

# DEFINITION OF TERMS

## **Emancipated minor**

A person, who is not legally an adult but who, because he or she is married, is the mother/father of a child, or otherwise no longer dependent on the parents. S/he may not require parental permission for medical or surgical care.

## **HIV self Testing (HIVST)**

This is a process in which an individual collects his or her specimen, performs a test and interprets the test result in private. Reactive test results must be followed by additional HIV testing services.

## **HIV testing services**

The term HIV Testing Services (HTS) is used to indicate the full range of services that a client is offered together with HIV testing. This includes counselling (pre and post testing); linkage to appropriate HIV prevention, care and treatment services and other clinical support services; and coordination with laboratory services to support quality assurance and delivery of correct results.

## **Key Populations**

Groups who, due to specific higher-risk behavior, are at increased risk of contracting HIV, irrespective of the epidemic type or local context. Legal, cultural and social barriers related to their behaviour increase their vulnerability to HIV. In Kenya these populations include: men who have sex with men (MSM); people who inject drugs (PWID) and sex workers (SW).

## **Priority Populations**

Individuals who because of their circumstances are at an increased risk of HIV transmission. These include but are not limited to fisherfolk, truckers, persons in confinement and adolescent girls and young women

# ABBREVIATIONS & ACRONYMS

<b>ANC</b>	Antenatal Clinic
<b>ART</b>	Antiretroviral therapy
<b>DBS</b>	Dry Blood Samples
<b>CDC</b>	Center of Disease Control and Prevention
<b>CHMT</b>	County Health Management Team
<b>CITC</b>	Client Initiated Testing and Counseling
<b>CLC</b>	County Laboratory Coordinator
<b>CMLT</b>	County Medical Laboratory Technologist
<b>CPD</b>	Continuous Professional Development
<b>DHIS</b>	District Health Information System
<b>DQA</b>	Data Quality Audit
<b>EBIs</b>	Evidence informed Behavioral Interventions
<b>EID</b>	Early Infant Diagnosis
<b>ELISA</b>	Enzyme Linked Immuno Sorbent Assay
<b>eMTCT</b>	Elimination of HIV transmission from mother to child
<b>EQA</b>	External Quality Assurance
<b>F-CDRR</b>	Facility Consumption Data Report and Request
<b>FP</b>	Family Planning
<b>GBV</b>	Gender-Based Violence
<b>GOK</b>	Government of Kenya
<b>HBTC</b>	Home Based Testing & Counseling
<b>HBV</b>	Hepatitis B Virus Vaccine
<b>HIVST</b>	HIV Self-Testing
<b>HRIO</b>	Health Records and Information Officer
<b>HTC</b>	HIV Testing and Counseling
<b>HTS</b>	HIV Testing Services
<b>IEC</b>	Information Education and Communication
<b>IPV</b>	Intimate Partner Violence
<b>KAIS</b>	Kenya AIDS Indicator Survey
<b>KASF</b>	Kenya AIDS Strategic Framework
<b>KDHS</b>	Kenya Demographic Health Survey
<b>KEMSA</b>	Kenya Medical Supplies Authority
<b>KNASP</b>	Kenya National AIDS Strategic Plan
<b>KP</b>	Key populations
<b>KQMH</b>	Kenya Quality Model of Health
<b>LGBT</b>	Lesbian, Gay, Bisexual and Transgender

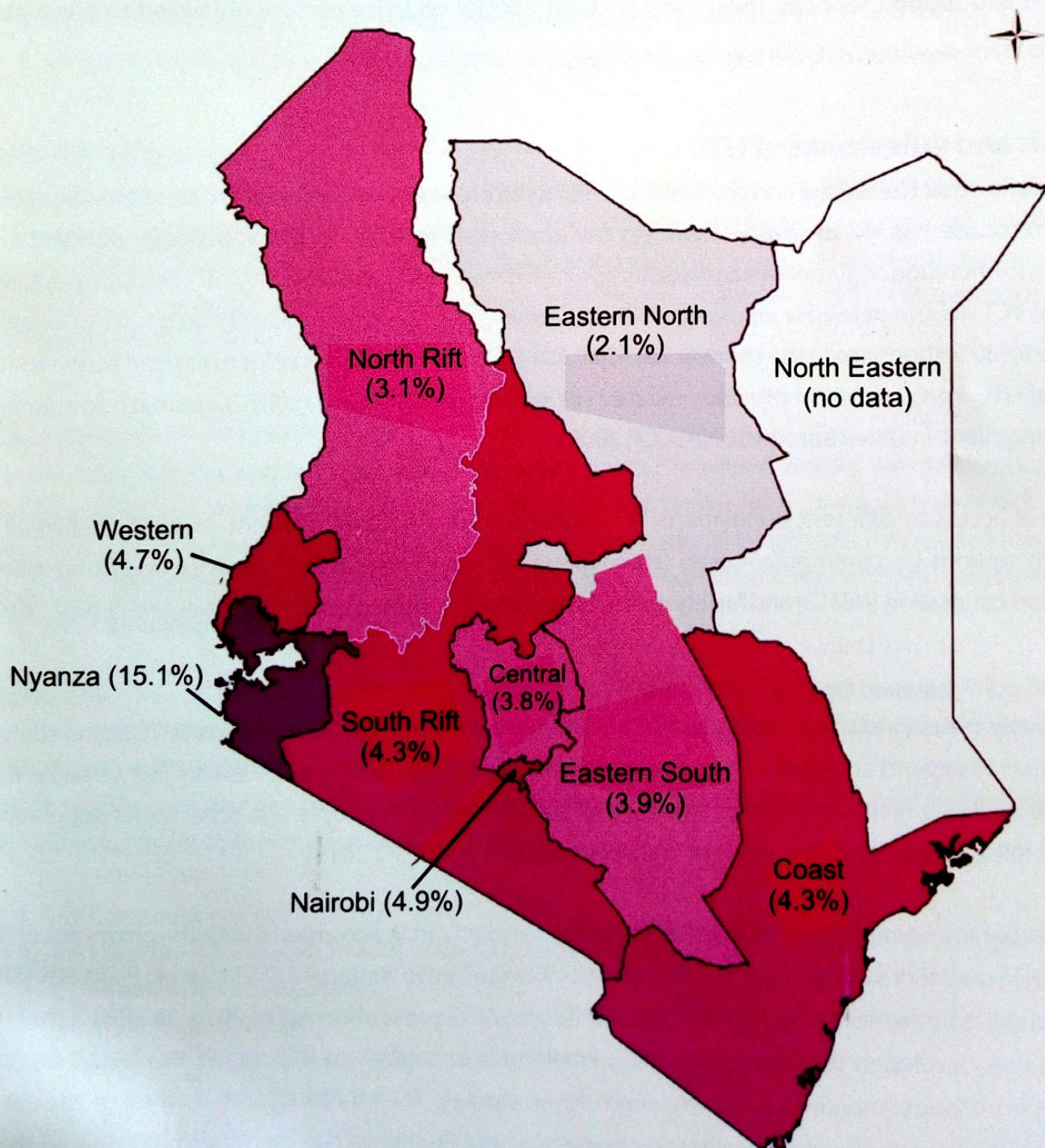
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOH</b>	Ministry of Health
<b>MSM</b>	Men who have Sex with Men
<b>NASCOP</b>	National AIDS and STIs Control Programme
<b>NCHADS</b>	The National Centre for HIV/AIDS Dermatology and STD Control
<b>NHRL</b>	National HIV Reference Laboratory
<b>NPHLS</b>	National Public Health Laboratory Service
<b>NQIT</b>	National Quality Improvement Teams
<b>OJT</b>	On-Job Training
<b>OVC</b>	Orphans and Vulnerable Children
<b>PCR</b>	Polymerase Chain Reaction
<b>PEP</b>	Post Exposure Prophylaxis
<b>PITC</b>	Provider Initiated Testing and Counseling
<b>PLHIV</b>	People Living with HIV
<b>PMTCT</b>	Prevention of Mother to Children Transmission
<b>PRC</b>	Post Rape Care
<b>PT</b>	Proficiency Testing
<b>PWDs</b>	Persons with Disability
<b>PWID</b>	People Who Inject Drug
<b>QA</b>	Quality Assurance
<b>QC</b>	Quality Control
<b>QIT</b>	Quality Improvement Teams
<b>RRI</b>	Rapid Results Initiative
<b>RTKs</b>	Rapid Test Kits
<b>SCMLT</b>	Sub-County Medical Laboratory Technologist
<b>SDPs</b>	Service Delivery Points
<b>SOPs</b>	Standard Operating Procedures
<b>SRH</b>	Sexual Reproductive Health
<b>STI</b>	Sexually Transmitted Infection
<b>STPs</b>	Standardized Testing Procedures
<b>SW</b>	Sex Worker
<b>TB</b>	Tuberculosis
<b>UNAIDS</b>	The Joint United Nations Programme on HIV and AIDS
<b>UNICEF</b>	The United Nations Children Fund
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	Voluntary Counseling and Testing
<b>VMMC</b>	Voluntary Medical Male Circumcision
<b>WHO</b>	World Health Organization
<b>YFS</b>	Youth Friendly Services



# CHAPTER

# 01

## BACKGROUND





HTS have evolved over the years in response to the dynamics of the HIV epidemic in Kenya. As a result, different approaches have been developed to address the needs of diverse populations. The categorization of the approaches is broadly based on who initiates the HTS. This chapter describes the approaches and settings for HTS in Kenya.

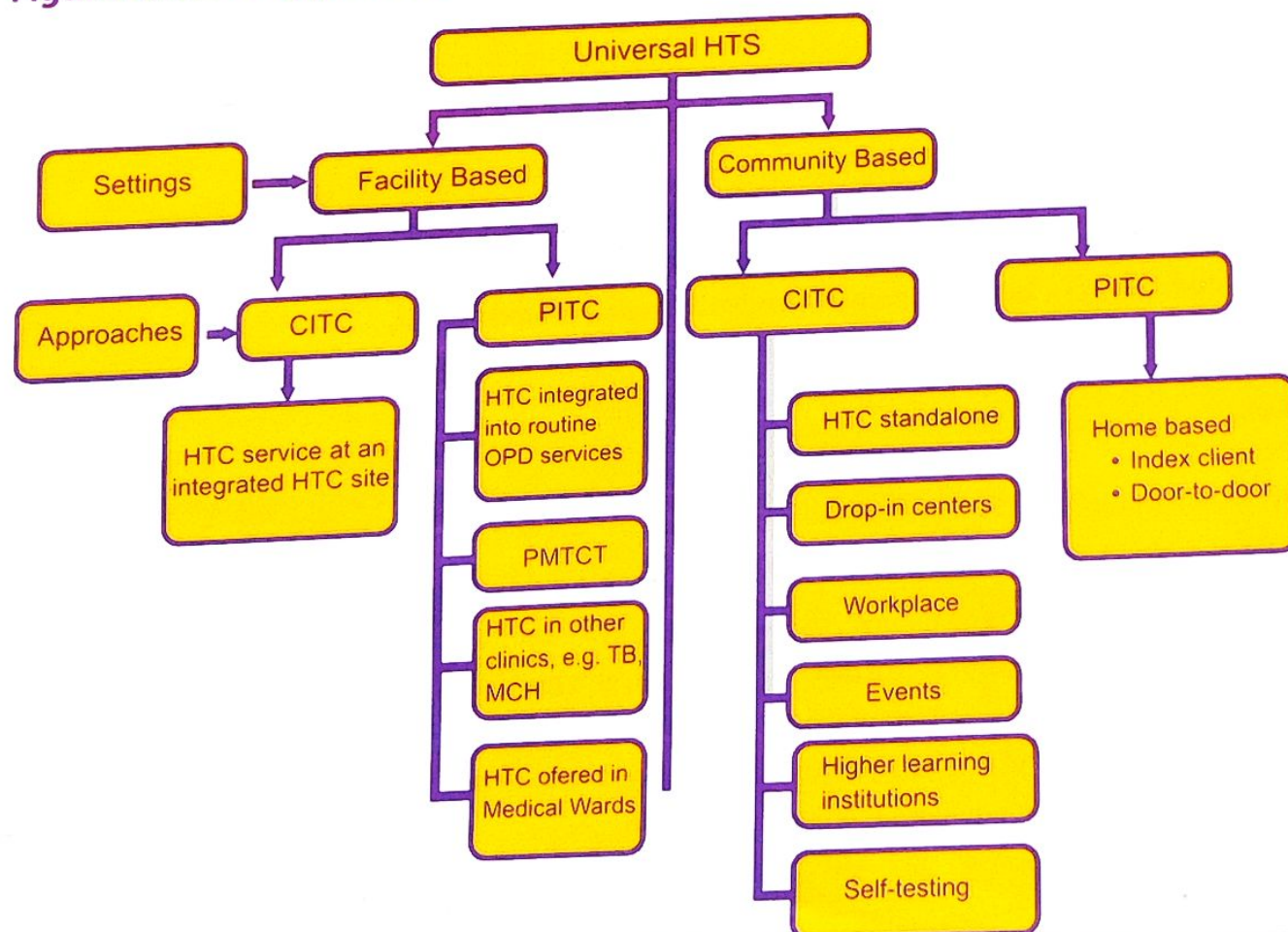
## 2.1 Approaches and settings

The two approaches for HTS in Kenya are Client Initiated Testing and Counseling (CITC) and Provider Initiated Testing and Counseling (PITC). Both approaches are premised on the need to expand options available to clients while seizing presenting opportunities to accelerate HIV testing coverage.

Client initiated testing and counseling (CITC) entail the client seeking and initiating the HTS either in the community or health facility settings based on own volition. Provider initiated testing and counseling (PITC) entails when a service provider offers HIV testing to clients within a facility, regardless of the reason for the visit. PITC places the onus of initiating HTS on the health provider, rather than the client. PITC service is offered with an "opt-out" option based on informed choice.

The HTS are delivered in two broad settings, namely community and facility based settings. It is acknowledged that different populations may access HTS in different settings. Therefore, it is recommended that counties offer a mix of HTS delivery models, and that organizations providing HTS select the right setting and approaches suitable for the target populations.

**Figure 2.1: HTS approaches and settings**



### Connection - Referral and linkage to care

HTS services should be accompanied by appropriate, comprehensive and effective referral and linkage to care. Clients who test HIV positive should be linked to care, treatment and post-test services. Those who test HIV negative and are at the risk of HIV infection should be linked to effective interventions. Clients in need of other post-test services such as SRH or TB services should be linked appropriately. Clients who need post-test services, including HIV care and treatment will be linked to the appropriate services. A standard referral form which should be filled in triplicate, (Appendix one). The client should be given the original of the referral form. The duplicate copy should be left at the point of receiving referral. The triplicate copy left at the HTS center/health facility/point of testing for reference. Efforts should be made to ensure follow up of the clients to determine if they accessed the services referred for. Client linkage should be documented in the HTS lab register, linkage register and CCC register.

Figure 4.1: Examples of the referral options

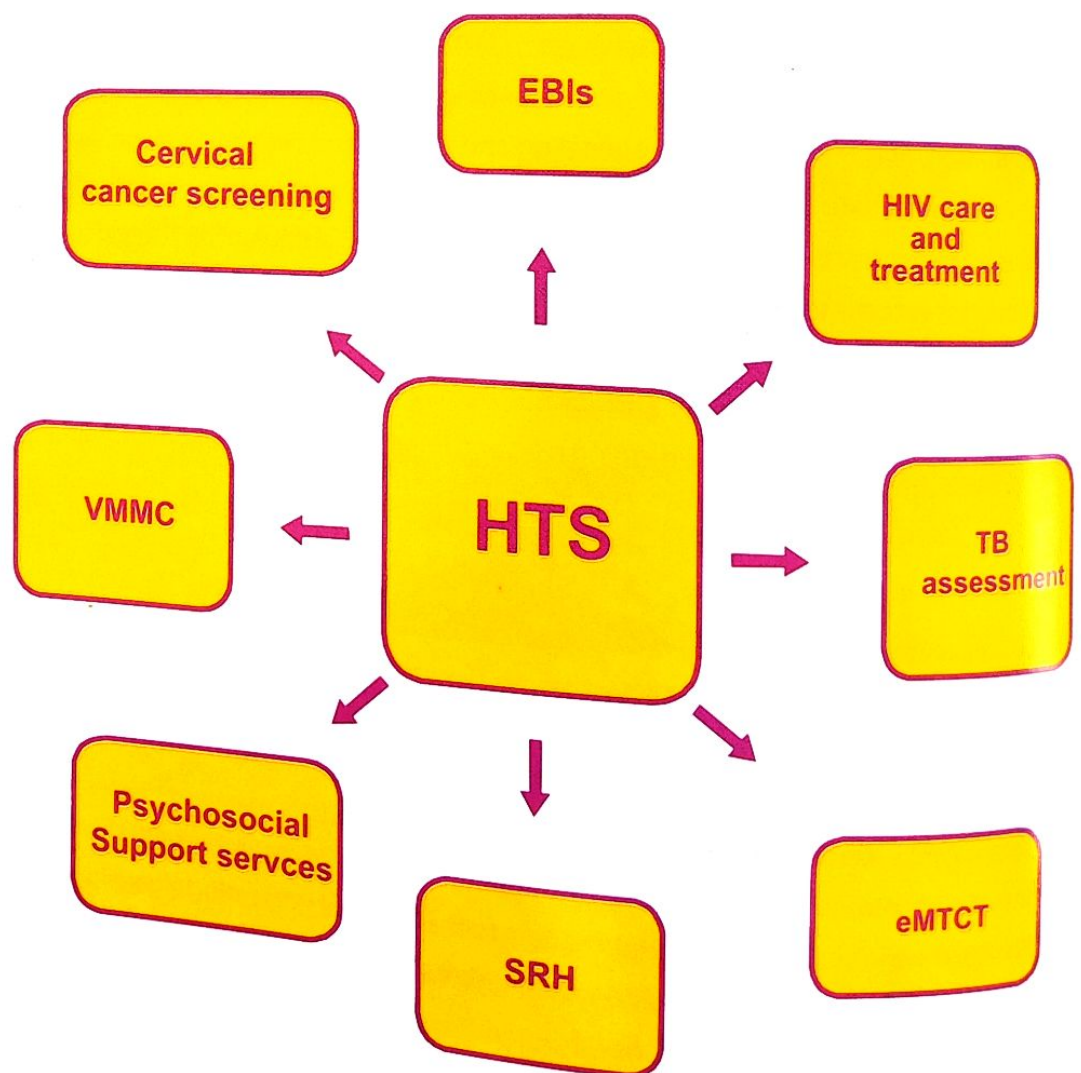
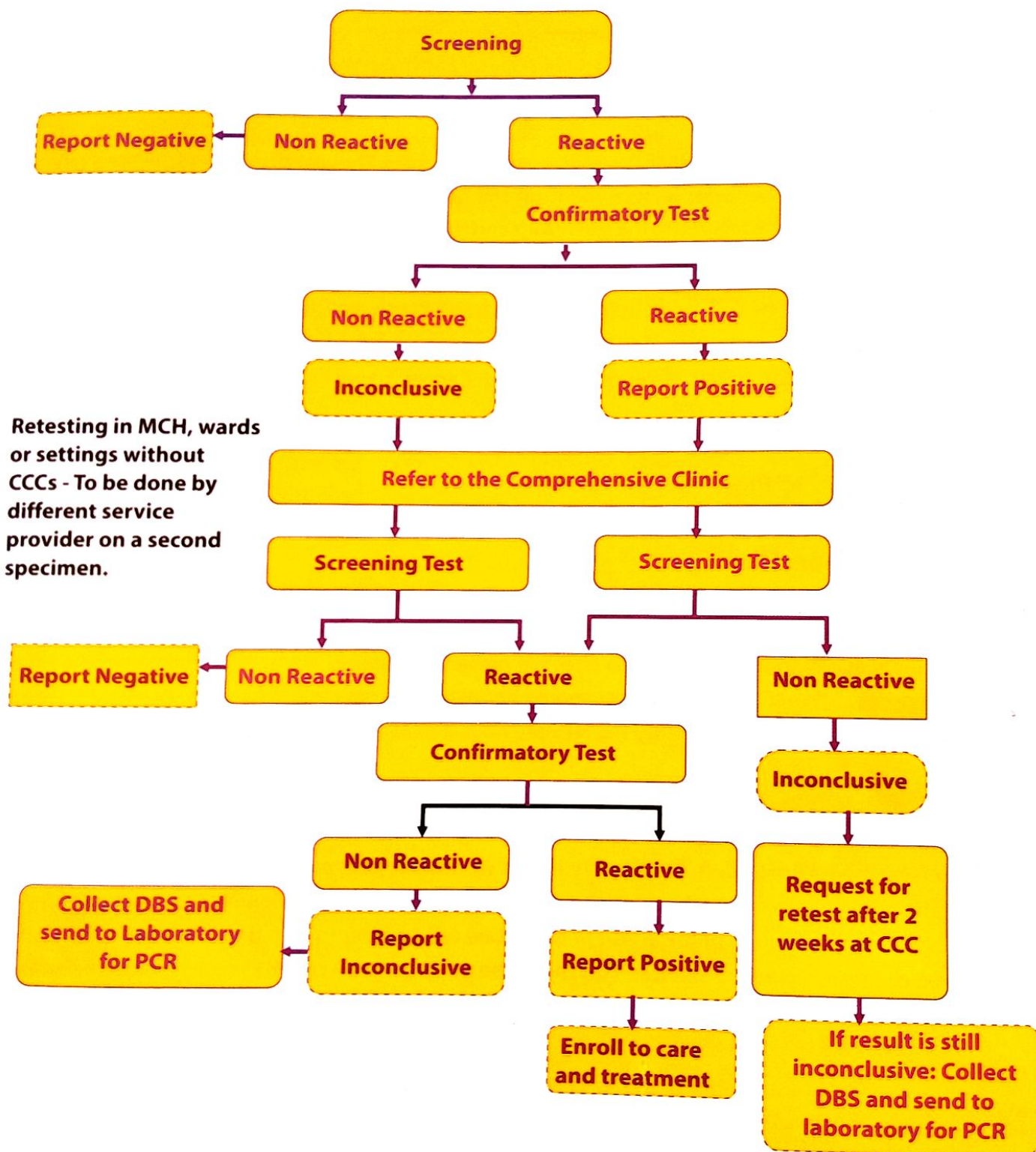




Figure 4.2: HIV testing algorithm



NB: The use of TIE BREAKER is no longer recommended

### Step 3: Post-test

The goal of the post-test counseling for both HIV positive and negative results is to achieve the following: