Reachout
Linking Communities & Health Systems

INTEGRATION OF VERTICAL PROGRAMMES IN RESPONSE TO COMMUNITY NEED: INTEGRATING HIV TESTING INTO KENYAN COMMUNITY HEALTH SYSTEMS

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BACKGROUND

KENYA IS A HIV ENDEMIC COUNTRY BUT 53% OF HIV POSITIVE PEOPLE IN KENYA DO NOT KNOW THEIR HIV STATUS. HIV TESTING AND COUNSELING PROGRAMMES HAVE BEEN VERTICAL, OFTEN RUN BY NON-GOVERNMENTAL ORGANISATIONS. THE KENYA COMMUNITY HEALTH STRATEGY (CHS) DEFINES SERVICE PROVISION AT HOUSEHOLD LEVEL AND OFFERS POTENTIAL FOR INTEGRATION OF HOME BASED TESTING AND COUNSELING.

METHODS

We sought to identify opportunities and constraints for the integration of home-based HIV testing and counselling (HBTC) within the broader CHS. We conducted a context analysis using qualitative research in peri-urban areas of Nairobi and rural Kitui counties, exploring community and provider perceptions of integration. We carried out 40 in-depth interviews with policymakers, district and facility managers, and 10 focus group discussions with community health extension workers (CHEWs), community health workers (CHWs), HBTC providers and community members. We specifically asked about current practice and the need, willingness and concerns around HBTC service integration. Data was digitally recorded, translated, transcribed and coded in Nvivo10 prior to framework analysis.

RESULTS

A vertical programme: HBTC was offered in the community by NGO-employed HBTC lay counsellors who are not part of the current CHS. However, there was enthusiasm and willingness among community members who stated that this would increase access to testing of men.

Desire for integration: Policymakers and managers expressed a strong desire to have CHWs trained to offer HBTC in households.

"WHEN YOU ARE DEALING WITH HBTC THERE ARE TOOLS AND ITEMS THAT ARE REQUIRED AND THE CHEWS ARE NOT ABLE TO ACCESS THAT, HBTC HAS BEEN RUN VERTICALLY IN THIS COUNTRY ... THE ONLY WAY TO HANDLE THAT ISSUE IS TO MAKE IT INTEGRATED SO THAT THE CHEW BECOMES THE PERSON WHO IS RESPONSIBLE IN THE HBTC." (POLICY MAKER)

CONCERNS: STIGMA AND CONFIDENTIALITY REMAINED A CONCERN AMONG ALL RESPONDENTS WHO STATED THAT TRAINING ON CONFIDENTIALITY WAS REQUIRED.

"I COULD SAY THAT THERE ARE BOTH ADVANTAGES AND DISADVANTAGES (WITH CHWS PROVIDING HBTC). BECAUSE THAT CHW IS LIKE MY NEIGHBOUR THERE AT HOME, HE MIGHT CROSS WITH ME AND THEN GO ROUND GIVING FALSE INFORMATION AND THAT CAN BE OF DISADVANTAGE TO ME... THEY SHOULD BE TRAINED TO ENSURE CONFIDENTIALITY..... BUT AS I AGREE, THERE MUST BE SOME PRECAUTIONS ON HOW THEY WILL BE TRAINED..." (KITUI COMMUNITY).

DISCUSSION/CONCLUSION

Our findings reveal community demand for integrated HBTC at household level that is endorsed by providers and policymakers. This study has demonstrated benefits and provided practical suggestions on how to overcome challenges in implementation, give potential for leveraging existing funding and expertise to meet community needs and national health priorities for HIV and HBTC.

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REACHOUT is an international research project to understand and develop the role of close-to-community providers of health care in preventing, diagnosing, and treating major illnesses in Africa and Asia

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