

Upcoming events

World Malaria Day
25th April



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MARKING INTERNATIONAL
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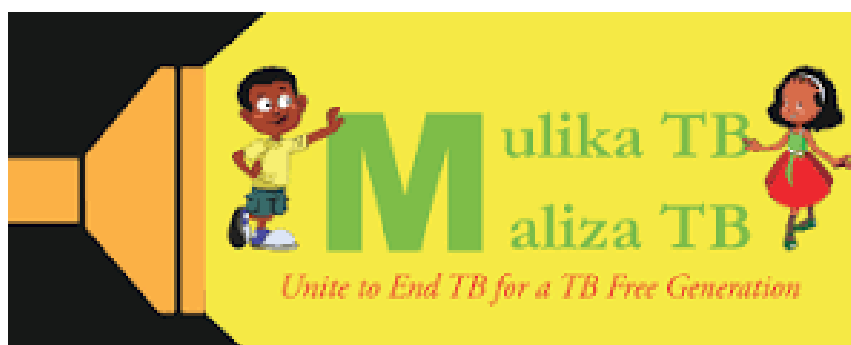
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Our Vision: Healthy people, empowered communities.

Our Mission: To improve health and well-being among communities through capacity building and promotion of innovative leadership



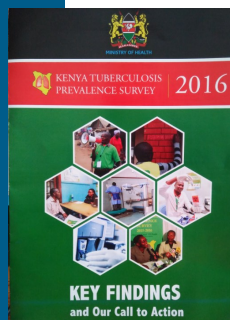
Theme of the month: Tuberculosis (TB)

Did you know that TB is still the leading number one killer communicable disease in the world and remains a major cause of morbidity and mortality in Kenya. Did you also know that about 40% of TB cases remain undetected hence untreated, yet every one of these cases pose a risk of spreading TB to between 10-15 people?

In the recently launched national TB prevalence survey by the ministry of health, TB has drastically increased nationally, and has taken on new trends, indicating high prevalence among young men and in older women. Multi-drug resistant TB is also on the rise and overall there is a call for new and innovative approaches in combating TB, ranging from testing, change in the health seeking behavior as well as multi sectorial approach in the fight against TB.

Despite these emerging challenges, On a more positive note, the integration efforts put towards management of TB and HIV coinfection have borne fruit- resulting in significant declines in TB-HIV coinfection, however, notably it has risen in the general population, calling for intensified case finding of the hidden TB for control and treatment.

Kenya Tuberculosis Prevalence Survey 2016: TB on the Rise !



In marking the world TB day 2017, Kenya launched the national TB prevalence Survey report. The report comes 50 years after the last TB prevalence report was done. While this is a huge milestone for Kenya to inform programming and the next milestones for TB, the survey indicates that the TB burden in Kenya is higher than previously thought.

The survey sample of 63,050 people was done across 45 counties and indicates that the prevalence per 100,000 people is presently at 558 compared to the previous estimate of 233. There are also new trends; the highest burden being among young people aged 25-34 years, young men bear the highest burden of TB, among women, the elderly (over 65), bear the highest burden, cumulatively close to 70% of all TB cases occur in people below 44 years and also the more productive members of the community, which suggest ongoing spread of the disease in the community. The survey also reported TB concentration was found to be higher in urban areas compared to the rural areas. Additionally, 138,105 fall sick with TB presently compared to only 82,000 diagnosed with TB, this leaves a whopping 40% remaining undetected hence untreated.

40% of TB cases remain undetected and untreated

What does this mean? One undiagnosed and untreated individual can infect 10-15 people meaning that with 40% cases undetected cases, the threat of continued infection is rife. Some of the reasons for these outcomes are associated with health seeking behavior.

The survey therefore recommends: On TB testing and Diagnosis, to increase the present symptoms list, screen all persons seeking care in health facilities for TB as well as make diagnostics accessible where patients seek care- with expanded use of X-ray to screen all persons presumed to have TB, make GeneXpert the first diagnostic test for all presumed to have TB.

More Public- Private sector partnership Community based action and Improve community awareness of TB symptoms

Speaking at the meeting, Hon. Stephen Mule who is also the Africa TB Caucus chairperson, reiterated his individual and caucus commitment to the fight against TB observing ' **We will continue to champion political goodwill for TB until its eliminated**'

Making remarks during the commemora-

tion, the cabinet secretary, Dr, Cleopa Mailu observed, ' **In light of these results and in an effort to find the missing TB cases, the Government commits to ensure that TB is part of the evolving universal health coverage social protection schemes and make TB diagnostics accessible where patients seek care by expanding the use of chest xray to screen all persons presumed to have TB and make GeneXpert the first diagnostic test for all presumed TB cases**'

At the commemoration the ministry of health appreciated KANCO's contribution in the fight against TB, Including facilitating the TB essay competition in Kiambu, officiated by the County governor, an awareness creating activity towards World TB Day celebrations



CS, Health, Dr. Cleopa Mailu, representative, officially launching the survey

The Eastern African Harm Reduction Network on the Go!

KANCO through the support of Global Fund embarked, to break ground on policies surrounding drug use and thus drug users in the greater Eastern African Region. One of the deliverables for the project was to set up the Eastern Africa Harm reduction network, a community centered, independent, and fully functioning entity, championing the Harm reduction agenda in the Greater Eastern Africa Region through regional coordination, knowledge sharing, policy development and innovation.

One year later this milestone has been realized through the unrelenting support of the country teams from the eight implementing countries (Uganda, Tanzania, Seychelles, Mauritius, Zanzibar, Kenya, and Ethiopia) with representation from government agencies,

the community of people who inject drugs (PWIDs), CSOs working in Harm reduction, country harm reduction networks as well as the support from multilateral agencies like UNODC.

The network is envisioned to be a voice for the PWIDs in the region, working with leaders to advocate for laws that have been a hindrance to PWIDs to access services. The network will further facilitate gathering and promoting evidence that harm reduction works.

The formation process has been consultative for ownership, with KANCO taking a lead role in the process, coordinating partners to facilitate the formation of the network and presently setting up, structures for the same visioning and defining the networks strategic Objectives in a meeting orga-

nized by KANCO for the implementing partners in March

Speaking at the meeting the Network Chair Mr. Twaibu Wamala observed ' **The network structures are quickly falling in place, we need therefore to regroup, address all unresolved issues and make the network successful**'

The EAHRN will be hosted in Uganda although there are suggestions for a rotational hosting.



Participants during the Nairobi strategic meeting for the regional Harm Reduction partners

Advocacy to Prioritize Health in the Political Parties



Member participating in the high level reference group meeting on health priorities in political parties manifestos

KANCO in collaboration with WACI health organized a high level reference group meeting to address health priorities in the political parties' manifestos. This is premised on the need for increased domestic resources allocation for health. Kenya will be transitioning to a middle income country by July; this means that there is high likelihood of recession in the

donor funding hence a need for sustainable domestic funding for health mechanisms

The forthcoming elections provide an excellent opportunity to leverage on, to prioritize health, as political parties write their manifestos for the election; the CSOs plan to engage to ensure health is prioritized

Speaking at the meeting Rosemary Mburu the WACI health Director observed, **"We have an immediate opportunity in the oncoming elections to prioritize health, we also need to look after long term strategies such as legislation and post the campaigns engagement to ensure health remains a priority"**

The session provided an opportunity to engage and brainstorm on

passible ways forward, that was narrowed to three prong opportunities starting with the presently presenting ones as: leveraging on the development of **political manifestos** that is ongoing by political parties to profile health, the opportunity to push for health financing **legislation** and the **post election-eering period** to ensure that health is profiled in the county and national government development strategies for long term and sustainable solutions for health financing.

The tools to be used include a report card that will be used to evaluate the progress on the objective. The team will help identify priorities as they move long, as well as oversee advocacy which will also include community mobilization and sensitization for ownership and follow-up on accountability.

"I am grateful to KANCO for the training, I was able to engage my MCA because of the grassroots training they gave us and now we have piped water!"

Marking International Women's Day with KANCO Grassroots



International Women's Day procession

KANCO in collaboration with AHF Kenya joined the world in marking the International Women Day themed **'Be Bold for change'**

The celebration brought together grassroots trained by KANCO and AHF who are spearheading change in the county by engaging their elected leaders to address different issues in the county.

The celebrations which brought together hundreds of women

started with a procession around the county which urged urging come forward and be part of the change .

The procession ended up in a meeting where women from all walks of life got to share and learn on the contribution of women in effecting change from across all

sectors.

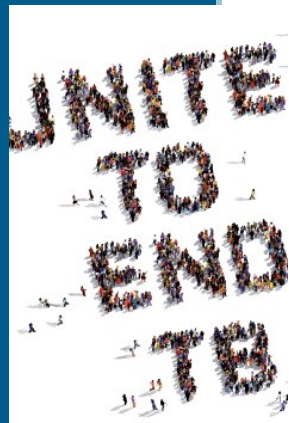
KANCO grassroots also got a chance to share on their work and interventions in the county including the change realized so far. The grassroots have undertaken different interventions that have led to change including working with their elected leaders to bring piped water to villages like Gaichanjiru a problem that had persisted for years

and eased the lives of women in households

'I am grateful to KANCO for the training, I was able to engage my MCA because of the grassroots training they gave us and now we have piped water!'



KANCO grassroots pose for a photo before the international Women's day procession



*'TB is neither a
curse nor a
misfortune but is
curable"
Recovered TB
patient*

Global fund New funding model for TB

KANCO is a beneficiary and implementation partner of the Global Fund New Funding Model TB (GFNFM) project.

The 5 year project is being implemented in 6 counties (Kwale, Bungoma, Kitui, Lamu, Makueni and Turkana) with an aim to accelerate reduction of TB Leprosy and Lung disease burden through provision of people-centered universally accessible, acceptable and affordable quality services.

In Kwale County where the project seeks to strengthen institutional capacity through Organisa-

tional Development and System Strengthening as well as introducing I-Monitor application which is an innovative solution tool that leverages technology to enable monitoring, recording and reporting the state of services, as experienced by people themselves, thereby enabling a dialogue for transformation thus promoting accountability.

The project objectives therefore are to Sustain the gains in the context of a newly devolved health system, Intensify efforts to find 'missing' cases, Reduce transmission of TB, Prevent active disease

and morbidity and Enhance the quality of care for chronic lung diseases .

The project aims to reach 5000 people, with different interventions through defaulter tracing, contact tracing, tracing of under 5, as well as health education for household members.

There will be a lot of trainings focusing TB management both at community and service provision levels.

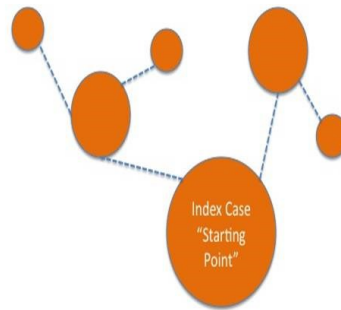
Contact Tracing : Effective in Combating TB

Lucy Kihara, a CHV attached to Kinango Hospital narrated on how a patient from the facility successfully completed treatment after close follow up and monitoring by the facility CHEW and CHV

Guyo a matatu driver in Kinango, tested HIV positive in 2013 and was put on treatment at Kinango Sub county Hospital. In July 2016, during his routine collection of ARVs at the CCC, he complained that he had a persistent cough which had not healed even after medication. Moreover, he informed the health worker that he could not work effectively due to fatigue which he was experiencing regularly.

The facility CHEW referred the patient for Genexpert examination in the facility laboratory. The results indicated that the patient had contracted TB; this came as a shock to him since he could neither believe nor accept the outcome. " ...**these are not my results...just give me my ARVs the cough will clear by itself'** Guyo implored the CHEW. The

patient was taken through intensive counseling for close to a month whereby the CHEW accompanied by the CHV visited his



home and at times his work station to ensure he adhered to medication. Since the patient was residing with his family within the CHVs catchment area, the CHEW requested the CHV to screen the household contacts to check if any of them have signs and symptoms. Luckily, none of the contacts had TB hence were counseled and reassured.

After 3 months, the patient defaulted from treatment. Upon follow up, the CHV found out that he had visited a witchdoctor and informed that he was no ailing but rather had been bewitched by a colleague. This had a great impact on the health of the patient since

his health had drastically deteriorated and had even been dismissed from work as he was unproductive. The family members were devastated as they felt that he could not make it. The CHV counseled the wife on the importance of ensuring her husband adhered to treatment and went ahead to offer nutrition supplements to help restore his health. In addition, the CHV ensured that she visited the household twice a week as well as calling the wife to follow up on his progress.

In February 2017, Guyo successfully completed his treatment and was given a clean bill of health after the last sputum test as the attending CHEW observed **'Guyo is very healthy and is back on his feet, whenever he comes to collect his ARVs he always talks to others to assure them that TB is neither a curse nor a misfortune but is curable"**

Source: Nancy Njeru: Project Officer, KANCO

KENYA TUBERCULOSIS PREVALENCE SURVEY 2016 FINDINGS

Until 2017, the true burden of Tuberculosis in Kenya has remained unknown, with the last TB prevalence survey being conducted before independence in 1958-59.

This survey provides a better estimate of the burden of TB and assesses the associated health seeking behaviour of TB patients and those reporting TB symptoms. These findings will be used to inform country planning and policy formulation to end TB.



All participants were:



1 The Burden of TB in Kenya is Higher Than Previously Thought

TB prevalence **558** per 100,000 people

It is estimated that every year **138,105** people fall sick with TB in Kenya

However, in 2015 **82,000** people were diagnosed with TB

meaning that **40%** of TB cases remain undetected and untreated

"This pool of missed cases continues to fuel the spread of TB, considering that one undiagnosed and untreated individual can infect 10-15 people"

2 People Most Affected By TB

- The prevalence of TB in men is twice as high as that of women

809 per 100,000 people (men) vs 399 per 100,000 people (women)

- Overall, the highest burden of TB is among people aged 25-34 years (714 per 100,000 people)
- Men in the 25-34 age group bear the highest burden of TB (972 per 100,000)
- Among women, those over the age of 45 have the highest TB burden
- Close to 70% of TB cases occur in people below the age of 44 years. This high burden of the disease in the younger age groups suggests ongoing spread of TB in the community
- TB prevalence is higher in urban areas (740 per 100,000) compared to rural areas (450 per 100,000)

83% of TB cases were HIV negative. This suggests that interventions to control TB among People Living With HIV have been successful and a large burden of TB now exists among people not infected with HIV

3 Testing for Tuberculosis

- Current practice of TB symptom screening misses cases
 - Screening for TB using any or all of the four cardinal symptoms - cough of more than two weeks, fever, night sweats and weight loss - would have missed 48% of the TB cases
 - Screening for TB using any TB related symptom - cough of any duration, fever, weight loss, night sweats, fatigue, shortness of breath or chest pain detects more TB cases
- Chest x-ray emerged to be a good screening test for TB
 - Over 50% of the confirmed TB cases did not have a cough of more than two weeks as used to screen for TB during the survey. These cases were only identified because of an abnormal chest x-ray
- Use of microscopy for diagnosis misses cases
 - As a solo test, the commonly used microscopy test would have missed more than 50% of the TB cases
- GeneXpert (an innovative technology for the diagnosis of TB) detected 78% of the TB cases making it a more reliable and efficient test

4 Health Seeking Behaviour

- Individuals with symptoms of TB in the community are not seeking care
 - Majority of people found to have TB had not sought health care for their symptoms prior to the survey
 - Majority did not seek health care because they did not perceive their symptoms as being serious
 - Majority of those who did not seek care for their symptoms were men
- People with TB symptoms first seek health care at either public or private health facilities including pharmacies
- Three quarters of the people with TB symptoms who seek care do not get diagnosed/are missed
- A quarter of those found to have TB did not report any TB symptoms. People at work, school, home, or clinics are presumed not to have TB and are therefore not screened.

KEY SURVEY FINDINGS

Kenya TB Prevalence Survey: Call to Action, Finding the Missing TB Cases

- TB Testing and Diagnosis**
- Expand symptom list for TB screening beyond the 4 cardinal symptoms: cough of more than two weeks, fever, night sweats and weight loss and include any TB related symptom as follows - cough of any duration, night sweats, weight loss, fatigue, fever, and shortness of breath
 - Screen all persons with respiratory symptoms seeking care in health facilities for TB
 - Make diagnostics accessible where patients seek care
 - Expand use of Chest X-ray to screen all persons presumed to have TB
 - Make GeneXpert the first diagnostic test for all presumed TB cases

Public-Private Sector Partnership
Engage the private sector in TB screening, diagnosis and treatment including private pharmacies

- Community Based Action**
- Develop and implement targeted approaches for communication, TB screening and active case finding among young men and the elderly
 - Enhance focus on urban TB care and prevention to address the high burden of TB in cities and towns by the Ministry of Health, County Governments and civil society partners
 - Carry out targeted screening and active case finding among high risk groups - men, urban slum dwellers, employers, informal labour sector, schools/colleges
 - Expansion of social protection and food subsidies to include men

- Improve Community Awareness of TB Symptoms**
- Develop targeted messages and health education on TB to key affected populations encouraging people to seek early intervention for any symptom
 - Expand school health programs to include TB and target children as change agents to reach young families

Make TB Everyone's Business
The Ministry of Health to spearhead a multi-sectoral engagement for TB control to particularly address issues to do with poor nutrition, sanitation, housing, poverty and overcrowding.

Working with Informal Health providers to combat TB

Kenya is among the 22 high burden countries contributing over 80% of TB cases globally with an estimated prevalence of 558 cases per 100,000 populations and Case Detection Rate (CDR), of 75%. Moreover 2 in every 5 people have TB but do not know as further indicated by the prevalence survey that 40% of Kenyans infected with TB are undetected and untreated. The missing cases continue to fuel the spread of TB, considering that one undiagnosed and untreated individual can infect 10-15 people. With the country's target of increasing CDR to 85% by 2018, there is need to look beyond the formal health sector and identify opportunities for detecting TB cases. In 2015, TB ARC, a USAID funded mechanism to support TB control activities in Kenya, sought to scale up both the number and diversity of private actors involved in TB control by partnering with KANCO to engage Informal Service Providers

(ISPs) so as to expand opportunities for TB case detection and notification in Nairobi, Kisumu, Homabay, Tharaka Nithi and Marsabit county in Kenya.

As of March 2016, 383 ISPs had been identified and mapped including 35.8% herbalists, 4.4% Jua kali, 12.8% traditional healers, 13.1% traditional birth attendants and 16.7% drug vendors. From the assessment conducted 69.6% of ISPs had inadequate knowledge on TB thus the need for orientation. The project has so far oriented 101 (26%) ISPs on TB screening and referral. Engaged ISPs have screened 383 clients on TB out of which 227 were presumptive TB cases referred by ISPs to the health facilities. 67% (153) of those referred by the ISPs reached the health facility and 32 of them were diagnosed with TB in the five regions and are already undergoing treatment. Among them is Joyce an ISP from Tharaka Nithi who has so far screened 117 of her patients and referred 71 of them to the health facilities

for TB screening where 5 of them have already been diagnosed with TB and put on treatment. Joyce is a traditional birth attendant but after the TB sensitization her meeting Joyce has become a TB champion and has been sensitizing her community on TB. Among the TB patients who have benefitted from Joyce's interventions on TB is Fatuma aged 42 years. Fatuma was coughing for a long time, sweating, emaciated, had mouth sores and had very low appetite before she met Joyce. Joyce screened and counseled her because she comes from an area with high level of stigma. After she agreed to be tested she was referred to Chogoria Hospital where after X-ray. She turned positive with extra pulmonary TB. When Joyce referred her she was weighing 42 kgs she is now 48kgs. She is presently adhering to her medication, thanks to the support she is receiving from Joyce.

Herbalist attending to a client in Marsabit County



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**OUR VISION: Healthy people, empowered commu-
nities**

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KANCO is a regional membership network of NGOs, CBOs, FBOs, Private Sector actors, Research and Learning Institutions as well as associate members/partners across five continents. That include individuals and International Non Governmental Organization partners, involved in, or that have interest to effectively contribute to their national AIDS and disease response as well as advocating for favourable health policies that will promote and enhance increased health service access to all.

Established in 1990, KANCO has a membership of over 1200 partners in Kenya and other countries within the region namely: Burundi, Seychelles, Mauritius, Uganda, Ethiopia, Tanzania and Zanzibar. KANCO RESULTS is also a partner with different regional and global advocacy networks such as ACTION and RESULT. In 2009, KANCO was accredited as the Linking Organization (LO) of the International HIV/AIDS Alliance (The Alliance), a global network that supports communities around the world to reduce the spread of HIV and meet the challenges of HIV and AIDS and related health issues.

Guided by the vision of *healthy people, empowered communities*, KANCO has evolved to become a premier agency for sensitizing, mobilizing and promoting collaboration among civil society organisations (CSOs) working in the region.