

Track 5: Implementation science, Health systems and economics

Category: Implementing HIV Programmes in Resource Constrained Health Systems

Increasing Access and Utilization of HIV Care and Treatment Services in Nyanza Province, Kenya through Integration, Decentralization, and Task Shifting

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Background: *Pamoja*, a five-year project funded by CDC, supports adult and pediatric HIV care and treatment at 154 Ministry of Health healthcare sites in 12 districts of Nyanza Province, Kenya. HIV prevalence in Nyanza is 13%, almost twice the national average. *Pamoja* is being implemented by several partners, including the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), and aims to increase access to high-quality HIV care and treatment services by building district capacity to direct, manage, and implement these services.

Methods: Between October 2010 and September 2011, HIV services were integrated into 154 maternal and child health (MCH) sites and 115 TB sites that previously offered no HIV-related services. Project staff provided support through mentorship, adaptation of national guidelines, dissemination of training curricula and tools, training, logistical support for commodities, drug supply management, and strengthening of laboratory networks. In February 2011, peer counselors were recruited for peer support and to assist sites with clinic attendance and active follow-up.

Results: At baseline (October 2010), 55 sites were delivering and reporting (to the national information system) on HIV care; 35 of these were offering and reporting on ART. After one year of program implementation, these numbers increased to 147 and 108, respectively. Clients newly enrolled in HIV care increased by 187%. Increase was noted in all districts, new and old sites. 11.6% of the new clients were children

Increase in clients on Care and ART													
Districts		Rachuonyo N	Ndhiwa	Rachuonyo S	Homabay	Manga	Masaba S	Masaba N	Borabu	Gucha	Nyamache	Kenyanya	Totals
Number of patients ever initiated on care	Before Oct 2010	1,586	1,537	85	49	334	59	273	375	62	9	13	4,382
	By end of Sep 2011	3,636	2,810	1,558	1,175	802	449	624	791	322	237	166	12,570
Number of patients ever initiated on ART	Before Oct 2010	859	668	47	38	92	34	87	56	7	4	3	1,895
	By end of Sep 2011	1,711	1,032	723	531	335	320	248	209	79	72	33	5,293

Clients initiated on ART increased by 179%, of which 31% were in sites that previously did not provide

Age/ Sex distribution of new clients started on Care or ART(Oct 2010-Sep 2011)										
Service given	At the sites without the service before October 2010					At the sites which had the service before October 2010				
	0-14 yrs		>14 yrs		Totals	0-14 yrs		>14 yrs		Totals
	Female	Male	Female	Male		Female	Male	Female	Male	
Newly enrolled into care	221	203	2,209	617	3,250	309	218	3,328	1,083	4,938
Newly initiated on ART	43	54	759	277	1,133	144	122	1,414	776	2,456

treatment.

Conclusions: Rapid service integration is helped by site-level training and mentorship support. Though it requires district- and facility-level support, capacity building and laboratory network strengthening are also instrumental to increasing access to HIV care and treatment services.