INTEGRATED HIV/AIDS, TB AND MALARIA CONTROL PROGRAMMING AT COMMUNITY LEVEL: A CATALYST IN STEERING THE HEALTH AGENDA IN LUNGALUNGA SUB-COUNTY IN KENYA

Mangut M[1], Mwamsidu C[1]

[1]Amref Health Africa in Kenya

ISSUES

Community health systems complements efforts towards increasing and sustaining access to health services while providing for the missing link between the community and health service delivery platforms.

The World Health Organization (WHO) recommends an integrated approach to HIV/AIDS, TB and Malaria control programming, which has been largely disease specific with no integration to address other deserving individual, family or community health needs.

Kenya's community health strategy defines the role of Community Health Volunteers (CHVs) in basic healthcare with emphasis on integrated model of preventive and promotive health service delivery.

In Kenya, Community Health Services have been defined in a community system strengthening (CSS) framework and is coordinated by the CSS technical working group (CSS TWG).

DESCRIPTION

An integrated approach to HIV/AIDS, TB and Malaria control programming at community level was initiated in October 2015 and will be piloted up to December 2017 at community level in Lungalunga Sub County in Kwale County and is expected to provide valuable lessons. This was informed by:

- Lungalunga Sub County not having functional community units
- Weak coordination mechanisms and linkages between different community actors consequently affecting referral and overall service provision
- Weak mobilization processes, limiting demand creation/ utilization of key HIV/ AIDS, TB and malaria prevention interventions.

Comparison of performance of HIV/AIDS, TB and malaria related indicators was done for the period January – June 2016 versus January- June 2015 when community level integration of HIV/AIDS, TB and Malaria control programming had not been initiated.

LESSONS LEARNT

According to the Kenya Health Information System (DHIS2), key indicators in Lungalunga sub county improved as in the table 1 below:

Table 1: Key Community Systems Strengthening indicators in Lungalunga Sub county

Indicators	Jan - Jun 2015	Jan - Jun 2016
Reporting Rate	41%	47%
Number of Households not using LLITNs	428	154
Number of persons not knowing their HIV status reduced from	18,783	7,241
Number of community members referred for being presumed to have TB	98	6689
Community Dialogue days	35	51

Functionality of Community units in Lungalunga Sub County was also seen to improve:

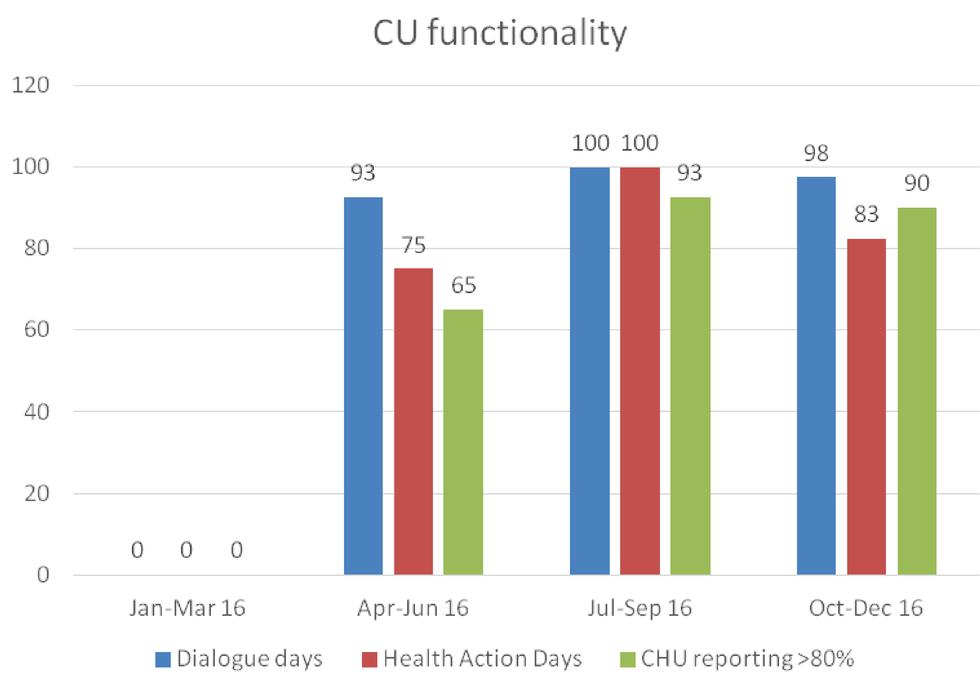

Fig 1: Community Unit Functionality in Lungalunga Sub county in 2016

Integrated approaches to delivering health services have been a catalyst in steering the health agenda in Lungalunga Sub County unlike vertical/ disease specific approaches.

NEXT STEPS

Operational integration of HIV/AIDS, TB and Malaria control programming at community level that emphasizes the users of services rather than the disease should be scaled up to other Sub Counties in Kenya.

Fig 2: Community health volunteers being trained on integrated HIV/AIDS, TB and Malaria