



KANCO Weekly Bulletin: September Issue 2

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Our Vision: Healthy People, Empowered Communities

Our Mission: To improve the Health and Well Being of Communities through Capacity Building and Promotion of Innovative

Leadership

Compiled by : Wachira Charity, Communications Officer KANCO

Contributing Writer: Mary Ngethe

On the Road to UNHLM



As the world leader gear to meet in New York on the 26th of September 2018 for the first time ever for the United Nations General Assembly high-level meeting on Tuberculosis (TB), to accelerate efforts in ending TB and reach all affected people with prevention and care, health stakeholders including CSOSs are working to ensure that their voices are heard and factored in in the discussions.

KANCO during a delegation to Parliament hosting Canadian legislators, with the speaker of the National assembly Hon. Justin Muturi and the Africa TB Caucus Chair and the MP, Matungulu, Hon, Stephen Mule discussed on Kenya's preparations for the UNHLM.

During the discussion the Executive Director KANCO, Allan Ragi requested the speaker through his office to request the president to attend the UHLM, saying it will be critical in the next steps towards accelerating the fight against TB, in line with the END tb Strategy with targets to reduce TB deaths by 95% and to cut new cases by 90% between 2015 and 2035, and to ensure that no family is burdened with catastrophic expenses due to TB.

Following the theme; **United to end tuberculosis: an urgent global response to a global epidemic**". , Hon Stephen Mule during the same meeting informed the delegation to that the African continent was ready for meeting as the Africa TB caucus and the Country caucuses were engaging with their government on the same ahead of the meeting with clear asks including, funding of TB research as well prioritization of TB in-country by moving it to the presidential desk.

Ahead of the meeting KANCO has also had media engagements highlighting the importance of the event

GAVI-CSO Meeting in Nairobi



CSOs representatives during the pre conference meeting hosted by KANCO, RESULTS UK and CSR

KANCO participated in the in the GAVI-CSO ConneXions meeting 2018, a meeting that brings together over 400 CSOs who form the GAVI CSO Constituency. The constituency works towards advancing GAVIs work in their vision of a world where all children are reached with life saving vaccines.

The Nairobi meeting held from 12th-14th September 2018, sought to create a platform for CSOs to strengthen their networks with their peers, identify good practices they can replicate in their countries to address bottlenecks and contribute to immunization equity.

Ahead of the main conference, KANCO in partnership with REUSLTS UK, and Catholic Relief Service (CRS) held a pre-conference meeting with CSOs discussing the role of CSOs in donor transition and the role of advocacy towards ensuring immunization remain a priority.

The pre-conference discussions aimed to deepen the understanding of transition through, building the capacity of CSOs on transition, positioning of CSOs to influence the transition agenda with the discussion leading to development of country action plans for each county at different levels of transition.

Some of the actions highlighted in the action plans included: Need to develop transition policy briefs, in county capacity building to effectively participate in the transition debate, parliamentary engagements on domestic resource mobilization as well as sustainability of service delivery after graduation.

The four step Gavi transition: Initial self financing, preparatory transition, accelerated transition and fully self financing is a gradual process with countries at relatively different stages. According to Jack Ndegwa the policy advisor KANCO, preparation for transition means starting to ask the right questions on where to get resources, both financial and human resource. Adding that CSOs must position themselves to influence financing and policy priorities on routine immunization as well the transition plans. There is need to build the capacity of CSO at the country level to effectively engage in immunization advocacy, transition and immunization financing beyond the graduation

The conference running from the 12th-14th September 2018 held discussions organized into five categories: transition advocacy, research, skills building, CSOs exchanges and collaborations, with KANCO and RESULTS UK, facilitating the transition advocacy discussions

According to Mr. Ndegwa, these discussion are timely as Kenya is on track for transition where Kenya is currently meeting the GAVI co-financing obligations, and thus more involvement of CSOs critical in the discussion towards graduation.

Grassroots Corner: No Health without Mental Health- Focus on SDG Agenda 4 in Kenya



Ms. Mary Ngethe, Grassroot Manager, KANCO sharing on the inter-relatedness of mental and health and physical health during the world suicide

According to the Global Burden of disease 2010 study, mental disorders account for 16 percent of the burden-more than HIV which accounts for 15 percent. Mental, Neurological and substance use disorders are a leading cause of the burden of diseases in Kenya. Neurological disorders alone account for 11 % of the burden in Kenya. Among mental disorders, unipolar depression accounts for the highest burden of disease -45%- according to research paper “by Prof Ndetei et al) of UON“ Providing Sustainable Mental Health Care in Kenya. Other disorders are anxiety (16%), self-harm (15%) bipolar among others. Mental ill health also leads to apathy in Kenya with horrifying stories in local daily news.

Bizarre incidents have become commonplace across Kenya. Bizarre because they range from suicides by children, wild attacks during arguments over minor matters especially in the home, and crimes of passion including the recent brutal murder of the university student, Sharon where she was stabbed through to the fetus in her womb.

Indeed these are bizarre stories only assumed in movies. Yet mental health contin-

ues to be sidelined in the main stream healthcare service delivery in our health facilities, in the workplace and in homes, often marred with stigma and silence.

According to the World Health Organization (WHO), about 800,000 people die by suicide every year and 1 person dies of suicide every 40 seconds. In 2010 in Kenya, 75 Kenyans took their own lives, sky rocketing to 421 in 2017. These deaths are attributed to mental illness, against a background of little or no in specila interest in metal health

Monday 10th September saw the commemoration of People who dies through suicide. International suicide prevention day. Kenya joined the rest of the world to mark the day through celebrations held in Embu graced by among others the county Governor. H.E Wambora and the Director of Mental Health in Kenya Dr Njuguna. KANCO participated in the event as well as organizing and creating public awareness through the media (Kameme TV) together with MOH to talk about mental health in Kenya. The director, in his speech emphasized the need to allocate funds to implement the mental health policy 2015-2030.

For the longest time Kenya did not have a mental health policy. The society had ignored mental illness as a concern of health interventions. However this started to change with the development of the Kenya Mental Health Policy 2015-2030 which provides for a framework for mental health interventions as well as for securing mental health systems reforms in Kenya. This is in line with the Constitution of Kenya 2010 (article 43), Vision 2030, the Kenya Health Policy 2014-2030 and the Global commitments.

The Constitution of Kenya 2010 article 43 states that “every person has a right to the highest attainable standard of health, which includes the right to health care services” This includes mental health which is the absence of mental illness and disorders.

The mental health bill seeks to pursue policy measures and strategies for achieving optimal health status and capacity of each individual. The policy was developed through a consultative process involving the public, private sector, and non-state actors under the stewardship of the MOH. KANCO was among the CSOs that were consulted. The policy calls for an integrated multi sectorial approach in the view that UHC in Kenya cannot be achieved by mealy focusing on the physical wellbeing and ignoring the mental and emotional wellness.

KANCO is involved in advocacy for more funding to implement the policy. National and county governments are called upon to allocate funds to specifically address mental ill health. Development partners are also encouraged to focus on mental health as a funding priority in Kenya and indeed the region

KANCO Supporting CSOs for Immunization Advocacy



Ms. Lilian Ngina, Finance officer KANCO , with finance officer ACK Mt Kenya during a support supervision visit for the GAVI-HSS project

KANCO through the GAVI tripartite grant has been supporting local CSOs to increase the demand for immunization through advocacy and community social mobilization. So far KANCO has had 17 county engagements and 16 Civil Society Orientations (CSOs), that have brought together CSOs to discuss, learn and develop courses of action to profile and improve the status immunizations within their counties.

From these engagements the CSOs within the 17 counties where the GAVI- Health systems strengthening project is being implemented, there has been identification and creation of over 40 immunization champions and the signing of 4 memorandum of understanding (MOU) in Garisa, Isiolo, Meru and Laikipia counties with the county health management teams to support and prioritize immunization.

This comes at a time when WHO and UNICEF data 2018 indicates that immunization coverage had dropped by 10 per cent over the last five years from 78 per cent to 68 per cent, against a background of a national average of 80%.

According to the Comprehensive Multi- year plan for immunization 2015-19, Kenya has about 1.5 million surviving infants targeted for routine immunization services that is delivered through a network of more than 5703 health facilities and clinics spread across 47 counties in the country. Despite the immunization system in Kenya being fairly well developed, an estimated 450,000 children are not fully vaccinated at yearly. Further, according to the KDHS 2013, there was a 10 percentage point decline in the fully immunized children between 2008 and 2014 and disparities in coverage across and within counties and wealth quantiles. While over 80% of children in Kenya received 3 doses of DPT, 27% of sub-counties (districts) vaccinate less than 80% of their target population with utilization of immunization services being low amongst the poor, less educated and those living in urban informal settlements (KDHS). Only 130 Sub-counties out of 286 are report DPT 3 coverage of above 80%.

According to the GAVI-HSS manager Ms. Muchoki, “This calls for multi-stakeholder collaboration to reverse this downward trend in immunizations, hence the role of CSOs given their proximity to the communities and the elected leaders thus paying a key intermediary in terms of awareness creation and policy advocacy within their counties”



Mama and Toto's Corner-All Things maternal and child health

Post delivery care for mother and Child



The postpartum period begins after the delivery of the baby and ends when the mother's body has nearly returned to its pre-pregnant state. This period usually lasts six to eight weeks. The postpartum period involves the mother progressing through many changes, both emotionally and physically, while learning how to deal with all the changes and adjustments required with becoming a new mother. The postpartum period also involves the parents learning how to care for their newborn and learning how to function as a changed family unit.

A mother needs to take good care of herself to rebuild her strength. You will need plenty of rest, good nutrition, and help during the first few weeks.

Few things to take note of for new mothers:

A typical new-born awakens about every three hours and needs to be fed, changed, and comforted. This can be exhausting for the mother and thus the, the following suggestions may be helpful in finding ways to get more rest now.

- In the first few weeks, a mother needs to be relieved of all responsibilities other than feeding the baby and taking care of herself.
- Sleep when the baby sleeps. This may be only a few minutes of rest several times a day, but these minutes can add up.
- Save steps and time. Have your baby's bed near yours for feedings at night.
- Many new parents enjoy visits from friends and family, but new mothers should not feel obligated to entertain. Feel free to excuse yourself for a nap or to feed your baby.
- Get outside for a few minutes each day. You can begin walking and doing postpartum exercises, as advised by your healthcare provider.

After the first two to three weeks, introduce a bottle to breastfed babies for an occasional night time feeding. This way, someone else can feed the baby, and you can have a longer period of uninterrupted sleep.

Nutrition: all mothers need to maintain a healthy diet to promote healing and recovery. The weight gained in pregnancy helps build stores for a mother's recovery and for breastfeeding. A breastfeeding mother diet should include:

- **Grains.** Foods that are made from wheat, rice, oats, cornmeal, barley, or another cereal grain are grain products. Examples include whole wheat, brown rice, and oatmeal.
- **Vegetables.** Vary your vegetables. Choose a variety of vegetables, including dark green, red, and orange vegetables, legumes (peas and beans), and starchy vegetables.
- **Fruits.** Any fruit or 100 percent fruit juice counts as part of the fruit group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut-up, or pureed.
- **Dairy.** Milk products and many foods made from milk are considered part of this food group. Focus on fat-free or low-fat products, as well as those that are high in calcium.

Protein. Go lean on protein. Choose low-fat or lean meats and poultry. Vary your protein routine--choose more fish, nuts, seeds, peas, and beans. Oils are not a food group, yet some, such as nut oils, contain essential nutrients and can be included in the diet. Others, such as animal fats, are solid and should be avoided.

Exercise and everyday physical activity should also be included with a healthy dietary plan.

Babies require a lot of work. Meeting the constant needs of a new-born involves time and energy and often takes parents away from other responsibilities in the home. Although many parents do fine on their own, having someone else helping with the household responsibilities usually makes the adjustment to a new baby easier. Parents can concentrate on the needs of mother and baby, rather than the laundry or dirty dishes.

Family members are encouraged to assume the chores in the home such as cooking, cleaning, laundry, and grocery shopping. This will help the new mother take care of herself, and keep her from limiting her time with her baby.