

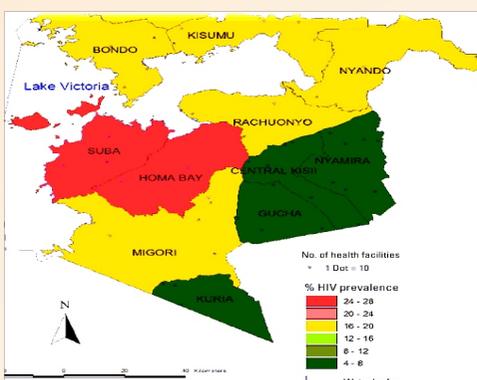
Agengo G<sup>1,2</sup>, Lewis-Kulzer J<sup>1,3</sup>, Nyabiage L<sup>4</sup>, Penner J<sup>1,5</sup>, Cohen CR<sup>1,3</sup>, Bukusi EA<sup>1,2</sup>

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## Description of the Problem

- Nyanza Province – highest HIV prevalence in Kenya at 15%
- Large number of people seeking HIV services
- Shortage of health care workers
- Novel approaches required to meet demand for quality HIV services

## Map of Nyanza



## Objective

- Involvement of Lay Health Care Workers (LHCW) in patient care to increase access to quality HIV services

## Approach

- Task shifting**
  - LHCW take on non-medical duties
  - Medical staff focus on patient care
- Expanding scope of services**
  - Take on additional responsibilities to fill service gaps (support group organization, etc)

## Task shifting

- Patient registration
- Taking weight, height, temperature, pulse, and respirations
- Managing Food By Prescription (FBP)
- Conducting HIV education, adherence counseling and health talks
- Pill counting
- Managing supplies



## Other Responsibilities



- Form and lead support groups
- Recruit and supervise peer educators
- Initiate and maintain patient advisory groups



- Lead children's club activities
- Facilitate parent and guardian meetings
- Conduct home visits and tracing
- Conduct hospital visits
- Link with CBOs and FBOs for other support services

## Recruitment of LHCWs

- Model patients (open about status and living positively): "Expert Patients" OR
- Active members of a Community-Based Organisation (CBOs) AND
- Must be literate and fluent in local languages

## Staffing Levels

- 5-7 per high volume site
- 1-3 per lower volume site

## Training



- Internship training (12-weeks)
  - Seminars and practicum
- Weekly Continuing Medical Education
- Child counseling training
- On-job-training and mentorship

## Internship Training

- Training curriculum is tailored to LHCW activities
- Divided into 11 modules each with a number of units

## Modules

- Module 1 – Orientation into the system**
  - Units curriculum over view, client flow, human resource issues, LHCW concepts, Terms Of Reference
- Module 2 – HIV Knowledge**
  - Epidemiology and natural progression of HIV, BCC, condoms, dispensing, HIV, myths and misconception, the germ theory
- Module 3 – HIV Management**
  - OIs, TB, malaria, HAART, paediatric management, CTX multivitamin
- Module 4 – Counseling**
  - General counseling, stigma and discrimination all model of counseling
- Module 5 – ARVs, Adherence, Dispensing**
- Module 6 – HBC – Collaboration, OVC, Referrals, Community Mobilization, Defaulter Tracing, HBC**
- Module 7 – Nutrition – ART & Nutrition, Safe Water Systems, FBP**
- Module 8 – Support – Support groups, Legal empowerment, Children's club, Group dynamic and Effective communication**
- Module 9 – Reproductive**
  - Sex and sexuality, pre conception counseling, family planning, condoms
- Module 10 – Basic Clinical Care**
  - Vital signs, infection control
- Module 11 – Clinic Organization**
  - Commodity management, monitoring and evaluation, data collection

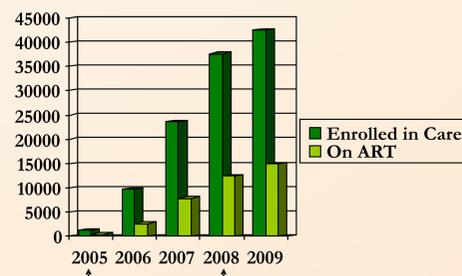
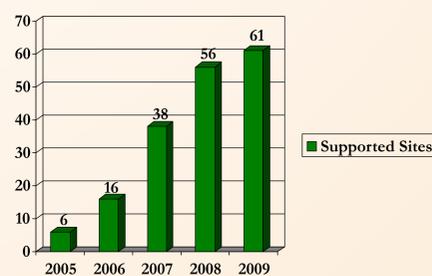
## Compensation

- Progression based on performance and available resources:
- Volunteers with no reimbursements
  - Volunteers with a small stipend
  - Salaried staff: Clinic and Community Health Assistants (CCHA)
    - 52% of volunteers have been hired as staff by FACES or other partners

## Evaluation Methods

- Aggregated data from FACES-supported sites
- Compared differences in site volume and patient enrolment prior to task-shifting implementation (Dec. 2005) to post implementation (Sep. 2008)

## Results



## Conclusion

- LHCW approach grew substantially in less than 2 years
- During that time, there was also a dramatic increase in the number of FACES-supported sites and patient enrolment
- Ongoing mentorship, learning opportunities, motivational rewards may have helped with LHCW enrolment and retention
- LHCWs able to assist with patient flow and successful decentralization efforts
- More evaluation of LHCW approach needed to assess impact and effectiveness

## Recommendations

- Strong MOH involvement to inspire team work and local program ownership
- Build LHCW skill capacity through trainings such as Provider Initiated Counseling and Testing and Community Integrated Management of Adult Illnesses
- Ongoing training and mentorship is essential