

## Writing the final chapter on AIDS

### Magic numbers 90-90-90 expected to bring down infections and deaths

BY JOYCE CHIMBI

Although AIDS has defied science by killing millions of people throughout Africa in the last three decades, experts now believe that they have found the magic numbers to end AIDS as a public health threat in 15 years.

The magic numbers 90-90-90 are informed by growing clinical evidence showing that HIV treatment equals prevention because putting people on Antiretroviral Therapy (ART) reduces new infections.

#### Targets

The new treatment targets seek that by 2020:

- 90 percent of people living with HIV get tested
- 90 percent of those diagnosed with HIV will be on antiretroviral therapy (ART)
- 90 percent of people on ART achieve durable viral suppression

The 90-90-90 plan, unveiled by the Joint United Nations Programme on HIV and AIDS (UNAIDS) earlier this year, seeks to halt the spread of HIV by 2020 and end the epidemic by 2030.

While this is the most ambitious strategy to eliminate HIV yet, experts such as Dr Lucy Matu, Director Technical Services at Elizabeth Glaser Paediatric AIDS Foundation in Kenya, say it can be done.

According to Matu in Kenya, 72 per cent of the estimated total number of people living with HIV have been tested, and 76 per cent of the 880,000 adults and children diagnosed with HIV were on ART by April 2014.

Kenya will get closer to the 90-90-90 target as it implements the 2013 World Health Organisation (WHO) guidelines, which increased the CD4 count threshold for initiation of HIV treatment from 350 to 500, says Matu.

As the eligibility for ART becomes broader, she explains, "it will push the number of people on ART up by at least 250,000 to 300,000, to



at least 90 per cent of those in care and of course more people will continue being enrolled into care."

#### Guidelines

The 2013 World Health Organisation (WHO) guidelines build on the clinical benefits of starting ART earlier. Patients are healthier and stay healthier, avoid opportunistic infections including pneumonia, meningitis and tuberculosis.

However, Kenya is not the only country on track to achieving the ambitious 90-90-90 targets. In Botswana, which has a very high adult HIV prevalence, surpassed only by Swaziland globally, more than 70 percent of people living with HIV are on ART.

All Eastern and Southern Africa countries have agreed to change the

CD4 count threshold from 350 to 500," says Dr Eleanor Gouws-Williams, senior strategic information adviser, UNAIDS.

Rwanda, Uganda, Zambia, Malawi and Swaziland are some of the countries "in the process of finalizing their national guidelines while others like South Africa are planning to implement the new guidelines next year," she explains.

Gouws-Williams believes that the 90-90-90 plan is attainable.

#### Testing is the first step

According to UNAIDS, only half of all people living with HIV in sub-Saharan Africa have been diagnosed, so getting them to test is the first step.

Studies in Kenya and Uganda show that including HIV testing in multi-disease campaigns have driven cover-

age up by 86 percent and 72 percent respectively.

Experts however, caution that the targets are more than simply putting loads of people on ART. Attaining viral suppression is key.

"High viral suppression have been observed in countries such as Rwanda where about 83 per cent of people receiving ART were found to be virally suppressed after 18 months of therapy," says Gouws-Williams.

Dr Agnes Mahomva, Zimbabwe's country director for the Elizabeth Glaser Paediatric AIDS Foundation, says that 90-90-90 is not too ambitious for the Southern Africa country.

"Of course this plan comes with the challenge of resources to put and

sustain many people on treatment but in the long run it will reduce the burden associated with opportunistic infections arising from compromised immunity due to HIV," says Mahomva.

Already, she notes: "HIV positive pregnant and breast feeding mothers are universally eligible for ART for life as well as HIV positive children below five years, regardless of their CD4 count."

While many countries are optimistic that 90-90-90 targets will be met, some critics like Ugandan HIV activist Annabel Nkunda say that the targets do not necessarily speak to each other.

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# New innovation helps Kisii County to double milk production

HENRY KAHARA

Mary Oendo a resident in Nyakoe Village in Kisii County is counting profits after her cows' milk production has gone high courtesy of International Centre of Insect Physiology and Ecology (ICIPE) new innovation.

Mary credits ICIPE experts for the innovation they have come up with which is helping dairy farmers to increase the milk production; Livestock Protective fence (LPNF).

## Protect

Livestock Protective fences (LPF) are long lasting insecticide treated nets basically similar to the ones used to protect humans from mosquitoes-transmitted malaria.

Mary says, before the innovation she would only get three liters which was just enough for her family consumption.

"Since the time I started using the fence the production has increased with more than the double. Currently I manage to get 20 litres per day in the morning and in the evening," she reveals.

"When using net we are also advised to maintain hygiene this helps to minimize the number of tsetse flies. A clean environment is not conducive for tsetse flies, they can't

multiply," she notes.

The innovation help to control vectors and vector-borne diseases and other nuisance insects in zero-grazing units and waste pits associated with them.

According to the research conducted in Kisii and Bungoma county flies and mastitis are the major constraints to milk production.

"Eighty seven percent of farmers cite biting flies as a serious constraint causing animal irritability and agitation hence low milk production," samples part of the report.

## Produce

Mary adds that on top of the fact that her milk production has gone high her cow's milk has been on demand since it's free from infections. Most farmers in Kisii don't have good milk due to mastitis.

"People like milk from my cows since it doesn't spoil contrast to some farmer's milk," she notes.

According to Dr Bernard Munga Deputy Director of Veterinary services department of veterinary services mastitis is mostly brought by poor hygiene of the cow; dirty cow shed, not washing cow udder well.

For now Mary and her husband are rearing two dairy cows and they are making good money enabling



Mary Oendo leads visitors to her cowshed. Photo: Henry Kahara

them to pay the education of his son who is in class seven.

"Now am able to pay my son's school fees which go up to Ksh 42,000 per year. I have also ventured in business courtesy of dairy farming," reveals Mary.

Most farmers in Kisii are practicing dairy farming due to the small portion of land. Land in Kisii is scarcely populated.

## Report

According to John Ndege, Director of Agriculture Kisii County milk market in Kisii is big and farmers are yet to exhaust it. A liter of milk in Kisii goes at Ksh 60.

At the same time Mary confirms

part of the report that the net is also helping to reduce mosquitoes at her homestead.

"The net is also helping to reduce mosquito borne illness in humans," says part of the report.

The report indicates that the use of LPFs could also be an important strategy for mitigating malaria risk associated with livestock systems.

The innovation has been in the test for the last two and half years and has achieved its mission; protecting animals from tsetse flies hence creating a comfortable environment for the cows which enhances milk production.

According to Dr Rajinder Saini Principle scientist and program leader at ICIPE productivity of small holder dairy farmers is constrained by multiple diseases like mastitis which he singles out as a major problem in Kisii.

"The major problem facing dairy farmers in Kisii County is mastitis the same case with Bungoma," says Dr. Saini.

He was speaking during a stake holders meeting on Innovative Animal Health Package for zero grazing dairy units for enhancing milk production and mastitis control, held at Ufanisi Hotel in Kisii.

# Hassles at Embu Lands Office drives residents up the wall

By ROBERT NYAGAH

After a decade in retirement and with age quickly catching up on her, Phyllis Ruguru Wanjovi, decided to sub divide her seven acre parcel of land and bequeath an acre to each of her three children.

The resident of Kiamuringa village in Embu County says she intends to sub divide the remaining parts of her land into commercial plots and sell them or enter into investment projects with private firms, individuals and or financial institutions.

## Survey

She then hired a private surveyor who early this year visited the land and carried out the sub-division, but did not make permanent boundary marks on the new plots.

After the professional work, the surveyor promised to pursue physical planning documentation and also seek the approval of the sub-division from the Embu sub county land board after paying official fees.

But four months later, after his promise that he would pursue the required approvals and documents and have the charges tabulated nothing has been heard from the surveyor.

Finally with great urgency and after another four months of silence, the surveyor returned to the old lady and said that she needed to swear an affidavit because the name on the title deed indicated a "Mrs." and was different from what appeared on the national identification card.

The affidavit needed to be approved by the Land Board in a day, as the board was handling more than 100 approvals. The simple exercise required a fee without a receipt and "some other inducement to have the file listed among the first."

Meanwhile the small marks on the land having been interfered with, the surveyor returned to repeat the markings and a prospective buyer

who had ready money to acquire one of the plots gave up after three months of waiting in vain.

That was after the buyer had been shown the section of the land he intended to purchase. This was because of lack of proper boundaries and documentation.

Since August the surveyor has returned to the site with another story saying that the physical Plan of the sub-divided plots needed to be approved by the land board at a fee.

Now the surveyor says that Wanjovi might be asked for an 'inducement' so that the approval of the plots and their registration is hastened.

He says that if that is delayed, the entire exercise might be stalled to wait until computerization of the Embu registry takes place and that will eventually be expensive as the government charges and fee rates might be reviewed upwards.

When one of the lady's sons was recently charged in an Embu court, she could not use the title deed for the entire land which she has used before to secure bond because it was being retained at the lands' office over the name issue.

## Secure

Another prospective plot-buyer, who had given a down payment of 70 per cent, changed her mind after a delay of four months to process a title deed as she needed it to secure a loan.

Wanjovi's children who at the beginning of the year were very enthusiastic to secure title deeds for the land their mother intended to give them have lost interest.

The slow pace in handling land matters as indicated above is the norm rather than the exception in Embu County.

But critics are optimistic that the Lands Ministry is set to become clean and efficient as campaigns to rid it of corruption are intensified under the tough-talking Cabinet secretary

Charity Ngilu.

Once the anti corruption efforts are successful and operations are streamlined simple calculations indicate the economy could realize a real estate portfolio of about Sh.3 trillion an amount about twice Kenya's national budget.

A consultant on Surveying and Lands Information Management (SLIM) Ibrahim Mwathane is of the opinion that the same zeal against sleaze being undertaken by the Government at Ardhi House should be extended to registries outside Nairobi to avoid stagnation of transactions in the other Counties.

While Kenyans await the spread of campaigns to streamline operations nationally, Mwathane hopes that the clean up at various registries will be successful.

The consultant says the Minister and the President should soldier on and not "relent" on efforts to streamline land issues once and for all to ensure that corruption was eradicated especially in the registries.

## Transact

Those seeking services at Thika, Kiambu, Kajiado and Machakos registries, are facing the same difficulties as those being served in Nairobi where demand for land was expanding and transactions on increase.

In a statement, the consultant explains that comprehensive computerisation of the registries remains paramount as the key to streamlining land administration systems in the country where data had continued to be poorly maintained.

Land records needed to be professionally prepared and protected at all times, the expert said, and lamented that there had been laxity in the past.

Disorder in the registries "not only made it difficult for banks to access the parcels for trading, but also for experts to aggregate the records for social and economic planning".

## CELEBRATING WORLD AIDS DAY

# Nyanza governors intervene to stop HIV infections



BY VALENTINE ATIENO

There is good news in the anti-HIV and Aids campaigns in Nyanza, thanks to the intervention of two Governors with a passion for the cause.

Homa Bay Governor, Cyprian Awiti and his Siaya counterpart, Cornel Rasanga, have stepped up measures to curb the pandemic.

They have gone beyond rhetoric, like most politicians, and are now doing something to ensure fisher-folk ditch promiscuity and in the process keep the deadly virus at bay.

Governor Awiti's government has formed an inter-sector committee to map out strategies of combating the virus.

"I feel disturbed every time my County emerges the top despite all the efforts we are making. In the next survey, Homa Bay must climb down," says Awiti.

According to the statistics from Ministry of Health, National AIDS & STI Control Programme (Nascop) on The Most at-risk Population Surveillance Report 2012, fisher-folk had the highest prevalence at 33.7 per cent compared to other occupations.

The report notes that the main risk factors for HIV transmission in the fishing sector were from families staying apart.

So far, Awiti has developed a strategy for reducing the impact of HIV and Aids on fishing communities by understanding the root causes of the epidemic and tackling it.

### Strategy

"The first problem is poverty, and we have started savings schemes for vulnerable women and girls in fishing communities by promoting self-reliance which can be viewed as a measure to reduce the sex-for-fish transactions," explains Awiti.

Another strategy is for his officials to openly campaign against the virus in all public meetings.

On the other side of the Winam Gulf, Governor Rasanga of Siaya is asking those infected with

HIV to be responsible and help in reducing its spread by staying positive and avoiding careless sexual behaviour.

Rasanga plans to assist the fishermen and fishmongers by improving infrastructure around the beaches as well as health services.

Helgar Musyoki, Key Population Programme Manager at the National Aids and STI Control Programme (NASCOP) says they are out to remain focused on and address the specific risks and vulnerabilities of the fishing population to reduce transmission of HIV.

"If we reduce the prevalence it will be an added advantage to the public," says Musyoki. She adds: "We are working together with the county governments that surround the lake to put up centres for HIV testing along the beaches."

### Address

Plans are afoot to address issues affecting the group. These include specific programmes and policies with tailored interventions targeting the fishing community.

"We will help address other problems facing the fishing community, including access to education, health centres, electricity, safe water and all weather roads," says Musyoki.

The Victoria Institute for Research on Environment and Development (VIRED) through help of donors has been running a project dubbed "No Sex for Fish", an activity that provides women with boats whose cost they are expected to meet within a certain period.

The money is then used to construct more boats, which are distributed to other women in the project.

The VIRED project hopes to bring an end to the sex-for-fish menace that is being experienced in most of the beaches by 2015.

According to Prof Okeyo Owuor, director at Victoria Institute for Research on Environment and Development, they plan to extend the project to all the beaches along Lake Victoria.

Attention shifts to fishermen in fight against HIV/AIDS.

Photo: Reject Correspondent

"It is distressing to know that scores of young men with so much potential to succeed in life were engaging in unprotected sex with multiple partners despite the risks involved," says Owuor.

He explains: "After a lot of debate, we realised that we could only do away with this practice by empowering women, who were at the mercy of these men, who for whatever reason, could not use condoms."

According to Owuor, another way to do away with this risky behaviour is to support women living along the beaches with grants that will enable them to start income generating activities other than fish trade.

"If these women had other options of eking a living, they would not engage in risky sexual behaviour to earn a living," says Owuor.

According to Lake Victoria Fisheries Organisation, there are approximately 142 beaches along the Lake Victoria shoreline, where some 19,000 men work within the fishing industry as boat owners, fishermen, net-makers and repairers and fish brokers.

The fisher-folk have also been receiving religious nourishment from preachers keen on having a God-fearing population at the lake-side in a bid to change their behaviours.

A group of three people, two men and a woman, have been preaching at Dunga, Nyamware and Kichinjio beaches since early in the year.

### Attend

Fred Ochieng, Tom Otuoma and Sarah Adhiambo rotate between the beaches in line with the scriptures which ask them to be "fishers of men".

The three visit Dunga on Tuesdays, Nyamware on Saturdays and Kichinjio on Fridays.

"Earning a living from the lake makes it very hard for someone to attend church. That is why

we decided to bring God's message to the people," says Otuoma.

They have partnered with managers of the various beaches in their bid to spread the word to the fisher-folk.

Adhiambo states: "Most of them do not like prayer because they lack time to go to church. I am happy that the communities have been giving us an ear."

Despite all that they get an average attendance of 50 people per session, which they think is not bad.

They plan to have more personal sessions with residents to preach more of the Gospel.

"I need time to speak to the womenfolk at the beach to address marriage issues. There is need to highlight the importance of harmonious co-existence between family members," Adhiambo notes.

### Receiving the Word

Ochieng says: "God has manifested himself in so many ways in our ministry. Many have received the word positively. We want them to enter the Kingdom of God." The team is aware of the many challenges that a fisherman faces in his day-to-day life, especially with the fact that the population benefitting from the beach is sexually active.

Fishermen, though often reluctant to attend the sermons, admit that the preachers' mission is welcome.

"Being one of those who go into the lake to chase a living every night, I know how important it is to be in God's good books," says Dismas Odhiambo, a fisherman at the beach.

He adds: "It is a very unpredictable venture with danger having its mouth agape from all corners. A simple windstorm is enough to make a sailboat capsize and, if you are not rescued early enough, you are on your way to your maker."

## CELEBRATING WORLD AIDS DAY

# Harsh economic times in Mombasa could see HIV infections rise

BY HENRY OWINO

Many families, including people living with HIV and Aids, are being rendered financially unstable by the high cost of living.

This is due to the rising cost of basic commodities.

Those who are living with HIV and Aids depend on drugs to prolong their lives and are required to eat well as well as take their anti-retroviral (ARVs) drugs as prescribed.

### Economy

The harsh economic times are also taking a toll in the increasing cases of Gender Based Violence (GBV) as men, women and couple's turn to each other to vent their frustrations and anger.

Some married couples are forced to compromise their health, values and beliefs and go into prostitution, violence, crime and other vices in order to put food on the table.

Indeed, that is happening in the backdrop of the prevalence of HIV in Kenya today standing at 5.6 per cent from 6.5 per cent in the previous years. This according Kenya Aids Indicator Survey (KAIS) 2012-2013.

However, this is likely to increase owing to the change in sexual behaviour among Kenyans who are currently experiencing harsh economic situation. Many citizens with huge responsibilities are now turning to risky sexual behaviour in exchange for money to supplement their income to cater for their daily needs.

The worst affected are those who have been sacked, lost sole bread winners and/or have been given early retirement by various organisations as donors cut funding of certain projects.

### Funding

For instance, the President's Emergency Plan For AIDS Relief (PEPFAR) has cut funding for Aids-related projects, that many experts warn may jeopardise plans to reach the goal of an HIV-free generation.

In many countries where PEPFAR operates, like Kenya, the decision has not been taken lightly. This means that groups, most severely affected by the HIV epidemic, including men having sex with men, people living with HIV and Aids (PLWHIV), people who inject drugs, sex workers and socially or legally marginalised groups are likely to suffer adversely.

Coastal region, which is a leading tourist destination in the country, is tops in the number of sex workers on the prowl, especially men having sex with men (MSM).

According to Mishi Juma, Mombasa Women County Representative, there is a group of young women who have now emerged and are offering sex services to local men at a cheaper rate compared to the tourists who have since then disappeared or reduced in numbers due to security threats in the country.

Juma is linking the high prevalence of HIV in Kenya, and specifically Mombasa, to the high number of men having sex with men which is



A forum in Mombasa County to address link between gender based violence and HIV. Photo: Courtesy

unprotected, receptive, anal sex. She calls for urgent intervention.

### Lifestyle

Juma observes: "Families and girlfriends who were used to a sedentary lifestyle are finding it difficult to cope up with new survival tactics."

She admits that some GBV cases could be as result of dishonesty, mistrust, and misunderstanding in a family while others may be of a partner provoking the other to react.

"As a politician and a leader, I am a mother and a wife, not a boss, and my focus is on the needs of the family not my own," says Mishi.

In Mombasa County, boy-friends are dumping their fiancées for demanding more than they can offer while husbands are running away from their wives as responsibilities are becoming unbearable.

All these are as result of harsh and difficult economic situation Kenyans are facing every day.

### Retrench

Many businesses have been closed down, non-governmental organizations (NGOs) have retrenched employees as donors cut their funding. The burden is unbearable to many victims who are sorting to risky commercial sexual be-

havior as an alternative means of eking a living.

According to Joab Tumbo, Mombasa County Health Executive, there were about 4,300 new adult infections in the County every year which had reduced further but is likely rise due to change in behaviour.

Tumbo says they had planned to reduce the figure by 2015 but the low condom use may hinder achievement of the target.

"Many youth here engage in sex without any protective devices like condom. I hear that ladies charge their male partners more for sexual intercourse without condom," says Tumbo.

Julius Koome, Regional Coordinator, National Aids Control Council (NACC) in Mombasa County, says that low condom use poses a significant risk of HIV infection.

According to Koome, the national government will always ensure that there is adequate condom supply in the region.

"If there could have been condom shortage, then it would have been the female condoms not male. However, the national government is working towards providing that," Koome explains.

According to Koome, the HIV prevalence in Mombasa County had reduced over the past two years adding that by the end of 2011,

there were 77,172 people living with HIV in the coastal town with children constituting 14 per cent, or about 10,804.

Currently there are about 58,000 infected people and the prevalence has reduced from 11 per cent to eight per cent during the same period.

### Succumb

"Most of the infected are women and youth, with about five people succumbing to HIV-related illnesses daily. New infections stand at about nine people daily," Koome notes. He adds: "It means that about 70 per cent of those who require ARVs get them with a 30 per cent shortage that needs to be filled."

According to Hassan Omar Hassan, Senator Mombasa County, HIV and Aids is not only rampant in Mombasa city, but it is common in the Country.

Omar laments that the prevalence is likely to go up because youths do not have jobs and are idle forcing some of them to engage in drugs and immorality.

Hassan would like the national Government to ensure security in the country is beefed up, and that it intensifies the fight against poverty and hunger by providing jobs to the youth.

## Magic numbers 90-90-90 expected to bring down infections and deaths

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Nkunda says that people have not learnt to "personalize HIV and to understand that no one is immune. This is why stigma towards those with HIV is still very high".

### Stigma

She further notes that in many instances "when put on treatment most do not adhere to the treatment because of stigma".

Nkunda says without including a specific target that seeks to reduce stigma "no amount of intervention will get us to zero HIV infections".

However, some experts like Matu disagree. "If you know your status, you are more likely to be put on HIV care. If you are on ART, you are more likely to stay within the health system for follow up."

While HIV experts say that it was still too early to estimate how much

countries will spend to make 90-90-90 successful, the general consensus is that a lot of resources will be needed. Already, some African countries are exploring innovative financing options such as AIDS tax levies and national HIV trust funds.

Gouws-Williams points out that ART has become far more affordable. In Malawi, it costs less than \$100 per person per year.

Nonetheless, donor assistance

will still be critical, especially for five poor countries where HIV treatment costs exceed five percent of gross domestic product (GDP) — Malawi, Lesotho, Zimbabwe, Mozambique and Burundi.

### Achieve

Matu says that achieving 90-90-90 requires a combination of factors, including a robust health system, good laboratory capabilities, cheaper viral

load testing and a strong health work force.

Mahomva adds it will also take a very strong community component, "because that is where several bottlenecks such as stigma come from, compromising adherence for those on HIV treatment".

In spite of the uphill task ahead, many are optimistic that 90-90-90 will write the final chapter of the AIDS epidemic.

## CELEBRATING WORLD AIDS DAY

# Stigmatisation over HIV and Aids dominates in Northern Kenya

BY MOWLID SHURIYE

Over 30 years since the first Aids case was detected in Kenya, the words HIV and Aids remain taboo in the Northern part of the country where very few people can dare utter them unless in whispers.

Most communities in the region are conservative and stick strongly to their tradition and religion.

The region is predominantly inhabited by the Cushitic communities who are mainly Muslims and this religious orientation is believed to be the factor contributing towards the negative approach.

Most of the inhabitants are discouraged from immorality and strongly believe that for someone to be a victim of the virus, they must have engaged in a promiscuous sexual relationship and have been cursed by Allah (God) as a punishment.

In the region, victims are secluded and exposed so that everyone has to be careful and avoid associating with them.

According to Athar Mohamed, a counsellor at one of the Voluntary Counselling and Testing (VCT) units in Garissa County, it takes a lot of time for a victim to summon the courage to enter into such a centre for fear of being identified by others and end up on the list of societal rejects.

Mohamed notes that some victims or individuals who come to the centre with the intention of wanting to know their status have to make sure that no one is seeing them. Those who gather the courage storm into the centre as if they are robbery gang evading powerful cameras.

### Turmoil

"Even those who come to be tested are faced with moments of emotional turmoil as they wait for the results of the test to be released, to some, it is like being in a court of law," says Mohamed.

"It is not a weird situation to be confronted with a positive victim wailing in the unit and the others unable to come to terms with the state, but we really try hard to console them that it is not the end of their survival," explains Mohamed.

The fact that the region is inhabited by the conservative Somali community and the Somali phrase "cudhurka dilaga buu qabaa" translating to "he is infected with the killer disease", being in play makes the victims suffer in silence as one cannot even imagine revealing it to the closest family member, let alone telling a stranger.

All is not lost. Mohamed is glad that despite the odds more people are turning up for testing while others are going for the antiretroviral therapy drugs.

Halima Mwende, a 27 year old mother from the outskirts of Garissa town, has had her share of stigmatisation as a person living with HIV after being infected by her husband who has since died.

Mwende, who is expectant and already has another child, narrates how she has been disowned by her own family after converting to Islam



**Men begin to break the silence in discussing HIV/AIDS. Below: Halima Mwende, a 27 year old mother from the outskirts of Garissa town, has gone public with her HIV status.**

Photo: Mowlid Shuriye

and later getting infected with HIV.

According to Mwende, her family disowned and told her to seek assistance from Muslims because she had defied and deserted them.

"They are not ready to bear the burden of a desperate and disobedient daughter," Mwende says.

### Rejection

"My child was immediately discontinued from an educational sponsorship after the well-wisher who was sponsoring him learnt that recognized that I am HIV positive," says a dejected Mwende, adding "as we speak he is not in school".

Mwende has been forced to be taking her ARVs from the washrooms for fear of the family she is living with identifying them and throwing her out as happened in a previous incident.

"Imagine I cannot even do manual work like washing clothes for the village residents in order to earn a living because my health status is in the public domain," laments Mwende.

Mohamed, her three-year-old son, is left lonely deprived of the enjoyment of the playing or associating with his age mates because they avoid him because they have all been told to avoid him.

It is of great importance to note that one common misconception among Kenyans and especially the residents of Northern Kenya is that Aids victims are terribly emaciated, a situation that is proved wrong by health experts.

A middle aged cobbler in Garissa, who sought anonymity, says his business has deteriorated after the cus-



tomers got to know of his HIV status.

The residents are largely varied in their opinion about a person living as some believe that it is God's sake while others can't even stand being associated with a survivor, blaming them for their misconduct.

A study by the AIDS, Population and Health Integrated Assistance (APHIA) programme, funded by USAID, found that although the HIV prevalence of just over one per cent in North Eastern Province was still significantly lower than the estimated national average of around eight percent, the sexual risk behaviour of people in Garissa County was similar to that of other Kenyans. Awareness

The study also showed that many people from Northern region had low levels of knowledge about HIV, a factor that heightened their risk.

Only one-third of the men and a quarter of the women named consistent condom use as a way to prevent

HIV transmission, while just over half the women and 39 per cent of the men identified faithfulness to one partner as a prevention strategy.

Misconceptions about how HIV is transmitted is very common because most people believe that it is only sexually transmitted, little do they know that it is also transmitted through blood transfusion, breastfeeding or sharing of razor blades and injections used by infected persons.

The high illiteracy rate and their strong mind-set about Aids poses a challenge to any awareness creation programme intended to change perceptions about the disease.

For the situation to change for the better, religious leaders need to come out and discourage stigmatisation of the victims as well as working hand in hand with the local health experts in educating the public on the various ways HIV infection can be avoided.

## Experts link high mortality in Kitui to HIV/Aids

By Boniface Mulu

Forty five per cent of the deaths of women in Kitui County are caused by the HIV/AIDS related diseases.

The Kitui County AIDS and Sexually Transmitted Infections Coordinator, Felistus Vuku, made the remarks at the Kitui Parkside Villa Hotel in Kitui town.

The medic said that the women are the ones who carry the highest burden of the AIDS pandemic.

"This is due to their nature," she said.

### Burden

Vuku said that the Homa Bay, Kisii, Kisumu, Siaya, Turkana and Migori are the six top Counties that have the highest burden of AIDS in Kenya.

The expert was lecturing participants from Kitui County during a one-day consultative forum on HIV/AIDS organised by the National AIDS Control Council where the Kitui County Governor, Dr. Julius Malombe's wife, Edith Mawia Malombe, was the chief guest.

Vuku said that some people link high maternal deaths to poverty.

"We in Kitui County are waiting for a lot of funds that we are going to be given by the Global Fund towards the elimination of the HIV/AIDS infections in the region," the medic said.

The Kitui County Health and Sanitation Minister, Ruth Koki, in her speech, said that cancer was now killing more people in the world than AIDS.

### Goal

Koki said that Kitui Governor, Malombe was undertaking a range of measures towards improving the health services in the County for the good of the local people.

"Our ultimate goal is to change the people's lives. We are going to do more than what we are doing for our people in the county," the minister said. "We need mothers to deliver at the health facilities and not at homes. Experts save them from deaths during the delivering time," the minister said.

On her part, a senior official with the APHIA PLUS Non Governmental Organisation, Patience Ziro, said that no woman should die because of delivering. "No woman should die because of delivery related condition which is within our reach," the NGO official said.

**CELEBRATING WORLD AIDS DAY**

# Fishy business puts many at risk along the shores of Lake Victoria

BY VALENTINE ATIENO

From Usenge Beach, in Siaya County, to Mbita, in Homa Bay across the Winam channel, there is something stinking more than the all-too-common smell of rotten fish.

This is if the figures recently released by HIV and Aids monitoring organisations are anything to go by.

## Red flag

Several studies point at a high Aids prevalence rate among inhabitants living along the shores of the biggest fresh water lake in Africa, and the second largest in the world.

This red flag has now drawn the attention of governors and community-based organisations in the region.

Results of recent studies at the beaches have pointed at worrying trends of HIV prevalence among beach communities.

In June 2013, three researchers published results of one such study in the National Centre for Biotechnology Information, a US-based body.

Carol Camlin, Zachary Kwena and Shari Dworkin said that some of the earliest people to fall victim to the HIV epidemic in East Africa were populations living in areas along the shores of Lake Victoria, in the Rakai district of Uganda, Mwanza and Kagera provinces in Tanzania, and Nyanza Province in Kenya.

On its part, the National HIV and Aids Estimates Report released in August, this year by the National Aids Control Council (NACC), counties in the Nyanza region once again had the highest prevalence rates of between 10 and 28 per cent.

The report revealed that Homa Bay County had the highest new infections at 25.7 per cent Siaya (23.7), Kisumu (19.3) Migori (14.7) Kisii (8.0) and Busia (6.8).

The beach communities make up a considerable portion of the incidences because the Lake Victoria Fisheries Organisation estimates that 40 per cent of the fishing communities are HIV positive.

## Exchange

According to two governors from the affected counties, exchange of sex for fish around Lake Victoria beaches and wife inheritance are some of the major contributors to the spread of HIV.

For a hands-on feel, the Reject team recently visited Ogenya, Dunga, Nyamware, Ogal, Usenge, Mbita and Luanda Kotieno beaches to see what life is like in the shores.

The team found out that people's lifestyle is more or less the same across the beaches, despite variations in population, activities and leadership.

One evening found the team at Ogenya Beach, a tiny island in Lake Victoria. Here, they found some women selling food — most of it being fried fish — and some of them waiting for fishermen holding troughs (basins) in their hands.

At a distance, there several women are seen seated in a group, smoking and guzzling beer.

Juliana Atieno, a food vendor at the beach, says the revellers are commercial sex workers waiting for male clients.

She says most of the fishermen wind up their work in the sex workers' arms after a long night in the lake.

## Attention

As soon as one boat docks at the shore, the commercial sex workers and women with the troughs take positions waiting to get the attention of the fishermen to spend the fruits of their sweat on them.



Kisumu Fishermen at the beach long after fishing at night. Photo: Henry Owino

The fishermen's work begins at around 5pm and ends the following morning.

When they have sold their catch, some fishermen head to a bar away from the shores, as they would not like to be seen with the sex workers.

After one hour, several boats are docked at the shore. Women can be heard calling different names. To our surprise, they are calling names of their lovers (jaboya), the men with whom they exchange sexual favours for fish.

We meet Agnes Auma, one of the women in the jaboya business. She says her jaboya, like many other fishermen who seek sexual favours from the women, do not take kindly to using condoms.

Auma says she has only one jaboya but unlike her, quite a number of female fish-mongers trading along these beaches befriend more than one fisherman, increasing the chances of contracting HIV and other sexually transmitted diseases.

"Many of the women have more than two jaboya, and the jaboya also has multiple lovers as well," says Auma.

Her 'man' is no different, and would sleep

with other women if she fails to turn up.

According to Helgar Musyoki, Key Population Programme Manager of the National Aids and STI Control Programme (NAS COP), beach communities are a haven for the spread of HIV for various reasons.

"Several known HIV risk factors converge around fishing activities, though not all are present in all fishing communities," explains Musyoki.

Since fishing is considered as a low-status occupation, it may cause exaggerated forms of masculinity that challenge norms in the society, one of which can be courting multiple sex partners.

According to Musyoki, fishmongers were 2.7 times more likely to contract HIV compared to people in other occupations because of their lifestyle. She notes that most fishing communities live in clusters in isolated locations.

Most of the fishermen live like nomads, migrating from one place to another in search of greener pastures (fish), which has

contributed to the spread of HIV and Aids among them.

"A majority of fishermen stay away from their homes and mostly fish during irregular working hours. When they are not fishing, they engage in various groups, which favour prostitution," says Musyoki.

She notes that some of the issues that have contributed to the high prevalence of HIV among the fishing community are poverty and irresponsible sexual behaviour.

## Opportunity

According to Musyoki, desperate women are drawn to beaches because of the opportunities to sell sex.

She says poverty among young women, adolescents and widows has contributed largely to the sex-for-fish (jaboya) economy leading to irresponsible sexual behaviour.

According to NAS COP findings, most of the men and women in jaboya relationships are married.

"Gender inequality, compounded by poverty puts women at risk of exploitation, makes it difficult for them to insist on condom-use because they are in desperate need of money," Musyoki explains.

"Lifestyle factors like high mobility, irregular working hours would seem to put the fisher-folk among those least likely to access anti-retroviral therapy yet they are among the vulnerable," observes Musyoki.

However, the fishing communities also have limited access to health services.

***"A majority of fishermen stay away from their homes and mostly fish during irregular working hours. When they are not fishing, they engage in various groups, which favour prostitution."***

— Helgar Musyoki

## CELEBRATING WORLD AIDS DAY

# Nakuru County Assembly leaders want VCTs set up in every ward

BY GLADYS MORAA

Nakuru County is ranked among the counties with the highest HIV prevalence rate hitting above five per cent.

Members of the County Assembly have raised concern over the productivity of the young men and women living with the immune weakening virus. In August, Rosemary Okemwa, a nominated Member of the County Assembly tabled a motion in Nakuru County Assembly calling for establishment of Voluntary Counselling and Testing Centres (VCTs) in all the 55 wards.

Okemwa noted this would increase accessibility of the HIV and Aids services as well as enable the area residents know their status. Although, it was approved, its recommendations are unlikely to be implemented in the current financial year.

### Figures

Data provided in the Kenya HIV Estimates Report released by the Ministry of Health in June, this year, puts the County in the 13th position with a prevalence rate of 5.3 per cent against the national rate of 6.0 percent.

Nakuru equally makes up the larger percentage of the new infections recorded in the country. Out of the nine counties which make up the 65 per cent of total new infec-



tions, Nakuru comes sixth with 4,236 as at the end of 2013. Other Counties include Homa Bay (15,003), Kisumu (12,645), Siaya (12,059), Migori (8,292), Kisii (5,975), Turkana (3,141), Nyamira (2,507) and Bomet (1,965). According to Sam Mwaura, Nakuru County chief health officer, they already have integrated services in all the 419 health facilities across the 11 sub-counties.

He says the services include offering HIV and Aids testing and counselling. "We already have VCT

ties which the locals can utilise," says Mwaura. He adds: "We also have community health workers going into the villages to create awareness on HIV and Aids." At the moment, only Rift Valley Provincial General Hospital, the regional health facility which the locals now refer to as Nakuru's main hospital, has a CD4 machine.

### Equipment

The machine is important in determining the immune strength of an individual infected with the disease

**The entry view of the Rift Valley Provincial General Hospital It is the only healthy facility in Nakuru County with the CD4 machine which measures**

by counting the CD4 cells. These are a type of white cells that act as antibodies.

If the count is below 500, one should be put on the life-saving antiretroviral drugs as advised by the World Health Organisation.

Buying more of such machines is among the priorities the County As-

sembly's Committee on Health seeks to champion for in the next financial budgetary allocations. The health docket has in the 2014-2015 budget taken the lion's share of the total KSh9.8 billion budgetary allocations. It has been allocated KSh3.4 billion which translates to of 35.2 per cent of the total budget.

# The Young Female Face of HIV in East and Southern Africa

BY JOYCE CHIMBI

Experts are raising alarm that years of HIV interventions throughout Africa have failed to stop infection among young women aged between 15 and 24.

Kenya's HIV Estimates 2014 released by the ministry of health show that young women accounted for about 21 per cent of the estimated 101,560 new HIV infections in 2013.

### Estimates

The estimates 2014 further show that HIV prevalence among young women aged 15 to 24 years was higher than that of males in the same age group at 2.7 per cent and 1.7 per cent respectively.

Magdalene Mwanzia from the LVCT Health in Kenya said that currently there are no specific interventions targeting to address HIV prevalence among women.

She said that "all HIV interventions are focused on general populations and none focuses on women or young women except for the prevention of mother to child transmission which basically benefits the unborn baby."

As a result, Mwanzia says that the worrisome HIV trends have become difficult to reverse.

The Kenya AIDS Indicator Survey 2012 shows that male HIV prevalence remains low and stable until the age of 24, when it shoots up significantly.

"Prevention is failing for young women because they remain marginalized when interventions are being developed," says Lillian Mwareko, HIV expert with International Community of Women Living with HIV in Eastern Africa, based in Uganda. She adds: "We have occupied their space and speak for them."

### Failing intervention

Mwareko observes that to address failing interventions, young women must be part of developing the solution.

Data of new HIV infections in East and Southern Africa indicate that four out of ten are among young women aged 15-24.

Worryingly, HIV infections among young women are double or triple those of their male peers.

In South Africa, the HIV prevalence of 18

percent among young women aged 20-24 is three times higher than in men of the same age.

Equally alarming are surveys showing that fewer than two in ten young women aged 15-24 know their HIV status.

Experts attribute this high HIV prevalence to gender inequalities, violence against women, limited access to health care, education and jobs, and health systems that do not address the needs of youth.

The Kenyan scenario is not unique.

"Biology does not help. Teenage girls' immature genital tract is more prone to abrasions during sex, opening entry points for the virus," says Dr Milly Muchai, a reproductive health expert in Kenya.

According to Muchai it is not just sex that drives HIV infections among young women but the age of the male sexual partner.

"The risk increases steadily with male partners aged 20 years and above," she explains.

### Prevalence

Older men are more likely to have HIV than teenage boys. According to Muchai, due to intergenerational sex, women in this region are acquiring HIV in five to seven years earlier than men.

She notes this is because these relations are often characterised by multiple sexual partners and low condom use. In transactional sex, the young woman receiving gifts or money loses power to negotiate safe sex.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) more than one in ten females aged 15 to 24 in Swaziland, Lesotho and Botswana are living with HIV.

According to Dr Gang Sun, UNAIDS Country Director in Botswana, in spite of progress, HIV prevalence is still a girls' and women's epidemic.

UNAIDS observes young women often have less information about HIV and even fewer resources to take preventive measures, says.

Sun notes that gender inequality has contributed to the spread of HIV among young women.

As a result, those young women face barriers to negotiation of safe sex because of unequal power dynamics with men which ultimately increases infection rates.

Gender inequality also reduces the ability of

women and girls to cope with the epidemic.

"The HIV prevalence among young women aged between 20 and 24 triples that of young men, nearly 15 per cent compared to five per cent," Sun explains.

Mary Pat Kieffer, senior director at Elizabeth Glaser Paediatric AIDS Foundation in Malawi, says that as teenage girls become older, the risk of infection rises.

In Swaziland, HIV prevalence is six per cent for girls aged 15 to 17 but rises to 43 per cent by age 24.

### Gender inequalities

Kieffer notes that some of the factors leading to this include poverty, lack of secondary education, few jobs, and gender inequality. These issues make young women vulnerable to HIV and are bigger than what HIV programmes can address.

This is particularly the case in Malawi and Uganda, UNAIDS says.

Rape, abuse and domestic violence increase young women's vulnerability. A study in South Africa found that women who experience intimate partner violence are 50 percent more likely to acquire HIV.

Kieffer links the unacceptably high HIV prevalence among young women to a systemic failure to meet their sexual and reproductive health needs as they enter adulthood.

Mwareko observes major gaps in reproductive health services for young people in the re-

### FAST FACTS ON HIV AND YOUNG WOMEN

#### East and Southern Africa

- In Tanzania, HIV prevalence is less than one percent among girls 15 to 17 years, but 17 percent among young women 23 to 24 years.
- The age of consent for marriage is 15 years in Malawi and Tanzania.
- Nearly half of all girls in Malawi are married by age 19.
- In South Africa, within the 25-29 year age group, HIV prevalence among women is 28 per cent and 17 per cent among men (UNFPA)
- In Tanzania, young women are almost three times more likely to be HIV positive than young men.
- In Malawi, the number of women acquiring HIV infection has not decreased since 2009, at 29,000 per year.
- In Botswana, the number of women newly infected with HIV — 6,200 in 2012 — has only declined by 14 per cent since 2009.
- In sub-Saharan Africa, adolescent and young women account for one in four new infections.

gion.

"Whether it is prevention, treatment, care or support services, young people do not have a youth friendly corner," says Mwareko.

Paska Kinuthia, youth officer with UNAIDS in South Africa, says that sexuality education needs to be strengthened across the region.

"The regional average of comprehensive knowledge of HIV and AIDS stands at 41 per cent for young men and 33 per cent for young women," Kinuthia says.

### A package of interventions

Experts agree there is no one single solution to protect young women and a combination of interventions is needed.

Addressing restrictive laws on the age of consent for HIV testing and access to sexual and reproductive health services would be a good place to start.

"Promoting gender equality, expanding youth-led behavioural change programmes and providing jobs for youth are part of the solution," says Sun.

In Tanzania, HIV infection among girls more than triples between ages 15 and 19 as well as 20 to 24 years.

This fact, says Allison Jenkins, chief of HIV/AIDS with UNICEF in Dar es Salaam, underlines "the importance of orienting HIV prevention and economic livelihoods interventions during her transition to adulthood".

## CELEBRATING WORLD AIDS DAY

# Salons and barber shops now outlets for condom distribution

BY CAROL KORIR

Are you among those who will not utter the word "condom" directly when buying the products?

Such people have created funny names for condoms like "gumboots, spare wheel, umbrella and even polythene" just to conceal the identity of the product they want to buy.

Even with the many television advertisements bombarding our screen with condoms, many Kenyans still do not have the courage to stand at the counters of the supermarkets and local shops or chemists to buy condoms simply because of "what condoms are used for".

### Dispense

If you are one of them, there's a relief for you and you need not worry any more.

Of late, barber shops and salons have taken a step to introduce condom dispensers in their facilities to ensure that their customers get free access to these important protective devices.

A spot check around the city estates reveals that a good number of barbershops and salons are giving kiosks and shops a run for their money.

"This is not a trick to entice customers to the facility, but a campaign to sensitise the youths among other customers on the advantages of using protection in their sexual activities," says Mutua Ngonzi, a barber in Nairobi's Mukuru Kayaba slums.

Ngonzi notes: "Most of the customers who come here to shave are youth and some may not have enough money to buy condoms of which some varieties cost as much as KSh200." He adds: "However, my customers can just walk in and pick them for free."

According to Tony, a barber in Nairobi South 'B' Estate, a box of condoms with more than hundred pieces hardly lasts for a week.

"I get condoms from dispensaries around as well as from volunteers who deliver them and I have never run short of them," says Tony. He adds: "I feel good doing this because at the end of the day I save lives of people who could not afford or are afraid of purchasing condoms from shops and chemists."

### Adopt

In Nairobi, salons are slowly adopting this crucial campaign, though some are already in it, as is one along Jogoo Road which has a dispenser at a corner within the facility.

"Unlike men, women do not share a lot concerning their lives and day to day activities. They fear that if one is spotted picking the condoms she may be misunderstood to be a prostitute," says Jane Wanjiru, a beautician at a salon on Jogoo Road. She adds: "Most women are ashamed of picking even when they are for free at a women-only set up."

According to Wanjiru, some of the customers like students do not shy away from picking the free packets since they are enlightened about the dangers of indulging in unprotected sex.

Shopkeepers and supermarkets attendants also have a story to tell about their customer's peculiar habits whenever they enter the facilities to buy condoms.

"Our customers come mentioning strange names and using jargon thinking that we all know what they are referring to," says Joan Mwai\* (not her real names), a supermarket

attendant along Jogoo Road. She adds: "Others scribble the name in the paper while the rest wait until the counter clears to buy quickly and throw it into the pocket."

However, Sycilia Wakesho, a radio journalist in Nairobi says: "It is a big favour to us."

She adds: "Although it is a big shame that at this day and age, one would still shy away from buying what saves their future in fear of another person, the idea is very timely. Sometimes things go so fast and one should be prepared just in case."

When contacted, officials at the National Aids and Sexually Transmitted Infections Control Programme (NAS COP) welcomed the new initiative but lamented that it had yet to fully pick up.

"We launched the programme last year but we are yet to see consistency in terms of distribution and supply of the condoms," says Helgar Musyoki, head of Programmes and ARVs services at NAS COP.

She adds: "We do not see many of those who work in the salons or barbershops themselves coming for the condoms. They have to be supplied by someone."

Musyoki notes that they are planning to have a consultative meeting with them so that they can be pro-active in condom distribution.

However, NAS COP is happy with the feedback they are getting from the public about reduced stigma in association with condoms.

### Campaign

"Stigma has dropped compared to earlier days. We are happy that supermarkets are taking up the campaign on condom use," says Musyoki. She explains: "Condoms usually take the shelves near the counter which make their accessibility less troublesome."

A survey carried out by Population Services International (PSI) Kenya in 2011 revealed a great improvement in consistent condom use among unmarried people, as well as an increase in societal support for condom use and risks of HIV infection among young men.

In line with Kenya National Aids Strategic Plan (KNASP III) indicator on national universal access to condoms by 2013, the survey indicates a significant increase in consistent condom use with all partners within the last 10 years.

General condom use with unmarried partners among 15 to 24 year old males increased from 54 per cent in 2001 to 79 per cent in 2011 and; for females it increased from 43.5 per cent to 58 per cent within the same period.

There was a noteworthy increase in consis-



**New and innovative ways for condom distribution.** Photo: Carol Korir

tent condom use among male youth aged 15-24 years from 27 per cent in 2001 to 58 per cent in 2011.

A significant increase of condom use was observed among unmarried and married populations in 2011 as compared to 2009. The trend shows that there has been an increase in accurate self-risk perception for those whose behaviour was observed as high risk.



## CELEBRATING WORLD AIDS DAY

# Why HIV prevalence remains high in Nyanza

By HENRY OWINO

Culture and exploitation of women in the fishing industry in Nyanza is being linked to the rise in HIV and Aids cases along the shores of Lake Victoria.

Recent aggressive efforts have been made to promote male circumcision popularly, known as voluntary male medical circumcision (VMMC) as a way to reduce the infection rates.

## Recommend

According to scientists, circumcision reduces the chances of acquiring HIV by 60 per cent. However, caution is given that one is still vulnerable to contracting the virus by the other 40 per cent vacuum.

So, use of condoms is still highly recommended by the medical experts.

Research shows that HIV prevalence is higher among married couples than teenagers or singles. This is why the rate of HIV prevalence in counties from Nyanza is still alarming, more than the national prevalence.

According to Thomas Ochieng', Siaya County Health Officer, 13,000 babies were born with HIV in 2013. He says many pregnant women fear the compulsory VCT test taken during ante-natal clinic visits and they do not do regular follow ups as required before delivery.

Ochieng' laments that the habit has contributed greatly to the recent high levels of HIV prevalence in Siaya County. Many pregnant women tend to prefer visiting traditional birth attendants (TBAs) instead.

According to Patrick Oyaro, a researcher at the Kenya Medical Research Institute (KEMRI), Centre for

Disease Control (CDC) says at least 25 out of 100 people in Homa Bay County are HIV positive.

"This means one person in every four people is infected with HIV in the County."

Oyaro links this to ignorance whereby residents still assume HIV is like malaria, which may disappear with some few pain killer tablets taken as treatment. He regrets that despite availability and accessibility of anti-retroviral (ARVs) drugs, residents are not taking it seriously.

"Currently there are 300,080 ARVs drugs in Homa Bay County for people living with HIV and Aids to take to prolong their lives," says Oyaro. He notes: "However, only a few are ready to pick them. This is another problem the residents in this County have and we urge them to change it."

Another factor leading to the high prevalence of HIV is the high rate of poverty. This has led to men with money luring women and girls to have unprotected sex with them.

"Girls are dropping out of primary school due to pregnancy and early marriages. We believe that where there is smoke, there is must be fire," says Oyaro.

The issue of sex-for-fish cannot be ignored as this is the main means of sporadic transmission of HIV in Nyanza region at an alarming rate.

## Risk

Esther Okoth, who is a fish vendor at Sori beach, Homa Bay County, says competition in the fish business is very stiff and involves a lot of risks. She notes this is because fish is the main economic activity.



Activists take to the streets in a past event over HIV treatment. Photo: Courtesy

Okoth admits that losses are always there in any business transactions, but in fish business, it is both losses and risks.

The system, locally called "jaboya," involves the trade fish for sex.

"When you are a woman and you want to get into fish business, you must be ready to lose your pride and use your body," Okoth says. She adds: "Being ready to give sex as and when it is needed by the fishermen... it guarantees your survival here on the beach."

Okoth discloses that many women who are involved in fish business are aware of the risks, but are forced by circumstances to soldier on.

According to Ministry of Fisheries in Kisumu County Government, an estimated 30,000 women are involved in fish trade in Nyanza region either directly or indirectly.

George Otieno, a fisherman in this County says there are many women and girls working along the shores of Lake Victoria.

Otieno who has been fishing for the past decade, says he is always careful about seducing the lakeside women and

girls because he might end up "cleansing a widow unknowingly."

## Culture

"You know when you get chira (cultural taboo infection) and at the same time get infected with HIV, chances of survival are slim," Otieno says. He explains: "Better have HIV than chira because the former has ARVs while for the latter, the best medicine is a coffin."

However, Carlillus Odhiambo, another fisherman, disagrees with the National Aids Control Council (NACC) report arguing that fishermen, like him, are now being nicknamed jaboya yet not every one of them gives fish for sex.

Odhiambo says the gender power relationship between jaboya fishermen and their jakambi counterparts (female partners) is complex.

In order for a woman to obtain fish to sell locally, she must have a relationship with a fisherman. Without a boyfriend, a woman has little chances of having access to fish when the boats dock at the shore.

The more relationships a woman

has, the more likelihood her chances of obtaining fish.

"Women, especially widows, are forced into having multiple sexual relationships with migrant fishermen and touts in order to provide what is necessary for their children to survive," says Odhiambo.

According to Lawrence K'Oteng, Health Executive Officer, Homa Bay County, the issue of jaboya has increased the level of HIV prevalence and there is need to overcome them to lower HIV transmission among lakeside residents.

"All county governments in Nyanza region should come up with effective intervention to address the fishing industry, poverty, as well as the medical aspects of HIV," says K'Oteng. He stresses: "The policy would break the structural female harassment of the jaboya system to protect women fish-mongers from this menace."

K'Oteng reiterates: "Take for instance, a woman may have money to purchase fish, but unfortunately she cannot be given without having sexual relationship with jaboya."

# Didacus Odhiambo: HIV positive and inspired to make a difference

By GILBERT OCHIENG

The fear factor in Busia County is what is driving many people to shy away from going for HIV voluntary counselling testing services.

However, Didacus Pius Odhiambo, a resident of Bumala Village, Butula sub-County in is an exception.

The 44-year-old farmer woke up one morning and decided to close his eyes and ears to what people might say and walked into a VCT.

In a recent interview with the Reject Online, Odhiambo confessed that he knew about his status when his nine-year-old daughter, who has since passed on, fell seriously ill in December 2003.

## Test

That was after he had rushed her to the Busia County Referral Hospital for emergency medical attention, and was referred to the Medecins Sans Frontieres (MSF) health facility, within the hospital premises for HIV testing.

His daughter, whose past medical history had shown that she had earlier been diagnosed with Tuberculosis and Pneumonia, was tested and found to be HIV positive.

Says Odhiambo: "It was then that the medic who examined my daughter advised me to also undergo the test so that I could know my

status." He adds: "However, out of fear, I returned home without being tested."

Two weeks later Odhiambo gathered courage and went back to the health facility and was finally tested and found to be HIV positive."

He recalls that before carrying out the blood test, the medic asked him whether he would be scared should it be established that he had the virus.

Odhiambo responded that he would not because he was aware of the availability of Anti-retroviral (ARVs) drugs that are life prolonging drugs for those who have been infected with the virus.

## Result

However, matters took a dramatic twist the moment he walked out of the health facility. He was in shock and gripped with extreme fear and panic to an extent that he lost part of his memory.

Odhiambo walked to the Busia bus terminus where he boarded a Kisumu-bound matatu that would drop him at Bumala, but instead of alighting he unknowingly proceeded up to Segia Township.

When he regained his senses, he pleaded with the driver, who understood his situation, and reimbursed part of the fare to enable them to travel back to Bumala.

"When I finally walked out of the health

facility, I fainted and lost my memory when I recalled the words of the medic who told me I had tested positive," says Odhiambo. He adds: "I went to the Busia bus terminus in the company of my daughter and boarded a Kisumu-bound matatu, but instead of alighting at Bumala. I went up to Segia only to realise that I had gone miles away from the drop-off point."

According to Odhiambo, for two consecutive weeks he was in deep thought and would spend sleepless nights pondering over the next cause of action.

"At one point, I contemplated taking my own life because I felt it was not worth living. When I was about to commit suicide, however, a voice out of the blue cautioned me against it," he reveals.

He was rescued by a local home based caregiver, Jane Okana, popularly known as "mother" who visited his home when she got wind that he was planning to commit suicide because the tests showed he was HIV positive.

## Counsel

Okana counselled Odhiambo gave him the courage to live on despite his status saying being positive was not a death sentence. "There are plenty of life-prolonging drugs you can be provided with."

The home-based caregiver, who is also the chairlady and founder of Bumala Women Against HIV and AIDS, introduced him to the

group where he became a member and began to interact with fellow HIV victims in the group who also encouraged him.

In 2004, Okana connected him to a non-governmental organisation known as Rural Education and Economic Empowerment Programme (REEP) based in Butula sub-County that trained him as a paralegal, a home-based care and peer educator.

He also had the opportunity to be trained in guidance and counselling by the National Council of Churches in Kenya (NCCK) that was working in collaboration with REEP.

"I have since removed from my mind the belief by many that if you are HIV positive then your life is doomed," said Odhiambo.

He has since utilised his status and training experience to sensitise the community, especially those living with HIV.

Odhiambo is now appealing to the public, who are yet to know their status for fear of being diagnosed positive, to defy stigma and instead visit the VCTs within their respective areas and know their status.

"Being HIV positive is not the end of life. Even if you are found to be infected with the HIV virus, there is hope for you because the Government, in collaboration with other organisations, has provided adequate anti-retroviral drugs for prolonging lives of people living with HIV," says Odhiambo, adding that "there should not be any cause for alarm."

## CELEBRATING WORLD AIDS DAY

# Mentorship programme uplifts lives of those living with HIV in Kilifi

BY YUSUF AMIN

Women and men living with the Aids virus in Kilifi County have every reason to smile, thanks to the Kenya Mentor Mother Programme.

Started in 2009, the programme has seen many children born HIV negative despite their parents being having the virus.

## Mentor

Among those who have benefited from the programme is Baya Chengo Mwamure, 39, and his wife, Zainabu Zawadi, 29, from Mnarani in Kilifi town.

The two are under the mentor programme at the Kilifi County Hospital and are proud parents to twins aged two years who are free of the virus and the associated stigma.

The couple have also successfully completed the 18 months three-ply and graduated as First High Exposed Infant (HEP).

"By the time I acquired the virus, I had married and my wife who came to realise that she was infected after she attended her first ante-natal clinic. I had infected her," explains Mwamure.

According to the 39-year-old father of two, he knew of his infection but did not tell his girlfriend who he loved because he did not want to lose her by breaking the news to her.

"I wanted to marry her," Mwamure says adding that his wife used to hear of the rumours that he was infected with HIV but she did not dare to ask him until the time when the doctors broke the news to her.

## Status

Mwamure later explained to her about his status of which she understood and the two continued with their life without any trouble or pointing of fingers at each other.

On her part, Zawadi says that she loved her

husband and nothing could turn her love away from him.

"I loved him and after the doctors broke the sad news to him, at first he felt weak and nothing. He even thought of committing suicide because he was worrying about how I was going to cope with life," says Zawadi.

She adds: "At that point, he prayed to God to give strength and came to terms with everything."

According to Zawadi, she felt that life must continue considering the counselling she had undergone at the hospital.

She said that it meant there was no need to break her marriage because of being infected with the virus considering that she was already pregnant and was going to be a mother soon.

## Desperate

Indeed, at that time life was very tough for Mwamure as a job-seeker. His desperation made him to decide to stop taking the ARVs for a period of two years because he wanted to die.

After that long period without the drugs his immunity dropped and he acquired Tuberculosis (TB) which made him to be admitted at the Kilifi County Hospital for 45 days.

He was also diagnosed with Meningitis. This was the worst time for him because he felt more pain due to the opportunistic infections.

Mwamure was re-introduced to ARVs which he is taking to date. He appreciates his wife for her full support and care she accorded him during that period. He was touched by her love and humility.

Mwamure, who is a casual labourer at a construction site, and sometimes goes fishing to find daily bread for his family, thanks the Kenya Mentor Mother Programme for supporting him together with his wife, making them proud parents to their twin baby girls.

He advises other men to be supportive to their



The Kenya Mentor Mother Programme started in 2009, the programme has seen many children born HIV negative despite their parents being having the virus.

Photo: Yusuf Amin

wives and include them in everything they do.

He is also encouraging couples infected and affected with HIV and AIDS to be open and come out in the open in order for them to get support from the programme saying that being infected does not mean the end of everything in life.

Zawadi, who fetches and sells firewood in Mnarani and Kilifi town, encourages women to be supportive to their husbands no matter their health or economic status in the community.

The Kenya Mentor Mother Programme was started in March 2009 and is the Comprehensive Care Research Unit (CCRC) at the Kilifi County Hospital. The facility identifies pregnant women who are known to be positive and others who have been newly diagnosed.

The women are booked to be seen by a medical officer at the general outpatient clinic on a monthly basis in the Comprehensive Care Research Unit filter room.

Since January 1, 2011, these services have been integrated into the Maternal Child Health and Family Planning (MCH/FP).

Positive pregnant and lactating women continue with their services in the Comprehensive Care Research Unit.

According to Juliana Nyevu, officer in charge of the programme, the highly exposed infant (HEI) registration in the Maternal Child Health and Family Planning Department was started on October 1, 2011.

Out of the total number, 32 babies have dropped either in one way or another.

Nyevu says that the whereabouts of 12 babies has not been established while eight were referred to clinics near their homes.

Eight out of the 32 babies moved from Comprehensive Care Research Unit are accessing their services in other health facilities while four of them turned out to be with the Virus.

# Over 10,000 orphans in Siaya to get help

BY OMONDI GWENGI

When all seemed to have lost and the future looked very bleak due to lack of basic support which any child needs, Mary Atieno who is a total orphan had no idea that one day, and she took over as head of family at the age of 13.

A total orphan, Atieno went to stay with her ailing grandmother whom she supported by performing casual jobs in the village. She soon dropped out of school.

In desperate need for support, she attended an event in Nyilima-Rarieda where she was introduced to AMURT, a non-profit organization that supports orphans and vulnerable children in Bondo and Rarieda, Siaya County.

Atieno's story is not different from that of Mary Anyango, a Form One student at Okela Secondary School who is also sponsored by the organization.

Anyango's father died leaving her with his younger brother who is deaf and a mother who performed casual jobs in the village to eke a living.

"I am from an extended family that has an average income but they decided to neglect us," says Anyango. The organization built them a house as well as supporting their education.

The two girls are among the beneficiaries who turned up for the launch of Inuka Community Based Orphans Project (ICOP) in Rarieda Constituency.

AMURT in partnership with USAID is coordinating a project in Siaya County that primarily aims at uplifting the living standards of orphans and vulnerable children (OVC) through provision of basic necessities such as food and education among others.

Speaking in Rarieda Constituency during the launch of (ICOP), Tara Simpson, USAID/Kenya Deputy Team Leader for HIV says the partnership has seen improvement in the living standards of orphans and vulnerable children.

"We would wish to see these children leading productive lives rather than being a burden to their communities," says Simpson.

She notes that according to the 2012 Kenya AIDS Indicator Survey, 40 per cent of all orphans who had lost both parents are from Nyanza.

"Providing targeted resource to high-need area is critical for improving the well-being of orphans and vulnerable children in Kenya," Simpson observes.

ICOP is funded through the US



AMURT in partnership with USAID is coordinating a project in Siaya County that primarily aims at uplifting the living standards of orphans and vulnerable children (OVC). Photo: Omondi Gwengi

Government's President's Emergency Plan for AIDS Relief (PEPFAR) saying that 10 per cent of PEPFAR's HIV and Aids care, treatment and prevention budget goes to caring for orphans and vulnerable children.

"Through its partners, US Government is serving 655,601 orphaned and vulnerable children in Kenya, with approximately 90,000 of them being in Nyanza. We are looking forward

to increase the number of beneficiaries through ICOP which has been funded to help 11,000 more in Bondo and Rarieda," says Simpson.

According to Ahmed Hussein, Director of Children Services in Kenya, who was also the Chief Guest at the function, the Government has allocated KSh153 million to support orphans and vulnerable children in Siaya County.

Hussein called on the Area Advisory Council (AAC) to call all the agencies supporting OVCs in Siaya to avoid duplication of activities.

On the other hand, Humphrey Wandeo, Siaya County Director of Children Services, pledged to work with AMURT and ICOP programmes for the betterment of the lives of orphans and vulnerable children in the county.

## CELEBRATING WORLD AIDS DAY

# Looming danger for Aids patients in Siaya as donors withdraw services

By **OMONDI GWENGI**

People living with HIV and Aids in Siaya County are a worried lot because of fears that donors are withdrawing their support.

Indeed, since the disease was discovered in the country more than 30 years ago, donors have been at the forefront in funding its treatments and other related projects.

## Donor support

People living with HIV and those affected by the same are currently in danger after a huge number of donors continue to pull out while others are reducing their contribution to HIV and Aids projects.

Among the most hit so far are HIV and Aids patients in Siaya County, which has a high HIV prevalence of 23.7 per cent. With a population of more than 800 000, Siaya has high poverty levels hence a high dependence on donors.

According to David Opiyo, coordinator Siaya County Network of People Living with HIV and Aids, donors have contributed to a decline in HIV prevalence in the area.

However, National HIV and Aids Estimates Report released in August, 2014, tells a different story.

The study by the National Aids Control Council (NACC) reveals that counties in the Nyanza region once again had the highest preva-

lence rates of between 10 and 28 per cent.

The report identified Homa Bay County as the one with the highest new infections at 25.7 per cent Siaya (23.7), followed by Kisumu (19.3) Migori (14.7) Kisii (8.0) and Busia (6.8).

The beach communities make up a considerable portion of the incidences as per studies by the Lake Victoria Fisheries Organisation.

## Withdraw

Opiyo is a worried man because more than three donors in the area have withdrawn their services and the remaining organisations are unable to cater for all the community's needs.

In an interview with Reject, Opiyo says that the withdrawal of donors has seen the health facilities run out of Anti-Retrovirals (ARVs) and Tuberculosis (TB) drugs.

While he appreciates the Government's effort of bringing health facilities closer to the people, the irregular supply of ARVs is worrying.

"Most of our health facilities lack life prolonging drugs and we've been forced to source for drugs in the neighbouring County of Busia, which is also facing acute shortage," says Opiyo.

He notes the most affected are children, many of whom are orphans. Another challenge was shortage



Activists take to the streets to fight for better HIV treatment services. Photo: Courtesy. Inset: David Opiyo, coordinator Siaya County Network of People Living with HIV and Aids.

Photo: Omondi Gwengi

of staff in health facilities, which is a great setback to the war against HIV and Aids.

"Lack of qualified staff makes the available health workers be overworked and inefficient. This leads to increase in the number of defaulters," Opiyo says.

## Poor conditions

Due to poor payment and working conditions, Opiyo says that many health staff in the county are resigning and seeking for jobs in the private sector and or abroad.

Another challenge for the public is accessing CD4 count machines that are used at Voluntary Counseling Centres to test for HIV. This has forced the public in rural areas to walk for long distances in order to access the machines.

Opiyo says: "There is only one CD4 count machine per sub-county and this makes most of the patients to suffer because they lack money to travel to where they can access the machine. He adds: "We are, therefore, appealing to the Government to have these machines increased and brought closer to the people, if we want to win the war against HIV and Aids."

On his part, Siaya County Director of Health Dr. Samwel Omondi, is appealing to political and religious leaders as well as health stakeholders in the county to encourage people to go for HIV tests so that they can know their status early and live positively with the results. For those found to be



positive they should be put on ARVs and care much early to prolong their lives according to the new World Health Organizations (WHO) guidelines.

"Within the new guidelines, we are going to empower our health workers to be able to initiate the Anti-Retroviral Therapy (ARTs) at all HIV positive mothers that come to their respective health facilities across the county," says Omondi.

# Most at risk populations pose a challenge in the war against Aids

BY **AWC CORRESPONDENT**

For Ali Bidaa, the past three years have not been easy living with HIV in Garissa town.

Bidaa is among the multitudes of youth commonly seen hanging around the dusty town waiting for miraa (khat) vans to arrive from Meru County to deliver the precious stimulant so that they can buy their share to chew and or to resell.

## Stimulate

The youthful group consumes the leafy stimulant for the better part of the afternoon and whole nights are set aside for routine khat chewing sessions.

The stimulant is also consumed by commercial sex workers who are positioned in certain zones within the town offering services to various clientele like truck drivers plying the busy Wajir, Mandera and Dadaab Refugee Camp routes among others.

Unknown to many consumers, though Bidaa, is living with HIV, he is also a miraa consumer.

However, this lifestyle is affecting his personal management and efforts to live positively as the effect of miraa chewing is affecting his daily admin-

istration of anti-retroviral drugs and therapy.

Bidaa benefited from various awareness campaigns, education, counselling that is offered by various organisations in town. He understands very well how to manage his lifestyle and live positively for long.

But that is not the case. He wakes up from a two-hour sleep and joins his chewing buddies at miraa kiosk and strolling with them in chewing dens where chewing spree continues till morning of next day.

## Consequences

He skips eating meals in favour of chewing the leafy hallucinating substance with his friends.

Bidaa understands that he is supposed to take anti-retroviral drugs as well as visit counselling sessions offered to those infected and affected, like family members, spouses and others.

Bidaa says he only takes the ARVs when he wakes up and he takes some milk and rice as his daily meal against the advice of the nurses.

The trend of not taking the drug on time and skipping counseling session has made Bidaa, witness various changes on his skin making him fall

ill often.

"Miraa-chewing is affecting me and making me unable to take the drugs on time, but the problem is that I am hooked to miraa and I cannot abandon it," he says.

Indeed, Bidaa is among a group of people living with the condition in Wajir, Garissa and Mandera in Northern Kenya whose lifestyle might affect their ARV regime and create a situation where they might turn resistant to some drugs and ARV.

Other groups like commercial sex workers living in the town continue with their business as usual without putting protective measures first before their offering services to their clients.

## Spread

One of the commercial sex workers, Nelly Muoso, reveals how the nature of their business has left them prone to various risks like contracting HIV and spreading it to those uninfected clients.

Commercial sex is a huge industry in Garissa and it serves a large constituency of truck drivers that deliver food aids and other commodities to far flung towns of Wajir, Mandera and the busy Dadaab refugee camp that

holds about 500,000 refugees.

Muoso says: "We do brisk business here and most commercial sex workers are going for money rather than asking for a client to wear protective gears. She adds: "Many of my colleagues have passed away here in Garissa town and they succumbed Aids."

Muoso notes: "Others are young girls and they don't take care at all. I know of some truck drivers who pay a lot of money for sex without condoms and I suspect they are infected and want to spread it to my colleagues here."

According to Muoso, they have not received any education or awareness creation targeting commercial sex workers in Garissa.

"Sex workers will only visit the hospitals when they are seriously ill," say Muoso.

Young girls are also flocking Garissa town from other towns to join the sex trade and need to be counselled and tested for HIV.

## Expose

Another group that needs to be exposed to the effects of HIV and Aids are truck drivers plying various routes from Garissa.

"We also need truck drivers to be

reached as they travel long distances to various towns in Northern Kenya and they go back to main towns in Kenya after delivering goods," say Muoso. She notes: "This ends up being a cycle as they sleep in every town and seek sexual services. They don't know the consequences of their actions and if not reached they will continue spreading HIV in every town including here."

However local HIV and Aids management committee as well as organisations in Northern Kenya are coming to terms with various factors that might affect the war against HIV and Aids.

They are targeting most at risk populations like those consuming miraa and commercial sex workers operating within the town.

According to health officials, most at risk population poses major risk to awareness campaigns and if they are not reached they might reverse all the gains achieved in the anti-Aids campaign.

Health authorities say that they will use this year's World Aids Day to reach the most at risks groups and address emerging issues that might slow down efforts to address the epidemic.

# Kwale children cry out for HIV/Aids drugs

By Omar Mwalago

Over 23,000 children in Kwale County who are HIV positive lack proper medical care.

Most of them are unable to access treatment and supportive services thus putting their lives at risk.

Kwale Governor Salim Mvurya says lack of education; food and proper counselling among the children living with HIV are among the challenges facing children in the county.

The Governor was addressing a public forum during the official opening of the Kids Care centre in Lunga-Lunga, which is supported by sponsors from Netherlands.

## Access

"We have 23,000 children in this County who are HIV positive, but they are not accessing the ARVs and therefore if we have a centre like this, is one of the effort to make sure that we capture as much as possible and support as many children as we can possibly do," said Mvurya.

He urged Non-Governmental Organisation to work together with his Government to ensure those children are properly given care to achieve its goal.

"I want to commit myself and the county government to continue to partnership so that we can be able to assist our children in a more sustainable manor to make sure that the lives of children in Kwale County is improved," said the Governor.

He added that a big challenge facing children in Kwale is that some are orphans, but majority of them are living in vulnerable circumstances and even those with parents are also challenged by different levels of vulnerabilities which put them at a big risk.

According to the Kids Care centre Managing Director Ali Mwazindo, the centre will cater for 3,000 children who are positive, and are orphans.

"The centre will give proper care to three thousands children and the management will ensure they get proper health care, education and other supportive services," the Governor said. He urged the County government and other organisations and well-wishers to work together in supporting the centre to ensure children are properly cared for to achieve their goals in life," said Mwazindo.

The centre will also help the mentally ill and disabled children together the children who were involved in teenage pregnancy. Mwazindo added that the organisation will be offering the services for each child and the families of the children affected will be given cash of 1,500 every month to help them in their upkeep.

## Survey

However, a report on survey done in Kwale County in 2014 indicates that 14 out of 100 children are born with HIV. According to Kwale County Health Director Dr. Hajara Elbusaidy, the rate is very high and measures have



been put in place to ensure the number reduces to zero.

"For now in Kwale County, 14 out of 100 new born babies are positive and this number is very high. We will work together with our stakeholders to ensure we bring down this number by 2015," he said.

Adding, our slogan is 'one HIV positive baby is too much'. So our aim is to edu-

***"For now in Kwale County, 14 out of 100 new born babies are positive and this number is very high. We will work together with our stakeholders to ensure we bring down this number by 2015."***

— Dr. Hajara Elbusaidy, Kwale County Health Director

One of many children without proper HIV care. Photo: Omar Mwalago.jpg

cate people and advice them on how to protect their unborn babies and their treatment and put measures to ensure women deliver in health centre for the safety of the unborn baby," she said.

She also added that only 30 out of 100 HIV expectant mothers deliver in health centres. She said that home delivery has become a challenge as many of the expectant mothers fail to attend clinic after knowing their status.

## Lament

Dr. Elbusaidy also lamented that HIV infection in Kwale County had reduced from 14 percent to 5.6 percent for the last ten years.

"For the last 10 years the status of HIV infection in this county has reduced to 8.4 percent. However we cannot succeed in this zero campaign without public support. So let us put aside our cultural beliefs and visit health centres and to know our health status," said Elbusaidy.

"However knowledge of how people can reduce the risk of getting HIV is lower among those who have never had sex than among those who are married or living together with a partner," she added.

However, she noted that new HIV infections continue to decline in most regions. Vision 2030 is anchored on the Millennium Development Goals which its target was to have halted HIV infection by 2015.

However, more people than ever are living with HIV due to fewer AIDS-related deaths and the continued large number of new infections with 2.5 million people are newly infected each year. It is also noted that comprehensive knowledge of HIV transmission remains low among young people, along with condom use.

According to the Kenya Demographic Health Survey 2008-2009, the future course of Kenya's AIDS epidemic depends on a number of variables including levels of HIV and AIDS-related knowledge among the general population; social stigmatisation, risk behaviour modification, access to quality health care services for sexually transmitted infections (STI), provision and uptake of HIV counselling and testing and access to care and anti-retroviral therapy (ART), including prevention and treatment of opportunistic infections.

## Keep of witchdoctors and false prophets: Kilifi women urged by MYWO leader

By ROSE CHOGA

Women in Kilifi County have been urged to abandon cultural practices that discourage them from seeking medical attention when they are sick and are pregnant.

The Kaloleni Sub-county women leader for Maendeleo Ya Wanawake Kaloleni, Fatuma Mwakidudu, singled out false prophets and witchdoctors saying they were not helping patients as they were claiming.

Mwakidudu told women to use hospitals and medical staff more fre-

quently for their own god together with their spouses and children.

## Embrace

She was speaking during the marking of St. Luke's Day in Kaloleni, where she reminded them that those traditions had out lived their usefulness and urged women to embrace the new system of treatment. "I urge all residents of Kaloleni, mainly women, to abandon their traditional beliefs and go to hospital for treatment whenever they are sick and also during delivery as it is

the best and safest place you can get treatment," the MYWO leader said. She reminded the women that medical services were important to every citizen and should be availed all the way to the grassroots.

"I urge doctors and nurses to ensure that these quality services also reach people in the remote areas," she said.

She however warned young girls not to misuse the project started at St. Luke's Mission Hospital and referred to as, *Delivering for Young Mothers*, which aims at making young mothers

of between 15-24 yrs to be responsible.

It also aims at making the women access quality health services, and avoid engaging in early and/or unprotected sex. She therefore urged mothers to take more responsibility of their daughters. "I urge all mothers to take care of their young girls and ensure that they do not engage in pre-mature sex," said the MYWO official said.

She also asked doctors and nurses to mobilise the public and sensitise them about current diseases such as

Ebola, which has claimed over 5,000 lives in West Africa, through door-to-door publicity among other ways of disseminating information.

## Empower

On the other hand, the District Officer 1 for Kaloleni Sub-County, Benson Maisori, thanked St. Luke's Mission Hospital for creating a special forum to empower the community. "As a national Government, we have given health the first priority in order

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# Devolution misunderstood

## How county resources are leading to inter-clan fights in Northern Kenya

BY ABJATA KHALIF

Enow Abdikhey, an elder from Somali ethnic clan of Garreh treks from a temporary camp sheltering internally displaced members of his clan in Wajir County to Wagberi village.

This is just outside the town where armed militia from warring clan on retaliatory mission overpowered his clan's armed vigilante and burnt down 50 houses before engaging in looting spree.

### Update

According to conflict and humanitarian update compiled by United Nations office for Coordination of Humanitarian Affairs [UN OCHA] as of June 2014 the raging conflict between Somali clans of Degodia and Garreh claimed 60 lives and 75,000 people displaced and living in temporary internally displaced camps located in the two counties dominated Somali speaking population.

Historical rivalry between the two clans has contributed to a spiral of armed violence and recurrent conflicts with large scale attacks witnessed between January and June 2014.

Local human rights and peace practitioners attribute this to political supremacy and ethnicisation of new governance structure of County Government created by the Constitution of Kenya 2010.

"Every day I trek from the camp located near Wajir Police Station to Wagberi to see the damages caused to my house and that of my clan members because the retaliatory attack waged on our village on the night of June 24, 2014 was not normal attack," says Abdikhey. He explains: "This attack was staged by well-trained armed men and it took them less than 40 minutes to torch down 60 houses and looting others."

### Retaliate

The attack on Wagberi Village, Wajir County is said to have been carried out by armed men suspected to be from one of the warring Degodia clan in retaliation to an earlier attack waged by suspected Garreh armed militias in Gunana village where 22 people from Degodia clan were killed in the raid which is linked to a boundary dispute between Mandera and Wajir County.

"We received reports from conflict early warning team in Wajir on the impending attack on Wagberi village," says Abdikhey. "I mobilised my Garreh kinsmen inhabiting the Village to leave and seek refuge in Wajir Police Station."

Abdikhey then joined a few armed Garreh youths and two police reservists thinking the attack will be waged by local Degodia youths.

"I realised things were different when they repulsed our vigilante and reservists. They were using heavy weapons with huge explosions rocking the village," observes Abdikhey.

He adds: "I took cover a short distance from the village and I could see huge smoke and fireball covering the air at night."

### Attack

That is when he realised the attackers were well trained and armed and suspected they were Al Shabaab fighters.

According to Bishar Ahmed, a local development worker, conflict between the two clans has been exacerbated by introduction and running of local government structures entrusted with billions of shillings for development and authority to manage resources found in the respective counties.

"Tension and fighting between Garreh and Degodia clans started around 2002 when Degodia community went against their local host community and groomed their own candidate for political seat which was a preserve of host Garreh community.

Between 2002 to date the two communities have fought many armed battles. Currently the new county government is being claimed to fuel conflict and animosity between the two sides with Mandera county government dominated by Garreh clan sidelining Degodia clans in job appointments, allocation of fund and sharing of county government executive positions.

According to Ahmed "one clan is simply told that they have no rights in Mandera County and should go to the neighbouring Wajir County dominated by your clansmen."

He explains: "The Degodia residing in Wajir County are equally sidelining Garreh clan in management of county government affairs and sharing of resources."

Ahmed says: "The message coming out is simple and one is told you don't belong here and go to neighbouring Mandera County dominated by you clan."

According to Ahmed "this is a catch 22 situation for side-lined clans and they will use all mean in their disposal in demanding their rights, access to resources and representation."

### Mitigate

A Conflict Early Warning System has been set up by local organisations working on peace issues with objective of mitigating conflicts and attacks by offering early responses.

According to Nurdin Abdi, they anticipated a revenge attack from the local Degodia youth on Garreh population following the killing of 22 Degodia people. "However, we were shocked with details and level of revenge attack which was large scale and carried with a group of people with paramilitary training," says Abdi.

He explains: "Our conflict early warning mechanism indicated a revenge attack was looming from Degodia clan but we lacked information on the



Misunderstanding over devolution causing inter-clan conflict in Northern Kenya. Photo: Joyce Chimbi

attackers, their strength and sophistication."

Abdi says they thought the retaliatory attack will be carried by local youths in Wajir but the situation was different this time around. The attackers were not local armed bandits based on their attack styles and fashion.

"Our early warning system saved the community from ethnic cleansing or genocide because the attackers marooned a section of the village inhabited by Garreh clan and fired heavy weaponry that was meant to kill everybody within a section of the village and bringing down structures," explains Abdi.

The killing of 22 people in Gunana village sparked uproar from national leaders forcing Parliamentary Caucus on Human Rights to visit the scene of attack and interview the survivors who were camped at Tarbaj Secondary School. Many victims of the attack were admitted at the Wajir Level Five Hospital.

County government authorities in Wajir and Mandera counties attribute the large scale attacks to emergence of a new strategy where rival clans outsource well trained militias from the region.

The attacks have stalled key transport development.

According to Khalif Abdi, a human rights practitioner with the Northern Forum for Democracy almost 400 trained youths deserted fighting in

Somalia and returned back home. He claims they are responsible for the rising insecurity incidents in northern Kenya like attacking highway convoys between Wajir and Mandera.

### Deploy

This forced the Kenyan government in May to deploy Kenya Defence Forces personnel to secure the routes that connect various northern Kenya towns to Somalia and southern Ethiopia.

"Almost 400 of them have managed to sneak back to various towns in northern Kenya and have started criminal activities like gun running, smuggling of goods along Kenya-Somalia border, attacking highway convoys and offering security services to enemy clans in northern Kenya," says Abdi. He adds: "We raised issues when recruitments took place in Garissa, Wajir and Mandera and warned the authorities of danger of the danger posed by these youths to Kenyan security and communities residing in northern Kenya."

According to Abdi: "They are back and misusing the skills and expertise they received."

He notes: "The only solution now is to demobilize them and the County government to empower them with income generating trainings and loans to enable them start business ventures."

Abdi observes that otherwise it will be hard to wipe them out.

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to uplift the living standards and health of all citizens," the administrator said.

He also urged working class men and women to register as members of the National Health Insurance Scheme, in order to access health services easily.

"We are in the 21st Century and we need to be independent as far as health of our families is concerned," Maisori said.

The DO also supported the MYWO leader saying residents of the County to unite and promote modern medical services and speak out about witchcraft and false prophets who were confusing and fleeing them.

On the other hand, the director of A.D.S Pwani, John Mang'enge, said that the aim of creating such facilities is to enhance the health of every citizen. Therefore he urged locals from Kaloleni sub-County to give more support to St. Luke's mission hospital.

"We promise to deliver quality services to everyone so long as you will support us," he said.

Moreover, the hospital Manager, Francis Karisa, said that such a day was important for them as it was an opportunity to give back to the community.

"As we mark our day, which is celebrated in October every year, where before the actual day our nurses have one week of visiting the locals in the villages and mobilize them about health, family planning, food and nutrition among others, thus we are giving free treatment to Kaloleni residents due to the support they have given us," he said.

### Admit

Karisa admitted that some of the locals were still stuck in traditions and beliefs, hence it was not easy to convince them.

"The greatest challenge is that most of the people still consider this as a mission hospital hence they are demanding for free services while some are still in their traditions but through our Project, *Delivering for Young Mothers*, we have been able to mobilize many and we are grateful that most of them access health services," he added.

He thanked the Kilifi County government for its support through capacity-building at trainings and seminars.

"We are grateful for the support we are getting from our County government and vow to be giving quality services to every citizen in order to enhance health in the County," said Karisa.