

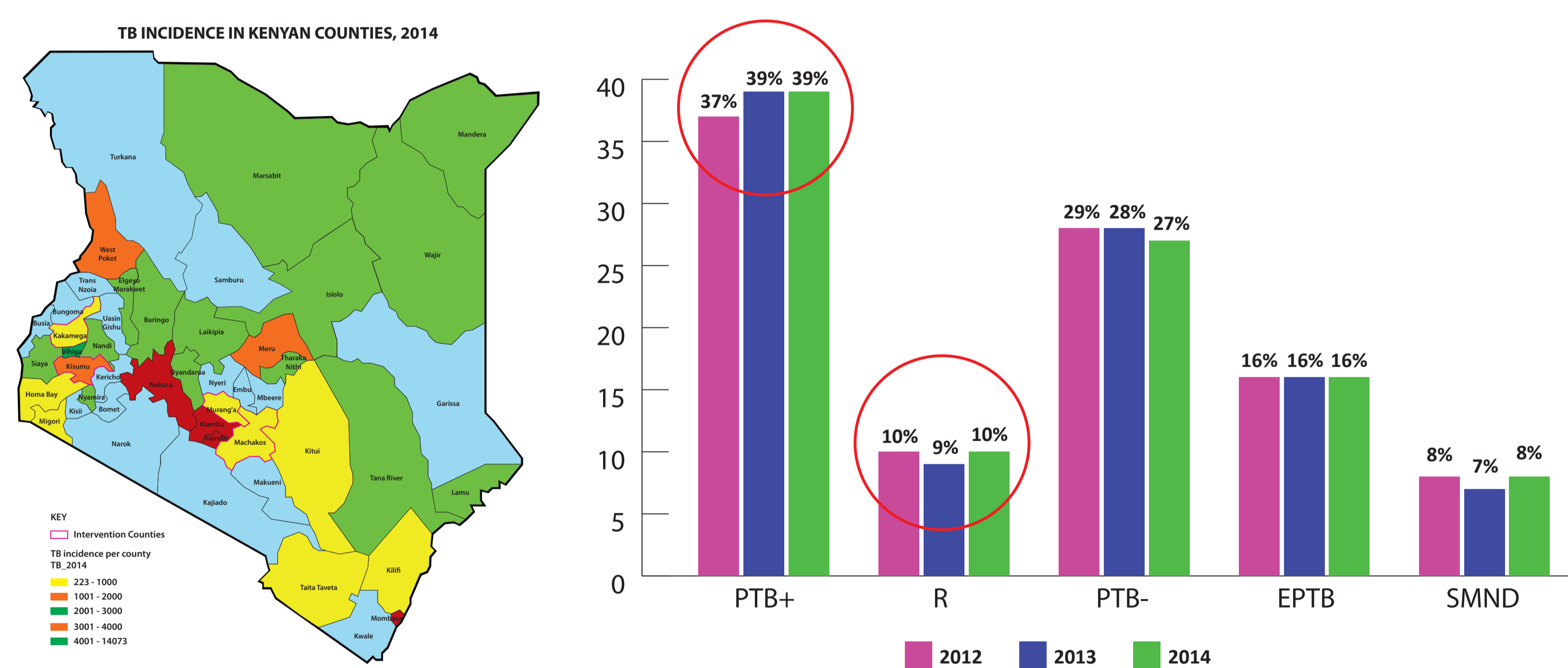
Kiptai T¹, Ulo B¹, Ngari F², Karanja S¹, Kamau C³, Otiemo A⁴, Malamba B⁵, Mungai M¹

¹Amref Health Africa in Kenya
²Ministry of Health (National TB program),
³Christian Health Association of Kenya (CHAK),
⁴Network of People Living with HIV/Aids in Kenya (NEPHAK),
⁵Kenya Conference of Catholic Bishops (KCCB)

BACKGROUND

- Globally, 9.6 million people fell ill with Tuberculosis (TB) and 1.5 million died from the disease in 2014
- Tuberculosis (TB) remains a public health challenge post 2015 in developing countries
- Bacteriologically confirmed patients are known to be infectious especially before identification and treatment
- To control TB, infections, WHO recommends immediate Treatment and investigation of contacts of bacteriologically confirmed TB cases is recommended
- Kenya registers high number of bacteriologically confirmed TB cases compared to other TB types
- Amref health Africa (Principal recipient of Global Fund TB grant) have been involved in implementing community based TB control activities through 15 Civil Society Organizations (CSOs)
- The study focused on three counties Machakos, Kakamega and Kisumu.

Figure 1: TB incidence in Kenyan counties, 2014 and proportion of types of TB cases registered between 2012 and 2014



OBJECTIVE

To document contribution of Household Health Education in Improving Treatment Success Rate and Case Notification of Smear Positive Tuberculosis Patients in Kenya in the Global Fund TB project.

INTERVENTION

- 15 Civil Society Organization (CSOs) were sub granted to implement community tuberculosis control activities that included contact investigation out of which 3 implemented in the three study counties
- Between October 2014 and December 2014, the three CSOs trained and engaged 140 community Health Volunteers (CHVs) in the three counties
 - » CHVs visited household of notified bacteriologically confirmed TB cases and gave health education on;
 - » TB transmission, signs, symptoms and risk factors
 - » TB drugs adherence
 - » MDR TB causes, management and prevention
 - » Stigma and discrimination
 - » TB/HIV association and importance of HTC
 - » Nutrition management among others
- CHVs also screened members of the households and those found to be symptomatic were referred to the health facilities for diagnosis
- TB coordinators visited the facilities monthly and entered data from TB registers and IPT registers into the TIBU system tracking and health information system
- The CHVs received an incentive of USD 8.4 per household visited

- Data for all patients visited for household education and contact investigation was entered into project data base and analysis compared with data from the national TIBU system.

RESULTS

A total of 386 patients were given health education and contacts screened.

Figure 2: Outcomes of contact Investigation

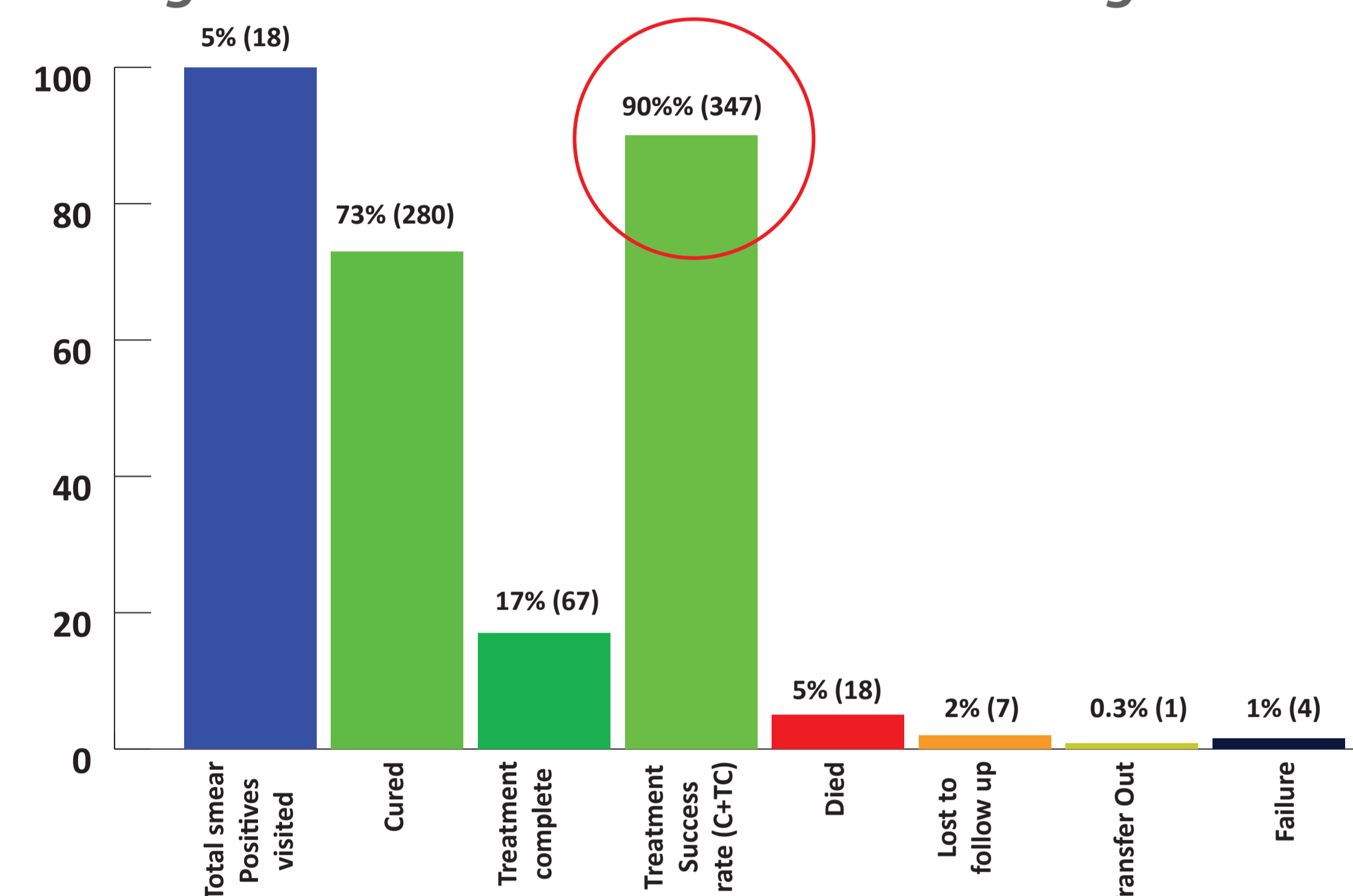
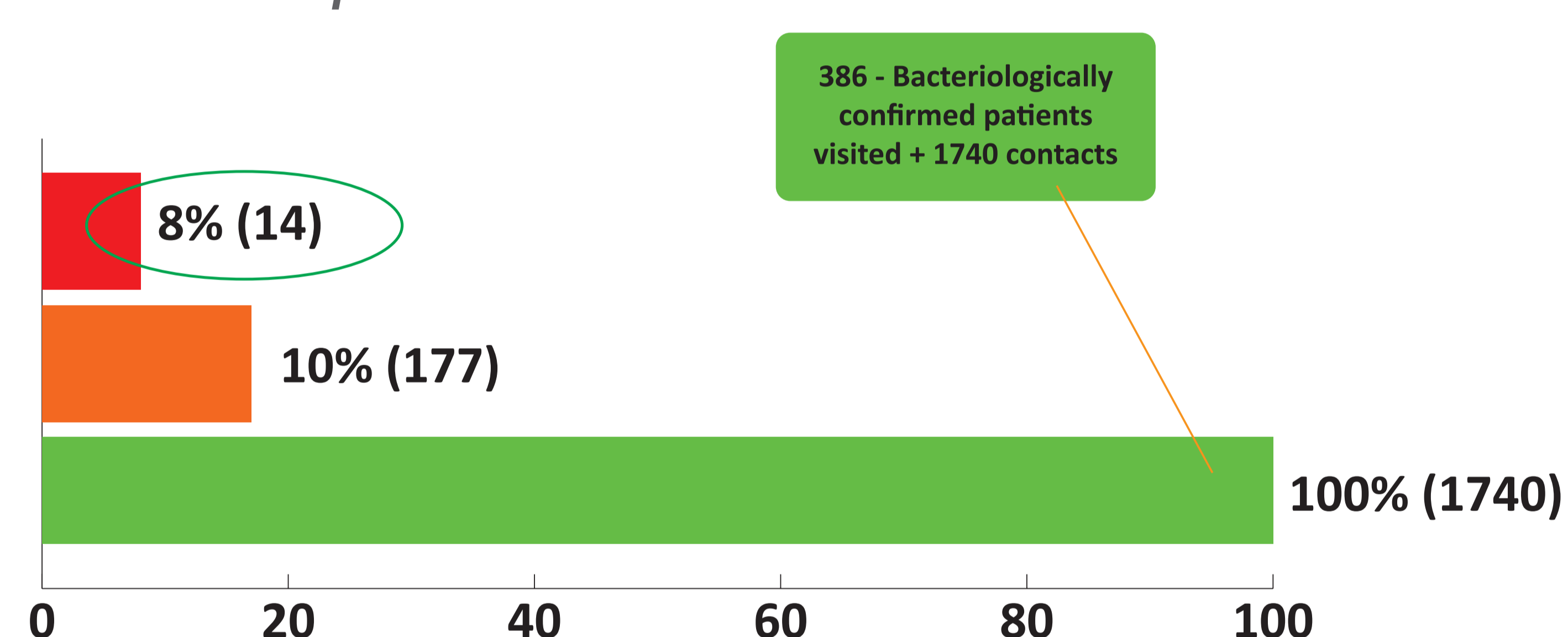


Figure 3: Outcomes of evaluated treated bacteriologically confirmed patients offered Household Education



LESSONS LEARNT

- Involvement of well-trained CHVs in household education leads to efficient dissemination of health information on TB to many households in a short time.
- The treatment success for bacteriologically confirmed TB cases in the three counties was 90% higher than the country TSR which was at 88.3%, giving 1.7% increase
- Contact investigation also contributes to the identification of the missing TB cases (18% of presumptive TB cases turned out to be TB patients)
- CSOs support through CHVs plays a role in contributing to treatment success rate of the pulmonary bacteriologically confirmed TB cases.

CONCLUSIONS AND KEY RECOMMENDATIONS

- Health education at the household level for all the TB patients undergoing treatment and the family members is key in increasing treatment success rates and identification of the missing TB cases.
- House hold education and investigation of contacts living close with TB patients needs to be scaled up regardless of the type of TB.

ACKNOWLEDGEMENT

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