Increasing Uptake and Continuity of Couple Counseling and Testing through PITC in Eastern and Western Kenya

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National HIV Prevalence

HIV prevalence among adults aged 15-64 years by Province, Kenya 2007

Wide regional variation in HIV prevalence among adults aged 15-64 years, ranging from 14.9% in Nyanza province to 0.8% in North Eastern province

Source: KAIS 2007
Background

- In 9.7% of married/cohabiting couples, one or both partners are infected with HIV (KAIS, 2007).
- 6 out of 10 of these couples are discordant translating to nearly 350,000 married or cohabiting couples who need targeted HIV Testing and prevention in Kenya.
- Overall, 57.5% of women and 56.4% of men reported having had unprotected sex with at least one partner of HIV-discordant or unknown HIV status in the 12 months prior to the survey.
- Most new cases of HIV are occurring in the long-term stable relationships.
During supportive supervision to various provinces: 7 out of 10 Health care workers ill prepared to handle couple counseling and did not encourage HIV positive clients to disclose their status to partners.
Prevalence among women and men aged 15-64 years by current marital status, Kenya 2007

HIV prevalence was significantly greater among widowed women and men and separated/divorced women compared to other adults.
objective

- To increase the capacity of the health care workers to handle issues affecting couples and especially those in discordant relationships

- To increase the uptake of couples/partner enrolled at the comprehensive care centre (C.C.C.)
Intervention

- To improve coverage at EPGH, Jhpiego supported the integration of couple counseling into PITC on-the-job (OJT) training program
- Team composition: overall HTC coordinator, support supervisors, Comprehensive care staff and clinical mentors at each department
- Prompt client referral to care through escort system within the facility
Intervention.....

- Client follow-up through mobile phone and home visits
- APHIA II Western, where Jhpiego implements the HTC activities, conducted a home based HIV testing and counseling program (HBTC) in 2009, where couple testing was also of emphasis.
Couple counselling issues

M/S. Lydia Njihia - PITC Mentor compiling data on couple counselling - EPGH, 2009

PITC Counsellors during an experience sharing meeting on couple counselling at EPGH Boardroom, 2009
Achievements

- Following integration of couple counseling into “OJT” at the Embu PGH, the number of couples offered PITC increased from 594 (27% of 2,213 total tested) in 2007 to 7,183 (48% of 14965) in 2009.
- Number of service providers trained through ‘OJT” increased from 20% to 95 % of approx. 350 staff
- In addition, through HBTC in Western province in 2009, 3,199 couples were tested. Of these, 182(5.7%) were concordant positive and 259 (8.3%) discordant
Result

No. of trained service providers

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>2007</td>
<td>20%</td>
</tr>
<tr>
<td>2009</td>
<td>95%</td>
</tr>
</tbody>
</table>

N=350
Achievements...

- The number of HIV-infected clients identified through PITC at Embu PGH increased from 187 (8.5% of 2,213) in 2007 to 912 (6% of 14,965) in 2009.

- At EPGH, the number of Couple/partner who tested HIV positive and were referred to Comprehensive care through PITC increased from 78 (13% of 594) in 2007 to 379 (5.3% of 7,183) in 2009.
PITC Services

PITC Uptake

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of clients offered PITC</th>
<th>No. of couple/partner offered PITC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>2,213</td>
<td>594</td>
</tr>
<tr>
<td>2009</td>
<td>14,965</td>
<td>7,183</td>
</tr>
</tbody>
</table>

HIV Prevalence

<table>
<thead>
<tr>
<th>Year</th>
<th>Clients</th>
<th>Couple</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>8%</td>
<td>13%</td>
</tr>
<tr>
<td>2009</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Sharing best practices on Quality HTC service delivery

PITC Jhpiego Regional meeting participants on a learning visit to EPGH, January 2009

Using Nationally recommended documents for ‘OJT’
Lessons learned

- Developing PITC training capacity at hospital and community level increased the number of providers trained and number of couples reached with counseling and testing for HIV.

- Taking services to the community, as done through HBTC, is a practical means of reducing the testing gap in the general population and among couples/partners.

- Increased testing and disclosure of HIV status is useful as a preventive measure among couples/partners.

- The OJT approach reduced the need for staff to use off-site training venues, which are relatively expensive and disrupt effective delivery of day-to-day clinical services.
Next steps

- The Ministries of Health plan to structure and roll out ‘OJT’ for PITC at all provincial and district hospitals countrywide
- Jhpiego/ACCESS Uzima will support NASCOP/MOH to explore opportunities to improving CHTC and partner disclosure of HIV status in Kenya
- NASCOP and partners to put more emphasis on CHTC in all HTC approaches
- Jhpiego will support NASCOP to integrate Couple counselling into all HTC trainings among other partners
Acknowledgements

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Thank you