



U.S. Agency for International Development

Bureau for Global Health

SUCCESS STORIES

HIV/AIDS

New Voluntary Counseling and Testing Sites Reach Growing Numbers

THE KENYAN GOVERNMENT'S AMBITIOUS PROGRAM to expand voluntary counseling and testing (VCT) services throughout the country has resulted in a rapid increase in availability and use of HIV testing and counseling. Overcoming enormous challenges, 55 sites have been established in less than two years in three priority regions of the country where the HIV-prevalence rate and risk of new infection are highest. The IMPACT project, funded by the U.S. Agency for International Development and conducted by Family Health International, has been key to the successful rapid expansion of VCT services. IMPACT supported the government and essential Kenyan partner institutions to develop service models, standardize services, create quality assurance systems, develop a training curriculum for counselors, and promote site services.

Kenya is among those African nations hardest hit by the HIV/AIDS epidemic. More than two million adults are living with HIV/AIDS, representing a prevalence rate of almost 15 percent of the population. The peak ages for HIV infection are 25 to 29 for women and 30 to 34 for men. Tragically, young Kenyan women aged 15 to 24 are more than twice as likely to be infected as men in the same age group. This high rate of infection can be attributed to girls' and women's greater vulnerability to infection; the great age differential between male and female partners is also certainly a contributing factor. HIV prevalence among pregnant women exceeds 20 percent in many areas. The catastrophe of the epidemic is painfully apparent, and the need to reach Kenyans with counseling, testing, prevention, and care services is paramount.

Voluntary counseling and testing is a powerful weapon against the spread of HIV/AIDS. VCT is a key entry point for needed medical, psychological, social, and legal interventions for HIV-positive Kenyans and their families. Interventions include treatment and prevention of opportunistic infections; prevention of mother-to-child transmission of HIV; home-based care; orphan support; and post-test clubs. VCT is a catalyst for behavior change—for clients who test HIV-negative as well as those who test positive. Clients are counseled about HIV prevention, and they develop HIV risk-reduction plans and receive referrals to post-test clubs to reinforce behavior change.

The Kenya program uses two models of service provision: stand alone sites and those integrated into public health facilities such as large hospitals, smaller health centers, and rural dispensaries. The document, *National Guidelines for Voluntary Counseling and Testing*, published in 2001, ensures standardized, good-quality services among all the sites. Using a newly

developed national VCT curriculum, 127 counselors have been certified and are now working at these sites. Counselors are qualified to administer and read the same-day, rapid HIV test, allowing test results to be shared before clients leave the facility.

District health management teams made up of health professionals, community leaders, people living with HIV/AIDS, and others have been central to planning and implementing the voluntary counseling and testing sites, thus ensuring ownership and sustainability of the program. A mass media component for the program uses a combination of approaches to create awareness and encourage voluntary counseling and testing.

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Photo courtesy of Robert Ritzenthaler/ Family Health International

A man walks by a billboard advertising Kenya's new VCT program with the Swahili message, "Well, what will I do if my partner has HIV?" Discuss this question with the staff at the nearest VCT center."

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The early success of the VCT program is reflected in the numbers of Kenyans who have sought services. Between January 2001 and September 2002, more than 36,000 Kenyans visited program sites and received HIV/AIDS-related services. Expanding the VCT program in Kenya involves many challenges, but the people who work on the program—from counselors and site managers to district medical officers, national leaders, and donor agencies—are committed to making it work.

Kenya, May 2003