### Abstract

- HIV testing and counseling services are cornerstone of HIV prevention, care, and treatment programs. In 2005, Kenya Ministry of Health (MOH) developed national policy guidelines to mainstream Provider-Initiated Testing and Counseling (PITC) services in clinical settings. However, uptake of PITC at public hospitals has remained low (30%).

### Description

- Dissemination of PITC guidelines and training of health workers has been conducted nationally by MOH and partners. Jhpiego and the MOH evaluated the PITC program two years after its introduction. PITC services were assessed in all eight provincial hospitals and two teaching and referral hospitals using structured interviews and focus group discussions.

- Identified challenges to PITC uptake included: staff shortages, limited number of PITC-trained personnel, lack of ownership of the PITC approach among health care workers, lack of tools to properly capture data, and supply chain and other logistical issues. In addition, overcrowding in outpatient and inpatient departments, lack of adequate space, and low staff morale were noted. Health workers’ negative attitudes were an added stumbling block as some doctors viewed counseling as the role of non-medical personnel.

### Lessons Learned

- Regular, multi-disciplinary team meetings at facilities to address gaps are important. Continuous supportive supervision and on-site mentorship are crucial in strengthening knowledge and skills.

### Next Step

- A stakeholders’ meeting will be held at the national level to review the program, discuss outcomes of the program evaluation, and identify best practices to address gaps.

### Introduction

In generalized HIV epidemics, increasing access to HIV testing and counseling is an important strategy to increase access to HIV care, treatment and prevention services.

To mainstream HIV testing and counseling services across the health system, the Kenya Ministry of Health developed national guidelines for Provider-Initiated Testing and Counseling (PITC) in 2005.

To scale up PITC in clinical settings, Jhpiego, in collaboration with the Ministry of Health and partners, conducted the following activities:

- Disseminated PITC national guidelines
- Developed state-of-the-art training materials (Learning Resource Package for PITC, and Orientation Package to update health workers on national guidelines for PITC)
- Developed core trainers for PITC at national and provincial levels
- Trained of health workers in all national and provincial hospitals
- Supported district level training of health workers

### Program Evaluation

To determine why PITC uptake was low, Jhpiego and MOH conducted an evaluation of the program two years after introduction.

- PITC services were assessed in all eight provincial hospitals, and two teaching and referral hospitals
- Design: cross-sectional survey
- Period of evaluation: November-December 2007

### Evaluation Tools

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<th>TOOL</th>
<th>TARGET AUDIENCE</th>
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<td>1. Service provider questionnaire</td>
<td>PITC-trained providers</td>
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<td>2. Focus group discussion guide</td>
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<td>3. In-depth interview guide for health managers</td>
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<td>4. Facility contact questionnaire</td>
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<td>5. Client exit questionnaire</td>
<td>Patients receiving care at facility</td>
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### Challenges Identified by Facility Managers and Service Providers

- Staff shortage/staff rotation
- Increased workload, burn-out
- Supply chain and logistics issues—stock-outs of test kits
- Overcrowding in inpatient/outpatient departments
- Long client waiting time
- Lack of space/privacy/confidentiality
- Dealing with very sick patients
- Lack of tools to properly capture PITC data
- No IEC on materials on PITC
- Doctors view counseling as a role for non-medical personnel

### Client Exit Interviews (N=91)

- 95% were given adequate time to decide whether to test
- 97% reported they were treated with respect
- 84% were accorded adequate privacy
- 95% were satisfied with the information and explanation given for HIV testing process and results

### Next Steps

- Explore why doctors may not be actively involved in PITC services
- Increase PITC services at medical outpatient departments
- Stakeholder meetings to be held at national level to review the program, discuss challenges and identify best practices to address gaps.

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