# Decentralising and integrating HIV services in community-based health systems: perceptions at macro, meso and micro levels of the health system

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HIV SELF TESTING – GOING TO SCALE" STAR WORKSHOP

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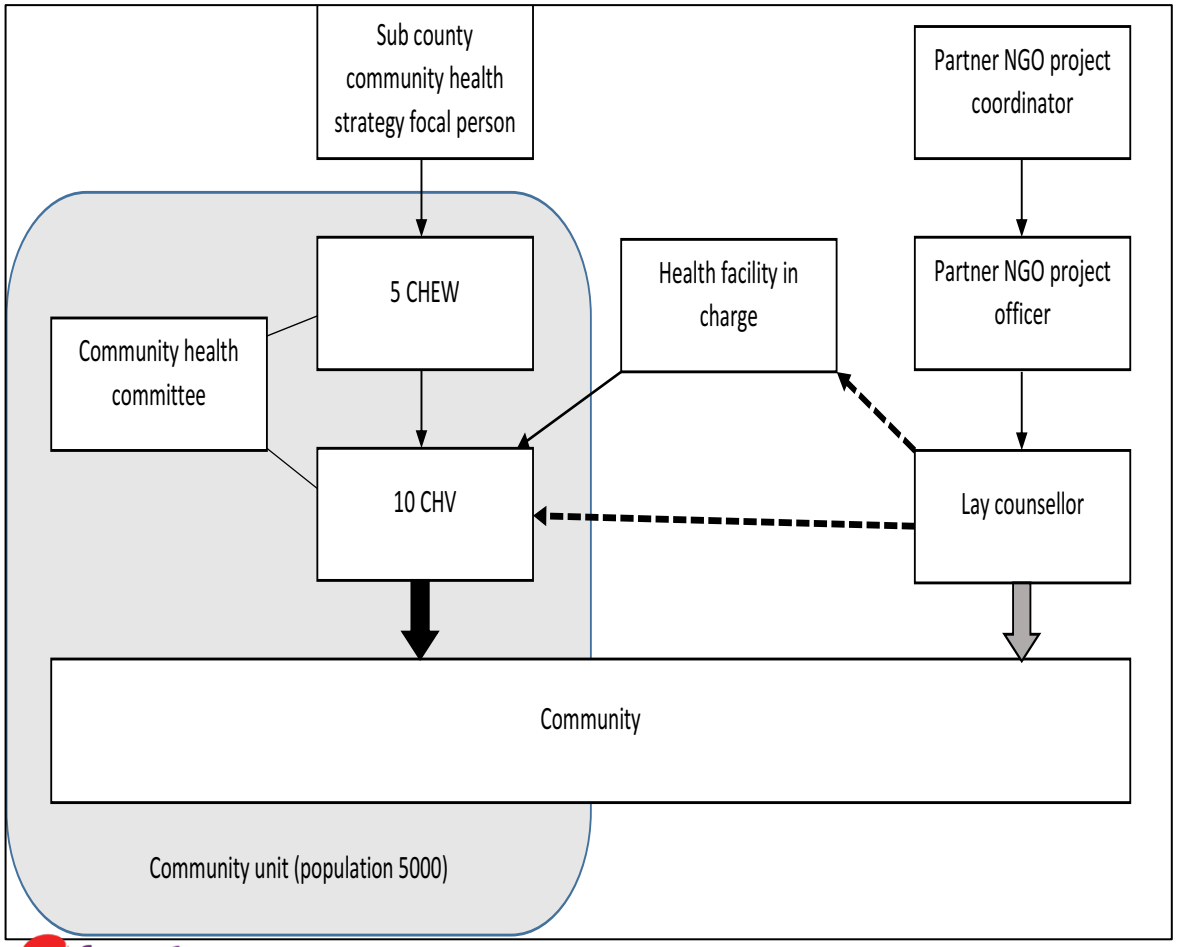
# Kenya community health strategy

- Kenya has had a community health strategy since 2006
- HIV services included but not explicit
- Close to community providers include
  - Community health volunteers,
  - community health extension workers,
  - lay HIV counselors

# Kenya community health structure




- Community HIV programs are vertical under partner NGO projects
- All Community programs link to health facility

# Rationale

- Evidence shows that an integrated service delivery approach is feasible and effective,
- Key question: *can integrated HIV be implemented within a holistic community health platform?*
- What are the perspectives of
  - policy makers & health managers
  - Community health workers
  - Community members

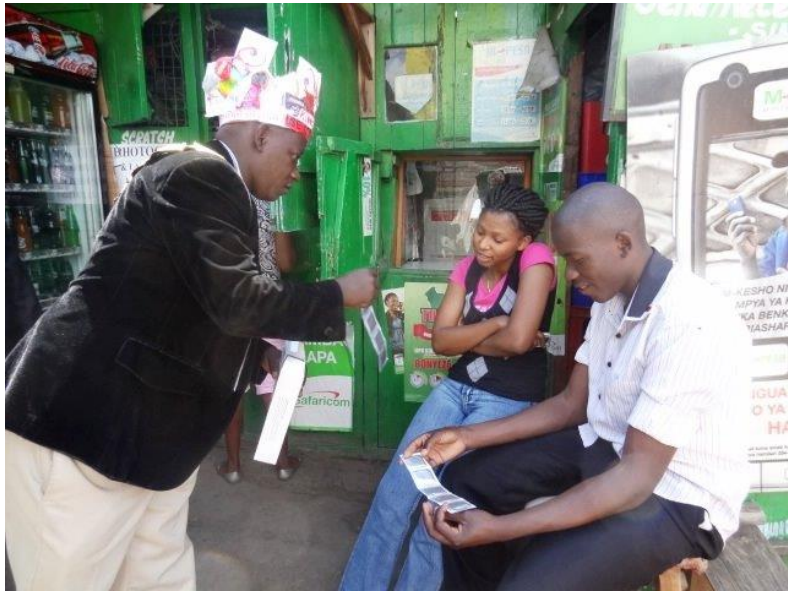
# Methodology

Reachout
Linking Communities & Health Systems

- Study sites: Nairobi & Kitui community units
- Study design: Qualitative (10 FGDs, 40 IDIs, 25 semi-structured interviews)
- Participants
  - Macro level – policy makers (national level)
  - Meso level – county managers
  - Micro level – CHEWs, CHVs, lay counselors, community members & HBTC clients

# Results

- Widespread support for integration across levels
- HIV services ongoing in community strategy but ad hoc
- HIV services driven by vertical programs
- Need for improved coordination of partners
- Support for integrating Home based testing in community health



*LVCT Health: Community based condom distribution*

# Opportunities and challenges of integration

- Opportunities
  - Support at all levels – CHEW, CHVs, lay counselors willing to take on additional roles
  - Skills added to existing (not new) cadres
  - Improved county coordination of partners & services
  - Holistic service provision at household level
  - Can reach men and youth

- Challenges
  - Confidentiality (community concern)
  - Workload - too many tasks for Community health workers
  - Commodities – potential for stock outs

# Opportunities for HIV self-testing in community health

- Integration can normalize HIV testing
- Existing platform – with minimal training, HIVST can be added to existing CHWs
- Can reach the hard to reach: men, adolescents, distant terrain
- Community platforms support linkage to care
- Opportunity to earn their stipend (if beneficiaries pay for HIVST)

*Community HIV testing among nomadic communities in Kenya. Source: LVCT Health*

# Threats/challenges to community HIVST

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- Workload – additional burden to CHW
- Knowledge and skills – not part of basic package
- Considerations for equitable coverage and quality of services
- Confidentiality – gaining community trust
- Distortion of community platforms if retained as a vertical structure (HIVST only CHWs)

lvct health
healthy societies

# Unanswered questions on integration to CHS

- What are the health systems impacts of integration in Kenya?
- Could HIVST divert CHVs from core health promotion and maternal child health tasks?
- What is the potential for incentivizing CHVs for linkage in Kenya?
- What about willingness to pay?

# Acknowledgements


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# THANK YOU!

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