



PROJECT TITLE: HTC PROJECT
PROGRESS REPORT: ANNUAL
PERIOD COVERED; JANUARY- DECEMBER 2014



BACKGROUND INFORMATION

HIV Counseling and testing (HTC) for HIV is an essential link between HIV prevention and HIV care and support. HTC promotes and sustains behavior change, and links with interventions; it is now a priority in many countries. In these countries, HTC is conducted as a collaborative effort among host government, development partners (donors) and local and international organizations. It is conducted independently or jointly by public and private sector organizations, including non-governmental organizations (NGOs) and community-based organizations (CBOs).

Access to health should not be decided who you are or where you live but by equity and social justice. According to the latest report from the National HIV and Aids Estimates launched this year by the cabinet secretary for health indicates that Kenya has the fourth highest number of Aids infections in the whole globe. The HIV prevalence rate in Kenya stands at 1.6 million people when South Africa is taking the lead with the prevalence rate of 5.6 million ahead of Nigeria 3.3 million and India 2.4 million that is according to the statistics from the UNAIDS and the world health organization. An estimated 191,840 of the people living with HIV virus in Kenya are children and some 58,465 died of the HIV related illnesses in 2013. A new report from the National HIV and Aids Estimates states that at least 100,000 new infections in Kenya annually.

OUR GOALS

Our main goals are:

- To create awareness and impart information pertaining HIV to the community.
- To prevent the spread of HIV/Aids within Karungu and beyond.
- To reduce the spread of HIV and improve the lives of people infected and to mitigate socio economic impact of the epidemic.



OBJECTIVES

- ✓ To reduce the number of new HIV infections in both vulnerable groups and the general populations.
- ✓ To foster treatment and care, protection of rights and access to effective services for infected and affected individuals.
- ✓ To refer the infected HIV clients for care and treatment to appropriate support centers and to help identify support groups within their villages.
- ✓ To motivate HIV negative clients to guard their sero-status and the HIV positive ones to avoid re-infections.



HIGHLIGHTS OF THE REPORT

It comparatively highlights the real overview of the projects report within a period of one year and the efforts involved by the St. Camillus HTC department and the hospital in addressing the HIV issue, staffing, capacity building, challenges and achievements, future plans and the statistical analysis for the whole year.



INTRODUCTION

In this era of the reduced funding for addressing HIV/Aids globally and the more widely available care and treatment services, we are called to remember the role of HTC and other HIV prevention programs in reducing farther spread of HIV infections in Kenya. A vast effort is still required across all sectors to achieve the goal of this life catastrophe across the globe. There is still need to do more to stop its spread a lot of information has been passed about the effective prevention, but many countries still have difficulty channeling their efforts on interventions that will have the greatest impact in stemming the spread of the virus. The Kenya government in 2010 introduced another strategy called PITC (provider initiated testing and counseling) to enable it reach her goal of testing and counseling with the aim of reaching anybody who comes for medical services and even the caregivers with the HIV test.

The Kenya ministry of health published a report on June 2014 called Kenya HIV prevention revolution roadmap. The roadmap aims to dramatically strengthen HIV prevention, with the ultimate goal of reducing new HIV infections to zero by 2030. The HIV epidemic in Kenya exhibits extreme geographical and gender disparities. National estimates and modeling indicates that 65% of new adult infections in nine of the 47 counties. There is higher prevalence among women at 7.6% compared to men at 5.6%. The national HIV prevalence rate in Kenya dropped to 5.6% from 6% survey done by the Kenya Aids indicator survey 2014, however, according to counties, Homa-bay is leading the pact of new HIV infections with the HIV prevalence rate of 25.7%, Siaya at 23.7%, Kisumu at 19.3% and Migori at 14.7%, whereas Wajir has the least number of new HIV infections in the last study and therefore records the lowest prevalent rate of 0.20% nationally. Closer to home, in the Sub-county of Nyatike is at 20% and in Karungu division where St. Camillus mission hospital is situated, the prevalent rate is at 6.5% as stipulated from our current report.

ST. CAMILLUS MISSION HOSPITAL

It is situated in Migori county in the sub county of Nyatike and in Karungu division. It located in the county where HIV prevalence rate is ranked 4th nationally according to counties in Kenya (*refer to the above figures in the introduction paragraph*). The institution has taken every effort to manage the scourge through different strategies possible such as VCT, PITC and Prevention Mother to child transmission (PMTCT) other testing strategies.

STAFFING

It has one trained Counselor working in collaboration with one counselor from ART KARP program the two offers their quality services to the clients in the whole of St. Camillus fraternity and beyond.

CAPACITY BUILDING

HTC staff members have attended a new HIV algorithm training in Kisumu on two deferent dates and have had several expert counselors support supervision sessions this year sponsored by the KARP program to enable them cope with the national criteria of HIV provisions.

CHALLENGES

- ✓ Condom procurement; a number of clients still unable to access condom as a result of shortage in the ministry of health.
- ✓ Current strategies do not focus on the discordant couple testing and youth friendly services.
- ✓ Fear and stigma is still rampant among community members and is hindering them from accessing HIV testing and counseling services.

ACHIEVEMENTS

- ✓ Since the introduction of the new HIV testing algorithm, there has never been a national shortage of the test kits.
- ✓ With the combination of HIV testing strategies, many clients have known their status and have had their behavior changed
- ✓ HTC counselors have been orientated on the new testing algorithm in order to match the national guidelines
- ✓ Quality of knowledge on HIV transmission and prevention has increased.
- ✓ With the sponsorship from KARP program, all practicing testing counselors have attended counselors support supervision in order to meet the national requirement of testers.

FUTURE PLANS

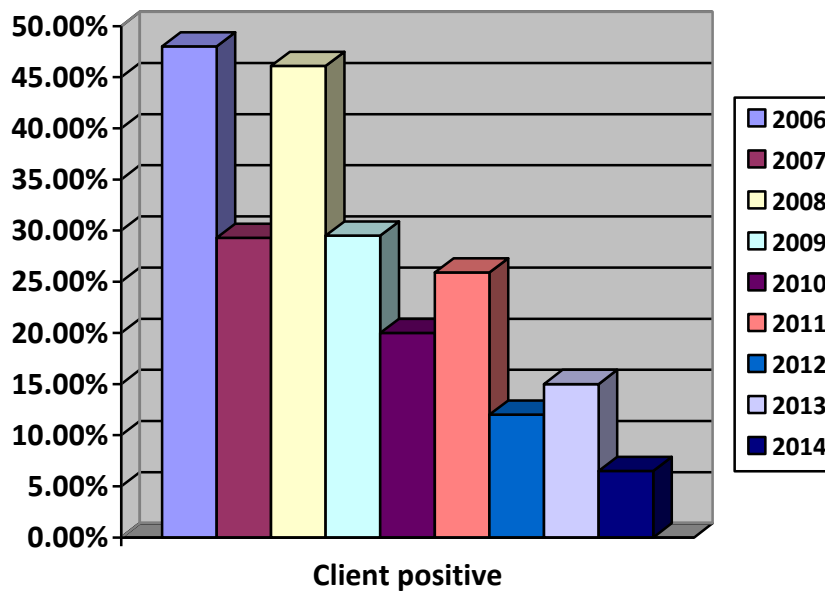
- ✓ Need to have good coordination between all the testers and other health workers
- ✓ To maintain and improve quality of services to our clients
- ✓ To have many refresher trainings to enable counselors acquire more updates on HIV

STATISTICAL SUMMARY OF CLIENTS TESTED FROM JAN - DEC 2014

MONTH	MALE			FEMALE			TOTAL		
	No. tested	No. post	No. neg	No. tested	No. post	No. neg	Total tested	Total post	% post
Jan	156	24	132	196	39	157	352	63	17.9
Feb	221	30	191	289	30	259	510	60	11.7
Mar	261	22	239	258	34	224	519	56	10.8
Apr	60	3	57	140	14	136	200	17	8.5
May	225	22	203	372	28	344	597	50	8.4
Jun	200	15	185	332	42	290	532	57	10.7
Jul	317	10	307	341	17	324	658	27	4.8
Aug	319	9	310	316	19	297	635	28	4.40
Sept	341	17	324	361	10	351	702	27	3.9
Oct	481	11	476	521	13	508	1,002	24	2.3
Nov	238	7	231	314	9	305	552	16	2.9
Dec	241	9	232	268	5	263	509	14	2.8
Total	3,060	179	2,887	3,708	260	3,458	6,768	439	6.5

ANNUAL NUMBER OF CLIENTS TESTED AND PERCENTAGE + FROM 2006 - 2014

Year	Clients tested	Client 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%)
2012	4,448	544 (12.0%)
2013	6,879	1,034 (15.0%)
2014	6,768	439 (6.5%)



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