

Embedding NTD Services in Primary Health Care for Sustainability Wyckliff Omondi Ag. Head NTD-KNPHI





Introduction

PC-NTDs: SCH, STH, LF and

Trachoma

Two counties: Kilifi and Siaya identified to pilot integration

Shift from donor-dependent in alignment with Kenya NTD Master Plan 2023–2027

- Service Delivery
- Health Management Information System (HMIS)
- Human resource for health (HRH)
- Community Engagement
- NTDs Financing





Human resource for Health



Training of Community Health Promoters (CHPs), Community Health Assistants (CHAs), and health facility based workers on NTD identification, treatment, referral, and reporting



Incorporation of NTD modules into national pre-service and in-service training curricula

Supportive supervision and capacity building through continuous medical education (CME) and on-the-job training.





Service Delivery

Embedding NTD prevention, diagnosis, treatment, and management into routine primary health care services, use of CHPs.

Incorporating NTD case identification and treatment into community health outreach and facility-based services.

Delivering NTD services during existing health campaigns (e.g., school health, maternal and child health, immunization)

- Integration of closely related disease interventions: SCH, STH and LF
- Cost savings and advantages:
- a) albendazole/mebendazole
- b) Advocacy, social mobilization and community sensitization
- c) Pooled logistics





Health Management Information System (HMIS)

Integration of NTD indicators into national reporting systems such as the Kenya Health **Information System** (KHIS) and Electronic **Medical Records** (EMR).

Use of electronic
Community Health
Information System
(eCHIS) for
community-level data
collection and case
tracking

Routine data analysis and feedback to inform planning and decision-making





Community Engagement

Integration of NTD messages into broader health promotion, Water, Sanitation, and Hygiene (WASH), and behavior change communication strategies

Use of existing community structures and CHPs to identify and follow up NTD cases.

Community sensitization as part of broader health campaigns and outreach programs.





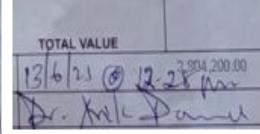
Domestic Resource Mobilization-NTDs Financing

Inclusion of NTD-related services under the Social Health Insurance (SHI) benefit package to reduce out-of-pocket costs.

Government-led procurement of essential medicines such as albendazole and praziquantel.

Budgeting for NTD interventions at national and county levels to reduce donor dependency.









Challenges

Challenge	Impact on Integration	Envisaged Remedial Actions
Government bureaucratic lengthy processes through involvement in procurement	Lack of laboratory material affecting routine facility-based diagnosis and treatment of NTDs.	 Collaborating with government agencies to expedite procurement and reduce bureaucratic delays. Forecasting and early planning for required diagnostics for 2025 calendar year.
In country Shortages of Deworming Drugs	Inconsistent deworming efforts, likely to affect treatment coverage and timelines.	Early quantification and procurement planning for drugs required
Treatment decisions are made based on WHO donation program	Likely to affect SCH elimination goals	 Procurement to cover low prevalence settings not benefiting from WHO donations
Weak coordination of integration at county level	Likely to affect integration of NTDs into routine health services (within the primary healthcare level)	Request to reallocate funds to support coordination of primary care networks to ensure integration of NTDs



Concluding recommendations

Recommendation	Reason
Operationalize a national NTD/deworming policy framework	Integration efforts require a strong policy anchor. A national deworming policy will define objectives (control vs. elimination), roles, and coordination mandates.
Institutionalize coordinated medicine procurement at national and county levels	Routine, non-campaign procurement of NTD drugs (e.g., albendazole, praziquantel) should be budgeted and streamlined for continuity of services.
Clarify and coordinate stakeholder roles across the deworming value chain	From community actors to national policymakers, clearly defined roles improve accountability and streamline operations during routine and outreach interventions.
Leverage existing primary care structures such as PCN and sub-county platforms	Embedding NTD tasks within PCNs and sub-county review forums avoids duplication, reduces cost, and improves sustainability through existing PHC systems.
Establish regular (monthly) review meetings at IU/sub-county level	Continuous engagement fosters local ownership, data use for planning, and proactive problem-solving in integrated NTD implementation.





