

Background: Voluntary Counselling and Testing services for HIV are globally recognized as major preventive measure of HIV infections. However, studies in some high burden countries of HIV showed that a median of 12% among men and 10% of women in population had been tested for HIV and received their results (WHO; 2007). The utilization vary among countries, in Uganda, VCT utilization is 66% among the women aged between 15-49 and 45% and among men of the same age bracket. The Overall Objective of the study was to determine factors influencing the uptake of voluntary counselling and testing for HIV services among Somali migrants in Kisenyi, Rubaga division, Kampala.

Methodology: Across sectional study using structured researcher-administered questionnaire was subjected to a sample size of 384 respondents; the study also interviewed 14 KIs among the Somali migrants in Kisenyi. The study employed both probability and non-probability sampling methods; the researcher selected three zones from the 4 zones of the Kisenyi parish through simple random sampling method and, after, used convenient sampling for those who were eligible to the study.

Results: The finding of the study revealed that out of the 384 participants, only 113 (29.4%) had ever attended VCT services whereas 271 (70.6%) had never attended VCT services for HIV test. The majority, among those who had attended, 55 (48.7%) of them had 1 to 3 visits, whereas 40 (35.4%) attended the service 4 to 6 times and the rest 18 (15.9%) had an attendance frequency of 7 times and above. Factors including educational level, occupational status, peers pressure, awareness of the person being at risk of getting HIV and AIDS, mosque Sheikh support for those tested positive, the availability of VCT centres and the distance of the VCT centres from the homestead were association with the uptake of the VCT services.

Conclusion: The study showed that uptake of VCT services among the Somali migrants in Kisenyi was very low. The researcher recommends the government of Uganda through the ministries of Health and education to undertake continuous awareness raising activities through the peers and religious leaders including Mosques Sheikhs and also offer accessible and available VCT centres where the counsellors can speak local languages, especially Somali language in order to overcome

the provider-client language barriers.