

Title: Strengthening Infection Prevention and Control (IPC) in Community Settings, Successes and Challenges in Igembe North, Kenya

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Background

- IPC refers to practices, protocols, and procedures that prevent and control infections associated with primary health care
- Igembe North has demonstrated high incidences of diarrhoea, dysentery, intestinal worms, ear infection and eye infection for under-fives as reported in the District Health Information System (DHIS)
- MCHIP in collaboration with Ministry of Health and local administration initiated the community primary health care program



Map of Igembe North



Population distribution by divisions

Name of division	No. of sub- location	Total population
Laare	6	80,217
Mutuati	4	73,819
Ndoleli	10	75,835

Source: Census 2009

- Total population 229,871
- Total number of HHs registered by end of July 2013 44,774



Objective of intervention

 Promote public health education to reduce incidences of diseases that can be reduced through proper hygiene and sanitation.



Interventions

1. Advocacy meetings and mobilization:

- Held advocacy meeting with Ministry of Health staff and local administration on the ground to brief them on planned activities aimed at promoting hygiene and sanitation through construction/use of healthy sanitation in the district to minimize the spread diseases caused by poor sanitation.
- Worked with the local administration to sensitize, mobilize, create awareness; and select community health committees (CHCs) and community health workers (CHWs)





Interventions contd..

2. Trainings and orientations:

- Oriented CHCs on their roles as they supervise CHWs as laid down in the community health strategy curriculum.
- Conducted a 5-day training for CHEWs to prepare them as core trainers for CHWs.
- Facilitated CHEWs to conducted 10-day training for community health workers using community health strategy curriculum



Interventions (cont'd)

3. Activities

- Supported CHWs and CHEWs to hold participatory meetings with community members including men, women and children to identify diseases caused by poor sanitation and empowering them to eliminate such diseases.
- Planned with the communities for the constructions of latrines to be used by the household members
- Worked with the communities to construct/use latrines using locally available materials that were safe, comfortable and private to be used by the family members and with wash water and soap near the latrines.
- Facilitated community members to construct dish racks.





 180 Community health committees selected and oriented on their responsibilities and are currently supervising community health workers.







 554 community health workers selected and trained on community IPC and household mapping.





• 44,390 households mapped in the whole district.



Over 900 new latrines constructed and improvised hand washing buckets hanged next to them.



Over 200 dish racks constructed







IPC Indicators

		Pit Latrines	Compost Pit	Washing Hands Facilities	Dish Racks	Kitchen gardens
July 2013	HHs with	32,970	2,785	8,210	1,439	1,764
	HHs without	11,804	41,989	36,564	43,335	43,010
Aug. 2013	HHs with New	916	4,015	1,960	2,998	2,351
	HHS provided with	33,888	6,800	10,170	4,437	4,115
	HHs still without	10,886	37,974	34,604	49,337	40,659
Sept 2013	HHs with new	474	2,378	643	1,469	1,843
	HHs with	34,362	9,178	10,813	5,906	5,958
	HHs still without	10,412	35,596	33,961	33,868	38,816





HHs=Households

Challenges

- Low literacy levels
- Water scarcity
- Poor road infrastructure
- Environmental degradation.



Conclusion

- Working with local administration and involving community in every step in decision making is key in bringing change
- In order to achieve change you need support from decision makers.
- Change occurs in stages i.e. you cannot achieve all at once therefore – NEVER GIVE UP

