Home Based HIV Testing and Counseling: An innovative strategy for reaching families and couples in Kenya
The 11th KAPC Conference
7th September 2010
Presenter: Lucy Njuki

Dorothy Njeru, Asher Otiende, Robbie Mulwa
overview

- LVCT Background
- Down memory Lane
- Gaps?
- HBTC background
- Aims?
- Principles
- Results
- Best practices
- Challenges
- Conclusion
LVCT- Background

- Local indigenous Kenyan NGO registered in 2001
- Goal: undertake HIV prevention, care and treatment and sexual and reproductive health policy reform and service delivery interventions in Kenya
- LVCT’s work is evidence based, Quality Assured with M&E central to all programs
- HTC, care and treatment, training, MARPs and VGs a priority
Bottleneck? P

VCT

PMTCT

Prevention

Care & support

OVC

ART

Down Memory lane
Conti...

VCT
Diagnotic for symptomatic
Routine offer STI, TB, ANC
MVCT
PITC
HBTC

Care & support
PMTCT
OVC
Prevention
ART
Universal Access

Paradigm shift
Gaps?

- Despite different HTC strategies put in place to curb HIV infection
  - HIV prevalence among children is not known
  - An estimated 81% of those infected do not know their HIV status.
  - 77.9% of individuals do not know their sexual partners' HIV status
  - High Discordance rates among sexual partners (45% among couples)
  - Low HTC uptake among men (24.5% of Kenyan men have ever been tested for HIV)
    (Data sourced from KAIS 2007)

- Towards universal access? - 80% correct Knowledge of HIV status by 2013......
HBTC background

Its a HTC approach in community setting aimed to address gaps from previous strategies

- Its a PITC approach with an opt out option.
- Feasible and acceptable among communities (LVCT, IMC, CDC)
- LVCT HBTC, implemented in Dagoretti district, Kawangware location; Gatina and Kawangware sub-locations
- Kawangware is home of diverse ethnic groups
- Majority of residents are Low and Medium earners
- Eligible population was 75,785 and 36,909 households. Duration between May 2009 to June 2010
- 11 villages visited for door to door services
- PCA and priority considerations key to success.
HBTC Aims

- Increase HTC access for family, couples and sexual partners (aims to enhance disclosure & promotes family and social support)
- Has Potential to significantly increase HTC coverage (95% uptake rate in Kawangware)
- Aims at reaching exposed children under 5 years
- Employs dynamic, Contextual and multicultural strategies
- Leads to identification of many previously undiagnosed HIV infected patients (93% new testers)
A Must Do At The HH!!

- Ethical Considerations
- Home entry process
- Household targeted-HH Head
- Respect to communities’ social, administrative structures, and family dynamics.
- Embrace community ownership and participation
- Pre-test information; post test counseling and appropriate referrals
- Ensures high quality services !!!
Implementation strategies

1) General population

Counselors visit all the homes in a specified geographical area. (Door to Door HTC) its done systematically (Clustering) ensuring that no household is skipped.

2) Index client

Counselors only visit homes of HIV positive clients to provide HTC to their families.
Intervention Methodology

- Greater involvement of PLHIV CHWs
- Targeted campaigns to solicit men’s participation
  - during village-based meetings,
  - visiting local brew bases
- Targeted Campaigns to target couples and families
  - working over the weekends and late evening.
  - couples meeting in Churches
  - Repeat visits where families were initially absent
- Use of Informative cards
- Engaging social networking associations e.g. Women groups
### New and Repeat clients

<table>
<thead>
<tr>
<th>Type of Client testing</th>
<th>HBTC (Kawangware)</th>
<th>Sokoni VCT (Kawangware)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>26,404</td>
<td>2,678</td>
</tr>
<tr>
<td></td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>Repeat</td>
<td>1,842</td>
<td>3,346</td>
</tr>
<tr>
<td></td>
<td>44%</td>
<td>55.3%</td>
</tr>
<tr>
<td>Total</td>
<td>28,267</td>
<td>6,057</td>
</tr>
</tbody>
</table>
HIV prevalence by sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Prevalence</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1.9%</td>
<td>228</td>
</tr>
<tr>
<td>Female</td>
<td>3.7%</td>
<td>600</td>
</tr>
</tbody>
</table>

Prevalence is lower in males than in females.
Number tested by Age-Group

- **Adults**: 45% (12,463)
- **Youth**: 37% (10,227)
- **Children**: 19% (5,197)

By Age group
Session type

- **Individual**: 15,229
- **Couple**:
  - Monogamous: 1,872
  - Polygamous: 56
- **Group**: 978
- **Family**: 9,808

Number of clients
Best practice

- Service providers gel with community (dressing, culture)
- Special gear for service providers for identification and security purposes
- Flexibility; working late hours and over the weekend
- Targeted mobilization with key messages; target couples
- Use of landmarks to identify the households
- Systemic clustering system informed coverage and uptake
Best practice

- Utilizing PLHIV Community Health Workers
- Service providers gel with community (dressing, culture)
- Flexibility; working late hours and over the weekend
- Targeted mobilization with key messages; target couples
- Use of landmarks to identify the households
Challenges
Challenges

- Balance between working time for urban dwellers to be captured—especially men
- Few couples in urban setting during the day
- Service providers burn out
- Varied community structures and norms may hamper service acceptance.
- Stigma and discrimination among some communities
- Religion and cultural briefs
- Decision making; women
Recommendations

• Mechanisms for enhancing disclosure among sexual partners and couples
• Strengthen community strategy in line with GoK’s structures and priorities
• Structured support to discordant couples
• Develop strategies to improve male involvement
• Gender integration in HIV services programming
• Referral and networking
Conclusion

- HBTC provides a unique opportunity to support families
  case study: Discordant couple.............

- The strategy achieves higher yield of first time testers as well as case detection, compared to VCT

- The strategy is best practice in high densely populated
Thank You!

• Contacts

Website: www.liverpoolvct.org
Email: enquiries@liverpoolvct.org