**TITLE.**

**Strengthening Evidence Based Management of Sickle Cell Disease in a Control Programme by setting up a registry and strengthening the specialized clinics in Counties in Western Kenya.**

**AUTHORS.**

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**ABSTRACT.**

**Background**

Vital statistics reporting systems are critical in guiding changes in health policy. Recognition of the public health impact of sickle cell disease is necessary so as to help establish appropriate interventions and survival policies and programmes with an aim of reducing the associated morbidity and mortality.

## Objective

Assess the level of awareness about Sickle Cell Disease (SCD) among the Health Care Providers (HCPs), Evaluate the existing Health Care services and register the Persons Living with Sickle Cell Disease (PLWSCD).

**Methodology.**

Community entry was done through the County Health Management Teams (CHMT). Relevant information about SCD was prepared. The HCPs were given Pre-Test, then Continuous Medical Education (CME) and then Post-Test. Analysis of the performance was done**.**

The existing services were evaluated through Key Informant Interviews. Information on cadres of staff, availability of drugs and appropriate laboratory equipment was obtained.

Registration of PLWSCD was done through Questionnaires which collected data on Demographic, Family and Medical information.

**Findings.**

The level of awareness on SCD of 2908 HCPs was assessed. Trends in improvement of knowledge after the CMEs were observed.

Health facilities evaluated were 76. All facilities are NHIF accredited, have pharmacy and laboratory spaces/ departments as well as skilled staff. Pharmacies were inadequately stocked with medications required by PLWSCD and laboratories lacked appropriate equipment and reagents required for screening, diagnosis and monitoring of SCD.

A total of 2,178 PLWSCD were registered. Low enrollment in NHIF combined with erratic and non-payment of the premiums was observed. Majority not receiving optimum care due challenges in accessibility and affordability of the services.

**Conclusion**

Improvement in knowledge on SCD, Good infrastructure and skilled staff but inadequate services.

**Recommendations**

Address accessibility and affordability by equipping laboratories, stocking medications and facilitating NHIF enrollment and premium payment.