Increasing Access to Home Based Confidential HIV Counselling and Testing: An innovative Community Based Program in Uganda

Background

- Uptake of HIV Counselling and Testing (HCT) services often remains low at static sites.
- There is need for innovative ways to improve uptake of HCT services in circumstances where bringing services to the people is impractical or not feasible.
- One civil society organization in Uganda called the Family Life Education Program (FLEP) is increasing HCT uptake in a rural area through implementing an innovative home based HIV counselling and testing (HBCT) program.

About FLEP

- FLEP is a faith-based organization established with support from USAID and the Ugandan Ministry of Health.
- FLEP is initially focused on Family Planning and Reproductive Health, but HIV/AIDS was integrated into the program in 1996.
- In 2005, a USAID Incorporated managed project in Uganda, with funding from USAID, awarded a grant to FLEP to implement HIV/AIDS interventions in rural communities.
- Community owned resource persons (CORPs) were identified and trained in lay counselling techniques.
- Trained counsellors and laboratory technicians provided HBCT to individuals and couples at their homes.
- HBCT may also increase access to other HIV/AIDS care and support services as has been shown in this program.

Implementation strategies adopted by FLEP

- Home-to-home based counselling and testing.
- Advocacy for the mitigation of gender based violence in order to increase HIV testing among women.
- Community mobilization and awareness for HIV/AIDS prevention and testing.

Lessons Learned

- The program initially conducted community outreaches at static sites and by October 2005 had only tested 5,772 individuals out of a potential 38,800 in the catchment area.
- In November 2005, due to a low success rate, FLEP modified its approach to include house-to-house counselling and testing.
- By March 2006, the number of clients tested had increased four fold as seen in the Table below:

<table>
<thead>
<tr>
<th>Dist.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kamuli</td>
<td>3,722</td>
</tr>
<tr>
<td>Iganga</td>
<td>1,241</td>
</tr>
<tr>
<td>Mayuge</td>
<td>22,919</td>
</tr>
<tr>
<td>Bugiri</td>
<td>1,101</td>
</tr>
<tr>
<td>Kaliro</td>
<td>1,926</td>
</tr>
<tr>
<td>Jinja</td>
<td>1,926</td>
</tr>
</tbody>
</table>

- FLEP performance in HIV Counselling and Testing (March 2005 had increased four fold as shown in the Figure below:

![Figure 1: Percent of pregnant mothers who tested for HIV and received their results in last 2 years](image)

Conclusions

- If well implemented and promoted, HBCT can increase HIV counselling and testing uptake tremendously.
- "Self selection" in HCT access was however noted with more females testing than males. This may be a result of a higher likelihood of finding females at home compared to men.
- HBCT may also increase access to other HIV/AIDS care and support services as has been shown in this paper.
- In HBCT as in other HIV counselling and testing strategies, quality control of a subset of samples at an approved facility is still essential.

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