Towards Universal Access: Decentralization in Rural Kenya

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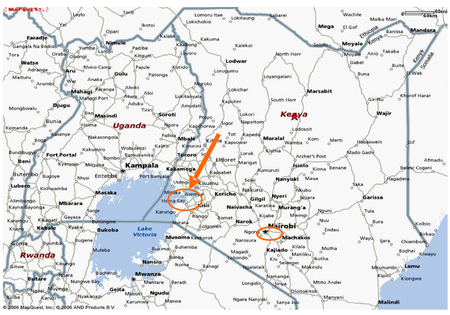
Suba District: Highest HIV Prevalence in Kenya



- Isolated rural region along Lake Victoria
- Population: 192,857
- Mainland and 10 inhabited islands
- HIV prevalence: 27% vs. 5% national average
- Life expectancy: 37 years vs. 57 years national average
- 40 health facilities, mainly dispensaries & health centres
- Poor access to HIV Services

Solution: Decentralize Hiv Services

- A central hub was established at the District Hospital
  - Serves as centre of excellence
  - Supports peripheral health facilities
- Staff at peripheral sites trained on HIV care, including dispensing of ARVs as per national guidelines
- Weekly support visits from central site by multi disciplinary team including:
  - Clinical officers
  - Nurses
  - Community health workers
  - Occasionally laboratory and pharmacy staff

Weekly support team visit provides:

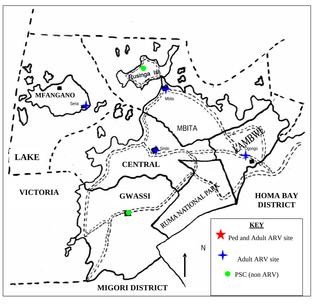
- Clinical support
  - Mentoring
  - Consultations
- Technical assistance:
  - Medical records
  - Patient flow
  - Referral sources
  - Commodities management
  - Data collection and reporting
  - HIV education and counseling
- Laboratory specimen transport
- Progressive site development from basic care site to comprehensive
- Task-shifting of non-clinical duties to trained lay health workers
  - Registration
  - Triage vital signs
  - HIV education
  - Adherence counseling
  - Medication dispensing
  - Data collection
- A specimen transport system was developed to ensure timely collection and delivery of samples from the peripheral sites to the central laboratory
- The District Health Management Team (DHMT) carried out support supervision

Results

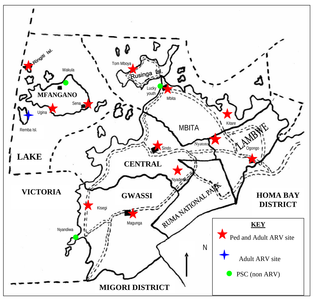
Within 24 months:

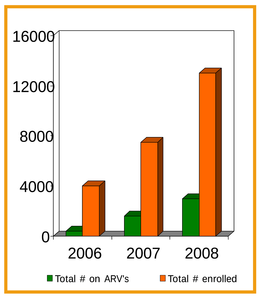
- Increase in sites offering ART from 4 to13 with an additional 3 offering basic care
- Increase in patients enrolled from 4,000 to 13,000 (60% female)
- Increase in patients on ART from 400 to 4,000 (60% female)

Suba District: Distribution of HIV clinics, April 2006



Suba District: Distribution of HIV clinics, April 2008





Challenges

- Staffing issues:
  - Limited staff
  - High training and mentoring needs
  - Transportation for mobile teams
  - Staff absenteeism
- Pressure to scale-up without preserving quality of care

Lessons Learnt

- Service delivery
  - Pediatric HIV services can be rolled out concurrently with adult services
  - Task shifting was critical to increase capacity of over-burdened health facilties
- Close collaboration with MOH and partners was critical
- MOH staff motivation increases as emphasis is placed on supporting them

Conclusion

- Decentralization has significantly improved accessibility of quality HIV services by bringing services closer to the people.

" Before services were brought to Kisegi, travelling from my home to Suba District Hospital would take two days, I frequently missed appointment dates. Nowadays I get the care near. I am happy since I can reach the facility even when it rains"

PSC client from Kisegi

Recommendations

- This model of decentralizing HIV services can be replicated and modified in other rural high-prevalence regions
- Due to the limited resources versus the overwhelming need for HIV services, further decentralization to the community level may be necessary
- Strengthening the HIV component of the Community Strategy, an approach designed and adopted by the Ministry of Health to improve primary healthcare, could possibly address this pitfall