

Kenya Case study: How has Community Engagement (CE) Improved Person-Centered Services

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NEPHAK is a national network that unites people living with, at risk of and affected by HIV in Kenya. The network aspires for a nation where people living with, at risk of and affected by HIV are at the forefront and meaningfully involved in the interventions geared towards an 'improved health and well-being of communities' and where their rights are recognized and respected.

Background

- Engagement of recipients of care in the design, implementation, and evaluation of DSD initiatives is critical to assure both demand from service users and supply of high-quality services.
- In Kenya, the Ministry of Health through NASCOP has embraced CE and involves communities at different levels of the HIV response. The engagement of recipients of care is anchored on the Recipients of Care Engagement Framework that guides the meaningful engagement of people living with HIV in DSD initiatives.
- Community Engagement Framework has an accompanying monitoring tool that guide recipients of care in efforts to improve CE in DSD policy development, program design, planning, implementation, monitoring, and evaluation.





CE Data Collection

- With technical and financial support from ITPC, NEPHAK and ally networks engaged in data collection on Community Engagement
- The Data Collection was undertaken by 5 Data Collectors drawn from 5 networks in 5 high HIV burden populations and Counties: NEPHAK (Nairobi); ICW – Kenya (Homa Bay); ITPC – EA (Meru); KPs Consortium (Kiambu; FAWS women (Nakuru). Additional data was collected by NEPHAK among the member organizations serving key and vulnerable populations in Mombasa county.
 - Data Collectors were trained by the ITPC technical team
- The data collection process was guided by template drawn from the CE monitoring tool .

Kenya Experience

- ✓ During the period under review, different models of DSD were being rolled out in Kenya with support of the MOH and partners.
 - ✓ Compared to the previous assessments, the 2023 exercise confirm that Recipients of Care are increasingly being meaningfully engaging in DSD implementation at different levels
 - ✓ With the development of DSD Framework by the MOH/NASCOP, the engagement of recipients of care is becoming structured, coordinated and meaningful although there is still room for improvement
 - ✓ At national level, the adult Treatment and Care TWGs, of which community is part, continues to guide CE in Kenya.
- ✓ **Providers of Care are increasingly consulting Recipients of Care on their needs and wishes on how best to provide care, including ART to them. The discussions are part of treatment education.**
 - ✓ **More recipients of care are openly discussing HIV and care with recipients of care and among themselves.**

Efforts towards Person-Centered Care

- To ensure that recipients of care understand and demand for person-centered care, NEPHAK undertakes and engages in:
 - i. Scale up of expanded HIV treatment education that cover HIV and related co-infections (i.e. TB) and related comorbidities, SRHR and human rights issues, so as to instill.
 - ii. Community –led monitoring and feedback to providers of care and authorities on the experiences with health and HIV service delivery
 - iii. Targeted advocacy and communications on the need to compliance with the full implementation of the package of care in the ART Treatment Guidelines.
 - iv. Roll-out of PLHIV Stigma Index 2.0 and advocating for change



Challenges

- Some providers of care are not informing recipients of care on the DSD options available (no sensitization, no dialogue, no education)
- Recipients of care not resourced, capacitated and empowered enough to meaningfully engage in DSD implementation
 - i. Although there was no major stock-out of key treatment and care commodities, care providers are still cautious against multi-month dispensing of ART based on past experience.

Two key issues reported during past assessments have persisted:

- i. Weak mechanisms to facilitate information flow and reporting back to communities by their representatives on issues and matter important to them
- ii. Lack of accountability structures to hold community representatives, partners and other stakeholders accountable on matter of CE.
- iii. Community DSD models scale up is constrained because of resource constraints

Improvements/Advocacy

- i. For a structured, respectful and meaningful Community Engagement in DSD programs, an expanded treatment education for PLHIV and capacity building for health care workers will be needed.
- ii. Recipients of Care through their networks need to be resourced, capacitated and empowered.
- iii. DSD scale up need to be rolled out alongside other initiatives i.e. U=U sessions, stigma reduction messages and; management of TB and other NCDs.
- iv. Scale up of DSD initiatives need predictable and sustainable availability of commodities.

- v. As more and more recipients of care embrace different models of DSD, they will be to be educated on how, when and how to manage and seek care for HIV co-infections and comorbidities, including non-communicable diseases (NCDs).
- vi. Providers of Care and HIV program managers need to embrace community – led monitoring (CLM) as an accountability mechanism to gather feedback from recipients of care



Thank you!

