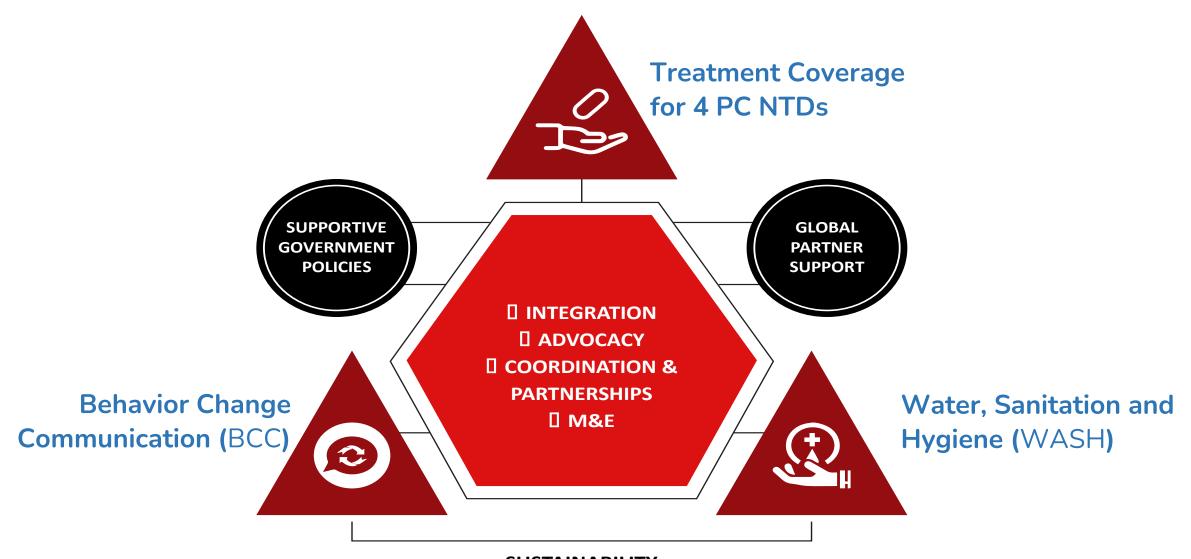
Decentralized community programs for sustained control

Presentation by

Florence Wakesho

Vector Borne and Neglected Tropical Diseases, Kenya

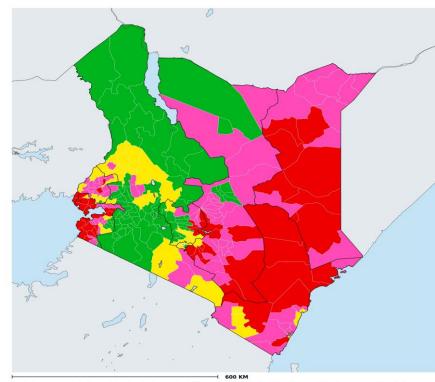
The Kenya National Breaking Transmission Strategy



SUSTAINABILITY

Schistosomiasis in Kenya

Kenya (2021) Status of Schistosomiasis Elimination



Boundaries, names and designations used here do not imply expression of WHO opinion concerning the legal status of any country, territory or area, or of its authorities, or concerning delimitation of frontiers or boundaries. Dotted / dashed lines represent approximate border lines for which there may not yet be full agreement.

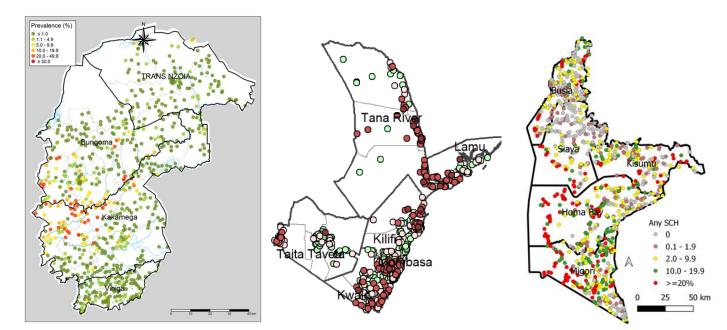
chistosomiasis > Endemicity

< 1% prevalence (non-endemic) 1 - 9.9% prevalence (low) 10 - 49.9% prevalence (moderate) >50% prevalence (high) Endemic (prevalence unknown) Endemicity unknown No data available



Data Source: Data provided by health ministries to ESPEN through WHO reporting processes. All reasonable precautions have been taken to verify this information Copyright 2023 WHO. All rights reserved. Generated 19 September 2023

- Both the intestinal form (caused by Schistosoma mansoni) and urogenital form (caused by S. haematobium) are known to occur in Kenya.
- Granular mapping conducted for SCH AND SCH in Coastal and Western and Lake region of Kenya
- Need for targeted interventions- leave no one Behind



Coordination Framework targeted interventions

- Health system in Kenya is devolved
- Coordination platforms were set up at national level, county level and at sub county level to ensure well-coordinated implementation of the MDA activities

MDA National Coordination Convened by STH/SCH Focal Person and head of NTD Programme/secretariate Engages National NTD Steering Committee National NTD Expert Committee Disease-Specific Technical Advisory Groups/Cross-Cutting Technical Working Group Engages health partners and stakeholders Provides guidance to the sub national coordination structures

MDA County coordination

Convened by County NTD Coordinator / STH/SCH Focal Person Engages County NTD Steering Committee Liaises and engages County Health Management Teams Engages health partners and stakeholders Relays issues to national coordination committee / NTD programme leadership

MDASub County Coordination Convened by Sub county NTD coordinator /STH/SCH Focal Person Liaises with Sub County Health Management Team Engages stakeholders and communities Relays issues to County Coordination and leadership

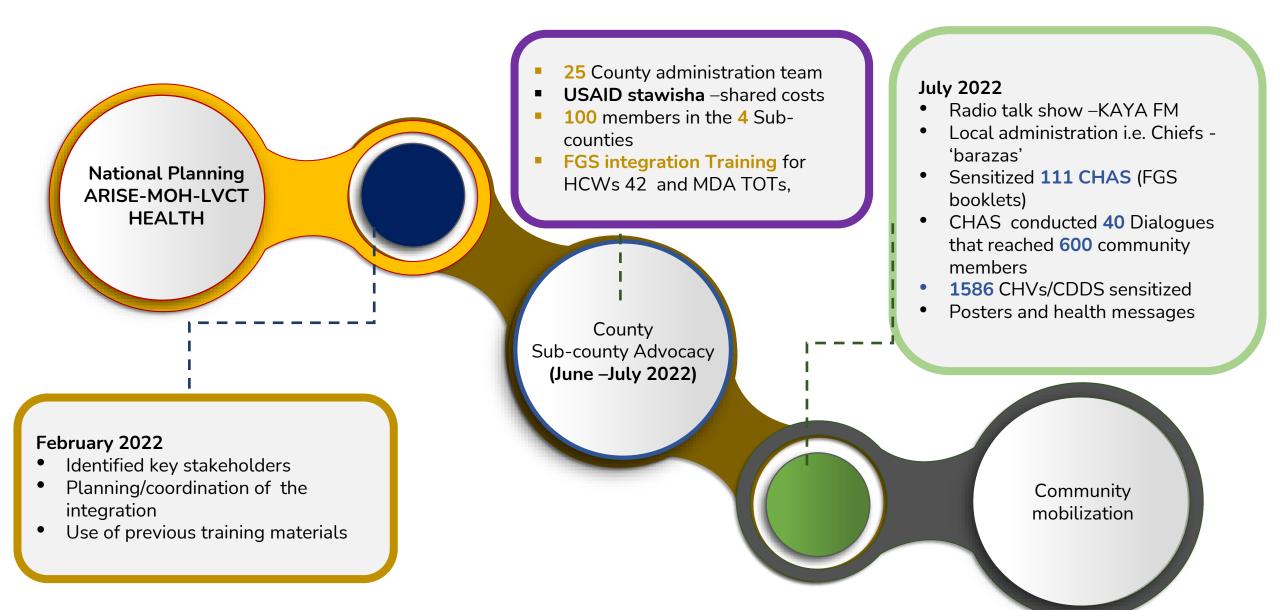
Contextualised Social Mobilization Package

• Some perceptions or practices may hinder the optimal uptake of SCH interventions in a community

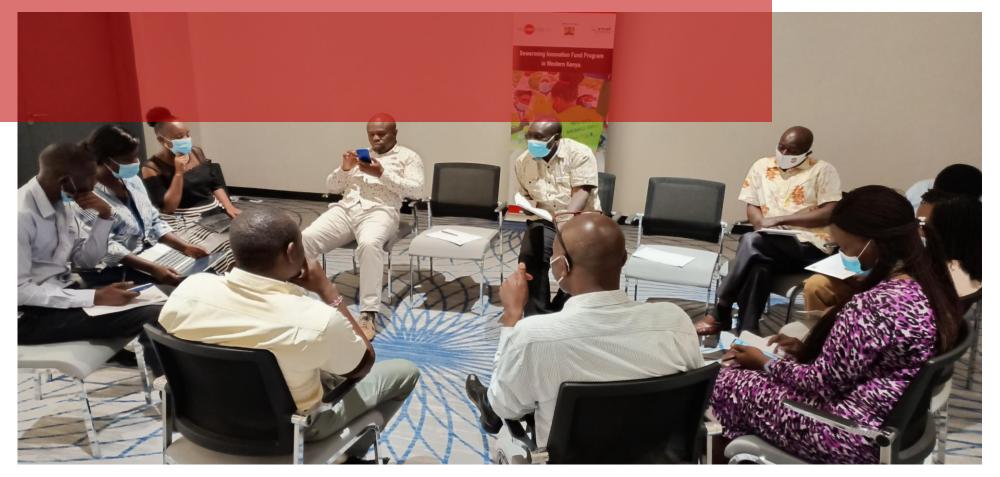
 Involvement of community representatives in design of targeted social mobilization strategy is crucial



FGS Integration in Primary Health system



- NTD Technical working groups –multisectoral for Joint planning
- Budget Advocacy workshop for resource mobilization
- Development of NTD WASH coordination framework



- Need for data for targeted approach implementation: Surveys, formative studies
- Community engagement is key to develop human centered implementation designs
- To integrate NTDS into PHC there is need to build capacity building for proper diagnosis, management and reporting
- There is need for updated NTD national data tools to capture data on certain diseases such as FGS
- Having a holistic approach to intervention increases the ownership of interventions by the different stakeholders
- Domestic resource funding for sustainable control approaches

















