is one of the areas which have been affected where many people have lost their beloved ones from this scourge. St Camillus Mission Hospital in conjunction with Kenya AIDS Response Program (KARP) based project in St. Camillus through VCT/PITC (Provider initiated testing and counselling) (HTC) HIV testing and counselling 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 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 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 prevent the spread of HIV/Aids within Karungu and its environs

OBJECTIVES

- ✓ To motivate individuals who test HIV negative to guard their sero-status and the positive ones to avoid re-infections.
- ✓ 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

The report gives the actual overview of the project in a period of one year and the modalities taken by the St Camillus HTC department and the hospital in collaboration with the Kenya Aids Response Program (KARP) in addressing the HIV issue, staffing, capacity building, challenges, achievements, future plans, and clients statistical analysis for the period covered.



Group Counseling in session

INTRODUCTION

Kenya is the home to one of the worlds harshest HIV/AIDS epidemic, an estimated 1.6 million people lives with HIV, around 1.1 million children have been orphaned by this scourge and in 2011 nearly 62,000 people died from AIDS related illness according to (KADHS) report. Survey shows that persons who are educated are at risk in HIV prevalence, more to be done because those educated and economically stable does not behave in a manner that indicates they perceive the risk of the disease. Massive effort is still required across all sectors to achieve the goal of this life catastrophe all over the world. In sub-Saharan 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 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.

The Kenya Demographic and Health survey (KDHS) estimated the average HIV prevalence rate among population aged 15-64 at 6.3%, the survey confirmed that women are still more likely to be infected than men with men at 4.4% and women at 6.9% and moreover the survey shows that adults aged 15 and above who are living with the HIV are 1.4 million and children aged from 0-14 living with HIV are 200,000. Even though many challenges still remain, Kenya's fight against HIV/AIDS has shown promising success. HIV prevalence is seen as stabilizing at 5.6%. Nevertheless, the number of new infections remains high and varies across the provinces. Nyanza still has the highest rate among the eight provinces with 15.1% 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 15% with this year's world Aids day theme "Getting to zero new HIV infections, zero discrimination and zero HIV related deaths", St Camillus is making every effort to stem this scourge in Nyatike and more so in Karungu Division.

ST CAMILLUS MISSION HOSPITAL

The above 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), (PMTCT) 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.



Lillian Ochumba – PITC counsellor



Maurice Awuor HTC counsellor

CAPACITY BUILDING

It is done in various ways throughout the year. HTC staff members have made several expert counselors support supervision sessions sponsored by the KARP program which is based in the hospital to routinely enable them discuss important issues and quality assurance matters as the year unfolds thus creating way for quality services.

CHALLENGES

- ✓ In as much as HIV testing and counseling is offered, stigma and discrimination is still rampant among the people around.
- ✓ Current strategies do not focus on discordant couples and there are inadequate youth-friendly support services.
- ✓ 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

- ✓ Continuous counselors support supervision sponsored by KARP program.
- ✓ 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

- Initiation of 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 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 2013

MONTH	MALE			FEMALE			TOTAL		
	No. tested	No post	No neg	No. tested	No. post	No. neg	Total tested	Total post	% post
Jan	256	38	218	318	37	281	574	75	13%
Feb	136	22	114	270	21	249	406	43	11%
Mar	126	21	105	186	15	171	312	36	12%
Apr	137	19	118	164	12	152	301	31	10%
May	191	32	159	195	41	154	386	73	19%
Jun	358	42	316	337	52	285	695	94	14%
Jul	492	43	449	456	46	410	948	89	9%
Aug	617	125	492	694	139	555	1311	264	20%
Sep	241	43	198	307	68	239	548	111	20%
Oct	232	41	191	208	50	158	440	91	21%
Nov	226	23	203	339	38	301	565	61	11%
Dec	188	34	154	205	32	173	393	66	17%
Total	3200	483	2717	3679	551	3128	6879	1034	15%

GRAPHICAL REPRESENTATION OF HIV PREVALENCE RATES AMONG HTC CLIENT IN KARUNGU AND ITS ENVIRONS

Year	2006	2007	2008	2009	2010	2011	2012	2013
% prevalence	48.0%	29.3%	46.1%	29.5%	20.0%	25.9%	12%	15%

**ANNUAL NUMBER OF PEOPLE TESTED AND PERCENTAGE POSITIVE
FROM 2006-2013**

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%)
2011	1651	429 (25.9%)
2012	4448	544 (12%)
2013	6879	1,034 (15%)

Report compiled by:

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