Integration of HIV Testing and Counseling (HTC) services at all the entry points in Ngenda Health Centre.  
Systems strengthening for sustainable service delivery

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BACKGROUND

Before the year 2012, patients were tested at only 2 HIV testing points leading to disruption of patient flow, lengthy waiting hours and sub-optimal uptake of HTC.

To optimize HTC, Gatundu DHMT and CHS put interventions in place to ensure services would be available at all service delivery points.

OBJECTIVES

To improve access to timely and high quality HTC services for the patients through providing HTC at every service delivery point.

METHODS

From January 2012, the following measures were instituted:

- OJT was conducted for health care providers from all service delivery points
- HTC registers, timers, and client referral forms were provided
- A HTC coordinator was appointed
- A QA committee was formed by the Multi-Disciplinary Team (MDT)
- Mentorship was provided by CHS and support supervision done by facility administration and DHMT
- MDT monitored progress during their fortnightly meetings.
- EQA done through PT

RESULTS

HTC services have been provided in five entry points increasing access to HTC. This has resulted in increased uptake of HTC services. Integration resulted in shorter waiting time for services in the service delivery points.

Challenges include staff shortage, high facility workload and periodic shortage of test kits. Through DHMT, a lay counselor is employed to support testing.

CONCLUSION

HTC provision at all service delivery points led to increased HTC uptake in the facility by more than 50%.

The model was effective in increasing HTC uptake and can be replicated to other facilities.