



A Program Sponsored by **FACES**

Family **A**IDS **C**are and **E**ducation **S**ervices

Kenya Medical Research Institute and
University of California, San Francisco

THE NEED

- Challenges of rapid scale-up of HIV care in Kenya
 - Limited experience for health care providers
 - Limited training for providers
 - Clinicians often working in isolation

OBJECTIVES

- Accessible expert HIV advice to care providers via telephone in real-time
- Ensure high quality services through implementing a quality assurance monitoring system
- Develop a hotline/referral model to expand to other regions within Kenya and other countries

DESCRIPTION

- Telephone consultation service to clinicians
 - Uses widespread cellular phone coverage
Available 24 hours 7 days a week
 - Centralized calling system with toll free service to callers
 - Consultants educate callers

STAFFING

- The Hotline staff are 11 volunteer doctors with experience in HIV care.
- 4 front line doctors (each answers calls for a week then passes the phone to the next)
 - 4 consultants available to answer queries from front-line staff
 - 2 pediatricians available to front-line staff
 - 1 pharmacist available to front-line staff
 - Coordinator (full time)

MONITORING AND EVALUATION TOOLS

- Site information form
- Call information (consult) form
- User satisfaction form
- Chart audit

SITE TYPES

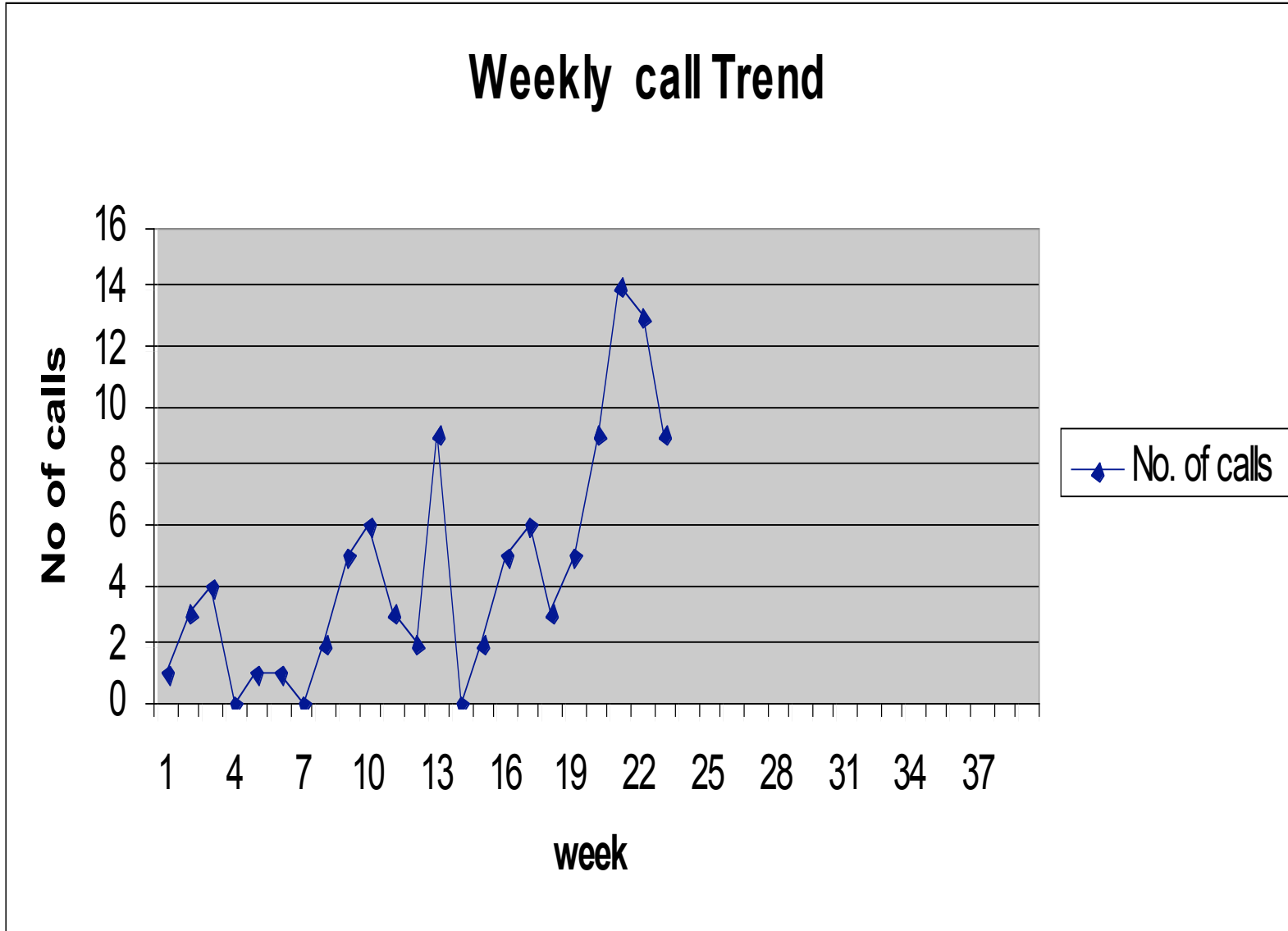
- District hospitals
- Sub – district hospitals
- Health centres
- Dispensaries
- Private hospitals
- Mission and Faith based hospitals

SITES TO DATE

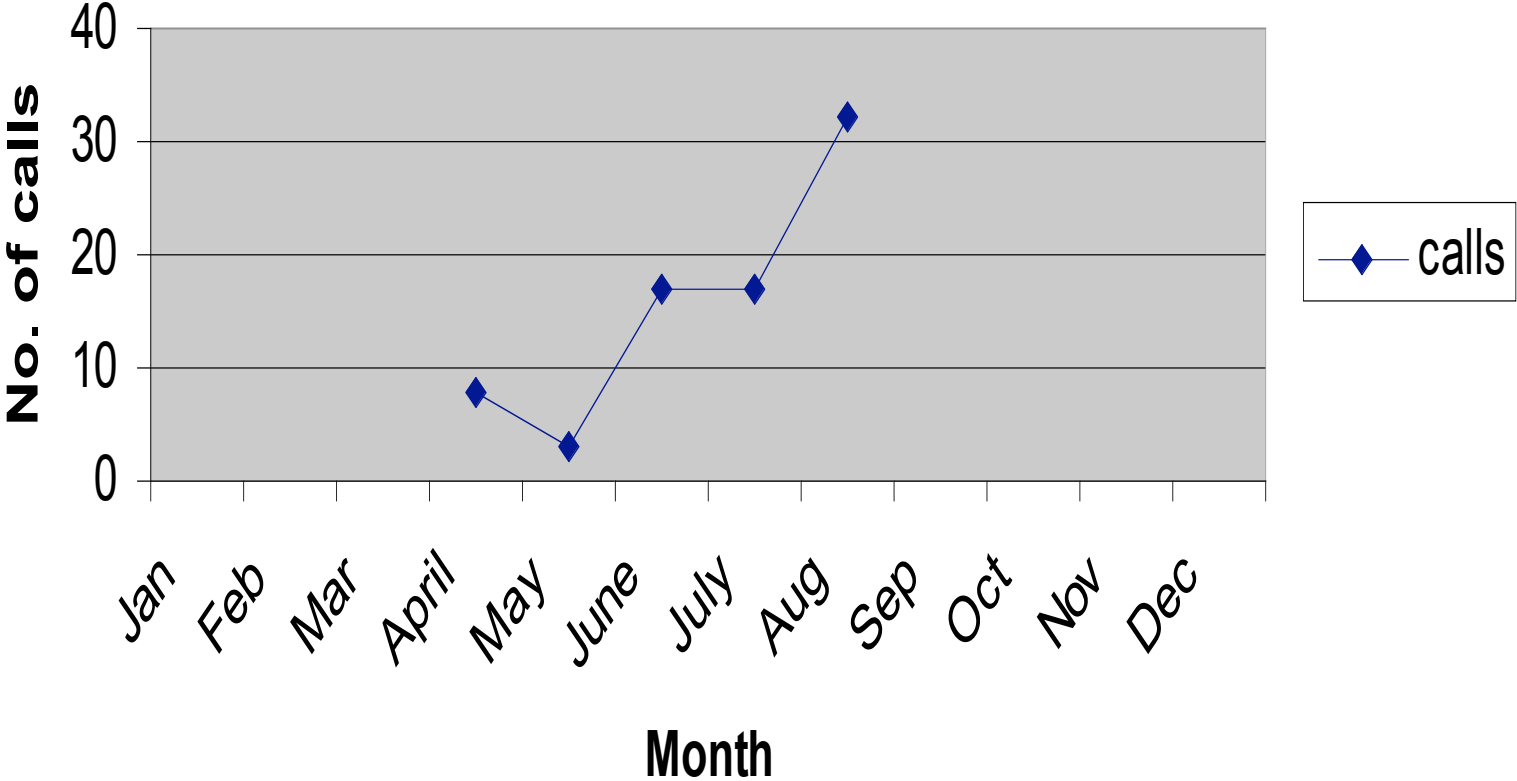
16 sites in 4 districts.

- Suba – 9 sites
- Kisumu – 4 sites
- Migori – 2 sites
- Nyando – 1 site

CALL TRENDS



Monthly call trend



CHALLENGES

- Staffing: The hotline providers are volunteers who are employed elsewhere
- Lack of cellular phone network coverage in some areas
- Initial hesitance from sites to call
- Missed calls or delayed response

LESSONS LEARNT

- Some health care providers will use a consultation service when made available
- Clinicians using *Uliza!* find it useful
- It is scalable

WAY FORWARD

- Discuss scale-up potential with NASCOP and other partners
- Identify funding for scale-up
- Set up a call centre with full time staffing
- Monitoring and evaluation and provision of feedback to NASCOP, HIV training organisations and the sites themselves