



*DoD HIV/AIDS Prevention Program  
Status Report  
May 2003 to September 2004*

*Kenya*



## **BACKGROUND**

### **Introduction/General Information**

The population of Kenya is estimated at just over 32 million, with life expectancy estimates of 44.94 years. English and Kiswahili are the official languages, and the country has an estimated literacy rate of 85.1%. Kenya has a developing, relatively diversified economy with 20% of the domestic product coming from agriculture. Services (62%) and industry (19%) make up the other sectors of the economy. The annual per capita income estimate is \$1,000.

### **Country HIV/AIDS Statistics and Risk Factors**

The HIV/AIDS prevalence estimate in Kenya is 15% of the population with either HIV infection or AIDS; the number of people estimated to be living with AIDS is 1.2 million. Identified risk factors include high-risk heterosexual contact with multiple partners, a high incidence of sexually transmitted infections (STIs), and perinatal transmission.

### **Military HIV/AIDS Information**

Kenyan military size is estimated at approximately 35,000. Military personnel are at increased risk of exposure to HIV due to high mobility of troops, as well as the sexual culture found along the Trans-African Highway. The Kenyan

Department of Defense (KDOD) HIV prevalence rate is estimated at 7%.

## **PROPOSED PROGRAM**

The KDOD continued successful efforts in the implementation of their DHAPP HIV/AIDS prevention plan, which included the development of a surveillance system to monitor HIV/AIDS, tuberculosis (TB), and STIs, anonymous HIV testing for pregnant women and STI clients, the monitoring of active cases of TB as part of TB prevention and control, the monitoring of medical discharges and deaths among military personnel, STI and HIV data management, counseling and testing (CT) programs, programs in prevent mother-to-child transmission (PMTCT), and training of health care providers in STI treatment management, with emphasis on syndromic diagnosis and treatment.

Comprehensive CT is being provided to both military personnel and directly to their nonmilitary partners for premarital and dating relationships as well.

A program of peer education designed to increase HIV knowledge and promote CT is coupled with the CT centers. Peer educators are selected from military units and provided training. In addition, the KDOD is implementing a program of enhanced condom availability through a broad network of commercial condom dispensers and counseling at CT centers.

## **PROGRAM RESPONSE**

### **Military-to-Military**

The KDOD was awarded DHAPP funds to support its prevention and care of HIV/AIDS proposal and hire a full-time, in-country contractor to assist the KDOD in its prevention efforts. Funding was provided through the Kenya Medical Research Institute via the United States Army Medical Research Unit in Kenya.

### **Contractor-Based Assistance**

Earth Conservancy was awarded a contract by DHAPP to produce a film aimed at changing attitudes, beliefs, and practices that affect transmission of HIV among military personnel in Kenya. Earth Conservancy conducted formative research to develop a culturally and situationally appropriate script and produce a film titled *Red Card: Sammy's Final Match*.

### **Clinical Provider Training**

DHAPP funded attendance of two KDOD military medical staff to attend the *All-Africa Military HIV/AIDS Prevention Workshop* in Gaborone, Botswana in September 2003.

### **Interoperability**

The Centers for Disease Control and Prevention (CDC) is co-funding the HIV/AIDS Prevention Program in Kenya under a matching funds agreement with DHAPP. The United States Army Medical Research Unit (USAMRU) in Kenya has also provided noteworthy assistance to DHAPP by supporting 15 CT sites and building surveillance infrastructure.

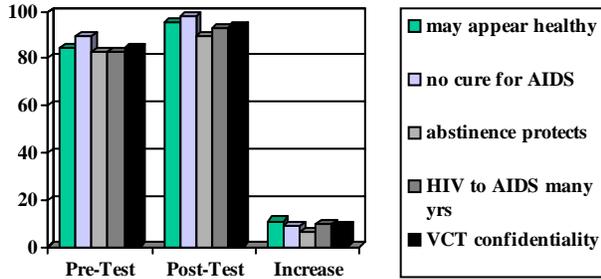
## **PEPFAR**

Kenya has been identified as a focus country in the *President's Emergency Plan for AIDS Relief* (PEPFAR), which was announced during the 2003 State of the Union Address to Congress. Kenya submitted its country operating plan proposing the following HIV/AIDS prevention initiatives for the KDOD:

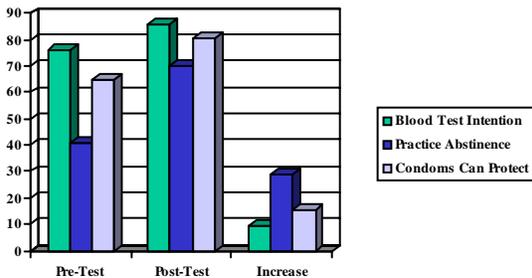
- Provide PMTCT services,
- Strengthen behavior change communication programs to promote abstinence and being faithful to one partner as HIV/AIDS prevention,
- Provide training to health workers to prevent accidental exposure,
- Enhance counseling and testing for KDOD members and dependents,
- Provide basic HIV care for individuals not yet needing antiretroviral (ARV) drugs,
- Provide clinical care and support to prevent TB and other opportunistic infections,
- Provide palliative care,
- Expand home-based care for KDOD personnel,
- Expand nutritional support for KDOD people living with HIV/AIDS,
- Provide ARV therapy, and
- Provide administration and management support.

## PROGRAM IMPACT

Surveys conducted among the KDOD after showing *Red Card: Sammy's Final Match* indicated many positive changes in HIV/AIDS knowledge, attitudes, and beliefs.



Graph shows increased knowledge about HIV after troops received training and watched *Red Card: Sammy's Final Match*.



Graph shows increase in soldiers who will get HIV blood test, abstain from sexual contact, and who believe condoms can protect them from HIV.

There was a statistically significant 7.2% increase in respondents who indicated they would practice sexual abstinence during the next 6 months. Additionally, respondents demonstrated accurate knowledge regarding HIV/AIDS prevention, such as knowing that a healthy-looking person can still have HIV, that there is no cure for HIV/AIDS, and that sexual abstinence is the best protection against HIV/AIDS. Condom purchases increased, as did reports of more consistent use of condoms.

## Master Trainers and Peer Educators

None during this reporting period.

## Number of Troops Trained

KDOD HIV/AIDS prevention programs have produced 69 personnel trained as CT counselors; 36 trained to provide PMTCT services, 24 trained as HIV surveillance monitors, and 4 trained as medical data clerks. In addition, 4 KDOD personnel completed training as CT supervisors.

## Potential Number of Troops Affected

Potentially 35,000 KDOD troops could be reached. More than 5000 KDOD personnel have received HIV testing and counseling. In addition, 130 expectant mothers - both dependents and women on active duty - were screened and counseled for HIV.

## Counseling and Testing (CT)

The CT activity has been the most successful part of the KDOD HIV/AIDS prevention program. Four additional counselors were trained in the reporting period, bringing the total to 69. More than 5000 troops have received HIV testing and counseling at CT center. A total of 16 CT sites are now operational. Some have conducted outreach testing and counseling services to other uniformed services (e.g., National Police) and civilian communities.

## Laboratory Capability/Infrastructure

Previously, laboratory capabilities have been established for HIV diagnostics, quality assurance, data entry capabilities, and ethics.

## Mass Awareness

A total of 300 videotapes of *Red Card: Sammy's Final Match* have been distributed to the Kenyan military for conducting screenings at military bases.