HIV Testing and Counseling (HTC) is the main entry point for HIV services. The Government of Kenya advocates for universal access to HTC services. Among Kenyans aged 15–64 years, 40% have been tested for HIV and received HIV test results (KAIS 2007). Kenya aims to reach 80% HTC coverage by 2013.

Access to HTC services is poor in rural areas. In Kenya, about 5.9% of couples are serodiscordant. The MOH is working with partners to promote strategies that reach more first-time testers, key populations and couples.

Previous HTC strategies in Central Province have not widely included Home-Based Testing and Counseling (HBTC), which has been successful in other areas of Kenya. Rural areas in Kenya have a slightly lower HIV prevalence rate (7%) compared with urban areas (8%), but are home to 70% of all Kenyans living with HIV/AIDS. HBTC offers an opportunity for families to receive HTC within their households. HBTC increases opportunities for couple counseling and disclosure.

HBTC also removes some barriers associated with the cost of transport and stigma.

**Methods**
- Initial stakeholder and planning meetings were held.
- MOH/APHIAplus KAMILI selected Kirinyaga East district because of poor health indicators.
- The team was identified: 50 CHWs, 20 counselors, a focal person in the MOH.
- Community Health Workers (CHWs) and service providers were trained.
- 25 villages in three sub-locations of Kirinyaga were mapped.
- Home visits were made between July 15 and November 19, 2012.
- A maximum of three visits were made before a homestead was declared vacant.
- HTC was performed according to the national guidelines.
- For quality assurance, a Dry Blood Spot test was done for every 20th test.
- Linkages were made to health facilities for referrals to HIV care and treatment for clients testing HIV-positive.
- The CHWs were charged with leading the community entry process and social mobilization.

**Results**
- Households successfully visited with someone present: 92%
- Target population: 15–64 years old
- First-time testers: 57%
- Tested as couples: 890 (24%)
- Clients tested HIV-positive: 80 (1%)
- Referral (80): 100%
- Currently enrolled in care: 67 (84%)

**Conclusions**
- The government has prioritized couples, youth and first-time testers in its HTC strategy.
- HBTC improves access for HTC services, especially in rural communities.
- HBTC appears to reach target populations, especially couples and first-time testers, more effectively than regular outreachs.
- There is a need to scale up to other districts and villages not covered.
- Linkage and referral to HIV care and treatment should be established and strengthened for HBTC programs and other HTC programs.
- Good support and acceptance by the MOH/ District Health Management Team will lead to success in community programs.
- Excellent community goodwill and support are available for HBTC services.
- Support of local administration, village elders and church leaders is key to the success of HBTC programs and should be a part of all community-based programs.