

## Upcoming

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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***



From the editor: Lucy Maroncha

## Theme of the Month: Nutrition

Malnutrition in Kenya remains a big public health problem, facing a double burden of over-nutrition and under nutrition. According to the Nutrition Action Plan 2012-2017, Kenya has high stunting rates standing at 35% and is currently experiencing a rise in diet-related non-communicable diseases. This includes diabetes, cancers, kidney and liver complications that are attributed to the consumption of foods low in fiber and high in fats and sugars.

Malnutrition leads to increased loss of productivity and lives, not only threatening the development of a nation but also as a threat to human rights according to Sustainable Development Goal 3. This makes it a priority health and political intervention that calls for a need to rally all multi-sectorial stakeholders to address nutrition issues.

The National Nutrition Action plan therefore calls for community empowerment to claim their right to good nutrition by participating towards realization of this right. The solutions to malnutrition are practical, basic and have to be applied at scale and prioritized in the national development agenda, according to the National Nutrition Action Plan.

To this effect, KANCO through a consortium of partners, Grace Africa and Scaling Up Nutrition (SUN) are implementing the Pwani Lishe Bora project, supported by the European Union. These partners came together to address nutrition issues among women and girls of reproductive age 15-49 years and children below 2 years in Mombasa County. From inception in 2015, the project has made great strides in addressing nutrition concerns in the county with great impact beginning to be felt among the targeted population as illustrated in this issue.

## HIV AND NUTRITION: WHAT PEOPLE SHOULD KNOW

By: Charity Wachira

Eating the right type and amount of food in the right combinations is a critical component of comprehensive prevention, care and treatment especially for persons living with HIV. Yet not many people observe their diet due to various reasons. Some people cannot afford proper diet while others are ignorant of the right diet to take.

When the body's immune system breaks down as a result of HIV or AIDS, this usually results to malnutrition and vulnerability to infection. Optimal nutrition, a consumption of the right foods in the right quantities on a regular schedule is also an important component in the response to chronic diseases that are becoming increasingly prevalent among persons living with HIV.

According to USAID, Optimal nutrition and AIDS Nutrition and HIV and AIDS are cyclically related. Malnutrition-related infections often result to diarrhea, malabsorption, poor appetite and weight loss. Consequently, malnutrition is a key contributor towards HIV progression. On the other hand, a person who is well-nourished is more likely to maintain a stronger immune system for coping with the condition and fighting opportunistic infections. Optimal nutrition is an important component in the response to chronic diseases such as diabetes and cardiovascular diseases, which are common among persons living with HIV.

The KANCO Rongai Drop In Center has been a haven for key and vulnerable populations to access health services since 2009. It started as a youth center dubbed Responding to AIDS among the youth (RAY), which later evolved to a Drop In Center focusing on key populations with an aim to offer comprehensive care services. The DIC has since

been offering, services to both male and female sex workers, and recently to drug users in the greater Kajiado region.



The drop in center offers comprehensive care service such as Sexual Reproductive Health which includes Sexually Transmitted Infections screening (STI), Family Planning and cervical cancer screening to Key populations. Other services offered are, TB screening, HIV testing and counseling, treatment for opportunistic infections and nutritional support for People living with HIV as part of their comprehensive care package.

The DIC's health consultant, Fredrick Muturi who works at the Drop in Center says that nutritional assessment is done as part of the initial health evaluation for all clients. This assessment entails the client's subjective and objective observation. The subjective observation is the patient's outward appearance which picks observable characteristics such as abnormalities, facial expressions, hygiene, mental status, nutritional status such as body weight and generally anything outwardly visible. The Objective observation includes the patient's complaints as well as vital sign assessment like temperature, pulse rate, respiration and blood pressure. "HIV by its nature compromises one's immunity and the medication involved has side effects that can affect feeding habits," says the consultant. The assessment also includes body mass index which is done using MUAC tapes. At the DIC,

the clients undergo intensive nutrition evaluation which involves observations of muscle wasting, general weakness, physical examination which may present as pallor presenting on the mouth cavity or in the inside of the lower eyelids.

Muturi further adds that poverty adversely affects many people in Africa which often limits their diets. "Poverty coupled with HIV could lead to Malnutrition," he notes. In HIV cases, Muturi observes, there are also reported incidents of over-nutrition since some people respond to stress by binge eating while some issues arise from medication. Lipodystrophy syndrome which is the irregular distribution of fats as one of the side effects of Anti-Retroviral Therapy, which according to a study by Enfermagem indicates that fat loss and accumulation can occur simultaneously in different regions of the body in the same individual a situation called mixed form in Persons living with HIV.

The Nutritional assessment he says, assesses the weight, height also known as body mass index in adults and children are assessed using the MUAC tapes..

According to the US National Library of Medicine National Institutes of Health; patients living with HIV, antiretroviral treatment is paired with nutritional support maintain optimum nutrition during the symptomatic period. This is to improve the patient's nutritional status during acute episodes of infections and also during the stable symptom free period. "This can be achieved by nutritional assessment, nutritional screening, and nutritional intervention and by providing psychosocial support for nutrition" Muturi observes.

## Drugs or Motherhood – What to Sacrifice.

By: Martina Adeg



Motherhood comes with loads of responsibilities and for mothers who use drugs there is a double burden of responsibility, with two extremely competing needs, where the baby often bears the brunt of its mother's addiction. Christina Iza Wambui, a recovering drug user and a mother of two understands this all too well.

Christina, under peer pressure influence, started out smoking Marijuana before she even got to teen-age. Shortly thereafter, her friends introduced her to smoking heroine. Before long, one puff was inadequate and slowly she was on a fast lane to addiction. What started out as fun soon became a habit she could not easily shake off. Unknown to her then, were the implications of heroin use as she now reflects.

Christina, now 24 recounts how she sank deeper into addiction each day that before she knew it, she was pregnant and thereafter a mother. She reflects that before she even knew the magnitude of motherhood, she got her second born barely two years after her first child was born. "As I sank deeper into addiction when I was pregnant with my second child, I visualized my children's misery and clearly understood that they would need me. That's when I started realizing that an addict's life wasn't mine and that marked my turning point," she says. In desperation to get help, she decided to go

through rehabilitation in order to get medically assisted therapy treatment. Though she had never heard anything about rehabilitation from drugs, she got information about drug rehabilitation therapy to from MEWA, a Mombasa based KANCO partner Civil Society Organization , that works on harm reduction.

Her journey to sobriety wasn't easy. As part of rehabilitation, she would be put on methadone an opioid substitution therapy that manages addiction to opioids. While she appreciates the availability of methadone, she laments that it lowers her production of milk. There is however, no scientific theory that supports reduction of milk as a side effect of methadone.

Caught up in the wallows of drug use, Christina never attended Ante Natal Clinic during her pregnancy hence lacked information on infant feeding. She expresses her gratitude that now that she is able to breast feed a one month old baby and feed her second child well. Before she met KANCO nutrition project dubbed *Pwani Lishe Bora* project, that focuses on the nutritional needs of women and girls between 15-49 years and children below 2 years, she had been planning to consult with other mother's to find out alternative ways to feed her baby. However, there has been no scientific theory that confirms methadone affects production of breast milk.

At Kisauni health center where she was referred, Christina was counseled on the importance of exclusive breastfeeding and seeking correct information from the health facility in regards to her child's well-being. Martina Adeg, KANCO's Nutrition Officer has since been following up to ensure Christina adheres to the exclusive breastfeeding for six months. Christina has since been made part of the young mothers' dialogue sessions that are planned to offer young parents in the community a chance to learn more about breastfeeding and nutrition. They address the

myths in the community on nutrition issues.

Christina has gone through so much pain and rejection but states that she has no regret of being a mother. If anything, she adds, it is for her children she walked out on drugs. Christina recalls how she had loathed the idea of children earlier. She has regained her self-worth and is slowly being accepted back into society. As Christina looks forward to the growing up of her two children, she is determined to give them the best upbringing so that they can grow to be respected people in the society.

My prayer is to maintain hope and have the strength to continue taking methadone," she says and adds that not only does she appreciate the fact that she is a mother, but also embraces her responsibilities that come with motherhood. Christina is now reaching out to young girls who are abusing drugs and encourages them by sharing her story.

## The Burden of Living with MDR-TB: Caleb's battle with multidrug resistance TB

By: Peter Kamau



A few of Community Health Volunteers and KANCO Eastern Regional I Coordinator at work in Kitui County

Multi Drug Resistant Tuberculosis—MDR-TB may sound strange to many people yet it is on the rise globally with about 480,000 cases and is affecting approximately 917 people annually in Kenya. Kenya has been ranked among high TB burden countries globally. MDR-TB is also very expensive to treat since it costs over Kshs 2 million for a period of up to 24 months compared to Kshs 8000 which is the cost of TB medication for a period of six months. According to TBfacts.org only 52% of MDRTB patients who started treatment in 2013 were successful as at 2015. Caleb Munywoki, a 30 year old resident of Mwingi constituency, has been battling MDR-TB since November 2016. MDR-TB is a Tuberculosis infection caused by bacteria that are resistant to treatment using two of the most powerful first-line anti-TB medications: isoniazid and rifampin. This strain of TB could arise from improper use of antibiotics, including use of improper treatment regimens or improper dosage which could include failure to complete treatment, or transmission of this strain of TB through inhalation of the bacteria according to World Health Organisation (WHO). According to the TB Prevalence Survey 2017, there are identified high TB burden areas such as refugee camps. This is attributed to an influx of people from Somalia and poor surveillance/screening systems at the volatile borders.

Although Kenya has adopted the new MDR – TB treatment regimen, which takes about 10 to 12 months, Caleb is on a long term treatment regime which takes approximately 20-24 months since he had already been started on it. According to Medscape patients receiving therapy for MDR-TB are at high risk of treatment failure owing to the second line agents which can be expensive, have significant side effects, and require longer duration of treatment as they are less effective than first line regimens. The WHO guidelines on drug susceptibility recommends that therapy should be patient specific, with appropriate monitoring and patient education to achieve optimal response to therapy and minimize medication related adverse effects.

With the Gene Xpert technology, a molecular test for TB which detects the DNA for TB bacteria through a sputum test, diagnosis for MDR-TB has improved tremendously compared to an earlier culture/microscopy test where the test results would be shipped from South Africa some years back. With the new technology Caleb got his test results in one day at Mwingi District Hospital which is one of the sites supported by the Global Fund to fight TB, Malaria and HIV pilot GeneXpert.

The Mwingi Chest Clinic is currently managing two cases of MDR - TB and 197 cases of pulmonary TB. Kennedy Saidi, a nurse at the clinic says that the facility has been very keen on HIV testing among TB clients to identify cases of TB/HIV co infection for effective treatment. “At least 98% of all clients who have been tested and 32 clients have tested positive for HIV” he says and adds that this is a key milestone in implementing the TB/HIV collaborative interventions. Caleb expresses his delight on the opportunity to test for HIV saying that the results addressed his fears that MDR-TB is related to HIV. “I was tested for HIV and my results were negative.” he said.

Like most MDR – TB patients who cannot engage in productive activities such as employment or income generating activities, Caleb had to drop out of school where he was pursuing a Certificate in Electrical and Electronic Engineering. His ailing health forced him to close his electronic shop in Mwingi town in order to seek treatment. He became dependent on his parents who live in the village for his basic needs. After 8 months in the treatment, Caleb was given Kshs 6000 from the facility which is provided by AMREF as patients’ upkeep support. The cash support program is supported by the Global Fund to fight AIDS, TB and Malaria (GTATM). Caleb has been saving part of

the money with the hope that one day he will get back to college and finalize his certificate course.

Despite the fact that Caleb has been on direct observed treatment for the last 11 months, the journey has been very tough for him. For the first eight months, he had an injection every day. According to Kennedy the nurse attached to the chest clinic, intravenous treatment is a huge burden to many patients. This is because the treatment takes 20 months hence a patient has to visit the hospital every day for the 20 months. Caleb explains that being on MDR-TB treatment, there are enormous challenges. “I had serious drug-reactions which caused itching all over my body,” he says and adds that he however was assisted by his parents to buy some medication to ease the itching. He further notes that inadequate nutritious food also causes adverse effects to a patient on MDR-TB treatment. At one point Kennedy had to bring him food and money for sustenance.

Caleb's experience highlights key challenges that people living with MDR - TB face each day. One of the challenges is the need for accessible and strong health systems for diagnosis and treatment. Due to the availability of the GeneXpert in Mwingi District Hospital, many patients are now able to have timely results hence access to early treatment. This underscores the need to ensure that health facilities have all the required systems in place including human resources, if they are to effectively provide MDR – TB services.

### Championing a Community led TB Response

KANCO is currently working with 30 Community Health Volunteers CHVs in Eastern region and 700 countrywide for a community based TB response with support of the global Fund to Fight AIDS, TB and Malaria through AMREF Health Africa. The CHVs have been instrumental in supporting Caleb.

The Community Health Volunteers (CHVs) remain a key component of TB response. CHVs from Mwingi have remained close to Caleb. In addition, they have been able to support TB patients to access the Mwingi District Hospital Chest Clinic during the nurses strike as the other neighboring government health facilities were closed due to lack of personnel.

To engage informal service providers in TB response, KANCO is working with Community Health Solution (CHS) under the TBARC project funded by USAID in Eight counties.

At national KANCO has been spearheading TB advocacy toward increased profile and community engagement in TB response. KANCO has been part of global movement advocating for increased TB funding and political commitment.

## Research Informing Nutrition Interventions

By: James Ndimbii



More mothers are beginning to understand and appreciate the importance of exclusive breastfeeding in the first six months and proper feeding for a baby in the first 1000 days. Exclusive and continued breastfeeding is critical in averting stunting and setting the foundation of the child's future health.

KANCO conducted a baseline-research focused on breastfeeding, infant feeding and maternal nutrition outcomes among women between the ages of 15-49 and children below two years. The research intended to inform the design and implementation of the Pwani Lishe Bora project which is funded by European Union. The project seeks to improve maternal and young child nutrition for under fives and women of reproductive age including adolescent girls and women in Mombasa County.

Results on exclusive breastfeeding showed that approximately 70% of the respondents practiced exclusive breastfeeding, and almost the same number of newborns were put to breast immediately after birth. Results on infant feeding also showed that 16.5% of babies were introduced to other liquids apart from breastmilk at an early onset- within the first three days. Fredrick Muturi a health practitioner recommends that babies should be put to breast immediately after birth to maximize on colostrum which boosts the immunity of newborns and has lasting effects on the health outcomes of a baby. Exclusive breastfeeding up to six months, the expert's advice is important to boost the immunity of the child and assist with optimal growth and development.

According to the project's Monitoring and Evaluation Manager Jared Okwach, the project being implemented by a consortium of three partners set out to strengthen the county advocacy mechanisms to increase stakeholders' participation in nutrition programs and actions, initiate and scale up nutrition as well as strengthen nutrition information management systems. The project Okwach explains, also sought to strengthen human and institutional capacity for health workers. This, he adds, is important in enhancing effective nutrition actions and to improve information flow for utilization in decision making.

The baseline further indicated that 62.8% of respondents had received practical support in relation to infant feeding, with most of the support coming from health workers. However, a significant proportion of the respondents (36%) had fed their children on food from three food groups or less with many choosing to feed them deep fried carbohydrates and proteins. In order to satisfy the body dietary requirements, the World Health Organization (WHO) recommends at least four food groups . The foods are

protein, carbohydrates, vegetables and fruits. This indicates that a significant proportion of children below two years in the region maybe susceptible to malnutrition.

Maternal nutrition practices showed that 37.3% of those who were pregnant during the study had not received any form of iron and folic acid supplements. 15% had eaten food from three food groups or less, posing a risk of fulfilling the dietary requirement. Most households reported using fortified food products in their homesteads

The study recommended enhanced nutrition information to the community; capitalizing on community health systems to disseminate the information. The study further recommended capacity building of healthcare workers on nutrition information, as well as the distribution of nutrition supplements among women and children within the county.

## Time for Harm Reduction Legislation

By: Wachira Charity



While harm reduction is a fairly old concept, it's often been marred with a lot of skepticism and questions of intent especially among people who use drugs sometimes seen as fueling the use of drugs. The effect of this is even greater in the African context where drug use is still perceived as a problem of westernization among many folks.

While the truth to this is highly contested, harm reduction interventions among high risk groups including drug users remain the bridging gap between life and death. It is also imperative to understand that to realize an HIV free population; no one can be left behind, for every new infection is a new bridge erected.

The risk of HIV and blood borne infections transmission among drug users, and more particularly among people who inject drugs remains rife, however most countries in the Eastern African context still lack data to inform programming and service delivery to these special needs group, operates in a highly punitive criminal justice system that has often led the drug users to stay 'hidden'.

Despite the great and progressive efforts to create and foster harm reduction services in the region through creation of a responsive harm reduction movement for

the region, through projects like the Regional HIV and Harm Reduction project, a lot still needs to be done. The Project spanning eight countries is pushing for policy change, research and community systems strengthening to amplify the voices of drug users, however sustainability of the gains made unless they are safeguarded through policy legislation remain at stake.

East Africa is home to about 150 million people, 260,000 among them being people who use drugs. This constitutes about a fifth of the population of drug users in Africa and growing, thus cannot be ignored. This is majorly because of the role of the Eastern Africa region as a transit route as well as the growing use of drugs for recreation.

Consequently this has fueled the growth of the HIV epidemic standing at about 18%, arising from the sharing of injecting equipment and related sexual behavior, with recent data from studies conducted in Tanzania and Kenya indicating that most of the people who inject drugs acquire HIV before the age of 25. And while this statistics are worrying, its even more alarming to see leading countries in harm reduction like Tanzania closing shop and criminalizing organizations offering services to key populations.

The question therefore becomes ,which way for harm reduction?

Harm reduction entails addressing the health, social and economic consequences faced by people who use drugs. On one hand the region is starting to respond to the drug use problem, and considering other approaches apart from the traditional demand reduction strategies with an emphasis on incarceration, to more public health oriented harm reduction approaches. There is also development of a policy on harm reduction spearheaded by the East African Community Secretariat and regional Harm Reduction partners. The draft policy seeks to address 5 broad key policy areas:

Data collection to inform Harm Reduction, Developing national harm reduction policies, Delivering interventions to people who use drugs, strengthening the capacity of PWUDs across EAC as well as creation of a supportive legal environment.

While this is a great step in the right direction and holds great promise for harm reduction legislation,, the responsibility to ensure the policy sees the light of day is the push and advocacy of member countries to their representatives to ensure that they support its legislation as well as auctioning it.

Although the policy is not an end in itself it will provide a platform for sensitization, advocacy and access to services, reaffirming the health and human rights of the people who use drugs. The member countries stakeholders would still need to sensitize to promote its understanding for effective application to bridge the service gap for people who use drugs in the region.

Despite the road ahead that must be walked to cement harm reduction in the region, the future looks bright and promising.

## KANCO Hosts the Regional Oversight Committee

By: KANCO Writer



Regional oversight committee and KANCO staff attending the Nairobi Meeting

KANCO with support of the Global Fund to fight HIV, Malaria and TB-GFATM, organized the second regional oversight committee-ROC for the regional HIV and Harm Reduction Project in Nairobi. The two day meeting brought together country representatives of the GFATM Country Coordinating Mechanisms- CCM's, Representatives from the East African Community-EAC regional and Global players in Harm Reduction OSIEA , UNODC and representatives for the regional Network of People who Use Drugs (EAHRN) to discuss the regional grant issues.

The meeting is part of the process of fostering a harm reduction movement for the region. The main focus of the meeting was to share the regional project progress updates including, in-country

harm reduction updates as well as plan for the next phase of implementation.

The meeting also provided an opportunity to share on the progress of development of the regional harm reduction policy. The policy aims to provide a platform for countries in East Africa to adopt and effectively implement harm reduction strategies based in their contexts. It also seeks to address the punitive legal environment around drug use in the region by providing a legal frameworks within which harm reduction in the region is addressed.

Sharing on the policy updates, the East African Community Secretariat coordinator, EAC Integrated Health Programmes Dr. Michael Katende said that the committee is mandated to give oversight to the project by ensuring proper planning, accountability and reporting. He further said that the regional policy was on tract with most of the countries validation meetings having taken place. The countries that had not had validation Dr. Katende added still had a chance to interrogate and share their feedback on the policy adding that it is criti-

cal in the next steps where the countries would need to lobby their representatives in the East African Legislative Assemblies for adoption and also for in country implementation if adopted.

"It is important for stakeholders to own this process,"he said and added that the policy is a step in the right direction towards sustainability and cementing of harm reduction in the region.

KANCO, Technical Programmes Director, Onesmus Mlewa, while sharing on the project updates during the meeting said that as players in harm reduction in the region, it is imperative to build an investment case for harm reduction in the region and work towards scaling up interventions.

## Pwani Lishe Bora Project Pictorials



World Breastfeeding Launch

World Breastfeeding Week Launch- Awarding of mothers who had successfully completed Exclusive Breast Feeding for six months

Head of school health programmes during Malezi Bora Launch. Launching the Vitamin A Supplementation



Creation of Nutrition Champions



Giving Vitamin A supplementation in the Early Childhood Development Centers

## PWANI LISHE BORA PROJECTS UPDATES

By: Rita Wanjiru



### Making Strides in Nutrition Interventions in Mombasa County

Knowledge and Attitude change are critical in making important decisions. The Pwani Lishe Bora Project funded by the European Union implemented in Mombasa County has made great stride in informing and impacting nutrition interventions in the county, through information sharing and tailored interventions to address the state of nutrition in the county.

The project set out to scale up malnutrition and stunting screenings where according to the Kenya Health Demographic Health Survey 2014 there were major concerns for the county. The survey indicated underweight children standing at 27.5% and stunting at 3.1%. By 2017, according to the county Demographic Health Indicator Survey was at 1660 in 2015 and early results in 2017 indicating 2169.

To achieve this, the Pwani Lishe bora project supported Continuous Medical Education (CME) on Nutrition assessment counseling and support. This educative sessions targeted integration of care to ensure triaging across all levels of care. Consequently this has resulted to increased case findings for malnutrition focusing on wasting, under nutrition and stunting and hence informing interventions.

Following on the Continuous Medical

Education –CMA, there were efforts to increase Maternal Infant and Young Child Nutrition-MICYM. Consequently there has been a significant and steady increase in practice of Exclusive Breastfeeding as reported at facility level. This success is directly due to the support that motivated staff, hence the increased coverage as evidenced on the County Health Nutrition Indicator Survey by doubling the number from 20,000 to 40,000 cases.

There was also significant increase in uptake of iron and folic acid in pregnant women. According to World health organization daily iron and folic acid supplementation with 30mgs to 60mg of the elemental iron and 0.4mg folic acid is recommended for pregnant women to prevent maternal anemia, puerperal sepsis, low birth weight and preterm birth. Folic acid is important in preventing malformations of the brain, skull and spine neural tube defects including spina and bifida anencephaly. Iron helps in maintaining extra blood hemoglobin for the mother and the baby during pregnancy. It further helps move oxygen from the lungs to the rest of the body and preventing deficiency anemia which presents as fatigue due to reduced red blood cells according to Canada's food guide.

In 2016 over 30,000 women used Iron and Folic Acid Supplements-IFAS com-

pared to 26,000 early 2017. This is attributed to the Pwani Lishe Bora and stakeholder's advocacy focused, on Maternal Nutrition and High Impact Nutrition Interventions during Malezi bora week 2016, stakeholder sensitization on nutrition. Health workers were sensitized and mentored effectively on the need to sensitize the Antenatal Clinic clients on the importance of early initiation of IFAS in pregnancy. This advocacy has ensured increased supplementation during year 2016 and 2017.

There was also significant increase in the uptake of vitamin A supplementation- VAS, both at Early Childhood Development –ECD Centers- and at facility levels targeting children under 5 years. This is attributed to Grace Africa a partner in the Pwani Lishe Bora Consortium sensitization activities across the county. With early data in the High Impact Nutrition Indicator-HINI indicating 89,806 in 2017 compared to 60,302 in 2015.

The project also set out to counsel mothers on different feeding guidelines for healthy family outcomes. At the start of the project in 2015 the county reported low infant feeding indicators. To improve this project has been conducting health workers, women and stakeholders trainings to further the nutrition agenda in the county and there is increased involvement of multi-stakeholders addressing nutrition in the country.



### **About KANCO**

KANCO is a regional membership network of NGOs, CBOs, FBOs, Private Sector actors, Research and Learning Institutions as well as associate membership that includes individuals and International Non-Governmental Organizations involved in or that have interest in HIV & AIDS, Tuberculosis (TB) and other public health care concerns.

Established in 1990, KANCO has implementing partners locally, regionally and globally with global advocacy networks; [ACTION](#) and [RESULTS](#) and is also an accredited linking organization of the [International HIV/AIDS Alliance](#) since 2009.

Over time KANCO has evolved to become a premier agency for sensitizing, mobilizing and promoting collaboration among civil society organizations (CSOs) working in the region.

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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

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