

**HIV IS STILL A SILENT KILLER: A CASE
STUDY OF KATANGI PRESENTED
AT
UON/UOM STD/AIDS COLLABORATIVE
CONFERENCE
AT THE
MAYFAIR COURT SOUTHERN SUN HOTEL
NAIROBI,
JAN 27TH 2015
BY
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UON, CHIVPR, MARPS PROJECT**



HIV IS STILL PREVALENT IN KENYA AS EVIDENCED BY KENYA AIDS INDICATOR SURVEY (KAIS 2012)

- HIV among adult between 15 – 64 years was 5.6%
- KPs contributed to 33% of new HIV transmission.
- That is sex workers and clients 14.1%.
- Men who have sex with men 15.2%
- People injecting drugs 3.8%



- Katangi is a small town in Yatta sub-county, Machakos county.
- Table 1 below shows the population

Table 1(a): Katangi Population

POPULATION STATUS	
Male	6669
Female	7224
Total	13893

Source: Yatta District Health Records and Information Office(April 2014)

Table 1(b): Age Distribution by Category

Age Distribution	
Under 1 year	417
Under 5 years	1598
Under 15 years	3334
25-59 years	2362
> 60 years	695

Source: Yatta District Health Records and Information Office(April 2014)



Rationale for working with and for Key Populations

- They have frequent partner change 2-20+ per week
- And high HIV prevalence 15-60%
- Purpose: Mobilize, recruit and enroll HIV positive into HIV prevention, treatment, care, and establish a foundation for formation of peer led system and
 - ❖ Positive Health Dignity Prevention (PHDP) groups. (clinical and community)
 - ❖ Also keep the negative KPs free of HIV infection



METHOD

- Advocacy was carried out through peer leaders.
- Also informal and formal leaders including the Administration and Katangi Health Centre staff.
- A clinic complete with staff, HIV testing and counseling and necessary drugs was set at the Katangi Health Centre as a KP outreach service (June 18th 2014)



RESULT

- 54 Females were screened using a standard tool.
- 44 were confirmed sex-workers.
- 24 were found to be HIV positive.
Notwithstanding all of them were practicing sex-work at this small town with low condom use as shown in figure I.



Figure I: % Condom use during sexual encounter

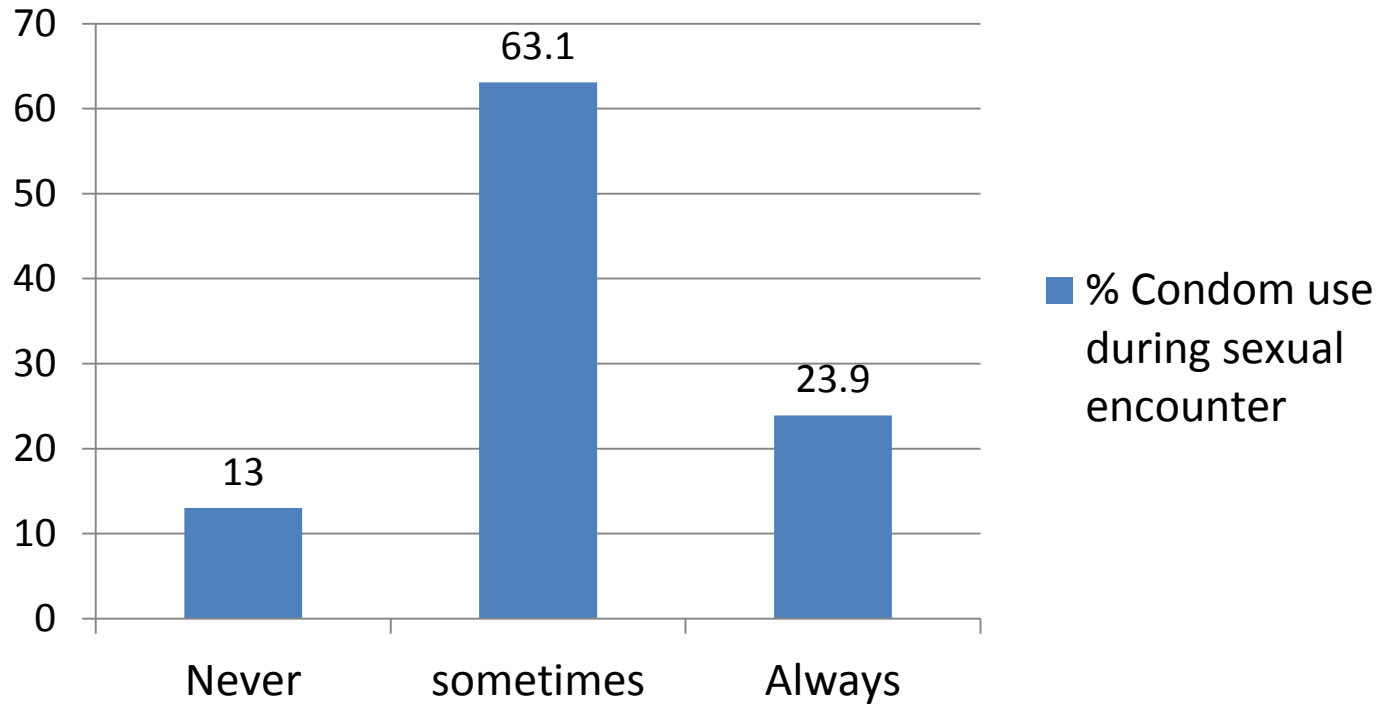
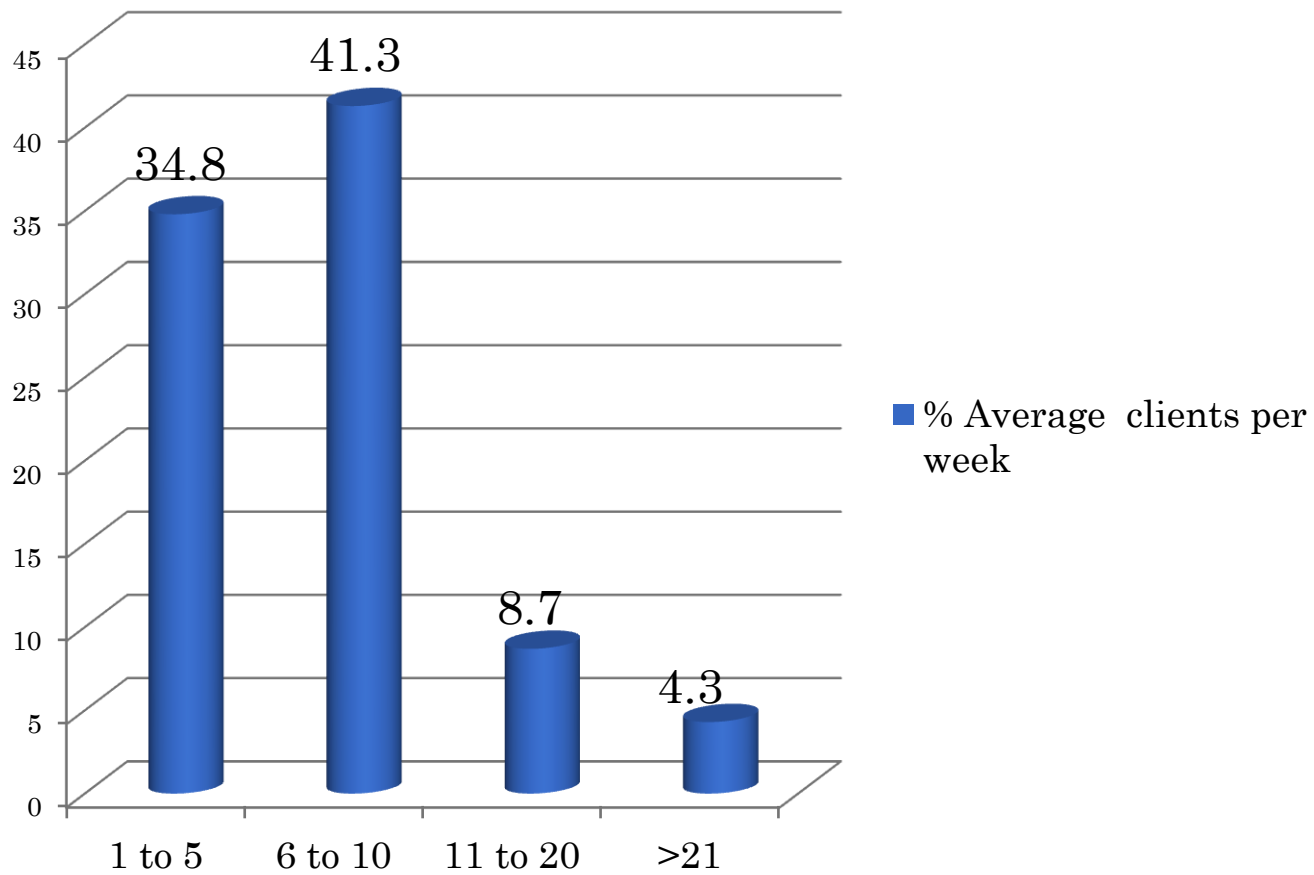


Figure II: % Average clients per week



- Given these are sex-workers fertility was relatively high with a range of 0-9 as shown in figure III:



Figure III % of pregnancies per category

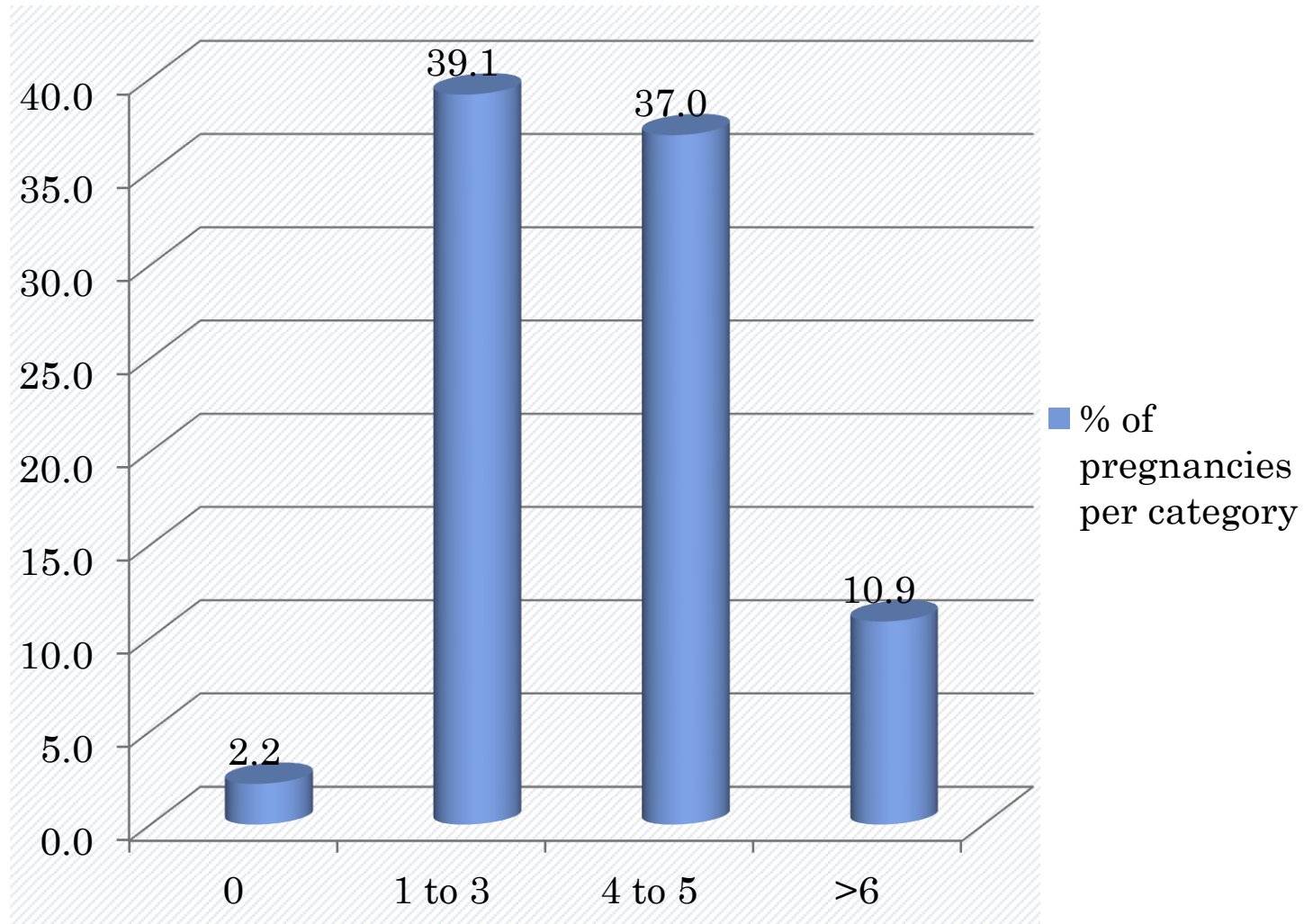
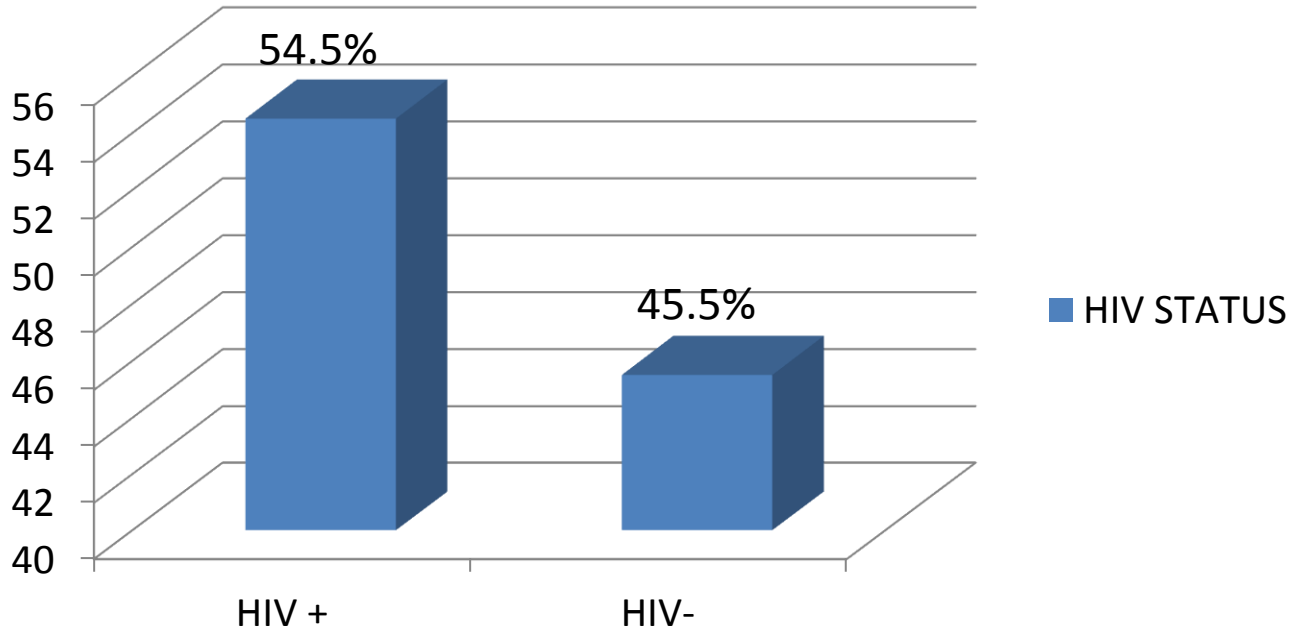


Figure IV: HIV STATUS



- The low condom use is a pointer for the high HIV prevalence figure IV
- Also never tested for HIV.



CONCLUSION

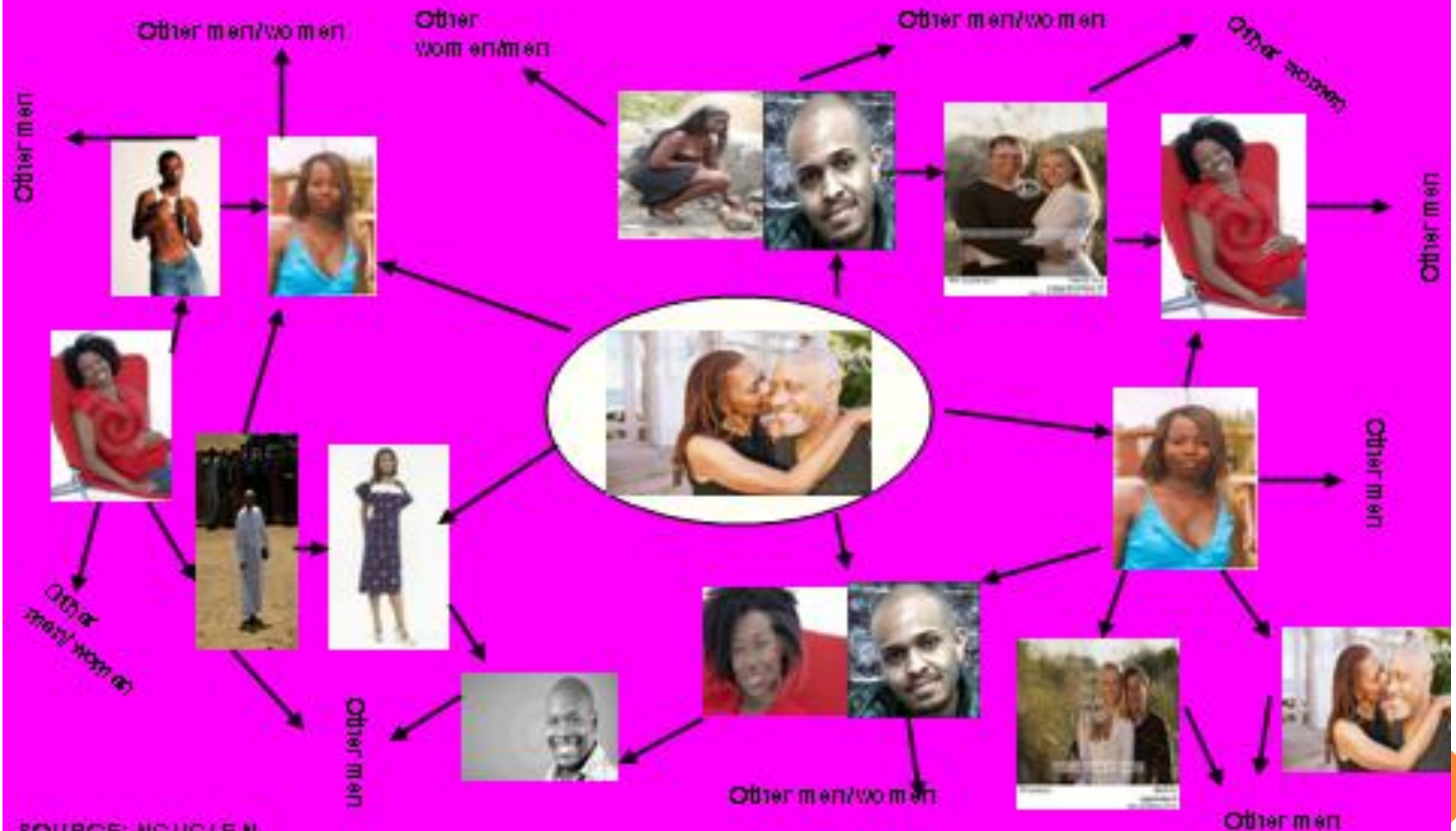
- It is demonstrated in this study that there are some areas in Kenya where comprehensive HIV prevention, treatment, care and support for KPs is low or not at all
- Some of these KPs are HIV Positive and continue to engage in sex without use of condom or condom use some of the time only
- 50% have never tested for HIV
- In this study only 23% reported condom use always.
- The result was high HIV prevalence
- Every effort should be made to mobilize, enroll and retain KPs as partners in HIV prevention, treatment, care and support across continuum.



- It is a sure way to cut the chain of transmission.
- After all their clients are from the general population (husbands/boyfriends, youth, elders)
- Unless this is done getting to Zero will remain just but a dream or will take a long time.
- Notwithstanding all prevention strategies go hand in hand including: e.g. Voluntary Medical Male Circumcision (VMMC) and Prevention of Mother to Child Transmission (PMTCT).



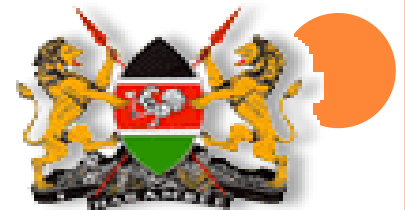
CUTTING HIV TRANSMISSION CHAIN



SOURCE: NGUGI E.N.

APPRECIATION

- **To CDC (funding agent), National AIDS Control Council (NACC) , National AIDS & STI Control Programme (NASCOP), Ministry of Medical Services (MOMS), Ministry of Public Health Services (MOPHS), Ministry of Internal Security (MIS), Office of the President(OP), Ministry of Gender Children and Social Services(MGSS).**
- **The community in general for their support**
- **Key populations. Without them there is no programme!**



THANK YOU



ASANTE SANA



DISCLAIMER

The findings and conclusions in this are those of the author(s) and do not necessarily represent the official position of the funding agencies/U.S, Centers for Disease Control /Government of Kenya.

