

# KANCO

Healthy people, empowered communities

## WEEKLY BULLETIN

APRIL 23<sup>RD</sup> - MAY 7<sup>TH</sup>

2023

Vol 6/23

## NURTURING THE FUTURE

**KANCO AND COMIC RELIEF ACHIEVE MAJOR SUCCESS IN EARLY CHILDHOOD DEVELOPMENT INITIATIVES UNDERTAKEN IN VARIOUS PARTS OF THE COUNTRY**



THE SMILES TELL IT ALL - Beneficiaries of the KANCO and Comic Relief Early Childhood Development Program in Mukuru kwa Njenga enjoying a moment with an ECD Specialist

KANCO and Comic Relief documented the success stories of the programs and initiatives undertaken on Early Childhood Development. The programs were conducted in Mukuru kwa Njenga, Mukuru kwa Reuben, Kayole, Kitengela, Isinya among many other regions.

Comic Relief and KANCO continues to work in places and with people who are already vulnerable and now dealing with the effects of climate change. This has been a worthwhile venture at a time when the country has been suffering from severe drought.



KANCO staff, nutritionists and mothers after a training exercise for mothers in Isinya, Kajiado County

The programs and initiatives are aimed at alleviating immediate and long-term social and economic repercussions of malnutrition amongst infants and young children. This included trainings to mothers on the Government of Kenya Baby-Friendly Community Initiative (BFICI). The Baby-Friendly Community Initiative (BFICI) is based on the principles of the Baby-Friendly Hospital Initiative (BFHI) and expands upon the tenth step of the Ten Steps to Successful Breastfeeding (the Ten Steps) to promote recommended maternal, infant, and young child nutrition (MIYCN) practices at the community level.

The trainings aimed to provide women, families, and communities with a comprehensive support system to improve maternal infant and young child nutrition during the first 1,000 days of life, the critical period to prevent malnutrition through the establishment of mother-to-mother and community support groups to improve maternal, infant and nutrition outcomes.

The status of early childhood development in Kenya is a mixed one. On the one hand, the country has made some progress in recent

years in terms of improving access to early childhood education and care. For example, the government has implemented policies and programs aimed at expanding access to pre-primary education, such as the provision of free pre-primary education in public schools.

However, significant challenges remain, particularly in terms of the quality of early childhood education and care. Many children in Kenya do not have access to high-quality early childhood programs that promote their cognitive, social, and emotional development. Moreover, access to early childhood programs is often unevenly distributed across the country, with children in rural areas and those from low-income families being less likely to have access to quality programs.

Additionally, there are significant disparities in terms of gender and disability, with girls and children with disabilities being particularly disadvantaged. Early marriage and pregnancy are also significant challenges that affect the development of young children, particularly girls.

## KANCO AND OTHER CIVIL SOCIETY ORGANISATIONS COMMENCE THE GLOBAL FUND APPLICATION PROCESS

The dialogue among the Global Fund constituencies commenced, setting off the process of applying for the new cycle of the grant.

The constituencies that comprise, among others, people living with HIV, the Tuberculosis, Malaria constituencies, the key population, non-governmental organisations, faith based organisations, the private sector and the adolescent constituency will be consulted and their priorities captured.

The Kenya Coordinating Mechanism is responsible for spearheading the writing process. The KCM has delegated a eight member core team comprised of people from the different sectors, while another thirty four member team comprising of state and non-state actor members has also been formulated. KANCO is represented in this team by Senior Policy Analyst Ms Sylvia Ayon.

**“Our main objective is to come up with the constituencies’ priorities.”**  
- Sylvia Ayon Senior Policy Analyst KANCO

The technical teams will ensure that the application process is done in the most rightful and professional manner as it brings on board experienced individuals.

The writing process will commence as soon as the dialogue meetings are finalised and when the input of all constituents has been well taken care of.

## PLANS TO MARK WORLD MALARIA DAY IN TOP GEAR



### Key Facts:

- There are an estimated 3.5 million new clinical cases and 10,700 deaths each year.
- Those living in western Kenya have an especially high risk of malaria.
- Malaria threatens almost half of the world's population. ...
- Malaria killed nearly half a million people last year. ...
- Pregnant women are at especially high risk. ...
- Africa suffers the most from the disease. ...
- Drug resistance is an increasing problem. ...
- Malaria reinforces poverty.

The event shall be marked world-wide on the 25<sup>th</sup> of April.

Malaria remains a major public health challenge in Kenya, with significant economic, social, and health impacts.

The increasing resistance of the malaria parasite to antimalarial drugs, such as artemisinin-based combination therapies (ACTs), is a major challenge in the fight against malaria. This makes it difficult to treat and control the disease.

Despite progress in malaria control efforts, funding remains a challenge. The resources allocated to malaria control activities are often inadequate to achieve the desired impact.

In many parts of Kenya, health infrastructure is inadequate, with limited access to healthcare facilities and health workers. This limits the ability of health systems to effectively diagnose and treat malaria cases.

Inadequate health education and low levels of awareness about malaria prevention and control among communities, especially in rural areas, contribute to the persistence of the disease.

Climate change and environmental factors such as deforestation, irrigation schemes, and land use changes can contribute to the spread of malaria vectors and increase the risk of malaria transmission.

Poverty, inadequate housing, and lack of access to clean water and sanitation can contribute to the spread of malaria and its impact on vulnerable populations.

Limited capacity for surveillance and monitoring of malaria cases hampers the ability of health systems to track and respond to outbreaks and trends in malaria transmission.

Malaria remains a public health problem in Kenya despite several concerted control efforts. Empirical evidence regarding malaria effects in Kenya suggests that the disease imposes substantial economic costs, jeopardizing the achievement of sustainable development goals. The Kenya Malaria Strategy (2019–2023), which is currently being implemented, is one of several sequential malaria control and elimination strategies. The strategy targets reducing malaria incidences and deaths by 75% of the 2016 levels by 2023 through spending around Kenyan Shillings 61.9 billion over 5 years.

Addressing the challenges in the fight against will require a multi-sectoral approach, involving collaboration between government, civil society organisations, and other stakeholders. This should include interventions such as improving access to healthcare, increasing funding for malaria control activities, strengthening surveillance and monitoring systems, and increasing public awareness and education on malaria prevention and control.

**NEWS**

**GLOBAL FUND SELECTS ROSLYN MORAUTA AS BOARD CHAIR AND BIENCE GAWANAS AS VICE-CHAIR**



Roslyn Morauta (left) and Bience Gawanas

The Global Fund to Fight AIDS, Tuberculosis and Malaria announced its Board has selected Lady Roslyn Morauta as Chair and Bience Gawanas as Vice-Chair, bringing two women with an exceptional level of leadership and international expertise to the governance of the Global Fund.

Lady Morauta has deep experience with the Global Fund for many years and from multiple facets: In addition to serving as Vice-Chair of the Board for the last four years, she has also represented the Western Pacific Region constituency as Alternate Board Member and served as Chair of the Papua New Guinea Country Coordinating Mechanism. She has been a long-standing and steadfast champion of health, HIV programs and gender issues.

“The Global Fund has an exceptional governance model in that affected communities sit at the Board table alongside governments, private sector, civil society and other stakeholders. It ensures we make the best choices for those affected by the diseases we are trying to end,” said Lady Roslyn Morauta, newly selected Chair of the Global Fund Board. “It has been a privilege and a pleasure to represent the Global Fund as Vice-Chair since 2019, and I am deeply grateful for the trust placed in me to continue my service now as Board Chair.”

Lady Morauta is a long-standing champion of good governance and health, especially in the fight against HIV/AIDS, TB, and malaria. She is a relentless advocate of the Global Fund’s core values, especially on gender equality and human rights, and works closely with civil society organizations. As Vice-Chair of the Board, she prioritized high governance standards and inclusivity for all Board members, including the voice of communities affected by the disease.

Bience Gawanas is an experienced political and development policy leader. She served as the African Union’s first Commissioner for Social Affairs.

**KANCO EXECUTIVE DIRECTOR MEETS ILMERIJO COMMUNITY BODA BODA RIDERS’ REPRESENTATIVES**



Prof Allan Ragi presents KANCO merchandise to the bodaboda rider's representatives

The riders who were represented by their leaders received KANCO branded merchandise from Prof. Allan Ragi during the visit to

the KANCO Headquarters.

The Executive Director and the Bodaboda Riders’ representatives discussed ways and modalities to concert efforts and deal with the challenges affecting the young people in the community, many of whom are in the sector. They also discussed how the riders can have an impact on public health.

The riders were challenged to be trained and engaged to transport patients to health facilities, especially in hard-to-reach areas where other forms of transportation are limited. This could help increase access to healthcare services and reduce the number of deaths caused by delays in seeking medical care.

Bodaboda riders can be utilised to deliver medicines and other medical supplies to remote areas where healthcare facilities are scarce. This could help improve access to essential drugs and reduce the burden of preventable diseases. Respected members of their communities and can be used to conduct health education and outreach activities. This could include disseminating information on disease prevention, safe sex practices, and the importance of seeking medical care when necessary.

Bodaboda riders can also be trained to provide emergency response services, including basic first aid and CPR. This could help reduce the number of deaths caused by accidents and other emergencies in communities with limited access to emergency medical services.

KANCO will continue engaging bodaboda riders in health initiatives to help improve health outcomes.

## KANCO WELCOMES A NEW HUMAN RESOURCES AND ADMINISTRATION MANAGER



Monica Mbugua the new Human Resource and Administration Manager hit the road running

KANCO is delighted by the entrance of yet another new member of staff into the organisation. Monica is an experienced human resource expert having previously worked in a top Kenyan University as a Senior Human Resources Manager. She joins KANCO after we recently welcomed our other now-not-so-new staffers; Teresa Watetu, Ephraim Kiwago, Josephine Murwanjama and Njeri Gachiri.

Monica comes in at a time when there are new and emerging human resource management trends, and her presence at KANCO is expected to have an impact on the general welfare of her fellow staff as well as the management of their operations.

Monica expressed her zeal and joy to be at KANCO. "I am aware that this HR tag elicits some sort of negativity with most people. But I am here to help my colleagues optimise their input. I have a very different approach to my work and I am sure I will have camaraderie with my fel-

low staff.

Indeed, our new HR is cut from a different cloth, as she has quickly created a good relationship with the rest of the team. She took time to interact with her colleagues in what she called 'ice-breaker sessions'.

The presence of our new HR manager is expected to have a significant impact on the success of KANCO by improving the positive workplace culture, mitigating legal risks, enhancing effective communication, coping with emerging trends such as automation, attracting and retaining top talent, improving employee performance, reducing turnover and reward management.

We are delighted to have Monica on board and we from KANCO Weekly Bulletin do wish her all the best as she settles here at headquarters.

## TB CASE MANAGEMENT AND COMMODITY REPORTING SENSITISATION MEETING HELD IN LIKONI SUB COUNTY

The meeting was convened by Mombasa County department of Health Services and supported by KANCO.

The objective of the sensitisation was to strengthen TB case management, commodity management, and reporting at the facility level.

Participants were taken through exercises that captured the different areas that were to improve the quality of services and data delivered to the Sub-County.

Elsewhere, together with representatives from their partners KANCO and Amref Health Africa, Imonitor App users and super users conducted a monthly meeting whereby the synergies on the reporting and effective use of the Imonitor App in Mombasa County.

The Imonitor App is a free digital platform for different communities in Kenya that provides the general information about TB, HIV, Malaria and Covid-19. It also helps users locate the nearest health facility on the map.



### ALL IN A DAYS WORK...

*Husband: "The doctor said he would have me on my feet in two weeks."*

*Wife: "And did he?" Husband: "Yes, I had to sell the car to pay the bill."*

MESSAGES

MALARIA DAY MESSAGES

KANCO  
Healthy people, empowered communities

**It's our collective duty to ensure we have zero malaria cases.**



Catherine Kituku, Clinical Officer KANCO

KANCO  
Healthy people, empowered communities

**"Beyond the financial returns, investments in fighting malaria have enormous positive effects on agriculture, education and women's empowerment. They also contribute significantly to reductions in poverty and the alleviation of inequality."**



Edwin Kimani, Finance KANCO

KANCO  
Healthy people, empowered communities

**Conquer Malaria! Get a bed net. Don't give the mosquitoes a chance. Fight against Malaria! Malaria is a disease without borders.**

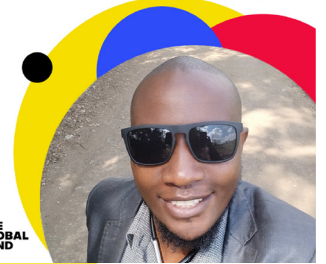


Faima Kadaga, Program Nurse Officer KANCO

KANCO  
Healthy people, empowered communities

**"Let us unite in the fight against malaria, for a world where no one suffers from this preventable and treatable disease. Together we can end malaria for good."**

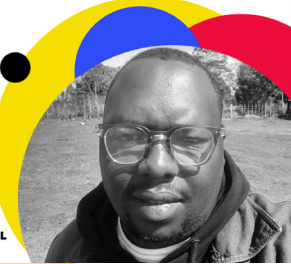
Francis Njenge, Unity Player KANCO



KANCO  
Healthy people, empowered communities

**"The time is now. Together with our leaders we can end malaria in a generation."**

John Mwangi, Program Assistant KANCO



KANCO  
Healthy people, empowered communities

**"When the heroes of our time shall stand to be counted, at the fore shall be all men and women who did all that was necessary to fight malaria and other communicable diseases. Be a hero today and help us End Malaria."**



Prof. Allan Ragi, Executive Director KANCO

KANCO  
Healthy people, empowered communities

**"A small mosquito can hamper your health. Let us join hands to end malaria. Each one of us needs to be cautious in order to end malaria. Get a bed net and a mosquito repellent to end malaria."**



Joyce Katiku, Programme's Officer KANCO

KANCO  
Healthy people, empowered communities

**"I imagine the human race developing superhuman abilities, and/or communicating with extraterrestrial life. I may not live to see us achieving these milestones, but I confidently believe that if we purpose, we can End Malaria and such-like diseases in our lifetime."**



Kiryua wa Kirira, Communications KANCO

KANCO  
Healthy people, empowered communities

**"Zero malaria starts with me. Zero Malaria starts with you. Lets join hands in the fight! End Malaria."**



Peter Mutinda, Finance KANCO

KANCO  
Healthy people, empowered communities

**"For he who has health has hope; he who has hope, has everything. Together we have the power to conquer malaria for good."**



Peter Nyang'osa, Field Officer KANCO

KANCO  
Healthy people, empowered communities

**"Let's defeat malaria through sleeping under an insecticide treated mosquito net and keeping our surroundings clean to ensure no breeding sites for mosquitoes."**



Philip Njirige, Nutrition Officer KANCO

KANCO  
Healthy people, empowered communities

**"Malaria is a disease we can control. Let's work together as a nation to prevent and eradicate malaria in Kenya. Zero Malaria starts with me."**



Salima Katanz, HTS Provider Market KDC, KANCO

KANCO  
Healthy people, empowered communities

**"The message 'End Malaria' has to be amplified across all boards. Let's all take this initiative and protect ourselves."**



Sheila Kabia, Program Assistant KANCO





## HEALTHCARE INSTITUTIONS SHOULD BE KEEN ON CYBERSECURITY



Recently, one of the leading supermarkets chain in Kenya was hit with a ransomware that ended up with leaked personal data of their customers, including their customers credit card details. It was a total mess. As we advocate for proper management of health data - in reference to the 'My data My Health' campaign by KANCO and Transform Health - we must purposely ensure that security of health data is given its deserved preponderance.

For most businesses, being knocked offline by an attack like ransomware can lead to lost revenue and dented brand trust. For a hospital, the stakes are infinitely higher. To be clear, a ransomware attack on a hospital crosses the line from an economic crime to a threat-to-life crime.

Ransomware is not the only issue. Cyberattacks against healthcare organisations, including those serving some of the world's most vulnerable patients at a number of regional and national hospitals, persist because healthcare data is among the most profitable industries for cybercriminals. A single record fetches as much as \$1,000 on the dark web. Social Security numbers, by comparison, are valued at \$1. Additionally, one ransomware-as-a-service group's recent alleged targeting of hospitals with distributed-denial-of-service, or DDoS attacks, is another indication of this focus on the industry.

This alarming pattern has put healthcare security leaders at the digital front lines of the battle against cybercriminals, and their experiences in protecting their organizations show a clear need for increased awareness and enhancement as the healthcare indus-

try becomes a focused target of attackers.

The increasing severity and frequency of cyberattacks on healthcare organisations - and the high stakes surrounding them - is a growing concern. Leaders across provider, payer and life sciences organisations cite growing hacker sophistication as the primary driver behind the increase in successful ransomware attacks.

This is further backed by Microsoft's most recent Digital Defense Report, which noted a rise in credential phishing schemes, social engineering tactics and greater use of attacks like ransomware. Healthcare is facing a broad array of threats using a wide variety of methods to extort and steal data.

Basic protections, such as email filtering and firewalls, are being used by 81% of leaders as a primary defense mechanism against cyberattacks. However, across provider, payer and life sciences / pharmaceutical companies, more than half of leaders are "less than fully confident" in the technologies they use to prevent and mitigate ransomware attacks.

Today, companies should have zero trust access controls, segmentation to prevent lateral movement, endpoint protections and secure web gateways monitoring data / users going outside the network.

**A PUBLICATION OF KENYA AIDS NGOS CONSORTIUM**  
 P.O box 69866 – 00400 Nairobi – Kenya  
 Telephone: 020 2323533/020 2434615/020 20323506/020  
 2322657 0722 203344  
 Email: [kanco@kanco.org](mailto:kanco@kanco.org)  
 For opinion and feedback  
 Please write to us  
[infodesk@kanco.org](mailto:infodesk@kanco.org)  
 ©KANCO 2023  
 All rights reserved

## OPINION

## WHAT YOU NEED TO KNOW ABOUT THE GLOBAL FUND AND ITS APPLICATION PROCESS



### Introduction

The Global Fund is a partnership organization that aims to end epidemics of AIDS, tuberculosis, and malaria worldwide. The organization provides funding to support programs that prevent, treat, and care for people affected by these diseases. In Kenya, the Global Fund has been instrumental in providing funding for HIV/AIDS, tuberculosis, and malaria programs. Kenya first received funding from the Global Fund in 2003. At the time, Kenya was facing a significant burden of HIV/AIDS, tuberculosis, and malaria. The Global Fund provided funding to support programs that aimed to prevent, treat, and care for people affected by these diseases. Since then, the Global Fund has continued to provide funding to Kenya to support its efforts to fight these epidemics. The funding has enabled Kenya to make significant progress in reducing the burden of HIV/AIDS, tuberculosis, and malaria, and has saved countless lives. In this article, we will take a closer look at the Global Fund application process in Kenya.

### Step 1: Eligibility Assessment

The first step in the Global Fund application process is to determine if the applicant is eligible to receive funding. In Kenya, the National Treasury is responsible for determining eligibility. To be eligible for funding, the applicant must be a legal entity with the capacity to receive and manage funds.

The applicant must also be a public or private organization that is implementing programs related to HIV/AIDS, tuberculosis, or malaria. The applicant must demonstrate that it has the capacity to implement the program and that it has a strong track record of success.

### Step 2: Request for Proposals

Once the eligibility assessment is complete, the Global Fund issues a Request for Proposals (RFP). The RFP outlines the requirements for the

program, including the scope of work, budget, and timeline. The RFP also outlines the evaluation criteria that will be used to assess proposals.

### Step 3: Proposal Development

The next step in the Global Fund application process is proposal development. The applicant must prepare a proposal that meets the requirements outlined in the RFP. The proposal should include a detailed description of the program, including the goals and objectives, implementation plan, budget, and timeline. The proposal should also demonstrate how the program will contribute to the overall goals of the Global Fund.

### Step 4: Technical Review

Once the proposal is submitted, it undergoes a technical review by a panel of experts. The technical review evaluates the proposal against the evaluation criteria outlined in the RFP. The experts assess the quality and feasibility of the proposal, as well as the capacity of the applicant to implement the program. The technical review also assesses the proposed budget and timeline.

### Step 5: Grant Agreement

If the proposal is approved, the applicant will enter into a grant agreement with the Global Fund. The grant agreement outlines the terms and conditions of the funding, including the budget, timeline, and reporting requirements. The grant agree-

agreement outlines the terms and conditions of the funding, including the budget, timeline, and reporting requirements. The grant agreement also outlines the roles and responsibilities of the applicant and the Global Fund.

### Step 6: Program Implementation

Once the grant agreement is signed, the applicant can begin implementing the program. The program implementation phase includes the recruitment of staff, the procurement of equipment and supplies, and the delivery of services to beneficiaries. The program implementation phase is monitored closely by the Global Fund to ensure that the program is being implemented according to the grant agreement.

### Step 7: Monitoring and Evaluation

The final step in the Global Fund application process is monitoring and evaluation. The program is monitored closely to ensure that it is achieving its goals and objectives.

The monitoring and evaluation process includes regular reporting by the applicant, as well as site visits and audits by the Global Fund. The monitoring and evaluation process is used to identify areas where the program can be improved and to ensure that the funding is being used effectively.

### Conclusion:

The Global Fund application process in Kenya is a rigorous and thorough process that ensures that funding is provided to programs that have the capacity to make a real difference in the fight against HIV/AIDS, tuberculosis, and malaria. The process includes eligibility assessment, request for proposals, proposal development, technical review, grant agreement, program implementation, and monitoring and evaluation. Through this process, the Global Fund is able to provide funding to programs that are making a real impact on the lives of people affected by these diseases.

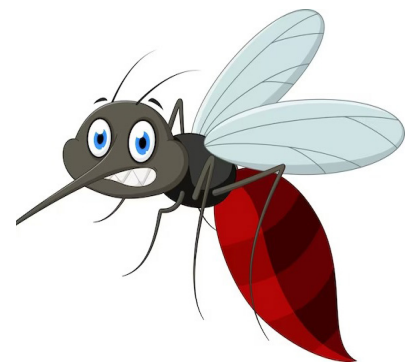


## ENLIGHTENMENT

*Recent research has found that mosquitoes infected with the Wolbachia bacterium are less able to transmit malaria to humans. Wolbachia is a type of bacteria that is naturally found in many insect species, including mosquitoes. When a mosquito is infected with Wolbachia, it reduces its ability to transmit a number of diseases to humans, including dengue fever, Zika virus, and chikungunya.*

*In a study published in 2020, scientists from the University of Glasgow and the University of Strathclyde found that mosquitoes infected with Wolbachia were also less able to transmit malaria to humans. The researchers infected a group of mosquitoes with Wolbachia and compared their ability to transmit malaria to that of uninfected mosquitoes. They found that the Wolbachia-infected mosquitoes were less likely to be infected with the malaria parasite, and were therefore less able to transmit the disease to humans.*

*This finding has important implications for the development of new strategies to control the transmission of malaria, as it suggests that infecting mosquitoes with Wolbachia could be an effective way to reduce the spread of this deadly disease.*



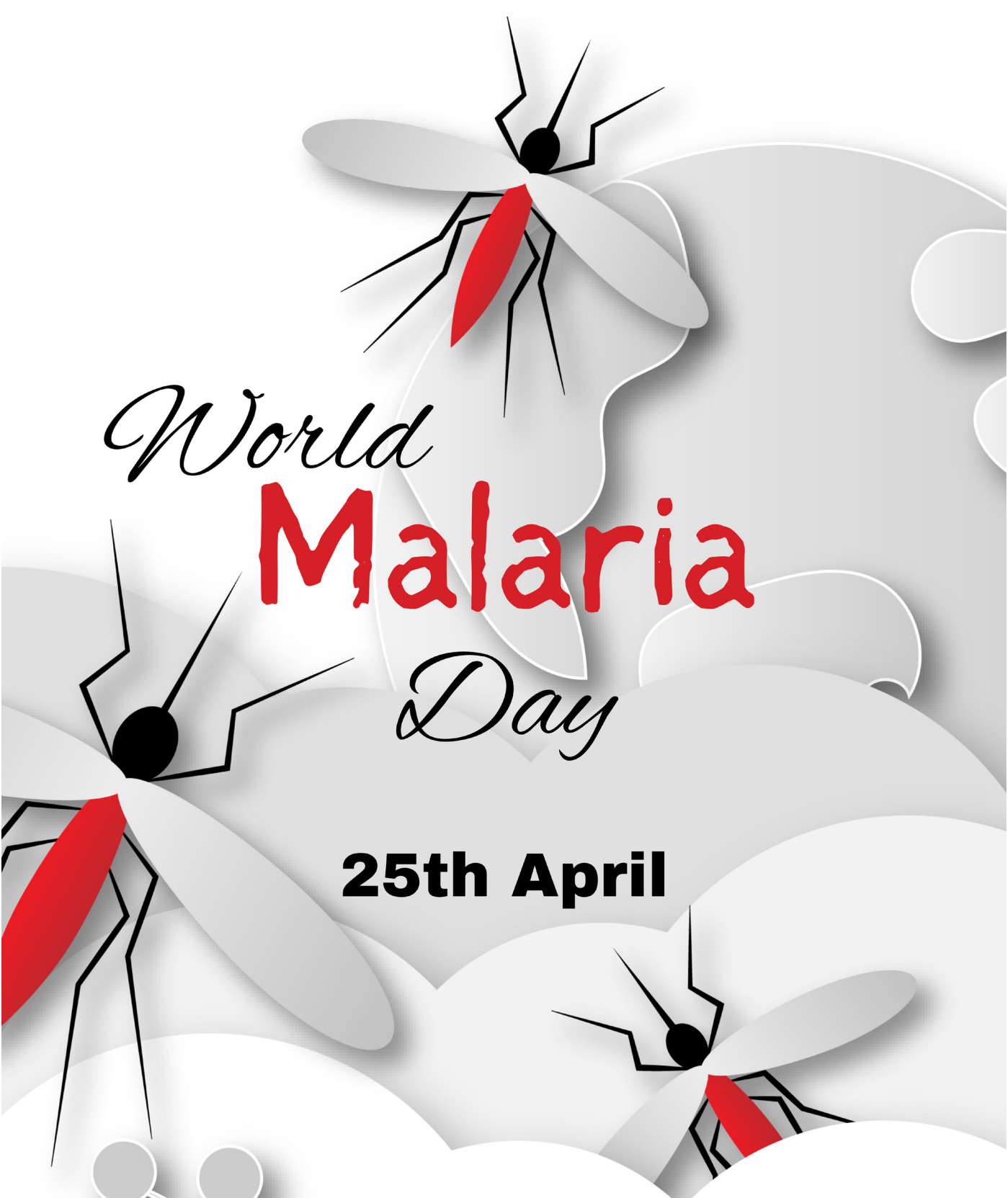
#MyDataOurHealth

**MY DATA  
OUR HEALTH**

Building health systems we trust

Join the movement [bit.ly/mydataourhealth](https://bit.ly/mydataourhealth)

**Transform Health**



# World **Malaria** Day

**25th April**

## STATUS CHECK: KANCO'S PROPOSED IMMUNISATION LAW



During KANCO's last engagement with the National Assembly Committee on Health, we presented a proposed Immunisation Bill. As we mark Immunisation Week this week, we continue to implore the National Assembly to review the bill.

The importance of having these laws enacted can not be understated, and many African countries have woken up and smelled the coffee, as Kenya should.

In Ghana, the Public Health Act mandates that every child under the age of one must receive vaccinations against tuberculosis, polio, diphtheria, tetanus, whooping cough, hepatitis B, and Haemophilus influenzae type B (Hib). These vaccines are provided free of charge by the government.

The Nigerian National Program on Immunization requires that every child receive vaccinations against tuberculosis, polio, diphtheria, tetanus, whooping cough, measles, yellow fever, and hepatitis B. These vaccines are also provided free of charge by the government.

In South Africa, the National Health Act requires that every

child receive vaccinations against tuberculosis, polio, diphtheria, tetanus, whooping cough, measles, and hepatitis B. The government provides these vaccines free of charge, and children must have proof of vaccination to attend school.

In Tanzania, the National Immunization Program mandates that every child receive vaccinations against tuberculosis, polio, diphtheria, tetanus, whooping cough, measles, and rubella. These vaccines are provided free of charge by the government.

The Ugandan government requires that every child receive vaccinations against tuberculosis, polio, diphtheria, tetanus, whooping cough, measles, rubella, and hepatitis B. These vaccines are provided free of charge.

In Rwanda, the government requires that every child receive vaccinations against tuberculosis, polio, diphtheria, tetanus, whooping cough, measles, rubella, and hepatitis B. These vaccines are provided free of charge.

In Ethiopia, the government requires that every child receive vaccinations against tuberculosis, polio, diphtheria, tetanus, whooping cough, measles, and rubella. These vaccines are provided free of charge.

The Ministry of Health in Malawi requires that every child receive vaccinations against tuberculosis, polio, diphtheria, tetanus, whooping cough, measles, and rubella. These vaccines are provided free of charge.



### NUGGETS OF WISDOM

*"I know it seems hard sometimes but remember one thing. Through every dark night, there's a bright day after that. So no matter how hard it gets, stick your chest out, keep ya head up, and handle it."*

- Tupac Amaru Shakur

