



MINISTRY OF HEALTH



# Evaluating Integration of Services in Kenya

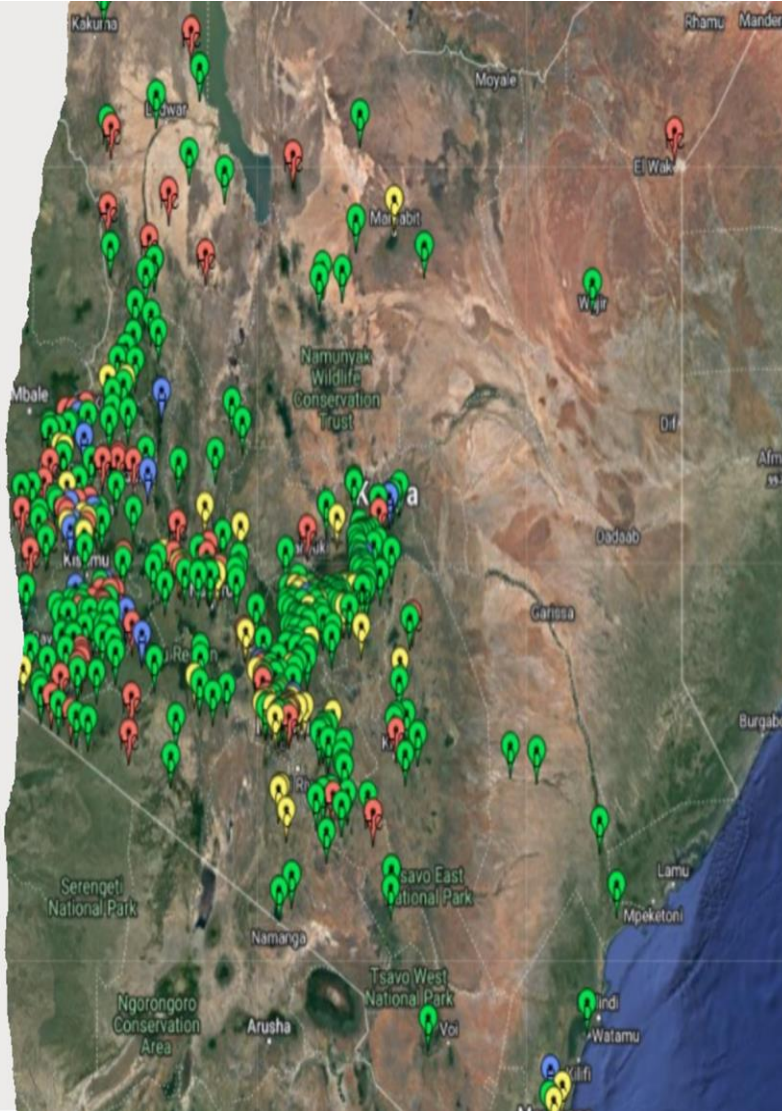
**Feasibility, Systemic Requirements, and Acceptability of Integrated NCD-HIV Care in Kenyan Health Facilities: A Mixed-Methods Evaluation**

# Background \_ CHAK

## Membership 587

- 33 Hospitals
- 125 Health Centers
- 318 Dispensaries
- 68 Churches/church organizations
- 27 CBHC programmes
- 16 Medical Training Colleges & Universities

• [www.chak.or.ke](http://www.chak.or.ke)



- Christian Health Association of Kenya (CHAK) is a national faith-based network whose mandate is to promote universal access to quality healthcare by building capacity of health workers and facilitating health facilities to deliver accessible, comprehensive quality health services to the people of Kenya and beyond in accordance with Christian values, professional ethics and national health sector policies.
- CHAK also engages communities to empower them to seek and access quality health care.

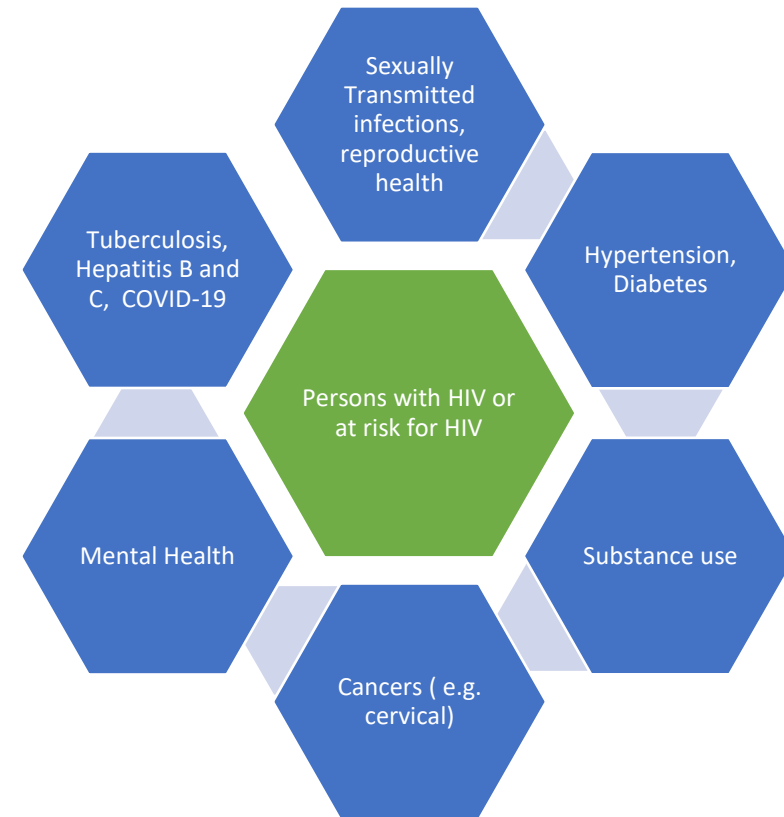
# Background \_ HIV NCD Integration

Persons with HIV or at risk for HIV

Populations of all ages + Vulnerable populations



## Integrated Health Care



# Background \_ HIV NCD Integration

- Needs for persons living with HIV are changing, and we need to change accordingly
- HIV infrastructure has not yet been adequately adapted to provide care for other diseases and services to promote health
- We need to increase capacity for patient -centered, integrated health care for PLHIV that speak to their medical conditions and concerns beyond HIV
- Need to understand HIV/NCD integration and inform programming
  - *Enabling environments*
  - *Cost implications*



# Why HIV NCD Integration

## Shared Risk Factors and Rising Burden of NCDs

- Aging, lifestyle changes, and medication side effects etc.

## Creates Healthcare System Efficiencies

- Overstretched health system: need to optimize resources, reduce healthcare costs, and improve service delivery.

## Improved Patient Outcomes

- Holistic vs siloed management: early detection, better treatment adherence, reducing complications and deaths.

## Promote Universal Health Coverage Goals

- Accessible, comprehensive, and equitable healthcare.

## Enhance Programmatic Sustainability

- Stop-work orders: vulnerability of donor-funded programs.
- Dwindling donor funding landscape.
- Need for country/county-led sustainable programming.

# Evaluation Partners and Roles

Partner	Role
Ministry of Health-NASCOP	Lead, technical oversight and support
Ministry of Health-DNCD	Lead, technical oversight and support
Christian Health Association of Kenya	Prime, health systems evaluation
University of Nairobi	Costing evaluation
Gates Foundation	Sponsoring institution

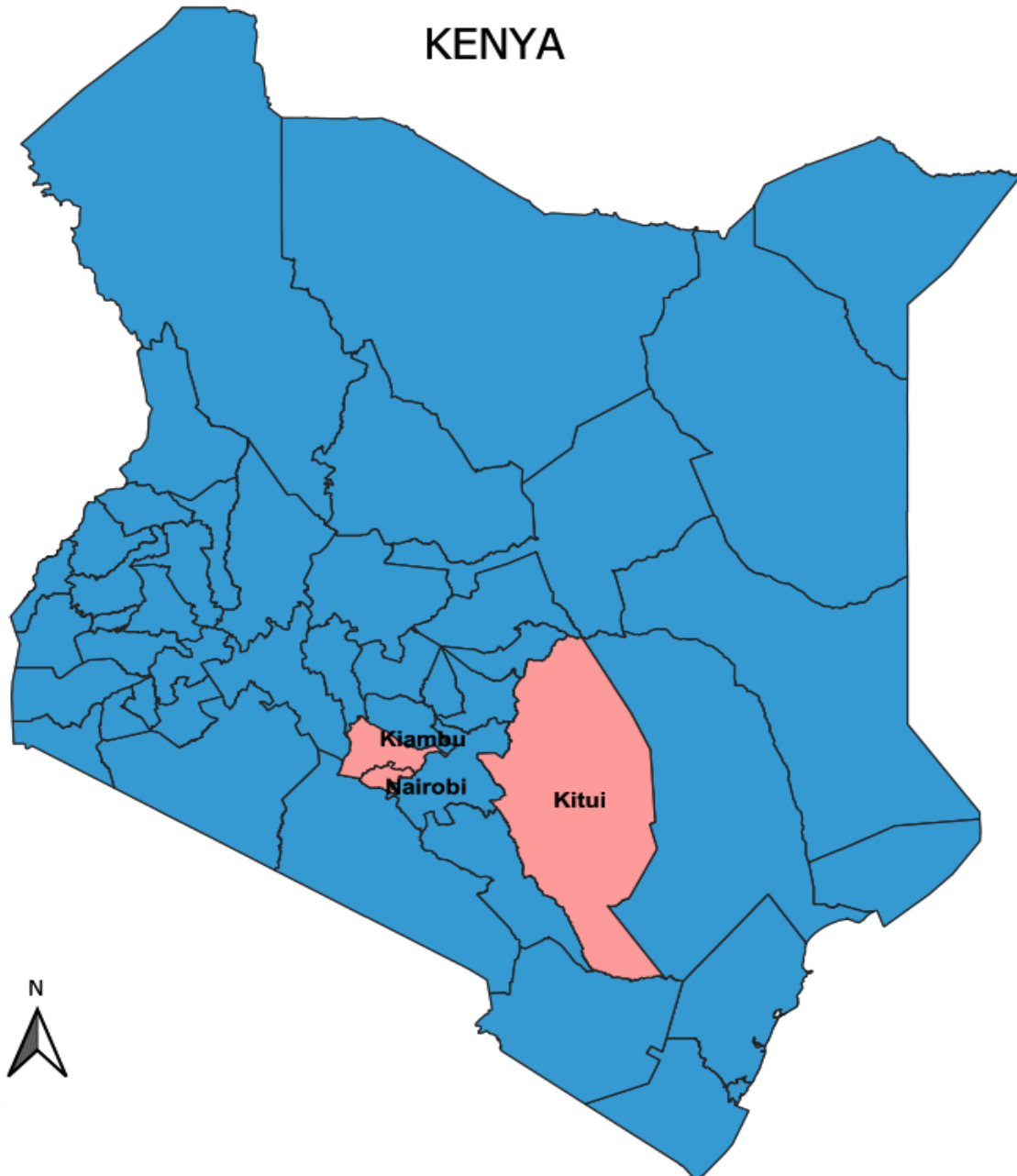
# Evaluation Partners and Roles

## Role of County Government

### Key Collaborating institution:

- Co-implementers of the HIV/NCD integration
- Technical guidance and supportive supervision
- Training and clinical preceptorship
- Institutional support and stakeholder engagement
- Access to data and facilities.
- Key informant and expert opinion
- Preparation of information products: abstracts, policy briefs, manuscripts
- Adaptation of lessons and findings
- Dissemination fora for study findings

# HIV-NCD Integration Evaluation Scope



## Study Sites Per County

Level 5	2
Level 4	4
Level 3	4
Level 2	4
FBO	2

## Study Population

- HIV-infected adults and children enrolled in care.
- New and existing patients with NCD (DM, HTN)
- Healthcare providers and key stakeholders





# Study Purpose

To test and evaluate models of NCD (Hypertension and Diabetes) and HIV integration, it's feasibility, systemic requirements, cost implications, challenges, acceptability for both patients and health care workers, and proposed solutions for successful implementation and scale -up.



# Project Objectives :

To describe the system's needs and minimum requirements of NCD and HIV service integration models.

To assess the financing options for accessible, sustainable and quality NCD and HIV care.

To describe the policy and leadership framework of the NCD and HIV integration models.

To describe the community engagement of recipients of integrated NCD and HIV care.

To explore and evaluate the use of technology for NCD and HIV integrated care.

# HIV NCD Integrated Service Delivery Outputs



## Overall Project Approach

☐ Implementation Science Framework

☐ Phasic Approach

- Phase 1(project planning and inception that includes project definition, detailed planning, protocol development, baseline evaluation),
- Phase 2 (execution phase of the implementation research and costing evaluation)
- Phase 3 (project dissemination and close out).

☐ HIV/NCD service integration systems support

☐ Decentralization, hub and spoke model

☐ Teleservices: consultations, capacity building

☐ National, regional TWGs and facility MDTs

☐ Strategic and collaborative partnerships

☐ Advocacy and lobbying

# Performance Outputs

- Description of the integrated HIV/NCD service delivery framework.
- Development of costed packages of HIV/NCD integrated service delivery.
- Patient and Provider satisfaction indices.
- Improved HIV/NCD clinical outcomes:
  - Number of NCD cases identified – Target - 6,000 (estimate a 50% increase in identification in the integrated service sites compared to the control sites)
  - Number of new NCD and HIV cases linked, and initiated on appropriate treatment (estimate a 20% difference)
  - Proportion of cases initiated on treatment controlled – both HIV and NCD – (80% of those on treatment)
  - NCD and HIV retention and proportion of “controlled” cases diseases control proportions in integrated vs nonintegrated services.



# Thank You

