

**THE CHALLENGES OF MANAGING A OF VOLUNTARY HIV
COUNSELLING AND TESTING CENTER IN OUR SOCIETY
TODAY.**

**A CASE STUDY OF MOMBASA YOUTH COUNSELLING
CENTRE-MOMBASA, KENYA.**

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**A DISSERTATION SUBMITTED TO FACULTY OF SOCIAL SCIENCES
IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
AWARD OF A DEGREE OF BACHELOR OF SOCIAL WORK
AND SOCIAL ADMINISTRATION OF KAMPALA
INTERNATIONAL UNIVERSITY.**

SEPTEMBER 2007

DECLARATION

I Mwangi E. Joyce Wanjiku-BSWSA, declare to the best of my knowledge that this is my original work and it has never been presented to any other University or any other institution of Higher learning for any award of Bachelor of Social Work and Social Administration.

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APPROVAL

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DEDICATION

I wish to dedicate this work to my parents MR. Maclenton M. Mwangi and my lovely dear mother Janeffer W. Mwangi both of who through their effort gave me the best and laid down the foundation of my education. Thank you for being understanding and for valuing education and guiding me at all times. May God bless you more.

I wish to express my gratitude and vote of thanks to my best friend J. Ayiecha Ombongi who kept encouraging me to work extra hard, God bless.

I will not forget to give my vote of thanks to Namoto G. B. for making this dissertation a success.

ACKNOWLEDGEMENT

I wish to acknowledge the timeless assistance of the following people who saw me through my course and constantly encouraged and guided me in preparation to face every challenge with confidence.

1. My supervisor Mr. Otange Rusoke for his encouragement and support throughout this research
2. Mr. Juma- Co-ordinator Mombasa Youth Counselling Centre
3. Mr. Wilberforce- VCT Counsellor at the MYCC.

Thanks to my brothers for their technical and moral support that they gave me while I was away collecting information especially when I was attached in Sudan. May God continue blessing them.

My special thanks also all my classmates most especially Irene, Evelyn, Josephine, Liz, Goodluck, Fridah and Njoki and the entire KIU community at large.

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ABSTRACT

This research study is a managerial based study of a Voluntary Counselling and Testing Centre for HIV known as VCT. Its main objective was to show how the introduction of the VCT centres has affected the society especially the youth at the Mombasa region. It shows how the VCT centre should be managed and the impact it should have on the community (youth).

The research involved a randomly selected a sample of two VCT counsellors, Five members of the public and Twenty clients of the VCT.

The dissertation comprises of five (5) Chapters. It starts with the introduction which introduces the case study which is Mombasa city centre. It is followed by the background of the study which analyses the existence and the role of VCTs in the community. This Chapter also give direction of the study, set the objectives, purpose of the study, statement of the problem, theoretical and conceptual framework of the study. Chapter Two (2) of the dissertation sought in depth the review of the related literature on the topic at hand. Chapter three (3) focused on the research methodology that the researcher adopted. It contains research design, sample collection, data collection, interviews, questionnaires and data analysis. Chapter Four (4) of the dissertation dealt with the presentation of the data from the field and its interpretation. Finally Chapter Five (5) the researcher will give the summary, conclusion and recommendation to the research.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

HIV epidemic continues to spread at an alarming rate with over 6000 new infections daily. African countries continue to bear the greatest burden of the Disease. HIV prevalence exceeds 30% among sexually active adults in some African cities within sub-Saharan region.

This prompted the development of VCT centres where individuals undergo counselling enabling him/her to make an informed choice about being tested for HIV or not.

It is estimated that less than 10% of inhabitants of the 3rd world countries are aware of their HIV status mainly because of limited availability, access and use of HIV counselling and testing services (HIV/VCT).

The high prevalence of HIV prompted the government of Kenya to set up Awareness programmes in the country, this included voluntary counselling and HIV Testing services as a major component of the national HIV Prevention and Care Programmes. Therefore, the voluntary counselling and HIV Testing (VCT) is an essential component of an effective response to the AIDS epidemic in Kenya.

VCT sites are expected to primarily target the youth aged 18-24yrs. Sexually active adult's males and females would offer same-day-Counselling and Testing Services.

A voluntary Counselling centre had a counsellor who was well trained and competent.

A VCT centre was able to provide educative material on VCT and HIV/AIDS such as; posters, brochures and video shows. These materials would enlighten individuals on what the programme is all about. These would be available while the client waits to see the counsellor. The VCT would provide same day or same hour results to clients, the clients would be able to receive their results within 2hrs, though clients would not be pressured into same day results if they are reluctant to do so. It is essential and evident that confidentiality was maintained when conducting HIV testing.

This would be maintained in two ways:-

1. **Strict Confidentiality:** That is maintaining strict controls over access to the clients name and test results and releasing the results to others only if the client authorises it.
2. **Anonymity:** This was used when the client does not wish to be named therefore a code number will be used. This code number will only be known to the client. VCT services are an entry point for other medical services such as prevention of mother to child transmission, TB treatment and prevention of opportunistic infections and other sexually transmitted diseases. Client records should be stored securely, only personnel with a direct responsibility for clients medical condition should have access to the records.

MINIMUM AGE

Anyone of the minimum years of age and above is considered able to give full informed consent.

Young people under 18yrs who are married, pregnant parents, engaged in behaviour that puts them at risk or are child sex workers should be considered “mature minors” who can give consent for VCT but the counsellor makes an independent assessment of the minor’s maturity to receive VCT services.

Children who are brought to the VCT for testing, the counsellor should meet the parents or guardian to determine the reasons for testing.

1.2 STATEMENT OF THE PROBLEM

With the prevalence of HIV/AIDS in many societies in an alerting rate, many people became concerned about knowing their health status and knowing one’s health status involved things like HIV/AIDS testing and counselling. Though it is advised in many counties that people go for testing and counselling, it becomes tricky as the process itself needs preparedness and readiness and many people do fear undergoing such a process. As such many people were not tested because of fear and their negative impression of counselling.

They were also unclear as to the advantages of knowing one’s HIV status hence affecting their daily life. As a result there were so many beliefs surrounding the process of testing and counselling.

Beliefs surrounding HIV testing were common and these included:

1. The testing procedure transmits HIV.
2. The results are unreliable.
3. People die of shock after receiving a positive result.

Therefore, VCT centres were playing an important role in eliminating this fear by providing counselling services before and after one does the test and practices high level of confidentiality among the clients. One wonders if there was more to be done to check or control the negative perception and reality about a VCT centre. Hence the need for this study.

1.3 OBJECTIVES OF THE STUDY

The objectives of the study included:

1. To establish the importance and functions of a VCT centre in the community.
2. To investigate the positive and negative impact of VCT centres on the community.
3. To find out the factors that has contributed to the problems affecting VCTs so that possible measures can be taken to curb them.
4. To offer solutions and suggestions on how VCT centres should be managed for their effective functioning.

1.4 PURPOSE OF THE STUDY

Voluntary counselling and testing centres in Mombasa city have greatly encouraged the public especially the youth to go for the AIDS test to know their HIV status. The purpose of this study was to create awareness of the VCT centres, this would be basically what was going on within a VCT centre, how it was managed, how it had to conduct its services. This study was to analyse what VCT offers and to make recommendations wherever possible how they should deal with their clients.

1.5 SIGNIFICANCE OF THE STUDY

The study was hoped to act as an encouragement to other researchers to find out more on the management of VCT centres. It was also hoped that at the end of the study VCT centres would be given a new and better image especially to the youth and the society as a whole. The study would encourage the youth to diminish their fears and go for the test to know their HIV status.

The study was to create more awareness to the youth to change their attitude towards the VCT centres and have a better view and perspective of the VCT.

The study would help to fight ignorance among the public and encourage effective management of VCT centres.

1.6 RESEARCH HYPOTHESIS

1. Knowing ones HIV status whether positive or negative, gives him/her the confidence to plan ahead.
2. The Voluntary counselling and testing centres are recent programmes that have greatly affected many lives.
3. Confidentiality within the VCT encourages the youth to go for the tests to know their status.

1.7 THE SCOPE OF THE STUDY

The study was conducted at a VCT centre located within Mombasa youth counselling centre, it involved the VCT counsellors, the public, the youth at the centre both who had visited the VCT and had taken the test and those who had not visited the VCT centre.

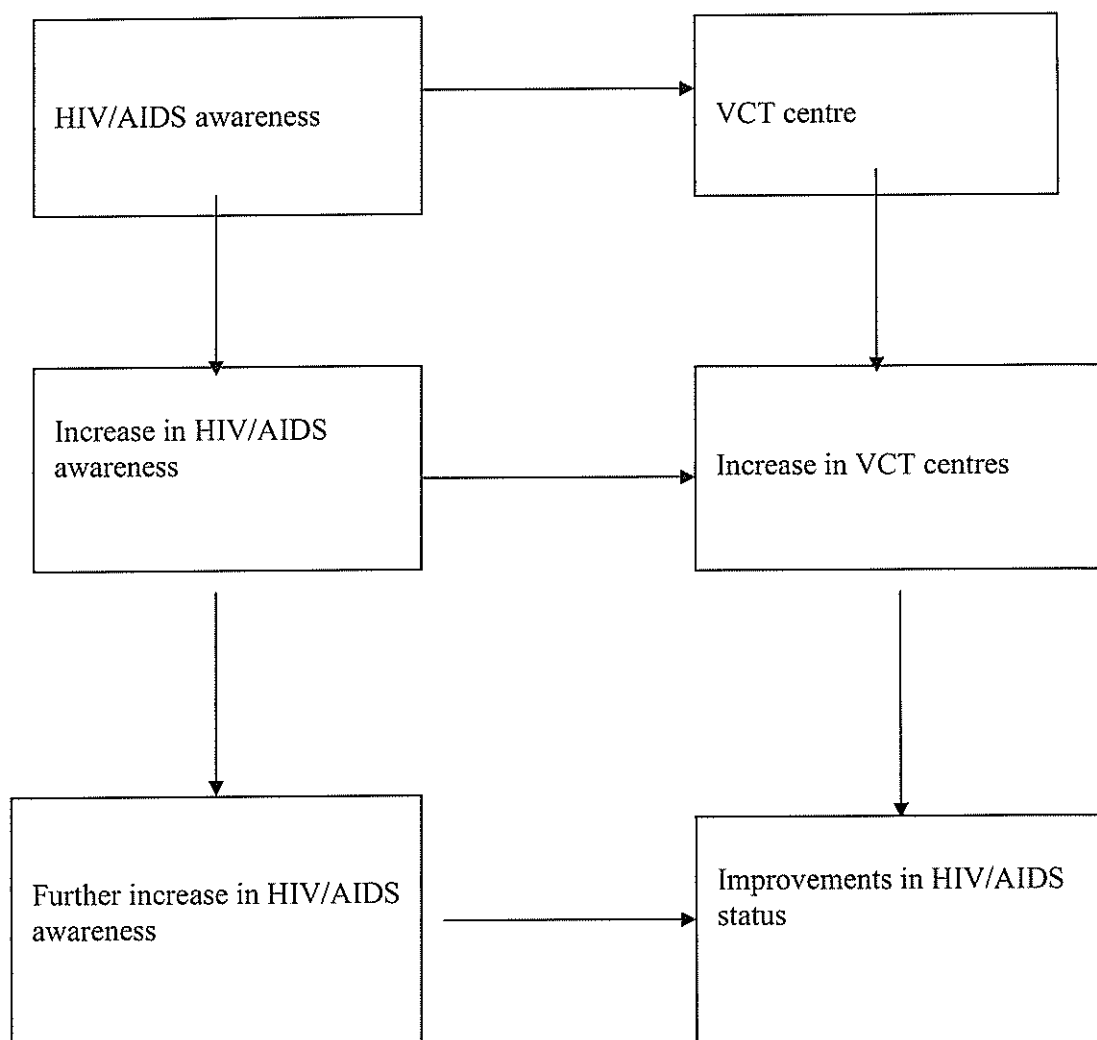
1.8 THEORETICAL FRAMEWORK

In the nineteenth century, the German scientist Robert Koch developed a set of four "postulates" to guide people trying to prove that a germ causes a disease. Scientists agree that if HIV satisfies all of these conditions with regard to AIDS then it must be the cause of AIDS

- Koch 1: The germ must be found in every person with the disease
- Koch 2: The germ must be isolated from someone who has the disease and grown in pure culture
- Koch 3: The germ must cause the disease when introduced into a healthy person
- Koch 4: The germ must be re-isolated from the infected person

1.9 CONCEPTUAL FRAMEWORK

Conceptual framework is to seek and establish the relationship between changes in HIV/AIDS awareness and VCT centres.



1.9.1 Interpretation of Concepts

In this study it is important to define what awareness is and in this study it means having knowledge of something. There is a special relationship between HIV/AIDS awareness and VCT centres. So long as there is prevalence of HIV/AIDS infection, there will be demand for VCT centres to carry out testing and counselling.

Furthermore, if HIV/AIDS awareness increases, many people will want to know their HIV/AIDS status and hence there will be more demand for VCT centres.

Improvements in HIV/AIDS health status will depend on the number of VCT centres and thus as HIV/AIDS awareness further increases, there will be massive awareness of the disease and therefore HIV/AIDS health status is improved. Improvements in health status does not mean that the number of infection will go down but rather many people will know how to protect themselves from getting infected or further infection.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter analysed the published works of other writers related to the issued under study.

2.1 MEANING OF A VCT

Voluntary HIV counselling and testing (VCT) is the process by which an individual undergoes counselling enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential. (UNAIDS Technical update: Voluntary Counselling and Testing).

2.2 ROLE OF VOLUNTARY COUNSELLING CENTRES

A VCT centre has a vital role to play within a comprehensive range of measures for HIV/AIDS prevention and support and should be encouraged.

The potential benefits of testing and counselling for the individuals include improved health status through good nutritional advice.

2.3 THE COUNSELLING PROCESS

The VCT consists of pre-test, post-test, and follow – up counselling. HIV counselling can be adapted to the needs of clients and can be for individuals, couples, families and should be adapted to the needs and capacities of the setting of which it is delivered.

Counselling at the VCT ideally involves at least two sessions:

Pre-test and post-test counselling. More sessions can be offered before or after the test or during the time the client is waiting for the test results.

2.4.0 Pre-Test Counselling

HIV counselling is offered before taking an HIV test. Ideally the Counsellor prepares the client for the test by explaining what an HIV test is, as well as by correcting myths and misinformation about HIV/AIDS.

The counsellor may also discuss the clients personal risk profile: including discussions of sexuality, relationships, possible sex or drug related behaviour that increase the risk of infection and HIV prevention methods. It is important however that everyone requesting VCT has access to individual counselling before being tested. Those who want pre-test counselling should not be prevented from taking a voluntary HIV test e.g. people who have had VCT may request testing but not wish to have further pre-test counselling. However, informed consent from the person being tested is usually a minimum ethical requirement before an HIV test.

2.4.1 Post-Test Counselling

Post-test will always be offered. The main goal of this counselling session is to help clients understand their test results and initiate adaptation to their seropositive the counsellor tells the clients the result clearly and sensitively, providing emotional support and discussing how he or she will cope.

During this session the counsellor has to make sure that the person has immediate emotional support from a partner relative or a friend. When the client is ready he/she is offered information on referral services that may help the client accept their HIV status and adopt a positive outlook.

Counselling is also important when the result is negative. While the client is likely to feel relief, the counsellor must emphasize several points. Counsellors need to discuss changes in behaviour that can help the client stay negative such as safer sex practices, the counsellor must also motivate the client to adopt and sustain new. Safer practices and provide encouragement for these behavioural changes. This may mean referring the client to ongoing counselling support groups or specialized care services.

During this period 4-6 weeks after a person is tested, antibodies to HIV are not always detectable. Thus, a negative result received during this time may not mean the client is definitely uninfected, and the client should consider taking the test again in 1-3 months. Counselling care and support after VCT services should offer the opportunity for continued counselling to people whether seropositive or seronegative.

For seropositive people counselling should be available as an integral part of ongoing care and support service. Counselling, Care and support is also offered to people who may not be infected, but whom HIV affects, such as family and friends of those living with HIV. (WHO-Counselling for HIV/AIDS).

2.5 HIV Testing

The diagnosis of HIV has been traditionally made by detecting antibodies against HIV. There has been a rapid evolution in Diagnostic technology since the first HIV antibody tests became commercially available in 1985.

Today a wide range of different antibody tests are available including ELISA tests based on different principles, and many newer simple and rapid HIV tests. More test detect antibodies to HIV in serum or plasma, but tests are also available that use whole blood, dried bloodspots, saliva and urine.

VCT is an important entry point to both HIV prevention and HIV Related care. People who test seropositive can have access to a wide range of services including medical care, ongoing emotional support and social support. People who test seronegative can have counselling, guidance and support to help them remain negative.

2.6 Entry Point to Medical Care

Health care services may refer people, particularly those with symptomatic disease, to VCT, to aid with further management. There are benefits of other health care services, such as tuberculosis services, working in close collaboration with VCT services. People attending VCT can be screened for clinical TB and treated appropriately or offered TBPT if, TB screening is negative, and TB services can refer people to VCT.

Prevention or treatment of TB in people with HIV can be a cheap and effective intervention. (Geneva Conference – May 2000).

2.6.1 Entry point for preventing mother-to-child transmission of HIV infection (PMTCT)

2.6.2 Interventions.

Increasing numbers of countries are now offering interventions to PMTCT.

VCT is offered with antenatal settings that or close links are formed with VCT services. It is important that women receiving VCT in this setting have adequate time to discuss their own needs not just those concerned with PMTCT and that there are links with services which can provide ongoing support and care for women with HIV. (Geneva Conference October 1998)

2.7 Summary of the literature

VCT are linked with medical care and effort should be made to improve medical services for people living with HIV, this will help in reducing the barrier to testing.

The literature reviewed herein will be applied in the current study, as it forms the foundation/basis of this research study.

CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

This chapter covers the description of the methodology that was used in the study. It contains a survey of the population, research design techniques that were used in data collection including an analysis and the limitation of the study.

3.1 RESEARCH DESIGN

The research design was a case study comprising of one case that is Mombasa city centre. The study assessed the importance, functions and impacts of VCT centre in the community. This was an important consideration in determining the choice of the study. Qualitative designs were guided by the use of questionnaires and interviews that were used.

3.2 PROCEDURES

The researcher carried out a pilot survey and questionnaires were sent out to the selected respondents and were collected after two weeks. Interviews with the respondents were conducted at the time of collection. The researcher also visited written literatures about voluntary counselling centres from various libraries and the internet. Data collected was coded, analysed and thereafter a report with recommendation made.

3.3 SAMPLE SIZE

The VCT is visited by at least 30 people in a month. The total number of respondents include: 9 members of the public who are clients at the VCT, 10 members of the public who have not visited the VCT and the two counsellors at the VCT. The total number of respondents was 21. The counsellors were interviewed face to face

3.4 SAMPLE COLLECTION

The samples were drawn from the conception, growth and management of VCTs using random sampling

3.5 DATA COLLECTION

Data was collected by using questionnaires, observation and interviews.

Data used was both primary data and secondary data of which primary data was collected through questionnaires and interviews while secondary data was collected from magazines, journals on HIV/AIDS and newspaper features and the Kenya Aids NGOs Consortium (KANCO).

3.5.1 Interviews

Interviews were used to get the historical background of the area of study; including the year the centre was set up, its mission and goals.

3.5.2 Questionnaires

Questionnaires as a tool of data collection were also used to gather detailed information about the centre. The researcher used mail questionnaires mainly because of:

- a) large amount of data that was collected
- b) Respondent taking time to respond at convenience and administer replies electronically on request.

3.6 DATA ANALYSIS TECHNIQUES

Results and responses were received from various respondents and were used in analysing and interpreting the collection data. Data from interviewing and observation was summarized.

Data was analysed for accuracy and consistency using:

- Data editing
- The content analysis of the data from the key information were analysed and reduced into meaningful information that was presented in a table form.

3.7 LIMITATIONS OF THE STUDY

Some of the limitations of the study include:

Apprehensiveness by the members of the public to associate themselves with VCT since they will be considered as being HIV Victims, making it hard to get more information.

Lack of sufficient time and funds for the research might limit the researchers to cover one VCT centre.

Due to the busy schedules time might be limited. Not all questionnaires will be returned by the members of public.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 PRESENTATION OF FINDINGS

The data collected from the respondents through the questionnaire for the VCT counsellors, clients at the VCT and the public in general is hereunder presented.

Table 4.1 – Responses description

Type of respondent	Type of respondents Questionnaire	Number of those interviewed	Number of those who responded thru' Questionnaire	Number of those who failed to respond
VCT Counsellor	2	2	2	2
Clients	20	20	16	4
Members of the Public	35	35	21	14
TOTAL	57	57	39	18

Out of the 57 questionnaires administered only 39 were returned

4.1 ANALYSIS

4.1.1 Training for VCT counsellors

VCT counsellors have to undergo special training in order to become a counsellor. This was revealed by the two counsellors who were interviewed, they also said that they were trained on how to practice professional counselling how to handle clients professionally and no how to maintain high level of confidentiality and provide quality service to clients. If this could practiced, VCT centres could be operating effectively

4.1.1 Code of Ethics

The two VCT counsellors interviewed said that they do have a code of ethics to practice. This is one of the guidelines for the counsellor. The code of ethics mainly dwells on practicing high level of confidentiality and providing quality services to the clients and the public at large.

4.1.2 Counselling

The VCT counsellors are committed to their work and they ensure that they adhere to the code of ethics. During counselling, the counsellors evaluate personal risk of HIV transmission and facilitation of preventive behaviour of the client. This was said by the two counsellors interviewed. Counselling is done before the clients take the test and after they have taken the test and in some cases the counsellors carry out the counselling without any testing. This helps to promote changes in sexual risk behaviours. The counsellors as their statements have counselled many youth who in most cases do agree to take the HIV/AIDS test after being counselled in order to know their HIV status.

4.1.3 Reactions of the youth on VCT

The youths have taken well to this program and frequently visit the VCT centre. This was indicated by the two counsellors who were interviewed.

The two counsellors prefer working with the youth mostly because they are most vulnerable to the HIV/AIDS scourge. Since the youth are naïve and are known to make rush decisions, they need to be guided through the many challenges of life and show how to follow the right path in order to overcome these challenges.

The counsellors do have a code of ethics that emphasises on high level of confidentiality and give the best quality service. They must affirm that the public has responded well to this programme and this could be a good sign and also an encouragement that by the year 2005, the HIV/AIDS infection rate will have declined by more than half. The VCT counsellors suggested that these services need to be offered to the youth in the rural areas to enable every member of the youth country wide to experience this life changing opportunity.

4.2.0 VCT CLIENT'S RESPONSES

4.2.1 HIV/AIDS Awareness

The 16 clients who said that they learnt about the VCT centre from their peer groups and through the media that is, radio and television stations that air awareness programs.

They added that the issue of HIV/AIDS often comes along when different peer groups associate with one another and such topics of how many people within their neighbourhood have been infected by this deadly virus and how it has affected and changed many lives and families.

4.2.2 Reasons for visiting the VCT centre.

Considering the high level of the HIV infection rate and the high risks of being infected it is advisable for one to find his or her own HIV status, especially if one has been sexually active and involved in drug related practices.

Knowing ones HIV status helps one plan for the future and changes his/her behaviour for the best.

4.2.3 Counselling

When the clients visited the VCT for the first time they did not know what to expect but they were handled professionally, this was indicated by the questionnaires that were filled by the 16 correspondents.

Most of the clients are often confused and filled with fear but they are first counselled before they take the test and then can take the test if they are ready for it. Most of the client s feel confident to take the test to take the test afterwards.

The clients learn so much through this programme and set their strategies and goals for life through changing their behaviour and avoiding the risks of being infected by the HIV/AIDS virus. This is confirmed by the clients who visit these centres. The clients who visit the VCT will not hesitate to tell their peers to visit the VCT centre as it is a step towards a better future; they felt that more VCT centres should be set up in the remote areas to help fight this HIV/AIDS scourge. This was said by ten of the sixteen respondents.

4.3 Responses of members (Youth) who have not visited the Vct centre

Those who have not visited the VCT have cited fears through the questionnaires filled by them, that if one does not get encouraging results (that is testing negative for HIV/AIDS) there is the fear that he/she will not be able to sustain the shock and may feel worthless afterward. There is also fear of being looked down upon as if they were outcasts. They also question the level of confidentiality at the VCT; whether someone would get access to their records it will be known that they had been there for the test. This was given by 21 out of 35 respondents from the clines questionnaires.

4.4 Summary of findings.

As per the facts given the following were findings of this study, out of the 57 questionnaires, 39 led to this findings and personal interviews.

VCT has not been seen as a major priority in HIV care and prevention programmes in

Many areas and has therefore been received by few people. Reasons for this include:

1. Complexity of the Intervention

- i.) Lack of evidence of its effectiveness in reducing HIV transmission.
- ii) Lack of its effectiveness as compared with the number of cases of HIV averted and those reported.

1. It is sometimes difficult to measure the impact of counselling on behaviour change. It is understandable that VCT often does not have an easily measurable effect, because of the complexity of sexual behaviour and relationships, and factors which affect these such as, gender inequalities and lack of youth empowerment in many high prevalence settings.
2. In areas where resources are very limited VCT services may not obtain priority in government planning and counselling and also it may not be implemented effectively.
3. Decision-makers may also question the benefit of providing counselling and testing services in places where clinical care options are limited.

3. To promote strategies aims at reducing stigma and discrimination.
4. To promote behaviour change within the youth and adult males and females.

5.1.4 Role of the VCT

1. Enabling HIV/VCT clients to cope and take personal decisions related to HIV/AIDS.
2. Assisting HIV/VCT clients to initiate and maintain preventing behaviours.
3. Serving as an entry point to other HIV prevention and care and support services.
4. Helping to combat stigma and discrimination in the community.

5.1.5 Management of A VCT

A voluntary counselling centre is managed by the coordinator who is also a counsellor who is well trained and competent.

A VCT centre has educational materials about VCT and HIV such as posters, brochures and video shows, this are available while the client waits for the counsellor.

5.1.6 Confidentiality Anonymity

It is essential that confidentiality be maintained when conducting HIV testing.

This can be maintained in two ways:

1. Strict confidentiality, which is maintaining strict controls over access to the client's name and test results and releasing the results to others only if clients agree.
 2. Anonymity – This is used when no names are taken and only code numbers are used.
- VCT centres are an entry point for other medical services such as prevention of mother to child transmission, TB treatment and prevention of opportunistic infections and other sexually transmitted diseases. Client's records are stored securely, only personnel with a direct responsibility for client's medical condition should have access to records.

5.1.7 Minimum Age

Anyone 18 years of age and above is considered able to give full informed consent. Young people under 18 who are maimed, pregnant, engaged in behaviour that puts them at risk or are child sex workers should be considered mature minors who can give consent for r VCT but the counsellor makes an independent assessment of the minor's maturity to receive VCT services. Children who are brought to the VCT for testing, the counsellor should meet the parents or guardians to determine the reasons for testing.

5.2 SWOT ANALYSIS

This stand for strengths, weakness, opportunities and threats within the VCT.

5.2.1 Strengths of the VCT

1. It is more recognized and identified by the youth and adult males and females.
2. Numerous people of various ages respond to its advertisements.
3. It has an effective impact on the society at large.
4. The youth are more comfortable with visiting it instead of going to a health centre.
5. Since high level of confidentiality is maintained many people prefer to do their tests at VCT.
6. It is managed by well trained and competent counsellors who practice high level of confidentiality.

5.2.2 Weakness of VCT

1. Competition from other health centres which offer the same services.
2. Older males and females are more comfortable with older counsellors.
3. The VCT centre has no appropriate rooms for counselling, they only have one room which is not conducive.

5.2.3 Opportunities of the VCT

1. The VCT is located within a youth centre therefore the youth need not to go somewhere far for the testing and counselling services.
2. The counsellor is a member of the youth who the youth can easily get along with.
3. The VCT gets more recognition from the youth who spread the word to their peers who would rather visit the centre than go to a health centre.
4. The VCT centre is supported by a United Nations programme.

5.2.4 Threats of VCT

1. Older males and females would prefer a health centre that has older counsellors.
2. Well established hospitals offer the same services to the public and more people would rather go to these hospitals.
3. The older generation could spread the word that the services offered at the VCT are not efficient since the counsellor a younger person.

With the SWOT analysis we find out the strengths are more than the weaknesses therefore the VCT should add more strengths and improve on them, it should also get rid of its weaknesses in order to achieve its goals.

The VCT centre has its opportunities which are much more than its threats, it should therefore get rid of threats and turn them into opportunities.

5.3 CONCLUSION

Although VCT centres are becoming available in many areas, there is still great reluctance for many people to be tested. There are several contributing factors that must be addressed if VCT centres are to have an important role in HIV prevention and care:

5.3.1 Stigma

HIV victims are stigmatized in many places and they experience social rejection and discrimination. In places where HIV is seen as a problem of marginalized groups, rejection by families or communities may be a common reaction. This fear of rejection or stigma is a common reason for declining testing.

5.3.2 Gender Inequalities

The need for protection and support of vulnerable women and girls who test seropositive must be considered when developing VCT services.

Studies have shown that women may be particularly vulnerable following visiting a VCT centre and in some cases have lost their homes and children or have been beaten or abused by their husbands/partners if their status became known.

5.3.3 Discrimination

In some areas people with HIV are subject to discrimination at work or in education or institution. Unless legislation is put in place to prevent this, some people will be reluctant to undergo VCT.

5.4 RECCOMENDATIONS

5.4.1 Publicizing benefits of a VCT centres

In areas where VCT services are available, uptake of services is often poor. A common barrier to VCT is the lack of perceived benefit. If VCT centres are linked with medical care an effort should be made to improve medical services for people living with HIV, this will help reduce the barrier to testing. Offering interventions to prevent mother to child transmission (MCTC) can also be recognized as a major benefit of a VCT centre.

5.4.2 Expanding access to VCT Centres

For VCT services to be promoted and developed it is important to document their usefulness in:

1. Reducing HIV transmission.
2. Improving access to medical and social care.
3. Improving coping for people with HIV.

Studies have shown significant behaviour change in individuals following VCT.

5.4.3 Access to VCT Centres in Rural Areas

Cheaper testing methods should be implemented in order to cater for those in rural areas.

Sample/rapid testing should be introduces, it should enable testing to be carried out without laboratory facilities and equipment or highly trained personnel. These factors could enable HIV testing to be made more available and be suitable for rural areas and sites outside cities.

5.4.4 Counselling Should Be Less Labour Intensive.

Innovative approaches should be devised to make the counselling component of VCT centres less labour intensive. Group education prior to pre-test counselling can shorten the length of time required for one-one counselling. Sometimes counselling should be carried out by trained volunteers and this may reduce costs.

Integrating VCT services into other existing health and social services may also reduce costs and make services available to a wider range of people.

5.4.5 Challenging Stigma and Improving Education and Awareness

Stigma and discrimination must be challenged by government and our communities. Greater involvement of people living with HIV/AIDS in developing and promoting VCT and

providing education and awareness about its benefits can be important in providing a more relevant service. Legislation to protect the rights of people living with HIV in employment and education and to prevent discrimination need to be in place if people are to feel comfortable and secure about seeking VCT services. Mandatory testing should also be discouraged.

5.4.6 Promotion of the Benefit of VCT

The benefits of VCT are often not widely known or understood. Promotion of the advantages of VCT should be an integral part of HIV educational programmes.

5.5 Suggestion of This Study

If VCT services are to be effective, some important considerations which are necessary include:

- (a) Counselling sessions should be monitored to ensure that they are of high quality and that informed consent is always sought and counselling offered before a client takes an HIV test.
- (b) Counselling should be integrated into other services, including antenatal and family planning clinics. Community based counselling should be initiated and expanded.
- (c) Counsellors need adequate training and ongoing support and supervision to ensure that they give good-quality counselling and cope with their stresses.
- (d) Innovative ways of scaling up VCT services and making them more accessible and available should be explored.
- (e) New testing methods such as simple/rapid testing will make VCT more available, especially in areas where laboratory facilities do not exist.
- (f) Linkages to crisis support, follow-up counselling and care for those testing seropositive and strategies to enable people who test seronegative to stay negative, should be developed.
- (g) Linkages to crisis support, follow-up counselling and care for those testing seropositive and strategies to enable people who test seronegative to stay negative, should be developed.

With these considerations the VCT services will be more effective thus leading to the decline of HIV/AIDS infection rate.

LIST OF ABBREVIATION

VCT	Voluntary Counselling and Testing
AIDS	Acquired Immunodeficiency Syndrome
TBPT	Tuberculosis Preventive Therapy
MTCT	Mother – To – Child Transmission
SEROSTATUS	HIV/AIDS status (positive or negative)
MTCT	Prevention of Mother – To – Child – Transmission

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Appendix A
QUESTIONNAIRE

MEMBERS OF THE PUBLIC (YOUTH)

NOT VISITED THE VCT

KAMPALA INTERNATIONAL UNIVERSITY

Dear Sir/Madam;

You are kindly requested to participate in this study in assessing the importance, functions and impacts of VCT centres in the community. Your information shall be treated confidentially and it shall only be used for the purpose of this study.

Gender of the respondent; male ☐
female ☐

Age below 18 years ☐ 50 years and above ☐
 19 to 29 years ☐ 40 to 49 years ☐
 30 to 39 years ☐

Occupation

1. Have you heard of the HIV/AIDS?

YES ☐ NO ☐

2. What does it mean to you?

.....
.....
.....

3. Have you and your peers ever sat down and talk about it?

.....
.....

.....
4. Have you ever heard of a VCT centre?

.....
.....
.....

5. If yes what do you think of it?

.....
.....
.....

6. If not why have you not visited it?

.....
.....
.....

7. Has the VCT publicised?

.....
.....
.....

8. Where have you heard/seen it being publicised?

.....
.....
.....

Thank you very much.

Appendix B:
QUESTIONNAIRE

MEMBER OF THE PUBLIC (YOUTH)

(Client at the VCT)

KAMPALA INTERNATIONAL UNIVERSITY

Dear Sir/Madam;

You are kindly requested to participate in this study in assessing the importance, functions and impacts of VCT centres in the community. Your information shall be treated confidentially and it shall only be used for the purpose of this study.

Gender of the respondent; male ☐
female ☐

Age	below 18 years	<input type="checkbox"/>	50 years and above	<input type="checkbox"/>
	19 to 29 years	<input type="checkbox"/>		
	30 to 39 years	<input type="checkbox"/>	40 to 49 years	<input type="checkbox"/>

Occupation

1. How did you know about the VCT Centre?

.....
.....
.....

2. What do you know about VCT?

.....
.....
.....

3. What made you visit the VCT centre?

.....
.....

.....

4. Were you counselled at the VCT centre?

.....

.....

5. What was your reaction before you were counselled?

.....

6. What was the reaction after you were counselled?

.....

7. After the counselling session did you feel ready to take the test?

.....

8. Would you advice anyone else to take the test?

.....

9. If Yes, why?

.....

10. If No, why?

.....

11. Did you give out personal information to the counsellor? E.g. name?

YES ☐

NO ☐

12. After how long did you get the test results?

.....
13. Did you like the environment at the VCT?

.....
.....
.....
14. Were you given access to materials about VCT e.g. journals, brochures and video representation?

.....
.....
.....
15. Was the counselling room comfortable?

.....
.....
.....
16. Did you know that there was counselling at the VCT?

.....
.....
.....
17. Should more VCT centres be set up?

Thank you very much.

Appendix C:
SCHEDULE QUESTIONNAIRE

COUNSELLOR

KAMPALA INTERNATIONAL UNIVERSITY

Dear Sir/Madam;

You are kindly requested to participate in this study in assessing the importance, functions and impacts of VCT centres in the community. Your information shall be treated confidentially and it shall only be used for the purpose of this study.

Gender of the respondent; male ☐
female ☐

Age: 19 to 29 years ☐ 50 years and above ☐
 30 to 39 years ☐ 40 to 49 years ☐

Name

Organisation

1. Did you always want to be a counsellor?

.....
.....
.....

2. Did you attend special training for you to become a VCT counsellor?

.....
.....
.....

3. Do you have a code of ethics to follow?

YES ☐ NO ☐

4. If you do what do the code of ethics entail?

.....

.....
.....
5. How many clients have you counselled?

.....
.....
.....
6. After counselling how many clients took the test?

.....
.....
.....
7. How have the public, the youth in particular responded to this programme?

.....
.....
.....
8. How have the public the youth in particular responded to this programme?

.....
.....
.....
9. What problems do you encounter while running the VCT?

.....
.....
.....
10. With the introduction of VCT centres in Mombasa, what are the chances of this program being effective and do you think the HIV prevalence rate will decline?

Thank you very much.

