

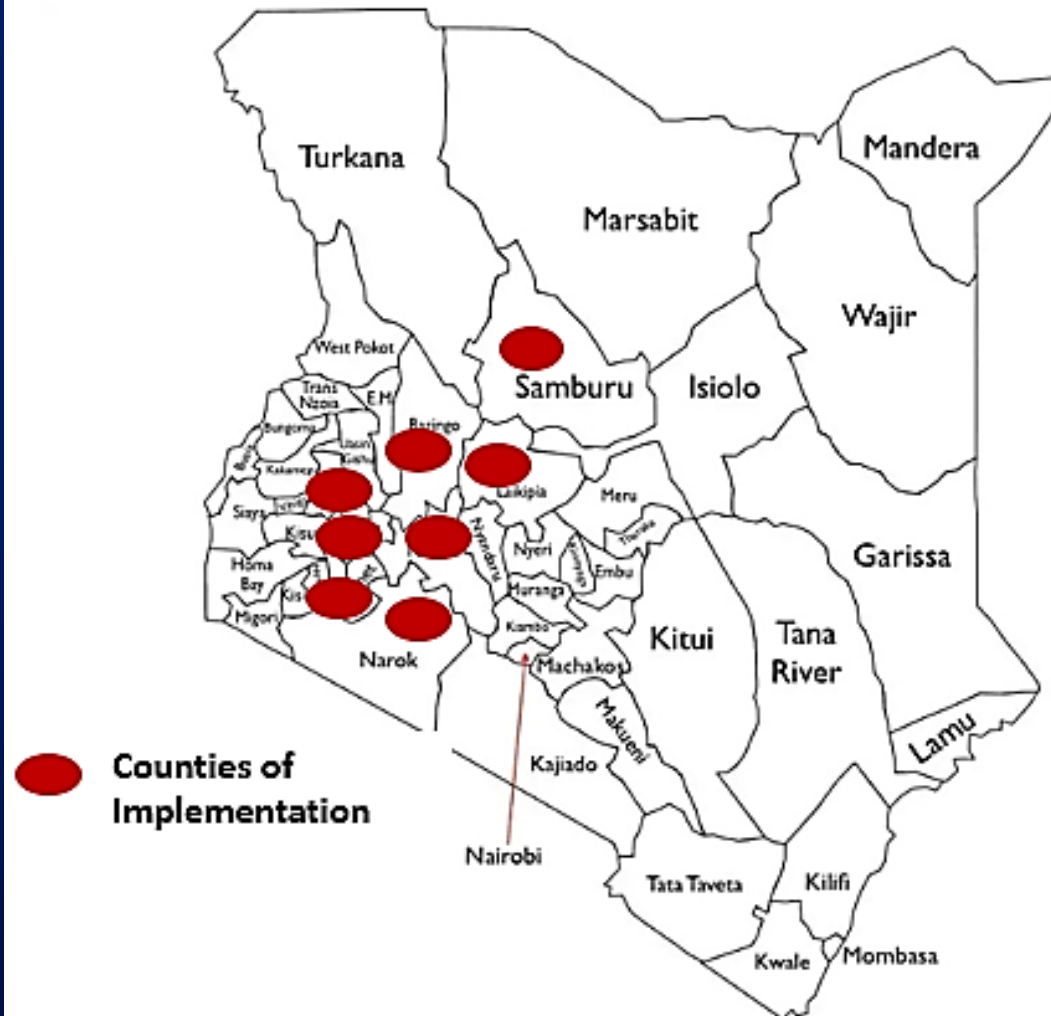
Integration Readiness Assessment, Training and Coordination for HIV/NCD Integration in South Rift, Kenya; A Step-Wise Approach

Date: 13th December 2024.

Presenter: Jack Nyaliech, Ph.D.



South Rift Valley Regional Technical Working Group (SRVRTWG)



One of the 8 Technical Working Groups created by National HIV Program to support HIV Care and Treatment agenda.

Mandate includes patient support, clinical decision making, dissemination of Government policies, mentorship, sharing of best practices and quality assurance.

SRVRTWG operates in 8 Counties of Kenya which are predominantly pastoralist with a catchment population of approximately 7.5 Million People with an estimated proportion of 160,235 PLHIV

PLHIV receiving care and treatment are approximately 113,000 (70%ART coverage)

The region is known for its vastness, harsh weather and pockets of insecurity



REPUBLIC OF KENYA

MINISTRY OF HEALTH

Kenya Universal Health Coverage Policy 2020 – 2030

Accelerating Attainment of Universal Health Coverage



2020/21-2024/25

Ministry of Health

Kenya AIDS Strategic Framework II

Sustain Gains, Bridge Gaps and Accelerate Progress



Rationale for HIV-NCDs Integration in South Rift Region

1. Policy Direction

- Government of Kenya agenda for Universal Health Coverage Policy 2020-2030
- WHO global strategy on people-centered and integrated health services
- PEPFAR Strategic direction on Integrated Services

2. Current Evidence

- Rising prevalence of NCDs among PLHIVs particularly HTN (27%) and DM (7%) (AFRICOs Study).
- Unacceptably large treatment gaps among PLHIVs with HTN (60%), and DM (83%) – AFRICOs Study
- In Kenya, more than 31% of PLHIVs are above 50 years and at higher risk of comorbidities

3. Benefits of Integrated Services

- Reducing disease burden
- Straining the health care infrastructure
- Reducing morbidities among PLHIV with comorbidities
- Improving Quality of Care with better outcomes



Stakeholder's meeting to discuss integration of HIV and NCDs services in Narok County on 27th November 2023

Step 1. Stakeholder Engagement

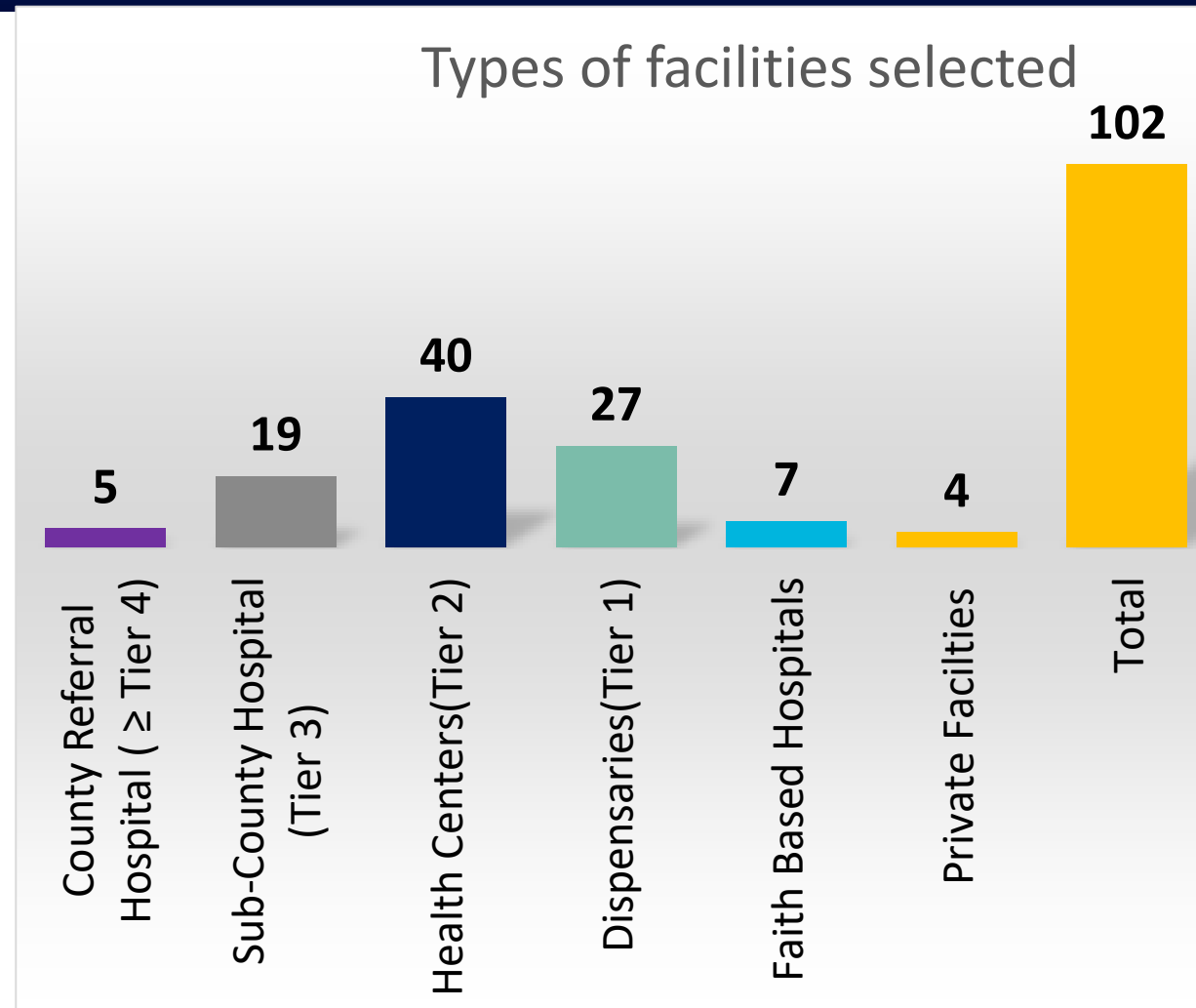
Period November 2023 - January 2024

1. Stakeholder meeting in October 2023: National HIV/STI Program, Division of NCD, Counties, Communities, and PEPFAR funded Implementing Partners (USAID Tujenge Jamii and HJFMRI).
2. Formation of County HIV-NCD integration TWG
3. Initial phase targeted 4 Counties: Bomet, Kericho, Narok and Nandi counties with total PLHIV population of approx. 58,000
4. 102 facilities purposively sampled with >100 PLHIVs on treatment
5. Timelines on development of assessment tool, administration, trainings, provision of equipment and coordinated scale up were outlined

Step 2: Facility Readiness Assessments

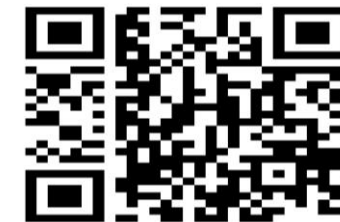
Period (Jan-Feb 2024)

- Aim- identify strengths, gaps and existing opportunities
- Development of **Facility Integration Capacity Assessment Tool (FICAT-ODK)** -Server hosted by the National HIV Program
- Domains: models of integration, human resource capacity, NCD screening, access to laboratory tests, imaging support and treatment.
- Healthcare workers trained on FICAT administration
- Report generation and dissemination of findings to inform decisions.
- 102 facilities purposively sampled(PLHIVs >100 inclusion criteria) with a total of 48,297 on ARVs.
- 10% chart abstraction of the 48,297 medical record was done = 4,829



Facility Integration Capacity Assessment Tool

QR Code or link - <https://shorturl.at/rwNm7>



NCD HIV Integration Tool 2024 v3

Baseline Facility Assessment for NCD/HIV Integration in SRV) Region, Kenya

Please collect the GPS co-ordinate

latitude (x.y °)

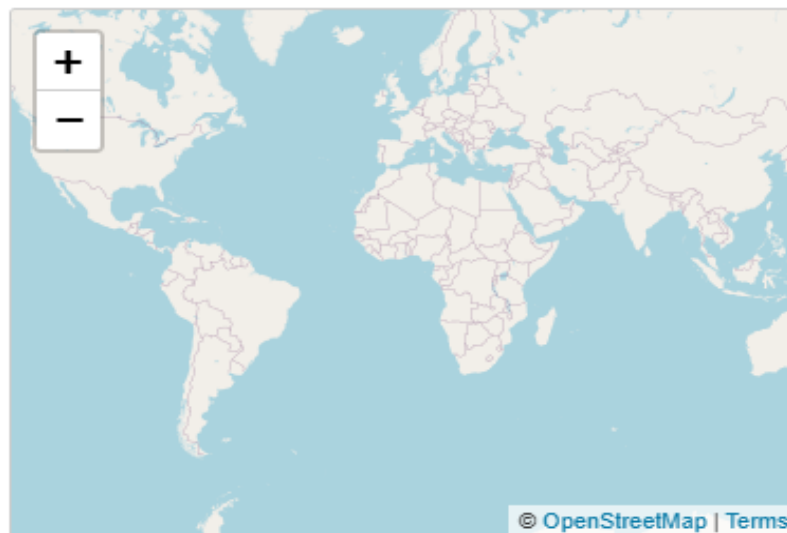
longitude (x.y °)

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*Please select the section that you will be working on?

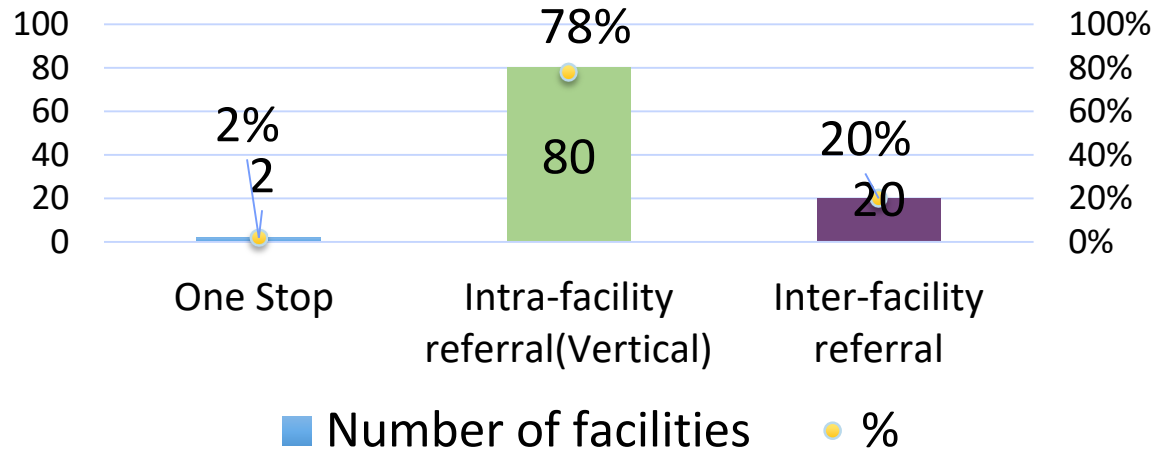
- Part 2: Mode of Integration
- Part 3: HRH Capacity for NCD Management
- Part 4: NCD Screening at HIV Clinic
- Part 5: Laboratory support for NCD screening in PLHIV
- Part 6: Imaging support for Non-Communicable Diseases (NCD) screening
- Part 7: Treatment of NCDs
- Part 8: Screening for NCDs for PLHIV
- Part 9: Number of PLHIV on treatment with Non-Communicable Diseases (NCDs)

Thanks you for completing the NCD HIV Integration Assessment Tool for in

✓ Submit

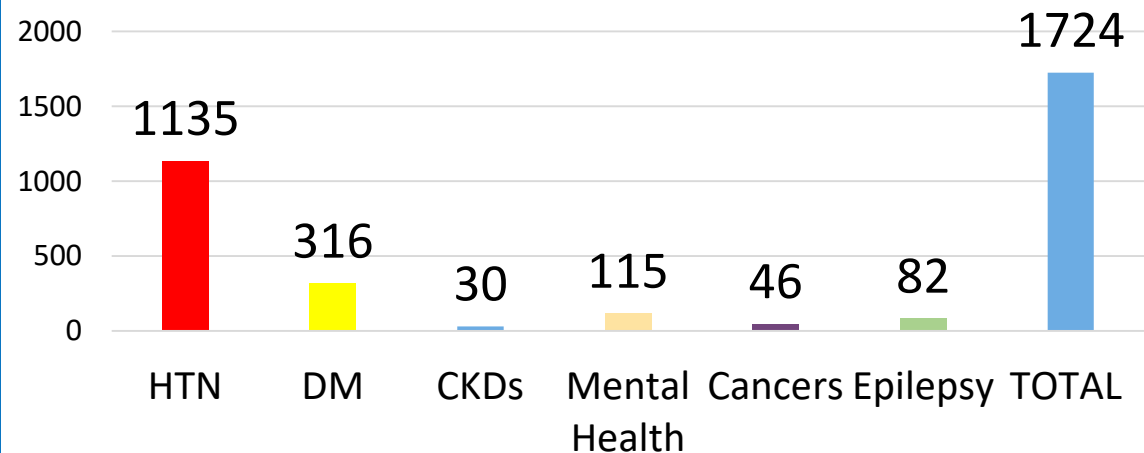
Facility Integration Readiness Assessment Findings

Models of Integration

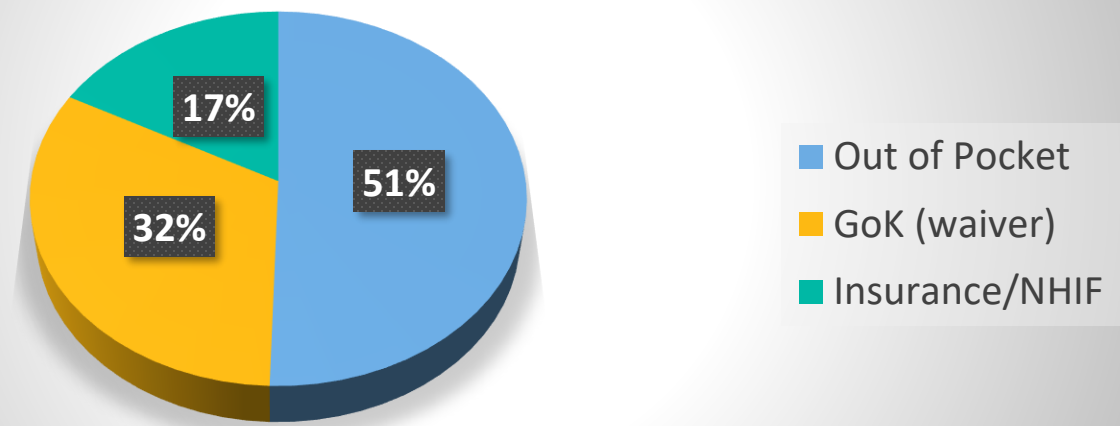


NCD Screening type	Screening rate (n= 4,829 10% sample)
Weight and Height documented	98%
BMI documented last visit	98%
BP documented last Visit	47%
Mental Health Screening	34%
Annual Creatinine	3%
Annual RBS test	4%
Annual Cacx Screening	68%

HTN = 2.4% Line listed NCDs by type n=48290

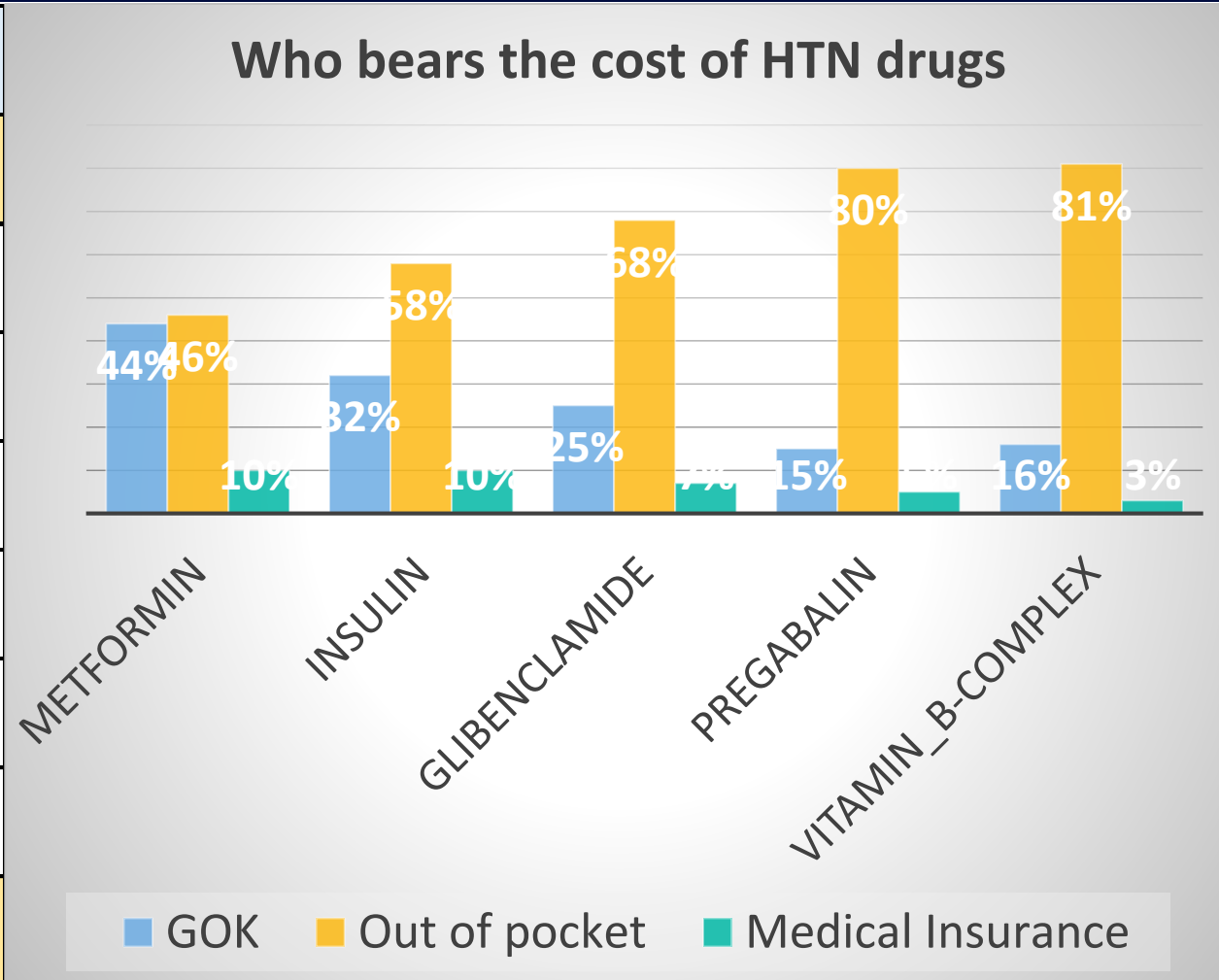


Who bears the cost of HTN/DM



Additional Findings

Drug	Availability of the HTN Drugs for PLHIV			
	At Facility		Outside Facility	
Enalapril	72	71%	30	29%
Hydrochlorothazide	78	76%	24	24%
Nifedipine	77	75%	25	25%
Losartan	60	59%	42	41%
Amlodipine	68	67%	34	33%
Atorvastatin	48	47%	54	53%
Total	403	66%	209	34%



No	Area	Findings
1.	HRH	<ul style="list-style-type: none"> - Capacity gaps on management of both HIV/NCDs by the clinicians - HIV program supported by Implementing Partners while NCDs are not - Staff shortages - Demoralized HCWs
2.	IEC Materials and other resources	<ul style="list-style-type: none"> - No clear job aids on HIV/NCDs management in the facilities - No integrated HIV/NCDs management manual
3.	Commodity Security	<ul style="list-style-type: none"> - High stockout rates of NCDs commodities - High cost of NCDs commodities
4.	Laboratory monitoring and Diagnostics	<ul style="list-style-type: none"> - Stockouts of Laboratory reagents - Costly laboratory tests – Creatinine (@3-5 dollars), RBS (@1.5 dollars)
5.	Monitoring and Evaluation	<ul style="list-style-type: none"> - Unclear HIV/NCDs services targets - Different monitoring and reporting systems - EMR for HIV and Paper-based registers for the NCDs clinics
6.	Infrastructure	<ul style="list-style-type: none"> - Separate clinics for HIV and NCDs - Inadequate space to host HIV/NCDs services - HIV clinics are in different areas within the Hospitals while NCDs services are offered in the main OPD



Step 3: Trainings - Feb-May 2024

- Development of **harmonized abridged sensitization package**
- Focused on CVD, CKDs, Mental Health, Epilepsy and Cervical Cancers as NCDs of interest
- A team from NASCOP, DNCD, County NCDs FP, CASCOs, RTWGs, Clinical Pharmacist and IP participated.
- Validation was done by NCDs/HIV specialists
- TOT trained (40)
- Training was certified and accredited with CPD points to motivate continuous learning
- Both deductive and case-based training running for 3 days
- 256 HCWs(Multidisciplinary) trained from the 102 facilities from the HJFMRI Counties



Serial No:307402528

**MINISTRY OF HEALTH
NATIONAL AIDS AND STI CONTROL PROGRAM (NASCOP)**

This Certificate is Awarded to

Argwings Miruka

Having successfully completed a

**3 DAY MASTER TOT NCD HIV TRAINING COURSE IN
CARE AND TREATMENT**

Ended on: 6th of April, 2024

Venue: Allen's Hotel, Nandi County

CPD Points Earned: 15

Dr. Rose Wafula
Head NASCOP

As of September 2024, a total of 377 healthcare workers have been trained with support from USAID IPs, Tujenge Jamii and HJFMRI in all the 8 Counties

Step 4: Addressing the Gaps

Materials and tools-
Algorithms, SOPs and registers

Identification of
NCDs-HIV
integration focal
persons

Creation of space
and furniture's
for integrated
clinics

Task shifting

Procurement of
BP machines,
weighing scale,
Height boards
and glucometers

Listing of PLHIVs with NCDs
under National Health
Insurance Fund(Social
Health Insurance Fund) as
indigent

Provision of seed capital to
some facilities to start
revolving pharmacy

Number of facilities supported with NCD screening equipment's across the 4 Counties N=102	
Weighing Scale	62
Height Meter boards	21
MUAC tapes	52
BP Machines	47
Glucometers with strips	90
Examination Couches	20
Stethoscopes	33
Pulse oximeters	81
Thermoguns	102

Republic of Kenya



HYPERTENSION SCREENING REGISTER

Facility Name: _____


MFL Code: _____

County: _____ *

Sub County: _____

Opening Date: _____ Closing Date: _____

Republic of Kenya - Ministry of Health



Diabetes and Hypertension Comprehensive Care

Permanent Register MOH 270

County:	_____
Sub -County:	_____
Health Facility:	_____
Type:	_____
Start date:	_____

Republic of Kenya - Ministry of Health



Diabetes and Hypertension Comprehensive Care

Daily Register MOH 222

County:	_____
Sub -County:	_____
Health Facility:	_____

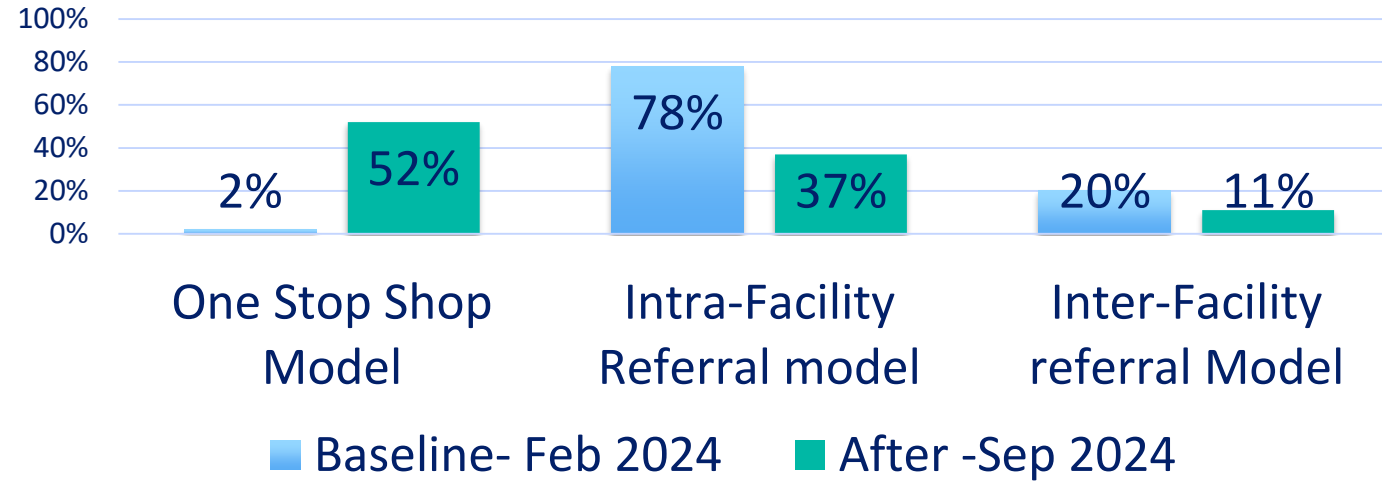
MINISTRY OF HEALTH



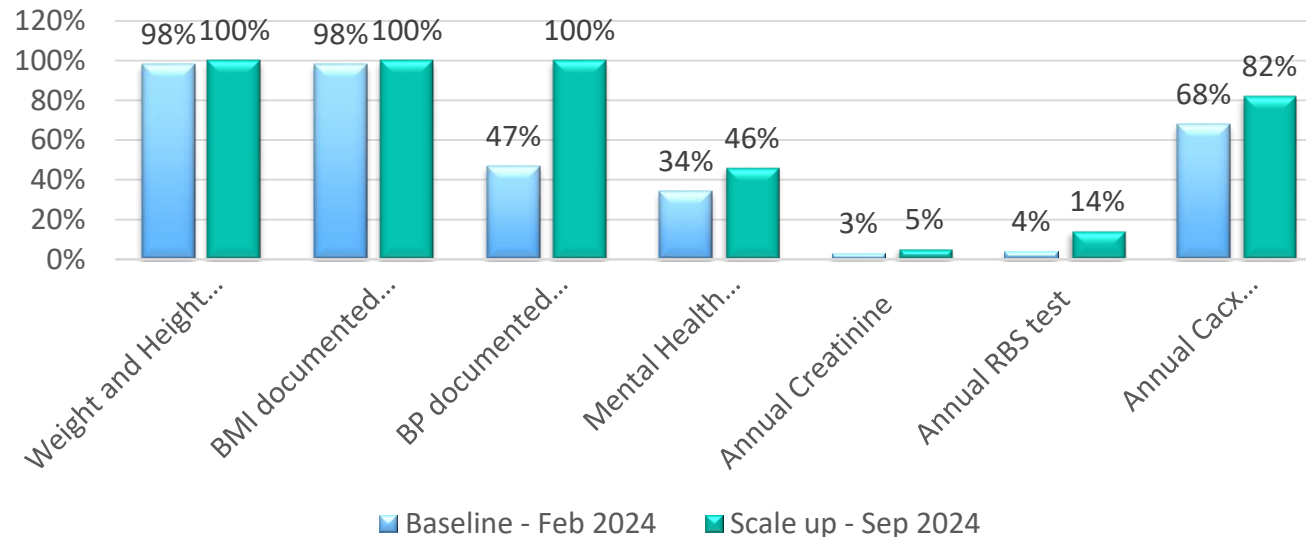
DIABETES AND HYPERTENSION

* These provisions have been jointly supported by MOH and HJFMRI in the 4 Counties

Integration status as at Sep 2024



Screening status progress- as at Sep 2024



Step 5: Scale-Up Through Coordination

Identification of facility HIV-NCDs focal persons

Scale up of NCDs screenings for HTN, DM, Cervical Cancer and Mental Health.

Co-Location and Co-Scheduling of PLHIVs with NCDs-Specific clinic days for all the NCDs/HIV services

Commodity security –reporting, revolving pharmacy and enrollment into health insurance

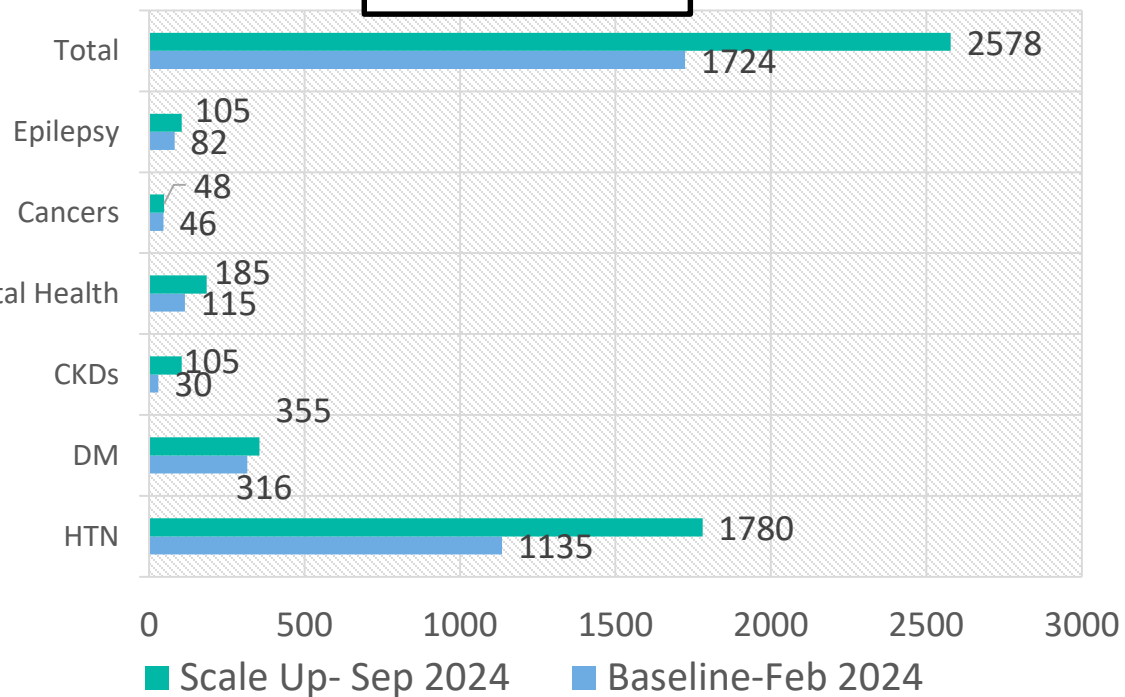
Provision of DSD services

Mentorship and Supervision

Monitoring and Evaluation

Monthly virtual progress review meeting for learning and Knowledge sharing

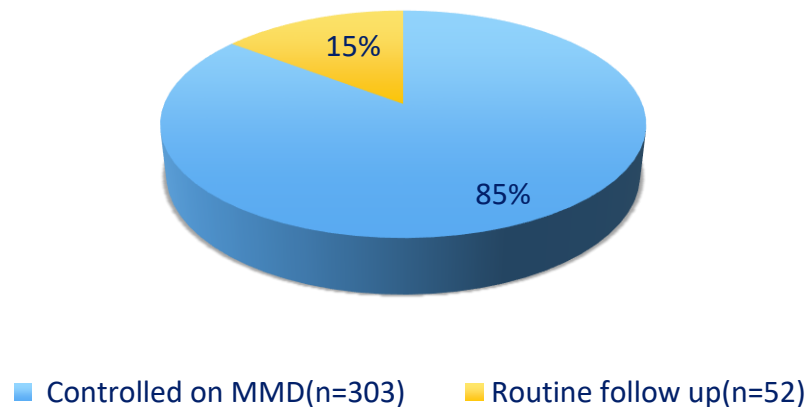
NCDs Burden



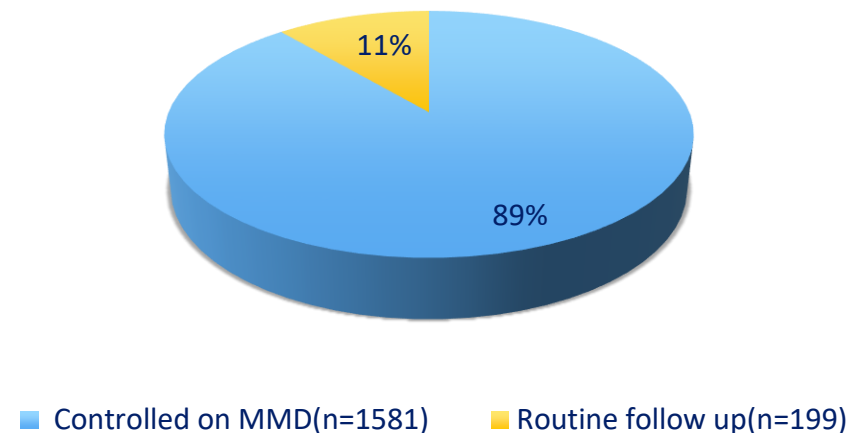
Viral Load Suppression Status of PLHIV with HTN and DM - Sept 2024

NCD	Number of PLHIVs line listed	VL<200 copies	VL suppression %	VL>200 copies	VL unsuppression %
HTN	1780	1693	95%	87	5%
DM	355	341	88%	14	12%

DSD services for HIV-DM patients



DSD Services for HIV-HTN Patients as at Sep-2024



Addressing M&E Gaps: Integrated HIV/NCDs Health Information Systems Management Pilot

Use of Kenya EMR (Commonly used in HIV Program)

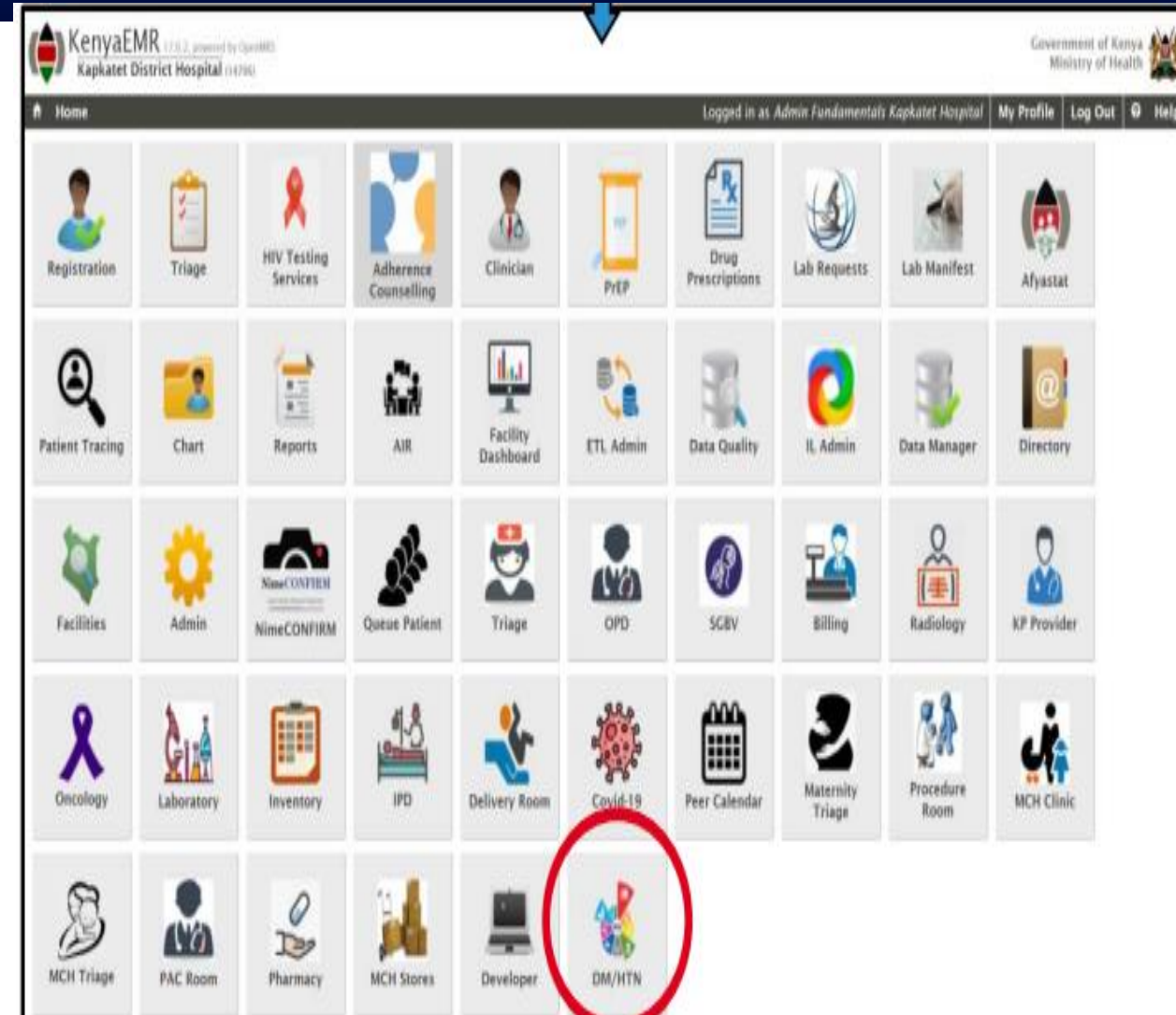
- HIV Clinic based- in use
- Hospital wide- under pilot awaiting scale up.

Strengthen documentation of NCDs

- Screening, Diagnosis and Treatment
- It flags patients either at risk of NCDs or actively on treatment.
- It's a **One Stop Shop integrated Healthcare System**- makes consultation and follow up easier
- Facilitates better reporting

System is available in all the 102 facilities targeted.

- NCDs reporting done parallel to both HIV Program and Division of Non-Communicable Diseases.





Ken Betty Kibet Koros Active Visit

[Actions](#)

Female · 20 yrs · 01 – Jan – 2004

OpenMRS ID: MGVFM4 · National ID: 23434567 · PREP Unique Number: 15617202400562 · Unique Patient Number: 1560700001

[Show details](#)

Vitals & Anthropometrics 20-Nov-2024, 01:19 PM These vitals are 5 days old [Vitals history](#)

[Record vitals](#) →

BP	Heart rate	R. rate ↑	SpO2	Temp	Weight	Height	BMI
110 / -- mmHg	62 rate/min	89	24 %	36 DEG C	62 kg	157 cm	25.2 kg / m

- Due for CD4 test
- Eligible for COVID-19 Vaccination
- IIT High risk
- High Risk LLV
- Due for CACX Screening

Visit summaries All encounters

Outpatient

[Edit visit details](#)

Start: 20-Nov-2024, 01:12 PM

Diagnoses PNEUMONIA, TUBERCULOUS Hypertension

Notes

Tests

Medications

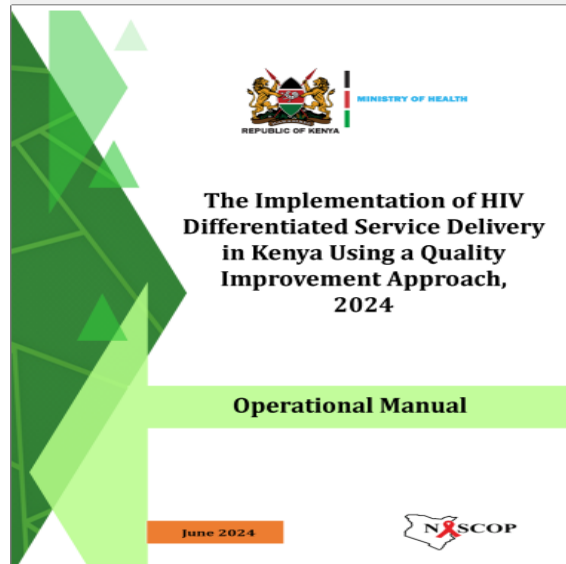
Encounters

Notes



There are no notes to display for this patient

Resources for training



Workshop to develop the Package of Essential Non-Communicable Disease (PEN) -HIV Screening and Management protocols was held from the 3rd to 5th December as a collaborative between NASCOP and DNCD.

Lessons We Are Learning in HIV-NCDs Integration

1. Work with what is available- start somewhere
2. Every stakeholder has a role in integration
3. There is no perfect integration system and model –adapt to need
4. Ownership is key for sustaining integration
5. It is critical to documenting every step
6. Inadequate screening equipment and commodities are constant challenge

Integration Success Stories



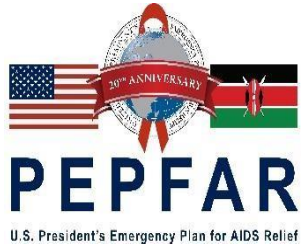
Frame 1: A photo of Nandi Hills County Hospital integrated HIV and MOPC with revolving fund Pharmacy- A medical officer oversees the NCDs clinic(Co-location and Co Scheduling done- Every Tuesday of the week).

Frame: 2 Longisa CRH in Bomet County, Both HIV and NCD services are offered in HIV département though in different rooms and with a Family Physician reviewing the patients every Wednesday of the week- (Co-location and Scheduling)

Integration Success Stories



MINISTRY OF HEALTH



USAID
KUTOKA KWA WATU
WA MAREKANI

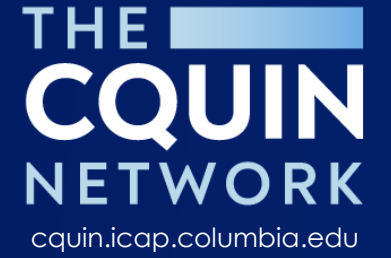
WRAIR
Walter Reed Army Institute of Research
AFRICA

Deloitte.



GoldStar Kenya
Empowering communities for better health





Thank You!

