IMPACT OF COMMUNITY HEALTHWORKERS SUPPORT ON TB OUTCOMES IN KIRINYAGA CENTRAL DISTRICT

MWENDA F District TB & Leprosy coordinator Kirinyaga district, Kenya

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INTRODUCTION

- TB remains a great challenge in Kenya despite much efforts made by the Government.
- Strict DOT's is observed which has burdened health staffs.
- Poor adherence to TB medication is a hindrance to effective TB control.
- Community strategy introduction ensures that the community is actively involved in health activities.
- CHW support came from GF through CSO's- KEC & NAWHO.

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Map of Kenya showing study area

- Kirinyaga County is located between latitude 1°and 40° south and longitude 37° and 38° East.
- It has a surface area of 1,478km² which is 11.2% of former Central Province and 0.3% of Kenya.
- Kirinyaga had the highest defaulter rate low cure rate for TB in central province



OBJECTIVE

 To demonstrate that community involvement and support is key to TB control.

METHODS

- Community involvement in TB care was enhanced by formation of community units in 2008.
- Training of C.H.E.W.'s(Community Health Extension Worker) and C.H.W's(Community Health Worker) was done in the district with the DTLC actively involved.
- TB disease was also covered in these training through sponsorship of various partners.
- The CHWs assisted in offering DOTs, sputum collection from MDR TB suspects, health education on TB, contact and defaulter tracing.
- Good record keeping was also done.

CHEW AND CHW ATTENDING A NEW TB PATIENT



RESULTS

YEAR	CASE FINDING	CURE RATE	DEFAULT ER RATE	SUCCESS RATE	MDR SURVEILL ANCE
2011	34	74%	11.1%	86%	10%
2012	42	86%	4%	90%	96%

CONCLUSION

- Community involvement improves TB outcomes
- Community involvement helps in preventing defaulters.
- Enhances decentralization of services and reduce heavy work load among the health workers.
- Can be replicated in other Districts with support of CHWs at minimal additional costs.

Recommendations

- Support/motivation of CHWs can improve TB control at the community level.
- There is need to broaden the CHW training to maximize their services on TB management.
- Every TB treatment centre needs to have at least one CHW.

