



## Clients' perception of HIV/AIDS voluntary counseling and Testing (VCT) services in Nairobi, Kenya

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### ABSTRACT

*Objective:* To assess clients' perception of voluntary counseling and testing (VCT) services in Nairobi, Kenya.

*Methodology and results:* Data was collected through self administered client exit questionnaires given to willing participants after going through the VCT centre and receiving the services. The questionnaires were developed and supplied by NASCOP. Convenient sampling of the questionnaires was done and only those completed between May and August 2003 were purposively selected. A sample size of 110 was achieved from available client exit interview forms. Data analysis involved generating frequencies and cross tabulations among the variables that addressed perception disaggregated by gender. Regardless of gender, the clients' perception under the key thematic areas scored over 90%.

*Conclusion and application of findings:* The findings of the survey underscored the professional manner with which NASCOP implemented the recruitment, training and supervision of VCT counselors. It also confirmed that there has been thorough vetting of potential VCT sites prior to registration, to ensure they meet the minimum set standards for accreditation. While significant progress has been made in developing the monitoring and evaluation systems in health care in Kenya, the challenge of satisfying the ever changing needs of clients persists. The NASCOP client exit interview questionnaire was a good tool for collecting immediate feedback on clients from VCT clients. However, some modifications are required to address some inherent limitations of the questionnaire, e.g. it did not disaggregate responses by important variables that could have informed the survey better.

**Key words:** HIV/AIDS, VCT, clients' perception, Nairobi

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### INTRODUCTION

HIV/AIDS constitutes a major public health problem and development challenge in Kenya, with severe socio-economic impact. Upon realizing that Kenya was losing about 500 people daily to HIV/AIDS, the government declared the disease a national disaster in 1999. Over 1.3 million people have died

since 1984, leaving behind over 2.4 million orphans by 2006 (NACC, 2007). In 2006 there were about 55,000 new adult infections (NACC, 2007).

Successful, multi-sectoral response to HIV/AIDS pandemic was mounted, in accordance with provisions and objectives of the sessional Paper

No. 4 of 1997 on HIV/AIDS in Kenya (Ministry of Health, 1997). The National AIDS Control Council (NACC) developed the Kenya National HIV/AIDS strategic plan (KNASP) 2000 – 2005 and the current 2006 – 2010 plan. The goal of the 2006 – 2010 plan is to reduce the spread of HIV, improve the quality of life of those infected and affected and mitigate the socio-economic impact of the epidemic in Kenya.

One of the priority areas is the prevention of new infections, under which KNASP 2005/06- 2009/10 focuses on scaling up voluntary counseling and testing (VCT) services in the country as a key HIV infection prevention strategy. The quality of services provided through VCT, including testing, counseling and referral of those testing positive will be constantly strengthened. Interventions include direct capacity building, such as training and provision of test kits, and the establishment of a national VCT quality assurance framework (NACC, 2000). To standardize the delivery of this service and to

assure its high quality and confidentiality, VCT guideline was developed in 2001. It presents operational procedures for VCT services, HIV test-related counseling, HIV testing, record keeping, data management, monitoring and evaluation (NAS COP/NACC, 2001).

Monitoring and evaluation (M&E) is a critical component of successful implementation of any VCT program as it helps in identifying and correcting potential problems on an ongoing basis, and provides feedback during planning, design and implementation of the programme (NAS COP, 2004). NAS COP put in place a mechanism to determine the clients' perceptions of VCT services offered. Client exit interviews were offered to clients willing to participate anonymously after receiving VCT services. This paper reports findings of a survey carried out to assess the perception of clients on VCT services offered at a VCT site in Nairobi, Kenya.

#### **MATERIALS AND METHODS**

**Study location:** The data was collected at AMUAA VCT center in Nairobi, Kenya. The site was located in Woodley Estate of the Dagoretti constituency in Nairobi. It was an integrated VCT site registered No. 101 – 24, by National AIDS and STDs control program (NAS COP), Ministry of Health, Kenya. The objective of the survey was to assess clients' perception of the VCT services offered. More specifically, to assess their perception on introduction and orientation to the VCT services offered, risk assessment and reduction, rapid HIV testing, counselor's conduct, VCT setting and general satisfaction.

**Data collection and analyses:** Data was collected through self administered client exit questionnaires given to willing participants after going through the VCT centre and receiving the services. The questionnaires were developed and supplied by NAS COP. Convenient sampling of the questionnaires was done and only those completed between May and August 2003 were purposively selected for this study. A sample size of 110 was achieved from available client exit interview forms. Data management and analysis was done using SPSS version 10.0. This involved generating frequencies and cross tabulations among the variables that addressed perception disaggregated by gender.

#### **RESULTS AND DISCUSSION**

The total number of client exit forms returned was 110, out of which 13 (11.8%, N = 110) did not indicate their gender. The VCT services offered scored very highly in terms of introduction and orientation of VCT services to the participating clients. There were no gender disparities with regard to introductory and orientation services provided. Over 90% of clients gave the VCT services favorable score in terms of waiting time, warm welcome and clarity of explanation by the counselors (Table 2).

Over 90% of clients reported that counselors discussed issues of risky behaviors, disclosure of serostatus to

partner and condom use, irrespective of gender. Counselors were perceived to be comfortable discussing these issues, by all the clients. Condom use demonstration was done for only 46% (N = 95), an area that needs further investigation and improvement (Table 3).

All the clients (N = 97) reported having their blood samples taken (Table 4). Among the female clients, 92% (n = 50) were pricked once compared to 76.6% (n = 47) of the males. Among the males 23% (n = 47) reported

having been pricked more than once compared to only 8% (n = 50) female clients.

Over 90% of clients have positive perception of the counselors (Table 5). They felt the counselors were confident (100%, N = 97), respectful (99%, N = 89), genuine (98%, N = 96), free to talk to (100%, N = 97), good listeners (99%, N = 97) and understood their concerns (98%, N = 97). They also felt their personal issues would be treated in confidence by the counselors (97%, N = 97).

Majority of the clients felt they received all the information they need (99%, N = 97) and had privacy during counseling (96%, N = 95). They also felt that the VCT rooms were well located (92%, N = 97) and they spent just the right amount of time (85%, N = 96) at the centre. The attitudes of the other staff at the VCT centre were rated as very good by 93% (N = 97) of the

clients (Table 6). All the participating clients said they would recommend the services to others (Table 7) and rated the general services as very good (95%, N = 97).

Table 1: Disaggregated by gender (N = 97) of clients responding to a questionnaire on services at a voluntary counseling and testing center in Nairobi, Kenya.

Category	Frequency	Percent
Male	47	42.7
Female	50	45.5
Total	97	88.2
Missing	13	11.8
Total	110	100.0

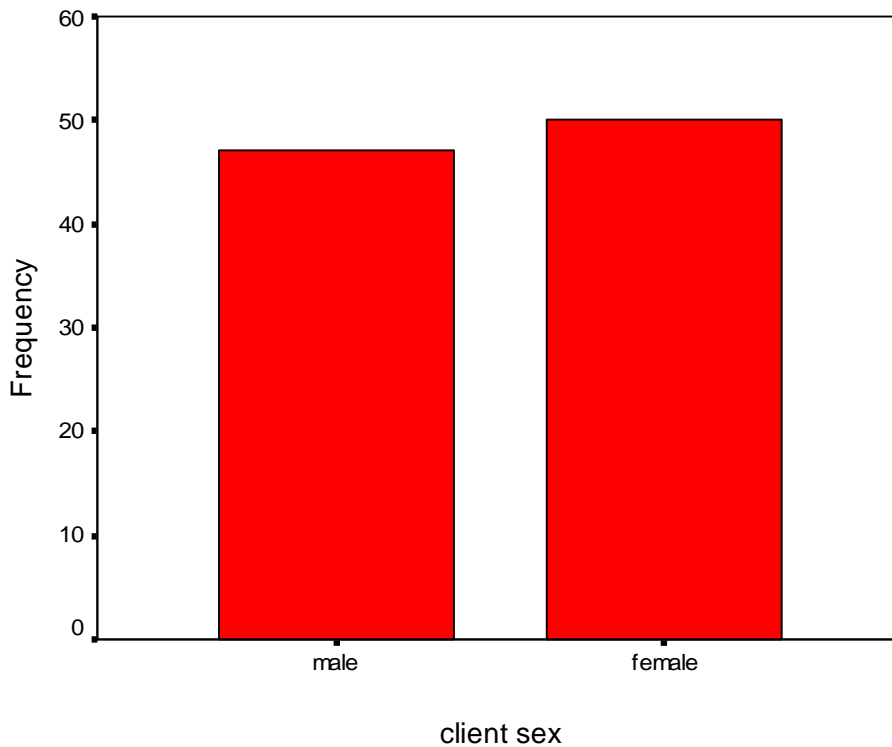


Figure 1: Frequency (disaggregated by gender) of clients responding to a questionnaire on services at a HIV/AIDS voluntary counseling and testing center in Nairobi, Kenya.

Table 2: Clients' perception on introduction and orientation to VCT services at a center in Nairobi, Kenya.

Variables		Gender		Total (%) N = 94
		Male (%) n = 46	Female (%) n = 48	
Waiting time	Less than 30 min	54.35	77.08	65.96
	30 min to 1 hour	34.78	18.75	26.60
	1 to 2 hours	6.52	4.17	5.32
	More than 2 hours	4.35	0.00	2.13
		n = 47	n = 50	N = 97
Welcome	Warm	97.87	96.00	96.91
	Neutral	2.13	4.00	3.09
		n = 47	n = 50	N = 97
Service orientation given	Yes	93.62	98.00	95.88
	No	6.38	2.00	4.12

Regardless of gender, the client perception under the thematic areas scored over 90%. The findings of the survey underscored the professional manner with which NASCOP implemented the recruitment, training and supervision of VCT counselors. It also confirmed that there has been thorough vetting of potential VCT sites prior to registration, to ensure they met the minimum standards for accreditation.

HIV/AIDS continues to be the greatest challenge to development in Kenya and VCT is a key intervention measure within the comprehensive care programme. While significant progress has been made in developing the monitoring and evaluation systems in health care in Kenya, the challenge of satisfying the ever-changing

needs of clients persists. The NASCOP client exit interview questionnaire was a good tool for collecting immediate feedback from VCT clients. However, as a tool of data collection, it had some inherent limitations. It did not disaggregate responses by other important variables e.g. age, occupation, marital status; that could have informed the survey better. It is also possible that those who participated could have largely been those who test negative, as they could have been more motivated to participate. The questionnaire didn't provide for means of knowing the participants' serostatus hence the impact of serostatus on perception could therefore not be assessed.

Table 3: Perception on risk assessment and reduction by clients responding to a questionnaire on services at a voluntary counseling and testing center in Nairobi, Kenya.

Variables		Gender		Total (%) N = 96
		Male (%) n = 46	Female (%) n = 50	
Risk behavior discussed	Yes	97.83	100.00	98.96
	No	2.17		1.04
		n = 45	n = 49	N = 94
Disclosure to partner discussed	Yes	91.11	89.80	90.43
	No	6.67	0.00	3.19
	n/a	2.22	10.20	6.38
		n = 45	n = 48	N = 93
Condom use discussed	Yes	95.56	91.67	93.55
	No	2.22	2.08	2.15
	n/a	2.22	6.25	4.30
		n = 46	n = 50	N = 96
Counselor comfortable with issues	Yes	100.00	100.00	100.00
		n = 46	n = 49	N = 95
Condom use demonstrated	Yes	47.83	44.90	46.32
	No	43.48	46.94	45.26
	n/a	8.70	8.16	8.42

Table 4: Perception on rapid HIV testing offered (N = 97) by clients responding to a questionnaire on services at a voluntary counseling and testing center in Nairobi, Kenya.

Variables		Gender		Total (%) N = 97
		Male (%) n = 47	Female (%) n = 50	
Blood sample taken	Yes	100.00	100.00	100.00
Number of pricks done	Once	76.60	92.00	84.54
	Twice	10.64	4.00	7.22
	Thrice	6.38	4.00	5.15
	More than thrice	6.38	0.00	3.09
Comfort during pricking	Yes	91.49	90.00	90.72
	No	6.38	8.00	7.22
	n/a	2.13	2.00	2.06

Table 5: Perception on quality of counselors by clients responding to a questionnaire on services at a voluntary counseling and testing center in Nairobi, Kenya.

Variables		Gender		Total (%) N = 97
		Male (%) n = 47	Female (%) n = 50	
Felt counselor confident	Yes	100.00	100.00	100.00
		n = 42	n = 47	N = 89
Felt counselor respectful	Yes	97.62	100.00	98.88
	Not sure	2.38	0.00	1.12
		n = 46	n = 50	N = 96
Felt counselor genuine	Yes	97.83	98.00	97.92
	Not sure	2.17	2.00	2.08
		n = 47	n = 50	N = 97
Felt free to talk	Yes	100.00	100.00	100.00
	Yes	97.87	100.00	98.97
Felt counselor listened	No	2.13	0.00	1.03
	Yes	95.74	100.00	97.94
Felt concerns understood	No	2.13	0.00	1.03
	n/a	2.13	0.00	1.03
	Yes	97.87	96.00	96.91
Felt confidentiality kept	No	2.13	4.00	3.09

More research on VCT clients' perception is needed and could potentially help in understanding the reasons behind the fact that 83% or approximately 1.2 million HIV-infected Kenyans do not know they are infected (Kenya AIDS Indicators Survey Report, 2008). The information generated could influence policy and the

manner in which VCT services are currently being delivered.

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Table 6: Perception of the VCT site by clients responding to a questionnaire on services at a voluntary counseling and testing center in Nairobi, Kenya.

Variables	Gender			Total (%) N = 95
	Male (%) n = 45	Female (%) n = 50		
Had privacy	Yes	97.78	94.00	95.79
	No	2.22	2.00	2.11
	n/a	0.00	4.00	2.11
		n = 46	n = 50	N = 96
Had adequate time	Too long	13.04	8.00	10.42
	Just right	82.61	88.00	85.42
	Too short	4.35	4.00	4.17
		n = 47	n = 50	N = 97
Received all information	Yes	97.87	100.00	98.97
	n/a	2.13	0.00	1.03
	Yes	93.62	90.00	91.75
Counseling room well located	No	6.38	8.00	7.22
	n/a	0.00	2.00	1.03
	Very good	93.62	92.00	92.78
Attitude of other staff	Fair	6.38	6.00	6.19
	n/a	0.00	2.00	1.03

Table 7: Clients' perception of satisfaction (by gender) at a VCT center in Nairobi, Kenya.

Variables	Gender			Total (%) N = 96
	Male (%) n = 46	Female (%) n = 50		
Will recommend service to others	Yes	100.00	100.00	100.00
Rating the services received		n = 47	n = 50	N = 97
	Very good	93.62	96.00	94.85
	Fair	6.38	4.00	5.15

**Appendix 1: Some of the recommendations given by the clients included the following:**

- There is need for such qualified counselors to visit institutions and give talks.
- I am happy with the professionalism displayed by the staff at this VCT and I will encourage others to come.
- The staff and counselors are very qualified and experienced. They are relaxed, understanding and knowledgeable. They listen to one well. Keep it up.
- You are doing a great job, let's continue living and letting others live.
- VCT centers should be made available countrywide in large numbers.
- This is an exercise that should be taken even to the remote places where naivety and poverty put many at risk.
- It would be better for the VCT center to give people cards or documents to prove to others that they have been tested.
- Many people need to know about VCT. Make more advertisements to encourage the youth.
- It's very informative; I still think there should be more information.
- The needle prick is very painful.
- To carry out more mobile VCT services for the purpose of convenience.
- Please avail more counselors if possible to cater to all the clients.

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